

# Underwriting Requirements

## GROUP SIZE: 5 TO 9 ENROLLED EMPLOYEES

PLAN TYPE	Contribution Requirement	Employee Participation	Dependent Participation <sup>1</sup>
<b>Employer-Paid Plans</b>	Employer must pay: <ul style="list-style-type: none"> <li>■ <u>Employees</u>: Minimum 50%</li> <li>■ <u>Dependents</u>: No minimum</li> </ul> Delta Dental PPO <sup>SM</sup> – Options Plan Only: <ul style="list-style-type: none"> <li>■ <u>Employees</u>: Minimum 50% of Options Core</li> <li>■ <u>Dependents</u>: No minimum (<i>employer-sponsored dental benefits plan.</i>)</li> </ul>	<ul style="list-style-type: none"> <li>■ 100% enrollment of eligible employees</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>■ Tied to company's medical plan enrollment<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ Minimum 50% enrollment of eligible dependents</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>■ Tied to company's medical plan enrollment</li> </ul>
<b>Voluntary</b>	No employer requirement	Minimum participation is 5 enrolled employees	No participation requirement

## GROUP SIZE: 10 TO 99 ENROLLED EMPLOYEES

PLAN TYPE	Contribution Requirement	Employee Participation	Dependent Participation <sup>1</sup>
<b>Employer-Paid Plans</b>	Employer must pay: <ul style="list-style-type: none"> <li>■ <u>Employees</u>: Minimum 50%</li> <li>■ <u>Dependents</u>: No minimum</li> </ul> Delta Dental PPO <sup>SM</sup> – Options Plan Only: <ul style="list-style-type: none"> <li>■ <u>Employees</u>: Minimum 50% of Options Core</li> <li>■ <u>Dependents</u>: No minimum</li> </ul>	<ul style="list-style-type: none"> <li>■ 75% enrollment of all eligible employees</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>■ Tied to company's medical plan enrollment<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ Minimum 50% enrollment of eligible dependents</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>■ Tied to company's medical plan enrollment</li> </ul>
<b>Voluntary</b>	No employer requirement	Minimum participation is the greater of 10 enrolled employees or 20% of all eligible employees.	No participation requirement

## FOR PPO VALUE PLANS ONLY

### Additional Administrative Requirements

- Groups must accept making Automated Clearing House (ACH) payments to Delta Dental of Washington.
- Groups must submit a completed and signed Group Master Application, a check for the first month's premium, and a completed ACH form with a voided check.

<sup>1</sup> Dependents are eligible for benefits through age 25.

<sup>2</sup> All employees and dependents enrolled in the group-sponsored medical plan must be enrolled in the group-sponsored dental benefits plan.