Renewal Application

To make changes to your group policy, complete and submit this form to your broker or login to your HealthPass Online Portal (HOP) via www.healthpassny.com. Quick and easy open enrollment instructions are available online in the Forms & Documents/Renewal Forms drop down menu.

Full Name of Company | HealthPass Group # | COBRA - Federal or State:

❒Federal (Greater than 20 Employees)
❒State (Less than 20 Employees)

Organization Type:* ❒"C" Corp ❒"S" Corp ❒Partnership/LLP ❒Non-Profit ❒Sole Proprietorship ❒Church ❒Limited Liability Corporation

Employer Industry:*
❒Arts/Entertainment/Recreation ❒Construction/Utilities ❒Education
❒Finance/Insurance/Real Estate ❒Food/Hospitality ❒Healthcare/Social Assistance
❒Manufacturing ❒Print/Media ❒Professional/Technical Services
❒Retail ❒Transportation/Warehouse ❒Wholesale
❒Other

A. YOUR COMPANY

Indicate changes to your group policy in the fields below. Your policy will renew as is in the fields where you do not indicate a change.

Primary Contact Name | Primary Contact Phone Number/Ext. | Primary Contact Email

Street Address (No P.O. Boxes) | Suite | City/State/Zip

County or Borough | Fax Number

Billing Contact Name | Billing Contact Phone/Ext. | Billing Contact Email

Billing Street Address (if different) | Billing Suite | City/State/Zip

B. ELIGIBILITY AND ENROLLMENT

Number of Eligible Employees_____
Waiting period (Coverage Begins on the 1st of the Month Following) ❒0 Months ❒1 Month ❒2 Months
How many hours per week must employees work to be eligible for coverage?_____ (Must be between 20 and 40 hours)
Number of Enrollments with HealthPass_____
Number of Eligible Employees who have Other Health Coverage_____

Are you interested in offering FSA & Commuter Benefits to your employees? **(If no, skip to COBRA question.)** ❒Yes ❒No
Select Your Payroll Cycle (FSA & Commuter Benefits) ❒Weekly (52 Contributions) ❒Bi-Weekly (26 Contributions)
❒Semi-Monthly (24 Contributions) ❒Monthly (12 Contributions)
1st FSA Payroll Processing Date (MM/DD/YYY) ____/____/____

COBRA Administration Services? (included service): ❒ I would like to participate in COBRA Administration
❒ I would like to opt out of COBRA Administration

❒ **NYS-45 or applicable tax form from the most recent quarter notating the number of hours worked per week for each employee if changing any of the following:**
- The number of hours worked per week to be eligible for coverage
- Enrolling in COBRA Administration
- Adding Dental Package 2 or 3 (unless switching between packages 2 and 3)
- Adding Vision Package 1 or 3 (unless switching between packages 1 and 3)

C. MEDICAL AND ANCILLARY PLAN OFFERINGS

Medical Plans

Indicate the medical plans you would like to offer or all medical plans will be made available.

Base Carrier Offerings: EmblemHealth, Healthfirst and Oxford (Metro only)

HealthPass Participation Requirements: 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver. 20% of the total eligible employees must enroll with a HealthPass medical plan.

To include Oxford – Liberty Plans

Liberty Participation Requirements: 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver. 60% of the total eligible employees, after valid waivers, must enroll in combination of Oxford – Liberty and/or Oxford – Metro plans.

EmblemHealth Plans			
❒ Bridge Platinum PPO ❒ Prime Platinum Premier ❒ Select Care Platinum Premier	❒ Bridge Gold PPO ❒ Prime Gold Premier ❒ Prime Gold Value ❒ Bridge Gold Virtual ❒ Select Care Gold Premier ❒ Select Care Gold Value ❒ Millennium Gold Virtual	❒ Prime Silver Premier ❒ Select Care Silver Premier ❒ Select Care Silver Value ❒ Millennium Silver Value G ❒ Prime Silver HSA	❒ Prime Bronze HSA ❒ Select Care Bronze Premier ❒ Select Care Bronze Value ❒ Millennium Bronze Premier G ❒ Millennium Bronze Value G
Healthfirst Plans			
❒ Platinum Pro EPO	❒ Gold Pro EPO ❒ Gold 25/50/0 Pro EPO ❒ Gold 1350 Pro EPO	❒ Silver Pro EPO ❒ Silver 40/75/4700 Pro EPO	❒ Bronze Pro EPO HSA ❒ Bronze 5250 Pro EPO HSA ❒ Bronze 6850 Pro EPO HSA ❒ Bronze 8225 Pro EPO
Oxford Metro Plans			
N/A	❒ Metro Gold EPO 25/40 G ❒ Metro Gold EPO 25/40	❒ Metro Silver EPO 30/80 G ❒ Metro Silver EPO 50/100 ZD	❒ Metro Bronze HSA 7000 G
Oxford Liberty Plans			
To include Oxford – Liberty Plans, see above Liberty Participation Requirements. If the group does not meet the Oxford – Liberty Participation Requirements at open enrollment: the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford – Liberty must select another plan through HealthPass. If an alternative plan is not selected, the Oxford – Liberty enrollees will be mapped into Oxford – Metro plans within the same selected metal tier.			
❒ Liberty Platinum EPO	❒ Liberty Gold EPO 30/60 ❒ Liberty Gold EPO 30/60 G ❒ Liberty Gold EPO 25/50 ZD ❒ Liberty Gold HSA 1500 Motion	❒ Liberty Silver EPO 25/50 G ❒ Liberty Silver EPO 40/70 ❒ Liberty Silver EPO 50/100 ZD ❒ Liberty Silver HSA 4000 Motion	❒ Liberty Bronze HSA 5750

G = Gated
ZD = Zero Deductible

Dental Plans

Indicate a change to your dental offering here. If you do not indicate a change, your offering will renew as is.

Dental Options	❒ **Package 1 (In-Network plans only):** Guardian Managed DentalGuard DHMO Guardian Managed DentalGuard DHMO *Plus* Solstice Dental EPO S700B Solstice Dental EPO S800B UnitedHealthcare Select Managed Care	❒ **Package 2^:** Guardian Managed DentalGuard DHMO Guardian DentalGuard Preferred PPO MAC	❒ **Package 3^:** Guardian Managed DentalGuard DHMO *Plus* Guardian DentalGuard Preferred PPO Plus MAC
❒ **Package 4:** Solstice Dental EPO S700B Solstice Dental EPO S800B Solstice Dental PPO Solstice Dental Value PPO MAC	❒ **Package 5^:** UnitedHealthcare Select Managed Care UnitedHealthcare Low PPO MAC UnitedHealthcare High PPO MAC	❒ **Package 6^:** UnitedHealthcare INO 100/50/50 UnitedHealthcare High PPO MAC	❒ **Package 7:** Not Interested

^Participation requirements apply.

Vision Plans

Indicate a change to your vision offering here. If you do not indicate a change, your offering will renew as is.

Vision Options			
	❒**Package 1^:** Guardian VisionGuard Solstice Vision PPO UnitedHealthcare Vision PPO	❒**Package 2:** Solstice Vision PPO UnitedHealthcare Vision PPO	❒**Package 3^:** Guardian VisionGuard
	❒**Package 4:** Solstice Vision PPO	❒**Package 5:** UnitedHealthcare Vision PPO	❒**Package 6:** Not Interested

^Participation requirements apply.

FSA & Commuter Benefits

Choose if you would like to offer FSA & Commuter Benefits to your employees for the upcoming policy year. If you choose not to offer FSA & Commuter Benefits at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer. Please note: every year your employees will have to re-establish their plans and amounts.

OCA FSA & Commuter Benefits: $8.00 PEPM (per enrolled per month) is billed directly to the employer by OCA for each enrolled employee. Only (1) fee is charged per employee even if enrolled in multiple plans.

Select any of the plans you wish to offer:

OCA FSA & Commuter Benefits
❒**Healthcare Flexible Spending Account (FSA)** Select Yearly Amount Plan: ❍ FSA $1000 Max ❍ FSA $2000 Max ❍ FSA $2850 IRS Max
❒**Dependent Care Account (DCA) FSA** Yearly Maximum Amount: $5000
❒**Parking Plan** Monthly Maximum Amount: $280
❒**Transit Plan** Monthly Maximum Amount: $280
❒Not Interested

Life/AD&D/LTD Plans

Indicate a change to your Life/AD&D/LTD plan offering here. If you do not indicate a change, your offering will renew as is.

Guardian Plans				
	❒EverGuard	❒EverGuard *Plus*	❒Dual Option	❒Not Interested

Accident Plan

Indicate a change to your Accident plan offering here. If you do not indicate a change, your offering will renew as is.

Guardian Plan		
	❒AccidentGuard Adv	❒Not Interested

ID Theft Plans

Indicate a change to your ID Theft plan offering here. If you do not indicate a change, your offering will renew as is.

ID Theft Plans			
	❒**Allstate Identity Protection**	❒**LifeLock**	❒**Not Interested**
	❍Allstate Identity Protection	❍Benefit Elite	
	❍Allstate Identity Protection Pro Plus	❍Ultimate Plus	
	❍Dual Option	❍Dual Option	

Pet Plan

Choose if you would like to offer a Pet Plan to your employees for the upcoming policy year. If you choose not to offer a Pet Plan at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer.

Pet Plan		
	❒Total Pet Plan	❒Not Interested

This is a discount plan bundle from Pet Benefit Solutions and includes Pet Assure, Pet Plus, AskVet and The PetTag (not insurance).

For extra HealthPass Products & Services, such as pet insurance and a hearing benefit program, visit https://healthpass.com/extra-products-and-services/ to find out more.

Defined Contribution

Determine how to apply your monthly contributions:

❒ **No Contribution**

❒ **Lump Sum $**_____ Additional funds will rollover into any selected ancillary plans.

❒ **Contribute Per Plan Type (by percent or flat dollar):**

Medical _____
Dental _____
Vision _____

❒ **Contribute by Coverage Tier (by percent or flat dollar):**

Medical	EE Only_____	EE/Sp_____	EE Child(ren)_____	Family_____
Dental	EE Only_____	EE/Sp_____	EE Child(ren)_____	Family_____
Vision	EE Only_____	EE/Sp_____	EE Child(ren)_____	Family_____

D. BANK INFORMATION

How do you prefer to pay for your coverage? (Select One)

❒ Please use electronic funds transfer (EFT) for my monthly payment.* (Must attach a voided business check)

❒ Please bill me monthly.

❒ I would like to enroll in paperless billing. If enrolling in paperless billing we must have an active email address on file.

If EFT is selected, I hereby authorize HealthPass to initiate electronic funds transfer (EFT) from my account for the payment of my monthly cost of coverage. I understand the debit transaction will occur the 1st of the month or the 1st business day following. In the event that I make changes to my banking arrangements, I understand that I must notify HealthPass to effect the changes for payment collection. All changes must be reported 20 days prior to the effective date of the change by calling HealthPass at 888-313-7277.

*The HealthPass Merchant ID is 131575. Check with your financial institution as you may need to provide this ID in order for payments to be processed successfully.

E. EMPLOYER CERTIFICATION

I agree and attest that:

❒ My business offers HealthPass medical coverage to every eligible full-time employee. Age, sex or health status cannot be used to determine employee eligibility.

❒ An eligible employee must be defined as one that works no less than 20 hours per week and my business must have at least one (1) such eligible employee.

❒ Part-time employees (working less than 20 hours per week), temporary employees, employees working outside of the US, household help, and retirees are not eligible for coverage through HealthPass. Other exclusions may apply.

❒ The group meets HealthPass participation requirements:

- Base carrier offerings: EmblemHealth, Healthfirst and Oxford (Metro only)
  HealthPass Participation Requirements: 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver. 20% of the total eligible employees must enroll with a HealthPass medical plan.
- To include Oxford – Liberty Plans
  Liberty Participation Requirements: 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver. 60% of the total eligible employees, after valid waivers, must enroll in a combination of Oxford – Liberty and/or Oxford – Metro plans.

❒ The group meets all HealthPass carrier out-of-area coverage requirements

- **EmblemHealth**
  Bridge Plans - Employees can reside in any of the 50 US states. Bridge Program includes: Prime, GHI National, Connecticare, QualCare and First Health networks.
  Prime Plans - Employees must live/work/reside in NY, NJ and CT.
  Select Care - Employees must live/work/reside in NY.
  Millennium Plans - Employees must live/work/reside in the five boroughs, Nassau, Suffolk and Westchester.
- **Healthfirst**
  Pro Plans - Employees must live/work/reside in the five boroughs, Nassau, Suffolk, Westchester and Rockland.
- **Oxford**
  Metro Plans - Employees must live/work in NY and NJ.
  Liberty Non-Gated Plans - Employees can live anywhere in the continental US.
  Liberty Gated (G) Plans - Employees must live in NY, NJ and CT. These members have access to Choice Plus when they travel or have children attending college outside of the Oxford service area (NY/NJ/CT).

❒ This application has been completed with accurate information and in no way has any information been misrepresented, falsely provided, or reinforced by false documentation that has been presented. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or state department of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material here to, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed $5,000 and the stated value of the claim for each such violation plus the amount of the claim on individuals who commit fraudulent insurance acts. Additionally, the State has the right to levy a civil fine of up to $1,000 for possession of a fraudulent health insurance identification card and up to $5,000 for each addition card possessed.

Please refer to our Eligibility Guidelines for more detailed information.

F. PROGRAM BENEFITS

Health Advocacy: All members with medical coverage through HealthPass (excluding COBRA enrollees) have access to Health Advocate™ to assist with navigating many healthcare related issues, including support in understanding claims and accessing providers.

HealthPass COBRA Administration Services: All groups have access to COBRA/NYSC Administration Services unless opted out by Employer in Section B. The service includes notification of former employees of their rights upon termination and the collection of payments from employees who elect to continue their coverage with their former employer. Employer understands it is responsible to timely and accurately perform all of their responsibilities by providing participant information. HealthPass COBRA Administration Services will terminate if (i) mandatory termination occurs due to non-payment or Employer otherwise ceases to offer medical insurance via HealthPass; (ii) Employer does not comply with the information or; (iii) Employer elects to cease to offer HealthPass COBRA Administration Services by declining such services in Section B of this form or otherwise in writing at any time. Employer agrees to indemnify HealthPass and all personnel involved in the provision of COBRA Administration Services.

G. FEE DISCLOSURE

Program Fees: All medical rates include $4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.

- Dental In-Network plans: EE $1.50, EE/Spouse $2.25, EE+Child(ren) $2.25, Family $3.00
- Dental PPO plans: EE $9.25, EE/Spouse $18.25, EE+Child(ren) $16.50, Family $26.50
- Vision plans: EE $1.50, EE/Spouse $2.25, EE+Child(ren) $2.25, Family $3.00
- Guardian EverGuard and EverGuard *Plus* plans: $3.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE $2.50, EE/Spouse $3.50, EE+Child(ren) $3.50, Family $5.50

H. HEALTHPASS INSURANCE TRUST

The undersigned employer, in order to establish a plan or plans of Group Health Insurance for its employees and their dependents, hereby requests participation in the New York Health Purchasing Alliance, Inc. and/or HealthPass Insurance Trust (the "Trust") which provides health insurance benefits under Group Contracts issued by several health insurers and health maintenance organizations (HMO) to the Trustee of the HealthPass Insurance Trust. If the undersigned employer's participation is approved by the Trustee or the Administrator appointed by the Trustee (the "Administrator"), said employer shall become a Participating Employer (as defined in Trust Agreement) as of the effective date endorsed herein by the Trustee or the Administrator.
The undersigned employer understands and acknowledges that even if it is approved as a Participating Employer in the HealthPass Insurance Trust, employees and their dependents are not automatically insured, as each must satisfy any eligibility requirements of the Trust and of the applicable Group Contracts. The Participating Employer agrees to make the coverage under Group Contracts available to all of its current and future eligible employees.

The undersigned employer hereby agrees:

- To be bound by all the terms of the Trust Agreement and of the Group Contract(s) as each may be from time to time amended, changed or terminated by the Insurer, HMO or Trustee, copies of which are available from the Trust or the Administrator upon request.
- To furnish any information requested by the Trustee, Administrator or any of the Insurers or HMOs, which is reasonably required for the proper administration of the Trust or of the Group Contract.
- To distribute to its eligible employees any materials provided by or on behalf of the Trustee, Administrator, Health Insurer or HMO describing Trust or the Group Contract.
- That it has no right, title or interest in or to the Trust Fund created under Trust.
- Coverage under any Contract through the Trust shall only apply to the extent provided in the Group Contract issued to the Trust by the insurer or HMO. All claims for benefits must be submitted to the insurer or HMO. Benefits are payable only by the insurer or HMO. The Trust's responsibility is solely to pay premiums to the insurer or HMO. The Trust is not liable for any benefit payments.
- The Trustee does not have any obligation under any of the Group Contracts to automatically insure employer groups should HealthPass not be in receipt of payment by the end of the month of the date due. Full payment must be made to keep all group policies active.

All enrollment documentation must be fully complete and submitted by the 20th of the month prior for effective coverage for the 1st of the following month. Any enrollment documentation received after the 20th of the month will subject the entire group to delays in coverage activation up to 10-12 business days.

Company Name _____ **Group Number** _____

Print Name _____ **Date** _____

Authorized Signature _____ **Title** _____

Happy to help.
For assistance contact the HealthPass Retention Department at 888-313-7277 or email renewals@healthpassny.com.