

## 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 the Bronx), Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster, Sullivan or Delaware counties.

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

## Participation Requirements\*

### **Core Plans: Anthem (Connection only), EmblemHealth (all) 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 Anthem 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.

\*Participation requirements above do not apply to Mid-Hudson groups (Orange, Putnam, Dutchess, Ulster, Sullivan and Delaware counties).

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	
<b>Anthem</b>	<p><b>PPO/EPO and Blue Access Plans</b> - Employees can live/work/reside anywhere in the US. Anthem PPO/EPO and Blue Access service area 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.</p> <p><b>Connection Plans</b> - Employees can live/work/reside anywhere in the US. The Connection services area 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.</p>
<b>EmblemHealth</b>	<p><b>Select Care Plans</b> - Employees must live/work/reside in NY. EmblemHealth Select Care service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster, Sullivan, Albany, Broome, Columbia, Delaware, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.</p>
<b>Oxford</b>	<p><b>Liberty non-gated</b> - Employees can live anywhere in the continental US.</p> <p><b>Liberty gated (G)</b> - 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). The Oxford Liberty service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan (other New York areas access Core Network).</p> <p><b>Metro</b> - Employees must live/work in NY and NJ. The Oxford Metro service area consists of the five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Ulster and Sullivan.</p>

## Tax Documents

Organization Type	Eligibility Requirements
<b>Sole Proprietorships &amp; Partnerships</b>	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.
<b>LLCs, S and C Corporations</b>	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
<b>Standard</b>	NYS-45
<b>C-Corporation</b>	IRS Form 1120 (pages 1-2) and IRS Form 1125-E or IRS Schedule G (for owners)
<b>Partnership/LLP</b>	IRS Schedule K1 (Form 1065) totaling 100% ownership
<b>S-Corporation</b>	IRS Schedule K1 (Form 1120S) totaling 100% ownership
<b>Sole Proprietorship</b>	IRS Schedule C (Form 1040) or IRS Schedule F
<b>Non-Profit and/or Church</b>	Most recent Quarterly Federal Tax Returns (IRS Form 941) and current 2 week payroll report
<b>Commonly Owned</b>	Form 851 if consolidated filing. Letter from the employer attesting to affiliated groups if not filed together (in addition to NYS-45s)
<b>Limited Liability Company</b>	IRS Schedule C (Form 1040) or Schedule K-1 totaling 100% ownership
<b>New Organization</b>	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
<b>New Hires</b>	Most recent 2 week payroll report
<b>COBRA/State Continuation Subscriber</b>	Most recent NYS-45 Form on which employee(s) appear
<b>1099 Employees</b>	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 1<sup>st</sup> of the month. Late enrollment is available for the following products: Guardian Voluntary Life 25K, Voluntary Life 50K, EverGuard, EverGuard *Plus*, AccidentGuard Adv, Beyond Med, 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](https://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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 20<sup>th</sup> 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 1<sup>st</sup> 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](https://healthpass.com/benefits-exchange/forms-and-documents/#enrollment)

## **Payment Submission & Collections**

Payment must be submitted with the initial form. Invoices are generated on the 10<sup>th</sup> 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 5<sup>th</sup> - 8<sup>th</sup> 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



When choosing the tier types for ancillary plans (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from his/her medical coverage.

Guardian Dental		
	DHMO Options: Managed DentalGuard or Managed DentalGuard Plus	DHMO/PPO Options: DentalGuard Preferred PPO MAC, DentalGuard Preferred PPO 70 UCR or DentalGuard Preferred PPO 90 UCR
<b>Dental Plans</b>	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 <sup>st</sup> of the month. Dependent dental coverage terminates at age 26 EOM.	
<b>Enrolling Employees</b>	Dental coverage is voluntary. There are no participation requirements.	With the DHMO/PPO options, in order for an employee to enroll in a PPO plan there needs to be at least 1 additional enrollee in any Guardian dental plan.
<b>Waiving Employee Coverage</b>	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.	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	
<b>Group Enrollment</b>	Vision coverage will be effective the 1 <sup>st</sup> 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.
<b>Enrolling Employees</b>	20% of the eligible employees, excluding vision waivers, must enroll.
<b>Waiving Employees Coverage</b>	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	
<b>Group Enrollment</b>	Employer Paid Life/AD&D 50K and Employer Paid Life/AD&D 100K plans can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in this product must begin their coverage on the 1 <sup>st</sup> of the month. The employer must choose on a group level whether to offer Employer Paid Life/AD&D 50K or Employer Paid Life/AD&D 100K.
<b>Enrolling Employees</b>	The Employer Paid Life/AD&D plans are employee non-contributory and require a 100% participation. The monthly premium is based on a per enrolled per month (PEPM) rate. There is no medical underwriting/guarantee issue. The employee may elect only the Employer Paid Life/AD&D plan offered by the Employer.
<b>Waiving Employees Coverage</b>	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 Employer Paid Life/AD&D plans.

Guardian Life	
<b>Group Enrollment</b>	Voluntary Life 25K, Voluntary Life 50K or Dual Option coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in these products must begin their Voluntary Life coverage on the 1st of the month. The employer must choose on a group level whether to offer Voluntary Life 25K, Voluntary Life 50K or the Dual Option. Dependent coverage terminates at age 26 EOM.
<b>Enrolling Employees</b>	Voluntary Life coverage requires 15% employee participation. The monthly premium is based on age brackets (-30, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+). The age bracket rate change occurs at the group open enrollment renewal (not as of the 1st of the following month). At open enrollment and for new hires, there is no medical underwriting/guarantee issue. The plan allows for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpass.com. The employee may elect only from the Voluntary plan(s) offered by the Employer.
<b>Waiving Employees Coverage</b>	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 Voluntary plan.

Guardian Disability/Life/AD&D	
<b>Group Enrollment</b>	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 <sup>st</sup> of the month. The employer must choose on a group level whether to offer EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option.
<b>Enrolling Employees</b>	EverGuard coverage is voluntary. The monthly premium is based on age brackets (18-39, 40-54, 55+). The age bracket rate change occurs at the group open enrollment renewal (not as of the 1st of the following month). At open enrollment and for new hires, there is no medical underwriting/guarantee issue. This plan allows for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at healthpass.com. The employee may elect only the EverGuard coverage type offered by the Employer.
<b>Waiving Employees Coverage</b>	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	
<b>Group Enrollment</b>	AccidentGuard Adv coverage will be effective the 1 <sup>st</sup> 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.
<b>Enrolling Employees</b>	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.
<b>Waiving Employees Coverage</b>	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
<b>Dental Plans</b>	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 <sup>st</sup> of the month. Dependent dental coverage terminates at age 30 EOY.	
<b>Enrolling Employees</b>	Dental coverage is voluntary. There are no participation requirements.	
<b>Waiving Employees Coverage</b>	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	
<b>Group Enrollment</b>	Vision coverage will be effective the 1 <sup>st</sup> 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.
<b>Enrolling Employees</b>	Vision coverage is voluntary and there are no participation requirements.
<b>Waiving Employees Coverage</b>	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			
	<b>Package:</b> UnitedHealthcare National Exclusive Network Plan	<b>Combo Package:</b> UnitedHealthcare National Exclusive Network Plan, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC	<b>Combo Package:</b> UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC
<b>Dental Plans</b>	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 <sup>st</sup> of the month. Dependent dental coverage terminates at age 26 EOY.		
<b>Enrolling Employees</b>	When offering the National Exclusive Network Plan only there are no participation requirements. With either combo package, a minimum of 2 employees must enroll.		
<b>Waiving Employees Coverage</b>	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	
<b>Group Enrollment</b>	Vision coverage will be effective the 1 <sup>st</sup> 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.
<b>Enrolling Employees</b>	Vision coverage is voluntary and there are no participation requirements.
<b>Waiving Employees Coverage</b>	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

			
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### OCA FSA & Commuter Benefits

<b>Group Enrollment</b>	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 <sup>st</sup> of the month. The employer must choose on a group level whether to offer any or all of the 4 plans.
<b>Enrolling Employees</b>	These plans are voluntary and there are no participation requirements. 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).
<b>Waiving Employee Coverage</b>	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.

### Beyond Med

<b>Group Enrollment</b>	Beyond Med membership will be effective the 1st of the month. Late enrollment is available for employees who do not select Beyond Med at the initial enrollment period. Subscribers are able to terminate their subscription within the calendar year but may not re-enroll until the next open enrollment period.
<b>Dependents</b>	There are no age-based terminations of dependents. Subscribers with a Family Plan may either add their dependents during open enrollment periods, or throughout the plan year on their Beyond Med member portal. There are no limitations to the amount of dependents for a Family Plan account holder.
<b>Enrolling Employees</b>	There are no participation requirements.
<b>Waiving Employees Coverage</b>	Eligible employees who waive medical coverage may still elect to participate in Beyond Med.

### Allstate Identity Protection

<b>Group Enrollment</b>	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 <sup>st</sup> 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.
<b>Enrolling Employees</b>	Allstate Identity Protection plans are voluntary, meaning there are no participation requirements. 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.
<b>Waiving Employees Coverage</b>	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

<b>Group Enrollment</b>	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 <sup>st</sup> of the month. The employer must choose on a group level whether to offer Benefit Elite, Ultimate Plus or the Dual Option.
<b>Enrolling Employees</b>	LifeLock plans are voluntary, meaning there are no participation requirements. 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.
<b>Waiving Employees Coverage</b>	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.