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#### **Remain with Same Carrier**

Eligible Group !	Size
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Aetna	Anthem Blue Cross	CaliforniaChoice
• 1-100 FTEs	• 1-100 FTEs	• 1-100 FTEs
Health Net	Kaiser Permanente	UnitedHealthcare
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## **Employer Size Verification**

#### **Attestation Form**

Aetna	Anthem Blue Cross	CaliforniaChoice
Required	Required	<ul> <li>51-100 enrolled will receive a Small Group renewal BUT must qualify under new business underwriting requirements</li> </ul>
Health Net	Kaiser Permanente	UnitedHealthcare
Required	Required; must be submitted 60 days prior to renewal	Number of enrolled used OR Attestation Form plus full census. Must be returned at least 60 days prior to renewal

## Distributed to Employer

Aetna	Anthem Blue Cross	CaliforniaChoice
• 120-180 days prior to renewal	120 days prior to renewal; again at 90 days if no response	<ul> <li>51-100 enrolled will receive a Small Group renewal BUT must qualify under new business underwriting requirements</li> </ul>
Health Net	Kaiser Permanente	UnitedHealthcare
150 days prior to renewal	<ul> <li>Group request from Account Manager</li> <li>60 days prior to renewal</li> </ul>	90 days prior to renewal

#### Renewal Distribution

Aetna	Anthem Blue Cross	CaliforniaChoice
60 days prior to renewal	60 days prior to renewal	60 days prior to renewal
Health Net	Kaiser Permanente	UnitedHealthcare

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#### DE-9C

Aetna	Anthem Blue Cross	CaliforniaChoice
May be required	Not required	<ul> <li>Required; payroll may also be required when applicable</li> </ul>
Health Net	Kaiser Permanente	UnitedHealthcare

### **Application Requirements if Renewal Accepted As Is**

### **New ER Application**

Aetna	Anthem Blue Cross	CaliforniaChoice
Plan Sponsor Signature page required	Required along with an Electronic Debit Form for 1st month's premium	<ul> <li>Required; submission is considered a new group</li> </ul>
Health Net	Kaiser Permanente	UnitedHealthcare
Must be submitted with the Attestation	Required	No; Group Acceptance Form is required

#### **New EE Application**

Aetna	Anthem Blue Cross	CaliforniaChoice
Not required	<ul> <li>Required; Plan Change Request Form or detailed letter explaining what plans existing EEs are enrolling on</li> </ul>	Required; submission is considered a new group
Health Net	Kaiser Permanente	UnitedHealthcare
Not required	<ul> <li>Excel spreadsheet accepted in lieu of new applications</li> </ul>	Excel spreadsheet accepted in lieu of new applications

### **Application Requirements if Electing Different Plans**

#### **New ER Application**

Aetna	Anthem Blue Cross	CaliforniaChoice
Required	Required along with an Electronic Debit Form for 1st month's premium	Required
Health Net	Kaiser Permanente	UnitedHealthcare
Required	Required	Required

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## **New EE Applications**

Aetna	Anthem Blue Cross	CaliforniaChoice
Excel spreadsheet accepted in lieu of new applications	<ul> <li>Required; Excel spreadsheet accepted in lieu of new applications</li> </ul>	Required
Health Net	Kaiser Permanente	UnitedHealthcare
Excel spreadsheet accepted in lieu of new applications	<ul> <li>Excel spreadsheet accepted in lieu of new applications</li> </ul>	<ul> <li>Excel spreadsheet accepted in lieu of new applications</li> </ul>
Group Numbers		
Aetna	Anthem Blue Cross	CaliforniaChoice
No change	• New	• New
Health Net	Kaiser Permanente	UnitedHealthcare
• New	No change	• New
Member ID		
Aetna	Anthem Blue Cross	CaliforniaChoice
No change	• New	• New
Health Net	Kaiser Permanente	UnitedHealthcare
No change	No change	• New
Service Team		
Aetna	Anthem Blue Cross	CaliforniaChoice
Account Managers	<ul><li>1-50: 800 Service</li><li>51-100: Account Managers</li></ul>	Account Managers
Health Net	Kaiser Permanente	UnitedHealthcare
Account Managers	Account Managers	Account Managers
Ancillary Policies		
Aetna	Anthem Blue Cross	CaliforniaChoice
Transition to Small Group	Transition to Small Group	Transition to Small Group
Health Net	Kaiser Permanente	UnitedHealthcare
Transition to Small Group	<ul> <li>Dental only offered in Small Group, all other lines will terminate as of transfer</li> </ul>	Transition to Small Group

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#### **Move to New Carrier**

Eligible Group !	Size
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Aetna	Anthem Blue Cross	CaliforniaChoice
• 1-100 FTEs	• 1-100 FTEs	• 1-100 FTEs
Health Net	Kaiser Permanente	UnitedHealthcare

### **Employer Size Verification**

Aetna	Anthem Blue Cross	CaliforniaChoice
Small Employer Certification form required	Attestation Form required	Attestation Form MAY be required
Health Net	Kaiser Permanente	UnitedHealthcare

#### **Guarantee Issue Options**

### 50% Previous Calendar Qtr

Aetna	Anthem Blue Cross	CaliforniaChoice
• Yes	• No	• Yes
Health Net	Kaiser Permanente	UnitedHealthcare

#### 50% Previous Calendar Yr

Aetna	Anthem Blue Cross	CaliforniaChoice
• Yes	• Yes	• Yes
Health Net	Kaiser Permanente	UnitedHealthcare

## DE-9C/Payroll/Prior Carrier Bill

Aetna	Anthem Blue Cross	CaliforniaChoice
5+ Enrolled: Not required	3+ Enrolled: Prior carrier bill (2 weeks of payroll for any employee not listed on the bill)	<ul> <li>6+ Enrolled: Prior carrier bill; DE-9C required if no prior coverage; payroll required for enrolling Employees not listed on bill or a lapse in coverage of more than 3 months</li> </ul>
Health Net	Kaiser Permanente	UnitedHealthcare
5+ Enrolled: Not required	Not required	3+ Enrolled: Participation Certification form