

Delta Dental of Colorado Underwriting Guidelines Small Group (2–99 Enrolled Employees)

GENERAL INFORMATION

Proposed rates are for the effective date stated on the Rate Summary page. Final rates and whether coverage will be issued are subject to underwriting review. Underwriting reserves the right to re-evaluate rates based on any factors used to develop rates.

- Quoted rates are valid for 2–99 enrolled employees.
- One or two-year rate guarantee available for each employer group.
- Company must be headquartered in Colorado.
- Broker commissions: Refer to proposal for commission information. There is a flat rate of 10% for Patient Freedom plans.
- Declined Industry Codes include: SIC/NAICS Civic Social Clubs 8641/813410, Private Households 8811/814110, Nonclassifiable 9999.

PLAN INFORMATION

- Dual Choice options are available for groups with 25–99 enrolled employees. The plan will revert to stand-alone plan/rates at renewal if enrollment drops to only one plan.
- Adult orthodontia is available for groups of 25 or more enrolled employees (adult orthodontia not available for Patient Freedom plans).
 - There is a 12-month waiting period for orthodontia on all Small Group Direct Voluntary plans.

ENROLLMENT & ELIGIBILITY

- Open enrollment: Members may add dental coverage once a year. No late entrants.
- Employee eligibility is determined by the group. Standard is first of the month following three months or the same as medical.

EMPLOYER CONTRIBUTION & PARTICIPATION*

- Contributory: At least 50% employer

contribution for the single employee premium with the greater of two or 50% of all eligible employees enrolled.

- Voluntary: 0–49% employer contribution for the single employee premium with the greater of two or 20% of all eligible employees enrolled.

PAYMENT & BILLING

- Payment by ACH is required for all groups with less than 10 enrolled employees and is encouraged for all other groups.
- Delta Dental of Colorado will bill the group electronically on a monthly basis.

SUBMIT THE FOLLOWING TO ENROLL A GROUP:

- Original quote
- Group application form
- Group Health Plan Certification form
- ACH Authorization form
- Website Authorization form
- Proof of prior coverage (if applicable)
- Federal wage and tax Schedule C
- Enrollment forms

* Patient Freedom plans require participation from the greater of two or 20% of all eligible employees.

SEND ALL COMPLETED FORMS AND PAYMENT TO:

Delta Dental of Colorado, Sales & Client Services, PO Box 912148 Denver, Colorado 80291-2148
Phone: 303-741-9300, ext. 3300, Option 6 | Fax: 303-741-4233 | Email: salesteam@ddpco.com