

3/21 Small Business Group Dental and Vision Adult Buy-Up Guidelines

Group Eligibility:

- ◆ 2-100 employees with over 50% of the total group located in California, subject to out-of-area requirements below.
- ◆ Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner or partner.
- ◆ Out-of-Area Requirements
 - A maximum of 49% of the group's eligible and enrolling populations may be out of state.
 - Eligible employees residing in the United States, but outside of the California service area, may be written on a PPO plan.
- ◆ Carve-outs are not available.
- ◆ Health Net SBG dental and/or vision coverage is not available to guaranteed associations.
- ◆ Dental and/or Vision may be written on a standalone basis or in conjunction with Medical.

Employee Eligibility:

- ◆ Probationary period for new hires can be first of the month following: date of hire, 1 month, 30 days, or 60 days. *Note:* the probationary period must match Medical.
- ◆ Eligible employees can be defined as employees working at least 20 or 30 hours per week. *Note:* the hours per week must match Medical.
- ◆ 1099 employees are not eligible for coverage.
- ◆ With the exception of owners, all employees must be covered by workers' compensation.

Dependent Eligibility:

- ◆ Although dependents under age 19 have access to pediatric dental benefits through their medical plan, they may also be enrolled onto a dental buy-up plan to access enhanced benefits. *Note:* Cosmetic orthodontia is available through Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only.

Eligibility Verification:

- ◆ Groups enrolling in Employer Paid Dental and/or Vision plans must submit their most current DE9C. **NOTE:** Payroll and/or ownership documentation is required for anyone not on the DE9C.
- ◆ Groups enrolling in Voluntary Dental and/or Vision plans are not required to submit a DE9C as long as they meet the minimum enrollment requirements.

Contribution/Participation/Minimum Enrollment:

- ◆ Employer paid rates require a minimum employer contribution of 50% of the employee premium and a minimum participation of 50% of the eligible employees. *Note:* Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation.
- ◆ Voluntary rates apply to those cases with less than 50% contribution and/or less than 50% participation.
- ◆ A minimum of 2 active subscribers per plan is required, unless otherwise noted below.

Rate Information:

- ◆ 12-month rate guarantee for cases sold/renewed in conjunction with Medical.
- ◆ Cases sold off cycle from Medical will have their first renewal in conjunction with Medical.

Submission:

- ◆ All cases requesting coverage on the 1st must be submitted by the 5th of the month for which coverage is to be effective.
- ◆ Mid-month effective dates are not allowed.

Vision Details:

- ◆ Dual Choice Vision is not available.

Dental Details:

- ◆ Orthodontia is available in all DHMO plans.
- ◆ Orthodontia is available to Employer Paid DPPO groups of 2-9 active subscribers with proof of immediately prior indemnity orthodontic coverage.
- ◆ Orthodontia is available to all Employer Paid and Voluntary DPPO groups of 10 or more active subscribers. Proof of prior indemnity orthodontic coverage is not required.
- ◆ Dual Choice Dental is available. Groups may select 1 DHMO and 1 DPPO, 2 DHMO, or 2 DPPO plans, with a minimum of 2 active subscribers on each plan.