

ENROLLMENT GUIDE

Requirements to Enroll in Dental Suite Offerings

CBIA DENTAL SUITES

	PRODUCT	COMPANY SIZE	ELIGIBILITY REQUIREMENTS**
DENTAL SUITE 1	<ul style="list-style-type: none"> Dental DMO (100/90/60; \$5 office visit copay) Standard PPO (100/80/0; no ortho, \$1,000 annual max, out of network (R&C) @ 90th, Endo/Perio same as Basic) 	<ul style="list-style-type: none"> 3-9 eligible employees 10+ eligible employees 	<ul style="list-style-type: none"> Must be written with 1 other line of coverage (<i>Medical, Life, STD, LTD</i>) If no prior dental coverage, must remain in Suite 1 a minimum of 12 months No other lines of coverage required If no prior dental coverage, must remain in Suite 1 a minimum of 12 months
DENTAL SUITE 2	<ul style="list-style-type: none"> Dental DMO (100/90/60; \$5 office visit copay) Standard PPO (100/80/0; no ortho, \$1,000 annual max, out of network (R&C) @ 90th, Endo/Perio same as Basic) Enhanced PPO (100/80/50; no ortho, \$2,000 annual max, out of network (R&C) @ 90th, Endo/Perio same as Basic) 	<ul style="list-style-type: none"> 3-9 eligible employees 10+ eligible employees 	<ul style="list-style-type: none"> Must be written with 1 other line of coverage (<i>Medical, Life, STD, LTD</i>) Prior dental coverage required No other lines of coverage required Prior dental coverage required
DENTAL SUITE 3	<ul style="list-style-type: none"> Dental DMO (100/90/60; \$5 office visit copay; ortho coverage: \$2,300 copay, dependent child only) Standard PPO (100/80/0; \$1,000 annual max, out of network (R&C) @ 90th, Endo/Perio same as Basic; ortho coverage: 50% coinsurance & \$1,000 lifetime max, dependent child only) Enhanced PPO (100/80/50; \$2,000 annual max, out of network (R&C) @ 90th, Endo/Perio same as Basic, ortho coverage: 50% coinsurance & \$1,500 lifetime max, dependent child only) <p>Orthodontia covered.</p>	<ul style="list-style-type: none"> 3-9 eligible employees 10+ eligible employees 	<ul style="list-style-type: none"> Not available No other lines of coverage required Prior dental coverage required

- For the DMO, you must select a Primary Care Dentist (PCD). Be sure to read the important DMO Enrollment Information document at cbia.com/dental.
- Also available, the Passive PPO 1000: 100/80/50, no ortho, \$1,000 annual max, out of network (R&C) @ 80th, Endo/Perio same as Basic.
- 75% participation is required. A minimum of three active employees must enroll.

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