CaliforniaChoice®
Your Health. Your Choice.®

721 South Parker, Suite 200, Orange, CA 92868
(800) 558-8003 • www.calchoice.com

Dental Application

E-mail: gpc@choiceadmin.com

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, PPO 3000, 3500, 4000 & 5000 WITHOUT Ortho
- ☐ All buy-up dental plans: Prepaid 1000 & 3000, PPO 3000, 3500*, 4000* & 5000* WITH Ortho
- ☐ Voluntary Prepaid 1000 and 3000

Complete numbers 1-3 for Voluntary:

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

*****Complete 4-7 if electing buy-up dental only*****

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)* ☐ Prepaid 1000 ☐ PPO 3000 ☐ PPO 4000 ☐ Prepaid 3000 ☐ PPO 3500 ☐ PPO 5000
7. Does your group currently have dental? ☐ Yes ☐ No If yes, carrier name

Guidelines and Requirements

Plan Offering Requirements

**PPO plans with Ortho are only available to groups with 5 or more eligible employees*

***For Prepaid 1000, Prepaid 3000, PPO 3000, PPO 3500, PPO 4000 and PPO 5000, application must be completed by the 25th prior to effective date.*

Takeover policy for PPO 3000, PPO 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 (for groups offering the buy-up dental option only)

- 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 California*Choice*®
- Employees with other group coverage are not counted towards participation unless employer contribution is 100%
- Reconciled Quarterly/Annual Wage Report may be requested

Employer and Dependent Coverage Information

- Enrollment applications required for employees and dependents not currently enrolled with California*Choice*.
- Waivers required for employees and dependents not enrolling for new dental coverage (initial waivers no longer valid).
- Plan 1000/3000 requires selection of a family dentist. Upon receipt of dental ID cards, you may elect other dentists for dependents.
- If any currently enrolled employees have terminated, please complete the "Termination Form."

I hereby certify that all the information contained in the dental application is true and correct to the best of my knowledge. I have read and understand the Guidelines and Requirements and attest that my group meets all the participation requirements.

Authorized Group Contact Signature	Print Name	Date (MM/DD/YYYY)
➞		

23598

Please complete census

CC 0566 1/2018 Eff.4/1/2018

*CHANGE REQUEST FORMS MAY BE REQUESTED FOR MEMBERS ADDING OR CHANGING DEPENDENT COVERAGE.

Enrollment Information

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

	Employee Name		Coverage Code	Plan	Dentist Name/Office (DHMO Plans Gold/Silver and Plans 1000/3000 only)	Dentist I.D. #
Example:	John	Smith	☐ EE ☒ ES ☐ EF ☐ EC		Bill Jones	00-DP65
1			☐ EE ☐ ES ☐ EF ☐ EC			
2			☐ EE ☐ ES ☐ EF ☐ EC			
3			☐ EE ☐ ES ☐ EF ☐ EC			
4			☐ EE ☐ ES ☐ EF ☐ EC			
5			☐ EE ☐ ES ☐ EF ☐ EC			
6			☐ EE ☐ ES ☐ EF ☐ EC			
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24			☐ EE ☐ ES ☐ EF ☐ EC			
25			☐ EE ☐ ES ☐ EF ☐ EC			

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26			☐ EE ☐ ES ☐ EF ☐ EC			
27			☐ EE ☐ ES ☐ EF ☐ EC			
28			☐ EE ☐ ES ☐ EF ☐ EC			
29			☐ EE ☐ ES ☐ EF ☐ EC			
30			☐ EE ☐ ES ☐ EF ☐ EC			
31			☐ EE ☐ ES ☐ EF ☐ EC			
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51			☐ EE ☐ ES ☐ EF ☐ EC			
52			☐ EE ☐ ES ☐ EF ☐ EC			
53			☐ EE ☐ ES ☐ EF ☐ EC			
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60			☐ EE ☐ ES ☐ EF ☐ EC			
61			☐ EE ☐ ES ☐ EF ☐ EC			
62			☐ EE ☐ ES ☐ EF ☐ EC			
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64			☐ EE ☐ ES ☐ EF ☐ EC			
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73			☐ EE ☐ ES ☐ EF ☐ EC			
74			☐ EE ☐ ES ☐ EF ☐ EC			
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76			☐ EE ☐ ES ☐ EF ☐ EC			
77			☐ EE ☐ ES ☐ EF ☐ EC			
78			☐ EE ☐ ES ☐ EF ☐ EC			
79			☐ EE ☐ ES ☐ EF ☐ EC			
80			☐ EE ☐ ES ☐ EF ☐ EC			
81			☐ EE ☐ ES ☐ EF ☐ EC			
82			☐ EE ☐ ES ☐ EF ☐ EC			
83			☐ EE ☐ ES ☐ EF ☐ EC			
84			☐ EE ☐ ES ☐ EF ☐ EC			
85			☐ EE ☐ ES ☐ EF ☐ EC			
86			☐ EE ☐ ES ☐ EF ☐ EC			
87			☐ EE ☐ ES ☐ EF ☐ EC			
88			☐ EE ☐ ES ☐ EF ☐ EC			
89			☐ EE ☐ ES ☐ EF ☐ EC			
90			☐ EE ☐ ES ☐ EF ☐ EC			
91			☐ EE ☐ ES ☐ EF ☐ EC			
92			☐ EE ☐ ES ☐ EF ☐ EC			
93			☐ EE ☐ ES ☐ EF ☐ EC			
94			☐ EE ☐ ES ☐ EF ☐ EC			
95			☐ EE ☐ ES ☐ EF ☐ EC			
96			☐ EE ☐ ES ☐ EF ☐ EC			
97			☐ EE ☐ ES ☐ EF ☐ EC			
98			☐ EE ☐ ES ☐ EF ☐ EC			
99			☐ EE ☐ ES ☐ EF ☐ EC			
100			☐ EE ☐ ES ☐ EF ☐ EC			