MediExcel HEALTH PLAN

Medical Underwriting Guidelines
as of 07/01/2026

Category	Small Group (1-100 Employees)[1]	Large Group (101+ Employees)[1]
Products Available	**Four Products**: P5 Platinum HMO, P10 Platinum HMO, Platinum 90 HMO and Gold 80 HMO.	**Five Products**: Value Plan 5 (*VP5*), Value Plan 10 (*VP10*), Value Plan 20 (*VP20*), Plan MEP and Plan QEP.
MEHP Product Combinations	Yes, as long as at least 5 employees are enrolled. 2 Plans maximum.	Yes. 2 Plans maximum.
Split Carrier Product Combinations (*MEHP alongside a CA Carrier*)	May be sold alongside any CA HMO, PPO, and/or Cross-Border carrier.[2]	May be sold alongside any CA HMO, PPO, and/or Cross-Border carrier.[2]
MEHP as Sole Carrier (*the only group coverage plan*)	Allowed.	Allowed.
Riders	Optional Dental and Vision Plan.	Optional Dental and Vision Plan.
Affiliated Companies/ Common Ownership (*alongside a CA carrier or as sole carrier*)	Groups who have more than one business with different TINs may be eligible to enroll as one group if the following are met: • Affiliates are eligible to file a combined income tax return. • Each affiliate shares a min. 50% common ownership. • Companies must be within a related industry. • There are 100 or fewer EEs in the combined groups. • Submit a Common Ownership form • Underwriting reserves the right to a final review and may consider common ownership on a case-by-case scenario.	Not allowed.
Rate Guarantee	12 months as of effective date.	12 months as of the effective date.
Rates	Age rated per small group premium table. Ages based on the Plan contract effective date.[3]	**Composite**: 3 or 4 tier composite rates available for VP Plans. **Book Rates**: 3 or 4 tier book rates available for MEP and QEP Plans.
Contingent Approval	Enrolling Less Than 5 EEs and No DE9C: • **Must Submit DE9C in the Following Quarter for Complete Approval.**[4]	Not Applicable.
New Enrollee Documents Required	When Enrolling 1-4 EEs, Groups Must Submit: • **Government Issued IDs for anyone over 18** • **1 Month Worth of Paystubs or DE9C** • **Marriage Certificate** • **Birth Certificate for Dependent children matching at least one parent's surname** • **CA Certificate of Domestic Partnership filed with the state, or a Notarized Declaration of Domestic Partnership from Mexico**[4]	Not Applicable.
Random Audits	**Groups may be subject to random recertification at renewal.**[4]	Not Applicable.
Employer Contribution (*MEHP alongside a CA carrier*)	Minimum of 50% of EE rate.	• **For VP5, VP10, VP20**: Minimum 50% of EE rate. • **QEP and MEP:** can be offered as voluntary.
Employer Contribution (*MEHP as sole carrier*)	No minimum employer contribution is required.	• **For VP5, VP10, VP20**: Minimum 50% of EE rate. • **QEP and MEP:** can be offered as voluntary.

Medical Underwriting Guidelines

Category	Small Group	Large Group
Participation (*MEHP alongside a CA carrier*)	MEHP accepts 1 EE for Gold 80/Platinum 90 HMOs. **5 EEs minimum required for P5 and P10 HMOs.**	Minimum participation is 1 EE.
Participation (*MEHP as sole carrier*)	MEHP accepts 1 EE for Gold 80/Platinum 90 HMOs. **5 EEs minimum required for P5 and P10 HMOs.**	Minimum participation is 1 EE.
Carve-Outs	Allowed. The carve-out classes must be IRS non-discriminatory and in compliance with ACA. All others must be offered insurance.	Allowed. The carve-out classes must be IRS non-discriminatory and in compliance with ACA. All others must be offered insurance.
Census or Online Enrollment	A census spreadsheet will be accepted with a min. enrollment of 10 employees, if all enrollment info. for employees/dependents is provided.	A census spreadsheet will be accepted if all enrollment information for employees and dependents is provided.
Ineligible Groups	**Owner-only and spouse-only groups are not eligible for group coverage.**	**Owner-only and spouse-only groups are not eligible for group coverage.**
Ineligible Employees	Part-Time employees working less than 20 hours. 1099 employees shall be considered on a case-by-case basis.	Part-Time employees working less than 20 hours. 1099 employees shall be considered on a case-by-case basis.
COBRA/Cal-COBRA	No maximum.	No more than 10% of enrolled MEHP subscribers may be on COBRA.
Employee Only Coverage	Allowed. Employers must monitor enrollment. If dependents appear on enrollment form, they will be enrolled.	Allowed. Employers must monitor enrollment. If dependents appear on enrollment form, they will be enrolled.
Out-of-State Employer/ Employees	Employees are not allowed. Employers allowed if the subscribers are within the coverage area.	Employees are not allowed. Employers allowed if the subscribers are within the coverage area.
Newly Formed Groups	MediExcel will accept the same requirements as the CA Carrier, or 30 days payroll.	MediExcel will accept the same requirements as the CA Carrier.
Special Open Enrollment Period	Special enrollment period is from November 15th through December 15th of each year. All other underwiting requirements must be met.	Special enrollment period is from November 15th through December 15th of each year. All other underwiting requirements must be met.
Valid Waivers	CA Carrier Coverage, Covered California, Group Spousal Coverage, Medicare, Medi-Cal, COBRA, Active Duty Military.	CA Carrier Coverage, Covered California, Group Spousal Coverage, Medicare, Medi-Cal, COBRA, Active Duty Military.
Waiting Period Options	Any ACA/state compliant period is acceptable. Coverage begins on the first day of the month.	Any ACA/state compliant period is acceptable. Coverage begins on the first day of the month.
PEO Relationship Cancelation	Provide the cancelation letter sent to the leasing company. Payroll register from the prior PEO must be submitted.	Provide the cancelation letter sent to the leasing company. Payroll register from the prior PEO must be submitted.
Administrative Fees	1-3 EEs: $10.00 monthly admin. fee *Dependents are not included towards count.	None.
Other	• **5 EEs or more does not require a DE9C.** • **We reserve the right to request proof of payroll at any time.** • **Any employer with EEs 62 and older, must provide proof of full time status.**[4]	None.

Notes:

[1] Groups must have all completed paperwork into MediExcel underwriting by the 5th business day of the requested effective date. If not received by this date, the effective date will be moved to the next month. The effective date will be the 1st of the month and may be requested up to 60 days in advanced.

[2] When MEHP is sold alongside any CA HMO, PPO and/or Cross-Border carrier, MEHP's product size can match the CA carrier's product size.

[3] Age rated as per Small Group premium rate table in effect on group's effective date. Age rate adjustments and new hire enrollee rates based on the enrollee's age as of the group contract date the contract/renewal became effective.

[4] We reserve the right to request additional documentation, beyond standard underwriting requirements, on a case-by-case basis to verify eligibility and complete the review process for group coverage.