



## **Guide for Administering your Delta Dental of Iowa Small Business Dental Benefit Plan**

[www.deltadentalia.com](http://www.deltadentalia.com)

## Notice of Financial Privacy Practices

This notice is designed to provide group policyholders with notice of Delta Dental of Iowa's privacy practices with respect to nonpublic personal financial information of individual members. Delta Dental of Iowa is committed to maintaining the confidentiality of both financial and medical information in accordance with all applicable laws. You do not need to contact us or do anything as a result of this notice. It is simply meant to inform members of our privacy practices regarding nonpublic personal financial information. You may wish to file this notice with your dental plan records.

### Collecting Financial Information to Conduct our Business

We collect, retain and use certain types of nonpublic personal financial information about members for the purpose of serving their dental insurance needs and administering the group dental plan. We may collect information from the following sources:

- Information we receive from dentists or members on applications, enrollment forms or other forms, or in response to oral requests for information from dentists or members, for example, identifying information such as name and address; and
- Information about members' transactions with us such as premium payment history.

### Types of Financial Information We May Disclose

We may disclose nonpublic personal financial information about members to the following types of nonaffiliated third parties:

- To the member of the group dental plan;
- To other insurers and insurance agents;
- To treating dentists; and
- To our vendors such as claims entry, dental consultants, financial institutions, information technology and printers.

We also may disclose nonpublic personal financial information about members to nonaffiliated third parties as permitted by law.

### Disclosures to Service Providers for Joint Marketing

We may disclose all of the nonpublic personal financial information we collect, as described above, to companies that perform marketing services on our behalf, such as independent agents, or to other financial institutions with whom we have joint marketing agreements, such as health insurers.

### How We Protect the Confidentiality and Security of Subscribers' Nonpublic Personal Financial Information

We restrict access to nonpublic personal financial information about members to those employees who need to know that information to provide our dental plans and services to members. We maintain physical, electronic, and procedural safeguards that comply with applicable federal regulations to guard members' nonpublic personal financial information.

## Welcome to Delta Dental of Iowa

Delta Dental of Iowa is pleased to be your partner in bringing the best value in dental benefits to your company. From renewal of existing business to on-going account management and administrative services, Delta Dental teams will provide support to you and your insurance agent (if applicable).

As your group’s plan administrator you are the primary contact between Delta Dental and your employees. To assist you in that role, we are providing you with this Administrative Reference Guide to help you administer your dental benefits plan.

Welcome to Delta Dental. We look forward to a long and successful relationship.

### Contact Delta Dental of Iowa

To access self-service options please visit us at our website at [www.deltadentalia.com](http://www.deltadentalia.com).

#### Employers can...

- Add, change and terminate enrollees
- Receive current bills and view past invoices
- Download forms and bills
- Electronically route online bills
- Order ID cards for enrollees

#### Enrollees can...

- Locate dentists
- Review claim status
- Print an identification card and access eligibility and claims information
- Find information on frequently asked questions

To contact us directly please use the team contact information below or call us at 877-423-3582 and follow the phone prompts to reach the appropriate teams.

Team Service	Team ReNEW	Customer Service
8:00 am to 4:30 pm	8:00 am to 4:30 pm	7:30 am to 5:00 pm
<ul style="list-style-type: none"> <li>• Change an address</li> <li>• Add new employees</li> <li>• Terminate employee coverage</li> <li>• Add or terminate dependents</li> <li>• Assist with billing questions</li> <li>• Assist with Employer Connection</li> </ul>	<ul style="list-style-type: none"> <li>• Change benefit plans</li> <li>• Add DeltaVision</li> <li>• Renewal preparation and distribution</li> <li>• Assist with open enrollment during your renewal period</li> </ul>	<ul style="list-style-type: none"> <li>• Send us a Claim form</li> <li>• Questions about benefits, coverage or claims</li> <li>• Request a claim form</li> <li>• Request an ID card</li> <li>• Request benefits document</li> </ul>
Delta Dental of Iowa P.O. Box 9010 Johnston, IA 50131-9010 <a href="mailto:TeamService@deltadentalia.com">TeamService@deltadentalia.com</a> Fax: (888) 558-9212 Phone: (877) 983-3582	Delta Dental of Iowa P.O. Box 9010 Johnston, IA 50131-9010 <a href="mailto:TeamReNEW@deltadentalia.com">TeamReNEW@deltadentalia.com</a> Fax: (888) 337-5157	Delta Dental of Iowa P.O. Box 9000 Johnston, IA 50131-9000 <a href="mailto:Claims@deltadentalia.com">Claims@deltadentalia.com</a> Fax: (888) 264-1440 Claim Form Submission Fax: (866) 269-9118
<b>Send Premium Payments:</b>	Delta Dental of Iowa P.O. Box 5044 Des Moines, IA 50309-5044	

When contacting Delta Dental always include your company name and group number for account questions. **Write your Delta Dental group number here:** \_\_\_\_\_

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# Employer Connection

## Connecting You to Delta Dental

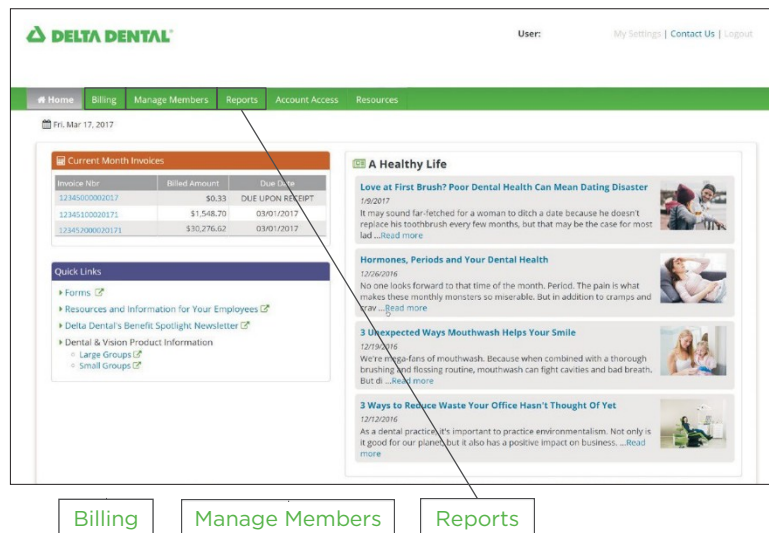
Through the Employer Connection on the Delta Dental website, employers have access to enrollment, billing and other features 24-hours a day, seven days a week at [deltadentalia.com](http://deltadentalia.com).

### Employer Connection Capabilities

- Enrollment**  
 Add, change and remove employees and dependents in a few simple steps.
- Billing**  
 Access current and past invoices that can be downloaded in a PDF or Excel document for sorting and sub-totaling.
- Reporting**  
 View member eligibility for the last 18 months.
- Other Features**  
 Print ID cards, view member benefits, download member forms and more all with a few simple clicks

**Employer Connection**  
[deltadentalia.com/employers](http://deltadentalia.com/employers)

### Delta Dental of Iowa Employer Connection



#### Manage Your Employees' Benefits

- Add and terminate members and their dependents or make eligibility changes
- View enrollment reports including eligibility lists and maintenance logs
- Print or order ID cards for your employees
- View benefits

#### Online Access to Billing

- View current and past invoices
- Download billing summary or details

## Register for Delta Dental's Employer Connection today!

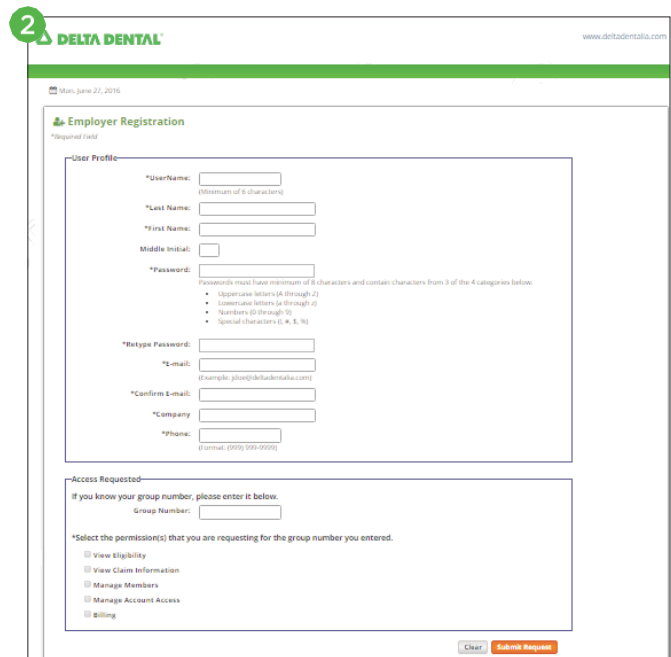
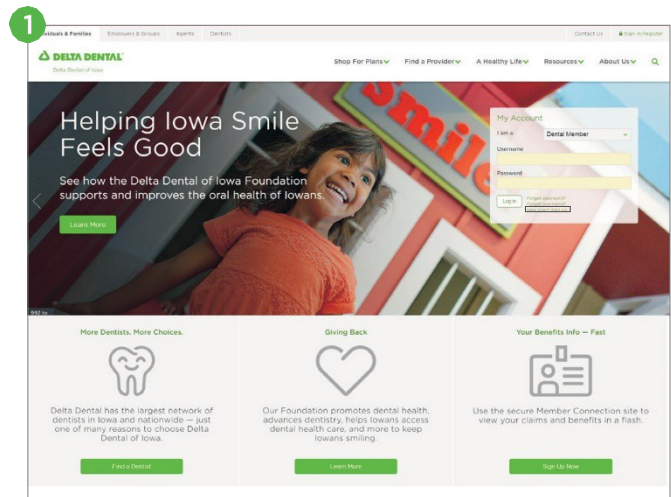
1 Go to [deltadentalia.com](http://deltadentalia.com), and select "Employer" from the dropdown menu, then choose "New user? Sign up." link at the bottom of the My Account box on the right side of the homepage.

2 Complete the information for your new Employer Connection account and click "Submit".

**Note:** Please remember the username and password you assign. You will need this to process your registration request. In this screen, you may select other Employer Connection functions that you would like to access. Make sure you select Online Enrollment.

3 Validate your Employer Connection access.

**Note:** Delta Dental will verify and validate your request and send you a confirmation email once you can access the Employer Connection.



## Want More Information on the Employer Connection?

Start using the Delta Dental Employer Connection today! Should you need help, please contact Delta Dental's Team Service at 877-983-3582 or by email at [TeamService@deltadentalia.com](mailto:TeamService@deltadentalia.com).



Delta Dental of Iowa 9000 Northpark Drive | Johnston, IA 50131

800-544-0718

[deltadentalia.com](http://deltadentalia.com)



## Group Guidelines

### Eligible Groups

1. New groups with 1 to 50 benefit eligible employees
2. Beginning in 2020, renewals with 1-100 benefit eligible employees will remain eligible for their Small Group plan unless product changes are requested; at that time, groups with over 51+ eligible employees will be transitioned to Large Group products.
3. The Employer must be headquartered in Iowa
4. Minimum number of employees to qualify as a group:
  - a. Must employ one or more people with combined worked hours of 1,560 (as a minimum) in the previous year.
  - b. The following people cannot be included in the calculation:
    - i. Shareholder with more than 2% ownership of an S corporation and spouse
    - ii. Any owner with more than 5% ownership and spouse
    - iii. Seasonal workers (120 or less days per year)
5. Groups formed for the sole purpose of obtaining group insurance are not eligible.

### Underwriting Rules

1. Employer is required to sponsor the plan with enrollment maintenance and payroll deductions, regardless of the level of contribution.
2. Only one benefit plan can be selected by your group.
3. Delta Dental of Iowa is your only carrier for dental benefits.
4. Changes to your dental plan can only be made during the renewal period and 15 days prior to the renewal effective date.
5. Group termination notification, as stated in your Delta Dental Group Insurance Policy, must be sent to Delta Dental in writing at least 30 days in advance of the desired termination date.
6. Contract periods are a maximum of 12 consecutive months and renewed annually. The contract period may be shortened if needed, to align dental with other benefits.
7. Employees who do not apply for coverage when initially eligible will not be eligible to enroll in this plan until your next anniversary date, unless their election is due to a qualifying event.
8. If the employee wishes to enroll children on the plan, all eligible children, under age 18, must be enrolled, unless they are covered elsewhere

9. Rates are good for 24 months from initial enrollment as long as your plan does not change.



## Underwriting Guidelines

### Participation and Contribution

Participation is defined as the percentage of employees enrolled in your group dental plan compared to the total number of employees eligible to enroll.

Anyone waiving coverage should be included in the total number of eligible employees. Employees with coverage elsewhere or through a spouse should be counted in both the number of covered employees and the number of benefit eligible employees. Below is an example of this calculation:

Total # Benefit Eligible Employees	# Enrolling with Delta Dental	# with Coverage Elsewhere	# Waiving Coverage	# of Covered Employees	Participation % (Enrolling + Covered)
50	30	5	15	35	70%

Contribution is the amount you, as the employer, contribute toward your employee's premium costs. Because the level of employer contribution can affect your employee participation level, Delta Dental recommends an employer contribution of 100% of the single premium, or 50% of the total premium.

At your next renewal, if the level of contribution and/or participation changes, it may impact the rates you are billed. Changes to your dental plan premium rate will be made at your renewal date.

Beginning in 2020, new business written will maintain the rate at implementation for a period of 2 years. The contract will then renew annually if there are no product changes requested.

### Contributory Employer Choice Plans

Delta Dental of Iowa offers Contributory Employer Choice plans that allow you, the employer, to select a plan for employees. These plans require an employer contribution; and there is no minimum participation requirement. However, you receive the best rates with participation levels of 50% or greater.

## **Voluntary Employer Choice Plans**

Delta Dental offers the same Employer Choice plans as voluntary plans, for employers who do not contribute toward the plan costs (employee pays 100% of the premium cost). All voluntary plans require enrollment maintenance and payroll deductions by the employer.

## **Voluntary Employee Choice Plan**

Delta Dental's Voluntary Employee Choice PPO Plan is available to new groups with 1 to 50 eligible employees. With six plans to choose from, this product allows the employee to select the level of coverage that best suit their needs. This plan also requires enrollment maintenance and payroll deductions by the employer.

## Enrollment Guidelines

Delta Dental of Iowa will not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.

### Eligible Employees

The following is a list of qualifying classes of employees. You determine which class or classes of employees are eligible for benefits in your group and all employees within those classes become eligible. You may not offer benefits to selected individuals within a class.

1. Active, permanent, full-time employees. Each employer determines the number of hours required to be considered full-time.
2. Owners, partners, sole proprietors and salaried corporate officers if actively managing the business, having the same fringe benefits, and appearing on official payroll records.
3. Independent sales representatives if the employer pays Worker's Compensation, fringe benefit premiums, unemployment and Social Security for these employees.
4. Board members if they are included in the total eligible employee count and required participation and contribution guidelines are applied.
5. Pensioned employees if included in a formal retirement program.
6. Former employees eligible for benefits under Federal COBRA requirements,

### Please Note Your Important Information Here:

**Number of hours required to qualify for benefits here:**

**Class or classes of employees eligible for benefits here:**

### Eligible Covered Persons

Eligible Employees may choose to cover themselves or they may wish to provide benefits for their family members. An Eligible Covered Person may include the following family members:

1. The employee's spouse by legal marriage.
2. Domestic partners, if recognized by the employer.
3. The employee's natural children who are:

4. Under the maximum allowable age for eligible children, as stated in the benefit documents.
  5. A full-time student enrolled in an accredited institution of higher learning such as a college, university, nursing or trade school, and carries enough hours to be classified by the institution as a full-time. Full-time student status continues during regularly scheduled vacation periods.
  6. Totally or permanently disabled, either physically or mentally, must have existed before the child was age 19 or while the child was a full-time student under 26 years of age, and the child has had continuous dental coverage without a break of 63 days or more since the child turned age 19 or while a full-time student under age 26. Proof of disability may be required.
4. An eligible child can be any of the following:
    - a. Your natural child
    - b. Child placed with you for adoption
    - c. Legally adopted child
    - d. Child for whom you have legal guardianship
    - e. Step child
    - f. Foster child
  5. Employee Choice plans, all children over the age of 26 regardless of student status or disability status.

### **Eligibility Enrollment Requirements**

1. Eligible Persons must apply for coverage when initially eligible or with a qualifying event as defined in your benefit documents.
2. If an Eligible Person does not apply for coverage when initially eligible, they will not be eligible to enroll in the dental plan until your next anniversary date, unless the election is due to a qualifying event.

3. If an Eligible Person drops coverage, they will not be eligible to re-enroll in the dental plan until your next anniversary date, unless the election is due to a qualifying event.

### Enrolling Eligible Employees

A newly eligible employee is considered to be one who satisfies your group’s definition for eligibility and has completed your group’s required probationary period to qualify for coverage. This includes an existing employee changing from a non-eligible coverage class to an eligible coverage class, i.e., part-time to full-time.

Enrollment information for new employees should be submitted to Delta Dental in a timely manner. For the timeliest submission of enrollment information, we recommend that you maintain your enrollment electronically online through the Employer Connection. If your employees are enrolled in the Delta Dental Voluntary Employee Choice plan, online electronic enrollment is not available at this time.

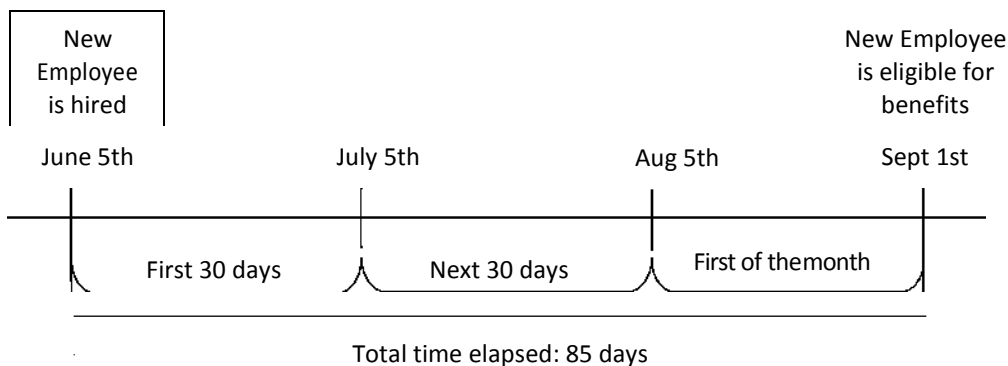
The date coverage is effective for a newly eligible employee is determined by the new hire probationary period established for your group. Coverage is effective the **1st day of the month following** your new hire probationary period. Options for new hire probationary periods are:

- Date of Hire
- 30 days of employment
- 60 days of employment

**Note your group’s new hire probationary period here:** \_\_\_\_\_

### Example:

Group’s new hire probationary period is first of the month following 60 days of employment.<sup>13</sup>



## **Qualifying Event Changes**

Delta Dental must be notified of the qualifying event change within specified time frames of the event as indicated below. Changes are normally effective the first of the month following the event date.

### **Changes requiring notification within 31 days:**

1. Active Duty in the Military
2. Appointment of legal guardianship of a child
3. Care of a foster child (when placed in your home by an approved agency)
4. Completion of full-time schooling of an eligible child
5. Death
6. Divorce, annulment, or legal separation
7. Eligible child (who is not a full-time student or permanently disabled) reaches maximum age. Dependents reach the maximum age and are no longer full time students or disabled will be automatically termed.
8. Exhaustion of COBRA coverage
9. Marriage
10. Spouse or child losing eligibility for qualifying dental coverage, or employer ceases contribution to qualifying dental coverage

### **Changes requiring notification within 60 days:**

1. Birth or adoption of a child
2. Spouses Medicaid, or Child's Medicaid, or Children's Health Insurance Program (CHIP) or Healthy and Well Kids in Iowa (*Hawki*) coverage is terminated as a result of losing eligibility **or** the Eligible Covered Person becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

## Identification (ID) Cards

Delta Dental provides ID cards for all employees covered under your plan. We will mail ID cards within 10 business days after receiving complete enrollment information or no later than your plan effective date, provided all enrollment information is received at least 10 business days in advance of your effective date. ID cards are mailed directly to employees at the address provided on their enrollment/change application.

Members may be asked to present their ID cards each time they visit the dentist. To request replacement or additional ID cards, you or your employees can:

- Visit our website at [www.deltadentalia.com](http://www.deltadentalia.com) and print or order an ID card from the from the Employer Connection (username and password required)
- E-mail us at [TeamService@deltadentalia.com](mailto:TeamService@deltadentalia.com)
- Call Delta Dental at (877) 983-3582

## Billing

### Online Billing

The standard method of billing for Delta Dental is via online billing. Your billing statement can be viewed online under Delta Dental's Employer Connection at [www.deltadentalia.com/employer](http://www.deltadentalia.com/employer). Your current billing statement is available online at any time after our monthly billing cycle, which is normally around the 15<sup>th</sup> of each month. Previous billing statements can also be viewed online. For more details on Delta Dental's Employer Connection, please refer to the Employer Connection section at the beginning of this document. By choosing the electronic billing option you will not receive paper bills from Delta Dental. We will email your billing contact when monthly billing statements are available.

### Paper Billing

Delta Dental offers paper billing for accounts that are unable to access online billing.

If you elect paper bills, your billing statement will be delivered to you around the 15<sup>th</sup> of each month.

### Paying Your Bill

Delta Dental offers automatic funds transfer for your monthly premium payments. If you choose this option, Delta Dental will automatically deduct the amount of premium on the first of each month from your bank account. To enroll in automatic funds transfer, call Team Service or visit us at [www.deltadentalia.com](http://www.deltadentalia.com).

You may also pay your bill via check or you may initiate electronic funds transfer. If paying by check it is important that you send your payment coupon with your check to assure proper application of your payment. To receive our banking information to electronically transfer funds contact Team Service.

Premium payments are due on the first day of each month and are considered delinquent if not paid by the due date. If payments are not made, your account moves to delinquency status, and claims for your members will not be paid until your account is paid in full.



## **Reconciling Your Account**

Reconciling your account on a monthly basis is important. If changes are made that result in billing adjustments they will show on your next bill. This includes changes in enrollment between the date of billing and the date payment is received. Delta Dental requires full payment of the amount due to ensure your account is kept current. Payments are due by the first of the month following the receipt of your bill.

If you have questions about your billing, please contact Delta Dental's Team Service.

## Retroactive Changes

Delta Dental discourages retroactive changes, i.e. notification after the requested effective date. Requests for additions, changes, or terminations should be provided to Delta Dental in advance of the desired effective date to ensure accurate billing and claims payment. We will only consider retroactive change requests as follows:

- Member additions will be accepted by Delta Dental no later than 31 days after the requested effective date.
- Retroactive termination requests are impacted by claim payments.
  - If a claim was paid after the requested retroactive termination date, the member's coverage will not be terminated until the last day of the month in which the claim was paid up to a maximum of 90 days.
  - If no claims were paid, the retroactive termination will be accepted by Delta Dental no more than 90 days from the current invoice billing period.
  - The group is responsible for premium payments up to the member's termination date.

## Claims

### **Explanation of Benefits (EOB)**

The Explanation of Benefits is used to inform the employee when a claim is processed. The EOB indicates the total charges for the services rendered by the dentist, as well as any amount payable by the contract holder for deductibles, coinsurance and charges for non-covered services. A Remittance Advice (RA), which shows similar information, is also sent to the Delta Dental participating dentists who performed the services.

### **Coordination of Benefits (COB)**

Employees may have other dental insurance or coverage that provides the same or similar benefit(s) as your Delta Dental coverage. If so, we will work with the other insurance company or carrier. Your employee is responsible for letting us know if other coverage exists.

The benefits payable under Delta Dental coverage when combined with the benefits paid under other coverage will not be more than 100 percent of either our payment arrangement amount or the other carrier's payment arrangement amount.

Other coverage includes: group insurance, other group benefit plans (such as HMOs, PPOs, and self-insured programs), Medicare or other governmental benefits and the medical benefits coverage in automobile insurance (whether issued on a fault or no-fault basis). To help us coordinate benefits, please ask your employees to inform their dentists of other coverage at the time services are rendered.

### **Claims Appeal**

If Delta Dental does not pay all or part of a claim and your employee believes the plan should cover the service, your employee can ask for a full and fair review of that claim. For detail on how to complete this process, please refer your employee to the *Appealing a Denied Claim or Adverse Benefit Determination* section of the benefits document.