



In with the New,
Out with the Old



Agenda

- ☐ Plan Design Legislation
- ☐ Portfolios & Plan Benefits
- ☐ Pharmacy
- ☐ Networks
- ☐ Underwriting
- ☐ Rates
- ☐ Commission
- ☐ 51-100 Migration

Plan Design Legislation

❑ Out-of-Pocket (OOP) Maximum

- Standard Plans: \$7150 individual / \$14,300 family
- HSA Plans: \$6550 individual / \$13,100 family
- All plan OOPs are embedded

❑ Deductible

- HSA Minimum Deductible: \$1300 single / \$13,100 family
- All plan deductibles are embedded

Plan Design Legislation

- ☐ Rx Maximum Cost per Fill
 - ☐ **Platinum, Gold, Silver: \$250**
 - ☐ **Bronze: \$500**
- ☐ New AV calculator
- ☐ CCSB (SHOP) creates plans and carriers can choose which plans they will offer

Plan Design Legislation

❑ California AB 1305 Effective January 1, 2016

- ❑ Requires all deductible styles to be embedded vs. aggregate
- ❑ Reminder: Embedded style is each individual family member has an independent deductible or OOP limit based on their individual cost-sharing. No one family member will exceed the individual limit set on the plan

❑ Actuarial Values

- ❑ Every year the Federal HHS releases a new Actuarial Value calculator for the Metal plans

❑ Combination of embedded deductibles AND the revised actuarial value calculator made it impossible to offer a Gold HSA plan as of 2016

- ❑ **EXCEPTION:** DMHC granted Anthem a waiver to maintain their Gold HSA plan for 2016

Individual HSA Deductibles

- ❑ The combination of AB 1305 and IRS HSA rules now require HSA plans with lower deductibles to apply one individual deductible for an employee that enrolls as a single and a different individual deductible for an employee that enrolls with dependents
 - ❑ AB 1305 limits deductibles no greater than \$2,000 for an individual in all metallic levels except Bronze
 - ❑ IRS requires minimum deductibles for single (\$1,300) and family (\$2,600) coverage meaning there cannot be an individual deductible in family coverage, unless the individual deductible is greater than \$2,600
- ❑ *As a result, several carriers offer HSA plans with a \$2000 deductible for employee only and a \$2600 deductible for an individual enrolled in a family plan*
 - ❑ **Anthem, Blue Shield, CaliforniaChoice (Sutter Health Plus, WHA)**

Portfolios & Plans

Small Group	Aetna	Anthem	Blue Shield
PLAN OFFERINGS	<ul style="list-style-type: none"> MC/PPO (<i>no full-ntwk Platinum PPO</i>) HSA (\$4800 & \$6550) HMO ACO Whole Health MC/EPO/HMO 	<ul style="list-style-type: none"> PPO HSA (\$2000/ \$2600, \$4800 (<i>Select</i>), \$5000, \$6500) HMO 	<ul style="list-style-type: none"> PPO HSA (\$2000/\$2600, \$4700, \$5500) HMO ACO Trio
SAME PLANS FOR ALL NETWORKS?	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> HMO: Yes 	<ul style="list-style-type: none"> HMO: Yes (off-exchange)
MIX/MATCH TIERS	<ul style="list-style-type: none"> Yes (<i>Pick 5</i>) 	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> Yes, <i>within set Portfolios (off-exchange & CCSB)</i>
	Health Net	UnitedHealthcare	CaliforniaChoice
PLAN OFFERINGS	<ul style="list-style-type: none"> PPO HSA (\$5600) EPO HSP (<i>Health Service Plan</i>) HMO ACO Community Care HMO 	<ul style="list-style-type: none"> PPO HSA (\$4800 <i>Multi-Choice State</i> and \$6500) HMO (Alliance HSA HMO) EPO (<i>Navigate</i>) 	<ul style="list-style-type: none"> PPO (<i>Anthem</i>) EPO (<i>Anthem</i>) HSA (HMO: Kaiser, Sharp, Sutter, UHC, WHA/ EPO: Anthem) HMO (Aetna, Anthem, Health Net, Kaiser, Sharp, Sutter, UHC, WHA) HSP (<i>Health Net</i>)
SAME PLANS FOR ALL NETWORKS?	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No
MIX/MATCH TIERS	<ul style="list-style-type: none"> Yes, <i>within set Portfolios</i> 	<ul style="list-style-type: none"> Yes, <i>within set Portfolios</i> 	<ul style="list-style-type: none"> Yes; <i>ltd to 2 adjacent tiers</i>

Portfolios & Plans

Small Group	Aetna	Anthem	Blue Shield
HSA OFFERINGS	<ul style="list-style-type: none"> HSA (\$4800 & \$6550) 	<ul style="list-style-type: none"> HSA: (\$2000/ \$2600, \$4800 (Select), \$5000, \$6500) RxC: Rx copays after deduct. 	<ul style="list-style-type: none"> HSA (\$2000/\$2600, \$4700, \$5500)
EPO	<ul style="list-style-type: none"> EPO: PCP/referrals NOT required 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
ACO OFFERINGS	<ul style="list-style-type: none"> Whole Health MC/EPO/HMO 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Trio ACO
CCSB PLANS	<ul style="list-style-type: none"> Integrated in portfolio 	<ul style="list-style-type: none"> Integrated in portfolio 	<ul style="list-style-type: none"> Separate portfolio: Mirror
	Health Net	UnitedHealthcare	CaliforniaChoice
HSA OFFERINGS	<ul style="list-style-type: none"> HSA (\$5600) 	<ul style="list-style-type: none"> HSA (4800 (Multi-Choice State) & \$6500) 	<ul style="list-style-type: none"> HSA (HMO: Kaiser, Sharp, Sutter, UHC, WHA/ EPO: Anthem)
EPO	<ul style="list-style-type: none"> EPO: CCSB requires PCP HSP (Health Service Plan) HSP & EPO require PCP selections but can refer within the network 	<ul style="list-style-type: none"> EPO: Navigate requires PCP selections and electronic referrals to any Navigate provider 	<ul style="list-style-type: none"> EPO (Anthem): PCP/referrals NOT required HSP (Health Net): requires PCP selections but can refer within the network
ACO OFFERINGS	<ul style="list-style-type: none"> Community Care HMO, LA & Orange Counties 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
CCSB PLANS	<ul style="list-style-type: none"> Integrated in portfolio 	<ul style="list-style-type: none"> Separate portfolio: Multi State Choice 	<ul style="list-style-type: none"> Integrated in portfolio

Portfolios & Plans

Small Group	Aetna	Anthem	Blue Shield
DIFFERENT COST FOR HOSPITAL OWNED OUTPATIENT	<ul style="list-style-type: none"> Yes, on EPO, AVN HMO (some), HMO (some), MC (some) 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> HMO (some)
COMBINED MED & RX DEDUCTIBLE	<ul style="list-style-type: none"> HSA plans 	<ul style="list-style-type: none"> HSA plans 	<ul style="list-style-type: none"> HSA plans
ADD'L NOTES			
	Health Net	UnitedHealthcare	CaliforniaChoice
DIFFERENT COST FOR HOSPITAL OWNED OUTPATIENT	<ul style="list-style-type: none"> Yes, on HMO, New Value PPO plans, HSA, EPO 	<ul style="list-style-type: none"> Yes, Select Plus “Direct” PPO plans have a per occurrence at hospital affiliated facilities 	<ul style="list-style-type: none"> Yes, on Aetna HMO
COMBINED MED & RX DEDUCTIBLE	<ul style="list-style-type: none"> HSA plans New PPO Value plans 	<ul style="list-style-type: none"> HSA plans 	<ul style="list-style-type: none"> HSA plans
ADD'L NOTES	<ul style="list-style-type: none"> New Value PPO: Deduct. Applies to all benefits except primary doctor visits Grandfathered plans “alternative” means not available thru CCSB 	<ul style="list-style-type: none"> ACEC Engineering trust (composite rates written out of Illinois) Fitness reimbursement 	<ul style="list-style-type: none"> Benefits and rates MATCH the benefits and rates obtained direct from Sutter Plus Health

Portfolios & Plans

Small Group	Aetna	Anthem	Blue Shield
DEDUCT/OOP	<ul style="list-style-type: none"> Embedded 	<ul style="list-style-type: none"> Embedded (2016 waiver expired) 	<ul style="list-style-type: none"> Embedded
ACCRUALS	<ul style="list-style-type: none"> Deductibles and Rx accrue toward OOP max 	<ul style="list-style-type: none"> Deductibles and Rx accrue toward OOP max 	<ul style="list-style-type: none"> Deductibles and Rx accrue toward OOP max
OUT OF NETWORK	<ul style="list-style-type: none"> 100% of Medicare 	<ul style="list-style-type: none"> Fee Schedule 	<ul style="list-style-type: none"> Fee Schedule
	Health Net	UnitedHealthcare	CaliforniaChoice
DEDUCT/OOP	<ul style="list-style-type: none"> Embedded 	<ul style="list-style-type: none"> Embedded 	<ul style="list-style-type: none"> Embedded
ACCRUALS	<ul style="list-style-type: none"> Deductibles and Rx accrue toward OOP max Chiro doesn't apply to OOP 	<ul style="list-style-type: none"> Deductibles and Rx accrue toward OOP max 	<ul style="list-style-type: none"> Deductibles and Rx accrue toward OOP max
OUT OF NETWORK	<ul style="list-style-type: none"> Physicians: RBRVS Hospital: Medicare 	<ul style="list-style-type: none"> 110% of Medicare 	<ul style="list-style-type: none"> Fee Schedule

Portfolios & Plans

Small Group	Aetna	Anthem	Blue Shield
INFERTILITY	<ul style="list-style-type: none"> Included in all plans 	<ul style="list-style-type: none"> Available at group level (\$90 PEPM) 	<ul style="list-style-type: none"> Included in all HMO plans
CHIRO INCLUDED	<ul style="list-style-type: none"> Included in EPO, HMO (some), MC 	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> pending
RIDERS	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Infertility 	<ul style="list-style-type: none"> Infertility; PPO only
	Health Net	UnitedHealthcare	CaliforniaChoice
INFERTILITY	<ul style="list-style-type: none"> Available at group level ~\$5.64 PMPM; benefits do not apply to OOP 	<ul style="list-style-type: none"> Available at group level (4.8%) 	<ul style="list-style-type: none"> Varies by carrier
CHIRO INCLUDED	<ul style="list-style-type: none"> Included in Value PPO & HSA plans Benefits do not apply to OOP 	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> Anthem EPO, HMO, PPO, Aetna HMO (some), UHC Signature, Alliance, Focus HMO, WHA HMO (some)
RIDERS	<ul style="list-style-type: none"> Infertility Chiro (\$3 PEPM); HMO/HSP/EPO 	<ul style="list-style-type: none"> Infertility 	<ul style="list-style-type: none"> Chiro/Acu

Portfolios & Plans

Small Group	Aetna	Anthem	Blue Shield
TELEHEALTH	<ul style="list-style-type: none"> • Teledoc: \$40 or less, added to HMO plans • House calls through “Heal” are covered 	<ul style="list-style-type: none"> • LiveHealth Online: \$49 or less 	<ul style="list-style-type: none"> • <i>Teledoc</i>
	Health Net	UnitedHealthcare	CaliforniaChoice
TELEHEALTH	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Included in Choice Simplified PPO plans; • Added to HMO Plans • PCP copay or \$25 whichever is less 	<ul style="list-style-type: none"> • Varies by carrier

Portfolios & Plans

❑ New 2017 CCSB Plan: \$6300 Deductible Plan

- ❑ Member must first meet the \$6300 plan deductible.
- ❑ **Member is responsible for 100%** of the next \$500 until they meet the \$6800 OOP max.
- ❑ Once OOP has been met, the plan pays 100% for the remainder of the calendar year.
- ❑ **Rx Coverage: Rx has a separate \$500 deductible that accrues toward the OOP max. Once met the member pays 100%; member pays up to \$500 per Rx**
- ❑ **IMPORTANT: bpQuote will state 100% coinsurance because the member cost has to be reflected. This may be misunderstood since the carrier pays 100% coinsurance.**

❑ Medical Claim example:

- | | |
|----------------------------|-----------------------------------|
| • In Network Hospital | \$20000 |
| • Plan Deductible | \$6300 (Member Pays) |
| • 100% of Additional \$500 | \$500 (Member Pays; OOP Met) |
| • Next Claim | \$0 (Plan pays 100% rest of year) |

Pharmacy

Small Group	Aetna	Anthem	Blue Shield
TIER OPTIONS	<ul style="list-style-type: none"> 4 Tier: <ul style="list-style-type: none"> Preferred Generic, Preferred Brand, Non-Preferred, and Specialty 	<ul style="list-style-type: none"> 5 Tier but Tiered Generic Drug Copays: <ul style="list-style-type: none"> Tier 1a : \$5 Tier 1b : \$15 or \$20 Except for CCSB plan designs 	<ul style="list-style-type: none"> 4 Tier: <ul style="list-style-type: none"> Generic, Preferred Brand, Non-Preferred, and Specialty
FORMULARY	<ul style="list-style-type: none"> Formulary: NEW Aetna Value Transitioning members will be allowed a one-time fill 	<ul style="list-style-type: none"> Formulary: Select 100% of Top 25 most prescribed drugs covered 83% approval to maintain current Rx OON Pharmacy is not covered 	<ul style="list-style-type: none"> Formulary: New “Standard” vs. the “Plus” for 101+
COMBINED MED & RX DEDUCTIBLE OTHER THAN HSA	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A

Pharmacy

	Health Net	UnitedHealthcare	CaliforniaChoice
TIER OPTIONS	<ul style="list-style-type: none"> 4 Tier: <ul style="list-style-type: none"> Generic, Preferred Brand, Non-Preferred, and Specialty 	<ul style="list-style-type: none"> 4 Tier: <ul style="list-style-type: none"> Generic, Preferred Brand, Non-Preferred, and Specialty 	<ul style="list-style-type: none"> 4 Tier: <ul style="list-style-type: none"> Generic, Preferred Brand, Non-Preferred, and Specialty
FORMULARY	<ul style="list-style-type: none"> Formulary: Essential Rx 	<ul style="list-style-type: none"> PPO/EPO Formulary: New CA Custom formulary HMO Formulary: HMO Four Tier PDL 	<ul style="list-style-type: none"> Varies by Carrier Anthem PPO: Prescription benefits for out of network (OON) are no longer covered
COMBINED MED & RX DEDUCTIBLE OTHER THAN HSA	<ul style="list-style-type: none"> PPO Gold and Silver Value plans have integrated medical and Rx deductibles 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Sharp Bronze HMO

Pharmacy

Small Group	Aetna	Anthem	Blue Shield
DISPENSE AS WRITTEN RULE	<ul style="list-style-type: none"> Generic required if available 	<ul style="list-style-type: none"> Generic required if available (exceptions require review) 	<ul style="list-style-type: none"> Generic required if available
90 DAY MAIL ORDER	<ul style="list-style-type: none"> 2x retail copay 	<ul style="list-style-type: none"> Generic: 2.5x retail copay Brand/Non-Preferred Brand: 3x retail copay 90 day supply now allowed at retail pharmacies 	<ul style="list-style-type: none"> 2x retail copay
	Health Net	UnitedHealthcare	CaliforniaChoice
DISPENSE AS WRITTEN RULE	<ul style="list-style-type: none"> Generic required if available 	<ul style="list-style-type: none"> Generic required if available 	<ul style="list-style-type: none"> Generic required if available
90 DAY MAIL ORDER	<ul style="list-style-type: none"> HMO <ul style="list-style-type: none"> Generic: 2x retail copay Brand/Non-Preferred Brand: 2.5x retail copay PPO/EPO/HSP: 2x retail copay 	<ul style="list-style-type: none"> HMO: 2x retail copay PPO: 2.5x retail copay 	

PPO Networks

Small Group	Aetna	Anthem	Blue Shield
PPO	<ul style="list-style-type: none"> • MC: 83,245 Doctors / 333 Hospitals • Savings Plus MC: Palo Alto Medical Foundation excluded / 189 Hospitals (10-18% savings) • PPO: 83,387 Doctors / 333 Hospitals • PrimeCare 	<ul style="list-style-type: none"> • Prudent Buyer PPO: 60,000 Doctors / 330 Hospitals • Select PPO: 40,000 Doctors / 300 Hospitals (Sutter Hospitals excluded) 	<ul style="list-style-type: none"> • Full PPO: 60,000 Doctors / 351 Hospitals
	Health Net	UnitedHealthcare	CaliforniaChoice
PPO	<ul style="list-style-type: none"> • PPO: 55,459 Doctors / 316 Hospitals 	<ul style="list-style-type: none"> • Select Plus PPO: 136,200 Doctors / 320 Hospitals; Core PPO: 73,100 Doctors / 304 Hospitals • Both networks are available to OOS employees 	<ul style="list-style-type: none"> • Anthem Advantage Tiered PPO: PAMF and 9 Sutter Hospitals are in-network but most Sutter providers are not • Out of State Employees: Enroll in either Anthem Select PPO or Anthem Advantage (tiered) PPO

EPO Networks

Small Group	Aetna	Anthem	Blue Shield
EPO	<ul style="list-style-type: none"> • ACO MC EPO: <ul style="list-style-type: none"> • NoCA: SCIPPA • SoCA: MemorialCare in Orange County & Partial LA, Providence in LA 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
	Health Net	UnitedHealthcare	CaliforniaChoice
EPO	<ul style="list-style-type: none"> • HSP (Health Service Plan) PureCare: 34,645 Doctors / 224 Hospitals • EPO PureCare One: 34,645 Doctors / 224 Hospitals 	Navigate EPO: 72,300 Doctors / 285 Hospitals	<ul style="list-style-type: none"> • Anthem EPO: 60,000 Doctors / 330 Hospitals (matches the Anthem direct Prudent Buyer PPO network)

HMO Networks

Small Group	Aetna	Anthem	Blue Shield
HMO	<ul style="list-style-type: none"> • HMO: 75,336 Doctors / 316 Hospitals • HMO Deductible • Aetna Value Network (AVN): 45,891 Doctors/ 313 Hospitals • Basic HMO • PrimeCare 	<ul style="list-style-type: none"> • California Care HMO : 42,000 Doctors / 330 Hospitals (Added 6 Sutter Medical groups eff. July 2016) • Select HMO: 26,000 Doctors / 250 Hospitals 	<ul style="list-style-type: none"> • Access+: 38,000 doctors / 320 hospitals • Local Access: 17,000 Doctors / 320 hospitals • Trio ACO HMO: 10,000 Doctors, 36 hospitals
	Health Net	UnitedHealthcare	CaliforniaChoice
HMO	<ul style="list-style-type: none"> • Full: 34,902 Doctors / 221 Hospitals • WholeCare: 25,335 Doctors / 177 Hospitals • SmartCare: 11,112 Doctors / 85 Hospitals • Salud HMO: 5,525 Doctors / 28 Hospitals • Community Care HMO 	<ul style="list-style-type: none"> • Signature HMO (Full): 77,600 Doctors / 211 Hospitals • Advantage HMO (Narrow): 49,200 Doctors / 150 Hospitals • Alliance HMO (High Performing in SoCA): 29,700 Doctors / 122 Hospitals • Focus HMO: 24,000 Doctors/ 110 Hospitals 	<ul style="list-style-type: none"> • Refer to specific carrier

Plan & Network Pairings

Small Group	Aetna	Anthem	Blue Shield
DUAL NETWORKS	<ul style="list-style-type: none"> Full and Narrow networks ARE allowed at the same time; 5 plan maximum 	<ul style="list-style-type: none"> Groups must choose between Full OR Narrow PPO network Group may offer 2 HMO networks (until Mar. 15, 2017) 	<ul style="list-style-type: none"> Full HMO and Trio ACO can be offered together
	Health Net	UnitedHealthcare	CaliforniaChoice
DUAL NETWORKS	<ul style="list-style-type: none"> Enhanced Choice A <ul style="list-style-type: none"> Full Network HMO CommunityCare HMO PPO EPO HSP Enhanced Choice B <ul style="list-style-type: none"> Narrow network HMOs (WholeCare, SmartCare, Salud, CommunityCare) PPO EPO HSP 	<ul style="list-style-type: none"> Choice Simplified: All networks, all tiers Multi-Choice State: Mirrors CCSB (SHOP) plan designs Core PPO, Navigate EPO, and Signature, Focus and Alliance HMO's (Does NOT include full network PPO Select Plus) 	<ul style="list-style-type: none"> Full and Narrow networks ARE allowed at the same time within 2 adjacent metal tiers <ul style="list-style-type: none"> EX: Gold and Silver

Underwriting

Small Group	Aetna	Anthem	Blue Shield
SMALL BUSINESS DEFINITION	<ul style="list-style-type: none"> 1-100 FT employees + FT equivalents for 50% of previous quarter or year Employer Verification form sent 6 months into plan year 	<ul style="list-style-type: none"> 1-100 FT employees + FT equivalents for 50% of previous year 	<ul style="list-style-type: none"> 1-100 FT employees + FT equivalents for 50% of previous quarter or year
START-UP	<ul style="list-style-type: none"> 1-19 enrolled: 2 weeks of payroll 20+ enrolled: no documentation required 	<ul style="list-style-type: none"> Allowed; 30 days of payroll within 45 days of the effective date 	<ul style="list-style-type: none"> 5+ enrolled: 1 week of payroll
	Health Net	UnitedHealthcare	CaliforniaChoice
SMALL BUSINESS DEFINITION	<ul style="list-style-type: none"> 1-100 FT employees + FT equivalents for 50% of previous quarter or year 	<ul style="list-style-type: none"> 1-100 FT employees + FT equivalents for 50% of previous quarter or year 	<ul style="list-style-type: none"> 1-100 FT employees + FT equivalents for 50% of previous quarter or year
START-UP	<ul style="list-style-type: none"> 6+ enrolled: 6 weeks 	<ul style="list-style-type: none"> Min 1 enrolled for 6 weeks previous calendar quarter 	<ul style="list-style-type: none"> 1-4 enrolled: 6 weeks 5+ enrolled: 1 week

Underwriting

Small Group	Aetna	Anthem	Blue Shield
DE-9C	<ul style="list-style-type: none"> 20+ enrolled: not required; tax documents no longer required for owners Virgin groups must always submit a DE-9C 	<ul style="list-style-type: none"> 6+ enrolled: not required (until Mar. 15, 2017) 	<ul style="list-style-type: none"> 10+: not required
PRIOR CARRIER BILL	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> Required 	<ul style="list-style-type: none"> Required
	Health Net	UnitedHealthcare	CaliforniaChoice
DE-9C	<ul style="list-style-type: none"> 10+ enrolled: not required if within +/-10% (until Jan. 15, 2017) 	<ul style="list-style-type: none"> 10+ eligibles: Participation Certification form (doesn't apply to groups in business less than 6 weeks) 	<ul style="list-style-type: none"> Required
PRIOR CARRIER BILL	<ul style="list-style-type: none"> 10+ enrolled: required (until Jan. 15, 2017) 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> Not required

Participation

Small Group	Aetna	Anthem	Blue Shield
ALONGSIDE KAISER	<ul style="list-style-type: none"> 40% minimum or 5 enrolled, whichever is greater 	<ul style="list-style-type: none"> 5+ enrolled : 30% (until Mar. 15, 2017) 1-4 enrolled : 70% 	<ul style="list-style-type: none"> 25% minimum or 5 enrolled, whichever is greater
PARTICIPATION	<ul style="list-style-type: none"> 2+ EE's: 60% 	<ul style="list-style-type: none"> 5+ enrolled : 30% (until Mar. 15, 2017) 1-4 enrolled : 70% 	<ul style="list-style-type: none"> Off-exchange : 65% Mirror package : 70%
INDIV COVERAGE	<ul style="list-style-type: none"> Not a valid waiver 	<ul style="list-style-type: none"> Valid waiver (on or off Exchange) 	<ul style="list-style-type: none"> Not a valid waiver
OUT OF STATE	<ul style="list-style-type: none"> 51% eligible in CA 	<ul style="list-style-type: none"> 51% eligible in CA 	<ul style="list-style-type: none"> 51% eligible in CA
	Health Net	UnitedHealthcare	CaliforniaChoice
ALONGSIDE KAISER	<ul style="list-style-type: none"> 1-5 eligible: 66% 6+ eligible: 50% 	<ul style="list-style-type: none"> Choice Simplified : 60% required across both carriers PLUS minimum of 5 enrolled in CA 	<ul style="list-style-type: none"> Carriers within portfolio do not require their own minimum participation
PARTICIPATION	<ul style="list-style-type: none"> 1-5 eligible: 66% 6+ eligible: 50% 	<ul style="list-style-type: none"> 60% 	<ul style="list-style-type: none"> 1-2 employees: 100% 3-100: 70%
INDIV COVERAGE	<ul style="list-style-type: none"> Not a valid waiver 	<ul style="list-style-type: none"> Valid waiver (on or off Exchange) 	<ul style="list-style-type: none"> Not a valid waiver
OUT OF STATE	<ul style="list-style-type: none"> 51% eligible and enrolled in CA 	<ul style="list-style-type: none"> Will write groups with 51% out of state 	<ul style="list-style-type: none"> 51% eligible in CA

Special Open Window

11/15-12/15; effective January 2017

Small Group	Aetna	Anthem	Blue Shield
PARTICIPATION/ CONTRIBUTION	• No minimum	• No minimum	• No minimum
ALONGSIDE KAISER	• <i>Not permitted alongside Kaiser; Attestation form required</i>	• <i>Not permitted alongside Kaiser; Attestation form required</i>	• Yes
FORMS/APPS	• Required for all eligibles	• Required for all eligibles	• Required for all eligibles
RENEWAL	• Renewed regardless of participation	• Renewed regardless of participation	• <i>Must meet minimum participation requirements</i>
	Health Net	UnitedHealthcare	CaliforniaChoice
PARTICIPATION/ CONTRIBUTION	• No minimum	• No minimum	• No minimum
ALONGSIDE KAISER	• Yes	• <i>Yes, minimum of 5 in CA must enroll on UHC</i>	• Not permitted alongside Kaiser
FORMS/APPS	• Required for all eligibles	• Required for all eligibles	• Required for all eligibles
RENEWAL	• Reserves right to cancel due to low participation	• <i>May not be renewed due to low participation</i>	• Recertification letter required

Changing Effective Dates

Small Group	Aetna	Anthem	Blue Shield
ALLOWED?	• Yes	• Yes	• Yes
NEW RATES/BENEFITS?	• Yes	• Yes	• Yes
REQUIRED FORMS	• Letter	• Policy Year Change form	• Change Renewal Month Form
DEADLINE	• 60 days in advance	• Prior to requested effective date	• 30 days in advance
PROS/CONS		• Rates decrease	
	Health Net	UnitedHealthcare	CaliforniaChoice
ALLOWED?	• Yes: approval required	• Yes (approval waived for 4th Qtr. Groups)	• Yes: approval required
NEW RATES/BENEFITS?	• Yes	• Yes	• Yes
REQUIRED FORMS	• Letter	• Policy Year Change form	• Letter
DEADLINE	• Prior to requested effective date	• 30 days	• 30 days in advance
PROS/CONS		• HMO rates decrease	

Changing an effective date creates a true open enrollment for all carriers.

January Rates

Small Group	Aetna	Anthem	Blue Shield
RATE ACTION	<ul style="list-style-type: none"> MC: 2.8% HMO: 1.6% 	<ul style="list-style-type: none"> PPO : -1.2% HMO : -4.6% 	<ul style="list-style-type: none"> PPO : -0.3% to 0.5% HMO : -1.8% to 0.9%
ZIP CODE	<ul style="list-style-type: none"> ER zip code 	<ul style="list-style-type: none"> ER zip code 	<ul style="list-style-type: none"> ER zip code
MID-YEAR RATE CHANGES	<ul style="list-style-type: none"> Rates will not change until the group's renewal 	<ul style="list-style-type: none"> Rates will not change until the group's renewal 	<ul style="list-style-type: none"> Rates will not change until the group's renewal
NEW HIRE RATES	<ul style="list-style-type: none"> Age at enrollment 	<ul style="list-style-type: none"> Age at enrollment 	<ul style="list-style-type: none"> Age at enrollment
	Health Net	UnitedHealthcare	CaliforniaChoice
RATE ACTION	<ul style="list-style-type: none"> PPO : 4.2% HMO : 3.4% 	<ul style="list-style-type: none"> PPO : 0.9% HMO : -3% 	<ul style="list-style-type: none"> "Reverse" contribution worksheets
ZIP CODE	<ul style="list-style-type: none"> ER zip code 	<ul style="list-style-type: none"> ER zip code 	<ul style="list-style-type: none"> ER zip code
MID-YEAR RATE CHANGES	<ul style="list-style-type: none"> Rates will not change until the group's renewal 	<ul style="list-style-type: none"> Rates will not change until the group's renewal 	<ul style="list-style-type: none"> Rates will not change until the group's renewal
NEW HIRE RATES	<ul style="list-style-type: none"> Age at last renewal 	<ul style="list-style-type: none"> Age at enrollment 	<ul style="list-style-type: none"> Age at enrollment

Small Group Commissions

Small Group	Aetna	Anthem	Blue Shield
SCHEDULE	<ul style="list-style-type: none"> 1-100: 5% flat Up to \$1 million annualized premium Commission decreases to 1% after 	<ul style="list-style-type: none"> 1-100: 5% flat Up to \$1 million annualized premium Commission decreases to .8% after 	1-100: 5% flat
	Health Net	UnitedHealthcare	CaliforniaChoice
SCHEDULE	<ul style="list-style-type: none"> 1-100: 5% flat 	<ul style="list-style-type: none"> 1-100: 5% flat 	<ul style="list-style-type: none"> 1-50 enrolled: 6.5% 51-100 enrolled: 5%

51-100 Transition

	Aetna	Anthem	Blue Shield	CaliforniaChoice	Health Net	UHC
Employer Size Verification	Attestation Form sent 4-6 months prior to renewal; ER must respond	Attestation form sent 90-120 prior to renewal; ER must respond	n/a	CaliforniaChoice will issue renewals if <100 enrolled	Affidavit form	Attestation form
Renewals Sent	60 days prior	60 days prior	60 days prior	60 days prior	60 days prior	60 days prior
Renewal Plans	Normal mapping	Acct Mgr will contact Broker then produce renewal	Normal mapping	Normal mapping	Normal mapping	Renewal consultant will contact group
New ER App	Not if renewal accepted	Not if renewal accepted	Required	Required	Not if renewal accepted	Not if renewal accepted
New EE Apps	Not if renewal accepted	Not if renewal accepted	Not if renewal accepted	Required	Not if renewal accepted	Not if renewal accepted
DE-9C	n/a	Yes, if 1-50 enrolled	n/a	Required if moving Large to Small	Required if moving Large to Small	n/a
Change Plans	Submit excel spreadsheet	Submit form within renewal	Pending	Employer Change Request form	Submit form within renewal	Submit form within renewal
Service Team	Acct Mgrs	Acct Mgrs	Acct Mgrs	Acct Mgrs	Acct Mgrs	Acct Mgrs
Miscellaneous	Ancillary will remain in Large Group	Ancillary will also transition to Small Group	Ancillary will also transition to Small Group	Ancillary will also transition to Small Group	pending	Ancillary will also transition to Small Group

Early Submission Payments

	Aetna	Anthem	Blue Shield
SUBMISSIONS ALLOWED	Up to 90 days in advance	Up to 90 days in advance	Up to 90 days in advance
ENROLLMENT PROCESSED	Up to 60 days in advance	Up to 90 days in advance	Up to 90 days in advance
PAYMENT PROCESSED	Not required. If sent, processed when received	November 21 for a December 1 effective date	25% of binder amount accepted for group approval
	Health Net	UnitedHealthcare	CaliforniaChoice
SUBMISSIONS ALLOWED	Up to 90 days in advance	Up to 90 days in advance	Up to 90 days in advance
ENROLLMENT PROCESSED	Up to 90 days in advance	Up to 90 days in advance	Up to 90 days in advance
PAYMENT PROCESSED	Up to 90 days in advance	Unable to hold premium checks	December 1 for a December 1 effective date Written request to hold payment is required

December 2016 Reminders

- ❑ Improved Implementation over 2015

- ❑ Anthem, HealthNet & UnitedHealthcare

- ❑ Strict Submission Deadlines

- ❑ Aetna requires 1st of the month deadline for 1st of the month effective date; no exceptions

BrokerPicks [\(view\)](#)

BrokerPicks



1st Year Payment Options for Groups Enrolling in a b&p Carrier

Services (choose one*)	1-4	5-19	20-100	Payment	Vendor
Premium Only Plan*	b&p enrolled	b&p enrolled	b&p enrolled	First year annual fee	Bancover
EaseCentral*	b&p medically enrolled	b&p medically enrolled	b&p medically enrolled	First year subsidy*	EaseCentral*
Other Benefits / HR Platforms*			b&p medically enrolled	First year subsidy*	Employer's choice*
HR360		b&p medically enrolled	b&p medically enrolled	First year annual fee	HR360
COBRA Administration			b&p medically enrolled	First year annual fee	Sterling HSA, TASC
FSA (Healthcare + Dep Care + Transit)			b&p medically enrolled	Set-up fee	Sterling HSA, TASC*
ERISA Compliance			b&p medically enrolled	Set-up fee	TASC
STRIVE Benefits			b&p medically enrolled	Set-up fee + discounted PEPY	STRIVE Benefits
EAP - Telephonic			b&p medically enrolled	First year annual fee	The Holman Group

Discounted rates for all other services above, plus more

bopEnroll

- ❑ Free, online enrollment powered by EaseCentral
- ❑ New group submissions
- ❑ Applies to all b&p carriers and lines of coverage including
 - ❑ Medical, Dental, Vision (1-2 day setup)
 - ❑ Life, LTD, STD
- ❑ 1-2 days for Medical, Dental and Vision setup
- ❑ Subsidy available to all subscribed brokers placing business through b&p

Subsidy Examples

Subsidy equals \$1 per enrolled per month for 12 months

Example 1:

- ❑ 30 b&p medically enrolled employees
- ❑ 30 x \$1 x 12 months
- ❑ **\$360** payment to EaseCentral

Example 2:

- ❑ 50 b&p medically enrolled employees
- ❑ 50 x \$1 x 12 months
- ❑ **\$600** payment to EaseCentral

Census Enrollment

Employee Applications are still required

AETNA	elist
ANTHEM	Simple Census tool <i><u>“Agents are required to retain employee applications and employee waiver forms.”</u></i>
CALIFORNIA CHOICE	They do not have a census, but they do have their own online enrollment system.
UNITED HEALTHCARE	SAM <i><u>“You must attest that you have the Employee’s completed enrollment form with signature on file. The Employer is responsible to retain the applications on file for 10 years”.</u></i> <div>* <input checked="" type="checkbox"/> I agree that I have received and retained a record of the employee’s completed enrollment form which includes the employee’s signature and date.</div>

Census Enrollment

Employee Applications are still required

HEALTH NET

Enrollment spreadsheet

“Since the eligibility forms are not being physically forwarded to Health Net for retention, the trading partner agrees to maintain the signed Enrollment Form for verification purposes. The signed enrollment documents to be retained must be Health Net’s Enrollment Form. In addition, the Enrollment Form must be executed prior to the delivery of the Census Enrollment file of that member(s)’ data to Health Net, and includes the Acceptance of Coverage section.

The trading partner also agrees to supply Health Net with a copy of the signed enrollment form upon request. If the arbitration agreement clause on the enrollment form is not signed or is modified in any way, the enrollment data must not be sent to Health Net for those members. Health Net reserves the right to conduct periodic audits on the data received against the Enrollment Forms retained by the Employer and/or Broker.”

The census form includes a section for each employee to confirm they have signed an enrollment form
“Employee Form Signed: Validate and indicate yes that the Enrollment Form has been signed.”

In Summary

❑ Our Team

- ❑ Doubled quoting and service staff in 2016
- ❑ Knowledgeable, professional staff company-wide

❑ Tools & Resources

- ❑ Rate, Benefit, Network, Underwriting, and Legislation Comparisons
- ❑ bpCensus, bpQuote and bpEnroll
- ❑ Follow us on Twitter @beerepurves for quick tips and carrier updates
- ❑ Subscribe to beere&purves on YouTube for archived webinars

In Summary

☐ Underwriting!

- ☐ bpEnroll for free, initial online enrollment
- ☐ EaseCentral Setup and Subsidy
- ☐ Same day/next day enrollment materials
- ☐ Unlimited enrollment meetings with language assistance
- ☐ Real-time eligibility with Anthem
- ☐ 2-3 Day Turn Around Times

☐ Ongoing Service

- ☐ Provider and Rx Searches
- ☐ Admin Meetings, Exceptions, Adds and Deletes, Billing and Claims

In Summary

☐ Improved Website

- ☐ Simplified navigation and broker dashboard
- ☐ Pocket Tool renamed backpocket
- ☐ Webinar calendar and archives

☐ bpQuote Enhancements

- ☐ Expanded plan filters for Medical, Dental and Vision
- ☐ ACA employee worksheets now include benefits and rates
- ☐ New census option includes dependent information
- ☐ bpCensus offers convenient bpQuote import option

Questions



