

May Insurance Services, Inc. Small Group Carrier Grid

Rev 2/1/2010	ANTHEM	ASSURANT	MEDICAL MUTUAL	STARMARK
Definition of small group	2-50	2-50	1-50 (groups of one can be denied)	2-99 employees
Dual option	Yes - 10+ enrolled (min 10%, max 35% cost difference in plans). In plans with lowest participation, must have at least 2 enrolled (the maximum limit increases to 50% when dual option contains a CDHP product)	Yes, for group size 3-24	Yes - Packages available, load applies for new business (rate up ONE tier). No load for renewals.	Available to groups of 6 or more employees with restrictions*; 6-25 - 3 minimum each plan 26-50 - 5 minimum each plan *deductible spread of 3 deductible levels w/o UW load; if maximum spread exceeded - UW load will be applied (see Dual Option Guidelines for specifics)
Triple option	No- groups less than 50	Yes, for groups of 25+	No Only available in Northern Ohio Chamber (COSE, TRCC, MRACC)- can have any two standard products and a HSA	Not available
Class-out plans	Union vs. non-union	Not for groups of 2-50	No	Union vs non-union
POS	No	No	No	Not available
HMO	No	No	Yes, but only available in COSE and TRCC	Not available
PPO	Yes	Yes	Yes	Yes
HSA/HRA compatible	HSA / HRA / HIA Compatible	Yes	HSA / HRA Compatible (plans marked as HAS or HRA)	Yes
Other			N/A	Self-funded plans available in select states
Plans offering calendar year	PPO, HSA, HRA	Yes	All Plans in small group	Yes
Plans offering policy year	HSA and HRA only	No	Not in small group	Self-funded plans offer a plan year option
Pre-existing conditions	6 months back, 12 months forward on PPO. No HMO. Credit for prior coverage with less than 63 day lapse in coverage.	Yes, 6 months back 12 months forward	6mos/12mos for timely add ons and late entrants. Credit for prior coverage with less than a 63 day lapse in coverage	12 months (18 mos for later enrollees) Credit for prior coverage when not more than a 63-day gap in coverage
4th quarter deductible carryover	No	No	Non	No
Age-banded	Available 2+ (default 2-9)	Yes 2-9	1-9 enrolled	Yes (default for 2-9)
Composite-rated	Available 2+ but groups 2-9 are surcharged	Yes, 10 and over	10+ enrolled	10 or more lives
If age rated, rate adjusted off renewal	1st of the month following	Yes	Yes, the rates are pro-rated during the birth month	Rate changes apply any time an employee reaches a new age bracket
Chamber discount	All endorsed alliances with Anthem get a 4% medical discount on 2-50 and a 1% on 51-499 lives.	No	Rates differ from channel to channel	No
Minimum group size	2+	2	1+ (groups of one can be denied)	\$2
Husband & wife only accepted	Yes; both must be on wage & tax docs	Yes	Groups of one can be denied	Both must show on the tax and wage reflecting full-time wages
Acceptable effective date	Ohio - 1st, 5th, 10th, 15th, 20th, 25th	1st and 15th	1-50 eligible, any day of the month	All groups replacing group coverage are required to have a first of the month effective date unless the prior group carrier renews mid-month. The earliest effective date for groups not replacing coverage is the date the group is received in-house.
Sold case submission cut-off date	5-7 business days prior to the effective date	On or before request effective date	5 business days prior to the effective date	All new business must be received prior to the effective date.
Load maximums & minimums	.6 to 1.4	within state guidelines	Tier 1 - 36, groups of one can be denied	Max rate up is 133% for group size 2-50
New businesses accepted	Yes, need verification such as Articles of Incorporation, payroll records	Yes	Yes, with notarized affidavit (business less than 1 year in business)	Articles of incorporation, 3 months of payroll, employer participation statement
Application - employees in their waiting period	Yes	Yes	Yes	Yes
Application - signatures good for	60 days	60 days	90 days	60 days
Application - spousal signature	No	No	Yes, if applying	Not applicable
Waiver - info required (SSN, DOB, address, phone)	Name, date of hire, occup and # of hours worked if waiving ALL coverage. If Life/ADD only, complete app as usual (except medical questions)	Yes	Information is requested	Yes
Waiver - spousal signature	No	No	No	Not applicable

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Minimum employee participation medical	50% of fulltime and 75% of net eligible Will waive 50% of fulltime, however waivers are asked to answer medical questions.	50% of all eligible employees must enroll regardless of waivers AND 3 or less = 100% after valid waivers 4 or more = 75% (100% if employer pays 100% of employee premium) after valid waivers	Groups 2-4: 100% of group's NET active eligible employees. Group 5-99: 75% of group's net active eligible employees	75% after valid waivers
Life required; minimum \$ amount	\$15,000 (KY not required)	No	\$15,000; can request to waive	Not required; minimum available is \$15,000
Minimum employee participation life	100% employer contribution = 100% participation. Employer contributes < 100%, 75% participation	If one takes, all must take	100% if employer paid; 75% if employer/employee share in the cost	100% participation if paid by employer and enrolled in medical; if stand-alone - 100%
Ancillary offered as part of package &/or stand alone	Employer sponsored and voluntary offered. Stand alone: life; DI on 2+; dental 10+.	Dental is the only offered stand alone product. Others must be with Medical	Ancillary defined as dental and vision is bundled with medical for all lines (except COSE and TRCC ancillary is stand alone)	Ancillary option or stand-alone; STD not available for stand-alone.
Minimum participation ancillary (dental, vision, STD, LTD, etc.)	75% on employer sponsored plans (not voluntary) except employer sponsored vision-enrollment must always match medical.	For Dental Only: 1. Groups of 4 or less 100% must enroll with no waivers. 2. Groups of 5 or more-75% All other products follow medical participation rules	Same as for medical	75% for dental; 100% for other ancillary coverage
Maximum dependent age	End of year when 19 or 24 if full time student	End of month when age 24	End of month 19 or 25 if full-time student	25 (first of month following)
Minimum employer contribution	50% of single or 25% of total premium	50% for ee, none for dependents	25% of total premium	Minimum 50% for employee; 25% for employees and dependents
Minimum FT status	25+ hours	25+ hours	25+ hours	30 hours or more per week; Ohio – 25 hours per week
Valid waiver	Spousal, Medicare, Medicaid, Champus, CHIP, VA, Other Group Cov, Parents Plan, Retiree Cov, Amish Cov, Railroad Cov	Spousal, individual, Medicare, Medicaid, TRICARE, Indian Health Services, State risk pool, COBRA	Covered by spouse's employer-sponsored plan; covered by another employer; enrolled in Medicare &/or Medicare supplement plan; covered by a retiree plan from another employer; covered under their parent's plan	Individual, spousal, COBRA, Chip, Medicare, Medicaid, VA, Retiree Cov, Parents plan, Amish Cov, Railroad Cov, Other group
COBRA considered eligible	Not counted in the participation formula but an application is required at time of prescreen/case submission.	Yes	No	No
Domestic partners	2-50: No; 51-99 if meet criteria	No	2-50: not covered; 51+: will cover if currently covered (no proof of coverage) and a form must be completed. Same sex domestic partners can be covered in COSE small group (membership will send out forms that must be completed)	No
1099 employees	1099 may be eligible if: 25 hrs of more/wk, work exclusively for company with which they are applying, and at least 50% of group and at least 2 covered employees are paid by W-2	1099 eligible if: working solely for the company, working 25 hrs or more, employer verification provided, employer offers to all 1099. If more than 50% 1099 - payroll records will be required.	1-99: not covered unless written as sole proprietor (one life only)	Yes. Group must have a minimum of 5 lives, but cannot comprise more than 50% of the group.
Open enrollment period	May only enroll during the group's open enrollment period. The open enrollment period begins 30 days before and ends 30 days after the anniversary date.	No	Late enrollment allowed. Will have pre-ex clause which can be eliminated with history of prior coverage	Not applicable.
Timely add-ons answer medical questions	Yes	Yes	Yes	Yes
Late entrant	Late enrollees must wait until open enrollment unless approved by underwriting as exception.	Added at any time subject to 18 month pre-ex; effective 1st of the month after receipt	Permitted to enroll only during the group's OE or within 31 days of the qualifying event date enrollment window. Subject to pre-ex clause.	• Plans in force less than 12 months: Coverage will start on the plan's first anniversary. • Plans in force 12 months or more: Coverage will start on the first day of the month following the date the Employee Enrollment Form is signed. • Employees hired after the plan's original effective date and requesting enrollment following the initial enrollment period: Coverage will start on the first day of the month following the date the Employee Enrollment Form is signed.
Will premium be prorated	Yes - month they start	Yes	Yes	No
Termination of coverage (employee)	End of the billing cycle	1st of the month following	Term date supplied by the group	First of month following receipt
Off-cycle plan changes	One downgrade benefit change per calendar year	Jan 1st or renewal	Exception basis, call for details	Not allowed for first year. Exceptions are subject to approval.
Pre-cert required	Yes, for certain services you obtain: -from a Non-Network Provider; or -from a Network Provider through the local Blue Cross and Blue Shield Plan if you are traveling or you live outside of the Service Area. (877) 814-4803	For some conditions	Yes, in some cases (see cert book and id card for full information on this topic).	Yes
Administrative fees	\$25 (waived if enrolled in EFT or if group pays full amount online by the requested due date)	\$25	\$25 (may differ by line of business, COSE and TRCC/MRACC do not have an Admin fee)	\$5/medical life up to maximum of \$30; if EFT - \$3/medical life up to maximum of \$20
COBRA administration offered	Yes for an additional cost	No	Free COBRA administration through Ceridian for groups of 20+ (Basic Product only)	Recommended vendor: Employee Benefits Corporation

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POP for Section 125 offered	No	Yes		Recommended vendor: Employee Benefits Corporation
Commission - PEPM or flat %	PEPM	Tiered % based on group premium	Flat % for all small group channels with the exception of Consumer's Life in Ohio (differs for max rated groups)	Flat percentage based on group size.
Website	www.anthem.com	www.assuranthealthsales.com	www.medmutual.com	www.starmarkinc.com
Network	Blue Access	PHCS, SuperMed Plus, Ohio Health Choice, Cofinity, HealthSpan	SuperMed Plus	Medical: SuperMed PPO 430-459; First Health 430-459; Private Healthcare Systems (PHCS) 430-459; Aetna Signature Administrators SM (ASA) PPO Network 430-459; 4Most SuperMed PPO 437-439, 456, 457; Dental: Aetna Dental [®] Administrators 430-456
States available	Nationwide seamless network available for all products. BlueCard program offered with Blue Access for out of area employees or dependents.	This is OH specific, however we offer products in all states except: HI, NY, CA, NJ, VT, ME, NH, CT, TI, MD, OR, WA, UT, MA	Group must be located in Ohio to be sold in small group Ohio	AL, AK, AZ, AR, CA, CO, CT, DC, DE, GA, ID, IL, IN, IA, KS, LA, MD, MA, MI, MS, MO, MT, NE, NV, NH, NM, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY