

2024 Underwriting Guidelines

Self Assure Level Funding

Minimum Group Size	10 enrolled employees
Quoting Basis	Quote will be offered only on a Total Replacement basis.
Eligibility	<p>Eligible employees are legal employees, as defined by the employer, who have met the employer's probationary period and any other eligibility criteria. IRS 1099 contractors who are not employees, directors and trustees of the company are not eligible for coverage. Part-time employees must work an average of 20 hours per week to be eligible for this coverage.</p> <p>Employees will be permitted to enroll during open enrollment. Employees who experience a qualifying event will be permitted to enroll outside of Open Enrollment. Enrollment is generally limited to a 30-day period after a qualifying event.</p> <p>Dependent coverage will be permitted to begin on the effective date of the covered employee's coverage. Enrollment of additional dependents, other than those resulting from a qualifying event, will be permitted at the employer group's benefit plan anniversary date or during open enrollment.</p>
Medical Questionnaires	Medical questionnaires will be required for all group prospects with 10 enrolled to 50 eligible employees.
Participation	A minimum of 75 percent of eligible employees must have coverage in a health benefit plan either through a plan offered by the employer group, a spouse's employer, government programs, a union, a Marketplace, or other comparable coverage. A minimum of 50 percent of all eligible employees enrolled must participate in the employer group plan(s) offered by UPMC Health Plan.
COBRA participants	Limited to 5 percent of enrolled population.
Retirees 65 or older	Excluded from coverage.
Extended Network	Limited to 40 percent of the eligible population. If a

	group's extended network enrollment becomes greater than 40 percent, the entire group may be re-rated effective as of the date of the enrollment change and not renewed as of the group's renewal effective date.
Enrollment Changes for Final Rates	For groups with 10 enrolled to 50 eligible employees, a change in enrollment of +/- 10 percent may result in a recalculation of rates. For groups with 51 to 199 eligible employees, a change in enrollment of +/- 15 percent may result in a recalculation of rates. Submission of medical questionnaires for new enrollees will be required for groups with up to 99 eligible employees.
Minimum Specific Deductible	\$30,000 for groups with 10 enrolled to 99 eligible employees; \$50,000 for groups with 100 to 199 eligible employees.
Aggregate Deductible	Minimum corridor of 115% for groups with 10 enrolled to 99 eligible employees. 110% for groups with 100 to 199 eligible employees. Minimum Aggregate Deductible is \$100,000 following Pennsylvania state code. Groups with a calculated aggregate deductible that is less than \$100,000 will be declined for a quote.
Contract Terms	12/24 for groups with 10 enrolled to 99 eligible employees. Choice of 12/18 or 12/24 for groups with 100 to 199 eligible employees.
Maximum Benefit Limits regardless of Underlying Plan maximum	Specific: Lifetime and Annual Maximums are Unlimited per person. Aggregate: Maximum Reimbursement per contract period is \$1,000,000.
Excess Claims Contribution	50% or 2/3 must be selected at time of the quote
Multiple Plan Options	For groups with 10 enrolled to 99 eligible employees: <ul style="list-style-type: none"> • Plan options are limited to two plans. • Dual option plans must be a true "buy-up" situation and cannot be used to carve out management level employees. • Dual option rates must have a rate differential of no less than 7 percent and no greater than 35 percent. • UPMC Total <i>Advantage</i> plans are intended to be offered as a standalone product, and cannot be offered alongside UPMC MyCare <i>Advantage</i>, UPMC Inside <i>Advantage</i>, or UPMC Premium Network plans. • Plan options with no enrollment will not be renewed.

	<p>For groups with 100 to 199 eligible employees:</p> <ul style="list-style-type: none"> • Plan options are limited to three plans. • UPMC Total <i>Advantage</i> plans are intended to be offered as a stand-alone product, and cannot be offered alongside UPMC MyCare <i>Advantage</i>, UPMC Inside <i>Advantage</i>, or UPMC Premium Network plans. <p>A 5 percent or greater change in final enrollment by plan in total and/or by tier may result in a recalculation of the rates by plan and the composite rate for all group sizes.</p>
Prescription Drug Carve-outs	Not permitted.
Prior Carrier Experience	If it is available, it must be submitted to obtain a quote, regardless of group size.
Enrollment Changes Within the Contract Period	If the number of enrolled contracts changes by +/- 15 percent <u>within</u> the contract period, Underwriting reserves the right to re-underwrite the group and adjust its rates accordingly. Additionally, if the expected aggregate deductible drops below \$100,000 during the contract period, Underwriting reserves the right to re-underwrite the group and adjust its rates accordingly.

Any deviation from the underwriting guidelines must have the UPMC Health Plan Underwriting Department's approval.

This document is meant to be informative and is not intended to be an all-inclusive statement of UPMC Health Plan's underwriting guidelines. Other policies and guidelines may apply.