



COVID-19 (Coronavirus)

Carrier FAQ

Small and Large Group

California

This document provides brokers with guidance on what carriers are doing with premium payments, eligibility, benefits and more due to the COVID-19 outbreak.

All information originated from communications from Warner Pacific's carrier partners. Information is not guaranteed to be accurate and is subject to change at any time.

Table of Contents

TABLE OF CONTENTS	3
PREMIUM (BILLING)	4
ELIGIBILITY	12
BENEFIT MODIFICATION	34
UNDERWRITING	38
BENEFITS	43
MISCELLANEOUS	51

Premium (Billing)

Will you offer any type of grace period, payment leniency or delayed payment to employers?

Carrier	Answer
Aetna	Our current contracts already include a provision for a grace period for those struggling to meet monthly payments. We will also continue complying with state mandated extensions of grace periods.
Anthem Blue Cross	Small Group: If you anticipate having issues with being able to remit your premiums, please contact your Anthem Blue Cross Account Manager or the Billing Department at 855-854-1429. March grace period was extended to April 30, 2020. Both March and April must be paid by April 30, 2020. Large Group: 60-day grace period beginning with March 1 st billings. Potential stimulus notifications.
Blue Shield of California	Small Group: Blue Shield of California will make every effort to assist employers with addressing their billing needs by offering the option to enroll in the Blue Shield Premium Payment Program. Interested employers should call the Blue Shield Billing Team (800-325-5166) for assistance. Customers must meet and agree to all of the terms and conditions of the program, including, the requirement to pay the Total Amount Past Due in full and a minimum payment of 25% of their premiums due as soon as possible, but no later than September 30, 2020. Payment Plan FAQ Brokers Large Group: Clients should contact their Account Team to discuss options.
California Dental Network	Yes, grace period allowed will be 60 days
CaliforniaChoice	Standard 30 days. Anything beyond will be reviewed on a case-by-case basis
Chinese Community Health Plan	Standard 30 days. Anything beyond will be reviewed on a case-by-case basis
Cigna	Yes, grace period allowed will be 60 days
Community Care Health	Standard 30 days. Anything beyond will be reviewed on a case-by-case basis
Covered California for Small Business	Employers that have not paid their April or May invoices are being given an additional 30-day grace period. In addition CoveredCA is offering a Premium Deferral Program to those employers who have not paid their April or May premiums. Some of the program guidelines include paying as little as 25% of the invoice total amount due and having the remaining deferred premium amounts spread across the remaining months of the 2020 calendar year. Employers must submit their initial payment of at least 25% before the end of the grace period. The deadline for groups that have not paid their April invoice was May 15, 2020. Groups that have not paid their May invoice must sign up to participate in the program by June 12, 2020. Interested customers should reach out to CoveredCA Small Business Service Center (855) 777-6782 for further questions. Full program details are available by contacting your Warner Pacific Sales Consultant or Broker Service Representative.
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Yes, grace period will be extended by an additional 30 days
Health Net	No, standard 30 days applies
Humana	Yes, grace period allowed will be 60 days
Inshore Benefits	Yes, grace period allowed will be 60 days
Kaiser Permanente	At this time, Kaiser will not terminate coverage for non-payment of premium through July, 2020. Groups that have missed payments will start receiving delinquency and termination notices in mid-August and be terminated by September 1, 2020. Any billing questions, the client should contact the Kaiser Billing Team (800-790-4661)
Landmark Healthplan	Yes, grace period allowed will be 60 days
Lincoln Financial Group	Yes, grace period allowed will be 60 days, retroactively to March 1, 2020
MediExcel Health Plan	Current policy allows groups up to 60 days to pay. Any policy changes or updates will be posted on our website.
MetLife	Yes, MetLife will be extending premium grace periods for Group Products to the lesser of 90 days from premium due date or July 31, 2020, unless a different

	grace period is required by law (applied for all premiums due March 1, 2020 and forward as well as applied to any premium within the current 30 day grace period).
National General	Employers have a 30 day grace period. During the grace period all medical claims will pend until payment is received. Allied allows an additional 10-14 days before the group is fully terminated in their system. Plans can be reinstated up to 60 days after date of non-payment.
Oscar Health Plan of California	As of 3/26/20, no exceptions are being made due to COVID-19
Principal Financial Group	Yes, grace period allowed will be 60 days for monthly bills through June 1, 2020. For further assistance, the employer should contact Principal (email groupbenefitsadmin@principal.com or call 800-843-1371)
Sharp Health Plan	Standard 30 days applies. Clients should contact their Sharp Health Plan account manager to discuss options.
Sutter Health Plus	If you anticipate having issues with being able to remit your premiums, please contact Sutter's Billing Department at shpbilling@sutterhealth.org .
The Hartford	Yes, going back to February bills, for 90 days at this time
UnitedHealthcare	Reviewed on a case-by-case basis. Clients should contact the UHC Billing Department (800-591-9911) for further assistance.
UNUM	If you anticipate having issues with being able to remit your premiums, please contact AskUnum at askunum@unum.com or connect with your Billing Coordinator
Western Health Advantage	WHA requests that any impacted groups who need assistance in making premium arrangements, contact their premium billing department at 888-442-2206.

Will you allow retroactive employee terminations for any reason related to COVID-19 (i.e. grace period extended but after that grace period the employer must terminate employees. Can they terminate those employees retroactively to the beginning of the grace period)?

Carrier	Answer
Aetna	Current policy of 60 days retroactive allowance applies
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Current policy of 30 days retroactive allowance applies
California Dental Network	Yes, for up to the 60 days of grace period
CaliforniaChoice	No
Chinese Community Health Plan	No
Cigna	Reviewed on a case-by-case basis. Please contact your Client Management to discuss
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Current policy of up to one year with appropriate documentation, and if claims have not been paid and deletions may be made retroactively up to 90 days applies
Health Net	No
Humana	Current policy of 60 days retroactive allowance applies
Inshore Benefits	Current policy of 60 days retroactive allowance applies
Kaiser Permanente	Current policy of cancellation within the month applies
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Pending carrier response
MediExcel Health Plan	Yes, provided there was no claims utilization during that period
MetLife	Reviewed on a case-by-case basis
National General	Current policy of 90 days retroactive allowance applies
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	No
Sutter Health Plus	Current policy of 90 day retroactive allowance applies
The Hartford	Pending carrier response
UnitedHealthcare	No
UNUM	Pending carrier response
Western Health Advantage	WHA will allow retroactive terminations in response to COVID-19 for current month plus two months back

Will you allow in-force business to pay their monthly premium with a credit card?

Carrier	Carrier Response
Aetna	Yes, for inforce business. Payments can be made through the Aetna Answer Team (800-343-6101)
Anthem Blue Cross	No
Blue Shield of California	No
California Dental Network	Yes
CaliforniaChoice	No
Chinese Community Health Plan	Yes
Cigna	No
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	No
Health Net	Yes, they can pay before termination within their last week of their grace period (currently 30-day grace period).
Humana	Small Group: Yes Large Group: Exception basis only
Inshore Benefits	No
Kaiser Permanente	No
Landmark Healthplan	No
Lincoln Financial Group	No
MediExcel Health Plan	Yes, by phone. Clients may call (619-421-1659 option 5)
MetLife	No
National General	No
Oscar Health Plan of California	Yes, through April 30, 2020
Principal Financial Group	Pending carrier response
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	No
UnitedHealthcare	No
UNUM	No
Western Health Advantage	Yes, only if their monthly premium is under \$20k

Are you considering any subsidy (cost-sharing) with employers or offering premium credits?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	<p>Customers with fully insured medical and/or dental plans will receive a premium credit on their August 2020 invoice (issued in July). The credits are based on their April 2020 invoice and will be as follows: 10% to 15% of the April premium for Anthem medical plans, depending on the state and segment; 50% of the April premium for Anthem dental plans. Self-funded groups and individual ACA plan members are not eligible for these credits.</p> <p>Anthem is offering a dental premium promotion to new small group dental sales with effective dates of October 2020 through January 2021.</p> <p>Small groups will receive a one month premium credit when:</p> <ul style="list-style-type: none"> • A Dental PPO or Dental Ney DHMO is purchased with a new or added to an existing small group medical plan. • A stand-alone Dental PPO or Dental Net DHMO plan is purchased <p>The premium credit will apply in one of the first three months depending on the medical and dental plan.</p> <p>Please note that if a group adds employees or dependents after their initial group set up date, the employer will be responsible for those premiums. No broker commission will be impacted.</p>
Blue Shield of California	<p>Consistent with our mission to ensure all Californians have access to quality care that is sustainably affordable, Blue Shield decided to provide premium assistance for individuals and small businesses and bring their accounts current through the August coverage period and prevent members from losing health coverage.</p> <p>Premium assistance is provided by covering the Total Amount Due on the customers' last bill to bring their accounts current for August coverage. We will not seek or require repayment and there are no conditions for receiving premium assistance including continued enrollment or re-enrollment beyond this coverage period. This program is through August coverage period only.</p> <p>I am proud Blue Shield decided to support our membership deemed most vulnerable to the economic impacts of COVID-19. Our sole purpose was solely to help our members in need. It is important, however, that we share the program with you now in consideration of impacts to your commissions. Commissions are paid based on premiums received from customers. Your clients included in the program will show active in your client roster but may not be reflected in your commission statement for August. If a customer made payment after premium assistance was applied, the payment is credited for the September coverage period.</p>
California Dental Network	No
CaliforniaChoice	<p>Yes, will be applying a one-time 10 percent credit to a group's August 2020 invoice. This credit is calculated based on a percentage of the client's August premium for their UnitedHealthcare membership only. New business groups effective 8/1/2020 or later do not qualify. The premium credit of 10 percent will affect a brokers August commission.</p> <p>Yes, a one-time 15 percent credit for all members enrolled on Anthem during the month of April will be applied to your existing group's September 2020 invoice. New business groups effective 9/1/2020 or later do not qualify. The premium credit of 15 percent will not affect your broker commission. Anthem Blue Cross has also included terminated groups that have paid their Anthem April premium. A check reflecting the one-time 15 percent Anthem credit will be sent directly to the group.</p>
Chinese Community Health Plan	No
Cigna	Reviewed on a case-by-case basis. Contact your Client Manager to discuss
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	All plans will receive a one-month premium holiday for September 2020. Broker commission payments will not be impacted by this action.
Guardian	Yes, financial assistance for new and in-force dental and vision plans are available. A group can elect to receive a one-month premium credit for their fully-insured

	<p>Guardian dental and vision plans OR an extended rate guarantee on dental and vision.</p> <p>Premium Credit –</p> <ul style="list-style-type: none"> - If you are a current Guardian planholder, the premium credit will be applied to your second bill after your renewal, beginning with September 2020 renewals through August 2021. For example, if your renewal date is September 1, the premium credit will be applied to your October bill. - If you are not yet a Guardian customer, the credit will be applied to your first bill for dental and vision cases with July 2020 effective dates through March 2021. <p>Rate Guarantee –</p> <ul style="list-style-type: none"> - Existing dental and vision customers may choose a two-year rate guarantee on both products. - New customers may choose a two-year rate guarantee for dental and a two-or three-year rate guarantee for vision. <p>Groups must make their election and notify Guardian 30 days prior to their renewal date.</p>
Health Net	No
Humana	No
Inshore Benefits	Delta Dental - All plans will receive a one-month premium holiday for October 2020. Premiums that were collected in June will reflect as a credit on their October invoice. Broker commission payments will not be impacted by this action.
Kaiser Permanente	No
Landmark Healthplan	No
Lincoln Financial Group	No
MediExcel Health Plan	No
MetLife	Customers with fully insured dental PPO plans will receive a premium credit on a future bill in the amount of 25% for the months of April and May, 2020. All other are reviewed on a case-by-case basis. Contact MetLife Underwriting to discuss
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Customers with fully insured dental policies will receive a 10% premium credit for the months of June-October 2020, based on the prior month's billed premium. Excludes self-funded coverage. Self-accounting customers can calculate a 10% reduction in premium for their June-October 2020 billing.
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	Pending carrier response
UnitedHealthcare	UHC fully insured active small and large groups will receive premium rebate on May premium paid in the form of a premium credit on the July invoice, which is available in June. The amount will vary by customer, based on a number of factors, including the type/s of group plans and the premium rates. Fully Insured Small Groups: 10%, Fully Insured Large Groups: 10%, Fully Insured Group Dental: 50% and applies to California. Your UHC AE or SAE will be able to confirm any other state that you need % confirmation on. For specific questions, please contact Client Service Operations 800-591-9911
UNUM	Pending carrier response
Western Health Advantage	No

If an employer closes their business can the company continue to pay premiums for enrolled members until they are able to re-open?

Carrier	Carrier Response
Aetna	Yes, as long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic (2) employer continues to pay their monthly premium and (3) employer does not terminate the employee(s). This is available to customers until September 30, 2020.
Anthem Blue Cross	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage through December 31, 2020, as long as the monthly premium payment is received.
Blue Shield of California	Yes, as long as the monthly premium payment is received. Available through June 30, 2020.
California Dental Network	Yes, as long as the monthly premium payment is received
CaliforniaChoice	Yes, as long as the monthly premium payment is received
Chinese Community Health Plan	Yes
Cigna	Yes, at the request of the employer, Cigna will allow the employee(s) to remain on the plan for the duration of the extended relief period as long as fee or premium payments are made. The changes to eligibility would be available for all funding types. Clients must confirm that the employees who remain on the plan through these relaxed eligibility guidelines were active and covered by the plan as of March 1, 2020. Cigna reserves the right to audit. The "extended relief period" starts on March 16, 2020 and goes through May 31, 2020.
Community Care Health	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage as long as the monthly premium payment is received. This is effective through May 31, 2020.
Covered California for Small Business	Yes
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Yes, effective March 1, 2020 through June 30, 2020. No extension offered at this time.
Health Net	Yes, as long as the monthly premium payment is received. Available through May 31, 2020.
Humana	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off or furloughed will be eligible for coverage as long as the monthly premium payment is received. This is effective through May 31, 2020 December 31, 2020.
Inshore Benefits	Yes
Kaiser Permanente	Yes, as long as the monthly premium payment is received
Landmark Healthplan	Yes
Lincoln Financial Group	Yes, as long as the monthly premium payment is received
MediExcel Health Plan	Clients terming their last member can remain active for a six-month period and have their current contract honored
MetLife	Group Life, AD&D, Dental, Vision, Accident & Health and Legal coverage: Yes, for 12 months Group Disability: Yes, through May 31, 2020 In all instances the monthly premium payment must continue to be receive
National General	Yes, through May 31, 2020, as long as the monthly premium payment is received
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Yes, coverage remains active through May 31, 2020, as long as the monthly premium payment is received
Sharp Health Plan	Yes, through September 30, 2020, as long as the monthly premium payment is received
Sutter Health Plus	Yes
The Hartford	Yes, as long as the monthly premium payment is received. This is available March 1, 2020 through May 31, 2020. No extension offered at this time. If there are any client's that need extensions, they will be reviewed on a case by case basis.
UnitedHealthcare	Yes, as long as there is one active employee and the monthly premium payment is received. This is available until further notice.
UNUM	Pending carrier response
Western Health Advantage	Reviewed on a case-by-case basis. Clients should contact the WHA Sales Department

If an employer is unable to pay their premiums after the allotted grace period, would they be termed and if so would the term date retroactive or with a future termination date?

Carrier	Carrier Response
Aetna	Yes, with a future effective date
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Clients should contact the Blue Shield Billing Team (800-325-5166) to discuss options. If they do cancel it will be as of the last paid to date.
California Dental Network	Yes, with a retroactive termination date
CaliforniaChoice	The group would be termed after the grace period (i.e. employer has accepted the extended grace period for March and is unable to make the premium payment by the end of April, the group will be terminated effective April 30, 2020.
Chinese Community Health Plan	On a case-by-case basis, CCHP may provide a longer grace period for employers to pay premiums. If premiums are not paid, termination date will remain the date after the grace period. Standard grace period is 30-days.
Cigna	Yes, with a retroactive termination date
Community Care Health	On a case-by-case basis
Covered California for Small Business	The group would be termed after the grace period (i.e. employer did not pay April, termed May 1 st , but have until May 30 th to pay. If they do not pay by this time the coverage will cancel May 1 st).
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Coverage will terminate retroactively to the last date of the paid coverage and no future dates of loss or dates of service will be covered or reimbursable
Health Net	Standard guidelines apply since Health Net is not offering an extended grace period
Humana	They would be terminated retroactively to the paid to date, as per normal guidelines
Inshore Benefits	Yes, with a retroactive effective date that goes 60 days back to when the grace period began
Kaiser Permanente	Kaiser will continue to send bills and notices as normal practice, however, Kaiser will not terminate groups for late payments during April. Clients should contact the Kaiser Permanente California Service Center (800-731-4661 opt. 4) to discuss options if hardship will go beyond April.
Landmark Healthplan	Yes, group would be responsible for any outstanding amount due
Lincoln Financial Group	Coverage will term if premium is not paid by the end of the grace period (currently extended to 60 days, longer if the policy or state requires it). The original premium due date is the date of termination.
MediExcel Health Plan	The employer would have an option for a payment plan, if they cannot participate in the payment plan, they would be termed at end of the grace period
MetLife	Reviewed on a case-by-case basis
National General	Pending carrier response
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	The group would be termed after the grace period
Sutter Health Plus	Current guidelines apply
The Hartford	Cancellation date is usually 14 days after the grace period expires
UnitedHealthcare	Current guidelines apply
UNUM	Pending carrier response
Western Health Advantage	The account will be terminated back to when their true grace period ended. This allows WHA to follow established termination guidelines while providing employers with an extended grace period.

Eligibility

Will you allow employees who drop below full-time status to remain on the health insurance without the employer having to add part-time eligibility?

Carrier	Answer
Aetna	Yes, as long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic (2) employer continues to pay their monthly premium and (3) employer does not terminate the employee(s). This is available to customers until September 30, 2020.
Anthem Blue Cross	Yes, Anthem's requirement for employees to be actively working will be relaxed through December 31, 2020 as long as the monthly premium payment is received. Life and/or disability: If an employee's hours fall below the minimum, these employees will be treated as if they are on an approved leave of absence and will remain eligible for coverage within the plan they were in prior to the reduction in hours. Premiums must continue to be remitted to Anthem for the original amount of insurance prior to the reduction in hours. Coverage eligibility will be based on the number of the hours working as of the end of the month prior to the date of the reduction in hours. For those benefits based on salary or wages as of the last date worked, we will utilize the salary or wages as of the end of the month prior to the date of the reduction in hours. This accommodation will be effective March 1, 2020 through July 31, 2020. We will continue to monitor this situation and will provide additional guidance as it becomes available.
Blue Shield of California	Fully insured groups: The terms of the group service agreement continue to apply to employee eligibility for coverage. Please refer to your agreement, and note that there are provisions in most group service agreements that may allow for continued coverage for members who are impacted by a temporary suspension of work or temporary reduction of hours in certain circumstances (such as a layoff, furlough, or approved leave of absence), if permitted under the employer's policies regarding coverage, under the following conditions: <ul style="list-style-type: none"> • If the subscriber ceases active work because of a disability due to illness or bodily injury, or because of an approved leave of absence or temporary layoff, payment of dues for that subscriber shall continue coverage in force in accordance with the employer's policy regarding such coverage. • If the employer is subject to the California Family Rights Act of 1991 and/or the Federal Family & Medical Leave Act of 1993, and the approved leave of absence is for family leave pursuant to such Acts, payment of dues for that subscriber shall keep coverage in force for the duration(s) prescribed by the Acts. The employer is solely responsible for notifying employees of the availability and duration of family leaves. ASO/SA+: Self-funded groups/Plan sponsors typically determine eligibility and continuation of group coverage, which should be described in the plan document. If the plan document does not detail furlough or reduction-in-force situations, the plan sponsor would have to make a determination of how to proceed with employees in these situations. For example, employees (and their dependents) who lose eligibility for coverage due to a furlough or reduction in force may be eligible to elect continuation coverage under COBRA or Cal-COBRA. If the employer/plan sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off/furloughed and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.
California Dental Network	CDN has very flexible eligibility guidelines and will work with employers to accommodate their unique needs at this time
CaliforniaChoice	Yes, as long as the monthly premium payment is received
Chinese Community Health Plan	Yes, as long as the monthly premium payment is received
Cigna	Yes, at the request of the employer, if the employee has their hours reduced or is furloughed as of March 1, 2020, Cigna will allow the employee(s) to remain on the plan for the duration of the extended relief period as long as fee or premium payments are made. The changes to eligibility would be available for all funding types. Clients must confirm that the employees who remain on the plan through these relaxed eligibility guidelines were active and covered by the plan as of March 1, 2020. Cigna reserves the right to audit. The "extended relief period" starts on March 16, 2020 and goes through May 31, 2020.

Community Care Health	Yes, as long as the monthly premium payment is received
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	For Group Dental, Vision, Life/AD&D, and/or Supplementary Health coverages – employees whose reduction in hours began at any point between March 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 12 months from the start of the reduced hour period. For Short Term and Long Term Disability – employees whose reduction in hours began at any point between March 1, 2020 and March 31, 2020 will be considered benefit eligible until July 31, 2020. Employees whose reduction in hours began between April 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 90 days from the reduced hour period. Monthly premiums must continue to be paid. No extension offered at this time.
Health Net	Yes, through July 31, 2020, as long as the monthly premium payment is received
Humana	Yes, as long as the monthly premium payment is received. Available through December 31, 2020.
Inshore Benefits	Yes
Kaiser Permanente	Yes, as long as the monthly premium payment is received
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes, LFG's requirements for employees to be actively at work will be relaxed through October 31, 2020, or in accordance with the Continuation provisions in their policy if they are more generous, as long as the monthly premium payment is received
MediExcel Health Plan	Yes
MetLife	Group life, dental, AD&D, vision, accident & health and legal coverage: Yes, they may continue their coverage for 12 months from the date of the furlough, temporary lay-off or reduced hours/salary) Group disability: Yes, between March 1, 2020 through May 31, 2020 they may continue their coverage for 60 days from the date of the furlough, temporary lay-off or reduced hours/salary)
National General	Yes, through May 31, 2020 as long as the monthly premium payment is received. Any such waiver or change will only apply to enrolled employees who were previously considered eligible for coverage under the prior (standard) minimum hourly requirement. The standard eligibility hourly requirements will apply to all employees who were not previously covered. All other eligibility and payment requirements will still apply.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Yes, any employee with a reduced schedule or furlough/layoff on or after March 1, 2020 until June 30, 2020 may continue coverage for 90 days, from the start date of the schedule reduction or furlough/layoff, as long as the monthly premium payment is received
Sharp Health Plan	Yes, through September 30, 2020, as long as the monthly premium payment is received
Sutter Health Plus	Employer discretion
The Hartford	Yes, as long as the monthly premium payment is received. This is available March 1, 2020 through May 31, 2020. No extension offered at this time. If there are any client's that need extensions, they will be reviewed on a case by case basis.
UnitedHealthcare	For health plan products: UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, and the employee was eligible for and enrolled in coverage before the absence/furlough, the coverage will remain in force the later of October 22, 2020, or no longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave. Coverage may be extended, if required by local, state or federal rules. Please note that you must offer this coverage on a uniform, non-discriminatory basis. For Life, Accidental Death & Dismemberment (AD&D), Critical Illness Protection (CIPP), Accident Protection (APP), Hospital Indemnity Protection (HIPP) products: As long as the employer continues to pay the

	<p>monthly premium, coverage due to an approved layoff, is outlined in the Termination of Covered Person Insurance or Termination of Covered Employee Insurance section of these policies. It may vary by customer. Refer to your actual Certificate(s) of Coverage for specifics on your plan(s).</p> <p>By way of reference, UnitedHealthcare’s standard language (which applies to most customers) for all of these products allows for coverage to continue due to an approved layoff for up to 3 months from the date he/she stopped active work.</p> <p>For Short Term Disability (STD), Long Term Disability (LTD) products: As long as the employer continues to pay the monthly premium, coverage due to an approved layoff is outlined in the Termination of Covered Person Insurance section of these policies. It may vary by customer. By way of reference, UnitedHealthcare’s standard language allows for coverage to continue due to a temporary layoff until the end of the month following the month in which the layoff began.</p>
UNUM	<p>Small Group: Yes, as long as the monthly premium payment is received Large Group: Yes, for an additional 30 days, as long as the monthly premium payment is received</p>
Western Health Advantage	<p>WHA will be as flexible as possible with enrollment rules such as minimum hours, waiting periods, employer contribution changes, and plan downgrades (for employers and individuals). Please email any requests to whasales@westernhealth.com or call 888.499.3198 to discuss changes to enrollment provisions within your policy.</p>

If an employee takes a sabbatical or temporary leave of absence (furlough), can they keep their benefit intact for a few months without being paid a salary?

Carrier	Answer
Aetna	Yes, as long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic (2) employer continues to pay their monthly premium and (3) employer does not terminate the employee(s). This is available to customers until September 30, 2020.
Anthem Blue Cross	Yes, Anthem's requirement for employees to be actively working will be relaxed through December 31, 2020 as long as the monthly premium payment is received
Blue Shield of California	<p>Fully insured groups: The terms of the group service agreement continue to apply to employee eligibility for coverage. Please refer to your agreement, and note that there are provisions in most group service agreements that may allow for continued coverage for members who are impacted by a temporary suspension of work or temporary reduction of hours in certain circumstances (such as a layoff, furlough, or approved leave of absence), if permitted under the employer's policies regarding coverage, under the following conditions: • If the subscriber ceases active work because of a disability due to illness or bodily injury, or because of an approved leave of absence or temporary layoff, payment of dues for that subscriber shall continue coverage in force in accordance with the employer's policy regarding such coverage. • If the employer is subject to the California Family Rights Act of 1991 and/or the Federal Family & Medical Leave Act of 1993, and the approved leave of absence is for family leave pursuant to such Acts, payment of dues for that subscriber shall keep coverage in force for the duration(s) prescribed by the Acts. The employer is solely responsible for notifying employees of the availability and duration of family leaves.</p> <p>ASO/SA+: Self-funded groups/Plan sponsors typically determine eligibility and continuation of group coverage, which should be described in the plan document. If the plan document does not detail furlough or reduction-in-force situations, the plan sponsor would have to make a determination of how to proceed with employees in these situations. For example, employees (and their dependents) who lose eligibility for coverage due to a furlough or reduction in force may be eligible to elect continuation coverage under COBRA or Cal-COBRA. If the employer/plan sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off/furloughed and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.</p>
California Dental Network	CDN has very flexible eligibility guidelines and will work with employers to accommodate their unique needs at this time
CaliforniaChoice	Yes, as long as the monthly premium payment is received
Chinese Community Health Plan	Yes, as long as the monthly premium payment is received
Cigna	Yes, at the request of the employer, if the employee has their hours reduced or is furloughed as of March 1, 2020, Cigna will allow the employee(s) to remain on the plan for the duration of the extended relief period as long as fee or premium payments are made. The changes to eligibility would be available for all funding types. Clients must confirm that the employees who remain on the plan through these relaxed eligibility guidelines were active and covered by the plan as of March 1, 2020. Cigna reserves the right to audit. The "extended relief period" starts on March 16, 2020 and goes through May 31, 2020.
Community Care Health	Yes, as long as the monthly premium payment is received
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	<p>For Group Dental, Vision, Life/AD&D, and/or Supplementary Health coverages – employees whose furloughed or layoff began at any point between March 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 12 months from the start of the furlough or layoff.</p> <p>For Short Term Disability – employees whose furlough or layoff began at any point between March 1, 2020 and March 31, 2020 will be considered benefit eligible until July 31, 2020. Employees whose Furlough or layoff began between April 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 90 days from the start of the furlough or layoff.</p> <p>For Long Term Disability – Guardian will follow any layoff/furlough provisions within the existing contract. Monthly premiums must continue to be paid. No extension offered at this time.</p>

Health Net	Yes, through July 31, 2020 as long as the monthly premium payment is received
Humana	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off or furloughed will be eligible for coverage as long as the monthly premium payment is received. This is effective through-December 31, 2020.
Inshore Benefits	Yes
Kaiser Permanente	Yes, as long as the monthly premium payment is received
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes, LFG's requirements for employees to be actively at work will be relaxed through October 31, 2020, or in accordance with the Continuation provisions in their policy if they are more generous, as long as the monthly premium payment is received
MediExcel Health Plan	Yes
MetLife	Group life, dental, AD&D, vision, accident & health and legal coverage: Yes, they may continue their coverage for 12 months from the date of the furlough, temporary lay-off or reduced hours/salary) Group disability: Yes, between March 1, 2020 through May 31, 2020 they may continue their coverage for 60 days from the date of the furlough, temporary lay-off or reduced hours/salary)
National General	Yes, through May 31, 2020 as long as the monthly premium payment is received. Any such waiver or change will only apply to enrolled employees who were previously considered eligible for coverage under the prior (standard) minimum hourly requirement. The standard eligibility hourly requirements will apply to all employees who were not previously covered. All other eligibility and payment requirements will still apply.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Yes, any employee with a reduced schedule or furlough/layoff on or after March 1, 2020 until June 30, 2020 may continue coverage for 90 days, from the start date of the schedule reduction or furlough/layoff, as long as the monthly premium payment is received
Sharp Health Plan	Yes, through September 30, 2020, as long as the monthly premium payment is received
Sutter Health Plus	Employer discretion
The Hartford	Yes, as long as the monthly premium payment is received. This is available March 1, 2020 through May 31, 2020. No extension offered at this time. If there are any client's that need extensions, they will be reviewed on a case by case basis.
UnitedHealthcare	<p>For health plan products: UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, and the employee was eligible for and enrolled in coverage before the absence/furlough, the coverage will remain in force the later of October 22, 2020, or no longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave. Coverage may be extended, if required by local, state or federal rules. Please note that you must offer this coverage on a uniform, non-discriminatory basis.</p> <p>For Life, Accidental Death & Dismemberment (AD&D), Critical Illness Protection (CIPP), Accident Protection (APP), Hospital Indemnity Protection (HIPP) products: As long as the employer continues to pay the monthly premium, coverage due to an approved layoff, is outlined in the Termination of Covered Person Insurance or Termination of Covered Employee Insurance section of these policies. It may vary by customer. Refer to your actual Certificate(s) of Coverage for specifics on your plan(s).</p> <p>By way of reference, UnitedHealthcare's standard language (which applies to most customers) for all of these products allows for coverage to continue due to an approved layoff for up to 3 months from the date he/she stopped active work.</p> <p>For Short Term Disability (STD), Long Term Disability (LTD) products: As long as the employer continues to pay the monthly premium, coverage due to an approved layoff is outlined in the Termination of Covered Person Insurance section of these policies. It may vary by customer. By way of reference, UnitedHealthcare's standard language allows for coverage to continue due to a</p>

	temporary layoff until the end of the month following the month in which the layoff began.
UNUM	Yes, furloughed employees will remain eligible for coverage for 60 days or the length of the temporary layoff provision in your contract, whichever is greater for life and disability. Furloughed employees will remain eligible for coverage for up to a year, as long as the premiums are paid for dental and vision.
Western Health Advantage	Yes, as long as the monthly premium payment is received. Alternatively, employers have the option to continue to pay premium for terminated employees who elect to enroll in COBRA. Employers can set a specific amount of time they are committing to pay the premium.

If an employee is furloughed BEFORE their eligibility date (i.e. case is in underwriting or new hire to become effective 4/1), how will these employees be handled? Can they still be enrolled?

Carrier	Answer
Aetna	Employer discretion
Anthem Blue Cross	They must wait until they are actively at work and wait the applicable waiting period
Blue Shield of California	Employer discretion
California Dental Network	Yes, as long as monthly premium is paid
CaliforniaChoice	They must wait until they are actively at work and wait the applicable waiting period
Chinese Community Health Plan	CCHP is currently allowing employees who were furloughed before their eligibility date to enroll after the open enrollment period
Cigna	Employee must have been actively at work, working 30 or more hours per week as of March 1, 2020. Otherwise, they are not eligible to enroll until they are actively back at work.
Community Care Health	Employer discretion
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Employees previously covered by the prior carrier's plan will be considered "actively at work" while on furlough, lay off or leave when the plan transitions to Guardian as an accommodation through June 30, 2020, provided premiums are paid. New hires will also be considered "actively at work" while on furlough, lay off or leave as an accommodation through June 30, 2020 provided premiums are paid. Their employment waiting period under the plan will continue to accrue as normal during the furlough period.
Health Net	Yes
Humana	Small Group: Reviewed on a case-by-case basis Large Group: If the employee is not in active status during their new hire probationary period, the date the member returns back to work will be their new date of hire and the member would be subject to the NHPP at that time
Inshore Benefits	Employer discretion
Kaiser Permanente	If the employee is on a recent DE9C/payroll with eligible wages, enroll as usual. If wages on the DE9C/payroll are below the minimum due to furlough or reduced hours, employees may enroll based on the following criteria: <ul style="list-style-type: none"> • The employer intends them to work 20+ hour average workweek by 12/1/2020 • The furlough or reduction in hours started on/after 3/4/2020 (the date the State of Emergency was declared in CA) • Employees are otherwise eligible • The California Governor's state of emergency is still in effect at the time of submission Employers will have to provide the standard documentation (DE9C if available; payroll if not; etc.) – provide notations for any low-wage employees, such as furlough or COVID reduced hours. A sole prop owner is eligible for coverage even if the only W-2 employee is furloughed or has reduced hours per the stipulations above.
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes
MediExcel Health Plan	Employer discretion
MetLife	Case in underwriting: Still under review with MetLife senior leadership. In-force business: For Life, Dental, Vision, MetLife Legal Plans and Accident & Health coverages, the member can still be enrolled as long as the monthly premium is paid. Optional Life coverage above the guaranteed issue, coverage can only be made effective when evidence of insurability is completed, reviewed and approved by MetLife. Disability coverage cannot be effective until the employee is actively at work.
National General	Employer discretion
Oscar Health Plan of California	Pending carrier response

Principal Financial Group	Pending carrier response
Sharp Health Plan	Employer discretion
Sutter Health Plus	Employer discretion
The Hartford	Pending carrier response
UnitedHealthcare	Yes, as long as monthly premium is paid. Proof of employment is still required.
UNUM	Pending carrier response
Western Health Advantage	Employer discretion

In regards to COBRA/Cal-COBRA, how does this impact QE dates and windows to elect coverage (i.e., employers continuing benefits for employees with reduction of hours or layoff – what happens if they can’t bring the people back later)?

Carrier	Carrier Response
Aetna	See Aetna Aetna Extended Timeframes for COBRA and ERISA Benefit Plans for details
fAnthem Blue Cross	<p>Under the guidance, ERISA group health and disability plans must push back certain due dates effective March 1 until 60 days after the end of the declaration of the National Emergency or “Outbreak Period,” whichever is later. The following due dates are suspended:</p> <ul style="list-style-type: none"> • The 30-day period (or 60-day period, if applicable) to request special enrollment • The 60-day election period for COBRA continuation coverage • The date for making COBRA premium payments • The date for individuals to notify the plan of a qualifying event or determination of disability • The date within which individuals may file a benefit claim under the plan’s claims procedure • The date within which claimants may file an appeal of an adverse benefit determination under the plan’s claims procedure • The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination • The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete. <p>Anthem will enroll participants and suspend timeframes for claims and appeals in a manner consistent with the guidance for group health and disability plans effective March 1, 2020. Anthem will forward independent external reviews requests consistent with plan timeframes.</p> <p>How much additional time will members or employers have to submit eligibility, COBRA payment, or claims information?</p> <p>It depends. Timeframes are suspended until 60 days after the end of the National Emergency or Outbreak Period. After this 60-day period, Anthem will start counting days against timeframes. Because each situation may be different, Anthem recommends submitting information as soon as possible.</p>
Blue Shield of California	Standard process applies
California Dental Network	If a client submits a former employee for COBRA/Cal-COBRA coverage, CDN will administer and support without limitations.
CaliforniaChoice	Standard process applies
Chinese Community Health Plan	COBRA/Cal-COBRA qualifying event date will be based on what employer indicates as last day worked. Employers may not retroactively terminate employee’s benefit (i.e. Employee is not working April due to shelter-in-place and employer continues benefits for employee, the employer is responsible for the premiums. Employee does not return to work in May, employer terminates benefits starting May and COBRA/Cal-COBRA election begins in May)
Cigna	Standard process applies
Community Care Health	COBRA/Cal-COBRA qualifying event date will be based on what employer indicates as last day worked. Employers may not retroactively terminate employee’s benefit (i.e. Employee is not working April due to shelter-in-place and employer continues benefits for employee, the employer is responsible for the premiums. Employee does not return to work in May, employer terminates benefits starting May and COBRA/Cal-COBRA election begins in May)
Covered California for Small Business	Standard process applies
Delta Dental (Allied Administrators)	Standard process applies
Guardian	Standard process applies
Health Net	Standard process applies
Humana	Standard process applies
Inshore Benefits	Inshore will continue to follow state and federal laws and will allow a 90-day window for enrollment of these members.
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Eligibility will follow group-sponsored medical plan

Lincoln Financial Group	Standard process applies
MediExcel Health Plan	Standard process applies
MetLife	MetLife will defer to the customer’s certificate. However, the general position is still in review with senior leadership.
National General	Standard process applies
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	<p>We’ve adjusted applicable processes and are in full compliance. As of March 1, 2020, the DOL’s final rule, Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak, extends:</p> <ul style="list-style-type: none"> • the election period for newly unemployed individuals to enroll in a COBRA plan, • the election period for individuals who’ve had a qualifying event, and • claim filing deadlines.
Sharp Health Plan	Standard process applies
Sutter Health Plus	Standard process applies
The Hartford	Pending carrier response
UnitedHealthcare	Standard process applies
UNUM	Pending carrier response
Western Health Advantage	WHA will allow an employer to continue paying for coverage for a furloughed employee or with reduced hours during this time. In the event the employee is not hired back, that date of coverage termination will be the COBRA/Cal-COBRA election date.

If employees are laid off and later rehired, will you waive the new hire/rehire waiting period?

Carrier	Carrier Response
Aetna	Yes, through September 30, 2020, Aetna is prepared to support changes to the waiting period rules. Any change in the waiting period rules that extends into the next plan year will be considered in the renewal. Employee enrollment form would be required for any employee that is rehired. Indicate their rehire date on the enrollment form.
Anthem Blue Cross	<p>Through December 31, 2020 Anthem will allow subscribers rehired within 60 days of termination to be reinstated without a break in coverage. Employer is responsible for back-payment of the premiums. If the employee is rehired within 61-92 days after a break in employment, there will be a break in coverage. However, the probationary or service waiting period will be waived. Employer needs to let Anthem know what effective date to use (would either be rehire date or some date in the future).</p> <p>Employee enrollment form would be required for any employee that is rehired. The employer will need to indicate on the application and/or email that the rehire request is due to Qualifying Event: COVID-19.</p> <p>Note: If a member was laid off, elected COBRA coverage but rehired within 60 days, the COBRA coverage will be cancelled and the member will reinstate without a lapse in coverage. If it's a Cal COBRA member, Anthem will send a refund for premiums paid. If it's a Federal COBRA member then the group or their TPA would need to refund the member.</p> <p>Short-term Disability, Long-term Disability and or Life: For employees who are terminated due to COVID-19 and are rehired within 12 months at an equivalent plan design, we will not require a new Eligibility Waiting Period or EOI. We will credit the amount of time you were previously insured under your Anthem policy toward the satisfaction of policy time limits. In addition, the employee's original effective date will be used to determine if a pre-existing condition review is warranted.</p> <ul style="list-style-type: none"> • For employees who are rehired after 12 months and reinstate coverage, we will treat them as newly hired employees.
Blue Shield of California	If rehired within 6 months, the benefit waiting period will be waived and the member will be effective the date of rehire. Employee enrollment form (with re-hire section completed) would be required for any employee that is rehired. The re-hire date should be listed as the date of hire. This may also be completed via the online employer portal.
California Dental Network	Yes, CDN has no waiting period requirements.
CaliforniaChoice	Employer discretion. Employee application would be required for any employee that is rehired. Indicate the effective date at the top of the form.
Chinese Community Health Plan	Yes. Employee application along with email from employer would be required for any employee that is rehired. Indicate this is a COVID-19 rehire/exception.
Cigna	Yes
Community Care Health	Yes. Employee application or note from employer would be required for any employee that is rehired. Indicate this is a COVID-19 rehire.
Covered California for Small Business	Employer discretion. Employee change form would be required for any employee that is rehired.
Delta Dental (Allied Administrators)	Yes, if rehired within 6 months of termination. An email is acceptable for notifying Allied Administrators of the rehired effective date.
Guardian	Yes, restrictions apply. See Guardian COVID-19 FAQ Special Accommodations for Employees section for further details. Effective date will be their rehire date.
Health Net	Yes, if rehired by May 31, 2020. Employee application would be required for any employee that is rehired. In the top section, in the "other" section indicate COVID-19 rehire and the effective date.
Humana	Yes, Employee application would be required for any employee that is rehired. Indicate <u>COVID-19 rehire, waiving new employee waiting period on the form.</u>
Inshore Benefits	If rehired within 30 days of term date, Inshore will retro enroll them without a lapse in coverage. If rehired after 30 days, Inshore will allow them to enroll without a waiting period on the first day of the month following their new hire date. Email from the group administrator will be required and must include the following: (a) indicate whether this is a COVID-19 rehire or reinstatement (b) if rehire and waiting period is to be waived, indicate that (c) if a reinstatement, indicate this is to be reinstated back to the original term date (this can only be done within 90 days).

Kaiser Permanente	<p>Small Group: Kaiser Permanente will allow the group to define the waiting period when the employee returns to work, with no minimum, but no greater than 90 days. Employee enrollment form would be required for any employee that is rehired with the effective date listed on the form.</p> <p>Large Group: Kaiser Permanente will allow the group to define the waiting period, as long as the waiting period and employer contribution are consistent for all employees</p>
Landmark Healthplan	Eligibility will follow group-sponsored medical plan. Member enrollment form or Enrollment Census would be required for any employee that is rehired. Indicate COVID-19 rehire, waiving new employee waiting period on the form.
Lincoln Financial Group	<p>For employees whose coverage terminated due to a COVID-19 layoff or furlough and who are rehired within six months of the coverage termination date, benefits can be reinstated within 31 days of returning to work. Longer timeframes will apply if they are stated in the policy. New pre-existing conditions or eligibility periods will not apply. Evidence of insurability is not required if the same coverage amount (or less) is reinstated.</p> <p>Employee application or email (that includes all the proper member level census information) from the employer will suffice. Indicate COVID-19 rehire and the effective date on either the form or email.</p>
MediExcel Health Plan	Yes, Employee enrollment form would be required for any employee that is rehired. Indicate rehire within the body or subject line of the email.
MetLife	<p>Group Life, AD&D, Accident and Health, Dental and Vision: Yes, if rehired within 6 months</p> <p>Disability: Yes, if rehired within 3 months</p> <p>An email from the employer advising the employee has been rehired as of (XXXXX) date. The effective date will be the date they are rehired.</p>
National General	Yes, if rehired within 90 days of termination. Employee enrollment form would be required for any employee that is rehired. On the enrollment form, check the box to indicate it is a "rehire" and provide the date of termination and the date of rehire.
Oscar Health Plan of California	No
Principal Financial Group	For employees whose coverage terminates due to layoff or furlough and are rehired within six months of the termination date and before December 31, 2020, benefits are reinstated without a new hire waiting period. After December 31, provisions detailed in your policy's reinstatement section will apply. Any form of notification will be accepted by Principal to rehire any employee. Include the member's name and date of return.
Sharp Health Plan	Yes, through May 31, 2020. Employee application would be required for any employee that is rehired. The employer can provide a quick note in the email body and be sure to include the effective date in the request.
Sutter Health Plus	SHP does not monitor new hire/rehire waiting periods, therefore, this is employer discretion. Employee enrollment form is required and should be submitted to shpenrollmentmailbox@sutterhealth.org . No additional information is required as SHP does not collect date of hire on enrollment forms.
The Hartford	Pending carrier response
UnitedHealthcare	Yes. Any form of notification will be accepted by UHC to rehire any employee. Indicate COVID-19 rehire, waiving new employee waiting period.
UNUM	Pending carrier response
Western Health Advantage	Employer discretion. WHA will accept the employer's instruction for a waiting period that differs from what is in the policy (not to exceed first of the month following 60 days). Employee enrollment/change form would be required for any employee that is rehired. The employer can provide a quick note in the email body indicating to waive the waiting period.

If employees must remove their dependents due to cost or furlough, will you allow the dependents to later be re-enrolled outside of open enrollment?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	Pending carrier response
Blue Shield of California	No
California Dental Network	Yes
CaliforniaChoice	No
Chinese Community Health Plan	Yes
Cigna	No
Community Care Health	Employer discretion, however, the employer should consult with the tax advisor to determine potential Section 125 impact
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	No
Humana	No
Inshore Benefits	Yes
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	No
MediExcel Health Plan	Yes
MetLife	MetLife will defer to the customer's certificate. However, the general position is still in review with senior leadership.
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	No
Sutter Health Plus	Employer discretion
The Hartford	Pending carrier response
UnitedHealthcare	No
UNUM	Pending carrier response
Western Health Advantage	No, unless the employer elects to offer a one-time open enrollment off renewal for a specific date to all employees and their dependents

Will you allow employers to waive their new hire waiting period so employees can access their health insurance quicker?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	No
Blue Shield of California	No, current waiting period guidelines apply
California Dental Network	Yes
CaliforniaChoice	No
Chinese Community Health Plan	Yes
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	No, current waiting period guidelines apply
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	No
Health Net	Pending carrier response
Humana	No
Inshore Benefits	Yes
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	No
MediExcel Health Plan	Yes
MetLife	No
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Employer discretion
Sutter Health Plus	SHP does not monitor new hire/rehire waiting periods, therefore, this is employer discretion.
The Hartford	Pending carrier response
UnitedHealthcare	No
UNUM	Pending carrier response
Western Health Advantage	Employer discretion

Would this type of layoff be considered a qualifying event to enroll on individual?

Carrier	Carrier Response
Aetna	Yes
Anthem Blue Cross	Yes
Blue Shield of California	Yes
California Dental Network	N/A
CaliforniaChoice	Yes
Chinese Community Health Plan	Yes
Cigna	Yes
Community Care Health	Yes
Covered California for Small Business	Yes
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Yes
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	Yes
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Yes
MetLife	N/A
National General	Yes
Oscar Health Plan of California	Yes
Principal Financial Group	N/A
Sharp Health Plan	Yes
Sutter Health Plus	Yes
The Hartford	N/A
UnitedHealthcare	Yes
UNUM	N/A
Western Health Advantage	Yes

If employees are left on an employer approved furlough longer than federal guidelines impose, will those employees need to be cancelled and offered COBRA?

Carrier	Carrier Response
Aetna	Employer discretion
Anthem Blue Cross	No, they should follow the groups short term leave of absence policy, which would have been selected on their employer application at initial enrollment.
Blue Shield of California	Employer discretion, provided premiums continue to be paid (must be documented in their own internal employer guide).
California Dental Network	Pending carrier response
CaliforniaChoice	Employer discretion
Chinese Community Health Plan	No, employer remains responsible for the premiums.
Cigna	At the moment, Cigna's relaxed approach to eligibility only lasts until May 31. After that date, Cigna will likely start enforcing eligibility rules. If a person loses eligibility, they will qualify for COBRA.
Community Care Health	Employer discretion
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	When Guardian's extension period through 6/30/2020 ends, or when the employer stops paying premiums, the employee should be offered COBRA as is normally offered when coverage ends. We will communicate any changes regarding this temporary accommodation prior to 6/30/2020, including whether we will be extending the accommodation timeframe, or if we will return to the original contract provisions in your policy regarding eligibility requirements.
Health Net	Health Net's relaxed approach to eligibility only lasts until May 31. After that date, employees would need to be canceled and offered COBRA.
Humana	Employer discretion
Inshore Benefits	Employer discretion
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Yes
Lincoln Financial Group	Pending carrier response
MediExcel Health Plan	Employer discretion
MetLife	Yes
National General	Employer discretion through May 31, 2020
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	At this time we have relaxed our eligibility guidelines through May 31, 2020. We will review once we get closer to this date.
Sutter Health Plus	Employer discretion
The Hartford	Pending carrier response
UnitedHealthcare	At this time we have relaxed our eligibility guidelines through May 31, 2020. Federal furlough can last up to 12 months, well beyond the current relaxed guidelines.
UNUM	Pending carrier response
Western Health Advantage	It is anticipated these relaxed requirements are temporary; normal contract provisions will be expected to resume which may be at the discretion of WHA and furloughed employees would need to move to COBRA

Will you be offering a Special Enrollment Period for those employees who previously waived coverage?

Carrier	Carrier Response
Aetna	Employer discretion to offer. Yes, available to employees and their dependents who previously did not elect coverage. The enrollment period is April 6, 2020 – April 17, 2020. Enrollees can choose either an April 1 or May 1 effective date. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment.
Anthem Blue Cross	Employer discretion to offer, if offering, must be offered universally as to not discriminate. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period will extend from June 8, 2020 to July 31, 2020. Coverage will become effective no later than August 1, 2020. An employee application/change form is required (indicate SEP COVID-19 enrollment at the top). Updated enrollment needs to be received by Anthem by July 31, 2020 at the latest. This does not apply to life and disability plans.
Blue Shield of California	Yes. Available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period is through September 30, 2020, with October 1 as the latest effective date. Enrollment must be received on or before the first of the month for which enrollment is being requested. Submit an enrollment form or Subscriber Change Request form, with the "Other qualifying event (specify)" box checked and indicating "COVID" as the qualifying event. Enrollment rates will be based on the subscribers age at time of enrollment. Small Group: Employers and existing employees may downgrade their plan(s) during this SEP as well. Once changes are processed, the subscriber will need to wait until renewal to make any additional plan changes. Large Group: Blue Shield is offering the ability to downgrade benefits off-cycle on a case-by-case basis for employers. Blue Shield is not allowing a special open enrollment off-anniversary that would allow all employees to choose from any of the plans offered by the employer.
California Dental Network	Yes, no limitations. CDN will honor enrollments based on the requested effective date on the application.
CaliforniaChoice	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period is through April 10, 2020. Coverage will become effective April 1, 2020. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment.
Chinese Community Health Plan	Yes
Cigna	Yes, with underwriting approval Cigna can allow a one-time additional enrollment event between now and May 31, 2020
Community Care Health	Employer discretion. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period will extend from March 25, 2020 through April 6, 2020. Coverage will become effective April 1, 2020. An employee application/change form is required (indicate COVID-19 enrollment at the top). Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment.
Covered California for Small Business	Employer Discretion. Yes, available to employees and their dependents who previously waived coverage. Available through July 31, 2020. Effective date will be first of the month following receipt of the request. Existing employee plan changes are not allowed.
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period is through April 20, 2020. Coverage will become effective April 1, 2020. For small employers, a wage and tax statement will be needed to validate the employee's eligibility. Existing employee plan changes are not allowed.
Humana	No
Inshore Benefits	Employer discretion
Kaiser Permanente	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period is through April 3, 2020. Coverage will become effective April 1, 2020. Applications received between 4/4 and 4/15 can receive a May 1, 2020 effective date, if the employer agrees. An

	employee application form is required. Other restrictions apply. See Kaiser COVID-19 FAQ for details. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment.
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	No
MediExcel Health Plan	Employer discretion. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period is from March 25, 2020 through April 10, 2020. Coverage will become effective April 1, 2020. An employee enrollment form must be received before April 10, 2020. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment.
MetLife	MetLife will be offering SEP on MetLife Legal Plans, Accident & Health and Life insurance. Details to be made available soon.
National General	No
Oscar Health Plan of California	Not at this time
Principal Financial Group	Pending carrier response
Sharp Health Plan	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period will be April 1-15, 2020. The effective date will be May 1, 2020. Existing employee plan changes are not allowed.
Sutter Health Plus	Not at this time
The Hartford	Pending carrier response
UnitedHealthcare	<p>Medical: Employer discretion to offer. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period is from March 23, 2020 through April 13, 2020. Coverage will become effective April 1, 2020. An employee application with a note stating they are enrolling during the COVID-19 Special Enrollment period is required. See Notice of Special COVID-19 Enrollment Opportunity document for eligibility details. The employer may also buy down to a leaner plan during SEP: Between now and May 31, 2020 employers may buy down to a leaner plan. (a) Employer with a single-benefit offering may buy down to a leaner plan. They can also re-enroll their population to the leaner plan design. (b) Employers with multi-option plan designs can temporarily buy down to a leaner plan. In that instance, new enrollees who previously waived coverage can select from any of the plans offered and existing members can move to the new lean plan design and would have to remain on that plan until their next open enrollment. No other benefit changes are permitted. New enrollees previously waiving coverage are excluded beyond the April 13 cutoff for SEP.</p> <p>covid-notice-of-special-enrollment-english covid-notice-of-special-enrollment-spanish</p> <p>Dental & Vision (fully insured): Employer discretion to offer. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period is from May 18, 2020 through May 29, 2020. Coverage will become effective June 1, 2020. Enrollment updates can be submitted via Employer eServices (EeS) by employers or brokers that have been given permission by their client or an employee application with a note stating they are enrolling during the COVID-19 Dental & Vision Special Enrollment period is required. See Notice of Special COVID-19 Dental and Vision Enrollment Opportunity for details</p> <p>covid notice of special enrollment dental and vision</p>
UNUM	Pending carrier response
Western Health Advantage	Employer discretion. Yes, available to employees and dependents who previously waived coverage, WHA will allow a one-time open enrollment date off renewal. The coverage must be offered to all waivers on a specified effective date in a uniform, non-discriminatory basis. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment.

Will you consider a mini open enrollment period for employees to switch between carriers in the event their employer offers dual carrier coverage?

Carrier	Carrier Response
Aetna	Only during the SEP
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Only during the SEP
California Dental Network	Yes
CaliforniaChoice	N/A
Chinese Community Health Plan	No
Cigna	No
Community Care Health	Reviewed on a case-by-case basis
Covered California for Small Business	Reviewed on a case-by-case basis
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	No
Humana	Not at this time
Inshore Benefits	Employer discretion
Kaiser Permanente	Pending carrier response
Landmark Healthplan	N/A
Lincoln Financial Group	No
MediExcel Health Plan	Yes
MetLife	Reviewed on a case-by-case basis
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	SEP is available for those who previously waived. If employee leaves Sharp and participation is lower than minimum they will most likely be recertified at renewal.
Sutter Health Plus	Yes
The Hartford	Pending carrier response
UnitedHealthcare	Only during the SEP
UNUM	Pending carrier response
Western Health Advantage	Yes, the employer should request a one-time open enrollment off renewal in writing and specify the effective date

If W-2 employees have to be converted to 1099 due to COVID-19, will you allow them to remain insured?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Yes
California Dental Network	Yes
CaliforniaChoice	No
Chinese Community Health Plan	Yes
Cigna	Employer discretion as long as the employee was an active employee on March 1, 2020
Community Care Health	No
Covered California for Small Business	CoveredCA would wait for the employer to notify them that the employee is no longer eligible for coverage
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	Yes, through May 31, 2020
Humana	Yes
Inshore Benefits	Employer discretion
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes
MediExcel Health Plan	Yes
MetLife	Reviewed on a case-by-case basis
National General	Yes, provided the group currently offers the coverage to 1099 employees. If they do not currently offer coverage to 1099 employees the client would need to reach out to their Account Manager for assistance.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	1099 Employees are only eligible if they meet the current 1099 guidelines
Sutter Health Plus	Employer discretion
The Hartford	Pending carrier response
UnitedHealthcare	No
UNUM	Pending carrier response
Western Health Advantage	No

If an employee shows low wages on the DE9C due to COVID-19, will these employees be allowed to enroll on the group plan during underwriting?

Carrier	Carrier Response
Aetna	Yes. They must be back at work with eligible full time/part time (if offering PT coverage) hours. Payroll will be required showing eligible hours (30 hrs per week for FT and 20 hrs per week for PT)
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Case by case basis. Underwriting will need to review.
California Dental Network	Pending carrier response
CaliforniaChoice	Yes, they must be back at work with eligible full time/part time (if offering PT coverage) hours. Payroll will be required showing eligible hours (30 hrs per week for FT and 20 hrs per week for PT)
Chinese Community Health Plan	Yes. 2 weeks payroll is required. CCHP is waving the minimum wage and eligible hour requirements for the near term.
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Yes, just mark eligible on the DE9C
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Pending carrier response
Health Net	Yes, they must be back at work with eligible full time/part time (if offering PT coverage) hours. 2 weeks of payroll will be required showing eligible hours (30 hrs per week for FT and 20 hrs per week for PT)
Humana	Pending carrier response
Inshore Benefits	Pending carrier response
Kaiser Permanente	Yes. The following is required: If wages on the DE9c/payroll are below the minimum due to furlough or reduced hours, we will allow these employees to enroll based on the following criteria: <ul style="list-style-type: none"> - The employer intends these employees will work 20+ hour average workweek by 12/1/20 - The furlough or reduction in hours started on/after 3/4/20 (the date the State of Emergency was declared in CA) - Employees are otherwise eligible - The California Governor's state of emergency is still in effect at the time of submission - DE9C, Payroll is required and please notate for any low wage employees, such as furlough or COVID reduced hours
Landmark Healthplan	Pending carrier response
Lincoln Financial Group	Pending carrier response
MediExcel Health Plan	Yes. 2 weeks of payroll showing eligible hours is required.
MetLife	Pending carrier response
National General	Pending carrier response
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Pending carrier response
Sutter Health Plus	Pending carrier response
The Hartford	Pending carrier response
UnitedHealthcare	Yes. No additional tax documentation is required. Group must provide an email confirming the employees hours/wages prior to COVID and confirmation that the low hours are due to COVID. UHC reserves the right to ask for additional payroll post approval.
UNUM	Pending carrier response
Western Health Advantage	Pending carrier response

If an employee is still employed but has reduced hours due to COVID-19, will these employees be allowed to come onto the group plan during underwriting?

Carrier	Carrier Response
Aetna	No. Employee must be working a minimum of 20 hours for PT and 30 hours for FT per week to be eligible.
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Case by case basis. Underwriting will need to review.
California Dental Network	Pending carrier response
CaliforniaChoice	No, employee must be working a minimum of 20 hours for PT and 30 hours for FT per week to be eligible
Chinese Community Health Plan	Yes. 2 weeks payroll is required. CCHP is waving the minimum wage and eligible hour requirements for the near term.
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Yes, just mark eligible on the DE9C
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Pending carrier response
Health Net	No, employee must be working a minimum of 20 hours for PT and 30 hours for FT per week to be eligible
Humana	Pending carrier response
Inshore Benefits	Pending carrier response
Kaiser Permanente	<p>Yes. The following is required: If wages on the DE9c/payroll are below the minimum due to furlough or reduced hours, we will allow these employees to enroll based on the following criteria:</p> <ul style="list-style-type: none"> - The employer intends these employees will work 20+ hour average workweek by 12/1/20 - The furlough or reduction in hours started on/after 3/4/20 (the date the State of Emergency was declared in CA) - Employees are otherwise eligible - The California Governor's state of emergency is still in effect at the time of submission <p>DE9C, Payroll is required and please notate for any low wage employees, such as furlough or COVID reduced hours</p>
Landmark Healthplan	Pending carrier response
Lincoln Financial Group	Pending carrier response
MediExcel Health Plan	Will be left at employer's discretion, however must show at minimum 20 hours per week on most recent payroll run provided.
MetLife	Pending carrier response
National General	Pending carrier response
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Pending carrier response
Sutter Health Plus	Pending carrier response
The Hartford	Pending carrier response
UnitedHealthcare	Yes. Group must provide an email confirming the employees hours/wages prior to COVID and confirmation that the low hours are due to COVID. UHC reserves the right to ask for additional payroll post approval.
UNUM	Pending carrier response
Western Health Advantage	Pending carrier response

Benefit Modification

Will you allow mid-year plan downgrades (employer and employee) due to financial hardship? If yes, what documentation is required?

Carrier	Carrier Response
Aetna	Yes, Aetna will allow prospective plan changes, such as benefit buy downs. This is available until July 31, 2020. Details include: (a) Renewal date will remain the same (b) Employees need to choose from the plans with current enrollment and/or plans selected as part of the Pick5 option (c) If a group only offers 1 plan then they can add a new downgraded plans as a 2 nd option. Contact your assigned Account Client Manager to start the process
Anthem Blue Cross	<p>Small Group ACA and MEWA & Small Group and Large Group Anthem Balanced Funded accounts and Key business (51-100): Yes, Anthem will allow groups to add one new plan design off-cycle as long as the new plan is less expensive than the least expensive plan currently offered. Employers must notify Anthem by May 31, 2020 for a future off-cycle buy down effective date that is no later than July 1, 2020. Anthem will implement the off-cycle buy down at a minimum within 10 business days. The group will keep their current renewal date.</p> <p>Groups can retain their current plan(s) as well as the new plan design selected.</p> <p>Anthem will allow currently covered employees to switch to a lower priced option if one is already offered (employer currently offers multiple plans). This is not considered to be an open enrollment. This option is available through December 1, 2020. No retrospective plan changes will be allowed. Note that the employer should review their cafeteria plan document for qualifying event options to ensure compliance.</p> <p>Rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change.</p> <p>If a group adds a new plan and only allows employees to switch to that plan, this is considered an open enrollment that will be available to all employees, even those who had previously waived coverage. Employees switching plan designs or initially enrolling are only allowed to enroll in the new, least expensive plan.</p> <p>Large Group ASO And Fully Insured: can potentially add a new plan design off-cycle, but these are subject to approval by the state Underwriting RVP.</p>
Blue Shield of California	<p>Small Group: Yes, Blue Shield will allow a one-time buy-down plan change off-cycle for employers and employees through September 30, 2020 with October 1, 2020 as the latest effective date. Group-level changes submit a Request for Contract Change form and Member-level changes submit all member-level changes using the Blue Shield Multiple Subscriber Change Spreadsheet or Subscriber Change Form. Rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change.</p> <p>Large Group: Client's should contact their Blue Shield representative</p>
California Dental Network	Yes, no documentation is required
CaliforniaChoice	Yes, employers may make a one-time change to their contribution or plan. Employees may make a one-time change to downgrade as long as they remain with the same Health Plan
Chinese Community Health Plan	Reviewed on a case-by-case basis
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	Yes, the request must come in writing from the client
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	Yes, groups have a one-time opportunity to downgrade their existing plans without penalty. The plan downgrade must be within the plan family (for example, HMO to HMO, or PPO to PPO). HMO plan downgrades that include a change in provider network require Underwriting approval (for example, Full-network HMO to WholeCare HMO). Plan upgrades are not available. The group's renewal date will not change. There is no end date currently for this offering.

Humana	Yes, we allow employers to quote lesser benefits due to hardship anytime. It will only be for an effective date going forward (no retroactive changes) and must be a true downgrade (not lowering the co-insurance but then add implant coverage when the group didn't currently have implant coverage). REQUIRED: Group Level Change Form and conservation quote. Employees are not able to make plan downgrades outside of open enrollment
Inshore Benefits	Yes, request must come from the Employer or Broker, in writing, requesting the change.
Kaiser Permanente	Yes, plan changes must be made by a 8/1/2020 effective date. Other restrictions apply, see Kaiser COVID-19 FAQ for details.
Landmark Healthplan	N/A
Lincoln Financial Group	No
MediExcel Health Plan	Yes, request must come from the Employer or Broker, in writing, requesting the change and requires 30-day advance notification.
MetLife	MetLife will defer to the customer's certificate. However, the general position is still in review with senior leadership.
National General	Reviewed on a case-by-case basis. Please contact your Account Manager to discuss. Employers must give a 60 day material modification notice to employees advising of any plan changes before they become effective.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Yes, for groups that offer a single benefit plan through May 31, 2020 (one time only)
Sutter Health Plus	Reviewed on a case-by-case basis. Early renewal requests will also be considered. Employer should contact their Sutter Health Plus Account Manager
The Hartford	Pending carrier response
UnitedHealthcare	Small Group: Yes, between now and May 31, 2020 employers and employees may buy down to a leaner plan. (a) Employer with a single-benefit offering may buy down to a leaner plan. They can also re-enroll their population to the leaner plan design. (b) Employers with multi-option plan designs can temporarily buy down to a leaner plan. In that instance, existing members can move to the new lean plan design. No other benefit changes are permitted. New enrollees previously waiving coverage are excluded beyond the April 13 cutoff for SEP. The group's effective date will not change, and the new plan will become effective between April 1 – June 1, depending on timing of plan change request. 4/1 effective date – Group buy-down decision date through 4/13 - enroll by 4/13 5/1 effective date – Group buy-down decision date 4/14-5/14 - enroll by 5/14 6/1 effective date – Group buy-down decision date 5/15-5/31 - enroll by 6/8 Large Group: No
UNUM	Pending carrier response
Western Health Advantage	WHA will be as flexible as possible with enrollment rules such as minimum hours, waiting periods, employer contribution changes, and plan downgrades (for employers and individuals). Please email any requests to whasales@westernhealth.com or call 888.499.3198 to discuss changes to enrollment provisions within your policy.

Will you allow mid-year employer contribution changes? If yes, what documentation is required?

Carrier	Carrier Response
Aetna	This is not monitored by Aetna. As long as the minimum contribution requirement is met it is employer discretion.
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Yes, as long as the employee premium contributions are the same or less
California Dental Network	Yes, no documentation is required
CaliforniaChoice	Yes, employers may make a one-time change to their contribution or plan. Employees may make a one-time change to downgrade as long as they remain with the same Health Plan
Chinese Community Health Plan	Reviewed on a case-by-case basis
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	This is not monitored by Community Care Health. Group should contact their tax advisor.
Covered California for Small Business	Reviewed on a case-by-case basis
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	This is not monitored by Health Net. As long as the employer is contributing the required 50% of the employee premium, there is no need to notify Health Net. Any change that is 5% or more would result in piercing of Grandfathered status.
Humana	Yes, for a future effective date (no retroactive changes). REQUIRED: Group Level Change Form
Inshore Benefits	Yes, Pathian does not monitor this. An email from the employer will be sufficient.
Kaiser Permanente	Kaiser will waive contribution requirements at the member or employee level
Landmark Healthplan	Not at this time
Lincoln Financial Group	Lincoln will allow the employer to increase the employer contribution but will not allow them to reduce it
MediExcel Health Plan	Yes, requires 30-day advance notification. Employer contribution must be the minimum 50%
MetLife	MetLife will defer to the customer's certificate. However, the general position is still in review with senior leadership.
National General	This is not monitored by National General. As long as the employer is contributing the required 50% of the employee premium.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	No
Sutter Health Plus	Reviewed on a case-by-case basis. Minimum contribution requirements must be met. Employer should contact their Sutter Health Plus Account Manager
The Hartford	Pending carrier response
UnitedHealthcare	This is not monitored by UHC. As long as the employer is contributing the required 50% of the employee premium, there is no need to notify UHC.
UNUM	Pending carrier response
Western Health Advantage	WHA will be as flexible as possible with enrollment rules such as minimum hours, waiting periods, employer contribution changes, and plan downgrades (for employers and individuals). Please email any requests to whasales@westernhealth.com or call 888.499.3198 to discuss changes to enrollment provisions within your policy.

Will you allow mid-year eligibility changes to offer coverage to part-time employees? If yes, what documentation is required?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	Pending carrier response
Blue Shield of California	Blue Shield of California has relaxed their eligibility guidelines through June 30, 2020 to allow employers to keep employees covered who may have had a decrease in hours
California Dental Network	Yes, no documentation is required
CaliforniaChoice	No
Chinese Community Health Plan	CCHP has relaxed their eligibility guidelines to allow part-time employees to be covered
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	Employer discretion
Covered California for Small Business	CoveredCA does not monitor FT/PT status. It is the employer's responsibility to ensure they are meeting all requirements for those who are eligible.
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	Yes, through May 31, 2020, HealthNet will allow a group to cover their reduced hour employees, as long as they continue to pay the monthly premium payment
Humana	Small Group: Yes, a group can change their guidelines down to 20 hours and would make the EE's eligible at the date of the change as that is considered the qualifying event Large Group: Groups can change their hourly requirement at any time. The minimum hourly requirement is 20 hours for California. The change can be processed with a letter or email from the group contact sent to beclericals@humana.com .
Inshore Benefits	Yes, request must come from the Employer or Broker, in writing, requesting the change.
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	No
MediExcel Health Plan	Yes, no documentation is required
MetLife	Reviewed on a case-by-case basis by the MetLife underwriting department
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Sharp Health Plan has relaxed their eligibility guidelines through May 31, 2020 to allow employers to keep employees covered who may have had a decrease in hours
Sutter Health Plus	Employer discretion
The Hartford	Pending carrier response
UnitedHealthcare	Yes, through May 31, 2020, UHC will allow a group to cover their reduced hour employees, as long as the they continue to pay the monthly premium payment
UNUM	Pending carrier response
Western Health Advantage	WHA will be as flexible as possible with enrollment rules such as minimum hours, waiting periods, employer contribution changes, and plan downgrades (for employers and individuals). Please email any requests to whasales@westernhealth.com or call 888.499.3198 to discuss changes to enrollment provisions within your policy.

Underwriting

Are you considering relaxed underwriting guidelines at this time?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	No
Blue Shield of California	No
California Dental Network	CDN already has very flexible eligibility and underwriting guidelines
CaliforniaChoice	No
Chinese Community Health Plan	Pending carrier response
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	No
Health Net	No
Humana	No
Inshore Benefits	No
Kaiser Permanente	No, groups are still required to meet the health plan's minimum participation and contribution requirements to have group coverage
Landmark Healthplan	No
Lincoln Financial Group	No
MediExcel Health Plan	No
MetLife	Reviewed on a case-by-case basis
National General	No
Oscar Health Plan of California	No
Principal Financial Group	Pending carrier response
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	Pending carrier response
UnitedHealthcare	No
UNUM	Pending carrier response
Western Health Advantage	Yes, WHA is prepared to work with employers and their specific needs on a case by case basis.

Will you allow a group to re-enroll outside of your normal guidelines (i.e. waiting 12 months for voluntary termination), if they have to temporarily shut their doors and terminate their coverage?

Carrier	Carrier Response
Aetna	The group would have reapply for coverage and start a new policy
Anthem Blue Cross	A group can reapply anytime
Blue Shield of California	Small Group: Standard guidelines apply: Within 2 months from cancellation Group will need to pay any outstanding premium, provide a letter on company letterhead, and work with Account Management for the reinstatement process. After 2 months from cancellation group will need to reapply as a new group and pay any past due premiums owed.
California Dental Network	Yes
CaliforniaChoice	Yes, employers are allowed to re-enroll without the standard CaliforniaChoice 6-month waiting period
Chinese Community Health Plan	Yes
Cigna	Reviewed on a case-by-case basis
Community Care Health	Reviewed on a case-by-case basis
Covered California for Small Business	Groups are eligible to re-apply after a 30 day gap in coverage
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Guardian will resume your prior coverage plans as of your business "re-opening" date and/or employee rehire date(s) assuming the following remains the same for both the pre- and post-furlough periods: For Dental, Vision, Life, Disability, and Supplemental Health coverages: - Your benefit plans and their underlying provisions - Your rates - Should you have been due for a renewal during your closure period, Guardian will set your next renewal date to occur 3 months after your resumption of business date If the above pre- and post-furlough comparisons are all true, Guardian will resume coverage for your employees as of their "rehire" date. Employees furloughed during the period of March 1, 2020 through June 30, 2020 and who are rehired within 6 months of their furlough date will be grandfathered at their prior level of coverage (including dependent coverage) as of that "rehire" date. These employees will not be subject to Evidence of Insurability for those coverage amounts. The original coverage effective date of these employees will be used to determine if a Pre-Existing Condition Limitation review is warranted, and for determining if eligibility and/or benefit waiting periods apply. Annual satisfaction of items such as deductibles and benefit limits will also continue as if coverage had not ceased from the beginning of the plan year. Guardian's normal underwriting rules, contractual language, and adherence to regulations will continue to apply.
Health Net	Yes
Humana	Small Group: A group can reapply anytime. If within 3 months of termination they can be reinstated and won't have to reapply. Large Group: A group does not have to wait for any period of time to request a New Business quote for a future effective date from Humana if they previously termed coverage, but Humana does not provide a New Business quote if the group is still within the reinstatement period.
Inshore Benefits	Yes
Kaiser Permanente	Standard guidelines apply
Landmark Healthplan	A group can reapply anytime
Lincoln Financial Group	If coverage at the group or individual employee level is terminated due to the pandemic, we will allow those who were enrolled previously to start coverage without applying any waiting periods. However, that does not constitute a full open enrollment where previously unenrolled employees have their waiting periods waived. The intent is that people who have coverage go back to having that same coverage when things return to normal.
MediExcel Health Plan	Yes
MetLife	A group can be reinstated if terminated no more than 60 days. Anything beyond 60 days if reviewed on a case-by-case basis

National General	If the group early terms (voluntarily or due to non-payment), the early term provisions would still apply. If they term due to non-payment, they will have 60 days at the end of the grace period to be reinstated as long as they pay the back due premium owed. Otherwise, they would need to go through full underwriting if there is a gap in coverage or they are past the 90 days.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Reviewed on a case-by-case basis
Sutter Health Plus	Yes
The Hartford	Pending carrier response
UnitedHealthcare	A group can reapply anytime as long as they don't have any past due premium owed
UNUM	Pending carrier response
Western Health Advantage	A group can reapply within 6 months of their termination date

Will you allow a group to re-enroll without completing all new paperwork, if they have to temporarily shut their doors and terminate their coverage?

Carrier	Carrier Response
Aetna	No, standard enrollment policy applies
Anthem Blue Cross	Pending carrier response
Blue Shield of California	No, if outside of the reinstatement criteria
California Dental Network	Yes
CaliforniaChoice	Yes, so long as all elections prior to cancellation remain the same. Employees will be re-enrolled with the same carrier, plan, and dependents as they were at the time of cancellation. If plan changes would naturally occur (due to passing their original anniversary date) those would need to be reviewed on a case-by-case basis.
Chinese Community Health Plan	There is a minimum amount of paperwork that will be provided for both group termination and enrollment
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	Reviewed on a case-by-case basis
Covered California for Small Business	No, standard enrollment policy applies
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	<p>Guardian will resume your prior coverage plans as of your business "re-opening" date and/or employee rehire date(s) assuming the following remains the same for both the pre- and post-furlough periods: For Dental, Vision, Life, Disability, and Supplemental Health coverages: - Your benefit plans and their underlying provisions - Your rates - Should you have been due for a renewal during your closure period, Guardian will set your next renewal date to occur 3 months after your resumption of business date</p> <p>If the above pre- and post-furlough comparisons are all true, Guardian will resume coverage for your employees as of their "rehire" date. Employees furloughed during the period of March 1, 2020 through June 30, 2020 and who are rehired within 6 months of their furlough date will be grandfathered at their prior level of coverage (including dependent coverage) as of that "rehire" date. These employees will not be subject to Evidence of Insurability for those coverage amounts. The original coverage effective date of these employees will be used to determine if a Pre-Existing Condition Limitation review is warranted, and for determining if eligibility and/or benefit waiting periods apply. Annual satisfaction of items such as deductibles and benefit limits will also continue as if coverage had not ceased from the beginning of the plan year. Guardian's normal underwriting rules, contractual language, and adherence to regulations will continue to apply.</p>
Health Net	No
Humana	No, if outside of the reinstatement criteria
Inshore Benefits	No, a new master application and enrollment spreadsheet will be required
Kaiser Permanente	No
Landmark Healthplan	No, standard enrollment policy applies
Lincoln Financial Group	Reviewed on a case-by-case basis
MediExcel Health Plan	Yes
MetLife	Reviewed on a case-by-case basis by the MetLife underwriting department
National General	No, standard enrollment policy applies
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Reviewed on a case-by-case basis
Sutter Health Plus	No, standard enrollment policy applies
The Hartford	Pending carrier response
UnitedHealthcare	No, standard enrollment policy applies
UNUM	Pending carrier response

Western Health Advantage	Standard enrollment policy applies except, if they reapply within 6 months, WHA will not require a DE9C
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Will you allow groups that have requested the 1st QTR 2020 DE9C filing extension to use the 4th QTR 2019 DE9C until May 31, 2020?

Carrier	Carrier Response
Aetna	Yes, no additional documentation is required
Anthem Blue Cross	Yes, 30 days of payroll for anyone not appearing on the DE9C is required. Anthem may request proof of the extension request at their discretion. No additional documentation is required.
Blue Shield of California	Yes, the group must provide proof that they have applied for and were granted the exception from the EDD
California Dental Network	N/A
CaliforniaChoice	Case by case basis
Chinese Community Health Plan	Pending carrier response
Cigna	Pending carrier response
Community Care Health	Yes, the group must provide proof of the extension request
Covered California for Small Business	Yes, the group must provide a copy of letter on Company letterhead sent to EDD requesting the extension
Delta Dental (Allied Administrators)	Yes
Guardian	N/A
Health Net	Yes, the group must provide proof of the extension request or EDD approval
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	2019 Q4 DE9C will be accepted until July 1, 2020. After July 1, 2020, the 2020 Q1 DE9C will be required
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Yes, group must note on the DE9C they have not filed their payroll taxes
MetLife	N/A
National General	Yes
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	N/A
Sharp Health Plan	Yes, the group must provide proof they have applied for and were granted the exception from the EDD along with the prior quarter DE9C
Sutter Health Plus	Yes, the broker or group must provide an email confirming that the group is requesting an extension from the EDD or a copy of the written request sent to the EDD
The Hartford	N/A
UnitedHealthcare	Yes, the group must provide a copy of the written request that was submitted or a copy of the EDD approval
UNUM	N/A
Western Health Advantage	Yes, group must provide an explanation that they filed an extension and the most current DE9C is not available. The DE9C must be submitted to WHA once it becomes available.

Benefits

Do you intend to cover the cost of COVID-19 testing and/or treatment? If yes, would testing and/or treatment be covered at any facility?

Carrier	Carrier Response
Aetna	Yes, through September 30, 2020. Testing will be covered if physician-ordered in the office, clinic or emergency room. The test can be done by any approved laboratory. Treatment is covered at all in network and out of network facilities. Out of state claims follow standard guidelines, however, member may ask for full reimbursement if due to COVID-19. Would be reviewed by Aetna claims. Self-insured plan sponsors will be able to opt-out of this program at their discretion. Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved.
Anthem Blue Cross	Yes, Anthem is waiving: (a) cost-sharing for the treatment of COVID-19 from April through December 31, 2020 from doctors, hospitals, and other health-care professionals in their plans' network. For out-of-network providers, Anthem is waiving cost shares from April 1 through May 31, 2020. Cost-sharing for COVID-19 screening related tests performed during a visit that result in an order for, or administration of, diagnostic testing for COVID-19 will also be covered with no cost sharing for member. There is no end date for this extension of benefits right now. Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved.
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
Chinese Community Health Plan	Yes
Cigna	Yes, through May 31, 2020. Diagnostic visits and testing must be performed by in-network providers. For treatment, Cigna will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable* *This COVID-19 treatment policy applies to customers in the United States who are covered under Cigna's employer/union sponsored insured group health plans, insured plans for US based globally mobile individuals, Medicare Advantage and Individual and Family Plans (IFP). Cigna will also administer the waiver of self-insured group health plans and the company encourages widespread participation, although these plans will have an opportunity to opt-out of the waiver option.
Community Care Health	Yes
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Yes, services must be performed in network
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	Yes, valid for dates of services from April 1, 2020 through December 31, 2020. For PPO or out of area plans, if a member seeks service on their own, the treatment would be covered the same as any other illness at the non-participating provider benefit level. Kaiser is not currently providing antibody testing, no final decision has been made. As antibody tests become available and approved by the Kaiser Permanente Medical Groups, Health Plan will likely cover at no cost.
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Yes, for testing only at a MediExcel center. Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved.
MetLife	N/A

National General	Yes, for testing only. In-network providers, the plan will pay 100% of the network-contracted rate. Non-network providers, and plans that do not use provider networks, the plan will pay 100% of the Maximum Allowable Amount, per the terms of the members Summary Plan Description. Any balance billing will be eligible for additional Plan consideration by contacting customer service
Oscar Health Plan of California	Yes, through May 31, 2020. For testing the waiver of cost-sharing is at both in-network and out-of-network facilities. For treatment, services must be performed in network. At out-of-network facilities, the cost share will be waived if the member has obtained prior authorization. If members are admitted to an out-of-network hospital or need any follow-up care at an out-of-network facility, the member or the facility should contact Oscar as soon as reasonably possible. Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved.
Principal Financial Group	N/A
Sharp Health Plan	Yes, for screening and/or testing only. Services must be performed in network.
Sutter Health Plus	Sutter will not collect patient cost shares in advance of providing services for screening and testing administered at Sutter hospitals, emergency departments, Walk-in Care clinics and other medical provider locations. Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved and is referred by a Sutter Health Plus physician.
The Hartford	N/A
UnitedHealthcare	Yes, valid for dates of services from February 4, 2020 through October 22, 2020 for group market fully insured health plans. UnitedHealthcare will work with self-funded customers who want to implement a similar approach on their behalf. Standard in-network/out-of-network/emergency care rules apply. Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved. At Home Testing: During the national public health emergency period, we will cover medically appropriate COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member. Testing must be ordered by a physician or licensed health care professional and processed at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country. Claims must be coded appropriately for COVID-19 diagnostic testing including home tests. At this time there are only a few home tests that were FDA approved (EUA) for home usage (manufacturer - Everlywell and LabCorp).
UNUM	N/A
Western Health Advantage	Yes, valid for dates of service from February 1, 2020 through September 30, 2020 and includes testing and treatment.

Do you intend to waive Teladoc/Telemedicine fees?

Carrier	Carrier Response
Aetna	Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through September 30, 2020. Aetna self-funded insured plan sponsors offer this waiver at their discretion. Yes, until June 4, 2020 (all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for any reason including, general medical, behavioral health and dermatology visits.
Anthem Blue Cross	Yes, Anthem is waiving cost-sharing for members using Anthem’s telehealth service, LiveHealth Online, as well as care received from other providers delivering virtual care from March 17 through September 30, 2020. Co-pays for physical and behavioral telehealth visits for health conditions will be waived. For out-of-network providers, Anthem is waiving cost shares March 17, 2020 through June 14, 2020
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
Chinese Community Health Plan	Pending carrier response
Cigna	Yes
Community Care Health	Yes, through May 31, 2020 for any reason through CMP e-visits & Teladoc
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	Approval of teledentistry services through May 31, 2020 when used by members
Health Net	Yes, through June 30, 2020 for plans that did not already include a \$0 cost share for Teladoc services prior to COVID-19
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	Yes, valid for dates of services from April 1, 2020 through December 31, 2020
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	MediExcel offers a copay free doctor line
MetLife	N/A
National General	Yes, for Telehealth services related to diagnostic testing for COVID-19. In-network providers, the plan will pay 100% of the network-contracted rate. Non-network providers, and plans that do not use provider networks, the plan will pay 100% of the Maximum Allowable Amount, per the terms of the members Summary Plan Description. Any balance billing will be eligible for additional Plan consideration by contacting customer service. For Teladoc services, any applicable consultation fee will be waived. The waiver of Teledoc fees is in effect through June 2020.
Oscar Health Plan of California	Continuing to offer \$0 co-payment visits available through telemedicine PCPs (Doctor on Call) – from March 9 through May 10
Principal Financial Group	N/A
Sharp Health Plan	Yes, video and phone visits available through PlushCare
Sutter Health Plus	Video Visits available through My Health Online (video visit with the next available clinician; NP or PA) and Virtual Visits, or Tera-Practice (member would select this particular provider as their PCP (only available in Palo Alto Medical Foundation) are available. It should be the same cost as their office visit.
The Hartford	N/A
UnitedHealthcare	See UHC Virtual Visits and Telehealth FAQ for details.
UNUM	N/A
Western Health Advantage	Virtual visit capabilities are determined by each medical group within the WHA network. Currently, if a medical group offers virtual visits, it should be the same cost as the office visit.

Will you offer any flexibility on the one dental cleaning every six months rule?

Carrier	Carrier Response
Aetna	Aetna allows 2 per year with no required wait in between
Anthem Blue Cross	Anthem allows 2 per year with no required wait in between (DPPO); Unlimited cleanings (DHMO)
Blue Shield of California	Blue Shield has removed barriers to care for urgent services by relaxing frequencies and treating all out-of-network claims as in-network claims for urgent/essential care
California Dental Network	CDN benefits are defined as two cleanings per year. Dental offices enforce the 6 months between cleanings rule so that will be up to each individual dentist and their patient.
CaliforniaChoice	Based on each individual carrier
Chinese Community Health Plan	N/A
Cigna	Not at this time
Community Care Health	N/A
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Guardian has enhanced frequency limits on cleanings, exams, and fluoride treatments (if applicable) to a minimum of two per calendar year. This will be applied from July 1, 2020 through December 31, 2021.
Health Net	Pending carrier response
Humana	Humana allows 2 per calendar year, get them anytime (old plans) or 3 per calendar year, get them anytime (new plans)
Inshore Benefits	Based on each individual carrier
Kaiser Permanente	Kaiser allows 2 per calendar year with no required wait in between
Landmark Healthplan	N/A
Lincoln Financial Group	Lincoln allows 2 per calendar year with no required wait in between
MediExcel Health Plan	MediExcel allows 2 per year with no required wait in between
MetLife	If access to exams and cleanings is adversely affected by the COVID-19 pandemic and MetLife is notified, MetLife will not enforce the "separated by 6 months" provision. This criteria is in place for the insured dental plans. Each claim must be reviewed on a case-by-case basis.
National General	N/A
Oscar Health Plan of California	N/A
Principal Financial Group	Pending carrier response
Sharp Health Plan	N/A
Sutter Health Plus	Pending carrier response
The Hartford	N/A
UnitedHealthcare	Reviewed on a case-by-case basis
UNUM	Pending carrier response
Western Health Advantage	N/A

Will you pay extra fees to dentists for personal protective equipment (PPE) and will this result in extra charges for members?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	Anthem is reimbursing dentists in their Dental Prime and Dental Complete contracted networks for PPE costs by implementing a \$10 temporary payment of PPE per visit starting on June 15 through August 31. We are aligning with the ADA's recommendation for dentists to submit the PPE cost to Anthem using CDT code D1999. Network providers will be notified of our PPE reimbursement and asked not to seek additional copays from members at time of dental visits.
Blue Shield of California	No
California Dental Network	Dentists cannot charge CDN members for PPE as it's not a service or a procedure, therefore CDN members will not responsible for any co-payment that may be charged. If a plan member is charged for PPE, please direct them to CDN's member services toll free number for assistance in getting a refund or credit. During the shutdown CDN continued to pay monthly capitation to its dentists even when care was limited or offices were closed. That's our contractual obligation, and it gave the dentists some income to help cover overhead costs during the shutdown. In this context, CDN has advanced monies to dental offices to support their re-opening in whatever way they prioritize – including purchasing PPE, therefore CDN will not be paying out any additional PPE reimbursement.
CaliforniaChoice	Based on each individual carrier
Chinese Community Health Plan	N/A
Cigna	Cigna Dental will reimburse contracted dentists \$8 per customer visit for billed PPE, for claim process dates between June 15 and July 31, 2020. This applies to all segments and all platforms. ASO clients may request to opt out of this temporary reimbursement by contacting their Cigna account team by June 10.
Community Care Health	N/A
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	The impact of the COVID-19 pandemic has been felt by dental practices across the country. As providers embark on the process to restart their practices, we want to ensure that they provide care in a safe environment for our members. As such, on June 22, we began offering supplemental compensation for contracted Delta Dental network providers. The program gives providers an increased reimbursement per exam to help offset the costs of personal protective equipment (PPE) and other needs they may have as our industry adapts to the current operating environment. <i>Delta Dental contracts stipulate that the provider cannot separately charge patients for infection control including PPE. The patient's Explanation of Benefits will reflect the member's liability and contracted dentists cannot charge above the patient portion noted on the EOB.</i>
Guardian	Guardian will provide financial relief for certain PPE expenses incurred by network providers from August through October. Please note that clients with ASO dental plans will be invited to enroll in the program.
Health Net	Recently the American Dental Association recommended dentists use ADA code D1999 to assist with incremental COVID-19 related costs. The charges are mostly related to rising prices for PPE supplies. To assist participating offices with the transitional costs associated with COVID-19 readiness we are implementing the following: <ul style="list-style-type: none"> • DBP is introducing an interim financial relief program, totaling \$10M, for our participating PPO and Medicare Advantage providers. This program will not apply to DHMO providers as we continued to pay capitation throughout the COVID19 Pandemic. • Providers enrolling in the program will receive monthly relief payments. Payments are driven by exam codes (services related to routine exams, emergency services and initial evaluations) to provide an enhanced rate of reimbursement while promoting patient access to care.

	<ul style="list-style-type: none"> • These enhanced payments range between \$5 and \$10 in addition to the dentists contracted fee for applicable services and will not be tied to a claim payment. • They will be forwarded on a monthly basis to enrolled providers and will not apply toward members out of pocket maximum. • All Private Label customers are included in the program; customers are included in the program; customers will not be liable for the cost of the program.
Humana	<p>Humana will pay an additional \$7 per Humana member claim for participating dentists*. This runs through September 30, 2020. *Additional funding does not apply to members insured through Administrative Services Only (ASO) Groups.</p>
Inshore Benefits	Based on each individual carrier
Kaiser Permanente	<p>The impact of the COVID-19 pandemic has been felt by dental practices across the country. As providers embark on the process to restart their practices, we want to ensure that they provide care in a safe environment for our members. As such, on June 22, we began offering supplemental compensation for contracted Delta Dental network providers. The program gives providers an increased reimbursement per exam to help offset the costs of personal protective equipment (PPE) and other needs they may have as our industry adapts to the current operating environment. <i>Delta Dental contracts stipulate that the provider cannot separately charge patients for infection control including PPE. The patient's Explanation of Benefits will reflect the member's liability and contracted dentists cannot charge above the patient portion noted on the EOB.</i></p>
Landmark Healthplan	N/A
Lincoln Financial Group	<p>Lincoln has been continually monitoring the COVID situation and the reopening of dental offices. We are looking at the changes to delivering dental benefits in this new environment for our covered members both in the short-term and long-term. Dental coverage has historically focused on dental services as opposed to medical equipment, but given the impact the pandemic has had on dental operations, we are reviewing options. If this message changes, we will let you know asap.</p>
MediExcel Health Plan	Members will not incur additional charges for our PPE expenses on their dental plans
MetLife	<p>Currently, members who have services performed by a network provider should not incur any additional costs for PPE per our network contracts with our providers. If a member is surcharged by a network provider for PPE upfront, they should follow our standard grievance process to report the concern. If a member receives services from an out-of-network provider, they may be responsible for any PPE charges billed by the provider.</p>
National General	No
Oscar Health Plan of California	N/A
Principal Financial Group	When employers and their employees go to any in-network dental provider with dates of services from June 1-December 31, 2020, Principal will automatically pay the provider \$7 per member for in-office visits. PPE does not count toward the member calendar year maximum.
Sharp Health Plan	N/A
Sutter Health Plus	SHP does not offer PPO dental plans. The Adult Dental rider is through DeltaCare USA DHMO that utilizes a set fee for service schedule and these fees are not changing due to COVID-19.
The Hartford	N/A
UnitedHealthcare	<p>We reimburse for services that are billed with active CPT, HCPCS and Revenue codes, in accordance with the terms in our provider contract. We would not separately reimburse PPE lines items with no billable codes.</p>
UNUM	No
Western Health Advantage	N/A

Will SBC's/Benefit Summaries/EOC's be updated to reflect the temporary plan changes?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	No
Blue Shield of California	No
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
Chinese Community Health Plan	No
Cigna	No
Community Care Health	No
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	No
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	No
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	No
MetLife	N/A
National General	No
Oscar Health Plan of California	No
Principal Financial Group	N/A
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	N/A
UnitedHealthcare	No
UNUM	N/A
Western Health Advantage	No

Miscellaneous

Will you allow e-signatures for new business and inforce business?

Carrier	Carrier Response
Aetna	Case-by-case basis. Clients should discuss with their Aetna Account Client Manager
Anthem Blue Cross	Yes
Blue Shield of California	Yes
California Dental Network	Yes
CaliforniaChoice	Yes
Chinese Community Health Plan	Pending carrier response
Cigna	Yes
Community Care Health	Yes
Covered California for Small Business	Yes, but only those from currently approved vendors
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Yes
Health Net	Yes on member applications
Humana	Small Group: Yes Large Group: Yes, through May 31, 2020
Inshore Benefits	No
Kaiser Permanente	Yes, Kaiser can accept all forms of electronic signatures, including DocuSign, other verified signatures, or typed signatures sent via email.
Landmark Healthplan	Yes
Lincoln Financial Group	Yes
MediExcel Health Plan	Yes
MetLife	Not as of right now. Details of a new option will be made available soon.
National General	The following electronic signature options are allowed: Adobe Sign (must see the Adobe logo/symbol in the digital signature or the form must include the final audit report page), DocuSign and Pandadoc
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Yes
Sutter Health Plus	Reviewed on a case-by-case basis
The Hartford	Pending carrier response
UnitedHealthcare	Yes, provided it is a true e-signature, not just a font change
UNUM	Pending carrier response
Western Health Advantage	Yes, DocuSign or other e-signing programs

Will you allow a group's open enrollment to be extended (i.e 3/1 anniversary date, extend to 4/30)?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	Anthem will continue to allow policy changes to be made 60 days after the renewal date
Blue Shield of California	No
California Dental Network	Yes
CaliforniaChoice	No
Chinese Community Health Plan	Reviewed on a case-by-case basis
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	Reviewed on a case-by-case basis
Humana	Small Group: Reviewed on a case-by-case basis Large Group: No
Inshore Benefits	Employer discretion
Kaiser Permanente	Yes, Kaiser Permanente will allow a delayed open enrollment when it was not offered prior to the contract effective date and is offered to all eligible employees and all carriers are offered (For example: a July 1 renewal would typically offer open enrollment before July effective date. Due to business impact, the group cannot offer an open enrollment until later in the year (i.e. September as long as they didn't already hold one in June). This offer does not currently have an end date as this is a changing/fluid situation. If the group does extend their open enrollment period, they would need to notify Kaiser with a written request. Please note: Official process from Kaiser should be coming in the near future.
Landmark Healthplan	Yes
Lincoln Financial Group	Reviewed on a case-by-case basis
MediExcel Health Plan	Yes
MetLife	Reviewed on a case-by-case basis
National General	Reviewed on a case-by-case basis. Please contact your Account Manager to discuss
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	Pending carrier response
UnitedHealthcare	No
UNUM	Pending carrier response
Western Health Advantage	Yes

Will you be offering a rate and/or benefit pass for Q2 and/or Q3 2020 renewals?

Carrier	Carrier Response
Aetna	No
Anthem Blue Cross	Medical: No Small Group (2-100) ancillary: Groups with renewal dates of August 2020 through December 2020 will renew as-is with no rate action. This applies to dental and vision only. Life and Disability is out of scope for this round.
Blue Shield of California	No
California Dental Network	Yes, most CDN groups come with a two or three year rate guarantee which ensures no rate increase. Groups agreeing to stay on current plans will receive a rate pass. If groups request a benefit enhancement at renewal there would be a rate increase.
CaliforniaChoice	No
Chinese Community Health Plan	Reviewed on a case-by-cases basis
Cigna	No
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	All renewals, effective August 2020 through July 2021 will receive a two-year rate pass
Guardian	For employers with less than 500 employees and policy anniversary dates of May 1, 2020 through Aug. 31, 2020, there won't be any rate increases. For employers with 500 or more employees and policy anniversary dates of May 1, 2020 through Aug. 31, 2020, renewals will be deferred for 3 months from the original renewal anniversary date.
Health Net	No
Humana	For fully insured employers with less than 300 enrolled employees, who were scheduled to renew their dental or vision plan from June 1, 2020 through September 1, 2020, Humana will hold current rates. This hold does not apply to Medical or other specialty benefits such as Life.
Inshore Benefits	All plans within our Trust are receiving a rate pass through 12/31/2022
Kaiser Permanente	No
Landmark Healthplan	No
Lincoln Financial Group	For employers with fewer than 100 lives, we will hold current rates on all renewals with plan anniversary dates between May 1, 2020 and August 31, 2020 for 12 months from the anniversary date. For employers with 100 to 500 lives, we will engage in renewal discussions for clients with renewal dates from May 1, 2020 through August 31, 2020, while holding rates through February 1, 2021. These relief efforts apply to all lines of coverage, except New Jersey Temporary Disability Benefits
MediExcel Health Plan	No
MetLife	For employers with 99 or fewer employees, MetLife will hold rates (no rate increase) for Dental and Vision renewals with effective dates commencing on or before March 31, 2021. This excludes business written through a Trust, Association or PEO. For employers with less than 500 employees and policy anniversary dates of June 1, 2020 through September 1, 2020, there won't be any rate increases. This excludes business written through a Trust, Association or PEO.
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	For employers with less than 500 employees (dental and vision policies) and policy anniversary dates of May 1, 2020 through April 2021, there won't be any rate increases* For employers with less than 500 employees (life and disability policies) and policy anniversary dates of May 1, 2020 through Oct. 15, 2020, there won't be any rate increases *Washington small group dental and all cases with scheduled vision coverage could be subject to an increase.
Sharp Health Plan	No
Sutter Health Plus	No

The Hartford	For employers with less than 500 employees and policy renewal dates of May 1, 2020 through August 31, 2020, there won't be any rate increases for one year.
UnitedHealthcare	<p>Medical: No</p> <p>Ancillary: Groups of 2-499 eligible employees renewing from May 1 through December 31, 2020 will renew at existing rates without rate increases.</p> <p>Note: Renewals occurring May through July 31, 2020 may require retro-active adjustments and customers may see a lower rate on their monthly invoice than what was reflected in their renewal.</p> <p>Products in-scope for this short term COVID-19 renewal adjustment are fully insured Dental, Vision, Basic Life, Supplemental Life, STD and LTD, and Supplemental Health (Critical Illness, Accident, Hospital Indemnity).*</p> <p>This includes the UnitedHealthcare and All Savers businesses.</p> <p>State regulatory guidelines may apply.*</p> <p>*WA groups in the 2-50 space will be subject to standard renewal rate strategy for Dental & Vision</p> <p>*FL groups in the 2-100 space will be subject to standard renewal rate strategy for STD and LTD</p> <p>*Supplemental Health (Critical Illness, Accident, Hospital Indemnity) available for groups of 51+ employees.</p>
UNUM	Pending carrier response
Western Health Advantage	No