



Eligibility Guidelines

Our Medical Partner Carriers



Our Model

Through HealthPass, each employee can choose a different carrier and plan design using one universal application. 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. If the result is less than 50, the employer is not subject to these rules for the current year and need not take any other action. (If the result is 50 or more but some of the employees are seasonal workers, certain adjustments may still bring the average down to less than 50.)

Groups must have an active business address in one of the five boroughs of NYC (Manhattan, Brooklyn, Queens, Bronx or Staten Island), Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster or Sullivan counties.

20% of the total eligible employees must enroll with a HealthPass medical plan.

75% of the eligible employees must either enroll in HealthPass or have other credible medical coverage (see page 4 for valid waiver criteria). All employees waiving coverage must complete the required sections of the application.

Up to 75% of enrolled employees with HealthPass medical coverage can reside outside of our coverage area (NY, NJ, CT and Bucks County, PA).

Organization Type	Eligibility Requirements
Sole Proprietorships & Partnerships	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.
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.

Other plans written along side HealthPass cannot be an employer-sponsored plan from Healthfirst, Oscar or Oxford. However, individual coverage may remain with one of those three carriers as long as the employer is not sponsoring that plan. Any group wishing to terminate direct coverage and subsequently enroll with HealthPass must have an account that is in good standing with the carrier and must send a letter from the employer requesting termination of direct coverage.

Tax Documents

To verify the group meets the eligibility requirements for HealthPass coverage, a copy of the most recent NYS-45 Quarterly Wage & Tax Statement with notations indicating the employment status for each employee listed must be provided. 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	NYS-45
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	Most recent Quarterly Federal Tax Returns (IRS Form 941) and current 2 week payroll report
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
Independent Contractor	Independent Contractor Attestation Form and IRS Form 1099-MISC (if available)

Effective Date

Groups are eligible for coverage beginning the 1st of the month.

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 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. HealthPass offers coverage to eligible dependent children to age 26 (terminates end of year [EOY] - Oxford, end of month [EOM] - Healthfirst and Oscar), under the plan of their parent or guardian. The dependent child may extend coverage through 29 years of age via the Young Adult Option (terminates EOM 30), and is required to maintain the same plan as the parent or guardian. 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 for groups enrolled in Four Tier; Family for groups enrolled in Two Tier

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.

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:

- Domestic
- Interns and temporary personnel
- Employees working outside the US
- 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.

Waiving Employee Coverage

Employees who are covered under one of the following plans must complete a HealthPass application with the required information to waive coverage. Valid waivers are:

- Employer Sponsored Plan
- Spousal Coverage
- Individual Coverage
- Medicaid or Medicare (other government insurance)
- Parental Coverage
- Exchange Coverage

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.

Terminating Member Coverage

Members who are terminated will be covered until the last day of the month in which the termination occurred.

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 billing contact 2 months prior to your renewal date.

Your HealthPass policy will be automatically renewed, however, if you are selected to recertify your eligibility or wish to make changes, you will be required to submit documentation in order to renew your policy. Groups that are selected to recertify at renewal will receive a notice 3 months prior to the renewal date. Please refer to the recertification notice and 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



Guardian Dental

	DMO Options: Managed DentalGuard or Managed DentalGuard Plus	Dual Options DMO/PPO: DentalGuard Preferred or 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. All dependent dental coverage terminates at age 26 EOM.	
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 enroll. Employees who waive due to dental coverage elsewhere will not be counted toward the eligible number of employees. 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. 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 six month waiting period from the date of employee eligibility for crowns, bridges, prosthodontic and 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 six month waiting period for crowns, bridges, prosthodontic and periodontic services.

Guardian Vision

Group Enrollment	Vision coverage will be effective the 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.
Enrolling Employees	20% of the eligible employees, excluding vision waivers must enroll.
Waiving Employees 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 VisionGuard plan.

Guardian Life/ADD/LTD

Group Enrollment	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 1st of the month. The employer must choose on a group level whether to offer EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option.
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 healthpassny.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.

Guardian Accident

Group Enrollment	Accident coverage will be effective the 1st 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.
Enrolling Employees	Accident 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 Employees Coverage	Eligible employees who waive medical coverage, because they are enrolled with another medical coverage, may still elect to participate in the Accident plan.

Solstice Dental

	EPO Options	PPO Options
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. All dependent dental coverage terminates at age 26 EOY.	
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.	
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	Vision coverage will be effective the 1st 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.
Enrolling Employees	Vision coverage is voluntary and there are no participation requirements.
Waiving Employees 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 Vision plan.

UnitedHealthcare Dental

	<u>Package:</u> UnitedHealthcare Select Managed Care	<u>Combo Package:</u> UnitedHealthcare Select Managed Care, UnitedHealthcare Low PPO MAC and UnitedHealthcare High PPO MAC	<u>Combo Package:</u> UnitedHealthcare INO 100/50/50 and UnitedHealthcare High PPO MAC
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. All dependent dental coverage terminates at age 26 EOY.		
Enrolling Employees	When offering the Select Managed Care plan only, there are no participation requirements. With either combo package, a minimum of 2 employees must enroll. 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.		
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	Vision coverage will be effective the 1st 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. All dependent dental coverage terminates at age 26 EOY.
Enrolling Employees	Vision coverage is voluntary and there are no participation requirements.
Waiving Employees 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 Vision plan.

Our Service Partners



InfoArmor ID Theft

<p>Group Enrollment</p>	<p>PrivacyArmor, PrivacyArmor 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 PrivacyArmor plan(s) on the 1st of the month. The employer must choose on a group level whether to offer PrivacyArmor, PrivacyArmor Plus or the Dual Option.</p>
<p>Enrolling Employees</p>	<p>PrivacyArmor plans are voluntary, meaning there is no employee participation requirement at initial enrollment. 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 PrivacyArmor 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 other coverage or do not wish to have coverage, may still elect to participate in a PrivacyArmor plan.</p>

LifeLock ID Theft

<p>Group Enrollment</p>	<p>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 1st of the month. The employer must choose on a group level whether to offer Benefit Elite, Ultimate Plus or the Dual Option.</p>
<p>Enrolling Employees</p>	<p>LifeLock plans are voluntary, meaning there is no employee participation requirement at initial enrollment. 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 LifeLock 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 other coverage or do not wish to have coverage, may still elect to participate in a LifeLock plan.</p>