



An Independent Licensee of the Blue Cross and Blue Shield Association

Underwriting Assumptions Oregon (Clark County) Employer Groups of 2-50 Eligible Employees

General

1. Rates are based on the information provided for this offer. We reserve the right to withdraw the quote or revise the rating if any of the group information changes, including but not limited to any census, risk, or other demographic changes.
2. Rates are assumed for 12 months from the effective date quoted except as allowed in the group contract.
3. All rates assume that none of the deductible, coinsurance, or copays will be paid by the employer (except on an HSA or HRA plan). Additionally, no member is allowed to opt off coverage in lieu of compensation.
4. Documentation of employment may be required. Acceptable proof would be a copy of the employer's most recently filed Quarterly Wage Detail Report showing employee counts and/or payroll records.
5. Additional eligibility requirements may apply if the group is not headquartered within the Plan's service area. Please contact your Regence representative for more information. Employees who reside in the state of Hawaii are not eligible for an Innova, Engage or Activate product.
6. Employer must carry Workers' Compensation on all medical enrollees; however, 24-hour coverage is required for business owners who are not covered by Workers' Compensation.
7. Rates assume Regence is the sole medical and dental carrier, if applicable.
8. Completed, signed and dated enrollment materials must be received 15 days prior to effective date.
9. If you have a broker or agent, they may receive bonuses, commissions, administrative service fees, or other compensation, including non-cash compensation, from Regence. Incentives may be based on several factors, including the size of the group's business, the products you buy, your broker or agent's volume of business with Regence, and the other services your agent or broker provides to you. These incentives may have an indirect impact on your rates. For more information, please contact your broker or agent.

Enrollment

1. Minimum medical enrollment is 2 employees (1 enrolled) subject to group eligibility and participation requirements.
2. Minimum dental enrollment for Encore, Expressions, or Radiance product is 2 enrolled employees. Minimum dental enrollment for a non-Encore, Expressions, or Radiance product is 3 enrolled employees when sold with medical.
3. Minimum enrollment for freestanding Dental on an Encore, Expressions, or Radiance product is 10 enrolled employees. Minimum enrollment for freestanding Dental is 3 enrolled employees for a non-Encore, Expressions, or Radiance product.
4. Minimum enrollment for the orthodontic rider is 26 enrolled employees.
5. If a vision rider is selected, medical and vision enrollment must match.
6. Benefit riders must match when purchasing a dual option offering with the exception of a dual option offering that includes an HSA.

7. Uncommon medical/dental enrollment and freestanding dental versus packaged medical/dental coverage may have an impact on group rates. Groups electing uncommon enrollment are still subject to group participation requirements.
8. Groups enrolling on an Innova, Engage or Activate product must elect a pharmacy benefit.

Eligibility

1. Companies eligible to file consolidated taxes will be rated together.
2. All employees (appearing on the group's regular payroll system) working the contractual minimum hours per week are considered eligible and subject to participation guidelines. Temporary, seasonal, substitute employees and/or persons whose earnings are based solely on income reported on IRS Form 1099, may not be considered eligible employees.
3. Retirees are not eligible for coverage.

Contribution & Participation

1. The minimum employer contribution towards the cost of coverage for employees is 50% of the employee rate. This applies to both medical and dental benefits.
2. The minimum employee participation is 100% of eligible employees for Groups 2-3 after excluding those waiving due to other qualifying coverage. The minimum employee participation is 75% of eligible employees for Groups 4-50 after excluding those waiving due to other qualifying coverage.
3. A waiver of coverage form must be collected for all employees waiving coverage for groups enrolling on an Innova, Engage or Activate and/or Encore, Radiance, or Expressions product.

Dual Option

1. Minimum enrollment for groups requesting dual option is 2 enrolled employees if selecting a dual choice plan that includes an HSA option.
2. If group has 2 enrolled employees and is eligible for dual option, a minimum of 1 enrolled employee on each dual option product offering is required.