HEALTH PLAN REFERENCE GUIDE

HEALTH | DENTAL | VISION

CALIFORNIA LARGE GROUP

SUMMER 2020

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WB.121919.7.20

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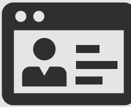

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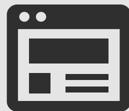

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CA LARGE GROUP

HEALTH PLAN REFERENCE GUIDE

The Health Plan Reference Guide (HPRG) is a compilation of Carrier Plans and Services offered to you through Word & Brown. The HPRG provides brokers with information on plan commissions, benefits, enrollment and eligibility requirements and coverage areas. This information is printed on a quarterly basis and the most up to date guidelines are posted on our website.

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TO OUR BROKERS:

The information in this publication was collected from carriers marketed through Word & Brown and is accurate to the best of our knowledge at the time of printing. However, since this publication is intended strictly as a guide, and plan specifications may change, we recommend that you verify any data with your Word & Brown sales representative and the carrier before making a decision on the information provided. Word & Brown disclaims any and all liability regarding the errors or omissions of the carriers. You further acknowledge and agree that Word & Brown disclaims any and all liability regarding the accuracy and reliability of the information contained in this publication and you will defend, indemnify and hold harmless Word & Brown, its affiliates and assigns against any liability arising therefrom.

***Please note Kaiser Permanente summary information is contained herein but Kaiser Permanente has not reviewed the information contained within this guide and Word & Brown therefore cannot guarantee its accuracy. Please contact your Word & Brown sales representative in the event of any discrepancies. The information provided in this guide is not intended to describe all of the benefits included in each plan, nor is it designed to serve as the "Evidence of Coverage" or "Certificate of Insurance." The KFHP Evidence of Coverage and the KPIC Certificate of Insurance contain a complete explanation of benefits, exclusions, and limitations.*

Please share these tips with all of your clients changing insurance plans

Until the new insurance plan has been approved, please make sure your clients are aware of the following:

Emergency Care – In case of an emergency situation, your client should call 911 or go to the nearest hospital* and pay cash or use a credit card for any incurred fees. Once their group is approved by the carrier, they can request reimbursement (less their plan's emergency room co-payment). Also remind clients to keep a record of their payment for submission to the carrier. Some plans waive the emergency room co-payment if the patient is admitted to the hospital directly from the emergency room. Important: The diagnosis by the emergency room physician must meet the carrier's definition of a true emergency in order to receive any reimbursement.

** The Patient Protection and Affordable Care Act (PPACA) requires health plans to pay emergency services at in-network level even if provider is out of network. However, non-network providers may charge more than in-network contracted rate and member would be responsible for any charges over the in-network contracted rate.*

If your client is taken by car or ambulance to a non-network hospital because it's within closer proximity than an in-network hospital, the new carrier must be notified within 24-48 hours. Please have them call their company's insurance contact person or you, the broker, if they need assistance with this notification process.

Continuity of Care/Completion of Covered Services – If your client or their enrolling spouse/domestic partner is pregnant and receiving care from a non-network doctor, your client is undergoing treatment for an acute condition, a serious chronic condition or terminal illness by a non-network doctor or your client's newborn child is receiving care from a non-network doctor between birth and age 36 months, they may come under the provisions of the California law requiring carriers to provide continuity of care (completion of covered services) with the non-network doctor in specific circumstances. It is important that they notify their company's designated insurance contact person or you as soon as possible to get assistance with submitting the continuity of care form to the carrier if their situation meets this law's criteria and the carrier's program guidelines.

Doctor Office Visit – Some offices will allow the patient to sign a waiver and pay for the visit up front. Remind your client to keep a record of their payment for submission to the carrier along with their reimbursement form once they have their new ID number. If your client is a current patient, some doctors will agree to bill the new insurance carrier once the patient gets their new insurance ID number and will have them pay only the office visit co-pay for their new plan. It is best to call the office before their appointment and explain their situation so they know what the payment procedures are in advance. If this visit can be postponed without adverse consequences to their health, they may want to consider rescheduling their appointment for a later date when they have their new ID number.

NOTE: The Patient Protection and Affordable Care Act (PPACA) also requires health plans to cover Preventive Care with no cost sharing by members (no copays/coinsurance). Check with your health plan carrier regarding what is included as preventive care.

Prescriptions – Clients should refill maintenance prescriptions prior to the effective date for their new coverage. For example, they should refill a maintenance high blood pressure medication no later than 12/31 for new coverage that will be effective 1/1. If they need to fill a prescription on or after the effective date for their new coverage, but they do not have their new ID number yet, they can pay for the prescription at the pharmacy and then request reimbursement from the carrier once they receive their new ID number. For reimbursement, they must submit the pharmacy receipt that includes the name of the drug & dosage rather than only the cash register receipt. If they paid for the prescription by credit or debit card, and return to the pharmacy with their ID number within 7-10 business days, some pharmacies will credit any overpayment back to their account. This is the fastest way for them to get their money back. When a medication is expensive, some pharmacies will work with the client by allowing them to buy a smaller amount (Ex: 10-day supply). When the client returns to pick up the remaining balance of their 30-day supply, the appropriate payment adjustment will be made once they show the pharmacy their new ID number. Some brand name drugs have generic equivalents that are much more cost effective. You or your client can find out if their prescription medication is name brand or generic (and the co-pay amount) by using the carrier's Web site RX search.

Once the plan is approved and your clients' employees have received their new membership cards:

- They should carry their membership card at all times. It is important for them to show their new ID card to their doctor during the first visit after their new insurance plan becomes effective.
- Your clients should always make sure they use an in-network doctor or an in-network hospital in order to maximize their coverage and prevent significant gaps in coverage and/or higher out of pocket expenses.
- You should encourage your clients to review all of the benefit descriptions they received during enrollment and their Explanation of Benefits booklets (which the carrier mails to their home address) so they are familiar with their co-payments and covered procedures.
- Ensure they are aware of which procedures will require prior authorization in their plan documents. Remember that procedures authorized with their previous carrier may require pre-authorization with their new carrier. Each carrier has their own criteria, so an authorization by one carrier does not guarantee authorization by another carrier in all circumstances.
- For any additional questions, your client should call Member Services (see specific carrier section in this book or their ID card for the phone number).

BROKER OF RECORD CHANGE REQUIREMENTS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health*	E.D.I.S.	Health Net
Need original Broker of Record change letter on company letterhead or copy ok?	*Copy*	*Copy*	*Copy*	*Copy or fax of letter is required*	*Copy*	*Copy*
Send Broker of Record change letter to (dept name + fax # or mailing address)	*Account Client Manager Team: 1-844-775-0317 or 1-844-250-9110 (fax) or westclientmanagement @aetna.com*	*Mid-Market Account Manager or Executive Sponsor*	*Sales Support 877-255-4015*	*Banyan Administrators: fax: 877-237-4519 email: calcpahealth@fnrm.com*	*Broker Services 888-886-7973*	*Account Management: So. Cal Fax 818-676-6297 No. Cal Fax 800-303-3110*
Turn around time for processing this change	*7-10 business days*	*7-10 business days*	*7-10 business days*	*2 business days*	*7-10 days (10 day rescission period)*	*7-10 business days*
Does carrier notify existing broker of this requested change?	*As a courtesy, Aetna notifies the broker after the change is processed via letter - advising them that they have been removed as the broker of record at the customer's request*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	*1st of the month following receipt*	*1st of following month*	*1st of following month*	*-If request is received before the 15th of the month, it will be effective on the first of the next month. -If request is received on or after the 15th of the month, it will be effective on the first of the month following a one month period. -Please note that this relates to the effective date of commissions. Commissions are paid to the new broker for premiums received on or after the commissions effective date. The broker can start acting on behalf of the firm as soon as we get the request.*	*1st of following month*	*1st of following month*
Is prior agent vested? If yes, how long?	*No*	*No*	*No*	*No*	*No*	*No*

**Broker of Record changes apply to Word & Brown agents business ONLY*

BROKER OF RECORD CHANGE REQUIREMENTS

	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Need original Broker of Record change letter on company letterhead or copy ok?	*Copy*	*Copy is o.k.*	*Copy*	*Copy*	*Copy*
Send Broker of Record change letter to (dept name + fax # or mailing address)	*rfp@mediexcel.com*	*Email (strongly preferred): sflicensing@ngic.com* *Mail to: National General Benefits Solutions Group Retention-3rd Floor 501 W. Michigan St. Milwaukee, WI 53203*	*Sales Dept. 858-499-8246*	*Group Size 2-100: Renewal Account Executive*	*Sales Department Fax - 916-568-1338 or via email WHASales@westernhealth.com*
Turn around time for processing this change	*48 hours*	*On average 60 days, unless the group is in their first plan year*	*7-10 business days*	*10 business days*	*5-7 Business Days*
Does carrier notify existing broker of this requested change?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	*1st day of month following receipt of notification.*	*For new groups, the new BOR change will not be in effect for commissions until the group has reached their first anniversary. Otherwise, we need 60 days notice*	*1st of following month unless requested during the 1st week of month to be effective that month*	*1st of following month*	*1st of the following month*
Is prior agent vested? **If yes, how long?**	*No*	*No*	*No*	*No*	*No*

BILLING CYCLES

Carrier	Date of Billing	Due Date	Termination Date
Aetna	*Third weekend of the prior month*	*1st of the month*	*Standard is the end of month*
Anthem Blue Cross	*15th of the prior month*	*1st of the month*	*30 day grace period. If payment is not received before the grace period expires, the group will be subject to termination for non-payment of premiums.*
Blue Shield of California	*15th of the prior month*	*1st of the month*	*30 day grace period. If they do not pay we may cancel and retro it back to the first*
Blue Shield of California 15th effective date†	*1st of the month*	*15th of the month*	*30 day grace period. If they do not pay we may cancel and retro it back to the first*
CalCPA Health	*7-10th of the prior month*	*1st of the month*	*30 days after due date*
Cigna	*Fully Insured - 20th of the month* *Level Funding/Graded Funding - 20th of the month*	*Fully Insured -1st of the month* *Level Funding/Graded Funding - 1st of the month*	*Fully Insured - 30 day grace period* *Level Funding/Graded Funding -30 days after due date. No grace period on ASO*
E.D.I.S.	*25th of the prior month*	*10th of the month*	*End of the month*
Health Net	*Assigned date by account rep (usually within the first 3 weeks of the prior month)*	*1st of the month*	*End of the month*
Health Net 15th effective date†	*Determined by Account rep*	*Determined by Account rep*	*Determined by Account rep*
MediExcel Health Plan	*15th of the prior month*	*1st day of the month*	*End of the month*
National General	*10th of the month*	*Month end*	*30 day grace period after the due date*
Sharp Health Plan	*Last Friday of every month - one month in advance*	*25th of the month. If premium is not received by the last day of the month, group will be termed.*	*End of the month*
UnitedHealthcare	*For HMO Billing Cycle:* *Cycle 1 runs on the 5th business day of the month (for next month's coverage)* *Cycle 2 runs between the 10th - 12th business day of the month (for next month's coverage)* *PPO or Dual/Triple Option:* *Call your Word & Brown representative*	*1st of the month*	*End of the month*
Western Health Advantage	*10th of the prior month*	*Last day of the month prior to the coverage month*	*30 days after the due date*

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CALIFORNIA

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
Medical, Dental and Vision, EAP	101+	Contact your Word & Brown representative
Aflac (Group Platform Plans)		
Creative Solutions	101+ Policy holders	Begins at 12% commission and increases with agent involvement and production
Ameritas		
Dental	100-199	10% Level Simple Add-Ons - 10%
Vision	100+	10% Level Simple Add-Ons - 10%
Anthem Blue Cross		
Medical, Dental, Vision, Life and Disability	101-500	4% Medical; Dental HMO 8%; Dental PPO 5%; Vision 10%; Life & Disability 10%
BEST Life and Health Insurance Company		
Dental	100+	Negotiable[2]
Voluntary Dental	100+	Negotiable[2]
Vision	100+	10%
Life and AD&D	100+	15%
Blue Shield of California		
Medical	101-299	Blue Shield has transitioned to a Producer Service Fee model. Contact your Word & Brown representative
Dental	101-299	7%
Vision	101-299	7%
Life	101-299	10%
CalCPA		
Medical (Anthem Blue Cross)	101+	5%
Dental (Delta Dental)	101+	10%
Vision (VSP)	101+	10%
California Dental Network		
Dental	101+	Negotiable[2]
Camden[1]		
Vision	101+	10% Level
ChoiceBuilder®		
Dental, Vision, Life and Chiropractic	101-199	10%
CIGNA		
Medical	101-250	5% Standard (negotiable)[3]
Dental, Vision, Life and Disability	101-250	10% Standard (negotiable)[3]
Colonial Life (Individual and Small Group Voluntary Plans)		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	101+	Varies by product

CARRIER / PLAN	GROUP SIZE	COMMISSION
CompNet		
Creative Solutions	101+	1st year: 4% Renewal: 3%
E.D.I.S.		
Freedom Dental	101+	3.75%
Group Term Life	2+	10%
EDHP Hybrid, RBP and Buy Up Plans	2+	$6 PEPM, and the below % of both the specific and aggregate premium. • 8% if spec deductible is $10,000 • 9% if spec deductible is $20,000 • 10% if spec deductible is $30,000 or higher
EDHP MVP Plan	2+	$10 PEPM
MEC Plans	2+	$5 PEPM
Evolved Benefits[1]		
Staff Benefits Management and Administrators (SBMA)	101+	Basic - $10 Virtual - $10 Ultra - $15 Ultimate - $15
Transamerica/ TransConnect	101+	HP45 - 18%
Guardian		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	101-999	Contact your Word & Brown representative
Health Net		
Medical	101-500	5%
Dental / Vision	101-500	10%
Life	101-500	0-10,000 = 10% 10,001 - 20,000 = 8% 20,001 - 30,000 = 5% 30,001 - 50,000 = 4% 50,001 - 150,000 = 2% 150,001+ = 1%
HealthiestYou		
TeleHeath	101+	15%
Humana		
Dental and Vision	101+	First $10,000: 10% Next $10,000: 7.5% Next $10,000: 5% Next $20,000: 2.5% Over $50,000: 1.5%
Employer-Sponsored Group Life & AD&D	101+	First $5,000: 15% Next $20,000: 10% Next $25,000: 7% Next $50,000: 3% Next $100,000: 2% Over $200,000: 1%
Voluntary Group Life and AD&D	101+	15%
International Medical Group (IMG)		
Alternative Solutions	101+	Varies

(Continued)

1. Quoting for this carrier is not available on ca.wordandbrown.com, please contact your Word & Brown representative for a proposal request.
2. Regional health plans are available in specific areas. Contact your Word & Brown representative for details.
3. Contact your Word & Brown representative for details.
4. For groups 101-299, please contact your Word & Brown representative.

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Kaiser Permanente**		
Medical	101-300	Contact your Word & Brown representative
Landmark Healthplan		
Chiropractic	2-199	10%
Liberty Dental		
Dental (HMO)	101-300	10% [for all years]
Lincoln Financial Group		
Dental	100+	First $10,000 - 10.00% Next $10,000 - 8.00% Next $10,000 - 4.00% Next $20,000 - 2.00% Next $50,000 - 1.50% Next $150,000 - 0.25% Next $250,000 - 0.15% Above $500,000 - 0.15%
Vision	100+	10%
LTD	100+	First $15,000 - 15.00% Next $10,000 - 10.00% Next $25,000 - 5.00% Next $50,000 - 1.00% Above $100,000 - 0.50%
Life AD&D and STD	100+	First $2,000 - 15.00% Next $3,000 - 12.00% Next $5,000 - 11.00% Next $5,000 - 8.00% Next $5,000 - 7.00% Next $5,000 - 6.00% Next $5,000 - 5.00% Next $20,000 - 2.00% Next $50,000 - 1.50% Next $50,000 - 1.00% Next $350,000 - 0.75% Above $500,000 - 0.50%
MediExcel Health Plan		
Medical	101+	5%
Dental[4]	101+	10%
MetLife		
HMO Dental	101-499	10% Level - Commissions are paid on the actual enrollment of the group
Dental PPO Options	101+	10% Graded[2] - Commissions are paid on the actual enrollment of the group
Vol. PPO Options	101+	10% Graded[2] - Commissions are paid on the actual enrollment of the group
Vision	101+	10% Level - Commissions are paid on the actual enrollment of the group
Life	10+	15% Graded[2] - Commissions are paid on the actual enrollment of the group
Disability	10+	Varies - Commissions are paid on the actual enrollment of the group
Creative Solutions	200+	Varies - Commissions are paid on the actual enrollment of the group
NationCare PPO Presented by Sharp Health Plan		
Medical	101+	5%
National General		
Self-Funded Medical	101+	5%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Nippon Life Benefits		
Medical	101-300	First $1,000: 6.50% Next $4,000: 4.70% Next $5,000: 2.85% Next $10,000: 2.60% Next $10,000: 2.35% Next $20,000: 1.85% Next $200,000: 1.15% Next $500,000: 0.55% Next $1,250,000: 0.28% Over $2,000,000: 0.10% -Flat commission % is negotiable, contact your Word & Brown representative
Dental	101-300	$0 - $10,000 = 10% $10,001 - $15,000 = 7.5% $15,001 - $20,000 = 7.5% $20,001 - $25,000 = 5.0% $25,001 - $50,000 = 5.0% $50,001 - $100,000 = 2.5% $100,001+ = 1.0%
Vision	101-300	$0 - $10,000 = 10% $10,001 - $15,000 = 7.5% $15,001 - $20,000 = 7.5% $20,001 - $25,000 = 5.0% $25,001 - $50,000 = 5.0% $50,001 - $100,000 = 2.5% $100,001+ = 1.0%
Life	101-300	$0 - $10,000 = 15% $10,001 - $15,000 = 10% $15,001 - $20,000 = 10% $20,001 - $25,000 = 7.5% $25,001 - $50,000 = 7.5% $50,001 - $100,000 = 5% $100,001+ = 2.5%
STD	101-300	$0 - $10,000 = 10% $10,001 - $15,000 = 7.5% $15,001 - $20,000 = 7.5% $20,001 - $25,000 = 5.0% $25,001 - $50,000 = 5.0% $50,001 - $100,000 = 2.5% $100,001+ = 1.0%
LTD	101-300	$0 - $10,000 = 15% $10,001 - $15,000 = 15% $15,001 - $20,000 = 12.5% $20,001 - $25,000 = 12.5% $25,001 - $50,000 = 10% $50,001 - $100,000 = 10% $100,001+ = 5%
Premier Access		
Dental	101+	Contact your Word & Brown representative
Premium Saver		
Creative Solutions	101+	Zero to 15%. Contact your Word & Brown representative
Principal		
Dental	101-999	First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% Commissions payable at a flat percentage are available for all group coverages.

(Continued)

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3 Contact your Word & Brown representative for details.
4 For groups 101-299, please contact your Word & Brown representative.

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LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Principal (Cont.)		
Vision	101+	First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% Commissions payable at a flat percentage are available for all group coverages.
Life	101+	First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% Commissions payable at a flat percentage are available for all group coverages.
Disability	101+	STD: First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% LTD: First $15,000: 15% Next $10,000: 10% Next $25,000: 5% Next $50,000: 2% Next $100,000: 1% Next $300,000: 0.6% Next $500,000: 0.3% Over $1,000,000: 0.1% Commissions payable at a flat percentage are available for all group coverages.
Reliance Standard		
Dental, Vision	20+	Contact your Word & Brown representative
Life	20+	Contact your Word & Brown representative
Disability	20+	Contact your Word & Brown representative
Creative Solutions	20+	Contact your Word & Brown representative
Seniors Choice[1]		
Medical	101+	8%
Part D (RX)	101+	5%
Sharp Health Plan[2]		
Medical (HMO)	101+	Contact your Word & Brown representative
SIMNSA[2]		
Medical	101+	7%
SmileSaver/MetLife DHMO		
Dental	101-999	SmileSaver DHMO: 10% Level
UnitedHealthcare		
Medical	101+	Contact your Word & Brown representative
Dental, Vision, Life and Disability	101+	Contact your Word & Brown representative

CARRIER / PLAN	GROUP SIZE	COMMISSION
Unum		
Dental	10+	10%
Group Term Life and AD&D	2+	First $15K - 10% Next $10K - 7% Next $25K - 5% Next $50K - 1% $100K+ - 0.5%
Group Term Life and AD&D Voluntary	10+	15%
LTD	2+	First $15K - 15% Next $10K - 10% Next $25K - 5% $50K+ - 1%
STD	10+	First $15K - 10% Next $10K - 7% Next $25K - 5% Next $50K - 1% $100K - 0.5%
LTD Voluntary and STD Voluntary	10+	15%
Vision Plan of America		
HMO Plan 1 + Vol; HMO Plan 2 + Vol; HMO Plan 3	101+	12%
M-Plus Plan	101+	15%
VSP		
Vision (Voluntary)	10+	10% Graded
Vision (Employer Paid)	5+	10% Graded
Western Health Advantage[2]		
Medical, Dental and Vision	101+	Contact your Word & Brown representative

[1] Quoting for this carrier is not available on ca.wordandbrown.com, please contact your Word & Brown representative for a proposal request.
[2] Regional health plans are available in specific areas. Contact your Word & Brown representative for details.
[3] Contact your Word & Brown representative for details.
[4] For groups 101-299, please contact your Word & Brown representative.

PRIOR CARRIER DEDUCTIBLE CREDIT GUIDE

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.	Health Net
HMO to HMO Deductible Credit?	Yes	Yes	Yes	No	*Yes	N/A	No
PPO to PPO Deductible Credit?	Yes	Yes	Yes	Yes	*Yes	Yes	Yes
HSA to HSA Deductible Credit?	Yes	Yes	Yes	Yes	*Yes	Yes	Yes
Deductible Credit given from PPO with a deductible to a HMO plan?	Yes, as long as it's embedded in the medical (H.S.A. plan)	Yes, assuming the new HMO plan has an associated deductible.	Only if the RX is included in the medical deductible	No	*Yes	N/A	Yes
Deductible Credit given from HMO with a deductible to a PPO plan?	Yes, as long as it's embedded in the medical (example H.S.A. plan)	Yes	No	No	*Yes	Yes	No
Out-of-Pocket Max Carryover Credit?	No	Prior carrier calendar year deductible/OOPM may be credited if valid EOB from prior carrier submitted within 60 days of implementation.	No	Prior carrier calendar year deductible/OOPM may be credited if valid EOB from prior carrier submitted within 60 days of implementation.	*Yes	No	No
PEO to PEO Deductible Credit?	No	As long as the previous organization also had Anthem as their carrier and the member is going from like plan to like plan there will be a credit.	No	As long as the previous organization also had Anthem as their carrier and the member is going from like plan to like plan there will be a credit.	Not Applicable	N/A	No
Prior Carrier Deductible Credit Given?	Yes	Prior carrier calendar year deductible/OOPM may be credited if valid EOB from prior carrier submitted within 60 days of implementation.	Only for groups that have a current group carrier. We only give deductible credit for the employees that were covered under the prior group carrier, for the initial enrollment. New hires are not eligible for deductible credit. We do not give deductible credit for individual plans.	Prior carrier calendar year deductible/OOPM may be credited if valid EOB from prior carrier submitted within 60 days of implementation.	*Yes	Yes	Yes all LGB PPO and EPO plans that have deductibles allow for prior carrier deductible credit, as long as this policy is replacing a similar policy that has been issued to the Group Policyholder. This means that members electing a Health Net PPO plan must be replacing a PPO plan with their prior carrier, or members electing a Health Net EPO plan must be replacing an EPO plan with their prior carrier. Members electing HSP plans do not qualify for the prior deductible credit.
4th Quarter deductible Credit Given?	No	Yes, they will credit members for the remainder of the calendar year. If a group comes on 11/1 or 12/1 they will receive credit the rest of the year.	Is this carry over credit? If so, no we do not give 4th QTR carry over credit	Yes, they will credit them for the remainder of the calendar year. If a group comes on 11/1 or 12/1 they will receive credit the rest of the year.	*Yes	No	PPO: Yes HSA: No HMO: N/A
Prior carrier deductible form needed?	No, just the usual EOB, ledger or letter.	There is no form needed. We will need copies of EOB's from prior carrier submitted within 60 days of group implementation.	Yes	There is no form needed. We will need copies of EOB's from prior carrier submitted within 60 days of group implementation.	Deductible credit letter, claims ledger, EOB's.	Yes	No. Claims ledgers or deductible credit letter with the breakdown of the family deductible credits can be given by the previous carrier.
Where do I send the forms or EOB's?	Must be faxed to 866-474-4040 no later than 9 days after the effective date.	Fax to: 877-237-4519 (Anthem direct)	Fax to 209-371-3049	E-mail Calcpahealth@key.insurance.com or fax to 877-237-4519	Submit to the installation manager. These submissions would be during the group's initial installment.	underwriting@employerdriven.com	Fax EOB's to 866-848-6715 GA can send to hn_accountServices@healthnet.com

*Yes, upon approval via UW.

(Continued)

CALIFORNIA LARGE GROUPS CHANGING CARRIERS

PRIOR CARRIER DEDUCTIBLE CREDIT GUIDE

	Kaiser Permanente	MediExcel Health Plan	National General	Sharp Health Plan	SIMNSA Health Plan	UnitedHealthcare	Western Health Advantage
HMO to HMO Deductible Credit?	N/A	N/A	N/A	Yes	N/A	Yes	No
PPO to PPO Deductible Credit?	N/A	N/A	Yes, on plans with a calendar year deductible.	Yes	N/A	Yes	No
HSA to HSA Deductible Credit?	N/A	N/A	Yes, on plans with a calendar year deductible.	Yes	N/A	Yes	Yes
Application of Rx Deductible Credit if the Rx is embedded with the medical plan? (*Example: HSA plans have the Rx Deductible included with the medical deductible*)	N/A	N/A	Yes, on plans with a calendar year deductible.	Yes	N/A	Yes	Yes
Application of Deductible Credit if the Rx is not part of the medical deductible? *(like HMO Rx)*	N/A	N/A	Yes, on plans with a calendar year deductible.	No	N/A	No	Yes
Out-of-Pocket Max Carryover Credit?	N/A	N/A	The deductible credited to the plan, will also credit the OOP accumulators	No	N/A	No	No
PEO to PEO Deductible Credit?	N/A	N/A	N/A	No	N/A	Yes	No
Prior Carrier Deductible Credit Given?	No. Kaiser Permanente does not credit members for expenses they incurred toward satisfying deductibles or out of pocket maximums on any medical or dental plan they had before they enrolled in Kaiser Permanente.	N/A	Yes, on plans with a calendar year deductible.	Yes	N/A	Yes	Yes, HSA plan to HSA plan only
4th Quarter deductible Credit Given?	N/A	N/A	No	No	N/A	No	No
Prior carrier deductible form needed?	N/A	N/A	For large groups, the transitioning of deductible credits would be smoother if a report were provided.	Yes	N/A	Yes	Yes
Where do I send the forms or EOB's?	N/A	applications@mediexcel.com	On the address of the ID card.	Once the form is filled out it can be e-mailed to Customer_service@sharp.com. The most current EOB must accompany this form.	N/A	Ga_Service@uhc.com	WHA Sales: fax 916.568.1338, email WHASales@westernhealth.com or as specified during implementation

DEFINITION SHEET 2020

FSA | HRA | HSA

	FSA	HRA	HSA
Definition	A flexible spending account (FSA) is an employee and/or employer-funded account for qualifying medical expenses.	A health reimbursement arrangement (HRA) is an employer-funded medical expense reimbursement plan for qualifying medical expenses. IRS regulations affect the plan design of many HRAs.*	A health savings account (HSA) is an employer and/or employee-funded account in the employee's name (eligible individual) for current and future medical expenses – requires a qualifying high deductible health plan (HDHP) and a qualified trustee or custodian. Other individuals may also contribute funds on behalf of the account holder.
Qualifications	Any size group (Only common-law employees can participate.)	Any size group (Only common-law employees can participate on a tax-free basis.)	Any size employer (Only eligible individuals can establish an HSA.)
Employer Tax Savings	Contributions are tax deductible when paid to the participant to reimburse an expense. As a result of salary reductions, lower adjusted employee income reduces employer matching FICA.	Contributions are tax deductible when paid to the participant to reimburse an expense.	Contributions are tax deductible in the year the contribution is made.
Employee Tax Savings	Contributions are made pre-tax. Reimbursements for eligible expenses are excluded from income.	Reimbursements for eligible expenses are excluded from income.	Contributions can be pre-tax or tax deductible on the employee's personal tax return. Funds earn interest tax-free. Reimbursements for qualified medical expenses are excluded from income. Employee may withdraw funds for non-medical expenses subject to income and excise tax.
Who Owns Unused Funds?	If funds attributable to employee pre-tax salary reductions, the plan owns (if an ERISA plan).	Employer (unless benefits paid from a trust)	Employee (eligible individual name on the established trust account)
Are Funds Portable?	No	No – however, it may have a post-termination spend-down feature.	Yes – funds belong to the employee (eligible individual)
Do Funds Carry Over?	Yes - an employer may allow employees to carry over up to $500 of unused health FSA funds to the following plan year (this is not required). However, the health FSA plan cannot have both a carryover feature and grace period. If the employer chooses to establish a grace period, it will follow the end of the plan year and may not exceed two months and 15 days. Unused FSA funds may be used to reimburse eligible expenses incurred during the grace period.	Yes, if employer specifies	Yes
Funding Requirement	Uniform coverage rule applies – claims must be paid without regard to amount contributed.	Not required to prefund – uniform coverage rule does not apply.	Funds must be present before withdrawal is made. Employer may contribute to HSA periodically or all at once.
Deductibles	A health FSA is not subject to a minimum deductible. A health FSA may be offered in conjunction with a high deductible health plan; however, the deductible amount is established by employer.	Generally, an HRA is not subject to a minimum deductible. An HRA may be integrated with a high deductible health plan; however, deductible amount is established by employer.	$1,400 minimum HDHP deductible (single) $2,800 minimum HDHP deductible (family)
Maximum Out-of-pocket	Employer sets funding levels.	Employer sets funding levels.	$6,900 maximum HDHP deductible (single) $13,800 maximum HDHP deductible (family)
Maximum Annual Contribution	Health FSA limit is $2,750** – however, an employer may establish lesser plan limits.	No – however, an employer may establish annual plan limits.	$3,550 max. contribution (single)*** $7,100 max. contribution (family)*** $1,000 max. catch-up contribution (individuals age 55 or older)
Allowable Expenses and Plan Restrictions	FSA can be offered alone or in conjunction with a major medical plan. Plan allows otherwise unreimbursed Code 213(d) medical expense excluding premiums and qualified long-term care services. Employer may restrict scope of reimbursements by plan design. If participant also has an HSA, the FSA must be limited to the following: qualified dental expenses, vision expenses, prescription drugs, and expenses constituting preventive care.	HRA allows otherwise unreimbursed Code 213(d) medical expenses including health insurance premiums. Generally, HRA may not reimburse expenses for qualified long-term care services. Employer may restrict scope of reimbursements by plan design (many plans limit reimbursement to deductibles, co-payments, co-insurance). If participant also has an HSA, the HRA must be limited to the following: qualified dental expenses, vision expenses, prescription drugs, expenses constituting preventive care, qualified insurance premiums, "suspended HRA," and retiree-only HRA.	HSA can only be established by any individual who is covered under a qualifying HDHP (as defined in Code §223 and with a deductible meeting the statutory limit), is not entitled to Medicare, and cannot be claimed as a tax dependent. Account holder cannot have disqualifying non-high deductible health plan coverage. Individuals who are entitled to Medicare cannot establish or contribute to an HSA. HSA allows otherwise unreimbursed medical Code Section 213(d) expenses excluding most premiums. An employer cannot restrict the scope of HSA distributions except for expenses paid with an electronic debit card so long as account holder has other means to obtain funds from HSA. Qualified expenses must be incurred after the HSA is established.
Administration	WageWorks	WageWorks	WageWorks, health insurance carrier, bank, TPA
Non-Medical Withdrawals	No	No	Taxable and subject to 20% penalty (no penalty if age 65 or older or disabled as defined by Code Section 72)

QUALIFYING EXPENSES UNDER AN FSA, HRA, OR HSA

Health FSAs and HRAs are generally subject to IRS Code Section 105. Therefore, only expenses that qualify as medical care under Code Section 213(d) are eligible for reimbursement, subject to some additional restrictions:

- Health FSAs cannot reimburse expenses for qualified long-term care services and/or insurance premiums (in accordance with Code Section 106 and 125); and
- HRAs cannot reimburse expenses for qualified long-term care services (in accordance with Code Section 106).

HSAs are subject to Code Section 223. Therefore, only expenses that qualify as "medical care" under Code Section 213(d) are eligible for tax-free reimbursement, except as otherwise limited by Code Section 223:

- No insurance premiums except for long-term care premiums, COBRA premiums, health coverage received while receiving unemployment compensation, and any deductible health insurance coverage for individuals who are age 65 or older (other than Medicare supplemental policies).

QUALIFYING MEDICAL EXPENSES

Qualified expenses must be for out-of-pocket medical care for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body, including, but not limited to:

Acupuncture
Ambulance services
Artificial limbs and teeth
Automobile modifications (hand controls, special equipment, mechanical lifts if for individuals with disabilities)
Braille books and magazines
Contact lenses and solutions
Crutches and slings
Doctor co-pays
Eligible over-the-counter (OTC) medications**** and health care items
Examination, physical
Eye examination
Hearing devices
Hospital bills for medical care
Iron lungs (operating cost)
Laetrile (when prescribed by doctor)
Laser eye surgery
Lip reading lessons for the hearing impaired
Nursing care
Obstetrical (OB) expenses
Oxygen equipment
Prescription drugs for medical care
Prescription eyeglasses
Rental of medical or healing equipment (requires doctor's note)
Service animals
Surgery (except cosmetic surgery)
Telephones for the hearing impaired
Transportation expense related to medical care (including doctor's office)
X-rays

Qualified expenses also include fees paid to the following providers for treatment of a specific disease or medical condition:

Chiropodist (expense)
Chiropractor
Clinic
Dentist
Doctor
Gynecologist
Hospital
Laboratory
Midwife
Nurse
Obstetrician
Oculist
Ophthalmologist
Optician
Optometrist
Oral surgeon
Orthopedist
Osteopath
Pediatrician
Physician
Physiotherapist
Podiatrist
Practical nurse
Psychiatrist
Psychoanalyst
Psychologist
Psychopathologist
Specialist
Surgeon

Ineligible expenses include: cosmetic surgery for non-medical reasons (including liposuction, hair transplants and electrolysis) and weight-loss programs (unless physician prescribed for treatment of a specific illness, including obesity).

FSA expenses must be incurred (i.e., services rendered) during the plan year.

HSA funds can be withdrawn for other purposes; however, the withdrawal amount will be subject to taxes and penalties. HSA account holders should consult their tax advisor for more information.

The information in this document represents a summary of information only and does not constitute a guarantee of any benefit nor limit our ability to require additional substantiation of a claim. For complete details on the health plan's benefits, limitations, and exclusions, refer to the Summary Plan Description. For details concerning a participant's rights and responsibilities with respect to an HSA (including information concerning the terms of eligibility, qualifying high deductible health plan, contributions to the HSA, and distributions from the HSA), please refer to the HSA Custodial Agreement.

Please refer to the published IRS documents for specifics. Health FSAs and HRAs are covered under IRS Section 105 and 106. Health FSAs are subject to additional rules set forth in the regulations under IRS Code Section 125. HRAs are subject to additional rules set forth in Notice 2002-45 and Rev. Rul. 2002-41. HSAs were established under the Medicare Reform Package, covered under IRS Code Section 223.

*Please consult your legal counsel to ensure your HRA plan design is permissible.
**Maximum annual limits for health FSA salary reductions became effective on January 1, 2013, and the initial limit was $2,500. The maximum limit may be indexed for inflation each tax year.
***Maximum contribution requires either full-year eligibility or initial eligibility as of December 1 of that year and continuation of eligibility throughout the following year.
****OTC medicines and drugs require a doctor's prescription to be eligible for reimbursement under a health FSA, HRA, or HSA. A list of eligible expenses is online at **www.wageworks.com**.

LARGE GROUP

CANNABIS INDUSTRY CARRIER ACCEPTANCE

Carrier	Requirements
aetna	No Aetna will not write a Cannabis Industry
Anthem BlueCross	Yes Standard RFP information is required
BEST Life BEST Life and Health Insurance Company	Yes Standard RFP information is required
blue of california	Yes Standard RFP information along with: Federal Tax ID # or DE9C Time in business Additional information may be requested at underwriter's discretion
Cigna	Yes Standard RFP information is required
Guardian	No Guardian will not write a Cannabis Industry
Health Net	Yes Group needs to meet all eligibility and participation requirements Due to nature of business, personal checks specifically from the owner's checking account is acceptable in lieu of business check
Humana	Yes Standard RFP information is required
KAISER PERMANENTE	Yes The employer must meet our underwriting criteria Supply supporting documentation and will need a Tax ID #
Lincoln Financial Group	No Lincoln Financial will not write a Cannabis Industry
MetLife	No MetLife will not write a Cannabis Industry
Nippon Life Benefits	No Nippon Life will not write a Cannabis Industry
National General Benefits Solutions	Yes Standard RFP information is required
Principal	No Principal will not write a Cannabis Industry
RELIANCE STANDARD LIFE INSURANCE COMPANY	No Reliance Standard will not write a Cannabis Industry
UnitedHealthcare	Yes Standard RFP information is required at the time of quoting Additional information may be requested at underwriter's discretion
unum	No Unum will not write a Cannabis Industry

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PARTICIPATION GUIDELINES

Carrier	Guideline
aetna	Sole Carrier: 75% of eligible employees (excluding valid waivers) but no less than 50% of ALL eligible employees regardless of valid waivers Alongside Kaiser: Minimum of 60% of eligible employees and 40 employees enrolled
Anthem BlueCross	Sole Carrier: 75% of net eligible employees (If under 75%, rates will be loaded) Net eligible EXAMPLE: 200 eligible employees with 30 valid waivers is 170 net eligible employees Alongside Kaiser: Minimum of 51% of total eligible employees must enroll with Anthem
blue of california	Sole Carrier: 70% participation (valid waivers will count against participation) Alongside Kaiser: Minimum of 70% of eligible employees are required to enroll across both carriers If group meets participation, they would be evaluated based off the following two scenarios: • If Kaiser has less than 70% of the enrolled population, all products are quoted. Minimum of 40 subscribers required. • If Kaiser has more than 70% of the enrolled population, only HMO Trio and PPO Tandem products are quoted. Minimum of 40 subscribers required.
Cigna	Sole Carrier: 50% of eligible employees (valid waivers will count against participation) Alongside Kaiser: Minimum of 50% of participating eligible employees must enroll with Cigna and must be greater than 50 employees
E.D.I.S. EMPLOYER DRIVEN INSURANCE SERVICES	Sole Carrier: Under 50 enrolled 75%, over 50 enrolled 60% Alongside Kaiser: Under 50 enrolled 75%, over 50 enrolled 60%
Health Net	**Promotion:** Total Takeover: Participation requirements of minimum **33%** of the total eligible employees or **33** active enrolled, whichever is greater. Multi Carrier Strategy: Participation requirements of minimum **20%** of the eligible population, or **25** active enrolled employees, whichever is greater
KAISER PERMANENTE	Sole Carrier: Minimum participation of 5 employees Alongside Kaiser: The greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered. 50% of eligible employees must be covered by a group plan
MediExcel HEALTH PLAN	Sole Carrier: Minimum participation of 1 employee Alongside Kaiser: Minimum participation of 1 employee
National General Benefits Solutions	Sole Carrier: 50% of eligible employees regardless of waivers OR 75% excluding valid waivers Alongside Kaiser: Not at this time

(Continued)

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Carrier	Guideline
Nippon Life Benefits®	Sole Carrier: 60% of eligible employees including valid waivers Minimum of 50% on a case by case basis Alongside Kaiser: 40% of eligible employees
SHARP HEALTH PLAN make life better.	Sole Carrier: • HMO: Review current participation and discuss with broker group strategy • PPO: Enrollment cannot exceed 10% of total group enrollment Alongside Kaiser: Requires at least 50% excluding valid waivers
SIMNSA health plan	Sole Carrier Minimum participation of at least 10 employees enrolled Alongside Kaiser: • Groups required to meet minimum participation • SIMNSA cannot be offered alongside other cross border options
UnitedHealthcare®	Sole Carrier: 75% of all eligible employees to enroll in an employer sponsored plan, and at least 50% of all benefit eligible employees (including spousal coverage waivers) to enroll with UnitedHealthcare Alongside Kaiser: • 50% must enroll with UnitedHealthcare • Minimum of 25 subscribers to set up HMO

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PLAN OFFERINGS

Carrier	Guideline
aetna	Plans/Network Pairing For 101-300 eligible employees, groups may offer up to 4 plans listed on the OTS proposal There is no load when offering 4 plans or less Groups using Aetna's Springboard platform may offer up to 6 plans
Anthem BlueCross	Up to 2 HMO networks can be paired together. Rates are loaded on network with richer benefits A maximum of 2 HMO plans & 3 PPO plans (PPO/Solutions PPO/HSA/EPO)
blue of california	Groups may offer up to 4 plans listed on the proposal in single population EXAMPLE: 3 plans to CA population and 2 plans to the Out of State population 3 HMO networks (Full, Trio, SaveNet) and 2 PPO networks (Full and Tandem)
Cigna	Groups may offer up to 3 plans, depending on size. Typically there is a .5% load added to rates per plan if 3 or more plans are offered
E.D.I.S. EMPLOYER DRIVEN INSURANCE SERVICES	Any or all of our portfolio of options
Health Net	6 plans, but only one Full HMO Network 3 plans for virgin groups, but only one Full HMO Network Plan Options Standalone: HMO, EOA, or PPO Dual Option: HMO/PPO, EOA/PPO, or HMO/HSA Triple Option: HMO/PPO/HSA or EOA/PPO/HSA Salud HMO y Más may be offered in any combination
KAISER PERMANENTE	HMO, Deductible HMO, HSA, HRA: these plans use the Kaiser Permanente network KPIC: POS and PPO is reserved for Total Replacement only and uses the PHCS Network. The following website can be used: www.multiplan.com/kaiser Alongside Another Carrier: Offer 3 HMO Plans Total Replacement: Offer 3 HMO and 1 PPO Plan
MediExcel HEALTH PLAN	Buy-up options available Groups may offer up to 2 plans
National General Benefits Solutions	Based on enrolling employee size: 2 enrolled: Single option 3-15 enrolled: Dual option 16-24 enrolled: Triple option 25+ enrolled: Quadruple option
Nippon Life Benefits	Groups may offer up to 3 plans at underwriting department's discretion

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(Continued)

PLAN OFFERINGS

Carrier	Guideline
SHARP HEALTH PLAN make life better.	2 HMO (non-HDHP) + 1 PPO within same network and rates will hold No load to PPO rates, if offered More than 2 HMO plans require underwriting department's approval The Dual HMO network will have a load on the broader network only
SIMNSA health plan	Only one medical plan can be offered
UnitedHealthcare	Maximum of 6 plans No restrictions on narrow HMO networks

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LARGE EMPLOYERS

2020 ACA COMPLIANCE CHECKLIST

As a broker, it often becomes your responsibility to verify that your customers are in compliance with legislation. To that end, we have created the following checklist as a summary of the general tasks associated with ACA compliance. Not all items will apply to every group, but a thorough understanding on your part will help you guide your clients correctly. A corresponding PowerPoint presentation and a training document are available to you for further help, just ask your Word & Brown Sales Representative.

Budget Considerations:

- ☐ Explain Large Employer Mandate which applies to employers with 50 or more FT + FTE employees.
- ☐ Use our Group Size Calculator to determine whether employer had average of 50+ FT plus FTE employees in prior year. If they did, this employer is an ALE subject to Employer Mandate the following year.
- ☐ Use our Affordability Calculator to determine whether your clients' coverage meets one of the ACA Affordability Safe Harbors in order to prevent a penalty (Note: Affordability percentage is 9.78% for 2020.)
- ☐ If any clients just reached the 50+ FT plus FTE threshold for the first time, check eligibility for transition relief from employer penalty Jan - Mar if MEC with MV offered April 1. (one-time relief)
- ☐ Ask clients about commonly-owned companies for accurate employer size determination
- ☐ Certify whether your clients' group coverage meets the ACA minimum value requirement in order to prevent a penalty
- ☐ Discuss impact of any upcoming minimum wage increases on affordability of coverage calculations and overall company budget
- ☐ For employers on Small Group Marketplace plan, collect accurate DOBs for dependents under age 21 due to child rating structure effective 2018

Health Plan Administration:

- ☐ Verify waiting periods do not exceed the 90-day limitation
- ☐ If clients have orientation period prior to waiting period verify it is no longer than one month
- ☐ Explain to 50+ FTE clients with variable hour employees who may or may not work FT how to set up their lookback measurement, administrative and stability periods
- ☐ Check Health FSA documents to make sure they reflect the $2,750 limit for 2020 and specify either FSA grace period or $500 carryover provision
- ☐ Verify all employers are applying 30-hour FT definition to determine eligibility for coverage
- ☐ Explain to clients the IRS employer reporting requirements (Form 1094-C & 1095-C)

Documents for Employees:

- ☐ Deliver DOL-Mandated Notice (New Health Marketplace Coverage Options and Your Health Coverage) within 14-days of hire
- ☐ Deliver Summary of Benefits and Coverage (SBC) and Uniform Glossary at enrollment, renewal and to new hires
- ☐ Deliver 60-day notices of modification, if plan changes are made outside of renewal
- ☐ If client issued 250+ W-2s previous tax year: report cost of health coverage on W-2s for current tax year
- ☐ By 1/31/2021 give copy to employees of their Form 1095-C so they can review information before it will be submitted to the IRS

If you do not understand a concept on this checklist or need assistance assuring your group has accomplished a particular goal, please contact your Word & Brown Sales Representative who can provide further support.

HEALTH CARE REFORM - GRANDFATHERED PLANS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Have you discontinued offering grandfathered plans?	*N/A*	*Grandfathered plans only apply to existing clients with grandfathered benefits.*	*N/A*	*Grandfathered plans only apply to existing clients with grandfathered benefits.*	*We introduced Cigna's private exchange, Cigna Guided Solutions®, to our select segment clients (51–250 member lives) in several key markets on January 1, 2014. Since then, we have expanded our offering into every select segment market. On July 1, 2014, we launched Cigna Guided Solutions to our regional book of business (251–5,000 member lives) in key markets, and we began to offer it nationwide as of September 1, 2014. Cigna Guided Solutions allows clients with Cigna coverage to enable exchange capabilities (defined contribution, increased plan choice, simplified administration) with us. Cigna Guided Solutions is designed to be an integrated solution for clients and their employees who are offered multiple Cigna plans. In addition, we also offer clients the ability to include a plan design from another carrier (i.e., Kaiser) on the enrollment platform.*	*Yes*
Could a group with a multi-plan package have both grandfathered & non-grandfathered plans? **Do you require the Employer to keep track of the grandfathered/ non-grandfathered status of each plan or do you have a tracking mechanism?**	*N/A*	*N/A*	*N/A*	*Yes—the trust keeps track of this information*	*Cigna Guided Solutions plans are "canned" plans, so there is limited flexibility from a plan design perspective. That being said, there are a wide variety of plans to choose from.*	*N/A*

HEALTH CARE REFORM - GRANDFATHERED PLANS

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Have you discontinued offering grandfathered plans?	*Grandfathered is not available for new business*	*N/A*	*N/A*	*No, Sharp offers grandfathered plans to renewing groups that are still on a grandfathered plan.*	*N/A*	*Yes*
Could a group with a multi-plan package have both grandfathered & non-grandfathered plans?	*Yes*	*N/A*	*N/A*	*No. Upon a group's 2014 renewal, the group must choose either their grandfathered or non-grandfathered plan(s).*	*No*	*No*
Do you require the Employer to keep track of the grandfathered/ non-grandfathered status of each plan or do you have a tracking mechanism?	*Employer's responsibility*	*N/A*		*ER is responsible for determining GF status.*	*UnitedHealthcare asks that employers be responsible for the grandfather status maintenance and reporting obligations required to maintain grandfathered status for their plan. "Implementing Health Reform: An employer's first year guide" has been provided, which includes Healthcare Reform Notice Requirements (Addendum C)*	*N/A*

HEALTH CARE REFORM - WAITING PERIODS & WRAPS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
What waiting period options will you be offering large groups in 2020?	*1st of the month following date of hire; 1st of the month following 30 days from the date of hire; or 1st of the month following 60 days from the date of hire.*	*First of the month following date of hire, first of the month following 30 days after date of hire, first of the month following 60 days after date of hire*	*No more than 90 days, but Employer has the option to reduce the waiting period*	*First of the month after date of hire, first of the month after 30 days, first of the month after 60 days.*	*Our clients control the eligibility requirements of their plan. If a client requests a waiting period that is longer than 90 days or an effective date of the first day of the month/ quarter/pay period following a 90-day waiting period, they should be advised that the request is not compliant with the Affordable Care Act requirements.*	*First of the month following 30 days; First of the month following 60 days; ____ [days] of employment following Date if Hire, not to exceed 90 days*
Wrap with Kaiser Permanente or any other carrier in 2020?	*Yes—50% of the eligible employees must enroll with Aetna. We reserve the right to re-rate based on knowledge that group is adding Kaiser or a significant portion of the population has migrated to Kaiser.*	*Yes—at least 50% participation if Kaiser is already in place for new business. Contact your Word & Brown representative if Kaiser is not in place.*	*Yes—50% of the eligible with a minimum of 40 lives enrolled*	*Yes*	*We introduced Cigna's private exchange, Cigna Guided Solutions®, to our select segment clients (51–250 member lives) in several key markets on January 1, 2014. Since then, we have expanded our offering into every select segment market. On July 1, 2014, we launched Cigna Guided Solutions to our regional book of business (251–5,000 member lives) in key markets, and we began to offer it nationwide as of September 1, 2014. Cigna Guided Solutions allows clients with Cigna coverage to enable exchange capabilities (defined contribution, increased plan choice, simplified administration) with us. Cigna Guided Solutions is designed to be an integrated solution for clients and their employees who are offered multiple Cigna plans. In addition, we also offer clients the ability to include a plan design from another carrier (i.e., Kaiser) on the enrollment platform.*	*Yes*
If "yes," any plan limitations?				*Only wrap with Kaiser*	*Cigna Guided Solutions plans are "canned" plans, so there is limited flexibility from a plan design perspective. That being said, there are a wide variety of plans to choose from.*	

HEALTH CARE REFORM - WAITING PERIODS & WRAPS

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
What waiting period options will you be offering large groups in 2020?	*First of the month following Date of Hire* *First of the month following 1 Month* *First of the month following 30 days* *First of the month following 60 days*	*MediExcel does not require a waiting period. Employers shall set waiting periods but must not exceed period permitted by state or federal law.*	*0, 30, 60 and 90 days.*	*Sharp Health Plan does not require a waiting period. Employer shall determine waiting period for new hires, rehires and other eligible employees, which shall not exceed the waiting period permitted by applicable state or federal law.*	*First of the Month Following Date of Hire (or 0 days)* *First of the Month Following 30 days (or 1 month)* *First of the Month Following 60 days (or 2 months)*	*First of the month following date of hire* *First of the month following 30 days from date of hire* *First of the month following 60 days from date of hire*
Wrap with Kaiser Permanente or any other carrier in 2020?	*Yes—Health Net plans must be the greater of 38% of the eligible population or 38 enrolled active employees in all locations. The rates may not be offered on an age-rated basis and must be offered on the same rate-tier structure basis. Furthermore, employer contribution formulas must be the same regardless of carrier and plan designs must be comparable.*	*Yes*	*No*	*Yes—if approved by Sharp underwriting. 50% of the enrolled population is required.*	*Yes—wrap with Kaiser is an option* *UnitedHealthcare alongside a staff model HMO or other carrier(s) – We assume that at least 75% of all eligible employees will enroll in an employer-sponsored plan. Those employees who are waiving due to other group coverage being in force will not be counted toward this requirement (i.e., spousal coverage). UnitedHealthcare assumes that no less than 50% of all employees (including those waiving for spousal coverage) enroll with UnitedHealthcare. A minimum of 50% of the employees enrolled in an employer-sponsored plan must enroll with UnitedHealthcare.*	*Yes—quoted rates are based upon 20% participation or as negotiated*
If "yes," any plan limitations?		*1 EE minimum participation requirement must be met*				

HEALTH PLAN COMPARISON - DOCTOR SELECTION & REFERRAL

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
How often can members change their Primary Care Physician (PCP)?	*HMO:* Anytime. Change must be requested by the 15th of the month to be effective the 1st of the following month *PPO & Indemnity:* No	*Members may change to another PCP within the same PMG or IPA without restriction. Members may change to a PCP at another PMG/IPA by calling customer service directly. The change to the new medical group becomes effective either on the first day of the month following the date we receive the request, or the first day of the month in which the request is received. If a member is in a course of treatment, the treatment must reach a conclusion before a PMG/IPA change can be made.*	*Participants may change anytime by contacting Member Services. Change will be effective on the 1st day of month following notice of approval*	*A member may change as frequently as desired with a first of the month following effective date. However, if a member is in the middle of a treatment plan, say physical therapy with a Medical Group, they may not switch to a different Primary Care Physician (PCP) until the treatment plan has ended.*	*Anytime—change is effective 1st of the following month*	*N/A*
Can family members each choose a PCP from a different IPA/ Medical Group?	*Yes*	*Yes*	*HMO:* Yes *PPO:* N/A	*Yes*	*Yes*	*N/A*
Self-referral available?	*Members can elect their own OBGYN within the primary IPA, the OB or may be the PCP*	*Yes. The referral authorization process varies by medical group. Many PMGs/ IPAs have internal policies that allow their physicians to refer directly to specialists without going through a formal referral approval process. Other PMGs allow their members to self-refer to specialists within the group. Our HMO allows women to self-refer to an affiliated OB/GYN for annual well-woman care.*	*HMO:* No prior authorization or referral for OB/GYN (can be primary provider); Other services: if Access+ provider—yes *PCP PPO:* Yes	*Available only if the medical group participates in the program. No prior authorization or referral for OB/GYN (can be primary provider)*	*Yes*	*Yes*
Express referral available?	*No—see self-referral information above*	*Yes—if the medical group participates in the program.*	*No—see self-referral information above*	*Available only if the medical group participates in the program*	*Yes*	*No*

HEALTH PLAN COMPARISON - DOCTOR SELECTION & REFERRAL

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
How often can members change their Primary Care Physician (PCP)?	*It may be changed once a month (submit change request on or before the last day of the month in order to be effective the 1st of the following month.*	*Unlimited*	*Unlimited*	*Anytime—change is effective 1st of the following month*	*HMO: As often as necessary (submit change request on or before the 15th in order to be effective the 1st of the following month)* *PPO: N/A*	*Once a month—changes are effective the first of the following month, provided the member is not in the course of treatment or hospitalized and no pending authorizations.*
Can family members each choose a PCP from a different IPA/ Medical Group?	*Yes*	*No*	*Yes*	*Yes*	*HMO: Yes* *PPO: N/A*	*Yes*
Self-referral available?	*HMO: Yes—OB/GYN visits only (OB/GYN must be in same medical group as PCP)* *Elect Open Access: HMO (Tier 1) Yes—same as HMO above;* *PPO (Tier 2) Yes, for consultations and second opinions only* *PPO: Yes—no PCP selection required*	*Yes - for OB/GYN*	*Yes*	*Yes—for OB/GYN visits if OB/GYN is in same IPA as PCP. Sharp Rees-Sealy enrollees can self-refer to allergists, ENTS, OB/GYNs, ophthalmologists & podiatrists.*	*HMO: Yes—for OB/GYN visits (OB/GYN must be in the same medical group/ IPA as your PCP)* *PPO: N/A*	*Yes—only for OB/GYN, annual eye exam, and behavioral health services*
Express referral available?	*Yes—if a Rapid Access Provider*	*Yes*	*No referrals are required to see a specialist.*	*Yes—if available through medical group.*	*HMO: Yes - if an Express Referrals™ participating medical group. See Provider Directory or www.uhcwest.com for list of participating medical groups.* *PPO: Yes*	*N/A*

HEALTH PLAN COMPARISON - HSAs, HRAs & OUT-OF-NETWORK

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Do any of your HSA-Compatible or HRA-Compatible High Deductible Health Plans (HDHP) have an embedded† deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible?	*Yes*	*Yes*	*Yes*	*Yes*	*Cigna can quote custom plans. HSA plans would be limited by federal IRS regulations.*	*Yes*
On plans which include out-of-network benefits, what do you use to determine benefit [Limited Fee Schedule (LFS), Usual, Customary & Reasonable (UCR), percentage of Medicare, etc.]?	*% of Medicare*	*Varies*	*LFS*	*LFS for all plans except the Protect 10 plan, which is UCR*	*Maximum Reimbursable Charge (MRC)*	*Varies*

† *When HSA plans were first introduced in 2004, IRS publications used the term "embedded deductible" to refer to the individual deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible. Current IRS publications do not use the term "embedded deductible."*

IRS Publication 969 (2010) "Health Savings Accounts and Other Tax-Favored Health Plans" provides the following HDHP eligibility clarification on page 4:

"Family plans that do not meet the high deductible rules. *There are some family plans that have deductibles for both the family as a whole and for individual family members. Under these plans, if you meet the individual deductible for one family member, you do not have to meet the higher annual deductible amount for the family. If either the deductible for the family as a whole or the deductible for an individual family member is below the minimum annual deductible for family coverage, the plan does not qualify as an HDHP."*

HEALTH PLAN COMPARISON - HSAs, HRAs & OUT-OF-NETWORK

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Do any of your HSA-Compatible or HRA-Compatible High Deductible Health Plans (HDHP) have an embedded† deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible?	*Yes*	*No*	*Yes*	*Yes*	*Select, Select Plus, PPO, Core, Core Essential, Choice and Choice Plus:* *HSA = Yes* *HRA = N/A* *Select and Select Plus:* *Options HSA = Yes* *Alliance (HMO):* *HRA = Yes* *HSA = Yes, only the $3000/80% plan is embedded*	*Yes*
On plans which include out-of-network benefits, what do you use to determine benefit [Limited Fee Schedule (LFS), Usual, Customary & Reasonable (UCR), percentage of Medicare, etc.]?	*MAA (Maximum Allowable Amount):* *MAA PPO Plans*	*UCR*	*Out of network benefits are calculated using a percentage of Medicare. If the service isn't listed, then UCR is utilized.*	*UCR*	*Select Plus (PPO):* *Reimbursement for *Non-Network treatment is based on percentage of the published rates allowed by Medicare for the same or similar services (110%)* *HMO:* *N/A*	*N/A*

† *When HSA plans were first introduced in 2004, IRS publications used the term "embedded deductible" to refer to the individual deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible. Current IRS publications do not use the term "embedded deductible."*

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*"**Family plans that do not meet the high deductible rules.** There are some family plans that have deductibles for both the family as a whole and for individual family members. Under these plans, if you meet the individual deductible for one family member, you do not have to meet the higher annual deductible amount for the family. If either the deductible for the family as a whole or the deductible for an individual family member is below the minimum annual deductible for family coverage, the plan does not qualify as an HDHP."*

HEALTH PLAN COMPARISON - HOUSE CALLS, TELEMEDICINE

& OTHER ALTERNATIVE HEALTH CARE DELIVERY METHODS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Doctor House Calls available through Heal™ or another provider of this type of service?	*HMO plans:* No *PPO plans:* Yes *heal.com* *844-644-4325* *Download the Heal app. Available for Android™ and iPhone® mobile devices.*	*HMO plans:* No *PPO plans:* Yes	*HMO plans:* Yes, effective 1/01/2020, Heal will be available for Blue Shield Trio members. *www.blueshieldca.com/heal* *PPO plans:* Yes	*HMO plans:* No *PPO plans:* No	*Contact your Word & Brown representative*	*HMO plans:* Dependent on carrier *PPO plans:* Dependent on carrier
For more Information:		*844.644.4325 (HEAL) or heal.com*				
Nurse's Hotline available?	*HMO plans:* Yes *PPO plans:* Yes	*HMO plans:* Yes *PPO plans* Yes	*HMO plans:* Yes *PPO plans:* Yes	*HMO plans:* Yes *PPO plans* Yes	*Contact your Word & Brown representative*	*HMO plans:* Yes, for additional telemedicine fee *PPO plans:* Yes, for additional telemedicine fee
For more Information:	*Informed Health Line 800-556-1555*	*Login at anthem.com/ca*				
Facetime/Skype Access to Doctor?	*HMO plans:* Yes *PPO plans:* Yes	*HMO plans:* Yes *PPO plans:* Yes *Available through LiveHealth Online*	*HMO plans*:* Yes *PPO plans*:* Yes ****Based on availability of physician***	*HMO plans:* Yes *PPO plans:* Yes	*Contact your Word & Brown representative*	*HMO plans:* Dependent on carrier *PPO plans:* Dependent on carrier
For more Information:	*Teladoc* *855-935-2362* *Teladoc.com/Aetna* *Please keep in mind some of our Joint Ventures i.e. (Banner) utilize a different facetime/skype provider 98.6 is used for Banner*	*www.livehealthonline.com*				
Email Access to Doctor?	*HMO plans:* N/A *PPO plans* N/A (At the discretion of the provider.)	*HMO plans:* Based on PMG availability *PPO plans:* No	*HMO plans*:* Yes *PPO plans*:* Yes ****Based on availability of physician***	*HMO plans:* No *PPO plans:* No	*Contact your Word & Brown representative*	*HMO plans:* Yes, dependent on physician *PPO plans:* Yes, dependent on physician
For more Information:						
Any other alternative health care delivery service you offer?	*HMO plans:* *PPO plans:*	*HMO plans:* Yes *PPO plans:* Yes *Members can visit with a doctor or therapist for urgent care and behavioral health support through LiveHealth Online via phone, webcam, computer*	*HMO plans:* Teladoc *PPO plans:* Teladoc	*HMO plans:* Yes *PPO plans:* Yes *Members can visit with a doctor or therapist for urgent care and behavioral health support through LiveHealth Online via phone, webcam, computer*	*HMO plans:* *PPO plans:*	*HMO plans:* N/A *PPO plans:* N/A
For more Information:		*www.livehealthonline.com*	*N/A*	*www.livehealthonline.com*		*N/A*

HEALTH PLAN COMPARISON - HOUSE CALLS, TELEMEDICINE

& OTHER ALTERNATIVE HEALTH CARE DELIVERY METHODS

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Doctor House Calls available through Heal™ or another provider of this type of service?	*HMO plans:* *Urgent care only* *PPO plans:* *Primary, Preventive, and Urgent Care* *Typically the same copay as a PCP office visit*	*HMO plans:* *Yes, HEAL is available for all HMO plans. This service is only available for urgent care* *PPO plans:* *No*	*HMO plans:* *Varies depending on plan option* *PPO plans:* *Varies depending on plan option*	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *No* *PPO plans:* *Yes*	*HMO plans:* *No* *PPO plans:* *N/A*
For more Information:	*844-644-4325 (HEAL) or https://heal.com/healthnet/*		*Teladoc available*	*Phone appointments available dependent on physician - contact Sharp directly*		
Nurse's Hotline available?	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *Yes* *PPO plans:* *N/A*
For more Information:	*Call Account Services 800-893-5597*	*MediExcel has a Doctor's hotline in lieu of a Nurse's hotline: 619-365-4346*		*Contact Sharp directly and they will transfer you to a nurse 858-499-2600*	*Call the phone number on the back of the ID card to talk to an experienced registered nurse 24/7*	*877-793-3655*
Facetime/Skype Access to Doctor?	*HMO plans:* *Some medical groups and physicians may offer these services via their own Patient Online Portal (POP).* *PPO plans:* *Some medical groups and physicians may offer these services via their own Patient Online Portal (POP).*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *Varies depending on plan option* *PPO plans:* *Varies depending on plan option*	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *Delegated to medical group* *PPO plans:* *N/A*
For more Information:	*Teladoc 855-835-2362 Teladoc.com/hn*		*Teladoc available*		*Virtual Visits: www.uhc.com/virtualvisits*	*www.westernhealth.com/searchfor-providers/virtual-visits/*
Email Access to Doctor?	*HMO plans:* *At the discretion of the provider. Some medical 'groups and physicians may offer these services via their own Patient Online Portal (POP).* *PPO plans:* *At the discretion of the provider. Some medical 'groups and physicians may offer these services via their own Patient Online Portal (POP).*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *Yes* *PPO plans:* *Yes*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *Delegated to medical group* *PPO plans:* *N/A*
For more Information:				*Follow My Health service*		*ChooseWHA.com/connect*
Any other alternative health care delivery service you offer?	*HMO plans:* *Yes. CVS MinuteClinic included in most HMO plans.* *PPO plans:* *Yes. CVS MinuteClinic included in PPO plans.* *Health Coaching Program Wellness Online available with all plans.* *Health Coaching Program Log in to www.healthnet.com and visit our Wellness Center.* *Wellness Online* *1. Register* *2. Gather information for your Health Risk Questionnaire (HRQ)* *Log into your account*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *No* *PPO plans:* *No*	*HMO plans:* *N/A* *PPO plans:* *N/A*
For more Information:	*N/A*	*N/A*	*N/A*	*N/A*		*N/A*

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Acupuncture	*PPO, OAMC, AWH Southern OAMC/EPO:* 12 visits per calendar year; copay in network; coinsurance out of network *HMO:* 20 visits per calendar year; copay in network; not covered out of network *OAMC HSA, AWH Southern OAMC/EPO:* 12 visits per calendar year; coinsurance in network; coinsurance out of network	*PPO/CDHP/POS/ FFS:* (benefit limited to 20 visits/calendar year) *HMO:* Acupuncture covered when referred by PCP, no visit limits. A buy-up rider for self-referral to these programs may be added.	*Combined Chiropractic and Acupuncture Benefits. Access+ HMO and Advantage POS Plans:* Initial and subsequent examinations Office visits and adjustments (subject to annual limits) Adjunctive therapies X-rays (chiropractic only) 30 Combined visits/ Calendar Year Max Calendar Year Deductible - None Calendar-year Chiropractic Appliances Benefit - $50 Acupuncture Services - $10 per visit Chiropractic Services - $10 per visit *PPO:* Benefits included on most plans, please refer to plan EOC	*PPO Plans:* Acupuncture care is covered, and limited to 12 visits combined for In/Out-of-Network per calendar year. *HMO Plans:* Acupuncture is covered when deemed medically necessary by your primary care provider.	*OAP:* Optional- Available on all plans with level/ graded funding *HMO:* Offered, but non-standard, approval-dependent request	*Covered*
Chiropractic	*HMO/AVN:* 20 visits per calendar year *HMO Deductible/ HMO HRA:* 20 visits per calendar year; deductible waived *OAMC:* Covered under "Rehabilitation Services" 20 visits per calendar year, participating and non-participating providers combined.	*PPO/CDHP/POS/FFS:* Limited to 30 visits / calendar year *HMO:* Covered under rehabilitation services. (Physical, Occupational, or Speech Therapy or Chiropractic Care, limited to 60-days period of care) additional visits if medically necessary available.	*Access+ HMO and Added Advantage POS Plans:* Initial and subsequent examinations Office visits and adjustments (subject to annual limits) Adjunctive therapies X-rays (chiropractic only) 30 visits/Calendar Year Max Calendar Year Deductible - None Calendar-year Chiropractic Appliances Benefit - $50 Chiropractic Services - $10 per visit *PPO:* Benefits included on most plans, please refer to plan EOC	*Chiropractic care is covered, and limited to 20 visits combined (participating and non-participating provider) per calendar year.*	*Chiropractic Coverage is offered on all plans*	*Covered*
Dental	*Available*	*Available*	*Available*	*N/A*	*Available*	*Available*
Hearing Treatment	*Call your Word & Brown representative*	*HMO & POS:* Hearing screening exams by PCP under preventive. *PPO:* Covers ear screenings under preventive.	*HMO & POS:* Hearing screening exams by PCP covered at 100% up to age 18. *PPO:* Covers ear screenings to determine the need for audiograms for dependent children through age 18 only.	*Not covered—routine hearing tests, except as specifically provided under "Preventive Care" benefits of medical care that is covered (Beneficiaries age 7 and older).*	*Subject to specialist copay. Number of visits are flexible.*	*Not Covered*
Hearing Aids Covered?	*Call your Word & Brown representative*	*Rider is available.*	*Rider is available.*	*No*	*Covered subject to medical necessity, riders can be offered subject to underwriting approval on an exception basis.*	*Not Covered*

NOTE: Unless otherwise noted, information shown on this page reflects in-network benefits.

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Health Net†	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Acupuncture	*HMO: Acupuncture/Chiropractic Rider available ($10 per visit/30 visits per calendar year- visit maximums are combined per year)* *PPO: Acupuncture Services are included in all SLU plans; PPO In-Network: coinsurance applies OON: coinsurance applies; max amount payable for each visit is $25. Combined limit of $1,500 (PPO/OON)*	*No*	*Not covered*	*Supplemental acupuncture riders available for purchase.*	*HMO: Multiple rider options available upon request.* ***Note: Not available with Alliance HMO HSA-eligible plans*** *PPO: Multiple rider options available upon request.* *Riders can be customized and visit limits can be updated as needed.*	*Traditional and deductible plans: Covered with $15 copayment and contributes to OOPM* *HDHPs: Covered in full after deductible*
Chiropractic	*HMO: Acupuncture/Chiropractic Rider available ($10 per visit/30 visits per calendar year - visit maximums are combined per year).* *PPO: Chiropractic Services are included in all SLU plans; PPO In-Network: OV copay applies (ded waived)* *OON: coinsurance applies; max amount payable for each visit is $25. Combined limit of $1,500 (PPO/OON)*	*No*	*Covered under outpatient physical medicine which has a limit of 30 visits per plan year.*	*Supplemental chiropractic riders available for purchase.*	*HMO: Multiple rider options available upon request. **Note: Not available with Alliance HMO HSA-eligible plans*** *PPO: Manipulative Treatments (chiro) are included in all PPO 101+ plans; benefits are limited to 24 visits per year, see plan summary for benefit details.* *Riders can be customized and visit limits can be updated as needed.*	*Traditional and deductible plans: Covered with $15 copayment, up to 20 visits per year* *HDHPs: Covered in full after deductible*
Dental	*Optional Health Net Dental & Vision plans available—Contact your Word & Brown representative for details*	*Yes*	*Not covered*	*Supplemental dental riders available for purchase.*	*Available*	*Not Covered*
Hearing Treatment	*No*	*No*	*No*	*N/A*	*Reference specific plan for details*	*Routine hearing exam; office visit copay*
Hearing Aids Covered?	*Medical plan buy-up option available*	*No*	*No*	*Supplemental hearing aid riders available for purchase*	*Yes—included on HMO & PPO plans. Additional rider option available on HMO plans for richer benefits.*	*No*

NOTE: Unless otherwise noted, information shown on this page reflects in-network benefits.

† *Salud HMO y Más plan design varies depending on whether the Salud provider network or the SIMNSA provider network is utilized by the employee and dependents. The information outlined on this page only reflects the Salud provider network. Call your Word & Brown representative for Mexico benefit details.*

Salud con Health Net plan design varies depending on whether the Los Angeles, Orange and Ventura County provider network or the Mexico provider network is utilized by the employee and dependents. Therefore, the benefit information cannot be outlined on this page. Please call your Word & Brown sales representative for details. Salud Mexico's plan design cannot be clearly outlined on this page. Please call your Word & Brown sales representative for details.

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Infertility	*Group Size 101+: Coverage only for the diagnosis and treatment of the underlying medical condition. Member cost sharing is based on the type of service performed and place where it is rendered. (See Certificate Book for details). No coverage for artificial insemination, IVF, ZIFT, ICSI & other related services.* *HMO Plans (Eff. 7/1/14): Comprehensive infertility benefits include ovulation induction, artificial insemination and GIFT. Limited to $2,000 per member per lifetime.*	*HMO: Infertility studies & tests; 50% of covered expense.* *PPO/CDHP: Rider available*	*HMO & POS: 50% for diagnosis & treatment of cause of infertility. Rider available covering limited ZIFT, GIFT, IVF, etc.—contact your Word & Brown representative.* *PPO: Not covered unless rider is added - contact your Word & Brown representative or see brochure for more information.*	*Covered: California regulations require limited infertility coverage to be offered, at an additional premium cost. If you would like information on this coverage please contact Banyan Administrators within 30 days of the employer effective date.*	*Not standardly covered, but can be per underwriting approval and rating. Benefit varies state-by-state*	*Benefits are included for procedures which are consistent with established medical practices in the treatment of infertility by a Physician. These procedures include, but are not limited to, diagnosis, diagnostic tests, medication, surgery, and gamete intrafallopian transfer. Benefits will not be available for in-vitro fertilization procedures.*
Life	*No*	*Available*	*Available*	*N/A*	*Available*	*Available*
Speech Therapy	*Contact your Word & Brown representative*	*PPO/CDHP/POS/FFS: Covered, usually subject to deductible and coinsurance.* *HMO: Covered under rehabilitation services. (Physical, Occupational, or Speech Therapy or Chiropractic Care, limited to 60-days period of care) Additional visits if medically necessary available.*	*Covered as outlined in the Schedule of Benefits and Evidence of Coverage.*	*Yes—outpatient speech therapy following injury or organic disease.*	*Subject to specialist copay. Number of visits are flexible.*	*Covered*

NOTE: Unless otherwise noted, information shown on this page reflects in-network benefits.

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Health Net†	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Infertility	*Optional, rider available for infertility benefits. Please see the Evidence of Coverage (EOC) or Certificate of Insurance (COI) for complete details on coverage and exclusions.*	*Covered benefit, please see EOC for details on coverage.*	*Yes, for groups with 50 or more employees, fertility is covered up to a maximum of $10k per plan year.*	*Covered at 50%; see Member Handbook for details of covered expenses. If a 20+ group, optional riders available for ART (Assisted Reproductive Technologies)—call your Word & Brown representative for details.*	*Optional rider available*	*Optional rider available 50% copay*
Life	*Available*	*N/A*	*N/A*	*Not Available*	*Available*	*N/A*
Speech Therapy	*Covered*	*Covered - refer to plan EOC for details*	*Covered under outpatient physical medicine which has a limit of 30 visits per plan year.*	*Covered benefit, please see summary of benefits and member handbook for details on coverage.*	*Reference specific plan for details*	*HMO: Covered when medically necessary*

NOTE: Unless otherwise noted, information shown on this page reflects in-network benefits.

† *Salud HMO y Más plan design varies depending on whether the Salud provider network or the SIMNSA provider network is utilized by the employee and dependents. The information outlined on this page only reflects the Salud provider network. Call your Word & Brown representative for Mexico benefit details.*

Salud con Health Net plan design varies depending on whether the Los Angeles, Orange and Ventura County provider network or the Mexico provider network is utilized by the employee and dependents. Therefore, the benefit information cannot be outlined on this page. Please call your Word & Brown sales representative for details. Salud Mexico's plan design cannot be clearly outlined on this page. Please call your Word & Brown sales representative for details.

HEALTH PLAN COMPARISON - PRESCRIPTIONS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
If generic available, and doctor has not indicated "dispense as written," will member receive a generic equivalent rather than a brand name drug?	*Yes—if the doctor has NOT indicated DAW, we will provide a generic alternative.*	*Yes, if plan includes mandatory generic requirement.*	*Yes—or member must pay generic copay plus difference between cost of generic and brand name drug**	*Yes*	*Varies*	*No*
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay amount?	*Yes, if the drug is part of the formulary, plus the difference between the brand and generic drug. Check the formulary to see if the brand drug is available.*	*Yes, ask your pharmacy rep for more information.*	*Yes**	*No—generic substitution is mandatory. The doctor must obtain authorization through a clinical review. Otherwise, the member will be responsible for the difference in price between the generic and brand.*	*Yes*	*Yes*
Does carrier use Rx formulary?	*Yes*	*Yes*	*Yes—for all plans**	*Yes*	*Yes*	*Yes*
Are non-formulary drugs available?	*Not without prior authorization and an exclusion appeal approval*	*Yes*	*PPO Value Plans: No, unless prior authorization is obtained from Blue Shield* *All HMO Plans: Yes, $50 Non-Formulary copay applies** *All PPO Plans except PPO Value Plans: Yes, $50 Non-Formulary copay applies** *All SimpleSavings (HSA) Plans: Yes, $50 Non-Formulary copay applies. Medical deductible applies first.**	*Yes*	*Yes - higher non-formulary copay applies*	*Yes*
Mail Order	*HMO & PPO plans: 2X retail copay - 31 day up to 90 day supply available*	*Yes*	*All plans except PPO Value plans: $20 Generic, $60 Formulary Brand, $100 Non-Formulary Brand* *PPO Value Plans: $30 Generic, $60 or 30% (whichever is greater) for Formulary brand-name drugs, Non-Formulary: not covered.* *All SimpleSavings (HSA) plans: Yes, Medical deductible applies first then, $20 Generic, $60 Formulary Brand, $100 Non-Formulary Brand*	*Yes—using Prescription Drug Program*	*Can quote either 2x, 2.5x or 3x at client's request*	*Yes*

**These plans have an Annual Brand Rx Deductible:*

$300 Annual Brand Rx Deductible:
All Enhanced HMO plans, all Enhanced PPO plans, and all Base PPO plans

$250 Annual Brand Rx Deductible:
All PPO Value Plans

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.

HEALTH PLAN COMPARISON - PRESCRIPTIONS

	Health Net[†]	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
If generic available, and doctor has not indicated "dispense as written," will member receive a generic equivalent rather than a brand name drug?	*Yes*	*N/A*	*Yes*	*Yes—or member must pay non-formulary copay*	*Managed or Closed Formulary Plans: Yes* *Open Formulary Plans: Yes*	*Yes—or you must pay the brand copay plus the difference in cost between the brand name and generic equivalent*
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay amount?	*This varies by benefit plan, please refer to the plan documents.*	*N/A*	*Regardless of whether the doctor or the patient requests the brand when there is a generic equivalent, the patient will receive the generic. If the doctor or patient wants the brand when a generic equivalent is available, they can do so but the customer will pay the brand name copay (if the plan chosen has an Rx copay) PLUS the different between the brand and generic cost.*	*Yes*	*Yes—only for members with a three tier benefit.*	*Yes*
Does carrier use Rx formulary?	*Yes, Health Net refers to this as their "Drug List" or "Formulary". Plans vary Members should refer to EOC for copayment.*	*Yes—non-formulary copay applies.*	*Yes*	*Yes*	*Yes*	*Yes, a preferred drug list*
Are non-formulary drugs available?	*Yes—copays vary by plan*	*Yes*	*Any drug not listed on the formulary is excluded and not covered.*	*Yes—non-formulary copay applies*	*HMO: Yes non-formulary covered under non-formulary RX benefit* *PPO: No. Closed formulary.*	*Yes, covered as Tier 3 Non-preferred medication*
Mail Order	*Plans vary. Member should refer to EOC for copayment.*	*Mail Order Service is not available*	*90 day supply*	*Covered at double the retail copay*	*Yes - 2X & 2.5X retail copay order options available*	*90 day supply for mail order or at Walgreens or CVS (Smart90 program)*

[†]HEALTH NET: Prescriptions filled at a non-participating pharmacy will have a separate $100 deductible per member and 50% coinsurance. PPO, EOA, & HMO Value plans: Brand Name deductible Options Plans (all): $200 brand deductible per member per calendar year.

Salud con Health Net plan design varies depending on whether the Los Angeles, Orange and Ventura County provider network or the Mexico provider network is utilized by the employee and dependents. Therefore, the benefit information cannot be outlined on this page. Please call your Word & Brown sales representative for details. Salud Mexico's plan design cannot be clearly outlined on this page. Please call your Word & Brown sales representative for details.

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.

HEALTH PLAN COMPARISON - RATES & DOCUMENTS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Composite Rates	*101+*	*101+*	*101+*	*101+*	*Yes*	*Yes 4 Tier*
Use Employer or Employee ZIP Code?	*Employee ZIP Code*	*Employee ZIP Code*	*Employee ZIP Code*	*Employee ZIP Code*	*Employee ZIP Code for product network availability only*	*Employee*
How are out-of-state employees rated?	*Based on location of employee or employer, depending on location*	*Employer ZIP Code*	*Same as CA*	*Employer ZIP Code*	*Employee ZIP Code for product network availability only*	*Employee Specific Rating (based on where the employee is located)*
DE-9C statement required?	*Upon request*	*Upon request*	*Only if the group is moving from small group to large group.*	*Yes*	*No*	*Yes*
Payroll records OK if no DE-9C?	*Yes*	*Discuss with Anthem Sales representative*	*Call your Word & Brown representative*	*Yes*	*No*	*Yes*
Is a prior booklet required?	*No*	*No*	*No*	*No*	*No*	*No*
Is prior billing required?	*Yes*	*Only if the group is moving from small group to large group*	*Only if the group is moving from small group to large group.*	*No*	*No*	*Yes*
Must submit check with initial application?	*Yes—Check or EFT Form*	*Varies by product*	*Yes*	*No*	*Yes*	*No*
Make check payable to	*Aetna, Inc.*	*Anthem Blue Cross*	*Blue Shield*	*Check not required with submission*	*Cigna*	*E.D.I.S.*
New in Business Minimum length of time in business?	*Require a business to be around for a year prior to applying for coverage (exceptions can be made)*	*No minimum required*	*2 years*	*No minimum required*	*100% participation as well as a minimum of 100% EE contribution*	*No*
Payroll records required? If yes, how long?	*Call your Word & Brown representative*	*No*	*Call your Word & Brown representative*	*The most recent DE-9C*	*No*	*6 weeks*
Copy of business license?	*Upon request*	*Not required*	*Not needed*	*Not required*	*No*	*No*
Other documents required	*Call your Word & Brown representative*	*Discuss with your Anthem Sales representative*	*Call your Word & Brown representative*	*Subscription Agreement with CalCPA membership number, or if not, currently a photocopy of Society membership application and proof of payment of dues.*	*Contact your Word & Brown representative*	*Call your Word & Brown representative*

HEALTH PLAN COMPARISON - RATES & DOCUMENTS

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Composite Rates	*Yes*	*Yes*	*N/A*	*Yes*	*Yes*	*Yes*
Use Employer or Employee ZIP Code?	*Employee ZIP Code*	*Employer*	*Employer*	*Employee ZIP code (live/work rule applies)*	*Employer Zip Code is the final blended rates. Employee Zip Code used for initial rating/ network availability.*	*Employer ZIP Code*
How are out-of-state employees rated?	*Employee ZIP Code*	*Blended Rate*	*It is a blended rate*	*N/A*	*Employer Zip Code is the final blended rates. Employee Zip Code used for initial rating/network availability.*	*N/A*
DE-9C statement required?	*Yes*	*No*	*Yes, we do require a quarterly contribution/ wage report for each employer from their respective state(s).*	*No*	*Required for Virgin groups only*	*Yes*
Payroll records OK if no DE-9C?	*No—unless new company, then minimum 6 weeks of payroll records required*	*N/A*	*If none filed, yes and may require additional documents.*	*N/A*	*N/A*	*Yes—if DE-9C not filed yet, minimum 2 payroll records required (and DE-9C when available)*
Is a prior booklet required?	*No*	*No*	*No*	*No*	*No*	*No*
Is prior billing required?	*No*	*No*	*Yes*	*Yes*	*No (Only if group is currently age rated)*	*No - may be provided in lieu of DE9C*
Must submit check with initial application?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Make check payable to	*Health Net*	*MediExcel Health Plan*	*National General Insurance*	*HMO: Sharp Health Plan; PPO: Meritain*	*UnitedHealthcare*	*WHA*
New in Business Minimum length of time in business?	*Minimum 2 years in business*	*30 days*	*No Minimum*	*Must be in business 45 days*	*Contact your Word & Brown representative for details*	*30 days*
Payroll records required? If yes, how long?	*Neither payroll or DE-9C are required, however, underwriting can request them if additional information is required*	*No*	*Yes, and they need to be current.*	*No*	*Not as standard process*	*30 days*
Copy of business license?	*No*	*No*	*Only if other documentation cannot be provided.*	*Yes—refer to SHP website for details*	*No*	*No*
Other documents required	*Claim experience or high claimant information should be submitted, if available or as requested.*	*Contact your Word & Brown representative*	*Depending on information provided it may be possible.*	*Contact your Word & Brown representative*	*Group Information, Broker of Record Information, Current and Renewal and Rate Information, Census Information, Exchanges and Benefits Administration, UHC Employer Application Additional Requirements for Self-Funded Requests Aggregate Stop Loss Level (%) and whether pharmacy is included. Aggregate Factors. Specific Stop Loss amount ($) and whether primary is included. Specific and Aggregate Premiums. List all exclusions and limitations included in the stop loss policy. Claims Basis. Administration Fees. Pharmacy Requirements (Current rates, current benefit design and requested benefit design).*	*New group application and employee applications*

HEALTH PLAN COMPARISON - WRAP† REQUIREMENTS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Can be written with another carrier's PPO or indemnity plan?	*Group Size 101+: Yes—standard participation of 75% must be met in order for a group to qualify for coverage. Employees waiving due to coverage through spouse will NOT be considered eligible in calculating participation for a group sold alongside another carrier.*	*101+: If Kaiser is offered alongside Anthem Blue Cross, Anthem must enroll the greater of 50% of total eligible employees or the number of employees reflected on the client's summary report, but in no event can the enrollment be less than 50 subscribers, or drop below 50 subscribers.*	*50% of the eligible with a minimum of 40 lives enrolled*	*Group Size 101+: No - do not allow PPO wrap*	*101-250: No*	*No*
Can be written with another carrier's HMO, POS or EPO?	*Group Size 101+: Yes—50% of the eligible employees must enroll with Aetna.*	*101+: If Kaiser is offered alongside Anthem Blue Cross, Anthem must enroll the greater of 50% of total eligible employees or the number of employees reflected on the client's summary report, but in no event can the enrollment be less than 50 subscribers, or drop below 50 subscribers.*	*50% of the eligible with a minimum of 40 lives enrolled*	*Group Size 101+: Yes (with Kaiser Permanente only)*	*101-250: Kaiser allowed, but be less than 50% Kaiser enrollment and minimum of 51% electing Cigna coverage*	*Yes*

†Indicates flexibility in being offered with products of another carrier.

HEALTH PLAN COMPARISON - WRAP† REQUIREMENTS

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Can be written with another carrier's PPO or indemnity plan?	*Group Size 101-500: Yes—if more than one health plan is offered and on a contributory basis, Health Net's enrollment represents the greater of 38% of the eligible employee population or 38 active enrolled employees. The rates may not be offered on an age-rated basis and must be offered on the same rate-tier structure basis. Furthermore, employer contribution formulas must be the same regardless of carrier and plan designs must be comparable structure basis. Furthermore, employer contribution formulas must be the same regardless of carrier and plan designs must be comparable.*	*Group Size 1+: Yes*	*Group Size 101-200: No*	*Group Size 101+: Yes–50% contribution towards employees and 70% of eligible employees with Sharp Health Plan having 50% enrolled population*	*Groups offering UnitedHealthcare alongside a staff model HMO or other carrier(s): We assume that at least 75% of all eligible employees will enroll in an employer-sponsored plan. Those employees who are waiving due to other group coverage being in force will not be counted toward this requirement (i.e., spousal coverage). UnitedHealthcare assumes that no less than 50% of all employees (including those waiving for spousal coverage) enroll with UnitedHealthcare. A minimum of 50% of the employees enrolled in an employer-sponsored plan must enroll with UnitedHealthcare.*	*Group Size 101+: Yes*
Can be written with another carrier's HMO, POS or EPO?		*Group Size 1+: Yes*	*Group Size 101-200: No*	*Group Size 101+: Yes–50% contribution towards employees and 70% of eligible employees with Sharp Health Plan having 50% enrolled population*		*Group Size 101+: Yes*

†Indicates flexibility in being offered with products of another carrier.

Click on symbol to be redirected to online resource

ONLINE SERVICES

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
	aetna.com	anthem.com	blueshieldca.com	calcpahealth.com	mycigna.com	employerdriven.com
EMPLOYER SERVICES						
View Employee Add-Ons/ Terminations	●	●	●	●[4]	●	●
Rates For EEs/ Dependents		●			●	●
Premium Payment	●[3]	●		●	●	●
Online Billing Payment	●	●	●	●	●	●
Online Addition/ Termination of Employee	●	●	●	●[4]	●	●
View Directory	●	●	●	●	●	●
Download Forms	●	●	●	●	●	●
E-Mail Customer Service	●	●	●	●	●	●
EMPLOYEE SERVICES						
View Claims Status	●[1]	●	●	●	●	●
Order Permanent ID Cards	●[1]	●	●	●	●	●
Print Temp. ID Cards	●[1]	●	●	●	●	
View Benefits	●[1]	●	●	●	●	●
View Current PCP Or Doctor	●[1]	●	●	●	●	
Change Doctor	●[1]	●			●	
View Directory	●[1]	●	●	●	●	●
Download Forms	●[1]	●	●	●	●	●
Book Doctor Appointments					●[9]	
BROKER SERVICES						
Manage Group Acct	●	●[4]		●[4]	●	●
Commission Information	●	●	●		●	●
Group Info (e.g. Add-Ons)	●	●[4]		●[4]	●	●
Online Only Agent Appt, Paper App. or Both?	*Online Only*	*Both*	*Paper Application Only*	*Both*	*Online Only*	*Both*

1 *All features are available to members who enroll on Aetna Navigator. There is no cost for Aetna Navigator.*
2 *Employer eServices sign-on will be moving to Optum ID. You may register for an Optum ID once you get an email invitation with instructions to create a new Optum ID or to connect your existing Optum ID with your Employer eServices account(s). If you have more than one Employer eServices ID you will receive an email for each ID with specific action steps. Employees must register at myuhc.com®.*
3 *Employer should be directed to www.aetna.com/employer-plans/index.html.*
4 *Available upon employer's request.*
5 *Employee must be on a high deductible plan to view claims.*
6 *Brokers must register at unitedeservices.com. If Broker needs access to Manage Group Account or Group Info (e.g. Add-Ons), then he/she needs to be tied to the group through employereservices.com.*
7 *If an HDHP plan is in place, a member can view claim status through Health Equity's portal for members. http://healthequity.com.*
8 *Members can book doctor appointments through www.Followmyhealth.com if they are a Sharp Rees-Stealy member.*
9 *Online office capabilities are available through Cigna's partnership with RelayHealth. Client must elect to participate in RelayHealth network and member's healthcare professional must be part of this network. This feature is also available to ASO clients on the Proclaim program. Not available to other clients.*
10 *ACH payment available only.*

Click on symbol to be redirected to online resource

ONLINE SERVICES

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare HMO	UnitedHealthcare PPO	Western Health Advantage
	healthnet.com	mediexcel.com	ngah-ngic.com	sharphealthplan.com	Employer: employereservices.com Employee: myuhc.com		westernhealth.com
EMPLOYER SERVICES							
View Employee Add-Ons/ Terminations	●	●	●	●	●	●[2]	●
Rates For EEs/ Dependents	●	●	●	●			
Premium Payment	●			●[10]		●[2]	●
Online Billing Payment	●		●	●		●[2]	●
Online Addition/ Termination of Employee	●	●		●		●[2]	●
View Directory	●	●	●	●			●
Download Forms	●	●	●	●	●	●[2]	●
E-Mail Customer Service	●	●	●	●			●
EMPLOYEE SERVICES							
View Claims Status	●		●	●[7]	●	●[2]	●[5]
Order Permanent ID Cards	●		●	●	●	●[2]	●
Print Temp. ID Cards	●		●	●	●	●	●
View Benefits	●		●	●	●	●[2]	●
View Current PCP Or Doctor	●		*Depends on network*	●	●	●[2]	●
Change Doctor	●			●	●	●	●
View Directory	●	●	●	●	●	●[2]	●
Download Forms	●	●	●	●	●	●	●
Book Doctor Appointments		●		●[8]			
BROKER SERVICES							
Manage Group Acct	●		●		●[6]	●[6]	●
Commission Information	●				●[6]	●[6]	●
Group Info (e.g. Add-Ons)	●		●		●[6]	●[6]	●
Online Only Agent Appt, Paper App. or Both?	*Paper Application Only*	*Paper Application Only*	*Both*	*Paper Application Only*	*Paper Application Only*	*Paper Application Only*	*Paper Application Only*

1 *All features are available to members who enroll on Aetna Navigator. There is no cost for Aetna Navigator.*
2 *Employer eServices sign-on will be moving to Optum ID. You may register for an Optum ID once you get an email invitation with instructions to create a new Optum ID or to connect your existing Optum ID with your Employer eServices account(s). If you have more than one Employer eServices ID you will receive an email for each ID with specific action steps.*
Employees must register at myuhc.com®.
3 *Employer should be directed to www.aetna.com/employer-plans/index.html.*
4 *Available upon employer's request.*
5 *Employee must be on a high deductible plan to view claims.*
6 *Brokers must register at unitedeservices.com. If Broker needs access to Manage Group Account or Group Info (e.g. Add-Ons), then he/she needs to be tied to the group through employereservices.com.*
7 *If an HDHP plan is in place, a member can view claim status through Health Equity's portal for members. http://healthequity.com/.*
8 *Members can book doctor appointments through Followmyhealth.com if they are a Sharp Rees-Stealy member.*
9 *Online office capabilities are available through Cigna's partnership with RelayHealth. Client must elect to participate in RelayHealth network and member's healthcare professional must be part of this network. This feature is also available to ASO clients on the Proclaim program. Not available to other clients.*
10 *ACH payment available only.*

MEDICARE PART D

Creditable Coverage Prescription drug benefit with current plan from employer is at least as good as the pharmacy benefits offered through the new Medicare Part D standard plan

Non-creditable Coverage Prescription drug benefit with current plan from employer is not as good as the pharmacy benefits offered through the new Medicare Part D standard plan

Plan	CREDITABLE	NON-CREDITABLE
Aetna		
HMO		
HMO	■	
Basic HMO	■	
HMO Deductible (renewing groups only)	■	
Aetna Value Network (AVN)	■	
AWH Southern HMO	■	
PPO		
OAMC	■	
OAMC - HSA	■	
PPO	■	
AWH Southern OAMC/EPO	■	
Anthem Blue Cross†††		
HMO		
Preferred HMO	■	
Advantage HMO	■	
Priority Select HMO	■	
Select HMO	■	
Vivity HMO	■	
Clear Value HMO	■	
PPO		
PPO (Prudent Buyer)	■	
EPO (Prudent Buyer Exclusive)	■	
POS (Blue Cross Plus)	■	
CareAdvocate PPO	■	
Select PPO	■	
Blue Shield of California		
HMO/POS		
Access+ HMO	■	
Access+ HMO SaveNet	■	
Local Access+ HMO	■	
Trio HMO	■	
Added Advantage POS	■	
PPO		
Full PPO	■	
Full PPO Savings	■	
Active Choice PPO	■	
Tandem PPO	■	
CalCPA Health		
HMO		
HMO 10/0%	■	
HMO 35/20%	■	
Select 1500	■	
Select 3000	■	
PPO		
PPO 10/0/10%	■	
PPO 20/500/20%	■	
PPO 25/550/30%	■	
PPO 25/550/30% RxV	■	
PPO 35/1200/40%	■	
PPO 40/2000/40%	■	
PPO 40/2000/40% RxV	■	
PPO 45/1500/50%	■	
PPO 45/2500/50%	■	
PPO 45/5000/10% Saver		■
PPO 65/3750/25%	■	
PPO HSA 1350/50%	■	
PPO HSA 1800/30%/RxC	■	
PPO HSA 2700/20%/RxC	■	
PPO HSA 3500/30%/RxC		■
PPO HSA 4600/20%/RxC		■
PPO HSA 5600/0%/RxC		■
Cigna		
HMO/EPO		
HMO	■	
POS	■	
PPO		
PPO	■	
EPO	■	
HSA	■	
HRA	■	
Open Access	■	
Level Funded Plans	■	
Self-Funded Plans	■	
E.D.I.S.		
Contact your Word & Brown Representative		
Health Net		
HMO/EPO		
SmartCare HMO	■	
Salud HMO y Mas	■	
EOA (Elect Open Access)	■	
HMO	■	
ExcelCare EOA	■	
ExcelCare HMO	■	
Health Net (Cont.)		
PPO		
PPO	■	
PPO n	■	
MAA n	■	
PPO HSA-Integrated	■	
PPO HRA-Integrated	■	
MediExcel Health Plan		
Value Plan 5	■	
Value Plan 10	■	
Value Plan 20	■	
Plan QEP		■
Plan MEP		■
National General		
All creditable except those that don't offer an Rx Copay - Contact Rep	■	
Sharp Health Plan		
HMO	■	
Sharp 5/5/0 - L	■	
Sharp 10/10/0 - L	■	
Sharp 10/10/20% - L	■	
Sharp 10/10/100 - L	■	
Sharp 10/10/1500 - L	■	
Sharp 10/20/250 - L	■	
Sharp 10/20/500 - L	■	
Sharp 15/15/0 - L	■	
Sharp 15/15/250 - L	■	
Sharp 15/25/750 - L	■	
Sharp 15/25/1000- L	■	
Sharp 15/30/500 - L	■	
Sharp 20/20/20% - L	■	
Sharp 20/20/250 - L	■	
Sharp 20/30/300 (3-day max) - L	■	
Sharp 20/30/750 - L	■	
Sharp 20/40/20% - L	■	
Sharp 20/40/300 (5 day max)	■	
Sharp 20/40/500 - L	■	
Sharp 25/25/500 - L	■	
Sharp 25/25/1000 - L	■	
Sharp 25/35/500 (3-day max) - L	■	
Sharp 30/30/30%- L	■	
Sharp 30/30/250 - L	■	
Sharp 30/30/500 - L	■	
Sharp 30/30/1000 - L	■	
Sharp 30/40/500 day - L	■	
Sharp 40/40/40%- L	■	
Sharp 40/40/500- L	■	
Sharp 40/40/750 - L	■	
Sharp 40/50/750 (3-day max) - L	■	
Sharp 40/50/1500 - L	■	
Sharp 500 ded 20/20 - L	■	
Sharp 1000 ded 20/20 - L	■	
Sharp 1000 ded/30/40 - L	■	
Sharp 1500 ded/40/40 - L	■	
Sharp 2500 Ded/40/40 - L	■	
Sharp 4500 Ded/40/50 - L	■	
Sharp 4500 Ded/50/50 NG 41 - L	■	
Sharp 4500 Ded/50/50 NG 44 - L	■	
Sharp POS 15/250_OON 1000ded_30% w/OOP 1500/3000 MAX	■	
Sharp POS 15/250_OON 750ded_20% w/OOP 1500/3000 MAX	■	
Sharp POS 20/250_OON 1000ded_20%	■	
Sharp POS 20/250_OON 1000ded_20% w/OOP 2500/3500 MAX	■	
Sharp POS 25/35/500 (3-day max)_OON 1000ded_30% w/OOP 3500/7000 MAX	■	
Sharp POS 25/500_OON 1000ded_30% w/OOP 3000/3500 MAX	■	
Sharp POS 25/500_OON 1000ded_40% w/OOP 3000/3500 MAX	■	
Sharp POS 25/500_OON 1500ded_40% w/OOP 3000/4500 MAX	■	
Sharp POS 40/750_OON 2000ded_40% w/OOP 3000/6000 MAX	■	
NationCare PPO Presented by Sharp Health Plan		
PPO 250 ded/$20/80%/60%	■	
PPO 250 ded/$15/90%/70%	■	
PPO 500 ded/$15/90%/70%	■	
PPO 500 ded/$20/80%/60%	■	
PPO 500 ded/$25/80%/50%	■	
PPO 1000 ded/$30/80%/50%	■	
PPO 1500 ded/$30/70%/50%	■	
PPO 2000 ded/$30/70%/50%	■	
PPO 3000 ded/$40/60%/50%	■	
HSA 2000 ded/80%/50%	■	
HSA 3000 ded/100%/70%	■	
Sharp HSA 1500/30/30 - L	■*	
Sharp HSA 2000/40/40 - L	■*	
Sharp HSA 2500/40/40 - L	■*	
Sharp HSA 3000/40/40 - L		■
Sharp HSA 4500/40/40 - L		■

(Continued)

* This plan becomes Medicare Part D Non-Creditable if Sharp is secondary payer to Medicare

MEDICARE PART D

Creditable Coverage Prescription drug benefit with current plan from employer is at least as good as the pharmacy benefits offered through the new Medicare Part D standard plan
Non-creditable Coverage Prescription drug benefit with current plan from employer is not as good as the pharmacy benefits offered through the new Medicare Part D standard plan

	CREDITABLE	NON-CREDITABLE
UnitedHealthcare**		
HMO		
SignatureValue HMO	■	
Advantage HMO	■	
Focus HMO	■	
Alliance HMO	■	
PPO		
Select	■	
Select Traditional	■	
Select Traditional with Deductible	■	
Select Balanced	■	
Select Consumer	■	
Select Options PPO	■	
Select Options PPO Consumer	■	
Select Non-Differential PPO	■	
Select Plus	■	
Select Plus Traditional	■	
Select Plus Traditional with Deductible	■	
Select Plus Balanced	■	
Select Plus Consumer	■	
Select Plus Options PPO	■	
Select Plus Options PPO Consumer	■	
Select Plus Non-Differential PPO	■	
PPO	■	
PPO Traditional	■	
PPO Traditional with Deductible	■	
PPO Balanced	■	
PPO Consumer	■	
Options PPO	■	
Options PPO Consumer	■	
Non-Differential PPO	■	
Core	■	
Core Traditional	■	
Core Traditional with Deductible	■	
Core Balanced	■	
Core Consumer	■	
Core Essential	■	
Core Essential Traditional	■	
Core Essential Traditional with Deductible	■	
Core Essential Balanced	■	
Core Essential Consumer	■	
Choice	■	
Choice Traditional	■	
Choice Traditional with Deductible	■	
Choice Balanced	■	
Choice Consumer	■	
Choice Plus	■	
Choice Plus Traditional	■	
Choice Plus Traditional with Deductible	■	
Choice Plus Balanced	■	
Choice Plus Consumer	■	
All Savers Level Funding	■	
HSA-Compatible		
Select HSA	■	
Select Options PPO HSA	■	
Select Plus HSA	■	
Select Plus Options PPO HSA	■	
PPO HSA	■	
Options PPO HSA	■	
Alliance HMO HSA-Eligible	■	
HRA-Compatible		
Alliance HMO HRA-Eligible	■	
Western Health Advantage		
HMO		
Advantage 0/15/250 HMO Prime	■	
Advantage 0/40/30% HMO Prime	■	
Advantage 0/20/500 HMO Prime	■	
Advantage 0/20/30% HMO Prime	■	
Premier 0/10/0 HMO Prime	■	
Premier 0/15/0 HMO Prime	■	
Premier 0/20/0 HMO Prime	■	
Premier 0/40/0 HMO Prime	■	
Western 2500/20/500 HMO Prime	■	
Western 1000/40/500 HMO Prime	■	
Western 2500/40/500 HMO Prime	■	
Western 4500/50/40% HMO Prime	■	
HSA-Compatible High-Deductible		
Western 1800/0/0 HDHP HMO Prime	■	
Western 2800/0/0 HDHP HMO Prime	■	
Western 2800/40/500 HDHP HMO Prime	■	
Western 3000/30/30% HDHP HMO Prime	■	
Western 4000/40%/40% HDHP HMO Prime	■	
Western 5500/0/0 HDHP HMO Prime	■	

** Some plans will be non-creditable if paired with a Generic Rx or Managed Rx plan. Contact your Word & Brown Representative for details.

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Where does the broker go with renewal questions?	*The broker would contact their assigned Account Manager.*	*The broker would contact their assigned Account Manager.*	*Contact the account manager and/or sales analyst assigned to the group.*	*Banyan Administrators 877-480-7923*	*Account Manager*	*Renewal Department email: renewal@employerdriven.com Phone: 888-886-7973*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Once the case is set up or the renewal is processed, brokers have access through eBusiness. Broker access eBusiness by logging onto Producer World.*	*Yes*	*Depends on how the account is enrolled with Blue Shield. There are various enrollment options, based on Blue Shield membership platforms. For example Employer Connection and Employer connection plus. Access must be delegated from the account.*	*Yes—contact Banyan Administrators for eligibility view/ edit access*	*Yes (Fully Insured – group delegates access to broker/Self-Funded – Cigna can delegate access to broker)* *Website and login information will be shared at case installment*	*Yes www.yourbenportal.com*
Do new enrollees have the ability to register online and print temporary ID cards?	*Yes, digital ID cards are available on the Aetna Health member portal web and mobile app. Members can print their ID card or save it to their phone for future use.* *Members can log in or register at both Aetna.com or Aetna health app. Available on both IOS and Android devices.*	*Yes*	*Yes*	*Yes*	*Yes—Members can print temporary ID cards using myCigna Access System on mycigna.com.*	*No*
How far in advance do groups receive their renewal material?	*90 Days*	*Approximately 60 days*	*Groups receive their renewal material by or before the SB1163 due dates.*	*60 days*	*60 days in advance as required by law, however if group is working with a broker these materials will be sent directly to the broker*	*Approximately 60 days*
How far in advance do brokers receive their renewal material?	*90 Days*	*Approximately 90 days*	*Renewal material is typically sent out the to the brokers by or before the 15th of each month.*	*60 days*	*75-90 days in advance.*	*Approximately 60 days*
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	*The broker would contact their assigned Account Manager. This information is available to the group.*	*The broker would contact its assigned account manager. This information is available to the group.*	*Contact account manager, which are assigned on case-by-case basis.*	*Contact Banyan Administrators*	*Contact your Word & Brown representative*	*Contact E.D.I.S. renewal department Email: renewal@employerdriven.com Phone: 888-886-7973*

RENEWAL INFORMATION - MEDICAL

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Where does the broker go with renewal questions?	*Contact the Group's assigned Account Manager.*	*sales@mediexcel.com*	*The broker would work with the account manager.*	*Please contact the Account Manager*	*Broker should contact their Renewal Accountant Consultant*	*Brokers should contact their designated Account Manager or Sales Executive*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*If the Employer gives the broker access, the broker can access that info through www.healthnet.com*	*No*	*No*	*Sharp has online employer portal that broker can obtain access if Employer permits. This requires an agreement to be completed. The best way to confirm these types of things is calling customer Care (1-800-359-2002) and confirm eligibility (add or terms) OR calling the Account Manager.*	*HMO Medical: No* *PPO Medical/ All Specialty: employereservices.com*	*Yes. westernhealth.com*
Do new enrollees have the ability to register online and print temporary ID cards?	*Yes, on www.healthnet.com. Temporary ID cards are typically available within 24-48 hours of activation.*	*No*	*Yes, once the group's new plan year is established in the system.*	*Yes—members can register online and view plan information and print temp ID cards.*	*www.myuhc.com*	*Yes*
How far in advance do groups receive their renewal material?	*120 days*	*90 days prior to renewal date*	*As soon as broker delivers it. If the broker doesn't deliver within 10 days of their receipt, the employer is notified electronically of their ability to view the offer online.*	*Approximately 60-90 days before a group's annual renewal date.*	*60-90 days. The complete renewal is generally received from the broker.*	*We are currently running renewals 90 days prior to the renewal date. However, brokers or groups may request a large group renewal to be prepared earlier.*
How far in advance do brokers receive their renewal material?	*150 days*	*90 days prior to renewal date*	*60 days*	*Approximately 60-90 days before group's annual renewal date.*	*Approximately 75 days*	*A couple days prior to the group's copy. For early renewal requests, we can hold the group copy until negotiations are complete.*
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	*Contact the Account Manager.*	*sales@mediexcel.com*	*They can view/ retrieve renewal offers online. In addition, they can contact their account manager.*	*Contact Account Manager*	*Broker should contact Strategic Account Executive (SAE). Please see contact sheet previously provided.*	*Brokers should contact either their designated Account Manager, Sales Executive or WHA Sales Dept. at 888.499.3198.*

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Deadline for submission of group level renewal changes & their effective date?	*Must be received by the last business day of the month prior to renewal. In order to have benefits and rates available as of effective date, renewal confirmation should be received 3-4 weeks prior to the renewal effective date.*	*To assist with a timely implementation, renewal confirmation should be submitted to Anthem 30 days prior to renewal date. All submissions must be received by the renewal date.*	*In order to have a smooth renewal implementation, the complete confirmation should be into Blue Shield by the 10th (more or less) of the previous month.*	*The deadline for renewal changes varies slightly for different renewal months. The deadline is usually the second Friday of the month prior to the renewal date.*	*At least 30-45 days advance notice prior to the effective date.*	*Prefer changes are submitted prior to the end of the month preceding the renewal, but will accept changes through the renewal month up to the last business day of the renewal month, or until the signed agreements are submitted.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Member level changes need to be received by the last day of the renewal month.*	*Changes are preferred as soon as possible prior to the renewal date, but will be accepted through the renewal month up to the last business day of the renewal month.*	*In order to have a smooth renewal implementation, the complete confirmation should be into Blue Shield by the 15th (more or less) of the previous month.*	*The deadline for renewal changes varies slightly for different renewal months. The deadline is usually the second Friday of the month prior to the renewal date.*	*At least 30 days advance notice prior to the effective date.*	*Prefer changes are submitted prior to the end of the month preceding the renewal, but will accept changes through the renewal month up to the last business day of the renewal month, or until the signed agreements are submitted.*
Email address and/or fax number for submission of renewal change forms?	*Renewal communications should be sent to the assigned Account Manager.*	*Group renewal confirmations should be emailed to the assigned account manager. For member level changes, please refer to client contact sheet, or contact assigned service account manager.*	*This depends on the platform, if the membership is on the older platform (ID numbers start with J and group numbers typically start with an "H", "9", "NH") then the changes can be emailed to largegroup. memberrequests@ blueshieldca.com.*	*calcpahealth@ calcpahealth.com 877-237-4519*	*Esclientcarecenter @cigna.com*	*Underwriting@ employerdriven.com Fax: 559-635-6527*
Which submission method offers the fastest processing time for renewal changes?	*Email*	*Email*	*Typically paper, however, if the group is set up electronically, etc., they would need to submit via the method of the vendor, etc. It depends on enrollment method, paper versus electronic, and if electronic the frequency of the feed. Typically paper is the slowest.*	*Email*	*E-mail - using the SES Census Report in Excel which will be sent out to group to be populated prior to renewal. These are custom built to the group's current product offering.*	*Email*
What changes are allowed at renewal?	*Plan changes, member eligibility/ dependent changes, contract changes.*	*Group & member level changes.*	*Group & member level changes, however, if members need to change PCPs they need to contact member services for that.*	*Plan offerings; Waiting period; Minimum hours worked per week; Employee plan selection; Add/remove employee/ dependent; Add/remove lines of coverage;*	*All plan, enrollment, and dependent changes.*	*Group & member level changes*
Forms required?	*Plan Sponsor Signature on Premium Credit letter if applicable. Additional state required forms if adding new sites.* *Enrollments form for newly added membership.* *List of changes for existing memberships changes*	*Yes, for pooled cases renewing without adding a new line of coverage, a renewal confirmation email should be sent to the dedicated account manager with the plans/rates that are being selected. Any O.E. changes can be done through Employer Access or by way of an enrollment form sent in to E&B. Accounts terming at Renewal, a formal cancellation letter should be emailed to the Account Manager and we ask it be on the client's letterhead, signed by the client. Pooled cases renewing and adding a line of coverage, we would need in addition to the above, a new Employer application if Life/ADD is being added and with any new product, an Anthem census is offered as a way to capture initial eligibility for products being added.* ***The Anthem census is the only one we would accept and it is sent from the Account Manager's sales support.***	*No forms are required.* *The BSC Account Manager will send an email to the broker asking to confirm renewal rates and plans.* *The broker will need to respond to the email confirming rates and advising whether group is renewal as is or whether any plan changes need to be made.*	*These are the forms requires at renewal for Cal CPA large group:* • *The Cover Page* • *Medical/Rx Plan Change Form* • *Dental/Vision Plan Change Form*	*Forms are not required. We load through enrollment spreadsheets.*	*There may be forms required if making certain changes.*
Can the group add dental, vision or life at renewal, or can it be added anytime?	*Ancillary products can be added on renewal, as well as off-renewal.*	*Yes, specialty products can be added at renewal, or off anniversary.*	*Yes, specialty can be added at renewal, and it can also be asked for on an off anniversary basis.*	*Vision and Dental can only be added during OE unless these is a Qualifying Event. Life and LTD can be added at any time.*	*At any time during the year by contacting the Account Manager. Once the new business manager implements the group, the Account Manager will take over and be able implement any changes.*	*Dental, vision and/or term life can be added at the group level off of open enrollment if they do not already have these lines of coverage*

RENEWAL INFORMATION - MEDICAL

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Deadline for submission of group level renewal changes & their effective date?	*Renewal effective date*	*15 days prior to effective or renewal date*	*The day before the group's plan year begins*	*An employer must submit change requests to Sharp Health Plan Account Manager on or before the renewal effective month.*	*Two weeks before the effective date.*	*All changes need to be received prior to the group's renewal date.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*30 days before the renewal effective date, but we will process any request made during the group's open enrollment month.*	*On or before the last business day of the renewal effective month*	*The day before the group's plan year begins*	*An employer must submit employee change requests to Sharp Health Plan Account Manager during open enrollment or at latest on or before the last business day of the renewal effective month.*	*Employee-level changes must be received by the 30th day of the renewal month.*	*Preferably before group's renewal date, but eligibility changes can also be submitted up to 30 days following the renewal date.*
Email address and/or fax number for submission of renewal change forms?	*Each group is designated an Eligibility Rep and a Billing Rep. A contact sheet is given to the group upon initial implementation with Health Net and can be requested anytime.*	*applications@ mediexcel.com*	*NGBSSelfFunded@ ngic.com*	*Email changes to Account Managers or fax to 858-499-8246.*	*Please submit direct to Strategic Account Executive (SAE).*	*whasales@ westernhealth.com* *Sales Fax 916.568.1338*
Which submission method offers the fastest processing time for renewal changes?	*Email*	*Email*	*Emailing*	*Submission to Account Manager*	*Strategic Account Executive (SAE)*	*Whether change requests are received via email or fax, the requests are processed in the order received.*
What changes are allowed at renewal?	*Anything: downgrade/ upgrade of plan selections; adding or removing products (medical/ mental Health/RX/Life/ Dental/Vision).*	*Adds, terms, plan changes, contribution level changes*	*Plan benefits, network, specific deductible and enrollment changes.*	*Plan changes, enrollment changes, group variable changes (waiting period, eligible hours, etc.) are allowed at open enrollment/renewal*	*Product changes, waiting period changes, contribution.*	*Plan changes, waiting period changes, employer contribution changes.*
Forms required?	*No specific forms that are required for the renewal process. An email or PDF letter of a renewal confirmation that includes the benefits plans, rates and any other changes occurring at renewal is all that is necessary.*	*Enrollment/Change/ Termination Form*	*At renewal, we require the following:* *1. A signed renewal proposal* *2. Signed Business Associate Agreement* *3. Signed Administrative Services agreement.*	*No forms are necessary if a group makes changes upon the renewal, we simply just need to know what the changes are and will send an email requesting you to confirm final medical, RX and rider plan designs, networks, rates and commissions.*	*No specific forms that are required for the renewal process. An email or PDF letter of a renewal confirmation that includes the benefits plans, rates and any other changes occurring at renewal is all that is necessary.*	*Yes—Group Renewal Confirmation and GSA Cover Sheet*
Can the group add dental, vision or life at renewal, or can it be added anytime?	*Dental, Vision and Life can be added at any time. Subject to Underwriting review.*	*Dental can only be added at renewal*	*We currently don't offer these options*	*Sharp Health Plan does not have ancillary lines of coverage in our portfolio such as dental or life. Vision is a rider and can be quoted during the RFP process or renewal.*	*It can be added at any time but may require additional approval off-renewal. Must be a new line of coverage, not a change to an existing line.* *Financial Protection Products (Life, Disability) can only be added at renewal.*	*Vision can only be added at renewal*

UNDERWRITING REQUIREMENTS

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Are Union/Non-union exclusions allowed?	*Yes*	*Yes*	*Yes*	*Not allowed*	*Varies*	*Yes*
Will new business carve out groups be eligible?†	*No*	*No*	*No*	*No carve outs allowed*	*Yes*	*Yes*
Will existing carve out groups be eligible to continue coverage?†	*Yes*	*Yes*	*Yes*	*No carve outs allowed*	*Yes*	*Yes*

UNDERWRITING REQUIREMENTS

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Are Union/Non-union exclusions allowed?	*No*	*Yes*	*Yes*	*Yes - if approved by Sharp underwriting. A minimum of 5 must enroll. 100% participation is mandatory. Call representative*	*Yes*	*Yes - subject to Underwriting approval*
Will new business carve out groups be eligible?†	*No*	*Yes, employer is responsible to ensure carve out is within compliance*	*Yes*	*Yes—if approved by Sharp underwriting. A minimum of 5 must enroll. 100% participation is mandatory. Call your Word & Brown representative.*	*Yes*	*Yes - Employer is responsible to ensure they are in compliance*
Will existing carve out groups be eligible to continue coverage?†	*Yes*	*Yes, employer is responsible to ensure carve out is within compliance*	*Yes Existing groups do not require revalidation. They sign a carve out agreement when they first enroll.*	*Yes—if approved by Sharp underwriting. A minimum of 5 must enroll. 100% participation is mandatory. Call your Word & Brown representative.*	*Yes*	*Yes—Employer is responsible to ensure they are in compliance*

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

	Ameritas	BEST Life and Health Insurance Company	California Dental Network	Camden	ChoiceBuilder®	Guardian	Humana
Licensing Required?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Will the Carrier hold the approval?	*No—but commissions will not be paid until appointed*	*No*	*No*	*No*	*No*	*Our processing time is 2 to 3 business days.*	*No*
Requirements	*W-9 is required* *Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of License is required* *DOI printout accepted*	*Copy of License is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*W-9 is required* *Copy of license is required* *DOI printout accepted*
Check appointment status	*group_licensing@ameritas.com*	*cs@bestlife.com*	*rfps@caldental.net*	*phil@thecamden.com*	*Financecustomerrequests@wordandbrown.com*	*Licensing and appointment is performed online. Please contact local Guardian representative for verification.*	*agencymgt@humana.com*
Ok To Send Licensing Without Case Submission?	*Appointment paperwork can be submitted, but will not be processed until group is sold*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

	Liberty Dental	Lincoln Financial Group	MetLife	Nippon Life Benefits	Principal	SmileSaver/ MetLife DHMO	Vision Plan of America	VSP
Licensing Required?	*Yes*	*Yes*	*Yes*	*Yes*	*The marketer must hold the applicable State License for product being sold. Appointment will be processed when business received*	*Yes*	*No*	*Yes*
Will the Carrier hold the approval?	*No*	*No*	*Yes*	*No—but commissions will not be paid until appointed*	*Yes*	*No—but commission will not be paid until appointed*	*No*	*No—but commission will not be paid until appointed*
Requirements	*W-9 is required* *Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*N/A*	*N/A*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted*
Check appointment status	*ClientServices@libertydentalplan.com*	*bplicensing@lfg.com*	*clr_institutional@metlife.com*	*continuingrelations@nipponlifebenefits.com*	*licandappt@exchange.principal.com*	*BrokerChange@MetLife.com*	*phillip@visionplanofamerica.com*	*asca@vsp.com*
Ok To Send Licensing Without Case Submission?	*Yes*	*Yes*	*Yes - via email*	*No*	*Appointment paperwork can be submitted, but will not be processed until group is sold*	*Yes - via email*	*Yes*	*Yes*

UNDERWRITING APPOINTMENT REQUIREMENTS - MEDICAL

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Licensing Required?	*Yes—all broker appointments go through online process: http://www.aetna.com/insurance-producer/producernetwork.html*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Will the Carrier hold the approval?	*No*	*No—but commissions won't be paid until appointed*	*No*	*Yes*	*No—but commissions will not be paid until appointed*	*No*
Requirements	*W-9 is required* *Copy of License is required (or NIPR (National Insurance Producers Registry #)* *Broker must attest to E&O coverage online during application process*	*W-9 is required* *Copy of license is required*	*W-9 is required* *Copy of License is required* *Proof of E&O is required*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O is required*	*Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O is required*
Check appointment status	*LAAU@aetna.com*	*anthem.brokers@anthem.com*	*producerserviceappointments@blueshield.ca*	*calcpahealth@calcpahealth.com*	*Sent once case is sold*	*Call Broker Services at 888-886-7973*
Ok To Send Licensing Without Case Submission?	*Yes*	*Yes*	*Yes*	*No*	*Can be requested*	*Yes*

UNDERWRITING APPOINTMENT REQUIREMENTS - MEDICAL

	Health Net	MediExcel Health Plan	National General	Sharp Health Plan	UnitedHealthcare	Western Health Advantage
Licensing Required?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Will the Carrier hold the approval?	*No*	*No*	*Yes*	*Yes*	*No*	*No—but commission will not be paid until completed*
Requirements	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O is required*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O is required* *MediExcel Agent* *Broker Contract*	*W-9 is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *Proof of E&O is required* *Carrier does not need appointment paperwork with case submission* *Carrier will not backdate commissions*	*Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O is required*
Check appointment status	*Brokers@healthnet.com*	*sales@mediexcel.com*	*sflicensing@ngic.com*	*commercialsales@sharp.com*	*appointment credentialing@uhc.com*	*WHASales@westernhealth.com*
Ok To Send Licensing Without Case Submission?	*No*	*Yes*	*Yes*	*Yes*	*Yes - via email*	*Yes*

Word&Brown®

MEDICAL

CONTACT INFORMATION		
Broker Support: BOR changes, renewals and group terminations	*Contact your Aetna Account Manager*	
Adds/Terms	*Contact your Aetna Account Manager*	
Billing	*Mail premium payment to address shown on statement*	
Payments	*Mail premium payment to address shown on statement*	
Provider Services/Eligibility Verification	*HMO Provider Services* *800-624-0756* *Traditional Provider Services* *888-MD Aetna (632-3862)* *Prior Carrier Deductible Credit Fax: 1-866-474-4040* *(Include a cover letter with new Aetna ID number and/or SSN and the term "SFRE" noted on top right hand corner along with Explanation of Benefits showing deductible applied from prior carrier.)*	
Member Support/Bilingual Support	*877-350-2217 (HMO) - option 4 Spanish* *888-802-3862 (PPO/Indemnity) - option 4 Spanish*	
Internet Support	*www.aetna.com* *www.aetnanavigator.com*	
Claims	*HMO* *Aetna* *Attn: Claims* *P.O. Box 14079* *Lexington, KY 40512* *888-702-3862*	*PPO* *Aetna* *Attn: Claims* *P.O. Box 14079* *Lexington, KY 40512* *888-702-3862*
Tax ID Number	*HMO* *Aetna, Inc.: 23-2229683* *MC* *Aetna Life Insurance Company: 06-6033492*	

PROVIDER NETWORKS

HMO Networks	*Aetna HMO, Aetna Value Network, Basic HMO, AWH Southern HMO. HMO Deductible Network (available to existing groups only)*
PPO Networks	*OAMC OPEN ACCESS Managed Choice, AWH Southern OAMC/EPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the Month*
Applications must be dated within	*Before & within 90 days of requested effective date*
Spouse/Domestic Partner Employees - 1 application or 2?	*Either 1 or 2 applications*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*5000*	*5000*

Minimum Employer Contribution	
	Group Size
	101+
Employees	*75%*
For Dependents	*0%*
% of Total Cost	*50/50*

PARTICIPATION

Contributory	
	Group Size
	101+
Employees	◆◆ *65% minimum 60 enrolled*
Dependents	*N/A*
Non-Contributory	
Employees	◆◆ *65% minimum 60 enrolled*
Dependents	*N/A*

◆◆ *In order to NOT be considered eligible, the other coverage must be a group plan, Medicare or Medicaid. New calculation will round down and not up, so we will require 3 applications for participation to be met.*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—must be full-time employee, have an employer/employee relationship and have workers' comp coverage. Need to submit DE-9C for proof*
Are 1099 employees allowed?	*No—1099 employees are not eligible for coverage.*
Are employees covered if traveling out of USA?	*Emergency services. Other services are paid at the non-network benefit level.*
Is coverage available for out-of-state employees?	*Yes—product availability is based on network availability where employees/dependents reside. HMO network is available outside of CA with a minimum of 5 enrolling in a geographic area.*
Max. percentage of employees residing out-of-state allowed	*N/A*

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	■	■	■			
Medical/Durable Medical Equipment Benefit*				■	■	■

†Vendors for Diabetes Equipment: Visit www.aetna.com and click on the "Find a Doctor" link

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	*Generally under the 4th tier Prescription Drug Benefit*	*Depends on drug**	*Typically through Aetna Specialty Pharmacy*
EPO & MC plans	*Generally under the 4th tier Prescription Drug Benefit*	*Depends on drug**	*Typically through Aetna Specialty Pharmacy*
PPO & Indemnity plans	*Generally under the 4th tier Prescription Drug Benefit*	*Depends on drug**	*Typically through Aetna Specialty Pharmacy*

** Check Aetna's Rx formulary at www.aetna.com/formulary*

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

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

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.

CONTACT INFORMATION

Member Support	*Member Services: 1-800-227-3560*
Bilingual Support	*Member Services: 1-800-227-3560*
Internet Support	*Member Services: 1-800-227-3560*
Provider Eligibility Verification	*anthem.com/ca or member services 1-800-227-3560*
Broker Support	*Contact dedicated Account Team*
Adds/Terms	*CALGEnrollintake@anthem.com* *Fax: 1-818-234-4482*
Commissions	*SalesCompWestRegion-Anthem-SM@Anthem.com or* *1-800-422-2732*
Billing	*1-855-206-2004* *1-818-234-4482 FAX* *CALGEBinquiry@anthem.com*
Claims	*Member: 1-800-227-3560* *Employer: Contact assigned ESR*
Tax ID Number	*95-3760980*

PROVIDER NETWORKS

HMO Networks	*Traditional HMO Network (CaliforniaCare); SELECT HMO Network, Priority Select HMO Network*
PPO Networks	*Prudent Buyer PPO Network; SELECT PPO Network*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*No, full monthly premium is required for the 1st of the month.*
Applications must be dated within	*The employee's signature date cannot be more than 60 days prior to the requested effective date for new group submissions.*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*5,000**	*N/A*

** Anything above of 5,000 would be handled by Anthem National Account partners.*

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101+
Employees	*75% of net eligible employees and not less than 50% of all eligible employees.*
Dependents	*N/A*
Non-Contributory	
Employees	*N/A*
Dependents	*N/A*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Are employees covered if traveling out of USA?	*Yes*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*90%*

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	*Covered under Tier 1 benefits.*	*Covered under Tier 1 benefits.*	*Covered under Tier 1 benefits.*	*Covered under DME medical benefits.*	*Covered under DME medical benefits.*	*Covered under DME medical benefits.*
Durable Medical Equipment Benefit	*PEN delivery systems (non disposable) others under pharmacy*	*Covered under Pharmacy*	*Covered under Pharmacy*	*Covered under DME medical benefits.*	*Covered under DME medical benefits.*	*Covered under DME medical benefits.*

†Vendors for Diabetes Equipment: Please contact Customer Service at (877) 833-5734.
Anthem members get free glucose monitors through Life Scan 877-725-2783 (use code 140PAC001), and Roche Diagnosis 888-355-4242, no code required

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	*Self-injectable covered under Pharmacy*	*Some specialty medications require; see Rx listing online for more information or call customer service.*	*Can be purchased at retail or mail order*
PPO plans	*Self-injectable covered under Pharmacy*	*Some specialty medications require; see Rx listing online for more information or call customer service.*	*Can be purchased at retail or mail order*
HSA plans	*Self-injectable covered under Pharmacy*	*Some specialty medications require; see Rx listing online for more information or call customer service.*	*Can be purchased at retail or mail order*

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.

blue of california

CONTACT INFORMATION

Member Support	*888-256-1915*
Internet Support	*www.blueshieldca.com*
Bilingual Support	*888-256-1915*
Provider Eligibility Verification	*888-256-1915*
Claims	*Fax 209-367-2880*
Pre-Authorization Dept.	*800-541-6652 - option 6 (all plans)*
Cal-COBRA Dept.	*800-228-9476* *Fax 916-350-7480*
Large Group Cancellations/ Reinstatements	*Fax 209-367-6369*
Group Eligibility	*800-325-5166*
Broker Licensing Dept.	*Fax: 209-371-5835*
Producer Service/Commissions	*800-837-4215* *Fax: 209-371-5835* *Email: producer.services@blueshieldca.com*
Adds/Terms	*Fax: 209-367-6475*
Underwriting Dept.	*Email: sguw@blueshieldca.com*
Pharmacy Services Dept.	*Argus 800-535-9481* *Claims:* *Blue Shield* *c/o Pharmacy Services* *PO Box 7168* *San Francisco CA 94120*
Administrator	*Blue Shield New Business* *3021 Reynolds Ranch Pkwy.* *Lodi, CA 95240*
Large Group Premium Payments	*Blue Shield* *PO Box 749415* *Los Angeles, CA 90074-9415*
Claims HMO/POS	*Attn: Claims Department* *P.O. Box 272540* *Chico, CA 95927-2540*
Billing	*800-559-5905*
Tax ID Number	*94-0360524*

* *There are two categories of Blue Shield PPO plans: Blue Shield of California Shield Spectrum PPO plans (Shield Spectrum PPO) and Blue Shield of California Life & Health PPO plans (Blue Shield Life PPO). They are filed differently with the state of California and there are differences in the networks. If you need to call PPO Member Services prior to receiving your new ID card and do not know which category of PPO you selected, please check with the person conducting your Enrollment Meeting, the company insurance contact person or your employer's insurance agent.*

PROVIDER NETWORKS

HMO Networks	*Access+ HMO, Local Access+ HMO Network*, SaveNet HMO, Trio ACO HMO*
PPO Networks	*Blue Shield PPO*

**Available to employers in portions of Orange, Los Angeles, San Diego, San Bernardino, Riverside, San Mateo, Sacramento, Kern, Contra Costa and Ventura counties as well as in all of San Luis Obispo, Santa Clara, Santa Cruz, San Francisco and Yolo counties.*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month unless replacing*
Premium Amount Required for 15th?	*Submit one month's premium*
Applications must be dated within	*45 days*
Spouse/Domestic Partner Employees - 1 application or 2?	*Either 1 or 2 applications. Refusal form is required if spouse who is an employee enrolls as a dependent. This does not count against participation*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*Yes—if group does not have Workers' Comp*

SPECIAL CONSIDERATIONS

1) *These plans have an Annual Brand Rx Deductible:*
   $300 Annual Brand Rx Deductible:
   All Enhanced HMO plans, all Enhanced PPO plans, and all Base PPO plans

   $250 Annual Brand Rx Deductible:
   All PPO Value Plans

2) *Blue Shield no longer requires the following paperwork for guaranteed issue groups of 25 to 50 enrolled employees: Articles of Incorporation, Schedule K-1, Statement by Domestic Stock Corporation, and/or Statement of Information. The group's DE-9C is required and, if the company officers/owners are not listed on the form, the group must also submit a Sole Proprietor, Partner or Corporation Officer Statement (form C-15293) for each officer/owner.*

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*299*	*N/A*

Minimum Employer Contribution

	Group Size	
	101-299	*101-299* *Defined Contribution*
Employees	*50%*	*75/0 or 50/50 for Standard groups.* *50/0 for Virgin groups.*
For Dependents	*N/A*	*N/A*
% of Total Cost	*N/A*	*N/A*

PARTICIPATION

Contributory		
	Group Size	
	Single Plan Option and SimpleSelect Package: 101-299	*SimpleSync package: 101-299*
Employees	◆◆ *75%*	◆◆ *65%*
Dependents	◆◆ *N/A*	◆◆ *N/A*
Non-Contributory		
Employees	◆◆ *100%*	◆◆ *100%*
Dependents	◆◆ *N/A*	◆◆ *N/A*

◆◆ *In order to NOT be considered eligible, the other coverage must be a group plan*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—commission-only employees are eligible if they are on the DE-9C*
Are 1099 employees allowed?	*No*
Are employees covered if traveling out of USA?	*Yes*
Is coverage available for out-of-state employees?	*Yes*—Blue Card program available. Access+ HMO and POS plans are not designed to provide coverage for employees who reside outside of California. Employers with employees who reside or work for over six months outside of California should consider a PPO plan* **Except employees living in Hawaii*
Max. percentage of employees residing out-of-state allowed	*For guaranteed issue, a maximum of 49% out-of-state employees allowed. When there are not at least 51% of the employees in CA, the out-of-state employees are not eligible for coverage and the CA employees can only be written on a non-guaranteed issue basis*

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	■	■	■			
Diabetes Care Benefit*				■*	■*	■*

**Subject to medical deductible if plan has one, and coinsurance.*
†Vendors for Diabetes Equipment: Accu-Chek and OneTouch

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**	*Prescription Drug Benefit† - if plan has an annual brand Rx deductible, this deductible also applies to home self-administered injectables*	*Most medications and some dosages may require prior authorization*	*Yes*— Caremark 800-237-2767 & Curascript 888-773-7376, option 3*
PPO plans	*Prescription Drug Benefit† - if plan has an annual brand Rx deductible, this deductible also applies to home self-administered injectables*	*Most medications and some dosages may require prior authorization*	*Yes*— Caremark 800-237-2767 & Curascript 888-773-7376, option 3*
HSA plans	*Covered under the medical benefit - Medical Deductible applies*	*Most medications and some dosages may require prior authorization*	*Yes*— Caremark 800-237-2767 & Curascript 888-773-7376, option 3*

† *Home self-administered Injectables require prior authorization and are listed in the Blue Shield of California Prescription Drug Formulary. Please note that self-administered injectable copays vary from those for other prescription drugs.*
* *Imitrex and Lovenox will continue to be available from any Blue Shield participating pharmacy with prior authorization.*

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.

CONTACT INFORMATION

Member Support	*877-480-7923* *calcpahealth@calcpahealth.com*
Provider Eligibility Verification	*Anthem Blue Cross – California Society of CPAs* *888-209-7847*
Bilingual Support	*Anthem Blue Cross – California Society of CPAs* *888-209-7847* *Select prompt # 2-5 based on language preference*
Internet Support	*calcpahealth@calcpahealth.com* *www.anthem.com/ca*
Provider Eligibility Verification	*Anthem Blue Cross – California Society of CPAs* *888-209-7847*
Commissions	*714-567-4390*
Adds/Terms	*Fax 877 237-4519* *calcpahealth@calcpahealth.com*
Billing	*Banyan Administrators: 877-480-7923*
Payments	*Payments can be mailed to:* *Group Insurance Trust* *PO Box 512516* *Los Angeles, CA 90051-0516* *Payments can be made online at:* *www.calcpahealth.com/employers-plan-administrators/pay-online*
Administrator	*Banyan Administrators* *1215 Manor Drive, Suite 200* *Mechanicsburg, PA 17055* *Phone 877-480-7923* *Fax 877-237-4519*
Anthem Blue Cross Customer Service for CalCPA Health Members	*Medical Benefits* — *888-209-7847* *Mental Health Benefits Out-Patient* — *888-209-7847* *Mental Health Benefits/In-Patient* — *800-274-7767* *Express Scripts Pharmacy* — *866-297-1013* *ESI Pharmacy - PPO and HSA* — *877-659-5144 (member must mention that they are with CalCPA) www.express-scripts.com/cacpa* *(Note: In-patient services must be pre-authorized)*
Tax ID Number	*94-2767563*

PROVIDER NETWORKS

HMO Network	*Anthem Blue Cross*
PPO Network	*Anthem Blue Cross*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month only*
Premium Amount Required for 15th?	*N/A*
Applications must be dated within	*59 days*
Spouse/Domestic Partner Employees - 1 application or 2?	*If husband and wife are both employees and they enroll separately, they need a W-2 to prove the spouse works there.*

FEES

Enrollment Fee Amount	*None*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*N/A*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

Participation is available to the CA-based owners and employees of accounting firms in public practice or offering general financial services. To obtain and maintain eligibility as an employer, more than 50% of all of the employer's owners (i.e., principals, proprietors, partners, shareholders, or other owners) must be CPA Members of CalCPA, or Associate Members of CalCPA. All CalCPA Members must hold and maintain their CalCPA membership in good standing.

Groups can turn in apps for CalCPA membership with Enrollment. Membership ID# must be included on the Master App.

All employees who work at least 20 or 30 hours per week are eligible to enroll.

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*No max.*	*No max.*

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101+
Employees	*75%*
Dependents	*N/A*
Non-Contributory	
Employees	*100%*
Dependents	*100%*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Are employees covered if traveling out of USA?	*Yes—BlueCard (for emergencies only)*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*51% of the group's employees must reside in California. Use the employer's ZIP Code for the out-of-state employees on the census to determine rating area*

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	■	■	■			
Durable Medical Equipment Benefit				■	■	■

†Vendors for Diabetes Equipment: Animas Diabetes Care and Apria Health Care. For additional vendors, go to Anthem.com

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	*Prescription Drug Benefit*	*Yes*	*No*
PPO	*Prescription Drug Benefit*	*Yes for most, but not all*	*No*

**Some injectables may be required to go through the Medco Mail Order Program - call 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.

CONTACT INFORMATION

Broker Support	*1-800-753-9150* *mycigna.com*
Employer Support	*Designated specialist when account sells*
Adds/Terms	*Designated specialist when account sells*
Billing	*Designated specialist when account sells*
Payments	*Cigna*
Enrollment Department	*Designated specialist when account sells*
Provider Services/Eligibility Verification	*Designated specialist when account sells*
Member Support/Bilingual Support	*1-800-Cigna24 (1-800-244-6224)*
Internet Support	*MyCignaforhealth.com*
Cal COBRA Department	*Designated specialist when account sells*
Claims	*Designated specialist when account sells*
Tax ID Number	*59-1031071*

PROVIDER NETWORKS

HMO Networks	*Cigna HMO, Select HMO*
PPO Networks	*Cigna PPO, Cigna Open Access Plus (OAP), Cigna Local Plus*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*N/A*
Applications must be dated within	*Varies*
Spouse/Domestic Partner Employees - 1 application or 2?	*1 application w/ employee + dependent info*

FEES

Enrollment Fee Amount	*None*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

Cigna provides custom plans with a wide variety of products/solutions for a wide variety of customer needs.
Please contact your Word & Brown agent for any special requests.

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101**	*101**
Max. # of employees	*250*	*N/A*

**Group size can start at 26 on self funded groups*

Minimum Employer Contribution

	Group Size
	*101-250**
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

**Group size can start at 26 on self funded groups*

PARTICIPATION

Contributory	
	Group Size
	*101-250**
Employees	◆◆*50%*
Dependents	*N/A*
Non-Contributory	
Employees	◆◆*50%*
Dependents	*N/A*

**Group size can start at 26 on self funded groups*

◆◆ *In order to NOT be considered eligible, the other coverage must be a group plan, Medicare or Medicaid. New calculation will round down and not up, so we will require 3 applications for participation to be met.*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—Proof of wage/tax/workers' comp not required. Full-time and FTE are both eligible for benefits.*
Are 1099 employees allowed?	*Employees reported on the IRS 1099 forms who meet Cigna's standard criteria for determining 1099 status, and only if all 1099 employees are offered coverage. They must meet the following requirements:* • *No more than 25% of the groups' employees can be 1099 employees.* • *1099 employees must be employed by the company full time and year round.* • *All present and future 1099 employees are subject to the same eligibility requirements as taxed employees.* • *The employee must contribute the same amount for 1099 employees as for all other employees qualifying under NRC 689C.* • *The employer must have at least two taxed employees, with tax documents that verify the company is a valid business.* • *The new group must include a list of all 1099 employees and a completed and signed 1099 contractor form*
Are employees covered if traveling out of USA?	*Emergency only*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*No max*

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	■	■	■			
Medical/Durable Medical Equipment Benefit*				■	■	■

†Vendors for Diabetes Equipment: Diabetes equipment dependent upon specific Rx plan design. Please consult assigned sales or service team for individual issues.

Note: Diabetes benefits are dependent on the plan design. The account team will assist you with all benefit designs.

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	*No*	*Varies*	*N/A*
EPO & MC plans	*N/A*	*N/A*	*N/A*
PPO & Indemnity plans	*Generally under last drug tier*	*Depends on Drug*	*Typically through specialty Pharmacy network*

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.

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

CONTACT INFORMATION

Member Support	*Phone: 888-886-7973* *Email: service@employerdriven.com* *Fax: 559-733-2325*
Bilingual Support	*Phone: 888-886-7973* *Email: service@employerdriven.com*
Internet Support	*Phone: 888-886-7973* *Email: service@employerdriven.com* *Web: www.employerdriven.com*
Provider Eligibility Verification	*Phone: 888-886-7973* *Email: service@employerdriven.com* *Fax: 559-733-2325*
Provider Services	*Phone: 888-886-7973* *Email: service@employerdriven.com* *Web Portal: www.yourbenportal.com*
Broker Support	*Phone: 888-886-7973* *Email: service@employerdriven.com*
Adds/Terms	*Email: administration@employerdriven.com* *Web Portal: www.yourbenportal.com*
Commissions	*Phone: 888-886-7973* *Email: accountservices@employerdriven.com*
Billing	*Phone: 888-886-7973* *Email: accountservices@employerdriven.com*
Claims	*P.O. Box 7809* *Visalia, CA 93290*
Wellness Discounts	*888-886-7973* *Email: service@employerdriven.com*
Tax ID Number	*81-4658349*

PROVIDER NETWORKS

HMO Networks	*N/A*
PPO Networks	*Cigna Payor Solutions Network, MultiPlan/PHCS PPO Network* *Full RBP "Reference Based Pricing", HYBRID RBP*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*1 1/2 months premium*
Applications must be dated within	*The employee's signature date cannot be more than 60 days prior to the requested effective date for new group submissions*
Spouse/Domestic Partner Employees - 1 application or 2?	*Contact your Word & Brown representative*

FEES

Enrollment Fee Amount	*$500*
Type of Enrollment Fee	*One-time setup fee*
Monthly Administration Fee	*All fees are a part of the premium*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*26*	*26*
Max. # of employees	*No max.*	*No max.*

Minimum Employer Contribution

	Group Size
	51+
Employees	*75% for 50 or fewer lives enrolled and 60% for 51 or more lives enrolled*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	51+ FTE
Employees	*75% but not less than 50%*
Dependents	*N/A*
Non-Contributory	
Employees	*100%*
Dependents	*N/A*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—if more than 51% of their income is derived from that employer*
Are 1099 employees allowed?	*Yes—if more than 51% of their income is derived from that employer*
Are employees covered if traveling out of USA?	*Yes—for true emergencies only*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*The majority 51% of all eligible employees must be employees in the state of California*

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	■	■	■ *(If relating to diabetes)*			
Diabetic Supply Benefit				■	■	■

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	*N/A*	*N/A*	*N/A*
PPO plans	*Yes*	*Yes*	*Yes*
HSA Plans	*Yes*	*Yes*	*Yes*

Check Rx formulary at employerdriven.com

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.

CONTACT INFORMATION

Member Support	*800-522-0088*
Bilingual Support	*800-331-1777*
Internet Support	*www.healthnet.com*
Account Service & Membership Accounting Dept.	*800-447-8812*
Benefits, Eligibility & Enrollment Dept.	*800-224-8808 Option 3 (Mon.-Fri. 8:00 a.m.-4:30 p.m. PST)*
Provider Eligibility Verification	*800-641-7761*
Federal COBRA Enrollments	*Fax 916-935-4420 (ATTN: COBRA)*
Release Authorization (for HIPAA Release Authorization Forms)	*Fax 916-935-4420*
Precertification Department	*800-977-7282*
Broker of Record Changes/Group Termination Requests	*Account Manager as assigned*
Caremark Pharmacy Services	*800-600-0180*
Client Management Dept. (for rates and service issues)	*800-447-8812*
Adds/Terms	*Fax 916-935-4420*
Billing	*Health Net File #52617 Los Angeles, CA 90074-2617 800-224-8808, Option 3*
Payments	*Health Net File #52617 Los Angeles, CA 90074-2617 800-224-8808, Option 3*
Account Services	*800-547-2967 (8 a.m.-5 p.m.) or via email: HN_Account_Services@Healthnet.com*
Broker Services/Commissions	*800-448-4411, Option 4*
Administrator	*Health Net Corp. Office 21281 Burbank Blvd. Woodland Hills, CA 91367*
Claims	*Claims P.O. Box 9040 Farmington, MO 63640-9040*
Tax ID Number	*Health Net of California, LLC 95-4402957 Health Net, LLC 95-4288333*

PROVIDER NETWORKS

HMO Networks	*Health Net Full Network, ExcelCare Network, SmartCare Network*
EOA Networks	*Health Net Full Network HMO & PPO, Health Net ExcelCare HMO & PPO*
PPO Networks	*Health Net PPO*
Salud HMO y Más	*Kern, Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties: Call your Word & Brown representative* *Mexico: SIMNSA Network (Tijuana, Mexicali, Rosarito & Tecate (SIMNSA)*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month—15th OK if prior group coverage ends on 15th*
Premium Amount Required for 15th?	*1 1/2 months premium*
Applications must be dated within	*60 days*
Spouse/Domestic Partner Employees - 1 application or 2?	*If both domestic partners and spouses are eligible as employees they can opt to enroll on one application together or separately with Health Net*

FEES

Enrollment Fee Amount	*None*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*None*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No—all employees must have Workers' Comp except those not legally required to be covered. Workers' Comp that is "pending" at the time of sale is not acceptable*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*500*	*500*

Minimum Employer Contribution

	Group Size
	101-500
Employees	*50% of lowest cost plan EE rate*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101-500
Employees	*75%*
Dependents	*N/A*
Non-Contributory	
Employees	*If coverage is offered on a non-contributory basis, health plan enrollment will be 100% of the eligible employee population*
Dependents	*N/A*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—if employed on a full-time basis and is a W-2 employee.*
Are 1099 employees allowed?	*No*
Are employees covered if traveling out of USA?	*Emergency coverage only*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*Up to 49% (including and/or excluding COBRA) of total eligible population may be written on an out-of-state PPO plan. Coverage not available in Hawaii. Groups with more than 49% of the total eligible population OOS will receive a Poor Fit letter.*

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	■	■	■			
Durable Medical Equipment Benefit				■	■	■

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	*Rx*	*Yes*	*Yes - through the Specialty Pharmacy*
PPO plans	*Rx*	*Yes*	*Yes - through the Specialty Pharmacy*

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.

CONTACT INFORMATION

Member Support	*619-365-4346*	*memberservices@mediexcel.com*
Spanish Member Support	*619-365-4346*	*memberservices@mediexcel.com*
Internet Support	*N/A*	
Provider Eligibility Verification	*619-365-4346*	*memberservices@mediexcel.com*
Claims	*619-421-1659*	*Claims@mediexcel.com*
Release Authorization **(for HIPAA Release Authorization Forms)**	*619-421-1659*	*Claims@mediexcel.com*
Customer Connection Team	*619-365-4346*	*memberservices@mediexcel.com*
Commissions	*Alejandra Lizarraga* *619-421-1659 ext.2024*	*alizarraga@mediexcel.com*
Adds/Terms	*619-421-1659* *applications@mediexcel.com*	
Administrator	*Alejandra Lizarraga* *619-421-1659 ext.2024*	*alizarraga@mediexcel.com*
Billing/Payments	*Alejandra Lizarraga* *619-421-1659 ext.2024*	*alizarraga@mediexcel.com*
Eligibility	*619-421-1659*	
Broker of Record Changes	*619-421-1659* *sales@mediexcel.com*	
Cal-COBRA Department/Federal COBRA Enrollments	*619-421-1659*	
Small Group Cancellations/Reinstatements	*619-421-1659*	
Producer Service & Broker Service	*619-421-1659*	
Underwriting Department	*619-421-1659*	
Broker Licensing Department/Broker Licensing Paperwork	*619-421-1659* *ggarcia@mediexcel.com*	
Client Management Dept. (for rates and service issues)	*619-421-1659*	
Account Services	*619-421-1659*	
Benefits	*619-421-1659*	
Pharmacy Services	*619-421-1659*	
Wellness Discounts	*619-421-1659*	
Mailing Address **(for correspondence or payments)**	*MediExcel Health Plan* *750 Medical Center Court, Suite 2* *Chula Vista, CA 91911*	
Precertification Department	*619-421-1659*	
Enrollment Department	*619-421-1659*	
Account Service & Membership Accounting Dept.	*619-421-1659*	
Tax ID Number	*98-0689694*	

PROVIDER NETWORKS

HMO Networks	*Grupo Medico Excel*
PPO Networks	*N/A*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*N/A*
Applications must be dated within	*60 days*
Spouse/Domestic Partner Employees - 1 application or 2?	*Can apply together or separately*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*No*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*1*	*1*
Max. # of employees	*None*	*None*

Minimum Employer Contribution

	Group Size
	1+
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	1+
Employees	*1*
Dependents	*N/A*
Non-Contributory	
Employees	*N/A*
Dependents	*N/A*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes, on a case by case basis.*
Are 1099 employees allowed?	*We will continue to accept 1099's on case by case basis based on the exclusion in AB5 for the following professions:* • *barbers* • *cosmetologists* • *estheticians* • *manicurists*
Are employees covered if traveling out of USA?	*For Urgent and Emergency Care Only*
Is coverage available for out-of-state employees?	*Yes, on a case by case basis.*
Max. percentage of employees residing out-of-state allowed	*Determined by a case by case basis*

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	■					
Medical/Durable Medical Equipment Benefit		■	■	■	■	■

†Vendors for Diabetes Equipment: Mexican Pharmacy Partners

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	*Yes*	*Yes*	*N/A*
PPO plans	*N/A*	*N/A*	*N/A*

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.

All medications are issued by plan pharmacy in Mexico.
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.

CONTACT INFORMATION	
Member Support, Customer Service, Bilingual Support	*Allied: 888-292-0272* *Meritain: 800-925-2272*
Internet Support	*NGBSSelfFunded@ngic.com*
Eligibility/Benefits	*Allied: 888-292-0272* *Meritain: 800-925-2272*
Account Services, Client Management, Precertification Department, Enrollment Department, Bilingual Support	*Allied: 888-292-0272* *Meritain: 800-925-2272*
Cal-COBRA, Federal COBRA Enrollments	*Allied: 888-292-0272* *Meritain: 800-925-2272*
Release Authorization (for HIPAA Release Forms)	*Allied: 888-292-0272* *Meritain: 800-925-2272*
Pharmacy Services, Wellness Discounts	*Allied: 888-292-0272* *Meritain: 800-925-2272*
Broker Licensing, Commissions, BOR Changes	*800-458-3246*
Billing, Payments, Administration & Claims	*Allied: 888-292-0272* *Meritain: 800-925-2272*
To contact by mail, or for payment submission	*For Allied:* *Allied Benefit Systems, Inc.* *P O Box 3205* *Carol Stream, IL 60132-3205* *For Meritain:* *Tabs* *PO Box 17031* *Winston-Salem, NC 27116-7031*

PROVIDER NETWORKS

HMO Networks	*None*
PPO Networks	*Cigna, Cigna OAP, Cigna Local Plus, Aetna POS, Aetna ASA PPO, PHCS*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st or 15th*
Premium Amount Required for 15th?	*The full first month premium*
Applications must be dated within	*31 days of the effective date*
Spouse/Domestic Partner Employees - 1 application or 2?	*2*

FEES

Enrollment Fee Amount	*$0*
Type of Enrollment Fee	*None*
Monthly Administration Fee	*Varies based on TPA and commissions.*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*200*	*200*

Minimum Employer Contribution

	Group Size
	101-200
Employees	*50%*
For Dependents	*0%*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101-200
Employees**	*50%*
Dependents	*0%*
Non-Contributory	
Employees**	*50%*
Dependents	*0%*

** *Those covered by another plan are NOT considered eligible in calculating participation. In order to NOT be considered eligible, the other coverage must be a group plan*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*Yes*
Are employees covered if traveling out of USA?	*For emergency coverage only*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*49%*

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	■	■	■			
Diabetic Supply Benefit				■	■	■

†Vendors for Diabetes Equipment: Cigna

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?
PPO plans	*Yes, they are covered under the Prescription Drug benefit.*	*Depends on the drug. For additional information, please use the online Cigna Drug List Tool. This tool will indicate whether a particular drug requires pre-authorization*	*Depends on the drug. For additional information, please use the online Cigna Drug List Tool. Note: The first fill can be obtained at retail. Subsequent fills are required to utilize mail order.*

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.

CONTACT INFORMATION

Member Support/Customer Service	*800-359-2002*
Customer Service	*800-359-2002*
Bilingual Support	*800-359-2002, option 1*
Internet Support	*www.sharphealthplan.com*
Provider Eligibility Verification	*800-359-2002*
Commissions	*858-499-2119*
Broker Licensing Paperwork/Adds/Terms	*Fax 858-499-8246*
Broker Support/Broker of Record Changes	*Account Manager and Account Associate assigned to group*
Billing	*Sharp Health Plan File 57248 Los Angeles, CA 90074-7248*
Payments	*Groups with names beginning with A-L: 858-499-8209 Groups with names beginning with M-Z: 858-499-8392*
Administration	*HMO Sharp Health Plan 8520 Tech Way, Ste. 200 San Diego, CA 92123-1450 800-359-2002*
Claims	*HMO Sharp Health Plan P.O. Box 939036 San Diego, CA 92193*
Tax ID Number	*33-0519730*

PROVIDER NETWORKS

HMO Networks	*Choice, Value, Performance, Premier*
PPO Networks	*Aetna Open Choice*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*N/A - only offer first of the month effective dates*
Applications must be dated within	*60 days of effective date*
Spouse/Domestic Partner Employees - 1 application or 2?	*Use either 1 or 2 (Group must have a minimum of 2 subscribers)*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

Employees must reside or work within the service area.
Guidelines for 1099 employee coverage:

- *1099 employees must appear on the prior carrier statement.*
- *An Employer may only add 1099 employees to their plan either at the initial enrollment or at renewal*
- *1099 employees must work full-time (minimum of 30 hours per week) on a year-round basis or 20 hours per week if the group covers part-time employees.*
- *There must be an affiliation between the employer and the employee long enough for a Federal Tax return to be filed.*
- *The employer must agree to contribute the same amount towards the premium as they would for an employee reported on a W-2.*
- *The employer must agree to offer coverage to all future 1099 employees.*
- *No more than 25% of the group may be 1099 employees.*
- *The 1099 employee verification form must be completed and submitted along with the following documentation:*
  - *--Letter from the employer requesting to cover 1099 employees.*
  - *--Copies of the Form 1040 Schedule C and Form 1099*

Miscellaneous for the prior year.

Best Health & Wellness Program included for all HMO members.

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101+*	*101+*
Max. # of employees	*N/A*	*N/A*

Minimum Employer Contribution

	Group Size
	101+
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101+
Employees	*N/A*
Dependents	*N/A*
Non-Contributory	
Employees	*N/A*
Dependents	*N/A*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—if listed on employer's DE-9C*
Are 1099 employees allowed?	*Yes—1099 Employees are not defined as an eligible employee and therefore not protected by AB1672; however, Sharp Health Plan will allow 1099 employees to enroll, subject to the guidelines listed in Special Considerations section on previous page*
Are employees covered if traveling out of USA?	*Yes - emergency services covered worldwide*
Is coverage available for out-of-state employees?	*HMO: No* *PPO: Yes*
Max. percentage of employees residing out-of-state allowed	*Not applicable*

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	■	■				
Diabetic Supply Benefit			■	■	■	■

†Vendors for Diabetes Equipment: Coordination through PMG.

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	*Prescription Drug Benefit* *Contact SHP for specialty medications.*	*Yes—some medications and/or dosages may require prior authorization* *Contact SHP for specialty medications.*	*No—mail order not required* *Contact SHP for specialty medications.*
PPO Plans	*Please contact your Word & Brown sales representative.*	*Please contact your Word & Brown sales representative*	*Please contact your Word & Brown sales 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.

CONTACT INFORMATION

Member Support	*HMO* *800-624-8822*	*PPO* *800-357-0978*
Bilingual Support	*HMO* *800-730-7270*	*PPO* *800-357-0978, Option 3*
Internet Support	*www.myuhc.com*	
Provider Eligibility Verification	*PPO* *877-842-3210*	*HMO* *800-591-9911*
Wellness Discounts	*800-860-8773*	
Broker Service/Commissions	*800-591-9911, option 1* *clientserviceoperations@uhc.com*	
Adds/Terms	*Fax: 866-372-1316*	
Billing	*800-591-9911* *Online:* *Select Plus, Core, HSA and HRA Medical,* *Dental, Vision and Life: www.employereservices.com* *Technical Support: 1-800-651-5465* *Signature, Advantage, Alliance and Focus (Medical only):* *www.myuhc.com (Employer tab)* *Email: clientserviceoperations@uhc.com*	
Payments	*800-591-9911*	
Administrator	*UnitedHealthcare* *Mail Stop CA120-0506* *Attn: Large Group Sales* *5701 Katella Ave.* *Cypress, CA 90630*	
Claims	*HMO Claims* *Claims Department* *P.O. Box 30968* *Salt Lake City, UT 84130-0968* *PPO Claims* *P.O. Box 740800* *Atlanta, GA 30374-0800*	
Tax ID Number	*PPO* *36-2739571*	*HMO* *95-2931460*

PROVIDER NETWORKS

HMO Networks	*Signature = Full Network* *Advantage = Narrow Network* *Alliance* = High Performance Network* *Focus = Narrow Network (Lean HMO Network)* *www.myuhc.com*
PPO Networks	*UnitedHealthcare Select Plus* *UnitedHealthcare Core* *www.myuhc.com*

***In Northern California, Alliance is only available for employers with 101+ or more employees in Alameda, Contra Costa, Fresno, Kings, Madera, Marin, Merced, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, and Yolo counties.**

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month only*
Premium Amount Required for 15th?	*N/A*
Applications must be dated within	*60 days prior to the requested effective date†*
Spouse/Domestic Partner Employees - 1 application or 2?	*N/A*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*No, if legally exempt*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*Yes, if legally exempt*
Is there a premium adjustment for 24 hour coverage?	*No*

SPECIAL CONSIDERATIONS

For 7/1/2017 effective dates, Virtual Visits are now included as standard on HMO plans.

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101+*	*101+*
Max. # of employees	*N/A*	*N/A*

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*0%*
% of Total Cost	*50%*

PARTICIPATION

Contributory

UnitedHealthcare sole carrier:

UnitedHealthcare sole carrier – At least 75 percent of all eligible employees must enroll in the employer-sponsored UnitedHealthcare plan. Those employees who are waiving due to other group coverage being in force will not be counted toward this requirement (i.e., spousal coverage). UnitedHealthcare will not accept less than 50 percent of all benefit-eligible employees (including those waiving for spousal coverage) enrolling in an employer-sponsored plan.

UnitedHealthcare alongside a staff model HMO or other carrier(s):

At least 75 percent of all eligible employees must enroll in an employer-sponsored plan. Those employees who are waiving due to other group coverage being in force will not be counted toward this requirement (i.e., spousal coverage). UnitedHealthcare will not accept less than 50 percent of all employees including those waiving for spousal coverage) enrolled with UnitedHealthcare.

Employer Contributions:
The employer must contribute a minimum of 50 percent of the employee-only premium.

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*Yes*
Are employees covered if traveling out of USA?	*Yes, for emergency services only.*
Is coverage available for out-of-state employees?	*Yes—for a large out-of-state population, we will quote Choice Plus as the PPO network*
Max. percentage of employees residing out-of-state allowed	*National capabilities available. Call 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	■	■	■			
Durable Medical Equipment Benefit				■**	■	■

***Usually Durable Medical Equipment Benefit—supplies containing insulin are covered under Prescription Drug Benefit*

†Vendors for Diabetes Equipment:
Animas Diabetes Care, LLC: Diabetic Insulin Pumps; http://www.animascorp.com
Roche Insulin Delivery Systems: Diabetic Insulin Infusion Pump and Supplies; http://www.accu-checkinsulinpumps.com
MiniMed Distribution Corp.: Diabetic Insulin Pumps; http://www.minimed.com
Smiths Medical MD, Inc.: Diabetic Insulin Infusion Pump and Supplies; http://www.cozmore.com
(For additional vendors, please contact your Word & Brown representative)

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	*Medical Benefit*	*Yes*	*Varies by specific self-injectable medication*
PPO Plans	*Covered under the specialty pharmacy prescription drug benefit*	*Notification may be required*	*Through UHC's speciality pharmacy program—call 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.

CONTACT INFORMATION

Member Support	*888-563-2250*
Spanish Member Support	*888-563-2250*
Internet Support	*www.westernhealth.com*
Provider Eligibility Verification	*916-563-2250*
Member Claims	*916-563-2250*
Release Authorization (for HIPAA Release Forms)	*www.westernhealth.com*
Customer Service	*916-563-2250*
Commissions	*916-563-2206*
Adds/Terms	*916-563-2206*
Administrator	*Western Health Advantage 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833*
Tax ID Number	*94-1340523*

PROVIDER NETWORKS

HMO Networks	*Western Health Advantage*
PPO Networks	*N/A*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*First of the month only*
Premium Amount Required for 15th?	*N/A*
Applications must be dated within:	*30 days*
Spouse/Domestic Partner Employees - 1 application or 2?	*1 application*

FEES

Enrollment Fee Amount	*N/A*
Type of Enrollment Fee	*N/A*
Monthly Administration Fee	*N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	*N/A*
Is on-the-job covered for corporate officers, partners and sole proprietors?	*N/A*
Is there a premium adjustment for 24 hour coverage?	*N/A*

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees:	*101*	*101*
Max. # of employees	*N/A*	*N/A*

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101+
Employees	*20% or as negotiated*
Dependents	*N/A*
Non-Contributory	
Employees	*20% or as negotiated*
Dependents	*N/A*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Are employees covered if traveling out of USA?	*Must reside within service area for 8 continuous months to be eligible (except at school)*
Is coverage available for out-of-state employees?	*No*
Max. percentage of employees residing out-of-state allowed	*N/A*

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	■	■	■			
Medical/Durable Medical Equipment Benefit*				■	■	■

†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	*Medical Benefit*	*Yes*	*Depends on medical group*

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.

Word&Brown®

ANCILLARY CONSUMER EXCHANGE PROGRAM

CONTACT INFORMATION

Customer Service Center	*ChoiceBuilder*	*866-412-9279*
Member Service - Dental	*Ameritas* *Anthem Blue Cross* *Delta Dental HMO* *Delta Dental PPO* *MetLife*	*800-487-5553* *877-567-1804* *800-422-4234* *888-335-8227* *800-942-0854*
Member Service - Vision	*EyeMed (provided by Ameritas)* *VSP*	*866-289-0614* *800-877-7195*
Member Service - Chiropractic/Acupuncture	*Landmark Healthplan*	*800-638-4557*
Member Service - Life	*Assurity Life Insurance Company*	*800-869-0355*
Commissions	*ChoiceBuilder*	*714-567-4390*
Add-ons/Deletes	*ChoiceBuilder*	*Fax 866-412-9280* *memberprocessing@choicebuilder.com*
Dental Claims	*Ameritas* *P.O. Box 82520* *Lincoln, NE 68501* *Fax 402-467-7336* *Anthem Blue Cross Life and* *Health Insurance Company* *P.O. Box 1115* *Minneapolis, MN 55440*	*Delta Dental* *12898 Towne Center Drive* *Cerritos, CA 90703* *MetLife* *PO Box 1115* *Minneapolis, MN 55440-1115*

CALIFORNIA COVERAGE

Coverage area varies by plan. Please contact your Word & Brown representative for a quote

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*N/A*
What states are allowed (or not allowed) for out-of-state coverage?	*All states eligible*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Employer Zip Code*
Any other rules, restrictions, or guidelines not mentioned:	*Employer's home office must be located in CA. If incorporated in another state, documents must show a home office address in CA.*

PROVIDER NETWORKS

Ameritas	*PPO Network*
Anthem Blue Cross	*Dental Complete Network*
Delta Dental HMO	*DeltaCare USA*
Delta Dental PPO	*Delta Dental PPO Network and Delta Dental Premier Network**
EyeMed (provided by Ameritas)	*Access Network*
Landmark Healthplan	*Chiropractic*
MetLife	*PDP Plus Network*
VSP - Vision	*VSP Choice Network*

****Network availability based on plan***

DUAL OPTION (MIX & MATCH)

2 Dental Carriers / 2 Vision Carriers / Chiro-Acupuncture / Life.
Call your Word & Brown representative for more details.

PLAN ELIGIBILITY REQUIREMENTS

Dental Benefits

Employer Sponsored	Voluntary
Participation Requirements • *Minimum Employee participation must be at least 70%* • *Minimum Dependent participation is 0%* **Minimum Employer Contribution** • *The Employer must contribute at least 50% of the lowest cost benefit design* • *No Employer contribution is required for Dependent Coverage*	**Participation Requirements** • *Minimum of 10 eligible Employees with a minimum participation of at least 5 enrolled in dental* • *Minimum Dependent participation is 0%* **Minimum Employer Contribution** • *No Employer contribution required*

Vision Benefits

Employer Sponsored	Voluntary
Participation Requirements • *Minimum Employee participation must be at least 70%* • *Minimum Dependent participation is 0%* **Minimum Employer Contribution** • *The Employer must contribute at least 50% of the lowest cost benefit design* • *No Employer contribution is required for Dependent Coverage*	**Participation Requirements** • *No minimum participation required* **Minimum Employer Contribution** • *No Employer contribution required*

Chiropractic/Acupuncture Benefits

Employer Sponsored	Voluntary
Participation Requirements • *100% Employee participation is required* • *Minimum Dependent participation is 0%* **Minimum Employer Contribution** • *The Employer must contribute 100% of the Employee premium* • *Dependent Coverage is included as this is a discount plan only*	**Participation Requirements** • *No minimum participation required* **Minimum Employer Contribution** • *No Employer contribution required*

Life Benefits

Employer Sponsored
Participation Requirements • *100% Employee participation is required* **Minimum Employer Contribution** • *The Employer must contribute 100% of the Employee premium*

RATING INFORMATION

Group Size	*101-199*
Rate Guarantee	*12 months*
Rates Vary by Industry?	*Dental- varies by carrier* *Life - Yes* *Vision & Chiro - No*

OUT-OF-NETWORK CLAIM ADJUDICATION

HMO: N/A

Ameritas
Silver Benefits – Average prevailing fee;
Gold/Platinum Benefits – 80th percentile of U&C

Anthem Blue Cross
Silver Benefits - MAC
Gold/Platinum Benefits - 90th percentile of U&C

Delta Dental PPO
Silver/Gold Benefits – Max. allowable charge.
Platinum Benefits – Premier dentists agree to accept their Premier Contracted Fee as payment in full. Non-contracted dentists are reimbursed according to the program allowance, which is the amount determined by a set percentile level of all charges for such services by providers with similar professional standing in the same geographical area.

MetLife
Silver Benefits - MAC
Platinum Benefits - 70th percentile of U&C
Platinum Plus Benefits - 90th percentile of U&C

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*Yes—Delta Dental PPO Employer sponsored plan—contact your Word & Brown representative.*
Virgin groups eligible?	*Yes*
Quarterly/annual wage report required?	*Upon request*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No*
Management/Non-management?	*No*
Union/Non-union?	*Yes—eligible non-union members only. Employer to submit union billing*
Minimum group size	*2*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Delta Dental DHMO – N/A

Delta Dental PPO – N/A

Anthem Blue Cross – N/A

Ameritas – At initial group enrollment, employer-sponsored groups with 10+ eligible employees and prior continuous uninterrupted orthodontic coverage of 12 months will waive orthodontic waiting period.

MetLife – N/A

SPECIAL CONSIDERATIONS

Word&Brown®

DENTAL

RENEWAL INFORMATION - DENTAL

	Aetna	Ameritas	Anthem Blue Cross	BEST Life and Health Insurance Company	Blue Shield of California
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Email dedicated account manager assigned at the time of sale.*	*Contact support@gotodais.com. Send the renewing group name, broker name and ZIP code. The assigned Ameritas representative will call broker to assist.*	*Broker Services: 1-800-678-4466* *Account Manager as assigned to ACE agents*	*Broker Services Department 800-433-0088* *If adding a new line of coverage to group, contact assigned sales representative.*	*Producer Services 800-559-5905* *If related to up-selling Dental, Vision and Life, contact Account Manager.*
Deadline for submission of group level renewal changes & their effective date?	*Must be received by the last business day of the month prior to renewal. In order to have benefits and rates available as of effective date, renewal confirmation should be received 3-4 weeks prior to the renewal effective date.*	*By the end of the renewal month.*	*The completed documentation, including all necessary Anthem Blue Cross forms, must be received by Anthem Blue Cross within 30 days of the requested anniversary date. Non-anniversary benefit modifications will not be allowed.*	*Renewal changes at the group level can be made at the time of their renewal, prior to renewal effective date. For future renewal - if a group would like to have the changes made at their next renewal, we would have to process it before the invoice for that month is processed, which is more than 30 days. As for effective date, I would recommend 60-90 days before their renewal.*	*We prefer to receive changes by the 1st of the renewal month but will accept changes through the renewal month up to the last business day of the renewal month.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Member level changes need to be received by the last day of the renewal month.*	*Within 30 days of qualifying event.*	*A. Covered subscribers may move to a different product offered by their group at the anniversary month.* *B. A subscriber can request a change in medical benefits by completing the Employee Change Form or the Plan Change Request form on their group's anniversary date.*	*We have O/E open a month prior to their renewal month and continues through the end of the renewal month. In that window, the employee can make changes to their coverage.*	*We prefer to receive changes by the 1st of the renewal month but will accept changes through the renewal month up to the last business day of the renewal month.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Brokers have access to Aetna's online enrollment system - e-enroll. They can run a report to view membership after changes are processed.*	*The broker may call Ameritas Agent Services to be set up on Ameritas Broker Portal for access. Call 855-517-5307, option 4*	*Yes - through Producer Toolbox at https://brokerportal.anthem.com/ehb/web/bkr/acc/login.htm?wlp-brand=bcc*	*Yes - through the Broker Portal at: https://www.bestlife.com/brokers* *If new to broker portal, broker will need to call 800-433-0088 to set up access.*	*Yes - group level changes are done in the renewal center (SGOR tool). Employee level changes are done on employer connection plus. www.blueshieldca.com*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Email dedicated account manager assigned at the time of sale.*	*Online when group is registered*	*Email or fax*	*Online Broker Portal: https://www.bestlife.com/brokers*	*Any submission is 7-10 business days standard processing*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*Email dedicated account manager assigned at the time of sale.*	*Online when group is registered, or contact support@gotodais.com. Send the renewing group name, broker name and ZIP code. The assigned Ameritas representative will call broker to assist.*	*Through Producer Toolbox at https://brokerportal.anthem.com/ehb/web/bkr/acc/login.htm?wlp-brand=bcc*	*Call Broker Services Department 800-433-0088*	*Broker can pull a PDF copy of their renewal by logging into producer connection under online renewals*
How far in advance do these receive their renewal material - Groups? Broker?	*90 Days*	*At Least 90 days*	*60 days. Brokers can also view the renewals on Producer Toolbox between 60-70 days.*	*60 days*	*Approximately 90 days*

RENEWAL INFORMATION - DENTAL

	CalCPA Health	California Dental Network	ChoiceBuilder®	Cigna	Delta Dental	Delta Dental/ Morgan White
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Banyan Administrators: 877-480-7923*	*1-877-433-6825, ext 1408*	*866-412-9279*	*Contact assigned Account Manager*	*415-989-7443, ext. 220*	*888-859-3795*
Deadline for submission of group level renewal changes & their effective date?	*The deadline for renewal changes varies slightly for different renewal months. The deadline is usually the second Friday of the month prior to the renewal date.*	*We request changes to be submitted within 30 days. We understand that we would receive additional changes or request after the time. We will process the request with the effective date provided. If we need to process a retro adjustment we will process the adjustment. Please note any retro adjustment over 60 days will require authorization.*	*We prefer to receive changes by the 1st of the renewal month, but will accept changes through the renewal month up to the last business day of the renewal month.*	*At least 30-45 days advance notice prior to the effective date.*	*Whether a new group submission or benefit change at renewal, our cut-off dates that you use for new business would apply.*	*Contact your Word & Brown representative*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*The deadline for renewal changes varies slightly for different renewal months. The deadline is usually the second Friday of the month prior to the renewal date.*	*We request changes to be submitted within 30 days. We understand that we would receive additional changes or request after the time. We will process the request with the effective date provided. If we need to process a retro adjustment we will process the adjustment. Please note any retro adjustment over 60 days will require authorization.*	*We prefer to receive changes by the 1st of the renewal month, but will accept changes through the renewal month up to the last business day of the renewal month.*	*At least 30 days advance notice prior to the effective date.*	*Whether a new group submission or benefit change at renewal, our cut-off dates that you use for new business would apply.*	*Contact your Word & Brown representative*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Contact Banyan Administrators to gain system access*	*Yes, but broker would have to request access to employer portal via written letter or form. Request would have to come from employer group* *Note: not available for groups on EDI*	*Yes via Broker Portal, or call customer service 866-412-9279*	*Yes, via CignaforBrokers* *https://cignaforbrokers.com/*	*No*	*Yes, via broker portal brokers.mwadmin.com/*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Email*	*Email:* *membership@caldental.net*	*Email* *On a member level: memberprocessing@choicebuilder.com* *On a group level: groupprocessing@choicebuilder.com*	*Email assigned Account Manager*	*Email* *dvalenzuela@alliedadministrators.com*	*In writing via email or fax* *groupaddsandchanges@morganwhite.com* *Fax: 601-956-3795*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*Call Banyan Administrators*	*Contact Account Manager via email or phone*	*Call customer service 866-412-9279*	*Contact assigned Account Manager*	*415-989-7443, ext. 220 or dvalenzuela@alliedadministrators.com*	*888-859-3795*
How far in advance do these receive their renewal material - Groups? Broker?	*60 days*	*60-90 days*	*60 days*	*60 days*	*Groups: 60 days* *Brokers: 90 days*	*60-90 days*

RENEWAL INFORMATION - DENTAL

	E.D.I.S.	Guardian	Health Net	Humana	Liberty Dental	Lincoln Financial Group
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Renewal Department: 888-886-7973 renewal@ employerdriven.com*	*Contact your Word & Brown representative, or call 800-459-9401*	*Account Management: 800-447-8812, option 2* *Dental quote will show on group's renewal even if they do not have dental so they can review their options.*	*For group level quoting and negotiation you would contact your assigned retention executive. Member level questions, summaries or general group info, contact Market supports at 800-592-3005, or email sbmarketsupport@ humana.com.*	*Contact Account Manager, or email* *nationalaccounts@ libertydentalplan.com*	*Patrick.Hopkins@ lfg.com or Stacey.Obee@lfg.com*
Deadline for submission of group level renewal changes & their effective date?	*Request for plan changes to be effective on the renewal date must be submitted 10 days prior to the renewal date.*	*Contact your Word & Brown representative*	*The group has through the end of the month they are renewing in to make any changes. The effective date of these changes would be the 1st of their open enrollment month.*	*All plan changes must be received by the 5th of the month they are to be effective in. Example 4-1 plan change, must be received by 4-5 at the latest. Membership you have 30 days to collect and submit applications from the effective date. HOWEVER, we allow online enrollment up to 60 days past the effective date. The big thing to note if pushing the boundaries on this is that the app has to be signed within the O.E. window, when processing online it asks you when the document was signed and if it's outside of the 30 day window it won't be processed.*	*LIBERTY shall provide written notice of any changes to the Benefits, Copayments and/or Premium rates at least sixty (60) days prior to the end of the then-current term. The deadline for submission of group level renewal changes is thirty (30) days prior to the end of the then-current term*	*Plan changes can be made through out the year through our amendment process. We usually deliver renewals 90 days in advance of effective date*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Request for plan changes to be effective on the renewal date must be submitted 10 days prior to the renewal date.*	*Contact your Word & Brown representative*	*For renewal changes on employee/dependent coverage for Open Enrollment need to be received by the end of the month of the group's open enrollment month. If the probationary period has been met, the changes would be effective the 1st of the month of the group's Open Enrollment month.*	*All plan changes must be received by the 5th of the month they are to be effective in. Example 4-1 plan change, must be received by 4-5 at the latest. Membership you have 30 days to collect and submit applications from the effective date. HOWEVER, we allow online enrollment up to 60 days past the effective date. The big thing to note if pushing the boundaries on this is that the app has to be signed within the O.E. window, when processing online it asks you when the document was signed and if it's outside of the 30 day window it won't be processed.*	*Changes/new enrollments should be received by the 20th of the month prior to the renewal date to ensure timely processing and delivery of the welcome packets for new enrollees.*	*Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Yes: yourbenportal.com*	*Yes, through Broker Portal* *www.guardiananytime. com*	*Yes: https://www. healthnet.com/portal/ broker/home.ndo* *Note: in order for a broker to have access to adds/terms, the ER needs o register on healthnet.com and give their broker access.*	*100+ plan changes need to go through underwriting, so Word & Brown would work with their Retention executive and plan changes. Rates have to be obtained from underwriting and there is internal paperwork that needs to be completed.* *Email assigned retention executive completed group maintenance form, copy beclericals@ humana.com*	*No*	*No*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Email*	*Contact your assigned Guardian Sales Representative*	*Electronically via email all completed attachments to Account Management*	*Membership Changes made via broker or employer portal are the fastest (2+ space), fax is the slower method 866-584-9140. Group level plan changes should be sent to beclericals@humana.com* *Email enrollment is not available except through the broker portal secure messaging center. To check status, sbmarketsupport@humana.com or via phone 800-592-3005*	*Email* *nationalaccounts@ libertydentalplan.com*	*Patrick.Hopkins@ lfg.com or Stacey.Obee@lfg.com*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*Contact E.D.I.S. renewal department 888-886-7973 renewal@ employerdriven.com*	*Contact your Guardian Sales Representative, or call 800-459-9401*	*If broker needs to contact Account Manager, these are assigned by broker location or group's region. Please use the contact information list based on broker location or group region. Anyone from Account Management team can also assist, or the broker can login in through Health Net broker portal and retrieve the groups renewal.*	*Call or email assigned retention executive*	*Contact Account Manager, or email nationalaccounts@ libertydentalplan.com*	*Patrick.Hopkins@ lfg.com or Stacey.Obee@lfg.com*
How far in advance do these receive their renewal material - Groups? Broker?	*Approximately 60 days*	*75 days*	*Approximately 67 days prior to renewal*	*90 days. Copies can be pulled via broker portal or requested from RE. Copies are physically mailed to groups 7 days after broker copy releases.*	*60 days*	*60-90 days*

RENEWAL INFORMATION - DENTAL

	MediExcel Health Plan	MetLife	Nippon Life Benefits	Principal	SmileSaver/ MetLife DHMO	UnitedHealthcare
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*sales@ mediexcel.com*	*Call Broker Services: 1-800-275-4638, option 3*	*Contact assigned Account manager 844-486-8471*	*Contact assigned Account Executive*	*Email pmontenegro@ metlife.com*	*Renewal account consultant*
Deadline for submission of group level renewal changes & their effective date?	*Group level changes must be submitted by the 10th day of the effective month.*	*For plan design changes we request that those are submitted prior to the effective date.* *For effective date changes we request that those are submitted 90 days in advance of the renewal anniversary.*	*Contact your Word & Brown representative*	*Contact your Word & Brown representative*	*By the end of the renewal month.*	*Group level changes must be submitted by the 5th day of the effective month.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*10 days after effective date.*	*Adds/ Terms are continuous throughout the year and are dependent on the groups waiting periods.*	*Contact your Word & Brown representative*	*Contact your Word & Brown representative*	*Within 30 days of qualifying event.*	*30th day of the renewal month.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*No*	*Yes - Broker must submit application for MetLink portal metlink.com/*	*Yes via Employer Portal, but must be approved by group*	*Yes, via eService portal*	*No*	*Yes: employerservices.com*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*applications@ mediexcel.com*	*Fax or email to service email address assigned to group*	*Contact assigned Account manager 844-486-8471*	*Online via eService portal*	*Email pmontenegro@ metlife.com*	*Contact your Renewal Account Consultant*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*sales@ mediexcel.com*	*Call Broker Services: 1-800-275-4638, option 3*	*Contact assigned Account manager 844-486-8471*	*Contact assigned Account Executive*	*Email pmontenegro@ metlife.com*	*Broker should contact Renewal Account Consultant. Please see contact sheet.*
How far in advance do these receive their renewal material - Groups? Broker?	*90 days*	*75 days*	*60 days*	*60 days*	*60 days*	*Approximately 60-75 days*

DENTAL BENEFITS COMPARISON

	Aetna	Ameritas	Anthem Blue Cross	BEST Life and Health Insurance Company	Blue Shield of California
Are there any industries that are ineligible?	*Yes*	*Dental Offices, all marijuana related businesses*	*Dental Offices & SIC code 8811 (personal household)*	*Yes - Dental Offices*	*No*
Are there any industries that receive an automatic rate load?	*No*	*No*	*SIC used to rate groups* *PPO: Yes* *Dental Net DHMO: No*	*No*	*No*
Is over age dependent verification required?	*Yes*	*No*	*No*	*No*	*No*
Maximum age/units	*Maximum age: 26*	*Maximum age: 26* *(Follows state laws, can request special dependent age through Agent Services.)*	*Maximum age: 26*	*Maximum age: 26*	*Maximum age: 26*
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	*Yes*	*Yes* *DMO: N/A*	*Yes, we offer open enrollment for PPO and DHMO products.*	*Yes*	*DHMO: Yes* *DPPO: Yes*
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	*No restrictions - it is a true open enrollment.*	*Yes Waiting periods vary by plan: Type 3 0-12 month; Ortho 0-12 month*	*No*	*No restrictions - it is a true open enrollment*	*No restrictions—it is a true open enrollment*
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	*Groups of 101+: No waiting period for new hires and no waiting period for those who initially waived (as long as they enroll during open enrollment). If Employee enrolls outside of open enrollment period, waiting periods apply.* *12 month for Basic & Major; 24 month for orthodontia*	*If Employee does not enroll at initial eligibility date, he/she may enroll as a late entrant (Late Entrant Provision will apply) or wait and enroll at the next open enrollment time (renewal). Waiting periods vary by plan: Type 3: 0-12 month; Ortho: 0-12 month*	*No benefit waiting periods for Employer Sponsored plans.* *Yes for Voluntary plans.*	*For groups of 100+ employees enrolling, there are no waiting periods for Major Services.*	*All Non-Voluntary DHMO & DPPO: No waiting period for new hires and no waiting period for those who initially waived (as long as they enroll during open enrollment). Note our Voluntary plans do have a 12 month wait for major services all enrollees*
Are employees who reside outside of California eligible? **Any state restrictions?**	*Yes* *Call your Word & Brown representative*	*Yes* *Groups situs in CA and NV*	*PPO: Yes DHMO: No*	*Yes* *No state restrictions*	*Yes* *No state restrictions on DPPO Plans*

DENTAL BENEFITS COMPARISON

	CalCPA Health	California Dental Network	ChoiceBuilder®	Cigna	E.D.I.S.
Are there any industries that are ineligible?	*Participation is available to the CA-based owners and employees of accounting firms in public practice or offering general financial services (SIC 8721)*	*No*	*Yes - contact your Word & Brown representative.*	*No, specific underwriting guidelines may be required for certain industries, though retail, car dealerships and eating business will require employee turnover rates.*	*Yes-SIC's: 8021 & 8111*
Are there any industries that receive an automatic rate load?	*No*	*No*	*Yes*	*SIC used in rating for all groups*	*No*
Is over age dependent verification required?	*No*	*No*	*No*	*Yes*	*No*
Maximum age/units	*Maximum age: 26*	*Maximum age: 26*	*Maximum age: 26*	*Maximum age: 26*	*Maximum age: 26*
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	*Yes*	*DHMO: Yes*	*Yes*	*Yes*	*Yes*
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	*No*	*DHMO: No*	*Call your Word & Brown representative*	*No*	*No*
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	*No*	*No*	*If Employee does not enroll at initial eligibility date, he/she may not enroll until next group anniversary date (Renewal) and basic services will require a 3-6 month waiting period and major/ortho services will require a 6 to 24 month waiting period.*	*No*	*No waiting period for Employer Paid. 12 month wait for major benefits or late enrollees and add-ons with no prior dental plan for Voluntary. No waiting period for individuals with prior dental*
Are employees who reside outside of California eligible?	*Yes*	*No - DHMO members must reside in CDN service area*	*DMO: No* *DPO: No state restrictions*	*DPPO: Available in all states* *DHMO: Certain DHMO plans are CA-only plans, but there are also National DHMO plans that can be offered.*	*Yes*
Any state restrictions?	*No state restrictions*				*Call your Word & Brown representative to determine any state restrictions*

DENTAL BENEFITS COMPARISON

	Guardian	Health Net	Humana	Liberty Dental	Lincoln Financial Group
Are there any industries that are ineligible?	*No, however some industries may require underwriter review.*	*No*	*Dental Offices*	*Private Households*	*Yes, Dental Offices, & Private Households*
Are there any industries that receive an automatic rate load?	*Rates are developed based on SIC codes, as well as other factors.*	*No*	*Rates are based on SIC codes, demographics and other factors*	*No*	*Law Firms, Medical Groups*
Is over age dependent verification required? **Maximum age/units**	*No, we can provide this service or the planholder and/ or their benefits administrator can choose to handle student status verification. Per standard eligibility submission guidelines, the planholder/benefits administrator would need to code the incoming eligibility file with the student status indicators to ensure students would not be terminated in our system once they reached the limiting age.*	*No* *Up to age 26*	*Yes if over age 26*	*Yes, Dependents over the age of 26, require proof of disability or handicap provided by the employee at the time of enrollment.* *Up to age 26*	*Yes, age 26 is maximum*
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	*Yes*	*DHMO: Yes* *DPPO: Yes*	*Yes*	*Yes*	*Open Enrollment is available for PPO*
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	*Restrictions vary based on quoted benefits.*	*DHMO and DPPO: No restrictions*	*No*	*No*	*No*
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	*Our standard late entrant penalty waiting period is six months for Basic services, 12 months for Major services and 24 months for Orthodontic services*	*DHMO: No* *DPPO: No*	*No, with 10+ enrolled.*	*No*	*Our PPO has several options for benefit waiting periods including no benefit waiting period.*
Are employees who reside outside of California eligible? **Any state restrictions?**	*Our PPO Network includes nationwide coverage. Group plans are based on the situs state of the planholder and would apply to all members.* *No state restrictions*	*DHMO: No - DHMO coverage is for CA employees only* *DPPO: Yes - there are no state restrictions and we have a national DPPO network* *No state restrictions*	*Yes* *No*	*The plan require employees and dependents to obtain services in the Plan's service areas within California*	*Yes, for our PPO.*

DENTAL BENEFITS COMPARISON

	MediExcel Health Plan	MetLife	Nippon Life Benefits	Principal	SmileSaver/ MetLife DHMO	UnitedHealthcare
Are there any industries that are ineligible?	*No*	*Yes—SIC's: 8020-8021, 8070 and 8072*	*Multiple Employer Trusts, Multiple Employer and Welfare Associations, Associations, Taft Hartley Welfare Funds, Employee Leasing Firms, Religious Organizations, Professional Sports Teams, Franchise Groups, and Professional Employee Organizations (PEOs) are not eligible for coverage with Nippon Life Benefits. Not for Profits require Prior HO approval.*	*Yes - Private households and non-classifiable establishments*	*No*	*Yes - domestic households*
Are there any industries that receive an automatic rate load?	*No*	*No*	*SIC used in rating all groups*	*Rates vary by SIC*	*No*	*No*
Is over age dependent verification required?	*Yes*	*Yes—Standard Age: DMO 26/26 PPO 26/26 Dual-Option (DHMO/PPO) 26/26 Vision 26/26 (Other options available) 12 Units*	*26*	*No*	*No*	*No** *Maximum age/units: Full-time student not required*
Maximum age/units	*26*			*Up to age 26*	*Maximum age: 26*	*Maximum age: 26*
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	*Yes*	*DMO: Yes* *DPO: Available*	*Open enrollment included down to 2 lives*	*Open enrollment is available for the EPO, POS and PPO plans*	*DHMO: Yes*	*DMO: Yes* *DPO: Yes*
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	*No*	*No*	*No*	*No*	*No waiting period*	*DMO: No* *DPO: No - only if the group has a "wait" plan, then there would be a waiting period for major service unless there was a prior coverage*
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	*No*	*DMO: No* *DPO: MetLife offers plans with and without waiting periods for major services*	*Late entrant 24 months* *Timely entrant 12 months. There is a buy up to reduce or remove these with 5 or more lives.*	*No*	*No*	*DMO: No* *DPO: No - only if the group has a "wait" plan and member has no prior coverage*
Are employees who reside outside of California eligible? **Any state restrictions?**	*Case by case determination*	*DMO: Employees residing in CA only (TX, FL, NY & NJ available, but must be quoted through underwriting)* *DPO: Yes – National Network*	*Yes*	*Yes, PPO is available to employees residing outside of CA.* *Benefit and rating restrictions may apply*	*No*	*EPO: N/A* *PPO/POS: MAC and UCR options available*

DENTAL BENEFITS COMPARISON

	Aetna	Ameritas	Anthem Blue Cross	BEST Life and Health Insurance Company	Blue Shield of California
Do you offer Orthodontic Coverage?	*Varies by plan design that is selected.*	*Employer-sponsored PPO/Indemnity: Child only up to age 19. Voluntary PPO and Indemnity: Child only up to age 19. Ortho available when 3 or more employees with children enroll for benefit.*	*DMO: Yes PPO: Yes Indemnity: Not applicable Dual Option: Yes*	*Employer-Sponsored or Voluntary for PPO/Indemnity: Adult: Available for Employer Paid groups of 25+ enrolling $1,000 lifetime maximum per patient Child: Available for groups of 5+ enrolling $1,000 and $1,500 lifetime maximum per patient*	*DHMO DHMO Smile Basic: Adult $2,650 Copay / Child $2,350 Copay DHMO Smile Standard: Adult $2,650 Copay / Child $1800 Copay DHMO Smile Plus: Adult $1,700 Copay / Child $1,400 Copay DHMO Smile Deluxe: Adult $1,500 Copay / Child $1,200 Copay DHMO Smile Basic Voluntary: Adult $2,650 Copay / Child $2,350 Copay DHMO Smile Standard Voluntary: Adult $2,650 Copay / Child $1800 Copay DHMO Smile Plus Voluntary: Adult $1,700 Copay / Child $1,400 Copay DHMO Smile Deluxe Voluntary: Adult $1,500 Copay / Child $1,200 Copay DPPO Smile Basic Voluntary, Smile Basic, Smile Value, Smile & Smile Deluxe 2000: Not Covered Smile Plus, Smile Plus Gold, Smile Deluxe, Smile Deluxe Plus 2000, Smile Deluxe Gold, & In-Network Only: 50% - max. $1000 per calendar year. (The annual maximum for orthodontics is in addition to the annual maximum for other covered services.) Indemnity N/A*
Do any of your plan cover/ include a discount for implants?	*DMO Access: No DPO: Buy-up is available*	*Discounts for non-covered procedures may apply in network.*	*Yes, Prime & Complete plans can include implant coverage as a buy up.*	*Yes—PPO & Indemnity - Mid & High Plans*	*Yes—our Smile Deluxe 2000 and Smile Deluxe Plus 2000 Plans both cover implants*
Do any of your plans cover/ include a discount for teeth whitening?	*No*	*Discounts may apply in network*	*No*	*Discounts may apply in network.*	*No*
Are 1099 employees eligible?	*No*	*No*	*No*	*No*	*No*
Out of Network Claim Adjudication	*Refer to out-of-network claim adjudication section on "OUT-OF-NETWORK CLAIM ADJUDICATION" on page 123*	*Ameritas First Plans: 1100 Plan, PPO Fee Schedule 1600 Plan, PPO Fee Schedule 1600 Incentive Plan, AVG UCR 2100 Plan, AVG UCR*	*50th, 60th, 70th, 80th, 90th percentiles of FAIR Health or MAC (default is the 80th)*	*90th UCR, 80th UCR or MAC*	*OON adjudication for DPPO is MAC or UCR depending upon plan.*

DENTAL BENEFITS COMPARISON

	CalCPA Health	California Dental Network	ChoiceBuilder®	Cigna	E.D.I.S.
Do you offer Orthodontic Coverage?	*Orthodontic services under the plan are only available to dependent children and only for groups with 6 or more participants. The benefit is 50% for both in- and out-of-network providers with a $1,000 lifetime maximum.)*	*Plan covers Ortho treatment for both adults and children. Copays apply.*	*Delta Dental DHMO (included) no wait* *Delta Dental DPPO††† Employer sponsored: no wait Voluntary: 12 months* *Ameritas† 12 month wait††* *Anthem Blue Cross†††† Employer sponsored: no wait Voluntary: Not Available* *MetLife††††† Employer sponsored: no wait Voluntary: No Wait* *†Ameritas Dental optional ortho benefit only available to groups of 5 or more eligible employees.* *††Waiting Periods can be waived if there is a minimum of 10 employees enrolled on a ChoiceBuilder PPO dental plan and the employer has a current comparable PPO dental plan inforce. Partial and/or Full Credit given for entire initial enrolling population. Billing from 12 months ago and current bill is required at underwriting, and possibly the current carrier's Benefit Booklet.* *†††Delta Dental employer sponsored plan optional ortho benefit only available to groups of 10 or more employees, voluntary plan optional ortho benefit only available to groups of 25 or more employees.* *††††Anthem Dental optional ortho benefit only available to groups of 10 or more eligible employees.* *†††††MetLife Dental optional ortho benefit only available to groups of 10 or more eligible employees with 5 or more enrolled on PPO.* *All newly enrolled employees after initial enrollment are subject to wait periods below (Basic / Major / Ortho): Ameritas – Employer Sponsored or Voluntary: 3/12/24 months*	*Orthodontic care can be covered or removed from plans.*	*Available on plans $1000, $1500 & $2000*
Do any of your plan cover/ include a discount for implants?	*Covered*	*Optional dental implant benefits are available for Advantage Plus Plans. Cost to quoted rate: 3-Tier: .75 /1.25/1.50 4-Tier: .75/1.25/1.25/1.50*	*No*	*Implant coverage may be added with additional rate impact.*	*No*
Do any of your plans cover/ include a discount for teeth whitening?	*The plan does not cover or provide discounts for teeth whitening*	*DHMO: Yes - copay applies for bleaching. The benefit is copay per arch or copay per tooth*	*Call your Word & Brown representative*	*Yes*	*No*
Are 1099 employees eligible?	*No*	*Yes - under certain criteria and as Voluntary. Call your Word & Brown representative for more details*	*No*	*No*	*Yes - if they work full-time for one employer*
Out of Network Claim Adjudication	*Non-Contracted dentists are paid based on program allowance for non-Delta Dental dentists (80th percentile).*	*N/A*	*See "OUT-OF-NETWORK CLAIM ADJUDICATION" on page 108*	*Both UCR and MRC offered*	*80th percentile of UCR*

DENTAL BENEFITS COMPARISON

	Guardian	Health Net	Humana	Liberty Dental	Lincoln Financial Group
Do you offer Orthodontic Coverage?	*Yes, we can offer orthodontic coverage subject to some plan restrictions and is not available for groups with fewer than 5 lives.*	*HMO: Orthodontic coverage is included in all contributory and non-contributory DHMO Plus plans. Enrolled PPO plans with orthodontia require minimum of 10 enrolled employees.*	*Yes. Available 2+*	*Yes, orthodontic benefits are included for Adults and Children.*	*Lincoln has flexibility to build out an ortho plan for the needs of the group.*
Do any of your plans cover/ include a discount for implants?	*Discounts for implants vary based on quoted benefits*	*DHMO: Yes - implant services are covered with a copayment. DPPO: Yes—Classic Plus 1 (Classic Plus 1 is available only to groups of 10 or more employees, for both employer paid and voluntary).*	*Yes. Implant rider is available groups with 10+ enrolled.*	*Yes, implant services are covered with a copayment.*	*Yes, implant coverage can be added as an optional rider*
Do any of your plans cover/ include a discount for teeth whitening?	*Yes, we can offer the option for a planholder to cover bleaching.*	*DHMO: Teeth whitening covered with a copayment DPPO: Not covered*	*Yes, with DHMO*	*No*	*No*
Are 1099 employees eligible?	*Yes*	*No*	*Yes if under 101 eligible with at least one W2 employee enrolled*	*Yes*	*Underwriting will determine during quoting*
Out of Network Claim Adjudication	*Non-contracted dentists are reimbursed using reasonable and customary for the dentist's ZIP Code area or based on fee schedule, depending on plan design. We use the 90th percentile of reasonable and customary as our standard and can pay claims using different percentiles of reasonable and customary, such as the 50th, 70th, 75th, 80th, 85th or 95th percentile at the planholders preference.*	*DPPO: Either UCR or allowable amount depending on plan design DHMO: N/A*	*95th for Preventive and 90th for Basic/Major. INFS = MAC*	*N/A*	*90% UCR is standard but also options for 80%, 85% or 95% UCR as well as MAC*

DENTAL BENEFITS COMPARISON

	MediExcel Health Plan	MetLife	Nippon Life Benefits	Principal	SmileSaver/ MetLife DHMO	UnitedHealthcare
Do you offer Orthodontic Coverage?	*Yes*	*DHMO:* *Included - Child/Adult: $1,450 - $2,095 Copay* *PPO:* *PPO Ortho Requirements - Ortho requires minimum of 10 eligible lives. PPO plans with 5-9 enrolled lives require prior ortho coverage, 10 or more enrolled lives only require prior major coverage.* *Single Option* *·ER Sponsored – 75% of total eligible lives with a minimum of 8 enrolled lives.* *·Voluntary – 50% of total eligible lives with a minimum of 5 enrolled lives.* *Dual Option* *·ER Sponsored PPO/ PPO – Minimum of 10 eligible lives. 75% of total eligible lives with a minimum of 3 enrolled in each plan option.* *·Voluntary PPO/PPO – Minimum of 25 eligible lives. 50% of total eligible lives with a minimum of 3 enrolled in each plan option.* *·ER Sponsored PPO/ DHMO - Minimum of 10 eligible lives. 75% of total eligible lives with a minimum of 3 enrolled in each plan option. ·Voluntary PPO/ DHMO – Minimum of 10 eligible lives. 50% of total eligible lives with a minimum of 3 enrolled in each plan option.*	*1000 or 1500 Benefit, Child only or Children and Adult*	*Yes. 5 enrolled lives for child ortho, 25 lives for adult/child ortho.*	*Included Adult/Child*	*HMO:* *Adult/Child: $1895 Copay* *DPO:* *Adult/Child: Either a $1000 or $1500 annual maximum available. These riders require minimum of 10 eligible with 8 enrolled* *For all plans – Orthodontic treatment must be provided by a UnitedHealthcare panel orthodontist. Orthodontic referrals must be submitted by the patient's assigned dental provider to UHC HMO Dental.*
Do any of your plans cover/ include a discount for implants?	*No*	*DMO:* *Yes* *DPO:* *Yes*	*Implants included down to 2 lives.*	*No, but implant coverage is available as a major service or as a separate benefit rider*	*No*	*DMO:* *No* *DPO:* *Yes - implant rider available**
Do any of your plans cover/ include a discount for teeth whitening?	*No*	*DMO:* *No* *DPO:* *No*	*No*	*No, but coverage for whitening is available through a separate cosmetic services benefits rider*	*No*	*DHMO:* *Yes - external bleaching only* *DPO:* *No*
Are 1099 employees eligible?	*Case by case determination*	*DMO:* *No* *DPO:* *No*	*No*	*No*	*Determined by Employer*	*Yes*
Out of Network Claim Adjudication	*No*	*DMO:* *N/A* *DPO:* *UCR options and MAC available*	*95th, 90th, 80th, 60th and MAC plans available*	*EPO:* *N/A* *POS/PPO:* *MAC and UCR options available*	*N/A*	*N/A* *MAC + UCR available*

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*877-238-6200 (Spanish - Option 4)*
Commissions	*877-238-6200*
Claims	*P.O. Box 14094 Lexington, KY 40512*
Add-ons/Deletes	*Fax 888-258-4528*
Provider Services	*888-632-3862*

CALIFORNIA COVERAGE

California HMO Counties:	*The majority of California counties*
California PPO Counties:	*All California counties*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*30%*
What states are allowed (or not allowed) for out-of-state coverage?	*Call your Word & Brown representative*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*All Plans are offered*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Rates are calculated based on all employee locations*
Any other rules, restrictions, or guidelines not mentioned:	*None*

DUAL OPTION (MIX & MATCH)

DMO & DPPO plans can be written together. FOC & Voluntary plans are NOT included in the mix and match.

PROVIDER NETWORKS

HMO Network	*Aetna's DMO Network*
PPO Network	*Aetna's PPO Network*
Indemnity Network	*A list of providers can be found through Docfind at Aetna.com*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*12 Months*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*30%*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*30%*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Varies by plan. Can include UCR or Maximum Allowable Charge out of network reimbursement.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*Yes—if written standalone. Ineligible industries waived with prior employer-sponsored coverage*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No—Employer Dental Certification Form needed if standalone*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No*
Management/Non-management?	*No*
Union/Non-union?	*No*
Minimum group size	*N/A*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

***Takeover coverage, where prior carrier covered major dental services, but excluded orthodontia:** Waiting period will not apply to covered major dental services, but will apply to orthodontia (if the new Aetna plan covers orthodontia) for existing members and new hires.*

***Takeover coverage, where prior carrier covered both major dental services and orthodontia**: Waiting period will not apply to either major dental services or orthodontia for existing members and new hires.*

Voluntary has an enforced 12 month waiting period on major services.

**Note: Standard plans exclude work in progress. However, for takeover cases, we will not apply the work-in-progress exclusion for individuals who were covered under the prior plan on the day immediately prior to the effective date with Aetna – as long as the prior carrier's extension of benefits provision does not cover the service. This applies to services that require multiple visits. Contact your Word and Brown representative for more information.*

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Service Center	*855-517-5307*	
Dental & Vision Claims	*Option 1*	*Ameritas Group Claims PO Box 82520 Lincoln, NE 68501 group@ameritas.com Fax 402-467-7336*
Billing, Enrollment Status & Member Eligibility	*Option 2*	*group_assistants@ameritas.com*
Dental Provider	*Option 3*	*provider@ameritas.com*
Sales, Product Information & Broker Services	*Contact your Word & Brown representative*	
Licensing, Compensation & BOR Changes	*Option 5 group_licensing@ameritas.com*	
Broker Services, Tradeshow Requests or Marketing Materials	*Option 6*	
Agent Portal Tech Support	*Option 8*	
VSP Claims	*800-877-7195 www.vsp.com*	
Fax Add-ons/Deletes	*402-467-7338*	
Website	*www.ameritas.com*	

CALIFORNIA COVERAGE

California HMO Counties:	*See LIBERTY DHMO Plans for Dual Choice Options (separate bill)*
California PPO Counties:	*All*
California Indemnity Counties:	*All*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, all employees.*
What is the minimum percentage of employees required in CA?	*No minimum requirement of employees located in CA; 3 if enrolled anywhere.*
What states are allowed (or not allowed) for out-of-state coverage?	*Group situs CA & NV. Out of state cover all*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*All plan designs subject to state laws*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Rates are based on Employer (situs) zip code*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

DUAL OPTION (MIX & MATCH)

Ameritas First Plans may be offered Dual Choice with LIBERTY Dental DHMO Plans (separate billing and direct LDP contract) as long as minimum 3 employees in Ameritas PPO Plan(s).

See LIBERTY Dental Plan DHMO Options.

PROVIDER NETWORKS

PPO Network	*Ameritas Dental Network: Ameritas.com Find an Ameritas Provider: www.ameritas.com/applications/group/findaproviderclassic*

RATING INFORMATION

Group Size	*100-199*
Rate Guarantee	*1 year*
Rates Vary by Industry?	*No*

Rate Segments: 3-9; 10-50; 51-199 (Based on ENROLLED not eligible.)
Rate Options: Voluntary or Employer Sponsored
Rate load available to waive waiting periods.
Virgin and Non-takeover groups: option to use 1.15 rate factor (+15%) to waive waiting periods on Major and Ortho for existing and new hires.

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	100-199
Employees	*Voluntary: no minimum contribution. Employer Sponsored: ninimum contribution of 50% for straight PPO. Dual Choice: minimum contribution of 50% for DHMO or PPO.*
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	100-199
Employees	*Straight PPO: minimum 50% or 3 enrolled, whichever is greater. Dual Choice: minimum 75% combined (PPO & DHMO) required with a min of 3 enrolled in PPO.*
Dependents	
NON-CONTRIBUTORY	
Employees	*All plans require a minimum of 3 PPO enrolled.*
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

Ameritas First PPO 1100 Plan - PPO Fee Schedule
Ameritas First PPO 1600 Plan - PPO Fee Schedule
Ameritas First PPO 1600 Incentive Plan - Average UCR
Ameritas First PPO 2100 Plan - Average UCR

100+ RFP's for Tailored Plan Quotes Pick any OON, different eligibility and participation requirements based on Word & Brown Large Group RFP details
Ameritas PPO Plans may be offered dual choice with LIBERTY DHMO (separate bill)

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*Dental offices, all marijuana related businesses*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*May be requested if 50% or more of group is related*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No—offer to all eligible employees, no carve-outs*
Management/Non-management?	*No—offer to all eligible employees, no carve-outs*
Union/Non-union?	*Allowed with underwriting approval*
Minimum group size	*3 enrolled*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Dental plans have a 12 month wait for Major and Ortho coverage. Waiting periods may be waived with proof of 12 month prior PPO, DHMO or EPO benefits.

Virgin and Non-takeover groups: option to use 1.15 rate factor (+15%) to waive waiting periods on Major and Ortho for existing and new hires.

SPECIAL CONSIDERATIONS

Discounts up to 10% for eyewear at Walmart.
Discounts at Walmart and Sam's Club for prescriptions.

Reimbursement is available for emergency dental care needed while traveling abroad. Ameritas partners with AXA to locate credible provider care for members traveling around the globe, and reimburses for covered procedures.

Simple Add-ons:
LASIK Advantage and HearingCare available for groups with a minimum of 10 or more enrolled lives.

CONTACT INFORMATION

Customer & Member Service, Member Eligibility, Claims, Billing & Group Benefits	*PPO: 855-854-1429* *DHMO: 800-627-0004* *Hours: 8:00 a.m. to 6:00 p.m. PST (Monday-Friday)*
Website	*800-678-4466* *www.anthem.com/ca*

CALIFORNIA COVERAGE

California HMO Counties:	*Dental Net is available in these counties: Alameda, Contra Costa, Fresno, Los Angeles, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, Stanislaus, Tulare and Ventura.* *Dental Net has limited availability in these counties: Butte, El Dorado, Imperial, Kern, Kings, Madera, Marin, Merced, Monterey, Napa, Placer, San Mateo, Santa Cruz, Shasta, Sutter and Yolo.*
California PPO Counties:	*PPO is available in all California counties.*
California Indemnity (FFS) Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*PPO: Yes* *DHMO: No*
What is the minimum percentage of employees required in CA?	*75%*
What states are allowed (or not allowed) for out-of-state coverage?	*PPO: All States* *DHMO: CA only*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Based on the California employer ZIP Code.*
Any other rules, restrictions, or guidelines not mentioned:	*Renewals will be calculated using the most current 12 months of paid claims experience available. The paid claims will be then be adjusted for enrollment changes during the period. Claims will then be adjusted to an incurred basis and trend will be applied to arrive at the annual projected claims. A dental case is considered 100% credible at 200 enrolled lives for 12 months. If a case is not 100% credible, manual rating will be blended with the experience rating. The final annual projected claims will be divided by the target loss ratio for the group to arrive at final needed premium which will be compared to current premium to determine the appropriate rate adjustment.*

DUAL OPTION (MIX & MATCH)

Yes. DHMO & DPPO plans can be written together.

PROVIDER NETWORKS

Dental HMO Network	*Dental Net*
Dental PPO Network	*Dental Prime* *Dental Complete*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*12 months standard, 24 month & 36 month available on custom quotes based on group size*
Rates Vary by Industry?	*Yes, Prime & Complete rates based on SIC*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+ *50%*
Employees	*50%*
For Dependents	*0%*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	101+ *75%*	
Employees	*50%*	
Dependents	*0%*	
NON-CONTRIBUTORY		
Employees	*100%*	
Dependents	*0%*	

OUT-OF-NETWORK CLAIM ADJUDICATION

50th, 60th, 70th, 80th & 90th percentile of FAIR Health as well as Maximum Allowable Charge (MAC) options are available.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
Wage & tax reports required?	*No*
DE-9C statements required?	*Yes*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*N/A*
Management/Non-management?	*N/A*
Union/Non-union?	*N/A*
Minimum group size	*101+*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Follows Medical Guidelines, otherwise N/A. Please contact your Word & Brown representative.

SPECIAL CONSIDERATIONS

Dental Prime and Dental Complete plans provide an extra cleaning or periodontal maintenance for pregnant members or members living with diabetes, additional conditions included. See certificate of coverage for details. Members enrolled in our Dental Prime or Dental Complete plans are automatically enrolled in our International Emergency Dental Program that provides emergency dental coverage while traveling outside the country for business or pleasure.

CONTACT INFORMATION

Member Support, Customer Service & Commissions	*800-433-0088* *cs@bestlife.com*
Billing	*BEST Life and Health Insurance Co.* *P.O. Box 19721* *Irvine, CA 92623-9721*
Claims	*BEST Life and Health Insurance Co.* *P.O. Box 890* *Meridian, ID 83680* *800-433-0088* *Fax 208-893-5040* *Email: cs@bestlife.com*
Add-ons/Terminations	*Fax: 949-724-1603* *Email: changes@bestlife.com or* *Online Broker Portal: https://www.bestlife.com/brokers*
Website	*www.bestlife.com*
Sales & Product Information	*800-237-8543*

CALIFORNIA COVERAGE

California HMO Counties	*N/A*
California PPO Counties	*All counties*
California Indemnity Counties	*All counties*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*There is no minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*All states allowed*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO in 14 states. Indemnity in 39 states.*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Rates are based on CA employer ZIP Code.* *Note: Rates are blended for groups with more than 50% out of state.*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

DUAL OPTION (MIX & MATCH)

Boxes containing a number indicate that these coordinate plans offered by this carrier can be written together to create a dual option package. The number indicates the minimum enrollment required on each of the coordinate plans. Blank boxes indicate which plans cannot be written together

BEST PPO & IndemnityPlus

	PPO (All)	IndemnityPlus (All)
PPO Dental	*5*	*5*
IndemnityPlus	*5*	*5*

Minimum 10 employees must enroll in order for group to be eligible for Dual Option. A minimum of 5 must enroll on either plan.

PROVIDER NETWORKS

PPO and Indemnity Network	*First Dental Health (CA only)* *www.firstdentalhealth.com* *DenteMax (National)* *www.dentemax.com* *BEST Life offers access to both networks for PPO and Indemnity plans* *Note:* *Employer-Sponsored: 2+ enrolling* *Voluntary: 5+ enrolling*

DENTAL

BEST Life™

BEST Life and Health Insurance Company

RATING INFORMATION

Group Size	*Employer-Sponsored: 2+ Voluntary: 5+*
Rate Guarantee	*1 year; 2 year rate guarantee for groups of 10+ employees enrolling when available.*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	Employer-Sponsored 2+	*Voluntary Plans 5+*
Employees	*50%*	*N/A*
For Dependents	*N/A*	*N/A*
% of Total Cost	*N/A*	*N/A*

PARTICIPATION

VOLUNTARY		
	Group Size	
	2-4	*5+*
Employees	*N/A*	*20% On groups where Employer contributes 100%, 100% participation required*
Dependents	*N/A*	*N/A*
EMPLOYER-SPONSORED		
Employees	*100%*	*60% On groups where employer contributes 100%, 100% participation required*
Dependents	*N/A*	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Three options available:

1. *90th UCR*
2. *80th UCR*
3. *MAC*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*Yes—Dental Offices*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*Yes (only for groups enrolling less than 5 employees)*
Are 1099 employees allowed?	*No*
Wage & tax reports required?	*Yes (only for groups enrolling less than 5 employees)*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes—if group has a carve out in place with prior dental carrier. (Minimum of 5 enrolling required)*
Management/Non-management?	*Yes—if group has carve out in place with prior dental carrier. (Minimum of 5 enrolling required)*
Union/Associations?	*No*
Minimum group size	*Minimum of 2 employees enrolled. No prior coverage necessary, but waiting periods may apply.*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Employer Sponsored:
No waiting period for groups of 10 or more employees enrolling.

5-9 Enrolled
12 month waiting period on major services waived, but proof of 12 consecutive months of comparable prior group coverage required.

Voluntary
- 5-9 Employees Enrolling: Waiting Period can be waived only if the group has a current group dental plan in force. The waiver will only apply to currently covered employees. New hires and enrollments will be subject to 12-month waiting period for Major Services.

- No waiting period for groups of 10 or more employees enrolling, regardless of prior coverage.

SPECIAL CONSIDERATIONS

- *Any voluntary group that can demonstrate a 61% participation or greater employee enrollment rate will be eligible to have the lower Employer Contributory rates as a reward.*
- *Implants covered in mid and high plans.*
- *Mid-month Effective Dates - 1st of month and 15th of month effective dates are offered.*
- *Supplemental Dental Accident Benefit - Covers up to $1,000 per accident to sound and natural tooth. Does not count toward annual maximum.*
- *Children's Good Vision Benefit - Covers 50% of eligible expenses for dependent children with ortho coverage.*
- *Bundling Discounts - Save an additional 2-5% on dental with purchase of vision and/or life.*

CONTACT INFORMATION

Member Support, Customer Service & Commissions	*Dental Claim Forms*	*888-702-4171*
	DPPO Member Support and Customer Services:	*888-702-4171*
	DHMO Member Support and Customer Services:	*800-585-8111*
	Commissions: Blue Shield Producer Services	*800-559-5905*
	Dental Benefits Provider	*800-445-9090*
Dental Claims	*Blue Shield PO Box 272590 Chico, CA 95927-2590*	
Add-ons/Deletes	*Fax 209-367-6475*	

CALIFORNIA COVERAGE

California DHMO Counties:	*Alameda, Butte, Contra Costa, El Dorado, Fresno, Kern, Los Angeles, Marin, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Ventura and Yolo*
California DPPO Counties:	*All Counties*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*51% of the employees must live and work in California*
What states are allowed (or not allowed) for out-of-state coverage?	*Blue Shield's National network has providers in all 50 states*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*All of Blue Shield's DPPO plans are available*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Rates are based on the California employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

DUAL OPTION (MIX & MATCH)

Dual Option available to groups of 2 or more eligible employees in any of these combinations:

- *2 DPPOs*
- *2 DHMOs*
- *1 DPPO + 1 DHMO*
- *1 DPPO Voluntary + 1 DHMO Voluntary*
- *1 Voluntary + 1 Non-Voluntary*

Non-Voluntary or Non-Voluntary + Voluntary Dual Option:
Minimum 50% employer contribution and minimum 75% participation.

PROVIDER NETWORKS

DHMO Network	*Blue Shield of California Dental HMO*
DPPO Network	*Blue Shield of California Dental PPO* *Blue Shield members with Dental PPO benefits can access a new nationwide provider through Dental Benefits Providers, Inc.*

blue of california

RATING INFORMATION

Group Size*	101-299
Rate Guarantee	12 Months
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	101-299 (Single or Dual Option)	101-299 Voluntary
Employees	75%	50%
For Dependents	0%	50%
% of Total Cost:	N/A	N/A

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	101-299 (Single or Dual Option)	101-299 Voluntary
Employees	◆◆ 75%	Minimum of 2 enrolled
Dependents	N/A	N/A
NON-CONTRIBUTORY		
Employees	100%	N/A
Dependents	N/A	N/A

◆◆ *In order to NOT be considered eligible, the other coverage must be a group plan.*

OUT-OF-NETWORK CLAIM ADJUDICATION

DHMO	N/A
DPPO	Smile Basic, Smile Basic Voluntary, Smile Value, Smile, Smile Plus, Smile Deluxe, Smile Deluxe 2000 and Smile Deluxe Plus 2000 pays OON dentists based on the Blue Shield negotiated fee (Maximum Allowable Charge or MAC) schedule. Smile Deluxe Gold and Smile Plus Gold U85 pays OON dentists based on HIAA 85th percentile.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Any ineligible industries?	No
Virgin groups eligible?	Yes
DE-9C statements required?	No—if standalone dental; Yes—if sold with medical (reconciled). Submit payroll register for employees not listed on DE-9C

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes—75% of carve-out must enroll
Management/Non-management?	Yes—75% of carve-out must enroll
Union/Non-union?	Yes—75% of carve-out must enroll
Minimum group size	If dental only, minimum 8 enrolled employees; If medical and dental, minimum 8 enrolled employees

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

DHMO	No waiting period
DPPO	No waiting period except for DPPO voluntary plan
Indemnity	N/A

SPECIAL CONSIDERATIONS

A group may add dental off anniversary as long as it is not within 60 days of the anniversary date of Blue Shield medical plan coverage. If within 60 days of renewal, Blue Shield asks group to wait until medical renewal and then add dental. This does exclude new plans (until the new plans have been on the market for 1 year). The new plans may only be added at anniversary. Groups can change to a different plan only at the anniversary date of Blue Shield medical plan coverage or the effective date of a new dental contract.

If a group cancels coverage, the group must wait 12 months to re-apply for coverage.

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*877-480-7923* *calcpahealth@calcpahealth.com*
Commissions	*714-567-4390*
Claims	*Delta Dental: 1-800-765-6003*
Fax (Add-ons/Deletes)	*877-237-4519* *calcpahealth@calcpahealth.com*

CALIFORNIA COVERAGE

California HMO Counties:	*Coverage offered in all California counties*
California PPO Counties:	*N/A*
California Indemnity Counties:	*Coverage offered in all California counties*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*51% of the group's employees must reside in California*
What states are allowed (or not allowed) for out-of-state coverage?	*All states allowed*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Based on CA Employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*Group must also have medical coverage with CalCPA*

DUAL OPTION (MIX & MATCH)

Dual option offerings with other carriers, including Delta Dental, are not allowed.

PROVIDER NETWORKS

HMO Network	*N/A*
PPO Network	*Delta Dental Plus Premier*
Indemnity Network	*N/A*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*N/A*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*100%*
For Dependents	*0%*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*100%*
Dependents	*100%*
NON-CONTRIBUTORY	
Employees	*N/A*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Delta Dental network

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*See “Special Considerations” section*
Virgin groups eligible?	*Yes*
Quarterly/annual wage report required?	*N/A*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No*
Management/Non-management?	*No*
Union/Non-union?	*No*
Minimum group size	*50+*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

Participation is available to the CA-based owners and employees of accounting firms in public practice or offering general financial services. To obtain and maintain eligibility as an employer, more than 50% of all of the employer's owners (i.e., principals, proprietors, partners, shareholders, or other owners) must be CPA Members of CalCPA, or Associate Members of CalCPA. All CalCPA Members must hold and maintain their CalCPA membership in good standing.

Groups can turn in apps for CalCPA membership with Enrollment. Membership ID# must be included on the Master App.

All employees must work 20 or 30 hours a week to enroll.

CONTACT INFORMATION

Customer Service, Bilingual Support, & Broker Services	*877-433-6825*
Commissions	*877-433-6825*
Claims	*877-433-6825*
Fax (Add-ons/Deletes)	*949-830-1655*

CALIFORNIA COVERAGE

California HMO Counties:	*All counties except Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Mendocino, Tehama, Plumas, Glenn, Butte, Sierra, Lake, Colusa, Yuba, Nevada, Alpine, Mono, Inyo, Tulare, San Luis Obispo and Imperial*
California PPO Counties:	*N/A*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*No on DHMO*
What is the minimum percentage of employees required in CA?	*Minimum group size is 2 on DHMO*
What states are allowed (or not allowed) for out-of-state coverage?	*Not applicable on DHMO*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*Not applicable on CDN DHMO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Not applicable on CDN DHMO*
Any other rules, restrictions, or guidelines not mentioned:	*Not applicable on CDN DHMO*

DUAL OPTION (MIX & MATCH)

Dual Option available to groups of 2 or more eligible employees if wrapping California Dental with another carrier's PPO. Minimum 1 enrollee with California Dental Network.

Dual Option available to 1 or more eligible employees installed with preferred PPO partners such as Principal, Reliance, Mutual of Omaha, Standard, Ameritas & Dearborn National. Otherwise California Dental Network will accept two or more eligible employees on DHMO.

PROVIDER NETWORKS

HMO Network	*CDN contracts with dental offices and pays capitation to each. It is our own network*
PPO Network	*N/A*
Indemnity Network	*N/A*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*12 months. Multi-year guarantees may be offered under special circumstances*
Rates Vary by Industry?	*N/A*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*75% or 50% of employee and dependents combined premium*
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY				
	Group Size			
	101+			
	3	*4-7*	*8-10*	*11+*
Employees	*100%*	*100%-1*	*100%-2*	*75%*
Dependents				
NON-CONTRIBUTORY				
Employees	*100%*			
Dependents	*0%*			
VOLUNTARY*				
Employees	*0%*			
Dependents	*0%*			

* *Voluntary group rates apply to all groups that do not have a true employer/employee relationship as established by the IRS and groups that do not meet the contribution and participation requirements for Employer paid plans.*

OUT-OF-NETWORK CLAIM ADJUDICATION

Not applicable on CDN DHMO

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*If enrollment is not voluntary, a DE-9C is requested*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*N/A*
Management/Non-management?	*N/A*
Union/Non-union?	*N/A*
Minimum group size	*N/A*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Not applicable on CDN DHMO

SPECIAL CONSIDERATIONS

Plans cover the following value add benefits:

1. *Additional teeth cleaning for adults and children beyond one every six months;*
2. *Posterior composite fillings covered;*
3. *Precious metal included in crown and bridge copayments;*
4. *Name brand crowns such as Captek, Procera, In-Ceram covered;*
5. *Bleaching covered;*
6. *Veneers covered;*
7. *Phase I Ortho covered*

Various copays apply.

Rates can be either 3 tier or 4 tier.

CONTACT INFORMATION

Customer Support	*1-800-Cigna24 (1-800-244-6224)* *mycigna.com*
Broker Service/Commissions	*Contact numbers established upon implementation of each new group*

CALIFORNIA COVERAGE

California HMO Counties:	*All Counties*
California PPO Counties:	*All Counties*
California Indemnity Counties:	*All Counties*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*No restrictions*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*DPPO and DHMO based on availability*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Based on actual zips*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

DUAL OPTION (MIX & MATCH)

Yes DHMO and DPPO can be offered together; dual choice requires minimum of 50 employees

PROVIDER NETWORKS

Prepaid Network	*Cigna Network*
PPO Network	*Cigna Network*

RATING INFORMATION

Group Size	*250 max. (50 minimum if using dual choice, 10 minimum if single DHMO)*
Rate Guarantee	*12 months (24 months available with UW approval)*
Rates Vary by Industry?	*SIC used in rating*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	DHMO single choice 10+	*Dual Choice 50+*
Employees	*Client's choice no restrictions*	
For Dependents		
% of Total Cost:		

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	DHMO single choice 10+	*Dual Choice 50+*
Employees	*65%*	*65%*
Dependents	*N/A*	*N/A*
NON-CONTRIBUTORY		
Employees	*45%*	*45%*
Dependents	*N/A*	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

UCR and MRC offered, varies by group and location

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*So long as W2/FTE*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes, per UW discretion*
DE-9C statements required?	*No*
Are 1099 employees allowed?	*No*
DE-6 statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Varies by group and clients discretion, however no specific outright limitations with any of these classes.*
Management/Non-management?	*See above*
Union/Non-union?	*See above*
Minimum group size	*See above*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Phone	*888-886-7973*
Email	*service@employerdriven.com*

CALIFORNIA COVERAGE

California HMO Counties	*N/A*
California PPO Counties	*All Counties*
California Indemnity Counties	*N/A*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*Yes-available for out of state employers in: Arizona, Colorado, Kansas, Nevada, South Carolina, Texas, Utah, Washington DC*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO & EPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*No minimum*
Any other rules, restrictions, or guidelines not mentioned:	*All are allowed*

DUAL OPTION (MIX & MATCH)

Employer may offer all four plan options from which the employee may select.

PROVIDER NETWORKS

Indemnity Network	*N/A*
PPO Network	*DenteMax, First Dental Health*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*12 Months*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*0-50% of the lowest priced plan*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*75%*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*N/A*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

80th percentile of UCR

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?*	*Yes—excluded industries include those with SIC codes 8021 (Dentist) & 8111 (Law Office)*
Virgin groups eligible?	*Yes—subject to a twelve month wait for major benefits on Voluntary plans only*
DE-9C statements required?	*Yes*

* *The group's SIC will determine if a 10% load is applicable to the rates. Any groups with a SIC over 5100 is subject to a 10% load.*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*Must meet 75% participation rule*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

None

SPECIAL CONSIDERATIONS

This is a fully insured product. No administration fee applies.

Employer Sponsored: Employer may make one plan available or all four plans available as an option.

Voluntary: Minimum of 2 enrolled, no other participation guidelines.

CONTACT INFORMATION

Customer Response Unit	*(available to employees, employers and brokers)* *1-800-627-4200* *cru@glic.com*
Administration and Self-Service Portal	*(available to employees, employers and brokers)* *www.GuardianAnytime.com*

CALIFORNIA COVERAGE

California HMO Counties:	*Statewide*
California PPO Counties:	*We offer our PPO network in all California counties and can provide network access analysis reports for a specific group during the quoting process.*
California Indemnity Counties:	*Yes, we can quote Indemnity Dental anywhere in the state of California*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, our PPO network offers nationwide coverage. Plans may be quoted to include out-of-state employees.*
What is the minimum percentage of employees required in CA?	*There are no requirements for the minimum percentage of employees in California, however to be a considered a situs, there would need to be one officer located in the state.*
What states are allowed (or not allowed) for out-of-state coverage?	*Not applicable; however, plan design is based on employer location, so some state variations may apply.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*There are some limitations and variations on what we can offer depending on the specific state regulation.*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Premiums are based on the employer location. Provider services are reimbursed based on the fee schedule or reasonable and customary reimbursement, based on the provider ZIP Code.*
Any other rules, restrictions, or guidelines not mentioned:	*Benefits are quoted based on state requirements.*

DUAL OPTION (MIX & MATCH)

We can offer a dual option PPO/DHMO plan to groups with 2+ lives. We can offer a High/Low PPO plan to groups with 10+ lives.

PROVIDER NETWORKS

Indemnity Network	*Guardian can offer indemnity plans.*
PPO Network	*Guardian has a PPO Dental network.*
HMO Network	*Liberty*

Guardian®

RATING INFORMATION

Group Size	*101-999*
Rate Guarantee	*Standard is 1 year, longer guarantees/ caps may be available*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101-999
Employees	*No limitations*
For Dependents	*No limitations*
% of Total Cost:	*No limitations*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101-999
Employees	*No limitations*
Dependents	*No limitations*
NON-CONTRIBUTORY	
Employees	*No limitations*
Dependents	*No limitations*

OUT-OF-NETWORK CLAIM ADJUDICATION

Non-contracted dentists are reimbursed using reasonable and customary for the dentist's ZIP Code area or based on fee schedule, depending on plan design. We use the 90th percentile of reasonable and customary as our standard and can pay claims using different percentiles of reasonable and customary, such as the 50th, 70th, 75th, 80th, 85th or 95th percentile at the plan holder's preference.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*Yes, generally subject to UW review*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
Wage & tax reports statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*N/A*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Dependent on case.

SPECIAL CONSIDERATIONS

Each case stands on its own merits and will be evaluated separately. Any special considerations will be provided during the quoting stage.

CONTACT INFORMATION

Customer Service, Member Service & Claims	*866-249-2382 (Spanish - Option 2)*
Brokers/Employer	*800-448-4411, option 4*
BOR Changes	*Contact the assigned Health Net Account Manager*
Website	*yourdentalplan.com/healthnet*
Dental Provider	*yourdentalplan.com/healthnet to find DHMO and DPPO providers*
Sales & Product Information	*Contact your Account Manager or Sales Executive*

CALIFORNIA COVERAGE

California HMO Counties:	*All Counties except: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Imperial, Kings, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne and Yuba*
California PPO Counties:	*All Counties*
California Indemnity Counties:	*N/A*

NOTE: DHMO plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes - DPPO only*
What is the minimum percentage of employees required in CA?	*51%*
What states are allowed (or not allowed) for out-of-state coverage?	*DPPO allowed in all states; DHMO coverage is available in California only*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*DPPO only*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Rates are based on CA employer's ZIP code*
Any other rules, restrictions, or guidelines not mentioned:	*Refer to dental underwriting guidelines for more info*

DUAL OPTION (MIX & MATCH)

Dual option available – group may select 2 DPPO plans, 2 DHMO plans or 1 DHMO and 1 DPPO plan. Employer paid rates require 50% employer contribution and 50% overall participation. Voluntary rates will apply to groups with less than 50% participation and/or less than 50% contribution. Groups may select 1 DHMO and 1 DPPO plan with a minimum of 10 eligible enrolled with a minimum of 2 on a plan. Groups may select 2 DHMO or 2 DPPO plans with a minimum of 10 eligible enrolled, with a minimum of 2 on a given plan. Groups requesting Classic Plus 1 must enroll a minimum of 10 eligible employees on that plan, for both employer paid and voluntary.

PROVIDER NETWORKS

HMO Network	*Health Net Dental*
PPO Network	*Health Net Dental*

RATING INFORMATION

	DHMO	DPPO
Group Size	101-249	101-249
Rate Guarantee	1 Year	1 Year
Rates Vary by Industry?	No	No

For groups with more than 500 employees, please contact your Health Net representative for a quote.

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	DHMO 101-249	DPPO 101-249
Employees	50%	50%
For Dependents	N/A	N/A
% of Total Cost:	N/A	N/A

Voluntary rates apply to groups with less than 50% contribution and 50% participation.

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	DHMO 101-249	DPPO 101-249
Employees	Min. 10†	Min. 10††
Dependents	N/A	N/A
NON-CONTRIBUTORY		
Employees	Min. 10	Min. 10
Dependents	N/A	N/A

† Employer paid DHMO rates require a minimum participation of 50% and 50% employee contribution.

†† Employer paid DPPO rates require a minimum participation of 50% and 50% employee contribution. Classic Plus 1 plans require a minimum of 10 enrolled employees.

OUT-OF-NETWORK CLAIM ADJUDICATION

Classic Plus & Classic plans out-of-network claim adjudication is based on 80th percentile of UCR.

Essential, Essential Value and Basic plan reimburse out-of-network claims based on the allowable amount applicable for the same service that would have been rendered by a network provider.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Any ineligible industries?	No
Virgin groups eligible?	Yes, virgin groups are eligible, but employer paid rates are now based solely on participation and contribution levels. Prior coverage is no longer a factor.
DE-9C statements required?	No
Are 1099 employees allowed?	No
Wage & tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	No
Management/Non-management?	Carve-outs not allowed
Union/Non-union?	Carve-outs not allowed
Minimum group size	Carve-outs not allowed

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

HMO — *No Waiting Period*

PPO — *Employer Paid DPPO Plans: Orthodontia is available to groups of 10 enrolled employees*

Voluntary DPPO Plans: Orthodontia is available for voluntary DPPO groups with 10 or more enrolled employees

SPECIAL CONSIDERATIONS

All employees must be covered by Workers' Compensation.

Call your Word & Brown representative for details on two employer-paid and two voluntary Health Net vision PPO plans.

Humana

CONTACT INFORMATION

Customer Service, Member Service & Claims	*1-877-877-1051*
Fax (Add-ons/Deletes)	*1-866-584-9140 (fax)*
Member Eligibility	*1-866-584-9140 (fax)*
Commissions	*1-855-330-8128*
BOR Changes	*1-855-330-8128* *agencymgt@humana.com*
Website	*https://www.humana.com*
Dental Provider	*https://www.humana.com/finder/dental*
Sales & Product Information	*easyrate@humana.com*

CALIFORNIA COVERAGE

California HMO Counties	*All counties*
California PPO Counties	*All counties*
California Indemnity Counties	*N/A*

NOTE: DHMO plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*Min. of 1 enrolled in CA Home Office*
What states are allowed (or not allowed) for out-of-state coverage?	*All states are allowed except Oregon, Washington, Montana, Wyoming, Rhode Island and Delaware** **Please contact Humana for more details.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO** **HMO varies by state, please contact Humana Sales Rep.*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Employer ZIP code*
Any other rules, restrictions, or guidelines not mentioned	*N/A*

DUAL OPTION (MIX & MATCH)

Multiple choices available for Employers

- *10-24 enrolled - Dual option DHMO/DPPO or DPPO with varying co-insurance*
- *25+ enrolled - Triple options available with DHMO/DPPO/DPPO*

PROVIDER NETWORKS

HMO Network	*Liberty Dental Network*
PPO Network	*Humana Dental Network*

Humana

RATING INFORMATION

	DHMO	DPO
Group Size	*101+*	*101+*
Rate Guarantee	*12 month / 24 months**	*12 month / 24 months**
Rates Vary by Industry?	*Yes*	*Yes*

**24 month guarantee available for +3% rate increase*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*No limitations*
For Dependents	*No limitations*
% of Total Cost	*No limitations*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*50% (min 2)*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*Min 2*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Yes - Dental offices*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*2*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

N/A

CONTACT INFORMATION

Member Services	*888-703-6999*
Client Services	*888-273-2997 ext. 162*
Billing address	*LIBERTY Dental Plan P.O. Box 26110 Santa Ana, CA 92799-6110*
Commissions	*nationalaccounts@libertydentalplan.com*
Claims	*nationalaccounts@libertydentalplan.com*
Provider Services	*nationalaccounts@libertydentalplan.com*

CALIFORNIA COVERAGE

California HMO Counties	*Alameda, Contra Costa, El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Marin, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquín, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tulare,Ventura,Yolo*
California PPO Counties	*N/A*
California Indemnity Counties	*N/A*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*LIBERTY does not allow out-of-state coverage*
What is the minimum percentage of employees required in CA?	*Minimum 2 Employees*
What states are allowed (or not allowed) for out-of-state coverage?	*N/A*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*N/A*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*LIBERTY does not allow out-of-state coverage*
Any other rules, restrictions, or guidelines not mentioned:	*None*

DUAL OPTION (MIX & MATCH)

May be offered with Ameritas First Plus PPO Plans, minimum 2 employees on LDP and up to two LDP plans may be offered in same group with minimum of 2 employees in each plan and minimum 3 in Ameritas PPO Plan(s). Note, there is separate billing.

PROVIDER NETWORKS

HMO Network	*CA Select Network*
PPO Network	*N/A*

RATING INFORMATION

Group Size	*101-300 lives*
Rate Guarantee	*Rates are guaranteed for 24 months.*
Rates Vary by Industry?	*No*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Private Households*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*No minimum*
For Dependents	*No minimum*
% of Total Cost:	*N/A*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*We will allow up to two plans in one group as long as minimum 2 employees in each group.*
Management/Non-management?	*We will allow up to two plans in one group as long as minimum 2 employees in each group.*
Union/Non-union?	*We will allow up to two plans in one group as long as minimum 2 employees in each group.*
Minimum group size	*Minimum of 2 employees*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*101+*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*101+*
Dependents	*N/A*

WAITING PERIOD WAIVER/TAKEOVER

No waiting periods. Ortho takeover offered when in progress and with prior DHMO coverage.

OUT-OF-NETWORK CLAIM ADJUDICATION

Out-of-network coverage is not allowed.

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*800-423-2765* *Brokers enter prompt 4* *Admin Support: prompt 2* *Providers: prompt 3* *For Northern California, please contact AET Team.* *Email: MyLincolnNorCal@LFG.com* *Phone: 833-261-3816*
All Renewal Info and Questions	*Patrick.Hopkins@lfg.com* *Stacey.Obee@lfg.com*
Commissions	*800-423-2765* *Brokers enter prompt 4*
Claims	*PPO Claims* *Dental Claims Processing Center* *PO Box 614008* *Orlando, FL 32861* *Fax: 877-843-3945*
Provider Services	*800-423-2765* *Providers: prompt 3* *Payer ID Number: CX061* *To check claim status, email: claims@lfg.com*

CALIFORNIA COVERAGE

California HMO Counties	*N/A*
California PPO Counties	*All*
California Indemnity Counties	*All*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, for our PPO product.*
What is the minimum percentage of employees required in CA?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*For PPO, all states are allowed.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO and Indemnity is offered in all states for out-of-state employees.*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Out of state ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

DUAL OPTION (MIX & MATCH)

Lincoln has flexibility to offer High/Low plans.

PROVIDER NETWORKS

PPO Network	*Lincoln Connect* *PPO Claims* *Dental Claims Processing Center* *PO Box 614008* *Orlando, FL 32861* *Fax: 877-843-3945* *1-800-423-2765* *Providers: prompt 3* *Payer INumber: CX061*

RATING INFORMATION

Group Size	*100+ lives*
Rate Guarantee	*1 year guarantee, renewal rates caps*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	100+
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	100+
Employees	*25%*
Dependents	*0%*
NON-CONTRIBUTORY	
Employees	*100%*
Dependents	*0%*

OUT-OF-NETWORK CLAIM ADJUDICATION

Dentist Office will typically file claim on claimants behalf.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Dental Office; Private Households*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*100+ lives*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Our proposal will outline if waiting periods are waived.

SPECIAL CONSIDERATIONS

N/A

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*619-421-1659*
Commissions, Broker Services & Claims	*619-421-1659 ext 2024*
BOR Changes	*619-421-1659* *sales@mediexcel.com*
Adds/Terms	*619-421-1659* *applications@mediexcel.com*
Claims	*619-421-1659 ext 2030*

CALIFORNIA COVERAGE

California HMO Counties:	*San Diego and Imperial County*
California PPO Counties:	*N/A*
California Indemnity Counties:	*N/A*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Case by case determination*
What is the minimum percentage of employees required in CA?	*1 Employee*
What states are allowed (or not allowed) for out-of-state coverage?	*Case by Case determination*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*N/A*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*N/A*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

PROVIDER NETWORKS

DHMO Network	*Grupo Medico Excel*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*1 year*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*1 employee*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*N/A*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Case by Case Determination*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No*
Management/Non-management?	*No*
Union/Non-union?	*Yes*
Minimum group size	*1*

** Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

No

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Member Services	*800-275-4638*
Commissions/Group Benefits	*888-653-8325* *ask4met@metlifeservice.com*
Claims	*MetLife Dental Claims* *P.O. Box 981282* *El Paso, TX 79998* *888-466-8673* *Claims Fax: 859-389-6505*
Fax (Add-ons/Deletes)	*888-505-7446*

CALIFORNIA COVERAGE

California Prepaid DHMO Counties:	*All Counties except: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Inyo, Imperial, Kings, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity and Tuolumne*
California PPO Counties:	*All Counties*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes PPO: National Network* *DHMO: Florida, New Jersey, New York and Texas*
What is the minimum percentage of employees required in CA?	*DHMO & PPO: Done on a case by case basis and must go through underwriting.*
What states are allowed (or not allowed) for out-of-state coverage?	*DHMO Plans: Networks in CA, FL, NJ, NY & TX* *PPO Plans: All states eligible*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*DHMO Plans: FL, NJ, NY & TX* *PPO Plans: All*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*California employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*No*

DUAL OPTION (MIX & MATCH)

These coordinate plans offered by this carrier can be written together to create a dual option package.

	Any DHMO Plan
Any PPO Plan	●

ER Sponsored - Minimum of 10 eligible. 75% participation with minimum of 3 enrolled in each plan.

Voluntary - Minimum of 25 eligible. 50% participation with 5 enrolled in each plan.

PROVIDER NETWORKS

HMO Network	*MetLife Dental* *www.metlife.com/dental*
PPO Network	*MetLife Dental* *www.metlife.com/dental*
Vision Network	*MetLife Vision* *www.metlife.com/vision*

MetLife®

RATING INFORMATION

	DHMO	PPO	Dual Option
Group Size (enrolled)	*Min. 5*	*Min. 2*	*Min. 8*
Rate Guarantee	*1 Year*	*1 Year*	*1 Year*
Rates Vary by Industry?	*No*	*No*	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2 and above
Employees	*0*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Voluntary-Employer contribute 0-49% of Employee premium
DHMO	*Minimum 5*
PPO	*Minimum 7*
Dual Option	*Minimum 7 (Min. 2 on HMO & 5 on PPO)*
Vision	*Minimum 5*

NON-CONTRIBUTORY	
	Employer Sponsored - Employer must contribute 50% or more
DHMO	*Minimum 5*
PPO	*Minimum 7*
Dual Option	*Minimum 7 (Min. 2 on HMO & 5 on PPO)*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Yes - SIC's 8020-8021, 8070 and 8072*
Virgin groups eligible?	*Yes (Vol. PPO or Vol. DHMO)*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes†*
Management/Non-management?	*Yes†*
Union/Non-union?	*Yes†*
Minimum group size	*PPO - 2 enrolling employees DHMO - 5 enrolling employees*

† *MetLife must be the only carrier and 100% of eligible carve out population must enroll*

WAITING PERIOD WAIVER/TAKEOVER

DHMO: No waiting period
PPO: No waiting period

SPECIAL CONSIDERATIONS

Dental rates are available on either 3 tier or 4 tier basis.

PPO Rates include a one-time open enrollment for <10 eligible.
Annual Open Enrollment included for 10-50 eligible.

OUT-OF-NETWORK CLAIM ADJUDICATION

DHMO: N/A
DPPO: Southern California: 90th or MAC percentile of HIAA
Northern California: 90th or MAC percentile of HIAA

Can quote 70th, 80th, 90th and 99th percentile of HIAA and Maximum Allowable Charge (MAC). Call your Word & Brown representative for details

PENDING CARRIER APPROVAL

CONTACT INFORMATION

Customer Service, Bilingual Support, & Broker Services	*800-374-1835 (English)*
Claims	*800-374-1835 (English)*
Provider Services	*800-374-1835 (English)*

CALIFORNIA COVERAGE

California HMO Counties	*N/A*
California PPO Counties	*All counties*
California Indemnity Counties	*N/A*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*CA-issued policies cover employees in all states*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*CA unless they have multiple locations*
Any other rules, restrictions, or guidelines not mentioned:	

DUAL OPTION (MIX & MATCH)

Can offer Dual option with 10 enrolled employees. Only require 1 employee in second plan.

PROVIDER NETWORKS

HMO Network	*N/A*
PPO Network	*ADA* *FDH*
Indemnity Network	*N/A*

PENDING CARRIER APPROVAL

DENTAL

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*1 or 2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*No Minimum*
% of Total Cost:	*No Minimum*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*25%*
Dependents	*No Minimum*
NON-CONTRIBUTORY	
Employees	*25%*
Dependents	*No Minimum*

OUT-OF-NETWORK CLAIM ADJUDICATION

95th, 90th, 80th, 60th and MAC available

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*Yes*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*No for union groups*
Minimum group size	*2+*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

SPECIAL CONSIDERATIONS

Insurance underwritten by Principal, a member of the Principal Financial Group®.

CONTACT INFORMATION

Customer & Broker Services	*949-553-1616*
Adds/Terms	*GroupBenefitsAdmin@principal.com*
Commissions	*800-388-4793*
BOR Changes	*Email BOR Change Request Form to commissions.group@principal.com*
Claims	*800-245-1522*
Billing Address	*Principal Life Group P.O. Box 14513 Des Moines, IA 50306-3513*
Website	*www.principal.com*

CALIFORNIA COVERAGE

California EPO, PPO and POS Counties	*Alameda, Butte, Contra Costa, El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Marin, Mendocino, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Ventura & Yolo*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes—coverage is available for out-of-state employees. However, rates with out-of-state employees may vary. Please contact your Word & Brown representative.*
What is the minimum percentage of employees required in CA?	*Contact your Word & Brown representative. If quoting EPO or POS, all employees must be in California*
What states are allowed (or not allowed) for out-of-state coverage?	*All states available. Contact your Word & Brown representative*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO—contact your Word & Brown representative*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Contact your Word & Brown representative*
Any other rules, restrictions, or guidelines not mentioned:	*Contact your Word & Brown representative*

DUAL OPTION (MIX & MATCH)

Dual Choice: Can be written with another carrier's DHMO, minimum 5 lives or 20% (whichever is greater); rate load of 8% will be applied. Please contact your Word & Brown representative.

PROVIDER NETWORKS

EPO Network	*First Dental Health EPO*
POS Network	*Principal POS*
PPO Network	*Principal Plan Dental*

Insurance underwritten by Principal, a member of the Principal Financial Group®.

Insurance underwritten by Principal, a member of the Principal Financial Group®.

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*1 Year*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size		
	101+		
	Non-contributory	*Contributory*	*Voluntary*
Employees	*100%*	*50–99%*	*0-49%*
For Dependents	*0%*	*0%*	*0%*
% of Total Cost:	*N/A*	*N/A*	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*50%*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*100%*
Dependents	*N/A*
VOLUNTARY	
Employees	*20%*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

POS/PPO: Either MAC/Scheduled or 90th percentile depending on Plan design.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Yes—8811 (private households) and 9999 (non-classifiable establishments)*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*
Are 1099 employees allowed?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*101+*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

No Benefit Waiting Periods apply. If group wants to include a waiting period, call your Word & Brown representative for a custom quote.

SPECIAL CONSIDERATIONS

EPO providers - no benefits are available when visiting a non-network provider.

Voluntary quotes are available. Please contact your Word & Brown representative.

Insurance underwritten by Principal, a member of the Principal Financial Group®.

Provided by Safeguard Health Plans, Inc., A MetLife Company

CONTACT INFORMATION

Customer Service, Member Service & Bilingual Support	*SmileSaver Dental Plan/MetLife Customer Service 800-880-1800*
Group Billing & Eligibility	*DHMO—SmileSaver Dental Plan/MetLife: 800-750-4303 Fax: 949-360-3695 groupb&e@metlife.com*
Broker Information	*800-275-4638 Broker_Change@metlife.com*
Billing Address	*DHMO-SmileSaver Dental Plan/MetLife: Attn: Billing PO Box 101560 Pasadena, CA 91189*

CALIFORNIA COVERAGE

California DHMO Counties:	*All Counties except: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Inyo, Imperial, Kings, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity and Tuolumne* *NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.*
California PPO Counties:	*N/A*
California Indemnity Counties:	*N/A*

Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location or look for providers at www.metlife.com by ZIP Code.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*N/A*
What is the minimum percentage of employees required in CA?	*100%*
What states are allowed (or not allowed) for out-of-state coverage?	*Only Coverage in California is allowed*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*N/A*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*N/A*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

DUAL OPTION (MIX & MATCH)

May be offered dual choice (separate bill)

PROVIDER NETWORKS

DHMO Network	*SmileSaver Dental Plan/Metlife*

Provided by Safeguard Health Plans, Inc., A MetLife Company

RATING INFORMATION

	DHMO 1000, 2000 & 3000 Plans:	DHMO "S" Plan
Group Size	101-999	101-999
Rate Guarantee	1 Year (2 years with approval)	
Rates Vary by Industry?	No	

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	DHMO 101-999	DHMO "S" Plans 101-999
Employees	N/A	N/A
For Dependents	N/A	N/A
% of Total Cost:	N/A	N/A

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	DHMO1000/ 2000/3000 101-999	DHMO "S" Plans 101-999
Employees	N/A	N/A
Dependents	N/A	N/A
NON-CONTRIBUTORY		
Employees	N/A	N/A
Dependents	N/A	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

DHMO: N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Any ineligible industries?	No
Virgin groups eligible?	Yes
DE-9C statements required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	2 for 1000, 2000 & 3000; 5 for 1000S, 2000S & 3000S

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

DHMO: No Waiting Period

SPECIAL CONSIDERATIONS

DHMO members must use a panel provider. Family members may each select their own dental office. Specialty care requires an approved referral.

Copays for covered services are listed in the DHMO Schedule of Benefits (SOB). Services must be performed by a panel general dentist or specialist. The SOB's also outline those specialty service procedures where the member's share of the cost will be at a discounted fee for service, not a copay. The "S" Plans include an expanded list of specialty service procedures covered at a copay.

A DHMO Group Application must be completed and submitted with employee applications or census enrollment. Group will be billed for 2 months initially.

Precious metals for restorative services, if used, will be charged to the DHMO member. Refer to the Schedule of Benefits and Evidence of Coverage for all Benefits, Exclusions and Limitations.

CONTACT INFORMATION

Customer Service, Member Service, Commissions	*UnitedHealthcare HMO & DPO: 800-591-9911*	
Claims	*HMO: P.O. Box 25181 Santa Ana, CA 92799-5181 800-622-6388*	*DPO: UnitedHealthcare Dental Attn: Claims Unit P.O. Box 30567 Salt Lake City, UT 84130-0567 800-445-9090*
Fax (Add-ons/Deletes)	*UnitedHealthcare 866-372-1316*	

CALIFORNIA COVERAGE

California HMO Counties	*Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo & Yuba*
California DPO Counties:	*All Counties*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*HMO: No PPO: Yes*
What is the minimum percentage of employees required in CA?	*51% of the Eligible Employees. If there is not 51% of the eligible employees in any state, special guidelines apply. Contact your Word & Brown representative*
What states are allowed (or not allowed) for out-of-state coverage?	*HMO: CA PPO: All*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO, INO or indemnity*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*HMO: CA employer ZIP Code PPO: Dependent upon the type of plan and the state*
Any other rules, restrictions, or guidelines not mentioned	*Contact your Word & Brown representative*

DUAL OPTION (MIX & MATCH)

HMO/PPO

- *Minimum of 5 eligible employees, 3 enrolling.*
- *Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 3 enrolled.*
- *A minimum of 10 eligible and 8 enrolled is required on any INO or PPO plan that includes orthodontic services.*

PPO/PPO

- *Minimum of 10 eligible employees, 10 enrolling.*
- *Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 10 enrolled.*
- *A minimum of 10 eligible and 8 enrolled is required on any option that includes orthodontic. If both plans include ortho, each plan will require a minimum of 8 enrolling.*
- *Combination of plans must be logical, e.g. high and low options.*
- *Plans must differ by more than just orthodontia on one plan.*

HMO/HMO

- *Minimum of 5 eligible employees, 3 enrolling.*
- *Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 3 enrolled.*
- *Combination of plans must be logical, e.g. high and low options. Target differential 30%*

PROVIDER NETWORKS

HMO Network	*www.myuhcdental.com*
DPO Network	*UnitedHealthcare www.myuhcdental.com www.employerservices.com*

RATING INFORMATION

Group Size	*HMO: 101+* *PPO: 101+*
Rate Guarantee	*12 mo. rate guarantee*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	101+	*101+ Voluntary*
Employees	*N/A*	*No employer contribution required**
For Dependents	*N/A*	
% of Total Cost:	*25%†*	

**If employer contributes less than 50%, the group is considered voluntary.*
†Must meet participation requirement

PARTICIPATION

CONTRIBUTORY

	Group Size			
	101+ HMO*	*101+* HMO (Vol.)*	*101+* PPO*	*101+* PPO (Vol.)*
Employees	◆◆ *75%*	*Min. 2*	◆◆ *75% of eligible employees, not less than 50%*	*Min. 2*
Dependents	*N/A*	*N/A*	*N/A*	*N/A*

** Must meet participation requirement*

NON-CONTRIBUTORY				
Employees	*100%*	*100%*	*100%*	*100%*
Dependents	*N/A*	*N/A*	*N/A*	*N/A*

◆◆ *In order to NOT be considered eligible, the other coverage must be a group plan*

OUT-OF-NETWORK CLAIM ADJUDICATION

HMO	*N/A*
PPO	*Option of MAC or 85% of HIAA*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*Yes—domestic households*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*Required for Virgin groups only*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*101*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

HMO & PPO: No Waiting Period on major services on takeover groups with credible coverage that includes type 3 service except for new hires or late entrants.

**Waiting periods may be waived for employees that can present proof of prior like coverage.*

**Guidelines only apply to plans sold with waiting periods. Other plans have no waits for initial enrollees or future hires.*

SPECIAL CONSIDERATIONS

An employer must be actively engaged in business or service for at least 45 days and have at least 2, but no more than 50 permanent, active, full-time eligible employees during this period.

Employees declining coverage must sign the Refusal of Employee and/or Dependent Coverage form. Not applicable for voluntary.

Packaged Savings discount are only available on employer paid ancillary coverage.

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VISION

RENEWAL INFORMATION - VISION

	Ameritas	Anthem Blue Cross	BEST Life and Health Insurance Company	Blue Shield of California
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Contact support@gotodais.com Send Renewing Group Name and Broker Name and Zip Code. The assigned Ameritas Representative will call broker to assist*	*Broker Services: 1-800-678-4466 Account Manager as assigned to ACE agents*	*Broker Services Department 800-433-0088*	*Producer Services 800-559-5905 If related to up-selling Dental, Vision and Life, contact Account Manager.*
Deadline for submission of group level renewal changes & their effective date?	*By the end of the renewal month*	*The completed documentation, including all necessary Anthem Blue Cross forms, must be received by Anthem Blue Cross within 30 days of the requested anniversary date. Non-anniversary benefit modifications will not be allowed.*	*Renewal changes at the group level can be made at the time of their renewal, prior to renewal effective date. For future renewal - if a group would like to have the changes made at their next renewal, we would have to process it before the invoice for that month is processed, which is more than 30 days. As for effective date, I would recommend 60-90 days before their renewal.*	*We prefer to receive changes by the 1st of the renewal month but will accept changes through the renewal month up to the last business day of the renewal month.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Within 30 days of qualifying event*	*A. Covered subscribers may move to a different product offered by their group at the anniversary month. B. A subscriber can request a change in medical benefits by completing the Employee Change Form or the Plan Change Request form on their group's anniversary date.*	*We have O/E open a month prior to their renewal month and continues through the end of the renewal month. In that window, the employee can make changes to their coverage.*	*We prefer to receive changes by the 1st of the renewal month but will accept changes through the renewal month up to the last business day of the renewal month.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Broker may call Ameritas Agent Services to be set up on Ameritas Broker Portal for access. Call 855-517-5307, Option 4.*	*Yes - through Producer Toolbox at https://brokerportal.anthem.com/ehb/web/bkr/acc/login.htm?wlp-brand=bcc*	*Yes - Broker Portal at: https://www.bestlife.com/brokers To register, call 800-433-0088.*	*Yes - group level changes are done in the renewal center (SGOR tool). Employee level changes are done on employer connection plus. www.blueshieldca.com*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Online when group is registered*	*Email or fax*	*Online Broker Portal: https://www.bestlife.com/brokers/*	*Any submission is 7-10 business days standard processing*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*Online when group is registered, or contact support@gotodais.com Send the renewing group name, broker name and Zip code. The assigned Ameritas representative will call broker to assist.*	*Through Producer Toolbox at https://brokerportal.anthem.com/ehb/web/bkr/acc/login.htm?wlp-brand=bcc*	*Call Broker Services Department 800-433-0088*	*Broker can pull a PDF copy of their renewal by logging into producer connection under online renewals*
How far in advance do these receive their renewal material - Groups? Broker?	*At Least 90 days*	*60 days. Brokers can also view the renewals on Producer Toolbox between 60-70 days.*	*60 days*	*Approximately 90 days*

RENEWAL INFORMATION - VISION

	CalCPA Heath	Camden Insurance - Affiliate of Vision Plan of America	Cigna
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Banyan Administrators: 877-480-7923*	*Contact account manager 213-384-2600, ext. 1002* *erick@ thecamden.com*	*Contact assigned Account Manager*
Deadline for submission of group level renewal changes & their effective date?	*The deadline for renewal changes varies slightly for different renewal months. The deadline is usually the second Friday of the month prior to the renewal date.*	*Contact your Word & Brown representative*	*At least 30-45 days advance notice prior to the effective date.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*The deadline for renewal changes varies slightly for different renewal months. The deadline is usually the second Friday of the month prior to the renewal date.*	*Contact your Word & Brown representative*	*At least 30 days advance notice prior to the effective date.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Contact Banyan Administrators to gain system access*	*No*	*Yes, via CignaforBrokers* *https://cignaforbrokers.com/*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Email*	*Email erick@thecamden.com*	*Email assigned Account Manager*
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	*Call Banyan Administrators*	*Contact account manager 213-384-2600, ext. 1002 erick@ thecamden.com*	*Contact assigned Account Manager*
How far in advance do these receive their renewal material - Groups? Broker?	*60 days*	*60 days*	*60 days*

RENEWAL INFORMATION - VISION

	Guardian	Health Net	Humana	Lincoln Financial Group
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Contact your Word & Brown representative, or call 800-459-9401*	*Account Management: 800-447-8812, option 2*	*For group level quoting and negotiation you would contact your assigned retention executive. Member level questions, summaries or general group info, contact Market supports at 800-592-3005, or email sbmarketsupport@humana.com*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*
Deadline for submission of group level renewal changes & their effective date?	*Contact your Word & Brown representative*	*The group has through the end of the month they are renewing in to make any changes. The effective date of these changes would be the 1st of their open enrollment month.*	*All plan changes must be received by the 5th of the month they are to be effective in. Example 4-1 plan change, must be received by 4-5 at the latest. Membership you have 30 days to collect and submit applications from the effective date. HOWEVER, we allow online enrollment up to 60 days past the effective date. The big thing to note if pushing the boundaries on this is that the app has to be signed within the O.E. window, when processing online it asks you when the document was signed and if it's outside of the 30 day window it won't be processed.*	*Plan changes can be made through out the year through our amendment process. We usually deliver renewals 90 days in advance of effective date*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Contact your Word & Brown representative*	*For renewal changes on employee/ dependent coverage for Open Enrollment need to be received by the end of the month of the group's open enrollment month. If the probationary period has been met, the changes would be effective the 1st of the month of the group's Open Enrollment month.*	*All plan changes must be received by the 5th of the month they are to be effective in. Example 4-1 plan change, must be received by 4-5 at the latest. Membership you have 30 days to collect and submit applications from the effective date.* *HOWEVER, we allow online enrollment up to 60 days past the effective date.* *The big thing to note if pushing the boundaries on this is that the app has to be signed within the O.E. window, when processing online it asks you when the document was signed and if it's outside of the 30 day window it won't be processed.*	*Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Yes, through Broker Portal* *www.guardiananytime.com*	*Yes: https://www.healthnet.com/portal/broker/home.ndo* *Note: in order for a broker to have access to adds/terms, the ER needs to register on healthnet.com and give their broker access.*	*100+ plan changes need to go through underwriting, so Word & Brown would work with their Retention executive and plan changes. Rates have to be obtained from underwriting and there is internal paperwork that needs to be completed.* *Email assigned retention executive completed group maintenance form, copy beclericals@humana.com*	*No*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Contact your assigned Guardian Sales Representative*	*Electronically via email with all completed attachments*	*Membership Changes made via broker or employer portal are the fastest (2+ space), fax is the slower method 866-584-9140. Group level plan changes should be sent to beclericals@humana.com* *Email enrollment is not available except through the broker portal secure messaging center. To check status, sbmarketsupport@humana.com or via phone 800-592-3005*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*Contact your Guardian Sales Representative, or call 800-459-9401*	*If broker needs to contact Account Manager, these are assigned by broker location or group's region. Please use the contact information list based on broker location or group region. Anyone from Account Management team can also assist, or the broker can login in through Health Net broker portal and retrieve the groups renewal.*	*Call or email assigned retention executive*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*
How far in advance do these receive their renewal material - Groups? Broker?	*75 days*	*60 days prior to renewal*	*90 days. Copies can be pulled via broker portal or requested from RE. Copies are physically mailed to groups 7 days after broker copy releases.*	*60-90 days*

RENEWAL INFORMATION - VISION

	Nippon Life Benefits	UnitedHealthcare	Vision Plan of America	VSP
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Contact assigned Account manager 844-486-8471*	*Renewal account consultant*	*Contact account manager 213-384-2600, ext. 1002 erick@visionplanofamerica.com*	*Call support team 1-800-216-6248, option 4*
Deadline for submission of group level renewal changes & their effective date?	*Contact your Word & Brown representative*	*Group level changes must be submitted by the 5th day of the effective month.*	*Contact your Word & Brown representative*	*VSP sends out renewal notices 90 days in advance. On our small group pooled business, we do not require a signature; rather, it is an auto-renewal whereby unless we are notified otherwise, the group's coverage will be renewed. In addition, we do not monitor a group's eligibility requirements such as hours per week and waiting periods. It is up to the client to manage and make membership updates online accordingly. Should they forget to make an update, they can contact the VSP service team and ask for an exception retro two months plus the existing month to obtain a credit. Any other changes such as changing a renewal date or upgrading a plan, etc., they should work with their VSP Client Manager. The Client Manager's name will always appear on the renewal notice*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Contact your Word & Brown representative*	*30th day of the renewal month.*	*Contact your Word & Brown representative*	*VSP sends out renewal notices 90 days in advance. On our small group pooled business, we do not require a signature; rather, it is an auto-renewal whereby unless we are notified otherwise, the group's coverage will be renewed. In addition, we do not monitor a group's eligibility requirements such as hours per week and waiting periods. It is up to the client to manage and make membership updates online accordingly. Should they forget to make an update, they can contact the VSP service team and ask for an exception retro two months plus the existing month to obtain a credit. Any other changes such as changing a renewal date or upgrading a plan, etc., they should work with their VSP Client Manager. The Client Manager's name will always appear on the renewal notice*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Yes via Employer Portal, but must be approved by group*	*Yes: employerservices.com*	*No*	*No*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Contact assigned Account manager 844-486-8471*	*Contact your Renewal Account Consultant*	*Email erick@visionplanofamerica.com*	*Email assigned client manager*
How does a broker secure a copy of a missing renewal? **(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)**	*Contact assigned Account manager 844-486-8471*	*Broker should contact Renewal Account Consultant. Please see contact sheet.*	*Contact account manager 213-384-2600, ext. 1002 erick@visionplanofamerica.com*	*Call support team 1-800-216-6248, option 4*
How far in advance do these receive their renewal material - Groups? Broker?	*60 days*	*Approximately 60-75 days*	*60 days*	*90-120 days*

CONTACT INFORMATION

Customer/Member Service	*855-517-5307*	
Dental & Vision Claims	*Option 1*	*Ameritas Group Claims* *PO Box 82520* *Lincoln, NE 68501* *group@ameritas.com* *Fax 402-467-7336*
Billing, Enrollment Status & Add-ons/Deletes	*Option 2*	*group_assistants@ameritas.com*
Directory Information	*Option 3*	
Sales & Product Information	*Contact your Word & Brown representative*	
BOR Changes	*Option 5*	*group_licensing@ameritas.com*
Broker Services, Tradeshow Requests or Marketing Materials	*Option 6*	*wbservices@gotodais.com*
Agent Portal Tech Support	*Option 8*	
EyeMed Claims	*866-289-0614*	*www.eyemedvisioncare.com*
VSP Claims	*800-877-7195*	*www.vsp.com*
Website	*www.ameritas.com*	

CALIFORNIA COVERAGE

California Vision Indemnity Counties:	*All counties*
California Vision PPO Counties:	*All counties*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, all employees.*
What is the minimum percentage of employees required in CA?	*No minimum requirement of employees located in CA; 3 if enrolled anywhere.*
What states are allowed (or not allowed) for out-of-state coverage?	*Employees can reside in any state and be covered. If the company situs location is WA or NY, not available. If the company situs is FL, there are separate rate brochures.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*All. Plan designs subject to state laws*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Vision plans are nationally rated.*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

PROVIDER NETWORKS

PPO Network	*VSP Network Plus Affiliated for Focus Plans* *EyeMed Access Network for ViewPointe Plans*
Select Any Vision Provider	*MCE Vision Perfect Plan* *Flat Max Vision Perfect Plan*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*N/A*
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*3+*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*3+*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Mail in for reimbursement. (If the member goes to Walmart, we have an arrangement that they will run the claim for the member.)

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Eye doctors, all marijuana related businesses*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*May be requested if 50% or more of group is related*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Offer to all eligible employees, no carve-outs*
Management/Non-management?	*Offer to all eligible employees, no carve-outs*
Union/Associations?	*Allowed with underwriting approval*
Minimum group size	*51 enrolled*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Vision has no waiting periods or late entrant penalties.

Eligible employees can only elect or terminate coverage at open enrollment period each year, unless there is a qualifying life event.

SPECIAL CONSIDERATIONS

Discounts up to 10% for eyewear at Walmart.
Discounts at Walmart and Sam's Club for prescriptions.

Simple Add-ons:
LASIK Advantage and HearingCare available for groups with a minimum of 10 or more enrolled lives

CONTACT INFORMATION

Contact Information for Vision Products	*Please contact medical account representative*

CALIFORNIA COVERAGE

California Vision Indemnity Counties	*N/A*
California Vision PPO Counties	*All counties*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*Employer Paid 75% of net eligible* *Voluntary Coverage minimum 5 people*
What states are allowed (or not allowed) for out-of-state coverage?	*All states are eligible.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*No*
Any other rules, restrictions, or guidelines not mentioned	*Participation:* *• Vision alongside medical and/or dental (Non-Voluntary): Minimum of 75% of the net eligible employee population or 50% toward employee only and 50% of dependent rate* *• Vision alongside medical and/or dental (Voluntary): Minimum 10 employees must enroll, regardless of the number eligible (Vision participation must match medical and/or dental)* *• Vision sold standalone (Non-Voluntary): Minimum of 75% of the net eligible employee population or 50% toward employee only and 50% of dependent rate* *• Vision sold standalone (Voluntary): Minimum 5 employees must enroll, regardless of the number eligible* *Employer Contribution:* *Minimum 50% for non-voluntary and less than 50% for voluntary* *Funding Arrangements:* *Fully insured contributory or voluntary; ASO (administrative services only) for employers with 500 or more employees on a non-voluntary (employer paid) basis only*

PROVIDER NETWORKS

PPO Network	*Blue View Vision Access Network*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*3 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

Group Size	Group Size
	101+ (50% or more is employer paid and 49% or less is voluntary)
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*50% or more for employees*
Dependents	*50% or more for employees*
NON-CONTRIBUTORY	
Employees	*49% or less*
Dependents	*49% or less*

OUT-OF-NETWORK CLAIM ADJUDICATION

365 days from date of services

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*No*
Virgin groups eligible?	*No*
Wage & tax reports required?	*Yes*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*N/A*
Management/Non-management?	*N/A*
For dependents?	*N/A*
Union/Non-union?	*N/A*
Minimum group size	*5+*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Follows Medical Guidelines, otherwise N/A

SPECIAL CONSIDERATIONS

N/A

CONTACT INFORMATION

Member Support, Customer Service & Commissions:	*800-433-0088* *cs@bestlife.com*
Billing	*BEST Life and Health Insurance Co.* *P.O. Box 19721* *Irvine, CA 92623-9721*
Claims	*BEST Life and Health Insurance Co.* *P.O. Box 890* *Meridian, ID 83680* *800-433-0088* *Fax 208-893-5040* *Email: cs@bestlife.com*
Add-ons/Terminations	*Fax: 949-724-1603* *Email: changes@bestlife.com or* *Online Broker Portal: https://www.bestlife.com/brokers*

CALIFORNIA COVERAGE

California Vision Indemnity Counties:	*All counties*
California Vision PPO Counties:	*All counties*

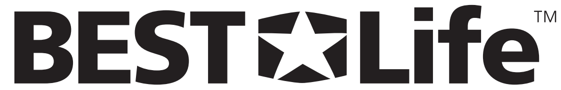
NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*There is no minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*There are no restrictions.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO and Indemnity.*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Rates are based on the CA employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*None*

PROVIDER NETWORKS

Indemnity Network:	*No network required*
Vision PPO Network	*EyeMed's national Access PPO network*



BEST Life and Health Insurance Company

RATING INFORMATION

Group Size	*5+ Enrolling*
Rate Guarantee	*1 year; 2 year rate guarantee for groups of 10+ employees enrolling when available.*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	Employer Sponsored 5+	*Voluntary Plans 5+*
Employees	*50%*	*0%*
For Dependents	*N/A*	*N/A*
% of Total Cost:	*N/A*	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	5+
Employees	*5+ enrolling and 60% participation of eligible employees. On groups where employer contributes 100%, 100% participation required.*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*5+ enrolling and 20% total participation. Please note: employees with group vision coverage do not count towards participation requirements.*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Claims payments are based on a per service maximum

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*Yes - Optometry Offices/Clinics*
Virgin groups eligible?	*Yes*
Wage & tax reports required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes, if group has a carve out in place with prior vision carrier. Minimum of 5 enrolling*
Management/Non-management?	*Yes, if group has a carve out in place with prior vision carrier. Minimum of 5 enrolling*
Union/Non-union?	*No*
Minimum group size	*Yes—available for groups with 5 or more enrolling*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

There are no waiting periods.

SPECIAL CONSIDERATIONS

Mid-month Effective Dates - Both 1st of the month and 15th of the month effective dates are offered.

Bundling Discounts - Save an additional 2-5% on dental with purchase of vision and/or life.

Voluntary groups that can demonstrate a 61% participation or greater employee enrollment rate will be eligible to receive the lower Employer Contributory rates as a reward.

CONTACT INFORMATION FOR ALL VISION PLANS	
Customer Service, Bilingual Support & Broker Services	*877-601-9083*
Commissions/BOR Changes	*877-601-9083* *Fax 714-619-4663*
Add-ons/Deletes	*Fax 714-619-4663*
Vision Claims	*No claim forms are required for in-network services.* *Out-of-network form C4669-61 is available at Blueshieldca.com*
Mailing Address	*Blue Shield of California* *P.O. Box 25209* *Santa Ana, CA 92799-5209* *Email: specialtybenefitshd@blueshieldca.com*

CALIFORNIA COVERAGE	
California HMO Counties:	*N/A*
California PPO Counties:	*All Counties*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE	
Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*51%*
What states are allowed (or not allowed) for out-of-state coverage?	*Hawaii not allowed*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*All PPO plans are available out-of-state*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*One rate for all in and out-of-state employees*
Any other rules, restrictions, or guidelines not mentioned:	*Employer paid groups from 2+, minimum participation 75%*

PROVIDER NETWORKS	
HMO Network	*N/A*
PPO Network	*MESVision*
Indemnity Network	*N/A*

blue of california

RATING INFORMATION

Group Size	101+ eligible
Rate Guarantee	2 Years for standalone
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	101+	101+ Voluntary
Employees	25%	N/A
For Dependents	0%	N/A
% of Total Cost:	N/A	N/A

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	101+	Voluntary 101+
Employees	75%	N/A
Dependents	N/A	N/A
NON-CONTRIBUTORY		
Employees	100%	N/A
Dependents	N/A	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	None
Virgin groups eligible?	Yes
DE-9C statement required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes—a minimum of 101 enrolled employees
Management/Non-management?	Yes—a minimum of 101 enrolled employees
Union/Non-union?	Yes—a minimum of 101 enrolled employees
Minimum group size	101 enrolled for carve-outs; 101 enrolled for regular plans

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

There are no waiting periods required by Blue Shield of California.

SPECIAL CONSIDERATIONS

Retirees are not eligible for coverage.

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*877-480-7923* *calcpahealth@calcpahealth.com*
Commissions	*714-567-4390*
Claims	*VSP: 800-877-7195*
Fax (Add-ons/Deletes)	*877-237-4519* *calcpahealth@calcpahealth.com*

CALIFORNIA COVERAGE

California HMO Counties:	*N/A*
California PPO Counties:	*Coverage offered in all California counties*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*51% of the group's employees must reside in California*
What states are allowed (or not allowed) for out-of-state coverage?	*All states allowed*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Based on CA Employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*Group must also have medical coverage with CalCPA*

PROVIDER NETWORKS

HMO Network	*N/A*
PPO Network	*VSP Signature*
Indemnity Network	*N/A*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*N/A*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*100%*
For Dependents	*0%*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*100%*
Dependents	*100%*
NON-CONTRIBUTORY	
Employees	*N/A*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

VSP network

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*See "Special Considerations" section*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*Yes*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No*
Management/Non-management?	*No*
Union/Non-union?	*No*
Minimum group size	*100+*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

Participation is available to the CA-based owners and employees of accounting firms in public practice or offering general financial services. To obtain and maintain eligibility as an employer, more than 50% of all of the employer's owners (i.e., principals, proprietors, partners, shareholders, or other owners) must be CPA Members of CalCPA, or Associate Members of CalCPA. All CalCPA Members must hold and maintain their CalCPA membership in good standing.

Groups can turn in apps for CalCPA membership with Enrollment. Membership ID# must be included on the Master App.

All employees must work 20 or 30 hours a week to enroll.

CONTACT INFORMATION

Broker Service/Commissions	*213-616-0640* *3250 Wilshire Blvd., #1610* *Los Angeles, CA 90010*
Avesis Claims/Member Services	*800-522-0258*
Avesis Eligibility Dept. Adds/Terms	*Fax 213-384-0084*
Avesis Customer Care Department	*800-828-9341*
Email	*Phil@theCamden.com*

CALIFORNIA COVERAGE

Avesis California Insured Vision Plan Counties:	*All Counties*
California Indemnity Counties:	*N/A*

The Avesis Insured Vision Plan is brought to you by Camden Insurance, an affiliate of Vision Plan of America, and is underwritten by Fidelity Security Life. Policy #VC-16; Form M9059

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes—nationally*
What is the minimum percentage of employees required in CA?	*Minimum 5 enrolled for employer-paid.* *Minimum 10 enrolled for voluntary.* *No minimum percentage required.*
What states are allowed (or not allowed) for out-of-state coverage?	*All states covered*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*Insured Vision Plan only*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Single rate for all areas*
Any other rules, restrictions, or guidelines not mentioned:	*Employer paid groups: minimum employer contribution of 75% or 50% if tied to medical.*

PROVIDER NETWORKS

Insured Vision Plan	*Avesis* *www.avesis.com* *Plan #905*
Indemnity Network	*N/A*

RATING INFORMATION

Group Size	*5+ employer-paid 10+ voluntary*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	5+ employer-paid 10+ voluntary
Employees	*75% of employer-paid or 50% if tied to medical 0% for voluntary*
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	5+ employer-paid 10+ voluntary
Employees	*75% of employer-paid or 50% if tied to medical*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*75% of employer-paid or 50% if tied to medical*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Each 15 days

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes—with payroll deduction*
Are 1099 employees allowed?	*Yes—with payroll deduction*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*N/A*
Management/Non-management?	*N/A*
Union/Non-union?	*N/A*
Minimum group size	*5 - employer-paid 10 - voluntary*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

No waiting periods
*No pre-approvals**

**Except for medically necessary contact lenses*

SPECIAL CONSIDERATIONS

Camden offers Chiropractic and Acupuncture benefits as a bundle to Vision and Dental programs. 30 visits per year, $20 copayment per visit - Please contact your Word & Brown representative for more details.

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

CONTACT INFORMATION

Customer Support	*1-800-Cigna24 (1-800-244-6224)* *mycigna.com*
Broker Service/Commissions	*Contact numbers established upon implementation of each new group*

CALIFORNIA COVERAGE

California PPO Counties	*Network reports available, very strong coverage.*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*No restrictions*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*Based on actual zips*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Based on actual zips*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

PROVIDER NETWORKS

PPO Network	*Cigna Vision Network*

RATING INFORMATION

Group Size	*26-250*
Rate Guarantee	*12 months (or greater per UW approval)*
Rates Vary by Industry?	*SIC used in rating*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	Based on dental or medical
Employees	*Client's choice no restrictions*
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	Based on dental or medical
Employees	*65%*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*65%*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Dollar maximum established for each service type

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*So long as W2*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*UW*
Are 1099 employees allowed?	*No*
Wage & tax reports required?	*UW*
DE-6 statements required?	*UW*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Varies by group and clients discretion, however no specific outright limitations with any of these classes. Requires final UW approval.*
Management/Non-management?	*See above*
Union/Non-union?	*See above*
Minimum group size	*See above*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

None

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Customer Response Unit	*(available to employees, employers and brokers)* *1-800-627-4200* *cru@glic.com*
Administration and Self-Service Portal	*(available to employees, employers and brokers)* *www.GuardianAnytime.com*

CALIFORNIA COVERAGE

California HMO Counties:	*N/A*
California PPO Counties:	*We offer our Vision networks in all California counties and can provide network access analysis reports for a specific group during the quoting process.*
California Indemnity Counties:	*N/A*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, our Vision plans offer nationwide coverage. Plans may be quoted include out-of-state employees.*
What is the minimum percentage of employees required in CA?	*There are no requirements for the minimum percentage of employees in California, however to be a considered a situs, there would need to be one officer located in the state.*
What states are allowed (or not allowed) for out-of-state coverage?	*Not applicable; however, plan design is based on employer location, so some state variations may apply.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*There are some limitations and variations on what we can offer depending on the specific state regulation.*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Premiums are based on the employer location. Provider services are reimbursed based on the fee schedule or reasonable and customary reimbursement, based on the provider ZIP Code.*
Any other rules, restrictions, or guidelines not mentioned:	*Benefits are quoted based on state requirements.*

DUAL OPTION (MIX & MATCH)

We can offer dual option plans for Guardian Vision and VSP or Davis Vision and VSP.

PROVIDER NETWORKS

PPO Network	*Guardian Vision, VSP or Davis Vision*

Guardian®

RATING INFORMATION

Group Size	*101-999*
Rate Guarantee	*Standard is 1 year, longer guarantees/ caps may be available*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101-999
Employees	*No limitations*
For Dependents	*No limitations*
% of Total Cost:	*No limitations*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101-999
Employees	*No limitations*
Dependents	*No limitations*
NON-CONTRIBUTORY	
Employees	*No limitations*
Dependents	*No limitations*

OUT-OF-NETWORK CLAIM ADJUDICATION

We can offer out-of-network coverage on most plans. Typically members would receive a reimbursement up to the limits of the specified out of network schedule.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*Yes, generally subject to UW review*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
Wage & tax reports statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*No*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Dependent on case.

SPECIAL CONSIDERATIONS

Each case stands on its own merits and will be evaluated separately. Any special considerations will be provided during the quoting stage.

CONTACT INFORMATION

Member Services	*866-392-6058*
Broker Service/Commissions	*800-448-4411 - For BOR changes, contact the assigned Health Net Account Manager*
Dental & Vision Claims	*Send OON vision claims and itemized receipts to: Health Net Vision Attn: OON Claims PO Box 8504 Mason, OH 45040-7111 Fax: 866-293-7373 Email: oonclaims@eyemedvisioncare.com*
Enrollment & Billing Status	*Contact your Account Management team*
Sales & Product Information	*Contact your Account Management team*
Directory Information	*www.healthnet.com*

CALIFORNIA COVERAGE

California HMO Counties:	*N/A*
California PPO Counties:	*All Counties*
California Indemnity Counties:	*N/A*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*51%*
What states are allowed (or not allowed) for out-of-state coverage?	*Vision - all states allowed*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*CA employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*Refer to vision underwriting guidelines for more information*

PROVIDER NETWORKS

PPO Network	*Health Net Vision uses EyeMed's Access Network.*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*24 months*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101-500
Employees	*50% for employer paid rates*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101-500
Employees	*50%*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*Minimum 10*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Please refer to plan design

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*
Are 1099 employees allowed?	*No*
Wage & tax reports required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*No*
Management/Non-management?	*Carve-outs not allowed*
For dependents?	*Carve-outs not allowed*
Union/Non-union?	*Carve-outs not allowed*
Minimum group size	*Carve-outs not allowed*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

None

SPECIAL CONSIDERATIONS

All employees, with the exception of the owners, must be covered by workers' compensation

Humana

CONTACT INFORMATION

Customer Service	*1-888-666-5733*
Broker Services	*1-800-592-3005*
Add-ons/Deletes	*1-866-584-9140*
Claims	*1-800-592-3005*

CALIFORNIA COVERAGE

California HMO Counties	*All counties*
California PPO Counties	*All counties*
California Indemnity Counties	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*N/A*
What states are allowed (or not allowed) for out-of-state coverage?	*All states are allowed except Oregon, Washington, Montana, Wyoming, Rhode Island and Delaware*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Employer ZIP code*
Any other rules, restrictions, or guidelines not mentioned	*N/A*

PROVIDER NETWORKS

Vision Network	*Humana Vision Insight Network*

Humana

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*24 months*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*No limitations*
For Dependents	*No limitations*
% of Total Cost	*No limitations*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*50% (minimum 2) with dental* *50% (minimum 5) standalone*
For Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*Minimum 2 with dental* *Minimum 5 standalone*
For Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*Yes*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*2*

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

N/A

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*800-423-2765* *Brokers enter prompt 4* *Admin Support: prompt 2* *Providers: prompt 3* *For Northern California, please contact AET Team.* *Email: MyLincolnNorCal@LFG.com* *Phone: 833-261-3816*
All Renewal Info and Questions	*Patrick.Hopkins@lfg.com* *Stacey.Obee@lfg.com*
Commissions	*800-423-2765* *Brokers enter prompt 4*
Claims	*1-800-440-8453* *Monday-Friday 5:00am PST – 8:00pm PST* *Saturday 6:00am PST – 3:30pm PST* *www.lvc.lfg.com*

CALIFORNIA COVERAGE

California HMO Counties:	*N/A*
California PPO Counties:	*No County Restrictions*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*0%*
What states are allowed (or not allowed) for out-of-state coverage?	*N/A*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO plans*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Out of State ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

PROVIDER NETWORKS

PPO Network	*1-800-440-8453* *Monday-Friday* *5:00am PST – 8:00pm PST* *Saturday 6:00am* *PST – 3:30pm PST* *www.lvc.lfg.com*

RATING INFORMATION

Group Size	*100+*
Rate Guarantee	*1 year or 2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	100+
Employees	*0%*
For Dependents	*0%*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	100+
Employees	*0%*
For Dependents	*0%*
NON-CONTRIBUTORY	
Employees	*0%*
For Dependents	*0%*

OUT-OF-NETWORK CLAIM ADJUDICATION

Must pay out of pocket and file claim for reimbursement

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
Wage & Tax statement required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*100+*

WAITING PERIOD WAIVER/TAKEOVER

Varies based on quote. Refer to proposal. Typically, waiting period is matched with previous plan and prior service credit is given.

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Customer Service	*800-374-1835 (English)*
Broker Services	*800-374-1835 (English)*
Commissions	*800-374-1835 (English)*
Claims	*800-374-1835 (English)*

CALIFORNIA COVERAGE

California HMO Counties	*N/A*
California PPO Counties	*All CA counties available*
California Indemnity Counties	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*No Minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*NH*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*CA unless multiple locations*
Any other rules, restrictions, or guidelines not mentioned	*No*

PROVIDER NETWORKS

Vision Network	*EyeMed*

Nippon Life Benefits®

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*1 or 2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*50*
For Dependents	*0*
% of Total Cost	*0*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*25%*
For Dependents	*0*
NON-CONTRIBUTORY	
Employees	*25%*
For Dependents	*0*

OUT-OF-NETWORK CLAIM ADJUDICATION

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*Yes*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*No Union*
Minimum group size	*2+*

WAITING PERIOD WAIVER/TAKEOVER

SPECIAL CONSIDERATIONS

CONTACT INFORMATION

Customer Service	*800-638-3120* *M–F 8:00 AM-11:00 PM* *Saturday 9:00 AM-6:30 PM EST* *www.myuhcvision.com*
Broker Services/Commissions	*Call your Word & Brown representative* *800-591-9911*
Fax (Add-ons/Deletes)	*866-372-1316*
Claims	*UnitedHealthcare Vision Claims Dept.* *P.O. Box 30978* *Salt Lake City, UT 84130*

CALIFORNIA COVERAGE

California HMO Counties:	*N/A*
California PPO Counties:	*All Counties*
California Indemnity Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*50%; if greater, other state's rates may apply*
What states are allowed (or not allowed) for out-of-state coverage?	*All states eligible*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*Employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned:	*No*

PROVIDER NETWORKS

PPO Network	*National Network* *The Laser Vision Network of America (LVNA)* *888-563-4497* *Provides members with national network*

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*24 months*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size		
	Employer Paid	*Buy-up*	*Voluntary*
Employees	*75-100%*	*75-100%*	*0-49%*
For Dependents	*75-100%*	*N/A*	*N/A*
% of Total Cost:	*75-100%*	*N/A*	*N/A*

PARTICIPATION

	Group Size		
	Employer Paid	*Buy-up*	*Voluntary*
Employees	*75% eligible employees (excluding waivers) not to fall below 50% of all eligible employees*	*75% eligible employees (excluding waivers) not to fall below 50% of all eligible employees*	*0 minimum of two eligible, 1 enrolled*
Dependents	*N/A*	*N/A*	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Call your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*Yes – no more than 25% of group can be 1099*
Any ineligible industries?	*Domestic households*
Virgin groups eligible?	*Yes*
DE-9C statements required?	*Required for Virgin groups only*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*101*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

Combine medical with one or more specialty products for administrative credits on your monthly invoice:

- *Medical + dental: $3.00 per employee per month*
- *Medical + vision: $2.00 per employee per month*
- *Medical + life and disability: $2.00 per employee per month*
- *Medical + life: $1.00 per employee per month*

Any combination of life products (i.e., basic life, dependent life, supplemental life, AD&D) counts as one product. Any combination of disability products (i.e., STD, LTD) counts as one product for the purpose of the program; LTD must be bundled with life coverage to qualify for the program and be eligible for credit.

PEPM savings is given as monthly credit, based on the number of enrolled UnitedHealthcare medical subscribers. May not be available in all states or for all group sizes. Packaged price is available as long as eligible benefits remain in force. Credits will be withdrawn when any medical or specialty coverage terminates.

CONTACT INFORMATION

Vision Plan of America Broker Services, Commissions & Member Eligibility Dept.	*3250 Wilshire Blvd., #1610 Los Angeles, CA 90010 800-400-4VPA (4872)*
Accounting/Billing Department	*213-384-2600 Ext. 1002*
Provider Relations Department	*213-384-2600 Ext. 1003*
Add-ons/Deletes	*800-400-4872 Fax 213-384-0084*
Email	*info@VisionPlanOfAmerica.com*

CALIFORNIA COVERAGE

California HMO Counties:	*All counties California only*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*No out-of-state coverage for HMO plan*
What is the minimum percentage of employees required in CA?	*No minimum percentage required. Minimum 2 lives*
What states are allowed (or not allowed) for out-of-state coverage?	*No out-of-state coverage for HMO plan*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*N/A*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*N/A*
Any other rules, restrictions, or guidelines not mentioned:	*N/A*

PROVIDER NETWORKS

HMO Network	*Visionplanofamerica.com/providers* *All providers operate in a "private practice" setting*

RATING INFORMATION

Group Size	*HMO: 2+*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	HMO 2+
Employees	*50% for employer-paid or 0% for voluntary*
For Dependents	*N/A*
% of Total Cost:	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	HMO 2+
Employees	*2+*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*2+*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes—with payroll deduction*
Are 1099 employees allowed?	*Yes—with payroll deduction*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
Wage & tax reports required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*N/A*
Management/Non-management?	*N/A*
Union/Non-union?	*N/A*
Minimum group size	*2 - employer-paid* *2 - voluntary*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

No waiting periods
*No pre-approvals**
No claim forms

**Except for medically necessary contact lenses*

SPECIAL CONSIDERATIONS

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

CONTACT INFORMATION

Customer Service & Bilingual Support	*800-877-7195*
Broker Services	*800-216-6248*
Commissions	*800-216-6248*
Claims	*800-877-7195*
Fax (Add-ons/Deletes)	*877-654-3727 or online at: www.vsp.com*
Directory Information	*www.vsp.com* *800-877-7195*

CALIFORNIA COVERAGE

California HMO Counties:	*N/A*
California PPO Counties:	*All Counties*
California HMO Counties:	*N/A*

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in CA?	*VSP is not based on % enrollment:* • *75% or greater Employer paid for ees and deps: Minimum of 5 enrolled* • *75% Employer paid for employees, 0% employer paid dependents: Minimum of 10 enrolled* • *Voluntary, no employer contribution to ees or deps: Minimum of 10 enrolled*
What states are allowed (or not allowed) for out-of-state coverage?	*All states eligible*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO*
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	*CA rates apply to clients headquartered in CA and apply to all employees regardless of what state they reside in. Rates are always based on the state in which the client is headquartered, regardless of the location of the employees.*
Any other rules, restrictions, or guidelines not mentioned:	*No*

PROVIDER NETWORKS

PPO Network	*www.vsp.com/choice*

RATING INFORMATION

Group Size	*Voluntary: 10+ Employer Paid: 5+*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

Plan Name	Group Size	Contribution Requirements
VSP Core Employee/ Voluntary Dependents	*Minimum enrollment is 10 employees*	*Minimum 75% employer contribution for all eligible employees. Dependent coverage is voluntary and employee paid.*
Voluntary Plan	*Minimum enrollment is 10 Employees*	*100% Employee paid*
VSP Core Plan	*Minimum enrollment is 5 employees*	*Minimum 75% employer contribution for all eligible employees and dependents, or, if bundled, 100% of those enrolled in the medical or dental plan.*

OUT-OF-NETWORK CLAIM ADJUDICATION

Out of network claims based on VSP open access allowances

Claims processed within 5-15 business days

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Are 1099 employees allowed?	*Yes*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*
Wage & tax reports required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*Employer paid: minimum of 5 employees enrolled Voluntary: minimum of 10 employees enrolled Core employee/Vol. deps: minimum of 10 employees enrolled*

* *Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

- *Nationwide PPO Network-86,000 points of access nationwide*
- *Free GetFIT program*
- *Primary eye care*
- *Fixed pricing on lens enhancements*
- *Guaranteed patient satisfaction thru network providers*
- *Diabetic outreach program*
- *TruHearing Discount Plan*

VSP Core Employee/Voluntary Dependents

1. *THESE RATES ASSUME A MINIMUM 75% EMPLOYER CONTRIBUTION FOR ALL ELIGIBLE EMPLOYEES. **DEPENDENT COVERAGE IS VOLUNTARY** AND EMPLOYEE PAID.*
2. *MINIMUM ENROLLMENT IS 10 EMPLOYEES.*

Voluntary Plan
1. *100% Employee paid.*
2. *Enrollment is completely Voluntary.*
3. *Minimum enrollment is 10 Employees.*

VSP Core Plan
1. *THESE RATES ASSUME **A MINIMUM 75% EMPLOYER CONTRIBUTION FOR ALL ELIGIBLE EMPLOYEES AND DEPENDENTS, OR, IF BUNDLED, 100% OF THOSE ENROLLED IN THE MEDICAL OR DENTAL PLAN**.*
2. *MINIMUM ENROLLMENT IS 5 EMPLOYEES.*

Word&Brown®

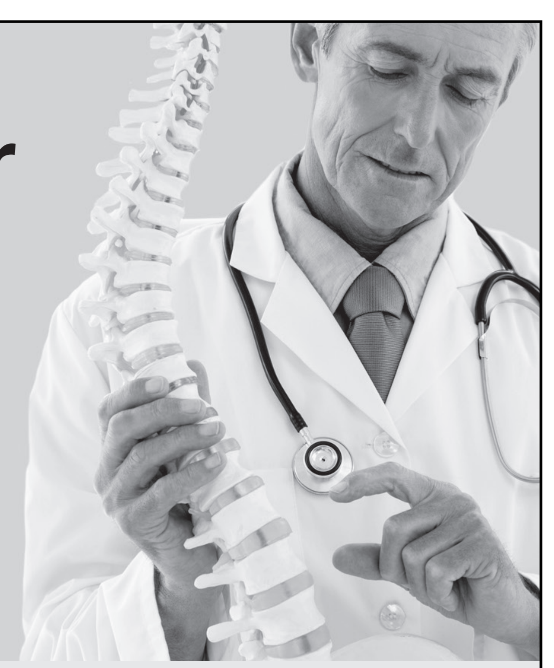
CHIROPRACTIC/ ACUPUNCTURE

CONTACT INFORMATION

Member Support	*M-F 8:30 a.m.-5:00 p.m. 800-298-4875, option 2; Fax 800-599-8350*	
Internet Support	*M-F 8:30 a.m.-5:00 p.m. 800-298-4875, option 2; Fax 800-599-8350*	
Provider Eligibility Verification	*M-F 8:30 a.m.-5:00 p.m. 800-298-4875, option 3; Fax 800-599-8350*	
Claims	*M-F 8:30 a.m.-5:00 p.m. 800-298-4875, option 2; Fax 800-599-8350*	
Release Authorization (for HIPAA Release Forms)	*Group Services - GroupServices@evicore.com 800-298-4875 x27750 or option 8 or 916-569-3350 Fax 916-646-1263; https://securemail-evicore.com/*	*Register to our secure email system to communicate secure emails to the Group Service inbox.*
Customer Service	*M-F 8:30 a.m.-5:00 p.m. 800-298-4875, option 2; Fax 800-599-8350*	
Commissions	*Group Services - GroupServices@evicore.com 800-298-4875 x27750 or option 8 or 916-569-3350 Fax 916-646-1263; https://securemail-evicore.com/*	*Register to our secure email system to communicate secure emails to the Group Service inbox.*
Adds/Terms	*Rhonda Clure Account Manager rclure@LHP-CA.com 800-298-4875 x27712 or option 6 or 916-569-3312 Fax 916-307-5250*	*Back-up: Greg Clure Vice President of Sales LIC # 0B81161 gclure@LHP-CA.com 916-569-3361; FAX 916-307-5250*
Administrator	*Greg Clure, Vice President of Sales LIC # 0B81161 gclure@LHP-CA.com*	*Back-up: Rhonda Clure Account Manager rclure@LHP-CA.com*
Billing/Payments	*Group Services - GroupServices@evicore.com 800-298-4875 x27750 or option 8 or 916-569-3350 Fax 916-646-1263; https://securemail-evicore.com/*	*Register to our secure email system to communicate secure emails to the Group Service inbox.*
Broker of Record Changes	*Rhonda Clure Account Manager rclure@LHP-CA.com 800-298-4875 x27712 or option 6 or 916-569-3312; Fax 916-307-5250*	*Back-up: Greg Clure Vice President of Sales LIC #0B81161 gclure@LHP-CA.com 916-569-3361; FAX 916-307-5250*
Cal-COBRA Department/ Federal COBRA Enrollments	*Group Services - GroupServices@evicore.com 800-298-4875 x27750 or option 8 or 916-569-3350 Fax 916-646-1263; https://securemail-evicore.com/*	*Register to our secure email system to communicate secure emails to the Group Service inbox.*
Small Group Cancellations/ Reinstatements	*Group Services - GroupServices@evicore.com 800-298-4875 x27750 or option 8 or 916-569-3350 Fax 916-646-1263; https://securemail-evicore.com/*	*Register to our secure email system to communicate secure emails to the Group Service inbox.*
Producer Service & Broker Service	*Greg Clure, Vice President of Sales LIC # 0B81161 gclure@LHP-CA.com*	*Back-up: Rhonda Clure Account Manager rclure@LHP-CA.com*
Underwriting Department	*Group Services - GroupServices@evicore.com 800-298-4875 x27750 or option 8 or 916-569-3350 Fax 916-646-1263; https://securemail-evicore.com/*	*Register to our secure email system to communicate secure emails to the Group Service inbox.*
Broker Licensing Department/ Broker Licensing Paperwork	*Greg Clure, Vice President of Sales LIC # 0B81161 gclure@LHP-CA.com*	*Back-up: Rhonda Clure Account Manager rclure@LHP-CA.com*

A New Answer To Your Clients' Pain Points

Chiropractic and Acupuncture Coverage from Landmark Healthplan



Chiropractic and acupuncture benefits are increasingly popular. Don't miss the opportunity to address a growing group need and earn a flat 10% commission.

Landmark offers a wide range of chiropractic and acupuncture benefits:

- Monthly premiums start at just $2.16 per employee and $6.27 for a family for a 20-visit, $20 co-pay Small Group Chiropractic Plan
- Premiums start at just $4.04 a month for an employee and below $11.70 monthly for a family for a combined chiropractic/ acupuncture services 20-visit, $20 co-pay plan
- No deductibles or coinsurance; office co-pays start at just $10
- Choice of 20 or 30 office visits annually
- Plans include X-ray services, emergency care, and acupuncture herbal therapies
- Easy underwriting: only enrollees with medical coverage are eligible; employer must contribute a minimum of 50% of Landmark plan premium

Landmark is the ONLY flexible chiropractic and acupuncture benefits provider available directly to employer groups in California.

- More than 1,600 chiropractic and acupuncture professionals statewide
- Utilization review fully accredited since 2008 by URAC
- 100% credentialed

Get started today! For more information, contact your Word & Brown representative.

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- NO GROUP POLICY AGGREGATE – You do not share your limits with other enrolled agents
- Defense Outside the Limits – Defense costs do not erode your limit
- First Dollar Defense – You pay no deductible on defense costs
- Deductibles as Low as $500/claim – Deductible waiver also available
- Multiple Coverage Options – Purchase only the coverage you need
- New Agent Discounts Available
- Regulatory Defense Extension Included
- Personal Data Compromise (Cyber) Extension Included
- Limited Employment Practices Insurance (EPLI) Available
- Personal Lines P&C Coverage Available
- Flexible Payment Plans

See attached information for full program details.

***** *The information obtained from A.M. Best dated August 30, 2018 is not in any way CalSurance Associates' warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of publication.*

Enroll Online in 5 Minutes or Less!

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Domiciled in California, CA License #0B02587

For more information contact CalSurance® at:
800-745-7189 (M-F, 7:00 a.m.-5:00pm PST)
info@calsurance.com

COMPNET

CONTACT INFORMATION

Mailing Address	*Berkshire Hathaway Guard* *P.O. Box 1368* *Wilkes-Barre, PA 18703*
Workers' Compensation Claims	*Berkshire Hathaway Guard* *1-888-639-2567* *https://www.guard.com*
Customer Service	*COMPNET Insurance Solutions, Inc.* *1-833-266-7638* *info@compnet-insurance.com*
Broker Relations	*COMPNET, David Bedard* *dbedard@compnet-insurance.com* *1-833-266-7638*
Workers' Compensation Payment Options **PAY AS YOU GO available** **No down payment or installment fees apply** **Payments can be made in conjunction with your payroll service** **COMPNET can work with any payroll service**	*For online payments, call: 800-673-2465 or go to: https://www.guard.com*
To submit a workers' compensation claim, documentation should include the following information	• *When calling, both the employer AND employee should jointly make the call whenever possible* • *The whole process should take about 15 minutes, and we do all the paperwork!* • *The employer's tax identification and policy numbers will be needed as well as the employee's social security number and personnel file plus any accident reports*
For instant workers' compensation quoting	*https://www.wordandbrown.compnet-insurance.com*

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Technology Company
W&B
COMPNET
1.508.397.7906
(266.7638)
1.833.COMPNET
info@compnet-insurance.com

EVOLVED BENEFITS

CONTACT INFORMATION

	TransConnect	TransChoice	SBMA MEC
Member Support	*888-763-7474* *TEBcustresp@transamerica.com*	*866-975-4641* *irvcustomerservice@amwins.com*	*888-505-7724, option 2* *updates@sbmamec.com*
Spanish Member Support	*Call your Word & Brown Representative*	*866-975-4641* *irvcustomerservice@amwins.com*	*888-505-7724, option 4* *updates@sbmamec.com*
Internet Support	*TEB_WebCoordinator@* *transamerica.com*	*N/A*	*updates@sbmamec.com*
Provider Eligibility Verification	*1-866-224-3100*	*866-975-4641*	*888-505-7724, option 1* *updates@sbmamec.com*
Claims	*1-866-224-3100*	*866-975-4641*	*888-505-7724, option 3* *updates@sbmamec.com*
Release Authorization (for HIPAA Release Forms)	*Call your Word & Brown Representative*	*irvcustomerservice@amwins.com*	*updates@sbmamec.com*
Customer Service	*888-763-7474* *TEBcustresp@transamerica.com*	*866-975-4641*	*888-505-7724, option 2* *updates@sbmamec.com*
Commissions	*Producer Portal on www.* *transamericabenefits.com* *or 800-400-3042, Option 4* *or TEBcommissions@transamerica.com*	*irvcustomerservice@amwins.com*	*888-205-0186, option 8* *commissions@sbmamec.com*
Adds/Terms	*TEB_eligibilityservices@* *transamerica.com*	*irvcustomerservice@amwins.com*	*updates@sbmamec.com*
Administrator	*888-763-7474* *TEBcustresp@transamerica.com*	*irvcustomerservice@amwins.com*	*888-505-7724, option 2* *updates@sbmamec.com*
Billing/Payments	*866-411-4159, Option 3* *TEB_billingservices@transamerica.com*	*866-975-4641* *irvcustomerservice@amwins.com*	*888-205-0186, option 2* *billing@sbmamec.com*
Eligibility	*TEB_eligibilityservices@* *transamerica.com*	*irvcustomerservice@amwins.com*	*888-505-7724, option 2* *updates@sbmamec.com*
Broker of Record Changes	*tebcontracting@transamerica.com* *866-546-0997*	*866-546-0997* *tebcontracting@transamerica.com*	*888-205-0186, option 1* *sales@sbmamec.com*
Cal-COBRA Department/ Federal COBRA Enrollments	*Call your Word & Brown Representative*	*N/A*	*updates@sbmamec.com*
Small Group Cancellations/ Reinstatements	*Call your Word & Brown Representative*	*866-975-4641* *irvcustomerservice@amwins.com*	*Cancellations – updates@* *sbmamec.com* *Reinstatements – sales@sbmamec.com*
Producer Service & Broker Service	*800-400-3042, Option 3* *TEBcsproducers@transamerica.com*	*tebhealthclientservices@* *transamerica.com*	*888-205-0186, option 1* *sales@sbmamec.com*
Underwriting Department	*Call your Word & Brown Representative*	*tebhealthclientservices@* *transamerica.com*	*888-205-0186, option 4* *sales@sbmamec.com*
Broker Licensing Department/ Broker Licensing Paperwork	*New Agents: FACS Line: 866-546-0997* *or fax: 866-945-8708* *Existing Agents: TEBcontracting@* *transamerica.com*	*866-546-0997* *tebcontracting@transamerica.com*	*888-205-0186, option 1* *sales@sbmamec.com*

PROVIDER NETWORKS

	TransConnect	TransChoice	SBMA MEC
HMO Networks	*N/A*	*N/A*	*N/A*
PPO Networks	*N/A*	*MultiPlan*	*MultiPlan*
EPO Networks	*N/A*	*N/A*	*N/A*

UNDERWRITING & ENROLLMENT REQUIREMENTS

	TransConnect	TransChoice	SBMA MEC
Carrier's Effective Date	*1st or 15th of the month*	*1st of the month - Monthly First day of pay period - Paycycle*	*1st of the month*
Premium Amount Required for 15th?	*Call your Word & Brown representative*	*Call your Word & Brown representative*	*No premium required. Invoices will be run first of the month of the effective date unless billing in arrears then first of the month following the effective date*
Applications must be dated within	*60 days*	*60 days*	*N/A*
Spouse/Domestic Partner Employees - 1 application or 2?	*One application*	*One application*	*One application*

FEES

	TransConnect	TransChoice	SBMA MEC
Enrollment Fee Amount	*None*	*None*	*N/A*
Type of Enrollment Fee	*None*	*None*	*N/A*
Monthly Administration Fee	*None*	*None*	*Varies by plan*

24 HOUR COVERAGE

	TransConnect	TransChoice	SBMA MEC
Is Workers' Comp required on corporate offices, partners and sole proprietors?	*N/A*	*N/A*	*N/A*
Is on-the-job covered for corporate offices, partners and sole proprietors?	*If covered by underlying major medical*	*N/A*	*N/A*
Is there a premium adjustment for 24-hour coverage?	*N/A*	*N/A*	*N/A*

SPECIAL CONSIDERATIONS

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	TransConnect		TransChoice		SBMA MEC	
	Initial	**After Issue**	**Initial**	**After Issue**	**Initial**	**After Issue**
Min. # of employees	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*10 Enrolled*	*25*	*25*
Max. # of employees	*No max*	*No max*	*No max*	*No max*	*No max*	*No max*

Minimum Employer Contribution

	Group Size		
	TransConnect	**TransChoice**	**SBMA MEC**
Employees	*Call your Word & Brown representative*	*No Employer Contribution required*	*No contribution required*
For Dependents	*Call your Word & Brown representative*	*No Employer Contribution required*	*No contribution required*
% of Total Cost	*Call your Word & Brown representative*	*No Employer Contribution required*	*N/A*

PARTICIPATION

Contributory

	Group Size		
	TransConnect	**TransChoice**	**SBMA MEC**
Employees	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*25 lives*
Dependents	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*N/A*
Non-Contributory			
Employees	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*25 lives*
Dependents	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*N/A*

COVERAGE RESTRICTIONS

	TransConnect	TransChoice	SBMA MEC
Are commission-only employees allowed?	*If covered by underlying major medical plan*	*Yes*	*No*
Are 1099 employees allowed?	*Call your Word & Brown representative*	*Call your Word & Brown representative*	*No*
Are employees covered if traveling out of USA?	*No*	*No*	*No*
Is coverage available for out-of-state employees?	*Yes*	*Yes*	*Yes*
Max. percentage of employees residing out-of-state allowed	*No max*	*No max*	*No max*

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

<table>
<tr><th colspan="8">Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?</th></tr>
<tr><th colspan="2"></th><th>Insulin</th><th>Needles & Syringes</th><th>Chem-Strips and/or Testing Agents</th><th>Insulin Pump Supplies</th><th>Insulin Pump†</th><th>Glucose Monitor†</th></tr>
<tr><td rowspan="2">TransConnect</td><td>Rx Drug Benefit</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td></tr>
<tr><td>Medical/Durable Medical Equipment Benefit*</td></tr>
<tr><td rowspan="2">TransChoice</td><td>Rx Drug Benefit</td><td>Insulin only</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td><td rowspan="2">N/A</td></tr>
<tr><td>Medical/Durable Medical Equipment Benefit*</td><td>N/A</td></tr>
<tr><td rowspan="2">SBMA MEC</td><td>Rx Drug Benefit</td><td>Generic only</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Medical/Durable Medical Equipment Benefit*</td><td>N/A</td><td>Not covered</td><td>Not covered</td><td>Not covered</td><td>Not covered</td><td>Not covered</td></tr>
</table>

Self-Injectable Drug Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	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?
TransConnect	*N/A*	*Yes*	*N/A*
TransChoice	*N/A*	*No*	*N/A*
SBMA MEC	*N/A*	*N/A*	*N/A*

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.

CONTACT INFORMATION

Member Support	*Jerek Toves - Client Success Manager* *Phone: 602-734-9732* *Email: Jtoves@teladochealth.com*
Spanish Member Support	*HealthiestYou Member Services Line* *866-703-1259 ext. 2*
Internet Support	*HealthiestYou Member Services Line* *Phone: 866-703-1259 ext. 4* *Email: clientsuccess@teladoc.com*
Provider Eligibility Verification	*HealthiestYou Broker Support* *Phone: 866-703-1259 ext. 5* *Email: brokersupport@teladochealth.com*
Commissions	*HealthiestYou Broker Support* *Email: brokersupport@teladochealth.com*
Adds/Terms	*Jerek Toves - Client Success Manager* *Phone: 602-734-9732* *Email: Jtoves@teladochealth.com*
Renewals	*Dominic Luna - Manager, Renewals* *Phone: (623) 734-4876* *dluna@teladochealth.com*
Billing	*HealthiestYou Broker Support* *Email: accounting@healthiestyou.com*
Payments	*HealthiestYou Broker Support* *Email: accounting@healthiestyou.com*
Administrator	*Lauren Ozanich - Manager, Broker Sales* *Phone: 530-230-8281* *Email: Lozanich@teladochealth.com* *Jerek Toves - Client Success Manager* *Phone: 602-734-9732* *Email: Jtoves@teladochealth.com*

HealthiestYou Complete Bundle

We believe healthcare should be hassle-free, so we made it that way.

Now there is even more to love about HealthiestYou. By combining the incredibly intuitive member-experience healthcare tools of HealthiestYou with the comprehensive family of virtual care services from Teladoc Health, employers can provide a complete bundle of the best virtual care has to offer. With the HealthiestYou Complete Bundle, employees don't need to worry about costly appointments, time wasted getting to and from doctors' offices, or if they are getting the best deal on a prescription. They have the tools to focus on what's important—getting back to living their healthiest life.

Fully integrated, $0-visit fee bundle for employer groups

number of employees	2-249	250-499	500-999	1,000-2,499	2,500-4,999	5,000+
PEPM individual + family	$16.00	$15.00	$14.00	$12.75	$11.50	$10.25

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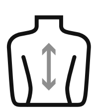
The HealthiestYou Complete Bundle provides more tools and virtual care solutions, including $0 visit fees.

General Medical
Convenient, high-quality healthcare available 24/7 from U.S. board-certified doctors by phone or video.

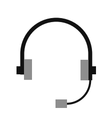
Behavioral Health Care
Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.

Expert Medical Services
In-depth reviews of existing diagnoses and treatment plans from the world's leading experts.

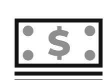
Dermatology
U.S. board-certified dermatologists review images and provide a diagnosis and treatment plan.



Back and Neck Care
Customized back care programs with videos and access to certified health coaches.



Dedicated Client Success Team
From implementation timelines to communication strategy and follow up, our dedicated Client Success Team will lay out the roadmap to ensure that every group is equipped with the tools to succeed.



Price Transparency Tools
Price-comparison engines help members make informed choices and save money on procedures and prescriptions.

Intelligent Alerts
Location-sensitive alerts delivering benefits reminders increase utilization of services.

Find a Provider
The HealthiestYou app can identify providers and facilities near the member's current location.

LEARN MORE

TeladocHealth.com | engage@TeladocHealth.com

About Teladoc Health
Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

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HealthiestYou Core Bundle

Members love the benefits, employers love the value.

Now there is even more to love about HealthiestYou. By combining incredibly intuitive member-experience healthcare tools with high-quality virtual care services, employers can provide the convenient, hassle-free virtual care employees want. With the HealthiestYou Core Bundle, employees don't need to worry about time wasted getting to and from doctors' offices, or if they are getting the best deal on a prescription. They have the tools to focus on what's important—getting back to living their healthiest life.

High-quality virtual care bundle including General Medical, Behavioral Health Care and Dermatology.

number of employees	2-99	100-249	250-499	500-999	1,000+
PEPM individual + family	$9.00	$8.00	$7.00	$6.00	Contact for quote

The HealthiestYou Core Bundle provides convenient access to these virtual care services and tools.

General Medical - $0 visit fee
Convenient, high-quality healthcare available 24/7 from U.S. board-certified doctors by phone or video.

Behavioral Health Care - $90-$220 visit fee
Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.

Dermatology - $85 visit fee
U.S. board-certified dermatologists review images and provide a diagnosis and treatment plan.

Dedicated Client Success Team
From implementation timelines to communication strategy and follow up, our dedicated Client Success Team will lay out the roadmap to ensure that every group is equipped with the tools to succeed.

Price Transparency Tools
Price-comparison engines help members make informed choices and save money on procedures and prescriptions.

Intelligent Alerts
Location-sensitive alerts delivering benefits reminders increase utilization of services.

Find a Provider
The HealthiestYou app can identify providers and facilities near the member's current location.

Learn more

TeladocHealth.com | engage@teladochealth.com

About Teladoc Health
Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

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Are Your Clients Covered?

Word & Brown is excited to provide you the opportunity to offer your clients international health insurance through **International Medical Group® (IMG®)**.

Many travelers believe their domestic insurance plan will be enough when they travel abroad, but without the right plan, your clients may not be covered for an illness or injury.

Through International Medical Group (IMG) you can become contracted to offer your clients insurance coverage for individual, family and group plans to ensure they are protected when they travel.

One call. One company. Your single resource. IMG offers a full line of international medical insurance, trip cancellation and stop loss programs, as well as 24/7 emergency medical and travel assistance to meet the needs of anyone traveling or residing away from home

With IMG, you'll also be able to:

- Better serve your existing clients
- Attract new clients
- Write business worldwide
- Submit policies online, view production and much more

Here are a few other reasons why producers like working with IMG:

- Easy to offer the international products with customized on-line links
- IMG provides marketing support that will help you grow your business
- Multilingual consumer material and support for growing niche markets
- Market the international programs all year long with no open enrollment restrictions
- Continuous revenue stream and IMG producer incentive programs make working with IMG truly rewarding

For additional information please contact your **Word & Brown** sales representative.

The Holman Group

Turn to Holman for Full-Service Employee Assistance Programs

- **Our commissionable EAP is 100% employer sponsored.**
- **Our EAP provides employees free, face-to-face counseling sessions with local, licensed therapists. 3, 5, 6, 8, 10+ session plan models are available.**
- **Rates vary by employer based on the number of employees.**

The EAP Can be Used for Confidential Assistance with Problems Involving:

- Marriage & Family
- Stress & Anxiety
- Grief
- Adolescent Behavior
- Depression
- Legal & Financial
- Substance Abuse
- Job-related issues
- Emotional Difficulties

Our EAP Also Offers:

- **Toll-Free Crisis Line**: nationwide 800 number, staffed by licensed therapists, available in a crisis, 24/7/365.
- **Free Legal Consultations:** 30-minute phone consult with a licensed attorney for each separate legal matter. 25% discount if attorney services are retained after initial consultation.
- **Free Financial Consultations:** 60-minute phone consult with an expert financial manager for each money matter.
- **Legal/Financial Resource Center:** portal with self-help information on thousands of financial and legal issues, 45+ financial calculators, state specific legal forms and contracts, financial and legal educational materials.
- **Community Referrals**: child care, elder care, support groups, chemical dependency groups and more.
- **Free Kits:** will kit, end-of-life kit, retirement kit and estate planning checklist.
- **Medication Discounts:** free ScriptSave prescription discount card good at pharmacies nationwide.
- **Gym Discounts:** access to best-in-class gym membership pricing, apparel and wellness resources nationwide.
- **TicketsAtWork:** discounts on home goods, streaming services, food delivery, theatre, sports, movies, theme parks.
- **HolmanGroup.com:** access to topical weekly webinars, wellness articles, mental health resources and extra benefits.
- **Utilization Reports**: on line quarterly and annual reporting.
- **Unlimited Management Referrals:** training and guidance on referring employees to EAP for job-performance issues.
- EAP benefits extend to household members, including employee's lawful spouse and unmarried dependent children up to age 26, at no additional cost. All household members are covered, regardless of age or dependent status.

Additional Specialty Benefits:

- **Identity Theft Program-**provides a free, 60-minute consultation with a highly trained Fraud Resolution Specialist upon a data breach or identity theft incident.
- **Holman LifeSolutions & Holman ElderSolutions Programs-** referrals for a wider range of daily living, elder care, child care, adoption, college preparedness, prenatal service needs and more.
- **WellnessConnect Program-**helps members lead healthier lives by providing personalized health management tools and wellness resources.

For a Quote Call: 800-321-2843 www.HolmanGroup.com

Word&Brown®

WORKSITE VOLUNTARY

CONTACT INFORMATION

Mailing Address	*Aflac Worldwide Headquarters* *1932 Wynnton Road* *Columbus, GA 31999*
Claims	*800-992-3522* *Fax: 877-442-3522* *Email Claim: https://www.aflac.com/contact-aflac/contact-claims.aspx* *File a Claim: https://www.aflac.com/file-a-claim/default.aspx*
Customer Service	*800-992-3522* *Email Customer Service:* *https://www.aflac.com/contact-aflac/contact-customer-service.aspx*
Broker Relations	*877-772-3522*
Where do I mail my payment, including overnight payments?	*Mail payments to:* *Aflac* *1932 Wynnton Road* *Columbus, GA 31999* ***Please include your Aflac account/policy number on your check or money order.***
To submit a claim, documentation should include the following information:	• *Provider's name* • *Provider's address and phone number* • *Policyholder's Information* • *Patient Information* • *Dates of Service* • *Diagnosis* • *Specific treatment received from the provider*
ONE DAY PAY[SM]	*Many claims are processed in just one day. For more information, visit: https://www.aflac.com/onedaypay.* *To check the status of your claim online, login to Policyholder Services or call 800-992-3522 to speak directly to a customer service representative.*
Service Request	*Use the Aflac Group Service Request Form to request any of the following:* *a. Beneficiary Change* *b. Name Change* *c. Address Change* *d. Ownership transfer* *e. A copy of your certificate* *For your convenience, you can scan the signed and completed Service Request form and email it to cscmail@aflac.com or fax it to: 866-849-2974.* *You are also welcome to mail the Service Request Form to:* ***Continental American Insurance Company*** ***Post Office Box 84075*** ***Columbus, GA 31993*** *You can also access these Aflac Group Additional Forms:* *a. Authorization to Obtain Information Form* *b. Direct Deposit of Claims Payment Form* *c. Waiver of Premium Form*

Products, Services, and Enrollment Overview

YOU CHOOSE

We offer a wide selection of competitively priced insurance plans designed to meet the needs of your clients. From individual products to group products, Aflac has you and your clients covered.

Aflac insurance plans focus on employees' greatest financial exposure and probability of occurrence. Our market-leading coverage provides competitive rates and low expense ratios across the board.

INDIVIDUAL

Features

- Guaranteed-renewable
- Fully portable
- Historic rate stability
- Optional riders for greater employee choice

Products

- Accident
- Short-Term Disability
- Cancer/Specified-Disease
- Dental
- Hospital Confinement Indemnity
- Specified Health Event (Critical Care & Recovery)
- Hospital Intensive Care
- Life
- Hospital Confinement Sickness Indemnity
- Vision
- Lump Sum Critical Illness

GROUP

Features

- Guaranteed issue
- Consistency in plans, rates, and benefits
- Customizable plans for large accounts
- Ability to do group replacements
- Portable (while master policy in force)
- Available for clients with as few as 100 employees

Products

- Accident
- Critical Illness
- Short-Term Disability
- Whole Life
- Term Life
- Dental
- Supplemental Hospital Indemnity

For more information contact your local Aflac Broker Development Coordinator or visit aflac.com/brokers.

Individual coverage is underwritten by American Family Life Assurance Company of Columbus. Group coverage is underwritten by Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups sitused in California, coverage underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups sitused in New York, coverage is underwritten by American Family Life Assurance Company of New York.

CONTACT INFORMATION

Experienced specialists are available to help you between 8 a.m. and 7 p.m. ET, Monday through Friday.

Plan Administrators	*1-800-256-7004*
Policyholders	*1-800-325-4368*
Group Billing	*P.O. Box 903* *Columbia, SC 29202*
Claims	*P.O. Box 100195* *Columbia, SC 29202*
Policy Holder Services	*Online: ColonialLife.com* *Log in and click on Contact Us* *Telephone: 1-800-325-4368* *Hearing-impaired customers: 803-798-4040* *If you do not have a TDD, call Voiance Telephone Interpretation Services. 844-495-6105*

Voluntary benefits portfolio

Choices to protect what you've worked so hard to build

Each individual's lifestyle and needs are different from the next. Voluntary benefits from Colonial Life – on both an individual and group platform – offer a broad range of financial protection options for employees and their families. Many can also help businesses combat the rising costs of health care.

Disability Insurance

- **Disability 1000** – An individual short-term disability insurance product that replaces a portion of income. Disability 1000 provides on/off-job or off-job only accident and sickness coverage. This product includes a partial disability benefit, portability, worldwide coverage and waiver of premium. Guaranteed-issue and simplified-issue options are available.
- **Group Disability** – A voluntary group short-term disability product that allows employers to tailor plan options to fit their business needs. The policy provides on/off-job or off-job only accident and sickness coverage, and includes features such as partial disability, portability and waiver of premium. It also offers optional benefits such as Psychiatric and Psychological Conditions and Waiver of Elimination Period for First Day of Hospital Confinement. Guaranteed-issue and simplified-issue options are available.

Life Insurance

- **Term Life 1000** – An individual term life insurance product that offers three level term options (10-, 20- and 30-year), level death benefits, family coverage and guaranteed rates. It is guaranteed renewable to age 95 and convertible to age 75.
- **Group Term Life** – A group term life insurance product with flexible benefit designs. The product offers guaranteed-issue underwriting at initial enrollment with group rates. It is portable and convertible under certain conditions. Employer- and employee-paid options provide flexibility and allow employees to purchase additional coverage at group rates.
- **Universal Life 1000** – An individual universal life product with flexibility that allows an employee to adapt to changing needs by varying face amounts and premiums. It also provides optional Long-Term Care Rider and Restoration of Benefits Rider at an additional cost.
- **Whole Life 1000** – A permanent whole life insurance product that provides guaranteed level premiums, guaranteed cash values and a guaranteed death benefit as long as premiums are paid when due and no loans are taken. Guaranteed-issue and simplified-issue options are available, as well as an optional Long-Term Care Rider at an additional cost.

Spouse and eligible dependent children coverage is available with all life products.

*Cancer 1000 will no longer be available for sale in states where Cancer Assist is approved.

** Medical Bridge 3000 will no longer be available for sale in states where Individual Medical Bridge is approved.

Products have exclusions and limitations that may affect benefits payable. Products vary by state and may not be available in all states. See your benefits representative for complete details.

Disability Insurance

Short-Term Disability

- Disability 1000
- Group Disability

Life Insurance

Term Life

- Term Life 1000
- Group Term Life

Universal Life

- Universal Life 1000
  – Long-Term Care Rider
  – Restoration of Benefits Rider

Whole Life

- Whole Life 1000
  – Long-Term Care Rider

Dental Insurance

- Individual Dental

Accident Insurance

Accident

- Accident 1.0
- Accident Care
- Public Sector Accident Care
- Group Accident

Special Risk Insurance

Cancer and Critical Illness

- Cancer Assist or Cancer 1000*
- Critical Illness 1.0
- Group Cancer 1000
- Group Critical Illness 1000
- Group Critical Care

Supplemental Health Insurance

Hospital Confinement Indemnity

- Individual Medical Bridge℠
- Medical Bridge℠ 3000**
- Group Medical Bridge℠

WB**Compliance**

Get the Compliance Help You and Your Clients Need

Our Team Makes Complicated Compliance Issues Simple

Introducing the WBCompliance team, your one-stop-shop for any compliance, employer reporting, or general regulation questions you or your clients may have. We're here to help you navigate the uncertainty of state and federal laws affecting you, your clients, and their employees. Here's what we cover:

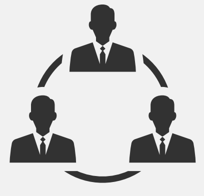
Compliance, Employer Reporting, and the ACA

Our team of compliance and Affordable Care Act (ACA) experts will answer your questions on annual employer reporting for Internal Revenue Service (IRS) Code Sections 6056 and 6055, waiting and lookback measurement periods, ACA exemptions, the employer and individual mandates (and penalties), rating structure changes, coverage gaps, premium tax credits, ERISA, and much more.

Human Resources Support and TPA Services

We deliver a wide range of human resources-related assistance and guidance, including access to a Human Resource Information System (HRIS) with online enrollment solutions. We also offer third-party administrator (TPA) services for COBRA, Premium Only Plans, Flexible Spending Accounts, ERISA Wrap documents, mandated employer letters, and Form 5500 preparation and filing.

(Note: Some TPA services are complimentary, while others are available at a discounted cost.)



Business Development and Retention

We'll help you grow – and retain – more business by helping you and your clients stay ahead of trends and changes. We offer an array of valuable tools and resources to ensure your clients stay compliant, including ACA calculators, IRS code and penalty references, customizable PowerPoint presentations, checklists, quick reference guides, a Flexible Spending Account/Health Reimbursement Arrangement/Health Savings Account comparison chart, and much more.

Put us to the test!

Call us at **866.375.2039**, or email the team at **compliancesupport@wordandbrown.com.**

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Committed to Compliance

Our team is committed to helping you and your clients cope with the evolving complexities of compliance as it relates to employee benefits and health insurance.

We offer a comprehensive array of Continuing Education (CE), HR Certification Institute (HRCI), and Society for Human Resource Management (SHRM) courses on compliance pitfalls, the ACA, HIPAA, ERISA, COBRA, HITECH, employee handbooks, and related matters. And we offer all of this information at no cost.

Our team collectively has more than 60 years of experience in the insurance industry – put our expertise to work for you and your clients.

Get the Conversation Started

Our exclusive ***Compliance Conversation Generator*** can help you start a dialogue with your clients about the changing health insurance industry, compliance, and its impact on their businesses.

This useful guide breaks compliance into simple-to-understand topics and includes important talking points you can address with your clients:

- Health reform and the ACA
- ERISA
- COBRA
- Account-based plans
- Premium Only Plans (POPs)
- Related other matters

With compliance audits on the rise, Department of Labor fines increasing, and ongoing discussions in Congress on the future of the ACA, more of your clients will be turning to you for help when it comes to compliance-related matters. With support from the WBCompliance team, you'll be able to offer the answers and resources your clients need – all at no cost to you or them.

Call or Email Us Today!

Whether your client is in California or Nevada, we're here to help you get answers to their specific questions.

We deliver answers to most inquiries in one business day.

Put us to the test!

Call us at **866.375.2039**, or email the team at **compliancesupport@wordandbrown.com**.

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Northern California 800.255.9673 | **Inland Empire** 877.225.0988 | **Los Angeles** 800.560.5614 | **Orange** 800.869.6989 | **San Diego** 800.397.3381 | **Nevada** 800.606.4996

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WBQuote

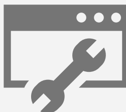
Integrated Provider Search

WBQuote now offers integrated provider search, giving you the power to search, confirm, and build quotes with the doctors, medical groups, and hospitals your clients want, instantly!

Quote + Integrated Provider Search Offers You:

All Medical Carrier Providers in One Spot

Only present options that meet your clients' needs.



On-the-Fly Quote Adjustments

Add or remove providers in minutes.

One Click, Low-Cost Package Options

It's easy to add a carrier's lowest-cost package with the most preferred providers.

With our integrated provider search, you can also:

- Search and verify providers' contract status and carrier affiliations in one place
- Quote and present only the carriers and plans that align with your clients' preferences
- Easily see when a carrier's network will meet your client's needs
- Avoid third-party searches — or carrier website searches — and trying to match that information to what you're seeing in your quote
- Add providers and get a new quote in minutes, on location at your client's business

Start using your new Provider Search now!

Check it out at **wordandbrown.com/provider-search**.
Need help? Call your Sales Representative for a demo.

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Do you quote on your phone for fun instead of playing Candy Crush?

We do.

That's just how committed we are.

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