

# SMALL BUSINESS PROGRAM

## Sold Group Process

### Delta Dental Premier<sup>®</sup> or Delta Dental PPO

**Paperwork Checklist:**

- Complete the Group Application.
- Each eligible employee must complete an Employee Election form. The form must be signed by the primary enrollee.
- Obtain the group's most recent quarterly wage statement.
- Include a check for the first month's premium made payable to Delta Dental.
- Submit proof of prior coverage (e.g., benefit booklet or summary plan design).  
*Only for group sizes of 5-49 employees selecting Premier 3 or Premier 4, or PPO 3 or PPO 4.*
- The Business Associate Addendum **must** be signed by the group representative and be submitted.

**Send all items to:**

General Agent

**Enrollments must be received by:**

Cut-Off Date\*:  
20th of the prior month

To Show an Effective Date of:  
1st of the coverage month

**The primary enrollee's social security number must be reported.**

**Primary enrollees**

All individuals legally working within the U.S. must have a social security number, thus, all primary enrollees should report a social security number.

Furthermore, if an individual does not report his/her social security number, Delta Dental will not provide coverage.

**Dependents**

Delta Dental recognizes dependents' dental benefit information through his/her primary enrollees' social security number. It is acceptable if a dependent does not report his/her social security number, as long as the primary enrollee has reported his/her social security number.

\*If a cut-off date falls on a weekend or holiday, the workday prior will apply.

# Sold Group Process

## DeltaCare<sup>®</sup> USA

### Paperwork Checklist:

- Complete the Group Application.
- Each eligible employee must complete an Employee Election form. The form must be signed by the primary enrollee.
- Make certain each eligible employee indicates a dentist selection from the list of contracted dental facilities for themselves and his/her eligible dependents. *If an employee does not select a contracted dentist, Delta Dental will select one using the employee's zip code.*
- Include a check for the first month's premium made payable to Delta Dental.
- The Business Associate Addendum **must** be signed by the group representative and be submitted.

### Send all items to:

General Agent

### Enrollments must be received by:

Cut-off Date\*:  
10th of the prior month

To Show an Effective Date of:  
1st of the coverage month<sup>■</sup>

### The primary enrollee's social security number must be reported.

#### Primary enrollees

All individuals legally working within the U.S. must have a social security number, thus, all primary enrollees should report a social security number.

Furthermore, if an individual does not report his/her social security number, Delta Dental will not provide coverage.

#### Dependents

Delta Dental recognizes dependents' dental benefit information through his/her primary enrollees' social security number. It is acceptable if a dependent does not report his/her social security number, provided the primary enrollee has reported his/her social security number.

\*If a cut-off date falls on a weekend or holiday, the workday prior will apply.

■Enrollee's name will appear on the provider list with coverage shown as the first of the month.

# Sold Group Process

## Dual Choice Group

You may offer DeltaCare USA in a “dual-choice” environment to groups with 10 or more employees. For both contributory and voluntary plans, dual choice gives employees the option to choose between DeltaCare USA and the Delta Dental Premier, Delta Dental PPO or Delta Dental PPO Voluntary programs. At least 5 primary enrollees must enroll in the DeltaCare USA program and at least 5 primary enrollees must enroll in the Delta Dental Premier, Delta Dental PPO or Delta Dental PPO Voluntary program, subject to the Delta Dental Premier, Delta Dental PPO and Delta Dental PPO Voluntary enrollment guidelines.

### Paperwork Checklist:

- Complete the Group Application.
- Obtain a copy of the company’s most recent quarterly wage statement.
- Each employee must complete the Employee Election Form. The form should be signed by the primary enrollee.
- Include a check for the first month’s premium made payable to Delta Dental.
- Submit proof of prior coverage (e.g., benefit booklet or summary plan design).  
*Only for group sizes of 5-49 employees selecting Premier 3 or Premier 4, or PPO 3 or PPO 4.*
- The Business Associate Addendum **must** be signed by the group representative and be submitted.

All cut-off dates, addresses and phone numbers apply for the respective programs.

**The primary enrollee’s social security number must be reported.**

### Primary enrollees

All individuals legally working within the U.S. must have a social security number, thus, all primary enrollees should report a social security number.

Furthermore, if an individual does not report his/her social security number, Delta Dental will not provide coverage.

### Dependents

Delta Dental recognizes dependents’ dental benefit information through his/her primary enrollees’ social security number. Thus, it is acceptable if a dependent does not report his/her social security number, provided the primary enrollee has reported his/her social security number.

# Enrolling Members

All eligible employees/dependents must enroll at the time they are eligible. If eligible employees/dependents do not enroll when they become eligible, they may enroll at the employers' next open enrollment period. Exceptions may be made in situations when loss of coverage occurs (e.g., loss of coverage date from a spouse's plan).

## Delta Dental Premier and Delta Dental PPO

- **Employee Election Form** – This form is for new groups to enroll all of their eligible employees and employees' dependents. The form must be signed by the primary employee. This form must be submitted with the new group application, quarterly wage statement and first month's premium to your General Agent for the Delta Dental Small Business Program. Failure to complete this form will result in employee eligibility delay and/or interruption.
- To add eligible dependents, please use the Employee Election Form mentioned above.
- Enrollee and dependent data is transmitted to Delta Dental.

## DeltaCare USA

- **Employee Election Form** – This form is for new groups to enroll all of their eligible employees and employees' dependents. This form must be submitted with the new group application, quarterly wage statement and first month's premium to your General Agent for the Delta Dental Small Business Program. Failure to complete this form will result in employee eligibility delay and/or interruption.
- To add eligible dependents, please use the Employee Election Form mentioned above.
- Enrollee and dependent data (including member address, provider name and provider number) is transferred to Delta Dental. If an enrollee does not choose a dental office, one will be assigned by Delta Dental using the enrollee's zip code.

## Deadline for Adding New Employees and/or Dependents

	<u>Cut-off Date*:</u>	<u>To Show an Effective Date of:</u>
<b>Delta Dental Premier &amp; Delta Dental PPO</b>	25th of the prior month	1st of the coverage month
<b>DeltaCare USA</b>	15th of the prior month	1st of the coverage month <sup>■</sup>

\*If a cut-off date falls on a weekend or holiday, the workday prior will apply.

■Enrollee's name will appear on the provider list with coverage shown as the first of the month.