

2018 Underwriting Guidelines for the Bend Chamber Plans

Group Eligibility

- Groups must maintain membership in good standing with the Bend Chamber.
- Plans are available to groups of 2 or more.
- Family Business (*when all eligible employees are family members*)
 - There must be at least 1 bonified payrolled employee enrolling – most recent form 132 will be required to substantiate at the time of quoting.
- Any size group may offer a PSN/SmartChoice package with the same deductible. The same riders must be selected for both medical plans. No enrollment minimum.
- Groups of 2-9 may offer two medical or dental plans with different deductibles. The same riders must be selected for both medical plans. No enrollment minimum.
- Groups of 10 or more enrolled may offer up to 3 plans with different deductibles. The same riders must be selected for all medical plans. No enrollment minimum.
- Groups with 5 or more enrolled employees may have standalone dental.
- Groups with 10 or more enrolled employees are eligible for Orthodontia.

Group Requirements

- Employer must contribute at least 50% of the employee only premium. There is no requirement for dependent premium.
- Employers can set eligibility between 17.5 and 30 hours per week.
- 67% participation is required. All eligible employees must enroll on the plan unless they are waiving to other qualified coverage. All waivers (except those to Medicare) go against the participation, even if they are waiving to other group coverage.
- Other qualified coverage includes other group coverage, Medicare, Medicaid (OHP), TRICARE, and Indian Health Services. Waiving to Individual coverage is not allowed.
- Employers can set probationary waiting periods at: first of the month following date of hire, 30 or 60 days. Groups can also elect to begin coverage on the 91st day of employment. The employee's first month's premium will be pro-rated.
- If the last day of the waiting period falls on the first calendar day of the month, coverage begins on that day.
- Domestic Partner coverage: The BCOC plans cover registered "same gender" domestic partners as required by law. Employers may elect to provide eligibility to opposite gender domestic partners who complete an Affidavit of Domestic Partnership
- Employee only contracts are not available. The BCOC does not offer contracts which exclude children from eligibility.

Other Provisions

- All groups will be considered primary over Medicare.
- Groups who leave the BCOC cannot receive the Wellness Discount again for 2 years.