

WARNER PACIFIC 

California Medical Carrier 411
Small Group

T: (800) 801-2300
F: (800) 609-0111
www.warnerpacific.com

Warner Pacific Insurance Services
32110 Agoura Road
Westlake Village, CA 91361

CA Insurance License No. 0764260 | CO Insurance License No. 351162

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Group Size 1-50



UNDERWRITING

<p>Participation (If employer contributes 100% then 100% participation is required)</p>	<p>70% of eligible</p>	<p>1-3: 100% of eligible 4-50: 75% of eligible (rounded down) Vitalidad Mexico con Aetna: 65% of eligible if at least 1 employee enrolls in a Vitalidad network area. 100% contribution requires 100% participation (excluding valid waivers)</p>	<p>>10 enrolled: 75% 10-19 enrolled: 70% 20+ enrolled: 60% 100% contribution requires 100% participation (excluding valid waivers)</p>
<p>Is a W2 eligible employee required to enroll for owner to enroll?</p>	<p>No (with valid waiver)</p>	<p>Yes</p>	<p>No (with valid waiver)</p>
<p>Contribution</p>	<p>Minimum is 50% of the employee only rates for the least expensive plan in the chosen tier</p>	<p>Single plan: 50% of EE premium. Dual option (3 plan max) or Pick-a-Plan: 50% of EE premium or Defined Options: \$80/ee or the actual cost of the plan elected, whichever is less</p>	<p>Traditional: 50% of EE premium Fixed-Dollar option: Any fixed-dollar amount \$100 or greater (in \$5 increments) Percentage and Plan Option: A minimum of 50% toward a specific plan, chosen by the employer</p>

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Group Size 1-50



UNDERWRITING

<p>Participation (If employer contributes 100% then 100% participation is required)</p>	<p>Off Exchange Package (when Blue Shield is the only carrier): 65% of eligible EE's (rounded up).</p> <p>Off Exchange Package (when written alongside another carrier's HMO plan): A minimum participation of 65% between both carriers and the greater of 5 enrolled EEs or 50% of the total number of enrolled with Blue Shield.</p> <p>Relaxed Participation (available 5/1/14-12/1/14 to Off Exchange Package): 25% and a minimum of 5 enrolling with Blue Shield.</p> <p>Mirror Package: 70% of eligible EEs (rounded up) and a minimum of 1 enrolled.</p>	<p>1-5 eligible EEs: 70% participation with Health Net</p> <p>6-50 eligible EEs: 50% participation with Health Net</p> <p>Groups with 50% or more of the total eligible population waiving for valid reasons are required to provide copies of ID cards.</p> <p>This participation applies to Health Net as the sole carrier or alongside another carrier</p>	<p>70% of eligible W-2 employees must enroll. Owners/officers and eligible spouse/DP do not count towards participation). Valid waivers are counted towards participation.</p> <p>Kaiser may make a participation exception for a 3 life group (owners excluded) with 1 enrolling, 1 waiving, and 1 declining. Subject to review by Kaiser. This is not normally published in the underwriting guidelines and may change.</p>
<p>Is a W2 eligible employee required to enroll for owner to enroll?</p>	<p>No (with valid waiver)</p>	<p>No (with valid waiver)</p>	<p>Yes (except in the case of writing alongside Kaiser)</p>
<p>Contribution</p>	<p>Traditional: A min. of 50% of the total employee rates.</p> <p>Defined Contribution: A min. of \$100 per employee (or the cost of the total employee rates, whichever is less).</p> <p>Groups may impose separate contribution amounts based on class of employees. The contribution must be the same for each employee classification.</p>	<p>Traditional: Min. 50% contribution of the lowest cost plan, excluding Salud.</p> <p>Fixed Dollar: \$100 or more per EE/month</p>	<p>Min. contribution must be at least 50% of the employee premium for the lowest-priced plan offered by the employer.</p> <p>Employer may select a percentage of the premium based on one of the following:</p> <ul style="list-style-type: none"> - Lowest-priced KP medical plan offered by the employer - All KP medical plans offered by the employer

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Group Size 1-50



UNDERWRITING

<p>Participation (If employer contributes 100% then 100% participation is required)</p>	<p>Contributory: 70% of eligible</p> <p>Non-Contributory: 100% of eligible</p>	<p>Contributory – HMO: 70% of eligible HMO/PPO: 70% of eligible. 15 active subscribers minimum required to offer PPO and no more than 15% enrolling (rounded-up) may elect PPO</p> <p>Non-Contributory: 100% of eligible</p>	<p>Contributory: 75% of eligible</p> <p>Non-Contributory: 100% of eligible</p> <p>Relaxed Participation (available 7/1/14-12/1/14): 25% and a minimum of 5 enrolling with UnitedHealthcare</p>
<p>Is a W2 eligible employee required to enroll for owner to enroll?</p>	<p>Yes</p>	<p>No (with valid waiver)</p>	<p>No (with valid waiver)</p>
<p>Contribution</p>	<p>Traditional: Minimum 50% of employee premium</p> <p>Defined (5+ enrolling employees required): Minimum \$150 per employee</p>	<p>Traditional Contribution: 50% of employee premium</p> <p>Defined Contribution: employer contributes an amount of \$100 or more per EE per month</p>	<p>50% of employee premium</p>

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Group Size 1-50



UNDERWRITING

1-50 Carve outs	Not available. Union carve out is ok, as Union members are not seen as eligible. Reconciled DE-9C is required and possibly letter from the group listing Union members.	Only Union/Non Union. Total group size must meet definition of a small employer. Requires 5+ enrolled lives and Union Roster for verification	Non-union only Anthem does not consider this a carve-out provided the total group size is less than 51 (union & non-union). The union employees are considered eligible waivers. A copy of the union roster will be required.
Carved out population is under 50 lives but total size of the group is over 50 lives (Not guarantee issue)	Not available	Would be considered large group and not eligible to enroll in small group	Would be considered large group and not eligible to enroll in small group
1099 Employees	No	No	No
Are seasonal employees eligible?	No	No. Seasonal is defined as being employed no more than 5 months in any calendar year. Aetna does not take seasonal businesses' that shut down more than 2 months of the year.	No
Percentage of COBRAs allowed	No maximum	No maximum	No maximum

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Group Size 1-50



UNDERWRITING

<p>1-50 Carve outs</p>	<p>Non-union only. See footnote (1) for guidelines.</p> <p>Blue Shield must be the only carrier offered.</p> <p>Blue Shield will write owners only, on a non-union carve out since union members are considered valid waivers.</p>	<p>Non-union only. See footnote (14) for guidelines.</p>	<p>Non-Union only. Must provide a copy of the collective bargaining agreement and statement of ERISA rights.</p> <p>Group size is based on all eligible employees, union and non-union. Even though union members may not be permitted to enroll in a Small Business plan, they are counted under group size. Participation requirements are based on the employees who are permitted to enroll with Kaiser.</p> <p>Carve outs are considered GI</p>
<p>Carved out population is under 50 lives but total size of the group is over 50 lives (Not guarantee issue)</p>	<p>Would be considered large group and not eligible to enroll in small group</p>	<p>No</p>	<p>Would be considered large group.</p> <p>Must meet large group minimum enrollment guidelines.</p>
<p>1099 Employees</p>	<p>No</p>	<p>No</p>	<p>No</p>
<p>Are seasonal employees eligible?</p>	<p>No</p>	<p>Yes, see full underwriting guidelines to determine eligibility</p>	<p>No</p>
<p>Percentage of COBRAs allowed</p>	<p>No maximum</p>	<p>No maximum</p>	<p>No maximum</p>

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Group Size 1-50



UNDERWRITING

1-50 Carve outs	Non-union carve outs may be considered with underwriting approval. See footnote (11) for requirements.	May be considered with underwriting approval. Requires a minimum of 5 (15 for PPO) enrolled lives and 100% participation.	Non-Union carve outs are allowed Requires a minimum of 5 enrolled lives and union bill for verification
Carved out population is under 50 lives but total size of the group is over 50 lives (Not guarantee issue)	Not available, must go to mid-market	Would be considered large group Must meet large group underwriting guidelines	Would be considered large group Must meet large group underwriting guidelines
1099 Employees	No	Yes, but 1099 employees must appear on prior carrier bill. Form 1040 Schedule C and form 1099 miscellaneous for the prior year are required. Letter from the employer requesting to cover 1099 employees. No more than 25% of the group may be 1099 employees. Completed 1099 contractors verification form required.	No
Are seasonal employees eligible?	No	No	No
Percentage of COBRAs allowed	No maximum	No more than 10%	No maximum

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Group Size 1-50



UNDERWRITING

<p>Percentage allowed out of state. (See separate topic for plans available to employees and dependents who reside out of state).</p>	<p>Group must have at least 51% of the group in California</p> <p>Kaiser – please see footnote (13) for out of area guidelines</p>	<p>Group must have at least 51% of their eligible employees residing in California (2)</p> <p>Hawaii employees are not eligible and will be considered valid waivers</p>	<p>Group must have at least 51% of their eligible employees employed in California</p>
<p>Effective dates</p>	<p>1st only</p>	<p>1st/15th (15th only if currently written this way)</p>	<p>1st/15th (their cycle will change to first of the month)</p>
<p>Signatures are valid for what length of time?</p>	<p>45 days prior to effective date</p>	<p>90 days prior to effective date</p>	<p>60 days prior to effective date</p>
<p>New hire waiting period</p>	<p>First of the month following DOH and First of the month following 30 days (3)</p>	<p>First/15th of the month following DOH, First/15th of the month following 30 days (1st or 15th depends on effective date of the group) (3)</p>	<p>First of the month following DOH and First of the month following 30 days (3)</p>
<p>At initial enrollment, can the waiting period be waived for new hires?</p>	<p>Yes</p>	<p>Full-time EE's: Yes Part-time EE's: Yes</p>	<p>Yes</p>
<p>Written alongside another carrier (4)</p>	<p>Yes, any other carrier (any plan type) may be offered alongside SHOP. SHOP requires 75% of all eligible. Those waiving for other carrier are not valid waivers.</p>	<p>Standard Option Sales: 75% of eligible enrolled in Aetna</p> <p>Or</p> <p>Greater of 50% of eligible and a minimum of 5 enrolling</p> <p>Enrollees in another carrier's HMO plan are not considered valid waivers</p>	<p>>10 enrolled: 75% with Anthem 10-19 enrolled: 70% with Anthem 20+ enrolled: 60% with Anthem</p> <p>Waivers for another carrier would count against participation</p>

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Group Size 1-50



UNDERWRITING

<p>Percentage allowed out of state. (See separate topic for plans available to employees and dependents who reside out of state)</p>	<p>Group must have at least 51% of their eligible employees residing in California (based on current employee population)</p> <p>Hawaii employees are not eligible and will be considered valid waivers</p>	<p>Group must have at least 51% of their eligible & enrolled employees employed in California (5)</p> <p>Hawaii employees are not eligible and will be considered valid waivers</p>	<p>See footnote (6) & (7) Hawaii employees are not eligible for the Kaiser HMO plans and will be considered valid waivers but are eligible for the PPO plans provided certain guidelines are met (6)</p>
<p>Effective dates</p>	<p>1st/15th (15th only if currently written this way)</p>	<p>1st/15th (15th only if currently written this way)</p>	<p>1st only</p>
<p>Signatures are valid for what length of time?</p>	<p>45 days prior to the requested effective date</p>	<p>60 days prior to the requested effective date</p>	<p>60 days prior to the requested effective date</p>
<p>New hire waiting period</p>	<p>First of the month following DOH, First of the month following 30 days or 60 days after date of hire with coverage effective on the 60th day (not counting the date of hire) (3)</p>	<p>First of the month following DOH, First of the month following 1 month or First of the month following 30 days (3)</p>	<p>First of the month following DOH, First of the month following 30 days or 60 days after date of hire with coverage effective on the 61st day (counting the date of hire)(3)</p>
<p>At initial enrollment, can the waiting period be waived for new hires?</p>	<p>Full-time EE's: Yes Part-time EE's: Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>Written alongside another carrier (4)</p>	<p>Off Exchange Package: Blue Shield may be offered alongside another carrier's HMO. Participation in the combination of Blue Shield plans must be 65% of eligible and the greater of 5 enrolled employees or 50% of the total number of enrolled employees.</p> <p>Relaxed Participation (available 5/1/14-12/1/14 to Off Exchange Package): 25% and a minimum of 5 enrolling with Blue Shield.</p>	<p>Yes, Health Net is not required to be the sole carrier 1-5 eligible EE's: 70% participation with Health Net 6-50 eligible EE's: 50% participation with Health Net</p> <p>This participation applies to Health Net as the sole carrier or alongside another carrier.</p>	<p>Yes, 1 EE with a minimum of 70% of eligible EE's in a group plan</p> <p>Not available if offering POS or PPO</p>

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Group Size 1-50

UNDERWRITING

<p>Percentage allowed out of state. (See separate topic for plans available to employees and dependents who reside out of state).</p>	<p>Group must have at least 51% of their eligible enrolling employees employed in California.</p> <p>Hawaii employees are not eligible and will be considered valid waivers.</p>	<p>PPO plans are available out of state. SHP must be the sole carrier. Contact your SHP Account Executive for further details.</p>	<p>Group must have at least 51% of their eligible employees employed in California (12)</p> <p>No more than 25% of the group may be located in Vermont or Minnesota.</p> <p>If more than 51% of eligible employees are outside of CA, please contact your Warner Pacific Sales Executive for further details.</p>
<p>Effective dates</p>	<p>1st only</p>	<p>1st only</p>	<p>HMO: 1st only PPO/HMO: 1st or 15th</p>
<p>Signatures are valid for what length of time?</p>	<p>60 days prior to effective date</p>	<p>60 days prior to effective date</p>	<p>60 days prior to effective date</p>
<p>New hire waiting period</p>	<p>First of the month following DOH or First of the month following 30 days after date of hire (3)</p>	<p>1st of the month following date of hire or 30 days, date of hire or 30 days after date of hire (not counting date of hire) (3)</p>	<p>First of the month following DOH, 30 or 60 days (3)</p>
<p>At initial enrollment, can the waiting period be waived for new hires?</p>	<p>Yes</p>	<p>Full-time EE's: Yes Part-time EE's: Yes</p>	<p>Yes</p>
<p>Written alongside another carrier (4)</p>	<p>Yes, the following must be met:</p> <p>a.) 70% of the group enrolls in the medical coverage offered by the employer (i.e., either SeeChange or the other HMO)</p> <p>b.) 50% of the ee's enrolling, or 5 active ee's, whichever is greater, must enroll with SeeChange.</p> <p>c.) The employer may offer one single plan from the SeeChange portfolio, or the Employee Option program</p>	<p>1-9 EE's: No 10-50 EE's: any other carrier (any plan type) may be offered. Sharp requires a minimum of 10 enrolled lives on groups of 10-15; the greater of 10 enrolled lives or 50% on groups of 16-50. Overall participation between both carriers is 70% of eligible. Not available alongside CalChoice.</p> <p>Only one Sharp medical plan may be offered.</p> <p>PPO is not available alongside another carrier</p>	<p>Choice Simplified Package:</p> <ul style="list-style-type: none"> 75% of eligible employees (excluding Cobra participants) enroll with UHC and the staff model And a minimum of 5 active CA employees (residing/working in CA) enroll with UHC <p>Multi-Choice State Package:</p> <ul style="list-style-type: none"> 75% of eligible employees must enroll with UHC <p>Relaxed Participation (available 7/1/14-12/1/14): 25% and a minimum of 5 enrolling with UnitedHealthcare</p>

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Group Size 1-50



UNDERWRITING

<p>When is a group considered eligible for a small group plan? (See separate topics for husband/wife and owner only groups)</p>	<p>30 days of payroll is required</p>	<p>1-50 eligible W2 employees (not owner or spouse of owner) working for 50% of the previous calendar year or quarter.</p> <p>Or</p> <p>Newly formed groups: 1-50 eligible W2 employees (not owner or spouse of owner) working at least 6 weeks. Group must provide their most current DE-9C and/or payroll records (records must cover the 6 weeks preceding the eff. date). If no payroll, owner documents required</p>	<p>1-50 eligible W2 employees (not owner or spouse of owner) working for 50% of the previous calendar year or quarter</p> <p>Newly formed groups: 1-50 eligible W2 employees (not owner or spouse of owner) working at least 6 weeks</p>
<p>Husband and wife only groups</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee. Exception: C-Corps (see CA Owner Documents for further details)</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>
<p>Owner only groups</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>	<p>See CA Owner Documents for details depending on structure of the business</p>	<p>Yes, as long as the owners are not spouses/domestic partners</p>

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Group Size 1-50



UNDERWRITING

<p>When is a group considered eligible for a small group plan? (See separate topics for husband/wife and owner only groups)</p>	<p>Employed 1 to 50 permanent full-time or part time (if coverage is offered to part time employees) eligible employees on at least 50% of its working days during the preceding calendar quarter or calendar year.</p> <p>A start-up group can be considered guaranteed issue if they meet all small group requirements except for the length of time in business. Blue Shield will consider start-up groups that have been in business for at least six weeks. Evidence of time in business must be supported by payroll records. The payroll records must cover the six weeks preceding the requested effective date for at least one eligible full time employee.</p>	<p>1-5 eligible employees: An employer must have at least 1, but not more than 50, permanent, active, full-time and part-time (if coverage is offered to part time employees) employees, which excludes spouses and owners, for at least 50 percent of the preceding calendar quarter or preceding calendar year.</p> <p>6-50 eligible employees: An employer must have at least 1, but not more than 50, permanent, active, full-time and part-time (if coverage is offered to part time employees) employees, which excludes spouses and owners, for at least 6 consecutive weeks.</p>	<p>An employer must have at least 1, but not more than 50, permanent, active, full-time and part-time (if coverage is offered to part time employees) employees, which excludes spouses and owners, for at least 50 percent of the preceding calendar quarter or preceding calendar year or for at least 6 weeks</p>
<p>Husband & wife only groups</p>	<p><u>Partnerships, LLC, Corps</u> – W2 employee can be the spouse of the owner as long as the spouse is not an owner themselves;</p> <p><u>Sole Proprietors</u> – Not eligible, W2 employee cannot be the spouse</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>
<p>Owner only groups</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee, unless they are a non-union carve out (see 1-50 carve out topic for details)</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>	<p>Yes, for a Corporation or LLC, provided one owner is W2 and not the spouse/domestic partner of another owner</p>

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Group Size 1-50



UNDERWRITING

<p>When is a group considered eligible for a small group plan? (See separate topics for husband/wife and owner only groups)</p>	<p>1 or more eligible FT W-2 EEs, who are not owners or related to the owners prior to the requested effective date – provided the group can provide 30 days of payroll within 45 days of the approval</p>	<p>Start-up companies will require a minimum 6 weeks of payroll (45 days in operation). Additional information may be required.</p>	<p>1-50 eligible employees for 50% of the preceding calendar quarter OR preceding calendar year</p>
<p>Husband and wife only groups</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law employee or dependent child 27 or older</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>
<p>Owner only groups</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law employee or dependent child 27 or older</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>	<p>Not eligible. The employer must employ at least one (non-spouse/DP) common law W-2 employee</p>

California Medical Carrier 411 - Small Group

Group Size 1-50



UNDERWRITING

<p>Can related family members (husband and wife or parent and child) who work for the same company enroll together or separately?</p>	<p>Yes, as long as eligibility and participation requirements are being met</p>	<p>May enroll separately or together as one being the dependent under the other. If enrolling separate or enrolling one as a dependent, a declination is required. (N/A on Husband/Wife only groups)</p>	<p>May enroll separately or together as one being the dependent under the other. If enrolling separate or enrolling one as a dependent a declination is required.</p>
<p>Domestic household staff</p>	<p>Yes, provided they appear on a DE-9C and can provide a valid business license</p>	<p>No</p>	<p>Yes, provided the items in footnote (10) are met</p>
<p>What are the requirements to cover part time employees?</p>	<p>(? Number of hours) Group must stipulate at time of enrollment. Adding part time EE's on the plan may be done at anniversary. Not subject to underwriting.</p>	<p>20-29 hours for 50% of the Prior Calendar Quarter. Group must stipulate at time of enrollment. Adding part time EE's may be done at anniversary only. Not subject to underwriting.</p>	<p>20-29 hours per week for 50% of the prior calendar quarter provided certain criteria is met</p>
<p>Is workers' compensation required on employees?</p>	<p>Yes</p>	<p>No. However, 24-hour coverage is not offered to employees. If the medical expense is work-related, Aetna would not consider it for benefits.</p>	<p>No</p>
<p>What type of coverage is considered a valid waiver?</p>	<p>Spousal group coverage, Parent's group coverage (up to age 26), SAG (Screen Actors Guild), Medicare, Medi-Cal and Active Military Duty/Leave of absence from employment</p>	<p>Spousal coverage, Medicare, Medi-Cal, Champus and TRICARE Individual coverage (on or off exchange) is not a valid waiver.</p>	<p>Employer sponsored group coverage through another employer, Medi-Cal, Medicare, SAG (Screen Actors Guild), United States military coverage. Note: An owner of multiple entities will not be considered a valid waiver if the owner is declining due to coverage under another entity which he/she holds ownership</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



UNDERWRITING

<p>Can related family members (husband and wife or parent and child) who work for the same company enroll together or separately?</p>	<p>May enroll separately or together as one being the dependent under the other.</p> <p>If enrolling separate or enrolling one as a dependent a declination is required</p>	<p>May enroll separately or together as one being the dependent under the other. If enrolling separate or enrolling one as a dependent no declination is required. Related employees enrolling together will count as 1 enrolling.</p>	<p>May enroll separately or together as one being the dependent under the other. If enrolling separate or enrolling one as a dependent no declination is required. Related employees enrolling together will count as 2 enrolling.</p>
<p>Domestic household staff</p>	<p>No</p>	<p>No</p>	<p>No</p>
<p>What are the requirements to cover part time employees?</p>	<p>20-29 hours. Group must stipulate at time of enrollment. The PTE must have worked at least 20 hours, but not more than 29 hours, per normal work week, for at least 50% of the working days in the previous calendar quarter. Existing groups may only add this option on their renewal date.</p>	<p>20-29 hours. Group must stipulate at time of enrollment. Adding part time EE's on the plan may be done at anniversary only and is subject to underwriting approval.</p>	<p>20-29 hours. Group must stipulate at time of enrollment. To add part time employees on the plan they may do so only at anniversary. Not subject to underwriting.</p>
<p>Is workers' compensation required on employees?</p>	<p>No, however Blue Shield will only cover on the job injury claims for as long as the member is covered under the plan.</p>	<p>Yes</p>	<p>Yes</p>
<p>What type of coverage is considered a valid waiver?</p>	<p>Group coverage through same or other employer, spousal or parent group coverage, Medicare, Medi-Cal, Tri/Care/Champus, VA, Federal COBRA and Cal COBRA through prior employer, Active Military Duty/Leave, SAG (Screen Actors Guild).</p>	<p>Spousal group coverage, Parent's group coverage (up to age 26), Medicare, Medi-Cal, Medicaid, TriCare/CHAMPUS, VA, SAG (Screen Actors Guild), Federal COBRA and Cal-COBRA(with a prior employer), Active Military Duty/Leave, other group coverage(not through same employer) and union ee's covered by a labor fund</p>	<p>Spousal group coverage, Parent's group coverage Medicare, Medi-Cal, VA, Federal COBRA and Cal-COBRA (with a prior employer), other group coverage</p>

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California Medical Carrier 411 - Small Group



Group Size 1-50

UNDERWRITING

<p>Can related family members (husband and wife or parent and child) who work for the same company enroll together or separately?</p>	<p>May enroll separately or together as one being the dependent under the other (unless it is a 2 life group then must enroll separately). If enrolling as a dependent a declination is required. Related employees enrolling together will count as 2 enrolling</p>	<p>Husband & wife: May enroll separately or together as one being the dependent under the other. If it is a two life group they are not eligible. If enrolling separate or enrolling one as a dependent no declination is required. Spouses enrolling together will count as 2 enrolling. Parent/child: Must enroll separately</p>	<p>May enroll separately or as one being the dependent under the other (unless it is a 2 life group then must enroll separately). If enrolling separate or enrolling one as a dependent a declination is required. Related employees enrolling together will count as 1 enrolling.</p>
<p>Domestic household staff</p>	<p>No</p>	<p>No</p>	<p>No</p>
<p>What are the requirements to cover part time employees?</p>	<p>20-29 hours for at least 50% of the previous calendar quarter. Group must stipulate at time of enrollment. Adding part time employees on the plan may be done at anniversary only and is subject to underwriting approval.</p>	<p>20-29 hours per week. Group must stipulate at time of enrollment. To add part time EE's on the plan they may do so at anniversary only and is subject to underwriting approval</p>	<p>20-29 hours for 50% of the Prior Calendar Quarter. Group must stipulate at time of enrollment. To add part time EE's on the plan they may do so at anniversary only and is subject to underwriting approval</p>
<p>Is workers' compensation required on employees?</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>What type of coverage is considered a valid waiver?</p>	<p>Spousal group coverage, Parent's group coverage (up to age 26), Medicare, Medi-Cal, Medicaid, student plans offered by a college/university, PCIP TriCare/CHAMPUS, VA, SAG (Screen Actors Guild), Federal/Cal- COBRA(with a prior employer), Active Military Duty/Leave, other group coverage(not through same ER)</p>	<p>Spousal group coverage, Parent's group coverage (up to age 26), Medicare, Medi-Cal, VA, and Active Military Duty/Leave (employer sponsored group coverage not included in participation calculation).</p>	<p>Spousal group coverage, Parent's group coverage (up to age 26), other group coverage, Federal/Cal-COBRA (with a prior employer), Spousal COBRA, SAG (Screen Actors Guild)case-by-case basis, Medicare(provided they have both parts A&B, Medi-Cal, Medicaid, TriCare/CHAMPUS, VA, Exchange, Individual</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50




UNDERWRITING

<p>Multiple plan and product combinations</p>	<p>Employer elects Metal Tier then employees can choose any plan available to them under that tier</p> <p>Effective 10/1/14 Employees have access to the health plans and benefit plans available in the metal tier selected by the employer during enrollment (single or neighboring tiers available)</p>	<p>Pick-A-Plan is available to all groups.</p> <p>Employers not enrolling in Pick-A-Plan may only offer a max of 3 plans. Employers selecting more than 3 plans are automatically enrolled in Pick-a-plan.</p>	<p>1-50: EmployeeElect (All plans) within the chosen network</p>
<p>Who is considered an eligible dependent?</p>	<p>Legally married spouse, domestic partner, natural children, stepchildren, children of domestic partner, legal adoptees, children of whom the parents have been appointed legal guardianship</p>	<p>Spouse/qualifying domestic partner, children up to 26. EE's biological, adopted, & stepchildren. Grandchildren only if court ordered</p>	<p>Lawful spouse, registered domestic partner, children under age 26 (includes natural child, stepchild, legally adopted child, ward of legal guardian, child for whom the eligible employee has assumed a parent-child relationship (does not include foster children) as indicated by intentional assumption of parent status or assumption of parental duties by the eligible employee) or disabled dependent over 26</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50

blue  of california

 Health Net®

 KAISER PERMANENTE®

UNDERWRITING

<p>Multiple plan and product combinations</p>	<p>For groups with one or more enrolling employees, the group may select one of the following options:</p> <ul style="list-style-type: none"> - Off Exchange Package (Note: Exclusive HMO plans may not be offered in conjunction with Full HMO plans). - Mirror Package (Note: Exclusive HMO plans may not be offered in conjunction with Full HMO plans). - Single Option 	<p>1-50 Enrolled: Single plan or Enhanced Choice (ability to offer any of the California Health Net plans)</p>	<p>1 – 2 Enrolled: Single plan only</p> <p>Multiple plan offering – 3-5 Enrolled: may offer a maximum of two plans from the entire portfolio (when PPO is elected there must be a minimum of 4 enrolling and 1 may elect PPO).</p> <p>6-50: ability to offer one or more plans from the entire portfolio.</p> <p>PPO membership cannot exceed 30% of eligible. The PPO plans must be offered with one or more copayment plans or deductible HMO plans and cannot be sold stand alone. A group may not offer more than one PPO plan.</p>
<p>Who is considered an eligible dependent?</p>	<p>Spouse, qualifying domestic partner, children under the age of 26. (Children include: EE’s biological child, stepchild, child placed for adoption, or any other child for whom the employee or domestic partner has been appointed as a non-temporary legal guardian by a court.)</p>	<p>Spouse/qualifying domestic partner, children up to the limiting age of the plan. Children include: EE’s biological children, EE’s stepchildren, EE’s legally adopted children, EE’s domestic partner’s natural child, children for whom the EE, their spouse or their domestic partner has been court appointed legal guardian.</p>	<p>Spouse/qualifying domestic partner, children up to the limiting age of the plan. Children include: EE’s biological, adopted & stepchildren for whom the EE, their spouse or their domestic partner has been appointed permanent legal guardian by a final court order. Grandchildren can be covered provided certain criteria are met. See Kaiser underwriting guidelines for details.</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



UNDERWRITING

<p>Multiple plan and product combinations</p>	<p>1-4 enrolled: single plan only</p> <p>5-50 enrolled: One metallic tier or 2 adjacent metallic tiers may be offered</p> <p>Plan Options: PPO and HSA and HRA</p>	<p>1-5: single plan only 6-50: dual plans and networks available</p> <p>Wrap alongside another carrier is not permitted</p> <p>Only Choice network can be offered alongside another Sharp Health Plan network (So. Riverside groups Choice network must be offered)</p>	<p>1 – 50 Single plan or Multi-Choice: Please refer to the UnitedHealthcare Product and Benefit Selection Form for Small Business to determine plan combination eligibility.</p>
<p>Who is considered an eligible dependent?</p>	<p>To be an eligible dependent, a person must be related to an eligible employee as a: 1) lawful spouse 2) Registered domestic partner 3) natural child 4) A newborn child 5) Stepchild 6) Legally adopted child 7) A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber’s spouse 8) Eligible foster child not on Medi-Cal</p>	<p>Spouse/qualifying domestic partner, children up to the limiting age of the plan. Children include: the naturally born children, legally adopted children, or stepchildren of the enrolled employee. Children for whom the enrolled employee has been appointed legal guardian by a court; or children for whom the enrolled employee is required to provide health coverage pursuant to a qualified medical support order.</p>	<p>Spouse/qualifying domestic partner, children up to the limiting age of the plan. Children include: EE’s biological children, EE’s adopted children, EE’s stepchildren, EE’s domestic partner’s natural child, child for whom the EE, their spouse or their domestic partner has been appointed permanent legal guardian by a court order, children for whom the EE, spouse or domestic partner is required to provide health insurance pursuant to a qualified medical child support order.</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



UNDERWRITING

Within the U.S., which plans are available to employees and dependents who reside outside of CA?

Any plan that offers a service network in that state

OOS EE's who live/work in an OOS network area will receive CA rates and products.
 OOS EE's who do not reside in an OOS network area will receive the CA indemnity products.
 OOS EE's who reside in an area with an MC network must enroll in the CA MC plan.
 OOS EE's who reside in an area with a PPO only network must enroll in the CA PPO.
 OOS EE's who reside in an Indemnity only network must enroll in the CA Indemnity plan.
 HMO plans are not allowed outside of CA
 Network availability OOS is dependent upon the state. Please consult the Aetna underwriting guidelines

All PPO plan types are available

Which plans are available to dependents that reside or attend school outside of CA with the EE residing in CA?

Any plan that offers a service network in that state

Same plan as employee selects. If employee selects HMO, then dependent is enrolled in the OOA PPO medical plan

All PPO plan types are available (the dependent(s) must remain on the same plan as the subscriber)

Which plans are available to dependents who reside/attend school outside CA w/the EE residing in CA & enrolled in HMO?

Any plan that offers a service network in that state

If employee selects HMO, then dependent is enrolled in the OOA PPO medical plan

The dependent would have HMO emergency only coverage.

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California Medical Carrier 411 - Small Group

Group Size 1-50



UNDERWRITING

<p>Within the U.S., which plans are available to employees and dependents who reside outside of CA?</p>	<p>All PPO plan types are available.</p>	<p>The PPO plans are available, depending on the zip code they live in and access to providers</p>	<p>All PPO plans are available (PHCS network is utilized). HMO plans are available if a member and/or dependent reside in another Kaiser region. They are limited to routine care for the first 90 days. After that 90-day period, they are covered for emergency care only. The 90-day limit does not apply to members who attend an accredited college/vocational school. EOC's describe the other Kaiser Permanente regions</p>
<p>Which plans are available to dependents that reside or attend school outside of CA with the EE residing in CA?</p>	<p>A dependent can only enroll in the plan selected by the employee. If enrolled on an HMO plan, the dependent may be eligible for the Away from Home Care plan. Contact your Warner Pacific Sales Executive for further details.</p>	<p>They will have the Travel Access program if they are on a PPO plan. They will have emergency care only if enrolled on an HMO plan</p>	<p>All PPO plans are available (PHCS network is utilized). HMO plans are available: If the Dependent resides outside of the service area. They are limited to 90 days of routine care services. After that 90-day period, they are covered for emergency care only. EOC's describe the other Kaiser Permanente regions</p>
<p>Which plans are available to dependents who reside/attend school outside CA w/the EE residing in CA & enrolled in HMO?</p>	<p>A dependent can only enroll in the plan selected by the employee and may be eligible for the Away from Home Care plan. If not, they would only have HMO emergency only coverage. Contact your Warner Pacific Sales Executive for further details</p>	<p>The dependent will have emergency only care.</p>	<p>HMO plans are available: If the Dependent resides outside of the service area. They are limited to 90 days of routine care services. After that 90-day period, they are covered for emergency care only. EOC's describe the other Kaiser Permanente regions</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



UNDERWRITING

<p>Within the U.S., which plans are available to employees and dependents who reside outside of CA?</p>	<p>All plans are available to employees and/or dependents who reside out of state using the SeeChange National Comprehensive Network</p>	<p>PPO plans are available</p>	<p>PPO plans are available</p>
<p>Which plans are available to dependents that reside or attend school outside of CA with the EE residing in CA?</p>	<p>All plans are available to employees and/or dependents who reside out of state using the SeeChange National Comprehensive Network</p>	<p>PPO plans are available</p>	<p>PPO plans are available</p>
<p>Which plans are available to dependents who reside/attend school outside CA w/the EE residing in CA & enrolled in HMO?</p>	<p>N/A</p>	<p>The dependent will have urgent or emergency only care</p>	<p>The dependent will have emergency only care</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



RATING

<p>Carrier rule for re-applying due to requested cancellation or non-payment of dues</p>	<p>Group would need to reapply</p>	<p>Must wait 12 months. If cancelled for non-pay, groups must pay any outstanding premiums before new policy issued</p>	<p>Group would need to reapply. If cancelled for non-payment of dues, Anthem charges a \$50 reinstatement fee</p>
<p>Age determination of new hire</p>	<p>Age at time of enrollment</p>	<p>Age at inception of the policy or most recent renewal date</p>	<p>Age at time of enrollment</p>
<p>Employee rates are based on home or work zip code? (See carrier specific Rate Guides for rating regions)</p>	<p>Home zip code</p>	<p>Home zip code <i>Note:</i> Eff. 12/1/14 rates will be based on employer zip code</p>	<p>Home zip code</p>
<p>Out of state employee rates are based on home or work zip code? (See carrier specific Rate Guides for rating regions)</p>	<p>Employer zip code</p>	<p>Employer zip code</p>	<p>Employer zip code</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



RATING

<p>Carrier rule for re-applying due to requested cancellation or non-payment of dues</p>	<p>Cancellation due to recertification: must wait 12 months</p> <p>Cancellation for all other reasons: must wait 90 days</p> <p>Blue Shield does not charge any reinstatement fees.</p>	<p>Health Net charges a \$100 reinstatement fee if there is no lapse in coverage. If there is a lapse in coverage a group can reapply as new business.</p>	<p>Non-payment of dues: Must wait 12 months. If the client owes any back due premium, they must wait 1st of the month following 12 months from the date they pay that back due premium.</p> <p>Voluntary Cancellation: Must have been gone one full year or show proof of any type (individual or group) of current coverage.</p> <p>Kaiser does not charge any reinstatement fee</p>
<p>Age determination of new hire</p>	<p>Age at time of enrollment</p>	<p>Age at time of enrollment</p>	<p>Age at inception of the policy or most recent renewal date</p>
<p>Employee rates are based on home or work zip code? (See carrier specific Rate Guides for rating regions)</p>	<p>Home zip code</p>	<p>Home zip code</p>	<p>Home zip code</p>
<p>Out of state employee rates are based on home or work zip code? (See carrier specific Rate Guides for rating regions)</p>	<p>Employer zip code</p>	<p>Employer zip code</p>	<p>Home zip code. Out of area receive rate area 4.</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



RATING

<p>Carrier rule for re-applying due to requested cancellation or non-payment of dues</p>	<p>Subject to underwriting approval</p> <p>SeeChange Health does not charge any reinstatement fee</p>	<p>Contact carrier for reinstatement rules and fees</p>	<p>If replacing other coverage and there is no outstanding balance with UHC from their previous UHC policy they may reapply at any time.</p> <p>Requesting reinstatement where past due premiums are owed will be reviewed on a case-by-case basis. UnitedHealthcare does not charge any reinstatement fee</p>
<p>Age determination of new hire</p>	<p>Age at inception of the policy or most recent renewal date</p>	<p>Age at time of enrollment</p>	<p>Age at inception of the policy or most recent renewal date</p>
<p>Employee rates are based on home or work zip code? (See carrier specific Rate Guides for rating regions)</p>	<p>Home zip code</p>	<p>Non-mirrored plans: Employer zip code</p> <p>Mirrored plans: Home zip code</p>	<p>Employer zip code</p>
<p>Out of state employee rates are based on home or work zip code? (See carrier specific Rate Guides for rating regions)</p>	<p>Employer zip code</p>	<p>PPO: Home zip code</p>	<p>Employer zip code</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



COBRA - Legal

Who is administering Cal-COBRA?	Pinnacle Claims Management Inc.	Carrier	Carrier
Who is administering Federal COBRA?	Employer	Employer	Employer

PROVIDER NETWORK

How often can a member change medical groups / IPA?	Determined by carrier guidelines	Anytime	Once per month. If called in 1 st -15 th , Anthem will retroactively change to prior month. If after 15 th , Anthem will change it 1 st of the following month
Can each family member choose a different medical group / IPA?	Determined by carrier guidelines	Yes	Yes

CLAIMS AND BENEFITS

Do office copays count toward of out of pocket?		Yes	Yes
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California Medical Carrier 411 - Small Group

Group Size 1-50



COBRA - Legal

Who is administering Cal-COBRA?	Carrier	Carrier	Carrier
Who is administering Federal COBRA?	Employer	Health Net will allow an employer to choose to have the member billed with the group or bill the member directly	Employer

PROVIDER NETWORK

How often can a member change medical groups / IPA?	Once per month. Change will be effective the first of the following month	Monthly, must notify by the 15th of the prior month	Anytime
Can each family member choose a different medical group / IPA?	Yes	Yes	Yes

CLAIMS AND BENEFITS

Do office copays count toward of out of pocket?	Yes	Yes	HMO: Yes PPO: No
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California Medical Carrier 411 - Small Group

Group Size 1-50



COBRA - Legal

Who is administering Cal-COBRA?	Carrier	Carrier	Carrier
Who is administering Federal COBRA?	Employer	Employer	Employer

PROVIDER NETWORK

How often can a member change medical groups / IPA?	N/A	Once per month	Once per month. Must notify by the 15th of prior month. Please note, some medical groups will only allow changes during open enrollment.
Can each family member choose a different medical group / IPA?	N/A	Yes	Yes

CLAIMS AND BENEFITS

Do office copays count toward of out of pocket?	Yes	Yes	Yes
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California Medical Carrier 411 - Small Group

Group Size 1-50



CLAIMS AND BENEFITS

Percentile of UCR info based on -	N/A	100% of Medicare	All plans use the term Maximum Allowable Amount
<p>Is medical deductible credit given when coming from a prior group carrier on new business or for plan changes at renewal when remaining with the same carrier?</p>	<p>Yes, provided the plan the member is currently enrolled on and the plan they are moving to have deductibles. EOB will be required, per family member</p>	<p>New group transfer: Yes New group transfer but members had coverage elsewhere: Yes New hires: No, unless the members prior health insurance was Aetna as well through the previous employer. Newly enrolled member (not new hire): No</p> <p>Prior individual (Aetna or other carrier) plan deductible credit is accepted. Aetna will give calendar year deductible credit to those members coming off of a PEO that was insured immediately prior with Aetna.</p> <p>Anniversary plan changes: Yes</p>	<p>New group transfer: Yes</p> <p>New group transfer but member had coverage elsewhere: No</p> <p>New hires: No</p> <p>Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Yes</p> <p>Individual coverage does not receive credit</p>
<p>Is prescription drug deductible credit given when coming from a prior group carrier on new business or for plan changes at renewal when remaining with the same carrier?</p>	<p>No</p>	<p>New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Yes</p>	<p>New group transfer: Yes, provided they are coming from an aggregate plan and enrolling on an aggregate plan. New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Please contact your Warner Pacific Sales Associate to discuss.</p>

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California Medical Carrier 411 - Small Group

Group Size 1-50



CLAIMS AND BENEFITS

<p>Percentile of UCR info based on.</p>	<p>All plans use the term Allowable Amount which is based on the negotiated amount</p>	<p>Professional claims pay based off RBRVS (75%). Facility claims pay based off Medicare allowable rates (190%)</p>	<p>80th AAHP-HIAA (American Association of Health Plans – Health Insurance Association of America)</p>
<p>Is medical deductible credit given when coming from a prior group carrier on new business or for plan changes at renewal when remaining with the same carrier?</p>	<p>New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire):No No credit when coming from Blue Shield individual to Small Group. Anniversary plan changes: Yes</p>	<p>New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Prior carrier deductible credit applies if the current PPO policy is replacing a similar policy that had previously been issued to the Group policyholder. Individual policies do not get credit.</p> <p>Anniversary plan changes: Yes, as long as they remain in the same product type (i.e. PPO to PPO)</p>	<p>New group transfer, New group transfer but member had coverage elsewhere, New hires & Newly enrolled member (not new hire): PPO: Yes; All HMO types: No HSA-Qualified HMO plans are not considered PPO plans, therefore, do not get deductible credit under any circumstance. Individual policies do not get credit. Anniversary plan changes: Yes, as long as they remain in the same product type (i.e. PPO to PPO, HMO to HMO, except when changing from HSA-qualified Deductible HMO plan to a deductible HMO plan – including HRA – or vice versa)</p>
<p>Is prescription drug deductible credit given when coming from a prior group carrier on new business or for plan changes at renewal when remaining with the same carrier?</p>	<p>New group transfer: Yes, provided they are coming from an HSA and going to an HSA. Otherwise, RX deductibles are not carried over New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire):No Anniversary plan changes: Yes, provided they are moving from a Blue Shield HSA plan(this includes moving to a Standard PPO plan). Otherwise, RX deductibles are not carried over</p>	<p>New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Yes, provided they remain in the same plan type. Otherwise, RX deductibles are not carried over</p>	<p>New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No Anniversary plan changes: No</p>

CaliforniaChoice, please see current carrier underwriting guidelines. Information is believed to be current as of the last date listed below and is subject to change. The accuracy of this information is not guaranteed. It is the employers' responsibility to ensure they are compliant with IRS non-discrimination rules. Last updated on 8/18/14.

California Medical Carrier 411 - Small Group

Group Size 1-50



CLAIMS AND BENEFITS

Percentile of UCR info based on -	N/A	N/A	N/A
<p>Is medical deductible credit given when coming from a prior group carrier on new business or for plan changes at renewal when remaining with the same carrier?</p>	<p>New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No Anniversary plan changes: Yes</p>	<p>New group transfer: Yes New group transfer but members had coverage elsewhere: Yes New hires: Yes Newly enrolled member (not new hire): Yes</p> <p>Prior coverage must have been employer sponsored group coverage. Individual coverage will not receive credit.</p> <p>Anniversary plan changes: Yes</p>	<p>New group transfer: Yes (except for Advantage, Alliance & Alliance HSA plans) New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Yes</p>
<p>Is prescription drug deductible credit given when coming from a prior group carrier on new business or for plan changes at renewal when remaining with the same carrier?</p>	<p>New group transfer: Yes, provided they are coming from an HSA and going to an HSA. Otherwise, RX deductibles are not carried over New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No Anniversary plan changes: Yes, but only when the plan change is within the HSA suite. Otherwise, RX deductibles are not carried over.</p>	<p>New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Yes</p>	<p>New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No Newly enrolled member (not new hire): No</p> <p>Anniversary plan changes: Yes</p>

CaliforniaChoice, please see current carrier underwriting guidelines. Information is believed to be current as of the last date listed below and is subject to change. The accuracy of this information is not guaranteed. It is the employers' responsibility to ensure they are compliant with IRS non-discrimination rules. Last updated on 8/18/14.

California Medical Carrier 411 - Small Group

Group Size 1-50



CLAIMS AND BENEFITS

Does the medical deductible go towards satisfying the out of pocket maximum?	Yes, all plans	Yes, all plans	Yes
4 th quarter deductible carryover?	No	No	No
Is the medical deductible, calendar year or plan year?	Calendar Year	Calendar Year	Calendar Year
Family Deductible Maximum Guidelines		All plans except Bronze MC HSA 2500, 3500 & 6300 see footnote (8) Bronze MC HSA 2500, 3500 & 6300 see footnote (9)	All plans except Preferred DirectAccess w/HRA (gkkb, gsob, gfra), Essential DirectAccess w/HSA (gzra), Core DirectAccess w/HSA (gfua, gjua, gkua, gpua, gmua) & Essential Direct Access (gbwa) see footnote (8) DirectAccess w/HRA (gkkb, gsob, gfra), Essential DirectAccess w/HSA (gzra), Core DirectAccess w/HSA (gfua, gjua, gkua, gpua, gmua) & Essential Direct Access (gbwa) see footnote (9)

MISCELLANEOUS

Are split commissions allowed? If yes, what is the max allowed?	No	Yes, two maximum	Yes, no maximum
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CaliforniaChoice, please see current carrier underwriting guidelines. Information is believed to be current as of the last date listed below and is subject to change. The accuracy of this information is not guaranteed. It is the employers' responsibility to ensure they are compliant with IRS non-discrimination rules. Last updated on 8/18/14.

California Medical Carrier 411 - Small Group

Group Size 1-50



CLAIMS AND BENEFITS

Does the medical deductible go towards satisfying the out of pocket maximum?	Yes, all plans	Yes, all plans	Deductible HMO: Yes Deductible HMO w/HSA: Yes Deductible HMO w/HRA: Yes PPO: \$40/\$1000 – No PPO \$40/\$2500 w/HSA - Yes
4 th quarter deductible carryover?	No	No	No
Is the medical deductible, calendar year or plan year?	Calendar Year	Calendar Year	Calendar Year
Family Deductible Maximum Guidelines	All plans except HSA plans see footnote (8) HSA plans see footnote (9)	All plans see footnote (8)	All plans except Bronze 4500/40% HSA-Qualified Deductible HMO & Silver 1500/20% HSA-Qualified Deductible HMO plans see footnote (8) Bronze 4500/40% HSA-Qualified Deductible HMO & Silver 1500/20% HSA-Qualified Deductible HMO plans see footnote (9)

MISCELLANEOUS

Are split commissions allowed? If yes, what is the max allowed?	Yes, four maximum	Yes, unlimited	Yes, three maximum
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CaliforniaChoice, please see current carrier underwriting guidelines. Information is believed to be current as of the last date listed below and is subject to change. The accuracy of this information is not guaranteed. It is the employers' responsibility to ensure they are compliant with IRS non-discrimination rules. Last updated on 8/18/14.

California Medical Carrier 411 - Small Group



Group Size 1-50

CLAIMS AND BENEFITS

Does the medical deductible go towards satisfying the out of pocket maximum?	Yes, all plans	Yes, all plans	Yes, all plans
4 th quarter deductible carryover?	No	No	No
Is the medical deductible, calendar year or plan year?	Calendar Year	Calendar Year	Calendar Year
Family Deductible Maximum Guidelines	All plans except HSA plans see footnote (8) HSA plans see footnote (9)	All plans except Silver Sharp HSA 1500/20%/20% & Bronze Sharp HSA 4500/40%/40% see footnote (8) Silver HMO HSA 1500/20%/20%, Bronze HMO HSA 4500/40%/40% & PPO SA 4500ded/40%/50% see footnote (9)	All plans except HSA plans see footnote (8) HSA plans see footnote (9)

MISCELLANEOUS

Are split commissions allowed? If yes, what is the max allowed?	Yes, two maximum	Yes, two maximum	Yes, two maximum
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California Medical Carrier 411 - Small Group

Footnotes:

(1) **(Blue Shield)** Union vs. non-union carve outs will be considered guarantee issue, if ALL of the following criteria are met:

- a. The employer has union and non-union employees and the union members can receive health coverage through trust fund established by a collective bargaining agreement;
- b. Total group size (union and non-union) must be 50 or less AND
- c. The group is electing to cover only the non-union employees AND
- d. Requirements are as follows:
 - A copy of the collective bargaining agreement showing that the employer pays contributions to the trust fund AND
 - The Statement of ERISA Rights form and the union trust fund Summary Plan Description.

(2) **(Aetna)** Employees who reside in a Non-HMO/Aetna Value Network/HMO HRA or HMO Deductible area may enroll in an HMO product offered by their employer, if they live within 30 miles radius of their work site that is within the HMO service area. Vitalidad is available to California groups who have employees who work or live within the Vitalidad Service Area. Basic HMO may be chosen in the areas where approved. (SIMSA is no longer available on Basic HMO. Only available with Vitalidad HMO.

Employees who live or work within 60 miles of a District of Columbia location are eligible for HMO or OAMC. If out of state and not within Live/Work they are eligible for OAMC. Hawaii and Vermont coverage is not available. Only PPO or Indemnity is available for employees who reside in Idaho or Montana. Only Indemnity is available for employees who reside in Wyoming.

(3) Aetna, Anthem BC, Covered CA (SHOP), Health Net, Kaiser, SeeChange Health and UHC will allow only 1 waiting period to be chosen by the employer. Blue Shield and Sharp Health Plan will allow a maximum of 2 different waiting periods to be chosen by employer based on employees employment class/title.

(4) Carrier guidelines when adding a carrier to the existing employer offerings: **Aetna** – policies do have to be written simultaneously to avoid participation issues, **Anthem Blue Cross** – policies do not have to be written simultaneously, applicable waivers are required. **Blue Shield** – policies do not have to be written simultaneously. If adding on another carrier after initial enrollment this can only be done on anniversary. **Covered California SHOP** – policies do not have to be written simultaneously. They can add another carrier at any time by providing a letter of explanation and waivers for those EE's waiving SHOP. **Health Net** – policies do not have to be written simultaneously. They can add another carrier at any time by providing a letter of explanation and waivers for those EE's waiving the Health Net coverage. If enrolling simultaneously then a reconciled DE-9C and waivers only for those EE's not enrolling in HN or the other carrier are required. **Kaiser** – policies do not have to be written simultaneously. They can add another carrier at any time by providing a letter of explanation. If enrolling simultaneously then the reconciled DE-9C are required and any waivers for reasons other than this employers coverage offering, **SeeChange** – policies must be written simultaneously or SeeChange must already be in-force. SeeChange will review adding another carrier at anniversary only and are reviewed on a case-by-case basis. **Sharp** – subject to underwriting approval if requesting the addition of another carrier after initial enrollment. Declination forms indicating they have coverage elsewhere completed by each EE declining coverage would be required. Same would be required if writing policies simultaneously. **UHC** – policies do not have to be written simultaneously, applicable waivers are required.

California Medical Carrier 411 - Small Group

(5) **(Health Net)** A maximum of 49% of the group's enrolled and eligible population may be out of California's service area, subject to the following rules: Those eligible employees who are out of the California service area but are in the Out of State PPO service area may be written on a PPO plan. Salud HMO y Mas requires the employee to live or work within the service area.

(6) **(Kaiser)** Live/Work Grid for Small Business –

California Employers in KP Service Area: A legitimate small business employer headquartered **in the KP service area** is eligible to enroll.

- Eligible employees who live in the KP service area may enroll in any plan offered by the employer.
- Eligible employees who live outside of KP service area may enroll in any plan offered by the employer but will be rated based on OOA.
- PPO membership cannot exceed 30% of eligible. The PPO plan(s) must be offered with one or more copayment plans or deductible HMO plans and cannot be sold stand alone. A group may offer only one PPO plan.

California Employer outside KP Service Area: A legitimate small business employer headquartered **outside KP service area** is only eligible to enroll if eligible employees are in the KP service area. Employers and Employees outside of the KP service area are not eligible to enroll.

Company Out of State of CA with 51% or more eligible employees in CA: A legitimate small business employer with CA office location and 51% of eligible employees living or working in the KP service area is eligible to enroll.

Company headquartered Out of State of CA is required to have at least 51% of its eligible employees located in California to qualify for coverage.

*Hawaii employees are eligible for the Kaiser PPO plans provided the following guidelines are met:

- Kaiser must be the sole carrier offered;
- Combined PPO and POS membership cannot exceed 30% of eligible;
- The Hawaii employees would utilize the PHCS network

(7) **(Kaiser)** Geographic Rating – FINAL GEOGRAPHIC RATES MAY CHANGE BASED ON FINAL ENROLLMENT AT THE TIME OF CASE APPROVAL.

- A new group with six or more covered subscribers residing in the non-home region is required to have separate contracts for Northern California and Southern California.
- An existing group growing to thirteen or more covered subscribers residing in the non-home region may be required to contract with the other region at renewal.

(8) Collectively all family members may contribute towards satisfying the family deductible (aggregate). When one family member has met the individual deductible they do begin receiving coinsurance benefits (embedded). One member cannot pay more than the maximum allowed for an individual deductible.

Health Net: 2014 plans are embedded aggregate – once one person on a family contract meets the individual deductible they begin receiving coinsurance benefits. The remaining family members must then collectively satisfy the remaining deductible before anyone else receives coinsurance benefits.

California Medical Carrier 411 - Small Group

(9) Collectively all family members may contribute towards satisfying the family deductible (aggregate). The family deductible must be satisfied before any family members begin receiving coinsurance benefits. One member on a family contract can satisfy the entire family deductible on their own.

(10) **(Anthem)** Household staff members are eligible provided they meet the following criteria: (1) The group must be actively engaged in a business or service; (2) On at least 50% of its working days during the previous calendar quarter or calendar year, the group employed at least one, but not more than 50, eligible employees, the majority of whom were employed within this state; (3) The group was not formed primarily for purposes of buying health care plan; (4) A bona fide employer-employee relationship exists; (5) File a Quarterly State Tax Withholding Report. Note: Private household employers who pay annual, rather than quarterly, withholdings will not be eligible.

(11) **(SeeChange Health Insurance)** Non-Union carve outs will be considered guarantee issues, if ALL of the following criteria are met:

- a. Total group size (union and non-union) must be 50 or less AND
- b. 5-50 non-union eligible employees must be enrolled and maintained with SeeChange Health AND
- c. 70% of the carve out population must enroll with SeeChange Health.
- d. Requirements are as follows:
 - Letter from the group representative or Broker that a carve-out is being requested for non-union employees AND
 - Union roster will be required identifying Union employees AND
 - Union employees must be reconciled on the DE-9C marked as a "U".

(12) **(UnitedHealthcare)** If there is a physical company location in HI, UHC will offer those employees a UHC HI policy (there is only one plan). If there is no physical company location in HI but an employee that works for a CA company resides there, they are not eligible (no plan option available). In either instance this is not considered a valid waiver and will count towards participation.

(13) **(Covered CA SHOP)** Kaiser – Eligible employees who live in the KP service area may enroll in any plan offered by the employer. Eligible employees who live outside of KP service area may enroll in any plan offered by the employer but will be rated based on OOA. OOA rates will be assigned as long as the employer headquarters is in a Kaiser service area. If both the employer headquarters and employee zip code is OOA, the employee is not eligible for Kaiser.

(14) **(Health Net)** Non-union carve outs: these occur when an employer has both union and non-union employees, and the employer is requesting coverage for its non-union employees. If the employer contributes to a labor fund for the purchase of coverage, but does not directly purchase coverage for its union employees, the union employees will not be treated as eligible when determining group size. A non-union carve out can be written provided the following guidelines are met:

- Group cannot have more than 50 total eligible employees (both union and non-union) for at least 50% of the prior calendar quarter or 50% of the prior calendar year.
- Provide a copy of the collective bargaining agreement, indicating whether the union employees are covered directly by the employer or through a labor fund.
- Provide a copy of the most current month's employer contribution report (union roster).

California Medical Carrier 411 - Small Group

Applicable to All Carriers

**For each of our carriers, if an employer has 20 or more employees Medicare is secondary, the group plan pays primary.

**For each of our carriers, if an employer has 19 or less employees Medicare is primary, the group plan pays secondary.

2014 HSA allowable amounts:

- Minimum Deductibles: \$1,250 for individual coverage, \$2,500 for family coverage
- Maximum Contributions: \$3,300 for individual coverage, \$6,550 for family coverage
- Out of Pocket Maximums: \$6,350 for individual coverage, \$12,700 for family coverage
- Over 55 Catch Up Amount: \$1,000 per eligible account

2015 HSA allowable amounts:

- Minimum Deductibles: \$1,300 for individual coverage, \$2,600 for family coverage
- Maximum Contributions: \$3,350 for individual coverage, \$6,650 for family coverage
- Out of Pocket Maximums: \$6,450 for individual coverage, \$12,900 for family coverage
- Over 55 Catch Up Amount: \$1,000 per eligible account