

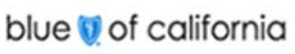






Is Moving from 4th Quarter Right for Your Group?

|  | <ul style="list-style-type: none"> Letter from Employer on company letterhead required Group does NOT have to be on the books for a certain period of time Group renews into the 2016 plans / rates Change request must be made within 90 days advance. For Example: Letter must be rec'd by Feb 29th for a 6/1 renewal | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------|---------------------------|--------|---------|----------|------|---------|----------|---------|--------|---------|-------|---------|-----------|---------|-------|---------|---------|---------|-----|---------|----------|----------|------|---------|----------|----------|
|  | <ul style="list-style-type: none"> Form required: Anniversary Month Change Form True Open Enrollment 12 month renewal contract only, no contract shorter than 12 months A chart outlining when request needs to be submitted for requested NEW effective date: <table border="1" data-bbox="568 535 1307 787"> <thead> <tr> <th>Anniversary Month Request</th> <th>Cutoff</th> <th>Anniversary Month Request</th> <th>Cutoff</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>12/28/16</td> <td>July</td> <td>6/27/16</td> </tr> <tr> <td>February</td> <td>1/27/16</td> <td>August</td> <td>7/27/16</td> </tr> <tr> <td>March</td> <td>2/25/16</td> <td>September</td> <td>8/26/16</td> </tr> <tr> <td>April</td> <td>3/28/16</td> <td>October</td> <td>9/27/16</td> </tr> <tr> <td>May</td> <td>4/27/16</td> <td>November</td> <td>10/27/16</td> </tr> <tr> <td>June</td> <td>5/27/16</td> <td>December</td> <td>11/28/16</td> </tr> </tbody> </table> | Anniversary Month Request | Cutoff | Anniversary Month Request | Cutoff | January | 12/28/16 | July | 6/27/16 | February | 1/27/16 | August | 7/27/16 | March | 2/25/16 | September | 8/26/16 | April | 3/28/16 | October | 9/27/16 | May | 4/27/16 | November | 10/27/16 | June | 5/27/16 | December | 11/28/16 |
| Anniversary Month Request | Cutoff | Anniversary Month Request | Cutoff | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | 12/28/16 | July | 6/27/16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 1/27/16 | August | 7/27/16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | 2/25/16 | September | 8/26/16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 3/28/16 | October | 9/27/16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 4/27/16 | November | 10/27/16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | 5/27/16 | December | 11/28/16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <ul style="list-style-type: none"> Form required: Small Business Plan Year/ Contract Year Change Form Does not apply to a new group until the group has been on the books for at least 6 months. Must submit it 30 days prior Group renews into 2016 plans/rates (pediatric dental now embedded for 2016) giving the group a short renewal contract. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <ul style="list-style-type: none"> In order to consider a request in change in anniversary date: <ul style="list-style-type: none"> Letter from Employer on company letterhead or email required from an authorized group contact with an explanation of the reason for the requested change. Must submit at least 60 days prior to the requested new anniversary date No guarantee approval will be granted If request is granted, any rate/ benefit changes since their last renewal would be applied at the new renewal date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <ul style="list-style-type: none"> In order to consider a request in change in anniversary date: <ul style="list-style-type: none"> Letter from Employer on company Request must be received before the requested effective date and it can be submitted to assigned Health Net Account Manager No guarantee approval will be granted If request is granted, any rate/ benefit changes since their last renewal would be applied at the new renewal date. True Open Enrollment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <ul style="list-style-type: none"> Form required: Renewal Date Change Request form Must submit 60 days prior to the renewal date requested The group will need to take the filed rates and benefits that are in effect on the renewal date requested as this will become the start of a new contract period | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <p>No official program. However, if you have someone that is interested in changing – Sharp needs to receive the request in writing. Sharp will issue renewal rates 60 days in advance so they need to be notified at least 75 days out.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <ul style="list-style-type: none"> Form required: Employer Plan Year/ Policy Year Change Request Form Group does NOT have to be on the books 6 months in order to change/ move New rates/ plans would take effect for the new effective date True Open Enrollment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*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.