



COVID-19 (Coronavirus)

Carrier FAQ

Small and Large Group

California

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

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

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Premium (Billing)

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

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

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

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

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

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

Carrier	Carrier Response
Aetna	Yes, for inforce business. Payments can be made through the Aetna Answer Team (800-343-6101). No end date as of right now 4/6/21.
Anthem Blue Cross	No
Blue Shield of California	No
California Dental Network	Yes, no end date as of right now 3/26/21
CaliforniaChoice	No
CCHP	Yes, this is still in effect as of 3/29/21 and will continue to apply post COVID.
Cigna	No
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	Exception basis only such as reinstatement or pandemic. Revised 3/29/21
Guardian	No
Health Net	Yes, they can pay before termination within their last week of their grace period (currently 30-day grace period). No end date as of right now 3/29/21.
Humana	Small Group: Yes Large Group: Exception basis only
Inshore Benefits	No
Kaiser Permanente	No
Landmark Healthplan	No
Lincoln Financial Group	No
MediExcel Health Plan	Yes, by phone. Clients may call (619-421-1659 option 5). This is still in effect as of 3/26/21 and will continue to apply post COVID.
MetLife	No
National General	No
Oscar Health Plan of California	Yes, through April 30, 2020
Principal Financial Group	No
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	No
UnitedHealthcare	No
UNUM	No
Western Health Advantage	Yes, only if their monthly premium is under \$20k. No end date as of right now 4/12/21.

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

Carrier	Carrier Response
Aetna	<p>Medical*</p> <p>We understand that 2020 has been a challenging year for California Small Group plan sponsors. As such, we will apply a one-time premium credit* on eligible groups' December bills for EPO, OAMC and PPO plans. We are still working to finalize the amount of the credit, but the group does not need to take any action. We'll automatically apply this credit. We will continue to provide the support you need and answer any questions or concerns you may have. For more information, call the Aetna Answer Team at 1-800-343-6101. Or you can email WestAAT@Aetna.com.</p> <p>*Premium credit is based upon the premiums paid from April through June 2020 for members enrolled in California EPO/OAMC/PPO plans underwritten by Aetna Life Insurance Company and that are active with Aetna as of August 1, 2020. We will mail the premium credit check to eligible groups that are no longer covered with Aetna in December 2020. The premium credit will not impact any commissions that are paid on these cases.</p> <p>Dental</p> <p>Aetna is offering a one-month premium reduction equal to the first month's premium to new and renewing small groups that enroll in an Aetna PPO or DMO dental plan in December 2020 and January 2021. The reduction would apply to your client's bill within three months of the effective date and would be included as part of the final contract. Standard contract termination provisions apply. All of the plan caveats as stated in the proposal must be met. Any producer compensation will be excluded from the premium reduction. Your client may wish to consult with their legal advisers about any changes that they may need to make in the administration of their plan as a result of this reduction consistent with their fiduciary obligations such as making adjustments to participant contributions.</p>
Anthem Blue Cross	<p>Customers with fully insured medical and/or dental plans will receive a premium credit on their August 2020 invoice (issued in July). The credits are based on their April 2020 invoice and will be as follows: 10% to 15% of the April premium for Anthem medical plans, depending on the state and segment; 50% of the April premium for Anthem dental plans. Self-funded groups and individual ACA plan members are not eligible for these credits.</p> <p>Anthem is offering a dental premium promotion to new small group dental sales with effective dates of October 2020 through January 2021. Small groups will receive a one month premium credit when:</p> <ul style="list-style-type: none"> • A Dental PPO or Dental Ney DHMO is purchased with a new or added to an existing small group medical plan. • A stand-alone Dental PPO or Dental Net DHMO plan is purchased <p>The premium credit will apply in one of the first three months depending on the medical and dental plan. Please note that if a group adds employees or dependents after their initial group set up date, the employer will be responsible for those premiums. No broker commission will be impacted.</p>
Blue Shield of California	<p>Consistent with our mission to provide access to high-quality health care that is sustainable and affordable, Blue Shield is applying a one-time premium credit to help ease the financial strain many of our customers are facing. The credit will be a percentage applied to one month's premium.</p> <p>Premium credits will be applied toward premiums for the following market segments:</p> <ul style="list-style-type: none"> • Medicare Supplement medical, dental and/or vision plan subscribers • IFP dental plan and/or vision plan subscribers <p>Note: IFP medical plans are not included in this program</p> <ul style="list-style-type: none"> • Fully-insured employer group medical, dental and/or vision plan employers <p>Exception: Flex-funded groups are not included in this program</p>

	<p>The credit will be shown on customers' November billing statement, whether received electronically or in the mail. Exception: On-exchange small business groups (CCSB) will have credits applied to December bills.</p> <p>The Premium Credit Program will apply a one-time credit of 10% on monthly medical premiums and approximately 30% credit on monthly dental and/or vision premiums. The credit will be calculated based on the customer's October premium.</p> <p>Blue Shield will apply these percentages for all customers eligible to receive premium credits through this program, as described above. There may be some variance in the exact percentage for some customers, resulting from plan changes or enrollment changes close to the beginning of the November billing cycle (and the December billing cycle for CCSB).</p> <p>Customers should review their billing statement for the specific amount credited.</p>
California Dental Network	No
CaliforniaChoice	<p>Kaiser Permanente pediatric dental credit – CaliforniaChoice has applied a one-time credit for all eligible members enrolled on Kaiser Permanente plans during the month of September 2020 to your eligible group's March 2021 invoices. The credit is part of Delta Dental of California's COVID-19 related premium forgiveness program.</p> <p>The dental premium credit will be applied against the March 2021 billed premiums for September enrollments submitted as of September 30, 2020. The premium credit will show on qualifies group's March 2021 invoice.</p> <p>COBRA enrollees who are eligible for the dental premium credit will be notified by mail.</p> <p>If the employee contributes to their Kaiser Permanente plan premiums, the group may have a legal responsibility to notify the eligible member about this credit and to refund part of the employee's contribution.</p> <p>The premium credit will <u>not</u> affect your broker commission.</p> <p>Yes, will be applying a one-time 10 percent credit to a group's August 2020 invoice. This credit is calculated based on a percentage of the client's August premium for their UnitedHealthcare membership only. New business groups effective 8/1/2020 or later do not qualify. The premium credit of 10 percent will affect a brokers August commission.</p> <p>Yes, a one-time 15 percent credit for all members enrolled on Anthem during the month of April will be applied to your existing group's September 2020 invoice. New business groups effective 9/1/2020 or later do not qualify. The premium credit of 15 percent will not affect your broker commission. Anthem Blue Cross has also included terminated groups that have paid their Anthem April premium. A check reflecting the one-time 15 percent Anthem credit will be sent directly to the group.</p>
CCHP	No
Cigna	Reviewed on a case-by-case basis. Contact your Client Manager to discuss
Community Care Health	No
Covered California for Small Business	No
Delta Dental (Allied Administrators)	All plans will receive a one-month premium holiday for September 2020. Broker commission payments will not be impacted by this action.
Guardian	<p>Yes, financial assistance for new and in-force dental and vision plans are available. A group can elect to receive a one-month premium credit for their fully-insured Guardian dental and vision plans OR an extended rate guarantee on dental and vision.</p> <p>Premium Credit –</p> <ul style="list-style-type: none"> - If you are a current Guardian planholder, the premium credit will be applied to your second bill after your renewal, beginning with September 2020 renewals through August 2021. For example, if your renewal date is September 1, the premium credit will be applied to your October bill. - If you are not yet a Guardian customer, the credit will be applied to your first bill for dental and vision cases with July 2020 effective dates through March 2021. <p>Rate Guarantee –</p> <ul style="list-style-type: none"> - Existing dental and vision customers may choose a two-year rate guarantee on both products.

	<ul style="list-style-type: none"> - New customers may choose a two-year rate guarantee for dental and a two-or three-year rate guarantee for vision. Groups must make their election and notify Guardian 30 days prior to their renewal date.
Health Net	No
Humana	No
Inshore Benefits	Delta Dental - All plans will receive a one-month premium holiday for October 2020. Premiums that were collected in June will reflect as a credit on their October invoice. Broker commission payments will not be impacted by this action.
Kaiser Permanente	Medical: No Dental: KPs Response to Delta Dental's Payment Relief Credit As a result of the pandemic, Delta Dental of California provided a one-time payment relief credit to their fully insured dental HMO plans, which includes dental plans that Kaiser Permanente offers on behalf of Delta Dental to group customers. The dental premium credit along with any associated Kaiser Permanente administrative fee will be passed to the group customer. This is a one-time credit; there will be no retroactive credits reflected on future invoices. How Are We Communicating to Small Group? Notifications of the premium credit were emailed or mailed to Small Group brokers and customers the first week of November. Notifications were sent separate from the bill. KP applied the credit to customers' accounts by the week of November 2.
Landmark Healthplan	No
Lincoln Financial Group	No
MediExcel Health Plan	No
MetLife	Customers with fully insured dental PPO plans will receive a premium credit on a future bill in the amount of 25% for the months of April and May, 2020. All other are reviewed on a case-by-case basis. Contact MetLife Underwriting to discuss
National General	No
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Customers with fully insured dental policies will receive a 10% premium credit for the months of June-October 2020, based on the prior month's billed premium. Excludes self-funded coverage. Self-accounting customers can calculate a 10% reduction in premium for their June-October 2020 billing.
Sharp Health Plan	No
Sutter Health Plus	No
The Hartford	Pending carrier response
UnitedHealthcare	UHC fully insured active small and large groups will receive premium rebate on May premium paid in the form of a premium credit on the July invoice, which is available in June. The amount will vary by customer, based on a number of factors, including the type/s of group plans and the premium rates. Fully Insured Small Groups: 10%, Fully Insured Large Groups: 10%, Fully Insured Group Dental: 50% and applies to California. Your UHC AE or SAE will be able to confirm any other state that you need % confirmation on. For specific questions, please contact Client Service Operations 800-591-9911
UNUM	Pending carrier response
Western Health Advantage	No

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

Carrier	Carrier Response
Aetna	Yes, as long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic (2) employer continues to pay their monthly premium and (3) employer does not terminate the employee(s). This is available to customers until June 30, 2021.
Anthem Blue Cross	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage through June 30, 2021, as long as the monthly premium payment is received.
Blue Shield of California	Yes, as long as the monthly premium payment is received
California Dental Network	Yes, as long as the monthly premium payment is received
CaliforniaChoice	Yes, as long as the monthly premium payment is received
CCHP	Yes
Cigna	Yes, at the request of the employer, Cigna will allow the employee(s) to remain on the plan for the duration of the extended relief period as long as fee or premium payments are made. The changes to eligibility would be available for all funding types. Clients must confirm that the employees who remain on the plan through these relaxed eligibility guidelines were active and covered by the plan as of March 1, 2020. Cigna reserves the right to audit. The "extended relief period" starts on March 16, 2020 and goes through May 31, 2020.
Community Care Health	We will continue to review on a case-by-case basis as requests are presented
Covered California for Small Business	Yes
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Yes, effective March 1, 2020 through June 30, 2020. No extension offered at this time.
Health Net	Yes, as long as the monthly premium payment is received. Available through December 31, 2020.
Humana	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off or furloughed will be eligible for coverage as long as the monthly premium payment is received. This is effective through December 31, 2020.
Inshore Benefits	Yes
Kaiser Permanente	Yes, as long as the monthly premium payment is received
Landmark Healthplan	Yes
Lincoln Financial Group	Yes, as long as the monthly premium payment is received. No end date set on this guideline.
MediExcel Health Plan	Clients terming their last member can remain active for a six-month period and have their current contract honored
MetLife	<ul style="list-style-type: none"> • For group life, dental, AD&D, vision, accident & health and legal coverage, MetLife is willing to allow employees who are furloughed, temporarily laid-off or have reduced hours/salary to continue their coverage for 12 months from the date of the furlough, temporary lay-off or reduced hours/salary (collectively, "temporary salary reductions") . Premiums need to be remitted for coverage to remain active. <ul style="list-style-type: none"> ○ For purposes of group life, the coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts. <p>For group disability, MetLife is willing to allow employees who experience a furlough, temporary lay-off or have reduced hours/salary between March 1, 2020 and June 30, 2020, to continue their coverage for 90 days from the date of the furlough, temporary lay-off, or reduced hours/salary. Coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts.</p>
National General	Yes, through May 31, 2020, as long as the monthly premium payment is received

Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Yes, coverage remains active through June 30, 2020 as long as the monthly premium payment is received. No extension offered at this time.
Sharp Health Plan	Yes, through September 30, 2020, as long as the monthly premium payment is received
Sutter Health Plus	Yes
The Hartford	Yes, as long as the monthly premium payment is received. This is available March 1, 2020 through May 31, 2020. No extension offered at this time. If there are any client's that need extensions, they will be reviewed on a case by case basis.
UnitedHealthcare	Yes, as long as there is one active employee and the monthly premium payment is received. This is available until further notice.
UNUM	Pending carrier response
Western Health Advantage	Reviewed on a case-by-case basis. Clients should contact the WHA Sales Department

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

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

Eligibility

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

Carrier	Answer
Aetna	Yes, as long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic (2) employer continues to pay their monthly premium and (3) employer does not terminate the employee(s). This is available to customers until June 30, 2021.
Anthem Blue Cross	<p>Yes, Anthem’s requirement for employees to be actively working will be relaxed through June 30, 2021, as long as the monthly premium payment is received.</p> <p>This applies to new business as well with one exception, furloughed employees must be on the prior carrier bill or DE9C in order to be eligible.</p> <p>Life and/or disability: If an employee’s hours fall below the minimum, these employees will be treated as if they are on an approved leave of absence and will remain eligible for coverage within the plan they were in prior to the reduction in hours. Premiums must continue to be remitted to Anthem for the original amount of insurance prior to the reduction in hours.</p> <p>Coverage eligibility will be based on the number of the hours working as of the end of the month prior to the date of the reduction in hours. For those benefits based on salary or wages as of the last date worked, we will utilize the salary or wages as of the end of the month prior to the date of the reduction in hours. This accommodation will be effective March 1, 2020 through July 31, 2020. We will continue to monitor this situation and will provide additional guidance as it becomes available.</p>
Blue Shield of California	<p>Fully insured groups: Employees with reduced work hours, or who have been furloughed or laid off, can remain on a group plan. Our group service agreements allow for continued coverage for members who are impacted by a temporary suspension of work or work hours. Assuming the employer continues to remit premium payments for workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.</p> <p>ASO/SA+: Contact your Blue Shield Account Manager to discuss.</p>
California Dental Network	CDN has very flexible eligibility guidelines and will work with employers to accommodate their unique needs at this time
CaliforniaChoice	Yes, as long as the monthly premium payment is received
CCHP	Yes, as long as the monthly premium payment is received
Cigna	Yes, at the request of the employer, if the employee has their hours reduced or is furloughed as of March 1, 2020, Cigna will allow the employee(s) to remain on the plan for the duration of the extended relief period as long as fee or premium payments are made. The changes to eligibility would be available for all funding types. Clients must confirm that the employees who remain on the plan through these relaxed eligibility guidelines were active and covered by the plan as of March 1, 2020. Cigna reserves the right to audit. The “extended relief period” starts on March 16, 2020 and goes through May 31, 2020.
Community Care Health	We will continue to review on a case-by-case basis as requests are presented
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	<p>For Group Dental, Vision, Life/AD&D, and/or Supplementary Health coverages – employees whose reduction in hours began at any point between March 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 12 months from the start of the reduced hour period.</p> <p>For Short Term and Long Term Disability – employees whose reduction in hours began at any point between March 1, 2020 and March 31, 2020 will be considered benefit eligible until July 31, 2020. Employees whose reduction in hours began between April 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 90 days from the reduced hour period. Monthly premiums must continue to be paid. No extension offered at this time.</p>

Health Net	Yes, through December 31, 2020, as long as the monthly premium payment is received
Humana	Yes, as long as the monthly premium payment is received. Available through December 31, 2020.
Inshore Benefits	Yes
Kaiser Permanente	Yes, as long as the monthly premium payment is received
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes, LFG's requirements for employees to be actively at work will be relaxed through October 31, 2020, or in accordance with the Continuation provisions in their policy if they are more generous, as long as the monthly premium payment is received
MediExcel Health Plan	Yes
MetLife	<ul style="list-style-type: none"> • For group life, dental, AD&D, vision, accident & health and legal coverage, MetLife is willing to allow employees who are furloughed, temporarily laid-off or have reduced hours/salary to continue their coverage for 12 months from the date of the furlough, temporary lay-off or reduced hours/salary (collectively, "temporary salary reductions") . Premiums need to be remitted for coverage to remain active. <ul style="list-style-type: none"> ○ For purposes of group life, the coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts. • For group disability, MetLife is willing to allow employees who experience a furlough, temporary lay-off or have reduced hours/salary between March 1, 2020 and June 30, 2020, to continue their coverage for 90 days from the date of the furlough, temporary lay-off, or reduced hours/salary. Coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts.
National General	Yes, through May 31, 2020 as long as the monthly premium payment is received. Any such waiver or change will only apply to enrolled employees who were previously considered eligible for coverage under the prior (standard) minimum hourly requirement. The standard eligibility hourly requirements will apply to all employees who were not previously covered. All other eligibility and payment requirements will still apply.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Yes, any employee with a reduced schedule or furlough/layoff on or after March 1, 2020 until June 30, 2020 may continue coverage for 90 days, from the start date of the schedule reduction or furlough/layoff, as long as the monthly premium payment is received. No extension offered at this time.
Sharp Health Plan	Yes, through September 30, 2020, as long as the monthly premium payment is received
Sutter Health Plus	Employer discretion
The Hartford	Yes, as long as the monthly premium payment is received. This is available March 1, 2020 through May 31, 2020. No extension offered at this time. If there are any client's that need extensions, they will be reviewed on a case by case basis.
UnitedHealthcare	<p>Fully Insured: See the UHC Business Disruption Support FAQ</p> <p>ASO: See the UHC Business Disruption and Stop Loss Support FAQ</p>
UNUM	<p>Small Group: Yes, as long as the monthly premium payment is received</p> <p>Large Group: Yes, for an additional 30 days, as long as the monthly premium payment is received</p>
Western Health Advantage	WHA will be as flexible as possible with enrollment rules such as minimum hours, waiting periods, employer contribution changes, and plan downgrades (for employers and individuals). Please email any requests to whasales@westernhealth.com or call 888.499.3198 to discuss changes to enrollment provisions within your policy.

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

Carrier	Answer
Aetna	Yes, as long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic (2) employer continues to pay their monthly premium and (3) employer does not terminate the employee(s). This is available to customers until June 30, 2021.
Anthem Blue Cross	Yes, Anthem's requirement for employees to be actively working will be relaxed through June 30, 2021, as long as the monthly premium payment is received This applies to new business as well with one exception, furloughed employees must be on the prior carrier bill or DE9C in order to be eligible.
Blue Shield of California	Fully insured groups: Employees with reduced work hours, or who have been furloughed or laid off, can remain on a group plan. Our group service agreements allow for continued coverage for members who are impacted by a temporary suspension of work or work hours. Assuming the employer continues to remit premium payments for workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage. ASO/SA+: Contact your Blue Shield Account Manager to discuss.
California Dental Network	CDN has very flexible eligibility guidelines and will work with employers to accommodate their unique needs at this time
CaliforniaChoice	Yes, as long as the monthly premium payment is received
CCHP	Yes, as long as the monthly premium payment is received
Cigna	Yes, at the request of the employer, if the employee has their hours reduced or is furloughed as of March 1, 2020, Cigna will allow the employee(s) to remain on the plan for the duration of the extended relief period as long as fee or premium payments are made. The changes to eligibility would be available for all funding types. Clients must confirm that the employees who remain on the plan through these relaxed eligibility guidelines were active and covered by the plan as of March 1, 2020. Cigna reserves the right to audit. The "extended relief period" starts on March 16, 2020 and goes through May 31, 2020.
Community Care Health	Yes, as long as the monthly premium payment is received
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	For Group Dental, Vision, Life/AD&D, and/or Supplementary Health coverages – employees whose furloughed or layoff began at any point between March 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 12 months from the start of the furlough or layoff. For Short Term Disability – employees whose furlough or layoff began at any point between March 1, 2020 and March 31, 2020 will be considered benefit eligible until July 31, 2020. Employees whose Furlough or layoff began between April 1, 2020 and June 30, 2020 will be considered benefit eligible for up to 90 days from the start of the furlough or layoff. For Long Term Disability – Guardian will follow any layoff/furlough provisions within the existing contract. Monthly premiums must continue to be paid. No extension offered at this time.
Health Net	Yes, through December 31, 2020, as long as the monthly premium payment is received
Humana	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off or furloughed will be eligible for coverage as long as the monthly premium payment is received. This is effective through December 31, 2020.
Inshore Benefits	Yes
Kaiser Permanente	Yes, as long as the monthly premium payment is received
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes, LFG's requirements for employees to be actively at work will be relaxed through October 31, 2020, or in accordance with the Continuation provisions in their policy if they are more generous, as long as the monthly premium payment is received
MediExcel Health Plan	Yes
MetLife	<ul style="list-style-type: none"> For group life, dental, AD&D, vision, accident & health and legal coverage, MetLife is willing to allow employees who are furloughed,

	<p>temporarily laid-off or have reduced hours/salary to continue their coverage for 12 months from the date of the furlough, temporary lay-off or reduced hours/salary (collectively, “temporary salary reductions”) . Premiums need to be remitted for coverage to remain active.</p> <ul style="list-style-type: none"> For purposes of group life, the coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts. <p>For group disability, MetLife is willing to allow employees who experience a furlough, temporary lay-off or have reduced hours/salary between March 1, 2020 and June 30, 2020, to continue their coverage for 90 days from the date of the furlough, temporary lay-off, or reduced hours/salary. Coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts.</p>
National General	Yes, through May 31, 2020 as long as the monthly premium payment is received. Any such waiver or change will only apply to enrolled employees who were previously considered eligible for coverage under the prior (standard) minimum hourly requirement. The standard eligibility hourly requirements will apply to all employees who were not previously covered. All other eligibility and payment requirements will still apply.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Yes, any employee with a reduced schedule or furlough/layoff on or after March 1, 2020 until June 30, 2020 may continue coverage for 90 days, from the start date of the schedule reduction or furlough/layoff, as long as the monthly premium payment is received. No extension offered at this time.
Sharp Health Plan	Yes, through September 30, 2020, as long as the monthly premium payment is received
Sutter Health Plus	Employer discretion
The Hartford	Yes, as long as the monthly premium payment is received. This is available March 1, 2020 through May 31, 2020. No extension offered at this time. If there are any client’s that need extensions, they will be reviewed on a case by case basis.
UnitedHealthcare	Fully Insured: See the UHC Business Disruption Support FAQ ASO: See the UHC Business Disruption and Stop Loss Support FAQ
UNUM	Yes, furloughed employees will remain eligible for coverage for 60 days or the length of the temporary layoff provision in your contract, whichever is greater for life and disability. Furloughed employees will remain eligible for coverage for up to a year, as long as the premiums are paid for dental and vision.
Western Health Advantage	Yes, as long as the monthly premium payment is received. Alternatively, employers have the option to continue to pay premium for terminated employees who elect to enroll in COBRA. Employers can set a specific amount of time they are committing to pay the premium.

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

Carrier	Answer
Aetna	Employer discretion
Anthem Blue Cross	Yes, Anthem’s requirement for employees to be actively working will be relaxed through June 30, 2021, as long as the monthly premium payment is received. This applies to new business as well with one exception, furloughed employees must be on the prior carrier bill or DE9C in order to be eligible.
Blue Shield of California	Employer discretion
California Dental Network	Yes, as long as monthly premium is paid
CaliforniaChoice	They must wait until they are actively at work and wait the applicable waiting period
CCHP	CCHP is currently allowing employees who were furloughed before their eligibility date to enroll after the open enrollment period
Cigna	Employee must have been actively at work, working 30 or more hours per week as of March 1, 2020. Otherwise, they are not eligible to enroll until they are actively back at work.
Community Care Health	Employer discretion
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Employees previously covered by the prior carrier’s plan will be considered “actively at work” while on furlough, lay off or leave when the plan transitions to Guardian as an accommodation through June 30, 2020, provided premiums are paid. New hires will also be considered “actively at work” while on furlough, lay off or leave as an accommodation through June 30, 2020 provided premiums are paid. Their employment waiting period under the plan will continue to accrue as normal during the furlough period.
Health Net	Yes
Humana	Small Group: Reviewed on a case-by-case basis Large Group: If the employee is not in active status during their new hire probationary period, the date the member returns back to work will be their new date of hire and the member would be subject to the NHPP at that time
Inshore Benefits	Employer discretion
Kaiser Permanente	If the employee is on a recent DE9C/payroll with eligible wages, enroll as usual. If wages on the DE9C/payroll are below the minimum due to furlough or reduced hours, employees may enroll based on the following criteria: <ul style="list-style-type: none"> • The employer intends them to work 20+ hour average workweek by 12/1/2020 • The furlough or reduction in hours started on/after 3/4/2020 (the date the State of Emergency was declared in CA) • Employees are otherwise eligible • The California Governor’s state of emergency is still in effect at the time of submission Employers will have to provide the standard documentation (DE9C if available; payroll if not; etc.) – provide notations for any low-wage employees, such as furlough or COVID reduced hours. A sole prop owner is eligible for coverage even if the only W-2 employee is furloughed or has reduced hours per the stipulations above.
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Yes
MediExcel Health Plan	Employer discretion
MetLife	Case in underwriting: Still under review with MetLife senior leadership. In-force business: For Life, Dental, Vision, MetLife Legal Plans and Accident & Health coverages, the member can still be enrolled as long as the monthly premium is paid. Optional Life coverage above the guaranteed issue, coverage can only be made effective when evidence of insurability is completed, reviewed and approved by MetLife. Disability coverage cannot be effective until the employee is actively at work.

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

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

Carrier	Carrier Response
Aetna	See Aetna Aetna Extended Timeframes for COBRA and ERISA Benefit Plans for details
Anthem Blue Cross	<p>Under the guidance, ERISA group health and disability plans must push back certain due dates effective March 1 until 60 days after the end of the declaration of the National Emergency or “Outbreak Period,” whichever is later. The following due dates are suspended:</p> <ul style="list-style-type: none"> • The 30-day period (or 60-day period, if applicable) to request special enrollment • The 60-day election period for COBRA continuation coverage • The date for making COBRA premium payments • The date for individuals to notify the plan of a qualifying event or determination of disability • The date within which individuals may file a benefit claim under the plan’s claims procedure • The date within which claimants may file an appeal of an adverse benefit determination under the plan’s claims procedure • The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination • The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete. <p>Anthem will enroll participants and suspend timeframes for claims and appeals in a manner consistent with the guidance for group health and disability plans effective March 1, 2020. Anthem will forward independent external reviews requests consistent with plan timeframes.</p> <p>How much additional time will members or employers have to submit eligibility, COBRA payment, or claims information?</p> <p>It depends. Timeframes are suspended until 60 days after the end of the National Emergency or Outbreak Period. After this 60-day period, Anthem will start counting days against timeframes. Because each situation may be different, Anthem recommends submitting information as soon as possible.</p>
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	If a client submits a former employee for COBRA/Cal-COBRA coverage, CDN will administer and support without limitations.
CaliforniaChoice	Standard process applies
CCHP	COBRA/Cal-COBRA qualifying event date will be based on what employer indicates as last day worked. Employers may not retroactively terminate employee’s benefit (i.e. Employee is not working April due to shelter-in-place and employer continues benefits for employee, the employer is responsible for the premiums. Employee does not return to work in May, employer terminates benefits starting May and COBRA/Cal-COBRA election begins in May)
Cigna	<p>Cigna is in full compliance with all Federal guidelines for COBRA and Open Enrollment, including any/all extensions, and we have been sending updates to our clients as they have occurred.</p> <p>See below for more specific answers to your questions. If there are any errors or conflicting information in the responses below, Cigna’s stated policies will be considered the accurate information.</p> <p>Here is Cigna’s Coronavirus (Covid-19) Resource Center: https://www.cigna.com/coronavirus/employers.</p> <p>The 30-day period (or 60-day period, if applicable) to request special enrollment:</p> <p><i>For ASO clients, medical and stop loss underwriting management must approve the employer’s intent to offer a special enrollment period. Cigna treats a special enrollment period the same as any other enrollment period or qualifying event, and accept eligibility files received from client.</i></p>

	<p><i>For fully-insured (guaranteed cost) clients, Cigna met this requirement through the "additional enrollment period" offered through May 31, 2020. There are no plans at this time to extend that window or offer another special enrollment period.</i></p> <p><i>For new clients effective June 1, 2020 and beyond, who may want to consider a special enrollment period later in the year, consideration will be made on a case-by-case basis.</i></p> <ul style="list-style-type: none"> · The 60-day election period for COBRA continuation coverage: <p><i>Based on the impact of the COVID-19 pandemic, the U.S. Department of Labor (DOL) issued a rule to extend COBRA election periods and premium payment due dates:</i></p> <p><i>Employees who experience a COBRA qualifying event on or after March 1, 2020 and prior to the end of the Outbreak Period have 60 days after the end of the Outbreak Period to elect COBRA coverage. - The Outbreak period is defined as the earlier of</i></p> <ol style="list-style-type: none"> 1) <i>the end of the National Emergency + 60 days; or</i> 2) <i>March 1, 2021. It is unlikely that the National Emergency is lifted in the near future. Cigna's expectation is therefore that the Outbreak Period will end on March 1, 2021.</i> <ul style="list-style-type: none"> · The date for making COBRA premium payments: <p><i>In terms of paying COBRA premiums, an individual who was receiving COBRA continuation coverage on March 1, 2020, and failed to make monthly premium payments for March through the end of the Outbreak Period will have 30 days after the end of the Outbreak Period to make timely premium payments for unpaid coverage months.</i></p> <p><i>Because premium due dates are postponed and any payment for premiums would be retroactive to the initial COBRA election period, the individual's plan cannot deny retroactive coverage and would need to make retroactive payments to Cigna for benefits and services received by the participant during this time. An overview of the COBRA guidance was released to clients and producers in our COVID-19 weekly wrap up email released on May 22, 2020. Cigna will not be releasing any additional client communications specific to this guidance.</i></p> <ul style="list-style-type: none"> · The date for individuals to notify the plan of a qualifying event or determination of disability: <p><i>Employees who experience a COBRA qualifying event on or after March 1, 2020 and prior to the end of the Outbreak Period have 60 days after the end of the Outbreak Period to elect COBRA coverage.</i></p> <p><i>The Outbreak period is defined as the earlier of 1) the end of the National Emergency + 60 days or 2) March 1, 2021. It is unlikely that the National Emergency is lifted in the near future. Cigna's expectation is therefore that the Outbreak Period will end on March 1, 2021.</i></p>
Community Care Health	<p>COBRA qualifying event date will be based on what employer shows as last day worked. Employers may not retroactively terminate benefits. If the employer elects to continue benefits for employees not working or with reduced hours during "shelter in place" the employer is responsible to pay premiums. If employees do not return to work, employer may terminate benefits and COBRA is to be offered.</p>
Covered California for Small Business	<p>Standard process applies</p>
Delta Dental (Allied Administrators)	<p>Delta Dental will continue to follow all state and federal mandates, including rulings released by the Department of Labor. This information is not posted on our website, please see responses below:</p>

	<p>The following due dates are pushed back:</p> <ul style="list-style-type: none"> • The 30-day period (or 60-day period, if applicable) to request special enrollment • The 60-day election period for COBRA continuation coverage • The date for making COBRA premium payments • The date for individuals to notify the plan of a qualifying event or determination of disability <p>The Outbreak Period begins March 1, 2020 and extends 60 days after the announced end of the National Emergency or such other date announced by the Agencies*.</p> <p><i>*The Agencies refer to the Employee Benefits Security Administration, Department of Labor, Internal Revenue Service, and the Department of the Treasury</i></p> <p>Plans must disregard the period from March 1, 2020 until 60 days after the announced end of the National Emergency or such other date announced by the Agencies in a future notification for all plan participants, beneficiaries, qualified beneficiaries, or claimants in determining the following periods and dates:</p> <ul style="list-style-type: none"> • The 30-day period (or 60-day period if applicable) to request special enrollment under ERISA • The 60-day election period for COBRA continuation coverage under ERISA • The date for making COBRA premium payments pursuant to ERISA • The date for individuals to notify the plan of a qualifying event or determination of disability under ERISA • The date for individuals to notify the plan of a qualifying event or determination of disability under ERISA • The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete • The date within which individuals may file a benefit claim under the plan's claims procedure • The date within which claimants may file an appeal of an adverse benefit determination under the plan's claims procedure • The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination • The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete <p>Plans must disregard the period from March 1, 2020 until 60 days after the announced end of the National Emergency or such other date announced by the Agencies in a future notification</p>
Guardian	<p>The new rule allows COBRA beneficiaries to delay premium payment during and until the end of the Outbreak Period, plus a 30-day grace period. Qualified beneficiary has 60 days from the end of the Outbreak Period to make an election to continue enrollment in the plan(s). Qualified beneficiary has until the end of the Outbreak Period, plus a 30-day grace period to pay the first premium. •Monthly premiums are due at the end of the Outbreak Period, plus a 30-day grace period. Please see the plan certificate booklet for disability reporting. Typically, you would have 180 days to submit your notice of appeal. However, a recent regulatory change by the U.S. Department of Labor in light of the national emergency related to COVID-19 extends this timeframe. This change is effective March 1, 2020 and allows you additional time to appeal through 60 days after the end of the national emergency.</p>
Health Net	<p>The 60-day election period for COBRA continuation coverage: Usually, a member has 60 days after a qualifying event to enroll in COBRA. Under the Final Rule, the member may enroll in COBRA up to 60 days after the end of the outbreak period. COBRA members are required to pay for all months covered and may not have a lapse in coverage.</p> <p>The date for making COBRA premium payments: COBRA members are required to pay for all months of coverage, although members may defer payment during the</p>

	<p>outbreak period. Premium is due 30 days after the end of the outbreak period. Health Net will not pay claims for members who are delinquent in their COBRA premium payment.</p>
Humana	<p>Humana recommends that employer group's visit our website to help keep them up to date with Humana's response to COVID. That address is https://www.humana.com/employer/coronavirus. Humana consistently reviews the current state of COVID and will update the website as needed.</p> <p>What is Humana doing in regards to COBRA?</p> <ul style="list-style-type: none"> - Humana does not administrate COBRA coverages. It is recommended for the group to contact their chosen administrator, or legal advisor for questions regarding the administration of this coverage. Humana is aware of "National Emergency Period" rules allowing for employees with an effective date on/after 03/01/2020 to have either 30 days (qualifying event) or 60 days (COBRA) after the national emergency period to elect and make payment for coverage. Humana is allowing retro enrollments where criteria is met. - Humana is not currently terminating members due to non-payment while within the "National Emergency Period." This will last until 60 days after the period ends. The end date is not yet known.
Inshore Benefits	Inshore will continue to follow state and federal laws and will allow a 90-day window for enrollment of these members.
Kaiser Permanente	KP will comply with the requirements for the extended timeframes for special enrollment, COBRA election, submission of claims and appeals as well as requests for independent external appeals.
Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	Standard process applies
MediExcel Health Plan	<p>Effective March 1, 2020 and ending 60 days after the announced end of the National Emergency all of the special enrollment, COBRA, claim submission, and appeals deadlines mentioned below are extended.</p> <p>Members subject to one of these deadlines during this period, will have that deadline extended by 30 days.</p>
MetLife	MetLife will defer to the customer's certificate. However, the general position is still in review with senior leadership.
National General	For Cobra, if a member is terminated from the plan and is eligible for COBRA, there is an insert included with their COBRA packet advising that they have additional time to elect COBRA during the outbreak period. An extended grace period for the member to make their COBRA premium payments is also being allowed during the outbreak period.
Oscar Health Plan of California	With regards to the COBRA and claims related questions, dates and time frames have not been affected.
Principal Financial Group	<p>We've adjusted applicable processes and are in full compliance. As of March 1, 2020, the DOL's final rule, Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak, extends:</p> <ul style="list-style-type: none"> • the election period for newly unemployed individuals to enroll in a COBRA plan, • the election period for individuals who've had a qualifying event, and • claim filing deadlines.
Sharp Health Plan	Sharp Health Plan will continue to follow state and federal laws
Sutter Health Plus	<p>On May 4, 2020, the U.S. Department of Labor (DOL) issued guidance for timeframe extensions for Special Enrollment, COBRA, Claim Procedures, and External Reviews. Sutter Health Plus is extending established timeframes for these categories from March 1, 2020, until 60 days after the National Emergency due to COVID-19 has ended. This guidance does not apply to Individual Family Plans (IFP) or Cal-COBRA.</p> <p>In compliance with the DOL guidance, Sutter Health Plus implemented the following measures:</p> <ul style="list-style-type: none"> • Special enrollment or COBRA enrollment applications that may be affected by the timeframe extensions will be processed accordingly by our Enrollment Team. Individuals that may be eligible for special enrollment or COBRA should contact their employer to discuss options. • Member claim submissions will not be denied for failing to meet the 180-day timely filing requirement. • Appeal or grievance cases will not be rejected for failing to meet the 180-day timely filing requirement.

	<p>Retroactive Membership Changes</p> <p>As a reminder, your clients can submit retroactive membership changes within 90 days of the member’s effective date. Sutter Health Plus does not process requests received after 90 days; exceptions for special enrollments or COBRA enrollments may apply. If a termination is requested greater than 90 days retroactively, it will be effective as of the first of the following month within the 90-day timeframe. To ensure accuracy in managing health plan benefits, please encourage your clients to regularly audit member enrollment data.</p> <p>If you have any questions, please contact your account manager directly, call Account Services at 855-325-5200, or email shpaccounts@utterhealth.org.</p>
<p>The Hartford</p>	<p>Background: On Monday, May 4, the Employee Benefits Security Administration of the Department of Labor and the Internal Revenue Service of the Department of the Treasury issued a rule to extend certain timeframes under ERISA and the Internal Revenue Code for group health plans, disability and other welfare plans, pension plans, and participants and beneficiaries of those plans during the COVID-19 National Emergency titled Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak.</p> <p>Q: Has the Department of Labor (DOL) extended deadlines under ERISA due to COVID-19?</p> <p>A: Yes, the date within which individuals may file a benefit claim, and the date within which claimants may file an appeal of an adverse benefit determination have been extended.</p> <p>Q: Do the extended deadlines apply to disability and life?</p> <p>A: Yes, the extensions for the filing of benefit claims and appeals apply to all employee benefit plans subject to ERISA, including disability and life plans.</p> <p>Q: Do the extended deadlines apply to voluntary benefits?</p> <p>A: Yes, if the voluntary benefit is part of an ERISA-governed employee benefit plan.</p> <p>Q: How long are the extensions?</p> <p>A: The period of time from March 1, 2020 until sixty days after the announced end of the National Emergency ("Outbreak Period") is disregarded for purposes of calculating the deadline to file a benefit claim or appeal. In other words, deadlines to file a claim or appeal are tolled (suspended) during the Outbreak Period.</p> <p>Q: How does the extension affect appeals?</p> <p>A: Appeal deadlines for benefit claims governed by ERISA do not run during the Outbreak Period. Therefore, for an adverse benefit determination made during the Outbreak Period, the timeline to appeal will not start until the Outbreak Period is over. For an adverse benefit determination made prior to the Outbreak Period, but for which there was time left to appeal as of March 1, 2020, the remaining time left to appeal will not run until after the Outbreak Period is over.</p> <p>Q: What is The Hartford doing to implement the extensions?</p> <p>A: As to deadlines to file claims, The Hartford had already extended deadlines to file claims (both ERISA and non-ERISA), and it will continue to extend deadlines for as long as is required. Claims filed within the extended timeframe will be accepted as if timely filed during the Outbreak Period.</p> <p>As to deadlines to appeal, The Hartford will extend appeal deadlines (both ERISA and non-ERISA) for as long as required and will also begin notifying claimants who</p>

	receive an adverse benefit determination that their deadline to appeal will be tolled during the period of March 1, 2020 until sixty days after the announced end of the National Emergency.
UnitedHealthcare	See UHC COBRA FAQ for details
UNUM	The group or the COBRA TPA would need to adhere to any federal legislation due to COVID-19.
Western Health Advantage	WHA will allow an employer to continue paying for coverage for a furloughed employee or with reduced hours during this time. In the event the employee is not hired back, that date of coverage termination will be the COBRA/Cal-COBRA election date.

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

Carrier	Carrier Response
Aetna	Yes, through June 30, 2021, Aetna is prepared to support changes to the waiting period rules. Any change in the waiting period rules that extends into the next plan year will be considered in the renewal. Employee enrollment form would be required for any employee that is rehired. Indicate their rehire date on the enrollment form.
Anthem Blue Cross	<p>Through December 31, 2020 Anthem will allow subscribers rehired within 60 days of termination to be reinstated without a break in coverage. Employer is responsible for back-payment of the premiums. If the employee is rehired within 61-92 days after a break in employment, there will be a break in coverage. However, the probationary or service waiting period will be waived. Employer needs to let Anthem know what effective date to use (would either be rehire date or some date in the future).</p> <p>Employee enrollment form would be required for any employee that is rehired. The employer will need to indicate on the application and/or email that the rehire request is due to Qualifying Event: COVID-19.</p> <p>Note: If a member was laid off, elected COBRA coverage but rehired within 60 days, the COBRA coverage will be cancelled and the member will reinstate without a lapse in coverage. If it's a Cal COBRA member, Anthem will send a refund for premiums paid. If it's a Federal COBRA member then the group or their TPA would need to refund the member.</p> <p>Short-term Disability, Long-term Disability and or Life: For employees who are terminated due to COVID-19 and are rehired within 12 months at an equivalent plan design, we will not require a new Eligibility Waiting Period or EOI. We will credit the amount of time you were previously insured under your Anthem policy toward the satisfaction of policy time limits. In addition, the employee's original effective date will be used to determine if a pre-existing condition review is warranted.</p> <ul style="list-style-type: none"> • For employees who are rehired after 12 months and reinstate coverage, we will treat them as newly hired employees.
Blue Shield of California	If rehired within 6 months, the benefit waiting period will be waived and the member will be effective the date of rehire. Employee enrollment form (with re-hire section completed) would be required for any employee that is rehired. The re-hire date should be listed as the date of hire. This may also be completed via the online employer portal. This is in effect through December 31, 2020.
California Dental Network	Yes, CDN has no waiting period requirements.
CaliforniaChoice	Employer discretion. Employee application would be required for any employee that is rehired. Indicate the effective date at the top of the form.
CCHP	Yes. Employee application along with email from employer would be required for any employee that is rehired. Indicate this is a COVID-19 rehire/exception.
Cigna	Yes
Community Care Health	Yes. Employee application or note from employer would be required for any employee that is rehired. Indicate this is a COVID-19 rehire.
Covered California for Small Business	Employer discretion. Employee change form would be required for any employee that is rehired.
Delta Dental (Allied Administrators)	Yes, if rehired within 6 months of termination. An email is acceptable for notifying Allied Administrators of the rehired effective date.
Guardian	Yes, restrictions apply. See Guardian COVID-19 FAQ Special Accommodations for Employees section for further details. Effective date will be their rehire date.
Health Net	Yes, if rehired by May 31, 2020. Employee application would be required for any employee that is rehired. In the top section, in the "other" section indicate COVID-19 rehire and the effective date.
Humana	Yes, Employee application would be required for any employee that is rehired. Indicate COVID-19 rehire, waiving new employee waiting period on the form.
Inshore Benefits	If rehired within 30 days of term date, Inshore will retro enroll them without a lapse in coverage. If rehired after 30 days, Inshore will allow them to enroll without a waiting period on the first day of the month following their new hire date. Email from the group administrator will be required and must include the following: (a) indicate whether this is a COVID-19 rehire or reinstatement (b) if rehire and waiting period is to be waived, indicate that (c) if a reinstatement, indicate this is to be reinstated back to the original term date (this can only be done within 90 days).

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

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

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

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

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

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

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

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

Carrier	Carrier Response
Aetna	Employer discretion
Anthem Blue Cross	No, they should follow the groups short term leave of absence policy, which would have been selected on their employer application at initial enrollment.
Blue Shield of California	Employer discretion, provided premiums continue to be paid (must be documented in their own internal employer guide).
California Dental Network	Pending carrier response
CaliforniaChoice	Employer discretion
CCHP	No, employer remains responsible for the premiums.
Cigna	At the moment, Cigna's relaxed approach to eligibility only lasts until May 31. After that date, Cigna will likely start enforcing eligibility rules. If a person loses eligibility, they will qualify for COBRA.
Community Care Health	Employer discretion
Covered California for Small Business	Employer discretion
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	When Guardian's extension period through 6/30/2020 ends, or when the employer stops paying premiums, the employee should be offered COBRA as is normally offered when coverage ends. We will communicate any changes regarding this temporary accommodation prior to 6/30/2020, including whether we will be extending the accommodation timeframe, or if we will return to the original contract provisions in your policy regarding eligibility requirements.
Health Net	Health Net's relaxed approach to eligibility only lasts until December 31, 2020. After that date, employees would need to be canceled and offered COBRA.
Humana	Employer discretion
Inshore Benefits	Employer discretion
Kaiser Permanente	Pending carrier response
Landmark Healthplan	Yes
Lincoln Financial Group	Pending carrier response
MediExcel Health Plan	Employer discretion
MetLife	<ul style="list-style-type: none"> • For group life, dental, AD&D, vision, accident & health and legal coverage, MetLife is willing to allow employees who are furloughed, temporarily laid-off or have reduced hours/salary to continue their coverage for 12 months from the date of the furlough, temporary lay-off or reduced hours/salary (collectively, "temporary salary reductions") . Premiums need to be remitted for coverage to remain active. <ul style="list-style-type: none"> ○ For purposes of group life, the coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts. <p>For group disability, MetLife is willing to allow employees who experience a furlough, temporary lay-off or have reduced hours/salary between March 1, 2020 and June 30, 2020, to continue their coverage for 90 days from the date of the furlough, temporary lay-off, or reduced hours/salary. Coverage amounts will not be reduced as a result of temporary salary reductions and will remain in effect just as they were prior to the furlough, temporary lay-off or reduced hours/salary. Accordingly, premium needs to be remitted based on the volume for the regular (non-reduced) coverage amounts.</p>
National General	Employer discretion through May 31, 2020
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	At this time we have relaxed our eligibility guidelines through May 31, 2020. We will review once we get closer to this date.

Sutter Health Plus	Employer discretion
The Hartford	Pending carrier response
UnitedHealthcare	Fully Insured: See the UHC Business Disruption Support FAQ ASO: See the UHC Business Disruption and Stop Loss Support FAQ
UNUM	Pending carrier response
Western Health Advantage	It is anticipated these relaxed requirements are temporary; normal contract provisions will be expected to resume which may be at the discretion of WHA and furloughed employees would need to move to COBRA

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

Carrier	Carrier Response
Aetna	Employer discretion to offer. Yes, available to employees and their dependents who previously did not elect coverage. The enrollment period is April 6, 2020 – April 17, 2020. Enrollees can choose either an April 1 or May 1 effective date. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment. This has not been extended as of 2/12/21
Anthem Blue Cross	Employer discretion to offer, if offering, must be offered universally as to not discriminate. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period will extend from June 8, 2020 to July 31, 2020. Coverage will become effective no later than August 1, 2020. An employee application/change form is required (indicate SEP COVID-19 enrollment at the top). Updated enrollment needs to be received by Anthem by July 31, 2020 at the latest. This does not apply to life and disability plans. This has not been extended as of 2/17/21.
Blue Shield of California	Yes. Available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period is through December 31, 2020, with January 1, 2021 as the latest effective date. Enrollment must be received on or before the first of the month for which enrollment is being requested. Submit an enrollment form or Subscriber Change Request form, with the "Other qualifying event (specify)" box checked and indicating "COVID" as the qualifying event. Enrollment rates will be based on the subscribers age at time of enrollment. Small Group: Employers and existing employees may downgrade their plan(s) during this SEP as well. Once changes are processed, the subscriber will need to wait until renewal to make any additional plan changes. Large Group: Blue Shield is offering the ability to downgrade benefits off-cycle on a case-by-case basis for employers. Blue Shield is not allowing a special open enrollment off-anniversary that would allow all employees to choose from any of the plans offered by the employer. This has not been extended as of 2/10/21
California Dental Network	Yes, no limitations. CDN will honor enrollments based on the requested effective date on the application. Still in effect as of 2/10/21
CaliforniaChoice	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period is through April 10, 2020. Coverage will become effective April 1, 2020. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment. This has not been extended as of 2/18/21.
CCHP	Yes
Cigna	Yes, with underwriting approval Cigna can allow a one-time additional enrollment event between now and May 31, 2020. This has not been extended as of 2/11/21.
Community Care Health	Reviewed on a case-by-case basis. Updated as of 2/17/21.
Covered California for Small Business	Employer Discretion. Yes, available to employees and their dependents who previously waived coverage through July 31, 2020. Effective date will be first of the month following receipt of the request. Existing employee plan changes are not allowed. This has not been extended as of 2/11/21
Delta Dental (Allied Administrators)	Delta Dental will continue to follow all state and federal mandates.
Guardian	Not at this time. Still in effect as of 2/10/21
Health Net	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period is through April 20, 2020. Coverage will become effective April 1, 2020. For small employers, a wage and tax statement will be needed to validate the employee's eligibility. Existing employee plan changes are not allowed. This has not been extended as of 2/10/21
Humana	No. This has not changed as of 2/18/21
Inshore Benefits	Not at this time. Updated as of 2/17/21
Kaiser Permanente	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period is through April 3, 2020. Coverage will become effective April 1, 2020. Applications received between 4/4 and 4/15 can receive a May 1, 2020 effective date, if the employer agrees. An employee application form is required. Other restrictions apply. See Kaiser COVID-19 FAQ for details. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment. This has not been extended as of 2/24/21

Landmark Healthplan	Eligibility will follow group-sponsored medical plan
Lincoln Financial Group	No. Still in effect as of 2/24/21
MediExcel Health Plan	Employer discretion. Yes, available to employees and their dependents who previously did not elect coverage or waived coverage. The enrollment period is from March 25, 2020 through April 10, 2020. Coverage will become effective April 1, 2020. An employee enrollment form must be received before April 10, 2020. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment. This has not been extended as of 2/17/21.
MetLife	MetLife will be offering SEP on MetLife Legal Plans, Accident & Health and Life insurance. Details to be made available soon. This has not been extended as of 2/12/21
National General	No. Still in effect as of 2/11/21
Oscar Health Plan of California	Not at this time. Still in effect as of 2/24/21
Principal Financial Group	Not at this time. Still in effect as of 2/10/21
Sharp Health Plan	Employer discretion. Yes, available to employees and their dependents who previously waived coverage. The enrollment period will be April 1-15, 2020. The effective date will be May 1, 2020. Existing employee plan changes are not allowed. This has not been extended as of 2/11/21.
Sutter Health Plus	Not at this time. Still in effect as of 2/11/21
The Hartford	Not applicable
UnitedHealthcare	See UHC Covid-19 Special Enrollment for details. This has not been extended as of 3/3/21.
UNUM	UNUM will allow groups that have annual enrollments from 4/1/20 to 7/1/20 to have an extended enrollment period of 90 days versus the standard 60 days. This has not been extended as of 2/12/21
Western Health Advantage	Employer discretion. Yes, available to employees and dependents who previously waived coverage, WHA will allow a one-time open enrollment date off renewal. The coverage must be offered to all waivers on a specified effective date in a uniform, non-discriminatory basis. Existing employees are allowed to downgrade their plans during SEP and would have to remain on that plan until their next open enrollment. Still in effect as of 2/10/21

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

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

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

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

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

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

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

Carrier	Carrier Response
Aetna	No. Employee must be working a minimum of 20 hours for PT and 30 hours for FT per week to be eligible.
Anthem Blue Cross	Yes, Anthem's requirement for employees to be actively working will be relaxed through March 31, 2021 as long as the monthly premium payment is received. This applies to new business as well with one exception, furloughed employees must be on the prior carrier bill or DE9C in order to be eligible.
Blue Shield of California	Case by case basis. Underwriting will need to review.
California Dental Network	Pending carrier response
CaliforniaChoice	No, employee must be working a minimum of 20 hours for PT and 30 hours for FT per week to be eligible
CCHP	Yes. 2 weeks payroll is required. CCHP is waving the minimum wage and eligible hour requirements for the near term.
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Yes, just mark eligible on the DE9C
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Pending carrier response
Health Net	No, employee must be working a minimum of 20 hours for PT and 30 hours for FT per week to be eligible
Humana	Pending carrier response
Inshore Benefits	Pending carrier response
Kaiser Permanente	Yes. The following is required: If wages on the DE9c/payroll are below the minimum due to furlough or reduced hours, we will allow these employees to enroll based on the following criteria: <ul style="list-style-type: none"> - The employer intends these employees will work 20+ hour average workweek by 12/1/20 - The furlough or reduction in hours started on/after 3/4/20 (the date the State of Emergency was declared in CA) - Employees are otherwise eligible - The California Governor's state of emergency is still in effect at the time of submission DE9C, Payroll is required and please notate for any low wage employees, such as furlough or COVID reduced hours
Landmark Healthplan	Pending carrier response
Lincoln Financial Group	Pending carrier response
MediExcel Health Plan	Will be left at employer's discretion, however must show at minimum 20 hours per week on most recent payroll run provided.
MetLife	Pending carrier response
National General	Pending carrier response
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Pending carrier response
Sutter Health Plus	Pending carrier response
The Hartford	Pending carrier response
UnitedHealthcare	Yes. Group must provide an email confirming the employees hours/wages prior to COVID and confirmation that the low hours are due to COVID. UHC reserves the right to ask for additional payroll post approval.
UNUM	Pending carrier response
Western Health Advantage	Pending carrier response

Benefit Modification

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

Carrier	Carrier Response
Aetna	<p>Small Group: Yes, Aetna will allow prospective plan changes, such as benefit buy downs only (no buy ups), provided that the group maintains the same renewal date. Employees will be allowed to move to the lower cost plan. Employers should consult with their own benefits advisors about the implications. This option is available until March 31, 2021. As of April 1, 2021, we will follow our standard UW practices.</p>
Anthem Blue Cross	<p>Small Group ACA and MEWA & Small Group and Large Group Anthem Balanced Funded accounts and Key business (51-100): Yes, Anthem will allow groups to add one new plan design off-cycle as long as the new plan is less expensive than the least expensive plan currently offered. Employers must notify Anthem by Oct. 31, 2020 for a future off-cycle buy down effective date that is no later than Dec. 1, 2020. Anthem will implement the off-cycle buy down at a minimum within 10 business days. The group will keep their current renewal date.</p> <p>Groups can retain their current plan(s) as well as the new plan design selected.</p> <p>Anthem will allow currently covered employees to switch to a lower priced option if one is already offered (employer currently offers multiple plans). This is not considered to be an open enrollment. This option is available through December 1, 2020. No retrospective plan changes will be allowed. Note that the employer should review their cafeteria plan document for qualifying event options to ensure compliance.</p> <p>Rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change.</p> <p>If a group adds a new plan and only allows employees to switch to that plan, this is considered an open enrollment that will be available to all employees, even those who had previously waived coverage. Employees switching plan designs or initially enrolling are only allowed to enroll in the new, least expensive plan.</p> <p>Large Group ASO And Fully Insured: can potentially add a new plan design off-cycle, but these are subject to approval by the state Underwriting RVP.</p> <p>These guidelines have not been extended as of 2/26/21</p>
Blue Shield of California	<p>Small Group: Blue Shield is offering groups the ability to downgrade to a leaner plan design off-cycle. Buy-down selections must be consistent with the current plan type offered by the group: PPO plan to PPO or HMO plan to HMO. Employees can choose from any of the employer group's current plan offerings as long as they are choosing a downgraded plan. The rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change.</p> <p>Large Group: Blue Shield is offering the ability to downgrade benefits off-cycle on a case-by-case basis. With the exception of adding Trio HMO and/or Tandem plans, this will not be a special open enrollment opportunity and employers cannot introduce new plans. Employees and their dependents will remain in their same plan type with downgraded benefits. For example, buy-down selections must be consistent with the current plan type offered by the group: PPO plan to PPO or HMO plan to HMO. Please note that Blue Shield is not allowing a special open enrollment off-anniversary that would allow all employees to choose from any of the plan offered by the employer.</p> <p>No deadline has been established for this policy. Still in effect as of 2/24/21</p>
California Dental Network	Yes, no documentation is required
CaliforniaChoice	Yes, employers may make a one-time change to their contribution or plan. Employees may make a one-time change to downgrade as long as they remain with the same Health Plan
CCHP	Reviewed on a case-by-case basis
Cigna	Reviewed on a case-by-case basis. Please contact your Client Manager to discuss
Community Care Health	Yes, the request must come in writing from the client

Covered California for Small Business	No
Delta Dental (Allied Administrators)	Pending carrier response
Guardian	Reviewed on a case-by-case basis
Health Net	Yes, groups have a one-time opportunity to downgrade their existing plans without penalty. The plan downgrade must be within the plan family (for example, HMO to HMO, or PPO to PPO). HMO plan downgrades that include a change in provider network require Underwriting approval (for example, Full-network HMO to WholeCare HMO). Plan upgrades are not available. The group's renewal date will not change. There is no end date currently for this offering.
Humana	Yes, we allow employers to quote lesser benefits due to hardship anytime. It will only be for an effective date going forward (no retroactive changes) and must be a true downgrade (not lowering the co-insurance but then add implant coverage when the group didn't currently have implant coverage). REQUIRED: Group Level Change Form and conservation quote. Employees are not able to make plan downgrades outside of open enrollment
Inshore Benefits	Yes, request must come from the Employer or Broker, in writing, requesting the change.
Kaiser Permanente	Yes, plan changes must be made by a 8/1/2020 effective date. Other restrictions apply, see Kaiser COVID-19 FAQ for details.
Landmark Healthplan	N/A
Lincoln Financial Group	No
MediExcel Health Plan	Yes, request must come from the Employer or Broker, in writing, requesting the change and requires 30-day advance notification.
MetLife	MetLife will defer to the customer's certificate. However, the general position is still in review with senior leadership.
National General	Reviewed on a case-by-case basis. Please contact your Account Manager to discuss. Employers must give a 60 day material modification notice to employees advising of any plan changes before they become effective.
Oscar Health Plan of California	Pending carrier response
Principal Financial Group	Pending carrier response
Sharp Health Plan	Yes, for groups that offer a single benefit plan through May 31, 2020 (one time only)
Sutter Health Plus	Reviewed on a case-by-case basis. Early renewal requests will also be considered. Employer should contact their Sutter Health Plus Account Manager
The Hartford	Pending carrier response
UnitedHealthcare	Small Group: Yes, between now and May 31, 2020 employers and employees may buy down to a leaner plan. (a) Employer with a single-benefit offering may buy down to a leaner plan. They can also re-enroll their population to the leaner plan design. (b) Employers with multi-option plan designs can temporarily buy down to a leaner plan. In that instance, existing members can move to the new lean plan design. No other benefit changes are permitted. New enrollees previously waiving coverage are excluded beyond the April 13 cutoff for SEP. The group's effective date will not change, and the new plan will become effective between April 1 – June 1, depending on timing of plan change request. 4/1 effective date – Group buy-down decision date through 4/13 - enroll by 4/13 5/1 effective date – Group buy-down decision date 4/14-5/14 - enroll by 5/14 6/1 effective date – Group buy-down decision date 5/15-5/31 - enroll by 6/8 Large Group: No
UNUM	Pending carrier response
Western Health Advantage	WHA will be as flexible as possible with enrollment rules such as minimum hours, waiting periods, employer contribution changes, and plan downgrades (for employers and individuals). Please email any requests to whasales@westernhealth.com or call 888.499.3198 to discuss changes to enrollment provisions within your policy.

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

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

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

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

Underwriting

Are you considering relaxed underwriting guidelines at this time?

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

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

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

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

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

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

Western Health Advantage	Standard enrollment policy applies except, if they reapply within 6 months, WHA will not require a DE9C
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Benefits

Who will be eligible to get the COVID-19 vaccine?

Carrier	Carrier Response
Aetna	See Aetna Vaccine FAQ for details
Anthem Blue Cross	See Anthem Vaccine FAQ for details
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	Pending carrier response
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Pending carrier response
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	See Kaiser COVID-19 FAQ site for details
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Pending carrier response
MetLife	N/A
National General	Pending carrier response
Oscar Health Plan of California	See Oscar Vaccine FAQ for details
Principal Financial Group	N/A
Sharp Health Plan	Pending carrier response
Sutter Health Plus	See Sutter Health Plus FAQ for details
The Hartford	N/A
UnitedHealthcare	See UHC Vaccine FAQ for details
UNUM	N/A
Western Health Advantage	See Western Health Advantage COVID-19 FAQ for details. WHA is following governmental requirements for determining priority of members/patients to receive the vaccine

Where can I get the vaccine? Is the COVID-19 vaccine covered at both in- and out-of network providers?

Carrier	Carrier Response
Aetna	See Aetna Vaccine FAQ for details
Anthem Blue Cross	See Anthem Vaccine FAQ for details
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	Pending carrier response
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Pending carrier response
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	Kaiser Permanente is an approved vaccine provider in every state where they operate. Kaiser Permanente offers the vaccine to people who meet state criteria at each phase – by appointment only and as supplies allow.
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Pending carrier response
MetLife	N/A
National General	Pending carrier response
Oscar Health Plan of California	See Oscar Vaccine FAQ for details
Principal Financial Group	N/A
Sharp Health Plan	Pending carrier response
Sutter Health Plus	See Sutter Health Plus FAQ for details
The Hartford	N/A
UnitedHealthcare	See UHC Vaccine FAQ for details
UNUM	N/A
Western Health Advantage	See Western Health Advantage COVID-19 FAQ for details

Will there be a cost to members for the COVID-19 vaccine?

Carrier	Carrier Response
Aetna	See Aetna Vaccine FAQ for details
Anthem Blue Cross	See Anthem Vaccine FAQ for details
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	Pending carrier response
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Pending carrier response
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	No. Kaiser Permanente won't charge its members for the vaccine. Vaccine doses purchased with taxpayer dollars are required by the federal government to be given at no cost.
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Pending carrier response
MetLife	N/A
National General	Pending carrier response
Oscar Health Plan of California	See Oscar Vaccine FAQ for details
Principal Financial Group	N/A
Sharp Health Plan	Pending carrier response
Sutter Health Plus	See Sutter Health Plus FAQ for details
The Hartford	N/A
UnitedHealthcare	See UHC Vaccine FAQ for details
UNUM	N/A
Western Health Advantage	See Western Health Advantage COVID-19 FAQ for details

Will there be a cost to employers for the COVID-19 vaccine?

Carrier	Carrier Response
Aetna	See Aetna Vaccine FAQ for details
Anthem Blue Cross	See Anthem Vaccine FAQ for details
Blue Shield of California	See Blue Shield COVID-19 FAQ for details.
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	Pending carrier response
Cigna	Pending carrier response
Community Care Health	Pending carrier response
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Pending carrier response
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	Vaccine doses purchased with taxpayer dollars under Operation Warp Speed are required by the federal government to be given at no cost and there will be no costs for these vaccine doses passed to employers. Where applicable, claims for administering the vaccine to individuals will accumulate to an employer's utilization and could impact future renewal rates.
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Pending carrier response
MetLife	N/A
National General	Pending carrier response
Oscar Health Plan of California	See Oscar Vaccine FAQ for details
Principal Financial Group	N/A
Sharp Health Plan	Pending carrier response
Sutter Health Plus	See Sutter Health Plus FAQ for details
The Hartford	N/A
UnitedHealthcare	See UHC Vaccine FAQ for details
UNUM	N/A
Western Health Advantage	See Western Health Advantage COVID-19 FAQ for details

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

Carrier	Carrier Response
Aetna	<p>Member cost-share waiver is available through: Testing (including antibody testing) – effective throughout the duration of the public emergency, in alignment with the Families First and CARES legislation.</p> <p>Treatment – effective through February 28, 2021</p> <p>See Aetna Testing and Treatment FAQ for complete details</p>
Anthem Blue Cross	<p>Anthem is waiving cost-sharing for</p> <ol style="list-style-type: none"> 1. The treatment of COVID-19 by in-network providers from April 1 through Jan. 31, 2021 for members of its fully-insured employer, Individual and Medicaid plans. Cost-sharing for members with Medicare Advantage and Medicare GRS plans is waived until February 28, 2021. We encourage our self-funded customers to participate and these plans will have an opportunity to opt in. For out-of-network providers, Anthem is waiving cost shares from April 1, 2020 through May 31, 2020. 2. COVID-19 diagnostic tests as deemed medically necessary by a health care clinician who has made an assessment of a patient, including serology or antibody tests. This is effective throughout the duration of the public emergency. 3. COVID-19 screening related tests (e.g., influenza tests, blood tests, etc.) performed during a provider visit that results in an order for, or administration of, diagnostic testing for COVID-19. This is effective throughout the duration of the public emergency. 4. Visits to get the COVID-19 diagnostic test, including telehealth visits, beginning March 18. This is effective throughout the duration of the public emergency. <p>Antibody testing (serology tests) will be covered same as the guidelines above, provided the testing is FDA approved.</p>
Blue Shield of California	<p>Member cost-share waiver is available through: Testing (including antibody testing) – effective throughout the duration of the public emergency, in alignment with the DMHC, CARES Act, CMS and Families First Corona Virus Relief Act (FFCRA).</p> <p>Treatment – effective through February 28, 2021</p> <p>See Blue Shield COVID-19 FAQ for complete details</p>
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	<p>Member cost-share waiver is available through: Testing – effective through December 31, 2021</p> <p>Treatment – normal plan benefits apply</p> <p>See CCHP COVID-19 FAQ for complete details</p>
Cigna	<p>Member cost-share waiver is available through: Testing – effective throughout the duration of the public emergency, in alignment with the CARES Act.</p> <p>Treatment – effective through February 15, 2021</p> <p>See Cigna COVID-19 FAQ for complete details</p>
Community Care Health	<p>Member cost-share waiver is available through: Testing – No end date given as of right now 4/12/21</p> <p>Treatment – No end date given as of right now 4/12/21</p> <p>See Community Care Health COVID-19 FAQ for complete details</p>
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	Member cost-share waiver is available through:

	<p>Testing – Health Net will continue to waive member cost share for COVID-19 testing and screening (either by telehealth or in person), as required by state and federal law.</p> <p>Treatment – effective through May 31, 2021</p> <p>See Health Net COVID-19 FAQ for complete details</p>
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	<p>Testing and diagnosis at Kaiser Permanente are available at no cost to members as long as the ongoing national public health emergency lasts. For PPO or out of area plans, if a member seeks service on their own, the treatment would be covered the same as any other illness at the non-participating provider benefit level.</p> <p>Antibody testing at Kaiser Permanente is available at no cost to members. If you decide to get tested through an outside lab, you may need to pay for your test, but you can file a claim form for reimbursement. Please note that Kaiser Permanente will cover the cost of testing only if it was conducted by a licensed provider.</p>
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	<p>Member cost-share waiver is available through: Testing – effective throughout the duration of the public emergency and includes FDA approved antibody testing. Must be performed at a MediExcel center</p> <p>Treatment – normal plan benefits apply</p>
MetLife	N/A
National General	<p>Yes, for testing only. In-network providers, the plan will pay 100% of the network-contracted rate. Non-network providers, and plans that do not use provider networks, the plan will pay 100% of the Maximum Allowable Amount, per the terms of the members Summary Plan Description. Any balance billing will be eligible for additional Plan consideration by contacting customer service. Waiver of cost sharing for COVID-19 diagnostic testing is in effect throughout the entire Plan Year.</p> <p>Treatment for COVID-19 is subject to plan benefits.</p>
Oscar Health Plan of California	<p>Member cost-share waiver is available through: Testing – effective through March 31, 2021</p> <p>Treatment – effective through March 31, 2021</p> <p>See Oscar COVID-19 FAQ for details</p>
Principal Financial Group	N/A
Sharp Health Plan	<p>Member cost-share waiver is available through: Testing – effective throughout to duration of the public emergency</p> <p>Treatment – effective through March 31, 2021</p> <p>See Sharp Health Plan COVID-19 FAQ for complete details</p>
Sutter Health Plus	<p>Member cost-share waiver is available through: Testing – effective throughout to duration of the public emergency</p> <p>Treatment – effective through September 30, 2020</p> <p>See Sutter Health Plus FAQ for details</p>
The Hartford	N/A
UnitedHealthcare	<p>Member cost-share waiver is available through: Testing – effective throughout to duration of the public emergency, currently scheduled to end July 19, 2021.</p> <p>Treatment – effective through January 31, 2021</p> <p>Testing: Please see the UHC Testing FAQ</p> <p>Treatment: Please see the UHC Treatment and Coverage FAQ for details</p>
UNUM	N/A

Western Health Advantage	<p>Member cost-share waiver is available through:</p> <p>Testing – effective throughout to duration of the public emergency, when ordered by a doctor.</p> <p>Treatment – effective through June 30, 2021</p> <p>See Western Health Advantage COVID-19 FAQ for details.</p>
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Is there a testing frequency allowance and will you cover back to work, back to school or surveillance testing?

Carrier	Carrier Response
Aetna	<p>For HMO members: Aetna will cover COVID-19 tests at any testing site if members are symptomatic or exposed to COVID-19. If they have trouble locating a testing location/site, they should call Member Services at the number on the back of their ID card. We will help them find a testing location. Please note, that each Aetna member must individually determine whether the member has symptoms of COVID-19 or know or suspect that he/she has been exposed to COVID-19.</p> <p>If a member is Asymptomatic or had not been exposed, they must contact Aetna Member Services before getting tested. Applicable cost-share under their Aetna plan will apply. It is important that they call us prior to getting tested so that we can direct them to a contracted testing site. Otherwise, we will not cover the COVID-19 tests and employees may be responsible for unnecessary out of pocket costs.</p> <p>For OAMC members: Aetna will cover COVID-19 tests at any testing site if the attending provider makes an individualized assessment and determines that the test is medically appropriate.</p> <p>Additionally multiple tests are allowed regardless if they are essential or nonessential employees.</p>
Anthem Blue Cross	Members (essential and non-essential) may have multiple tests, when medically necessary
Blue Shield of California	<p>Coverage is provided for diagnostic testing that is determined to be medically appropriate by an individual’s healthcare provider in accordance with current accepted standards of medical practice. This may include testing of symptomatic patients, as well as testing of asymptomatic patients when determined to be medically necessary based on an individualized assessment of the patient, such as for an upcoming procedure or recent known or suspected exposure to an infected individual.</p> <p>Blue Shield will comply with the latest DMHC emergency regulation issued on July 17, 2020 regarding COVID-19 testing for “essential workers” and other individuals until the end of the public health emergency which expires on July 19, 2021.</p> <p>Return to work testing is not done to improve the health outcome of the employee being tested, and, therefore, would not be covered as a benefit under a Blue Shield or Blue Shield Promise health plan, except where testing is required for essential workers under the DMHC emergency regulation noted above.</p> <p>Blue Shield Essential Worker Flowcharts</p>
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	Pending carrier response
Cigna	<p>How does Cigna differentiate Diagnostic vs. return to work testing claims?</p> <p>When performing non-diagnostic or occupational tests for return-to-work scenarios, providers should bill the appropriate code following our existing billing guidelines and use the correct diagnosis code Z02.79 to indicate the test was performed for return-to-work reasons. Employees who are symptomatic would be covered under the medical plan.</p> <p>Can a client cover non-diagnostic or occupational testing for COVID-19 Return to Worksite and/or ongoing health monitoring?</p>

	<p>Clients who would like to cover can talk to their account team to change the plan design to cover. A client can cover non-diagnostic or occupational testing for COVID-19 if plan design allows such coverage.</p> <p>Does Cigna cover non-diagnostic COVID-19 testing for reopening or return-to-work purposes?</p> <p>It depends upon the client’s benefit plan, but usually return-to-work testing is not covered. Most standard Cigna client benefit plans do not cover non-diagnostic tests for employment reasons (e.g., drug screenings), so these tests will generally not be covered solely for return-to-work purposes. Cigna will only cover non-diagnostic PCR, antigen, and serology (i.e., antibody) tests when covered by the client benefit plan. Until October 31, 2020, Cigna continues to cover FDA-authorized COVID-19 PCR and serology tests for diagnostic purposes without cost-share when submitted by a laboratory.</p>
Community Care Health	CCH covers multiple COVID-19 tests for the following members: (1) Symptomatic - members who have symptoms (essential or non-essential workers); (2) Exposed – members with known/suspected exposure to COVID-19 (essential or non-essential workers); or (3) Essential Workers - regardless of whether they are symptomatic/exposed to COVID-19.
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	N/A
Health Net	<p>Health Net complies with the DMHC "essential worker" COVID testing guidelines. Essential workers may seek a voluntary (no symptoms) COVID test, by obtaining their in-network doctor's order, and getting the test from an in-network diagnostic testing location.</p> <p>Essential workers may be eligible for more frequent COVID diagnostic testing, as outlined under the DMHC all plan letter regarding essential worker testing. The essential business will establish frequency guidelines, based upon the needs and exposure of their workforce.</p> <p>For non-essential workers, voluntary and return to work testing is not covered. For medically necessary COVID testing, all non-essential workers and their families must obtain an in-network doctor's order for a COVID test, and seek diagnostic services from an in-network provider. We strongly encourage all services be provided by an in-network provider. Please follow the CDC guidelines related to frequency of testing.</p>
Humana	N/A
Inshore Benefits	N/A
Kaiser Permanente	COVID-19 tests are only available by a doctor’s order for high-risk patients who meet specific criteria. If members are concerned that they or a family member are exhibiting symptoms of COVID-19, or if they have already been diagnosed as having COVID-19, they should contact us first before coming in. Members would need to be evaluated first to determine if they meet the specific criteria needed to get an appointment to get tested, or re-tested. KP members have the option of undergoing testing through a third-party vendor, the cost could be treated as a claim and processed like other outside covered services.
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	Members may be tested multiple times at \$0 copay as long as referred by a physician in accordance to CDC Guidelines.
MetLife	N/A
National General	<p>There is not a limitation listed on the testing, it would be based on medical necessity and not set to limitations of the worker type, and or return to work requirements. The criteria for coverage is listed below.</p> <p>Covid-19 Testing</p> <p>Covered at 100% as long as it is FDA approved and will be processed according to their plan benefits. No limits</p>

	<p>For Members who covid-19 tests from in-network providers, the Plan will pay 100% of the network-contracted rate.</p> <p>For Members who obtain covid-19 tests from a non-network provider, and for members covered by plans that do not use provider networks, the Plan will pay 100% of the Maximum Allowable Amount, per the terms of your Summary Plan Description. Any balance billing for the antibody test charges will be eligible for additional Plan consideration by contacting the Customer Service team at the phone number on the back of the Member's Medical Plan ID card.</p>
Oscar Health Plan of California	Any member, non essential or essential can have multiple COVID tests covered at no costs as long as it has been recommended by a physician.
Principal Financial Group	N/A
Sharp Health Plan	No, Sharp is having all their members go through their PCP for screening and testing. The doctor will then screen and refer for testing if appropriate.
Sutter Health Plus	See Sutter Health Plus FAQ for details
The Hartford	N/A
UnitedHealthcare	<p>UnitedHealthcare will cover medically appropriate COVID-19 testing <i>during the national public health emergency period</i> (currently scheduled to end July 19, 2021), at no cost share, when ordered by a physician or appropriately licensed health care professional for purposes of the diagnosis or treatment of an individual member. Testing must be ordered by a physician or appropriately licensed health care professional and provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country.</p> <p>UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.</p> <p>Does UnitedHealthcare cover back to work or back to school testing? UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.</p> <p>Does UnitedHealthcare cover surveillance testing? UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.</p> <p>There are no limits to the number of medically necessary, physician ordered diagnostic tests.</p> <p>UHC will pay for the test and reimburse the member if they go get tested with an outside vendor when required by applicable law.</p>
UNUM	N/A
Western Health Advantage	<p>It is possible a member can have multiple tests, however, it is dependent on the direction of the PCP/medical group as they comply to regulatory guidance or medical necessity.</p> <p>Both essential and non-essential workers should consult with PCP's office to assess COVID-19 testing. If essential workers cannot obtain test in-network within 48 hours or a site within 15 miles/30 minutes, then the member can go to any testing site.</p> <p>If the member is a non-essential worker and asymptomatic, then test would need to be ordered and authorized by physician. In this case, the member must attempt to obtain test in-network. If test cannot be obtained with 96</p>

	hours or within 15 miles/30 minutes, then the members can go to any testing site (there still needs to be an authorization).
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Do you intend to waive Teladoc/Telemedicine fees?

Carrier	Carrier Response
Aetna	Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through September 30, 2020. Aetna self-funded insured plan sponsors offer this waiver at their discretion. Yes, until June 4, 2020 (all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for any reason including, general medical, behavioral health and dermatology visits.
Anthem Blue Cross	Anthem is waiving cost-sharing for: <ol style="list-style-type: none"> 1. Telehealth visits from in-network providers for COVID-19 treatment from March 17 through Jan 31, 2021 for our fully-insured employer, individual, and where permissible, Medicaid plans. Medicare Advantage and Medicare GRS plans are waived through February 28, 2021. Self-funded plans that have already chosen to opt-in may continue to do through Jan. 31, 2021. 2. Telehealth visits from Anthem’s telehealth provider, LiveHealth Online, for non-COVID 19 services March 17, 2020 through March 31, 2021, for our fully-insured employer, individual, and where permissible, Medicaid plans. 3. Telehealth visits from in-network primary care providers during 2021, including visits for mental health or substance use disorders, for Medicare Advantage. 4. Telehealth visits for in-network providers for non-COVID-19 services for Medicaid continue without cost share as usual, where permitted. 5. Audio-only, in-network provider telephone only visits through March 31, 2021 for fully-insured employer-sponsored, individual, Medicare and Medicaid plans. Self-funded plans that have already chosen to opt-in may continue to do so through March 31, 2021.
Blue Shield of California	See Blue Shield COVID-19 FAQ for details. Teladoc virtual appointments will continue to be offered at no cost to members as part of their health plan coverage, with some variance by market segment. All fully-insured group health plans and IFP <ul style="list-style-type: none"> o \$0 copay for both Teladoc general medicine and Teladoc mental health visits o Applies to all groups, regardless of renewal or effective date \$0 copay includes HDHP, effective 1/1/21 Please note: while the benefit will be available at no cost beginning January 1, 2021, members’ ID cards will only be updated to reflect the \$0 copay upon renewal. (Example: a member in a group that renewed July 1, 2020, may have an ID card that shows a \$5 copay for Teladoc, but will not be charged a copay in 2021. Once the member renews in July 2021, they will be issued a new ID card reflecting the \$0 copay.)
California Dental Network	N/A
CaliforniaChoice	Based on each individual carrier
CCHP	Pending carrier response
Cigna	Yes
Community Care Health	Yes, through December 31, 2020 for any reason through CMP e-visits
Covered California for Small Business	Based on each individual carrier
Delta Dental (Allied Administrators)	N/A
Guardian	Approval of teledentistry services through May 31, 2020 when used by members
Health Net	Effective through May 31, 2021. Health Net will continue to waive member cost share for COVID-19 testing and screening (either by telehealth or in person), as required by state and federal law.
Humana	N/A
Inshore Benefits	N/A

Kaiser Permanente	Yes, valid for dates of services from April 1, 2020 through December 31, 2020
Landmark Healthplan	N/A
Lincoln Financial Group	N/A
MediExcel Health Plan	MediExcel offers a copay free doctor line
MetLife	N/A
National General	Yes, for Telehealth services related to diagnostic testing for COVID-19. In-network providers, the plan will pay 100% of the network-contracted rate. Non-network providers, and plans that do not use provider networks, the plan will pay 100% of the Maximum Allowable Amount, per the terms of the members Summary Plan Description. Any balance billing will be eligible for additional Plan consideration by contacting customer service. For Teledoc services, any applicable consultation fee will be waived. The waiver of Teledoc fees is in effect through June 2020.
Oscar Health Plan of California	See Oscar COVID-19 FAQ for details
Principal Financial Group	N/A
Sharp Health Plan	Yes, video and phone visits available through PlushCare
Sutter Health Plus	See Sutter Health Plus FAQ for details
The Hartford	N/A
UnitedHealthcare	See the UHC Virtual visits and teleheath FAQ
UNUM	N/A
Western Health Advantage	See Western Health Advantage COVID-19 FAQ for details.

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

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

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

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

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

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

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

Miscellaneous

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

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

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

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

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

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

The Hartford	For employers with less than 500 employees and policy renewal dates of May 1, 2020 through August 31, 2020, there won't be any rate increases for one year.
UnitedHealthcare	<p>Medical: No</p> <p>Ancillary: Groups of 2-100 eligible employees renewing from May 1 2020 through April 2021 will renew at existing rates without rate increases.</p> <p>Products in-scope fo this short term COVID-19 renewal adjustment are fully insured Dental, Vision, Basic Life, Supplemental Life, STD and LTD, and Supplemental Health (Critical Illness, Accident, Hospital Indemnity).*</p> <p>This includes the UnitedHealthcare and All Savers businesses.</p> <p>State regulatory guidelines may apply.*</p> <p>*WA groups in the 2-50 space will be subject to standard renewal rate strategy for Dental & Vision</p> <p>*FL groups in the 2-100 space will be subject to standard renewal rate strategy for STD and LTD</p> <p>*Supplemental Health (Critical Illness, Accident, Hospital Indemnity) available for groups of 51+ employees.</p>
UNUM	Pending carrier response
Western Health Advantage	No