



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 47 states (not available in AK, SD & 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 - 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.
- Employer Paid Life Plans - 100% participation.
- Voluntary 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
Sole Proprietorships & Partnerships	Requires at least one common law employee who is not a spouse or relative with ownership.
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.

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
Standard	Employer's Quarterly Reporting Tax Return (i.e. NYS-45 for New York)
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	IRS Form 990 (determine eligibility for executive directors/directors), 941 Form (SS4 Form if not available), 2 weeks of current payroll
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. 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, LifeLock Benefit Elite Plus, LifeLock Benefit Elite Premium and Total Pet Plan. An Ancillary Late Enrollment Form can be found on our website at - <https://healthpass.com/benefits-exchange/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 with a minimum of 18 years of age. 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 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.

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:

- 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.

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 or enrolled by the member directly.

- 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 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.

Payment Submission & Collections

Payment must be submitted with the initial application. 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 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.

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. **Note** that if you choose not to offer any of these products at open enrollment, current and future employees will be unable to enroll until your next open enrollment.

Guardian Dental		
	Included in Dental Package 1: Guardian Managed DentalGuard & Guardian Managed DentalGuard Plus	Included in Dental Package 2: Guardian Managed DentalGuard, Guardian Managed DentalGuard Plus, Guardian DentalGuard Preferred PPO MAC, Guardian DentalGuard Preferred PPO 70 UCR & Guardian DentalGuard Preferred PPO 90 UCR
Group Enrollment	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.	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.
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.	

Guardian Vision	
Group Enrollment	VisionGuard coverage will be effective the 1 st of the month. Dependent vision coverage terminates at age 26 EOM.
Enrolling Employees	Vision coverage is voluntary. There are no participation requirements.
Waiving Employee 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	
Group Enrollment	Groups enrolling in this product must begin their coverage on the 1 st 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.
Enrolling Employees	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. Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. The employee may elect only the Employer Paid Life/AD&D plan offered by the Employer.
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 the Employer Paid Life/AD&D plans.

Guardian Life	
Group Enrollment	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.
Enrolling Employees	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). Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. 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.
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 the Voluntary plan.

Guardian Disability/Life/AD&D	
Group Enrollment	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 Plus or EverGuard Dual Option.
Enrolling Employees	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). Guaranteed Issue - open enrollment and new hires (underwriting for employees 65+ and late enrollments). Benefit amounts and payment periods reduced at certain ages. See certificate of coverage for details. 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.
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 the EverGuard plan.

Guardian Accident	
Group Enrollment	AccidentGuard Adv coverage will be effective the 1 st of the month. 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 Employee 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		
	Included in Dental Package 1: Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO & Solstice Dental Value PPO MAC	Included in Dental Package 2: Solstice Dental EPO S700B, Solstice Dental EPO S800B, Solstice Dental PPO & Solstice Dental Value PPO MAC
Group Enrollment	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.	
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.	

Solstice Vision	
Group Enrollment	Solstice Vision 5 PPO coverage will be effective the 1 st of the month. Dependent vision coverage terminates at age 30 EOY.
Enrolling Employees	Vision coverage is voluntary and there are no participation requirements.
Waiving Employee 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		
	Included in Dental Package 1: UnitedHealthcare National Exclusive Network <i>This plan is not offered on our National Ancillary Exchange.</i>	Included in Dental Package 2: UnitedHealthcare National Exclusive Network UnitedHealthcare INO 100/50/50 UnitedHealthcare Low PPO MAC & UnitedHealthcare High PPO MAC <i>This plan is not offered on our National Ancillary Exchange.</i>
Group Enrollment	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	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 other UnitedHealthcare dental plan.	
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.	

UnitedHealthcare Vision	
Group Enrollment	UnitedHealthcare Vision PPO coverage will be effective the 1 st of the month. Dependent vision coverage terminates at age 26 EOY.
Enrolling Employees	Vision coverage is voluntary and there are no participation requirements.
Waiving Employee 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

			
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LifeLock ID Theft	
Group Enrollment	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 Plus, Benefit Elite Premium or the Dual Option.
Enrolling Employees	LifeLock plans are voluntary, meaning there are no participation requirements. The plans offer Two Tier pricing only: Employee 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 Employee 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.

Total Pet Plan	
Enrollment	Total Pet Plan will be effective the 1st of the month. Late enrollment is available for employees who do not select Total Pet Plan at the initial enrollment period. There are no participation requirements. Eligible employees who waive medical coverage may still elect to participate in the plan.

Passthrough Products Available at https://healthpass.com/benefits-exchange/extra-products-and-services/	
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. 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. Late enrollments are allowed for the Transit and Parking plans only. OCA FSA & Commuter Benefits are processed through HealthPass during the initial enrollment into OCA products (OCA will reach out to you directly to complete the enrollment in these plans). At every policy renewal thereafter, enrollment will be handled directly through OCA. If you are a group renewing these products, you will receive an email from OCA with the actions that need to be taken. If you do not receive this email, reach out to OCA at 855-622-0777 or service@oca125.com .

Beyond Med	
Group Enrollment	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.
Dependents	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.
Enrolling Employees	There are no participation requirements.