



ChoiceBuilder®

Underwriting Guidelines

Groups beginning 1/1/2024

Since ancillary plan guidelines can vary through the direct market, ChoiceBuilder® guidelines have been determined based on a mutual agreement between all plans participating in our Program. As such, ChoiceBuilder guidelines will not identically match any direct plan's guidelines.

Your underwriter may need to request additional documents not listed in the guidelines if the information provided is not sufficient to establish eligibility.

ChoiceBuilder guidelines may be amended to satisfy legislative, industry, or internal requirements as needed. Please verify that you have the most current guidelines before referencing.

Only ChoiceBuilder underwriters may make the final decision to approve or decline a case or an effective date. Please advise all prospective groups to maintain their current coverage until ChoiceBuilder notifies them in writing of their approval into a ChoiceBuilder® plan.

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Standard Submission Requirements

The requirements below are the **MINIMUM** essential items needed for submission.

If any of the following items are not provided, they will be requested before group processing begins.

Additional items may be requested to approve the group.

Form of Payment

- [ACH form](#) with copy of voided check/bank letter
- Copy of live check that is being mailed to the office
- [Live check](#) received by Finance Remittance dept

Enrollment Applications

- Employer application
 - [Tax ID number](#) is required.
 - [Effective date](#) must be provided.
- At least 2 [employee](#) applications must be received.

Dental

- [Contribution](#) type must be selected & group must meet the following participation requirements:
- [Dental](#) PPO Carrier • Dental PPO carrier must be selected.
- [Participation](#):
 - *Sponsored* – Must be a minimum of 2 eligible & 2 enrolling.
 - *Voluntary* – Must be:
 - Ameritas/DeltaCare Dental – Minimum of 10 eligible & 5 enrolling
 - Anthem BC – Minimum of 5 eligible & 2 enrolled.
 - MetLife – Minimum of 2 eligible:
 - 2-9 Eligible: Minimum of 2 enrolled.
 - 10+ Eligible: Minimum of 5 enrolled.

Vision

- If [vision](#) is being offered:
 - [Vision contribution](#) type must be selected (sponsored/voluntary).
 - Vision carrier must be selected (only one).
 - If Employer Sponsored, choose a contribution.

Chiro

- If [chiro](#) is being offered:
 - [Chiro contribution](#) type must be selected (sponsored/voluntary).
 - Chiro benefit type must be selected (chiro only/chiro & acupuncture).

Life

- If [life](#) is being offered:
 - Life carrier must be selected.
 - Must choose Flat or Scheduled.
 - Coverage amounts must be provided.

100% Owners Groups

A group in which all those enrolled are owners/partners of the business.

Guidelines

- If the group is also a “2-Life Group,” see [Two Life Groups](#).
 - Must meet [Owner/Partner Eligibility](#):
 - Owners/partners must work the minimum number of hours to be considered eligible.
 - California: Either 20 or 30 hours per week, as determined by the employer for the entire group.
 - Owners/partners must take at least a monthly draw at no less than current minimum wage.
 - Owners/partners must have legal ownership of the business.

Broker Licensing and Commissions

Guidelines

- Licensing requirements will not delay group's approval, but commissions will not be paid until received.
- A maximum of 3 commission splits are allowed.
- The broker of record is protected for 6 months following the issued effective date.
 - Requests to change the broker after the protection period will not take effect until the 1st of the month following 30 days from date of request.
- Employer must submit a broker of record letter and complete a new Employer Application to change the broker prior to case approval.
- Employer must submit a broker of record letter to the Finance Department to change the broker after case approval.
- If the broker is moving to another agency, a written notice is required.

Documents required

- Broker section of Employer Application and Statement of Compliance
- [Choice Administrators Agent Agreement \(CA 0130A\)](#)
- [Broker Licensing Form \(CA 0100\)](#)
- A copy of the current CA Insurance License or endorsee list with agency license

Case Withdrawal and Termination

For group's that choose to withdraw their application prior to approval.

Guidelines

- A written request from the authorized group contact or broker is required.
- A group may only withdraw their application prior to approval. Once the group has been approved and transmitted to the carriers, they may only request a voluntary termination going forward.
- If a group withdraws their application during the underwriting process, they may reapply at any time. If signature dates are over 90 days old from the newly requested effective date, new enrollment materials are required for resubmission.
- Lines of coverage may be terminated at any time on a go forward basis. Once a line of coverage has been terminated, the group must wait until renewal to reapply.

Changes during Underwriting

During the underwriting process, the group and/or employee(s) are permitted to make any changes.

Guidelines

- Must be requested prior to the effective date or prior to the group approval, whichever is later.
- Must be requested by an authorized contact.

Chiropractic & Acupuncture Coverage

Landmark Healthplan, Inc. offers 2 plan types: Chiropractic Only and Chiropractic & Acupuncture.

Guidelines

- Employers may choose between voluntary, and employer sponsored chiro, with or without acupuncture.
 - Employer Sponsored:
 - 100% group [participation](#) is required.
 - Employer is required to [contribute](#) 100% of the employee's cost.
 - All [employees](#) and their [dependents](#) are automatically enrolled.
 - The employee does not have the option to waive.
 - Voluntary:
 - No participation requirement
 - Employer does not contribute.
 - Waivers not required for those not enrolling.
- If an employee is enrolling in chiro, all dependents enrolling in other benefits will also receive chiro regardless of it is Employer Sponsored or Voluntary, as there is no additional cost to add dependents.

Documents Required

- Employer must complete the Chiropractic section of the Employer Application and select:
 - Employer Sponsored OR Voluntary
 - Chiropractic Only OR Chiropractic and Acupuncture
- Employee Application Forms for all employees enrolling in chiro
 - Chiro does not need to be checked for Employer Sponsored
 - Chiro does need to be checked for Voluntary

COBRA

A company that offers a current group health plan and has 20 or more employees on at least 50% of its working days during the preceding calendar year is subject to Federal COBRA or Cal-COBRA if it has 1 to 19 employees. Both full-time and part-time employees are considered employees for purposes of this rule, regardless of whether they are eligible for coverage under the employer's group health plan.

Guidelines

- COBRA law requires employers to offer continuation of group health benefits to individuals who lose coverage as a result of a qualifying event.
- Qualifying events for covered employees and their covered dependents are as follows:
 - Voluntary or involuntary termination of employment (except for reasons of gross misconduct)
 - Reduction in hours of employment
- Qualifying events that apply only to covered dependents of an employee are as follows:
 - Death of an employee
 - Divorce or legal separation
 - Loss of dependent child status as defined under the plan
 - Employee entitlement to Medicare benefits
- The Qualifying Event date cannot coincide with the group's effective date. An employee who terminates employment on the effective date is eligible for 1 month of coverage and must submit an application or waiver as a regular employee
- The continuation coverage period for Employer Termination and Reduction of Hours is 18 months under Federal COBRA. Cal-COBRA extends this coverage period for an additional 18 months to equal a total of 36 months. The continuation period for all other Qualifying Events is 36 months for both Federal and Cal-COBRA.
- The law defines group health benefits as medical insurance, dental insurance, vision insurance, prescription drug programs, health flexible spending accounts, and any self-insured arrangements that provide similar benefits.
- The Employer is responsible for notifying all COBRA-qualified beneficiaries of plan termination within a minimum of 30 days prior to the termination, change, or when enrolled employees are notified, whichever is later.
- The Employer is responsible for providing all Federal COBRA-qualified beneficiaries with ChoiceBuilder benefits, premium information, enrollment materials, and instructions for enrollment.
- The Employer is responsible for signing the [Employer's Legal Responsibility Regarding COBRA Coverage form](#) and providing ChoiceBuilder with written notice of qualified Cal-COBRA beneficiaries currently receiving continuation of coverage or in their election period. The ChoiceBuilder COBRA division will send the necessary enrollment materials directly to the qualified beneficiary to elect continuation of coverage. Employer's failure to provide ChoiceBuilder with the necessary information will absolve us of all liability.

COBRA (cont.)

- Groups subject to Federal COBRA are exempt from Cal-COBRA.
- COBRA participants enrolled on the group's current plan must enroll within 30 days of group's effective date.
- COBRA qualified beneficiaries in the election period must enroll within 60 days of their Qualifying Event date or from the date of notification, whichever is later.
- Under Cal-COBRA, a domestic partner has the same COBRA privileges as a spouse. Under Federal COBRA, the domestic partner may only elect coverage through the employees qualifying event. The domestic partner does not qualify on a standalone basis.

Documents Required

- The Employer Legal Responsibility form is emailed to the Employer and broker upon approval and must be completed by the Employer and emailed back to the ChoiceBuilder.
- Employer must complete the COBRA questions on the Employer Enrollment Application
- COBRA section completed on the Employee Enrollment Application for all employees enrolling in COBRA
 - If requested, the group will need to submit proof
- ChoiceBuilder will also accept a LOR from the employer stating period of coverage.

Notes

- Premium for COBRA applicants are not required for Underwriting Approval. CONEXIS will collect premiums and charge 102% of the applicable rate for FEDERAL COBRA applicants and 110% of applicable rate for Cal-COBRA applicants. If the Employer chooses to include payment for COBRA applicants during underwriting, a separate check from the participant or Employer must be submitted and identified as "COBRA Premium."

Commissioned and 1099 Employees

A commissioned employee is an employee who receives a percentage of what they sell instead of a salary. A 1099 employee is an independent contractor who receives a 1099 form at the end of the year to report to the IRS how much money they received.

Guidelines

- 1099 and commissioned-only employees are not eligible for coverage.

Common Ownership

Two or more companies, each with separate QWRs (DE9Cs) and Tax ID numbers, enrolling as 1 group.

Guidelines

- Each company must share a minimum of 50% common ownership.
- Each company must have a related industry.
- Each company must have at least 1 employee or owner/partner enrolled in dental.
- Each company must have their home office located in California.
- The total number eligible for all combined companies may not exceed 500.
- Life rates will be based on the higher industry rating.
- Each company must meet all other Underwriting requirements independently of each other.

Documents Required

- Completed [Common Ownership Statement Form](#)

Contribution

Employer may select between Sponsored & Voluntary dental/vision/chiro benefits and optional Sponsored Life.

Dental

- **Sponsored**
 - Minimum contribution is 50% for employees.
 - Employer is not required to provide a contribution towards dependents.
 - If employer contribution is 100%, employees cannot waive due to cost or individual coverage.
- **Voluntary**
 - Employer contribution is not required.

Vision

- **Sponsored**
 - Minimum contribution is 50% for employees.
 - Employer is not required to provide a contribution towards dependents.
 - If employer contribution is 100%, employees cannot waive due to cost or individual coverage.
- **Voluntary**
 - Employer contribution is not required.

Chiro

- **Sponsored**
 - Minimum contribution is 100% for employees.
 - Dependents are automatically enrolled.
 - Employees cannot waive chiro coverage.
 - Not available for OOS employees.
- **Voluntary**
 - Employer contribution is not required.
 - Dependents are automatically enrolled if an employee elects chiro coverage.
 - Employees may opt out of chiro coverage.

Life

- Employer is required to pay 100% contribution.
 - Employees cannot waive life coverage.
 - Dependents are not eligible for life.
 - Can be offered as flat amount or scheduled amounts
- Guaranteed Issue Amounts must be in increments of \$5,000.
 - The highest amount cannot be more than 2.5x the lowest amount.
 - Eligible employees determine the maximum amount that can be offered by the employer.

Life Coverage Limits		
Eligible Employees	Minimum	Maximum
2-10	\$10,000	\$25,000
11-25	\$10,000	\$50,000
26-199	\$10,000	\$75,000

Deadlines

The deadlines indicated below serve as a guideline for new business processing.

Guidelines

- The standard deadline is the 5th business day of the month following the [effective date](#), excluding weekends and holidays.
- Pending Items must be received by the 10th of the month following the effective date.
- The deadline for Contingent pending items is the last day of the month following the effective date.
 - Contingent pending items are requirements that are still missing upon the group's approval.

Dental Coverage

Employers are required to offer dental insurance to enroll with ChoiceBuilder and must offer one PPO carrier in addition to the DeltaCare HMO.

Common DHMO/PPO Requirements

- Employer Sponsored and Voluntary options available.
- Dependents can only elect dental if the employee enrolls.
- Employer Sponsored requirements:
 - 70% of eligible employees must enroll
 - 100% of eligible employees must enroll when a company has 2 employees or sole proprietor with 1 employee
 - 100% employer contribution:
 - Employees cannot waive due to cost.
 - Other group coverage waivers *are* counted against participation
 - 99% or less employer contribution:
 - Other group coverage waivers *are not* counted against participation.
 - Employer must pay a minimum of 50% of the lowest cost employee premium
- Voluntary Requirements:
 - No minimum participation required
 - No employer premium contribution

All PPO Carrier Requirements

- Enrollees are not required to select a dentist.
- Out-of-state employees are eligible.
- Orthodontia available

DeltaCare HMO (DHMO) Requirements

- Enrollees must select a dentist or have one assigned.
- Out-of-state employees are ineligible.
- Orthodontia available.
- Gold, Silver, and Broze plans available for Employer Sponsored and Voluntary.

DeltaCare PPO

- Silver, Gold, and Platinum plans available for Employer Sponsored.
- Silver plan available for Voluntary.
- Ortho Benefit is for dependent children under the age of 19.
- Waiting Period:
 - **Sponsored:**
 - Ortho: None
 - Major: None
 - **Voluntary:**
 - Ortho: 12 Months
 - Major: 12 Months

Dental Coverage (cont.)

Ameritas PPO

- Silver, Gold, and Platinum plans available for Employer Sponsored and Voluntary
- Ortho benefit is for dependent children under the age of 19.
- Waiting Period:
 - **Sponsored:**
 - Ortho: 12 Months**
 - Major: None
 - **Voluntary:**
 - Ortho: 12 Months**
 - Major: None

Anthem Blue Cross PPO

- Silver, Gold, and Platinum plans available for Employer Sponsored.
- Silver plan available for Voluntary.
- Ortho available for Employer Sponsored only.
- Waiting Period:
 - **Sponsored:**
 - Ortho: None
 - Major: None
 - **Voluntary:**
 - Ortho: None
 - Major: 12 Months**

MetLife PPO

- Silver, Platinum, and Platinum Plus plans available for Employer Sponsored.
- Silver plan available for Voluntary.
- Waiting Period:
 - **Sponsored:**
 - Ortho: None
 - Major: None
 - **Voluntary:**
 - Ortho: None
 - Major: None

**12 month waiting period will be waived if proof of 12 consecutive months of prior coverage is provided, no partial credit.

Dental Takeover Credit

Takeover credit is available to groups at initial enrollment only. Groups that qualify will receive takeover credit towards the waiting period for major services and/or orthodontia.

Guidelines

Ameritas

- *Sponsored:*
 - Available with 12 consecutive months of prior coverage*
 - Must have prior orthodontic coverage for orthodontic takeover credit**
 - Must have 10+ eligible employees at initial enrollment
- *Voluntary:*
 - Takeover credit not available

Anthem Blue Cross

- *Sponsored:*
 - See plan specific EOC for takeover credit information
 - Must have 10+ eligible employees at initial enrollment
- *Voluntary:*
 - Takeover credit not available

DeltaCare Dental

- Takeover credit not available

MetLife

- Takeover credit not available

Documents Required

*Dental bill from 12 months prior to effective date with ChoiceBuilder

**Ortho bill from 12 months prior to effective date with ChoiceBuilder (Bill must indicate ortho coverage)

Notes

Requirements for Orthodontic Coverage and Takeover Credit								
	Ameritas		Anthem Blue Cross		Delta Dental		MetLife	
Employer Sponsored	Ortho Min. Employees	5+ (Eligible)	Ortho Min. Employees	10+ (Eligible)	Ortho Min. Employees	10+ (Enrolled)	Ortho Min. Employees	10+ (Eligible) with 5+ (Enrolled)
	Ortho Waiting Period	12 Months	Ortho Waiting Period	None	Ortho Waiting Period	None	Ortho Waiting Period	None
	Major Waiting Period	None	Major Waiting Period	None	Major Waiting Period	None	Major Waiting Period	None
	Takeover Credit	Available*	Takeover Credit	Available*	Takeover Credit	None	Takeover Credit	None
Voluntary	Ortho Min. Employees	5+ (Eligible)	Ortho Min. Employees	N/A	Ortho Min. Employees	25+ (Eligible)	Ortho Min. Employees	10+ (Eligible) with 5+ (Enrolled)
	Ortho Waiting Period	12 Months	Ortho Waiting Period	N/A	Ortho Waiting Period	12 Months	Ortho Waiting Period	12 Months
	Major Waiting Period	6 Months	Major Waiting Period	12 Months	Major Waiting Period	12 Months	Major Waiting Period	12 Months
	Takeover Credit	None	Takeover Credit	N/A	Takeover Credit	None	Takeover Credit	None

*Takeover credit is available to groups at initial enrollment only. Ameritas: the group must have at least 10 eligible employees and provide proof of having 12 consecutive months of prior coverage, with orthodontic coverage for orthodontic takeover credit. (12 months will be waived if 12 months proof is provided, no partial credit). Anthem Blue Cross: see plan specific EOC for takeover credit information.

Dependent Eligibility

Spouse

- Must be legally married to or the Domestic Partner of the employee and must agree to notify ChoiceBuilder immediately upon termination of the marriage/domestic partnership.

Child

- Must be born to, a stepchild of, legal ward of, or adopted by eligible employee, employee's spouse, or domestic partner.
- Dependent children are eligible up to the last day of the month following their 26th birthday..
- A child over the maximum eligible age can be considered eligible if the child is disabled and the employee and attending physician complete the Disabled Dependent Certification form. The child must satisfy the following requirements:
 - Is incapable of self-sustaining employment because of mental or physical handicap.
 - Is unmarried and is more than 50% dependent on the employee for economic support.
 - The onset of the disability was prior to the child's maximum age for plan eligibility.

Domestic Partner

- Domestic Partner coverage is available to both opposite and same-sex partners.
- Employee and Domestic Partner must meet the following definition of a Domestic Partnership:
 - Both have filed a duly executed Declaration of Domestic Partnership with the Secretary of State and will provide copies to CHOICE Administrators within 60 days of its issue.
- Agree to notify CHOICE Administrators® immediately upon termination of the domestic partnership.
- Under Cal-COBRA, a domestic partner has the same COBRA privileges as a spouse. Under Federal COBRA, the domestic partner may only elect coverage through the employee's qualifying event. The domestic partner does not qualify on a stand-alone basis.

Dependent Eligibility (cont.)

Documents required for dependent enrollment

- Employee must provide dependent information on the enrollment application only if dependents are enrolling.
- Employee must complete the waiver section of the enrollment application if waiving coverage for eligible dependents.
- Employees enrolling disabled children over the maximum age for plan eligibility must complete a disabled dependent certification form for each disabled child and recertify annually.

Notes

- Dependents are only eligible to enroll if the employee enrolls unless the dependent is a COBRA-qualified beneficiary electing COBRA coverage.
- Parents or grandparents of employees are not eligible for dependent coverage under any circumstances, including disability and financial dependence.

Effective Date

The effective date is the date that coverage begins for the group.

Guidelines

- ChoiceBuilder offers a 1st of the month effective date (i.e. 12/1/2023).
- The group may apply 60 days in advance of the requested effective date – however, the rate at the time of the effective date will apply.
- Group may not [change](#) their effective date after approval.
- Employees must be hired on or prior to the effective date to be eligible at initial enrollment.

Documents Required

- The group must indicate the requested effective date on the Employer Application:

REQUESTED EFFECTIVE DATE (MM/DD/YYYY)	
---------------------------------------	--

Employee Eligibility

Guidelines

- Lives or works in the Plan's service area.
- Must be actively working the number of hours required by the employer to be considered eligible:
 - 20+ hours per week
 - 30+ hours per week
- Must be a permanent non-union employee
- Must be paid at least minimum wage on a salary/hour basis
- Ineligible employees:
 - [1099](#)
 - [Commissioned](#)
 - Permanent employees eligible for medical coverage offered through a labor union
 - Part-time working less than 30 hours
 - Seasonal
 - Temporary
 - Employees on a leave of absence that is not categorized as:
 - FMLA
 - Workers Compensation
 - Military
- [Owners/partners](#) are eligible to enroll as employees.

Notes

- Eligible employees must complete an enrollment application if enrolling for [dental](#), [chiro](#), [life](#), or [vision](#).
- Eligible employees waiving dental coverage must complete a waiver form.
- A married couple that are working at the same company on a permanent full-time basis, can enroll separately or together.
 - If enrolling separately, two fully completed applications are required.
 - If both employees are enrolling (whether together or separately), waiver forms are not required.
 - If life coverage is offered, two separate life applications are required (whether employees are enrolling together or separately).

Federal Tax ID Number

The Federal Tax Identification Number (also known as an employer identification number or EIN) is a number assigned solely to a business by the IRS. The Tax ID Number is used to identify the business to several Federal agencies responsible for the regulation of business. Any business offering products or services that are taxed in any way must get a Federal Tax ID Number. If the State taxes personal services, or if the business is required to collect sales taxes, then a Federal Tax ID Number is necessary.

Guidelines

- Employer must have a valid Federal Tax ID Number or EIN (Employer Identification Number) to qualify for group coverage.
- Employers cannot use a social security number as the Federal Tax ID number (EIN).
- If the Employer is applying for a Tax ID number, the SS-4 form with the assigned tax ID number is required for underwriting approval. The IRS confirmation letter must be emailed to the underwriter by the last day of the month following the group's approval. If not submitted, the group's coverage will be terminated at the end of the month of the group's effective date.

Documents Required

- Employer must provide a 9-digit Federal Tax ID number on the Employer Application.

CA Federal Tax ID #

Forms

Current forms are required for case submission and are available on www.ChoiceBuilder.com in the Forms section.

Guidelines

- For detailed signature requirements, please see the Signatures page of the guidelines.
- Enrollment forms cannot be dated more than **90 days** from the requested effective date. If dated more than 90 days from the requested effective date, the forms must be re-signed and re-dated.
- The Employee Enrollment Form must be completed and signed by the employee applying for coverage.
- ChoiceBuilder is unable to accept CaliforniaChoice versions of forms (except for the broker forms listed below).

Enrollment Forms

- [Employer Application](#) (CB 0201A)
- [Employee Application](#) (CB 0310)
- [Waiver Form](#) (CB 0310 – Last Page)

Underwriting Forms

- [Employer's Legal Responsibility Regarding COBRA Coverage](#) (CB 0552)
 - To be completed by groups subject to Cal-COBRA/Federal COBRA that have qualified beneficiaries
- [Common Ownership Statement Form](#) (CB 0553)
 - To be completed by groups when 2 or more companies apply as 1 group.
- [Disabled Dependent Certification Form](#) (CB 0440)
 - To be completed by employees enrolling disabled dependent children over the maximum allowable age for the plan elected (age 26).
- [Case Submission Acknowledgment Form](#) (CB 0555)
 - To be completed and signed by the employer and broker submitting a case after the requested effective date (late submission).
- [Owner/Partner Statement Form](#) (CB 0202)
 - To be completed by owner(s) who are not on the group's QWR (DE9C)/payroll.
- [Initial Payment Form \(One-Time ACH\)](#) (CB 6007)
 - To be completed to cover at least 90% of the total premium due if a live check is not being submitted.

Broker Forms

- [Choice Administrators Agent Agreement \(CA 0130A\)](#)
- [Broker Licensing Form \(CA 0100\)](#)
- [Broker License \(copy\)](#)

Group Size

Group size is the number of eligible employees and affects the group's eligibility for benefits.

Guidelines

- Groups can vary in size from 2 to 500 eligible employees.
- [Groups must enroll a minimum of 2 employees in dental.](#)
- [Groups must enroll a minimum of 5 employees when dental is voluntary.](#)
- 2-life groups must be actively in business for at least two months prior to the requested effective date.
- COBRA participants are not counted towards the total group size.
- Part-time, Seasonal, Temporary, 1099, Commission, Union, Per Diem, and employees in the Waiting Period are not counted towards the total group size.
- Employees working 20+ hours a week are only counted towards the total group size if the group offers coverage to those employees.
 - 20+ hours per week must be checked on the Employer Application.
- Once a group is approved, they can grow to any size. The group's coverage will not be terminated for enrolling more than 500 employees.

Available benefits:

- All group sizes:
 - Group must offer one EPO/PPO Dental carrier to go along with the DHMO Dental carrier.
- 2-9 employees:
 - *Sponsored:*
 - Dental, Vision, Chiro/Chiro & Acupuncture, Life.
 - *Voluntary:*
 - Dental (Anthem Blue Cross: minimum five eligible with minimum two enrolled. MetLife: minimum 2 eligible with minimum 2 enrolled), Vision, Chiro/Chiro & Acupuncture.
- 10-199 employees:
 - *Sponsored:*
 - Dental, Vision, Chiro/Chiro & Acupuncture, Life.
 - *Voluntary:*
 - Dental (Anthem Blue Cross: minimum five eligible with minimum two enrolled. All other Dental Plans: minimum ten eligible with minimum five enrolled) Vision, Chiro/Chiro & Acupuncture, Life.

Leased Employees

An employee who is leased through a leasing company but has an Employer/Employee relationship due to working solely for that Employer on a permanent, full-time basis.

Guidelines

- A company employing leased workers may enroll these employees if they work solely for the company on a permanent, full-time basis.
- The contact person listed on the Employer Application must be from the group, not the leasing company.
- The [COBRA](#) question on the Employer Application is based on the group size, not counting employees on the leasing company's payroll.
- The Federal Tax ID number must be that of the group applying for benefits.

Leasing Company

A company that leases out workers to other employers.

Guidelines

- A company leasing out workers may only enroll their core staff. Workers leased out to other employers are not considered eligible through the leasing company.
- The leasing company must have an office in California. The office address cannot be a PO Box or a residence.
- COBRA provisions for the leasing company should be based on the total number of employees on the leasing company payroll.

Life Coverage – Assurity Life

For Life coverage purchased at initial enrollment. Life insurance coverage is provided by Assurity Life Insurance Co.

Guidelines – Assurity Life

- A group enrolled in dental has the option to offer employer-sponsored life coverage to its employees.
 - The employer may offer the benefit at initial enrollment or renewal only.
- Available to employers with 2-199 eligible employees.
- **100% participation** is required (**ALL** eligible employees must enroll).
- Group must **contribute 100%** of the employee's life insurance premium.
- Employer may offer Fixed or Scheduled Amounts:
 - **Fixed Amount** – Flat rate for all employees.
 - Must be at least \$10,000 but no more than the guaranteed issue amount.
 - Must be offered in increments of \$5,000.
 - **Scheduled Amount** – Tiered rates based on employee job title/job classification.
 - Must be at least \$10,000 but no more than the guaranteed issue amount.
 - Must be offered in increments of \$5,000 (calculated from the minimum amount).
 - Maximum of 4 schedules (classifications) allowed.
 - The highest amount may be no more than 2.5 X the lowest amount.
 - Employees must fall under specified classifications to qualify for specified amounts.

Documents Required – Assurity Life

- Employer Application with Life section completed.
- Employee Enrollment Forms for **ALL** eligible employees, regardless of if they waive dental/vision.

Tables

Guaranteed Issue Amount			
Eligible Employees	Minimum Amount	Maximum Amount	# of EE Classifications
2-10	\$10,000	\$25,000	up to 4
11-25	\$10,000	\$50,000	up to 4
26-199	\$10,000	\$75,000	up to 4
200-500	\$10,000	\$150,000	up to 4

Disability Waiver of Premium	
Disability	Benefit
Prior to the age of 60	To the age of 70
Between ages 60-69	1 year, but not beyond age 70

Reduction Schedule	
Age	Reduction Amount
At the age of 70	Coverage is reduced by 30%
At the age of 75	Coverage is reduced by 60%

Life Coverage – MetLife

For Life coverage purchased at initial enrollment. Life insurance coverage is provided by MetLife.

Guidelines

- A group enrolled in dental has the option to offer employer-sponsored life coverage to its employees.
 - The employer may offer the benefit at initial enrollment only.
- Available to employers with 2-199 eligible employees.
- **100% participation** is required (**ALL** eligible employees must enroll).
- Group must **contribute 100%** of the employee's life insurance premium.
- Employer may offer Fixed or Scheduled Amounts:
 - **Fixed Amount** – Flat rate for all employees.
 - Must be at least \$10,000 but no more than the guaranteed issue amount.
 - **Scheduled Amount** – Tiered rates based on employee job title/job classification.
 - Only available to groups with 10+ employees.
 - Must be at least \$10,000 but no more than the guaranteed issue amount.
 - Maximum of 3 schedules (classifications) allowed.
 - Minimum 3 Employees per classification.
 - No more than 2.5 X difference between classifications.
 - Employees must fall under specified classifications to qualify for specified amounts.

Documents Required

- Employer Application with Life section completed.
- Employee Enrollment Forms for **ALL** eligible employees, regardless of if they waive dental/vision.

Tables

Guaranteed Issue Amount		
Eligible Employees	Coverage Amounts Available	# of EE Classifications
2-4	\$10,000; \$25,000	N/A
5-9	\$10,000; \$25,000; \$35,000; \$50,000	N/A
10-24	\$10,000; \$25,000; \$35,000; \$50,000; \$75,000	up to 2
25-49	\$10,000; \$25,000; \$35,000; \$50,000; \$75,000; \$100,000	up to 2
50-199	\$10,000; \$25,000; \$35,000; \$50,000; \$75,000; \$100,000; \$150,000	up to 3
200-500	\$10,000; \$25,000; \$35,000; \$50,000; \$75,000; \$100,000; \$150,000	up to 3

Disability Waiver of Premium	
Disability	Benefit
Prior to the age of 60	To the age of 70
Between ages 60-69	1 year, but not beyond age 70

Reduction Schedule	
Age	Reduction Amount
At the age of 70	Coverage is reduced by 30%
At the age of 75	Coverage is reduced by 60%

Newly Established Business

Guidelines

- A group must have been actively engaged in business for at least 2 weeks to be eligible.

Non-Profit Organizations

Guidelines

- Non-profit organizations/religious organizations are eligible for coverage if a permanent employer-employee relationship can be established.

Out of State

Guidelines

- Home office (Principal Executive Office) must be located in California.
 - California PO Boxes are not acceptable to prove that the home office is located in California.
- 51+% of eligible employees must reside in California.
 - Please note that zip codes for any waiving employees may be required to determine whether this requirement is met.
- Employees residing out of state can only enroll in plans available to them based on their physical address and cannot enroll using the Employer's address.

Owner/Partner Eligibility

Guidelines

- Owners/partners are eligible to enroll as employees.

Participation Requirements

Group participation amounts required to be eligible by specific benefit.

Dental

- **Ameritas:**
 - Sponsored:
 - No Ortho: 2 eligible, 2 enrolling
 - w/ Ortho: 5 eligible, 2 enrolling
 - Voluntary:
 - No Ortho: 10 eligible, 5 enrolling
 - w/ Ortho: 5 eligible, 5 PPO enrolling
- **Anthem Blue Cross:**
 - Sponsored:
 - No Ortho: 2 eligible, 2 enrolling
 - w/ Ortho: 10 eligible, 2 enrolling
 - Voluntary:
 - No Ortho: 5 eligible, 2 enrolling
 - w/ Ortho: N/A
- **DeltaCare Dental:**
 - Sponsored:
 - No Ortho: 2 eligible, 2 enrolling
 - w/ Ortho: 10 eligible, 10 enrolling
 - Voluntary:
 - No Ortho: 10 eligible, 5 enrolling
 - w/ Ortho: 25 eligible, 5 PPO enrolling
- **MetLife (2-9 employees):**
 - Sponsored:
 - No Ortho: 2 eligible, 2 enrolling
 - w/ Ortho: 10 eligible, 5 enrolling
 - Voluntary:
 - No Ortho: 2 eligible, 2 enrolling
 - w/ Ortho: 10 eligible, 5 PPO enrolling
- **MetLife (10-500 employees):**
 - Sponsored:
 - No Ortho: 2 eligible, 2 enrolling
 - w/ Ortho: 10 eligible, 5 enrolling
 - Voluntary:
 - No Ortho: 10 eligible, 5 enrolling
 - w/ Ortho: 10 eligible, 5 PPO enrolling

ChoiceBuilder Dental Participation Requirements											
		Ameritas		Anthem Blue Cross		Delta Dental		MetLife 2-9		MetLife 10-500	
		Eligible	Enrolling	Eligible	Enrolling	Eligible	Enrolling	Eligible	Enrolling	Eligible	Enrolling
Sponsored	No Ortho	2	2	2	2	2	2	2	2	2	2
	w/ Ortho	5	2	10	2	10	10	10	5	10	5
Voluntary	No Ortho	10	5	5	2	10	5	2	2	10	5
	w/ Ortho	5	5 PPO	N/A	N/A	25	5 PPO	10	5 PPO	10	5 PPO

Vision

- Sponsored
 - Participation: 70% of eligible employees must enroll.
- Voluntary
 - No minimum participation required.

Chiropractic/Acupuncture

- Sponsored
 - 100% of eligible employees must enroll.
- Voluntary
 - No minimum participation required.

Life

- 100% of eligible employees must enroll.

PEO Groups

Professional Employer Organization (PEO) groups are companies that take the liability of employees from employers by leasing employees to another employer for job functions, while maintaining the administrative responsibilities that are inherent with an employee.

Guidelines

- The PEO must have its principal executive office in California (not just a branch office or division).
- A PEO must enroll only its core staff and not employees of the sub-groups.
- COBRA provisions for the PEO should be based on the total number of employees on the PEO payroll.
- A PEO may not add any sub-group employees to the in-force group.

PEO Sub-Groups

A PEO Sub-Group is a company that leases its employees or HR services from a Professional Employer Organization (PEO).

Guidelines

- A PEO sub-group must qualify and enroll on a stand-alone basis, completely separate from the PEO.
- The sub-group cannot enroll employees of the PEO.
- The sub-group's home office must be located in California (PEO does not have to be located in California).
- The street address provided on the Employer Application must be the sub-group's physical location.
- The Statement of Compliance portion of the Employer Application must be signed by an authorized representative of the sub-group, not a PEO representative.
- COBRA provisions must be based on the subgroup's group size, not the PEO's group size.
- FMLA provisions apply to a sub-group when the PEO is providing staffing services and when compliance is determined by the PEO.
- The PEO may request to receive the monthly invoice, Administration Packet, and other ChoiceBuilder mailings by indicating the PEO address as the mailing address on the Employer Application.
- The PEO may request to be the sub-group's designated contact by indicating a PEO representative as the contact person on the Employer Application.

Documents Required

- PEO Sub-group Letter
- In lieu of a QWR (DE9c), the group must submit a payroll ledger for the most recent 6 weeks, including sub-group company name, employee names, social security numbers, wages, withholdings, and summary totals or the most recent payroll ledger with YTD totals. *

Premium Deposit Payment

A check or an ACH Form may be submitted for Premium Deposit Payment.

Checks

- The employer may submit a copy of the group's premium deposit check at case submission, but the live check for at least 90% of the total premium due must be received by the underwriter prior to case approval.
- If business checks are unavailable due to a pending order, the Employer must submit a written statement from the bank to include the name of the bank and the business account number.
 - For Cannabis companies that don't have their own business checking account, a Business License is required.
- Checks must be made payable to ChoiceBuilder or CHOICE Administrators.
- Checks written out to other parties cannot be endorsed over to ChoiceBuilder,
 - A new check will be required.
 - This includes additional checks for a POP plan and COBRA participants.
- A separate check is required for COBRA premium.
 - The additional check may be from the Employer or COBRA participant.
 - Must be written out to ChoiceBuilder or CHOICE Administrators.
- The person(s) signing the check must be accounted for. If not enrolled or waived, the employer must provide the status of the person(s) in writing. (i.e., part-time, inactive, seasonal, etc.).
- ChoiceBuilder will balance the bill up to 10% of the total monthly.

Initial Payment Form (One-Time ACH)

- Complete the ACH Payment Form in full (Form # CC 6007).
 - Form must be signed and dated for processing.
 - If specified amount is listed, it must be at least 90% of the total premium due.
- Attach a copy of a Voided business check.
 - The account and routing number on the check must match the numbers listed on the form.

Optional Documents

- If business checks are unavailable to submit with ACH:
 - Letter from the group's bank can be submitted
 - Must include business account & routing number

Notes

- ChoiceBuilder is unable to accept initial payments in the form of Credit/Debit Card or Cash.
- If the person(s) signing the check is not enrolled or waived in ChoiceBuilder
 - Must include the status of the person(s)

Premium Only Plan (Section 125)

A Premium Only Plan (POP) / Section 125 Plan / Cafeteria Plan allows employees to pay their share of insurance premium (dental and vision) on a pre-tax basis. The employer must purchase the POP to receive the documents which allow them to deduct employee paid premium from taxable income. The service is offered through Wage Works.

Guidelines

- All participants must be employees as defined by the tax code to qualify for POP benefits.
- Ineligible participants include
 - 2%+ shareholders in an S-Corporation
 - Sole Proprietor
 - Partners in a Partnership.
- The POP fee is a one-time fee of \$100 due with the Premium Deposit Payment at initial enrollment.

Documents

- Employer Application (CB 0210) with Section 125 section completed.
 - Name of Company President/Principal/Partners
 - Plan Number
 - "Premium payments may be elected for"
 - Last day of first plan year.

Notes

- If the group does not elect the POP at initial enrollment, it may be added later at any time.
 - Must submit an Employer Change Request Form (CB 0564) with Section 125 information completed and check payable to ChoiceBuilder for the one-time fee of \$100.
- The group may only get a refund of the POP fee if they cancel prior to the POP documents being sent to Wage Works or if they return the documents.

Process Flow

- A letter confirming case receipt is emailed within 1 day of case receipt.
- The group and member information are entered into the system within 2 days of case receipt and submitted to Underwriting.
- The case is underwritten, and the Pending Items Letter (if any) and Premium Deposit Statement are sent within 3 days of receipt from the assigned Underwriter.
- The Underwriter calls/emails to follow up on the pending items within 2 days of sending the initial request.
- The Underwriter follows up on pending items every day until the pending item cut-off date which is usually the 10th of the month.
 - The deadline is provided on the Pending Items letter.
 - An updated Pending Items letter is sent each time items are received without all requested items.
 - If no items are received, a duplicate letter is emailed out.
- An Approval Letter is sent within 1 day of receiving all pending requirements.
 - The Approval Letter is sent to the GA/broker and the group.
 - Once coverage is approved, the group cannot change the effective date.
 - If group requests coverage to be terminated, the termination is not effective until the last day of the month.
- The group information goes through Quality Control within 2 days of underwriting approval.
- The group's information is electronically transmitted to the ancillary plans within 1 day of Quality Control.
- A Welcome Kit is mailed to the employer within 7-10 business days of transmission.

Notes

- All correspondence is sent to the broker unless the case is submitted through a GA.
 - If the case is submitted through a GA, all correspondence is sent to the designated GA contact.

Signatures

The employee's/employer's/broker's signature(s) is required on any forms/sections completed by the employee/employer/broker as acknowledgement of the request and/or binding arbitration agreement.

Guidelines

- All signatures must be dated.
 - If the date is missing, the signature page/portion must be resubmitted and dated on the actual day the form was signed.
 - Signatures cannot be dated more than **90 days** from the group's effective date.
 - Any outdated forms must be re-signed and re-dated.
 - Signatures must be dated the actual day the form was signed.
 - Signatures cannot be backdated or future dated.
 - Signature dates cannot be birthdates.
- The Employee Enrollment Form and/or Waiver must be completed and signed by the employee applying for coverage.
- The broker of record and brokers receiving a commission must sign and date the Broker Section of the Employer Application.
- Both the employer and broker of record are required to sign the Statement of Compliance section of the Employer Application.

Social Security Numbers

Guidelines

- Employees must have a Social Security number to be eligible for coverage.
- Dependent social security numbers not provided by the employee will be assigned during underwriting.
- If an employee refuses to provide their Social Security number and his/her enrollment affects participation requirements, the entire group will be denied coverage.
- The Employer cannot use his/her Social Security number as the group's tax ID number.

Split-Off Group

A split-off company can be defined as one of the following:

- **New business established from all the same Employees of an existing company**
- **A business splitting off from a PEO.**
- **A business transferring Employees to an affiliate company**
- **A business changing ownership**
- **A business restructuring (i.e. changing its name, Federal Tax ID number, or business type)**

Guidelines

- Split off groups are allowed as long as it isn't just owners splitting off into a separate group.
- Groups must be able to meet participation requirements on their own.
- The first available effective date is the 1st of the month following the group's official split-off date.
- Employees from the original company can maintain their original date of hire for the purposes of satisfying any waiting periods applied by the Employer.

Requirements

- Letter of request from the authorized group contact.
 - Must include:
 - Description of the split off scenario
 - Official date of the group split off.

Two-Life Groups

A Two-Life (2-Life) group has only two enrolled employees, regardless of the total number of eligible employees.

Guidelines

- 2-life guidelines apply to **husband/wife** groups which are eligible for coverage with ChoiceBuilder.
- A minimum of 2 eligible employees/owners must enroll for Dental coverage.
 - 2-life groups are not eligible for Voluntary Dental.
- The group must have been actively in business and employed at least 2 eligible employees for a minimum of 2 months prior to the requested effective date.

Union Employees

Guidelines

- Union employees are not eligible for coverage.
 - Union employees are considered eligible when the Union contract states that Union members can seek coverage outside of the Union benefits. The contract is required.
- Union employees are counted towards the total group size.
- Union employees are not counted towards participation requirements.
- Union employees are counted towards the total group size for COBRA, Medicare, and FMLA provisions.
- When leaving the union, employees are not required to satisfy the waiting period based on the date of non-union status. The waiting period will be applied according to the date of full-time employment.

Vision Coverage

A group offering dental has the option to offer either employer-sponsored or voluntary Vision coverage to their employees.

Carriers

- VSP
- EyeMed provided by Ameritas

Sponsored Vision Guidelines

- Silver, Gold, and Platinum plans available.
- Cannot be offered in conjunction with voluntary vision.
- [Out-of-state employees are eligible.](#)
- [70% of eligible employees must enroll.](#)
- [Employer contribution requirements:](#)
 - Minimum:
 - 50% for employees
 - 0% for dependents.
- 100% contribution requires 100% of eligible employees to enroll.
- Employees must complete a [waiver](#) if they do not wish to enroll themselves.
- Employees only need to complete a waiver for [dependents](#) if the employer offers more than 0% contribution towards dependents.

Voluntary Vision Guidelines

- Silver, Gold, and Platinum plans available for EyeMed provided by Ameritas..
- Gold and Platinum plans available for VSP.
- Cannot be offered in conjunction with employer-sponsored vision.
- [Out-of-state employees are eligible.](#)
- [No minimum participation requirements.](#)
- [No minimum contribution requirements.](#)
- Employees do not need to complete a [waiver](#).

Notes

- After approval – the group may switch from voluntary vision to employer-sponsored (or vice versa) at renewal only.

Waiting Period

Guidelines

- Employer must select one of the following Waiting Period options.
 - 1st of the month following
 - Date of hire
 - 30 days
 - 60 days
 - 90 days
 - 180 days
 - 365 days
- Employer may apply the waiting period to current and future employees or to future employees only.
 - Employees subject to the waiting period will be eligible for coverage the 1st of the month following the completion of the waiting period.
- Employer may not have dual waiting periods.
- Employer may not apply any old waiting period to employees. Once the group is approved by ChoiceBuilder, the newly established waiting period will apply.
- The group may only change the waiting period prior to underwriting approval or at renewal.

Documents Required

- Employer Application with the following completed:
 - Waiting period for future employees
 - Who the waiting period applies to
 - Number of employees in waiting period (if applicable)

Waivers

A Waiver is a document acknowledging that an employee has been offered coverage, has declined to enroll themselves or their dependents into coverage, and understands the ramifications of not enrolling.

Guidelines

- Eligible employees who do not enroll in employer-sponsored Dental or Vision coverage must complete a waiver form.
 - Employees must include the reason for waiving coverage.
 - When waiving due to other group coverage, the waiver should include the carrier's name.
 - When waiving due to other reason, an explanation should be provided.
 - If employer contribution is 100%, employees cannot waive due to cost.
- Eligible employees who do not enroll dependents in employer sponsored dental or vision coverage where the employer contributes more than 0% must complete a waiver form.
 - Employees waiving coverage for dependents only are not required to put a reason for waiving.
- Employees are not permitted to waive employer sponsored Chiro or Life benefits.
 - 100% participation is required.
 - Completed Employee Enrollment Application required.
 - California residents only for Chiro.
- If employer [contribution](#) is less than 100%:
 - Employees waiving due to other Dental group coverage (through spouse, Medi-Cal, COBRA, CHAMPUS, or other government programs) are not counted towards satisfying [70% participation requirements](#).
 - Employees waiving due to individual coverage, cost, or other group coverage through the same employer will be counted towards satisfying the [70% participation requirements](#).
- Husband and wife or domestic partners both working at the same company on a permanent full-time basis have the option to enroll separately or together.
 - A waiver form will not be required for the employee enrolling as a dependent and group participation will not be affected.
 - A separate Employee Enrollment Application will be required for Life coverage if the group offers Life.
 - If enrolling separately, two applications are required.

Documents Required

- Waiver page of the Employee Enrollment Application
 - Must be completed, signed, and dated by the employee.

Workers' Compensation

Guidelines

- Proof of worker's compensation coverage is not required for groups to enroll with ChoiceBuilder.