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Carrier

Requirements



Yes. Group needs to meet all eligibility and participation requirements
Due to the nature of business, personal checks are acceptable in lieu of business check.
Cashier's checks with PSUID and payment support documentation would also be acceptable in lieu of business check.



Yes. Group needs to meet all eligibility and participation requirements
Life and Disability products must be sold alongside Medical to qualify
Due to the nature of business, personal checks or cashier's checks are acceptable in lieu of business check



Yes. Group needs to meet all eligibility and participation requirements
Due to the nature of business cashier's check or money orders are acceptable in lieu of business check*

*Note that because they will be submitting a Cashier's Check versus using the Initial Payment Authorization form, cannabis groups can not be submitted via the Employer Enrollment Tool. They will need to be submitted via email.



Yes. Group needs to meet all eligibility and participation requirements
Group's business license from the city in which they operate is acceptable in lieu of business check requirement

Due to the nature of business, premium checks can be paid from any account
Cashier's checks are also acceptable in lieu of business check*

*If there is a TPA/Mgmt. Co. handling the banking for this group, provide a written explanation from the employer to include the name of the TPA/Mgmt. Co



Yes.
Group needs to meet all eligibility and participation requirements Must present an eligible SIC code
Due to the nature of business, personal checks or cashier's checks are acceptable in lieu of business check.

*If there is a TPA/Mgmt. Co. handling the banking for this group, provide a written explanation from the employer to include the name of the TPA/Mgmt. Co



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BUSINESS

Yes.
Group needs to meet all eligibility and participation requirements

Yes.
Group needs to meet all eligibility and participation requirements
Must present an eligible SIC code.



Personal Checks or money orders are not accepted however the group will need to use the Delta Dental Initial Premium Authorization Form.



No.
Guardian will not write in Cannabis Industry



Yes.
Group needs to meet all eligibility and participation requirements
Due to the nature of business, personal checks specifically from the owner's checking account is acceptable in lieu of business check



Yes.
Group needs to meet all eligibility and participation requirements
Due to the nature of business, personal checks are acceptable in lieu of business check
**They can use EFT form as long as they can provide an email address, 9-digit routing number and account number

Carrier

Requirements



No. MetLife will not write within Cannabis Industry

**NOTE: May be considered depending on the sector. If they are growing cannabis, then they cannot be insured. However, if it is hemp-based CBD related products then they may be insured. Reach out to Metlife with group details for confirmation or declination to quote.



No.

Nippon Life Benefits will not write in Cannabis Industry



No.

Principal will not write in Cannabis Industry



Yes.

Group needs to meet all eligibility and participation requirements

Due to the nature of business, UHC will ask for ACH be set up at time of enrollment.



No.

Unum will not write in Cannabis Industry

Carrier	Cut-Off Dates
AETNA	Must be sent to Aetna by the 5th calendar day of the month for the 1st of the month effective date. 15th of the month for the 15th of the month effective date.
ANTHEM BLUE CROSS	The 20th calendar day of the month for the 1st of the month effective date. 12th calendar day for the 15th of the month effective date.
BLUE SHIELD OF CALIFORNIA	Must receive all completed paperwork by the 15th calendar day of the month when the requested effective date is for the first of that month.
CALCPA HEALTH ¹	5th business day: for the 1st of the month effective date. 15th of the month not available.
CALIFORNIA CHOICE[®]	5th business day of the month: for the 1st of the month effective date. 15th of the month not available.
CHOICE BUILDER[®]	5th business day of the month: for the 1st of the month effective date. 15th of the month not available.
COVERED CALIFORNIA FOR SMALL BUSINESS	Dates prior to the requested effective date with submission form: 12/27/2025, 1/27/2026, 2/24/2026, 3/27/2026, 4/26/2026, 5/27/2026, 6/26/2026, 7/27/2026, 8/27/2026, 9/26/2026, 10/27/2026, 11/26/2026 Dates prior to the requested effective date with submission form: 1/7/2026, 2/7/2026, 3/7/2026, 4/7/2026, 5/7/2026, 6/7/2026, 7/7/2026, 8/7/2026, 9/7/2026, 10/7/2026, 11/7/2026, 12/7/2026
GUARDIAN	Deadline is the 5th working day of the month for a 1st of the month effective date.
HEALTH NET	Cut-off date is the 5th of the month or following business day if cut-off falls on a holiday or weekend.
HUMANA	5th business day of the month
KAISER PERMANENTE	5th business day: for the 1st of the month effective date. 15th of the month not available. Kaiser's late enrollment letter form must accompany groups received between the 2nd and 5th business day of the requested effective month.
MEDIEXCEL	Deadline is the 5th of the month for a 1st of the month effective date.
MET LIFE	Deadline is the 5th business day of that month past the effective date
PRINCIPAL FINANCIAL	Deadline is the 5th business day of the month for a 1st of the month effective date.
UNUM	Five business days prior to end of the month: for the 1st of the month effective date. 15th of the month available on approval basis only. Need a master app signed on or prior to the effective date
VSP	VSP No deadline date: for the 1st of the month effective date. 15th of the month not available.

Please Note: If the current cut-off falls on a weekend or holiday, the next available business day will be the cut-off date.

¹CalCPA policies enrollment only for accountants/CPAs, and financial service industries (banking, securities, investment, mortgage, under SIC 7379-NEC).

Carrier

Guidelines



Groups who have more than one business with different TINs may be eligible to enroll as one group if the following are met:

- One owner has controlling interest of all businesses to be included
- Companies that are affiliated and that are eligible to file a combined income tax return for purposes of state taxation shall be considered one employer
- All groups filed under one combined tax return are considered one group
- There are 100 or fewer employees in the combined groups
- Business with equal controlling interest may be considered if the owners of the company designate an individual to act on behalf of all the groups
- A completed Common Ownership form must be submitted
- Underwriting reserves the right to final underwriting review and may consider common ownership on a case-by-case underwriting exception



Companies that are affiliated and eligible to file a combined tax return for purposes of state taxation shall be considered one employer

Common ownership groups must meet the definition of a small employer when combined.

All companies in the common ownership group must appear as Active on the California Business Portal

The employer can attest to the affiliation on the employer application Section A- Affiliation



Copies of Articles of Incorporation/Partnership Agreements are required for each group
Common ownership groups must meet the definition of a small employer when combined.

All companies in the common ownership group must appear as Active on the California Business Portal



Each company must share a minimum of 50% common ownership. Companies must have a related industry (The groups would be able to file payroll taxes jointly)

The total number eligible for all combined groups may not exceed 100
Completed Common Ownership Statement

Proof of related industries may be required by the Underwriter



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BUSINESS

Affiliated companies that are eligible to file a combined state tax return shall be considered one employer for the purposes of obtaining group coverage.

All persons treated as a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

There must be 100 FTEs or fewer employees in the combined groups.

CPA letter or letter on company letter head signed by owner attesting that the companies share ownership and want to be written together.

CCSB will allow groups to choose if they want to be written together or separately (group must meet the definition of a small employer as a combined entity if written together or separately).

Carrier

Guidelines



Small employers qualified to enroll as a single employer are required to submit a letter from a CPA certifying how they are eligible

The CPA must not be an owner or employee of the groups seeking coverage
The letter must be on CPA letterhead, and it must explicitly state how the groups are eligible to enroll under a single policy

Allowable reasons for how common ownership groups are eligible to enroll under a single policy:

- Affiliated companies that are eligible to file a combined tax return for state taxation
- Controlled groups of corporations
- Trades and businesses, whether or not incorporated, under common control
- Affiliated service groups

Common ownership groups must meet the definition of a small employer when combined



Business entities that are affiliated and eligible to file a combined tax return for purposes of state taxation will be considered 1 employer and must apply as 1 employer
Common ownership groups must meet the definition of a small employer when combined

All companies in the common ownership group must appear as Active on the California Business Portal



Copies of the filed/stamped Statement of Information reflecting all officer/owners, or signed/dated Partnership Agreements listing all partners' names

A letter from the employer's CPA stating that all business entities are eligible to file a combined tax return

Submission of a completed and signed Common Ownership Certificate form
All companies in the common ownership group must appear as Active on the California Business Portal

California DE9C Quarterly Wage Report Filing Requirements

Review the California filing date requirements for the Quarterly Wage Report Form DE9C in the chart. Once a quarter ends, groups are given until the end of the following month to file the DE9C with the state.

Example: Q2 ends on June 30th. The DE9C can be filed as early as July 1st and must be done by July 31st.

Quarter	Quarter End	Due By	Delinquent After
Q1	03/31	04/01	04/30
Q2	06/30	07/01	07/31
Q3	09/30	10/01	10/31
Q4	12/31	01/01	01/31

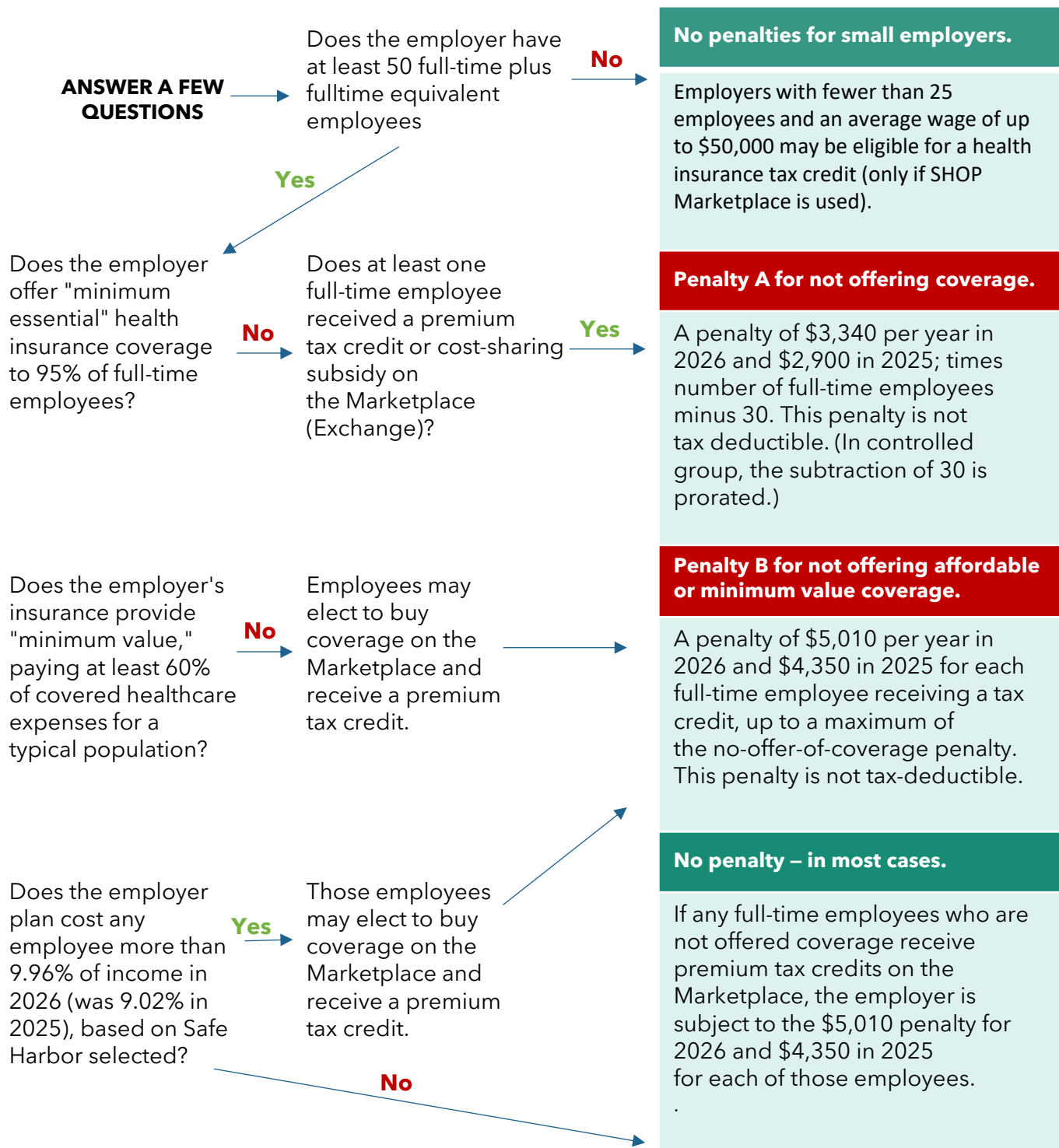
Carrier Acceptance of the California DE9C Quarterly Wage Report

Here is the carriers' acceptance of the DE9C based on the time frame the state allows a group to file their DE9C.









Example: Q3 DE9C must be filed by the end of October and the Q4 DE9C can be filed as early as the 1st of January, either the Q3 or Q4 DE9C would be acceptable for a January 1st effective date.

Carrier Acceptance of DE9C Quarterly Wage Reports

Month applying for coverage	DE9C Report to submit
Q1	January 3 rd or 4 th Quarter
	February Carriers will begin requesting 4 th Quarter only
	March 4 th Quarter
Q2	April 4 th or 1 st Quarter
	May Carriers will begin requesting 1 st Quarter only
	June 1 st Quarter
Q3	July 1 st or 2 nd Quarter
	August Carriers will begin requesting 2 nd Quarter only
	September 2 nd Quarter
Q4	October 2 nd or 3 rd Quarter
	November Carriers will begin requesting 3 rd Quarter only
	December 3 rd Quarter



Note: Penalty amounts are adjusted for inflation annually.

Carrier	Requirements
	New Hire rates will be based on the member's age at the member's enrollment date
	New Hire rates will be based on the member's age at the member's enrollment date
	New Hire rates will be based on the member's age at the member's enrollment date
	New Hire rates will be based on the member's age at the member's enrollment date
	New Hire rates will be based on the member's age at the member's enrollment date.
	New Hire rates will be based on the member's age at the group's effective date
	New Hire rates will be based on the member's age at the group's effective date
	New Hire rates will be based on the member's age at the member's enrollment date

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.

Carrier **Quarterly Wage Report/DE9C not required for:**



No DE9C is required for 5+ enrolling for groups with current coverage. Excludes Virgin groups, Groups with 10% of EEs residing out of CA, and groups with more than 20% COBRA enrollments.

Note: Information is subject to change and carriers can request additional documents as needed.



- DE9C/Quarterly Wage Report not required for groups 3+ enrolled
- Completed California Enrollment Compliance form is required

Note: Information is subject to change and carriers can request additional documents as needed



DE9C not required for groups with 3-95 FT/FTE eligible employees

- Owners are not included in the count of eligible employees
- PEO's, Union/Non Union, Start ups, Spin offs and Multiple Employer groups do not qualify for the no DE9C guideline

A DE9C may be requested for groups of all sizes when:

- There are eligible employees aged 70+
- Groups with 2+ employees residing at the same address
- Groups whose legal entity is listed as 'other'
- Groups of 1 enrolling

Blue Shield reserves the right to require documentation such as a DE9C or payroll register for groups of any size at their discretion

Blue Shield may require the most recent Companywide Payroll Journal Report for groups with eligible Out of State employees to confirm 51% of all eligible employees reside in California



DE9C not required for Sole Proprietors.



No DE9C is required for 6 + enrolling

- A copy of the most recent prior carrier bill is required
- Must submit payroll for EE's enrolling that are not listed on the prior carrier bill.



- No DE9C required for 3+ enrolling
- A copy of the most recent prior carrier bill is required
- Must supply payroll for EE's enrolling that are not on the prior carrier bill



Carrier

Quarterly Wage Report/DE9C not required for:



Enhanced Choice Groups with 4+ enrolling employees valid through Q2 2026:

Mix and match any plans from the HMO and PPO networks!
No DE9C, payroll, prior carrier bill or ownership documents required
No waivers for 10+ enrolling employees
No participation attestation

10+ enrolling employees

- No participation requirement
- No waivers (when not paired with Life or Employer paid Dental/Vision)



Effective 1/1/26 Kaiser will require a DE9C for groups of 1-5 subscribers.
No DE9C for 6+ enrolling subscribers.



No DE9C is required for groups with 5+ enrolled EEs



Required.



Required.



CA Groups with 3+ enrolling can submit a Participation Certification form in lieu of a DE9C

Start-Up, Union/Non-Union, Common Ownership and Spin Off groups with 3+ enrolling may use the California Participation Form in lieu of DE9C/Quarterly Wage Report or Payroll

Groups leaving a PEO are not eligible for this guideline

DE9C/Quarterly Wage Report not required for groups of 10+ eligible employees for all other Out of State groups. Completed and Signed Participation & Floor Certification Form for Groups with 10+ Eligible Employees is required

Carrier **Will the carriers write an owner-only group?**



No. Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.

Yes. Owner-only groups that meet the following criteria are eligible for coverage:

- The group is an S-Corp, C-Corp, or LLC
- There are at least two owners who aren't spouses
- At least 2 eligible owners are required



No. Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.



Yes. Owner-only groups that meet the following criteria are eligible for coverage:

- The group must be headquartered in CA offering general financial services
- More than 50% of all the firm's owners must be CPA members of CalCPA or Associate members of CalCPA. All CPA owners must be members of CalCPA in good standing. (Effective 01/01/2019 – Most up to date guidelines available.)
- More than 50% of the group must reside in CA
- All employees must work at least 20 hours per week, unless the group chooses 30 hours as the eligibility requirement



No. Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.



No. Owner-only groups without W2 employees are ineligible for coverage.



No. Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.

- Health Net will write Officer Only groups if the group's business entity is specifically a C-Corporation. They will not write Officer Only for any other business entity type.
- At least 2 eligible officers are required and at least one of the officers may not be a shareholder, must be listed on the DE9C and must be covered by Worker's Compensation



Yes. Will write Officer Only groups as long as the group's business entity is a type of Corporation such as **LLC, S-Corp, or C-Corp**. At least one of the officers must be a W-2 employee and listed on the DE9C.

No. (Sole Props & Partnerships)

Owner-only groups without a W-2 employee are ineligible for coverage.



No. Owner-only groups without W2 employees are not eligible for coverage.



No. Owner-only groups without W2 employees are not eligible for coverage.



Yes. Will write Owner Only groups as long as the group's business entity is a type of Corporation such as LLC, S-Corp or C-Corp

At least 2 eligible owners are required.

Owner-only Start-up groups are not eligible.

Carrier Guideline



Sole Carrier: 75% of eligible employees (excluding valid waivers) but no less than 50% of ALL eligible employees regardless of valid waivers

Alongside Kaiser: Minimum of 60% of eligible employees and 40 employees enrolled



Sole Carrier: 75% of net eligible employees (If under 75%, rates will be loaded) Net eligible
EXAMPLE: 200 eligible employees with 30 valid waivers is 170 net eligible employees
Alongside Kaiser: Minimum of 51% of total eligible employees must enroll with Anthem



65% of eligible employees must enroll in employer-sponsored medical coverage
Or 50% of eligible employees and 75% of net eligible employees must enroll in employer-sponsored medical coverage (net eligible is total eligible minus valid waivers)
If offered alongside Kaiser participation can drop to 40% or 30% if Trio is offered



Sole Carrier: 50% of eligible employees (valid waivers will count against participation)
Alongside Kaiser: Minimum of 50% of participating eligible employees must enroll with Cigna and must be greater than 50 employees



Standard participation requirement outside of promotion is 55% of all eligible.

Promotion:

Enhanced Choice Solutions Flexible participation program:

Total Takeover: Participation requirements of minimum 33% of the total eligible employees or 33 active enrolled; whichever is greater

Multi Carrier Strategy: Participation requirements of minimum 10% of the eligible population, or 25 active enrolled employees, whichever is greater.



Sole Carrier: Minimum participation of 5 employees

Alongside Kaiser: The greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered. 50% of eligible employees must be covered by a group plan



Sole Carrier: 50% of eligible employees regardless of waivers OR 75% excluding valid waivers
Alongside Kaiser: Not at this time



Sole Carrier: 60% of eligible employees including valid waivers Minimum of 50% on a case-by-case basis
Alongside Kaiser: 40% of enrolled employees



Sole Carrier:

- HMO: Review current participation and discuss with broker group strategy
- PPO: Enrollment cannot exceed 10% of total group enrollment



Alongside Kaiser: Requires at least 50% excluding valid waivers



Sole Carrier: 75% of all eligible employees to enroll in an employer sponsored plan, and at least 50% of all benefit eligible employees (including spousal coverage waivers) to enroll with UnitedHealthcare

Alongside Kaiser:

- 50% must enroll with UnitedHealthcare
- Minimum of 25 subscribers to set up HMO

Carrier	Stand Alone	Alongside Another Carrier
	<p>Participation Promotion for medical contributory plans.</p> <p>51% eligible in CA required Does not require 51% of enrolled employees to reside in CA</p> <p>Small groups enrolling 5-100 employees can now meet 25% participation. Standard 60% participation applies to groups enrolling less than 5.</p>	<p>1-4 enrolling: 60% participation for 4 or less CA enrolled employees</p> <p>5+ enrolling: 25% participation and a minimum of 5 or more CA employees enrolling in Aetna plan</p> <p>Groups offering another carrier's HMO or PPO must have a minimum of 5 employees and 25% participation in an Aetna plan.</p> <p>Employees covered by the same employer on another group policy are not considered a valid waiver.</p> <p>Requires Aetna waiver forms for those enrolling in the Alongside Carrier. Will not accept the Alongside Carrier Bill or the Alongside Carrier Enrollment form.</p> <p>Only one major medical HMO or PPO carrier is allowed to be written alongside Aetna</p>
	<p>Participation for medical contributory plans</p> <p>60% groups with 1 - 4 enrolled employees 25% groups with 5 - 100 enrolled employees</p>	<p>Standard participation requirements apply</p> <p>Employees covered by the same employer on another group policy are not considered a valid waiver</p> <p>Another carrier's HMO or PPO plans can be sold alongside Anthem so long as Anthem receives the required participation.</p> <p>Anthem waiver forms are required for those enrolling in the Alongside Carrier. Anthem will not accept the Alongside Carrier Bill or the Alongside Carrier Enrollment form</p> <p>More than one medical carrier is allowed to be written alongside Anthem</p>

*100% employee participation required with 100% employer contribution Always refer to carrier underwriting guidelines for all pertinent details.
Note: Information is subject to change and carriers can request additional documents as needed.

Carrier

Stand Alone

Alongside Another Carrier



Guideline:

65% participation for both Mirror and Off Exchange Plans

Promotion through 12/31/2026:

25% participation for off exchange or mirror plans available to groups of 5+ enrolling.

Applies to Specialty Products.

Eligible Owners do not count towards number of eligible employees in CA

At least 25% of the total number of eligible employees must enroll in a Blue Shield healthcare plan with at least five enrolled Employees covered by the same employer on another group policy are not considered a valid waiver

May be offered alongside another carrier's HMO/PPO or MediExcel or SIMNSA and another carrier's HMO/PPO

EPO benefit-designed plans cannot be written alongside any Blue Shield medical products

Blue Shield must be the sole carrier when offering dental, vision, and life products.

Employees covered by the same employer on another group policy are not considered a valid waiver.

Requires Blue Shield Refusal of Coverage forms for all eligible employees not enrolling in the Blue Shield plan(s) and those enrolling in the Alongside Carrier as well. Will not accept the Alongside Carrier Bill or the Alongside Carrier Enrollment form



If the employer contribution is less than 100%, 75% participation is required.

4+ employees must enroll at least 75% of eligible employees in medical and 100% of eligible employees in ancillary.

Employees who waive coverage on the grounds that they have other medical coverage, including Kaiser, are not counted as eligible employees.

May offer CalCPA Health plans alongside Kaiser.

Firms may enroll in CalCPA with one eligible employee if all other employees enroll with Kaiser or have another valid waiver.



70% participation for all group sizes

51% of eligible employees must reside in California. Does not require 51% of enrolled employees to reside in California.

Cannot write alongside other carriers.



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70% participation of eligible employees enrolled

If the group doesn't meet participation, they may still sign up during SEP (Nov 15th - Dec 15th).

May sell another carrier alongside if 70% of eligible employees who do not have a valid waiver are enrolled with CCSB, except if the enrollment occurs during SEP. The SEP allows employers to enroll without meeting the CCSB participation requirements. If employers write non-CCSB health coverage alongside, that coverage should only include fully-insured, age-rated, ACA-compliant small group metal or small group grandfathered plans.

Carrier

Stand Alone

Alongside Another Carrier



**Enhanced Choice
Groups with 4+ enrolling employees:**
Mix and match any plans from the HMO
and PPO networks!

No DE9C, payroll, prior carrier bill, or
ownership documents are required
No waivers for 10+ enrolling employees
No participation attestation

**Minimum enrollment and
participation:
4-9 enrolling employees**

- 25% participation required -
employees enrolled on another
carrier through the same employer
will not count against the 25%
- For census enrollment, waving
employees may be listed on the
census in lieu of providing waivers,
Health Net only requires enough
waivers to verify that the group meets
participation

10+ enrolling employees

- No participation requirement
- No waivers when NOT paired with life
or employer paid dental/vision

Health Net can be written alongside any carrier, no limit to
the number of carriers if participation is met.

Standard Guidelines:

Groups of 1-4 enrolling, 70% participation

Groups 5-100 enrolling, 25% participation - Not a
promotion!



50% of all eligible employees must be
covered by a valid health plan

51% eligible required in California, only
49% of enrolled can be out of state

1-19 eligible employees: must have at least 1 enrolled
with Kaiser and 50% of all eligible employees must be
covered by a valid health plan

20-50 eligible employees: must have at least 3 enrolled
with Kaiser and 50% of all eligible employees must be
covered by a valid health plan

50+ eligible employees: must have at least 5 enrolled
with Kaiser and 50% of all eligible employees must be
covered by a valid health plan

Waivers are not required for employees enrolling in the
alongside carrier.

Employees covered by the same employer or another
group policy are considered valid waivers.

May write alongside another carrier so long as 50% of
eligible employees are enrolled in a valid health plan

Carrier	Stand Alone	Alongside Another Carrier
	<p>As sole carrier</p> <p>GM plan: 1 eligible employee PM, P5, and P20 plans: 3 eligible employees minimum Small Group: 1 employee on Gold 80 and Platinum P90. 3+ required for Platinum P5 and P10 Large Group: 1 enrolled employee</p>	<p>Wrap alongside any other carrier</p> <p>GM plan: 1 eligible employee PM, P5, and P20 plans: 3 eligible employees minimum</p> <p>May sell alongside any CA HMO, PPO, and/or cross-border carrier so long as MediExcel's participation requirement is met.</p>
	<p>HMO</p> <p>1-4 subscribers: 60% participation, excluding any valid waivers. 5+ subscribers: 25% participation, excluding any valid waivers. Valid waivers include spousal, Medicare, Medi-Cal, military, other employer-sponsored, and cross-border coverages. Individual (on-exchange or off-exchange) and COBRA coverage are not valid waivers.</p>	<p>60% of eligible W-2 employees AND a minimum of 5 enrolled with Sharp.</p> <p>Wrapping with another carrier, minimum of 5 enrolled subscribers. Multiple HMO plans are allowed. Wrapping alongside a private or public exchange is prohibited.</p> <p>Sharp Health Plan partnership PPO product is not available alongside another carrier.</p>
	<p>At least 5 employees enrolling</p>	<p>Multiple carriers may be offered alongside with SIMNSA as the only option across the border.</p>
	<p>Guideline:</p> <p>60% participation for 1-4 enrolled 25% participation for 5+ enrolled</p> <p>Employees who waive coverage due to enrolling as dependents under another employee at the same group are not considered valid waivers</p> <p>51% eligible in CA required. Does not require 51% of enrolled employees to reside in CA</p> <p>If the group does not meet 51% eligible in CA, multi-site guidelines will apply. To be written in CA the majority of enrolling employees would need to reside in CA. If there is no majority, then the group must be headquartered in CA. Group must have at least one CA employee enrolled.</p>	<p>Promotion through 12/31/2026</p> <p>At least 25% participation between the participating carriers with 5 employees enrolling with UnitedHealthcare. No minimum CA enrollment required.</p> <p>May write alongside 2 other Staff Model carriers. Eligible Staff Models include Chinese Community Health Plan, Kaiser Permanente, MediExcel, Sharp, SIMNSA, Sutter, and Western Health Advantage. May not write alongside CaliforniaChoice or Covered California</p> <p>Alongside Carrier Bill required when Alongside Carrier is not new. Will accept the Alongside Carrier Bill in lieu of UnitedHealthcare waiver forms for those enrolling in the Alongside Carrier. Alongside Carrier enrollment form or UnitedHealthcare waiver forms required for those enrolling the Alongside Carrier who do not appear on the Alongside Carrier Bill Employees covered by the same employer on another group policy are considered valid waivers.</p> <p>51% of all eligible employees must reside in the state of CA. If the group does not have 51% of all eligible residing in CA, Multi-Site Guidelines will apply.</p>



Minimum Wage \$16.90 For All Group Sizes

Full-Time Payroll

	Hours Worked	Amount Earned
Weekly	30	\$ 507.00
Bi-Weekly	60	\$ 1,104.00
Semi-Monthly	65	\$ 1,098.50
Monthly	130	\$ 2,197.00
Quarterly	390	\$ 6,591.00

Part-Time Payroll

	Hours Worked	Amount Earned
Weekly	20	\$ 338.00
Bi-Weekly	40	\$ 676.00
Semi-Monthly	43.334	\$ 732.34
Monthly	86.667	\$1,464.67
Quarterly	260	\$4,394.00

Carrier

In addition to meeting standard underwriting guidelines, groups must provide:



Guideline for Staying With a PEO

- Groups that are currently with a PEO acting as a co-employer are not eligible for coverage
- Groups using payroll services only through a company that also offers PEO services are eligible subject to meeting the standard underwriting guidelines for eligibility. They must also submit the current prior carrier bill solely for the group and in the group's name

Guideline for Leaving a PEO

- Groups must leave the PEO on or before the requested effective date

Group Size 1-5 enrolling:

- Copy of the contract termination letter sent from the PEO to the employer verifying the cancellation of the leasing arrangement as well as the date
- Copy of the most current quarterly wage report filed by the PEO or at least 2 weeks of current consecutive payroll

Group Size 6+ enrolling:

- Copy of the contract termination letter sent from the PEO to the employer verifying the cancellation of the leasing arrangement as well as the date
- If the group does not have current health coverage: Copy of the most current quarterly wage report filed by the PEO or at least 2 weeks of current consecutive payroll
- If the group has current health coverage: Provide the current health coverage bill to establish group eligibility. Any employees not on the bill must have their full names written in with the reason they do not appear on the bill



Guideline for Staying With a PEO

- The PEO sub-group must qualify and enroll on a standalone basis, separate from the PEO
- The principal business address of the sub-group must be in California and indicated as such on the Employer application
- General Agreements, Section K of the Employer Application must be signed by an authorized representative of the sub-group, not the PEO
- COBRA provisions are determined by the sub-group's size only

Group Size 1-2 enrolling:

- In lieu of a DE9C, the sub- group may submit either payroll records for the most current 3-month period; including the following: sub-group company name, employee names, social security numbers, wages, withholdings, and summary totals; or a copy of most recent PEO invoice including the same information (sub-group company name, employee names, social security numbers, wages, withholdings, and summary totals)
- A PEO sub-group letter/attestation must be included with the new group submission paperwork

Promotion for Group size of 3+ enrolling:

- A signed and completed California Enrollment Compliance form can be submitted with no payroll/invoice requirements
- A PEO sub-group letter/attestation must be included with the new group submission paperwork

Carrier

In addition to meeting standard underwriting guidelines, groups must provide:



Guideline for Leaving a PEO

- Groups must leave the PEO on or before the requested effective date

Group Size 1-2 enrolling:

- Provide a copy of PEO client invoice billed to the worksite business, which includes names of each employee previously leased to the worksite employer

Promotion for Group size of 3+ enrolling:

- A signed and completed California Enrollment Compliance form can be submitted with no payroll requirements
- Provide a copy of PEO client invoice billed to the worksite business, which includes names of each employee previously leased to the worksite employer
- Company's first 30 days complete payroll records to be provided within 45 days of the effective date
- COBRA participants coming off a PEO are eligible. All normal enrollment materials and proof of continuation of coverage required
- Signed Conditions of Enrollment form will be required

Guideline for Staying With a PEO

- Groups that are currently with a PEO acting as a co-employer are not eligible for coverage
- Groups that use PEO payroll services only are eligible subject to meeting the standard underwriting guidelines for eligibility. A copy of the PEO contract confirming this is required



Guideline for Leaving a PEO

- Groups must leave the PEO on or before the requested effective date
- Copy of the letter sent from the PEO to the client business verifying the cancellation of the leasing arrangement will be required
- If a copy of payroll is submitted that separates the formerly leased employees by business location, the group will be considered a qualified group
- COBRA participants coming off a PEO are not considered as having been employees of the group. They are considered prior employees of the PEO and are not eligible for continuation of coverage with this carrier

Guideline for Staying With a PEO

- Sub-group's home office must be located in California
- Statement of Compliance portion of the Employer Application must be signed by an authorized representative of the sub-group, not a PEO representative
- PEO Sub-Group Letter is required
- Quarterly Wage & Tax Report (DE9C) or payroll ledger including summary totals for the most current three months



Carrier

In addition to meeting standard underwriting guidelines, groups must provide:

Guideline for Leaving a PEO

Groups must leave the PEO on or before the requested effective date:



- Explanation from the employer with a description and date of the PEO split-off scenario
- One week of payroll from the new payroll company with the balance for the month due within 30 days of the effective date

Groups that left a PEO prior to the enrollment effective date must provide:

- Explanation from the employer with a description and date of the PEO split-off scenario
- Payroll under the company (not the PEO) from start to current is required - must be at least one week
- **For both scenarios:** If payroll is not equal to one month, group will be approved contingent on the remainder of payroll
- COBRA participants coming off a PEO are eligible. All normal enrollment materials and proof of continuation of coverage required
- 1-4 life groups will need at least 4 weeks of payroll prior to the requested effective date for one common-law employee

CCSB will write groups either in, or out, of a PEO. CCSB would need the PEO roster showing who is eligible, and if there are EEs not on the roster, they would require 2 weeks of payroll or new hire offer letters



Guideline for Staying With a PEO

Groups must leave the PEO on or before the requested effective date



- A DE9C or quarterly wage report from the PEO is required if the PEO provides them for its employer groups
- If the PEO does not prepare a quarterly wage report, the most current 2 weeks of payroll from either the PEO or the group may be substituted
- The quarterly wage report and/or payroll must demonstrate that the group meets the definition of a small employer and that the employees are eligible for coverage
- COBRA participants coming off a PEO are eligible. All normal enrollment materials and proof of continuation of coverage required

Guideline for Leaving a PEO

Groups must leave the PEO on or before the requested effective date

- A DE9C or quarterly wage report from the PEO is required if the PEO provides them for its employer groups
- If the PEO does not prepare a quarterly wage report, the most current 2 weeks of payroll from either the PEO or the group may be substituted
- The quarterly wage report and/or payroll must demonstrate that the group meets the definition of small employer and that the employees are eligible for coverage
- COBRA participants coming off a PEO are eligible. All normal enrollment materials and proof of continuation of coverage required

Carrier

In addition to meeting standard underwriting guidelines, groups must provide:



Guideline for Staying With a PEO

- DE9C/Payroll not required for any group size at time of submission
- Only groups with enrolling non-emancipated minors are required to submit a Payroll Attestation form
- Kaiser may request DE9C/Payroll at any time to determine group eligibility/validate address rating information

Guideline for Leaving a PEO

- DE9C/Payroll not required for any group size at time of submission
- Only groups with enrolling non-emancipated minors are required to submit a Payroll Attestation form Kaiser may request DE9C/Payroll at any time to determine group eligibility/validate address rating information
- Kaiser may request DE9C/Payroll at any time to determine group eligibility/validate address rating information
- COBRA participants coming off a PEO are eligible. Separate Kaiser COBRA Enrollment Form is required. If the group is subject to Cal-COBRA, enrollment is handled member to carrier direct. Employer/TPA would not be involved. If the group is subject to Federal COBRA, participants can be submitted with the new group but separate from the active employee enrollment

Guideline for Staying With a PEO

- Groups that are currently with a PEO acting as a co-employer are not eligible for coverage
- Groups that use PEO payroll services only are eligible subject to meeting the standard underwriting guidelines for eligibility



Guideline for Leaving a PEO

Groups must leave the PEO on or before the requested effective date

- Copy of the prior carrier bill from the PEO with employee census confirming prior coverage will be required
- Provide a copy of the contract termination letter sent from the PEO to the employer that verifies the cancellation of the leasing arrangements as well as the cancellation date
- Provide at least two weeks of payroll from a legitimate payroll company issued in the name and Tax Identification Number of the individual employer group, not the PEO
- In the event a DE9C/Quarterly Wage Report or Payroll is unavailable groups must provide the following:
 - A copy of six weeks of chargeback invoices from the PEO to establish group size and eligibility
 - A letter from the company owner/officer stating the following: The company has canceled its contract with the PEO and the effective date of cancellation; approval is contingent upon United Healthcare receiving, within 45 days of the effective date, 30 days of payroll records for all employees. United Healthcare reserves the right to rescind or non-renew coverage if payroll documentation is not provided in a timely manner or it does not meet United Healthcare criteria for enrollment eligibility
- The employer group must have offered the employees health insurance previously through the PEO
- COBRA participants coming off a PEO are eligible. All normal enrollment materials and proof of continuation of coverage required

- Effective Date**
- Coverage updates mandated by SB 729 will be effective for new and renewing groups starting January 1, 2026.
 - **On June 13, 2025, the California Legislature passed a budget bill that includes funding and placeholder language for a compliance date extension for SB 729, from July 1, 2025, to January 1, 2026.**

**Large Group
(Fully Insured,
101+
Participants)**

- Coverage is required for the diagnosis and treatment of infertility.
- Benefits include artificial insemination, GIFT, IVF, and ZIFT, with up to three (3) oocyte retrieval cycles per lifetime and unlimited embryo transfers.
- Includes all necessary covered services that prepare members for these procedures, including prescription drugs, professional services, inpatient and outpatient care and treatment by injections.
- No lifetime maximum limitation on covered infertility services.
- Cost-sharing for infertility services aligns with the applicable service type listed in the Schedule of Benefits. For example, if an infertility service requires an office visit, the office visit copayment will apply.
- Infertility prescription drugs are subject to the applicable Tier 1, 2, or 3 drug copayments as listed in the Schedule of Benefits.
- Large Group Renewal Letters have been updated to reflect SB 729 coverage changes.

**California Large
Custom Groups**

- Coverage includes artificial insemination, GIFT, IVF, and ZIFT, with three (3) or more oocyte retrieval cycles per lifetime and unlimited embryo transfers.
- Includes all necessary covered services that prepare members for these procedures, including prescription drugs, professional services, inpatient and outpatient care and treatment by injections.
- No lifetime maximum limitation on covered infertility services.
- Cost-sharing for infertility services aligns with the applicable service type listed in the Schedule of Benefits. For example, if an infertility service requires an office visit, the office visit copayment will apply.
- Infertility prescription drugs are subject to the applicable Tier 1, 2, or 3 drug copayments as listed in the Schedule of Benefits.
- CalPERS plan implementation is delayed until July 1, 2027.

**Small Business
Group (SBG)**

- Plans are available with or without infertility benefits, with the latter offered at a lower cost. The following outlines the options available to small groups.
- Benefits include artificial insemination, GIFT, IVF, and ZIFT, with up to three (3) oocyte retrieval cycles per lifetime and unlimited embryo transfers.
- Includes all necessary covered services that prepare members for these procedures, including prescription drugs, professional services, inpatient and outpatient care and treatment by injections.
- No lifetime maximum limitation on covered infertility services.
- Cost-sharing for infertility services aligns with the applicable service type listed in the Schedule of Benefits. For example, if an infertility service requires an office visit, the office visit copayment will apply.
- Infertility prescription drugs are subject to the applicable Tier 1, 2, or 3 drug copayments as listed in the Schedule of Benefits.

Implementation

Timeline

Updates

- New SB 729 effective date: January 1, 2026
- Governor Newsom requested delay to January 1, 2026, to allow time for regulatory guidance on IVF specifics like embryo storage and donor materials.
- Legislative trailer bill to finalize the delay has been signed.
- **SB 729 coverage will start Jan 1, 2026, at the next plan renewal.**

Key Takeaways for Employers & Employees

- Large-group fully insured plans (101+ employees): Once effective, must cover infertility treatments up to 3 egg retrievals and unlimited embryo transfers, with parity in cost sharing .
- Small-group fully insured plans (≤ 100 employees): Must offer such infertility coverage via riders; coverage is optional to include .
- Self-funded or ERISA plans: Not subject to SB 729 mandates .
- Religious employers and certain groups (like Medi-Cal, CalPERS until 2027) are exempt.

What You Should Do

1. Effective date shifted to January 2026.

2. Check your plan type:

- Large-group, fully insured: Expect automatic inclusion of infertility benefits at renewal.
- Small-group: Review plan options to include an infertility rider.
- Self-funded: SB 729 likely won't apply; voluntary coverage remains an option.

Carrier

Updates



In SOB's plan names will include 'wINF', and updated ER application is coming January 1, 2026.



Diagnosis and treatment of underlying infertility causes are covered in all plans. Additional coverage is available with optional rider. Costs may change.



LG: Any increase in plan premiums will take place in 2026 depending on the group's population and specific plan designs. Groups that already renewed with a July 1, 2025, to December 31, 2025, effective date with originally mandated fertility benefits will see an adjusted rate. Coverage details are currently being reviewed by the Department of Managed Health Care (DMHC). Following approval, plan documents such as EOCs and SOB's will be updated and distributed accordingly.

SG: Customers that chose to offer coverage under SB 729 will see coverage changes take effect upon new enrollment or renewal.



The Department of Managed Health Care has determined that products offered through the CaliforniaChoice Program are not required to include options covering infertility benefits, as employer groups may access such options directly from the health plan.



If you offer infertility benefits to your employees, all health insurance plans available to your employees will include infertility benefits. If you choose not to offer infertility coverage to your employees, the health insurance plans available to your employees will not include infertility benefits. Previously, infertility coverage guidelines were based on the number of eligible employees and the selected product (HMO, PPO, etc.)



Two SBCs per plan now available (one with infertility, one without). When the IVF/fertility rider is needed for small groups, it is added at a group level to all members/plans.



LG: Customers renewing between July and December 2025, the benefit will be included as part of the renewal. As a contract renews and SB 729 coverage is included, this expanded benefit will act as a benefit reset. A covered member will be eligible for SB 729 services, regardless of whether the member has accessed or exhausted any previous supplemental fertility services coverage.

SG: All existing employers and brokers with INF plans, both ACA-metal and grandfathered, will receive a one-time email notification informing them of the benefit enhancements at time of renewal, beginning mid-June (pending DHMC approval).



Infertility/Fertility requirements under SB 729, effective 7/1/25, do not apply to MediExcel Health Plan given its licensure under the Knox-Keene Act, Section 1351.2



The ART C rider will no longer be offered. Plans will now be available with or without Infertility, built into the plan designs, available for all group sizes. New INF SOB's are available on carrier website.



LG: UnitedHealthcare has designated infertility, including IVF as a Benefit Standard effective 7/1/2025 for large fully insured groups situated in CA.

SG: It will be available only if purchased. The extraterritorial coverage requirement is delayed until January 1, 2026.

Carrier

Requirements



Standard plans include basic infertility and fertility preservation. Coverage is limited to the diagnosis and treatment of an underlying medical condition. Please refer to the PDDs found in the SBC search tool for an outline of each plan.

Coverage: Cost sharing is based on type of service and where it is received. Comprehensive Infertility Services: IVF, ZIFT, GIFT, cryopreserved embryo transfers, ICSI, ovum microsurgery, ovulation induction, and artificial insemination. Coverage is limited to 3 completed egg retrievals per lifetime and unlimited embryo transfers.
Cost: Cost will be applied per enrollee per month and varies by plan and age.
Plan Offering: If infertility is elected, benefits will be added to all medical plans for the entire group at an additional premium.



Diagnosis and treatment of underlying infertility causes are covered in all plans. Additional coverage is available with optional rider.

Coverage: Includes IVF, GIFT, ZIFT, artificial insemination, reconstruction surgery (except sterilization reversal), supplies & appliances, and medications given in a doctor's office. 50% coinsurance. \$2,000 lifetime max for services. Separate \$1,500 lifetime max applies to drugs prescribed for infertility treatment.
Exclusions: See Evidence of Coverage (EOC).
Cost: \$90/month per subscriber.
Plan Offering: Rider will be added to all medical plans for the entire group at an additional premium.



HMO, PPO, HSA, and HDHP plans are available with or without infertility benefits.
Coverage: See summary of benefits for full details on HMO, PPO, and PSP benefits
Lifetime Maximum:

Natural AI (without ovum stimulation): 6/lifetime
Stimulated AI (with ovum stimulation): 3/lifetime
Oocyte retrieval: 1/lifetime
GIFT: 1/lifetime
Cryopreservation of embryos, oocytes, sperm, reproductive tissues: 1/lifetime
Exclusions: ZIFT, IVF, ICSI, surrogacy services, the collection, purchase, or storage of the sperm/eggs/frozen embryos from donors other than the member, and anything not specifically listed as a covered service in the Family Planning and Infertility Services section of the EOC.
Plan Offering: If infertility is elected, benefits will be added to all medical plans for the entire group at an additional premium.



The Department of Managed Health Care has determined that products offered through the CaliforniaChoice Program are not required to include options covering infertility benefits, as employer groups may access such options directly from the health plan.



If you offer infertility benefits to your employees, all health insurance plans available to your employees will include infertility benefits. If you choose not to offer infertility coverage to your employees, the health insurance plans available to your employees will not include infertility benefits. Previously, infertility coverage guidelines were based on the number of eligible employees and the selected product (HMO, PPO, etc.)

Carrier

Requirements



Health Net offers an infertility option with all Small Business Group plans. The same plans are available without infertility benefits at a lower cost.

Coverage: There is a lifetime maximum of 3 oocyte retrievals.

Applicable deductibles or copays apply to all required services and supplies.

Exclusions: Oocyte retrievals after the lifetime maximum of 3 oocyte retrieval cycles have been met; the collection, storage, or purchase of sperm; pre-implantation genetic diagnosis; purchase of donor eggs, sperm, or embryos; gestational carriers (surrogates).

Plan Offering: If selected, the infertility rider will be applied to all plans within the package.



Kaiser Permanente plans will have an INF option plan. If fertility is offered, then all plans must have fertility and a plan without infertility cannot be offered. This includes PPO and KP Plus. INF plans may be sliced with another carrier, so long as all plans offered by each carrier have SB 729 benefits included.

Adding SB 729 compliant INF benefits to Grandfather plans is an option. This will not affect Grandfather status. Taking them away at a later date may affect status. Any requests to add the SB 729 benefit need be directed to a Kaiser Permanente Account Manager.

Coverage: SB 729 includes coverage for the diagnosis and treatment of infertility and fertility services, including artificial insemination, IVF, and fertility drugs as medically indicated.

Cost: Benefits and costs are embedded in "INF" plans, choose "INF" labeled plans. Cost increase for INF plans is approximately 3%-4%, plan specific. Cost sharing for fertility services will match the plan's cost sharing for non-fertility medical services.

Plan Offering: If fertility is offered, then all plans must have fertility and a plan without infertility cannot be offered.



Infertility/Fertility requirements under SB 729, effective 7/1/25, do not apply to MediExcel Health Plan given its licensure under the Knox-Keene Act, Section 1351.2

Coverage:

Includes IVF, ICSI, GIFT, ZIFT, Assisted Hatching
Max 3 completed oocyte retrievals



Cost: Plans embedded in "INF" plans must be chosen when quoting; benefits and cost are embedded in "INF" plans; cost increase for INF plans is 45%

Lifetime Max: 3 AI, 3 GIFT cycles, 3 cycles of meds

Benefit: 50% coinsurance; doesn't accrue to deductible/OOP max

Exclusions: Sperm/egg storage, ICSI, TET, ZIFT, etc.

Coverage:

HMO/PPO/HSA: Not standard; optional rider available
State Navigate: \$2,000 lifetime max



Cost: 3.4% (HMO), 4.9% (PPO) rate increase

Lifetime Max: 6 AI/IUI; 3 GIFT cycles or 1 live birth

Benefit: 50% coinsurance

Exclusions: IVF, ZIFT, donor gametes, sterilization reversals, etc.

Carrier

Guidelines



Must be the sole carrier confirmed by an attestation form.
DE9C required and standard W-2 rules apply.
Must be submitted to Aetna with all requirements in by **12/15/25 at 11:59 PM** - no exceptions.
Recertification at renewal: Yes, to ensure group meets the definition of a small employer.
Ancillary coverage will follow normal guidelines for participation and contribution.



Must be the sole carrier.
No contribution or participation requirements.
Must be submitted with all requirements to Anthem by **12/15/25 at 12 PM**.
Approvals must be completed by 12/31/25.
Recertification at renewal: No



Can be written alongside another carrier's HMO only, another carrier's HMO and MediExcel only, or another carrier's HMO and SIMNSA only.
Regular underwriting guidelines apply.
Must be submitted to Blue Shield by **12/15/25 at 11:59 PM** and approved within 30 days of submission.
Dental/Vision follow medical.
Life does not follow medical.
Recertification at renewal: Yes, to ensure group meets the definition of small employer.



Must be the sole carrier.
Regular underwriting guidelines apply.
Must be submitted to CaliforniaChoice by **12/15/25 at 11:59 PM** and approved by 12/31/25.
Recertification at renewal: Yes, to ensure group meets the definition of a small employer.
Ancillary coverage will follow normal guidelines for participation and contribution.



Can be written alongside another carrier.
Must be submitted to CCSB by **12/15/25 at 5 PM**.
Recertification at renewal: CCSB does not recertify groups ever.
Ancillary Dental: Normal Guidelines.
Voluntary Dental: No participation or contribution requirements.



Can be written alongside another carrier.
Regular Underwriting Guidelines apply including proof of eligibility.
Must be submitted to Health Net by **12/15/25 at 5 PM**. Must be approved by 5 PM on 1/20/2026.
Recertification at renewal: At the carrier's discretion.
Ancillary coverage will follow normal guidelines for participation and contribution.





Can be written alongside another carrier.
Regular Underwriting Guidelines apply.
Must be submitted to Kaiser by Dickerson on **12/16/25 by 5 PM**
Must be approved by 5 PM on 12/31/25.
Recertification at renewal: Yes, to ensure group meets the definition of a small employer.
Ancillary coverage will follow normal guidelines for participation and contribution.




May write alongside another carrier's Staff Model carriers.
Regular Underwriting Guidelines apply including waivers and proof of eligibility.
Must be complete at submission with all requirements in by **12/15/25 at 11:50 PM** - no exceptions.
Must be approved by 12 PM on 12/22/25.
Recertification at renewal: Yes, to ensure group meets the definition of a small employer.
Ancillary coverage will follow normal guidelines for participation and contribution.

Carrier **Will the carriers write a spouse-only group?**


 **No.** Spouse-only groups are ineligible for coverage.


 **No.** Spouse-only groups are ineligible for coverage


 **Yes (S-Corporations, C-Corporations & LLCs)**
If one spouse is not an owner and must be a W-2 employee.


No (Sole Props & Partnerships)
Spouse-only groups without a W-2 employee are ineligible for coverage.

 **Yes.** Owner or spouse must be a W-2 employee and both as to be working full time.


 **No.** Spouse-only groups are ineligible for coverage.


 **No.** Spouse-only groups are ineligible for coverage.


 **Yes.** Domestic Partner Only groups are eligible for coverage as long as one of the Domestic Partners is W2 on DE9C/Quarterly Wage Report and not an owner of the group

 **Yes (Corporations & LLCs)**
Both spouses may be owners and at least one must be a W-2 employee

No (Sole Props & Partnerships)
Spouse-only groups without a W-2 employee are ineligible for coverage.

 **No.** Spouse-only groups are ineligible for coverage.

 **No.** Spouse-only groups are ineligible for coverage.

 **No.** Spouse-only groups are ineligible for coverage.

Carrier

Requirements



- Requires two consecutive weeks of payroll records, prior to the effective date, for the eligible W-2 employee.



- Conditions of Enrollment/Start-Up Companies form is required
- First 2 weeks of complete payroll records must be submitted within the first 45 days of the requested effective date
- Requires an eligible W2 employee or 2 owners on or before the requested effective date
- **Promotion for 3+ enrolling:** California Enrollment Compliance Form can be submitted in lieu of the Conditions of Enrollment form with no payroll requirements
- The carrier reserves the right to request and review the payroll records to confirm eligibility at any time
- An existing group that just hired their first W2 qualifies as a Start-Up



- Blue Shield will consider Start-Up groups that have been in business and have employed at least one eligible common law W2 employee for less than 6 weeks
- Start-Up Companies/Spin Off Group Eligibility Statement will be required.
- W4 forms for all W2 employees if payroll is not yet available. 4-6 weeks of payroll will be required if Dates of Hire suggest this should be available
- Groups Offering Coverage to Part Time Employees: Newly hired Part Time employees are not eligible for coverage until they meet the 50% of the prior calendar quarter rule in any group scenario
- Filed owner documentation linking owner to business is required



Groups established less than 90 days before the effective date will need to submit at least 30 days of -payroll records



1-4 Life groups (enrolling)


- At least one common law employee must enroll and have 4 weeks of payroll prior to the requested effective date. The other common law employees are required to be on payroll for at least one week on or prior to the effective date (or from start date to current, whichever is greater)
- If the owner is not on payroll, provide ownership documents

5+ Enrolling - Majority are common-law employees

- One week of payroll, starting on or before the effective date, is required for a contingent approval. The remaining payroll to complete one month is contingent
- If the owner is not on payroll, provide the Owner/Partner form.
- Ownership documents may be requested

5+ Enrolling - Majority enrolling are owners

- 1 common law employee must be on payroll for 4 weeks prior to the requested effective date
- For owners who are not on payroll, provide the Owner/Partner forms and applicable owner documents
- An existing group that just hired their first W2 qualifies as a Start-Up

Carrier	Requirements
 <p>FOR SMALL BUSINESS</p>	<p>At least 1 eligible W-2 employee on payroll for a minimum of 30 days.</p> <ul style="list-style-type: none"> ○ Note: - Minimum of 2 weeks payroll prior to the requested effective date ○ An existing group that just hired their first W2 qualifies as a Start-Up
	<ul style="list-style-type: none"> ○ Group size distinction for startup guidelines removed. Startup guidelines are minimum of 2 weeks of payroll prior to the requested effective date, regardless of group size. ○ An existing group that just hired their first W2 qualifies as a Start-Up
	<ul style="list-style-type: none"> ○ If the 'in business since' date is the same as the effective date, the group can provide W4s for enrolling employees ○ If the 'in business since' date is prior to the effective date, the group will need to supply payroll for the weeks that they have been in business ○ If owner or officers are enrolling, documentation linking owner/officers to the business is required ○ An existing group that just hired their first W2 qualifies as a Start-Up ○ Kaiser may request Payroll at any time to determine group eligibility/validate address rating information
	<p>Note: The group cannot be comprised of owner and spouse / domestic partner only.</p> <ul style="list-style-type: none"> ○ When written alongside another carrier, MediExcel will accept the same requirements as the other CA carrier. ○ Made the Promo Permanent - Will Accept 1 enrolled EE on Plans Platinum 90 and Gold 80
	<p>Minimum eligible W-2 employee. Start-up groups require a minimum of 6 weeks of payroll.</p>
	<ul style="list-style-type: none"> ○ All groups must be true Start-Up. An existing group that just hired their first W2 is not eligible. ○ The group must be in business 6 weeks prior to the requested effective date and provide at least 2 weeks of payroll. ○ IRS or Secretary of State letter indicating issued tax ID number is required to support evidence of time in business. ○ Evidence of time in business must also be supported by payroll records. The payroll records must cover the 2 weeks preceding the requested effective date for at least one eligible employee. ○ The group must have and maintain business licenses and/or appropriate state filings allowing the company to conduct business in the state of California. ○ Owner Only Start-up Groups are not eligible.

Carrier

Valid Waivers



- Other group coverage
- Enrolling as a dependent in the group health plan
- Individual Coverage
- Medicare
- Medi-Cal
- Spousal Group Coverage
- Parental Group Coverage
- TRICARE (military coverage)
- Indian Health Service (Native American Tribal Coverage)



- Other group coverage
- Enrolling as a dependent in the group health plan
- Individual coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)
- Indian Health Service (Native American Tribal Coverage)



- Other group coverage
- Enrolling as a dependent in the group health plan
- Individual coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)
- Indian Health Service (Native American Tribal Coverage)



- Other group coverage
- Enrolling as a dependent in the group health plan
- Medicare
- Medi-Cal
- TRICARE (military Coverage)



- Other group coverage
- Enrolling as a dependent in the group health plan
- Medicare
- Medi-Cal
- TRICARE (Military coverage)
- Indian Health Service (Native American Tribal Coverage)



FOR SMALL
BUSINESS

- Other Group Coverage
- Enrolling as a dependent in the group health plan
- Individual Coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)
- Coverage through a union
- Indian Health Service (Native American Tribal Coverage)
- Other federal or state health coverage programs other than coverage through a Qualified Health Plan (QHP) sold in the Individual Exchange

Carrier

Valid Waivers



- Other Group Coverage
- Enrolling as a dependent in the group health plan
- Individual coverage
- Medicare *Medicaid
- Medi-Cal
- TRICARE (military coverage)
- Coverage through a union
- Indian Health Service (Native American Tribal Coverage)



- Other Group Coverage
- Enrolling as a dependent in the group health plan
- Individual Coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)
- Indian Health Service (Native American Tribal Coverage)



- Other group coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)



- Other group coverage
- Enrolling as a dependent in the group health plan
- Cross-border coverage
- Individual coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)



- Other group coverage
- Individual coverage
- Medicare
- Medi-Cal
- TRICARE (military coverage)
- Indian Health Service (Native American Tribal Coverage)
- * Employees who are waiving due to enrolling as dependents under another employee at the same group are not considered valid waivers*

Carrier

Waiting Period Options



- First of the month following date of hire
- First of the month following 30 days from the date of hire
- First of the month following 60 days from the date of hire
- 90 days, effective the day after 90 calendar days has been completed
- Employees hired on the effective date are eligible on the effective date



- First of the month following date of hire
- First of the month following one month from the date of hire
- First of the month following two months from the date of hire, not to exceed 90 days
- Employees hired on the effective date are only eligible on the effective date if the employer waives the Waiting Period



- First of the month following date of hire
- First of the month following 30 days from the date of hire
- First of the month following 60 days from the date of hire
- Employees hired on the effective date are only eligible on the effective date if the employer waives the Waiting Period



- First of the month following date of hire
- First of the month following 30 days from the date of hire
- First of the month following 60 days from the date of hire
- Employees hired on the effective date are only eligible on the effective date if the employer waives the Waiting Period

Carrier

Waiting Period Options



FOR SMALL BUSINESS

- Waiting periods are determined and monitored by the employer and must comply with applicable federal and state laws, including the California Insurance Code and the California Health and Safety Code. CCSB does not monitor waiting periods.



- First of the month following date of hire
- First of the month following one month from the date of hire
- First of the month following 30 days from the date of hire
- First of the month following 60 days from the date of hire
- Employees hired on the effective date are eligible on the effective date



- The employer is responsible to administer and track to ensure their waiting period does not exceed the 90-day maximum waiting period.



- First of the month following date of hire
- First of the month following 30 days from the date of hire
- First of the month following 60 days from the date of hire
- Employees hired on the effective date are eligible on the effective date

Carrier

Guidelines



Requires W2 common law employee to enroll
W2 cannot be an owner/officer or spouse/domestic partner of the owner/officer



W2 common law employee may waive as long as group meets all participation requirements
W2 cannot be spouse/domestic partner of the owner/officer



W2 common law employee may waive as long as group meets all participation requirements
W2 cannot be an owner/officer



Requires W2 common law employee to enroll
W2 cannot be an owner/officer or spouse/domestic partner of the owner/officer



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W2 common law employee may waive as long as group meets all participation requirements.
W2 cannot be an owner or spouse of the owner.



W2 common law employee may waive as long as group meets all participation requirements
W2 cannot be an owner or spouse of the owner



W2 common law employee may waive as long as group meets all participation requirements



Requires W2 common law employee to enroll unless the group is a true Owner Only Group with no W2 common law employees
W2 cannot be owner/officer or spouse/domestic partner of the owner/officer