

15. PLAN SELECTION(S):

Place an "X" by the plan(s) you have elected for your owners/employees (firms of 3 or more, 75% must enroll in a medical plan).

- ▶ Firms with (2) two or fewer enrolling owners/employees may only elect one medical carrier (100% must enroll in a medical plan)
- ▶ Plans marked with an "◀" are not available to firms with 1 or 2 enrollees.
- ▶ Plans marked with an "▶" are only available to firms with 6 or more enrollees.

KAISER HMO PLANS

- Copayment Plan 15◀
- Copayment Plan 20
- Copayment Plan 30
- Copayment Plan 50

HSA COMPATIBLE PLANS

- Plan \$0/\$1,500
- Plan \$0/\$2,200
- Plan \$0/\$2,700

HIGH DEDUCTIBLE PLANS

- Plan \$30/\$1,000

DEDUCTIBLE WITH HRA PLANS

- Plan \$30/\$1,500
- Plan \$30/\$2,500

If both Health Net AND Kaiser Permanente are selected, participation requirements apply
(please see MEDICAL ELIGIBILITY AND ENROLLMENT, Renewing Firms and New Firms on page 4)

HEALTH NET HMO PLANS

- Value HMO 20◀
- Standard HMO 30▶
- Value HMO 30◀
- Value HMO 40

PPO & HSA COMPATIBLE PLANS

- Standard PPO 40◀
- Value PPO 40◀
- Value HSA 1500◀
- Standard HSA 2000▶
- Value HSA 3500

OPTIONS PLANS (FIRMS ENROLLING 5 OR MORE ONLY)

- OPTIONS PORTFOLIO**
- OPTIONS HMO 35 OPTIONS HSA 3000
- OPTIONS PPO 500 OPTIONS HSA 4000
- OPTIONS PPO 1750

▶ New member firms enrolling 10 or more in Health Net should complete the Health Net Employer Health Statement on page 31. New member firms enrolling 6-9 in Health Net should have each employee complete the Health Net Individual Health Questionnaire on page 32.

ADDITIONAL COVERAGE OPTIONS

Choose one benefit level for each Carrier choice (please see Eligibility and Enrollment on page 5 for participation rules).

METLIFE DENTAL

- Premier + Ortho (\$2,000)*
- Premier (\$2,000)
- Standard (\$1,500)
- Savings Plus (\$1,000)

PREMIER ACCESS DENTAL

- Elite+ Ortho (\$2,000)
- Elite (\$2,000)
- Freedom (\$1,000)
- Freedom (\$1,500)

BASIC GROUP LIFE - 100% Employer paid

- \$5,000 \$50,000 #
- \$10,000 10/25/50K Scheduled#
- \$25,000 #Available to firms with 6 or more eligible owners/employees

* Available to firms with 6 or more enrolling

BLUE VIEW VISION

- Enrollment matches medical
- 100% eligible enrollment (Stand alone)
- Employee paid voluntary plan

VISION SERVICE PLAN

- Enrollment matches medical
- 100% eligible enrollment (Stand alone)

AMERICAN SPECIALTY HEALTH

- Available to firms with 2 or more enrollees & must match medical
- Chiropractic \$15/20
- Chiropractic/Acupuncture \$15/20

OPTIONAL TERM LIFE

- 100% Employee paid individual plan
- Optional Term Life

16. MEDICAL ELIGIBILITY

The following questions should be answered using your attached DE-6 and/or owner/officer paperwork.

- a. Total number of **employees on payroll** regardless of hours worked (on DE-6 + new hires): _____
- b. Total number of **ineligible employees** in each of the following categories: _____
 Union: _____ Part-time: _____ Seasonal: _____ Temporary: _____ Terminated: _____ Waiting Period: _____
- c. Total of all categories in question b: - _____
- d. Total number of **active, eligible employees** on payroll (a minus c): = _____
- e. Number of **employees declining** due to other group coverage: - _____
- f. **TOTAL ELIGIBLE** (d minus e): = _____

- g. Number of **employees enrolling** in:
Health Net: _____ **Kaiser:** _____ **Total:** _____

75% Health Net for NEW firms with 1 - 9 enrolling regardless of plans selected
 75% & a minimum of 6 enrolled with Health Net for any firm offering either Standard HMO 30 or HSA 2000
 60% Health Net (.60 x 4 = 2.4, so 3 enrollees must have HN if HMO plans are offered, No PPO or HSA plans)
 70% Health Net (.70 x 4 = 2.8, so 3 of the enrollees must have HN if any PPO or HSA [except HSA 2000] plans are offered)

- h. percentage of eligible employees enrolling in:
Health Net: _____ % **Kaiser:** _____ % **Total:** _____ %

There is no minimum percentage if Health Net Options plans are offered as long as 5 or more owners/employees are enrolled

17. ADDITIONAL COVERAGE ELIGIBILITY - OWNERS/EMPLOYEES ENROLLING

- a. **METLIFE DENTAL:** How many are currently enrolling in a MetLife Dental plan? None 1 - 5 6 - 19 20+
- b. **PREMIER ACCESS DENTAL:** How many are currently enrolling in a Premier Access Dental plan? None 1 - 9 10 - 34 35+
- c. **NEW DENTAL:** Have you had 12 prior months of group dental? Yes No
- d. **CHIRO/ACUPUNCTURE:** How many are currently enrolling in a chiropractic/acupuncture plan? None 2 - 9 10+

18. FOR INTERNAL USE ONLY

COBRA STATUS: Submitted 2009 COBRA Questionnaire Federal Cal No COBRA



EMPLOYER'S REQUEST FOR PARTICIPATION AGREEMENT (PA) & EMPLOYER'S STATEMENT WITH
NORTH COAST BUILDERS EXCHANGE (NCBE)

As a member in good standing of the North Coast Builders Exchange (NCBE), I hereby certify that all the information contained in the Employer and Employee applications are true and correct to the best of my knowledge. I have read and understand the following statements and confirm that my firm complies with all the rules and regulations of the program, as specified in the Proof of Eligibility and Enrollee Requirements, and I do hereby agree to the following:

To abide by the Participation Agreement and the By-Laws of the North Bay Builders Exchanges (NBBE) and the North Coast Builders Exchange.

To maintain a current membership in good standing in the North Coast Builders Exchange and to assume liability for any changes incurred in said membership during the time this firm is a participant in the Health Program.

To abide by the Group Participation Requirements as stated in the Proof of Eligibility. To enroll the required percentage of all eligible (full-time) owners, partners, officers and employees not covered by a collective bargaining agreement within 30 days of the employee date of eligibility as stated on the current Participation Agreement or a qualifying event and to pay at least 50% of the employee only premium for coverage except for Basic Life which will be paid at 100%.

To notify the Plan Administrator of all employee changes and terminations of employment. Such notification is to be in writing and submitted in a timely manner on the appropriate form. It is understood that failure to submit these notifications in a timely manner will not reduce liability for any premiums incurred prior to the date of notification. No changes or terminations will be accepted on a retroactive basis. The following defines a Qualifying Event:

ADDITIONS*	TERMINATIONS*
New hire	End of employment
Increased hours to full-time employment status	Reduced hours to part-time status
Marriage	Death of an employee
Birth of a child	Employee's Medicare entitlement
Legal adoption of a child	Legal start of bankruptcy proceedings
Loss of coverage due to a qualifying event	Divorce or legal separation from employee
	Loss of dependent child status

* Additions & Terminations: Written notification must be received by the Plan Administrator within thirty (30) days of a qualifying event. Terminations will not be processed further back than the first of the current month of coverage.

To pay premiums and reserve deposit as billed upon written demand of amounts due and to furnish the Plan Administrator with any statements or reports required to carry out the program. Premiums are due and payable in advance by the first (1st) of the month of coverage. Upon enrolling in the Health Program a participating employer must prepay a minimum of one month's premium and reserve deposit. Please note, all premiums include a 5% Administration fee.

To hold harmless the NBBE Insurance Program Board of Directors and the NCBE Insurance Trust Trustees for any action taken or omitted by them in good faith. The NBBE Insurance Program Board of Directors and the NCBE Insurance Trust Trustees reserves the right to make policy, plan and carrier changes at any time.

To participate in elected insurance programs and to be bound by and entitled to all rights as set forth in the NBBE By-Laws and policies as well as the sponsored carrier contracts.

To respect and protect the confidentiality of health information of employees and other participants; and to acknowledge that the group insurance plan(s) are subject to the HIPAA Privacy Laws, and to act in accordance with the direction of any plan so that such plan may fulfill its obligations under the HIPAA Privacy Laws.

All carrier contracts with the NBBE are guaranteed coverage as of the proper effective date (with the exception of Optional Life & Disability Income) as long as the qualifications and participation requirements stated on this agreement are met.

As the legally authorized representative, I certify that I have read and understand the above and that all information provided is accurate and complete to the best of my knowledge and belief. I certify and understand that this is a legally binding agreement.

19. _____
Print Name Date

20. _____
Signature of Owner/Officer only Title

All enrollment documents, complete and accurate, must be received by the 15th of the month prior to the requested effective date.