

Underwriting requirements

The following underwriting guidelines apply in order to qualify for coverage:

- ✓ A minimum of 50% employer contribution to the employee rate
- ✓ A minimum participation of at least 5 employees enrolled in the SIMNSA Medical Plan
- ✓ Eligible employees are defined as employees working at least 30 hours per week and considered full time
- ✓ Employees must be working within San Diego or Imperial County
- ✓ All groups with eligible employees are required to provide the most recent DE9C that shows a full quarter of data. Attached rates are for employers with less than 100 employees.
- ✓ New groups must submit the first month's premium payment along with a copy of the Master Group Application.
- ✓ Leased employees, contracted 1099 employees, seasonal, temporary or substitute employees are not eligible for coverage.

Plan Rating

The age of each family member is used to determine a separate rate for each family member. If a family has more than three children under the age of 21, then each additional child over three will have a \$0 monthly premium. A member's age as of the effective date of the group contract will be used for the full contract year, and then updated as needed at renewal.

We are Unique - Choice of Physicians and Providers without PCP election!

Members of SIMNSA are allowed to use any Participating Physicians within the cities of Tijuana, Mexicali and Tecate to obtain health care services. Members are provided with a Provider Directory listing primary care physicians in those service areas. The list of primary care physicians includes pediatricians, obstetricians, gynecologists, general and family practitioners, and internal medicine specialists. If a Member requires specialty services, the Member's primary care physician will refer the Member to a specialist. A list of specialist providers will be provided upon request. For female Members, benefits for services performed by a Participating gynecologist for the diagnosis and treatment of gynecological problems may be rendered without a referral from a primary care physician.

If emergency services or out-of-area urgent care services are required, the Member may go to any emergency room or urgent care center, even if it is not listed in the Provider Directory. Emergency Services and Urgent Care Services are covered by SIMNSA anywhere in the world, subject to the limitations set forth in the Member's evidence of coverage and disclosure form.

Members will receive an identification card that they must present every time a Member presents for health care services. Members may also be asked to present a second form of identification with a picture on it. Members will not be subject to a pre-existing condition exclusion or waiting period prior to eligibility for coverage except for any waiting period imposed by their employers.

Please contact us directly should you have any questions regarding this proposal. All enrollment meetings must be scheduled with our office at least 48 hours in advance. An enrollment specialist will bring all of the material required which includes all enrollment material, applications, group contract and master application. Thank you for allowing us the opportunity to present our services to your client.