

UNDERWRITING GUIDELINES

The following underwriting guidelines must be met for Oxford Health Insurance, Inc. or Oxford Health Plans (NJ), Inc. (“Oxford”) to accept this Application:

- A. Any effective date of coverage may be selected as long as all information is received by Oxford on or before the requested effective date. If the initial effective date is on the first of the month the group will renew on the first of that same month every year. If the initial effective date is after the first of the month, the renewal date will be on the first of the following month (e.g. if the group is effective 11/02, the group will renew on 12/01 of the following year).
- B. The Employer must contribute at least 10% toward the total group premium.
- C. Class carveouts are allowed as long as the employer is not sponsoring another plan for the excluded employees/classes. Regarding class carveouts in general, pursuant to new federal rules, please consult your tax professional or attorney.
- D. Dual and Triple Options will be allowed. A fourth option will not be allowed for class carveout or any other purpose.
- E. Out-of-area enrollments, including Oxford USASM enrollment, cannot exceed 50% of the total enrolling employees.
- F. Participation: New Jersey Small Group (2-50) requires that 75% of eligible employees after valid waivers are enrolled in an Oxford product. Valid waivers are a Group Health Plan offered by spouse, parent, or another employer, Medicare, Medicaid, NJ FamilyCare, or other Federal or State sponsored Health Plan.
- G. In establishing the percentage of employee participation, a one-to-one credit shall be given to each employee covered by a Group Health Plan offered by spouse, parent, or another employer, Medicare, Medicaid, NJ FamilyCare, or other Federal or State sponsored Health Plan.
 - For example; a small group has five eligible employees and three of those employees each have coverage under their spouse’s plan. The three employees are to be included in the count for the number of enrolling employees when determining the participation percentage. The employees with coverage under a spouse’s plan are considered to have health coverage; and, therefore, count toward the employee participation. In this way, a group is not penalized if they have employees covered by a Group Health Plan offered by spouse, parent, or another employer, Medicare, Medicaid, NJ FamilyCare, or other Federal or State sponsored Health Plan.
- H. Documentation Requirements:
 - a. Group Application
 - b. The New Jersey Wage Reporting (WR-30) Tax Form, the Small Employer Health Benefits Waiver of Coverage (Exhibit T) or other standard accepted forms are required.
 - c. Employer Certification (Exhibit O) and HSA Certificate of Understanding are required.
- I. New groups have five business days from the date the group is pended to submit any outstanding required documents.
- J. If forms are not provided as required, the group will be denied coverage/terminated.
- K. Final rates are based on final enrollment by plan design.

Renewal Requirements

Recertification of participation, payroll/tax status, and all other requirements listed above (with the exception of exhibits A and I) must be met one day prior to the effective date. Valid waivers are **not** required upon renewal.

We reserve the right to audit groups that do not respond to requests for information and to terminate groups either on the basis of audit results or in the event that necessary information is not provided on a timely basis.

Grandfathered business will not be required to give up multiple plan/multiple carrier arrangements that are currently in place until such time as a plan change is requested and approved. The certification/documentation requirements will apply to all renewals.