



# 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.

| ANTHEM  |  |            |            |   |                          |                      |                      |
|---|--|------------|------------|---|--------------------------|----------------------|----------------------|
| PRODUCT OFFERINGS                                       |  |            |            |   |                          |                      |                      |
| Rates   | Composite.   |            |            |   |                          |                      |                      |
| Product Combinations                                    | CA Employees: Any combination of the following plans to a maximum of 4 plan designs: <ul style="list-style-type: none"> <li>• Maximum of 2 HMO plans (i.e. High/Low)</li> <li>• Maximum of 2 PPO plans (i.e. High/Low, Solution PPO or CDHP PPO)</li> </ul> OOS Employees: Maximum of 2 PPO plans (i.e. High/Low, Solution PPO or CDHP PPO)  |            |            |   |                          |                      |                      |
| Split Carrier Product Combinations                      | Same as Product Combinations above. Allowed with Standard Pool, not with Clear Value.  |            |            |   |                          |                      |                      |
| Networks  | <table border="0"> <tr> <td><u>HMO</u></td> <td><u>PPO</u></td> </tr> <tr> <td>Traditional HMO (Full)    Priority Select HMO (Limited)</td> <td>Prudent Buyer PPO (Full)</td> </tr> <tr> <td>Select HMO (Limited)</td> <td>Select PPO (Limited)</td> </tr> </table> <i>Note: Not all plans are available with all networks.</i>  | <u>HMO</u> | <u>PPO</u> | Traditional HMO (Full)    Priority Select HMO (Limited) | Prudent Buyer PPO (Full) | Select HMO (Limited) | Select PPO (Limited) |
| <u>HMO</u>  | <u>PPO</u>   |            |            |   |                          |                      |                      |
| Traditional HMO (Full)    Priority Select HMO (Limited) | Prudent Buyer PPO (Full)   |            |            |   |                          |                      |                      |
| Select HMO (Limited)                                    | Select PPO (Limited)   |            |            |   |                          |                      |                      |
| HRA & Wrap  | HRA plans not available. Funding of the deductible and/or GAP products are not allowed.  |            |            |   |                          |                      |                      |
| ELIGIBILITY   |  |            |            |   |                          |                      |                      |
| Group Size  | 101-300 FTE.   |            |            |   |                          |                      |                      |
| Contribution  | Minimum 50% employee, toward the least expensive plan chosen to be offered by the employer.  |            |            |   |                          |                      |                      |
| Participation   | Standard Pool: Min 75% of eligible employees and no less than 50% of eligible employees regardless of waivers. Clear Value: Must enroll the greater of 75% of eligible lives OR 75 enrolled. Waivers count against participation. Groups with less than 51 enrolled will receive a 40% rate load.  |            |            |   |                          |                      |                      |
| Split Carrier Contribution                              | Minimum 50% employee, toward the least expensive plan chosen to be offered by the employer. Contribution scheme must be the same from an employee's perspective for both Kaiser and Anthem. Groups with less than 50% will receive a significant load to rates (valid waivers taken into consideration)  |            |            |   |                          |                      |                      |
| Split Carrier Participation                             | Only allowed alongside Kaiser. Anthem must enroll 50% regardless of waivers. Must have a minimum of 50 enrolled. Must have prior coverage. Groups with less than 51 enrolled will receive a 40% rate load.   |            |            |   |                          |                      |                      |
| Minimum Enrolled  | Groups with less than 50 enrolled will receive a 40% load to rates.  |            |            |   |                          |                      |                      |
| Carve-Outs  | Case-by-case basis and requires underwriting review. In most cases, Anthem would only review if quoting on a specific population over 100 enrolled.  |            |            |   |                          |                      |                      |
| Out-of-State Employees                                  | Maximum 90%.   |            |            |   |                          |                      |                      |
| COBRA/Cal-COBRA   | The number of employees enrolled in COBRA cannot exceed 10% of total enrollment.   |            |            |   |                          |                      |                      |
| EE-Only Coverage  | Allowed.   |            |            |   |                          |                      |                      |
| Waiting Period Options                                  | Anthem will not impose a waiting period, the following options are allowed: 1st of the month following DOH, 30 or 60 days.   |            |            |   |                          |                      |                      |
| QUOTING CRITERIA  |  |            |            |   |                          |                      |                      |
| Bundling Discounts                                      | Up to a 4% total discount available on medical premium when also enrolling in the following ancillary lines: 1% for dental, 1.0% for life, 1.0% for vision, 0.5% for STD, and 0.5% for LTD.  |            |            |   |                          |                      |                      |
| Carrier Persistency                                     | Prefer no more than 2 carriers in 5 years.   |            |            |   |                          |                      |                      |
| Census or Online Enroll                                 | Must send Census spreadsheet to Anthem representative after LISI submits RFP via BenRevo.  |            |            |   |                          |                      |                      |
| Common Ownership  | Companies with common ownership are considered a single group if the companies fall under the definition under HIPAA.  |            |            |   |                          |                      |                      |
| Divisional Billing                                      | Available.   |            |            |   |                          |                      |                      |
| Ineligible Employees                                    | Part-time, stockholders unless meeting hourly requirements and drawing a salary in line with other EE eligibility criteria, Retirees (except COBRA), Trustees, Members of the Board of Directors, Elected Officials, Seasonal EEs, Leased employees, 1099, Foreign employees covered by their country's government Health Plan residing outside the U.S., Private Household employees, HI residents, and Canadian residents. |            |            |   |                          |                      |                      |
| Ineligible Groups                                       | Associations, Employee leasing groups, PEO, MEWA, JPA, Healthcare Alliances, and Student Health Plans. Groups having low Paydex (financial stability) score, 50 or less, will be automatically declined.   |            |            |   |                          |                      |                      |
| Medical Questions                                       | Questions are answered by employees.   |            |            |   |                          |                      |                      |
| Quoted vs. Enrolled                                     | Group may be re-rated if final enrollment differs by more than 10% from the number of employees quoted.  |            |            |   |                          |                      |                      |
| Virgin Groups   | Anthem must be sole Carrier. Virgin groups are eligible for Clear Value. Must meet minimum contribution and participation or will be declined.   |            |            |   |                          |                      |                      |



**BLUE SHIELD**

| PRODUCT OFFERINGS  |  |            |            |                    |                    |                               |  |                             |  |                        |  |
|--|--|------------|------------|--------------------|--------------------|-------------------------------|--|-----------------------------|--|------------------------|--|
| <b>Rates</b>   | Composite.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Product Combinations</b>  | Up to 4 plans may be selected. There is a 2% surcharge (for all plans) if 3+ are offered.  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Split Carrier Product Combinations</b>                                      | Up to 4 plans may be selected. There is a 2% surcharge (for all plans) if 3+ are offered.  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Networks</b><br><i>Note: Not all plans are available with all networks.</i> | <table border="0"> <tr> <td><u>HMO</u></td> <td><u>PPO</u></td> </tr> <tr> <td>Access+ HMO (Full)</td> <td>PPO Network (Full)</td> </tr> <tr> <td>Access+ HMO SaveNet (Limited)</td> <td></td> </tr> <tr> <td>Local Access+ HMO (Limited)</td> <td></td> </tr> <tr> <td>Trio ACO HMO (Limited)</td> <td></td> </tr> </table> | <u>HMO</u> | <u>PPO</u> | Access+ HMO (Full) | PPO Network (Full) | Access+ HMO SaveNet (Limited) |  | Local Access+ HMO (Limited) |  | Trio ACO HMO (Limited) |  |
| <u>HMO</u>   | <u>PPO</u>   |            |            |                    |                    |                               |  |                             |  |                        |  |
| Access+ HMO (Full)   | PPO Network (Full)   |            |            |                    |                    |                               |  |                             |  |                        |  |
| Access+ HMO SaveNet (Limited)  |  |            |            |                    |                    |                               |  |                             |  |                        |  |
| Local Access+ HMO (Limited)  |  |            |            |                    |                    |                               |  |                             |  |                        |  |
| Trio ACO HMO (Limited)   |  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>HRA &amp; Wrap</b>  | 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.<br>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  |  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Group Size</b>  | 101-299 FTE.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Contribution</b>  | Minimum 75% employee or Minimum 50% employee & dependent   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Participation</b>   | Minimum 75% participation  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Split Carrier Contribution</b>  | Minimum 75% employee or Minimum 50% employee & dependent   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Split Carrier Participation</b>   | Minimum 65% of eligible employees must enroll in a plan, 40% with a min 40 lives must be with Blue Shield. If group offers Trio then may enroll 30% with a min 40 lives, whichever is greater, with Blue Shield.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Minimum Enrolled</b>  | Minimum 40 enrolled.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Carve-Outs</b>  | Not available  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Out-of-State Employees</b>  | No maximum   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>COBRA/Cal-COBRA</b>   | No more than 10% may be COBRA/Cal-COBRA.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Employee Only Coverage</b>  | Not allowed.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Waiting Period Options</b>  | 1st of the month following: date of hire or 30 days from date of hire.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| QUOTING CRITERIA   |  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Bundling Discounts</b>  | 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.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Carrier Persistency</b>   | N/A  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Census or Online Enrollment</b>   | Census and online enrollment (QuickEnroll) options available.  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Common Ownership</b>  | Must provide name and TIN for each company. Companies must be eligible to file a combined tax return.  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Divisional Billing</b>  | Available.   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Ineligible Employees</b>  | Leased employees, retirees, 1099 employees, seasonal employees and temporary employees   |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Ineligible Groups</b>   | Associations, Multiple Employer Trusts, PEO's, Taft Hartley Trusts, Groups with Hour Bank eligibility, Leasing firms, Public Entities and Schools  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Medical Questions</b>   | Must provide details on large claims.  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Quoted vs. Enrolled</b>   | N/A  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Virgin Groups</b>   | Must provide salary information for all employees; allows them to predict who is most likely to enroll.  |            |            |                    |                    |                               |  |                             |  |                        |  |
| <b>Notes</b>   | <ul style="list-style-type: none"> <li>Member level census is required.</li> <li>Groups leaving Trinet PEO will be auto-declined without a termination letter from Trinet.</li> </ul>  |            |            |                    |                    |                               |  |                             |  |                        |  |



| 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.<br>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.<br>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<br><i>Note: Not all plans are available with all networks.</i> | <table border="0"> <tr> <td><u>HMO</u><br/>Anthem HMO Network (Full)</td> <td><u>PPO</u><br/>Anthem PPO Network (Full)<br/>Anthem Select PPO Network (Limited)</td> </tr> </table>  | <u>HMO</u><br>Anthem HMO Network (Full) | <u>PPO</u><br>Anthem PPO Network (Full)<br>Anthem Select PPO Network (Limited) |
| <u>HMO</u><br>Anthem HMO Network (Full)                                 | <u>PPO</u><br>Anthem PPO Network (Full)<br>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+ FTE. DE-9C required. Must be headquartered in California.<br>Available to accounting firms in public practice or firms offering general financial services (SIC 8721).<br>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.<br>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.<br>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"> <li>• 1st of the month following date of hire</li> <li>• 1st of the month following 30 days from date of hire</li> </ul>   |   |  |
| 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"> <li>• Submit reason for shopping with quote request.</li> <li>• If currently with Anthem large group, CalCPA rates can't come in less than 5% from current.</li> </ul>   |   |  |



| <b>CIGNA</b>   |  |                                  |   |
|--|--|----------------------------------|---|
| <b>PRODUCT OFFERINGS</b>   |  |                                  |   |
| <b>Rates</b>   | Composite.   |                                  |   |
| <b>Product Combinations</b>  | Up to 3 or 4 plans may be offered if that is what the group currently offers.  |                                  |   |
| <b>Split Carrier Product Combinations</b>                                      | Up to 3 or 4 plans may be offered if that is what the group currently offers.  |                                  |   |
| <b>Networks</b><br><i>Note: Not all plans are available with all networks.</i> | <table border="0"> <tr> <td><u>HMO</u><br/>HMO Network (Full)</td> <td><u>PPO</u><br/>PPO Network (Full)<br/>Open Access Plus Network (Full)</td> </tr> </table>                                   | <u>HMO</u><br>HMO Network (Full) | <u>PPO</u><br>PPO Network (Full)<br>Open Access Plus Network (Full) |
| <u>HMO</u><br>HMO Network (Full)   | <u>PPO</u><br>PPO Network (Full)<br>Open Access Plus Network (Full)  |                                  |   |
| <b>HRA &amp; Wrap</b>  | Details pending  |                                  |   |
| <b>ELIGIBILITY</b>   |  |                                  |   |
| <b>Group Size</b>  | 101-500 FTE Fully-Insured, 25-500 FTE Self/Level Funded.   |                                  |   |
| <b>Contribution</b>  | Minimum 50% employee.  |                                  |   |
| <b>Participation</b>   | 50% minimum, valid waivers are not removed from participation calculation.   |                                  |   |
| <b>Split Carrier Contribution</b>  | Minimum 50% employee.  |                                  |   |
| <b>Split Carrier Participation</b>   | Minimum 50% of eligible must enroll with Cigna.  |                                  |   |
| <b>Minimum Enrolled</b>  | Level funding down to 26 enrolling. Other lines, N/A.  |                                  |   |
| <b>Carve-Outs</b>  | Details pending  |                                  |   |
| <b>Out-of-State Employees</b>  | No limit.  |                                  |   |
| <b>COBRA/Cal-COBRA</b>   | No more than 20%   |                                  |   |
| <b>Employee Only Coverage</b>  | Fully-Insured: Varies by the situs state, request on group-by-group basis.<br>Self/Level Funded: May elect to exclude spouses/domestic partners from coverage, may not exclude dependent children. |                                  |   |
| <b>Waiting Period Options</b>  | Details pending  |                                  |   |
| <b>QUOTING CRITERIA</b>  |  |                                  |   |
| <b>Bundling Discounts</b>  | 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.                                    |                                  |   |
| <b>Carrier Persistency</b>   | N/A  |                                  |   |
| <b>Census or Online Enrollment</b>   | Census enrollment available.   |                                  |   |
| <b>Common Ownership</b>  | Owner must have 80% ownership in each company.   |                                  |   |
| <b>Divisional Billing</b>  | Available. Billing can be set to each location.  |                                  |   |
| <b>Ineligible Employees</b>  | Leased employees, retirees, 1099's, seasonal and temporary employees.  |                                  |   |
| <b>Ineligible Groups</b>   | Associations, MET's, PEO's, Taft-Hartley Groups, Groups with Hour Bank eligibility, Leasing Firms, Public Entities and Schools.  |                                  |   |
| <b>Medical Questions</b>   | Health questions must be answered by employees.  |                                  |   |
| <b>Quoted vs. Enrolled</b>   | If enrollment & subsequent rating varies from quoted by +/- 10% then the group may be re-rated.  |                                  |   |
| <b>Virgin Groups</b>   | Level-funding only. Individual health statements required. Must have 50% participation and 70% contribution.   |                                  |   |
| <b>Notes</b>   | -  |                                  |   |



**HEALTH NET**

| PRODUCT OFFERINGS  |   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
|--|---|--------------------------|--------------------|--|-----|------------|------------|------------------------|--------------------|------------------------|------------------------|--------------------------|--|
| <b>Rates</b>   | 4-tier composite.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Product Combinations</b>  | 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)<br>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.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Split Carrier Product Combinations</b>                                      | Same as Product Combinations above.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Networks</b><br><i>Note: Not all plans are available with all networks.</i> | <table border="0"> <tr> <td>HMO</td> <td></td> <td></td> <td>PPO</td> </tr> <tr> <td>HMO (Full)</td> <td>EOA (Full)</td> <td>SmartCare HMO (Narrow)</td> <td>PPO Network (Full)</td> </tr> <tr> <td>HMO ExcelCare (Narrow)</td> <td>EOA ExcelCare (Narrow)</td> <td>Salud HMO y Mas (Narrow)</td> <td></td> </tr> </table>  | HMO                      |                    |  | PPO | HMO (Full) | EOA (Full) | SmartCare HMO (Narrow) | PPO Network (Full) | HMO ExcelCare (Narrow) | EOA ExcelCare (Narrow) | Salud HMO y Mas (Narrow) |  |
| HMO  |   |                          | PPO                |  |     |            |            |                        |                    |                        |                        |                          |  |
| HMO (Full)   | EOA (Full)  | SmartCare HMO (Narrow)   | PPO Network (Full) |  |     |            |            |                        |                    |                        |                        |                          |  |
| HMO ExcelCare (Narrow)   | EOA ExcelCare (Narrow)  | Salud HMO y Mas (Narrow) |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>HRA &amp; Wrap</b>  | 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  |   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Group Size</b>  | 101-500 FTE. Must have at least 75 benefit eligible employees.<br>DE-9C required for groups enrolling less than 51 and groups currently on an age-rated product.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Contribution</b>  | Minimum 50% towards the lowest cost option.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Participation</b>   | 75% of all eligible employees. 33% minimum participation for virgin group on a sole carrier basis. (See Virgin Groups section below for exceptions)   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Split Carrier Contrib</b>   | Minimum 50% towards the lowest cost option.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Split Carrier Participation</b>   | Salud HMO y mas may be offered on a stand-alone basis alongside Kaiser in the Salud y mas service area. The number of enrolled subscribers must be equal to or greater than 15% of the eligible enrolled population in all plans or 20 subscribers, whichever is greater.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Minimum Enrolled</b>  | Minimum 38 enrolled.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Carve-Outs</b>  | Not allowed, including union/non-union.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Out-of-State Employees</b>  | Up to 60%   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>COBRA/Cal-COBRA</b>   | No more than 10%  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>EE-Only Coverage</b>  | Not allowed.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Waiting Period Options</b>  | 1st of the month following: date of hire (DOH), 30 days from DOH, 60 days from DOH, or 1 month from DOH.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| QUOTING CRITERIA   |   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Bundling Discounts</b>  | 1% discount for Dental, 0.5% for Life, 0.5% for Vision; not available with voluntary plans.   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Carrier Persistency</b>   | 5 year history required. Must provide current and renewal rates.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Census/Online Enroll</b>  | Not available.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Common Ownership</b>  | Must provide a letter from CPA detailing the company structure and how they are eligible to be considered a single employer.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Divisional Billing</b>  | Available. Billing can be set to each location (within reason).   |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Ineligible Employees</b>  | 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).  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Ineligible Groups</b>   | All industries are subject to underwriting review.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Medical Questions</b>   | Must include details on claims in excess of \$25,000 including diagnosis. Health Net may request more information to determine appropriate rating level.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Quoted vs. Enrolled</b>   | If premium varies from quoted census by more than 5% then group may be re-rated.  |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |
| <b>Virgin Groups</b>   | <ul style="list-style-type: none"> <li>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.</li> <li>If an employer offers only a Salud plan the Employer Contribution requirement is 65%.</li> <li>If an employer offers multiple product/network/plans, the Employer Contribution requirement is 50% of the next lowest Tailored Network (non-Salud) plan.</li> <li>A reconciled DE-9C (weeks and wages) for the last quarter is required with submission of new sale.</li> <li>Health Net must be the sole carrier offered.</li> </ul> |                          |                    |  |     |            |            |                        |                    |                        |                        |                          |  |



**MEDIEXCEL**

| <b>PRODUCT OFFERINGS</b>                  |  |
|---|--|
| <b>Rates</b>                              | Composite; 3 or 4 tier composite available.  |
| <b>Product Combinations</b>               | 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.  |
| <b>Split Carrier Product Combinations</b> | Plans may be wrapped alongside any CA HMO and/or PPO plan.   |
| <b>Networks</b>                           | <u>HMO</u><br>MediExcel Health Plan Provider Network (Full). Services available in Mexico; Urgent care only in CA.   |
| <b>HRA &amp; Wrap</b>                     | Allowed.   |
| <b>ELIGIBILITY</b>                        |  |
| <b>Group Size</b>                         | 101+ FTE.  |
| <b>Contribution</b>                       | Minimum 50% employee.  |
| <b>Participation</b>                      | Minimum 50% of all eligible employees.   |
| <b>Split Carrier Contribution</b>         | 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). |
| <b>Split Carrier Participation</b>        | Minimum 1 enrolled.  |
| <b>Minimum Enrolled</b>                   | Minimum 1 enrolled.  |
| <b>Carve-Outs</b>                         | 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.   |
| <b>Out-of-State Employees</b>             | Not allowed.   |
| <b>COBRA/Cal-COBRA</b>                    | No more than 10% of subscribers may be on COBRA.   |
| <b>Employee Only Coverage</b>             | Employers may elect to offer employee-only coverage; employers must monitor enrollment.  |
| <b>Waiting Period Options</b>             | 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.  |
| <b>QUOTING CRITERIA</b>                   |  |
| <b>Bundling Discounts</b>                 | None.  |
| <b>Carrier Persistency</b>                | N/A  |
| <b>Census or Online Enrollment</b>        | A census spreadsheet will be accepted if all demographic information for employees and dependents is provided.   |
| <b>Common Ownership</b>                   | 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.  |
| <b>Divisional Billing</b>                 | Available.   |
| <b>Ineligible Employees</b>               | Part-time working less than 20 hours, temporary, seasonal or substitute employees, 1099 contractors, and retirees.   |
| <b>Ineligible Groups</b>                  | None.  |
| <b>Medical Questions</b>                  | Health questions must be answered by employees.  |
| <b>Quoted vs. Enrolled</b>                | If enrollment & subsequent rating varies from quoted by +/- 5% then the group may be re-rated.   |
| <b>Virgin Groups</b>                      | Allowed; no additional requirements.   |
| <b>Notes</b>                              | -  |

**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>HMO</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+ FTE.   |
| Contribution                       | Minimum 50% employee.<br>Defined contribution: Minimum \$100 per employee.  |
| Participation                      | 70% of eligible employees.  |
| Split Carrier Contribution         | Minimum 50% employee.<br>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%.  |
| EE-Only Coverage                   | Employers may elect to offer employee-only coverage.  |
| 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 30 days from date of hire</li> <li>• 30 days following date of hire*</li> <li>• 60 days following date of hire*</li> </ul> <p><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></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  |   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
|--|---|---------------------------|--------------------|--|------------|------------------|--------------------|---------------------------|--------------------|---------------------|-----------------|-------------|----------------|
| <b>Rates</b>   | Composite; 3 or 4 tier composite available.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Product Combinations</b>  | No restrictions on Select Plus offerings. Core 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/location. 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. |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Split Carrier Product Combinations</b>                                      | 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.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Networks</b><br><i>Note: Not all plans are available with all networks.</i> | <table border="0"> <tr> <td><u>HMO</u></td> <td></td> <td></td> <td><u>PPO</u></td> </tr> <tr> <td>Signature (Full)</td> <td>Alliance (Limited)</td> <td>Harmony (Limited, regions</td> <td>Select Plus (Full)</td> </tr> <tr> <td>Advantage (Limited)</td> <td>Focus (Limited)</td> <td>15-19 only)</td> <td>Core (Limited)</td> </tr> </table>  | <u>HMO</u>                |                    |  | <u>PPO</u> | Signature (Full) | Alliance (Limited) | Harmony (Limited, regions | Select Plus (Full) | Advantage (Limited) | Focus (Limited) | 15-19 only) | Core (Limited) |
| <u>HMO</u>   |   |                           | <u>PPO</u>         |  |            |                  |                    |                           |                    |                     |                 |             |                |
| Signature (Full)   | Alliance (Limited)  | Harmony (Limited, regions | Select Plus (Full) |  |            |                  |                    |                           |                    |                     |                 |             |                |
| Advantage (Limited)  | Focus (Limited)   | 15-19 only)               | Core (Limited)     |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>HRA &amp; Wrap</b>  | 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  |   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Group Size</b>  | 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.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Contribution</b>  | Minimum 50% employee.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Participation</b>   | 75% of eligible, must have minimum 50% regardless of waivers. Must have 40% regardless of spousal waivers.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Split Carrier Contrib</b>   | Minimum 50% employee.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Split Carrier Participation</b>   | 75% of total eligible employees must enroll with a carrier; at least 60% must enroll with UHC (if more than 60% KP enrollment, will be declined to quote). Load applies based on percentage enrolling with UHC.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Minimum Enrolled</b>  | Minimum 40 enrolled; groups under this amount will be declined to quote.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Carve-Outs</b>  | Allowed with at least 20 enrolling.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Out-of-State Employees</b>  | 49% max. May be flexible, ask your Regional Sales Manager for more info.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>COBRA/Cal-COBRA</b>   | No max, however may be rated if more than 10% COBRA enrollees.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Employee Only Coverage</b>  | This is not allowed as part of their contract, however UnitedHealthcare allows the employer to control dependent eligibility.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Waiting Period Options</b>  | 1st of the month following: date of hire, 30 days from date of hire OR 60 days from date of hire  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| QUOTING CRITERIA   |   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Bundling Discounts</b>  | Medical can be discounted when sold with ancillary lines, up to a max of 4% of medical premium: Dental earns 2.0%, Vision & Life 0.5% each, LTD & STD 0.25% each, and Supplemental Health 0.5%.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Carrier Persistency</b>   | Groups that have moved carriers within the past 12 months will be declined. Prefer to have no more than 2 carriers in the last 5 years. Groups with more may be rated/declined.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Census/Online Enroll</b>  | Census enrollment or EDI available.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Common Ownership</b>  | 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.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Divisional Billing</b>  | Available, billing can be sent to each location.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Ineligible Employees</b>  | Employees who work less than 30 hours per week. Employees not on payroll or where an employer/employee relationship does not exist.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Ineligible Groups</b>   | 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). Groups that received a renewal increase over 25%.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Medical Questions</b>   | Must list all large claims (claims exceeding \$25,00). Groups that have ongoing large claims over 20% of premium will be declined.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Quoted vs. Enrolled</b>   | Typically allows up to 10% membership and/or demographic change; always reserves the right to re-rate.  |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Virgin Groups</b>   | Decline to quote.   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |
| <b>Notes</b>   | <ul style="list-style-type: none"> <li>• Member level census required. If not provided, will be declined to quote.</li> <li>• Groups with 101+ FTE, but less than 101 benefit eligible, may be rated up.</li> <li>• Groups with no prior coverage will receive a better quote with projections of enrollment.</li> <li>• Contact UnitedHealthcare to ask for exception on any group that does not meet the above criteria.</li> </ul>   |                           |                    |  |            |                  |                    |                           |                    |                     |                 |             |                |