



PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

Underwriting Requirements:

- ☐ Landmark Employer Sponsored Plans are not voluntary, all employees and dependents enrolled in the employer-sponsored major medical plan must enroll in the Landmark Plan(s).
- ☐ Only employees and dependents with medical coverage are eligible.
- ☐ Only employees and dependents that live or work within our service area (the State of California) are eligible.
- ☐ Groups must have a minimum of ten enrolled employees to offer a Dual-Option Plan or two enrolled employees for a Single-Option Plan.
- ☐ Major Medical Product Carve-outs are allowed, all carve-out employees and dependents must enroll in the Landmark Plan(s). Group size will be based on the number of enrolled carve-out employees and a minimum of 10 employees must enroll for a Dual-Option plan or 5 employees for a Single-Option plan.
- ☐ Employees who waive group medical are not eligible for Landmark coverage with one exception: if they are covered by their spouse's group medical plan or a government program, they can enroll.
- ☐ The employer must contribute at least 60% of the Landmark premium for employees of the lowest cost option in a Dual-Option offering or 50% of the Landmark premium for employees in a Single Option offering.
- ☐ Dual-Option allows the pairing of any two plans. A 10% increase to the standalone plan rates of both plans being offered will be assessed.
- ☐ Subscriber and dependent(s) plan choice must match when offering a Dual-Option plan.

Group Submission Requirements:

Completed new group paperwork scans must be received on or before the 5th of the month in which coverage is to start. Please scan and e-mail the following documents:

- ☐ Group Application – please be sure to check “Standard” or “Expanded” or both and enter rates for all 4 tiers even if you don't have enrollment in one or more of the tiers.
- ☐ Completed Landmark Census Enrollment template for the entire group (preferred) or individual enrollment forms for each employee or equivalent third party forms (e.g.: medical plan forms).
- ☐ Current copy of the group's detail medical billing to verify eligibility or copy of medical ID card for waivers, see the above underwriting requirements.
- ☐ Copy of the binder check, original should be made out to “Landmark Healthplan of California, Inc.” and sent to:

Landmark Healthplan of California, Inc.
ATTN: Group Services
P. O. Box 981809
El Paso, TX 79998-1809

After approval, prior carrier termination letter must be submitted by the employer or broker.