

2022 Underwriting Guidelines for the Bend Chamber Plans

Group Eligibility

- Groups must be domiciled in Oregon
- Groups must maintain membership in good standing with their local and or Bend Chamber. Groups outside of Bend must be a member of their local chamber *and* an Associate Member of the Bend Chamber.
- Plans are available to groups of 2-50 *eligible* employees with a minimum of 2 enrolled.
- Owners only or Family only Business (*when all eligible employees are owners or family members*)
 - Cannot be only Husband & Wife enrolling
 - There must be at least 1 common law/payrolled employee enrolling – most recent form 132 may be required to substantiate.
- Any size group may offer differing networks (i.e. Navigator & Voyager, etc.) with the same deductible & Rx and it counts as 1 plan. The same riders must be selected for both Medical plans. No enrollment minimum for each plan.
- Groups of 2-9 enrolled may offer two (2) Medical and Dental plans with different deductibles. The same riders must be selected for both medical plans. No enrollment minimum for each plan. Enrollment for Medical & Dental does not have to match.
- Groups of 10 or more enrolled may offer up to three (3) Medical and Dental plans with different deductibles. The same riders must be selected for all Medical plans. No enrollment minimum for each plan. Enrollment for Medical & Dental does not have to match.
- HSA Plans are not required to take the Vision rider when multiple plans are offered.
- Groups with 5 or more enrolled employees may offer standalone Dental and up to two (2) plans. No enrollment minimum for each plan.
- Groups with 10 or more enrolled employees are eligible for Orthodontia.

Group Requirements

- Employer must contribute at least 50% of the employee only premium for Medical and Dental. There is no requirement for dependent premium. When groups contribute differently based on classes, the rates are based on the lowest contribution. When groups offer multiple plans, the rates are based on the contribution to the base plan.
- Dependent Contribution discounts require at least 1 dependent be enrolled on the plan at initial enrollment and/or renewal.
- Employers can set eligibility between 17.5 and 30 hours per week.
- 67% participation is required for Medical. All eligible employees must enroll on the plan unless they are waiving to other coverage as outlined below;
- Qualified waivers which do **not** count against participation;
 - Medicare, VA/Tricare, Medicaid/OHP or Indian Health Services
 - Spouses/dependents working for the same group waiving to the other
 - Employees under 26 waiving to School or Parents coverage
- Allowable waivers which **do** count against participation
 - Other group coverage (thru spouse, other employment)
- Disallowed waivers
 - Individual
 - Shared Care
 - Nothing
- 50% participation is required for Dental. Medical enrollment does not have to match and other coverage is not required. All waivers count against participation.

Group Requirements (cont.)

- Employers can set probationary waiting periods at: Date of Hire (*pro-rated first month coverage & premium*); First of the month following date of hire, 30 or 60 days; or 91st day of employment (*pre-rated first month coverage & premium*). Employers can choose a “first of month” endorsement where if the last day of the waiting period falls on the first calendar day of the month, coverage begins that day.
- Domestic Partner coverage: The BCOC plans cover registered “same gender” domestic partners as required by law. Employers may elect to provide eligibility to opposite gender domestic partners.
- Employee only contracts are not available. The BCOC does not offer contracts which exclude children from eligibility.

Other Provisions

- All groups will be considered primary over Medicare (when eligibility is due to age).
- All groups are subject to COBRA. COBRA Administration is available through PacificSource Administrators at no cost (additional paperwork required).
- 5% Wellness Discount is available to new groups with 10 or more enrolled.
 - Only offered at initial enrollment.
 - Cannot exceed 12 months
 - Cannot be brought forward when changing renewal dates.
 - Groups who leave the BCOC cannot receive the Wellness discount again for 2 years.