

Providence Bend Chamber Medical UW Guidelines

Group Eligibility

- Groups must be domiciled in Oregon; or have an Oregon division
- Groups must maintain membership in good standing with their local and/or Bend Chamber. Groups outside of Bend must be a member of their local chamber AND an Associate Member of the Bend Chamber OR a full member of the Bend Chamber
- Plans available to groups 2 or more eligible employees with a minimum of 2 enrolled
- There must be at least 1 common law/payrolled employee enrolling - most recent form 132 may be required to substantiate
- Groups with 2-9 enrolled subscribers may offer up to two medical/rx plans
- Groups with 10 or more enrolled subscribers may offer up to three medical/rx plans
- Groups with 51+ may request a 4th plan which will require UW approval
- If the optional vision rider is selected, it must apply to all plans except on HSA plans
- There are no restrictions on plan pairings

Group Requirements

- Employer must contribute at least 50% of the employee only premium for the lowest cost medical plan
- Dependent contribution discounts are available if at least one dependent is enrolled at the time of initial enrollment or renewal
- The employer may set eligibility between 17.5 and 40 hours per week
 - Large groups cannot exceed 30 hours per week
- 90% participation of all eligible employees is required for all Medical Plans:
 - Waivers to other group coverage **DO NOT** count against participation
 - Waivers to Individual, Shared Care, Nothing **DO** count against participation
- Employers can set probationary waiting periods at: Date of Hire (*pro-rated first month coverage & premium*); First of the month following date of hire, 30 or 60 days; or 91st day of employment (*pre-rated first month coverage & premium*). Employers can choose a “first of month” endorsement where if the last day of the waiting period falls on the first calendar day of the month, coverage begins that day.
- Employee Only contracts are not available. The Bend Chamber does not offer contracts which exclude children from eligibility.

Other Provisions

- All Groups will be considered primary over Medicare (when eligibility is due to age)
- All groups are subject to COBRA
- Groups of 20 or more subscribers are subject to underwriting review; member-level census required and must include:
 - First & Last Name
 - Date of Birth
 - Zip Code
- Groups choosing Connect plans must be domiciled in Clackamas, Washington, Multnomah, Hood River, and Yamhill (97132, 97123 only)
- Products are offered on a sole carrier basis
- BOR – Broker of Record
 - BOR's are accepted anytime but becomes official at the groups' renewal date; at which time commissions begin to be paid to the new producer.
 - We will work with the new broker immediately and provide group data upon request
 - In the event of in-force broker malfeasance or broker termination, JBP and the carrier may choose to honor the broker change the first of the month following receipt of the BOR.
- LOA – Letter of Authorization
 - An LOA does NOT remove the in-force broker. The LOA gives the agent limited access to group information.
- Employer Contribution Changes
 - Contribution changes are accepted anytime but become effective the first of the month following receipt of the request.
 - Contribution changes submitted after the release of the renewal will be accepted for re-rate purposes. Contribution changes must be processed and effectuated in the carrier's system and noted for it to be honored at renewal; otherwise, the contribution change will be factored in at the groups next renewal.