

# AGC Health Plan for Washington State Underwriting Guidelines

Plans Underwritten by Health Net Health Plan of Oregon, Guardian, Vision Service Plan and LifeWise Assurance  
Contract Period: August 1, 2008 through July 31, 2009



<b>Group Eligibility:</b>	<ul style="list-style-type: none"> <li>Group must be a member of AGC and have a minimum of 2 enrolled employees (employees working at least 20 hours/week).</li> </ul>
<b>Minimum Contribution and Participation:</b>	<ul style="list-style-type: none"> <li>Employer must contribute at least 75% toward the cost of employee coverage or 50% toward the cost of both employee coverage and dependent coverage. At least 75% of eligible employees must enroll.</li> <li>The employer is not required to contribute towards the cost of dependent coverage; however, 50% of eligible dependents must enroll.</li> </ul>
<b>Dual Choice Option:</b>	<ul style="list-style-type: none"> <li>Groups with 20 or more enrolling (or groups with current <i>dual options</i>) may offer two medical plans to their employees as a <i>dual choice</i> (minimum of 3 employees per plan) or by class or location. If dual choice is elected, rates will increase by approximately 5%.</li> </ul>
<b>Probationary Period:</b>	<ul style="list-style-type: none"> <li>Newly Eligible Employees: First day of the month following 0, 30, 60, 90, or 180 days from date of hire. Newly Eligible Hour Bank Employees: First of the month following 130, 260 or 390 hours.</li> </ul>
<b>Out-of-Area Employees:</b>	<ul style="list-style-type: none"> <li>Employees residing outside Washington are not limited. However, rates will reflect the percentage of out-of-area employees in the group. Please include ZIP codes for employees residing outside WA State. (Note: SW WA Counties-Clark, Cowlitz, Skamania, Klickitat and Wahkiakum are in Oregon AGC coverage area.)</li> </ul>
<b>RFP Restriction:</b>	<ul style="list-style-type: none"> <li>Quotes for groups 51+ cannot be issued to the same agent from both AGC Health Plan and Health Net direct. You will only receive one quote based on the first RFP received.</li> </ul>
<b>Product Enrollment:</b>	<ul style="list-style-type: none"> <li>RX, Vision and Domestic Partner require medical enrollment. COBRA requires medical and/or dental enrollment.</li> </ul>
<b>Remittance:</b>	<ul style="list-style-type: none"> <li>All quoted rates assume remittance via EFT. Check payments require 2% administrative fee.</li> </ul>
<b>Renewal:</b>	<ul style="list-style-type: none"> <li>Association Anniversary date is August 1.</li> </ul>
<b>Rolling Renewal:</b>	<ul style="list-style-type: none"> <li>12-month contracts begin on each group's effective date.</li> </ul>
<b>Open Enrollment:</b>	<ul style="list-style-type: none"> <li>The month prior to each group's anniversary.</li> </ul>
<b>Late Enrollees:</b>	<ul style="list-style-type: none"> <li>Late enrollees may enroll at open enrollment only, unless they have a qualifying event.</li> </ul>
<b>Dependents:</b>	<ul style="list-style-type: none"> <li>Dependents are covered to age 23 regardless of student status.</li> </ul>
<b>Classes:</b>	<ul style="list-style-type: none"> <li>Groups may select eligibility and contribution provisions by class (maximum of three)</li> </ul>
<b>COBRA:</b>	<ul style="list-style-type: none"> <li>COBRA is available according to Federal guidelines.</li> </ul>
<b>Domestic Partners:</b>	<ul style="list-style-type: none"> <li>Coverage available at no additional charge, however, coverage must be elected by group.</li> </ul>
<b>Medicare:</b>	<ul style="list-style-type: none"> <li>Medicare is primary and Health Net is secondary for groups of 20 or less employees. If a member is on disability and the group is less than 100 employees, Medicare will be primary and Health Net will be secondary.</li> </ul>
<b>Pre-Existing Waiting:</b>	<ul style="list-style-type: none"> <li>6 month look-back for 3 month pre-existing condition waiting period.</li> <li>Credit for coverage under prior carrier's contract if less than 91 day break in coverage.</li> </ul>
<b>24 Hour Coverage:</b>	<ul style="list-style-type: none"> <li>For Owners/officers excluded from Workers Compensation is included in the medical plan.</li> </ul>
<b>Final Rates:</b>	<ul style="list-style-type: none"> <li>Sold groups will be reviewed by Underwriting. Final rates depend on actual enrollment.</li> </ul>
<b>Underwriting:</b>	<ul style="list-style-type: none"> <li>If any of the Underwriting Guidelines are not met, coverage will be declined. A health statement questionnaire will be used on all groups.</li> </ul>

