Underwriting Guidelines – Traditional and
Exchange-Certified Products

1. Coverage is offered on an
employer-sponsored basis
only. An employer/employee
relationship must exist; individuals
who are not employees are not
group qualified for coverage. For all plans
except Choice, if the primary
subscriber enrollment is less
than five, dependents/spouse
of the primary subscriber may
not enroll in a separate contract
to increase the group size. For
example, an individual and spouse
may not enroll as two separate
“subscriber” contracts, or as
“subscriber/child(ren)” contracts,
even if both are employees.
Association groups require Delta
Dental Underwriting Department
approval.

2. Virginia-based businesses
enrolling 2-99 employees who
are engaged in bona fide trade or
commerce in the Commonwealth
are eligible. However, the
following organizations are not
group eligible for coverage: fraternal
organizations, sales groups,
independent contractors and
membership groups. A North
American Industry Classification System
(NAICS) number is
required for rating purposes.

3. All voluntary groups of up
to 300 eligible employees are
rated together in a product
pool. Groups with over 300
eligible employees require Delta
Dental Underwriting Department
approval.

4. All plans except the Exchange-
Certified Pediatric Plans utilize
a four-tier rating structure
consisting of Employee,
Employee/Spouse, Employee/
Child(ren), and Employee/Family.
The Exchange-Certified Pediatric
plan utilizes a per enrollee
rate structure. No other rating
structures are available.

5. For rate guarantee, please refer
to the rate page included in your
quote documents.

6. The eligibility waiting period
for newly-hired employees will
be the first day of the month
following 90 days from the date
of hire. Coverage ends on the
last day of the month that the
member ceases to be eligible
under the group dental plan. If
a group’s existing medical plan
beneﬁts have a different eligibility
requirement, then Delta Dental
will match it for this coverage (for
example: first day of the month
following the date of hire).

7. Beneﬁt waiting period options:

Employer-Paid Plans - Major
services and non-medically
necessary orthodontic services
Choice of none, six months, or
12 months (no beneﬁt waiting
periods apply to aXcess™ plans).

Voluntary Plans - Major services
Choice of six months or 12
months. Non-medically necessary
orthodontic services include a
12-month waiting period.

No beneﬁt waiting periods
apply to medically-necessary
orthodontic services.

Waiting periods may be waived
for initial enrollees if the group
is replacing a prior group dental
plan that covered these services
for at least 12 consecutive months.

Please submit dated, current
carrier group bills and beneﬁt
description with the application.

Anything less than 12 months
of prior coverage will not be
considered toward waiting period
waivers for initial enrollees.

Employees hired after initial
enrollment require proof of
credible coverage to receive
credit for a waiting period
for both employer-paid and
voluntary plans.

8. Employees and their
dependents NOT included in
the initial enrollment may be
eligible for coverage on the ﬁrst
day of the month following a
qualifying event such as: marriage
or divorce, birth of a child, legal adoption
or loss of other group coverage.

Otherwise, they may enroll only
at the group’s annual open
enrollment period.

9. If an employee covered under
one of the voluntary plans drops
coverage, he/she is not eligible to
re-enroll until the second group
open enrollment period after the
date of termination. In addition,
if the employee cancels after less
than one year of enrollment, he/
she must remit the balance of
the ﬁrst year’s premium before
re-enrolling.

10. Group acceptance is not
guaranteed. Approval of coverage
is contingent upon underwriting
acceptance and the veriﬁcation
of employee participation. Groups
with more than 20 percent of
their employees residing outside
of Virginia require special
underwriting approval and may
require a premium adjustment.

11. Delta Dental coverage must
be the only employer-sponsored
group dental plan offered to the
group’s employees.

12. Children are eligible for
coverage until the end of the
month following their 26th
birthday under the Family plans.

13. Only enrollees under the age
of 19 are eligible for coverage
under the Essential Health
Pediatric Dental Beneﬁt
Amendment and the Exchange-
Certiﬁed Pediatric Plans.

14. Groups enrolling 50-99
employees may elect a High/
Low Beneﬁt Plan at standard pool
rates subject to the following
conditions: (1) The Low Plan
consists of Type I and II beneﬁts
only (2) The High Plan consists of
Types I, II, and III or Types
I, II, III and IV beneﬁts, and (3)
A minimum of 50 percent of
those enrolling elect the High
Plan. Deductibles and beneﬁt
maximums may vary from the
Low Plan to the High Plan;
however, other beneﬁt options
selected must be the same
in both plans. The combined
participation level and employer
contribution level must still meet
Delta Dental’s requirement for this
product. All employees must elect
a plan at their initial enrollment
and may only change plans at the
group’s annual open enrollment
period (unless a qualifying event
has occurred).

15. Premiums are based on the
number of employees enrolled.
For example, a group of 52
eligible employees that enroll
enrolls 39 employees will be rated
in the 10-49 pool.

Eligibility and Contribution Requirements

Employees who work 20 hours or more per week are
eligible. Ineligible and part-time employees and employees
who have other group dental coverage may be removed
from the eligible total for the minimum participation
calculation. If the employer chooses a voluntary plan, the
employer must agree to submit enrollment forms and
collect premiums from subscribers for Delta Dental.

Minimum group contribution and participation
requirements for eligible employees are below:

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