



























CORNERSTONE SMALL GROUP CARRIER COMPARISON







What is the definition of a small group?	2 to 50 eligible	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	No	No	Yes	No	Yes
Are HMO plans offered?	Yes	No	No	Yes - KY	No	OH - Yes KY - No
Are PPO plans offered?	Yes	Yes	Yes	Yes	Yes	Yes
Are HSA-compatible plans offered?	Yes	Yes	Yes	Yes	Yes	Yes
Are HSA-compatible plans calendar or policy year?	Calendar year	Both are offered	Both	Calendar year	Calendar year	Either
Are HRA-compatible plans offered?	Yes	Yes	Yes	Yes	Yes	Yes
Are HRA-compatible plans calendar or policy year?	Calendar year	Both are offered	Both	N/A	Calendar year	Either
On HRA-compatible plans, does the employer or the employee pay first toward the out-of-pocket expenses?	Either	Employee	Both options are available	N/A	Either	UHC administration - employee first, other administrator -either
What other medical products are offered?	50/50 Mini-Med, FSA, POP, TRA, HRA Admin	N/A	N/A	Worksite Products: Critical Illness, Accident, Disability Income Adv, Cancer.	N/A	Edge
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 with a minimum of 2 in the plan with the lowest participation. BA PPO & Lumenos Plan - minimum of 10% maximum of 50% price spread. Two BA PPO - minimum of 10%, maximum of 35% price spread. Two Lumenos - minimum of 10%, maximum of 35% price spread.	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 No minimum enrollment or price spread requirements	Contact your Cornerstone Broker Sales Rep for details
Are triple option plans allowed?	Yes 5+ enrolled with a minimum of 1 in each plan	No only on 51+ eligible	No	Yes 26+ enrolled with a maximum of a 30% price spread between lowest & highest plans. One plan must be a CDHP.	Yes One plan must be and HRA or an HSA.	Contact your Cornerstone Broker Sales Rep for details

						
What effective dates are allowed?	1st & 15th	Plan year - 1st Calendar year - 1st, 5th, 10th, 15th, 20th & 25th	1st & 15th of the month	1st (15th only if it coincides with prior carrier coverage)	Any day of the month Effective date on max rated cases will be assigned by underwriting	1st & 15th
Are class-outs allowed?	Yes On union vs. non-union	Yes On union vs. non-union	Non-union employees if they already offer a union plan.	Yes Only if the group is a current class / carve-out. 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 is the minimum participation for medical?	2 to 3 eligible - 100% participation required, 4 to 50 eligible - 75% participation after valid waivers required 51-100 eligible - 75% participation after valid waivers. Not to go below 50% total eligible employees	75% participation after valid waivers required; Completed MHCs required for waivers if the group is enrolling less than 50% of all eligible employees.	75% net eligible (you take out any valid waivers and what is left out of the employees working 30 or more hours a week 75% of them have to take the coverage)	2 ees- minimum 2 enrolled, 3 ees - minimum 2 enrolled, 4 ees - minimum 2 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 - 75% participation required 51-100 eligible - contact your Broker Sales Rep	100% participation required if 100% employer contribution; 75% participation required if employer contributes less than 100%	75% participation if employee is contributing some towards the premium and 100% participation if the employer is paying 100% of the premium	Basic Life - 75% Voluntary Life - 25%	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?	2-50 eligible - Spousal, parental, Medicare, Medicaid, Champus, Champ VA, Military or Association Cov 51-100 eligible - Spousal	Spousal, Medicare, Medicaid, Champus, CHIP, VA, other group coverage, parental, retiree coverage, Amish coverage, Railroad coverage	Spouse, Medicare, Medicaid, other employment, parent's plan, retiree coverage, CHAMPUS, covered under an Anthem Individual policy.	Spousal coverage, Champus, Medicare, Medicaid, TriCare, Other Group Health Plan including COBRA, State Health Benefits Risk Pool or public health plan	Spousal coverage, another employer coverage, Medicare, Medicare Supplement, retiree coverage, parental coverage	Spousal, Medicare, campus (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	No	Yes, if the waiting period is 90 days or less
Do employees covered by COBRA count as eligible?	No	No	No	No	No	No
Is coverage offered to retirees of the group?	Yes (Groups 20 - 100 eligible employees- contact Cornerstone BSR for details)	No	No	Yes (For early retirees) 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?	Groups of 2-3 enrolled - no longer prescreened by underwriting. Groups of 4+ eligible's - medical will only be prescreened if submitted on Aetna Apps or the Ohio Universal Form. 51-99 eligible - medical must be submitted on the Aetna 51+ medical application through either FormFire or EZ Apps. Broker must submit census page with medical conditions from these vendors.	2 to 50 eligible - individually underwritten (short form); 51 to 99 eligible - Risk Assessment for preliminary rates. MHQ for firm rates for certain counties	2-50 eligible- Individually underwritten. Enrollment apps must be completed and signed by all eligible ee's, including those waiving covg, those on COBRA or in their COBRA election period, employees not actively at work and those in their waiting period. Full medical information is required for applicants applying for health coverage. 51-99 new business is manually rated; documents needed are KY UW form, renewal, benefit summaries and census. Applications are not needed nor are they technically needed for enrollment if the case sells in the Anthem electronic enrollment.	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	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.	No	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	Yes	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	No	Yes	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	Not normally, but they can be asked to complete if the group is not meeting 50% participation when looking at total employees working 30 hours or more a week.	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?	Groups of 2-50 eligible's accepts 90 day applications. Apps 90+ should be revised, resigned and dated. Groups of 51-99 will only accept up to 60 days.	90 days	Within 90 days of the effective date for new group submissions	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)	Yes	Groups must be in business at least 6 months to be eligible for coverage and have a valid wage and tax	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.	We have to have everything submitted for a final quote no later than the effective date. This includes the wage and tax, prior carrier bill, Anthem apps, waivers and Anthem employer app	5 to 7 days prior to the effective date for PPO plans 10 days prior to effective date for HMO plans	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	Renewal/Reclass paperwork must be received prior to the requested effective date. If received after the requested eff date, but within the grace period, changes will become effective the 1st of the following month.	If plan change is received by the 10th of the month it will be processed for the renewal date. If received between the 11th and the last day of the month the quoted rates will not change and plan the plan change will be processed for the 1st of the month following the renewal date. If received after the 1st of the following month, a new quote will be needed and there will need to be a downgrade in premium	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	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	31 days prior to and after the effective date. Paperwork received in the 30 days after the effective date will be accepted, but will not be effective until the 1st of the month following receipt of the paperwork by Anthem.	30 days prior and 30 days after renewal for a renewal date effective date	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	The pre-existing condition exclusion will apply when medical advice or diagnosis, care or treatment was recommended or received for a condition during the 6 months prior to an individual's enrollment date. The pre-existing condition exclusion will not last more than 12 months after an individual's enrollment date, if timely enrollment has been made. The pre-existing condition exclusion is 18 months if late enrollment has been made. The exclusion period will be reduced by the number of days the individual had prior creditable coverage, excluding coverage before any break in coverage of 63 days or more. There is no pre-ex for children 19 and under per the HCR law.	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. No PreEx on NPOS	6 months / 12 months Credit for prior coverage with less than a 63 day lapse in coverage. Pre-existing does not apply to children under the age of 19	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	To age 28*	To age 28* Certain requirements exist for the Ohio statute	N/A*	To age 28*	To age 28* Removal upon end of month	To age 28*
*Certain requirements exist for the Ohio Statute. Contact your Cornerstone Broker Sales Rep with any questions						
What is the maximum dependent age & when does it take effect for Kentucky	N/A**	N/A**	To age 26**	To age 26**	N/A**	To age 26**
**Refer to the Affordable Care Act Guidelines. Contact your Cornerstone Broker Sales Rep with any questions						
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 the single rate or 25% of the total monthly premium	50% of single premium	25% of total premium	50% of single premium

		 OHIO	 KENTUCKY	 HUMANANA <i>Guidance when you need it most</i>		
What are the minimum hours required per week to work to qualify for full-time status?	25 hours	25 hours	30 hours a week but we will make an exception on a case by case basis if the group does not offer benefits to employees that work less than 40 hours a week. We would need a letter, on company letterhead, stating this and it would have to be approved by an Underwriter.	25 hours in OH, 20 hours in KY	20-25 hours	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	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	An on time enrollment that does not get their application in before the first of the month receives the first of the next month effective date	HMO/POS/ NPOS/ PPO - 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	No	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	For most SMALL groups at the end of the month. We do have some old groups on the books that have date of termination	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
What is the group size for which age-banded rates are issued?	2-9 enrolled (age-banded rates for 10-50 groups are available upon request)	All sizes, but automatically for 2-9 size group	2-9 enrolled	Ohio 2 to 19 , KY 2-19 age banded (10+ option to composite)	1 to 9 enrolled	2 to 14 enrolled
What is the group size for which composite rates are issued?	10+ 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. Groups can request composite or age/gender rated.	20+ enrolled	10+ enrolled	15+ enrolled
Are off-cycle plan changes allowed?	No	Not within 120 days of the groups renewal. Must be a downgrade in benefits. Calendar year PPO and Lumenos products can request an off cycle plan change. Groups on a plan year option cannot make an off cycle plan change.	Yes The off-cycle plan change must be a downgrade in benefits and must be requested more than 120 days of their renewal date. We will need a letter from the group on the group's letterhead indicating they understand the rates are not effective for 12 months.	Yes As long as it is a downgrade in premium	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	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	\$15,000 flat	OH - \$15,000 KY - \$15,000	\$15,000	OH - None KY - None
Is dental coverage available?	Yes With health coverage - 2+ eligible Stand-alone - 3+ eligible Voluntary - 3+ eligible	Yes	Yes	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

		 OHIO	 KENTUCKY			
What are the administrative fees?	None	\$25 (waived if enrolled in EFT).	None	OH 2 to 50 - \$20 for PPO products only (waived if enrolled in EFT) KY 2 to 50 - None OH & KY 51+ - None No admin fees on NPOS products	\$25 COSE & TRCC/MRACC - none	None
Are common law spouses eligible for coverage	No	No	No	Yes If it can be proven that it commenced prior to 1992. Domestic Partner marriages are not recognized in small group.	No Only on Coase	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 (Fee applies)	Yes (Additional cost)	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.	No	Yes There must be at least 2 W-2 employees and the 1099's cannot make up 50% or more of the group. The 1099's are not eligible for Life Insurance.	Yes But no more than 50% of the group can be 1099 and there must be at least 2 W-2 ee's to establish a group with a 1099.	Yes If the group wants to cover 1099's. It would require Eligibility Cert Form and a minimum of one employee must appear on W & T. Subject to U/W approval.	No Since they are not considered employee(s) 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 or 2 weeks payroll records from PEO.	Contact your Cornerstone Broker Sales Representative for details.	We don't cover PEO groups but if they are coming out of a PEO group to become eligible for coverage we would need proof that they are filing a Wage and Tax for their company only.	Contact your Cornerstone Broker Sales Representative	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?	Groups of 2-50 eligible's PEPM. Groups of 51+ broker compensation will be built into rates and billed to customer.	PEPM	PEPM	2 to 50 enrolled - PEPM 51+ enrolled - flat percentage	Flat percentage	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.	The group must be domiciled in KY, there are guidelines for the number of out of state employees	National	OH	National
What is the website address?	www.aetna.com	www.anthem.com	www.anthem.com	www.humana.com	www.MedMutual.com	www.unitedeservices.com
Is there a chamber discount?	No	Yes SOCA & DACC. Medical 3%, Life 10-15%, STD 10%, LTD 5%.	Yes The KY Chamber discount is roughly 2% for new groups only	Yes Greater Cincinnati Chamber and 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	Yes
If EFT offered, does it waive the administration fee?	N/A	Yes	No 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 Kroger's/Little Clinics and Walgreens Minute Clinic	Yes Should be covered with office visit copay	Yes If they are contracted with Anthem.	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.
updated 1/12						