

## Our Ancillary Partner Carriers



## Our Model

Through HealthPass, each employee can choose from different carriers and plan designs using one application. The employer receives only one invoice from HealthPass and writes one check per month regardless of the number of different plans chosen by the employees.

## Group Eligibility

To be eligible for group coverage through the HealthPass Ancillary Exchange, a group must have at least 1 full-time employee. Full-time employees must work a minimum of 20 hours per week. The Ancillary Exchange is available in 45 states (not available in AK, GA, SD, TX & WY).

## Participation Requirements

To access the Ancillary Exchange an employee is required to pay a \$2.00 Per Employee Per Month (PEPM) Exchange Access Fee. Additional participation requirements vary per package or plan:

### **No Participation Requirements:**

- Dental Package 1
- Vision
- Disability/Life/AD&D
- ID Theft
- Pet Plan

### **Participation Requirements:**

- Dental Package 2 - Participation Requirements Apply - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian dental plan. In order for an employee to enroll in either the UnitedHealthcare INO or a UnitedHealthcare PPO plan, there needs to be at least one additional enrollee in any UnitedHealthcare dental plan.
- Life Plans - 15% participation.
- AccidentGuard Adv - To enroll, comprehensive hospital, surgical and medical insurance is required on the effective date of the application for all enrollees.

## Tax Documents

No tax documents are required for new and renewing groups with 10+ eligible when enrolling in dental, vision, life, disability and accident plans.

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.
<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.

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. These notations are: FT (full-time), PT (part-time), U (union), T (termed), S (seasonal).

If the group has employees or owners that are not listed on the NYS-45, please refer to the chart below for acceptable documents.

Organization Type	Documentation
<b>Standard</b>	Employer's Quarterly Reporting Tax Return (i.e. NYS-45 for New York)
<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>	IRS Form 990 (determine eligibility for executive directors/directors), 941 Form (SS4 Form if not available), 2 weeks of current payroll
<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 1st of the month. If dental and vision were not selected by the group at open enrollment, current and future employees will be unable to enroll until selected at the group's next open enrollment.

Late enrollment is available for the following products: Guardian Voluntary Life 25K, Voluntary Life 50K, EverGuard, EverGuard Plus, AccidentGuard Adv, Allstate Identity Protection Pro, Allstate Identity Protection Pro Plus, LifeLock Benefit Elite Plus, LifeLock Benefit Elite Premium 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. See below details for each carrier dependent coverage end date:

- Guardian dependent coverage terminates at age 26 EOM
- Solstice dependent coverage terminates at age 30 EOY
- UnitedHealthcare dependent coverage terminates at age 26 EOY

### 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.

### 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: Dental, Vision and Voluntary Life 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:

- Domestic
- 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.

## **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 or enrolled by the member directly.

- 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 Guardian Employer Paid Life/AD&D, Voluntary Life, EverGuard and Accident, the plan(s) allow for a conversion and can contact Guardian directly at 800-433-5982 x5696 or [national\\_conversions@glic.com](mailto:national_conversions@glic.com).

## **Payment Submission & Collections**

Payment must be submitted with the initial application. 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 unless you are selected to recertify or wish to make changes in which case you will be required to submit documentation to substantiate continued eligibility. Please refer to 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.