



Participation Guidelines

Atrium Executive Square
11235 Davenport St.
Suite 105
Omaha, NE 68154

www.deltadentalne.org



DELTA DENTAL OF NEBRASKA

For more information, call your
Delta Dental Sales Representative
(402) 397-4878 or (800) 736-0710

Participation Requirements

Underwriting Guidelines

Orthodontic Treatment Packages

Delta Dental Premier® Program

DESIGNED FOR GROUPS OF 5-99 ELIGIBLE EMPLOYEES

Participation Requirements

(A minimum of five employees must enroll regardless of the group's size or options selected.)

For groups with 5-14 eligible employees:

- Initial one-time enrollment.
- 100% of all eligible employees and 75% of eligible dependents not covered by another dental plan must enroll.

For groups with 15-99 eligible employees, employers may choose one of three options:

Option 1 Annual enrollment for dependents

- Initial one-time enrollment for eligible employees but annual open enrollment available to eligible dependents (spouse and children) of enrolled employees 30 days prior to renewal.
- 100% of eligible employees and 75% of eligible dependents not covered under another dental plan must enroll.

Option 2 One-time enrollment

- One-time enrollment.
- 80% of eligible employees and 80% of eligible dependents not covered under another dental plan must enroll.

Option 3 Medical lock

- Enrollment is tied to the medical plan, meaning eligible employees may not enroll in the dental plan unless they are enrolled in the medical plan as well. Medical plan open enrollment rules apply.
- Employees selecting single medical coverage must select single dental coverage, while those opting for family medical coverage must select family dental coverage. (A copy of the medical plan billing must be included with the master application and enrollment forms.)

Underwriting Guidelines

- Groups must be headquartered in Nebraska.
- Employee-only plans are available for groups of 5+.
- The employer must select one Delta Dental Premier plan for all employees.
- If coverage is waived, a qualifying event must occur to gain coverage unless there is an open enrollment.
- Groups with 20% or more of eligible employees residing outside of Nebraska are subject to underwriting review.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage, or adoption.
- Coordination of benefits applies.
- Only full-time employees are eligible for a dental plan. Full-time employment is defined as a minimum of 20 hours per week, subject to the employer's practice.
- Seasonal or temporary employees are not eligible.
- Dental offices/clinics are not eligible.

Rates may be reduced for groups with prior coverage with another group dental plan. To qualify for these reduced rates:

- The group must have a comparable dental plan in place for 12 consecutive months, with no lapse in coverage, immediately prior to its Delta Dental coverage effective date.
- The previous plan must be comparable to Delta Dental's coverage.
- A copy of the current dental billing must be submitted with initial enrollment.

Optional Orthodontic Treatment Package

(Available with Comprehensive Standard and Comprehensive Enhanced plans only)

- Designed for groups of 10 or more enrolled employees.
- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.

Delta Dental PPOSM and Delta Dental Premier® Millennium Choice

DESIGNED FOR GROUPS OF 5-199 ELIGIBLE EMPLOYEES

Participation Requirements

(A minimum of five employees must enroll regardless of the group's size or options selected.)

For groups with 5-14 eligible employees:

- Initial one-time enrollment.
- 100% of eligible employees and 75% of eligible dependents not covered by another dental plan must enroll.

For groups with 15-199 eligible employees; employers may choose one of three options:

Option 1 Annual open enrollment

- Annual open enrollment available to eligible employees and their eligible dependents (spouse and children) 30 days prior to renewal.
- 100% of eligible employees and 75% of eligible dependents not covered under another dental plan must enroll.

Option 2 Annual open enrollment

- Annual open enrollment available to eligible employees and their eligible dependents (spouse and children) 30 days prior to renewal.
- 80% of eligible employees and 80% of eligible dependents not covered under another dental plan must enroll.

Option 3 Medical lock

- Enrollment is tied to the medical plan, meaning eligible employees may not enroll in the dental plan unless they are enrolled in the medical plan as well. Medical plan open enrollment rules apply.
- Employees selecting single medical coverage must select single dental coverage, while those opting for family medical coverage must select family dental coverage. (A copy of the medical plan billing must be included with the master application and enrollment forms.)

Underwriting Guidelines

- Group must be headquartered in Nebraska.
- Employee-only plans are available for groups of 5+.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Groups with 20% or more of eligible employees residing outside of Nebraska are subject to underwriting review.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage, or adoption.
- Coordination of benefits applies.
- Only full-time employees are eligible for a dental plan. Full-time employment is defined as a minimum of 20 hours per week, subject to the employer's practice.
- Seasonal or temporary employees are not eligible.
- Dental offices/clinics are not eligible.

Rates may be reduced for groups with prior coverage with another group dental plan. To qualify for these reduced rates:

- The group must have a comparable dental plan in place for 12 consecutive months, with no lapse in coverage, immediately prior to its Delta Dental coverage effective date.
- The previous plan must be comparable to Delta Dental's coverage.
- A copy of the current dental billing must be submitted with initial enrollment.

Optional Orthodontic Treatment Package

- Designed for groups of 10 or more enrolled employees.
- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.

Delta Dental PPOSM Plus Premier Voluntary Network Program – Dental Flex Discover Voluntary Non-network Program

DESIGNED FOR GROUPS OF 5+ ELIGIBLE EMPLOYEES

Participation Requirements

Discover:

- Open enrollment every 24 months.
- A minimum of 5 employees must enroll.

Dental Flex:

- Annual open enrollment.
- A minimum of 5 employees must enroll.

Underwriting Guidelines

- Groups must be headquartered in Nebraska.
- Employee-only plans are available for groups of 5+.
- If coverage is waived, a qualifying event must occur to gain coverage unless there is an open enrollment.
- Groups with 20% or more of eligible employees residing outside of Nebraska are subject to underwriting review.
- **Discover groups** with 50% or more employees who are related by blood relation, marriage, or adoption, are subject to review with appropriate documentation, including wage and tax statements and Articles of Incorporation.
- Cannot provide coverage for **Dental Flex** groups in which 50% or more of the employees are related by blood relation, marriage, or adoption.
- For **Dental Flex** groups: Employees who drop coverage during the year may not re-enroll until a two-year waiting period has been satisfied. Re-enrollment will coincide with the group's open enrollment, if applicable.
- Lower premiums are offered if the employer's contribution is 50% or greater.
- Coordination of benefits applies.
- Only full-time employees are eligible for a dental plan. Full-time employment is defined as a minimum of 20 hours per week, subject to the employer's practice.
- Seasonal or temporary employees are not eligible.
- Dental offices/clinics are not eligible.

Optional Orthodontic Treatment Package

Discover

The Discover orthodontic treatment plan is available as an option for groups of 10 or more enrolled employees. Groups with fewer members do not qualify for orthodontic benefits.

- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.

Dental Flex

Orthodontic treatment plan available as an option to groups with 10 or more enrolled employees.

- No waiting period for new groups with at least 12 months of prior orthodontic coverage. A 12-month waiting period applies to new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.