HEALTHPLEX
THE DENTAL BENEFIT EXPERTS℠

COMMERCIAL UNDERWRITING GUIDELINES
NEW YORK & NEW JERSEY
2017

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Underwriting Guidelines

Thank you for your interest in Healthplex's products. Below are the available commercial product offerings in the states of New York and New Jersey. The table below provides an overview of Healthplex's most popular products.

Custom-Rated Products	**Plan Type**	**Distinct Plan Features***	**Size**
Managed Care NY [1] - Select - Comprehensive	DHMO	Managed Care Plans with a variety of copay options. No annual maximums, no deductibles. Substantial network of providers.	Small/Large Group
Custom PPO [1, 2] - Choice - National - Capital Plus - Capital - Liberty - Metro	DPPO	Reimbursement plans with customizable coinsurance levels and a broad selection of provider networks including National Coverage. In Network: Services may be rendered by a participating Healthplex PPO dentist. Out of Network: Reimbursements may be based on the Maximum Allowable Charge (MAC) or the Usual, Customary and Reasonable (UCR) schedule of allowances.	Small/Large Group
Community Rated Products	**Plan Type**	**Distinct Plan Features***	**Size**
Access Healthplex	Discount (not insurance)	Nationwide network of providers with 40% to 60% discount off services rendered by a General Practitioner/Specialist in NY (nationwide discounts may vary). No annual maximums, no deductibles.	Individual and Family
CapDent NY [1] & NJ [3]	DHMO	Managed Care plan. No annual maximums, no deductibles, a variety of copay options for preventive, basic, and major services rendered by a General Practitioner. 25% discount off services rendered by a participating specialist. No referrals required. Broad network of providers. In Network only.	Individual, Family, and Small/Large Group
CapDent Plus NY [1] & NJ [3]	DPOS	No annual maximums, no deductibles, a variety of copay options for preventive, basic, and major services rendered by a General Practitioner, and 25% discount off services rendered by a participating specialist. No referrals required. Lower copayments than CapDent NY/NJ. There is a $5 office visit fee. Point of Service plan for NJ only. Out-of-Network: $1,200 annual maximum, ortho coverage with a $720 lifetime maximum, $40 deductible, and Waiting Periods apply if no prior coverage exists.	Small/Large Group
Select NY [1]	DHMO	Managed Care plan. No annual maximums, no deductibles, a variety of copay options for preventive, basic, and major services rendered by a General Practitioner, fixed copayments at participating specialists. No referrals required. Substantial network of providers. In-Network only.	Individual, Family, and Small/Large Group
Select Plus NY [1]	DPOS	Point of Service plan. No annual maximums, no deductibles, a variety of copay options for preventive, basic, and major services rendered by a General Practitioner. Fixed copayments at participating specialists. Lower copayments than Select NY. Out-of-Network $1,200 annual maximum, ortho coverage with a $720 lifetime maximum, $40 deductible, and Waiting Periods apply if no prior coverage exists. There is a $5 office visit fee.	Small/Large Group

Off-Exchange [1, 2, 3]	Off-Exchange	ACA compliant pediatric and adult coverage with low out-of-pocket maximums. Offerings: NJ Affordable Smiles, Dentcare Smiles Kids, Dentcare Smiles Group Adults or Family, Healthplex Affordable Dental Kids, Healthplex Affordable Dental Group Adults or Family.	Individual, Family, and Small Group
OMNI PPO NY [1]	DPPO	Reimbursement plan. In Network and Out of Network: $1,500 annual maximum, $50 deductible, no charge for preventive services, 80% coverage for basic services, 50% coverage for major services, and Waiting Periods apply if no prior coverage exists. Extensive network of providers.	Small/Large Group
Self-Insured Products	**Plan Type**	**Distinct Plan Features***	**Size**
ASO (Administrative Services Only)	Administrative (not insurance)	Self-Funded plan. Customizable plan options for non-ACA compliant groups.	Large Group

*Please refer to the Group Contract or Certificate of Insurance for a complete listing of Benefits, Exclusions, and Limitations. DHMO and DPOS products require a Primary Care Dentist (PCD) election.

Plan Offerings Healthplex allows groups to customize their plan offerings to provide employers with the freedom to select one plan, or multiple plans, that satisfy their cost and access needs based on the following:

Offering Type	Eligibility and Enrollment Requirements	Product Placement Guidelines	Premium Levels
Single Plan	Please refer to the requirements outlined below in the "Group Eligibility and Enrollment Requirements" section.	There are no restrictions on the plan type in a single plan.	N/A.
Dual Plan	Ten (10) or more eligible employees. Minimum of three (3) enrollees in each plan.	Choice will only be offered alongside a DHMO product in a dual plan.	There must be at least a 10% difference in premium between the two plans.
Triple Plan	Thirty (30) or more eligible employees. Minimum of three (3) enrollees in each plan.	Choice is not available as part of a triple plan. This offering cannot consist of three (3) custom-rated DPPO plans.	There must be at least a 10% difference in premium across all three plans.
Multiple Carrier Plan	At least 50% of total group eligible employees must be enrolled across all premium rate tiers. The dollar amounts of employer contributions must be equal across both carriers.	A single Healthplex dental plan is to be offered alongside another carrier's dental plan.	Healthplex's premium rates may not exceed a 12% differential of the opposing carrier.

The combination of Healthplex and competitor offerings cannot create adverse selection. Therefore, the plan designs of Healthplex's and the competitor's offerings must be consistent. Such provisions that will prevent adverse selection are that a MAC reimbursement option will not be available alongside a UCR reimbursement option, a community rated DHMO product will not be available alongside a custom-rated DHMO product, and the presence (or absence) of orthodontic coverage must be consistent in all plan options.

Group Eligibility and Enrollment Requirements

Group eligibility varies based on the available products and plan offerings. Groups must meet both group size and participation requirements.

- Small groups are defined as those with fewer than one hundred (100) eligible employees.
- Large groups are defined as those with one hundred (100) or more eligible employees.
- ASO Plans eligible to groups of one hundred (100) or more eligible employees.
- Minimum Enrollment:
  - Two (2) enrollees for community rated plans.
  - Three (3) enrollees for DPOS plans.
  - Three (3) enrollees for custom-rated plans.
- Participation:
  - Voluntary = 25% minimum
  - Contributory = 50% minimum

Note: Groups who are terminated for non-payment are not eligible to re-enroll with Healthplex for a period of 12-months.

Employer Contributions

Healthplex uses the below scale to categorize each type of employer contribution**.** If contribution varies by contract type or class of employee, Healthplex will rate the group correspondingly.

Employer Contribution of 0% - 24% = Voluntary
Employer Contribution of 25% - 74% = Partially Funded
Employer Contribution of 75% - 100% = Fully Funded

Tier Structure

Premium rates assume a complete replacement of the incumbent carrier unless otherwise noted by Healthplex and provided within the quote. Healthplex's premium rates for community rated products are available on a 3-tier basis (single, two party, family). Insured custom offerings are composite rated, and tier structure is derived from the composite rating.

Employee Eligibility Requirements

Eligible employees and their eligible dependents are covered under Healthplex's group products. In addition to group eligibility guidelines, members must meet the below employee eligibility guidelines.

An Eligible Employee is:

- A current employee working at least 20 hours a week.
- A current employee not actively at work due to a work related injury, and receiving Workers' Compensation benefits under the former employer's policy.
- A former employee who elects to continue enrollment under COBRA, as amended, or N.Y.Ins.Law 3221 (m).
- A retiree of the Policyholder who meets the Policyholder's Eligibility rules.
- All groups must be situs in New York, and are required to have at least 50% of its eligible population reside in the state of New York.

The following are not Eligible Employees:

- Temporary employees
- Leased employees
- Statutory employees (independent contractors under IRS common-law)
- Individuals who receive 1099 forms
- Seasonal employees
- Retiree-only groups
- Associations
- Sole Proprietorships

An Eligible Dependent is:

- The lawful spouse of the Covered Person under a legal, existing marriage.
- Dependent coverage varies based on ACA compliance and benefit selection. Such coverage may be extended to a dependent under age 23, 26, or 29, even if the dependent no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student.
- The unmarried, disabled dependent child of the Covered Person or lawful spouse.
- Natural children, legally adopted children, step children, foster children, and children for whom the Covered Person is the proposed adoptive parent without regard to financial dependence, residency with the Covered Person, student status, or employment.

Waivers

A waiver is a provision in which contractual terms, benefits, limitations, or patient expenses are eliminated under certain conditions. The following are valid waivers:

- Spousal Coverage
- Parental Coverage
- Military Coverage
- Retiree Coverage through previous employer
- State Sponsored
- Other Coverage

Quote Request Documentation

To generate a competitive quote, the following documents are necessary:

- Current Census Data (includes employee name, date of birth, gender, resident zip code and state, tier breakdown, employee status (active or retiree), waivers. (Excel format preferred).
- Prior Coverage Benefit Summary (including current/renewal premiums).
- Current carrier fee schedule.
- 24-Months of Claims Utilization (for experience rating of large groups of 100 or more employees).

All quotes per case, regardless of broker, will be quoted with the same commission rate. Changes in commissions may result in re-rating. Any premium rates generated through the use of Sales Materials or by a third party will be submitted to Healthplex for final compliance and underwriting review.

Required Documentation for Binding

To ensure a seamless implementation process, Healthplex requires the below documents from both new and existing groups prior to enrollment:

- NYS 45 – ATT (or equivalent documentation)
- Completed Group Application
- Enrollment Forms
- Broker of Record Letter (if applicable)
- Payment of first (1st) month's premium
  - Methods of Payment: Electronic Fund Transfer (EFT; credit card or direct debit), binder check, or money order.
  - Initial premium payment should be in the total amount of the first (1st) month's premium.
- All effective dates must be the first (1st) of the month.

All required forms and documents are available online at:
https://www.healthplex.com/resources/forms/broker

Commissions

All commissions will be at standard scale unless communicated in writing by the group, broker, or General Agent. The current and established commissions/compensation/ bonuses pertaining to each case will remain in effect up until the renewal date. Any changes may occur upon the renewal date and must be submitted to Healthplex 90 days prior and must be reflected in the renewal offering.

Appointed Brokers

Licensed, appointed General Agents and Selling Agents may market, present, sell and be paid commission on the sale of any Healthplex plan. To become appointed with Healthplex, contact a Healthplex Sales Representative at 800-468-0466, or visit us online at: **https://www.healthplex.com/resources/forms/broker**.

The forms which one is required to fill out are the *Business Associate Agreement* and the *Selling Agent Agreement*. Each form can be found under the "Registration Forms" section.

All types of compensation inclusive of but not limited to commissions, overrides and bonuses must be disclosed in written form by Healthplex prior to the effective date.

Underwriting Companies

Healthplex, Inc. is a dental insurance administrator for all plans underwritten by Dentcare Delivery Systems, Inc. (DDS), Healthplex Insurance Company (HIC), and International Healthcare Services, Inc. (IHS).

[1] As outlined in the ***Available Products*** section, DHMO, DPOS, and DPPO plans are underwritten in New York by DDS.
[2] As outlined in the ***Available Products*** section, DPPO plans are underwritten in New York by HIC.
[3] As outlined in the ***Available Products*** section, DHMO/DEPO plans are underwritten in New Jersey by IHS.