DICKERSON
INSURANCE SERVICES
AN ALERA GROUP COMPANY

ENROLLMENT TOOLS GUIDE

TABLE OF CONTENTS

Cannabis Industry Carrier Acceptance	2
Carrier Cut-Off Dates 2026 -2027 *(Small Group New Business Submission Deadlines)*	4
Common Ownership/Affiliated Companies	5
DE9C Filing Dates Summary	7
Play or Pay Penalties 2027	8
New Hire Rating Guide	9
No DE9C Promotions/Guidelines	10
Owner Only Groups	12
Large Group Participation Guidelines	13
Participation and Alongside Guidelines	14
Payroll Guide 2026	18
Professional Employer Organization (PEO) Guide	19
SB 729 – Infertility Coverage - What to Know and Carrier Updates	23
Special Enrollment Period 1/1/27 Effective Date	28
Spouse-Only Groups	29
Start-Up Groups	30
Valid Waiver Guidelines	32
Waiting Period Options	34
W2 Enrollment Requirements	35

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

CANNABIS INDUSTRY CARRIER ACCEPTANCE

Carrier	Requirements
aetna	**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.
Anthem BlueCross	**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
blue california	**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.
CaliforniaChoice Your Health. Your Choice.	**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
ChoiceBuilder	**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
COVERED CALIFORNIA FOR SMALL BUSINESS	**Yes.** Group needs to meet all eligibility and participation requirements
DELTA DENTAL	**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.
Guardian	**No.** Guardian will not write in Cannabis Industry
KAISER PERMANENTE	**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

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

CANNABIS INDUSTRY CARRIER ACCEPTANCE (Continued)

Carrier	Requirements
MetLife	**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.
Nippon Life Benefits	**No.** Nippon Life Benefits will not write in Cannabis Industry
Principal	**No.** Principal will not write in Cannabis Industry
UnitedHealthcare	**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.
unum	**No.** Unum will not write in Cannabis Industry

DICKERSON INSURANCE SERVICES
AN ALERA GROUP COMPANY

CARRIER CUT-OFF DATES 2026 - 2027

Small Group New Business Submission Deadlines

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. **Beginning 11/1/26:** Must be sent to Aetna by the **25th of the month** prior to the effective date. Deadline for 15th of the month effective date will be the **10th of the month** prior to the effective date.
ANTHEM BLUE CROSS	The **20th calendar day of the month** for the 1st of the month effective date as well as for the 15th of the month effective dates.
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	**Covered California for Small Business has extended their cutoff date to the 15th of the month for 10/26, 11/26, 12/26, 1/26, 2/27.** After the 25th of the month prior to the effective date the late submission form is required.
GUARDIAN	Deadline is the **5th working day of the month** for a 1st of the month effective date.
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.

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

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

COMMON OWNERSHIP/ AFFILIATED COMPANIES

Carrier	Guidelines
aetna	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
Anthem BlueCross	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
blue california	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
CaliforniaChoice Your Health. Your Choice.	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
COVERED CALIFORNIA FOR SMALL 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).

COMMON OWNERSHIP/ AFFILIATED COMPANIES

CONTINUED

Carrier	Guidelines
KAISER PERMANENTE®	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
UnitedHealthcare®	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

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

DE9C FILING DATES SUMMARY

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**	3rd or 4th Quarter
	February	Carriers will begin requesting 4th Quarter only
	March	4th Quarter
Q2	**April**	4th or 1st Quarter
	May	Carriers will begin requesting 1st Quarter only
	June	1st Quarter
Q3	**July**	1st or 2nd Quarter
	August	Carriers will begin requesting 2nd Quarter only
	September	2nd Quarter
Q4	**October**	2nd or 3rd Quarter
	November	Carriers will begin requesting 3rd Quarter only
	December	3rd Quarter

DICKERSON
INSURANCE SERVICES
AN ALERA GROUP COMPANY

PLAY OR PAY PENALTIES 2027

for employers subject to employer mandate

ANSWER A FEW QUESTIONS

Does the employer have at least 50 full-time plus fulltime equivalent employees

No → **No penalties for small employers.**

Employers with fewer than 25 employees and an average wage of up to $50,000 may be eligible for a health insurance tax credit (only if SHOP Marketplace is used).

Yes

Does the employer offer "minimum essential" health insurance coverage to 95% of full-time employees?

No

Does at least one full-time employee received a premium tax credit or cost-sharing subsidy on the Marketplace (Exchange)?

Yes → **Penalty A for not offering coverage.**

A penalty of $3,780 per year in 2027 and $3,340 in 2026; times number of full-time employees minus 30. This penalty is not tax deductible. (In controlled group, the subtraction of 30 is prorated.)

Does the employer's insurance provide "minimum value," paying at least 60% of covered healthcare expenses for a typical population?

No

Employees may elect to buy coverage on the Marketplace and receive a premium tax credit. → **Penalty B for not offering affordable or minimum value coverage.**

A penalty of $5,670 per year in 2027 and $5,010 in 2026 for each full-time employee receiving a tax credit, up to a maximum of the no-offer-of-coverage penalty. This penalty is not tax-deductible.

Does the employer plan cost any employee more than 9.96% of income in 2026 (was 9.02% in 2025), based on Safe Harbor selected?

Yes

Those employees may elect to buy coverage on the Marketplace and receive a premium tax credit.

No → **No penalty – in most cases.**

If any full-time employees who are not offered coverage receive premium tax credits on the Marketplace, the employer is subject to the $5,670 penalty for 2027 and $5,010 in 2026 for each of those employees.
.

Note: Penalty amounts are adjusted for inflation annually.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

NEW HIRE RATING GUIDE

CALIFORNIA

Carrier	Requirements
aetna	New Hire rates will be based on the member's age at the member's enrollment date
Anthem BlueCross	New Hire rates will be based on the member's age at the member's enrollment date
blue california	New Hire rates will be based on the member's age at the member's enrollment date
CaliforniaChoice Your Health. Your Choice.	New Hire rates will be based on the member's age at the member's enrollment date
COVERED CALIFORNIA FOR SMALL BUSINESS	New Hire rates will be based on the member's age at the member's enrollment date.
KAISER PERMANENTE	New Hire rates will be based on the member's age at the group's effective date
UnitedHealthcare	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

NO DE9C PROMOTIONS/GUIDELINES

Carrier	Quarterly Wage Report/DE9C not required for:
aetna	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. **Beginning 11/1/26: Aetna will require a DE9C for all ACA groups** *Note: Information is subject to change and carriers can request additional documents as needed.*
Anthem BlueCross	• 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*
blue california	**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
CalCPA	DE9C not required for Sole Proprietors.
CaliforniaChoice Your Health. Your Choice.	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.
Covered California for Small Business	• 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

NO DE9C PROMOTIONS/GUIDELINES (Continued)

Carrier	Quarterly Wage Report/DE9C not required for:
KAISER PERMANENTE	Effective 1/1/26 Kaiser will require a DE9C for groups of 1-5 subscribers. No DE9C for 6+ enrolling subscribers.
MediExcel HEALTH PLAN	No DE9C is required for groups with 5+ enrolled EEs
SHARP	Required.
SIMNSA	Required.
UnitedHealthcare	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

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

OWNER-ONLY GROUPS

Carrier	Will the carriers write an owner-only group?
aetna	**No.** Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.
Anthem BlueCross	**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
blue california	**No.** Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.
CalCPA	**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
CaliforniaChoice Your Health, Your Choice.	**No.** Owner-only groups without at least 1 non-owner W2 employee are ineligible for coverage.
COVERED CALIFORNIA FOR SMALL BUSINESS	**No.** Owner-only groups without W2 employees are ineligible for coverage.
KAISER PERMANENTE	**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.
MediExcel HEALTH PLAN	**No.** Owner-only groups without W2 employees are not eligible for coverage.
SHARP	**No.** Owner-only groups without W2 employees are not eligible for coverage.
UnitedHealthcare	**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.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

LARGE GROUP PARTICIPATION GUIDELINES

Carrier	Guideline
aetna	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
Anthem BlueCross	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
blue california	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
Cigna	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
KAISER PERMANENTE	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
MediExcel HEALTH PLAN	Sole Carrier: 50% of eligible employees regardless of waivers OR 75% excluding valid waivers Alongside Kaiser: Not at this time
Nippon Life Benefits	Sole Carrier: 60% of eligible employees including valid waivers Minimum of 50% on a case-by-case basis Alongside Kaiser: 40% of enrolled employees
SHARP	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
UnitedHealthcare	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

This guide should be used only as a reference. Please refer to the carrier guidelines for additional information

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

PARTICIPATION AND ALONGSIDE GUIDELINES

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

*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.

PARTICIPATION AND ALONGSIDE GUIDELINES (Continued)

Carrier	Stand Alone	Alongside Another Carrier
blue california	**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
CalCPA	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.
CaliforniaChoice Your Health. Your Choice.	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.
COVERED CALIFORNIA FOR SMALL BUSINESS	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.

PARTICIPATION AND ALONGSIDE GUIDELINES (Continued)

Carrier	Stand Alone	Alongside Another Carrier
KAISER PERMANENTE	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
MediExcel HEALTH PLAN	**As sole carrier** **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	**Wrap alongside any other carrier** **GM plan:** 1 eligible employee **PM, P5, and P20 plans:** 3 eligible employees minimum • May sell alongside any CA HMO, PPO, and/or cross-border carrier so long as MediExcel's participation requirement is met.
SHARP	**HMO** 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.	60% of eligible W-2 employees AND a minimum of 5 enrolled with Sharp. • Wrapping with another carrier, minimum of 5 enrolled subscribers. Multiple HMO plans are allowed. • Wrapping alongside a private or public exchange is prohibited. • Sharp Health Plan partnership PPO product is not available alongside another carrier.
SIMNSA	At least 5 employees enrolling	Multiple carriers may be offered alongside with SIMNSA as the only option across the border.

PARTICIPATION AND ALONGSIDE GUIDELINES (Continued)

Carrier	Stand Alone	Alongside Another Carrier
UnitedHealthcare	**Guideline:** 60% participation for 1-4 enrolled 25% participation for 5+ enrolled • Employees who waive coverage due to enrolling as dependents under another employee at the same group are not considered valid waivers • 51% eligible in CA required. • Does not require 51% of enrolled employees to reside in CA • 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.	**Promotion through 12/31/2026** • At least 25% participation between the participating carriers with 5 employees enrolling with UnitedHealthcare. No minimum CA enrollment required. • 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 • 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. • 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.

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:

aetna®

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

Anthem BlueCross

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:

Anthem BlueCross

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

blue california

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

CaliforniaChoice Your Health. Your Choice.

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 of 1-5 enrolling:* 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 for each employer, 1 to 3 months payroll from the PEO may be substituted
- *Groups of 6+ enrolling:* Payroll not required
- 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

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

KAISER PERMANENTE®

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
- *Groups of 1-5 enrolling:* 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 for each employer, 1 to 3 months payroll from 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
- 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
- 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

UnitedHealthcare®

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

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

SB 729: Key Implementation Details

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.

SB 729: What to Know

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.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

SB 729 (Infertility Coverage) Carrier Compliance

Carrier	Updates
aetna	In SOBs plan names will include 'wINF', and updated ER application is coming January 1, 2026.
Anthem BlueCross	Diagnosis and treatment of underlying infertility causes are covered in all plans. Additional coverage is available with optional rider. Costs may change.
blue california	**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 SOBs 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.
CaliforniaChoice Your Health. Your Choice.	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.
COVERED CALIFORNIA	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.)
KAISER PERMANENTE	**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).
MediExcel HEALTH PLAN	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
SHARP	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 SOBs are available on carrier website.
UnitedHealthcare	**LG:** UnitedHealthcare has designated infertility, including IVF as a Benefit Standard effective 7/1/2025 for large fully insured groups sitused in CA. **SG:** It will be available only if purchased. The extraterritorial coverage requirement is delayed until January 1, 2026.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

SB 729 (Infertility Coverage) Carrier Updates

Carrier	Requirements
aetna	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.
Anthem BlueCross	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.
blue california	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.
CaliforniaChoice Your Health. Your Choice.	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.
COVERED CALIFORNIA	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.)

SB 729 (Infertility Coverage) Carrier Updates

Carrier	Requirements
KAISER PERMANENTE	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.
MediExcel HEALTH PLAN	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
SHARP	**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.
UnitedHealthcare	**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.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

SPECIAL ENROLLMENT PERIOD 1/1/27 EFFECTIVE DATE

Carrier	Guidelines
aetna	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 ***12/15/26 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.
Anthem BlueCross	Must be the sole carrier. No contribution or participation requirements. Must be submitted with all requirements to Anthem by ***12/15/26 at 12 PM***. Approvals must be completed by 12/31/26. *Recertification at renewal:* No
blue california	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 ***12/15/26 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.
CaliforniaChoice Your Health. Your Choice.	Must be the sole carrier. Regular underwriting guidelines apply. Must be submitted to CaliforniaChoice by ***12/15/26 at 11:59 PM*** and approved by 12/31/26. *Recertification at renewal:* Yes, to ensure group meets the definition of a small employer. Ancillary coverage will follow normal guidelines for participation and contribution.
COVERED CALIFORNIA FOR SMALL BUSINESS	Can be written alongside another carrier. Regular underwriting guidelines apply. Must be submitted to CCSB by ***12/15/26*** *Recertification at renewal:* CCSB does not recertify groups. Ancillary Dental: Normal Guidelines. Voluntary Dental: No participation or contribution requirements.
KAISER PERMANENTE	Can be written alongside another carrier. Regular Underwriting Guidelines apply. Must be submitted to Kaiser by Dickerson on ***12/15/26 at 11:59 PM*** Must be approved by 5 PM on 12/31/26. *Recertification at renewal:* Yes, to ensure group meets the definition of a small employer. Ancillary coverage will follow normal guidelines for participation and contribution.
UnitedHealthcare	Can be written alongside another carrier. Regular underwriting guidelines apply with exception of participation and contribution requirements. Must be submitted to United Healthcare by ***12/15/26 at 11:59PM*** UHC still requires at least one eligible W-2 employee to enroll. First month premium payments will **not** be held for SEP groups. *Recertification at renewal:* Yes, to ensure group meets the definition of a small employer. Ancillary products follow standard participation and contribution guidelines.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

SPOUSE-ONLY GROUPS

Carrier	Will the carriers write a spouse-only group?
aetna	**No.** Spouse-only groups are ineligible for coverage.
Anthem BlueCross	**No.** Spouse-only groups are ineligible for coverage
blue california	***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.*
CalCPA	**Yes.** Owner or spouse must be a W-2 employee and both as to be working full time.
CaliforniaChoice Your Health. Your Choice.	**No.** Spouse-only groups are ineligible for coverage.
COVERED CALIFORNIA FOR SMALL BUSINESS	**No.** Spouse-only groups are ineligible for coverage.
KAISER PERMANENTE	**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.
MediExcel HEALTH PLAN	**No.** Spouse-only groups are ineligible for coverage.
SHARP	**No.** Spouse-only groups are ineligible for coverage.
UnitedHealthcare	**No.** Spouse-only groups are ineligible for coverage.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

START-UP GROUPS

Carrier	Requirements
aetna	▪ Groups must be in business long enough to provide a copy of their most recently filed Quarterly Wage and Tax Statement/DE9C. Payroll in lieu of the filed Quarterly Wage and Tax Statement/DE9C is not acceptable.
Anthem BlueCross	▪ 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 california	▪ 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
CalCPA	Groups established less than 90 days before the effective date will need to submit at least 30 days of -payroll records
CaliforniaChoice Your Health. Your Choice.	**1-4 Life groups (enrolling)** o 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) o If the owner is not on payroll, provide ownership documents **5+ Enrolling - Majority are common-law employees** o 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 o If the owner is not on payroll, provide the Owner/Partner form. o Ownership documents may be requested **5+ Enrolling – Majority enrolling are owners** o 1 common law employee must be on payroll for 4 weeks prior to the requested effective date o For owners who are not on payroll, provide the Owner/Partner forms and applicable owner documents o An existing group that just hired their first W2 qualifies as a Start-Up

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

START-UP GROUPS (Continued)

Carrier	Requirements
COVERED CALIFORNIA FOR SMALL BUSINESS	At least 1 eligible W-2 employee on payroll for a minimum of 30 days. o *Note: - Minimum of 2 weeks payroll prior to the requested effective date* o An existing group that just hired their first W2 qualifies as a Start-Up
KAISER PERMANENTE	o 1-5 enrolling: Requires payroll records covering two consecutive weeks (minimum) prior to the requested effective date o 6+ enrolling: Payroll not required o If owner/officers are enrolling, documentation linking owner/officer to the business is required o An existing group that just hired their first W2 qualifies as a Start-Up o Kaiser may request DE9C/Payroll at any time to determine group eligibility/validate address rating information
MediExcel HEALTH PLAN	*Note: The group cannot be comprised of owner and spouse / domestic partner only.* o When written alongside another carrier, MediExcel will accept the same requirements as the other CA carrier. o Made the Promo Permanent – Will Accept 1 enrolled EE on Plans Platinum 90 and Gold 80
SHARP	Minimum eligible W-2 employee. Start-up groups require a minimum of 6 weeks of payroll.
UnitedHealthcare	o All groups must be true Start-Up. An existing group that just hired their first W2 is not eligible. o The group must be in business 6 weeks prior to the requested effective date and provide at least 2 weeks of payroll. o IRS or Secretary of State letter indicating issued tax ID number is required to support evidence of time in business. o 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. o The group must have and maintain business licenses and/or appropriate state filings allowing the company to conduct business in the state of California. o Owner Only Start-up Groups are not eligible.

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

VALID WAIVER GUIDELINES

Carrier	Valid Waivers
aetna	• 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)
Anthem BlueCross	• 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)
blue california	• 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)
CalCPA	• Other group coverage • Enrolling as a dependent in the group health plan • Medicare • Medi-Cal • TRICARE (military Coverage)
CaliforniaChoice Your Health. Your Choice.	• 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)
COVERED CALIFORNIA 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

VALID WAIVER GUIDELINES (Continued)

Carrier	Valid Waivers
KAISER PERMANENTE	• 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)
MediExcel HEALTH PLAN	• Other group coverage • Medicare • Medi-Cal • TRICARE (military coverage)
SHARP	• Other group coverage • Enrolling as a dependent in the group health plan • Cross-border coverage • Individual coverage • Medicare • Medi-Cal • TRICARE (military coverage)
UnitedHealthcare	• 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*

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

WAITING PERIOD OPTIONS

Carrier	Waiting Period Options
aetna	• 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
Anthem BlueCross	• 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
blue california	• 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
CaliforniaChoice Your Health. Your Choice.	• 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
COVERED CALIFORNIA 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.
KAISER PERMANENTE	• The employer is responsible to administer and track to ensure their waiting period does not exceed the 90-day maximum waiting period.
UnitedHealthcare	• 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

DICKERSON INSURANCE SERVICES AN ALERA GROUP COMPANY

W2 ENROLLMENT REQUIREMENTS

Carrier	Guidelines
aetna	Requires W2 common law employee to enroll W2 cannot be an owner/officer or spouse/domestic partner of the owner/officer
Anthem BlueCross	W2 common law employee may waive as long as group meets all participation requirements W2 cannot be spouse/domestic partner of the owner/officer
blue california	W2 common law employee may waive as long as group meets all participation requirements W2 cannot be an owner/officer
CaliforniaChoice Your Health, Your Choice	Requires W2 common law employee to enroll W2 cannot be an owner/officer or spouse/domestic partner of the owner/officer
COVERED CALIFORNIA FOR SMALL BUSINESS	W2 common law employee may waive as long as group meets all participation requirements. W2 cannot be an owner or spouse of the owner.
KAISER PERMANENTE	W2 common law employee may waive as long as group meets all participation requirements
UnitedHealthcare	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