

2019 Medical Underwriting Guidelines

Small Group	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice
Provider Directory	DocFind	Find a Doctor	Find a Provider	Provider Search
Group Size	1-100 FTEs	1-100 FTEs	1-100 FTEs	1-100 FTEs
DE-9C	<ul style="list-style-type: none"> 1-5 Enrolled: Required 6-100 Enrolled w/o Prior Coverage: Required 6-100 Enrolled w/ Prior Coverage: Not required 	<ul style="list-style-type: none"> Required 6-100 Enrolled: May submit carrier bill in lieu of DE-9C 	<ul style="list-style-type: none"> 1-4 Enrolled: Required 5+ Enrolled: Prior carrier bill and Eligibility/Participation Attestation form 	<ul style="list-style-type: none"> 1-9 Enrolled: Required 10-100 Enrolled: Prior carrier bill (less than 10% variance between enrollment and bill); DE-9C required if no prior coverage
Rate Adjustments	January, April, July, October	January, April, July, October	January, April, July, October	January, April, July, October
Rates	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Based on age at enrollment 	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Based on age at enrollment 	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Based on age at enrollment 	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Based on age at time of enrollment
Effective Date	<ul style="list-style-type: none"> 1st of month 15th of month (only if no prior coverage or prior carrier termination coincides) 	<ul style="list-style-type: none"> 1st of month 15th of month 	<ul style="list-style-type: none"> 1st of month 15th of month (PPO only; when group loses Medical coverage mid-month) 	<ul style="list-style-type: none"> 1st of month Groups with current Kaiser coverage may only apply at anniversary; must supply current group number, tax ID, and renewal date
Waiting Period	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 30 days 1st of month after 60 days Exactly 90 days If 1st of month DOH, effective date IS same day Orientation Period: Excluded Dual waiting periods are not allowed 	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 1 month 1st of month after 2 months If 1st of month DOH, effective date IS NOT same day Orientation Period: Excluded Dual waiting periods are not allowed 	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 30 days 1st of month after 60 days If 1st of month DOH, effective date IS NOT same day Orientation Period: Excluded Dual Waiting periods are not allowed 	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 30 days 1st of month after 60 days If 1st of month DOH, effective date IS NOT same day Orientation Period: Excluded Dual waiting periods are not allowed
Qualifying Event	60 days	60 days	60 days	60 days
Open Enrollment	<ul style="list-style-type: none"> Yes: Medical No: Dental 	Yes: All products	Yes: All products	Yes: Medical; other products with Medical
Eligibility	<ul style="list-style-type: none"> Full-Time: 30+ hrs/week Part-Time: 20+ hrs/week for at least 50% of the previous calendar quarter 1099 Employees: Not eligible 	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over 1 month Part-Time: 20+ hrs/week for at least 50% of the weeks in the previous calendar quarter 1099 Employees: Not eligible 	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over 1 month Part-Time: 20+ hrs/week for 50% of the previous calendar quarter 1099 Employees: Not eligible 	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over 1 month Part-Time: 20+ hrs/week for at least 50% of the previous calendar quarter 1099 Employees: Not eligible
Out-of-Area / State	<ul style="list-style-type: none"> Max 49% of eligibles out-of-state Employees and dependents in Hawaii, Missouri and Vermont are not eligible Out-of-state employees must reside in Open Access MC Network to be eligible. 	<ul style="list-style-type: none"> Max 49% of eligibles out-of-state Employees and dependents in Hawaii are not eligible 	<ul style="list-style-type: none"> Max 49% of eligibles and enrolled out-of-state Employees and dependents in Hawaii are not eligible 	<ul style="list-style-type: none"> Max 49% of eligibles OOS Principal executive office must be in CA Employees and dependents in Hawaii are not eligible

Small Group	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice
Waivers	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military Individual & Individual Exchange <p>Non-Valid:</p> <ul style="list-style-type: none"> Group coverage through another HMO 	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military Hawaii state plan Individual & Individual Exchange <p>Non-Valid:</p> <ul style="list-style-type: none"> Group coverage through another HMO 	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military Individual & Individual Exchange <p>Non-Valid:</p> <ul style="list-style-type: none"> Group coverage through another HMO 	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military HI state plan (Anthem only) <p>Non-Valid:</p> <ul style="list-style-type: none"> Group coverage through another HMO Individual & Individual
Owners and Husband & Wife Groups/ Enrollment	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 enrolling employee <p>Owner only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 enrolling employee 	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee <p>Owner only groups without W2 employee(s):</p> <p>Allowed if they meet the following:</p> <ol style="list-style-type: none"> Group is a C-Corp or LLC There are at least two owners (non-spouses) One of the owners is on the DE-9C or can sign the Eligibility Statement <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee 	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee <p>Owner only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee 	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 enrolling employee <p>Owner only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 enrolling employee
Carve-Outs	<ul style="list-style-type: none"> Non-Union carve-outs allowed Min 5 CA enrollees Total group size (union and non-union) must be 100 or fewer FTEs 	<ul style="list-style-type: none"> Non-Union carve-outs allowed Total group size (union and non-union) must be 100 or fewer FTEs 	<ul style="list-style-type: none"> Non-Union carve-outs allowed Total group size (union and non-union) must be 100 or fewer FTEs 	<ul style="list-style-type: none"> Non-union carve-outs allowed Total group size (union and non-union) must be 100 or fewer FTEs
Participation (sole carrier)	<ul style="list-style-type: none"> 1-100 Eligible: 60% (rounded down) 100% contribution requires 100% participation 	<ul style="list-style-type: none"> 1-4 Enrolled: 65% 5-100 Enrolled: 25% 100% contribution requires 100% participation 	<ul style="list-style-type: none"> 1-4 Enrolled: 65% 5-100 Enrolled: 25% 100% contribution requires 100% participation Participation waived with at least 1 employee enrolled in Trio medical plans 	<ul style="list-style-type: none"> 1-2 Enrolled: 100%; must include 1 Medically enrolled EE who is not an owner or spouse of an owner 3-100 Enrolled: 70% 100% contribution requires 100% participation; min 2

Small Group	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice
Participation (alongside another HMO carrier)	<ul style="list-style-type: none"> • 25%, min 5 enrolled with Aetna in CA • Waivers required • Other carrier bill not required 	<ul style="list-style-type: none"> • 25%, min 5 enrolled • Waivers required • Other carrier bill not required 	<ul style="list-style-type: none"> • 25%, min 5 enrolled • Waivers not required • Other carrier bill or other carrier enrollment form 	<ul style="list-style-type: none"> • Carriers within the portfolio do not require their own min participation • Enrollment alongside another carrier is not allowed
Calculating Participation Alongside Another HMO Carrier	<p>Start with total eligibles then:</p> <ul style="list-style-type: none"> • Subtract COBRA enrollees • Multiply remaining eligibles by 25% <p>Eligible for Aetna Pick 5 if:</p> <ul style="list-style-type: none"> • Aetna enrollees + valid waivers = 25% and • Min 5 Aetna enrollees in CA 	<p>Start with total eligibles then:</p> <ul style="list-style-type: none"> • Subtract COBRA enrollees • Subtract valid waivers • Multiply remaining eligibles by 25% <p>Eligible for Anthem if:</p> <ul style="list-style-type: none"> • Anthem enrollees = 25% and • Min 5 Anthem enrollees 	<p>Start with total eligibles then:</p> <ul style="list-style-type: none"> • Subtract COBRA enrollees • Subtract valid waivers • Multiply remaining eligibles by 25% <p>Eligible for Blue Shield if:</p> <ul style="list-style-type: none"> • Blue Shield enrollees = 25% and • Min 5 Blue Shield enrollees in CA 	Not applicable
Employer Contribution	<ul style="list-style-type: none"> • Traditional: Min 50% of employee premium • Defined: Min \$80 per employee 	<ul style="list-style-type: none"> • Traditional: Min 50% of employee premium • Defined: Min \$100 per employee • HSA Plans: Min employer contribution required. See summary 	<ul style="list-style-type: none"> • Traditional: Min 50% of employee premium • Defined: Min \$100 per employee 	<ul style="list-style-type: none"> • Traditional: Min 50% of employee premium of lowest cost plan • Defined: Min 50% of employee premium of lowest cost plan
Wrapping Position	Statement of Understanding not required	Statement of Understanding not required	Statement of Understanding not required	Statement of Understanding not required
OON Reimbursement	100% of Medicare	Fee Schedule	Fee Schedule	Fee schedule
Network Options	<ul style="list-style-type: none"> • HMO Networks: Full HMO, Value HMO, HMO Deductible, Basic HMO, PrimeCare • PPO Networks: MC, Savings Plus MC (Southern CA only), EPO • Network Pairing: All networks may be mixed-&-matched, up to 5 plans 	<ul style="list-style-type: none"> • HMO Networks: CaliforniaCare HMO (Full), Select HMO, Priority Select HMO • PPO Networks: Prudent Buyer PPO (Full), Select PPO • HMO Network Pairing: CaliforniaCare (Full) may be paired with Select HMO or Priority Select HMO (Select HMO & Priority Select may not be paired together) • PPO Network Pairing: Prudent Buyer (Full) may be paired with Select PPO in regions 1 & 9 through 1/15/2020 effective dates 	<ul style="list-style-type: none"> • HMO Networks: Access+ (Full), Local Access+, Trio ACO • PPO Networks: Full, Tandem • Network Pairing: Networks may be mixed-&-matched except the Local Access+ which cannot be offered alongside the Access+ or Trio ACO plans 	<ul style="list-style-type: none"> • HMO Networks: Anthem, Health Net, Kaiser, Oscar, Sharp, Sutter Health Plus, UHC, Oscar, Western Health Advantage • PPO Networks: Anthem (Tiered PPO and Select PPO plans do not include Sutter) • Network availability will be determined based on selected metallic level
Product Options (medical)	<ul style="list-style-type: none"> • 1-100: Metallic tiers may be mixed-&-matched • Plan Options: PPO/MC, HSA, HMO, EPO 	<ul style="list-style-type: none"> • 1-100: Metallic tiers may be mixed-&-matched • Plan Options: PPO, HSA, HMO, EPO 	<ul style="list-style-type: none"> • 1-100: Metallic tiers may be mixed-&-matched • Plan Options: PPO, HSA, HMO 	<ul style="list-style-type: none"> • 1-100: single tier, 2 adjacent metallic tiers or 3 tiers (Platinum, Gold, Silver) may be offered • Plan Options: PPO, HSA, HMO, EPO, HSP

Small Group	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice
Product Options (other)	<ul style="list-style-type: none"> Dental NonVol (2+ eligibles; with Medical) Dental NonVol and Vol (3+ eligibles; standalone) Vision (2+ enrolled; standalone) 	<ul style="list-style-type: none"> Dental NonVol (2+ enrolled; standalone) Dental Vol (5+ enrolled; standalone) Disability (2+ enrolled; standalone) Life (2+ enrolled; standalone) Vision NonVol (2+ enrolled; standalone) Vision Vol (5+ enrolled; standalone) 	<ul style="list-style-type: none"> Dental NonVol and Vol (1+ eligibles; standalone) Life (2+ eligibles; standalone) Vision (1+ eligibles; standalone) 	<ul style="list-style-type: none"> Dental NonVol and Vol (with Medical; enrollment varies by carrier) Life (1+ enrolled; with Medical) Vision Vol (1+ enrolled; with Medical)
Life Offerings	N/A	<ul style="list-style-type: none"> 2-9 Enrolled: \$15,000, \$25,000, \$30,000, or \$50,000 10-100 Enrolled: \$25,000 to \$350,000 	<ul style="list-style-type: none"> 2-9 Eligibles: \$30,000 10-24 Eligibles: \$100,000 25-100 Eligibles: \$150,000 	<ul style="list-style-type: none"> 1-10 Enrolled: \$25,000 11-25 Enrolled: \$50,000 26-100 Enrolled: \$75,000
Special Open Window (11/15-12/15 for 1/1 eff. Date)	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C, waivers and Attestation Form No min participation or contribution Alongside Another HMO Carrier: Not allowed 	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another HMO Carrier: Not allowed 	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another HMO Carrier: Allowed 	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another HMO Carrier: N/A

2019 Medical Underwriting Guidelines

	Small Group	CCSB	Health Net	Kaiser	UnitedHealthcare
Provider Directory		Provider Search	Provider Search	Find a Doctor	Find a Physician
Group Size	1-100 FTEs	1-100 FTEs	1-100 FTEs	1-100 FTEs	1-100 FTEs
DE-9C	Required	<ul style="list-style-type: none"> Required 6+ enrolled HMO subscribers: Not required (through 12/31/19) 	<ul style="list-style-type: none"> 1-9 Eligible: Reconciled DE-9C required 6+ Enrolled: Not required (through 1/1/2020) 	<ul style="list-style-type: none"> 1-9 Eligible: Required 10-100 Eligible: Participation Certification Form 	
Rate Adjustments	January, April, July, October	January, April, July, October	January, July	January, April, July, October	
Rates	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Age at group's last anniversary 	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Age at group's last anniversary 	<ul style="list-style-type: none"> Employee & Dep: Employer zip code (13 enrolled employees in non-HQ region, will get separate contracts based on multiple ER zips) OOS Employee: Employer zip code (groups with OOS HQ and CA employees will receive region 4 rates) New Hire: Age at group's last anniversary 	<ul style="list-style-type: none"> Employee & Dep: Employer zip code OOS Employee: Employer zip code New Hire: Based on age at time of enrollment 	
Effective Date	1st of month	<ul style="list-style-type: none"> 1st of month 15th of month allowed (only when group loses Medical coverage mid-month) 	<ul style="list-style-type: none"> 1st of month 	<ul style="list-style-type: none"> 1st of month (HMO and PPO) 15th of month (PPO) 	
Waiting Period	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 30 days 1st of month after 60 days If 1st of month DOH, effective date IS NOT same day Orientation Period: Excluded Dual waiting periods are not allowed Group is responsible for administering waiting period 	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 30 days 1st of month after 1 month 1st of month after 60 days If 1st of month DOH, effective date IS NOT same day Orientation Period: Excluded Dual waiting periods are not allowed 	<ul style="list-style-type: none"> Up to 90 days maximum If 1st of month DOH, effective date IS same day 	<ul style="list-style-type: none"> 1st of month after date of hire 1st of month after 30 days 1st of month after 60 days If 1st of month DOH, effective date IS NOT same day Orientation Period: Excluded Dual waiting periods allowed 	
Qualifying Event Window	60 days	60 days	60 days	60 days	
Open Enrollment	Yes: All products	Yes: All products	Yes: All products	Yes: All products	
Eligibility	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over 1 month Part-Time: 20+ hrs/week for at least 50% of the previous calendar quarter 1099 Employees: Not eligible 	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over one month Part-Time: 20+ hrs/week for 50% of the previous calendar quarter 1099 Employees: Not eligible 	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over one month Part-Time: 20+ hrs/week 1099 Employees: Not eligible 	<ul style="list-style-type: none"> Full-Time: Avg 30+ hrs/week over 1 month Part-Time: 20-29 hrs/week 1099 Employees: Eligible 	
Out-of-Area / State	<ul style="list-style-type: none"> Max. 49% of eligibles OOS Principal executive office must be in CA Employees and dependents in Hawaii are not eligible 	<ul style="list-style-type: none"> Max 49% of eligibles and enrolled OOS Employees and dependents in Hawaii are not eligible 	<ul style="list-style-type: none"> Max OOS subscribership cannot exceed 30% of overall group enrollment 	<ul style="list-style-type: none"> Max 49% of eligibles OOS for CA rates If no majority state, rating occurs in state with largest enrollee population If multiple states possess same number of enrollees, rating occurs in headquarter state Max 25% may be located in VT 	

	Small Group	CCSB	Health Net	Kaiser	UnitedHealthcare
Waivers	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military <p>Non-Valid:</p> <ul style="list-style-type: none"> Group coverage through another HMO Individual & Individual Exchange 	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military <p>Non-Valid:</p> <ul style="list-style-type: none"> Individual & Individual Exchange Group coverage through another HMO 	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Group coverage through ER with another carrier <p>Non-Valid:</p> <ul style="list-style-type: none"> Individual & Individual Exchange 	<p>Valid:</p> <ul style="list-style-type: none"> Group spousal coverage Group coverage with another ER COBRA coverage with another ER Medicare / Medi-Cal Military <p>Non-Valid:</p> <ul style="list-style-type: none"> Individual & Individual Exchange 	
Owners and Husband & Wife Groups/ Enrollment	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee <p>Owner only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee 	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee <p>Owner only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee Allowed with officer who is also a W2 eligible employee 	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee Allowed with husband/wife who is also a W2 eligible employee <p>Owner only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Allowed <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 eligible employee enrolled in Kaiser or other group coverage Allowed with officer who is also a W2 eligible employee 	<p>Husband & wife only groups without W2 employee(s):</p> <ul style="list-style-type: none"> Not allowed <p>Husband & wife enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 enrolling employee <p>Owner only groups without W2 employee(s):</p> <p>Allowed if they meet the following:</p> <ol style="list-style-type: none"> Group is a C-Corp, S-Corp or LLC There are at least two owners (non-spouses) One of the owners works the required number of hours (30 hrs/wk) <p>Owner enrollment with W2 employee(s):</p> <ul style="list-style-type: none"> Allowed with W2 enrolling employee 	
Carve-Outs	<ul style="list-style-type: none"> Non-union carve-outs allowed Total group size (union and non-union) must be 100 or fewer FTEs 	<ul style="list-style-type: none"> Non-Union carve-outs allowed Total group size (union and non-union) must be 100 or fewer FTEs 	<ul style="list-style-type: none"> Non-union carve-outs allowed Total group size (non-union) must be 100 or fewer FTEs 	<ul style="list-style-type: none"> Non-Union carve-outs allowed Total group size (union and non-union) must be 100 or fewer FTEs 	
Participation (sole carrier)	1-100 Enrolled: 70%	<p>Enhanced A:</p> <ul style="list-style-type: none"> 1-5 Eligibles: 66% 6-100 Eligibles: 50% <p>Enhanced B:</p> <ul style="list-style-type: none"> 1-5 Eligibles: 66% 6-100: 35% <p>2-100 Enrolled in Salud y Mas: 0% through 12/31/19</p>	1-100 Enrolled: 50% (through 1/1/2020)	<p>1-100 Enrolled: 60%</p> <ul style="list-style-type: none"> 100% contribution requires 100% participation 	

	Small Group	CCSB	Health Net	Kaiser	UnitedHealthcare
Participation (alongside another HMO carrier)	<ul style="list-style-type: none"> 1-100 Enrolled: 70% Waivers required Other carrier bill not required 	<ul style="list-style-type: none"> 1-5 Eligibles: 66% 6-100 Eligibles: 50% 2-100 Enrolled in Salud y Mas: 0% through 12/31/19 Waivers required Other carrier bill not required 	<ul style="list-style-type: none"> 1-100 Enrolled: 50% combined (other carrier and Kaiser) (through 1/1/2020) Not allowed alongside CalChoice or CCSB 	<ul style="list-style-type: none"> Choice Simplified: 60% combined (other carrier and UHC) and min 5 enrolled with UHC in CA Multi-Choice State Plans: 75% with UHC Other carrier bill is required Other carrier applications required if not on bill 	
Calculating Participation Alongside Another HMO Carrier	<p>Start with total eligibles then:</p> <ul style="list-style-type: none"> Subtract COBRA enrollees Subtract valid waivers 1-100: Multiply remaining eligible by 70% 	<p>Start with total eligibles then:</p> <ul style="list-style-type: none"> Subtract COBRA enrollees Subtract valid waivers 1-5: Multiply remaining eligibles by 66% 6-100: Multiply remaining eligibles by 50% 	<p>Start with total eligibles then:</p> <ul style="list-style-type: none"> Subtract COBRA enrollees Subtract valid waivers 1-100: Multiply remaining eligible by 50% 	<p>Choice Simplified:</p> <p>Start with total eligibles then:</p> <ul style="list-style-type: none"> Subtract COBRA enrollees Subtract valid waivers Multiply remaining eligibles by 60% <p>Eligible for UHC if:</p> <ul style="list-style-type: none"> UHC and other carrier enrollees = 60% and Min 5 UHC enrollees in CA 	
Employer Contribution	<p>Traditional: Min 50% of employee premium of lowest cost plan**</p> <p><i>**in selected Metal Tier</i></p>	<ul style="list-style-type: none"> Traditional: Min 50% of the lowest cost plan Defined: Min \$100 per employee 	<ul style="list-style-type: none"> Traditional: Min 50% of employee premium of lowest cost plan 	<ul style="list-style-type: none"> Traditional: Min 50% of employee premium Defined: Min \$100 of employee premium HSA Plans: Employer contributions may impact the plans actuarial value; contact B&P for details 	
Wrapping Position	Statement of Understanding not required	Statement of Understanding not required	Not allowed on HMO plans, unless offering Kaiser HRA (funding ranges apply) or HSA plans	<ul style="list-style-type: none"> Statement of Understanding not required Wrapping not permitted 	
OON Reimbursement	<ul style="list-style-type: none"> Physician Reimbursement: RBRVS Hospital Reimbursement: Medicare Blue Shield: Fee schedule 	<ul style="list-style-type: none"> Physician Reimbursement: RBRVS Hospital Reimbursement: Medicare 	<ul style="list-style-type: none"> HMO: n/a PPO: Fee schedule 	110% of Medicare	
Network Options	<ul style="list-style-type: none"> HMO: Blue Shield, CCHP, Kaiser, Sharp PPO: Blue Shield, Health Net Network availability will be determined based on selected metallic level 	<ul style="list-style-type: none"> HMO Networks: Full HMO, WholeCare HMO, SmartCare HMO, Salud HMO, CommunityCare PPO Networks: Full PPO, PureCare EPO/HSP, EnhancedCare PPO Network Pairing: All networks may be mixed-&-matched (except Enhanced-Care PPO can only be offered in EnhancedCare PPO Choice Package) 	<ul style="list-style-type: none"> HMO: Kaiser Permanente PPO: MultiPlan 	<ul style="list-style-type: none"> HMO Networks: Signature HMO (Full), Advantage HMO, Alliance HMO, Focus HMO PPO Networks: Select Plus PPO, Select EPO, Core PPO, Navigate EPO Network Pairing: Full and Narrow HMO networks may be offered alongside one another 	
Product Options (medical)	<ul style="list-style-type: none"> 1-100: 2 adjacent metallic tiers may be offered Plan Options: PPO, HSA, HMO 	<ul style="list-style-type: none"> 1-100: Metallic tiers may be mixed-&-matched Plan Options: PPO, HSA, HMO, EPO, HSP 	<ul style="list-style-type: none"> PPO is not available alongside another carrier 1-5 enrolled: 3 plans maximum (only 1 PPO) 6+ enrolled: No maximum 	<ul style="list-style-type: none"> 1-100: Metallic tiers may be mixed-&-matched; portfolios may not be mixed Plan Options: PPO, HSA, HMO, EPO 	

2019 Medical Underwriting Guidelines

Small Group	CCSB	Health Net	Kaiser	UnitedHealthcare
Product Options (other)	Dental	<ul style="list-style-type: none"> Dental NonVol and Vol (2+ eligible; standalone) Life (10+ eligibles; standalone) Vision NonVol and Vol (2+ eligibles; standalone) 	Dental (all eligible employees are required to enroll if Dental is offered)	<ul style="list-style-type: none"> Dental NonVol and Vol (2+ enrolled; standalone) Vision NonVol and Vol (2+ enrolled; standalone) Life (2-5 enrolled; with Medical / 6+ enrolled; standalone)
Life Offerings	N/A	<ul style="list-style-type: none"> 2-14 Eligibles: \$15,000 15-24 Eligibles: \$25,000 25-100 Eligibles: \$50,000 	N/A	<ul style="list-style-type: none"> 2-5 Eligibles: \$25,000 6-19 Eligibles: \$50,000 20-50 Eligibles: \$100,000 2-99 Eligibles: \$15,000 (SBS package)
Special Open Window (11/15-12/15 for 1/1 eff. Date)	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another HMO Carrier: Allowed 	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another HMO Carrier: Allowed 	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another Carrier: Allowed 	<ul style="list-style-type: none"> Group Size: Small group definition Paperwork: Standard requirements including DE-9C and waivers No min participation or contribution Alongside Another HMO Carrier: Kaiser Only