

# NORTH RANCH BENEFITS TRUST

## VOLUNTARY DELTA DENTAL ENROLLMENT INSTRUCTIONS

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- This plan has a Focal Renewal January 1 of every year.
- This plan does not have an Open Enrollment Period. Employees and/or Dependents must enroll at initial enrollment or upon a Qualifying Event only.
- THREE or more employees are required to be enrolled at all times.
- These plans are available in California only.
- **New group enrollments should be submitted to Warner Pacific for processing before the 15<sup>th</sup> of the month prior to requested effective date.** (If you submit the enrollment after the 15<sup>th</sup> and before the requested effective date be aware that enrollment may take longer to process and HMO members might not get their requested HMO providers for the first month of services.)
- First of the month effective dates available only.
- Complete the Employer Application form and select ONE plan design for the entire employer group; or the DeltaCare HMO can be dual optioned with either one Premier or one PPO plan but not both. A minimum of three employees enrolled is required under each elected option.
- Print an employee application for each employee to enroll. Dependent children may remain on this plan to age 26. If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event.
- Delta will waive the 12 month waiting period if your group can provide proof of 12 months of prior dental coverage. For initial enrollees only.
- Delta Dental will not allow you to enroll in these plans if your group has had other Delta Dental coverage in the past 12 months.
- *Below are the SIC codes for ineligible industries.*
  - Associations and Trusts\* (except #8661) 8600-8699*
  - Beauty & Barber Shops 7231-7241*
  - Dentist offices, Dental Labs and Medical Labs 8021, 8071, 8072*
  - Employment Agencies 7361-7363*
  - International Affairs 9721*
  - Misc. Business Services 7389*
  - Misc. Services not elsewhere classified 8999*
  - Partnerships No SIC*
  - Private Households 8811*
  - Religious Organizations (except Churches #8661) No SIC*
  - Seasonal Employees (Christmas/Part-time help) No SIC*
  - Seasonal Employees (Agriculture) 0761-0783*
- **The first month's premium is required via check or bank draft (ACH)**
  - A \$15 monthly administration fee applies to each enrolled group.
  - If paying by Bank Draft complete an ACH form.
  - If paying by check, make Check payable to HealthSmart Benefit Solutions, Inc.

## VOLUNTARY DELTA DENTAL IMPORTANT CONTACT INFORMATION

- North Ranch Benefits Trust is marketed by Warner Pacific Insurance Services:

Submit all completed New Business forms to Warner Pacific for processing:

Warner Pacific Insurance Services, Inc. – New Business  
32110 Agoura Road  
Westlake Village, CA 91361-4026  
Phone: (800) 801-2300  
Fax: (800) 609-0111  
Email: [CAnewbusiness@warnerpacific.com](mailto:CAnewbusiness@warnerpacific.com)

- North Ranch Benefits Trust is administrated HealthSmart Benefits Solutions, Inc.:

Once the group is approved, Group Administrators should forward all new hire applications or qualifying event forms to HealthSmart directly for processing. HealthSmart handles all billing and eligibility questions:

<p>Future new hire enrollment/change forms should be sent to: HealthSmart Benefit Solutions, Inc. 10303 E. Dry Creek Road, Suite 200, Englewood, CO 80112 Phone: (800) 786-6525 Fax: (303) 804-9490 <a href="mailto:nrbt@healthsmart.com">nrbt@healthsmart.com</a></p>	<p>Future payments by Check should be directed to the Lockbox: HealthSmart Benefit Solutions, Inc. Lock Box 6054, P.O. Box 17768, Denver, CO 80217-0768 Phone: (800) 786-6525</p>
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- If enrolling in a Delta Dental Premier or PPO plan, the carrier contact is Delta Dental:

Employees should contact Delta Dental directly for assistance with benefits, claims, locating a provider or questions about their website. Please allow 2 weeks to be loaded in to their system.

**Delta Dental of California**

100 First Street  
San Francisco, CA 94105  
Claims Address: P.O. Box 997330, Sacramento, CA 95899-7330  
Premier or PPO Customer Service: (800) 765-6003  
[www.deltadentalins.com](http://www.deltadentalins.com)

- If enrolling in a DeltaCare HMO, the carrier contact is Delta Dental:

Employees should contact Delta Dental directly for assistance with benefits, claims, locating a provider or questions about their website. Please allow 2 weeks to be loaded in to their system.

**Delta Dental of California**

17871 Park Plaza Drive, Suite 200,  
Cerritos, CA 90703  
DeltaCare Customer Service: (800) 422-4234  
[www.deltadentalins.com](http://www.deltadentalins.com)

**DeltaCare HMO EMPLOYERS:**

Each enrolled employee must choose a Primary Care Dentist, if they do not select a dentist one will be assigned to them. Once enrolled, if they want to change Dentists they need to contact Delta directly and the provider change will be effective first of the month following request.

A Contracted Facility Name and Number can be found at [www.deltadentalins.com](http://www.deltadentalins.com).