

3/22 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-ofarea 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 population 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. Please see the Dental Details section for more information.

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:

- ♦ Implant coverage is available in DHMO plans only.
- Orthodontia is available in Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only.
- Groups electing Employer Paid DPPO with orthodontia and are enrolling 2-9 eligible employees must provide proof of immediately prior indemnity orthodontic coverage.
- Groups electing Employer Paid or Voluntary DPPO with orthodontia and are enrolling 10 or more eligible employees are not required to provide proof of prior indemnity orthodontic coverage.
- ◆ 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. Note: Groups electing DPPO with orthodontia are subject to the minimum enrollment requirements indicated above.