UPMC Dental Advantage and UPMC Vision Care

2024 Underwriting Guidelines

51+ Employees

A. Employer Eligibility

Eligible employer groups must employ 51 or more 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. An employer/employee relationship must be present for all employees.

Employer groups that employ fewer than 51 employees, using the average number of employee count, do not qualify for large group coverage and must be rated as a small group.

Union employees may be carved out. Out-of-area employees may be carved out. No other rating carve-outs are permitted.

If an employer group reapplies for coverage after being terminated for non-payment, the group must pay two months of premiums before UPMC Health Plan will issue a new policy.

Employer groups with employees residing outside of the UPMC Health Plan's service area are limited to 25 percent of a group's total workforce. If, for any reason, an existing group's out-of-area enrollment becomes greater than 25 percent, the entire group may be re-rated effective as of the date of such enrollment change.

B. Employee Eligibility

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.

The employer group determines waiting periods, and they must be applied consistently to all employees. Employee or dependent eligibility waiting periods cannot be more than 90 days.

Employees will be permitted to enroll during Open Enrollment. Employees who experience a qualifying event will be permitted to enroll outside of Open Enrollment. Generally, enrollment is 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)

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.

Employees may elect dental and/or vision coverage for themselves, but are not required to enroll all of their dependents. Dependent-only coverage is not available; the employee must elect dental and/or vision for him/herself for the dependents to be eligible for coverage.

Dependent coverage will be permitted to begin on the effective date of the covered employee's coverage. Enrollment of additional dependents, other than those resulting from a qualifying event, will be permitted at the employer group's benefit plan anniversary date or during Open Enrollment.

C. Group Size and Enrollment Requirements

After the initial effective date UPMC Dental *Advantage* and/or UPMC Vision Care quoted in combination with UPMC Health Plan 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 *Advantage* and/or UPMC Vision Care coverage.

Rates quoted in combination with UPMC Health Plan medical will receive a discounted rate.

A minimum of 70 percent of all eligible employees must enroll in UPMC Dental *Advantage* and/or UPMC Vision Care coverage, 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.

UPMC Dental *Advantage* Basic Dental plans can be offered in conjunction with one of the other UPMC Dental *Advantage* Plans.

UPMC Vision Care Exam Only plans can be offered in conjunction with one of the other UPMC Vision Care plans.

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.

Rates quoted for Voluntary Dental and/or Vision require that a minimum of 20 percent of all eligible employees enroll for coverage.

Consolidated Omnibus Budget Reconciliation Act (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-enrolled subscribers cannot exceed 10 percent of the total number of enrolled subscribers.

All employer groups must submit their first month's premium no later than the 10th of the month prior to the effective date of the benefit plan.

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

Benefit plan changes/additions/deletions are permitted at benefit plan renewal only.

Non-standard Dental and Vision benefit plans will not be permitted for groups with less than 100 eligible employees.

All rates must be approved by the UPMC Health Plan Underwriting Department.

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.