



UnitedHealthcare New Business Broker Reference Guide

Maryland (1-100)

United
Healthcare

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Underwriting requirements

Underwriting requirements may change and Underwriting reserves the right to request additional information as it deems necessary. In addition, if there are discrepancies between this document and any employer contract or Certificate of Coverage/Evidence of Coverage, the contract or Certificate of Coverage/Evidence of Coverage will prevail.

This guide is designed to help you better understand:

- Underwriting requirements
- Administrative requirements and eligibility provisions

Category	Explanation/Requirements
Employer eligibility	<ul style="list-style-type: none"> • Employer must have at least one, but not more than 100, permanent, active, full-time employees • To determine employer eligibility in the 1–50 or 51–100 market, use the employer’s number of Full Time Equivalent (FTE) employees for the prior calendar year. The FTE count should include all full-time, part-time, and seasonal employees as well as business owners and partners. • Business must be located in the licensed service area to be eligible for the products in that area. The group must have and maintain business licensure and/or appropriate state filings allowing the company to conduct business in the state of Maryland and not have formed primarily for the purposes of obtaining health insurance. • How it works based on legal business structure <ul style="list-style-type: none"> – Partnerships: If only partners and their spouses are covered, they are not a group health plan unless there is at least one other common law employee eligible and enrolled in coverage – Corporations: Two owners, who are not spouses, qualify as a group health plan, if at least one of the owners can document that they are actively working and enrolled in the health plan – Individual Owner/Proprietor: When the company consists of a single individual or an individual and his/her spouse, it is not eligible for a group health plan unless at least one additional common law employee is enrolled in the plan • The insurer may request any necessary information to document the hours and time period in question including, but not limited to, payroll records and employee wage and tax filings • Ineligible Categories – not eligible for coverage. Multiple Employer Trust, Taft-Hartley, leased/staffed employees, members of organizations (fraternal/credit union), retirees,* part-time,* seasonal/temporary/substitute, Employees on Leave of Absence (sabbatical, Non-Workers’ Comp Disability over six months, FMLA over 12 weeks, Military Duty/Training), groups eligible to file a combined tax return over 100, Foreign Embassies and Consulates,* domestic households, employees providing contracted services, PEOs/leasing firms and closed groups that restrict eligibility through criteria other than employment, groups where no employee/employer relationship exists. Employers who have not maintained the appropriate business licensure and/or state filing allowing the company to conduct business. Board of Director members and stockholders are not eligible unless they are also officers and working at least 30 hours per week. Must not be formed solely for the purpose of obtaining health insurance.

* Coverage available for this employer type when group size is 51–100.

Category	Explanation/Requirements
Employee eligibility	<ul style="list-style-type: none"> • Eligible employees are permanent employees who work on a full-time basis in the conduct of the business of the employer with a normal work week (see page 8 for minimum hour requirements by group size), and whose duties in such employment are performed in the employer’s regular place of business • Eligible dependents include an employee’s spouse, unmarried children up to the limiting age of the plan, adopted children, or dependents who are court-ordered to be covered by member’s group plan. Eligibility for an over-age disabled dependent child will be determined after review of an Attending Physician Statement (APS). An APS is required and must be completed/turned in at new case submission before the child may be approved or enrolled. The APS should detail the diagnosis, degree of incapacity, duration, treatment and prognosis. The limiting age is standard to age 26. If both husband and wife work for the same company, the children can only be covered under one parent’s plan. • 1099 Employees <ul style="list-style-type: none"> – Permitted for medical coverage only – See attestation form for additional conditions that may apply • An “employee” includes a partner or an owner, provided she or he works the majority of time for the business. The employee must either live or work in a UnitedHealthcare network service area to be eligible for Choice, Choice Plus, or Optimum Choice Inc. HMO. • Leave of Absence/Workers’ Compensation—Proof of employment may be required for employees on leave of absence or Workers’ Compensation
Market segment determination	<ul style="list-style-type: none"> • Market Segment is determined by the employer’s number of FTEs for the prior calendar year. The FTE count should include all full-time, part-time, and seasonal employees as well as business owners. 1099 employees should not be included in this calculation.
Employer contribution requirements	<ul style="list-style-type: none"> • Employer must contribute at least 50 percent of the employee premium • See page 7 for Common Ownership guidelines
Rating information	<ul style="list-style-type: none"> • Rates are guaranteed for 12 months • For 1–50 groups with two or more plans rates are age banded. • For 1–50 groups with one plan rates are age banded OR composite • For 51–100 groups rates are composite • Calendar year and policy year plans are available • For groups 1–50 rating is based on employer’s location • For groups 51–100 preliminary rating is based on the employee’s location. Final rates are based on underwriting review of employer enrollment form and individual employee enrollment forms. Rates are subject to change when there is a +/- 10 percent change in census or demographics. • Final rates are based on group enrollment • Quotes issued are not a guarantee of plan coverage or eligibility • Renewal rule: A member’s billing age will be increased on the first billing due date following the group’s renewal • For 1–50 groups proposed rates are based on originally submitted census data and are only valid for employees and dependents who reside or work in the designated service area. Actual rates will be based on final actual enrollment details on the effective date of coverage. No group should cancel their coverage until they have received approval and final rates from UnitedHealthcare.

Category	Explanation/Requirements
Multiple option underwriting	<ul style="list-style-type: none"> • Dual plan option available for groups with 5 or more enrolled employees • Triple plan option available for groups with 10 or more enrolled employees • Multiple options must have at least a 5 percent spread in the total premium and no more than a 75 percent spread • 100 percent of census rated in both plans • Underwritten as one group • Two contracts, 2 sets of rates and 2 policy numbers • One customer number, 1 monthly bill and 1 customer service phone number • Employees will remain enrolled in selected plan until next renewal date
Multiple medical carrier offerings	UnitedHealthcare will be the sole carrier for medical benefits.
Forms— Employer/ Broker	<ul style="list-style-type: none"> • The UnitedHealthcare Employer Application for Small Business form must be completed • Forms must be signed both by the employer and the broker. Forms must also be dated within 90 days of the effective date • A UnitedHealthcare Rate Quote sheet with the plan selection(s) noted should be submitted with the application
Forms— Member	<ul style="list-style-type: none"> • Member Enrollment forms must be completed (including the employee section at the top of the form), dated and signed for all eligible employees including those waiving coverage. All fields must be completed. COBRA enrollees are not counted as eligible employees when determining group size. • Waivers must be completed, signed and dated by the employee • If enrolling in an Optimum Choice plan, the employee must include on their enrollment form the primary care physician's (PCP) name and ID (MPIN) number found on myuhc.com[®] • Employee applications cannot be dated more than 90 days prior to the requested effective date
Quarterly wage and tax report	<p>Employers with fewer than 10 eligible employees</p> <ul style="list-style-type: none"> • A copy (all pages) of the most recent Quarterly Wage and Tax Report, including the Quarterly Wage and Tax Report(s) for out-of-state employees from their respective states <ul style="list-style-type: none"> – All pages submitted including grand totals and summary page – All employees marked to indicate employment status: part-time (PT), full-time (FT), terminated (T), seasonal (S), etc. Include last day worked for all terminated employees • A Schedule C, K-1 form is required for owners or partners not appearing on the Quarterly Wage and Tax Reports • Handwritten Quarterly Wage and Tax Reports or handwritten employee additions are not acceptable • If a Quarterly Wage and Tax Report is submitted, every employee enrolling in coverage must be listed on the tax documentation. A two-week payroll must be submitted for any newly hired employees not yet appearing on the wage and tax statement. Please note that pay stubs and W-2 forms are NOT considered acceptable tax documentation for our review purposes. <p>Employers with 10 or more eligible employees</p> <ul style="list-style-type: none"> • A completed and signed Participation Certification form or the most recent Quarterly Wage and Tax Report. Please see above guidelines

Category	Explanation/Requirements				
Payroll record requirements	<p>A Quarterly Wage and Tax Report is required for all groups that have been in businesses more than one year; a quarterly payroll statement may be submitted in lieu of a Quarterly Wage and Tax Report. Groups with employees residing outside the state of West Virginia must provide a Quarterly Wage and Tax Report from the respective states. Handwritten or estimated Quarterly Wage and Tax Reports or payroll, individual payroll/pay stubs or W-2s are not acceptable. The payroll must be from a payroll record service (e.g., ADP, PayChex) and must include all of the following:</p> <ul style="list-style-type: none"> • Dated payroll and/or date of pay period (most recent two weeks of payroll prior to requested effective date) • All pages submitted, including all employee wages paid, hours worked per pay period, withholdings and grand totals • Name of company • All employees marked to indicate employment status: part-time (PT), or full-time (FT), terminated (T), seasonal (S), etc. Include last day worked for all terminated employees • Include gross and net income for all employees, total taxes withheld (itemized) and company total/summary • In-house payrolls may be generated from payroll software programs such as Quicken, QuickBooks, Peachtree, etc., for groups that have been in business less than a year • Payrolls generated from an in-house source may be accepted as a third-party payroll if submitted alongside proof that a payroll company is completing the group's payroll such as a signed letter from the group's CPA • For newly hired eligible employees not included on the Quarterly Wage and Tax Report, a two-week payroll is acceptable 				
Proof of ownership for groups 1–50	<p>Proof of ownership is required for all eligible enrolling (and/or waiving) owners not appearing on the Quarterly Wage and Tax Report.</p> <table border="1" data-bbox="310 1171 1516 1896"> <thead> <tr> <th data-bbox="310 1171 553 1203">Type of business</th> <th data-bbox="553 1171 1516 1203">Required documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 1203 553 1896"> C-Corporation </td> <td data-bbox="553 1203 1516 1896"> <ul style="list-style-type: none"> • A C-Corporation is a corporation for which company profits are taxed separately from the owner's profits under subchapter C of the Internal Revenue Code • If a C-Corporation has been in business less than one year, articles of incorporation, an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required • If a C-Corporation has been in business one year or more, a wage and tax statement or quarterly payroll (if prepared by a payroll company) is required • Pages 1 and 2 of the 1120 Form are required for owners who are not listed on the wage and tax statement. The Schedule G or the 1125E Form (listing all owners) must also be provided. • If the 1120 Form does not list all the owners, a letter from the owners' lawyer or certified public accountant (CPA) identifying all of the owners and their percentage of ownership is acceptable • Two owners who are not spouses will qualify as a group health plan. A W-2 or 1099 employee is not required to enroll as an owner may be considered a Common Law Employee if working full time at the company, i.e., the group may consist of owners only with no full-time employees, where at least one owner is actively working and enrolled. </td> </tr> </tbody> </table>	Type of business	Required documentation	C-Corporation	<ul style="list-style-type: none"> • A C-Corporation is a corporation for which company profits are taxed separately from the owner's profits under subchapter C of the Internal Revenue Code • If a C-Corporation has been in business less than one year, articles of incorporation, an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required • If a C-Corporation has been in business one year or more, a wage and tax statement or quarterly payroll (if prepared by a payroll company) is required • Pages 1 and 2 of the 1120 Form are required for owners who are not listed on the wage and tax statement. The Schedule G or the 1125E Form (listing all owners) must also be provided. • If the 1120 Form does not list all the owners, a letter from the owners' lawyer or certified public accountant (CPA) identifying all of the owners and their percentage of ownership is acceptable • Two owners who are not spouses will qualify as a group health plan. A W-2 or 1099 employee is not required to enroll as an owner may be considered a Common Law Employee if working full time at the company, i.e., the group may consist of owners only with no full-time employees, where at least one owner is actively working and enrolled.
Type of business	Required documentation				
C-Corporation	<ul style="list-style-type: none"> • A C-Corporation is a corporation for which company profits are taxed separately from the owner's profits under subchapter C of the Internal Revenue Code • If a C-Corporation has been in business less than one year, articles of incorporation, an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required • If a C-Corporation has been in business one year or more, a wage and tax statement or quarterly payroll (if prepared by a payroll company) is required • Pages 1 and 2 of the 1120 Form are required for owners who are not listed on the wage and tax statement. The Schedule G or the 1125E Form (listing all owners) must also be provided. • If the 1120 Form does not list all the owners, a letter from the owners' lawyer or certified public accountant (CPA) identifying all of the owners and their percentage of ownership is acceptable • Two owners who are not spouses will qualify as a group health plan. A W-2 or 1099 employee is not required to enroll as an owner may be considered a Common Law Employee if working full time at the company, i.e., the group may consist of owners only with no full-time employees, where at least one owner is actively working and enrolled. 				

Category	Explanation/Requirements
Proof of ownership for groups 1–50 (cont.)	<p>S-Corporation</p> <ul style="list-style-type: none"> • An S-Corporation is a corporation in which profits are passed on to shareholders and taxed on their personal returns under Subchapter S of the Internal Revenue Code • A professional association (PA) has the same requirements • If the S-Corporation has been in business less than one year, articles of incorporation, an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required • If the S-Corporation has been in business one year or more, a wage and tax statement or a quarterly payroll (if prepared by a payroll company) is required • A Schedule K-1 (Form 1120S) is required for all owners/partners if one (or more of the owners) is not indicated on the wage and tax statement • Two owners who are not spouses will qualify as a group health plan. A W-2 or 1099 employee is not required to enroll as an owner may be considered a Common Law Employee if working full time at the company, i.e., the group may consist of owners only with no full-time employees, where at least one owner is actively working and enrolled. <p>Partnership/LLP</p> <ul style="list-style-type: none"> • A partnership is formed when two or more people intend to work together to carry on a business activity. No local or state filings are required to create this type of partnership. • An LLP (Limited Liability Partnership) has the same requirements • If a partnership has been in business less than one year, a Partnership Agreement listing all partners, an IRS or Secretary of State letter indicating issued tax ID number (if available), and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required • If a partnership has been in business one year or more, a wage and tax statement or quarterly payroll (if prepared by a payroll company) is required for employees other than the partners in the group • Schedule K-1 (Form 1065) required for all partners if one or more of the owners are not indicated on the wage and tax statement • A Partnership Agreement is acceptable if the Schedule K-1 has not been filed. A copy of the filing extension is required at the time of submission. <p>Limited Liability Company (LLC)</p> <ul style="list-style-type: none"> • An LLC is a business structure that is a hybrid of a partnership and an S-Corporation. Owners are shielded from personal liability, and all profits and losses pass directly to the owners without taxation of the entity itself. • If the LLC has been in business less than one year, an LLC Agreement (signed by all parties), an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for all employees (other than those bound by the LLC Agreement) are required • If the LLC has been in business one year or more, a wage and tax statement or quarterly payroll (if prepared by a payroll company) is required • A Schedule K-1 or Schedule C is required for all owners/partners if one (or more) of the owners is not showing on the wage and tax statement

Category	Explanation/Requirements
Proof of ownership for groups 1–50 (cont.)	<p>Church</p> <ul style="list-style-type: none"> • Churches must provide a 941 or 940 Form and a two-week payroll/quarterly payroll/quarterly wage and tax statement (if filed) for all employees of the church • Groups consisting of only one eligible employee are allowed <p>Nonprofit</p> <ul style="list-style-type: none"> • A 941 or 940 Form and a two-week payroll/quarterly payroll/quarterly wage and tax statement (if filed) are required • For directors, Form 990 may be provided showing prior year full-time earnings as proof of eligibility • For newly formed nonprofits, a 941 or 940 Form may not be available. A two-week payroll/quarterly payroll/ quarterly wage and tax statement is acceptable. • A group with eligible employees consisting only of an employee and his or her spouse is allowed • Groups consisting of only one eligible employee are allowed
Deductible credit	<p>For new groups, UnitedHealthcare will credit members for the amount of the deductible satisfied under the prior carrier’s plan during the same calendar year. Deductible credit is applicable for calendar year to calendar year plans only. All required documentation must be submitted within 45 days of the effective date. Members enrolling after open enrollment are not eligible for deductible credit.</p>
HRA, Gap and Self-funding Arrangement Guidelines	<ul style="list-style-type: none"> • No UnitedHealthcare plan may be used with any form of wrap product • A “wrap product” includes any employer-sponsored plan that: <ul style="list-style-type: none"> – (1) is paid for or funded, in whole or in part, by the Enrolling Group and/or Subscriber; – (2) (a) provides reimbursement for health plan deductibles, copayments, coinsurance or medical expenses; or (b) provides for the payment of set amounts in the event of hospitalization • Examples include: an employer-funded flexible spending account (FSA), self-funding of the deductible, a medical expense reimbursement plan (MERP) or a hospital confinement policy. A wrap product does not include a health savings account (HSA). • Gap or self-funded plans are not permitted alongside any UnitedHealthcare medical plan • HRA contributions can not exceed 50 percent of the individual or family deductible amount • The UnitedHealthcare HRA application must be completed by the employer group and included with the case submission

Administrative requirements and eligibility provisions

Category	Explanation/Requirements
Requirements for new case submission	<ul style="list-style-type: none"> • Submit a check for one month's premium payable to the plan carrier or submit applicable direct debit form • Complete Small Business Employer Application signed by employer and broker • Copy of the most recent quarterly wage and tax statement with all employees listed (including all pages) for Employers with 1–9 eligible employees • Completed and signed Participation Certification form for Employers with 10 or more eligible employees • Individual Enrollment Forms completed and signed by all eligible employees, including employees enrolled in COBRA • Declination of Coverage/Waiver completed and signed by the eligible employees not electing coverage • UnitedHealthcare proposal for requested effective date of coverage • Union/Non-Union Group <ul style="list-style-type: none"> – In determining market segment, both Union and Non-Union are taken into consideration
Participation requirements	<ul style="list-style-type: none"> • For groups 1–50: At least 60 percent of eligible employees, net valid waivers, must participate. Valid waivers include Medicare, Tricare, VA, other group coverage, Individual Exchange, Medicaid, COBRA, parental, or Spousal. • For groups 51–100: No participation requirement • Employees in their waiting period should be included in the eligibility counts if they will be eligible on group's effective date

Standard eligibility provisions — Post-sale

Category	Explanation/Requirements
Retiree coverage	Retiree coverage is available for groups over 50, with underwriting approval.
Effective date	Groups may select first or the 15th of the month.
Common ownership	<p>Companies that are affiliated (based on 80 percent common ownership) and eligible to be included as part of a consolidated federal tax return (even if they do not file a consolidated federal tax return) or who are part of a controlled group as defined under Internal Revenue Service code will be considered one group.</p> <p>Market segment is determined by the number of FTEs for the prior calendar year of all commonly controlled companies combined, regardless if all are applying for coverage.</p>
Date of birth calculation (Age-banded rate changes)	Renewal rule: A member's billing age will be increased on the first billing due date following the group's renewal.

Category	Explanation/Requirements
Open enrollment period	Month prior to renewal.
Health plan ID card	Mailed to employee's home.
Certificate of coverage	Available on myuhc.com and through Employer eServices.
Summary of benefits and coverage (SBC)	Mailed to employee's home and available online at myuhc.com .
Eligible dependents (Please reference Page 2 for additional eligible dependent criteria)	<ul style="list-style-type: none"> • A spouse • A biological child, step-child, legally adopted child, a child placed for adoption or a child for whom legal guardianship has been awarded to the subscriber or subscriber's spouse including a foster child up to the age of 26 years old
Dependent maximum age limits	Child(ren) of the enrollee or spouse/registered domestic partner up to age 26.
Effective date for new hires	Maximum waiting period is 90 days.
Minimum hours worked per week to be eligible	<ul style="list-style-type: none"> • Eligible Employee: an employee who is offered coverage under a health benefit plan by a small employer. The eligible employee may include only full-time employees; or full-time and part-time employees. • Part-time employee: an employee of a small employer who has a normal workweek of at least 17.5 hours; and is not a full-time employee. • Full-time employee: an employee of a small employer who works, on average, at least 30 hours per week. Full-time employees do not include a seasonal employee as defined in federal law.
Effective date of group termination	Last day of the month in which the term occurs.
Waiting period and effective dates for new hires	<ul style="list-style-type: none"> • The employer selects a waiting period from 0–90 days for newly hired employees before coverage begins • Coverage for a new hire begins and ends on either: <ul style="list-style-type: none"> – (a) the day following the completion of the waiting period, OR – (b) the first of the month following the completing of the waiting period • Coverage for new employees who have satisfied the waiting period begins at 12:01 a.m. on the effective date specified in the group's policy • An employer may choose to waive the waiting period for all employees only upon the initial effective date of the group policy
Qualifying events	<ul style="list-style-type: none"> • Newborn; marriage; divorce; adoption; death; loss of other coverage • Coverage begins on the date of the qualifying event provided notification is received within 31 days
Dual coverage (Employee works for two employers and is covered under both policies)	Not allowed.

Category	Explanation/Requirements
Double coverage (Spouses work for same employer and are covered)	Not allowed.
Employer plan termination	UnitedHealthcare may terminate group coverage for: <ul style="list-style-type: none"> • Nonpayment of premiums (The group is liable for payment of premiums for the entire term the policy/agreement is in force, including the grace period) • Not meeting contribution requirements (30 days' advance notice) • Not meeting participation requirements (30 days' advance notice)
Voluntary termination	Coverage may be terminated by the group, after at least 30 days' prior written notice to UnitedHealthcare. The written notice must be signed by an officer of the group.

Spinoff and multisite policies

Category	Explanation/Requirements
Spinoff group	A spinoff group is a company that is being formed from employees of an existing company branching out on their own, thus forming a new group. The employees forming this company are no longer employed by the larger company and are applying for coverage on their own under a new policy/agreement.
Spinoff review policy and submission requirements	<ul style="list-style-type: none"> • If a spinoff group (1–100) did not have UnitedHealthcare as prior carrier, refer to standard submission checklist, no special requirements apply • If a spinoff group did have UnitedHealthcare as a prior carrier and is rated 51–100, it is considered existing business and will keep the same renewal date. 1–50 spinoffs will use the effective date of the spinoff as the new renewal date. • Although these types of spinoff groups are newly formed, they are not subject to the 50 percent of the preceding calendar quarter/year rule. All spinoff groups, including the spinoff group as well as the group it is spinning off from, must be reviewed and approved by Underwriting. This may result in adjustments to rates and/or bill type. • The following requirements must be included in every submission: <ul style="list-style-type: none"> – Employer Group Application for the new group – New Enrollees Only: Employee Applications (1–50) and Waivers for all eligible new enrollees – Employee Applications (51–99) or a print out with employee data information, to be determined by the financial underwriter. The print out must include all data information required for installation. – If medical underwriting is necessary, we will require all employees not currently covered under UnitedHealthcare to complete health questionnaires (Underwriting reserves the right to make rate adjustments) – Current State Wage & Tax form—or two weeks of current or quarterly payroll – Proof of Business: Refer to the applicable Proof of Ownership, Quarterly Wage Report and Payroll Record Requirement Guidelines – A letter, on company letterhead, that explains the request and effective date – Premium Binder Check

Category	Explanation/Requirements
Multisite quick reference	<p>New business</p> <p>To determine the Base Location State (BL) for a new group, count all enrolling employees in all locations (including commonly owned affiliate locations, if applicable). The following represents the best practical order of priority for determining the Base Location state. Employees are considered to be “employed” in a particular state based on the information reported by the policyholder/employer in the applicable Wage & Tax Statement(s).</p> <ol style="list-style-type: none"> 1. Use the group policyholder’s principal business address. The address registered with the State where the principal decision makers are located and is tied to a physical business location with working employees. 2. If not registered with the State OR it is not a substantial worksite for the policyholder’s business, then use the business address within the State where the greatest number of employees works 3. For Network Plans: <ol style="list-style-type: none"> a. If the group policyholders principal business address is not in the service area of a network plan, and the policyholder has employees who live, reside, or work within the service area, the principal business address for purposes of the network plan is the business address within the plan’s service area where the greatest number of employees work as of the beginning of the plan year b. If there is no such business address where the greatest number of employees work, the rating area for purposes of the network plan is the rating area that reflects where the greatest number of employees within the plan’s service area live or reside as of the beginning of the plan year c. If the PBL represents <10% of the enrolled employees, please contact your FUW for guidance 4. If the business does not have any physical locations of employment, please contact your FUW for further review 5. Once the BL has been established: <ol style="list-style-type: none"> a. Review the BL state definition for small business and confirm that the group meets the definition of small business. <u>If the group does not meet the applicable state’s definition of small business, please consult with your FUW. NEVER rate a group that is small utilizing the large group rating method.</u> b. Confirm there are no State Exceptions that apply (see below). c. The group should be rated using the geographic rating area (i.e. area factor) <u>within the Base Location state you’ve determined by these guidelines</u> where the policyholder’s main business address is located. If there is no physical business location within the Base Location state, then rate in the geographic rating area with the majority/plurality of enrollees. <p>Note: COBRA employees are not counted for determining base employer location.</p> <p>Note: Employees in the waiting period are not counted for determining base location.</p>



Not for Consumer use.

All trademarks are the property of their respective owners.

These policies have exclusions, limitations, reductions of benefits and terms under which the policies may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company whichever is applicable.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, MAMSI Life and Health Insurance Company or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of the Mid-Atlantic, Inc., Optimum Choice, Inc. or their affiliates.