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CONTACT INFORMATION

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

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PROVIDER NETWORKS

HMO Networks	*Contact your Word & Brown representative*
PPO Networks	*Contact your Word & Brown representative*
EPO Networks	*Contact your Word & Brown representative*

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

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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*

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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.