

Delta Dental of Colorado/Kaiser Permanente

2023 Underwriting Guidelines

	Kaiser Permanente Small Group Dental Plans	Kaiser Permanente Adult-Only Small Group	Kaiser Permanente Embedded Pediatric
Group Size	2-99	2-99	Individual and Small Group
Effective Dates	1st of month	1st of month	1st of month
Rates	<ul style="list-style-type: none"> • 12 months • 4-tier 	<ul style="list-style-type: none"> • 12 months • Per adult 	<ul style="list-style-type: none"> • 12 months • Per member
Product Options	<ul style="list-style-type: none"> • Commonly referred to as 11671 plans • Employers must offer a Kaiser Permanente health plan • Standad and Standard Plus Orthodontia plan options available • \$1,000 plan maximum • Orthodontia coverage requires a minimum of 5 subscribers enrolled 	<ul style="list-style-type: none"> • Adult preventive dental care is embedded in Kaiser Permanente small group health plan • 2 comprehensive dental plans are available for additional premium • Basic and Major Restorative services covered under comprehensive plans 	<ul style="list-style-type: none"> • Kaiser Permanente health plans include pediatric dental benefits administered by Delta Dental of Colorado • On-exchange and off-exchange health plans • Preventive and Diagnostic covered at 100%
Benefit Waiting Periods	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
Eligibility	<ul style="list-style-type: none"> • Same as health plan • 1099 Employees: Not eligible 	<ul style="list-style-type: none"> • Adults only 19 and older • Dependent children ages 19-26 eligible first of the month following 19th birthday • 1099 Employees: Not eligible 	<ul style="list-style-type: none"> • Dependent children up to 19th birthday • 1099 Employees: Not eligible
Open Enrollment	Yes, with health plan	Yes, with health plan	Yes, with health plan
Participation (Contributory)	<ul style="list-style-type: none"> • Minimum of 50% participation and 2 subscribers enrolled (5 subscribers enrolled if selecting plan with Orthodontia coverage) 	<ul style="list-style-type: none"> • Minimum of 50% participation and 2 subscribers enrolled 	<ul style="list-style-type: none"> • Minimum of 50% participation and 2 subscribers enrolled • Does not apply if individual coverage
	AND	AND	AND
Employer Contribution (Contributory)	<ul style="list-style-type: none"> • Greater than or equal to 50% employer contribution 	<ul style="list-style-type: none"> • Greater than or equal to 50% employer contribution 	<ul style="list-style-type: none"> • Greater than or equal to 50% employer contribution • Does not apply if Individual coverage
Participation (Voluntary)	<ul style="list-style-type: none"> • Minimum of 20% participation and 2 subscribers enrolled (5 subscribers enrolled if selecting plan with Orthodontia coverage) 	<ul style="list-style-type: none"> • Minimum of 20% participation and 2 subscribers enrolled 	<ul style="list-style-type: none"> • Minimum of 20% participation and 2 subscribers enrolled • Does not apply if individual coverage
	OR	OR	OR
Employer Contribution (Voluntary)	<ul style="list-style-type: none"> • Less than to 50% employer contribution 	<ul style="list-style-type: none"> • Less than to 50% employer contribution 	<ul style="list-style-type: none"> • Less than to 50% employer contribution • Does not apply if Individual coverage

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Waivers	Valid: <ul style="list-style-type: none"> • Group spousal coverage • Other group coverage • COBRA • Medicare / Medi-Cal • Military • Individual 	Valid: <ul style="list-style-type: none"> • Group spousal coverage • Other group coverage • COBRA • Medicare / Medi-Cal • Military • Individual 	Valid: <ul style="list-style-type: none"> • Group spousal coverage • Other group coverage • COBRA • Medicare / Medi-Cal • Military • Individual
DE-9C	Not required	Not required	Not required
Payment and Billing	<ul style="list-style-type: none"> • ACH required for groups with less than 10 subscribers enrolled • Monthly bill 	<ul style="list-style-type: none"> • ACH required for groups with less than 10 subscribers enrolled • Monthly bill 	<ul style="list-style-type: none"> • ACH required for groups with less than 10 subscribers enrolled • Monthly bill
Out-of-State	<ul style="list-style-type: none"> • Employer must be headquartered in Colorado • At least 50% of subscribers enrolled must reside in the State of Colorado 	<ul style="list-style-type: none"> • Employer must be headquartered in Colorado • At least 50% of subscribers enrolled must reside in the State of Colorado 	<ul style="list-style-type: none"> • Employer must be headquartered in Colorado • At least 50% of subscribers enrolled must reside in the State of Colorado • Individual must reside in the State of Colorado
Declined Industry Codes	<ul style="list-style-type: none"> • Civic Social Clubs: 8641/813410 • Private Households: 8811/814110 • Nonclassifiable: 9999 	<ul style="list-style-type: none"> • Civic Social Clubs: 8641/813410 • Private Households: 8811/814110 • Nonclassifiable: 9999 	<ul style="list-style-type: none"> • Civic Social Clubs: 8641/813410 • Private Households: 8811/814110 • Nonclassifiable: 9999
Groups of 1 subscriber	Not allowed	Not allowed	Allowed
Cannabis	Allowed	Allowed	Allowed
Broker Commission	• 10% standard	• 10% standard	• 10% standard
PEO	Allowed: Group must exit the PEO and be quoted on its own	Allowed: Group must exit the PEO and be quoted on its own	Allowed: Group must exit the PEO and be quoted on its own
Standalone or with Additional Line of Coverage	<ul style="list-style-type: none"> • Stand alone • Dual Choice not available • DeltaVision not available 	<ul style="list-style-type: none"> • Stand alone • Dual Choice not available • DeltaVision not available 	<ul style="list-style-type: none"> • Stand alone • Dual Choice not available • DeltaVision not available
Network	<ul style="list-style-type: none"> • Delta Dental PPO • Delta Dental Premier 	Delta Dental PPO	Delta Dental PPO

SEND ALL COMPLETED FORMS AND PAYMENT TO:

Delta Dental of Colorado
Attn: Sales & Client Services
6465 Greenwood Plaza Blvd., Ste 900
Centennial, Colorado 80111

Phone: 303-741-9300, ext. 3300 | Fax: 303-741-4233 | Email: salesteam@ddpco.com