



## **Guide for Administering your Delta Dental of Iowa Large Group 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.

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
Available 8:00 am to 4:30 pm	Available 8:00 am to 4:30 pm	Available 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>	Delta Dental of Iowa P.O. Box 9010 Johnston, IA 50131-9010 <a href="mailto:TeamReNEW@deltadentalia.com">TeamReNEW@deltadentalia.com</a>	Delta Dental of Iowa P.O. Box 9000 Johnston, IA 50131-9000 <a href="mailto:Claims@deltadentalia.com">Claims@deltadentalia.com</a>
Fax: (888) 558-9212 Phone: (877) 983-3582	Fax: (888) 337-5157	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 Capabilities

#### 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

- View current and past invoices
- Download billing summary or details into an Excel file or PDF

The screenshot displays the Delta Dental Employer Connection website. The navigation menu includes 'Home', 'Billing', 'Manage Members', 'Reports', 'Account Access', and 'Resources'. The 'Billing' menu item is highlighted. Below the menu, there is a table titled 'Current Monthly Invoices' with the following data:

Invoice Number	Invoice Amount	DUE DATE
123456789012	\$0.33	04/15/2017
123456789012	\$1,048.20	01/31/2017
123456789012	\$30,176.02	01/31/2017

Below the table are 'Quick Links' for 'Payers', 'Resources and Information for Your Employees', 'Delta Dental's Benefits Specialty Newsletter', 'Dental & Vision Product Information', 'Large Groups', and 'Small Groups'. To the right, there are article teasers under 'A Healthy Life'.

At the bottom of the screenshot, three green boxes labeled 'Billing', 'Manage Members', and 'Reports' are connected to their respective menu items by lines.

## 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.**

A screenshot of the Delta Dental Employer Registration form. The form is titled "Employer Registration" and is divided into two main sections: "User Profile" and "Access Requested". The "User Profile" section contains fields for "User Name", "Last Name", "First Name", "Middle Initial", "Password", "Repeat Password", "E-mail", "Confirm E-mail", "Company", and "Phone". The "Access Requested" section includes a "Group Number" field and a list of permissions to be selected: "View Eligibility", "View Claim Information", "Manage Members", "Manage Account Access", and "Billing". A "Submit Request" button is located at the bottom right of the form.

## 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).

## Underwriting Guidelines

### Participation and Contribution Requirements

Participation is defined as the percentage of employees enrolled in your group dental plan compared to the total number of employees eligible to enroll. Delta Dental's minimum participation level for contributory dental plans is 50% of your group's total eligible employees. You can exclude those employees with other group dental coverage (e.g., spouse's plan, other employer group plan). In this instance 75% of the remaining eligible employees who do not have group dental coverage elsewhere must enroll in the Delta Dental plan.

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

If the level of employee participation falls below the minimum, Delta Dental may require you to change to a voluntary dental plan. Changes to your dental plan will be made on your annual renewal date.

### Employee Choice Dental Plans

Delta Dental offers Employee Choice dental plans for employers paying less than 50% of the monthly premium, as well as plans with no employer contribution (employee pays all). Employee participation requirements for these plans vary. All Employee Choice plans require enrollment maintenance and payroll deductions by the employer.

## Enrollment Guidelines

Delta Dental of Iowa will not discriminate on the bases 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 coverage eligible.
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 Members**

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. A signed affidavit is required for domestic partners.
3. The employee's natural children who are:
  - a. Under the maximum allowable age for eligible children, as stated in the benefit documents.
  - b. 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. Large group employers may choose to specify a maximum allowable age for students.
  - c. Totally or permanently disabled, either physically or mentally, providing such disability commenced prior to the contract maximum age, and the child has had continuous dental coverage since reaching the contract maximum age. 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 a student status or disability status

Legal documentation may be required to determine eligibility.

**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 within 31 days of the employee eligibility. To more easily facilitate enrollment, Delta Dental recommends you maintain your enrollment electronically or enroll members online through the Employer Connection.

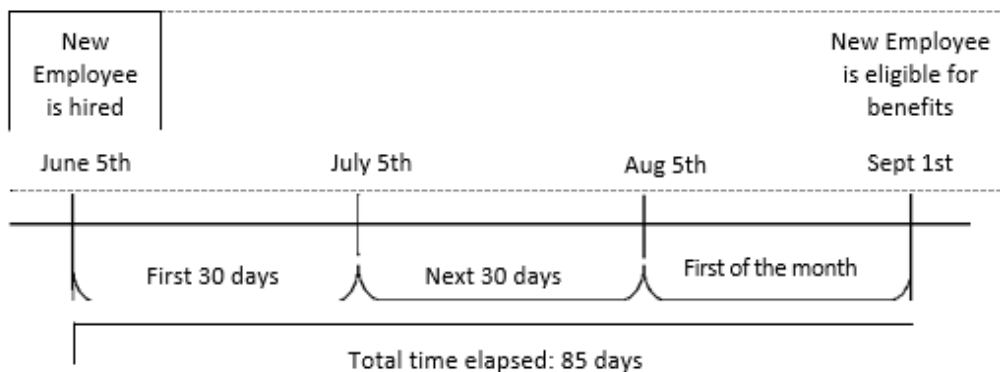


The date that coverage is effective for a newly eligible employee is determined by the new hire probationary period established for your group. Coverage is effective the **1st day of the month following** your new hire probationary period. Options for new hire probationary periods are:

- 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.



### Qualifying Event Changes

Late entrants include your employee, a spouse or any eligible children previously waiving coverage. These individuals can enroll without benefit waiting periods if they have a qualifying event. 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 terminated.
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 (*hawk-i*) 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:at.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 for risk groups. 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.

### Self-Funded Billing

Large groups with over 50 enrolled employees can choose a self-funded financial arrangement. Accounts are billed for all claims paid by Delta Dental on behalf of their employees and for administrative fees.

Delta Dental bills most self-funded large groups for actual claims paid on a weekly basis. Each Tuesday a report is generated and sent to the account via email outlining the amount of claims paid during the prior week. On the following Friday the amount of the claims shown on the Tuesday report is automatically withdrawn from the groups bank account. On the Friday following the final Tuesday of each month, the administrative fee owed to Delta Dental is also withdrawn from the group's account.

### 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 to coordinate benefit payments available from Delta Dental. 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. If you have specific questions on your coverage please refer to your Benefits Certificate or Summary Plan Description.

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 provided.

### 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 Benefit Certificate or Summary Plan Description.