

CALIFORNIA **VISION** **PARTICIPATION** **GUIDE**

Word&Brown.

CALIFORNIA VISION PARTICIPATION GUIDE

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • Voluntary only. No Employer Sponsored option offered 	<ul style="list-style-type: none"> • Available to groups with two or more eligible. Minimum of 1 enrolled employee required • Group may only offer one vision plan to all employees • No minimum participation or contribution requirements • Waivers are not needed as participation is not required • Available to groups with two or more eligible. Minimum of 1 enrolled employee required • Existing groups may only add vision at renewal
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	



Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • No employer contribution requirement for Vision as long as participation is met, using employer sponsored rates • Available for 2-100 eligible employees with a minimum of 2 enrolled • A minimum of two employees must enroll • 25% participation for groups with 2-100 eligible with a minimum of 2 enrolled • Dual option is available (employer can select two plans to offer to employees). Employer may choose a maximum of two plans, but may not pair a voluntary plan with an employer-sponsored plan. Dual option requires at least 10 eligible employees. Two or more employees must enroll in each option 	<ul style="list-style-type: none"> • Available for 5-100 eligible employees with a minimum of 2 enrolled • Dual option is available. Employer may choose a maximum of two plans, but may not pair a voluntary plan with an employer-sponsored plan. Dual option requires at least 10 eligible employees. Five or more employees must enroll in each option
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage as long as the group's business entity is a type of Corporation such as LLC, S-Corporation, or C-Corporation • At least 2 eligible owners are required 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • Contributory plans require a minimum of one employee and at least 65% of all eligible employees must enroll in the Blue Shield plan(s) • Relaxed Requirements – At least 25% of the total number of eligible employees must enroll in the Blue Shield plan(s) and no fewer than 5 	<ul style="list-style-type: none"> • At least one must enroll • No participation requirements • When offering a combination of contributory and voluntary plans, at least 1 employee and at least 65% of all eligible employees must enroll in the Blue Shield plans • PLEASE NOTE: Waivers are required for voluntary
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are eligible for coverage as long as both are not owners • One of the spouses/domestic partners must be a W2 employee on payroll and not an owner • The group cannot be a Sole Proprietor or Partnership • Group must be an S-Corporation, C-Corporation, or an LLC 	



Employer Sponsored	Voluntary
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	
Only available with CaliforniaChoice Medical Plans	
<ul style="list-style-type: none"> • Voluntary only. No Employer Sponsored option offered 	<ul style="list-style-type: none"> • Vision coverage is offered on a voluntary basis • Medical must be offered but does not require medical enrollment • Participating carriers are EyeMed (provided by Ameritas Group) and VSP (provided by Ameritas) • The Employer cannot contribute towards the premium. • The plan must be 100% employee paid • There are no participation requirements for Voluntary Vision

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Employer Sponsored	Voluntary
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible employees to enroll 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are eligible for coverage • At least 2 eligible employees to enroll 	
Only available with Choice Builder Small Business Dental Plans	
<ul style="list-style-type: none"> • Requires minimum 2 enrolled and 70% Participation 	<ul style="list-style-type: none"> • No minimum participation requirement



Employer Sponsored	Voluntary
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible owners are required that are not comprised of a dependent relationship (e.g. spouses/domestic partners or parent and child under 26) 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	
Only available with Delta Dental Small Business Dental Plan	
<ul style="list-style-type: none"> • Available to group size of 2-99 primary enrollees • Employer paid plans require at least 50% employer contribution towards single vision rate • Rate Tiers must align with dental rate tier selection • Vision membership must match dental if employer contribution is 100% • Vision membership matching dental membership is not required for plans where employer contribution is less than 100% • Vision employer contribution matching dental employer contribution is not required 	<ul style="list-style-type: none"> • Available to group size of 2-99 primary enrollees • Rate Tiers must align with dental rate tier selection • Vision membership matching dental membership is not required for plans where employer contribution is less than 100% • Vision employer contribution matching dental employer contribution is not required

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • Non-contributory (100% employer paid) – 100% participation, no waivers allowed • Contributory – 40%, minimum 2 enrolled 	<ul style="list-style-type: none"> • 30% participation • Minimum 4 enrolled
<p>Group size: 2-24 lives</p> <p>Rates for vision are impacted by the overall participation of the group. Quoting default is 75% participation if employer is offering 50% or more employer contribution or 50% participation if group has no prior coverage. Possible rate impact if participation drops below 65%</p>	
<p>Owner Only Groups</p>	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible employees to enroll 	
<p>Spouses Only/Domestic Partner Only Groups</p>	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	



Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • A minimum participation of 50% of the eligible employees is required for employer paid rates. Note: Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation • A minimum employer contribution of 50% of the employee premium is required for employer paid rates • A minimum of 2 active subscribers is required • Dual Choice Vision is not available 	<ul style="list-style-type: none"> • Voluntary rates apply to those cases with less than 50% participation and/or 50% contribution • A minimum of 2 active subscribers is required • Dual Choice Vision is not available
<p>Owner Only Groups</p>	
<ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage • Officer Only Groups are eligible for coverage as long as the group's business entity is specifically a C-Corporation. They will not write Officer Only for any other business entity type • At least 2 eligible officers are required and at least one of the officers may not be a shareholder, must be listed on the DE9C and must be covered by Workers' Compensation 	
<p>Spouses Only/Domestic Partner Only Groups</p>	
<ul style="list-style-type: none"> • Spouses Only Groups are not eligible for coverage • Domestic Partner Only Groups are eligible for coverage as long as one of the Domestic Partners is W2 on DE9C/Quarterly Wage Report and not an owner of the group 	

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Humana

Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • 1+ group size (enrolled) written with medical and/or dental: <ul style="list-style-type: none"> » Participation is either 50% or one enrolled employee – whichever is greater » Groups not able to meet these participation requirements must enroll in a voluntary plan • 5+ group size (enrolled) written standalone <ul style="list-style-type: none"> » Participation is either 50% or five enrolled employees – whichever is greater » Groups not able to meet these participation requirements must enroll in a voluntary plan • NOTE: Once it has been determined at enrollment if the group will be enrolled in an employer-sponsored or voluntary plan, they will remain on this plan and will not be switched at renewal 	<ul style="list-style-type: none"> • 1+ group size (enrolled) written with medical and/or dental: <ul style="list-style-type: none"> » A minimum of one enrolled employee is required • 5+ group size (enrolled) written standalone <ul style="list-style-type: none"> » A minimum of five enrolled employees is required • NOTE: Once it has been determined at enrollment if the group will be enrolled in an employer-sponsored or voluntary plan, they will remain on this plan and will not be switched at renewal • Dual Option: Two vision plans if the group has a minimum of 10 eligible and enrolled lives • Vision may be dual choice if ALL of the following requirements are met: <ul style="list-style-type: none"> » Plans offered must include an employer-sponsored Humana Vision Exam Plus and a voluntary full-coverage vision plan (i.e., Humana Vision 100, 130, 160, or 200) » The employer must contribute 100% of the Humana Exam Plus premium » 100% participation is required (all employees must enroll on one of the two plans offered) • If all of the above conditions are not met, the group cannot choose dual choice vision
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible owners are required. 1 may waive with a valid waiver reason 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are eligible for coverage • At least 2 eligible employees are required. 1 may waive with a valid waiver reason 	

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • 50%-100% employer contribution is considered employer sponsored • Minimum of 10% participation with at least 5 enrolled • Employees age 65 and over must be less than 20% of the group 	<ul style="list-style-type: none"> • 0%-49% employer contribution is considered voluntary • Minimum of 10% participation with at least 5 enrolled • Employees age 65 and over must be less than 20% of the group
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	



Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • Non Contributory (100% employer contribution) requires 100% of eligible employees to enroll • Contributory (minimum 50% employer contribution) requires 25% of eligible employees to enroll 	<ul style="list-style-type: none"> • Greater of 5 enrolled or 25% of eligible employees
Stand-alone 5+ enrolled lives	
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • Contributory (50% minimum employer contribution) requires 50% participation • Non-contributory (100% employer paid) requires 100% participation 	<ul style="list-style-type: none"> • Requires 20% participation
Group Size 5+ enrolling for stand-alone coverage, or 2 lives when 2 or more lines of coverage are sold	
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible owners are required to enroll 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are eligible for coverage • At least 2 eligible employees are required to enroll 	

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • Employer Paid: 75-100% employer contribution for both employees & dependents. At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees • Employee Core / Voluntary Dependents: 75-100% employer contribution for employees. No employer contribution requirements for dependents. At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees • 50% Employer Paid: 50-74% employer contribution for employees. No employer contribution requirements for dependents requires at least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees 	<ul style="list-style-type: none"> • 0-49% employer contribution for employees • No employer contribution requirements for dependents • Two eligible required, only 1 to enroll
Owner Only Groups	
<ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage as long as the group’s business entity is a type of Corporation such as LLC, S-Corporation, or C-Corporation • At least one owner must be a W2 employee who will appear on DE9C with eligible wages • At least 2 eligible owners are required 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage 	

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> • 75% employer contribution towards employees and dependents requires a minimum of 5 enrolled • 75% employer contribution towards employee only and less than 75% employer contribution towards dependents (Core Option) requires a minimum of 10 enrolled • If the employer offers medical or dental through another carrier, they can choose the Packaged contribution option. Packaged option must match the complete enrollment and contribution percentage for employee and dependents as it appears for either their current medical or dental benefit. Minimum 5 enrolled is required 	<ul style="list-style-type: none"> • Requires a minimum of 10 enrolling
Owner Only Groups	
<ul style="list-style-type: none"> • Not applicable based on group size requirements 	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"> • Not applicable based on group size requirements 	

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