

## 2021 Small Group Underwriting Assumptions

### Plan Requirements

- 1) Connect/Choice may be offered on a stand-alone basis. Out-of-area (OOA) dependents (spouse or domestic partner, child, step-child or legally adopted child) not living with the employee may enroll as an OOA dependent by completing the OOA dependent enrollment section of the Connect/Choice form. Out of area dependents cannot remain on the standard Connect/Choice plan.
- 2) Dependents must enroll in the same benefit option as the employee.

### Multiple Plan Option Requirements

- 1) Available for all small employers.
- 2) The employer must contribute a minimum of 50% of the employee only rate of the lowest premium plan chosen. If a dollar amount contribution is chosen, the amount must at least equal 50% of the employee only rate of the lowest premium plan chosen.
- 3) A small employer with 1-4 enrolled employees may choose up to two small group plans. A small employer with 5 or more enrolled employees may choose up to three small group plans.
- 4) At time of sale plans without enrollment will not be offered. The exception is when the plan without enrollment is the lowest cost plan.
- 5) There are no restrictions on plan pairings.

### Additional Underwriting Requirements

- 1) An eligible Oregon Small Group employer is an employer having an average of at least one but not more than a combined total of 50 full-time (FT) and full time equivalent (FTE) employees during the preceding calendar year and who employs at least one benefit eligible employee on the first day of the plan year.
- 2) The employer must have at least one common law employee that is enrolled in the plan, and offers the group health plan to all benefit eligible employees.
- 3) The employer must be located in the Providence Health Plan Oregon service area.
- 4) The employer must have at least 51% of enrolling employees working or residing in the Signature service area (PHP OR service area plus Clark, Klickitat and Skamania counties in WA).
- 5) Choice products are available to employers located in Oregon Counties of Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Umatilla, Union, Wallowa, Washington and Yamhill.
- 6) Connect products are only available to employers located in Clackamas, Multnomah, Hood River, Yamhill (zip code 97132 only) and Washington counties. Employees who enroll on these plans must work or reside in these same counties.
- 7) Products are offered on a sole carrier basis.
- 8) The employer may determine hours worked for benefit eligibility between 17.5 and 40 hours per week.
- 9) 75% of benefit eligible employees must enroll or show proof of other valid coverage. There is no minimum participation requirement for dependents.

- 10) Valid waivers include those waiving for other group or individual coverage. Waivers for other types of coverage are subject to underwriting review.
- 11) The employer must contribute a minimum of 50% to the employee only rate of the least expensive plan offered to employees.
- 12) Employee only contracts are available.
- 13) The employer must elect a probationary period from the following: (1) Date of hire (2) Day immediately following 30, 60 or 90 days (3) First of the month following DOH, 30 or 60 days.
- 14) Dependents are eligible for coverage up to age 26.
- 15) If an employer offers different benefits to different classes of employees, all other contract provisions such as contribution, probationary period and hourly requirements must be the same for all employees, regardless of class.
- 16) Premium is due on or before the first of the month for which coverage is provided. Payment at time of enrollment does not constitute coverage without UW approval.

#### **Open Enrollment Period**

- 1) If an employer does not meet the minimum contribution or participation requirements, they may only enroll during the period of November 15th through December 15th, for a January 1st effective date.
- 2) If an employer does not meet our contribution or participation requirements at renewal, we may decline to renew.

#### **Dental Guidelines**

- 1) Dental enrollment and eligibility must match medical enrollment.
- 2) Providence dental plans are only offered on a sole carrier basis and cannot be offered to a group with another dental carrier in place.
- 3) Employer can only choose one Providence dental plan.
- 4) Dental can only be purchased in conjunction with a medical plan through Providence.

---

*This proposal is to be used for illustrative purposes only and is not an offer or contract. Providence Health Plan small group quotes are for the use of appointed agents only. The final rates will be determined by Providence Health Plan in writing when the final requirements, including receipt of Group Size Determination Form demonstrating the quoted business is a valid Oregon Small Employer, have been received and reviewed by the Underwriting department. Final rates will be based on (among other things): the most recent approved state filing for the requested final effective date of coverage, the final plan design selected, ages of those applying for coverage, number of family members issued coverage, zip code of the employer business. This document highlights some of the benefits available under these plans.*