

Carrier	Plan Offerings
	For groups with 101 to 300 eligible employees, it is permitted to offer up to four plans listed in the OTS proposal, and these can be mixed and matched. While this is the standard approach, Aetna can request additional plans from Underwriting on a case-by-case basis. Additionally, no load is applied when offering four or fewer plans. Aetna will allow 5 plans if there are currently 5 plans in force, subject to Underwriting approval.
	For employees residing in California, Anthem will allow any combination of the following plans, with a maximum of 4 plan offerings from California. Some exceptions may apply: Maximum of 2 HMO plans: • High and Low plans are considered as 2 separate plans. • Dual Network plans are also counted as 2 plans. • A third HMO option is available only if the plan is part of the Vivity HMO network. Maximum of 2 PPO plans (High/Low PPO, EPO, Solution PPO, or CDHP): • High and Low plans are considered as 2 separate plans. • If the Vivity HMO is offered as the third HMO plan, only 1 PPO plan can be selected. • EXCEPTION: The BlueConnection EPO can only be offered alongside PPO options; HMO plans are not available with this option.
	For manually rated groups, there are up to 3 plans for groups with under 100 subscribers and up to 4 plans for groups with over 100 subscribers.
	For groups with fewer than 100 employees, it is preferred that two plans are offered; however, Cigna may consider offering three on a case-by-case basis. This decision depends on the specific circumstances of each group. Cigna has previously made exceptions and quoted four plans for U100. For groups under 100 employees, three plans are preferred. Cigna may allow a fourth plan on a case-by-case basis and has previously made exceptions for U100 groups. If you have any questions regarding exceptions, please feel free to reach out to your Cigna representative, who will collaborate with their team to explore possible solutions. For groups with more than 100 employees, the standard is to quote no more than four plans to prevent a multiple-plan load.
	You can select any or all options available in the portfolio.
	Sole Carrier: (Max 6 plans) 50% of the total eligible employees or 50 actives enrolled, whichever is greater. Sole Carrier: (Max 4 plans) 33% to 49% of the total eligible employees or 33 actives enrolled, whichever is greater. Virgin Groups: • 4-Plans Maximum.

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	• Total Replacement: Offer 3 HMO/DHMO/HSA/HRA plans + 1 PPO and/or 1 POS plan. • Alongside Another Carrier: Offer 3 HMO/DHMO/HSA/HRA plans max. • HMO, Deductible HMO, HSA, HRA: these plans use the Kaiser Permanente network/facilities. • KPIC: PPO and POS are reserved for Total Replacement only and allow members to access accordingly: ▪ The PPO plan allows members to have freedom and flexibility to receive care within Tier 1: participating network of providers or Tier 2: any licensed non-participating provider. ▪ The POS plan allows members to have freedom and flexibility to receive care within Tier 1: Kaiser Permanente facilities, Tier 2: participating network of providers, or Tier 2: any licensed non-participating provider. • In Kaiser Permanente states, members can get care from the PHCS Network. ▪ In all other states, they can visit Cigna PPO Network providers. Members can visit kp.org/kpic/PPO and kp.org/kpic/POS anytime to find PHCS and Cigna PPO Network providers near them.
	Buy-up options are available; any of the platinum plans can be offered as buy-ups when paired with book rate plans (MEP or QEP). Groups may offer up to two plans.
	There are three plans designed for large groups, with exceptions allowing a fourth plan on a case-by-case basis. Two of the plans support groups with more than 50 members. In addition, trust cases may be reviewed individually to determine whether a composite or age-banded rating is appropriate. Composite rates are generally available for groups with 20 or more eligible members.
	2 HMO plans alongside 1 POS, or if selling Sharp's PPO, 1 PPO.
	Only one medical plan may be offered.
	• A maximum of six plans. No restrictions on narrow HMO networks. In cases where a Kaiser quote is provided, an equivalent UnitedHealthcare network must also be sold.