



BEST HEALTH PLANS

Dental HMO & INO Guidelines

This material is intended for brokers and agents and is for informational purposes only. It is not intended to be all inclusive. The Dental Underwriting Department reserves the right to request additional information as deemed necessary. If there are any discrepancies between this document and any employer contract, Evidence of Coverage or Certificate of Insurance, the contract, Evidence of Coverage or Certificate of Insurance will prevail. Underwriting guidelines are subject to change.

Underwriting Requirements – Applies to effective dates from December 1, 2009 and onward

Category	Explanation/Requirements
Product Lines & States of Coverage	<p>Advantage Dental HMO: CA & TX.</p> <p>Advantage Prepaid Dental: FL.</p> <p>Advantage Plus In Network Only Dental: AZ, CO, IN, MI, NV, WA & UT.</p>
Out-of-State Employees	Not Available.
Employer Eligibility	<ul style="list-style-type: none"> ■ Business must be located in a state where BEST Health Plans writes dental and be actively engaged in business in that area to be eligible. ■ Some industries may be subject to industry loads based on the SIC Code.
Employee Eligibility	<p>Eligible employees are defined as:</p> <ul style="list-style-type: none"> ■ All full-time, active employees working at least 30 hours per week, paid a salary or earnings from which federal, state and Social Security taxes are withheld (may vary by state). ■ Permanent employees working 20-29 hours per week are also eligible if the employer elects to offer coverage to these part-time employees. Minimum hours required may vary according to the applicable laws of your state. ■ Partners and owners working 30 hours or more per week are also eligible for coverage. ■ Retirees are eligible in groups where they make up less than 15% participation, for 3% load. ■ There must be an employer-employee relationship in a bona-fide, full-time business pursuit. <p>Note: If a spouse or dependent is also an eligible employee, the spouse / dependent is not eligible to be covered as a dependent. Each must be covered as an employee.</p> <p>Individuals not eligible for coverage include:</p> <ul style="list-style-type: none"> ■ Non-resident aliens; ■ Employees not working at the employer’s regular place of business on a full-time basis; ■ Any consultant, director or stockholders; ■ Temporary, part-time, or employed on a seasonal basis; and ■ Employees subject to collective bargaining agreements.
Dependent Eligibility	Eligible dependents include: spouses, domestic partners, and unmarried dependent children (coverage up to age 20 or through age 25 if full-time student taking 12 units or more through an accredited learning institution; IN: through age 23, regardless of student status; WA: through age 24, regardless of student status; TX through age 24, and may be extended to 25 if full-time student; UT through 25, regardless of student status; and FL up to 19 or through age 25, regardless of student status).
Minimum Group Size	<p>DHMO & Prepaid Dental Plans*: minimum of 2 eligible employees enrolled</p> <p>*Solstice S200 and S500 require a minimum of 15 eligible employees enrolled</p> <p>INO Plans: 2 or more employees enrolled for plans without Ortho coverage; 8 or more enrolled for plans with Ortho coverage</p>

Category	Explanation/Requirements
Contribution	Employer-Contributory: 50% and above (EE) & 0% and above (Dependents) Voluntary: Less than 50% of EE premium for DHMO; 0% for INO plans
Minimum Participation	DHMO Employer-Contributory: minimum of 50% participation with proof of prior group coverage. DHMO Voluntary: rates are applied to cases with less than 50% participation, less than 50% contribution or who do not have proof of prior coverage. Prepaid Dental: minimum of 2 eligible enrolled, regardless of contribution (voluntary groups not rated separately from employer-contributory rates) INO Dental Employer-Contributory (2-4): 100% participation INO Employer-Contributory (5+): minimum of 5 employees enrolling & 60% participation Voluntary (5+): minimum of 5 employees enrolling & 20% participation Please note: Employees with other group dental coverage do not count towards participation requirements. Dependent participation is not required.
Rate Guarantee	12-month standard.
Effective Dates & New Case Submission	1 st of the month effective dates are available for new cases. Cases accepted 7 days after the requested effective date.
Child & Adult Orthodontia	Depending on the plan chosen, child and adult orthodontia is available at co-payment, at a percentage off the UCR, or at a \$1,000 lifetime maximum.
Groups 250+	Send RFP/Questionnaire to a BEST Health Plans Representative along with: <ul style="list-style-type: none"> ■ Past claims experience (12 months minimum, 24 preferred) ■ Census data ■ Copy of current plan design(s)
Dual Choice	<ul style="list-style-type: none"> ■ Available to groups with 5 or more employees enrolling. ■ Not available for INO plans
Carve-Outs	Available for groups with 10 or more employees enrolling, if previously insured this way.
1099's	Not eligible unless written with medical in a state that permits 1099's (states permitting 1099's include: NV, TX & UT).

Case Submission Requirements

Category	Explanation / Requirements
Requirements for New Case Submission	<ol style="list-style-type: none"> 1. Completed Employer/Group Enrollment Application signed by employer and broker. 2. Completed Employee Enrollment Form for all eligible employees who usually work at least 30 hours per week. 3. Quarterly Wage Report – See Quarterly Wage Report for submission criteria. 4. Proof of Ownership/Partnership – See Proof of Ownership for submission criteria. 5. Evidence of prior group dental coverage, including most recent invoice with the group’s original effective date. 6. Employer’s business check for first month’s premium and administration fees. Please make check payable to BEST Health Plans. 7. Copy of your BEST Health Plans proposal.
Quarterly Wage Report	<p>A wage report is not required for groups with 5 or more enrolling.</p> <p>For groups with less than 5 employees enrolling:</p> <ul style="list-style-type: none"> ■ Most recent Quarterly Wage Report, including Quarterly Wage & Tax Report(s) for out-of-state employees. ■ All pages submitted including grand totals and summary page. ■ All employees marked to indicate employment status: part-time (PT), full-time (FT), terminated (T), seasonal (s), ineligible, waiting to enroll, or waiving coverage. ■ If there are new hires that do not appear on the Quarterly Wage Report – write their name(s), social security number(s), and date(s) of hire on the bottom of the Report.
Proof of Ownership	<p>Proof of ownership is required for all groups with 2-4 enrolling and who do not have a wage report:</p> <ul style="list-style-type: none"> ■ Sole Proprietorship – new business with no W-2 employees: will require Business License listing the Owner Name or IRS Schedule C (Form 1040), Business Statement, and Employer Statement regarding no W-2 employees. Note: Husband/Wife groups must provide separate tax or Quarterly Wage Report documentation showing they are an owner or full-time employee. ■ Sole Proprietorship – new business with W-2 employees: will require Business License listing the Owner Name or IRS Schedule C (Form 1040), Business Statement, Payroll Records, next available Wage Report and Employer letter explaining why no wage report. Note: Husband/Wife groups must provide separate tax or Quarterly Wage Report documentation showing they are an owner or full-time employee. ■ Sole Proprietorship – existing business with no W-2 employees: will require Business License listing the Owner Name or IRS Schedule C (Form 1040), and Employer Statement regarding no W-2 employees. Note: Husband/Wife groups must provide separate tax or Quarterly Wage Report documentation showing they are an owner or full-time employee. ■ Partnership/LLP – new and existing businesses with no W-2 employees: will require IRS Schedule K-1 (Form 1065) for all enrolling partners or a Partnership Agreement signed by all partner, and Employer Statement regarding no W-2 employees. Note: Husband/Wife groups must provide separate tax or Quarterly Wage Report documentation showing they are an owner or full-time employee. ■ Partnership/LLP – new business with W-2 employees: will require IRS Schedule K-1 (Form 1065) for all enrolling partners or a Partnership Agreement signed by all partner, Payroll Records, next available Wage Report, and Employer letter explaining why no wage report. Note: Husband/Wife groups must provide separate tax or Quarterly Wage Report documentation showing they are an owner or full-time employee. ■ Corporations – new and existing businesses with no W-2 employees: will require S-Corps IRS Schedule K-1 (Form 1120s) & C-Corps RS Form 1120 (pages 1 & 2) which includes “Schedule E”; Articles of Incorporation that list all Owners’/Officers’ names or a Filed/Stamped Statement of Information that lists all Owners’/Officers’ names, and Employer Statement regarding no W-2 employees. ■ Corporations – new business with W-2 employees: will require S-Corps IRS Schedule K-1 (Form 1120s) & C-Corps RS Form 1120 (pages 1 & 2) which includes “Schedule E”; Articles of Incorporation that list all Owners’/Officers’ names or a Filed/Stamped Statement of Information that lists all Owners’/Officers’ names, Payroll Records, next available Wage Report, Employer letter explaining why no wage report.

Category	Explanation / Requirements
Proof of Ownership <i>con't...</i>	<ul style="list-style-type: none"> ■ Limited Liability Company (LLC) – new and existing businesses with no W-2 employees: will require LLC Agreement signed by all managers/members/ parties or copies of appropriate tax returns, Employer Statement regarding no W-2 employees, Statement of Information, and Articles of Organization. ■ Limited Liability Company (LLC) – new business with W-2 employees: will require LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns, Payroll Records, Statement of Information, Articles or Organization, next available Wage Report, and Employer letter explaining why no wage report. ■ Religious Organizations – new and existing businesses with no W-2 employees: will require IRS Form 941, and Employer Statement regarding no W-2 employees. ■ Religious Organizations – new businesses with W-2 employees: will require IRS Form 941, Payroll Records, next available Wage Report, and Employer letter explaining why no wage report. ■ Farm – new and existing businesses with no W-2 employees: will require IRS Schedule F (Form 1040), and Employer Statement regarding no W-2 employees. ■ Farm – new businesses with W-2 employees: will require IRS Schedule F (Form 1040), Payroll Records, next available Wage Report, and Employer letter explaining why no wage report. ■ Common Ownership – will require a letter stating which companies have common ownership.
Billing Statement / Previous Carrier Bill Requirements	<ul style="list-style-type: none"> ■ Most recent statement/carrier bill including a list of employees and indicating the original effective date of coverage for the group. ■ Renewal notices are not acceptable. ■ All terminated employees clearly marked with a T, including termination dates.
Employer Application	<ul style="list-style-type: none"> ■ Select plan design. ■ Provide answers to all questions. ■ Sign and date the Group Enrollment Application within 30 days of the requested effective date.
Employee Enrollment Forms	<ul style="list-style-type: none"> ■ All eligible employees are required to submit a completed Employee Enrollment Form. ■ All sections of the form MUST BE COMPLETED, signed and dated (signed forms must be received within 30 days of requested effective date). ■ Date of hire must be listed on all Employee Enrollment Forms. ■ Employee Enrollment Forms must be arranged in the order of the Quarterly Wage Report or payroll records submitted with the group application materials.
Replacing Other Group Coverage	<ul style="list-style-type: none"> ■ Provide a copy of the most recent prior carrier bill that includes the employee summary. ■ The employer should be advised not to cancel any existing coverage until notified of approval from Underwriting Department.
Spin Off Groups	<p>BEST Health Plans will consider the group with the following:</p> <ul style="list-style-type: none"> ■ A letter from the spin off group or broker indicating the spin off. The letter needs to include the name of the group they are spinning off from. ■ Ownership documents showing that the company is a newly formed separate entity. ■ A minimum of 2 weeks payroll. If the group that is spinning off has been in business longer than 2 weeks, payroll will be required for amount of time in business to a maximum of 6 consecutive weeks. ■ Dental claims will be reviewed and used along with the information included on the employee application to determine rates. ■ A completed Employer/Group Enrollment Application signed by employer and broker. ■ Completed Employee Enrollment Forms for all eligible employees who usually work at least 30 hours per week. <p>Employer's business check for first month's premium and administration fees. Please make check payable to BEST Health Plans.</p>

Standard Administrative Options – Post-Sales

Category	Explanation / Requirements
Effective Date for New Hires	New hires may either become effective the first of the month following the date of hire or, if there is a waiting period, the first of the month following the end of the waiting period. Maximum length of waiting periods is six months.
Minimum Hours Worked Per Week to be Eligible	Minimum 30 hours per week for full-time. Permanent employees who work 20-29 hours per week can also be eligible employees if the employer elects to offer coverage to these part-time employees. Minimum hours required may vary according to the applicable laws of your state.
Premium Payment Schedule	<ul style="list-style-type: none"> ■ BEST Health Plans bills the beginning of each month for the following month's coverage. ■ If no payment is received by the 10th the billed month, the policy will be considered delinquent and the account will be charged a late fee. ■ The policy will be cancelled if no payment is received by the end of the billed month. ■ A reinstatement fee will be charged to groups reinstated for the first time. A reinstatement fee will be charged to groups reinstated a second time. Only two reinstatements are allowed during a contract year and require that all billed premiums be paid in one lump sum, including fees. <p>(For example, an August bill (mailed on July 1st) is delinquent if premium payment is not received by August 10th, and all coverages will be cancelled if premium payment is not received by August 31st.)</p>
Late Fees	A policy that is not paid by the due date is considered delinquent and late fees will be charged.
Open Enrollment Period	All groups have open enrollment once a year, which begins one month prior to the renewal date.
ID Cards	Mailed to employees is standard.
Evidence of Coverage/ Certificate of Insurance	Mailed to employees.
Covered Eligibles	<ul style="list-style-type: none"> ■ Employee's spouse or domestic partner (as stated under state law) ■ Unmarried child(ren) of the policyholder or spouse <ul style="list-style-type: none"> ○ Up to age 20 or through age 25 if a full-time student taking 12 units or more through an accredited learning institution. ○ for Indiana residents only: through age 23, regardless of student status; ○ for Washington residents only: through age 24, regardless of student status; ○ for Texas residents only: through age 24, and may be extended to 25 if a full-time student; ○ for Utah residents only: through 25, regardless of student status; and ○ for Florida residents only: up to 19, through age 29, regardless of student status. ■ Adopted children. ■ Dependents such as grandchildren, nieces and nephews who are court-ordered to be covered by member's group plan.
Benefit Changes	Requests for changes can be made at renewal.
Insurance Plan Additions	<ul style="list-style-type: none"> ■ Additions may be requested at any time and must be made through Account Management. ■ Future renewal dates of the additional products will be the same as the dental renewal dates.