

As of 4/1/2017

| Category | Small Group | Large Group |
|---|---|---|
| Group Size | 1-100 eligible employees, based on FTE (full-time equivalents) count. | 101+ FTE. |
| Products Available | Four Products: Plan P5, Plan P20, Platinum Mirror Plan (PM), and Gold Mirror Plan (GM). | Five Products: Value Plan 5 (VP5), Value Plan 10 (VP10), Value Plan 20 (VP20), Plan MEP and Plan QEP. |
| Metal Levels | MEHP offers Platinum & Gold metal rated plans.i | Not Applicable. |
| Minimum Essential Coverage (MEC) | All four small group products have MEC. | All five large group products have MEC. |
| Minimum Value (MV) | All four small group products have MV. | All five large group products have MV. |
| MEHP Product Combinations | Yes, as long as P5 or P20 is one of the combination plans. | Yes, as long as VP10 or VP20 is one of the combination plans. |
| Split Carrier Product Combinations (MEHP alongside a CA Carrier) | May be sold alongside any CA HMO/PPO. ⁱⁱ | May be sold alongside any CA HMO/PPO. |
| MEHP as Sole Carrier (the only group coverage plan) | Allowed, but discouraged. iii | Allowed, but discouraged. |
| Provider Network | Full service provider network in Mexico. Emergency and Urgent Care covered in U.S. | Full service provider network in Mexico. Emergency and Urgent Care covered in U.S. |
| Drug Formulary Options | 4-tier Formulary. Drugs not on the recommended list would be subject to non-formulary tier cost sharing. | 4-tier Formulary. Drugs not on the recommended list would be subject to non-formulary tier cost sharing. |
| HRA & Wrap | Allowed. | Allowed. |
| Pediatric Dental & Vision | MEHP provides these benefits; rates are imbedded in plan premium. | Not Applicable. |
| Taxes & Fees | All applicable ACA and State Taxes and Fees are included in the group premium. | All applicable ACA and State Taxes and Fees are included in the group premium. |
| Riders | Optional Dental Plan | Optional Dental Plan |
| Affiliated Companies/ Common Ownership (MEHP alongside a CA Carrier) | MediExcel will accept the same documentation as the other carrier to demonstrate common ownership. | MediExcel will accept the same documentation as the other carrier to demonstrate common ownership. |
| Affiliated Companies/ Common Ownership (MEHP as Sole Carrier) | Provide documents that show common ownership, such as tax return, corporate documents, or DE-9C. | Provide documents that show common ownership, such as tax return, corporate documents, or DE-9C. |
| Rate Guarantee | 12 months as of effective date. | 12 months as of effective date. |
| Rates | Age rated per small group premium table. Ages based on January 1st of the contract effective or renewal date.iv | Composite; 3 or 4 tier composite rates available for VP Plans. Book Rates: 3 or 4 Tier Book Rates available for MEP and QEP Plans. |
| Employer Contribution (MEHP alongside a CA Carrier) | Dollar amount of the employer's contribution to MEHP should be no less than 80% of the dollar amount of the employer's contribution to the other CA health plan (not to exceed 100% of the MEHP premium). | Dollar amount of the employer's contribution to MEHP should be no less than 80% of the dollar amount of the employer's contribution to the other CA health plan (not to exceed 100% of the MEHP premium). |

| Employer Contribution | No estatament construction to | E |
|-------------------------------|--|--|
| (MEHP as Sole Carrier) | No minimum employer contribution is required. | |
| (, | required. | Minimum 50% of employee rate. |
| | | Note: QEP and MEP may be offered on voluntary basis (no minimum contribution). |
| Participation (MEHP | Minimum participation is 1 enrolled employee. | Minimum participation is 1 enrolled employee. |
| alongside a CA Carrier) | willing participation is a enrolled employee. | willimum participation is a emolied employee. |
| Participation (MEHP as | Minimum participation is 1 enrolled employee. | Minimum participation is 1 enrolled employee. |
| Sole Carrier) | withintain participation is 1 chroned employee. | within participation is a chicken chiployee. |
| Carve-Outs | Allowed. The carve-out classes must be IRS | Allowed. The carve-out classes must be IRS |
| | non-discriminatory and in compliance with | non-discriminatory and in compliance with |
| | ACA. All others must be offered insurance. | ACA. All others must be offered insurance. |
| Census or Online | A census spreadsheet will be accepted if all | A census spreadsheet will be accepted if all |
| Enrollment | enrollment information for employees and | enrollment information for employees and |
| | dependents is provided. | dependents is provided. |
| Divisional Billing | Available. | Available. |
| Ineligible Groups | None. | None. |
| Ineligible Employees | Part-time working less than 20 hours, as well | Part-time working less than 20 hours, as well |
| | as 1099 employees shall be considered on a | as 1099 employees shall be considered on a |
| | case-by-case basis. | case-by-case basis. |
| Medical Questions | Not Applicable. | Yes. |
| Quoted vs. Enrolled | Not Applicable. | If enrollment varies from quoted by +/-5%, then |
| | | group may be re-rated. |
| Virgin Groups | Allowed; no additional requirements. | Allowed; no additional requirements. |
| COBRA/Cal-COBRA | No maximum. | No more than 10% of enrolled MEHP |
| | | subscribers may be on COBRA. |
| Employee Only | Not allowed. | Allowed. Employers must monitor enrollment. |
| Coverage | | If dependents appear on enrollment form, they |
| | | will be enrolled. |
| Owner Only Groups | Not allowed. | Not allowed. |
| Out-of-State | Not allowed. | Not allowed. |
| Employees Newly Formed Groups | ModiFyool will apport the same requirements | ModiEvool will accord the same requirements |
| (MEHP alongside a CA | MediExcel will accept the same requirements as the CA Carrier. | MediExcel will accept the same requirements as the CA Carrier. |
| Carrier) | as the CA Camer. | as the CA Carrier. |
| Newly Formed Groups | Must be in business 30 days. | Must be in business 30 days. |
| (MEHP as Sole Carrier) | mest so in sacings of days. | meet 20 m 200m 300 00 dayo. |
| Valid Waivers | CA Carrier Coverage, Covered California, | CA Carrier Coverage, Covered California, |
| | Group Spousal Coverage, Medicare, Medi- | Group Spousal Coverage, Medicare, Medi-Cal, |
| | Cal, COBRA, Active Duty Military. | COBRA, Active Duty Military. |
| Waiting Period Options | Any ACA/State compliant period is | Any ACA/State compliant period is acceptable. |
| | acceptable. Coverage begins on first day of | Coverage begins on first day of the month. |
| | the month. | |

Notes

¹ All small group products are assigned a metal level. Level is indicated in the plan name by P (Platinum) and G (Gold). MEHP only offers Platinum and Gold Metal rated products.

- "When MEHP is offered as Slice Business as a new coverage plan or at renewal, MEHP's product size must match the CA carrier's product size. MEHP Small Group products may only be offered alongside a CA carrier's small group age-rated coverage plans. MEHP Large Group products may only be offered alongside a CA carrier's large group coverage plans.
- iii Allowed, but strongly discouraged as not all eligible employees may prefer cross-border health care coverage.
- Age rated as per Small Group Premium Rate table in effect on Group's effective date. Rates based on enrollee's age as of January 1st of the year in which group contract became effective/renewed. Age rate adjustments occur on renewal date based on enrollee's age as of January 1st of the renewal year. New hire enrollees rate based on the enrollee's age as of January 1st of the year that contract/renewal became effective.
- ^v Allowed. The carve-out classes must be IRS non-discriminatory and in compliance with ACA, and all eligible employees in the non-carve-out class are offered coverage.