

General Plan Requirements

- An eligible Oregon Large Group employer is an employer having a combined total of 51 full-time (FT) and full time equivalent (FTE) employees during the preceding calendar year.
- Products and rates assume that Samaritan Health Plan is the sole carrier (see section below for additional requirements).
- Minimum employer participation within the employer group is 75% of the total net eligible employees. Employees who waive coverage due to other group, individual, or government-sponsored coverage (such as Medicaid or Medicare) are excluded from the count of "net eligible employees" and will not impact participation calculations.
- Employers are required to respond to requests for information as necessary in order to determine group size and continued group eligibility in accordance with state and federal laws and any required proof of eligibility of enrolled members.
- 1st of the month effective dates only.
- Employer must select a probationary period of the first of month following the date of hire, or 30, or 60 days from the date of hire.
- Final rates and benefits are contingent on underwriting approval.

Employee Eligibility

- Dependents are eligible for coverage up to age 26.
 - Overaged and disabled dependents are eligible for coverage beyond 26 years of age provided the group provides sufficient eligibility paperwork annually. This includes documentation that shows dependent is a lawful dependent (e.g., birth certificate), and proves the individual is incapable of self-care (e.g., statement from provider).
- A group may have up to 10% of its total enrollment covered by COBRA continuation, or additional rating factors may be applied.
- Retirees are not eligible.
- Must work at least 20 hours per week.
- No carve-out or management only enrollee groups are allowed.
- Eligible employees must be domestic United States based employees.

Service Area

- The employer must be domiciled in the State of Oregon and have at least 51% of enrolling employees residing in the State of Oregon.

Financial Requirements/Premiums

- Premium is due on or before the first of the month for which coverage is provided. Payment at time of enrollment does not constitute coverage without Underwriting approval.
- Large group premium rates for groups of size 100+ eligible employees will be rated using an experience rating methodology.
- If a group's experience is not 100% credible, the group's experience will be blended with a manual rate. Employer group contribution, probationary period, and hourly requirements must be the same for all employees, regardless of class.
- The employer must contribute a minimum of 50% of the employee only rate of the lowest premium plan chosen. If a dollar amount contribution is chosen, the amount must at least equal 50% of the employee only rate of the lowest premium plan chosen.

Multiple Plan Option Requirements

- Multiple plan designs may be offered to all employer groups. There must be a minimum of two employees enrolled on each plan offering.
 - A participating employer with 1 to 3 enrolling employees may choose one plan.
 - A participating employer with 4 to 10 enrolling employees may choose two plans.
 - A participating employer with 11 or more enrolling employees may choose up to four plans.
- Groups with 100+ employees enrolling can request custom plan options, which will be reviewed and considered by Underwriting.

Multiple Carrier Option / Dual Carrier Requirements

- Samaritan Health Plan's guidelines for being offered alongside another Health Plan ("Dual Carrier") are as follows:
 - SHP enrollment must be no less than 70% of the entire medical enrolled employees.
 - The other carrier offering cannot be a PPO offering.
 - The employer contribution structure to all plans being offered, including non-Samaritan, must be disclosed.
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Quote and Renewal Requirements

- Quote is valid for 30 days unless Underwriting approves a longer term.
- Groups that do not meet the specified enrollment requirements are not eligible for enrollment and/or renewal.
- Samaritan Health Plans reserves the right to modify this proposal and rates should any of the following change, to include but not limited to these circumstances:
 - New taxes, fees, assessments, or other requirements are enacted by any federal or state law or directive, at any time during the contract year.
 - Change in contract period (rates are assumed for 12 months from the effective date quoted).
 - Change in nature of the Employer's business.
 - Change in ownership of the Employer's business, bankruptcy, consolidation, merger, common affiliation or sale to another entity or Employer group.
 - Change in the group information, including zip code / area, eligible and enrolled census, rate tiers, risk, participation, COBRA enrollment, Employer contribution, or rates which results in "+ - 5%" change from that assumed when pricing and underwriting was performed.
 - COBRA enrollment exceeds 10% of total enrollment.
 - Changes in the terms, conditions, services, or products from those assumed during underwriting.