

HEALTH CARE REFORM - COVERAGE ELIGIBILITY

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	CaliforniaChoice®	Chinese Community Health Plan	Cigna + Oscar	E.D.I.S.	Health Net	Kaiser Permanente*
When a member marries - and they submit application to have spouse added, when does the coverage start?	<i>First of the month following Date of Marriage. If actual date of marriage is needed, Aetna will manually add the spouse as of DOM.</i>	<i>Coverage would be effective on the date of marriage if the completed ACA application is received within 60 days of the date of marriage.</i>	<i>Date of the Marriage.</i>	<i>First of the month following date of marriage.</i>	<p><u>Marriage:</u> If all required documentation is received before the 16th day of the month of marriage, premiums are charged for the full month and coverage begins on the date of marriage. If all required documentation is received on or after the 16th day of the month of marriage, coverage begins on the 1st of the month following the date of receipt.</p> <p><u>Domestic Partnership:</u> If all required documentation is received before the 16th day of the month in which the domestic partnership was established, premiums are charged for the full month and coverage begins on the date of the event. If all required documentation is received on or after the 16th day of the month in which the domestic partnership was established, coverage begins on the 1st of the month following the date of receipt.</p>	<i>First of the month following the date of marriage.</i>	<i>1st of the month following the Qualifying Life Event. Spouse must be added within 60 days of marriage.</i>	<i>First of the month following the date of event.</i>	<i>The spouse becomes eligible the first of the month following date application received.</i>	<i>New dependents must be added within 60 days of becoming eligible if the addition is because of marriage/ acquisition of partner, new birth, adoption or placement of adoption, involuntary loss of other coverage, dependent moved into the service area, and qualified medical child support order (QMCSO).</i>
Newborn child, adoption, etc. - when is baby added? (i.e. date of birth, first of the month in which the child was born, or first of the month following birth)?	<i>Newborns of subscribers are eligible on their date of birth. Adopted children are eligible on the date of the adoption.</i>	<p><i>Newborns are effective on the date of birth when a completed ACA application is received within 60 days of the date of birth. Example: an application to add the baby arrives within 60 days of the birth. Anthem will add the baby effective on June 23rd.</i></p> <p><i>An adopted child is effective on the date of adoption or placement for adoption if the completed ACA application is received within 60 days of the date of adoption or placement.</i></p> <p><i>*A child who is in the process of being adopted is considered a legally adopted child if: Anthem receives legal evidence of intent to adopt or notification of physical custody. The subscriber has the authority to control the health care needs of the child. Has assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child adoption.</i></p>	<i>Newborns of subscribers are eligible on their date of birth. Adopted children are eligible on the date of the adoption.</i>	<i>Date of birth</i>	<i>If birth/date of placement occurred before the 16th of the month, coverage begins on 1st day of the month of the date of their birth/ placement. If birth/ date of placement occurred on the 16th or after, child is automatically covered at no cost under Subscriber between date of birth/ placement and the 1st of the following month. Coverage for the dependent begins on the 1st of the month following the birth/ date of placement.</i>	<i>Date of birth/ adoption</i>	<i>Date of birth or date of adoption. Dependents must be added within 60 days of becoming eligible.</i>	<i>Date of birth</i>	<p><i>Newborn: Date of birth</i></p> <p><i>For adoption, the effective date will be the date the birth parent or appropriate legal authority grants the employee or his or her spouse, in writing, the right to control the child's health care.</i></p>	<i>New dependents must be added within 60 days of becoming eligible if the addition is because of marriage/ acquisition of partner, new birth, adoption or placement of adoption, involuntary loss of other coverage, dependent moved into the service area, and qualified medical child support order (QMCSO).</i>

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	MediExcel Health Plan	National General	Oscar	Sharp Health Plan	SIMNSA Health Plan	Sutter Health Plus	Total Benefit Solutions	UnitedHealthcare	Western Health Advantage
When a member marries - and they submit application to have spouse added, when does the coverage start?	<i>The first of the month following their application.</i>	<i>The first of the month following their application.</i>	<i>1st of the month following the Qualifying Life Event. Spouse must be added within 60 days of marriage.</i>	<i>First of the month following date of receipt.</i>	<i>First of the month following date of the event.</i>	<i>The first of the month following the date of receipt of application.</i>	<i>Coverage begins on the qualifying event date.</i>	<i>Date of the marriage (as long as the completed application to enroll a spouse is received by UHC within 60 days of the marriage).</i>	<i>First of the month following the event.</i>
Newborn child, adoption, etc. - when is baby added? (i.e. date of birth, first of the month in which the child was born, or first of the month following birth)?	<i>Newborns and adopted children are added first of month following the event.</i>	<i>Date of birth</i>	<i>Date of birth or date of adoption. Dependents must be added within 60 days of becoming eligible.</i>	<i>Date of birth unless otherwise specified (first of month following date of birth is other option).</i>	<i>Newborns of subscribers are eligible on their date of birth. Adopted children are eligible on the date of the adoption.</i>	<i>Date of birth or date of adoption. Dependents must be added within 60 days of becoming eligible.</i>	<i>Coverage begins on the qualifying event date.</i>	<i>Date of the event (as long as the completed application to enroll a spouse is received at UHC within 60 days of the event).</i>	<i>Newborns are added first of month following event. Adopted children are eligible on the date of the adoption.</i>

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Does your health plan go by Calendar Year or Policy Year for deductibles?	<i>Aetna Small Group plans are Calendar Year.</i>	<i>All Anthem plans have Calendar Year deductibles and benefits.</i>	<i>Calendar Year</i>	<i>CalCPA Health plans follow a Calendar Year for deductibles.</i>	<i>Calendar Year (all Health Plans).</i>	<i>Calendar Year</i>	<i>Calendar Year deductibles</i>	<i>HRA plans, we would follow the carrier policy. For our stop loss level funded plans, they are CYD.</i>	<i>Calendar Year for deductibles</i>	<i>Deductibles have a Calendar Year accumulation period.</i>
Does your health plan cover employees through the end of the month if termed mid-month?	<i>Terminations are end of the month for 1st of the month groups and 14th of the month for 15th of the month groups.</i>	<i>Yes, for example, if an employee's termination of employment is 3/6/19, the group coverage will end 4/1/19.</i>	<i>We ask groups to terminate employees at the end of the month that they work as we bill for the entire month, we do not prorate premium. In addition, it makes it easier for COBRA administration.</i>	<i>The health plans are always effective through the end of a particular month. For example, if a person's last day on the job was the 1st of the month, and he waived coverage effective the 2nd day of the month, his/her benefits would remain active through the last day of that same month. If, however, a person's last day of work was on the last day of the month, his benefits would terminate also on that same day at the end of that same month.</i>	<i>Yes, (all Health Plans).</i>	<i>Yes, through the end of the month</i>	<i>When an employee terms the employer has a few options, which are, end of month, end of following month or end of previous month. Only in the case of death can the death date be an option.</i>	<i>The employee would be covered until the end of the month</i>	<i>Employees are covered through the end of the month</i>	<i>Termination changes are effective on the 1st of the month. If the last day of employment is the 1st of the month, coverage will terminate on that date. Otherwise, coverage will terminate on the 1st of the following month. KP does not prorate.</i>

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Does your health plan go by Calendar Year or Policy Year for deductibles?	<i>Calendar Year</i>	<i>The group has the option to choose either Calendar Year or Policy Year for their deductible.</i>	<i>Calendar Year deductibles</i>	<i>Our plans are Calendar Year.</i>	<i>No deductibles</i>	<i>Calendar Year</i>	<i>Our health plan goes by calendar year.</i>	<i>It is calendar year. If a member changes plans in the middle of the year, funds already met will be transferred in to the new plan.</i>	<i>Calendar Year for deductibles and OOP Maximums.</i>
Does your health plan cover employees through the end of the month if termed mid-month?	<i>Employees can only be termed at the end of the month. Coverage will remain in place until the last day of the requested term month</i>	<i>Employees on the health plan will be covered until the end of the month if terminated after the 1st of any given month.</i>	<i>When an employee terms the employer has a few options, which are, end of month, end of following month or end of previous month. Only in the case of death can the death date be an option.</i>	<i>Yes, we only have end of month term dates.</i>	<i>Coverage will term at the end of the month</i>	<i>Yes. SHP only has end of month termination dates.</i>	<i>Aetna standard is to allow coverage through the end of the month in which member's employment ends. Termination as of the employee separation date is allowed, however it must be consistently applied to all employee terminations. Retroactive enrollments and terminations (employee and dependent) are limited to 60 days.</i>	<i>This decision is made by the group when the policy is sold. On our master application there is a section where they specify when coverage will end after termination and also start after hire date</i>	<i>Yes, employee will be covered until the last day of the month if terminated mid-month.</i>