

Connecticut Large Group Attachment A-OHP

Oxford Health Plans (CT), Inc.

Mailing Address: 4 Research Drive, Shelton, CT 06484 ■ 1-800-889-7658 ■ www.oxfordhealth.com

UNDERWRITING GUIDELINES

The following underwriting guidelines must be met for Oxford Health Plans (CT), Inc. ("Oxford") to accept this Application:

- A. The Employer confirms that of the employees to be insured on the effective date by Oxford, no more than 30% live outside Oxford's service area.
- B. The Employer confirms that of the employees to be insured on the effective date by Oxford, no more than 10% of the enrolled employees are currently on COBRA or state continuation provisions.
- C. The Employer confirms that of the employees to be insured on the effective date by Oxford, no more than 5% of the enrolled employees are retirees under the age 65 and no more than 10% of the enrolled employees are retirees over the age 65.
- D. The Employer confirms that the Company has not been in bankruptcy or reorganization, and is currently in full compliance with all loan agreements and credit facilities which the Company is party to.
- E. The Employer confirms that it will always contribute at least 50%, and be no less favorable than those applied to competitor plan options (if applicable), of the total premium for all employee health coverage.
- F. In a Full Replacement plan, where Oxford is the only carrier offered to the employees, the Employer confirms that a minimum of 75% of its total eligible employees participate net of spousal waivers. Or, in an Offering, where Oxford is offered to the employees alongside other carriers, the Employer confirms to a previously specified minimum number of subscribers that will be required to participate in the Oxford plan.
- G. Rates are subject to change based on final enrolled population.