



CONTACT INFORMATION

Member Support	<i>Contact your Word & Brown representative</i>
Spanish Member Support	<i>Contact your Word & Brown representative</i>
Internet Support	<i>Contact your Word & Brown representative</i>
Provider Eligibility Verification	<i>Contact your Word & Brown representative</i>
Claims	<i>Contact your Word & Brown representative</i>
Release Authorization (for HIPAA Release Forms)	<i>Contact your Word & Brown representative</i>
Customer Service	<i>Contact your Word & Brown representative</i>
Commissions	<i>Contact your Word & Brown representative</i>
Adds/Terms	<i>Contact your Word & Brown representative</i>
Administrator	<i>Contact your Word & Brown representative</i>
Billing/Payments	<i>Contact your Word & Brown representative</i>
Eligibility	<i>Contact your Word & Brown representative</i>
Broker of Record Changes	<i>Contact your Word & Brown representative</i>
Cal-COBRA Department/ Federal COBRA Enrollments	<i>Contact your Word & Brown representative</i>
Small Group Cancellations/ Reinstatements	<i>Contact your Word & Brown representative</i>
Producer Service & Broker Service	<i>Contact your Word & Brown representative</i>
Underwriting Department	<i>Contact your Word & Brown representative</i>
Broker Licensing Department/ Broker Licensing Paperwork	<i>Contact your Word & Brown representative</i>



PROVIDER NETWORKS

HMO Networks	<i>Contact your Word & Brown representative</i>
PPO Networks	<i>Contact your Word & Brown representative</i>
EPO Networks	<i>Contact your Word & Brown representative</i>

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *Contact your Word & Brown representative*

Premium Amount Required for 15th? *Contact your Word & Brown representative*

Applications must be dated within *Contact your Word & Brown representative*

Spouse/Domestic Partner Employees - 1 application or 2? *Contact your Word & Brown representative*

FEES

Enrollment Fee Amount *Contact your Word & Brown representative*

Type of Enrollment Fee *Contact your Word & Brown representative*

Monthly Administration Fee *Contact your Word & Brown representative*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? *Contact your Word & Brown representative*

Is on-the-job covered for corporate officers, partners and sole proprietors? *Contact your Word & Brown representative*

Is there a premium adjustment for 24 hour coverage? *Contact your Word & Brown representative*

SPECIAL CONSIDERATIONS



FUNDING ADVANTAGE

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	Contact your Word & Brown representative	Contact your Word & Brown representative
Max. # of employees	Contact your Word & Brown representative	Contact your Word & Brown representative

Minimum Employer Contribution

	Group Size
Employees	Contact your Word & Brown representative
For Dependents	Contact your Word & Brown representative
% of Total Cost	Contact your Word & Brown representative

PARTICIPATION

Contributory	
	Group Size
Employees	Contact your Word & Brown representative
Dependents	Contact your Word & Brown representative
Non-Contributory	
Employees	Contact your Word & Brown representative
Dependents	Contact your Word & Brown representative



FUNDING ADVANTAGE

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	Contact your Word & Brown representative
Are 1099 employees allowed?	Contact your Word & Brown representative
Are employees covered if traveling out of USA?	Contact your Word & Brown representative
Is coverage available for out-of-state employees?	Contact your Word & Brown representative
Max. percentage of employees residing out-of-state allowed	Contact your Word & Brown representative

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?						
	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative
Medical/Durable Medical Equipment Benefit*	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative

[†]Vendors for Diabetes Equipment: Contract is with Medical Group. See PCP.

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative

These services may change at any time without notice.
Please contact your Word & Brown rep for specific inquiries on listed services

For Prescription information, refer to comparison chart in the front of this guide.

Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.