












PARTICIPATION GUIDELINES 2026

Carrier	Sole Carrier	Alongside Kaiser
	Seventy-five percent (75%) of eligible employees, excluding valid waivers, are required, but there must be no less than fifty percent (50%) of all eligible employees. Aetna is flexible with 75% but is firm with 50% overall.	At least 60% of eligible employees must be enrolled, with a minimum total of 40 employees participating.
	Seventy-five percent of the net eligible employees. If the percentage is below 75%, rates will be adjusted accordingly.	At least 51% of all eligible employees must enroll with Anthem.
	To qualify for employer-sponsored medical coverage, either 65% of eligible employees must enroll, or 50% of eligible employees plus 75% of net eligible employees must enroll. "Net eligible" refers to the total number of eligible employees minus valid waivers.	If Kaiser is offered, participation can drop to 40%, or 30% if Trio is also offered. Blue Shield will require a minimum of 40 subscribers.
	Fifty percent of eligible employees must participate, including those with valid waivers, which will be counted against the participation requirement.	At least 40% of eligible participating employees must enroll with Cigna, and the total number of employees must exceed 50. To minimize anti-selection risk, Cigna prefers that at least 50% of employees enroll.
	If there are fewer than 50 enrolled, the percentage is 75%. If there are more than 50 enrolled, the percentage is 60%.	If there are fewer than 50 enrolled, the percentage is 75%. If there are 50 or more enrolled, the percentage is 60%. A minimum of 26 must be enrolled.
	<p>Enhanced Choice Portfolio – Total Takeover – 101 to 500:</p> <ul style="list-style-type: none"> • Sole Carrier (Maximum 6 Plans): Covers 50% of the total eligible employees or 50 actively enrolled employees, whichever number is greater. • Sole Carrier (Maximum 4 Plans): Covers 33% to 49% of the total eligible employees or 33 actively enrolled employees, whichever number is greater. Applies to the 101-250 market for participation under 50%. 	<p>Enhanced Choice Portfolio – Alongside Kaiser and up to 4 plans:</p> <ul style="list-style-type: none"> • Alongside Kaiser - 33% of the total eligible employees or 33 actives enrolled, whichever is greater. <p>Offered Alongside Non-KP Carriers (e.g., MediExcel/SIMNSA):</p> <ul style="list-style-type: none"> • Subject to UW Approval.

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	<ul style="list-style-type: none"> Proposed rates and benefits assume 75% of the overall eligible group of employees enroll in a company-sponsored plan, excluding those waiving for alternative group coverage. The proposal assumes the employer pays at least 50% of the employee only cost and is non-discriminatory. KP prefers that the number of employee subscribers enrolled in KP must be the greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered KP reserves the right to re-rate if actual enrollment results in a +/-5% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following: <ol style="list-style-type: none"> A change in the demographic factor. A change in the average family size or subscriber distribution. A change in the number of subscribers enrolled in KP. A change in the number of plans offered alongside KP. A change in the benefit design of a plan offered alongside KP. A change in the employer contribution formula. Groups must abide by the Break-in and Break-away Policy. 	<ul style="list-style-type: none"> Proposed rates and benefits assume 75% of the overall eligible group of employees enroll in a company-sponsored plan, excluding those waiving for alternative group coverage. The proposal assumes the employer pays at least 50% of the employee only cost and is non-discriminatory. KP prefers that the number of employee subscribers enrolled in KP must be the greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered KP reserves the right to re-rate if actual enrollment results in a +/-5% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following: <ol style="list-style-type: none"> A change in the demographic factor. A change in the average family size or subscriber distribution. A change in the number of subscribers enrolled in KP. A change in the number of plans offered alongside KP. A change in the benefit design of a plan offered alongside KP. A change in the employer contribution formula. Groups must abide by the Break-in and Break-away Policy.
	<p>MHP will document down to 1 employee equivalent (EE) for all large group plans.</p>	<p>MHP will apply a minimum of 1 EE to all large group plans.</p>
	<p>A minimum participation rate of 50% is required, and all valid waivers must be properly documented to ensure eligibility. Achieving participation rates above 60% is recommended for a more competitive overall rating.</p>	<p>Forty percent of eligible individuals are enrolled in the Nippon plan, next to Kaiser. 40% of enrolled.</p>
	<p>Ten percent of the total overall enrollment includes both HMO and PPO. This percentage is flexible depending on the size of the group and/or the required strategy.</p>	<p>Requires a minimum of 50%, excluding valid waivers. This standard may be reviewed further based on the group's size and/or strategy.</p>
	<p>A minimum of 10 employees must be enrolled for participation.</p>	<p>Groups must meet minimum participation requirements. SIMNSA cannot be offered with other cross-border options.</p>

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	<p>A minimum of 50% participation is required, with at least 50% of participants choosing the lowest-cost plan.</p>	<ul style="list-style-type: none"> • 51% of total enrollment is required. • There must be plan parity with the lowest-cost Kaiser plan. • PPO plans will not be offered alongside Kaiser plans. • The Harmony HMO must be sold alongside Kaiser and have adequate enrollment. • Employer contributions must be equal; for example, if a member pays \$1 for Kaiser, the equivalent UHC HMO must also cost the same member \$1 or less.

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