

# EmblemHealth Dental

## UNDERWRITING GUIDELINES

EmblemHealth contributory dental programs are available to qualified groups with two or more eligible employees. EmblemHealth voluntary dental programs are available to qualified groups with five or more eligible employees.

### PLAN SPONSOR REQUIREMENTS

#### Contributory Dental Programs

The plan sponsor must pay at least 25 percent of the total cost of the plan, or at least 50 percent of the cost of employee-only coverage.

#### Voluntary Dental Programs

- While a plan sponsor is required, the sponsor does not have to contribute to the cost of the program.
- For plans where the sponsor does contribute to program costs, and the contribution is less than 25 percent of the total plan cost *and* less than 50 percent of the cost of employee-only coverage, the EmblemHealth voluntary dental program underwriting guidelines will apply.

### MINIMUM PARTICIPATION\*

#### Contributory Dental Programs

- Groups of two or more eligible employees can buy dental coverage either when it is combined with an EmblemHealth medical plan or on a stand-alone basis.
- For groups of two or three eligible employees, 100 percent must enroll.
- For groups of four or five eligible employees, three must enroll.
- For groups of six or more eligible employees, a minimum of 50 percent must enroll.

#### Voluntary Dental Programs

- For groups of 5 to 50 eligible employees, 50 percent must enroll.
- For groups of 51 to 100 eligible employees, a minimum participation of 50 percent of all eligible employees is required.
- For groups of more than 100 eligible employees, the minimum participation is the greater of 50 employees or 20 percent of the eligible employees.

### PURCHASING DENTAL WITH MEDICAL

#### Contributory Dental Programs

Groups that would like to purchase dental coverage packaged with an EmblemHealth medical plan, where medical participation is less than 50 percent (usually because EmblemHealth is not the only carrier offering coverage), will be underwritten and rated according to EmblemHealth's voluntary dental program guidelines.

#### Voluntary Dental Programs

Groups of five or more eligible employees may buy dental coverage either when it is combined with medical coverage or on a stand-alone basis.

\* Minimum participation requirements for EmblemHealth contributory and voluntary dental plans apply, whether or not any employee has waived coverage due to coverage under another dental plan.

### GUIDELINES THAT APPLY TO BOTH PROGRAMS

- A benefit waiting period, usually six months — on periodontal Type C major services and orthodontia — is required for groups of two to nine eligible employees. This waiting period may be waived, however, if the group had a prior dental plan that included coverage for these services.
- Late entrants to the program are subject to a waiting period of six months for major services and orthodontia.
- Groups with 51 or more eligible employees, family units averaging four or more children and certain other group classifications may require additional approval by EmblemHealth's underwriting department before a rate quote is issued.
- Coverage for orthodontia, with a \$2,500 lifetime maximum per person, is available to groups of 25 or more eligible employees.
- Four-tier rates are required, unless dental is added to an existing EmblemHealth medical plan with two-tier rates. Dependent tiering must be the same for medical and dental.
- For groups of two to nine eligible employees, the out-of-network allowance is limited to the in-network reimbursement level.



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# EmblemHealth Dental Underwriting Guidelines

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EmblemHealth offers a variety of contributory dental programs, including the value and standard packages, with different levels of coinsurance, deductibles and lifetime maximums.

## EMBLEMHEALTH DENTAL – VALUE PACKAGE PROGRAM DESIGNS

	PREVENTIVE ONLY	PREVENTIVE/BASIC	PREVENTIVE/BASIC/MAJOR
<b>Type A</b>	Examinations X-rays Prophylaxis Fluoride	Examinations X-rays Prophylaxis Fluoride	Examinations X-rays Prophylaxis Fluoride
<b>Type B</b>		Space maintainers Sealants Simple restorations Simple extractions Palliative treatment Denture, crown and bridge repair Consultations	Space maintainers Sealants Simple restorations Simple extractions Palliative treatment Denture, crown and bridge repair Consultations
<b>Type C</b>			General anesthesia and IV sedation Endodontics Periodontics Surgical extractions Oral surgery Dentures 2- and 3-surface inlays Crowns and veneers Fixed bridgework

EmblemHealth’s standard package option reimburses for endodontics, periodontics, oral surgery, general anesthesia and IV sedation services as Type B basic services (this is not available for EmblemHealth voluntary dental programs).

### Orthodontia

Coverage for comprehensive orthodontia (braces/full banding) is available. The orthodontics option has 100 percent coinsurance and a separate lifetime maximum of up to \$2,500. Orthodontia is only offered with plans that include Type C major services.

### Some Standard Limitations

- Two examinations and prophylaxis (cleaning) per person, per calendar year.
- Four bitewing X-rays per person, per calendar year.
- One full-mouth X-ray series or panorex X-ray per person in a three-year period.
- Any combination of five periodontal procedures per calendar year.
- Dentures, fixed bridgework and major restorations are available once in a five-year period per person.
- One fluoride treatment per dependent child to age 19, per calendar year.



The program description shown above is intended to provide only a basic summary of available program options and underwriting requirements. Benefits are subject to all terms, conditions, limitations and exclusions set forth in the Group Contract and Certificate of Insurance.