



Pacific Health Trust Underwriting Guidelines – Page 1

Plans Underwritten by Health Net Health Plan of Oregon, Guardian, Vision Service Plan and LifeWise Assurance
Contract Period: August 1, 2011 through July 31, 2012

Group Eligibility:	<ul style="list-style-type: none"> Group must be a member of PHT and have a minimum of 2 enrolled employees (employees working at least 20 hours/week). Retirees are not eligible. Group must be headquartered in Washington and have been in business for 60 days.
Minimum Contribution and Participation:	<ul style="list-style-type: none"> Employer must contribute at least 50% toward the cost of employee coverage. At least 75% of eligible employees must enroll. Employees with other group coverage will not be counted against participation as long as that coverage is through a spouse, registered domestic partner, another employer, Medicare, Medicaid CHAMPUS, Indian Health Services or the Oregon Health Plan.
Multiple Plan Choice:	<ul style="list-style-type: none"> Groups with 6 or more enrolling employees may offer as many plans as the association offers, with no load impact for multiple plan offerings.
Probationary Period:	<ul style="list-style-type: none"> Newly Eligible Employees: First day of the month following 0, 30, 60, 90, or 180 days from date of hire. Newly Eligible Hour Bank Employees: First of the month following 130, 260 or 390 hours.
Out of Area Employees	<ul style="list-style-type: none"> A maximum of 49% of the total enrolling eligible population may be out of state/out of area.
RFP Restriction:	<ul style="list-style-type: none"> 1099 employees are not eligible for coverage.
Product Enrollment:	<ul style="list-style-type: none"> RX, Vision and Domestic Partner require medical enrollment. COBRA requires medical and/or dental enrollment.
Remittance:	<ul style="list-style-type: none"> All quoted rates assume remittance via EFT. Check payments require 2% administrative fee.
Renewal:	<ul style="list-style-type: none"> Association Anniversary date is August 1.
Rolling Renewal:	<ul style="list-style-type: none"> 12-month contracts begin on each group's effective date.
Open Enrollment:	<ul style="list-style-type: none"> The month prior to each group's anniversary.
Dependents:	<ul style="list-style-type: none"> Dependents are covered to age 26.
Late Enrollees:	<ul style="list-style-type: none"> Late enrollees may enroll at open enrollment only, unless they have a qualifying event.
Current HN Groups	<ul style="list-style-type: none"> Groups currently enrolled directly with HN Oregon may only enroll under the Association at the August 1st annual group enrollment period. Note: The current Agent of Record for a Health Net group may request an Association quote at the group's renewal if the Agent is also appointed with the Association.
COBRA:	<ul style="list-style-type: none"> COBRA provisions apply based on group size and location, according to federal law.
Carve Outs:	<ul style="list-style-type: none"> Not eligible
Domestic Partners:	<ul style="list-style-type: none"> Coverage available at no additional charge, however, coverage must be elected by group.
Medical Riders:	<ul style="list-style-type: none"> Groups may choose one Rx and / or Well Net rider to attach to the medical plan(s)
Pre-Existing Waiting:	<ul style="list-style-type: none"> Employer groups and newly eligible employees or dependents will be subject to Pre-Existing Condition Exclusion. Credit will be provided in accordance with State and Federal requirements.
Funding Deductibles:	<ul style="list-style-type: none"> Benefit plans may be combined with any form of self funding or insuring the deductible subject to Underwriting approval.
24 Hour Coverage:	<ul style="list-style-type: none"> For Owners/officers excluded from Workers Compensation is included in the medical plan. The owners first and last name must be listed on the Master Application for 24 hour coverage to be in effect.
Final Rates:	<ul style="list-style-type: none"> All rates are based on final enrollment and subject to underwriting approval.



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Case Submission	<ul style="list-style-type: none"> All new groups requesting coverage must be submitted by the 20th of the month prior to the month coverage is to be effective. Any case submitted after the 20th must be accompanied by a late submission letter.
Health Statement	<ul style="list-style-type: none"> Individual Health Statements are required.
Underwriting:	<ul style="list-style-type: none"> If any of the Underwriting Guidelines are not met, coverage will be declined.
New Group Paperwork	<ul style="list-style-type: none"> Groups of 2-5 enrolled subscribers are required to submit a Form 5208A/B and/or Ownership documents to establish the employer-employee relationship. Note: A Form 5208 A/B is required for those groups who have been in business long enough to have a Form 5208A/B. Those groups who have not been in business long enough to have a Form 5208 A/B may submit 2 weeks of payroll. Ownership documents must be submitted for owners not appearing on the payroll/Form 5208 A/B.