



MEDICAL UNDERWRITING GUIDELINES LARGE GROUP

This comparison reflects the general guidelines set by a carrier. Guidelines may vary depending on group demographics and carrier approval.

BLUE SHIELD			
PRODUCT OFFERINGS			
Rates	Composite.		
Product Combinations	Up to 4 plans may be selected. There is a 2% surcharge (for all plans) if 3+ are offered.		
Split Carrier Product Combinations	Up to 4 plans may be selected. There is a 2% surcharge (for all plans) if 3+ are offered.		
Networks	<table border="0"> <tr> <td style="vertical-align: top;"> HMO Access+ HMO (Full) Access+ HMO SaveNet (Limited) Local Access+ HMO (Limited) Trio ACO HMO (Limited) </td> <td style="vertical-align: top; padding-left: 20px;"> PPO PPO Network (Full) </td> </tr> </table> <p><i>Note: Not all plans are available with all networks.</i></p>	HMO Access+ HMO (Full) Access+ HMO SaveNet (Limited) Local Access+ HMO (Limited) Trio ACO HMO (Limited)	PPO PPO Network (Full)
HMO Access+ HMO (Full) Access+ HMO SaveNet (Limited) Local Access+ HMO (Limited) Trio ACO HMO (Limited)	PPO PPO Network (Full)		
HRA & Wrap	Non-HSA PPO plans may be paired with an HRA, HIA or FSA. HSA PPO plans may be paired with an HIA, HRA, or HSA. GAP plans paid for by the employer will require approval. GAP plans that are paid for by the employee can be used alongside any plan; they are not tracked by BSC.		
ELIGIBILITY			
Group Size	101-299		
Contribution	Minimum 75% employee or Minimum 50% employee & dependent		
Participation	Minimum 75% participation		
Split Carrier Contribution	Minimum 75% employee or Minimum 50% employee & dependent		
Split Carrier Participation	Minimum 75% of eligible employees must enroll in a plan, 50% must be with Blue Shield.		
Minimum Enrolled	Minimum 40 enrolled.		
Carve-Outs	Not available		
Out-of-State Employees	No maximum		
COBRA/Cal-COBRA	No more than 10% may be COBRA/Cal-COBRA.		
Employee Only Coverage	Not allowed.		
Waiting Period Options	1st of the month following: date of hire or 30 days from date of hire.		
QUOTING CRITERIA			
Bundling Discounts	1.75% total discount available on medical premiums when also enrolling in the following ancillary lines: 1% for dental, 0.5% for life, 0.25% for vision.		
Carrier Persistency	N/A		
Census or Online Enrollment	Census and online enrollment (QuickEnroll) options available.		
Common Ownership	Must provide name and TIN for each company. Companies must be eligible to file a combined tax return.		
Divisional Billing	Available.		
Ineligible Employees	Leased employees, retirees, 1099 employees, seasonal employees and temporary employees		
Ineligible Groups	Associations, Multiple Employer Trusts, PEO's, Taft Hartley Trusts, Groups with Hour Bank eligibility, Leasing firms, Public Entities and Schools		
Medical Questions	Must provide details on large claims.		
Quoted vs. Enrolled	N/A		
Virgin Groups	Must provide salary information for all employees; allows them to predict who is most likely to enroll.		
Notes	<ul style="list-style-type: none"> Member level census is required. Groups leaving Trinet PEO will be auto-declined without a termination letter from Trinet. 		



CALCPA			
PRODUCT OFFERINGS			
Rates	Composite.		
Product Combinations	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.		
Split Carrier Product Combinations	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.		
Networks	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"><u>HMO</u> Anthem HMO Network (Full)</td> <td style="width: 50%; vertical-align: top;"><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)		
HRA & Wrap	Allowed; employer must notify the Trust of it's intent. No restrictions on how much can be funded.		
ELIGIBILITY			
Group Size	101+. DE-9C required. Must be headquartered in California. 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.		
Contribution	Minimum 50% of employee rate. If employer contributes 100% toward EE premiums, 100% participation is required.		
Participation	Minimum 75% of eligible employees		
Split Carrier Contribution	Minimum 50% of employee rate. If employer contributes 100% toward EE premiums, 100% participation is required.		
Split Carrier Participation	Minimum 75% of eligible employees with at least 1 enrolled in CalCPA. Kaiser enrollees are considered valid waivers.		
Minimum Enrolled	N/A		
Carve-Outs	Not allowed.		
Out-of-State Employees	49% maximum.		
COBRA/Cal-COBRA	No maximum.		
Employee Only Coverage	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.		
Waiting Period Options	<ul style="list-style-type: none"> • 1st of the month following date of hire • 1st of the month following 30 days from date of hire 		
QUOTING CRITERIA			
Bundling Discounts	None.		
Carrier Persistency	No limit on prior carriers.		
Census or Online Enrollment	Online enrollment available.		
Common Ownership	All employers deemed to be part of an affiliated group under Internal Revenue Code Sections 414 (b), (c), or (m) are considered to be a single employer.		
Divisional Billing	Available, can be setup at time of installation. Billing to each location is available.		
Ineligible Employees	1099s, seasonal, substitute, temporary and leased employees.		
Ineligible Groups	See Group Size Above.		
Medical Questions	Must provide details on: enrollees hospitalized within the last 12 months, major medical conditions, claims in excess of \$25,000 in the last 12 months, pregnancies, and disabilities.		
Quoted vs. Enrolled	Group may be re-rated if enrollment varies.		
Virgin Groups	N/A		
Notes	<ul style="list-style-type: none"> • Submit reason for shopping with quote request. • If currently with Anthem large group, CalCPA rates can't come in less than 5% from current. 		



CIGNA			
PRODUCT OFFERINGS			
Rates	Composite.		
Product Combinations	Up to 3 or 4 plans may be offered if that is what the group currently offers.		
Split Carrier Product Combinations	Up to 3 or 4 plans may be offered if that is what the group currently offers.		
Networks	<table border="0"> <tr> <td><u>HMO</u> HMO Network (Full)</td> <td><u>PPO</u> PPO Network (Full) Open Access Plus Network (Full)</td> </tr> </table>	<u>HMO</u> HMO Network (Full)	<u>PPO</u> PPO Network (Full) Open Access Plus Network (Full)
<u>HMO</u> HMO Network (Full)	<u>PPO</u> PPO Network (Full) Open Access Plus Network (Full)		
HRA & Wrap	Details pending		
ELIGIBILITY			
Group Size	101–250 Fully-Insured, 51-250 Self/Level Funded.		
Contribution	Minimum 50% employee.		
Participation	<u>Fully-Insured</u> : 75% for groups 100+. Valid waivers are not removed from participation calculation. <u>Self-Funded/Level Funded</u> : 75% of all eligible employees		
Split Carrier Contribution	Minimum 50% employee.		
Split Carrier Participation	Minimum 50% of eligible must enroll with Cigna.		
Minimum Enrolled	Level funding down to 26 enrolling. Other lines, N/A.		
Carve-Outs	Details pending		
Out-of-State Employees	No more than 49%		
COBRA/Cal-COBRA	No more than 20%		
Employee Only Coverage	Fully-Insured: Varies by the situs state, request on group-by-group basis. Self/Level Funded: May elect to exclude spouses/domestic partners from coverage, may not exclude dependent children.		
Waiting Period Options	Details pending		
QUOTING CRITERIA			
Bundling Discounts	Discount available on medical premiums when also enrolling in the following ancillary lines: 1% for dental, 0.5% for STD and LTD, 1.5% for dental, STD and LTD.		
Carrier Persistency	N/A		
Census or Online Enrollment	Census enrollment available.		
Common Ownership	Owner must have 80% ownership in each company.		
Divisional Billing	Available. Billing can be set to each location.		
Ineligible Employees	Leased employees, retirees, 1099's, seasonal and temporary employees.		
Ineligible Groups	Associations, MET's, PEO's, Taft-Hartley Groups, Groups with Hour Bank eligibility, Leasing Firms, Public Entities and Schools.		
Medical Questions	Health questions must be answered by employees.		
Quoted vs. Enrolled	If enrollment & subsequent rating varies from quoted by +/- 10% then the group may be re-rated.		
Virgin Groups	Level-funding only. Individual health statements required. Must have 50% participation and 70% contribution.		
Notes	-		



HEALTH NET										
PRODUCT OFFERINGS										
Rates	4-tier composite.									
Product Combinations	Employer may offer up to 6 plans from the Enhanced Choice Portfolio. Limit 3 plans if no prior coverage, and only one full network plan may be offered in conjunction with other plans (example: Full Network HMO may not be offered alongside Full Network EOA) Employer may offer up to 3 plans from the PPO-Only Portfolio: one PPO high option (BLB or BLC), one PPO low option (BLD or BA3), and any HSA PPO or HRA PPO plan.									
Split Carrier Product Combinations	Same as Product Combinations above.									
Networks	<table border="0"> <tr> <td>HMO</td> <td></td> <td>PPO</td> </tr> <tr> <td>HMO (Full)</td> <td>SmartCare HMO (Narrow)</td> <td>PPO Network (Full)</td> </tr> <tr> <td>HMO ExcelCare (Narrow)</td> <td>Salud HMO y Mas (Narrow)</td> <td></td> </tr> </table> <p><i>Note: Not all plans are available with all networks.</i></p>	HMO		PPO	HMO (Full)	SmartCare HMO (Narrow)	PPO Network (Full)	HMO ExcelCare (Narrow)	Salud HMO y Mas (Narrow)	
HMO		PPO								
HMO (Full)	SmartCare HMO (Narrow)	PPO Network (Full)								
HMO ExcelCare (Narrow)	Salud HMO y Mas (Narrow)									
HRA & Wrap	With the exception of the HRA product, under no circumstances may any plan, including HMO, EOA, POS, PPO, and HSA compatible plans, be combined with any form of partial self-funding or insuring of the deductible, be it in a wraparound, addition, or companion capacity. GAP plans are not allowed regardless of whether they are paid for by the ER or the EE.									
ELIGIBILITY										
Group Size	101–500 FTE. Must have at least 75 benefit eligible employees. DE-9C required for groups enrolling less than 51 and groups currently on an age-rated product.									
Contribution	Minimum 50% towards the lowest cost option.									
Participation	75% of all eligible employees. 33% minimum participation for virgin group on a sole carrier basis. (See Virgin Groups section below for exceptions)									
Split Carrier Contribution	Minimum 50% towards the lowest cost option.									
Split Carrier Participation	75% of all eligible employees must enroll (Health Net + other carrier enrollment). 33% and a minimum of 19 eligible employees, whichever is greater, must enroll with Health Net.									
Minimum Enrolled	Minimum 38 enrolled.									
Carve-Outs	Not allowed, including union/non-union.									
Out-of-State Employees	No more than 49%									
COBRA/Cal-COBRA	No more than 10%									
Employee Only Coverage	Not allowed.									
Waiting Period Options	1st of the month following: date of hire, 30 days from date of hire, 60 days from date of hire, or 1 month from date of hire.									
QUOTING CRITERIA										
Bundling Discounts	1% discount for Dental, 0.5% for Life, 0.5% for Vision; not available with voluntary plans.									
Carrier Persistency	5 year history required. Must provide current and renewal rates.									
Census or Online Enrollment	Not available.									
Common Ownership	Must provide a letter from CPA detailing the company structure and how they are eligible to be considered a single employer.									
Divisional Billing	Available. Billing can be set to each location (within reason).									
Ineligible Employees	Leased employees, Board Members, 1099 employees, seasonal employees, retirees, temporary and part time employees (employee eligibility can be defined as 20 or 30 hours per week).									
Ineligible Groups	All industries are subject to underwriting review.									
Medical Questions	Must include details on claims in excess of \$25,000 including diagnosis. Health Net may request more information to determine appropriate rating level.									
Quoted vs. Enrolled	If premium varies from quoted census by more than 5% then group may be re-rated.									
Virgin Groups	<ul style="list-style-type: none"> Medical benefit plan options must have a minimum \$250 hospital copayment or less than 100% coinsurance. Rx benefit plan must have a minimum Tier 1 copayment of \$10. If an employer offers only a Salud plan the Employer Contribution requirement is 65%. If an employer offers multiple product/network/plans, the Employer Contribution requirement is 50% of the next lowest Tailored Network (non-Salud) plan. A reconciled DE-9C (weeks and wages) for the last quarter is required with submission of new sale. Health Net must be the sole carrier offered. 									
Notes	-									

KAISER			
PRODUCT OFFERINGS			
Rates	Composite.		
Product Combinations	High/Low combo available. No minimum enrollment per plan. POS/PPO/Out-of-Area enrollment must be less than 25% of enrolled population.		
Split Carrier Product Combinations	If offering High/Low combination, the other carrier must also have a high/low option available. All eligible employees must be offered the Kaiser plan. Coverage provided should be uniform across all plans offered to prevent adverse selection. May not be offered alongside an age-banded plan.		
Networks	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>HMO</u> Kaiser Network (Full) </td> <td style="width: 50%; vertical-align: top;"> <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)		
HRA & Wrap	For employers who choose to fund or directly reimburse employees for deductibles, coinsurance, or copayments (except as noted below for HMO with HRA plans), the broker must inform Kaiser prior to the start of any employer reimbursement. Kaiser will factor the funding arrangement into the group's new or renewal rate quotation. Employers who choose a deductible HMO plan with HRA must contribute to their employees' HRAs. GAP plans that are paid for by the employee can be used alongside any plan.		
ELIGIBILITY			
Group Size	101+ FTE and Eligible		
Contribution	Minimum 50% employee.		
Participation	75% of eligible employees must enroll in an employer-sponsored health plan. (Must have 50% regardless of spousal waivers)		
Split Carrier Contribution	Minimum 50% employee. Contributions must not favor one carrier.		
Split Carrier Participation	75% of eligible employees must enroll in an employer-sponsored health plan. (Must have 50% regardless of spousal waivers)		
Minimum Enrolled	Minimum 5 enrolled or 10%, whichever is greater. If company is statewide then must have 5 enrolled or 10% in Southern CA and 5 enrolled or 10% in Northern CA.		
Carve-Outs	Carve-outs allowed. Note: Will not accept management/non-management or any other carve-out request that does not meet non-discrimination requirements.		
Out-of-State Employees	All employees must reside in a service area.		
COBRA/Cal-COBRA	No more than 14%		
Employee Only Coverage	Employers may offer employee-only coverage. ALE's who elect to exclude dependents will still be allowed to enroll dependent children as required by law (spouses will be ineligible for coverage).		
Waiting Period Options	<ul style="list-style-type: none"> 1st of the month following: date of hire, or 30 days from date of hire 60 days following date of hire* Any day* <p>* Members enrolling by the 15th of the month will be charged a full months premium. Members enrolling from the 16th on will not be charged until the following month.</p>		
QUOTING CRITERIA			
Bundling Discounts	None.		
Carrier Persistency	No more than 3 carriers in the last 5 years if quoting HMO & PPO/POS.		
Census or Online Enrollment	Online available; Not available to groups moving from CalChoice 51+.		
Common Ownership	Common Ownership form required, must be signed by accountant, attorney or officer of the company. Groups must qualify as a single employer under section 414 of the internal revenue code.		
Divisional Billing	Available; up to 2 locations can be set up. Billing can be sent to each location.		
Ineligible Employees	Leased employees, Contract or 1099's.		
Ineligible Groups	Leasing Firms, PEO's. Kaiser Large Group products may not be offered alongside an age-rated medical plan. Groups currently enrolled in Kaiser small group who have 51-100 total employees will automatically be declined.		
Medical Questions	Must provide details all medical conditions and claims in excess of \$10,000.		
Quoted vs. Enrolled	Will re-rate if enrollment varies +/- 10% from quoted census.		
Virgin Groups	POS/PPO/Out-of-Area not available unless 1 year prior coverage.		
Notes	<ul style="list-style-type: none"> A group exiting a pool must retain the previous parent group's rate for at least 6 months but for no more than 18 months before being rated separately. Groups with 101+ FTE, but under 101 eligible, are not eligible for coverage. 		



MEDIEXCEL	
PRODUCT OFFERINGS	
Rates	Composite; 3 or 4 tier composite available.
Product Combinations	Employers may offer two adjacent plans (QEP/VP20; VP20/VP10; VP10/VP5). Minimum of 10 employees must enroll overall. Premium must be minimum of 80% of the Employee Only cost of the base plan.
Split Carrier Product Combinations	Plans may be wrapped alongside any CA HMO and/or PPO plan.
Networks	<u>HMO</u> MediExcel Health Plan Provider Network (Full). Services available in Mexico; Urgent care only in CA.
HRA & Wrap	Allowed.
ELIGIBILITY	
Group Size	101+
Contribution	Minimum 50% employee.
Participation	Minimum 50% of all eligible employees.
Split Carrier Contribution	If MediExcel is written alongside another CA health plan, then the dollar amount of the employers contribution to MediExcel should be no less than 80% of the dollar amount of the employers contribution to the other CA health plan (not to exceed 100% of the MediExcel premium).
Split Carrier Participation	Minimum 1 enrolled.
Minimum Enrolled	Minimum 1 enrolled.
Carve-Outs	Allowed. The carve-out classes must be IRS non-discriminatory and in compliance with ACA, and all eligible employees in the noncarve-out class must be offered coverage.
Out-of-State Employees	Not allowed.
COBRA/Cal-COBRA	No more than 10% of subscribers may be on COBRA.
Employee Only Coverage	Employers may elect to offer employee-only coverage; employers must monitor enrollment.
Waiting Period Options	Any ACA/State of California compliant waiting period the Employer chooses as long as employee/dependent(s) coverage starts on the first day of a month.
QUOTING CRITERIA	
Bundling Discounts	None.
Carrier Persistency	N/A
Census or Online Enrollment	A census spreadsheet will be accepted if all demographic information for employees and dependents is provided.
Common Ownership	If MediExcel is the sole carrier, provide documents that show common ownership, such as tax return, corporate documents, or DE-9C. If wrapping along side another carrier, MediExcel will accept the same documentation as the other carrier.
Divisional Billing	Available.
Ineligible Employees	Part-time working less than 20 hours, temporary, seasonal or substitute employees, 1099 contractors, and retirees.
Ineligible Groups	None.
Medical Questions	Health questions must be answered by employees.
Quoted vs. Enrolled	If enrollment & subsequent rating varies from quoted by +/- 5% then the group may be re-rated.
Virgin Groups	Allowed; no additional requirements.
Notes	-

SHARP HEALTH PLAN	
PRODUCT OFFERINGS	
Rates	Composite; rating tiers from 1-6 available.
Product Combinations	Plan combinations subject to underwriting approval.
Split Carrier Product Combinations	Plan combinations subject to underwriting approval.
Networks	<p><u>HMO</u></p> <p>Choice Network (Full) Performance Network (Narrow)</p> <p>Value Network (Narrow) Premier Network (Narrow, select zip codes only)</p>
HRA & Wrap	No plans are eligible as the standard guideline, however funding arrangements may be submitted to underwriting for case-by-case review.
ELIGIBILITY	
Group Size	101+
Contribution	Minimum 50% employee. Defined contribution: Minimum \$100 per employee.
Participation	70% of eligible employees.
Split Carrier Contribution	Minimum 50% employee. Defined contribution: Minimum \$100 per employee.
Split Carrier Participation	Minimum 50% must enroll with Sharp.
Minimum Enrolled	Reviewed on a case by case basis.
Carve-Outs	100% participation must be met by carve-out population. Note: Will not accept management/non-management requests.
Out-of-State Employees	None.
COBRA/Cal-COBRA	No more than 5%.
Employee Only Coverage	Employers may elect to offer employee-only coverage.
Waiting Period Options	<ul style="list-style-type: none"> • 1st of the month following date of hire • 1st of the month following 30 days from date of hire • 30 days following date of hire* • 60 days following date of hire* <p>* 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.</p>
QUOTING CRITERIA	
Bundling Discounts	None.
Carrier Persistency	Prefer to have no more than 2 carriers in the past 5 years (not a requirement).
Census or Online Enrollment	Not available. Can accept a data feed from vendors for open enrollment.
Common Ownership	Must be reviewed by underwriting on a case-by-case basis.
Divisional Billing	Available.
Ineligible Employees	1099's, part-time employees (unless SB1790 eligible), domestic help, leased and seasonal employees.
Ineligible Groups	PEO's.
Medical Questions	Details pending
Quoted vs. Enrolled	If premium varies from quoted census by +/-10% then group may be re-rated.
Virgin Groups	N/A
Notes	-

All information published herein is gathered from sources which are thought to be reliable, but the reader should not assume that the information is official or final. Reliance on this information received from LISI shall be at your sole risk, and LISI assumes no responsibility for any errors, omissions, or damages arising. Users of this information are encouraged to confirm with other sources, and to seek qualified advice if embarking on any actions that could carry personal or organizational liabilities.



UNITEDHEALTHCARE

PRODUCT OFFERINGS

Rates	Composite; 3 or 4 tier composite available.										
Product Combinations	No restrictions on Select Plus PPO or HSA offerings. Core PPO may be offered alongside Select Plus PPO and Signature HMO - not alongside limited HMO network options. Up to 5 HMO plans may be selected with pairing restrictions - always check with UHC to ensure valid products are being combined; may vary by group and locations. In general: Northern CA may pair Signature and Advantage networks together. Alliance may not be paired. Southern CA may pair Signature and Advantage, Alliance OR Focus networks together.										
Split Carrier Product Combinations	May select up to 3 plans; will receive a 1% rate load. Alongside staff model HMO only; Kaiser rates must be composite and have the same tier structure. Must have HMO plan offering from UnitedHealthcare.										
Networks	<table border="0"> <tr> <td>HMO</td> <td>PPO</td> </tr> <tr> <td>Signature (Full)</td> <td>Select Plus (Full)</td> </tr> <tr> <td>Advantage (Limited)</td> <td>Core (Limited)</td> </tr> <tr> <td>Alliance (Limited)</td> <td></td> </tr> <tr> <td>Focus (Limited)</td> <td></td> </tr> </table> <p><i>Note: Not all plans are available with all networks.</i></p>	HMO	PPO	Signature (Full)	Select Plus (Full)	Advantage (Limited)	Core (Limited)	Alliance (Limited)		Focus (Limited)	
HMO	PPO										
Signature (Full)	Select Plus (Full)										
Advantage (Limited)	Core (Limited)										
Alliance (Limited)											
Focus (Limited)											
HRA & Wrap	All HRA plans are eligible. Funding it limited to 50% of the deductible. May not fund the coinsurance or any other portion of the plan. GAP plans that are paid for by the employee can be used alongside any plan.										

ELIGIBILITY

Group Size	101+ FTE based on prior year FTE count. Sold group must complete the Group Size Survey and provide a census showing 101 + FTEs. DE-9C not required.
Contribution	Minimum 50% employee.
Participation	75% of eligible, must have minimum 50% regardless of waivers.
Split Carrier Contribution	Minimum 50% employee.
Split Carrier Participation	50% of total eligible employees must enroll with UHC. Load applies based on percentage enrolling with UHC. Can offer Alliance HMO only alongside Kaiser down to 15 enrolled (no PPO).
Minimum Enrolled	Minimum 26 enrolled.
Carve-Outs	Allowed with at least 20 enrolling.
Out-of-State Employees	Groups will typically be rated in the state with 51% of the eligible employees, though can be rated using the home office state even without a majority of the employees located in that state.
COBRA/Cal-COBRA	No max, however may be rated if more than 10% COBRA enrollees.
Employee Only Coverage	This is not allowed as part of their contract, however UnitedHealthcare allows the employer to control dependent eligibility.
Waiting Period Options	<ul style="list-style-type: none"> • 1st of the month following date of hire • 1st of the month following 30 days from date of hire • 1st of the month following 60 days from date of hire

QUOTING CRITERIA

Bundling Discounts	1st year savings per employee per month when sold alongside medical; Dental, Vision and/or Life/STD. Fully-insured: \$5 for one specialty line, \$10 for 2 specialty lines, \$15 for 3 specialty lines. ASO: \$1 for one specialty line, \$3 for 2 specialty lines, \$3 for 3 specialty lines.
Carrier Persistency	Prefers to have no more than 2 carriers in the last 5 years. Groups with more may be rated/declined.
Census or Online Enrollment	Census enrollment or EDI available.
Common Ownership	Must have letter from CPA stating they are eligible to file a consolidated tax return. Letter not required if they have the same TIN and file consolidated taxes.
Divisional Billing	Available, billing can be sent to each location.
Ineligible Employees	Employees who work less than 30 hours per week. Employees not on payroll or where an employer/employee relationship does not exist.
Ineligible Groups	Private households, Membership Organizations (including business associations, political organizations, religious organizations, member organizations not elsewhere classified (NEC), professional organizations, and civic organizations). Professional Employer Organizations (must be referred to Small Business).
Medical Questions	Must list all large claims (claims exceeding \$25,00).
Quoted vs. Enrolled	Typically allows up to 10% membership and/or demographic change; always reserves the right to re-rate.
Virgin Groups	Rate load will apply.
Notes	<ul style="list-style-type: none"> • Member level census required for any RFP received by UHC 9/1/16 and later. • Groups with 101+ FTE, but less than 101 benefit eligible, may be rated up. • Groups with no prior coverage will receive a better quote with projections of enrollment.