



# **TripleChoicePlan**

***Exclusive Dental Packages by AmeriChoice***

## ***ANTEX Dental Underwriting Guidelines***

***(Effective – 9/1/08)***

### **EMPLOYER PAID GROUP**

Minimum Eligible Employee's – 15

Participation Required – 75%

Minimum Employees to enroll on PPO/EPO – 5

Employer Contribution minimum – 50% of Employee rate

#### Dual Choice Example:

15 Eligible Employees

12 Enrolled

7 DHMO

5 PPO/EPO

#### Stand Alone PPO/EPO Example:

15 Eligible Employees

12 Enrolled

12 PPO/EPO

### **VOLUNTARY GROUP**

Minimum Eligible Employee's – 20

Participation Required – 40% \*

Minimum Employees to enroll on PPO/EPO Dual Choice – 5

Minimum Employees to enroll on PPO/EPO Stand Alone – 8

#### Dual Choice Example:

20 Eligible Employees

8 Enrolled

3 DHMO

5 PPO/EPO

#### Stand Alone PPO/EPO Example:

20 Eligible Employees

8 Enrolled

8 PPO/EPO

***\* Groups with less the 40% participation will have a 12 month waiting period on Major Services.***

***PLEASE NOTE: All groups without previous dental coverage will have a 6 month waiting period for Basic Services and a 12 month waiting period for Major Services.***

*Rev. 9/8/08*