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Here's all the fine print

Cigna + Oscar for Business Underwriting Guidelines

Health plans for California small groups with 1-100 employees

Effective from October 1, 2021

Last Updated March 12, 2024

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Welcome to Cigna + Oscar for Business.

We like simple. We also believe being very clear about how we do things saves time and hassle down the road. So we simplified our underwriting guidelines to help you understand which clients may be eligible for Cigna + Oscar plans. Read on to get familiar with our policies and applicable state and federal laws.

High level, here's what you need to know.

01. Cigna + Oscar for Business covers groups with 1-100 employees.
02. A group must be licensed or authorized to conduct business in California with at least 51% of eligible employees living in California.
03. At least one (1) eligible enrolling employee must live in the Cigna + Oscar California service area. The Cigna + Oscar California service area is defined as Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Ventura and Yolo Counties.
04. Employees that live outside of the defined Cigna + Oscar California service area can only enroll in Open Access Plus.
05. A group must meet relevant contribution and participation requirements.

Once a group has applied for coverage, Cigna + Oscar's Eligibility Team will make the final decision to accept or decline the group for coverage, specify terms of coverage, or grant requests for changes, subject to Cigna + Oscar's policies and applicable law. Agents or General Agents aren't authorized to bind or guarantee coverage, premium rates, or effective dates. Groups should maintain their existing coverage during the application process.

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This document does not include all the policies and guidelines that may apply, and we may change these policies in the future without notice, as permitted by law. You can find the most up-to-date underwriting guidelines at hioscar.com/brokers/cigna.

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Group Eligibility

A group is eligible for small group coverage if it meets the “small employer” criteria as defined by the California and federal Patient Protection and Affordable Care Act (ACA), and meets the following requirements:

01. The employer maintains business licensure and/or appropriate state filings allowing the company to actively conduct business in the state of California.
02. A group must be licensed or authorized to conduct business in California with at least 51% of eligible employees living in California.
03. At least one (1) eligible of enrolling employee must live in the Cigna + Oscar California service area. The Cigna + Oscar California service area is defined as Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Ventura and Yolo Counties.
04. Employees that live outside of the defined Cigna + Oscar service area can only enroll in Open Access Plus.

These groups are **not** eligible for coverage:

- Employers not authorized to conduct business in California
- Groups formed with the sole purpose of obtaining health insurance
- A group not meeting the definition of "small employer," which Cigna + Oscar defines these groups as follows: multiple employer trusts, union trust plans or Taft Hartley groups
- Groups that do not have at least one (1) W-2 employee, for example:
    - Sole proprietors with no W-2 employees
        - When the owner is just the individual or the individual and his/her spouse, or just the individual and partners of a partnership and their spouses, it is not a group health plan unless at least one (1) other common law employee is enrolled in the plan. See section "One Life Groups" for more information (It does not matter if the business' legal tax structure is an LLC or other Corporation).
    - Owner-only groups with no W-2 employees
    - Two-person groups comprised of an owner and his/her spouse or legal domestic partner, both of whom do not receive W-2s

Group Size

Group size is a major factor in determining if a group is eligible for small group coverage. The group must have between one and 100 full-time and/or FTE employees for 50% of the preceding calendar quarter or

the preceding calendar year to qualify. Here are some FAQs about small group eligibility:

- **What if the group has part-time employees?**
    - The total group size is the number of full-time employees plus the number of FTE part-time employees. Employees are considered part-time if they work, on average, less than 30 hours per week over the course of the month. To calculate a group's FTEs from part-time employees, add up the part-time hours worked during the month. Divide the total by 120 and round down to the nearest whole number.
        - For example, if you have four part time employees who each work 20 hours per week, there are 320 part-time hours worked per month. Divided by 120, these four part time employees count as two FTEs. This total may include employees who are not eligible to participate in a plan given the number of hours they work each week.

- **What about employees that live outside of the coverage area?**
    - Regardless of where an employee may reside, they must be included in the FTE calculation.

- **What about contractors (1099s), seasonal or past employees enrolled in COBRA/Cal-COBRA?**
    - Independent contractors and 1099 employees are not eligible for coverage.
    - Contractors and seasonal employees who worked less than 120 days during the average year should not be included when determining group size.
    - Past employees currently enrolled in COBRA/Cal-COBRA should not be included when determining group size.

- **What about affiliated companies?**
    - Companies that are affiliated and eligible to file a combined tax return for purposes of state taxation shall be considered one employer. A letter from the employer's CPA which states the groups are eligible to file consolidated tax returns is required.
- **What about Professional Employer Organization (PEO) Groups**
    - Employees associated with PEOs are eligible for coverage if the employees are included on the employer's California DE9C report.
        - Employers who are leasing or sharing employees from a PEO may not cover these employees if the employees do not appear on the group's tax

documents.

- If a group originally using the services of a PEO later decides to employ former PEO employees full-time, they must meet the employee eligibility requirements. Additionally, the following documentation is required:
  - Payroll documentation for all enrolling employees
  - A letter from PEO or screenshot from the web portal indicating date membership in PEO canceled.

- **What about spinoffs?**
  - A breakaway or spin-off is a company that is newly formed from employees of an existing company to become a distinct and separate entity. Employees forming this company are no longer employed by the original company and may apply for coverage under a new contract. A breakaway employer must meet all the qualifications for a small group in order to be accepted for Cigna + Oscar coverage.
    - If the breakaway company is still affiliated per section 414 of the Internal Revenue Code of 1986, or can file a combined tax return with the former group, then the companies are treated as a single company. The group is still considered to be a single company even if the companies choose to file separate tax returns.
    - For all existing Cigna + Oscar breakaways, the original employer remains with Cigna + Oscar on the existing contract, while the breakaway employer receives a new Cigna + Oscar for Business ID.

One Life Groups

Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner or partner.

Required Documents

To apply for coverage for a group, Cigna + Oscar requires all of the following:

- **California Business Enrollment Form**
  - This can be completed online in the Cigna + Oscar enrollment portal.
  - If a group is enrolling two (2) members or fewer, you must also include proof of

ownership.

- **California Employee Enrollment application(s)**

  One (1) application should be completed for each enrolling employee or COBRA/Cal-COBRA recipient. These applications can be completed entirely online by employees - or completed on paper and then entered in the portal by the authorized Broker or GA.

- **Employee Waiver form(s) and applicable waiver documentation**
  - One (1) form is needed for each employee waiving or refusing coverage, including COBRA/Cal-COBRA employees. Waivers may be completed online in the Cigna + Oscar enrollment portal.
- **Business Entity Documentation**
  - Copy of Business Entity Document for all enrolling groups to verify eligibility to conduct business in the state of California.
- **DE9C** is required for all enrolling groups, unless there are three (3) or more eligible enrolling employees with Cigna + Oscar.
  - Documents submitted must match the list of enrolling employees.
- **ACH Authorization Form**
  - It is optional but highly encouraged to expedite member ID card delivery. ACH payments can be set up for automatic deduction on the first of every month or can be uploaded solely for an automatic first payment.
  - If the group wishes to pay the first premium via check, they must wait for approval and the first bill generation and delivery; additionally, **a copy of the check must be uploaded during the submission.** The first premium signed check will then have to be mailed in along with the bill stub to the following address:

    Cigna + Oscar, Insured by Cigna Health and Life Insurance Company P. O. Box 412803

    Boston, MA 02241-2803
- Payroll verification through appropriate tax documentation - listed below.

Additional Required Enrollment Documents by Group Type:

Type of group	Documents required

Sole Proprietorship**	One of the following: ● IRS Schedule C and 1040 Form (If owner is not listed on DE9C) ● IRS Schedule F and 1040 Form for Farms
Corporation	California Secretary of State active web confirmation, and one of the following: ● Owner Affidavit ● If owners not listed on DE9C, IRS Schedule K-1 (Form 1120-S) - include all K-1's totaling 100% ownership, IRS Form 1120 (pages 1-2) , IRS Form 1125-E or IRS Schedule G or a W-2 ● Additional proof of income for the owner may be required if tax filings are not available due to length of time in business Corporations established out of state will also need to provide a Certificate of Qualification or Statement by Foreign Corporation in addition to the above documentation.
Partnership / Limited Liability Partnership (LLP)	If owners not listed on DE9C, recent IRS Schedule K-1 (Form 1065) - include all K-1's totaling 100% ownership, or Partnership Agreement & Tax ID Appointment Letter or W-2 Partnerships or LLPS established out of state will also need to provide a Certificate of Qualification or Statement by Foreign Partnership in addition to the above documentation.
Limited Liability Company (LLC)	● Statement of Organization with Operating Agreement ● If owners not listed on DE9C, recent K-1 or other applicable tax filing document or W-2
Non-Profit Company	● Most recent Quarterly Federal Tax Return (IRS Form 941), current payroll report, and one of the following: ○ IRS letter 501c3 ○ IRS application for exempt status ○ California Secretary of State active web confirmation ○ National Federal Credit Union active web confirmation
Group who filed a consolidated tax return as an affiliated group	● IRS Form 851, or a letter from a CPA

Churches	● IRS Form 941 ● Payroll records from the prior four (4) weeks
Seasonal industries	● Prior four (4) DE9C reports
Spinoffs	Four (4) weeks of payroll or DE9C, and relevant employer documentation listed above depending on type of group
Startups	At least two (2) weeks of payroll prior to the effective date or DE9C, and relevant employer documentation listed above depending on type of group
Type of enrollee	**Tax documents required**
New Hires not appearing on the most recent DE9C	Most recent four (4) week payroll report and dates of hire for all New Hire employees
COBRA /Cal-COBRA Coverage Enrollees	Most recent DE9C Form on which employees appeared, or bill from group's prior carrier listing COBRA/Cal-COBRA enrollees

** Owner Only (e.g., Sole Individual Owner/Proprietor): Owner-only groups are not eligible. There must be a minimum of one W-2 employee who is not a spouse of the owner or partner. See section "One Life Groups" for more information (it does not matter if the business' legal tax structure is an LLC or other Corporation).

In order to verify eligibility, Cigna + Oscar's Eligibility team may request additional documentation above and beyond what is listed here.

Keep in mind that the group's coverage will not begin until the application has been approved by Cigna + Oscar's Eligibility Team and payment has been received. Cigna + Oscar may request additional documentation, including payroll records and employee wage and tax filings, to determine a group's eligibility. Check payments may take up to 10 days to process.

Please note: Any eligible employee or dependent enrolled in Cigna + Oscar small group health coverage may not also be enrolled under an Oscar-underwritten individual policy. The applicant must elect one or the other policy to avoid duplication of coverage.

Eligibility

Employee Eligibility

An employee is eligible to participate in the small group plan if:

01. The employee meets the hourly requirements for eligibility.

An eligible employee is any permanent employee who is actively engaged on a full-time basis in the conduct of the business of the small employer with a normal workweek of at least 30 hours, at the small employer's regular places of business, who has met any statutorily authorized applicable waiting period requirements.

We do not allow sole proprietors and their spouses, and partners of a partnership and their spouses, to be counted as employees. See section "One Life Groups" for more information (It does not matter if the business' legal tax structure is an LLC or other Corporation).

Permanent employees who work at least 20 hours but not more than 29 hours are deemed to be eligible employees if all of the following apply:

01. They otherwise meet the definition of an eligible employee except for the number of hours worked.
02. The employer offers such employees health coverage under a health benefit plan.
03. All similarly situated individuals are offered coverage under the health benefit plan.
04. The employee must have worked at least 20 hours per normal work week for at least 50 percent of the weeks in the previous calendar quarter. We may request any necessary information to document the hours and time period in question, including, but not limited to, payroll records and employee wage and tax filings.

Former employees who are eligible for state or federal continuation may enroll for the period permitted by law.

Cigna + Oscar may request additional documentation, including payroll records and employee wage and tax filings, to determine an employee's eligibility.

The following types of employees are **not** eligible:

- Leased/shared employees
- Board of Director members and stockholders, unless they are also working at least 30 hours per week and receiving W-2s
- Independent contractors and 1099 employees
- Temporary and seasonal employees
- Residents of Hawaii or workers living outside the United States
- Part-time workers, unless offered by the employer and meet the requirements listed above
- Domestic help or household staff

Dependent Eligibility

If electing dependent coverage, the employee must enroll eligible dependents within 30 days of the dependent's eligibility date, unless a valid qualifying life event (QLE) for special enrollment applies. Eligible dependents include spouses, natural children, stepchildren, legally adopted children, disabled children, children for whom the employee has assumed a parent-child relationship, newborn children, children for whom the employee has legal custody, and children for whom the employee has court ordered custody and are chiefly dependent on the employee for support. Foster children are not covered unless the employee is the legal guardian.

Spouses and domestic partners who work for the same employer may enroll separately, or one may enroll as a dependent under the other's coverage. If a child's parents are employees of the same employer, the child may only be covered under one plan if the parents are enrolled individually.

Children are eligible for coverage until the end of the month in which they reach the age of 26.

Disabled children may be eligible to remain on the plan if the child continues to meet the following criteria

- The child is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition; and,
- The child is chiefly dependent upon the subscriber for support and maintenance.

Cigna + Oscar shall notify the subscriber that the dependent child's coverage will terminate upon reaching the age of 26 unless the subscriber submits proof of the criteria above within 60 days of the subscriber's receipt of Cigna + Oscar's notification. Cigna + Oscar will send this notice to the subscriber at least 90 days prior to the date the child will reach the age of 26.
Cigna + Oscar will determine whether the child meets the criteria before the child reaches age

26. Cigna + Oscar may request more information about the child whose coverage is continued beyond age 26 as needed, but not more frequently than annually after the two-year period after the child reaches age 26.

In order to verify dependent eligibility, Cigna + Oscar may request such proof as may be needed to determine eligibility status, such as birth certificates, marriage documents, proof of domestic partnership, adoption papers or court orders when dependents are added to the policy.

Requirements

Waivers

Some employees will have coverage through another source and will not want or need coverage with the group plan. If these employees are covered due to the following reasons, then they are considered a "valid waiver":

01. Coverage by another group's plan
02. Coverage by Medicare, Medi-Cal, or TRICARE
03. Enrolled as an individual in a health plan
04. Enrolled as a dependent in a group health plan through a different employer

All eligible employees waiving coverage must complete the Employee Waiver Form. For employers offering more than one carrier, waivers are required for employees that are enrolling in another carrier's plan.

Minimum Employer Contribution

Employers must contribute at least 50 percent of the employee premium. When using defined contribution (offering multiple plans), the employer must pay at least 50% of the lowest cost plan. If an employer contributes 100 percent of the employee premium, 100 percent of the employees must enroll. If groups are enrolling during the Federal Enrollment Period, contribution requirements may not apply. Refer to section "Annual Enrollment Period" for additional information.

Participation Requirements

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Groups must ensure that employee participation requirements are met at the time the group initially enrolls and each year upon renewal. These requirements are listed below.

Employee Contribution Toward Premium	Participation Requirements
Noncontributory (employer pays all)	100% of eligible employees after subtracting valid waivers
Contributory (employer pays less than all)	60% of eligible employees after subtracting valid waivers
Split Carrier Participation	60% of all eligible employees must enroll in a plan offered by the employer. At least three (3) eligible employees must enroll with Cigna + Oscar with one (1) of which must live in the Cigna + Oscar California service area.

The participation rate is calculated by dividing the number of enrolling employees by the total number of eligible employees (after subtracting those who have a valid waiver).

If an employee chooses to waive coverage, Cigna + Oscar reserves the right to confirm participation requirements by collecting the employee's current carrier documents, including but not limited to the ID card and the policy effective date.

If groups are enrolling during the Federal Enrollment Period, participation requirements may not apply. Refer to section "Annual Enrollment Period" for additional information.

Enrollment

How to Submit an Enrollment

Enrollment can be submitted online at business.hioscar.com. It is typically helpful if whomever is submitting the enrollment has reviewed the Cigna + Oscar small group California enrollment forms, which can be found at https://www.hioscar.com/brokers/cigna.

To access the enrollment portal you must first get an account from Cigna + Oscar. If you are a member of

a contracted general agency or appointed broker for the state of California you will automatically be granted an account. Others should contact Cigna + Oscar support directly for assistance. Once you have an account the entire enrollment of a group can be done online and paperless.

Effective Dates and Important Deadlines

New groups may start coverage on the 1st or 15th of any future month. Once the effective date has been set and confirmed during the Annual Enrollment Period, requests for a change in effective date will not be allowed. Small groups may begin their applications as early as 60 days in advance of the desired effective date.

All completed applications and requested documents must be submitted by the 5th business day after the desired effective date; however, if additional documents are required, documents must be received within either an additional five (5) business days from when the request was sent or by the 10th calendar day after the effective date, whichever is earlier, in order to honor the requested effective date.

Late Enrollees

Eligible employees and dependents who did not sign up for the group's health plan when they were first eligible to enroll and later request enrollment are designated as "late enrollees." A late applicant must wait until the group's next enrollment period to request coverage. This does not include "New Hires" or employees that have a valid QLE.

Annual Enrollment Period

The annual enrollment period is the 30 days prior to the group's renewal date. During the annual enrollment period, eligible employees who did not enroll during the new hire enrollment period, including late applicants, may sign up for coverage and enrolled employees may

change plans or add/remove dependents.

Groups that do not meet our participation and/or contribution requirements listed in the sections above, “Minimum Employer Contribution” and “Participation Requirements” sections are eligible to enroll between November 15 and December 15 of each year for a January 1 effective date. Groups may also change the designated waiting period, and plan offerings within 30 days of their eligibility date. Other Underwriting Guidelines still apply. Groups must be complete and have all requirements submitted by December 15.

Special Enrollment Period

Outside of the annual enrollment period, when an employee or dependent (including the employee’s spouse) loses coverage or experiences a qualifying event, they may be eligible for a Special Enrollment Period. Please note that the employee and dependents must otherwise be eligible to enroll. Supporting documentation must be submitted with the Qualifying Life Event, such as a letter from the member's prior insurer indicating date coverage ended a marriage certificate, a birth certificate, etc.

The employee, spouse, domestic partner and/or dependents may enroll within 60 days of the loss of coverage due to:

- Loss of minimum essential coverage
- An Employee or Dependent has lost or will lose coverage under another employer health benefit plan as a result of:
    - termination of his or her employment;
    - termination of employment of the individual through whom he or she was covered as a Dependent;
    - change in his or her employment status or of the individual through whom he or she was covered as a Dependent;
    - termination of the other plan’s coverage;
    - exhaustion of COBRA or Cal-COBRA continuation coverage;
    - cessation of an Employer’s contribution toward his or her coverage;
    - death of the individual through whom he or she was covered as a Dependent, or
    - legal separation, divorce or termination of a Domestic Partnership.

- Employee gains or becomes a dependent, including in the case of legal guardianship
- Coverage is mandated pursuant to a valid state or federal court order
- Health coverage issuer substantially violated a material provision of the health coverage contract
- Employee or Dependent gains access to new health benefit plans as a result of a permanent move
- Employee or Dependent is released from incarceration
- Employee or Dependent returned from active duty

The employee, spouse, domestic partner and/or dependents may also enroll 60 days from date of a qualifying event, such as:

- Loss of qualifying health coverage
- Change in primary place of living

Waiting Periods

Waiting periods are elected by the group employer and can only be changed during the annual enrollment period. They are not applicable during the group's initial enrollment and will go into effect for employees joining after the group's initial coverage start date.

During the annual enrollment period, groups may choose a waiting period in accordance with federal regulation. The group may not impose a waiting period that exceeds 90 days. If the group chooses to impose a waiting period, it must be consistently applied to all employees.

Waiting period options may be applied as follows:

- None
- First of the month following Date of Hire
- First of the month following one month (30 days) from Date of Hire
- First of the month following two months (60 days) from Date of Hire
- 30 days from Date of Hire
- 60 days from Date of Hire
- 90 days from Date of Hire

In addition to the waiting period, an employer may implement an orientation period that may

not exceed 30 days. The waiting period begins after the completion of the orientation period. Employers are responsible for administering and tracking the orientation period.

The employer may waive the waiting period for all new hires at the initial group enrollment only. The group's waiting period is applied to all employees in the group with no exceptions for any eligible employee. Note: Dual waiting periods are not allowed.

Plan Choices

Employers may select up to four (4) Cigna + Oscar benefit plans to offer their employees. There are no restrictions on the combination of plan options, including metal tier or networks (LocalPlus or Open Access Plus). Note that LocalPlus is only available to employees who live within the California service area defined as Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Ventura and Yolo Counties. All eligible employees have access to Open Access Plus plans.

Rates

Premium rates are guaranteed for 12 months and are based on the employer's location, not on the health history of the group. Rates are based on the employer's location in the Cigna + Oscar Service Area. A group's final rate is calculated once the completed group enrollment has been submitted. Rates are based on the enrollees' ages on the effective date of the contract.
Rates are recalculated on the contract anniversary. Final rates, effective date and group approval will be determined by Cigna + Oscar small group underwriting. Composite rates are not allowed.

Rate tables are posted at hioscar.com/brokers/cigna and Cigna + Oscar for Business quotes are available through major quote engines and general agent partners.

Prior Carrier Deductible

Cigna + Oscar will credit the amount of the deductible satisfied for medical expenses under the benefit plan of the employer group's prior carrier within the same calendar year; however, there is no prior carrier deductible

credit for prescription drug coverage. The employer's prior carrier information is provided by the employer via a deductible credit form obtained from the forms section of the website (hioscar.com/cigna/forms) and EOBs or approved spreadsheet. Prior deductible credit is available only for individuals enrolled in the group plan as of the initial effective date with Cigna + Oscar.

In order to apply, employees must meet the following eligibility criteria:

- Employees must be a member of a new group plan that has transferred its coverage from another insurance carrier with no lapse in coverage

Cigna + Oscar will NOT provide credit for the following:

- Prescription Drug Coverage
- Maximum Out Of Pocket
- Individual Plans

Required documents

- A completed Deductible Credit form located on hioscar.com/cigna/forms.
- A copy of an EOB, for each family member, showing the amount of deductible each member has satisfied from the prior carrier OR an approved Deductible Credit spreadsheet from the prior carrier.

Additional key information:

- Prior Carrier Deductible credits are only applicable for members as a part of new group enrollment. Members added off-cycle, outside of the groups original effective date, are not eligible
- Deductible credit form(s) can be submitted during the enrollment process and will be accepted up to the 90th calendar day following the start of coverage.
- Deductible credits will be processed 24-48 hours upon submission of all required documentation with complete and accurate information
- Cigna + Oscar will credit only up to the enrolling plan deductible.

Takeover Provisions

Cigna + Oscar small group takeover provisions comply with the following:

- Any carrier providing replacement health coverage within a period of 60 days from the date

prior coverage is discontinued and which provided health coverage comparable to the new contract will be required to cover all employees and dependents who were both

- Validly covered under the prior contract at the time the contract was discontinued AND within the definitions of eligibility under the succeeding carrier's contract.

Contract Benefit Modifications

Employer-requested health plan or contract changes can be effective only on the group's renewal date. Depending on the type of benefit modification requested, underwriting may be required. Certain supporting documentation is also required to review a request to modify benefits. The required documentation must be complete and accurate to process the request. Depending on the type of benefit modification request, 30 days written notice must be provided.

Additionally, the group will have to change their policy / plan year in accordance to their group health plans. Prior year deductible credits will not be given.

Workers' Compensation

Enrolled employers must offer a workers' compensation policy as required by law. Supporting documentation of workers compensation is not required.

COBRA

The employer is responsible for administering COBRA within the guidelines set by the federal government for employer groups. Cigna + Oscar will help the employer administer within those guidelines.

Cal-COBRA

Groups employing between two (2) to nineteen (19) FTE employees for at least 50% of the preceding calendar year are required to offer Cal-COBRA continuation coverage to employees who are no longer eligible for group health coverage.

The following events are Cal-COBRA qualifying events:

- Employee's termination of employment or reduction in hours
- Death of subscriber
- Divorce or legal separation from the subscriber
- Loss of eligible dependent status of an enrolled child
- Subscriber becomes entitled to Medicare
- Expiration of COBRA coverage if COBRA lasted 18 months

It is the employer's responsibility to inform Cigna + Oscar of the request for Cal-COBRA enrollment and written notice must be received within 30 days of the employee becoming eligible.

Cal-COBRA rates can be up to 110% of the group rate.

Medicare Reporting

Each year all carriers must report to Centers for Medicare & Medicaid Services (CMS) the number of Medicare Secondary Payer (MSP) groups and the number of employees, based on the number of employees provided by the employer. Cigna + Oscar follows CMS guidelines in coordinating benefits for Medicare-entitled employees and dependents based on age, disability, and end-stage renal disease (ESRD).

Guaranteed Renewability

A group must be renewed unless the group has been terminated for one of the following reasons:

- Fraud or misrepresentation of material facts
- Failure to meet Cigna + Oscar's service area requirements if no employee lives, works or resides in the service area
- Violation of a material contract provision relating to employer contribution or group participation rates
- Cigna + Oscar discontinues a class of plans or withdraws from the market

Voluntary Terminations

Group Terminations

A group must provide written notice to Cigna + Oscar requesting the group's termination by the day before the effective date.

Employee Terminations

A group must notify Oscar as soon as an enrollee (holder, spouse, or dependent) no longer meets the eligibility requirements of the policy. Notice must be provided within 30 days of the event.

If a group would like to terminate an employee's coverage, written notice must be provided to Cigna + Oscar's Eligibility team. Coverage will terminate on the actual date specified by the group or employee or at the end of the month. If the group or employee requests to terminate coverage retroactively, then employees can be terminated up to 30 days retroactively from the date written notice is received by the Cigna + Oscar Eligibility team.