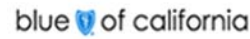
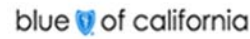


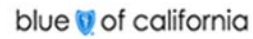
Age Band or Composite:	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.	Only age band rates available. Composite rates are not available for groups of 1 to 100 lives.
Carve Out Criteria:	No carve outs allowed except for union vs. non-union. The group must enroll and maintain 5 employees in the California service. Definition of all employee classes on company letterhead must be provided and total group size between the class written and the class carved out must be 100 or less.	No carve outs allowed except for union vs. non-union. Total group (union and non-union employees) must also be 100 or less employees in order to written in small group. A copy of the union roster will be required identifying the union members.	No carve outs allowed except for union vs. non-union. No employee enrollment minimum required, but total group size between union and non-union employees must be 100 or less. Group must be in a collection bargaining agreement with the union and provide a copy of the collective bargaining agreement showing the employer pays into the fund. Must also provide a copy of the Statement of ERISA Rights from the union trust fund Summary Plan Description.	No carve outs allowed except for union vs. non-union if the union employees are determined to be ineligible. The union employees would be considered ineligible as long as the union contract states that the union members cannot seek coverage outside of the union benefits. A copy of the union contract required along with a reconciled copy of the union billing statement. Total group size with both the union and non-union employees cannot exceed 100 employees.	No carve outs allowed after 1/1/14.	No carve outs allowed except for union vs. non-union. No employee enrollment minimum required, but total group size between union and non-union employees must be 100 or less. Group must be in a collection bargaining agreement with the union and provide a copy of the collective bargaining agreement showing the employer pays into the fund and provide a copy of the statement of ERISA rights from the union trust summary plan description.	Class Carve outs are underwritten individually by plan and accepted upon underwriting review and require a minimum of 5 enrolled, with 100% participation. Sharp requires a list of all employees with job titles and a letter from the employer requesting the carve out.	No carve outs allowed except for union vs. non-union. Group must be in a current labor agreement with the union. The entire group size must also be 100 or less employees in order to written in small group. The group must provide a letter stating that they are in a current labor agreement with the union and identify their local number and name of their trust fund along with a reconciled copy of their union billing statement.
Employer Eligibility:	Any person, firm, corporation, partnership, public agency or association that employs at least 1 and not more than 100 eligible	Any person, firm, proprietary or nonprofit corporation, partnership, public agency or association that employed at least 1	Any person, firm, proprietary, non-profit corporation, partnership, public agency or guarantee association that employed at least 1 and not more than	Group must have at least 1 and less than 100 eligible employees. All groups must have at least 1 common law, medically enrolled employee who is not a business owner or	Group with 1 to 100 eligible employees. Owner only groups are not eligible, and there must be a minimum of 1 W-2 employee who is not a spouse of the owner or partner.	An employer that meets the eligibility requirements under ACA is eligible for guaranteed issue and guaranteed renewal under a small group health	Group must be a person, firm, proprietary or nonprofit corporation, partnership, public agency, sole proprietor, owner of	Employer must have at least 1 but no more than 100 permanent, active full time employees for 50% of the preceding calendar quarter or calendar



	<p>employees, and has at least 1 W-2 employee enrolling for coverage who is not the proprietor/business owner or spouse of the proprietor/owner that is actively engaged in business or service for at least 50% of the working days in the previous calendar quarter or previous year (whichever test is more favorable for eligibility). A majority of the employees must be employed in California as well. The 1 W-2 employee may be a domestic partner but not a spouse. Group cannot be formed primarily for the purpose of buying insurance and a bona fide employer-employee relationship must exist.</p>	<p>and not more than 100 full time, including full time equivalent, employees for 50% of the previous calendar quarter. At least 51% of all eligible employees must be employed in California. Must have and maintain business licensure and/or appropriate state filings allowing the company to conduct business in California. Must involve a bona fide employer/employee relationship with 1 common law employee who may not be the owner or the owner's spouse. Owner only S or C corporations or LLCs allowed as long as the owners are not husband & wife and the client can sign the Eligibility Form that states they are drawing wages.</p>	<p>100 full time or full time equivalent common law employees, as defined by the IRS as anyone who performs services for an employer if the employer can control what will be done and how it will be done for at least 50% of the working days in the preceding calendar quarter or year (whichever test is more favorable for eligibility). A majority of the employees (at least 51%) must be employed in California as well. Group cannot be formed primarily for the purpose of buying insurance. Groups with only a sole proprietor or a spouse who is the employee are not eligible for coverage.</p>	<p>spouse/domestic partner of the business owner. If enrolling common law employee has the same last name as the owner, the relationship between the two will be verified. For groups of 1 to 2 enrolling employees, each common law employee must be on payroll for at least 6 weeks prior to effective date of coverage. For groups of 3 to 4 lives, must have at least 1 common law employee on payroll for a minimum of 6 weeks and all others on payroll for at least 1 week prior to the effective date of coverage (full month payroll to follow). Groups of 5+ enrolled employees, must be able to provide at least 1 week of payroll on all employees (with a full month to follow).</p>		<p>plan. The employer must have at least 1 but not more than 100 full time and full time equivalent employees (excluding spouses & owners) for at least 50% of the preceding calendar quarter or calendar year. A business of 1 employee working 20 to 29 hours/week and otherwise meeting the same standards as a full time employee satisfies the 1 eligible employee minimum. An employer must maintain business licensure and/or appropriate state filings allowing the company to conduct business in California. Owner only S or C corporations or LLCs allowed as long as the owners are not husband & wife and at least one of the owners has W-2 wages (on DE9C).</p>	<p>an S corporation, or guaranteed association that was actively engaged in business or service at least 50% of the preceding calendar quarter or 45 days prior to the requested effective date. Must have had at least one but no more than 100 full-time equivalent employees for 50% of the preceding calendar quarter. The Group must cover at least one W-2 employee. At least one of the W-2 employees cannot be an owner or spouse of an owner.</p>	<p>year. Must have at least 1 W-2 employee who is not an owner or the spouse of the owner. Group must maintain business licensure and/or appropriate state filings allowing the company to conduct business in California and not have formed for the purpose of obtaining insurance. No single employee companies eligible. Owner only S or C corporations or LLCs allowed as long as the owners are not husband & wife.</p>
--	---	---	--	---	--	--	--	---



15th of the Month Effective Date:	Yes. All application material must be received by the 5th day after the requested effective date. Only for groups with no prior coverage or are coming off of a 15th of the month effective date.	Yes. All application material must be received by the 12th calendar day of the month.	Yes, but only if replacing coverage that is already on a 15th billing cycle. HMO may only have 1 st of month effective date. All application material must be received by the 20th of the month that coverage is applied for.	Not available	Yes, but only if replacing coverage that is already on a 15th billing cycle. All application material must be received by the 20th of the month that coverage is applied for.	Not available	Not available	Yes, but can offer PPO plans only (Select Plus, Select Plus Direct, Select Plus HSA and Traditional). No HMO plans may be offered for a 15th effective date. Application material must be received by the 20th of the month.
HIPAA Certificates:	No longer producing HIPAA certificates for terminated employees. Will provide an eligibility letter/termination notice upon request.	No longer producing HIPAA certificates for terminated employees. Will provide an eligibility letter/termination notice upon request.	Blue Shield is producing Coverage Cancellation Notice/Termination letter in lieu of HIPAA certificate for terminated employees.	See individual carrier for each carrier's guideline.	Health Net is producing Coverage Cancellation Notice/Termination letter in lieu of HIPAA certificate for terminated employees.	Still producing HIPAA certificates for terminated employees.	Still producing HIPAA certificates for terminated employees.	UHC is producing Coverage Cancellation Notice/Termination letter in lieu of HIPAA certificate for terminated employees.
HRA or Similar Alternate Funding Arrangements:	No HRA funding available at this time.	Yes, allowed for plans with a built in HRA feature. Anthem must be the HRA administrator.	No HRA funding available at this time.	No HRA funding available at this time.	Yes, any plan may be wrapped with an HRA and the employer can fund any amount.	Yes, if employer chooses a Kaiser deductible HMO plan with an HRA.	No HRA funding available at this time.	No HRA funding available at this time.
Husband & Wife Groups:	Must have at least 1 W-2 employee <u>enroll</u> for coverage with Aetna (if only 1 W-2 employee, they cannot waive coverage).	Must have at least 1 W-2 employee who may enroll or waive coverage (must be a valid waiver). Husband & wife can enroll together or separately.	Must have at least 1 W-2 employee who may enroll or waive coverage (must be a valid waiver). Husband & wife can enroll together or separately. If the company is a husband/wife corporation or LLC,	Must have at least 1 W-2 employee <u>enroll</u> for coverage (if only 1 W-2 employee, they cannot waive coverage).	Must have at least 1 W-2 employee who may enroll or waive coverage (must be a valid waiver). Husband & wife can enroll together or separately.	Must have at least 1 W-2 employee who may enroll or waive coverage (must be a valid waiver).	Must have at least 1 W-2 employee who may enroll or waive coverage (must be a valid waiver). Husband & wife can enroll together or separately.	Must have at least 1 W-2 employee who may enroll or waive coverage (must be a valid waiver). Husband & wife are required to enroll separately in this case.



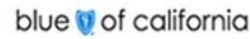
			one of the spouses may satisfy the requirement of the 1 needed W-2 or common law employee if that spouse is not also an owner of the company as verified by filed ownership documents or K-1s for all owners.					
Multiple Plan Options:	Employer may offer up to 5 different plans & must contribute 50% of the employee rate for the plans that the employee selects or a defined contribution of at least \$80.	At enrollment, group may select only 1 PPO network and up to any 2 HMO network options, and can offer all HMO or PPO options within the metal tiers.	The Blue Shield Off Exchange Package for Small Business is available for groups with 1 or more enrolling employees. Group may select from 1 to 13 plans. Employers whose place of business is located outside of one of Blue Shield's HMO service areas will not have the option of offering an HMO plan within the Off Exchange Package. Employers in certain counties and cities whose employees live and/or work in the Exclusive HMO service area have the option of selecting an	Employer may offer all plans in one or two adjacent metal level tiers. Also, full and limited networks may be offered together within the metal tier.	Enhanced Choice option allows groups enrolling at least 1 employees to mix and match all Health Net plans. The minimum contribution is 50% of the lowest cost plan option (excluding Salud) or \$100.	Groups with 1 to 5 enrolled employees may offer up to 3 plans, and groups for 6 or more enrolled employees may offer as many plans as they like.	Minimum of 6 enrolled employees required, and a maximum of 6 plans may be offered in each network. Dual plan and network options available. Any 2 networks may be offered together (so. Riverside groups, Choice network must be offered). To offer HMO/PPO, group must have at least 10 active subscribers enrolled and no more than 15% participation on the PPO product. The premier HMO network cannot be offered with the PPO (unless all PPO	Groups with 1 to 100 active employees may select all plans in the package chosen (either Choice Simplified, Choice Simplified II or Multi-Choice State). If they select all plans, then they may only have a 1 st of the month effective date. The employer must contribute at least 50% of the employee only premium or \$100.



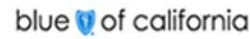
			Off Exchange Package with either Full HMO plans or Exclusive HMO plans, but not both. However effective 10/1/16, the Trio ACO HMO plans may be offered with the full network Access + HMO plans.				members are out of the service area).	
Out of State Guidelines:	Majority of the employees (51% or more) in the group must reside in California. Employees who live/work in an out of state network area will receive California rates & products. Out of state employees who reside in an MC network area must enroll in the California MC plan. If they are not in an MC area, then they will be offered a regular PPO or an indemnity plan (based on availability).	Majority of the employees (51% or more) in the group must reside in California. Those employees not in California may be written on a PPO plan and receive the PPO benefits when using BlueCard providers in their area.	Majority of the employees (51% or more) in the group must be employed in California. Those employees not in California may be written on a PPO plan and receive the PPO benefits when using BlueCard providers in their area. If a group has employees outside of California, then Blue Shield will also require a copy of their latest, full payroll register in addition to all regular enrollment material.	Group must have 51% of their eligible employees residing in California. Those employees who are not in a California service area may be written on a PPO plan if they are in an Anthem PPO service area (out of state employees cannot pick the Health Net PPO). Groups of 2 to 4 enrolled employees with an out of state employer address must provide a copy of their filed business documents to show their principal office is in California.	May have no more than 49% of the group's enrolled and/or eligible employees located outside of California service area. Those employees who are not in a California service area may be written on a PPO plan if they are in a PPO service area.	A California headquartered business must be located in a Kaiser Permanente licensed service area. If the group is located in California, but outside the Kaiser Permanente service area, then only employees residing in the Kaiser service area will be eligible for coverage. Out of state employees could enroll on a PPO plan, but Kaiser must be the sole carrier in this case.	Group must be AB1672 qualified and out of state employees only can be covered on a PPO plan only. No more than 15% of the group can be on a PPO product.	Group must have a majority (51%) of all employees employed in California to be written and rated in California. If there is not 51% of the eligible employee population in any one particular state, then the base location is the state where the majority (50% or more) of the employees are employed and whom are enrolling for medical coverage. If no majority exists, then the base location is the state where the plurality (location where most of the employees are employed) of employees are employed and whom



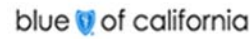
								are enrolling for coverage. If a plurality doesn't exist, then the final step would be where the company is headquartered. Base location for the business must be actual physical employer location (not employees working from home).
Over-age Dependent Children:	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.	Over-age dependent children can be covered on their parent's plan up to age 26. They may be covered regardless of student status, marital status, residence, employment status or financial dependence on the primary enrollee.
Ownership Documentation Requirements:	For owners and officers not appearing on company DE9C, no additional documentation required. Proof of Eligibility form, no longer required either. Effective	For owners and officers not appearing on the company DE9C, the following additional information is required for ALL size groups: Sole Proprietorship: Business license or	For owners and officers not appearing on company DE9C, following additional ownership paperwork required for groups enrolling 1 to 24 employees: (only Sole Proprietor, Partner, Corporate Officer	For owners and officers not appearing on company DE9C, following additional ownership paperwork required for groups enrolling 1 to 4 employees: (only Owner/Partner Statement form	For owners and officers not appearing on company DE9C, following additional ownership paperwork required for groups enrolling 2 to 24 employees: (only Proof of Eligibility Statement needed for group that	For owners and officers not appearing on company DE9C, following additional ownership paperwork required for ALL size groups: Sole Proprietorship: Completed	For owners and officers not appearing on company DE9C, Owner/Partner form must be completed and returned with the following additional ownership	For owners and officers not appearing on the company DE9C, the following additional information is required for ALL size groups: Sole Proprietorship: In business under 1



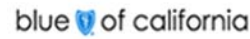
	<p>1/1/16, for groups coming to Aetna with no prior medical coverage, tax documents will be required though for any owners not on the DE9C.</p>	<p>Fictitious Business Name filing required on all sole proprietor groups. If the owner is not on the DE9C, then a completed Eligibility Statement is required with the last filed Schedule C required. If not in business long enough to have filed a Schedule C, then the business license or FBN must be provided. Partnership: A partnership agreement and the federal TIN appointment letter may be required on any group. If partners are not on the DE9C, then a completed Eligibility Statement is required with a current K-1 for each partner. If not in business long enough to have a K-1, then a partnership agreement and the federal TIN appointment letter are required. If partnership is a</p>	<p>Statement form needed for group that enrolls 25 to 100 employees) Sole Proprietorship: Sole Proprietor, Partner, Corporate Officer Statement & last Schedule C required with business license or Fictitious Business filing. If Schedule C has not been filed yet due to length of time in business, then proof of income is required with a copy of Business License or a Fictitious Business Filing. Partnerships: Sole Proprietor, Partner, Corporate Officer form and a copy of the most recent Schedule K-1 required for each partner with the partnership agreement, business license or Fictitious Business Filing. If they have not been in business long enough to have filed K-1s, then proof of income and a copy of the partnership</p>	<p>needed for group that enrolls 5 to 100 employees): Sole Proprietorship: Last filed Schedule C for previous year showing at least minimum wage income for the year, or a current Business license <u>and</u> a copy of owner's most current canceled draw check (front & back) with an amount equal to a monthly draw of at least minimum wage or Fictitious Business Filing <u>and</u> a copy of owner's most current canceled draw check (front & back) with an amount equal to a monthly draw of at least minimum wage. Partnership: Copy of legal notarized partnership agreement dated and notarized prior to requested effective date or K-1s for both partners from the previous year, or a registered Limited Liability Partnership Registration with state endorsement stamp dated prior to the requested effective</p>	<p>enrolls 25 to 100 employees) Sole Proprietorship: Last filed Schedule C, Fictitious Business Filing, or a Business license is required. Partnership: Schedule K for each eligible partner, or Statement of Partnership Authority, or filed partnership agreement, or Fictitious Business Name Statement with all partners' names listed, or a Business Tax Certificate with all partners listed may be submitted. For an LLP, the filed Limited Liability Partnership Registration may be used. "C" Corporation: Form 1120 with the Schedule E for each officer showing their % of ownership, or filed Articles of Incorporation with all officers listed, or stamped Statement of Information with all officers listed is required. Only company officers on the Statement of</p>	<p>Proprietor, Partner, Corporate Officer Statement and California business license or Fictitious Business filing or last Schedule C. For sole proprietorships in which the husband and wife are co-owners of the business and elect to file taxes as a qualified joint venture, they will need to provide a California business license or Fictitious Business filing <u>and</u> current jointly filed IRS 1040 form with a separate Schedule C for each spouse. Partnerships: Completed Proprietor, Partner, Corporate Officer form for each partner and a copy of business license or Fictitious Business Filing or California Secretary of State website "active" business web confirmation. Group may be required to provide the most</p>	<p>paperwork for groups of all sizes: Sole Proprietorship: Business license with names of all owners listed, or the Fictitious Business Name Statement with the owners listed, or a copy of the latest Schedule C tax form. Partnership: Business license with the names of all owners listed, or the Fictitious Business Name Statement with all owners listed, or a notarized copy of the partnership agreement, or a copy of each partners Schedule K-1 tax form. "C" Corporation: Articles of Incorporation listing all officers' names or the Statement of Information Domestic Stock Corporation listing the names of all officers. Foreign corporations also required to provide</p>	<p>year, business license required with the owner's name listed. In business over 1 year, then the last filed Schedule C is required. Partnership: In business under 1 year, a partnership agreement listing & signed by all partners of the company is required (does not have to be a stamped copy). In business over 1 year, then a K-1 for each partner is required. "C" Corporation: In business under 1 year, the filed/stamped Statement of Information or the Articles of Incorporation listing the names of all officers. In business over 1 year, IRS Form 1120 and IRS 1120 Schedule G and IRS form 1125-E including all owners/officers. "S" Corporation: In business under 1 year, the</p>
--	---	--	--	--	---	--	---	---



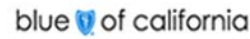
		<p>foreign limited partnership, then group must provide a copy of the filed Foreign Limited Partnership Application for Registration. "C" or "S" Corporation: If owners/officers are not on the DE9C, then a completed Eligibility Statement is required with the filed/stamped Statement of Information or the corporate meeting minutes listing the names of all officers. If the corporation is a foreign corporation, then group must provide the filed Certificate of Qualification as well.</p> <p>LLC: Articles of Organization with the Operating Agreement required on all LLC groups. If managing members are not on the DE9C, then a completed Eligibility Statement is required with a</p>	<p>agreement or a business license or Fictitious Business Name Filing is required "C" or "S" Corporation: Sole Proprietor, Partner, Corporate Officer form and the last Schedule K-1 (or W2) for each officer and a copy of the stamped Statement of Information or the filed Articles of Incorporation (but only if the names of all officers listed) are required. Foreign corporations also required to provide copy of Certificate of Qualification or Statement by Foreign Corporation. If the company has not been in business long enough to have filed K-1s, then other proof of income is required in addition to the documents mentioned above.</p> <p>LLC: Sole Proprietor, Partner, Corporate Officer Statement and a recent K-1s (or</p>	<p>date <u>and</u> a copy of each partner's most current canceled draw check (front & back) with an amount equal to a monthly draw of at least minimum wage. "C" Corporation: IRS form 1120 with Schedule 1125-E or a copy of the stamped Statement of Information listing all corporate officers with state endorsement stamped prior to the effective date of coverage or a copy of the filed Articles of Incorporation listing all corporate officers with state endorsement stamped prior to the effective date of coverage <u>and</u> a copy of each officer's most current canceled draw check (front & back) with an amount equal to a monthly draw of at least minimum wage. "S" Corporation: Current K-1 for each officer showing minimum wage income for the year or a copy of the stamped Statement of</p>	<p>Information are eligible; directors must be on the DE9C to be eligible. An unstamped copy may be accepted with a print out from the business portal or a copy of the filed Articles if at least one officer listed on the unstamped Statement of Information is also listed as the Agent for Service of Process. For a foreign corporation, must include the Certificate of Qualification or Statement by Foreign Corporation (applies for a "C" or "S" corporation). "S" Corporation: Schedule K-1 for each owner, or Articles of Incorporation and a stamped copy of Statement of Information for original C Corporation, or form 2553 w/IRS approval. Only company officers are eligible for coverage if on the SOI; directors must be on the DE9C to be eligible for coverage.</p>	<p>recent Schedule K-1 for each partner or the partnership agreement and EIN letter. Limited partners must be on the DE9C. "C" Corporation: Completed Proprietor, Partner, Corporate Officer form and IRS form 1120 with Schedule 1125-E or filed Articles of Incorporation with a copy of the Action by Incorporator naming corporate officers, or a copy of the stamped Statement of Information listing corporate officers. "S" Corporation: Completed Proprietor, Partner, Corporate Officer form and IRS form 1120 Schedule K-1 for each officer or a copy of the stamped Statement of Information listing corporate officers. LLC: Completed Proprietor, Partner, Corporate Officer form and the Articles</p>	<p>copy of a Certificate of Qualification or Statement by Foreign Corporation. "S" Corporation: Articles of Incorporation listing all officers' names or the Statement of Information Domestic Stock Corporation listing the names of all officers. Foreign corporations also required to provide copy of a Certificate of Qualification or Statement by Foreign Corporation. LLC: Articles of Organization required with the LLC Statement of Information and the LLC Application for Registration. Foreign LLCs also required to provide copy of Foreign LLC Application for Registration.</p>	<p>filed/stamped Statement of Information or the Articles of Incorporation listing the names of all officers. In business over 1 year, IRS Form 1120 Schedule K-1 for each owner/officer. LLC: In business under 1 year, an LLC agreement signed by all members (the Articles of Organization with the Operating Agreement signed by all members of the LLC). In business over 1 year, an LLC agreement signed by all members is required or the appropriate tax returns for each member enrolling for coverage.</p>
--	--	--	---	---	---	---	--	--



		<p>current K-1 for each member. If not in business long enough to have a K-1, then a filed Statement of Information or filed the Articles of Organization with the Operating Agreement required naming all LLC members. Foreign LLCs are also required to provide a copy of their filed Foreign LLC Application for Registration.</p>	<p>other proof of income if the K-1s are not filed yet) for each owner and the Statement of Organization with the Operating Agreement are required. Foreign LLCs also required to provide copy of Foreign LLC Application for Registration. For groups of 1 to 50, a DE9C is required on all other employees. For groups of enrolling less than 6 lives, proof of compensation required as well on all owners not on a DE9C. For all cases, Blue Shield may request additional documentation for owners not on a DE9C if their eligibility remains in question.</p>	<p>Information listing all corporate officers with state endorsement stamped prior to the effective date of coverage or a copy of the filed Articles of Incorporation listing all corporate officers with state endorsement stamped prior to the effective date of coverage <u>and</u> a copy of each officer's most current canceled draw check (front & back) with an amount equal to a monthly draw of at least minimum wage. LLC: Current K-1 for each member showing minimum wage income for the year or a copy of the stamped Statement of Information listing all members with state endorsement stamped prior to the effective date of coverage or a copy of the filed Articles of Organization with the Operating agreement listing all members with state endorsement stamped prior to the effective date of coverage <u>and</u> a</p>	<p>LLC: Schedule K-1 for each owner, or IRS form 1120 with the Schedule E (if all owners are listed with their % ownership), or the filed Articles of Organization including the Operating Agreement, or the stamped Statement of Information listing the names of the members. Note, for all corporations, only the officers of the corporation (not the directors) will be accepted if on the Statement of Information. Directors can only be written if they appear on payroll or a DE9C.</p>	<p>of Organization with the Operating Agreement or the stamped Statement of Information naming all LLC members and the California Secretary of State website confirming active business status. Officers of the LLC may be required to provide filed tax documents as well.</p>		
--	--	---	---	--	--	---	--	--



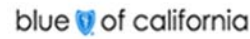
				copy of each member's most current canceled draw check (front & back) with an amount equal to a monthly draw of at least minimum wage.				
Participation Guidelines:	If 100% employer paid, then 100% participation is required of those eligible employees not covered elsewhere by another employer group plan. For contributory plans, 60% participation required excluding those covered elsewhere by another employer group plan. Round down for calculation.	If 100% employer paid, then 100% participation is required of those eligible employees not covered elsewhere by another employer group plan. 70% participation required for groups with 1 to 14 eligible employees. 50% participation required for groups with 15 or more eligible employees. Relaxed participation for groups of 5 or more enrolled down to 30% through 12/31/16 effective dates.	If 100% employer paid, then 100% participation is required of those eligible employees not covered elsewhere by another employer group plan. For the Off Exchange Package, Blue Shield requires a minimum of 1 employee and at least 65% of all eligible employees to enroll. For the Mirror Package, Blue Shield requires a minimum of 1 employee and at least 70% of all eligible employees to enroll. 100% participation is required in the Pediatric Dental plan for all employees and dependents under age 19 enrolled in Blue Shield plan.	If 100% employer paid, then 100% participation is required of those eligible employees <u>including</u> those covered elsewhere by another employer group plan. For groups of 1 to 2 employees, 100% participation required. For groups of 3 to 100 employees, 70% participation required with a minimum of 2 enrolling for medical. All groups must include at least 1 medically enrolled employee who is not a business owner or spouse/domestic partner of the business owner.	For groups of 1 to 5 eligible employees, a minimum of 70% participation required excluding employees covered elsewhere by another group plan. For groups of 6 to 50 eligible employees, a minimum of 50% participation is required excluding employees covered elsewhere by another group plan.	70% of all eligible employees must participate on a group plan (either Kaiser or another group plan sponsored by the employer). Owners do not count toward participation. When offering a PPO or POS plan, the employer must ensure that at least 70% of Kaiser enrolled employees are covered by a copayment plan and/or deductible HMO plan.	If 100% employer paid, then 100% participation is required of those eligible employees not covered elsewhere by another employer group plan. If contributory, for the HMO only plans at least 70% of all eligible employees must enroll excluding those covered elsewhere by other group coverage. For HMO/PPO option, must have a minimum of 10 active enrolled subscribers, and no more than 15% may elect a PPO plan.	If 100% employer paid, then 100% participation is required of those eligible employees. If contributory, then at least 60% of all eligible employees must enroll excluding those covered elsewhere by other group coverage.



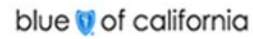
Special Enrollment Period:	60 days following a qualifying event.	60 days following a qualifying event.	60 days following a qualifying event.	60 days following a qualifying event.	30 days following a qualifying event.	60 days following a qualifying event.	60 days following a qualifying event.	60 days following a qualifying event.
<p>Spin Off Rules: (This is a new group where the majority of the employees have left an established business and formed a new company on their own.)</p>	<p>Aetna will write groups spinning off from a current Aetna group as long as the spinoff company is a newly formed business with the following documents: a letter from the group or broker that states they are spinning off of a current Aetna group (the letter must state the name of the company they are coming from), include the ownership documents of the new group to verify they are a new company, two weeks of payroll (or more if available), and regular enrollment material. If the group is not coming from a current Aetna group, then they would be treated as a start-up group.</p>	<p>Anthem Blue Cross will treat a group spinning off from an in force group as new business and a start-up company if there is a broker change or GA change for the new group. Regular start-up guidelines would apply in this case. If the split off company maintains the same Anthem benefits and employees covered prior to the split, then Anthem will require a letter on letterhead from the group requesting the change, the most current DE9C from the original company indicating the status of each employee who is going where, a minimum of 2 weeks of payroll on any employee not on the DE9C, change of coverage applications for the employees enrolling with the new entity,</p>	<p>Blue Shield will write a spin off group if they are spinning off of an in force Blue Shield group & complete all regular enrollment material (including proper ownership documents). At least 50% of the employees in the spin off group must have been enrolled in Blue Shield through the former business to be considered a spin off. The new group cannot have shared ownership with the business they have separated from, and ownership paperwork and eligibility verification for the owner is required. Two weeks of payroll preferred, but may proceed without it & submit it within 30 days (a completed W-4 for each eligible employee will be required with submission in this</p>	<p>CaliforniaChoice will take a group splitting off from another employer group with 1 week of payroll from the new or split off company with the balance of a full month of payroll due within 30 days of the effective date of coverage. Payroll must include the employee names, social security numbers, wages, wage withholdings, wage summary totals and pay period and run dates. A letter of explanation from the employer group required with an explanation of the split off scenario to include the official date of the group's split from the original company.</p>	<p>Health Net will consider a spin off group on a guarantee issue basis if the group can provide a prior carrier bill identifying all employees to be covered (or ID cards for each person), provide a minimum of 2 weeks payroll (if more than 2 weeks available, then provide up to 6 weeks), ownership documents for the new company that was formed, and a letter from the group or broker that the group is a spin off from another group.</p>	<p>For spin off or breakaway groups that are new to Kaiser, the breakaway employees can be noted on the original company's DE9C or payroll records of the original group to document employees. Provided that documents show the original group has been in business for more than 6 weeks, the breakaway group doesn't have to meet this requirement separately. For breakaway groups from an existing Kaiser small or large group, the group will move to a metal tier plan. For customers breaking away from Contractor's Choice Trust, these groups are committed to 2 years of coverage within the trust, and a request to break away from one</p>	<p>Standard underwriting rules that apply for startup groups also apply for spin off groups.</p>	<p>UHC will write a group that is spinning off from a current UHC group without requiring them to be in business 50% of the prior calendar quarter if they complete the regular enrollment documentation & send a letter from the group that explains the request (spinning off) and effective date and provide the ownership documents on the new company. If a group is not spinning off from a current UHC group, then UHC will not write them until they can satisfy the regular ACA requirement for length of time in business prior to the requested effective date.</p>



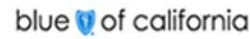
		a check and a new master application. Anyone still in their waiting period at the time of the split will still have to wait the group's waiting period to enroll. If the company adds new employees hired as a result of the split or requests an upgrade in benefits, all of the above will be required in addition to regular applications for any new employees enrolling or declining coverage.	case). If spinning off of a non-Blue Shield group, then they will be handled the same as any other start up group and regular underwriting rules apply.			should be received by Kaiser by September 1 st , which is the renewal date for Contractor's Choice groups.		
Spouse Rules:	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. If spouses working for the same employer enroll with one electing to be covered as the dependent of the other, Aetna no	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee.	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee. If spouses working for the same employer	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee. If both are enrolling (whether together or separately) then waiver	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee.	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee.	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee.	Husbands and wives working for the same company may enroll separately as employees or enroll together as an employee/spouse or a family if they have children. The spouse waiving coverage for him or herself is considered to be a <u>non</u> -valid waiver. Group cannot be comprised of only a husband and wife



	<p>longer requires that spouse enrolling as a dependent to complete a waiver as an employee. Group cannot be comprised of only a husband and wife though; must have 1 other W-2 employee.</p>		<p>enroll with one electing to be covered as the dependent of the other, Blue Shield no longer requires that spouse enrolling as a dependent to complete a waiver as an employee.</p>	<p>forms are not required. If spouses working for the same employer enroll with one electing to be covered as the dependent of the other, CalChoice does not require that spouse enrolling as a dependent to complete a waiver as an employee.</p>				<p>though; must have 1 other W-2 employee.</p>
<p>Start Up Groups:</p>	<p>A newly formed group may be written if they employ at least 1 eligible W-2 employee who is not the proprietor or spouse of the proprietor and can provide a DE9C or if not available at least 2 consecutive weeks of payroll for each eligible employee enrolling to include taxes withheld, check number and wages earned. Appropriate new business documents (see Ownership Documentation Requirements) may be required. <u>No</u> internal payroll</p>	<p>A start up group can be considered for small group coverage and will need to sign the Conditions of Enrollment for Start Up Companies form and provide the 1st 30 days of payroll records for all employees within 45 days of the effective date of coverage.</p>	<p>Blue Shield will consider a startup group for coverage as long as they meet all requirements for ACA except for the length of time in business. Must have been in business for at least the 4 weeks prior to the effective date of coverage, and be able to provide the full 4 weeks of payroll for the time period preceding the effective date with at least 1 eligible employee on it. Note, individual payroll or pay stubs, estimated payroll, payroll summaries and handwritten journals are not</p>	<p>Group must have been actively engaged in business for a minimum of 6 weeks prior to the requested effective date of coverage. For groups of 5+ enrolling where a majority of those enrolling are W-2 employees and not owners, a minimum of 1 week of payroll from the start date of business to current, whichever is greater, is required for approval with the balance of a full month of payroll due within 30 days of the effective date. All employees must appear on payroll prior to the group approval. If more than 50% of the enrollment consists of</p>	<p>For groups enrolling 5 or fewer employees, they must satisfy the standard guideline and show they have had a minimum of 1 W-2 employee for 50% of the prior calendar quarter who is not an owner or a spouse or domestic partner of the owner to qualify for coverage. For a group enrolling 6 or more employees, they may qualify for guarantee issue coverage with 6 full weeks of payroll on all employees enrolling prior to the effective date of coverage.</p>	<p>Kaiser will consider start up groups that have been in business for at least 6 weeks, but reserves the right to defer the group until they can satisfy the AB1672 requirement for length of time in business (50% of the prior calendar quarter). Group will be required to provide payroll records or applicable filings indicating the length of time the group has been in business. These documents must cover the 6 weeks preceding the requested effective date and show 1 or</p>	<p>Startup companies require a minimum of 6 weeks of payroll and must have been in operation for 45 days for guarantee issue coverage. Additional information may be required.</p>	<p>Group must meet the requirement for length of time in business under ACA and be able to show they have employed 1 or more full time permanent active employees for 50% of the prior quarter. Effective 1/1/17, UHC will consider start up groups that have been in business for at least 6 weeks. Evidence of time in business must be supported by payroll records. The payroll must cover the 6 weeks preceding the requested effective date for at least 1 W-2 employee.</p>



	(including Quickbooks) or handwritten payroll will be acceptable, and Aetna will not accept copies of pay stubs either.		acceptable. Group must be a true startup company in order to qualify under this guideline. For start-up group enrolling 5 or more employees and that have been in business for less than 4 weeks, Blue Shield will accept these groups now if they have been operating for at least 1 pay period, which must be provided at time of enrollment covering all eligible employees. Evidence of time in business and employee eligibility must be supported by payroll records.	owners not on payroll, then owner documentation will be required on all owners regardless of group size and group must have 6 weeks of payroll on at least 1 common law employee.		more eligible employees for the entire period. Individual payroll/pay stubs, estimated payroll, payroll summaries or handwritten journals will not be acceptable.		Acceptable payroll must include the company name, dates of pay period, all pages submitted, employee names, wages paid, withholdings and grand totals. Payroll submitted must be copies of each payroll register for each period covered. Individual payroll or pay stubs, estimated payroll, payroll summaries and handwritten journals are not acceptable.
1099 Workers:	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Sharp will allow 1099 employees to enroll under the following guidelines: 1099s must appear on prior carrier bill, they may only enroll at initial enrollment or at renewal, they must work 30 hours or more per week on a year round basis for the employer (20 if	UHC will consider 1099 employees to be eligible for coverage. The group must have at least one owner or one other regular taxed employee who is eligible for coverage (they are not required to enroll). The 1099 employee must work a



							covering part time), they must have been employed long enough to have filed one tax return with the employer, employer must contribute the same amount for 1099's premium, must offer coverage to all future 1099s, and no more than 25% of group may compensated on a 1099 basis. The 1099 Employee Verification form must be completed and submitted with a letter from the employer requesting to cover 1099 employees along with a copy of the 1099 employee's Form 1040 Schedule C and Form 1099 Misc. for the prior tax year.	minimum of 30 hours per week on a full time basis year round for the company. Employer must contribute the same amount toward the 1099's coverage, apply same waiting period as regular taxed employees and offer coverage to all 1099s in the group. UHC must be the sole carrier for the group as well (no other carriers offered). UHC's 1099 form or the employee's IRS 1099 tax document required.
Waivers:	Valid waivers include other group sponsored coverage through another employer, Medicare, Medi-Cal, Champus and Tricare	Valid waivers include other group sponsored coverage through another employer, Medicare, Medi-Cal, United States military	Valid waivers include other group sponsored coverage through another employer, Champus/Tricare, Medicare, & Medi-	Valid waivers include other group sponsored coverage through another employer, Medicare, Medi-Cal, Champus and Tricare coverage. Individual	Valid waivers include other group sponsored coverage through another employer, Champus/Tricare, VA, Cobra, Medicare, Medi-	Valid waivers include other group sponsored coverage through another employer, Medicare, Medi-Cal, Champus and Tricare	Valid waivers include other group sponsored coverage through another employer, Medicare, Medi-Cal and veterans coverage.	Valid waivers include other group sponsored coverage through spouse's other employer or a parental group plan, Champus/Tricare,



	coverage, and individual coverage on and off the exchange. Effective 1/1/17, individual coverage on or off the exchange will not be counted as a valid waiver.	coverage and individual coverage on and off the exchange.	Cal. Individual coverage on and off the exchange is not considered valid waivers.	coverage on and off the exchange is not considered valid waivers and neither is group coverage through the same employer or association plans.	Cal, Medicaid and active duty military.	coverage. Individual coverage on and off the exchange is not considered valid waivers.	Cobra and retiree coverage and individual coverage on and off the exchange are not considered valid waivers.	Medicare (part A & B required), individual coverage on and off the exchange (for non-grandfathered plans effective 1/1/14) & no share-of-cost government sponsored plans.
Waiting Periods available:	1 st of the policy month following 0, 30 or 60 days. Policy month refers to the contract effective date of the 1 st or the 15 th .	1 st of the month following date of hire, 1 st of the month following 1 month from date of hire, or 1 st of the month following 2 months from date of hire (not to exceed 90 days).	Employer may impose an employment orientation or affiliation period for new employees that cannot exceed 30 days in addition to the following waiting periods: 1 st of the month following date of hire, 1 st of the month following 30 days from date of hire, 1 st of the month following 60 days from date of hire, or effective on the 91 st day following date of hire.	1 st of the month following date of hire, 30 days or 60 days.	1 st of the month following date of hire, 1 month, 30 days or 60 days.	Kaiser no longer requires a waiting period for employees. The employer shall determine the waiting period for new hires, rehires and other eligible employees.	Sharp no longer requires a waiting period for employees unless the group is enrolling in a PPO plan. In this case the waiting period shall be defined by the employer for new hires, rehires and other eligible employees which cannot exceed the waiting period permitted by applicable state/federal laws (90 days).	1 st of the month following date of hire, 1 month or 30 days, or 2 month or 60 days.
Wrap Requirements with other Carriers:	Aetna will stand alongside another carrier's HMO plan as long as Aetna enrolls at least 40% of the eligible employees and a minimum of 5	Anthem Blue Cross does not have special rules for writing alongside another carrier. All regular, standard participation guidelines apply.	Only the Off Exchange Package for Small Business may be offered with another carrier's HMO with a minimum enrollment in the Blue shield plans of 5	CaliforniaChoice cannot be offered alongside another carrier.	Health net is not required to be the sole carrier as long as regular participation guidelines are met. For groups of 1 to 5 eligible employees, a minimum 70% participation is	Kaiser will stand alongside another carrier as long as there is 70% participation between both carrier and at least 1 person	Minimum of 6 employees enrolled with Sharp or 50% of the group whichever is greater. Only 1 HMO network may be offered and multiple plans	Groups offering the UHC Choice Simplified Package and a staff model HMO must have at least 60% participation between the two



	<p>employees. When wrapping with Kaiser, a waiver form will need to be completed by each person enrolled with Kaiser (Kaiser billing statement alone will not be acceptable).</p>	<p>Employees on company's other group plan being written alongside Anthem will be considered <u>non</u>-valid waivers when determining participation.</p>	<p>enrolled employees or 50% of the group's total employees whichever is greater (65% overall participation still required between the two carriers). The Mirror Package cannot be offered alongside another carrier's HMO plan. Blue Shield may decline to renew the group if participation levels falls below these levels during the plan year, and Blue Shield may conduct periodic audits to confirm participation is being met at these levels. Waivers are required for the employees that are enrolling in the other carrier's plan (under all circumstances).</p>		<p>required. For groups of 6 to 100 employees, a minimum of 50% participation is required.</p>	<p>enrolls on a Kaiser plan.</p>	<p>allowed. The PPO, however, cannot be offered. No Sharp wrap with California Choice allowed either. A copy of the other carrier's billing statement will be required for any employees not enrolling with Sharp. If a billing statement is not yet available from the other carrier, then the employees on the DE6 not enrolling with Sharp should be marked as enrolling in the other carrier's plan.</p>	<p>carriers with 5 California employees enrolling with UHC excluding valid waivers and Cobra participants. Groups offering the UHC Multi-choice State Package and a staff model HMO must have at least 60% participation with UHC. A complete copy of the most recent billing statement from the staff model HMO reflecting the employee census required and waivers or enrollments from any employees not on the statement.</p>
<p>THIS IS A SUMMARY ONLY OF SELECT CARRIER GUIDELINES AND IS NOT TO BE RELIED UPON AS A COMPLETE REPRESENTATION OF EACH CARRIERS' UNDERWRITING GUIDELINES OR POLICY CONTRACTS. PLEASE CONSULT ACTUAL CARRIER GUIDELINES OR EVIDENCE OF COVERAGE/CERTIFICATE OF COVERAGE FOR A FULL DESCRIPTION OF UNDERWRITING ROCEDURES AND PLAN PROVISIONS.</p>								