

# Kaiser Permanente small group (11671) dental plans underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 months
- 4-tier

**Product options**

- Commonly referred to as 11671 plans
- Employers must offer a Kaiser Permanente health plan
- Standard and Standard Plus Orthodontia plan options available
- \$1,000 plan maximum
- Orthodontia coverage requires a minimum of 5 subscribers enrolled

**Benefit waiting periods**

- None

**Eligibility**

- Same as health plan
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, with health plan

**Participation/Contributory**

- Minimum of 50% participation and 2 subscribers enrolled (5 subscribers enrolled if selecting plan with Orthodontia coverage) *AND*,

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation/Voluntary**

- Minimum of 20% participation and 2 subscribers enrolled (5 subscribers enrolled if selecting plan with Orthodontia coverage) *OR*,

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice available with Delta Dental Patient Direct® (must have same renewal effective date)
- DeltaVision® not available

**Network**

- Delta Dental PPO™
- Delta Dental Premier®

# Kaiser Permanente adult-only small group underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 months
- Per adult

**Product options**

- 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

**Benefit waiting periods**

- None

**Eligibility**

- Adults only 19 and older
- Dependent children ages 19-26 eligible first of the month following 19th birthday
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, with health plan

**Participation/Contributory**

- Minimum of 50% participation and 2 subscribers *AND*,

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation/Voluntary**

- Minimum of 20% participation and 2 subscribers enrolled *OR*,

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice available with Delta Dental Patient Direct® (must have same renewal effective date)
- DeltaVision® not available

**Network**

- Delta Dental PPO™

# Kaiser Permanente embedded pediatric underwriting guidelines

**Group size**

Individual and Small Group

**Effective Date**

1st of the month

**Rates**

- 12 months
- Per member

**Product options**

- 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**

- None

**Eligibility**

- Dependent children up to 19th birthday
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, with health plan

**Participation/Contributory**

- Minimum of 50% participation and 2 subscribers enrolled
- Does not apply if individual coverage *AND*,

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate
- Does not apply if individual coverage *OR*,

**Participation/Voluntary**

- Minimum of 20% participation and 2 subscribers enrolled *OR*,

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate
- Does not apply if individual coverage

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado
- Individual must reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice not available
- DeltaVision® not available

**Network**

- Delta Dental PPO™