

# Securian Dental Participation Guidelines

For Pooled PPO and Indemnity groups (2-249 eligible employees)

## Participation Requirements

For PPO and Indemnity groups with 2-4 eligible employees:

- One-time enrollment.
- 100% of eligible employees and 100% of eligible dependents must enroll.

For PPO and Indemnity groups with 5-249 eligible employees:

- One-time enrollment for groups of 5-9 employees.
- Annual open enrollment for groups of 10 or more enrolled employees.
- *Voluntary* – A minimum of 5 employees must enroll.
- *Employer-paid* – A minimum of 5 employees and at least 60% of eligible employees not covered by another dental plan must enroll.

### Prior Dental Coverage provision

- Groups of 2-4 eligible employees – If the group has prior comparable dental coverage (comparable deductibles, benefits, coinsurance and annual maximums, and no gap in coverage prior to Securian Dental), the group is eligible for **lower premiums**.

The group is eligible for a **waiver of waiting periods** if all eligible employees and all eligible dependents have prior comparable coverage.

- Groups of 5-249 eligible employees – If the group has prior comparable dental coverage (comparable deductibles, benefits, coinsurance and annual maximums, and no gap in coverage prior to Securian Dental), the group is eligible for lower premiums and a waiver of waiting periods.

### Medical Lock available for employer-paid plans:

- To qualify as a medical lock, enrollment must be tied to medical coverage, meaning employees may not enroll in the dental plan unless they are enrolled in the medical plan as well.

- Employees selecting single medical coverage must select single dental coverage, while those opting for family medical coverage must select family dental coverage. (A copy of the medical plan billing must be included with the master application and enrollment forms.)

## Underwriting Guidelines

- If coverage is waived at initial enrollment, a qualifying event must occur to gain coverage unless there is an open-enrollment period.
  - Employees who drop coverage may not re-enroll at any time unless a qualifying event occurs.
  - Groups must be based in the approved state, and no more than 20% of the group can be located outside the state.
    - Groups with more than 20% of eligible employees residing outside the approved state are subject to underwriting review. Coverage cannot be issued if any employees reside in New York. Coverage cannot be issued if more than 10% of the members of a non-Florida headquartered group reside in Florida.
  - Coverage is not available for groups of 2-4 employees if any employees are related by blood, marriage or adoption. For groups of 5 or more where 50% or more are related by blood, marriage or adoption, the most recent Quarterly Tax and Wage Statement is required.
  - Coordination of benefits applies.
  - Employee-only plans are available for groups of any size.
- \* **Dual option plan available for groups of 25+ eligible employees, call for details.**



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## **Orthodontics – Optional Add-On for PPO and Indemnity Plans B, C and D**

- Orthodontic coverage is available as an add-on for groups of 10 or more enrolled employees. The employer must choose a dental plan either with or without orthodontics for all employees.
- Coverage is only for dependent children ages 8 through 18.
- *Voluntary* – 18-month waiting period for new groups.
- *Employer-paid* – 12-month waiting period for new groups.
- If the group has prior comparable coverage, enrolled dependent children will receive credit toward the Securian Dental waiting period for time under the prior plan. The entire waiting period applies to dependent children of employees who join after initial enrollment.
- Coverage includes limited, interceptive and comprehensive orthodontic treatment.

**For pooled PPO and Indemnity groups of 2-249, call SecurianConnect at 1-866-827-3318.**

**For custom quotes (available for groups of 100+), call 1-866-222-6507.**

This information is for Securian Dental broker use and is provided as a convenience only. Participation and underwriting determinations are subject to our underwriting review, and complete coverage details are specified in the Dental Benefit Plan Summary.

Securian Dental is underwritten by Securian Life Insurance Company, 400 Robert Street North, St. Paul MN 55101, and administered by DeCare Dental Health International, LLC. In California, Securian Dental is underwritten by Securian Life Insurance Company, offered through DeCare Dental Insurance Services, LLC, and administered by DDHI Administrators, LLC. Securian Dental is offered under policy form series 03-30612 or a state variation thereof.

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