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COVID-19 Small Group Carrier Survey

Last Updated

July 31, 2020, 10:00 a.m.

Disclaimer: This document outlines what carriers and health plans are doing regarding premium payments, eligibility, benefits, and more in response to the COVID-19 pandemic. Information is subject to change due to the fluidity of this time.

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Employer Plan Changes

Question: Can employers add additional plan selections in response to COVID-19?

Note: The employer will need to be compliant with the ACA's 60-Day Advanced Notice of Material Modification requirement. These changes also affect ERISA Plan Documents and usually require amendments to Summary Plan Descriptions (SPD) or a Summary of Material Modification (SMM) within 210 days after the conclusion of the plan year in which a change is made. Employers should be aware that this could create a special enrollment opportunity for employees to change plans or enroll in their State Exchange.

Carrier	Response
Aetna	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 July 31, 2020.
Aetna Funding Advantage (NV)	Aetna will allow prospective plan changes, such as benefit buy downs, provided that the group maintains the same renewal date. This option is available until July 31, 2020.
Anthem Blue Cross	Small Group ACA groups can 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 May 31, 2020 for a future off-cycle buy down effective date that is no later than July 1, 2020. Anthem will implement the off-cycle buy down within a minimum of 10 business days. The group will keep their current renewal date
Blue Shield of California	Blue Shield will allow a one-time buy-down (leaner plan design with lower premiums) change off-cycle for employers and employees to adjust their health plan selection to meet their current needs. Note: 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. Submit a Request for Contract Change form to small.group@blueshielca.com.
CaliforniaChoice	If an insured employer has only a single benefit plan, employers may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. Employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan.
CalCPA	Pending Carrier Response
Chinese Community Health Plan	Only during renewal.
Cigna	Pending Carrier Response

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Health Net	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 Requests should be sent to your Health Net Account Manager. If you do not know your Account Manager you can reach out to Health Net at 800-447-8812 option 2
Kaiser Permanente	Employers may make a one-time, "mid-plan year" change to downgrade from the current plan they are on to lower cost plan to reduce their premiums and maintain coverage for the balance of the contract year under the below parameters. The restrictions, limitations, and guardrails are: • This must be a full plan transition and all medical coverage options must make similar changes. • Customer can only downgrade to a KP Standard Plan, specific benefit customization is not allowed. • You cannot move to/from KFHP and KPIC plans; we cannot cross accumulate between legal entities. • Plan changes must be made by a 5/1/2020 effective date • Accumulation credit to new plan deductibles and OOP maximums can be supported with the following exceptions/limitations: - Customer must keep their same Group ID when changing plans mid accumulation. Customer must remain under the same line of business (Large Group, Small Group, and KPIF). - Groups cannot change plans multiple times within an accumulation period, group cannot make multiple plan changes the same plan year. - No automated accumulation credit when member stays in same group but moves from one region to another. Requests can be emailed to Kaiser at AMT@kp.org
MediExcel Health Plan	Clients can request to move to a plan with lower premiums to save money and help maintain benefits for employees. Requests can be sent to sales@mediexcel.com
Oscar	Oscar is offering a downgrade option.
Prominence Health Plan (NV)	Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.
Sharp Health Plan	Through July 31, 2020, Sharp Health Plan will allow groups to downgrade their medical benefits to a single benefit plan (one time only). The group's effective date will not change. Employers looking to make plan downgrades can reach out and discuss with Sharp Account Manager at 858-499-8009.

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Sutter Health Plus	SHP will consider on a case-by-case basis. Submit your written requests to your assigned Account Representative. If you do not know who your Account Representative is, you can reach out to Sutter at shpaccountservices@sutterhealth.org
UnitedHealthcare	If an employer offers one plan, Between March 23rd and May 31st, employers have one chance to buy down their benefit plan. 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. If an employer offers multiple plans, this is not an option. Requests can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com
Western Health Advantage	Western Health Advantage will allow a one-time plan downgrade off renewal. To request, reach out to whasales@westernhealth.com

Employee Plan Changes

Question: Can employee change plans mid-policy year in response to COVID-19?

Note: The employer will need to be compliant with the ACA's 60-Day Advanced Notice of Material Modification requirement. These changes also affect ERISA Plan Documents and usually require amendments to Summary Plan Descriptions (SPD) or a Summary of Material Modification (SMM) within 210 days after the conclusion of the plan year in which a change is made. Employers should be aware that this could create a special enrollment opportunity for employees to change plans or enroll in their State Exchange.

Carrier	Response
Aetna	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 July 31, 2020.
Aetna Funding Advantage (NV)	Aetna will allow prospective plan changes, such as benefit buy downs, provided that the group maintains the same renewal date. This option is available until July 31, 2020.
Anthem Blue Cross	Anthem will also allow currently covered employees to switch to a lower priced medical plan when one is offered. This option is available for July 1, 2020 and August 1, 2020 effective dates. We will not allow currently covered employees to switch to a more expensive plan absent a qualifying event as described in the benefit booklet or certificate or as mandated by HIPAA.
Blue Shield of California	Blue Shield will allow a one-time buy-down plan change off-cycle for employers and employees to adjust their health plan selection to meet their current needs. Member-level changes can be submitted on multiple subscriber change spreadsheet or subscriber change form and sent to small.group@blueshieldca.com for processing. Note: 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.
CaliforniaChoice	If an insured employer has only a single benefit plan, employers may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. Employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan.
CalCPA	Pending Carrier Response
Chinese Community Health Plan	Only during renewal.
Cigna	Pending Carrier Response

Health Net	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 Requests should be sent to your Health Net Account Manager. If you do not know your Account Manager you can reach out to Health Net at 800-447-8812 option 2
Kaiser Permanente	Kaiser Permanente is making an exception to our current rules during the federally declared COVID-19 national emergency. You may choose to conduct a special enrollment period (SEP) for a limited time for all employees to enroll in a less expensive plan. This would include all employees actively enrolled in the plan, regardless of whether they have reduced hours or are furloughed. Note: Employees won't be able to make another plan change until their annual open enrollment period unless they have a qualifying event. You have the obligation to provide the Summary of Benefits and Coverage (SBC) and notice of material modification to your employees in a timely manner.
MediExcel Health Plan	When the client has multiple carrier options, employees can switch from other employer-sponsored carrier plans or cross-border plans in order to save money. Requests can be sent to sales@mediexcel.com
Oscar	One single plan change to downgrade during this year to a leaner plan.
Prominence Health Plan (NV)	Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.
Sharp Health Plan	Through July 31, 2020, Sharp Health Plan will allow groups to downgrade their medical benefits to a single benefit plan (one time only). The group's effective date will not change. Employers looking to make plan downgrades can reach out and discuss with Sharp Account Manager at 858-499-8009.
Sutter Health Plus	SHP will consider on a case-by-case basis. Submit your written requests to your assigned Account Representative. If you do not know who your Account Representative is, you can reach out to Sutter at shpaccountservices@sutterhealth.org

UnitedHealthcare	Between March 23rd and May 31st, we will not impose any fully insured policy limitations on employer/plan sponsors who want to: 1. allow new enrollees (i.e. eligible individuals that previously declined group coverage during open enrollment) the opportunity to enroll in any plan option available under the employer/plan sponsor's benefit offerings, and/or 2. allow existing enrollees (i.e. those who are currently enrolled in a benefit offering) the opportunity to change their prior election and enroll in a newly added leaner plan design. As always, we encourage plan sponsors to review any changes to their plan with their employee benefit plan counsel and/or tax advisor. 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. Requests can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com
Western Health Advantage	If employer offers multiple plans, Western Health Advantage will allow an employee to downgrade a plan one time during contract period. Western Health Advantage will allow a one-time plan downgrade off renewal. To request, reach out to whasales@westernhealth.com

Employer Contribution Changes

Question: Can employers make a mid-policy year change to employer contribution in response to COVID-19?

Note: The employer will need to be compliant with the ACA's 60-Day Advanced Notice of Material Modification requirement. These changes also affect ERISA Plan Documents and usually require amendments to Summary Plan Descriptions (SPD) or a Summary of Material Modification (SMM) within 210 days after the conclusion of the plan year in which a change is made. Employers should be aware that this could create a special enrollment opportunity for employees to change plans or enroll in their state Exchange.

Carrier	Response
Aetna/ Aetna Funding Advantage (NV)	Aetna does not track/approve employer contribution changes after initial enrollment.
Anthem Blue Cross	Once in a 12-month period, effective first of the month following receipt of documentation (letter/email from group's owner/officer requesting the change). Requests should be sent to small.group@anthem.com
Blue Shield of California	This would be up to the employer to determine contribution. Typically, Blue Shield of California suggests no changes until renewal.
CaliforniaChoice	If an insured employer has only a single benefit plan, employers may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. Employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan.
CalCPA	Pending Carrier Response
Chinese Community Health Plan	On a case-by-case basis. Requests can be sent to memberservices@cchphealthplan.com
Cigna	Pending Carrier Response
Health Net	Yes, with UW approval. If group has a GF plan and the change is 5% or more, they will pierce GF status. Requests for review should be sent to your Health Net Account Manager. If you do not know your Account Manager you can reach out to Health Net at 800-447-8812 option 2
Kaiser Permanente	Kaiser is not monitoring contribution as long as it meets underwriting requirements. The employer would need to keep in mind what they have put in writing to their employees in their employee handbook.
MediExcel Health Plan	Clients can reduce the employer contribution to help maintain benefits. Contribution should not fall below 50% of the selected base plan and include proper compliant notification to participants. Requests can be sent to sales@mediexcel.com
Oscar	Contribution levels will remain until renewal.
Prominence Health Plan (NV)	Yes. Send requests to PHPSalesTeam@uhsinc.com
Sharp Health Plan	At this time, Sharp is not allowing changes to contributions.

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Sutter Health Plus	SHP will consider on a case-by-case basis. Submit your written requests to your assigned Account Representative. All contribution changes must meet minimum contribution requirements. If you do not know who your Account Representative is, you can reach out to Sutter at shpaccountservices@sutterhealth.org
UnitedHealthcare	UnitedHealthcare can accommodate this one time, off renewal. Requests can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com
Western Health Advantage	Western Health Advantage will allow an employer to change the contribution off renewal as long as it meets the minimum requirement of 50% of the base plan offered by Western Health Advantage. To request, reach out to whasales@westernhealth.com

Premium Grace Period

Question: Will there be any additional grace period for premium payments in response to COVID-19?

Carrier	Exceptions
Aetna	Aetna current contracts already include a provision for a grace period (31 days) for those struggling to meet monthly payments. If questions on this, Aetna Billing can be reached at **1-800-343-6101**
Aetna Funding Advantage (NV)	Aetna can work with AFA plan sponsors to extend grace periods for the months of March, April and May of this year. The Aetna Answer Team (**1-800-343-6101** or WestAAT@aetna.com) will work with each individual plan sponsor to determine an appropriate payment plan for their circumstances. Payment plans would apply to the stop loss premium, ASC fees and maximum claim funding. At this time, Aetna intends to end this liberalization May 31, 2020, subject to state regulatory requirements.
Anthem Blue Cross	Grace period is included in the Anthem policy and they will adhere to mandates and /or regulatory direction regarding grace period. Groups unable to make premium can call Anthem at **855-854-1429**.
Blue Shield of California	If the group is going to be late on payment, reach out to Blue Shield billing department at (800) 325-5166 to review payment options. Blue Shield has also released a Premium Payment Program (extended for August 2020 Coverage – max deferment 2 months). Find more information on the Premium Payment Program here.
CaliforniaChoice	If customers are having trouble making payments, they should reach out to their account manager or customer service. CaliforniaChoice will evaluate payment extensions on a case-by case basis.
CalCPA	Currently, premiums due April 1 have a 30-day grace period extending payment receipts through April 30. Firms that have a business need to extend this grace period may request up to 60-days, extending April premiums to May 31, 2020. Requests to extend the grace period will be reviewed on a case-by-case basis by CalCPA Health. Please email your formal request to calcpahealth@calcpahealth.com by providing the details of your circumstance and the date of your expected payment.
Chinese Community Health Plan	Yes, 30 days – but will grant exceptions. Send exceptions to memberservices@cchphealthplan.com. CCHP will allow payment with a credit card.
Cigna	Pending Carrier Response

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Health Net	No change to 30-day grace period policy for employer groups. Health Net requires full payment of premium for employees covered. Employers may choose to adjust their premium remittance for current terminations as long as they: 1. do not terminate employees retroactive to the current invoice remittance, and 2. clearly identify on their remittance, the employees who will remain active on their payroll, so Health Net can appropriately and timely process any terminations. 3. Remit the "true" amount which is Current Due total less terminated employees
Kaiser Permanente	Kaiser Permanente is following the California Insurance Commissioner's recommendation of suspending terminations for a 60-day grace period. Kaiser Permanente understands the financial impact that COVID-19 has had on our customers, members, and communities. Kaiser Permanente is working with regulators and, at this time, will not terminate coverage for non-payment of premium through the month of April. Kaiser billing can be reached at **800-790-4661**.
MediExcel Health Plan	Credit card payments accepted by telephone: clients making payments by credit card may call **(619) 421-1659**, option 5. Clients can contact Medi-Excel billing manager at **(619) 421-1659**, option 5, to discuss regular or partial payments to keep coverage active. Participation and adherence to payment agreements will eliminate late fees during the payment plan period.
Nippon Life Benefits	Current premium payment policy includes a 60-day payment window and will remain in place. We comply with applicable law and regulatory mandates regarding COVID-19 and will continue to closely monitor updates that may be enacted related to this concern for premium payment extension. If you have specific needs or requests, please contact Nippon at **800-374-1835** with specific information so that we can clearly understand any business impact needs you may have.
Oscar	Currently there is no change to 30-day grace period. For questions or requests, Employers can reach Oscar at **(855) 672-2784** and Brokers can call **(855) 672-2713**
Prominence Health Plan (NV)	Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.
Sharp Health Plan	This will be reviewed case by case. Group and/or broker to reach out to Sharp Account Manager at **858-499-8009**
Sutter Health Plus	Payments are due to Sutter Health Plus the first day of the coverage period. Sutter Health Plus has not changed its billing process due to this situation. We currently offer small employer groups a minimum of a 30-day grace period for premium payments. We will continue to monitor the situation and guidance from the DMHC. Sutter Billing can be reached at **(855) 325-5200**.
UnitedHealthcare	UnitedHealthcare will review on case-by-case basis. Call **888-842-4571** to discuss payment options.

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Western Health Advantage	Western Health Advantage will work with employers on a case-by-case basis; employers should contact Premium Billing at 916-563-2206

Leave or Reduction of Hours

Question: Can employers continue to offer coverage to employees if there is a reduction of hours below full time or employees are not actively at work in response to COVID-19?

Note: Coverage must be offered and maintained on non-discriminatory basis

Carrier	Response
Aetna/Aetna Health Advantage (NV)	Your employees can maintain their coverage on your Aetna plans so long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic; (2) you continue to pay your monthly bill and (3) you do not terminate the employee(s). This option is available to customers until September 30, 2020. Please note the guidelines must be applied uniformly without regard to health statusrelated factors.
Anthem Blue Cross	Anthem is relaxing requirement for employees to be actively working in order to be eligible for coverage through September 30, 2020 as long as the monthly premium is received. This applies to employees that were laid-off, furloughed or moved to part-time. Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs. This flexibility was set to expire on July 31, 2020, but in an effort to be keep members covered we are extending to September 30.
Blue Shield of California	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
CalCPA	CalCPA Health will waive the actively-at work- provision through May 31, 2020 subject to the following: • Employees who were enrolled and eligible during March and/or April 2020, but do not meet the actively at work provisions in April or May 2020, due to being furloughed, having hours reduced, layoff, or similar, may remain actively enrolled in the plan through May 31, 2020; provided the monthly premium is paid.
CaliforniaChoice	As long as the group and employees are current on their monthly payments, CaliforniaChoice will allow employees that would otherwise have lost eligibility to remain on the plan. COBRA is available to employees where there is an active employer policy.
Chinese Community Health Plan	Yes, employer remains responsible for premiums
Cigna	Pending Carrier Response
Health Net	Through July 31, 2020, Health Net is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow employers to cover their reduced-hour employees, as long as employers pay the monthly premium. Employers must offer this coverage on a uniform, non-discriminatory basis.

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Kaiser Permanente	As long as the group and employee are current on their monthly payments, Kaiser Permanente will allow employees that would otherwise have lost eligibility to remain on the plan.
MediExcel Health Plan	30+ hours per week requirement will be waived for existing employees only. If an employee is furloughed, he or she can remain on the plan. Terminated employees must be removed from the plan and can be offered COBRA.
Nippon Life Benefits	Through June 30th, 2020, Nippon Life Benefits will waive the coverage requirement that employees must be actively working in order to receive benefits, under the condition that the monthly premium payment is received. For groups facing entire workforce layoffs, benefits are also still available if there is one active employee available to continue benefit coverage and the monthly premium is received.
Oscar	Employees would need to meet standard eligibility requirements to remain on the plan. See standard eligibility below: An employee is eligible to participate in the small group plan if: • The employee lives, works, or resides in Oscar's California service area and • The employee meets the hourly requirements for eligibility. An eligible employee is any permanent employee who is actively engaged on a full-time basis in the conduct of the business of the small employer with a normal workweek of at least 30 hours, at the small employer's regular places of business, who has met any statutorily authorized applicable waiting period requirements
Prominence Health Plan (NV)	An employee must have been actively enrolled in a Prominence health plan as of March 1, 2020, and had a reduction in hours occurring after March 12, 2020. Employees who were previously active at work can continue on the coverage through June 30, 2020, along with their dependents.
Sharp Health Plan	Through June 30, 2020, Sharp Health Plan will temporarily relax its underwriting guidelines requiring that employees be actively working to be eligible for coverage. Groups will be allowed to cover employees (who work below the 30 hour per week threshold or who are furloughed) as long as the monthly premium is paid for these employees on a timely basis.
Sutter Health Plus	Sutter Health Plus expects group employers to determine eligibility for coverage for their employees according to the group employer agreement and state and federal law
UnitedHealthcare	UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow an employer to cover reduced-hour employees, as long as the monthly premium is paid. If an employee is on a customer-approved leave of absence/furlough and customer continues to pay required medical premium, the employee was eligible for and enrolled in coverage before the absence/furlough, the coverage will remain in force the later of July 24, 2020 or no longer than 20 consecutive weeks for non medical leave or no longer than 26 consecutive weeks for medical leave.
Western Health	WHA will allow an employee and family to continue coverage if there is a reduction of hours or if they are furloughed in response to COVID-19

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Special Open Enrollment

Question: In response to COVID-19, will the carrier allow employees who previously waived to enroll on group policy with no qualifying event?

Carrier	Response
Aetna/ Aetna Funding Advantage (NV)	Aetna is providing an option for most of its insured commercial group insurance/ACA and Small Group Aetna Funding Advantage (AFA) customers to offer a Special Enrollment Period (SEP) to their eligible populations. This new option would be at the election of the plan sponsor. It would apply to most of Aetna's medical, pharmacy, dental, vision and voluntary products. Interested plan sponsors should contact their Aetna Account Manager to determine if this option is available to them. The SEP is limited to eligible employees and dependents who did not previously elect coverage with their Plan Sponsor. Plan Sponsors with Section 125 plans should consult with their own benefit advisors regarding this action. This enrollment opportunity will be offered from Monday, April 6, through Friday, April 17, 2020. Enrollees can choose between an April 1, 2020 or May 1, 2020 coverage effective date.
Anthem Blue Cross	Anthem will provide both Fully Insured and Self-funded groups, excluding Life and Disability, an option to offer a Special Enrollment Period to enroll employees who previously did not elect to enroll in coverage at the time of open enrollment. This Group Special Enrollment Period will last from June 8, 2020 to July 31, 2020 and is available to both Large and Small groups. Coverage would be effective no later than August 1, 2020. State eligibility guidelines will apply. Employers should consult their legal counsel regarding the tax treatment of employee coverage elections made through this SEP.

Blue Shield of California	Blue Shield is providing a Special Enrollment Period (SEP) through July 31, 2029 for employees who previously declined coverage for themselves or their dependents. • For 5/1, 6/1, 7/1 or 8/1 effective dates, enrollment requests must be received on or before the 1st of the month for which enrollment is being requested. Dependents enrolling during SEP must enroll in the same plan as the subscriber. Standard waiting periods are waived for this SEP, but other existing eligibility guidelines apply. To enroll: Enrollment must be submitted on the paper enrollment or Subscriber Change Request (SCR) form, with the "Other qualifying event (specify)" box checked and indicating "COVID" as the Qualifying Event. No additional documentation is required.
CalCPA	Pending Carrier Response
CaliforniaChoice	CaliforniaChoice will allow a group special open enrollment for a 4/1/2020 effective date for employees that previously waived coverage. Enrollment applications must be received by 4/10/2020. Applications can be submitted to memberprocessing@calchoice.com
Chinese Community Health Plan	Yes. Requests can be sent to memberservices@cchphealthplan.com
Cigna	Pending Carrier Response
Kaiser Permanente	Kaiser Permanente will allow a special open enrollment for a 4/1/2020 effective date for employees/dependents that previously waived coverage as long as the enrollment application is received by 4/3/2020. Applications that are received between 4/4/2020 and 4/15/2020 may be applied for a 5/1/2020 effective date if the employer agrees. The following conditions must be met: • All previously waived employees must be offered coverage under the same contributions as employees already participating. • Enrollees must remain on the plan for the duration of the contract period unless employment is terminated or there is another qualifying life event for coverage changes. • The customer understands that accumulated benefits (Deductibles and/or Out of Pocket Maximums) will not be pro-rated. • All other medical coverage options must also offer this special open enrollment.

Health Net	A special enrollment period will last until April 20, 2020 for employees, spouses and children who have previously waived coverage at an employer. Provided the employer remits the full premium for the month of April, coverage will be effective April 1, 2020. Customers are not required to adopt the special enrollment period. No opt out action is required on their behalf. • Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee. • Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply. • For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility. • Members are not allowed to change plans within the special enrollment period.
MediExcel Health Plan	Open from March 25, 2020, to April 10, 2020 to enroll for 4/1. This opportunity only waives policy restrictions on adding enrollees outside of normal enrollment period. To participate, send enrollment application before April 10, 2020 to applications@mediexcel.com and indicate you are enrolling with COVID-19 Special Open Enrollment
Oscar	Not at this time
Prominence Health Plan (NV)	Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.
Sharp Health Plan	Sharp Health Plan will allow for a one-time Special Open Enrollment period for groups with employees who previously waived coverage. This Special Open Enrollment will be from April 1 – 15, 2020. The effective date of coverage for these employees will be May 1, 2020. Employees who are currently active will not be allowed to switch coverage. Applications should be sent to SHPEnrollmentGeneralMail@sharp.com
Sutter Health Plus	Not at this time. However, we continue to monitor the situation
UnitedHealthcare	Employees or dependents who have previously waived coverage can enroll themselves and/or dependents on to their group health plan. They must enroll by April 13, 2020 for a 4/1/2020 effective date. For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility. Standard Waiting Period can be waived. Enrollments can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com and indicate you are enrolling with COVID-19 Special Open Enrollment.
Western Health Advantage	Western Health Advantage will allow an employer to offer an open enrollment to those who may have previously waived coverage or for employees to change plans. No specific date requirements at this time; however, this is in response to the COVID-19 pandemic. To request, reach out to whasales@westernhealth.com

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Rehire Eligibility

Question: If an employee is terminated from policy, what are requirements for waiting period if rehired?

Carrier	Response
Aetna/Aetna Funding Advantage (NV)	Through September 30, 2020, we are 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.
Anthem Blue Cross	If employee is rehired or converted to actively at work within 60 days of termination or date of furlough (in normal times it is 30 days, but we will extend to 60 days for enrollment receipt dates through September 30, 2020), the standard will be to reinstate as of the original effective date. This means: • No break in coverage • Employer responsible for back-payment of one or two months of premium • Deductible and OOP accumulators do not reset – it is as if the member never left the plan at all If employee is rehired or converted to actively at work within 60 days of termination or date of furlough and the employer's eligibility rules do not permit the employee to be reinstated as of the original effective date: • Employer will need to let us know what effective date to use – would either be rehire date or some date in the future • Employer not responsible for back-payment of premium • Results in break in coverage • Deductible and OOP accumulators reset, unless terms of benefit booklet or certificate specifically state otherwise If employee is rehired or converted to actively at work between 61-92 days of termination: • Employee will not need to satisfy the waiting period again • Employer will need to let us know what effective date to use – would either be rehire date or some date in the future • Employer not responsible for back-payment of premium • Results in break in coverage • Deductible and OOP accumulators reset, unless terms of benefit booklet or certificate specifically state otherwise • If employee is rehired after the expiration of the periods above, the answers are the same, except the employee will need to satisfy any applicable waiting period, or where permitted, join via an earlier open enrollment period. Note that Employer Access/Portal is not designed to process requests outside of the normal processes. All COVID-19 rehire requests must be submitted via paper. The employer must clearly state on the application/spreadsheet or email that the request is due to Qualifying Event: COVID-19.

Blue Shield of California	Employee must have completed the company waiting period during prior employment period. Re-employment notification must be indicated on the rehired individual employee application. Blue Shield standard provision allows for waiving of waiting period if rehired within 6 months of cancellation of coverage.
CaliforniaChoice	CaliforniaChoice will allow the group to define the waiting period when the employee returns to work
CalCPA	Pending Carrier Response
Chinese Community Health Plan	Yes, CCHP will waive the new hire/rehire waiting period
Cigna	Pending Carrier Response
Health Net	Health Net will waive the normal waiting period for rehired employees. Employees rehired by May 31, 2020 will not be subject to a waiting period.
Kaiser Permanente	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.
Medi-Excel Health Plan	Rehire waiting periods are left at employer's discretion
Nippon Life Benefits	If an employee is rehired by June 30th, 2020, they will not be subject to a waiting period.
Oscar	Starting on April 11th, 2020, employees rehired (specifically designated as a Rehire who was previously covered by Oscar) by May 31, 2020 will not be subject to the employer's waiting period.
Prominence Health Plan (NV)	If an employer has a current re-hire clause, Prominence will follow those guidelines unless an exception is necessary due to the extenuating circumstances. For employees who were actively enrolled in our plan as of March 1, 2020, and were terminated and rehired prior to June 30, 2020, Prominence will not require a waiting period for coverage to begin.
Sharp Health Plan	Sharp Health Plan will allow employers to waive their rehire waiting periods through July 31, 2020 for employees who are rehired.
Sutter Health Plus	Sutter Health Plus expects group employers to determine eligibility for coverage for their employees according to the group employer agreement and state and federal law.
UnitedHealthcare	Please follow your own company eligibility policies for rehire. UnitedHealthcare will waive any rehire waiting period for re-hired employees
Western Health Advantage	Western Health Advantage will defer this to the employer; if employer requests to waive the waiting period for rehires, Western Health Advantage will accommodate.

EAP (Employee Assistance Program)

Question: Does the medical plan have EAP benefits?

Note: All carriers are required to cover mental health services (see plan's SBC for details). EAP is an additional resource above the required benefits for mental health.

Carrier	Response
Aetna/ Aetna Funding Advantage (NV)	Aetna Resources For Living (RFL) is offering support and resources to individuals and organizations who have been affected by the Coronavirus. Through this liberalization, those in need of support can access RFL services whether or not they have it as part of their plan benefits. Contact RFL at **1-833-327-AETNA (1-833-327-2386)**. Management consultation is also available to help organizations respond to the needs of their employees, even if they are not RFL customers. Employers may contact our specialized support line at **1-800-243-5240.** Group support services may be available telephonically or onsite where appropriate on a fee-for-service basis to help managers and employees manage the disruption and distress of this situation.
Anthem Blue Cross	To meet the needs of Anthem members who may be struggling during this time, Anthem is promoting digital solutions to help. • Anthem's affiliated health plans and Beacon Health Options are collaborating with Psych Hub, mental health advocates and other national health insurers to develop a free digital resource site to help individuals and care providers address behavioral health needs resulting from the COVID-19 pandemic. • Anthem is providing full access for all members to our Employee Assistance Program web site with COVID-19 tools and informational resources (click log-in, enter company code: EAP Can Help). • Anthem is increasing the ability of providers to deliver behavioral health services via the telephone and encouraging members to use existing telehealth services for behavioral health, as well as to embrace services delivered digitally. • Anthem health plans with Employee Assistance Programs offer individual and employer-sponsored members up to six free sessions with a behavioral health counselor. Anthem's telehealth provider, LiveHealth Online, offers LiveHealth Online Psychology and LiveHealth Online Psychiatry, a confidential and effective way for members to see a behavioral health professional, such as a therapist, psychologist or psychiatrist, during these stressful times and receive behavioral health support from their homes via smart phone, tablet or computer-enabled web cam. In addition, myStrength is an app that delivers 24/7 access to personalized online and mobile resources to help members manage symptoms such as stress, anxiety, depression, substance use, chronic pain and sleep. myStrength was already available to members who have Anthem's Employee Assistance Program, other employer-based programs and Medicaid members in Florida, Texas, Washington and Washington D.C.

Blue Shield of California	Blue Shield provides Teladoc tele-behavioral service to fully-insured Individual and Family Plan, Small Group (1-100), Large Group (101+), Medicare and Medi-Cal members with no member co-payments. This service will be available through September 30, 2020.
CaliforniaChoice	Benefits would be offered from the carrier
CalCPA	Pending Carrier Response
Chinese Community Health Plan	Not available
Cigna	Pending Carrier Response
Health Net	Members impacted by COVID-19 may contact MHN, Health Net behavioral health subsidiary, for referrals to mental health counselors, local resources or telephonic consultations to help them cope with stress, grief, loss, or other trauma resulting from COVID-19. For the duration of the COVID-19 public health emergency period and its immediate aftermath, affected members may contact MHN 24 hours a day, seven days a week at 1-800-227-1060, or the telephone number listed on the member's identification (ID) card.
Kaiser Permanente	Kaiser Permanente members now has access to a free mental health app called mY Strength. https://k-p.li/3dZvdyG
Medi-Excel	Not available
Oscar	Emotional Support Line: Optum has a toll-free emotional support helpline **(866) 342-6892**, free of charge and available to anyone, so members can share it with family and friends. Caring professionals will connect people to resources. It is open 24 hours a day, seven days a week. Virtual Visits: Oscar members have access to virtual therapy and psychiatric visits as part of their mental health benefit. As members stay in their homes or have limited in-person appointment access, it is easy to receive mental health care. Members can use doctorondemand.com to access virtual mental health visits (not medical). The member just needs to set up an account, as part of their Oscar ID and then they will be able to schedule a virtual visit.
Prominence Health Plan (NV)	Not available
Sharp Health Plan	Not available
Sutter Health Plus	U.S. Behavioral Health Plan of California (USBHPC) offers telehealth services. You can call USBHPC at (855) 202-0984 or go to their website to find a provider or set up an appointment.
UnitedHealthcare	All Members: • Emotional support line is available to call any time at **866-342-6892**. The 24/7 Optum Help Line is staffed by professionally trained mental health experts. It is free of charge. • On-demand emotional support is also available to through Sanvello, a free mobile app that can help you cope with stress, anxiety and

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	depression during the COVID-19 pandemic. App for Sanvello can be downloaded on the Apple or Google Store. For PPO members: 3 visits through EAP CORE (previously Care24). To take advantage of EAP CORE services, nurses and counselors are available 24 hours a day, 7 days a week, call **1-888-887-4114**.
Western Health Advantage	Not available

COBRA Offering

Question: Will the policy stay active for COBRA if no actively employed enrollees?
Recommendation: If there is no COBRA option, this is a qualifying event for individuals to enroll on spouse's group plan, IFP, State Exchange or Medi-Cal.

Carrier	Response
Aetna/ Aetna Funding Advantage (NV)	The plan will be terminated with no COBRA option available
Anthem Blue Cross	The plan will be terminated with no COBRA option available
Blue Shield of California	The plan will be terminated with no COBRA option available
CaliforniaChoice	Pending Carrier Response
CalCPA	Pending Carrier Response
Chinese Community Health Plan	Yes. Pending additional info on how long the policy remain active.
Cigna	Pending Carrier Response
Health Net	The plan will be terminated with no COBRA option available
Kaiser Permanente	The plan will be terminated with no COBRA option available
MediExcel Health Plan	Clients terminating their last member will remain active for the six-month period and have their current contract honored (including COBRA/Cal-COBRA). Groups renewing during this period will be required to accept their renewal proposal with new rates.
Nippon Life Benefits	The plan will be terminated with no COBRA option available
Oscar	The plan will be terminated with no COBRA option available
Prominence Health Plan (NV)	Pending Carrier Response
Sharp Health Plan	The plan will be terminated with no COBRA option available
Sutter Health Plus	The plan will be terminated with no COBRA option available
UnitedHealthcare	The plan will be terminated with no COBRA option available
Western Health Advantage	The plan will be terminated with no COBRA option available

Requesting Invoices

Question: How can employer access invoices from the carrier?

Note: Groups will need the cost of health insurance when applying for the Paycheck Protection Program SBA Loan. Requests for invoices can be sent to accountmanagement@wordandbrown.com for W&B groups or invoices can be requested directly from the carrier. For most expedited process, please access and pull invoice from the carrier portal.

Carrier	Carrier Portal	Phone	Email
Aetna/ Aetna Funding Advantage (NV)	www.aetna.com/employer	800-343-6101	WestAAT@aetna.com
Anthem Blue Cross	www.anthem.com/ca/	855-854-1429	small.group@anthem.com
Blue Shield of California	www.blueshieldca.com/employer	800-325-5166	smallgroupbilling@blueshieldca.com
CaliforniaChoice	www.calchoice.com/	800-558-8003	customerservice@calchoice.com
CalCPA	https://calcpahealth.com/employers-plan-admins/billing/ebenefits-billing/	877-480-7923	CalCPAHealth@CalCPAHealth.com
Cigna	https://cignaaccess.cigna.com/public/app/signin	800-997-1654	
Chinese Community Health Plan	https://portal.cchphealthplan.com/	888-775-7888	memberservices@cchphealthplan.com
Health Net	www.healthnet.com/employer	800-224-8808, Option 3	HN_Account_Services@Healthnet.com
Kaiser Permanente	account.kp.org/broker-employer/resources/employer	800-790-4661, Option 1	csc-sd-sba@kp.org
Medi-Excel		619-421-1659	sales@mediexcel.com
Oscar	https://accounts.hioscar.com/	855-672-2788	
Prominence Health Plan (NV)	https://prominencehealthplan.com/	888-840-9080	PHP-PremiumBilling@uhsinc.com
Sharp	https://www.sharphealthplan.com/login	800-359-2002, Option 4	
Sutter Health Plus	https://shplus.org/employerportal	855-325-5200	shpbilling@sutterhealth.org
UnitedHealthcare	www.employereservices.com (PPO Only)	800-591-9911	clientserviceoperations@uhc.com
Western Health	https://www.westernhealth.com/employer/	916-563-2206	premiumbilling@westernhealth.com

Recertification Requests

Question: Will the carrier be sending out recertification requests to groups?

Carrier	Response
Aetna	No changes
Aetna Funding Advantage (NV)	No changes
Anthem Blue Cross	Currently not recertifying groups
Blue Shield of California	Currently not recertifying groups
CaliforniaChoice	Recertification may be requested. Group will need to complete form and send back prior to 25th of the month before renewal
CalCPA	Before sending out the DE-9C compliance survey in late summer of 2020, the Trust will evaluate the situation at that time and will include any considerations that can be applied.
Chinese Community Health Plan	Reviewed Case by Case
Cigna	No changes
Health Net	Currently not recertifying groups
Kaiser Permanente	Currently not recertifying groups
MediExcel Health Plan	Currently not recertifying groups unless the only employee enrolled is the owner
Oscar	No changes
Prominence Health Plan (NV)	Pending Carrier Response
Sharp Health Plan	Currently not recertifying groups unless the only employee enrolled is the owner
Sutter Health Plus	Pending Carrier Response
UnitedHealthcare	Starting 5/1, UHC will give an additional 2 months to get all paperwork in to requalify. If they do, then any and all changes will go back and be effective renewal date. If they are unable to provide the necessary documentation, the group will be termination back to renewal date
Western Health Advantage	Currently not recertifying groups

COVID-19 Treatment

Question: How is COVID-19 Treatment covered?

Carrier	Response
Aetna	Aetna will waive member cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial and Medicare Advantage plans. Self-insured plan sponsors will be able to opt-out of this program at their discretion. This goes through September 30, 2020. For more info, click here.
Aetna Funding Advantage (NV)	Aetna will waive member cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial and Medicare Advantage plans. Self-insured plan sponsors will be able to opt-out of this program at their discretion. This goes through September 30, 2020. For more info, click here.
Anthem Blue Cross	For Anthem's fully-insured employer, Individual, Medicare Advantage and Medicaid members, these treatments include services such as in-patient and out-patient services, respiratory services, durable medical equipment, skilled care needs, and FDA-approved drugs when they become available. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in. If you're diagnosed as having COVID-19, you won't have any out-of-pocket costs to pay if you get treatment for COVID-19 from doctors, hospitals, and other health-care professionals in your plan's network through December 31, 2020. For more info, click here.

Blue Shield of California	There are no prior approvals needed for COVID-19 treatment. Blue Shield will waive copays, coinsurance, and deductibles for COVID-19 treatments received between March 1 – September 30, 2020.. This applies to the following plan types: Plans purchased through Blue Shield of California directly Plans purchased through Covered California Medicare Advantage plans Medicare Supplement plans Fully-insured employer-sponsored plans Self-insured and flex-funded employer-sponsored plans where the plan sponsor has elected to pay for copays, coinsurance, and deductibles for COVID-19 treatment (These plans are not required to cover these costs) For more info, click here.
CaliforniaChoice	This decision is made by each individual carrier.
CalCPA	No cost sharing for COVID-19 testing and treatment
Chinese Community Health Plan	Pending Carrier Response
Cigna	Cigna is waiving out-of-pocket costs for all COVID-19 treatment through October 31, 2020. The treatments that Cigna will cover for COVID-19 are those covered under Medicare or other applicable state regulations. The company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable. For more info, click here.
Health Net	Effective immediately, Health Net will waive member cost sharing for COVID-19 related treatments for all Medicare, Medi-Cal and commercial fully insured members. For more info, click here.
Kaiser Permanente	If you're a Kaiser Permanente member, COVID-19 testing and diagnosis are available at no cost and has eliminated out-of-pocket costs for COVID-19 treatment through December 31, 2020, allowing impacted members to focus on their health and recovery. For more info, click here.
MediExcel Health Plan	Pending Carrier Response

Oscar	Oscar will waive cost-sharing for its Small Group members for the treatment of COVID-19 through July 31, 2020 as outlined below. The cost share for COVID-19 care will be waived when delivered by in-network providers. At out-of-network facilities, the cost share will be waived if the member has obtained prior authorization. If you are admitted to the hospital or need any follow-up care at an out-of-network facility, you or the facility should contact Oscar as soon as reasonably possible. Please also note that this cost-share waiver does not apply to post-acute care, long-term treatment, or related Durable Medical Equipment. If you have already paid for COVID-19 care with normal cost-sharing, you may be eligible for an adjustment on your claim. You can submit for this through your Oscar Concierge Team. For more info, click here.
Prominence Health Plan (NV)	Pending Carrier Response
Sharp Health Plan	Sharp Health Plan is waiving members' out-of-pocket costs for inpatient and outpatient services related to the treatment of COVID-19. This policy applies to Sharp Health Plan members who are diagnosed with COVID-19 and who are enrolled in a fully insured benefit plan, and is effective from April 1 through September 30, 2020. Simply, this means that members will not be billed a copay, coinsurance, or deductible for services to treat COVID-19. For more info, click here.
Sutter Health Plus	There is no member cost share for medically necessary treatment related to a confirmed diagnosis of COVID-19 between February 4, 2020, and September 30, 2020. For more info, click here.
UnitedHealthcare	UnitedHealthcare is waiving member cost-sharing for the treatment of COVID-19 for Medicare Advantage, Medicaid, Individual and Group Market fully insured health plans until October 22, 2020. Implementation for self-funded employer customers may vary. For more info, click here.
Western Health Advantage	WHA is now waiving all treatment costs associated with COVID-19 care in an effort to alleviate any unnecessary stress or out-of-pocket costs to impacted members. This includes copayments and deductibles, if applicable, for office visits and hospitalization, for services related to the treatment of COVID-19. This relief will apply for any treatments from February 2020 until the end of September, 2020. For more info, click here.

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Medical Premium Credit

Question: Will the carrier issue premium credit for Small Group Medical Plans?

Carrier	Response
Aetna/ Aetna Funding Advantage (NV)	No current offering
Anthem Blue Cross	Issuing premium credits to our Fully Insured employer groups based on their April 2020 invoices. The credits will appear on employers' August 2020 invoices (issued in July 2020): • 15% of the April premium for Anthem Small Group medical plans
Blue Shield of California	Pending Response
CaliforniaChoice	CaliforniaChoice has applied a one-time 10 percent credit for UnitedHealthcare plans to existing group's August 2020 invoice. The credit is part of UnitedHealthcare's COVID-19 related premium forgiveness program which was calculated based on a percentage of your group's August premium. New business groups effective 8/01/2020 or later do not qualify.
CalCPA	No current offering
Chinese Community Health Plan	No current offering
Cigna	Case by case situations
Health Net	No current offering
Kaiser Permanente	No current offering
MediExcel Health Plan	No current offering
Oscar	Pending Response
Prominence Health Plan (NV)	Pending Response
Sharp Health Plan	No current offering
Sutter Health Plus	No current offering
UnitedHealthcare	For UnitedHealthcare commercial fully insured individual and employer customers, credits ranging from 5% to 20% -- depending upon the specific plan -- will be applied to premium billings in June.
Western Health Advantage	Pending Response