

## **2020 Underwriting Guidelines for the Bend Chamber Plans**

### **Group Eligibility**

- Groups must maintain membership in good standing with the 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.
- Family Business (*when all eligible employees are family members*)
  - There must be at least 1 bonafide/payrolled employee enrolling – most recent form 132 may be required to substantiate at the time of quoting.
- 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 Vison or Chiro/Acupuncture riders 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.
- 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 qualified coverage. All waivers (except those to Medicare & VA/Tricare) count against participation, even if they are waiving to other qualified coverage. When spouses/dependents working for the same group waive to the other it does not count against participation. Employees under 26 waiving to School or Parents coverage does not count against participation.
- Qualified coverage includes other group coverage, Medicare, Medicaid (OHP), VA/Tricare and Indian Health Services. Waiving to Individual coverage, Shared Care or nothing is not allowed.
- 67% participation is required for Dental, Medical enrollment does not have to match and other coverage is not required.
- Employers can set probationary waiting periods at: first of the month following date of hire, 30 or 60 days. Groups can also elect to begin coverage on the 91<sup>st</sup> day of employment; the employee's first month's coverage & premium will be pro-rated. If the last day of the waiting period falls on the first calendar day of the month, coverage begins on 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.
- 5% Wellness Discount is available to new groups with 10 or more enrolled. Groups who leave the BCOC cannot receive the Wellness discount again for 2 years.