

Buy-Up Dental Application

Company Name

Group #

Authorized Group Contact

Phone # (XXX) XXX-XXXX

Broker Name

Broker #

Coverage Selection

Select one plan offering:

- All buy-up dental plans: Prepaid 1000 & 3000, EPO 3000 & 3500, and PPO 4000 & 5000 WITHOUT Ortho
- All buy-up dental plans: Prepaid 1000 & 3000, EPO 3000 & 3500*, and PPO 4000* & 5000* WITH Ortho
- Voluntary Prepaid 3000 and Dentegra® Smile Club
- Dentegra Smile Club only

Complete numbers 1 - 7 below:

1. Requested effective date** MM/DD/YYYY
2. Total number of employees applying for dental coverage
3. Total number of COBRA eligibles applying for dental coverage
4. Percentage of employee-only premium paid by Employer % (Employer must pay a minimum of 50%)
5. Percentage of dependent premium paid by Employer % (write 0 if none)
6. Employer contribution is based on plan (Check one box only)

<input type="checkbox"/> Prepaid 1000	<input type="checkbox"/> EPO 3000	<input type="checkbox"/> PPO 4000
<input type="checkbox"/> Prepaid 3000	<input type="checkbox"/> EPO 3500	<input type="checkbox"/> PPO 5000
7. Does your group currently have dental? Yes No If yes, carrier name

Guidelines and Requirements

Plan Offering Requirements

**EPO/PPO plans with Ortho are only available to groups with 5 or more eligible employees*
***For Prepaid 1000, Prepaid 3000, EPO 3000, EPO 3500, PPO 4000 and PPO 5000, application must be completed by the 25th prior to effective date. (EPO 3000 & 3500 - In-network providers available in California only.)*

Takeover policy for EPO 3000, EPO 3500, PPO 4000 and PPO 5000

- Groups with 1-9 eligible employees are subject to a 12 month waiting period for major services. 24 months for Ortho Benefit.
- Groups with 10+ eligible employees may apply prior coverage credit towards the waiting period by submitting the following:
 - 1) Prior dental carrier's most recent billing statement.
 - 2) Billing statement from 12 months prior (or less if coverage in force for less time). 24 months for Ortho Benefit.

Participation Requirements

- Reconciled Quarterly/Annual Wage Report
- 1-2 Employees: 100% of all employees. All groups must include at least one dental enrolled employee who is not a business owner or spouse of business owner
- 3-100 Employees: 70% of eligible employees enrolling in CaliforniaChoice®
- Employees with other group coverage are not counted towards participation unless employer contribution is 100%

Employer and Dependent Coverage Information

- Enrollment applications required for employees and dependents not currently enrolled with CaliforniaChoice.
- Waivers required for employees and dependents not enrolling for new dental coverage (initial waivers no longer valid).
- Employees electing Prepaid Plans 1000 or 3000 must select a dentist.
- If any currently enrolled employees have terminated, please complete the "Termination Form."



Enrollment Information

Coverage Codes: EE = Employee Only ES = Employee & Spouse EF = Employee & Family EC = Employee & Children

Employee Name		Coverage Code	Plan	Dentist Name/Office (Prepaid Plans 1000/3000 only)	Dentist I.D. #
Example:	John Smith	<input type="radio"/> EE <input checked="" type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC		Bill Jones	00-DP65
1	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
2	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
3	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
4	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
5	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
6	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
7	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
8	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
9	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
10	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
11	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
12	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
13	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
14	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
15	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
16	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
17	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
18	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
19	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			
20	<input type="text"/>	<input type="radio"/> EE <input type="radio"/> ES <input type="radio"/> EF <input type="radio"/> EC			

Employer Signature →	Print Name	Date (MM/DD/YYYY)
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