



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, 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, Dutchess, Ulster or Sullivan 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 20%* 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

Groups with only 1 employee enrolling may not enroll that employee into EmblemHealth or HIP.

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 day, 1 month, 2 month, 3 month or 6 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 1 month 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.

Tax Documents

All businesses with 2-50 employees must supply their most recent **Quarterly Wage & Tax Statement (NYS-45)**. If the NYS-45 is not available, a copy of the most recent **Payroll Documents** (including page that states Tax ID #) and reasoning as to why NYS-45 is not available and copies of the employees' **W-4** forms are needed. W4 employees must appear on the NYS-45/Quarterly Wage & Tax Statement within 90 days of full time date of hire. The following documents are required depending on the type of incorporation:

Organization Type	ER Docs	EE Docs
New Corporation	Articles of Incorporation (SS4 if NYS-45 is not available)	W4s for eligible employees
"C" Corporation	NYS-45 and/or Schedule C, Schedule F (AKA Form 1040, 1120 or 1120S, respectively)	1120 group- the Schedule E section must show each officer. The officers may also reflect on the NYS-45
New Partnership, LLC or LLP	Partnership Agreement (SS4 if NYS-45 is not available)	W4s for eligible employees
Existing Partnership	Form 1120, 1120S or 1065	K-1 forms for each partner and/or NYS-45
New Subchapter S	CT-6 (Business Certificate) or Articles of Incorporation (SS4 if NYS-45 is not available)	W4 for eligible employees and/or Partnership Agreement
"S" Corporation	Form 1120S	K-1 and/or NYS-45
New Proprietorship (must have at least one W2 full-time employee)	Business License (SS4 if NYS-45 is not available)	W4 for eligible employees
Proprietorship (must have at least one W2 full-time employee)	Schedule C (also known as 1040 or 1099) and NYS-45	Schedule C (also known as 1040 or 1099) and NYS 45
Non-Profit (with \$25,000+ annual receipts)	Proof of Tax Exempt Status or any Form of 501C through 501-28	NYS-45 or 941 and payroll documents
Church	Form 941	Payroll document and/or tax exempt Form 4361 or Form 4029
Sole-Proprietorship (no full-time employee)	See HealthPass/Oxford plans and eligibility guidelines.	

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 eligible dependent children to age 26 under the plan of their parent or guardian. The dependent child may extend coverage to an Age 29 Plan and is required to maintain the same plan as their parent or guardian. The Age 29 Plan coverage will be billed directly to the dependent at the full individual premium rate for the corresponding plan.

Domestic Partners

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) The Declaration of Cohabitation and Financial Interdependence must be completed.
- (2) 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 and Family for groups enrolled in Four Tier; Family for groups enrolled in Mixed Tier.

Partners, Owners, and Officers

Please provide tax documentation as indicated under Tax Documents. Owners and partners not appearing on the NYS 45/Quarterly Wage & Tax Statement are required to file a Schedule C or K1 annually.

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
- 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

Other Employer Sponsored Plans

Other plans written along side HealthPass cannot be an employer-sponsored plan from EmblemHealth, HIP, or Oxford. However, individual coverage may remain with one of those 3 carriers as long as the employer is not sponsoring that plan.



 **Guardian Dental**

	Guardian Managed DentalGuard (DMO) & Managed DentalGuard Plus	Guardian DentalGuard Preferred (Dual option DMO/ PPO) & DentalGuard Preferred Plus
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 enrolling 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 medical coverage may still elect to participate in the dental plan.
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 VisionGuard

<p>Group Enrollment</p>	<p>This is a 24 month contract based on your group's effective date. Group coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled.</p> <p>If you enroll in medical coverage on the 15th of the month, your Vision coverage will be effective the subsequent 1st 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.</p>
<p>Enrolling Employees</p>	<p>20% of the eligible employees must participate in the plan at inception. Member and dependent coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled.</p>
<p>Waiving Employees Coverage</p>	<p>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 VisionGuard plan.</p>

Guardian EverGuard/EverGuard Plus

<p>Group Enrollment Guidelines</p>	<p>EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling these products 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, EverGuard <i>Plus</i> or EverGuard Dual Option.</p>
<p>Enrolling Employees</p>	<p>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.</p>
<p>Waiving Employees Coverage</p>	<p>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.</p>





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

Group premium payments are due on the 1st of the coverage month. HealthPass allows a 30 day grace period; therefore payment must be received by the last day of the coverage month. Payment received from the 1st - 4th of the following month will incur a late fee. Failure to remit payment by the 5th will result in termination. Your group may request reinstatement from the 5th - 8th subject to carrier approval and a \$250 reinstatement fee. HealthPass 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.