FrankCrum
PAYROLL • INSURANCE • BENEFITS • HR

HEALTH UNDERWRITING GUIDELINES

Description	Florida Blue	Aetna Master Plan	Exceptions
Renewal Date	November 1	November 1	None
Plan Types Available	HMO, PPO	OA MC, OA EPO, PPO, OOA	None
Plan Availability by Network	HMO – BlueCare – Florida Only	EPO – Not available in AK, HI, ID, MT, PR, and SD	
Plan Availability by Network	PPO – BlueChoice – Outside of Florida	OA MC – Not available in AK, HI, ID, MO, MT, PR, and SD	
Plan Availability by Network		PPO – Not available in HI	
Plan Eligibility by Zip	Plan eligibility depends on the zip code where the member resides.	Plan eligibility depends on the zip code where the member resides. Members eligible for an MC or EPO plan are not eligible for the out-of-area PPO 1000/80. Indemnity OOA plans are available when a member resides in a zip code that falls outside of the Aetna EPO, OAMC, and PPO networks. *If a member's home zip code is located in Missouri, they can be offered EPO plans alongside the out-of-area PPO 1000/80 plan.*	
Plan Offering Rules	Allowed # of plans based on group size: • 5-9 eligible, shall not exceed 3 plan offerings • 10-24 eligible, shall not exceed 4 plan offerings • 25-49 eligible, shall not exceed 5 plan offerings • 50+ eligible, shall not exceed 6 plan offerings	Allowed # of plans based on group size: • 5-9 eligible, shall not exceed 3 plan offerings • 10-24 eligible, shall not exceed 4 plan offerings • 25-49 eligible, shall not exceed 5 plan offerings • 50+ eligible, shall not exceed 6 plan offerings	None
Virgin Groups	A virgin medical group is defined as a group that does not have a current group medical coverage plan in place. Requires a minimum enrollment of 5 to qualify for Florida Blue.	A virgin medical group is defined as a group that does not have a current group medical coverage plan in place. Requires a minimum enrollment of 5 to qualify for Aetna.	None
Virgin Group Census Requirement	A member-level census is required for all virgin medical groups. It must include: • Legal Last Name • Legal First Name • Gender • Date of Birth • Residential Zip Code • Full-Time/ Part-Time Status A post-enrollment audit will be performed on all virgin group submissions to validate final enrollment. Any material change of **10%** or greater will be re-underwritten.	A member-level census is required for all virgin medical groups. It must include: • Legal Last Name • Legal First Name • Gender • Date of Birth • Residential Zip Code • Full-Time/ Part-Time Status A post-enrollment audit will be performed on all virgin group submissions to validate final enrollment. Any material change of **10%** or greater will be re-underwritten.	None

Description	Florida Blue	Aetna Master Plan	Exceptions
Non-Virgin Groups	A dependent-level census is required for all non-virgin groups with current group insurance coverage. All employees on payroll must be listed (part- and full-time), in addition to any active COBRA participants.	A dependent-level census is required for all non-virgin groups with current group insurance coverage. All employees on payroll must be listed (part- and full-time), in addition to any active COBRA participants.	None
Group Health Questionnaire	Not required	Not required	None
Incumbent Plan Design Requirement	Not required; however, a plan comparison will NOT be provided if incumbent plan designs and rates are not provided at the time of submission.	Required for all Aetna-to-Aetna quote requests at the time of benefit submission. Rates will NOT be released without incumbent Aetna plan designs and rates.	A plan comparison will not be provided if incumbent plan designs are not provided at the time of the submission.
Renewal	Required if renewal is within 60 days before or following the proposed benefits date. (Required for all PEO Master Plans, Level-Funded, Self-Funded, and large groups) Renewal is not required if incumbent plan is Open Market ACA small group.	Required if renewal is within 60 days before or following the proposed benefits date. (Required for all PEO Master Plans, Level-Funded, Self-Funded, and large groups) Renewal is not required if incumbent plan is Open Market ACA small group.	None
Current Medical Rates – Invoice/Benefits Register	Not required; however, if enrollment information is not included on the census or reflected in the incumbent plan designs, a comparison cannot be completed without verification of enrollment and rates from the benefits invoice.	Not required; however, if enrollment information is not included on the census or reflected in the incumbent plan designs, a comparison cannot be completed without verification of enrollment and rates from the benefits invoice.	
Illustrative Rates	Illustrative rates may be requested without current medical rates, invoices, plan designs, and renewal, only when a complete member or dependent level census is provided at the time of submission. Plan comparisons will not be provided unless current medical rates and plan designs are provided. Illustrative rates are valid for 15 days from the date of the quote. All required underwriting documents must be submitted for final underwriting of the group.	Illustrative rates may be requested without current medical rates, invoices, plan designs, and renewal, only when a complete member or dependent level census is provided at the time of submission. Plan comparisons will not be provided unless current medical rates and plan designs are provided. Illustrative rates are valid for 15 days from the date of the quote. All required underwriting documents must be submitted for final underwriting of the group Illustrative rates will not be provided for Aetna-to-Aetna quoting without current medical rates and plan designs.	
Claims History	A minimum of 12 months of claims history is required at the time of submission for all groups with 100+ employees on a fully insured open market plan. All groups, regardless of group size, that are level-funded or self-funded are required.	A minimum of 12 months of claims history is required at the time of submission for all groups with 100+ employees on a fully insured open market plan. All groups, regardless of group size, that are level-funded or self-funded are required.	

Description	Florida Blue	Aetna Master Plan	Exceptions
Participation	50% minimum of all eligible employees. FCIA will produce a Florida Blue quote for submissions showing 45% or greater participation on the required census, contingent on the client meeting the required minimum enrollment of 5 eligible employees and 50% minimum participation at open enrollment. Variances identified of 10% or more during post-enrollment audit will require re-under-writing, and changes in rates may apply.	30% minimum of all eligible employees. FCIA will produce an Aetna Master Plan quote for submissions showing 30% or greater participation on the census, contingent on the client meeting the required minimum enrollment of 5 eligible employees and 30% minimum participation at open enrollment. Variances identified of 10% or more during post-enrollment audit will require re-underwriting, and changes in rates may apply.	
Enrollment Minimum	A minimum of 5 enrolled employees is required. Groups that do not have a minimum of 5 employees on their census at the time of submission are not eligible to be quoted for Florida Blue.	A minimum of 5 enrolled employees is required. Groups that do not have a minimum of 5 employees on their census at the time of submission are not eligible to be quoted for Aetna.	FrankCrum may consider multiple eligible dependents (working at least 30 hours per week) under one family plan for minimum enrollment. Exception requests are to be reviewed and approved by Benefits Leadership.
Employer Minimum Contribution	50% contribution of employee-only coverage of the lowest-cost medical plan offered by the client is required. Note: For ALE ACA, consider the published ACA affordability percentage.	50% contribution of employee-only coverage of the lowest-cost medical plan offered by the client is required. Note: For ALE ACA, consider the published ACA affordability percentage.	None
COBRA	Active COBRA participants must be included in the submitted census. The group must have less than 10% of enrolled employees participating in COBRA, or the group will be DTQ due to COBRA participation.	Active COBRA participants must be included in the submitted census. The group must have less than 10% of enrolled employees participating in COBRA, or the group will be DTQ due to COBRA participation.	None
Spin-Off / Start-Up	"Spin-Off Groups" are groups "spinning off" from a larger entity. "Start-Up Groups" are newly formed business ventures with at least 5 employees. Subject to virgin load in underwriting for groups that do not submit their full member-level census at the time of submission.	"Spin-Off Groups" are groups "spinning off" from a larger entity. "Start-Up Groups" are newly formed business ventures with at least 5 employees. Subject to virgin load in underwriting for groups that do not submit their full member-level census at the time of submission.	
Parity Rule	None	Rates quoted to the prospect will be priced based on revenue neutrality to the prospect's in-force (or renewal rates) under the incumbent health care coverage. Aetna-to-Aetna rates quoted cannot vary from the in-force (or renewal) rates by more than 5% for Aetna non-PEO or Aetna PEO businesses. Non-Aetna-to-Aetna parity is not applied; all groups are to be rated to the true risk of the prospect. Note: Parity considers the actuarial value of plan design, plan types, and renewal date.	None

Description	Florida Blue	Aetna Master Plan	Exceptions
Proposal Expiration	Ninety days (90) from the quote date, subject to data and documentation requirements and provisions. Upon expiration of the quote, the prospect will be required to submit new documents for underwriting review, including updated current census, current plan designs and medical rates, and renewal, if applicable. Illustrative quotes expire 15 days from the date the quote is issued.	Ninety days (90) from the quote date, subject to data and documentation requirements and provisions. Upon expiration of the quote, the prospect will be required to submit new documents for underwriting review, including updated current census, current plan designs and medical rates, and renewal, if applicable. Illustrative quotes expire 15 days from the date the quote was issued.	
Non-Standard Forms	All census submissions are required to be submitted in Excel format with all required data fields indicated on the FrankCrum Census Template.	All census submissions are required to be submitted in Excel format with all required data fields indicated on the FrankCrum Census Template.	It is strongly encouraged to utilize the FrankCrum Census Template to ensure accuracy and quick turnaround times for quotes; however, we will accept alternative census forms in Excel format, provided all required data fields are included. Note: This can add additional turnaround time to the quoting process.
Decline To Quote (DTQ)	Some opportunities may not be a "fit" for the Master Plan based on SAIL score, demographics, or the inability to meet underwriting guidelines. A DTQ will be issued, and underwriting will do a "soft transfer" of information to FCIA benefit sales for an open market quote upon request made through HubSpot submission.	Some opportunities may not be a "fit" for the master plan based on SAIL score, demographics, or the inability to meet underwriting guidelines. A DTQ will be issued, and underwriting will do a "soft transfer" of information to FCIA benefit sales for an open market quote upon request made through HubSpot submission.	If a group is initially declined for not meeting minimum participation requirements, it can be reconsidered due to additional findings, exception requests are to be sent to BenefitsSales@FrankCrum.com for review.
Turnaround Time	When all required underwriting documents are submitted, and the census is provided in the FrankCrum Excel Census Template or an Excel file with all “required” fields completed, the turnaround time (TAT) for a benefits quote is 2–3 business days. Missing information, incomplete fields, or census data submitted in a different format may extend the TAT, as additional time will be needed to reconcile and validate the data before processing can begin.For groups larger than 100 enrolled or a group that is self-insured or level-funded, an additional 1-2 business days will be added to the TAT due to additional review requirements. If the group has more than 4 incumbent plans and a comparison is requested, an additional 1-2 days will be added to TAT. Peak Open Enrollment and Q4 seasons may result in slightly longer TATs.	When all required underwriting documents are submitted, and the census is provided in the FrankCrum Excel Census Template or an Excel file with all “required” fields completed, the turnaround time (TAT) for a benefits quote is 2–3 business days. Missing information, incomplete fields, or census data submitted in a different format may extend the TAT, as additional time will be needed to reconcile and validate the data before processing can begin. For groups larger than 100 enrolled or a group that is self-insured or level-funded, an additional 1-2 business days will be added to the TAT due to additional review requirements. If the group has more than 4 incumbent plans and a comparison is requested, an additional 1-2 days will be added to TAT. Peak Open Enrollment and Q4 seasons may result in slightly longer TATs.	See Rush Reviews

Description	Florida Blue	Aetna Master Plan	Exceptions
Underwriting Review	All groups of over 100 employees will be required to be reviewed by the VP of Benefits. Additional documentation may be requested, and an additional 2-4 business days will be added to TAT.	All groups of over 100 employees will be required to be reviewed by the VP of Benefits and by Aetna. Additional documentation may be requested, and an additional 2-4 business days will be added to TAT.	None
Benefits Effective Date	Benefits must be effective on the 1st of the month following the client's start date. Note: Benefits must start on the 1st of a month (not mid-month).	Benefits must be effective on the 1st of the month following the client's start date. Note: Benefits must start on the 1st of a month (not mid-month).	Exception requests must be approved by Benefits Leadership.
Franchise / Association Opportunities	If a franchise / association opportunity has common ownership, we may be able to underwrite the entire group under one parent ID with certain ownership parameters (typically at least 50% common ownership). The evaluation will be based on the location of the main headquarters (HQ). Valid common ownership is required. If no common ownership exists, each deal will be underwritten independently & evaluated on its own merit.	If a franchise / association opportunity has common ownership, we may be able to underwrite the entire group under one parent ID with certain ownership parameters (typically at least 50% common ownership). The evaluation will be based on the location of the main headquarters (HQ). Validation of common ownership is required. If no common ownership exists, each deal will be underwritten independently and evaluated on its own merit.	None
Plan Situs	Florida	Florida (CA, TX- Regional Plans)	None
Management Carve-Outs	Florida Blue discourages writing management carveouts on our Master Plan policy due to the negative risk they generally incur.	Aetna discourages writing management carve-outs on our Master Plan policy due to the negative risk they generally incur.	Rare exceptions will only be approved when all aspects of the group are favorable (e.g., good demo scores, industry, and CURV scoring). If FrankCrum leadership approves a management carve-out exception, all "managers" in this class must be clearly defined. The defined eligible population of this group must meet all requirements of any other population (i.e., a minimum of 5 enrolled employees, 50% of all eligible employees must be enrolled, a minimum of 50% employer contribution to the least expensive plan, COBRA, etc.) Exceptions are to be sent to Benefits Leadership for review. If the group is an ALE, the group's population outside of the management carve-out, will be subject to ACA regulations and fines and should consider offering an MEC/MV plan to these employees. ACA Penalties: Part A (MEC)Penalty $2,880 per EE (Part A penalty is not assessed for the first 30 employees) Part B (MV) Penalty $4,320 per EE

Description	Florida Blue	Aetna Master Plan	Exceptions
Deductible Credit	During the current calendar year, upon request, credit will be given for any amounts applied toward the deductible under the prior group health insurance carrier's plan. Florida Blue will accept deductible credit information in one of two ways: 1. Completed Florida Blue Deductible Credit Spreadsheet, submitted by the client; or 2. Prior Carrier Member's EOB, which members may submit directly to their FrankCrum Benefits Specialist to forward to Florida Blue. Florida Blue will process deductible credits based on the documentation provided.	Member must fax or upload EOB directly into their Aetna member portal to receive deductible credit.	None
Non-Paid Owners (NPO K-1s)	We will allow NPOs under the following criteria: • Requires a separate benefit class (on benefits contract) with the client paying 100% of the benefits. • Participants are NOT eligible for Life and Disability. • Benefits are post-tax (imputed income is not calculated).	We will allow NPOs under the following criteria: • Requires a separate benefit class (on benefits contract) with the client paying 100% of the benefits. • Participants are NOT eligible for Life and Disability. • Benefits are post-tax (imputed income is not calculated).	
1099 Eligibility	Not allowed	Not allowed	Exception requests are to be emailed to BenefitsSales@FrankCrum.com for review.
Post-Enrollment Audit	Each sold account will undergo a post-enrollment audit. If there is an EE/Dependent variance of 10% or more detected from the initial census utilized to underwrite the group, the group will be subject to re-underwriting, which may result in repricing prior to the effective date of benefits coverage if the final census changes result in greater group risk.	Each sold account will undergo a post-enrollment audit. If there is an EE / Dependent variance of 10% or more detected from the initial census utilized to underwrite the group, the group will be subject to re-underwriting, which may result in repricing prior to the effective date of benefits coverage if the final census changes result in greater group risk.	None
35% Spread Between Plan Offerings	Specific to plans offered for enrollment, the highest-cost plan and the lowest-cost plan may not exceed more than a 35% difference in premium.	Specific to plans offered for enrollment, the highest-cost plan and the lowest-cost plan may not exceed more than a 35% difference in premium.	Exceptions can be granted if the current offering exceeds guidelines. Other exceptions can be granted upon request after review by Benefits Leadership. Email exception requests to BenefitSales@FrankCrum.com
Rush Reviews	Rush requests can be made to the underwriting team. These opportunities will be moved to the top of the queue. However, the turnaround time on other opportunities may be longer than expected.	Rush requests can be made to the underwriting team. These opportunities will be moved to the top of the queue. However, the turnaround time on other opportunities may be longer than expected.	Benefits Leadership must approve rush review exception requests.

Description	Florida Blue	Aetna Master Plan	Exceptions
Benefits Contract – Benefits Administr-ation Summary (BAS)	All groups sold must sign our BAS contract between the client and FrankCrum that outlines their benefits contribution strategy and product offerings.	All groups sold must sign our BAS contract between the client and FrankCrum that outlines their benefits contribution strategy and product offerings.	None
Client Reconsideration Waiting Period	Clients who are declined from our master plan or transition out voluntarily during Open Enrollment or any other time throughout the year require a two-year waiting period prior to being reconsidered for the Master Plan through underwriting. In the event an Aetna Master Plan client moves to Florida Blue, they must remain on the Florida Blue plan for a period of two years prior to cycling back to Aetna. In the event a new client elects Florida Blue and at the next OE cycle opts for the Aetna Master Plan, they will be considered if they meet all Aetna-eligible underwriting requirements and priced accordingly through Health Underwriting.	Clients who are declined from our master plan or transition out voluntarily during Open Enrollment or any other time throughout the year require a two-year waiting period prior to being reconsidered for the master plan through underwriting. In the event a Florida Blue Plan client moves to Aetna, they must remain on the Aetna plan for a period of two years prior to cycling back to Florida Blue. In the event a new client elects Aetna and at the next OE cycle opts for Florida Blue Master, they will be considered if they meet all Florida Blue eligibility underwriting requirements and priced accordingly through Health Underwriting.	If a group is initially declined for not meeting minimum enrollment or participation requirements per the carrier rules and has the ability to be reconsidered, exception requests are to be emailed to BenefitsSales@FrankCrum.com for review.
Additional Control Groups	When adding new control groups to an existing client mid-year: Same FEIN (as existing client) – Underwriting will honor the current client's medical rates if the new enrollment does not represent more than a 10% change in the census and is the same industry type. If different medical pricing is proposed to the current client, health underwriting can evaluate pricing aggregation at the client's renewal. Different FEIN (as existing client) – New control groups will be underwritten independently & evaluated on their own merit.	When adding new control groups to an existing client mid-year: Same FEIN (as existing client) – Underwriting will honor the current client's medical rates if the new enrollment does not represent more than a 10% change in the total census and is the same industry type. If different medical pricing is proposed to the current client, health underwriting can evaluate pricing aggregation at the client's renewal. Different FEIN (as existing client) – New control groups will be underwritten independently & evaluated on their own merit.	Exception requests are to be emailed to BenefitsSales@FrankCrum.com for review.
Carrier Exclusivity	New and existing Florida - headquartered clients will be quoted exclusively with Florida Blue, unless the prospect specifically requests not to be provided with a Florida Blue quote. For any group headquartered in Florida that employs individuals residing outside of Florida, BlueChoice PPO plan options are required to be offered. This ensures that all out-of-state employees have access to appropriate network coverage through the BlueCard PPO nationwide program. Per carrier requirements, Aetna and Florida Blue quotes cannot be provided together and are strictly prohibited. Clients may work with only one medical carrier and cannot offer plans from both carriers simultaneously.	New and existing clients that are not Florida-headquartered will be quoted exclusively with Aetna. Per carrier requirements, Aetna and Florida Blue quotes cannot be provided together and are strictly prohibited. Clients may work with only one medical carrier and cannot offer plans from both carriers simultaneously.	Exception requests must be reviewed and approved by the VP of Benefits.

Description	Florida Blue	Aetna Master Plan	Exceptions
Billing	Concurrent Billing The company will be billed the full monthly premium with the first payroll of each month. Employee weekly deductions will then be applied as credits on subsequent payroll invoices to reimburse the company for the premium paid.	Concurrent Billing The company will be billed the full monthly premium with the first payroll of each month. Employee weekly deductions will then be applied as credits on subsequent payroll invoices to reimburse the company for the premium paid.	None
Pricing Exceptions	The Florida Blue Health Plan is a Minimum Premium Policy arrangement with increased liability for FrankCrum as the plan sponsor. While the coverage, premium, and risk liability are controlled for clients, it is critical that the FrankCrum team adheres to the Underwriting recommended pricing. Pricing exceptions will not be entertained for this plan.	Pricing exceptions will only be considered if reviewed by the VP of Benefits, and the group's health risk is favorable.	
Benefit Implementation Timeline	Minimum of 30 days prior to the effective date	Minimum of 30 days prior to the effective date	