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What is the definition of a small group?	2 to 50 eligible	2 to 50 eligible	2 to 99 eligible	1 to 50 eligible	2 to 99 eligible
Are POS plans offered?	Yes	Yes	Yes	No	Yes
Are HMO plans offered?	Yes	No	Yes	Yes	No
Are PPO plans offered?	Yes	Yes	Yes	Yes	Yes
Are HSA-compatible plans offered?	Yes	Yes	Yes	Yes	Yes
Are HSA-compatible plans calendar or policy year?	Calendar year	Either	Calendar year	Calendar year	Either
Are HRA-compatible plans offered?	Yes	Yes	Yes	Yes	Yes
Are HRA-compatible plans calendar or policy year?	Calendar year	Either	Calendar year	Calendar year	Either
On HRA-compatible plans, does the employer or the employee pay first toward the out-of-pocket expenses?	Either	Employer	Employer	Either	UHC administration - employee first, other administrator -either
What other medical products are offered?	50/50 Mini-Med, FSA, POP, TRA, HRA Admin	HIA & HIA Plus	PCA CoverageFirst	N/A	Edge, Catalyst, Multi-Choice 7-1
Are dual option plans allowed?	Yes, 5+ enrolled with a minimum of 1 in each plan	Yes, 10+ enrolled with a minimum of 2 in the plan with the lowest participation, minimum of 10% & maximum of 35% price spread in plans, maximum of 50% cost difference with CDHP product	Yes, 5+ enrolled, groups with 5 to 9 enrollees max price spread of 17%, groups with 10 to 99 enrollees max price spread of 30%	Yes, packages available, load applies for new business (no load for renewals)	Yes, 10+ eligible with a minimum of 8 enrolled, minimum of 5% & maximum of 25% price spread between plans
Are triple option plans allowed?	Yes, 5+ enrolled with a minimum of 1 in each plan	No, only on 51+ eligible	Yes, 26+ enrolled with a maximum of a 30% price spread between lowest & highest plans, one plan must be an HRA or HSA	Yes, one plan must be and HRA or an H.S.A.	Yes, on 51+
Are class-outs allowed?	Yes, on union vs. non-union	Yes, on union vs. non-union	Yes, 2 to 50 eligible - union vs. non-union 51 to 99 eligible -case by case basis (union vs. non-union, hourly vs. salaried, management vs. non-management)	No	Yes, union vs. non union in OH or KY, management vs. non management in KY

					
What effective dates are allowed?	1st & 15th	Plan year - 1st Calendar year OH - 1st, 5th, 10th, 15th, 20th & 25th Calendar year KY - 1st, 15th	1st 15th only if it coincides with prior carrier coverage	Any day	1st & 15th
What is the minimum participation for medical?	2 to 3 eligible - 100% participation required, 4 to 50 eligible - 70% participation after valid waivers required	75% participation after valid waivers required, completed MHQs are required for waivers if the group is enrolling less than 50% of all eligible employees	2 ees- minimum 2 enrolled, 3 ees - minimum 3 enrolled, 4 ees - minimum 3 enrolled, 5 ees- minimum enrolled 3, 6 ees- minimum enrolled 3, 7 ees - minimum enrolled 4, 8 ees - minimum enrolled 4. 8 ees - minimum enrolled 4, 9 ees - minimum enrolled 5. 10-99 - 75% participation not to go below 50% of the total eligible employees after valid waivers	2 to 4 eligible:100% participation after valid waivers required, 5 to 99 eligible:75% participation after valid waivers required	75% participation after valid waivers required, not to go below 50% of the total eligible employees. 2-3 lives 100% participation
What is the minimum participation for life?	2 to 9 eligible - 100% participation required, 10+ eligible - 70% participation required	100% participation required if 100% employer contribution, 75% participation required if employer contributes less than 100%	75% participation required	2 to 4 eligible:100% participation after valid waivers required, 5 to 99 eligible:75% participation after valid waivers required	75% with 25-99% contribution 100% with 100% contribution
What are valid waivers?	Spousal, parental, Medicare, Medicaid, Champus, Champ VA, Military or Association Cov and employees covered by an Aetna Individual plan	Spousal, Medicare, Medicaid, Champus, CHIP, VA, other group coverage, parental, retiree coverage, Amish coverage, Railroad coverage	Spousal coverage, Champus, Medicare or other group coverage, individual coverage	Spousal coverage, another employer coverage, Medicare, Medicare Supplement, retiree coverage, parental coverage	Spousal, medicare, champus (military), other group coverage
Are employees in their waiting period counted as eligible when determining market segment?	No, However underwriting does reserve the right to rerate within the first 90 days of a policy	Yes	No	No	Yes, if the waiting period is 90 days or less
Do employees covered by COBRA count as eligible?	No	No	No	No	No
Is coverage offered to retirees of the group?	Yes, groups 20 -50 eligible employees- contact Cornerstone BSR for details	No	Yes, 26+ enrolled employees, pending underwriting approval - contact Cornerstone BSR for details	No, only on COSE	No, 2-50. 51+ underwriting approval needed
What are the underwriting requirements?	2 to 9 enrolled - individually underwritten (long form), 10 enrolled to 50 eligible - individually underwritten (short form), Groups with 2-4 eligibles are required to complete Aetna app or Universal for prescreens. 51 to 99 eligible - Risk Assessment plus employee application with 17 medical questions.	2 to 50 eligible - individually underwritten (short form), 51 to 99 eligible - Risk Assessment for preliminary rates. MHQ for firm rates for certain counties	2 to 9 enrolled - individually underwritten (long form), 10 enrolled to 99 eligible - individually underwritten (short form)	1 to 19 eligible - individually underwritten (long form), 20 to 50 eligible - individually underwritten (short form), 51 to 99 eligible - individually underwritten (short form), some exceptions	2 to 9 enrolled - individually underwritten (long form), 10 enrolled to 50 eligible - individually underwritten (short form), 51-99 Eligible - Risk Assessment plus one medical question on the employee application
Is 4th quarter deductible carryover included with medical plan?	No	No	Available as an optional benefit (not on HSA products)	No	No
Are Social Security numbers required on employee or dependent waivers?	Yes, required for employee. No, not required for dependent unless they are 45 years of age or older.	Yes, required for employees; now being required for dependents age 45 and over.	Yes, required for employee No, not required for dependent	Yes	No
Are Social Security numbers required for CMS reporting?	Yes, subscribers & dependents age 45 & above	Yes, subscribers & dependents age 45 & above	Not required at sold case time, but is required and gathered on the backend by CMS.	Yes, subscribers & spouses	Yes, subscribers & all dependents
Are spouse signatures required on the application?	No	No	No	Not required, but preferred	No
Are waivers required to complete medical questionnaires?	No	No, unless over the Guaranteed Issue amount or the group does not meet standard participation requirements	No, unless the group is requesting a life amount above the Guaranteed Issue amount	No	No, unless over the Guaranteed Issue amount

					
Application signatures are good for what period of time?	60 days, applications 60-75 days old require underwriting approval. Apps 75+ should be revised, resigned and dated.	90 days	60 days	90 days	90 days
Is a new business accepted?	Yes, contact your Cornerstone Broker Sales Rep	Yes, with verification (Articles of Incorporation, payroll records, etc)	Groups must be in business at least 6 months to be eligible for coverage and have a valid wage and tax: call for exceptions	Yes, with notarized Affidavit	Yes, with acceptable documentation
What is the cut-off date for submitting a sold case?	10 business days prior to requested effective date	5 to 7 business days prior to the effective date.	5 to 7 days prior to the effective date, check with Kendall.	5 to 7 business days prior to the effective date	5 days prior to the effective date
What is the cut-off date for submitting a plan change?	5 business days prior to the renewal date	Last day of the month prior to renewal date	Up to 10 days after the renewal date	Group has month before and month of renewal to make the change. Effective date is first of the following month	Up to 5 days after the renewal date
Are applications required for employees in their waiting period?	No	Yes	No	No	Yes
When is the open enrollment period for renewing groups?	30 days prior to & 31 days after the renewal date, The signature on the application must be within this time frame. Technically you have 30 days after the renewal date. Application should be dated prior to the renewal date.	30 days prior to & 30 days after the renewal date. App after the renewal date will have 1st of the following month effective date	Annual period of 30 days usually ending on the group's renewal date during which employees who previously waived may enter the HMO or POS. Enrollment forms must be received prior to the open enrollment period. There is no open enrollment period for PPOs. Members on PPOs can come onto the plan at any time. If past the waiting period, the member would be considered a late entrant.NPOS late entrants will have to wait until the renewal to come on the plan.	The month prior to the effective date of the renewal & the month in which the renewal is effective, Coverage will go into effect the first of the following month	30 days prior to & 30 days after the renewal date
What is the pre-existing conditions exclusion policy?	PPO & POS out of network - 6 months / 12 months, HMO & POS in network - none, Credit for prior coverage with less than a 63 day lapse in coverage	PPO - 6 months / 12 months, HMO - none, Credit for prior coverage with less than a 63 day lapse in coverage	6 months / 12 months If prior coverage within 90 days of the date coverage terminated, the length of pre-existing condition exclusion provision will be reduced by the number of days of prior coverage.	6 months / 12 months Credit for prior coverage with less than a 63 day lapse in coverage	Timely entrant - 6 months / 12 months, Late entrant - 18 months, Credit for prior coverage with less than a 63 day lapse in coverage
What is the maximum dependent age & when does it take effect for Ohio	19 or 23 if full time student, end of the month. 19 or 28 effective July 1, 2010	19 or 24 if full time student, end of the year	19 or 25 if full time student, end of month for most states	19 or 25 if full time student, end of month	19 or 25 if full time student, end of month
What is the maximum dependent age & when does it take effect for Kentucky	19 or 23 if full time student, end of the month	Standard 19 or 24 if full time student, end of the year. Option to elect 19 or 25 if full time student, or 25 alone.	19 or 25 if full time student, end of month for most states. Employers have the option of choosing a rider to be added if they wish to cover non-full time students to age 25.	N/A	Insurer offer a choice of either unmarried dependent coverage to age 25 or unmarried dependent to 19 and student to 25
What is the minimum employer contribution?	50% of single premium or 50% of total premium or \$120 (can be less than 50% of single premium)	50% of single premium or 25% of total premium	50% of single premium	25% of total premium	50% of single premium

Note: The information contained herein is for illustrative purposes only and is subject to change at any time. For more information, please contact your Cornerstone representative.

					
What are the minimum hours required per week to work to qualify for full-time status?	25 hours	25 hours in OH 30 hours in KY	25 hours in OH, 20 hours in KY	25 hours with option for 20	25 hours in OH, KY employer can decide what the minimum hours will be
Do timely add-ons have to answer medical questions?	Yes, only at new business	Yes	No	Yes	No, but preferred
How is a late enrollee treated?	Late enrollees must wait until open enrollment.	Late enrollees must wait until open enrollment unless an exception is granted by underwriting	PPO - Late enrollees are allowed subject to the pre-existing conditions clause, HMO/POS/ NPOS - Late enrollees must wait until open enrollment	Late enrollees must wait until open enrollment unless it is within 31 days of a qualifying event & is subject to the pre-existing conditions clause	Late enrollees must wait until open enrollment unless an exception is granted by underwriting. Pre-existing conditions do not apply.
Are premiums pro-rated?	No	Yes the month the policy begins	Call for details	Yes	Yes but for new hires and terms only with date of event
When does coverage cease for terminated employees?	On the date the group requests	At the end of the billing cycle	Coincides with the New Hire provisions	On the termination date	Either on the termination date or on the first day of the month after the employee is terminated depending on the waiting period
For what sized groups are age-banded rates issued?	2-4 enrolled (age-banded rates for 5+ groups are available upon request)	All sizes, but automatically for 2-9 size group	Ohio 2 to 9 enrolled, KY 2-19 age banded (10+ option to composite)	1 to 9 enrolled	2 to 14 enrolled
For what size groups are composite rates issued?	5+ enrolled	10+ enrolled(will offer composite rates on groups with less than 10 enrolled on an exception basis, a rate load will apply)	10+ enrolled	10+ enrolled	15+ enrolled
Are off-cycle plan changes allowed?	Yes, on an exception basis (but not during the first year of the policy). Standardly approved now unless customer is in bad standing aka doesn't pay their bill on time.	Yes, not within 3 months prior to renewal, only to non-Lumenos products	Yes, on an exception basis----call for details	Yes, on an exception basis	Yes, on an exception basis
If the group is age rated, will the carrier adjust rates off-renewal if the participant changes age brackets?	Yes, on the first of the month following the employee's birthday	Yes, on the first of the month following the change	No, rates are changed at renewal	Yes, rates are pro-rated during the birthday month	Yes, on the first of the month following the change
What is the minimum required group life coverage?	\$10,000	OH - \$15,000 SOCA - \$20,000 KY - none required	OH - \$15,000 KY - none required All states - \$10,000 for 51 to 99	\$15,000	OH - None, KY - None
Is dental coverage available?	Yes, with health coverage - 2+ eligible stand-alone - 3+ eligible voluntary - 3+ eligible	Yes, 2 to 9 groups only available with health coverage	Yes, 2+ enrolled	Yes, with health coverage only, except with COSE or TRCC where stand-alone dental is available	Yes, 2+ on Dental and Stand Alone for non ortho plans
What are the administrative fees?	None	OH - \$25 (waived if enrolled in EFT) KY - no	OH 2 to 50 - \$20 for PPO products only (waived if enrolled in EFT) KY 2 to 50 - None OH & KY 51+ - None	\$25 COSE & TRCC/MRACC - none	None
Are common law spouses eligible for coverage	No	No	Yes, if it can be proven that it commensed prior to 1992. Domestic Partner marriages are not recognized in small group.	No, only on Cose.	Ohio recognizes common law marriages and no additional documentation or verification is necessary. Verification is the employer's responsibility

					
Is COBRA administration offered?	No	Yes, for a fee	Yes, free COBRA administration through Ceridian for 20+ groups	Yes, free COBRA administration through Ceridian for 20+ groups	Yes, over 20 eligible
Are 1099's eligible for coverage under the group plan.	If these employees do not exceed 25% of the total group	Yes, there must be at least 2 W-2 employees and the 1099's cannot make up more than 50% or more of the group. The 1099's are not eligible for Life Insurance	Yes, if the group wants to cover 1099's. It would require Eligibility Cert Form if the group sells and underwriting has approved it	No, since they are not considered employee of the group.	Yes, if employer chooses to cover them and required to meet guidelines set forth by UHC.
What tax documents are required for coming out of a PEO	Separate QWTS from PEO	A letter from the group stating that they are leaving the PEO and a list of all employees & hours worked with applicable tax docs	Possibly W4's for every eligible employee, payroll records, tax Id # and Articles of Inc/LLC since there is no way to verify who had coverage. Acceptance will be determined on a case by case basis.	State Employee tax filings on who is in the group and a letter they have severed ties with the PEO.	Will need a valid wage & tax or payroll even if the group used a PEO. UHC will need something with the groups name on it, not the PEO
Is commission per employee per month (PEPM) or flat percentage?	Flat percentage	PEPM	2 to 50 enrolled - PEPM 51+ enrolled - flat percentage	Flat percentage except for Consumer's Life	PEPM on 2-50 and % on 51-99
In what states is coverage available ?	2 to 50 eligible - all states except Vermont, West Virginia	Tri-State network available for all products, BlueCard program offered for out of area employees or dependents	National	Medical Mutual of Ohio - OH, Consumers Life Insurance Co (CLIC) - PA, WV, SC, IN, IL, WI, MI, GA	National
What is the website address?	www.aetna.com	www.anthem.com	www.humana.com	www.MedMutual.com for Ohio, www.ConsumersLife.com outside of Ohio	www.unitedeservices.com
Is there a chamber discount?	No	Yes, SOCA, DACC, KY Chamber OH - medical 3%, life 10-15%, STD 10%, LTD 5% KY - medical 2%, life 8.5%, STD 8.5%, LTD 3.5%	Yes, Greater Cincinnati Chamber & NKY Chamber medical 2%, life 5%, dental 6%, vision 5%.	Yes, AOC (Alliance of Ohio Chambers)	No
Is EFT offered?	No	Yes	Yes	Yes	Yes
If EFT offered, does it waive the administration fee?	N/A	Yes, use of EFT waives admin fee	Yes	No	N/A
Is coverage offered for services rendered at clinics at Retail RX Stores	Yes, with specialist copay. Coverage also offered at Little Clinics	Yes, should be covered with office visit copay	Yes, a PCP copay is required for In-Network Clinics	Yes, check for In-Network coverage	Yes, check for In-Network coverage. Very few in Tri-State area.

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