

**California Health Benefit Exchange  
 Dental Plan New Entrant Application - DRAFT  
 Attachment 14 - Additional Questions and/or Requirements**

**Issuer Name:**

Instructions:

Please respond to the Additional Questions / Requirements below. Your response should immediately follow the question or request.

**AGENT RELATIONS, FEES, AND COMMISSIONS<sup>1</sup>**

- 1. Do you currently provide agent-oriented marketing materials for the individual and small business market?**

	Yes	No
Individual		
Small Group		

If yes, please include sample materials or your broker kit as an attachment labeled "Broker Kit".

- 2. What initiatives is your organization undertaking to partner more effectively with the small business and agent communities?**
- 3. What criteria do you use to appoint agents to sell Individual and Small Group products? How many active, appointed agents do you have?**
- 4. Does your dental plan have relationships with general agents? If so, please list the general agents with whom you contract.**
- 5. Describe your current dental plan agent compensation and override schedule for your individual and small group business. If known, provide this information for 2014 as well.**
- 6. Describe any bonus program your company currently has in place for additional agent compensation. This may include cash bonuses or in-kind compensation programs.**
- 7. Confirm you have provided sample advertisements used for either agent or trade publications.**

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<sup>1</sup> For SHOP Exchange bidders only.

**California Health Benefit Exchange  
Solicitation for Pediatric Dental EHB & Supplemental Dental Benefits  
Attachment 14 - Additional Questions And/Or Requirements**

**Issuer Name:**

**MARKETING AND OUTREACH ACTIVITIES**

The Exchange is committed to working closely with SADPs and Family Dental Plans to maximize enrollment in the Exchange. The Exchange will support enrollment efforts through outreach and education, including statewide advertising efforts aimed at prospective and existing members of the Covered California Health Benefit Exchange. SADP and Family Dental Plan Issuers are required to develop and execute their own marketing plans promoting the enrollment in their respective Exchange plans. Contracted SADP and Family Dental Plans will adhere to the Covered California Brand Style Guidelines for specific requirements regarding an SADP's or Family Dental Plans' use of the Exchange brand name, logo, and taglines.

In the questions that follow, please provide detailed information pertaining to the Applicant's plans for marketing and advertising for the individual and small group market. Where specific materials are requested, please be sure to label the attachments clearly.

**General**

- 8. Please describe any new positions proposed for your Exchange-related sales and marketing activities.**
- 9. Please provide a copy of your most recent summary brochure as an attachment to the response to this solicitation labeled "Summary Brochure".**

**Cooperation with the Exchange**

- 10. Please describe your plan to cooperate with Exchange marketing and outreach efforts, including internal and external training, collateral materials and other efforts. Please note that it will be a contractual requirement to place the Exchange's brand name, logo and tagline on all billing statements and customer communications. The location and size will be discussed with each Issuer. In addition, the Exchange will retain the right to communicate with Exchange customers and members.**