



# MEDICAL UNDERWRITING GUIDELINES SMALL GROUP

## AETNA

### PRODUCT OFFERINGS

<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is indicated in the plan name.														
<b>Product Combinations</b>	Pick a Plan: available to all groups. Employer may offer all plans and all networks. <i>If employer does not elect Pick a Plan then a maximum of 3 plans may be offered.</i>														
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above.														
<b>Networks</b>	<table border="0"> <tr> <td><b>HMO</b></td> <td><b>PPO</b></td> </tr> <tr> <td>HMO Network (Full)</td> <td>MC Network (Full)</td> </tr> <tr> <td>Value Network (Narrow)</td> <td>Savings Plus Network (Narrow)</td> </tr> <tr> <td>HMO Deductible Network (Narrow)</td> <td>PrimeCare OAMC Network (Inland Empire)</td> </tr> <tr> <td>Basic HMO Network (Smallest)</td> <td></td> </tr> <tr> <td>PrimeCare HMO Network (Inland Empire)</td> <td></td> </tr> <tr> <td>Vitalidad HMO (SIMNSA only)</td> <td></td> </tr> </table> <p><i>Note: Plans may be offered with multiple network options; not all plans are available with all networks. For PrimeCare, employer must be located within rating area 17 and employees must live in rating region 17 or work within 30 miles of the worksite.</i></p>	<b>HMO</b>	<b>PPO</b>	HMO Network (Full)	MC Network (Full)	Value Network (Narrow)	Savings Plus Network (Narrow)	HMO Deductible Network (Narrow)	PrimeCare OAMC Network (Inland Empire)	Basic HMO Network (Smallest)		PrimeCare HMO Network (Inland Empire)		Vitalidad HMO (SIMNSA only)	
<b>HMO</b>	<b>PPO</b>														
HMO Network (Full)	MC Network (Full)														
Value Network (Narrow)	Savings Plus Network (Narrow)														
HMO Deductible Network (Narrow)	PrimeCare OAMC Network (Inland Empire)														
Basic HMO Network (Smallest)															
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Vitalidad HMO (SIMNSA only)															
<b>Drug Formulary Options</b>	4-tier Essential Drug List. Drugs not on the formulary list will not be covered.														
<b>HRA &amp; Wrap</b>	Not allowed.														
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. Benefit level varies by plan type. Applies to rate for age 0-18. All plans use the National Dental PPO network.														
<b>Taxes &amp; Fees</b>	Included in the group premium.														
<b>Riders</b>	None available.														

### ELIGIBILITY

<b>Group Size</b>	2-50 eligible, minimum 1 enrolled. DE-9C required for all groups except those with 10+ eligible who can provide a bill roster and at least 75% of eligible employees are on the prior carrier billing statement.
<b>Rate Guarantee</b>	12 months.
<b>Rates</b>	<p><u>Jan-Nov 2014:</u> Employees and out of state dependents are rated based on EMPLOYEE zip code. Out of state employees are rated based on EMPLOYER zip code.</p> <p><u>Effective Dec 2014:</u> Employees rated based on EMPLOYER zip code.</p> <p><u>All Groups:</u> Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of last group effective/renewal date.</p>
<b>Contribution</b>	Minimum 50% of employee rate. Pick a Plan: Minimum 50% of employee rate or minimum \$80 per employee defined contribution.
<b>Participation</b>	<p>2-3 eligible employees: 100% of eligible employees</p> <p>4-50 eligible employees: 75% of eligible employees</p> <p>Groups offering Vitalidad Mexico where at least 1 employee enrolls in a Vitalidad network area: 65% of eligible employees</p> <p><i>If employer contributes 100% toward employee premium, then 100% participation is required.</i></p>
<b>Split Carrier Participation</b>	75% of eligible must enroll in a plan offered by the employer. 50% of the eligible, or a minimum of 5 (whichever is greater), must enroll with Aetna. Employees enrolled in the other carrier's HMO are not considered valid waivers.
<b>Carve-Outs</b>	Union carve-outs are allowed with a minimum of 5 enrolled employees who reside within the CA network service area; total group population (union+non-union) must be 50 or less. Groups with a total population (union+non-union) over 50 will be quoted in the 51-100 portfolio even if the non-union portion is under 50.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	Not allowed.
<b>Owner Only Groups</b>	<p><u>C-Corps:</u> Eligible if there is at least one W-2 employee enrolling in medical. If the only employees are owners and/or spouses, and they are W-2, the group is eligible.</p> <p><u>All other types:</u> Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C and enrolled in medical.</p>
<b>Ineligible Employees</b>	Leased, part-time less than 20 hours, temporary, seasonal or substitute employees, 1099 contractors, uncompensated employees, employees making less than equivalent minimum wage, volunteers, retirees, inactive owners, directors, shareholders, officers, outside consultants, managing members who are not active, investors or silent partners.
<b>Out-of-State Employees</b>	No more than 49% may reside outside California.
<b>Newly Formed Groups</b>	Must be in business 50% of the prior calendar quarter/year.
<b>Waiting Period Options</b>	1st of the policy month following date of hire or 1st of the policy month following 30 days from date of hire. <i>Policy month refers to contract effective date of 1st or 15th of the month.</i> <u>Effective 2015:</u> 1st of the month following date of hire, or 1st of the month following 30 days from date of hire, or 1st of the month following 60 days from date of hire.



**ANTHEM BLUE CROSS (2014)**

**PRODUCT OFFERINGS**

<b>Metal Level Identification</b>	Platinum = Premier Gold = Preferred	Silver = Essential Bronze = Core
<b>Product Combinations</b>	EmployeeElect: may offer all plans but must select one HMO and one PPO network option.	
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above.	
<b>Networks</b>	HMO (Guided Access) Traditional HMO Network (Full) SELECT HMO Network (Narrow) Priority SELECT HMO Network (Narrow)	PPO (DirectAccess), HSA, HRA Statewide PPO Network (Full) SELECT PPO Network (Narrow)
	<i>Note: Not all plans are available with all networks.</i>	
<b>Drug Formulary Options</b>	Plans are assigned to one of the below drug list options. Drugs are assigned a tier based on several factors. <ul style="list-style-type: none"> <li>4-tier National Drug List (Full drug list).</li> <li>4-tier Select Drug List (Narrow drug list).</li> </ul>	
<b>HRA &amp; Wrap</b>	Allowed on plans with a built in HRA feature; Anthem must be the administrator. No other form of HRA/wrap is allowed.	
<b>Pediatric Dental &amp; Vision</b>	<u>Pediatric Dental</u> : Must be quoted separately from the medical plan as a standalone dental plan (plan EHB). Rate is applied to all members of a group regardless of dependent status. <u>Pediatric Vision</u> : Benefits and rates are embedded in the medical plan.	
<b>Taxes &amp; Fees</b>	Included in the group premium.	
<b>Riders</b>	<u>Healthy Support</u> : Included on plans with "Plus" in the name. Plans are assigned to one of the following package options A: Health & wellness offering with online resources/webinars, plus fitness reimbursements & health incentives of up to \$600/year. C: Package A benefits + FitOrbit online trainers & nutrition plans (\$99/yr cost share), & Dental coverage (full family coverage).	

**ELIGIBILITY**

<b>Group Size</b>	1-50 eligible and enrolled. DE-9C required.
<b>Rate Guarantee</b>	12 months.
<b>Rates</b>	Employees rated based on EMPLOYEE zip code. Out of state employees are rated based on EMPLOYER zip code. Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of enrollment.
<b>Contribution</b>	Minimum 50% of EE cost, Fixed-dollar Option of \$100 or more of EE cost, or Percentage & Plan option of 50% or more toward a specific plan option. <i>If employer contributes 100% toward EE premium, then 100% participation is required.</i>
<b>Participation</b>	Fewer than 10 enrolled: 75% of eligible employees 10-19 enrolled: 70% of eligible employees 20+ enrolled: 60% of eligible employees <u>October-December 2014 effective dates</u> : 1-14 enrolled: 70% of eligible employees. 15+ enrolled: 50% of eligible employees.
<b>Split Carrier Participation</b>	Must meet standard participation for Anthem enrollment.
<b>Carve-Outs</b>	Not allowed. Union/Non-Union will be accepted if the total group size (union & non-union population) is under 50. If the total group size is over 50 then the group is ineligible.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	Employers may NOT offer employee-only coverage. Dependents must be offered coverage.
<b>Owner Only Groups</b>	Sole proprietors/partners in a partnership, if owned by spouses, must have one non-spouse, "common law" EE eligible. Partners in a partnership, that are not spouses, are eligible on their own if they otherwise meet the definition of an eligible employee (SB2X), including the requirement that they be actively engaged on a FT basis in the employer's business and included as employees under a health care service plan contract of a small employer. Owners may demonstrate that they meet the eligible employee criteria by providing W-2s or completing the Eligibility Statement. Owners, that are not spouses, of other business forms are eligible on their own if they otherwise meet the eligible employee requirements.
<b>Ineligible Employees</b>	1099's, seasonal, temporary or substitute employees.
<b>Out-of-State Employees</b>	No more than 49% may reside outside California.
<b>Newly Formed Groups</b>	Must be able to provide 30 days of the complete company payroll records for all employees within 45 days of the effective date. Must submit the Conditions of Enrollment form.
<b>Waiting Period Options</b>	1st of the month following date of hire, or 1st of the month following 30 days from date of hire.

**ANTHEM BLUE CROSS (EFFECTIVE JANUARY 2015)**

**PRODUCT OFFERINGS**

<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is indicated in the plan name. Plans with “Plus” in the name include Healthy Support Package A: a Health & wellness offering with online resources/webinars, plus fitness reimbursements & health incentives of up to \$600/year.								
<b>Product Combinations</b>	EmployeeElect: may offer all plans but must select one HMO and one PPO network option.								
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above.								
<b>Networks</b>	<table border="0"> <tr> <td><u>HMO</u></td> <td><u>PPO</u></td> </tr> <tr> <td>CaliforniaCare HMO Network (Full)</td> <td>Prudent Buyer PPO Network (Full)</td> </tr> <tr> <td>SELECT HMO Network (Narrow)</td> <td>SELECT PPO Network (Narrow)</td> </tr> <tr> <td>Priority SELECT HMO Network (Narrow)</td> <td></td> </tr> </table> <p><i>Note: Not all plans are available with all networks.</i></p>	<u>HMO</u>	<u>PPO</u>	CaliforniaCare HMO Network (Full)	Prudent Buyer PPO Network (Full)	SELECT HMO Network (Narrow)	SELECT PPO Network (Narrow)	Priority SELECT HMO Network (Narrow)	
<u>HMO</u>	<u>PPO</u>								
CaliforniaCare HMO Network (Full)	Prudent Buyer PPO Network (Full)								
SELECT HMO Network (Narrow)	SELECT PPO Network (Narrow)								
Priority SELECT HMO Network (Narrow)									
<b>Drug Formulary Options</b>	Plans are assigned to one of the below drug list options. Drugs are assigned a tier based on several factors. <ul style="list-style-type: none"> <li>• 4-tier National Drug List (Full drug list).</li> <li>• 4-tier Select Drug List (Narrow drug list).</li> </ul>								
<b>HRA &amp; Wrap</b>	Allowed on plans with a built in HRA feature; Anthem must be the administrator. No other form of HRA/wrap is allowed.								
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. Pediatric dental uses the Dental Prime network. Pediatric vision uses the Blue View Vision network.								
<b>Taxes &amp; Fees</b>	Included in the group premium.								
<b>Riders</b>	<u>Infertility Rider</u> : Available on all plans. If elected by the employer, will apply to all offered HMO and PPO plans.								

**ELIGIBILITY**

<b>Group Size</b>	1-50 eligible and enrolled. DE-9C required.
<b>Rate Guarantee</b>	12 months.
<b>Rates</b>	Employees rated based on EMPLOYER zip code. Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of enrollment.
<b>Contribution</b>	Minimum 50% of EE cost, Fixed-dollar Option of \$100 or more of EE cost, or Percentage & Plan option of 50% or more toward a specific plan option. <i>If employer contributes 100% toward EE premium, then 100% participation is required.</i>
<b>Participation</b>	1-14 eligible: 70% of eligible employees 15+ eligible: 50% of eligible employees
<b>Split Carrier Participation</b>	Must meet standard participation for Anthem enrollment.
<b>Carve-Outs</b>	Not allowed. Union/Non-Union will be accepted if the total group size (union & non-union population) is under 50. If the total group size is over 50 then the group is ineligible and may be reviewed by large group.
<b>1099's</b>	Not eligible.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	Employers may NOT offer employee-only coverage. Dependents must be offered coverage.
<b>Owner Only Groups</b>	A sole proprietorship is ineligible without a common law employee. An owner/spouse does not constitute a common law employee. A qualified joint venture owner (i.e., husband and wife are co-owners of the business and file taxes as a qualified joint venture) are ineligible for enrollment without a common law employee. An owner/spouse does not constitute a common law employee. Partners in a partnership are eligible for coverage on their own if they meet the definition of eligible employee. A spouse does not constitute a common law employee (refer to employee eligibility requirements). Owners may demonstrate that they meet the eligible employee criteria by providing W-2s or completing the Eligibility Statement.
<b>Ineligible Employees</b>	1099's, seasonal, temporary or substitute employees.
<b>Out-of-State Employees</b>	No more than 49% may reside outside California.
<b>Newly Formed Groups</b>	Must be able to provide 30 days of the complete company payroll records for all employees within 45 days of the effective date. Must submit the Conditions of Enrollment form.
<b>Waiting Period Options</b>	Anthem will not impose a waiting period. Groups are responsible for providing Anthem accurate member eligibility dates, taking into account any group imposed waiting period. Anthem will allow the following waiting period options: <ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 1 month from date of hire</li> <li>• 1st of the month following 2 months from date of hire not to exceed 90 days. (If exceeds 90 days then effective date will be 1st of the month following 1 month from date of hire).</li> </ul>

CALCPA			
PRODUCT OFFERINGS			
<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is NOT indicated in the plan name.		
<b>Product Combinations</b>	ProtectPlus PPO: Employer may offer one plan, a combination of plans, or all plans. Must select either full or limited network. One HMO plan may be offered alongside the selected ProtectPlus plan(s). Solo Practitioners are not eligible to enroll in the HMO plans.		
<b>Split Carrier Product Combinations</b>	May be offered alongside Kaiser; no other group health plan is allowed. ProtectPlus PPO: Employer may offer one plan, a combination of plans, or all plans. Must select either full or limited network. One HMO plan may be offered alongside the selected ProtectPlus plan(s). Solo Practitioners are not eligible to enroll in the HMO plans.		
<b>Networks</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>HMO</u> Anthem HMO Network (Full)</td> <td style="width: 50%;"><u>PPO</u> Anthem PPO Network (Full) Anthem Select PPO Network (Limited)</td> </tr> </table>	<u>HMO</u> Anthem HMO Network (Full)	<u>PPO</u> Anthem PPO Network (Full) Anthem Select PPO Network (Limited)
<u>HMO</u> Anthem HMO Network (Full)	<u>PPO</u> Anthem PPO Network (Full) Anthem Select PPO Network (Limited)		
<b>Drug Formulary Options</b>	4-tier Express Scripts Standard Formulary.		
<b>HRA &amp; Wrap</b>	Allowed; employer must notify the Trust of it's intent. No restrictions on how much can be funded.		
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan.		
<b>Taxes &amp; Fees</b>	Included in the group premium.		
<b>Riders</b>	None available.		
ELIGIBILITY			
<b>Group Size</b>	2-50 eligible and enrolled. DE-9C required. Must be headquartered in California.  <b>Available to accounting firms in public practice or firms offering general financial services (SIC 8721). To be eligible, more than 50% of all of the firm's owners (principals, proprietors, partners, shareholders, or other owners) must be CPA members of CalCPA, or Associate members of CalCPA. All CPA owners must be members of CalCPA in good standing.</b>		
<b>Rate Guarantee</b>	12 months.		
<b>Rates</b>	Employees and dependents are rated based on EMPLOYEE zip code. Age rate adjustments occur at renewal. Out of state employees are rated based on EMPLOYER zip code. Composite rates are not available.		
<b>Contribution</b>	Minimum 50% of employee rate. <i>If employer contributes 100% toward EE premiums, 100% participation is required.</i>		
<b>Participation</b>	Minimum 75% of eligible employees		
<b>Split Carrier Participation</b>	Minimum 75% of eligible employees with at least 1 enrolled in CalCPA. Kaiser enrollees are considered valid waivers.		
<b>Carve-Outs</b>	Not allowed.		
<b>COBRA/Cal-COBRA</b>	No maximum.		
<b>Employee Only Coverage</b>	This is not allowed as part of their contract, however they allow the employer to control dependent eligibility. If a dependent is listed on an EE application they will be enrolled. Dependent waivers will be required.		
<b>Owner Only Groups</b>	Not allowed. Must have at least one W-2 employee eligible for coverage. Husband/wife groups are allowed with at least one being a W-2 employee.		
<b>Ineligible Employees</b>	1099s, seasonal, substitute, temporary and leased employees.		
<b>Out-of-State Employees</b>	49% maximum.		
<b>Newly Formed Groups</b>	Must provide 30 days payroll. First available DE-9C will be required after the quarter has passed		
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> </ul>		

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**PRODUCT OFFERINGS**

<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is indicated in the plan name.																								
<b>Product Combinations</b>	Employer may offer one or two-adjacent metallic levels. Full and limited networks may be offered together within the metal tier.																								
<b>Split Carrier Product Combinations</b>	Not allowed.																								
<b>Networks</b>	<table border="0"> <tr> <td><u>HMO</u></td> <td><u>HMO</u></td> <td><u>PPO</u></td> </tr> <tr> <td>Aetna Value Network (Narrow)</td> <td>Sharp Premier (Narrow)</td> <td>Anthem Advantage PPO (Narrow)</td> </tr> <tr> <td>Aetna HMO Deductible (Narrow)</td> <td>Sharp Performance (Narrow)</td> <td>Anthem SELECT PPO (Narrow)</td> </tr> <tr> <td>Aetna Basic HMO (Narrow)</td> <td>WHA Full (Full)</td> <td>Health Net PPO (Full)</td> </tr> <tr> <td>Anthem Select HMO (Narrow)</td> <td>UHC Signature (Full)</td> <td></td> </tr> <tr> <td>Health Net Salud HMO y Mas (Smallest)</td> <td>UHC Advantage (Narrow)</td> <td><u>EPO</u></td> </tr> <tr> <td>Health Net WholeCare HMO (Narrow)</td> <td>UHC Alliance (Smallest)</td> <td>Anthem Prudent Buyer PPO (Full)</td> </tr> <tr> <td>Kaiser HMO (Full)</td> <td></td> <td></td> </tr> </table> <p><i>Note: Not all plans are available with all networks. Health Net PPO is only available to CA enrollees. UHC HMO plans are available beginning with August 2014 effective dates.</i></p>	<u>HMO</u>	<u>HMO</u>	<u>PPO</u>	Aetna Value Network (Narrow)	Sharp Premier (Narrow)	Anthem Advantage PPO (Narrow)	Aetna HMO Deductible (Narrow)	Sharp Performance (Narrow)	Anthem SELECT PPO (Narrow)	Aetna Basic HMO (Narrow)	WHA Full (Full)	Health Net PPO (Full)	Anthem Select HMO (Narrow)	UHC Signature (Full)		Health Net Salud HMO y Mas (Smallest)	UHC Advantage (Narrow)	<u>EPO</u>	Health Net WholeCare HMO (Narrow)	UHC Alliance (Smallest)	Anthem Prudent Buyer PPO (Full)	Kaiser HMO (Full)		
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Kaiser HMO (Full)																									
<b>Drug Formulary Options</b>	<p>Aetna: 4-tier Essential Drug List. Drugs not on the formulary list will not be covered.</p> <p>Anthem: 4-tier Select Drug List (Narrow drug list).</p> <p>Health Net: 4-tier Essential Rx drug list. Drugs not on the recommended list would subject to tier 3 cost sharing.</p> <p>Kaiser: 2-tier Formulary. Drugs not on the formulary list will not be covered.</p> <p>Sharp: 4-tier Formulary. Drugs not on the recommended list would be subject to non-formulary tier cost sharing.</p> <p>UHC: 4-tier Formulary. Drugs not on the formulary list must have prior authorization &amp; will be subject to tier 3 cost sharing.</p>																								
<b>HRA &amp; Wrap</b>	Not allowed.																								
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. Benefit level varies by plan type and carrier.																								
<b>Taxes &amp; Fees</b>	Included in the group premium.																								
<b>Riders</b>	Chiropractic, Chiropractic & Acupuncture																								

**ELIGIBILITY**

<b>Group Size</b>	2-50 eligible and enrolled. DE-9C required.
<b>Rate Guarantee</b>	12 months.
<b>Rates</b>	<p><u>Effective 2014:</u> Employees and out of state dependents are rated based on EMPLOYEE zip code. Out of state employees are rated based on EMPLOYER zip code.</p> <p><u>Effective 2015:</u> Employees rated based on EMPLOYER zip code. Plan availability based on Employee zip code.</p> <p><u>All Groups:</u> Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of enrollment.</p> <p>Billing Fee, per billing location, per month: 1-8 EEs: \$20 per month. 9-20 EEs: \$25 per month. 21-50 EEs: \$30 per month</p>
<b>Contribution</b>	Minimum 50% of the lowest cost plan available to the employee based on employee zip code. Fixed dollar amount option available.
<b>Participation</b>	<p>1-2 employees: 100% of eligible employees</p> <p>3-50 employees: Minimum 70% of eligible employees, with a minimum 2 enrolling.</p> <p><i>If employer contributes 100% toward EE premium, then 100% participation is required (including those with other group coverage)</i></p>
<b>Split Carrier Participation</b>	Not allowed.
<b>Carve-Outs</b>	Not allowed. Union employees are considered ineligible.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	This is not allowed as part of their contract, however they allow the employer to control dependent eligibility. If a dependent is listed on an EE application they will be enrolled. Dependent waivers will be required.
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C and enrolled in medical.
<b>Ineligible Employees</b>	1099, commissioned, permanent EEs eligible for medical health care coverage offered by or through a labor union, part-time, seasonal, temporary or substitute and EEs on a leave of absence not categorized as FMLA, Workers Compensation or Military.
<b>Out-of-State Employees</b>	49% maximum.
<b>Newly Formed Groups</b>	Must be in business a minimum of 6 weeks.
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> </ul> <p><u>Effective 2015:</u></p> <ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> <li>• 1st of the month following 60 days from date of hire</li> </ul>

CHINESE COMMUNITY HEALTH PLAN (CCHP)	
PRODUCT OFFERINGS	
<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is NOT indicated in the plan name.
<b>Product Combinations</b>	Employers with less than 5 enrolled may offer a single plan option. Employers with 5+ enrolled may offer one or two-adjacent metallic levels.
<b>Split Carrier Product Combinations</b>	Single plan only.
<b>Networks</b>	<u>HMO</u> CCHP HMO Network (Full)  <i>Available to groups in San Francisco and Northern San Mateo counties.</i>
<b>Drug Formulary Options</b>	2-tier Formulary. Drugs not on the formulary list will not be covered.
<b>HRA &amp; Wrap</b>	Groups may not directly fund and/or reimburse employees for any CCHP deductibles, coinsurance or copayments. This includes employer reimbursements of employee cost sharing through employee FSA or limited purposes FSA plans. Exceptions to this rule are subject to prior approval of the plan by CCHP. If CCHP approves an FSA or HRA, the following rules will apply: <ul style="list-style-type: none"> <li>• The group is responsible for identifying an administrator and paying all set-up and ongoing fees.</li> <li>• The group may fund up to 100% of the subscriber's deductible. No minimum funding requirements are imposed by CCHP.</li> <li>• Self-employed individuals and their families are not eligible to enroll in a HRA, as stated in IRS Code Section 105(b). Employees of LLC, partnership, sole proprietorship and S-Corporation business types are eligible to enroll in a HRA offering</li> </ul>
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan.
<b>Taxes &amp; Fees</b>	Included in the group premium.
<b>Riders</b>	None.
ELIGIBILITY	
<b>Group Size</b>	1-50 eligible and enrolled. DE-9C required. Employer must be located within the CCHP service area. If the company is in CA but outside the CCHP service area, only employees residing and/or working at a satellite location of the company within the CCHP service area will be eligible for coverage.
<b>Rate Guarantee</b>	12 months.
<b>Rates</b>	Rates for employees and dependents (regardless of location) are based on EMPLOYEE zip code. Out of state employees are rated based on EMPLOYER zip code. Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of enrollment.
<b>Contribution</b>	Minimum 50% of employee rate. May be tied to the lowest priced plan. <i>If employer contributes 100% toward EE premiums, 100% participation is required.</i>
<b>Participation</b>	1-5 eligible employees: 100% of eligible employees 6-20 eligible employees: 50% of eligible employees 21+ eligible employees: 30% of eligible employees <i>If employer contributes 100% toward employee premium, then 100% participation is required. Employer may choose to calculate participation only based on the total number of eligible employees residing in the service area.</i>
<b>Split Carrier Participation</b>	1-5 eligible employees: 100% of eligible employees must enroll in an offered plan option 6-20 eligible employees: 50% of eligible employees must enroll in an offered plan option 21+ eligible employees: 30% of eligible employees must enroll in an offered plan option <i>If employer contributes 100% toward employee premium, then 100% participation is required. Contribution must not financially discriminate against CCHP or people who choose to enroll in CCHP.</i>
<b>Carve-Outs</b>	Not allowed. If the total population (union+non-union employees) is no more than 50, then union employees covered through a collective bargaining agreement will be considered ineligible for coverage. Group must submit the collective bargaining agreement showing contributions to the trust fund, and the statement of ERISA rights from the union trust SPD.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	Not allowed.
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C and enrolling in a medical plan offered by the employer.
<b>Ineligible Employees</b>	Seasonal/temporary/substitute EEs, leased EEs, 1099's, part-time EEs working less than 20 hours per week, retirees, union EEs.
<b>Out-of-State Employees</b>	None.
<b>Newly Formed Groups</b>	Must be in business at least 6 weeks, however CCHP may require that group be in business 50% of prior calendar quarter/year.
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> <li>• 1st of the month following 60 days from date of hire</li> </ul>

**COVERED CALIFORNIA SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP)**
**PRODUCT OFFERINGS**

<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is indicated in the plan name.															
<b>Product Combinations</b>	Employer may offer one or two-adjacent metallic levels. Employees may elect any plan/carrier within the offered metal tier(s).															
<b>Split Carrier Product Combinations</b>	Not available.															
<b>Networks</b>	<table border="0"> <tr> <td><u>HMO</u></td> <td></td> <td><u>PPO</u></td> </tr> <tr> <td>Blue Shield Exclusive HMO (regions 2-5, 12, 14-19)</td> <td>Sharp Health Plan Performance (region 19)</td> <td>Blue Shield (all regions)</td> </tr> <tr> <td>Blue Shield Full HMO (regions 1, 6, 11, 13)</td> <td>Sharp Health Plan Premier (region 19)</td> <td>Health Net (all regions)</td> </tr> <tr> <td>Chinese Community Health Plan (regions 4, 8)</td> <td>Western Health Advantage (regions 1, 2, 3)</td> <td></td> </tr> <tr> <td>Kaiser Permanente (all regions)</td> <td></td> <td></td> </tr> </table>	<u>HMO</u>		<u>PPO</u>	Blue Shield Exclusive HMO (regions 2-5, 12, 14-19)	Sharp Health Plan Performance (region 19)	Blue Shield (all regions)	Blue Shield Full HMO (regions 1, 6, 11, 13)	Sharp Health Plan Premier (region 19)	Health Net (all regions)	Chinese Community Health Plan (regions 4, 8)	Western Health Advantage (regions 1, 2, 3)		Kaiser Permanente (all regions)		
<u>HMO</u>		<u>PPO</u>														
Blue Shield Exclusive HMO (regions 2-5, 12, 14-19)	Sharp Health Plan Performance (region 19)	Blue Shield (all regions)														
Blue Shield Full HMO (regions 1, 6, 11, 13)	Sharp Health Plan Premier (region 19)	Health Net (all regions)														
Chinese Community Health Plan (regions 4, 8)	Western Health Advantage (regions 1, 2, 3)															
Kaiser Permanente (all regions)																
<b>Drug Formulary Options</b>	<p>Blue Shield: 4-tier Formulary.</p> <p>Health Net: 4-tier Essential Rx drug list. Drugs not on the recommended list would be subject to tier 3 cost sharing.</p> <p>Kaiser: 2-tier Formulary. Drugs not on the formulary list will not be covered.</p> <p>Sharp: 4-tier Formulary. Drugs not on the recommended list would be subject to non-formulary tier cost sharing.</p> <p>WHA: 4-tier Preferred Drug List</p>															
<b>HRA &amp; Wrap</b>	Not allowed.															
<b>Pediatric Dental &amp; Vision</b>	<p><u>Pediatric Dental 2014 effective dates:</u> Must be quoted separately from the medical plan as a standalone dental plan. Rate is only applied to child rate. Multiple carriers and plan options are available.</p> <p><u>Pediatric Dental 2015 effective dates:</u> CCHP, Sharp &amp; WHA: Benefits and rates are embedded in the medical plan. All other carriers: Must be quoted separately from the medical plan as a standalone dental plan. Rate is only applied to child rate. Multiple carriers and plan options are available.</p> <p><u>Pediatric Vision</u> Benefits and rates are embedded in the medical plan.</p>															
<b>Taxes &amp; Fees</b>	Included in the group premium.															
<b>Riders</b>	None															
<b>ELIGIBILITY</b>																
<b>Group Size</b>	1-50 eligible and enrolled. DE-9C required.															
<b>Rate Guarantee</b>	12 months.															
<b>Rates</b>	<p><u>2014 effective dates:</u> Rates for employees and dependents (regardless of location) are based on EMPLOYEE zip code. Out of state employees are rated based on EMPLOYER zip code.</p> <p><u>2015 effective dates:</u> Employees rated based on EMPLOYER zip code.</p> <p><u>All Groups:</u> Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of last group effective/renewal date.</p>															
<b>Contribution</b>	Minimum 50% of employee premium tied to a specific plan within the offered metal tier. Defined contribution is not available.															
<b>Participation</b>	<p>1-3 eligible employees: 100% of eligible employees</p> <p>4-50 eligible employees: 70% of eligible employees</p> <p><i>If employer contributes 100% toward employee premium, then 100% participation is required.</i></p>															
<b>Split Carrier Participation</b>	Not allowed.															
<b>Carve-Outs</b>	Not allowed. Union employees will not count against participation.															
<b>COBRA/Cal-COBRA</b>	No maximum.															
<b>Employee Only Coverage</b>	Employers may offer employee-only coverage.															
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C.															
<b>Ineligible Employees</b>	Seasonal/temporary employees, 1099's, part-time employees working less than 20 hours per week, retirees, union employees.															
<b>Out-of-State Employees</b>	No more than 49% of employees can reside outside of California. Employer may choose to exclude out-of-state employees from eligibility; if determined not eligible then they are excluded from participation calculations.															
<b>Newly Formed Groups</b>	Employers must be able to meet eligibility requirements in Step 1 of the employer application based on company structure. If DE-9C is not available, employer must provide 30 days of payroll records.															
<b>Waiting Period Options</b>	Covered CA SHOP does not monitor or require waiting period information from employers. The employer may apply a waiting period of no more than 60 days and an orientation period of no more than 30 days. Employees must be enrolled 1st of the month prior to 90 days. Covered CA SHOP does not offer exact day enrollment.															

HEALTH NET									
<b>PRODUCT OFFERINGS</b>									
<b>Metal Levels</b>	All plans are assigned a metal level. Level is indicated in the plan name.								
<b>Product Combinations</b>	Single plan: Employer may offer any single plan. Enhanced Choice: Available with 2+ enrolled. Employer may offer all plans and all networks.								
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above.								
<b>Networks</b>	<table border="0"> <tr> <td><u>HMO</u></td> <td><u>PPO</u></td> </tr> <tr> <td>WholeCare HMO (Narrow)</td> <td>PPO Network (Full)</td> </tr> <tr> <td>SmartCare HMO (Narrow) Available beginning 12/1/14</td> <td></td> </tr> <tr> <td>Salud HMO y Mas (Narrow)</td> <td></td> </tr> </table> <p><i>Note: Plans are assigned to a specific network option.</i></p>	<u>HMO</u>	<u>PPO</u>	WholeCare HMO (Narrow)	PPO Network (Full)	SmartCare HMO (Narrow) Available beginning 12/1/14		Salud HMO y Mas (Narrow)	
<u>HMO</u>	<u>PPO</u>								
WholeCare HMO (Narrow)	PPO Network (Full)								
SmartCare HMO (Narrow) Available beginning 12/1/14									
Salud HMO y Mas (Narrow)									
<b>Drug Formulary Options</b>	4-tier Essential Rx drug list. Drugs not on the recommended list would be subject to tier 3 cost sharing.								
<b>HRA &amp; Wrap</b>	No restrictions.								
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. Benefit level varies by plan type. Dental: HMO plans use the Health Net HMO dental network. PPO plans use the Health Net PPO dental network. Vision: All plans use the EyeMed network.								
<b>Taxes &amp; Fees</b>	Included in the group premium. Excluded for broker commission purposes								
<b>Riders</b>	<p><u>Chiropractic Rider</u> Available on HMO and Salud HMO y Mas plans. If elected by the employer, will apply to all offered HMO plans.</p> <p><u>Infertility Rider</u> Available on all plans. If elected by the employer, will apply to all offered HMO and PPO plans.</p>								
<b>ELIGIBILITY</b>									
<b>Group Size</b>	2–50 eligible and 1 enrolled. DE-9C required.								
<b>Rate Guarantee</b>	12 months.								
<b>Rates</b>	<p><u>2014 effective dates:</u> Rates for employees and dependents (regardless of location) are based on EMPLOYEE zip code. Out of state employees are rated based on EMPLOYER zip code.</p> <p><u>2015 effective dates:</u> Employees rated based on EMPLOYER zip code.</p> <p><u>All Groups:</u> Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of last group effective/renewal date.</p>								
<b>Contribution</b>	Minimum 50% of employee cost, or Fixed-dollar Option of \$100 or more of employee cost. May be tied to the lowest cost plan (Excluding Salud).								
<b>Participation</b>	<p>1-5 eligible: Minimum 70% of eligible employees. 6-50 eligible: Minimum 50% of eligible employees.</p> <p><i>If employer contributes 100% toward employee premium, then 100% participation is required.</i></p>								
<b>Split Carrier Participation</b>	Health Net is not required to be sole carrier as long as participation guidelines are met.								
<b>Carve-Outs</b>	Not allowed, including union/non-union. If the total population (union+non-union employees) is no more than 50 for 50% of the prior calendar quarter/year, then union employees covered through a labor fund will be considered valid waivers.								
<b>COBRA/Cal-COBRA</b>	No maximum.								
<b>Employee Only Coverage</b>	This is not allowed as part of their contract, however they allow the employer to control dependent eligibility. If a dependent is listed on an EE application they will be enrolled. Dependent waivers will be required.								
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, “common law” employee on the DE-9C.								
<b>Ineligible Employees</b>	Part-time working less than 20 hours, temporary, seasonal or substitute employees, 1099 contractors, retirees, and statutory non-employees.								
<b>Out-of-State Employees</b>	No more than 49% of the eligible and enrolled population may be out of state.								
<b>Newly Formed Groups</b>	<p>1-5 active subscribers: must be in business 50% of the prior calendar quarter/year. 6-50 active subscribers: must be in business a minimum of 6 weeks.</p>								
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 1 month from date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> <li>• 1st of the month following 60 days from date of hire</li> </ul>								



KAISER PERMANENTE			
PRODUCT OFFERINGS			
<b>Metal Levels</b>	All plans are assigned a metal level. Level is indicated in the plan name.		
<b>Product Combinations</b>	<p>3+ enrolled: May offer one or two plans.            6+ enrolled: May offer one or more plans.</p> <p>Groups of 4+ enrolling may offer Kaiser PPO. When offering Kaiser PPO, employer must ensure that at least 70% of Kaiser enrolled employees are covered by a copayment plan and/or deductible HMO plans (including HSA and HRA designs). PPO enrollment must represent no more than 30% of enrolled subscribers. Kaiser must be the sole carrier offered.</p>		
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above.		
<b>Networks</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>HMO</u> Kaiser network (Full)</td> <td style="width: 50%;"><u>PPO</u> Private Healthcare Systems (PHCS) network (Full)</td> </tr> </table>	<u>HMO</u> Kaiser network (Full)	<u>PPO</u> Private Healthcare Systems (PHCS) network (Full)
<u>HMO</u> Kaiser network (Full)	<u>PPO</u> Private Healthcare Systems (PHCS) network (Full)		
<b>Drug Formulary Options</b>	<p>HMO plans use the Kaiser Formulary. Drugs not on the formulary list will not be covered.            PPO plans do not have a formulary however select prescription drugs may be excluded from coverage.</p>		
<b>HRA &amp; Wrap</b>	<p>Employers may not fund or reimburse deductibles, coinsurance or copayments except in the following circumstances:</p> <ul style="list-style-type: none"> <li>• employers who choose a Kaiser deductible HMO plan with HRA can contribute to the HRA up to 100% of the deductible.</li> <li>• employers can fund an employees HSA only if the employee is enrolled in an HSA-qualified deductible HMO plan.</li> <li>• deductible funding restrictions do not apply to PPO plans.</li> </ul>		
<b>Pediatric Dental &amp; Vision</b>	<p>For quoting purposes on all plans: Benefits and rates are embedded in the medical plan.  <u>Pediatric Dental</u>: Delta Dental of California. HMO plan use the DeltaCare HMO network. PPO plans use the Delta PPO network.  <u>Pediatric Vision</u>: Benefits and rates are embedded in the medical plan.</p>		
<b>Taxes &amp; Fees</b>	Included in the group premium.		
<b>Riders</b>	<p><u>Chiropractic and Acupuncture Plan</u>            \$15 copay, maximum 20 visits/year. HMO plans: Available through American Specialty Health Plans (ASH) network.            PPO plans: Available through Private Healthcare Systems (PHCS) network</p>		
ELIGIBILITY			
<b>Group Size</b>	1–50 eligible and enrolled. DE-9C required.		
<b>Rate Guarantee</b>	12 months.		
<b>Rates</b>	<p><u>2014 effective dates</u>: Rates based on EMPLOYEE zip code.  <u>2015 effective dates</u>: Rates based on EMPLOYER zip code. If employer is outside the service area then employees are considered to work outside the service area and only employees who live in the service area are eligible; they will be assigned to rating area 4, though Kaiser may designate a different rating area.  <u>All Effective Dates</u>: Out of area member premiums are based on the most expensive rating area(s), which are rating areas 4, 7 and 8. Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of last group effective/renewal date.</p>		
<b>Contribution</b>	Percentage or Fixed dollar: Minimum 50% of EE premium. May be applied to the lowest cost plan or any plan offered.		
<b>Participation</b>	Minimum 70% of eligible employees must be covered by any group health plan. Owners do not count toward participation.		
<b>Split Carrier Participation</b>	Minimum 70% of eligible employees must be covered by any group health plan. Owners do not count toward participation.		
<b>Carve-Outs</b>	Not allowed. When union employees receive health coverage through the union trust fund established by a collective bargaining agreement, then only non-union employees are eligible for coverage.		
<b>1099's</b>	Not eligible.		
<b>COBRA/Cal-COBRA</b>	No maximum.		
<b>Employee Only Coverage</b>	Employers may elect to offer employee-only coverage.		
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, “common law” employee on the DE-9C and enrolled in medical.		
<b>Ineligible Employees</b>	Part-time working less than 20 hours, temporary, seasonal or substitute employees, 1099 contractors, and retirees.		
<b>Out-of-State Employees</b>	HMO members living or traveling out of area are covered for emergency services outside the KP service area. PPO plans are available for out of area and out-of-state employees per multiple plan rules: Minimum 4 enrolling subscribers. No more than 30% of enrollment may be on a PPO plan. Kaiser must be the sole carrier offered for medical coverage. If employer is located in California, but outside the Kaiser service area, only employees residing in the service area will be eligible for coverage.		
<b>Newly Formed Groups</b>	Must be in business at least 6 weeks, however Kaiser may require that group be in business 50% of prior calendar quarter/year.		
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> <li>• 60 days exact (premiums will be prorated; monthly premium is divided by number of days in the month. Member is charged daily premium rate x days enrolled in the month)</li> </ul>		

**SHARP HEALTH PLAN**

**PRODUCT OFFERINGS**

<b>Metal Level Identification</b>	All plans are assigned a metal level. Level is NOT indicated in the plan name.
<b>Product Combinations</b>	Groups with 1-5 enrolling may offer a single plan. Groups with 6+ enrolling may offer multiple plans. Only the Choice network may be offered alongside another Sharp network. HMO/PPO Combination rules: PPO coverage may be offered with a minimum 15 active enrolled members and 15% maximum participation on the PPO Plan (rounded up). The Choice network may be written alongside the Value or Performance networks. May offer a Hi/Low combination only; maximum of 2 HMO plans. <i>Note for all, in Riverside the Choice network must be offered.</i>
<b>Split Carrier Product Combinations</b>	Single plan and network option only.
<b>Networks</b>	HMO Choice (Full)                      Performance (Narrow) Value (Narrow)                      Premier (Narrow, select zip codes only) <i>Note: All plans are available with all networks. Performance &amp; Premier networks: group must be headquartered within specific San Diego county zip codes.</i>
<b>Drug Formulary Options</b>	4-tier Formulary. Drugs not on the recommended list would be subject to non-formulary tier cost sharing.
<b>HRA &amp; Wrap</b>	Not allowed.
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. HMO plans use the Premier Access Dental HMO provider network.
<b>Taxes &amp; Fees</b>	Included in the group premium.
<b>Riders</b>	<u>Assisted Reproductive Technologies Rider (ART)</u> : Available to groups with 20+ employees. Copayments equal to 50% coinsurance of covered infertility services. <u>Chiropractic, Acupuncture, or Chiropractic+Acupuncture Rider</u> : Available to all groups, services provided by ASHP. Multiple copay/visit limit designs available. <u>Vision Rider</u> : Available to all groups, services provided by Vision Service Plan (VSP). Multiple plan designs available.

**ELIGIBILITY**

<b>Group Size</b>	1-50 eligible. DE-9C Required.
<b>Rate Guarantee</b>	12 months
<b>Rates</b>	<u>2014 effective dates</u> : Non-Mirrored plans: Employees rated based on EMPLOYER zip code. Mirrored plans: Employees rated based on EMPLOYEE zip code. <u>2015 effective dates</u> : Rates based on EMPLOYER zip code. <u>All Effective Dates</u> : Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on the age at time of enrollment.
<b>Contribution</b>	Minimum 50% of employee only premium, or defined contribution of \$100 or more per employee.
<b>Participation</b>	Minimum 70% of eligible employees. <i>If employer contributes 100% toward employee premium, then 100% participation is required.</i>
<b>Split Carrier Participation</b>	10-15 eligible: Minimum 10 enrolled. 16+ eligible: Minimum 50% or 10 enrolled, whichever is greater. <i>May not wrap alongside CaliforniaChoice. Sharp Health Plan PPO is not available alongside another carrier.</i>
<b>Carve-Outs</b>	Class carve-outs are subject to underwriting approval. Requires minimum of 5 enrolled and 100% participation.
<b>1099's</b>	1099 employees must appear on prior carrier bill. Form 1040 Schedule C and form 1099 miscellaneous for the prior year are required. No more than 25% of the group may be 1099 employees.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	Allowed.
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C as eligible.
<b>Ineligible Employees</b>	Retirees, part time (unless SB1790 eligible), domestic help, leased EEs or EEs part of a co-employment PEO relationship.
<b>Out-of-State Employees</b>	Not allowed. Coverage available for emergency only while traveling.
<b>Newly Formed Groups</b>	Must be in business 45 days.
<b>Waiting Period Options</b>	Sharp does not monitor or require waiting period information from employers. Employers will be required to provide waiting period information only if they are electing a PPO medical and/or a dental option as it is required by Sharp's vendor partners. The employer may apply a waiting period of no more than 90 days. Members may be enrolled 1st of the month following the waiting period or exact date following the waiting period*. <i>* Members enrolling prior to the 15th of the month will be charged a full months premium. Members enrolling from the 15th on will not be charged until the following month.</i>

UNITEDHEALTHCARE (2014)			
PRODUCT OFFERINGS			
<b>Metal Levels</b>	All plans are assigned a metal level. Level is not indicated in the plan name, refer to UHC product grid/catalog for details.		
<b>Product Combinations</b>	Choice Simplified Portfolio: Employers may offer all plans and networks; no restrictions. Multi-Choice State Portfolio: Employers may offer all plans and networks; no restrictions. Plans are designed to match the CA Exchange plans and are available on a limited basis. Plans are limited to in-network coverage only.		
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above. Employer may only offer a staff model HMO.		
<b>Networks</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>HMO</u> Signature (Full) Advantage (Narrow) Alliance (Hi-Performance)         </td> <td style="width: 50%; vertical-align: top;"> <u>Insurance (PPO)</u> Select Plus (Full)         </td> </tr> </table>	<u>HMO</u> Signature (Full) Advantage (Narrow) Alliance (Hi-Performance)	<u>Insurance (PPO)</u> Select Plus (Full)
<u>HMO</u> Signature (Full) Advantage (Narrow) Alliance (Hi-Performance)	<u>Insurance (PPO)</u> Select Plus (Full)		
<b>Drug Formulary Options</b>	HMO plans use 4-tier OptumRx Formulary. Drugs not on the formulary list must have prior authorization and will be subject to tier 3 cost sharing. PPO plans use the 4-tier Prescription Drug List (PDL). Drugs not on the formulary list will not be covered.		
<b>HRA &amp; Wrap</b>	Not allowed. Gap or self-funded plans are not permitted alongside any UnitedHealthcare medical plan.		
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. HMO plans use the CA Select Managed Care DHMO network. PPO plans use the National Options PPO 30 network.		
<b>Taxes &amp; Fees</b>	Included in the group premium.		
<b>Riders</b>	<u>Chiropractic Rider</u> : Available on HMO plans (excludes HMO HSA). Available through ACN Group of California, Inc. \$10 copay, maximum 30 visits/year.		
ELIGIBILITY			
<b>Group Size</b>	1-50 eligible. DE-9C required.		
<b>Rate Guarantee</b>	12 months		
<b>Rates</b>	Employees rated based on EMPLOYER zip code. Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on: age at time of last group effective/renewal date for HMO plans, and age as of enrollment date for PPO plans.		
<b>Contribution</b>	Minimum 50% of employee rate.		
<b>Participation</b>	Minimum 75% of eligible employees. Effective dates through March 2015, groups can qualify with 25% of eligible if there are 5 or more enrolling employees (Note that UHC reserves the right to cancel this promotion at any time). <i>If employer contributes 100% toward employee premium, then 100% participation is required.</i>		
<b>Split Carrier Participation</b>	Choice Simplified: Minimum 75% of eligible employees must enroll in UnitedHealthcare and the staff model with a minimum of 5 California enrollees as UnitedHealthcare enrollees (excluding COBRA participants). Multi-Choice State: Minimum 75% of eligible employees.		
<b>Carve-Outs</b>	Not allowed. Union/Non-union: Union employees are considered ineligible if they are a Taft Hartley union with hour banked EEs. Must have 5 non-union enrolling. In determining group size both the Union and Non-union are considered.		
<b>COBRA/Cal-COBRA</b>	No maximum.		
<b>Employee Only Coverage</b>	This is not allowed as part of their contract, however they allow the employer to control dependent eligibility. If a dependent is listed on an EE application they will be enrolled. Dependent waivers will be required.		
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C as eligible.		
<b>Ineligible Employees</b>	Retirees, 1099s, leased/staffed employees, members of organizations (fraternal/credit union), part-time, seasonal/temporary/substitute employees, domestic households.		
<b>Out-of-State Employees</b>	No more than 49% may work outside of California. No more than 25% of the group may be located in Vermont/Minnesota. Groups with more than 49% out of California should refer to the Multi-Site guidelines.		
<b>Newly Formed Groups</b>	Must be in business 50% of the prior calendar quarter/year.		
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days</li> <li>• 1st of the month following 60 days</li> </ul>		

**UNITEDHEALTHCARE (EFFECTIVE JANUARY 2015)**
**PRODUCT OFFERINGS**

<b>Metal Levels</b>	All plans are assigned a metal level. Level is not indicated in the plan name, refer to UHC product grid/catalog for details.								
<b>Product Combinations</b>	Choice Simplified Portfolio: Employers may offer all plans and networks; no restrictions. Multi-Choice State Portfolio: Employers may offer all plans and networks; no restrictions. Plans are designed to match the CA Exchange plans and are available on a limited basis. Plans are limited to in-network coverage only.								
<b>Split Carrier Product Combinations</b>	Same as Product Combinations above. Employer may only offer a staff model HMO.								
<b>Networks</b>	<table border="0"> <tr> <td><u>HMO</u></td> <td><u>Insurance (PPO)</u></td> </tr> <tr> <td>Signature (Full)</td> <td>Select Plus (Full)</td> </tr> <tr> <td>Advantage (Narrow)</td> <td></td> </tr> <tr> <td>Alliance (Hi-Performance)</td> <td></td> </tr> </table>	<u>HMO</u>	<u>Insurance (PPO)</u>	Signature (Full)	Select Plus (Full)	Advantage (Narrow)		Alliance (Hi-Performance)	
<u>HMO</u>	<u>Insurance (PPO)</u>								
Signature (Full)	Select Plus (Full)								
Advantage (Narrow)									
Alliance (Hi-Performance)									
<b>Drug Formulary Options</b>	HMO plans use 4-tier OptumRx Formulary. Drugs not on the formulary list must have prior authorization and will be subject to tier 3 cost sharing. PPO plans use the 4-tier Prescription Drug List (PDL). Drugs not on the formulary list will not be covered.								
<b>HRA &amp; Wrap</b>	Not allowed. Gap or self-funded plans are not permitted alongside any UnitedHealthcare medical plan.								
<b>Pediatric Dental &amp; Vision</b>	Benefits and rates are embedded in the medical plan. HMO plans use the CA Select Managed Care DHMO network. PPO plans use the National Options PPO 30 network.								
<b>Taxes &amp; Fees</b>	Included in the group premium.								
<b>Riders</b>	<u>Infertility Rider</u> : Available on all plans.								

**ELIGIBILITY**

<b>Group Size</b>	1-50 eligible. DE-9C required.
<b>Rate Guarantee</b>	12 months
<b>Rates</b>	Employees rated based on EMPLOYER zip code. Age rate adjustments occur at renewal. Composite rates are not available. New hires are rated based on: age at time of last group effective/renewal date for HMO, and age as of enrollment date for PPO.
<b>Contribution</b>	Minimum 50% of employee rate.
<b>Participation</b>	Minimum 75% of eligible employees. Effective dates through March 2015, groups can qualify with 25% of eligible if there are 5 or more enrolling employees (Note that UHC reserves the right to cancel this promotion at any time). <i>If employer contributes 100% toward employee premium, then 100% participation is required.</i>
<b>Split Carrier Participation</b>	Choice Simplified: Minimum 75% of eligible employees must enroll in UnitedHealthcare and the staff model with a minimum of 5 California enrollees as UnitedHealthcare enrollees (excluding COBRA participants). Multi-Choice State: Minimum 75% of eligible employees.
<b>Carve-Outs</b>	Not allowed. Union/Non-union: Union employees are considered ineligible if they are a Taft Hartley union with hour banked EEs. Must have 5 non-union enrolling. In determining group size both the Union and Non-union are considered.
<b>1099's</b>	Employers may choose to cover 1099's. 1099's must be working for the company full-time on a year-round basis a minimum of 30 hours per week. If elected, coverage must be offered to all 1099's. The employer must have at least one owner or regular, taxed employee who is eligible for coverage (they are not required to enroll). UHC must be the sole carrier offered.
<b>COBRA/Cal-COBRA</b>	No maximum.
<b>Employee Only Coverage</b>	This is not allowed as part of their contract, however they allow the employer to control dependent eligibility. If a dependent is listed on an EE application they will be enrolled. Dependent waivers will be required.
<b>Owner Only Groups</b>	Not allowed. Must have at least one non-spouse, "common law" employee on the DE-9C as eligible.
<b>Ineligible Employees</b>	Retirees, leased/staffed employees, members of organizations (fraternal/credit union), part-time, seasonal/temporary/substitute employees, domestic households.
<b>Out-of-State Employees</b>	No more than 25% of the group may be located in Vermont/Minnesota. Groups with more than 49% out of California should refer to the Multi-Site guidelines.
<b>Newly Formed Groups</b>	Must be in business 50% of the prior calendar quarter/year.
<b>Waiting Period Options</b>	<ul style="list-style-type: none"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days</li> <li>• 1st of the month following 60 days</li> </ul>

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