

# ENROLLMENT GUIDE

Requirements to Enroll in Dental Suite Offerings

# CBIA DENTAL SUITES

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

- The DMO is not available in all states. Also, if selected, you must choose a Primary Care Dentist (PCD). Be sure to read the important DMO Enrollment Information document at [cbia.com/dental](http://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.

05/11

