



HEALTHPASS ELIGIBILITY GUIDELINES

Our Carriers



Our Model

Through HealthPass each employee can choose a different carrier and plan design using 1 universal enrollment form. The employer receives only 1 bill from HealthPass and writes only 1 check a month regardless of the number of different plans chosen by the employees.

Group Eligibility

Groups must have 2 to 50 employees, be in business for 30 days, and have an active business address in one of the five Boroughs of NY (Manhattan, Brooklyn, Queens, Bronx or Staten Island), Westchester, Rockland, Orange, Nassau, Suffolk, Putnam or Dutchess counties.

75% of the eligible employees must either enroll in HealthPass or have other coverage, either through a spouse, Medicare or Medicaid, individual coverage, or via another employer sponsored plan. All employees waiving coverage must complete the required sections on the Enrollment/Change Form. HealthPass will cover groups with up to 10%* of eligible employees residing outside of the coverage area (NY, NJ, CT and Bucks County, PA).

Groups that have only 2 employees, and those employees are husband and wife, may be considered an eligible group provided that:

- The group can provide the appropriate tax documents
- The employees in question meet the employee eligibility requirements
- The employees enroll for coverage separately

**The 10% out-of-area rule can be waived if all employees outside the coverage area are excluded from coverage or enroll in a PerfectHealth plan.*

Effective Date

Groups are eligible for medical coverage beginning the 1st or 15th of the month. Groups electing coverage on the 15th of the month must submit 1^{1/2} months premium and will have an 11^{1/2} month contract.

Employee Hours

Full-time employees must work a minimum of 20 hours per week. The employer may choose to raise the minimum standard up to 40 hours per week but must remain consistent for all employees.

Waiting Period

Groups may elect a 0, 30, 60, 90 or 180 day 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 30 days from the effective date. Employees who are terminated will be covered until the last day of the month in which the termination occurred. Employers may change the waiting period **only** at renewal.

Other Employer Sponsored Plans

Other plans written along side HealthPass cannot be an employer-sponsored plan from GHI, HIP, Health Net or PerfectHealth. However, individual coverage may remain with one of those 4 carriers as long as the employer is not sponsoring that plan.

Tax Documents

All businesses with 2-50 employees must supply their most recent **Quarterly Wage & Tax Statement (NYS-45)**. For new hires W-4's must be submitted along with most recent payroll. If the NYS 45 is not available, a copy of the most recent **Payroll Documents** (including page that states Tax ID #) copies of the employees' **W-4** forms, and the following documents depending on the type of incorporation are required:

Organization Type	Documentation Required	Notes
"C" Corporation	Articles of Incorporation -and- Schedule C or Schedule F (also known as 1040, form 1120 respectively)	
Church	Form 941 -and- payroll document	
Partnership	Partnership Agreement -and- Form 1065 and K-1 forms for each partner	Partners may take a draw from the company and still be considered an eligible employee.
"S" Corporation	Articles of Incorporation -and- Form 1120S and K-1 if filed	Shareholders may collect dividends as all or part of their wages. They must be actively at work (20-40 hrs) in order to be eligible for coverage.
Sole Proprietorship (must have at least one other full-time employee)	Business License -and- Schedule C (also known as 1040, form 1099 respectively)	Owner can take a draw from the company and still be considered an eligible employee.
Sole Proprietorship (no full time employees)		See available Oxford plans and eligibility guidelines.
Non-Profit (with \$25,000+ annual receipts)	Proof of Tax-Exempt status -or- Any form of 501C through 501-28	

Employee Eligibility

An employee must meet the waiting period defined by the group to be eligible.

Dependents

Eligible dependents are defined as a legally married spouse or legally dependent child. HealthPass offers coverage to an eligible dependent child, who is not a full-time student, to age 19. Depending on the carrier and the plan design coverage is extended to age 25 or 26, if he/she is a full-time student at an accredited educational institution and financially dependent. Supporting full-time student status documentation such as an official registrar's receipt must be submitted at enrollment.

Domestic Partners (All carriers except PerfectHealth)

Domestic Partner Definition: 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 6 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. Your domestic partner must be chiefly dependent upon you for support and maintenance.

Required proof for Domestic Partner Coverage:

- (1) Domestic Partner registration in jurisdictions that have such procedures or if unavailable completion of the Alternative Affidavit of Domestic Partnership Form.
- (2) The Declaration of Cohabitation and Financial Interdependence must be completed.
- (3) Groups enrolling employee's with HIP must submit written request of Domestic Partner coverage on company letterhead.

Rates for Domestic Partners will be the same as rates for Employee/Spouse or Family. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Mixed Tier.

1099 Employees

1099 employees, within a W2 group setting ONLY, may enroll in PerfectHealth plans as long as the following criteria are met:

1. There is at least 1 eligible W2 employee within the group.
 - If only 1 eligible W2 employee: that employee must select a plan from PerfectHealth.
 - If more than 1 eligible W2 employee: the W2 employees may enroll with any HealthPass carrier or plan.
2. 1099's must receive at least \$10,000 in annual income from that employer to be eligible and must provide proof of income in the form of a Schedule C or K1.
3. A completed HealthPass 1099 Enrollment Letter must be submitted, listing all eligible 1099 employees, along with the regular HealthPass enrollment paperwork.

Partners, Owners, and Officers

Please provide tax documentation as indicated under Tax Documents.

Exclusions

Groups may not exclude any eligible full-time employee for coverage except:

- Those covered by a collective bargaining agreement
- Those employees residing outside of the service area

Change of residence

Sometimes an employee may be outside of the HealthPass carrier service area due to a change of residence. The employee may apply to choose a different carrier effective the 1st of the month following that change 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.

Medicare

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

Special Circumstances at Enrollment

When an employee is away on business or vacation, during enrollment, the employer must submit an application for that employee which includes their name, address, social security number and date of hire. The employer must also note on the Enrollment/Change Form that the employee is currently unavailable to select their plan type. The employee will be able to select their plan and coverage type upon their return, so long as this occurs within 30 days of the effective date. Otherwise, the employee will not be eligible until the next open enrollment period.

Ineligible Employees

The following are excluded from eligibility and coverage:

- 1099 employees (unless meets 1099 employee eligibility)
- Domestic workers
- Seasonal workers, consultants and temporary personnel
- Retirees

Waiving Employee Coverage

Employees who are covered under one of the following plans must complete an Enrollment/Change Form with the required information to waive coverage.

- Employer - Sponsored Plan
- Spousal Coverage
- Individual Coverage
- Medicaid or Medicare

	Guardian Managed DentalGuard (DMO)	Guardian DentalGuard Preferred (Dual option DMO/ PPO)
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 1st of the month. If a group enrolls their medical account on the 15th of the month, their dental coverage will begin as of the 1st of the following month. These groups will receive an 11 month dental contract.	
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 participate. Of that 75%, at least 1 employee must enroll in the DMO. 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 in the group. 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
Virgin Group	N/A	If the group does not currently have employer sponsored dental coverage or has not offered dental coverage within the last 63 days, the group will be considered a virgin group. Virgin groups have a 12 month waiting period from the date of employee eligibility for crowns, bridges, prosthodontic & periodontic services.
Transfer Group	N/A	If the group currently has an employer sponsored dental plan in place or has had dental coverage within the last 63 days, the group will be considered a transfer group. Transfer groups have no waiting period for current eligible employees.
Future Employees	N/A	Whether part of a Virgin or Transfer Group, all future hired employees are subject to a 12 month waiting period for crowns, bridges, prosthodontic & periodontic services.
Domestic Partners	Domestic Partner coverage available. Please see Domestic Partner guidelines. All guidelines apply except: (1) Domestic Partners are not eligible for COBRA or State Continuation of Coverage and (2) Dependents of Domestic Partners may enroll only if Domestic Partners enroll	

Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.

Guardian EverGuard/EverGuard Plus

Group Enrollment Guidelines	EverGuard or EverGuard <i>Plus</i> coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in EverGuard or EverGuard <i>Plus</i> must begin their EverGuard coverage on the 1st of the month. If a group enrolls on the 15th of the month for medical, EverGuard will begin as of the following 1st of the month. The employer must choose on a group level whether to offer EverGuard or EverGuard <i>Plus</i> .
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 www.healthpass.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.

Term & Transfer Groups

Groups

If you wish to terminate your group policy, please send your request in writing on company letterhead signed by an authorized officer of the company within 30 days of your termination date.

Employees

When terminating individual employees, please fill out a HealthPass Enrollment/Change Form with the employees information with an authorized officers signature.

Term & Transfer Groups

Term and transfer occurs when a group is currently enrolled directly with any of HealthPass' carriers but wishes to terminate with that carrier and enroll though HealthPass.

Any term and transfer group must have an account that is in good standing with the carrier and send a letter from the employer requesting termination of direct coverage. This letter must be sent directly to the carrier and a copy submitted to HealthPass as part of the enrollment paperwork. Term and transfer groups must meet these requirements or they cannot be enrolled with HealthPass.

Premium Submission & Collections

Premium must be submitted with the initial applications. Bills are generated on the 10th of the month prior to the due date. Should HealthPass not be in receipt of the premium by the end of the month of the date due, the employer group will be terminated from coverage.

Reinstatement Policy

HealthPass bills are generated on the 10th of every month. Your premium is due by the 1st of the month of coverage. If payment is not received by the 1st, your group is late. You then have a 30 day grace period to pay in full. If payment is not received by the 1st, your group is late and will be assessed a late fee. If you do not pay, your group policy will be terminated. If your group policy is terminated, you may be able to reinstate from the 5th to the 8th by paying in full plus the reinstatement fee of \$250. Please note that we can only allow 1 reinstatement per 12 months.



Renewal

Employer

Authorized company representatives will receive their group's renewal package 45 days prior to their renewal date. This is an annual opportunity to make any changes to the overall structure of the plan such as waiting periods and pharmacy options. Once any changes have been made, the affidavit should be reviewed, authorized and sent back to HealthPass with up to date tax documents (see page 2 - Tax Documents list.) HealthPass requests all renewal paperwork be submitted by the 20th of the month prior to the renewal date.

Employee

During this time, employees can use the HealthPass Enrollment/Change Form to make changes to their chosen carrier or benefit design. Employees may also elect coverage for themselves or a dependent not previously on the plan. Those who decline coverage at this time can only enroll at the next open enrollment unless there is a qualifying event. HealthPass must receive all requests for changes and additions by the 20th of the month prior to the renewal date. All forms must be signed by and authorized officer of the company. Any changes and/or additions will go into effect at the group's renewal date.