

Our Medical Partner Carriers



Our Model

Through HealthPass, each employee can choose a different carrier and plan design using one universal form. The employer receives only one invoice from HealthPass and writes only one check per month regardless of the number of different plans chosen by the employees.

Group Eligibility

To be eligible for small group coverage through HealthPass, a group must have at least 1 but not more than 100 FTE employees. Group size is to be determined based on the federal “Full-Time Equivalent” (FTE) employee counting method (26 U.S.C. 4980H(c)(2), which is the same calculation used to determine employer liability under the “Shared Responsibility for Employers” provisions of the Affordable Care Act (ACA) and Internal Revenue Code (IRS). For each month of the prior year, the employer counts its employees working an average of 30 or more hours per week as full-time employees and, if it has employees working less than that, adds the number of full-time equivalents (determined by simply adding up the hours that are worked by these less than-full-time employees for the month, but no more than 120 hours per employee, and then dividing by 120). Then, the resulting totals for each month in the prior year are added together and then divided by 12 to get an average for the prior year.

Groups must have an active business address in one of the five boroughs of NYC (Manhattan, Brooklyn, Queens, Staten Island and Bronx), Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster or Sullivan counties.

Other plans written alongside HealthPass cannot be an employer-sponsored plan from EmblemHealth, Empire or Oxford.

Participation Requirements

Core Plans: EmblemHealth (all), Empire (Connection only) 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.

Core Plus Plans (Additional Participation Requirements):

To include Empire PPO/EPO and Blue Access Plans along with the Core Plans:

PPO/EPO and Blue Access Requirements: available to groups with 10 or more enrolling in any medical plan offered through HealthPass with a \$750 minimum monthly employer contribution per employee.

If the group does not meet the PPO/EPO and Blue Access Requirements at open enrollment: employees who selected PPO/EPO and Blue Access plans will need to select alternative plans or they will be mapped into Connection plans within the same selected metal tier. If the member’s group is located in a county where Connection plans are not available, enrollment will be pended until an alternative plan is selected by the member.

By offering these plans, the employer attests they are meeting the required monthly contribution per employee stated above.

To include Oxford Liberty Plans along with the Core Plans:

Liberty Participation Requirement: 60% of the total eligible employees, after valid waivers, must enroll in a combination of Liberty and/or Metro plans.

If the group does not meet the Liberty Participation Requirement at open enrollment: the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Liberty must select another plan through HealthPass. If an alternative plan is not selected, the Liberty enrollees will be mapped into Metro plans within the same selected metal tier.

Valid Waivers:

- Spousal Coverage
- Medicare
- Medicaid
- Veteran's Administration
- Parental Waiver

Invalid Waivers:

- Employer Sponsored Coverage
- Individual Coverage
- Exchange Coverage

To count as a valid waiver, an employee who is covered by one of the above plans must indicate their desire to waive in the HealthPass Online Portal (HOP) or complete a HealthPass Waiver Form with the required information.

Carrier Specific Out-of-Area Requirements	
EmblemHealth	Prime Plans - Employees must live/work/reside in NY, NJ and CT.
Empire	PPO/EPO and Blue Access Plans - Employees can live/work/reside anywhere in the US. The NY network consists of the 28 counties service area (five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster, Sullivan, Delaware, Clinton, Essex, Albany, Columbia, Fulton, Green, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington). Other New York counties and all other US states access the BlueCard Network. Connection Plans - Employees can live/work/reside anywhere in the US. The NY network consists of the 9 counties service area (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester). Other New York counties and all other US states access the BlueCard Network.
Oxford	Liberty non-gated - Employees can live anywhere in the continental US. Liberty gated (G) - Employees must live in NY, NJ and CT. These members have access to Core Network when they travel or have children attending college outside of the Oxford service area (NY/NJ/CT). Metro - Employees must live/work in NY and NJ.

Tax Documents

Organization Type	Eligibility Requirements
Sole Proprietorships & Partnerships	Requires at least one common law employee who is not a spouse or relative with ownership. The common law employee must enroll in medical coverage.
LLCs, S and C Corporations	Do not require a common law employee(s) so long as the corporation has at least two owners who are not married to each other. If there is only one eligible employee on the most recent NYS-45 enrolling with coverage, owner documentation needs to be provided.

Standard Organization - To verify groups meet the eligibility requirements for HealthPass coverage, a copy of the most recent NYS-45 Quarterly Wage & Tax Statement(s) to be notated to indicate the employment status for each employee. Renewing groups selected for mandatory audit - please refer to your HealthPass Renewal Kit for additional submission/ notation requirements.

The notations mentioned above are: FT (full-time), PT (part-time), U (union), T (termed), S (seasonal)

If the group has employees or owners not listed on the NYS-45, please refer to the chart below for acceptable documents.	
Organization Type	Documentation
Standard	NYS-45
C-Corporation	IRS Form 1120 (pages 1-2) and IRS Form 1125-E or IRS Schedule G (for owners)
Partnership/LLP	IRS Schedule K1 (Form 1065) totaling 100% ownership
S-Corporation	IRS Schedule K1 (Form 1120S) totaling 100% ownership
Sole Proprietorship	IRS Schedule C (Form 1040) or IRS Schedule F
Non-Profit and/or Church	Most recent Quarterly Federal Tax Returns (IRS Form 941) and current 2 week payroll report
Commonly Owned	Form 851 if consolidated filing. Letter from the employer attesting to affiliated groups if not filed together (in addition to NYS-45s)
Limited Liability Company	IRS Schedule C (Form 1040) or Schedule K-1 totaling 100% ownership
New Organization	Articles of Incorporation or Articles of Formation and IRS Form SS-4 (tax ID filing receipt) and most recent 2 week payroll report for employees
New Hires	Most recent 2 week payroll report
COBRA/State Continuation Subscriber	Most recent NYS-45 Form on which employee(s) appear
1099 Employees	Common Law Employee Attestation Form, written contract or agreement, 12 weeks of payment documentation and IRS Form SS-8 (if applicable).

Effective Date

Groups are eligible for coverage beginning the 1st of the month. Late enrollment is available for the following products: EverGuard, EverGuard *Plus*, AccidentGuard Adv, Allstate Identity Protection Pro, Allstate Identity Protection Pro Plus, LifeLock Benefit Elite, LifeLock Ultimate Plus and Total Pet Plan. Late Enrollment Forms can be found on our website at - healthpass.com/forms-and-documents/#enrollment

Employee Hours

Full-time employees must work a minimum of 20 hours per week. During open enrollment, the employer may choose to raise the minimum standard anywhere to a maximum of 40 hours per week but must remain consistent for all employees.

Waiting Period

An employee must meet the waiting period defined by the group to be eligible. Groups may elect a 0, 1 month or 2 month waiting period (from the date of hire) and must remain consistent for all employees. New hires will become effective on the 1st of the month following the completion of the waiting period. Employees must enroll within one month from the effective date. Employers may change the waiting period **only** at renewal.

Member Eligibility

Dependents

Eligible dependents are defined as a legally married spouse, domestic partner or legally dependent child. HealthPass offers medical coverage to eligible dependent children to age 26 under the plan of their parent or guardian, which terminates at the end of month [EOM] in which they turn 26.

The dependent child may extend coverage through age 29 via the Young Adult Option and is required to maintain the same plan as the parent or guardian, which will terminate at the EOM in which they turn 30. The Young Adult Option will be billed directly to the dependent at the full Employee only monthly rate.

Domestic Partners

A domestic partnership is defined as two people who are 18 years or older and who live together and have been living together on a continuous basis for at least six months. The domestic partnership must involve a close and committed personal relationship. Neither you nor your domestic partner may be married or related by blood in a manner that would bar marriage in New York State.

- **Required proof for Domestic Partner Coverage:**

The HealthPass Declaration of Cohabitation and Financial Interdependence form must be completed if enrolling a domestic partner due to a qualifying event.

- Domestic Partners are not eligible for COBRA or State Continuation of Coverage
- Dependents of Domestic Partners may enroll only if Domestic Partners enroll
- Rates for Domestic Partners will be the same rates for Employee/Spouse or Family

Change of Residence

Sometimes an employee may be outside of the HealthPass carrier coverage area due to a change of residence. The employee may apply to choose a different carrier through HealthPass, effective the 1st of the month following with the approval of HealthPass. Employees may be required to provide satisfactory proof of the residential change.

Rehires

- Employees rehired within 12 months are eligible to enroll on the 1st of the month following the date of rehire provided the group treats all rehires consistently.

Part-time to Full-time Status

- A change from part-time to full-time status is considered a qualifying event. Employees are eligible to enroll on the 1st of the month following the change. The new hire waiting period is not enforced.

Medicare

Medicare recipients are eligible so long as they meet the minimum hourly requirement. Medicare primary rates are not available.

Special Circumstances - Change in Family Status

If there is a change in family status for an employee (marriage, birth, adoption, placement for adoption, etc.) any and all of the following members may be allowed to enroll or change their plan options:

- Employee
- Employee's spouse/domestic partner
- Dependent child(ren)

Note: Even if the newly acquired spouse/child does not enroll, other members of the family, including the employee, may enroll or change plans. For example - An employee not enrolled gets married, causing a change in family status - the employee can enroll on the plan with or without the new spouse. Additionally, these events do not supersede any new hire waiting period.

Ineligible Employees

The following are ineligible for coverage:

- Domestics
- Employees working outside the US
- Interns and temporary personnel
- Retirees

Seasonal Workers

- Are eligible for coverage if they work the required number of hours/week for a minimum of 6 months per year.
- Seasonal workers are taken into account in determining the number of full-time employees. However, if an employer's workforce exceeds 100 full-time employees (including full-time equivalents) for 120 days or fewer during a calendar year, and the employees in excess of 100 who were employed during that period of no more than 120 days were seasonal workers, the employer is not considered an applicable large employer.

Group and Enrollee Submission Deadlines

Timely submission ensures an enrollee will be in the carrier system and active by the 1st of the month effective date. Late submission will subject enrollees to a delay of 10-12 business days after receipt of all outstanding information and/or documents. All forms must be entered in the HealthPass Online Portal (HOP) by the General Agent of Record if they are not processed by the Broker.

- Timely - New, Existing and Renewing Groups must be processed and approved by the 20th of the month prior.
- Qualifying Events must be processed within 30 days of the requested effective date. Other than birth or adoption, all coverage effective dates are the 1st of the month following the qualifying event.
- Termination must be processed within 30 days of the requested effective date. Termination dates must be the last day of the month in which the termination occurred.
 - If a member terminates EverGuard or EverGuard *Plus*, the plan(s) allow for a conversion of only the term life to a whole life insurance policy with Guardian directly. A Conversion Form can be found on our website - healthpass.com/benefits-exchange/forms-and-documents/#enrollment

Payment Submission & Collections

Payment must be submitted with the initial form. Invoices are generated on the 10th of the month prior to the due date. Should HealthPass not be in receipt of the payment by the end of the month of the date due, the employer group will be terminated from coverage. Your group may request reinstatement from the 5th - 8th subject to carrier approval and a \$250 reinstatement fee. HealthPass can only allow one reinstatement per 12 months.

Renewal

In the months leading up to your renewal, a customized renewal kit containing important information about your group's current and renewal policy options will be generated. The renewal kit will be posted to your online account 3 months prior to your renewal date and mailed to the attention of your primary user or billing contact 2 months prior to your renewal date.

Your HealthPass policy will automatically renew each year. However, if your group is 1) selected for a mandatory audit to verify eligibility or 2) your group is making specific changes, documentation will be required in order to renew your policy. Groups selected for mandatory audit will receive a notice 3 months prior to the group's renewal date. Please refer to the audit notice and the renewal kit for instructions.

Terminating Group

If you wish to terminate your group policy, please send your request in writing on company letterhead signed by an authorized company representative within 30 days of your termination date. A termination date can be the last day of any given month.

Our Ancillary Partner Carriers



Guardian Dental

	DHMO Options: Managed DentalGuard or Managed DentalGuard Plus	Dual Options DHMO/PPO: DentalGuard Preferred PPO MAC or DentalGuard Preferred PPO Plus MAC
Dental Plans	Dental coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in dental must begin their dental coverage on the 1 st of the month. Dependent dental coverage terminates at age 26 EOM.	
Enrolling Employees	Dental coverage is voluntary. There are no participation requirements. When choosing the dental tier type (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from his/her medical coverage.	With the Dual Option dental program, 75% of eligible employees, excluding dental waivers, must enroll. Employees who waive due to dental coverage elsewhere will not be counted toward the eligible number of employees. When choosing the dental tier type (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from medical coverage.
Waiving Employee Coverage	When waiving dental coverage, even if medical coverage has been waived, an employee must indicate via the Enrollment/Change Form that they are waiving dental coverage as well. Eligible employees who waive medical coverage may still elect to participate in the dental plan.	Employees who waive due to dental coverage elsewhere will not be counted toward the eligible number of employees. When waiving dental coverage, even if medical coverage has been waived, an employee must indicate via the Enrollment/Change Form that they are waiving dental coverage as well. Eligible employees who waive medical coverage may still elect to participate in the dental plan.

Guardian Vision

Group Enrollment	Vision coverage will be effective the 1 st of the month. Note that if you choose not to offer Vision at this time, current and future employees will be unable to enroll until your next open enrollment. Dependent vision coverage terminates at age 26 EOM.
Enrolling Employees	20% of the eligible employees, excluding vision waivers, must enroll.
Waiving Employees Coverage	Eligible employees who waive medical coverage, either because they are enrolled with another medical coverage or do not wish to have coverage, may still elect to participate in the Guardian VisionGuard plan.

Guardian Life/AD&D/LTD

Group Enrollment	EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in these products must begin their EverGuard coverage on the 1 st of the month. The employer must choose on a group level whether to offer EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option.
Enrolling Employees	EverGuard coverage is voluntary. There is no participation and no medical underwriting at initial enrollment. The monthly premium is based on age brackets (18-39, 40-54, 55+). This plan allows for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpassny.com. The employee may elect only the EverGuard coverage type offered by the Employer.
Waiving Employees Coverage	Eligible employees who waive medical coverage, either because they are enrolled with another coverage or do not wish to have coverage, may still elect to participate in the EverGuard plan.

Guardian Accident

Group Enrollment	AccidentGuard Adv coverage will be effective the 1 st of the month. Note that if you choose not to offer Accident at this time, current and future employees will be unable to enroll until your next open enrollment. Dependent coverage terminates at age 26 EOM.
Enrolling Employees	AccidentGuard Adv coverage is voluntary meaning there are no participation requirements. To enroll, comprehensive hospital, surgical and medical insurance is required on the effective date of the application for all enrollees. The plans allow for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpassny.com.
Waiving Employees Coverage	Eligible employees who waive medical coverage, because they are enrolled with another medical coverage, may still elect to participate in the AccidentGuard Adv plan.

Solstice Dental

	EPO Options	PPO Options
Dental Plans	Dental coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in dental must begin their dental coverage on the 1 st of the month. Dependent dental coverage terminates at age 30 EOY.	
Enrolling Employees	Dental coverage is voluntary. There are no participation requirements. When choosing the dental tier type (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from his/her medical coverage.	
Waiving Employees Coverage	When waiving dental coverage, even if medical coverage has been waived, an employee must indicate via the Enrollment/Change Form that they are waiving dental coverage as well. Eligible employees who waive medical coverage may still elect to participate in the dental plan.	

Solstice Vision

Group Enrollment	Vision coverage will be effective the 1 st of the month. Note if you choose not to offer Vision at this time, current and future employees will be unable to enroll until your next open enrollment. Dependent vision coverage terminates at age 30 EOY.
Enrolling Employees	Vision coverage is voluntary and there are no participation requirements.
Waiving Employees Coverage	Eligible employees who waive medical coverage, either because they are enrolled with another medical coverage or do not wish to have coverage, may still elect to participate in the Solstice Vision PPO plan.

UnitedHealthcare Dental

	Package: UnitedHealthcare Select Managed Care	Combo Package: UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC	Combo Package: UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC
Dental Plans	Dental coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in dental must begin their dental coverage on the 1 st of the month. Dependent dental coverage terminates at age 26 EOY.		
Enrolling Employees	When offering the Select Managed Care plan only, there are no participation requirements. With either combo package, a minimum of 2 employees must enroll. When choosing the dental tier type (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from his/her medical coverage.		
Waiving Employees Coverage	When waiving dental coverage, even if medical coverage has been waived, an employee must indicate via the Enrollment/Change Form that they are waiving dental coverage as well. Eligible employees who waive medical coverage may still elect to participate in the dental plan.		

UnitedHealthcare Vision

Group Enrollment	Vision coverage will be effective the 1 st of the month. Note if you choose not to offer Vision at this time, current and future employees will be unable to enroll until your next open enrollment. Dependent vision coverage terminates at age 26 EOY.
Enrolling Employees	Vision coverage is voluntary and there are no participation requirements.
Waiving Employees Coverage	Eligible employees who waive medical coverage, either because they are enrolled with another medical coverage or do not wish to have coverage, may still elect to participate in the UnitedHealthcare Vision PPO plan.

Our Service Partners



Allstate Identity Protection

Group Enrollment	Allstate Identity Protection Pro, Allstate Identity Protection Pro Plus or the Dual Option can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in this product must begin their plan(s) on the 1 st of the month. The employer must choose on a group level whether to offer Allstate Identity Protection Pro, Allstate Identity Protection Pro Plus or the Dual Option.
Enrolling Employees	Allstate Identity Protection plans are voluntary, meaning there is no employee participation requirement at initial enrollment. The plans offer Two Tier pricing only: Employee or Family. Plans allow for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpassny.com. The employee may elect the coverage type offered by the Employer.
Waiving Employees Coverage	Eligible employees who waive medical coverage, either because they are enrolled with other coverage or do not wish to have coverage, may still elect to participate in an Allstate Identity Protection plan.

LifeLock ID Theft

Group Enrollment	Benefit Elite, Ultimate Plus or the Dual Option protection plans can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in this product must begin their LifeLock plan(s) on the 1 st of the month. The employer must choose on a group level whether to offer Benefit Elite, Ultimate Plus or the Dual Option.
Enrolling Employees	LifeLock plans are voluntary, meaning there is no employee participation requirement at initial enrollment. The plans offer Four Tier pricing only: Employee, Employee/Spouse, Employee/Child(ren) or Family. The plans allow for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpassny.com. The employee may elect only the coverage type offered by the Employer.
Waiving Employees Coverage	Eligible employees who waive medical coverage, either because they are enrolled with other coverage or do not wish to have coverage, may still elect to participate in a LifeLock plan.

OCA FSA & Commuter Benefits

Group Enrollment	Healthcare Flexible Spending Account (FSA), Dependent Care Account (DCA) FSA, Parking Plan and Transit Plan can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in these products must begin their coverage on the 1 st of the month. The employer must choose on a group level whether to offer any or all of the 4 plans.
Enrolling Employees	These plans are voluntary and there are no participation requirements at initial enrollment. The 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. The employee may elect only the FSA & Commuter Benefits offered by the Employer. Only the Transit Plan and Parking Plan allow for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpass.com. OCA benefits are administered through HealthPass, please submit any new employee enrollments and existing enrollee terminations through a HealthPass Enrollment/Change Form or the HealthPass Online Portal (HOP).
Waiving Employee Coverage	Eligible employees who waive medical coverage, either because they are enrolled with another coverage or do not wish to have coverage, may still elect to participate in any of these plans offered by the employer.