UPMC Dental Advantage and UPMC Vision Care

2023 Underwriting Guidelines

1 to 50 Employees

1. Eligible employer groups must employ a minimum of 1 employee and a maximum of 50 employees. Employee count is based on the average number of total employees in the preceding calendar year, including full-time, part-time, and seasonal employees. Employer groups with 1 legal employee are eligible as long as the 1 employee is not the owner or the spouse of the owner.

2. Employer groups with 51 or more employees (using the average number of employee count) do not qualify for small group coverage and must be rated as a large group.

3. An employer/employee relationship must be present for all employees. An owner/spouse relationship does not qualify as an employer/employee relationship. If a business consists solely of the owner and his/her spouse, it does not qualify for small group coverage. All other familial relationships are permitted.

4. Union employees may be carved out. No other carve-outs are permitted.

5. Groups that have been terminated for non-payment must pay all outstanding premiums before they may reapply for coverage.

6. Out-of-Area coverage is limited to 10 percent of the enrolled population. If, for any reason, an existing group's out-of-area enrollment becomes greater than 10 percent, the entire group may be re-rated effective as of the date of such enrollment change.

7. Eligible employees are legal employees, as defined by the employer, who have met the employer's probationary period and any other eligibility criteria. IRS 1099 contractors who are not employees, directors and trustees of the company, and Medicare-eligible retirees are not eligible for coverage.

8. Employee or dependent eligibility waiting periods cannot be more than 90 days.

9. Employees will be permitted to enroll during Open Enrollment. Employees who experience a qualifying event will be permitted to enroll outside of Open Enrollment. Enrollment is generally limited to a 30-day period after the qualifying event. The following are examples of qualifying events:

a. Change in marital status
b. Birth or adoption of a child
c. Loss of other affordable coverage
d. Change in employment status that affects plan eligibility
e. Change in place of residence (into or out of service area)
f. Court judgments, decrees, or orders that affect coverage for an employee or their dependents
g. Change in coverage of a spouse or dependent under another employer's plan
h. Loss of Medicaid (Note: Enrollment is limited to 60-day period after loss of Medicaid)

10. Eligible employees must be permitted to decline dental and/or vision coverage. If an eligible employee elects to receive dental and/or vision coverage, he/she must be charged some additional premium or contribution for that coverage.

11. Eligible employees may elect UPMC Dental and/or UPMC Vision for themselves but are not required to enroll all of their dependents. Dependent-only coverage is not available; the employee must elect UPMC Dental and/or UPMC Vision for him/herself for the dependents to be eligible for coverage.

12. After the initial effective date UPMC Dental and/or UPMC Vision quoted in combination with UPMC Medical must renew on the same renewal effective date. Plan deductibles and annual maximums will need to be re-satisfied based on the new effective date of the UPMC Dental and/or UPMC Vision coverage.

13. Rates quoted in combination with UPMC Medical will receive a discounted rate.

14. Groups with 1 to 9 eligible employees must have 100 percent participation in the UPMC Dental and/or UPMC Vision product. Coverage may be terminated if 100 participation and minimum enrolled contracts are not met and maintained throughout the policy period. If the overall average number of members per contract is 5 or more, UPMC Health Plan reserves the right to re-evaluate our quoted rates.

15. Groups with 10 or more eligible employees must have 70 percent participation in the UPMC Dental and/or UPMC Vision product, including employees who are waiving for spousal coverage. Coverage may be terminated if required participation levels and minimum enrolled contracts are not met and maintained throughout the policy period. If the overall average number of members per contract is 5 or more, UPMC Health Plan reserves the right to re-evaluate our quoted rates.

16. UPMC Health Plan must be offered as total replacement coverage for groups of 1 to 50 eligible employees.

17. Groups with no prior Dental coverage will only be permitted to enroll in plans that do not cover orthodontia for the first 12 months of coverage. There are no prior coverage requirements for Vision.

18. Dual option plans will not be permitted for groups with 1 to 20 eligible employees. Two plan options will be permitted for groups with 21 to 50 eligible employees.

19. Rates quoted for Voluntary Dental/Vision for groups with 1 to 9 eligible employees require that a minimum of 50 percent of all eligible employees must enroll for coverage.

20. Rates quoted for Voluntary Dental/Vision for groups with 10 or more eligible employees require that a minimum of 20 percent of all eligible employees must enroll for coverage.

21. Groups that do not meet the minimum employee participation requirements may only enroll during the Open Enrollment period, which is Nov. 15 to Dec. 15 each year for coverage that is effective on Jan. 1. Minimum employee participation requirements are waived during this special enrollment period.

22. Consolidated Omnibus Budget Reconciliation Act (COBRA) and Mini-COBRA will be offered to eligible individuals who previously received coverage through employer groups that have active enrollment in UPMC Health Plan and/or to those whom UPMC Health Plan is required to offer coverage under state or federal law. Total COBRA/Mini-COBRA coverage cannot exceed 10 percent of total enrolled subscribers.

23. All employer groups must submit their first month's premium no later than the effective date of coverage.

24. Should final enrollment change by +/- 10 percent during new group implementation or at annual open enrollment either in total or by tier, UPMC Health Plan reserves the right to re-evaluate rates.

25. Dental and Vision benefit plan changes/additions/deletions are permitted only at renewal.

26. Non-standard Dental and Vision benefit plans will not be permitted.

Any deviation from the underwriting guidelines must have UPMC Health Plan Underwriting Department approval.

This document is meant to be informative and is not intended to be an all-inclusive statement of UPMC Health Plan's underwriting guidelines. Other policies and guidelines may apply.