UNDERWRITING GUIDELINES

FOR EMPLOYERS WITH 1–100 Employees

Groups Beginning 1.1.2027

This list is intended to be informative and is not all-inclusive. Other policies and guidelines may apply.

Census Data

Census data must be provided on eligible (and COBRA/ Cal-COBRA eligible) employees and enrolling dependents; it must include:

- Name
- Gender
- County
- Age or date of birth
- Residence ZIP Code
- Dependent enrollment status

Plans Available at Initial Enrollment

Employers can choose from four options when it comes to the Affordable Care Act metal tier(s) available to their employees:

Total Choice – Offers employees access to the health plans and benefits available in all **four tiers**.

Triple Choice – Offers employees access to health plans and benefits available in **three neighboring tiers**.

Double Choice – Offers employees access to health plans and benefits available in **two neighboring tiers**.

Single Choice – Offers employees access to health plans and benefits available in a **single tier**.

Metal Tier	HMO Plans	PPO Plans
Platinum	26	1
Gold	38	6
Silver	21	5
Bronze	8	4

Employee Eligibility

- Permanent and actively working an average of 30+ hours per week over the course of a month, at the employer's regular place of business, or 20+ hours per normal work week for at least 50% of the weeks in the previous calendar quarter
- Ineligible employees include 1099, commissioned, permanent employees eligible for medical health care coverage offered by or through a labor union, part-time, seasonal, temporary or substitute, and employees on a leave of absence not categorized as FMLA, Workers Compensation, or Military

Employer Eligibility at Initial Enrollment

- 1–2 Employees: 100% of all employees. All groups must include at least one medical enrolled employee who is not a business owner or spouse/ domestic partner of business owner
- 3–100 Employees: 70% of eligible employees enrolling in CaliforniaChoice®
- 51% of eligible employees must reside in California
- Home Office must be in California (principal executive office)
- Must have active Workers' Compensation coverage
- If a business was established after the preceding quarter, payroll may be accepted in lieu of a Quarterly Wage Report, at the discretion of the Underwriter
- Valid Federal Tax ID Number
  (Not a Social Security Number)

*CaliforniaChoice cannot be wrapped with or offered alongside another Health Plan/Carrier.

Dependent Eligibility

Spouse must be legally married to eligible employee.

MEDICAL, CHIRO, VISION and METLIFE & SMILESAVER DENTAL Dependent Child eligibility:

- Born to, a step-child or legal ward of, adopted by, or have an established parent-child relationship with the eligible employee, employee spouse, or domestic partner
- Under age 26 (unless disabled; disability diagnosed prior to age 26)

AMERITAS DENTAL Dependent Child eligibility:

- Born to, a step-child or legal ward of, adopted by, or have an established parent-child relationship with the eligible employee, employee spouse, or domestic partner
- Financially dependent upon the employee per IRS guidelines
- Unmarried or not involved in a domestic partnership
- Under age 26 (unless disabled; disability diagnosed prior to age 26)

Contact your broker today!

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Your Health. Your Choice.®

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Dependent Eligibility (continued)

Disabled Dependents: Dependents who are incapable of self-support because of continuous mental or physical disability that existed before the age limit are eligible for coverage until the incapacity ends. Documentation of disability will be requested. Once the child reaches the age limit for coverage, verification of eligibility will occur annually at the child's birthday.

Required Employer Contribution

Fifty-percent of the lowest cost medical benefit plan available to the employee

- Dependent participation and contribution, if any, is at the employer's discretion

General New Business Submission Requirements

The following items must be submitted by the 3rd of the month following the requested effective date:

- Employer application
- Employee applications (medical/dental/life/vision)
- Waivers
- Owner/Partner form for owners/partners not listed on the Quarterly/Annual Wage Report with a full-time salary
- A reconciled QWR (DE9C) is required for:
  - Groups with 1-5 medically enrolling employees
  - Virgin groups (regardless of group size)
  - Groups with a lapse of coverage of more than 3 months
- A copy of the most recent prior carrier bill is required (no DE9C) for:
  - Groups with 6+ medically enrolling employees
  - Groups with a lapse of coverage of 3 months or less
  - A recent payroll run will be required for employees not listed on the prior carrier bill
- Employer may submit a copy of the group's premium deposit check, payable to CaliforniaChoice®, at case submission. Original check(s) or completed ACH Payment Form for at least 90% of total premium due must be received by the Underwriter prior to case approval.

See website for detailed submission checklist.

Effective Dates

First of the month (employer may apply 90 days in advance – rate at time of effective date will apply)

Waiting Period (All Employees)

First day of the month following:

- Date of hire
- 30 days
- 60 days (NOT to exceed 90 days)

Waiting period may be waived at initial group enrollment.

Administrative Fee

Per employer group, per billing location, per month:

- 1 – 8 employees: $30
- 9 – 50 employees: $40
- 51+ employees: $50

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