

Small Group POS Underwriting Guidelines

Small Group (Less than 101 Full-Time Equivalent Employees)

Product availability: POS is only available for in-area & out-of-area subscribers meeting the requirements below.

General	HMO-POS wrap is available with any SHP network.
Minimum participation	10/15% Rule: The group must have at least 10 active enrolled subscribers and at most 15% POS participation (in-area & out-of-area) with up-rounding allowed. For example, a group of 10 subscribers is allowed up to 2 POS subscribers ($10 \times 15\% = 1.5$, so 2 POS subscribers are allowed due to up-rounding).
Minimum contribution	The dollar amount of the POS contribution must be at least as large as the dollar amount of the HMO contribution.
Waiting periods	Waiting periods must be the same for HMO & POS enrollees. Exceptions are allowed for different classes of employees (e.g. staff has a 90 day waiting period, but management must only wait until the first day of the month following the hire date).
Composite rating	Composite rating is not permitted.
Dual options	Groups can have only one POS plan.
Carve-outs	Groups must meet 100% overall participation and all other Underwriting Guidelines to be eligible for a carve-out.
Deductible Credits for POS/HSA	For a subscriber enrolled as of the initial effective date in a SHP/POS/HSA, Sharp Health Plan will credit the amount of the deductible satisfied for medical expenses under the benefit plan of the group's prior carrier in the same calendar year. The prior carrier information must be provided. (HSA Medical & Rx deductibles amounts will apply).
Wrapping with another carrier	Wrapping with another carrier is not permitted.
Coverage of 1099-employees	1099-employee coverage is permitted if all criteria is met.
Maximum COBRA participation	No more than 10% of eligible subscribers may be enrolled in COBRA.
Initial premium payment	The initial premium should be in the amount of the first month's premium. The payment can be submitted via the ACH payment form or by company check and can be submitted together with the HMO payment.
New case submission timeframe	SHP must receive completed new group submission paperwork by the third business day of the coverage month for a first-of-the-month effective date. If forms received by Underwriting are incomplete, the submission will be returned to the SHP Sales Department to obtain all required documents. All necessary information for making a determination must be received by Underwriting within five days of requesting the information, but no later than the 10 th calendar day of the month. If the information is not received within that time, coverage will be withdrawn for the month requested or else the effective date will be rolled to the following month.
Final enrollment changes or effective date change	Rates are subject to change.