

NORTH RANCH BENEFITS TRUST

VOLUNTARY DELTA DENTAL ENROLLMENT INSTRUCTIONS

- 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.
- The Delta Dental plans are available to groups headquartered in California Only. Employees enrolled in the PPO or Premier plans can live in any of the 50 States. Employees enrolled in the DHMO plans must reside in California.
- **New group enrollments should be submitted to Warner Pacific for processing before the 15th of the month prior to requested effective date.** (If you submit the enrollment after the 15th 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 PPO or one Premier 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.
- For the Delta Dental PPO and Premier plans, Delta Dental 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: (818) 484-2975 Email: 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:

HealthSmart Benefit Solutions, Inc.
Phone: (800) 786-6525 Fax: (818) 351-8184
nrbt@healthsmart.com

○ **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

○ **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

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.