Thank you for investing in the health and wellness of your employees by choosing our health plan. Health Alliance developed this Benefit Administrator’s Guide to help you manage your organization’s health plan. If you have any questions that aren’t answered here, please contact your client consultant or broker.

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Log in to YourHealthAlliance.org to:
- Enroll employees*
- Add Dependents
- Change or terminate member coverage
- Update demographic details
- Print temporary ID cards for employees or order new ones
- Review plan materials
- Look up participating providers
- Look up employees’ eligibility
- Access Forms & Resources to assist with day-to-day functions

The Group Enrollment Agreement (GEA) is part of your contract and includes:
- Exhibit A (policy book)
- Exhibit B (questionnaire)
- Exhibit C (plan rate sheet)
- Exhibit D (Summary of Benefits and Coverage)
- Exhibit E (Trading Partner Agreement)

Refer to your Exhibit B for info on:
- Eligibility for new hires
- Eligibility for employees going from part-time to full-time
- Coverage termination for employees who end their employment

Refer to the Commercial Group SEP fliers for more details on the Special Enrollment Periods employees can enroll under as well.

Immediately report the following events to us:
- Employee retirement
- Employee disability (including but not limited to End-Stage Renal Disease)
- Dependent disability (including but not limited to End-Stage Renal Disease)
- Employee returning to work from disability
- Dependent no longer disabled

Dependent children attending school outside our service area can get in-network care through a national network for no additional cost with our College Extended Network Program.

If you realize you made a mistake when submitting enrollment changes, call your client consultant as soon as possible.

*When you submit an online enrollment, you must keep a signed version of the application on file for the life of the policy plus 10 years. You may also submit applications or changes via fax at 217-902-9755 or email to membership@healthalliance.org. If submitting applications or changes online you do not need to send us the original application.
**DEPENDENT AND NEWBORN COVERAGE**

**ILLINOIS**

**Dependents**
Children are eligible for dependent coverage until the last day of the month they turn age 26. Regardless of marital or student status, a child over the age of 26 is eligible if the dependent is disabled, incapable of self-sustaining employment, and is dependent on his or her parent or other care providers for lifetime care and supervision.

Dependent children who are Illinois veterans and receive a release for anything but a dishonorable discharge can be covered up to age 30.

**Newborns**
If you are the birth mother paying premiums for individual coverage (employee only), your newborn child is covered initially from birth, for a minimum of 48 to 96 hours or the length of time the child’s birth mother is admitted for delivery, whichever is longer.

If the employee member is paying premiums for Family Coverage, a newborn is covered for the first 31 days of life. (Family coverage is the employee and one dependent.)

If payment of an additional premium is required, coverage after 31 days is contingent upon the submission of a completed group employee application form and payment of the premium within 31 days following the birth. If no additional premium is due, a completed group employee application form must be submitted to Health Alliance within 31 days following the birth.

**IOWA**

**Dependents**
Children are eligible for dependent coverage until the last day of the month they turn age 26. Regardless of marital status, a child over the age of 26 is eligible if the dependent is disabled, incapable of self-sustaining employment and is dependent on his or her parent or other care providers for lifetime care and supervision.

In Iowa, unmarried dependents age 26 and older may remain covered if they maintain full-time student status.

**Newborns**
If the employee member is paying premiums for Family Coverage, a newborn is covered for 60 days.

If you are the birth mother paying premiums for individual coverage (employee only), your newborn child is covered initially from birth, for a minimum of 48 to 96 hours after birth only if a completed group employee application form is submitted for the newborn dependent and any applicable additional premium is paid within 60 days of birth.

If payment of an additional premium is required, coverage after 60 days is contingent upon the submission of a completed group employee application form and payment of the premium within 60 days following the birth. If no additional premium is due, a completed group employee application form must be submitted to Health Alliance within 60 days following the birth.
The following are eligibility rules for Medicare primary and Medicare Group for groups, by size.

**Groups with 20 or more total employees:**
- Members must be at least 65 years old.
- Members must have elected Medicare Parts A & B.
- Members can’t be actively working.
- Group must offer retiree coverage.

**Groups with 19 or fewer total employees:**
- Members must be at least 65 years old.
- Members must have elected Medicare Parts A & B.
- Members are eligible whether they are actively working or not.

*In general, eligibility is determined by CMS.
**Size is based on total employees (full-time, part-time, seasonal, etc.)
Reporting must consider the following:

- All individuals covered in a GHP who have been receiving kidney dialysis or who have received a kidney transplant, regardless of a family member's own or a family member's current employment status.
- All individuals covered in a GHP who have coverage based on their own or a family member's age 45 through 64.

RREs are defined as any entity serving as an insurer or third party administrator for a GHP and in the case of a GHP that is self-insured and self-administered, a plan administrator or fiduciary.

Other details

- The group health plan will be primary (regardless of group size or working status) for the first 30-month coordination period.

The MSP provisions for the disabled apply to all employers in a multi-employer GHP if one or more of the employers has 100 or more full- and part-time employees. The Employer Tax ID Number and the Social Security Number for each Active Covered Individual, as defined above, is required to be submitted to CMS as part of the RRE data submission.
Provider Search
To find an in-network provider, go to HealthAlliance.org and choose Find a Doctor. Or log into YourHealthAlliance.org to view the provider directory from the detail page.

Simplify Your Premium Bill Processing
• You can pay your group’s premiums online. Contact the Client Support team to sign up for online bill pay. Then, you’ll be able to log in to YourHealthAlliance.org and choose Pay Bill/View Invoices from below your group name on your dashboard to go to our online bill pay tool, Revo.

• Your first bill as a new group or after you renew will arrive at the end of the month. You should get all other bills by the 15th of the month in which it’s due.

• Your premium payment is due on the first of the month, with a 31-day grace period. If we don’t receive your payment by the 10th of the month in which it’s due, your next invoice might not show that you’ve paid. Call Customer Service if you have any billing questions.

• Most bills are printed several weeks before the due date. Changes that are updated in the system after the statement is printed will not be reflected until the next billing statement prints. To confirm we received changes, please log in to YourHealthAlliance.org.

• Refer to the rate sheet in your Exhibit C to see how much you should charge for a new employee or dependent joining the plan.

Plan Design and Benefits
• To see whether your group’s benefits are administered on an annual or contract year, refer to the plan year type listed on your Exhibit B. Annual (or calendar year) plans run January 1 to December 31. A contract year plan may begin on the first day of any month.

• Visit the Forms & Resources section on Group.HealthAlliance.org or YourHealthAlliance.org and choose our Be Healthy Wellness Guide to see what’s covered under our wellness benefit.

• Our members have access to programs that support them through every step of care.
  o Health coaching for help making healthier lifestyle choices
  o Care coordination when they’re receiving acute medical care or have a complex condition
  o Care transition intervention for a smooth adjustment from hospital to home
  o Medication management to help take meds safely

Members can learn more about these programs by calling our Medical Management Department at 1-800-851-3379.

Annual Mailings
• Each year, we send 1095-B tax forms to employees on your group plan as required by the IRS. In order to provide the forms, we might need to send letters asking employees for their Social Security numbers if we don’t have theirs or if the number we have doesn’t match what the IRS has on file. We guard this information carefully and will not use or disclose it in a way that is not permitted by law.

• Health Alliance will send the Medicare Part D Creditable or Non-Creditable Coverage certificates to Medicare-eligible employees. You may select this option on the Exhibit B.

Forms Provided by Request Only
• We can provide fully insured groups with a 5500 Schedule A form upon request. This form is for employer groups that offer an employee welfare benefit plan, including health insurance. Please note that the insurance contract year may or may not correspond with your group’s plan year.

• We can provide a Schedule C to self-funded groups upon request.
Large groups can choose a two-, three- or four-tier rate structure.

**Two-tier** consists of single and family coverage.

**Three-tier** consists of single, single +1 and family coverage.

**Four-tier** consists of single, employee + child(ren), employee + spouse, and family.

Large groups can also request table rates, where the cost is based on the member’s age.
Groups on Transition Plans
For small groups on transition plans, employee premium rates are based on age and gender.

Single
Find the employee’s age in the male or female rate chart.
Total monthly premium = cost per employee

One Dependent
Married:
Find employee’s age in the appropriate rate chart.
Total monthly premium = cost per employee + cost for spouse

Single with one child:
Find employee’s age in the appropriate rate chart.
Total monthly premium = cost per employee + cost for one child

Two or More Dependents
Married with one child:
Find employee’s age in the appropriate rate chart.
Total monthly premium = cost per employee + cost for spouse + cost for one child

Married with two or more children:
Find employee’s age in the appropriate rate chart.
Total monthly premium = cost per employee + cost for spouse + cost for two or more children

Single with two or more children:
Find employee’s age in the appropriate rate chart.
Total monthly premium = cost per employee + cost for two or more children

IMPORTANT AGE AND RATE INFORMATION
Please note, for groups with 19 or fewer employees, the member’s rate may change if he or she elects Medicare.

When a member’s coverage is terminated between the first and 15th of the month, the member’s full premium amount will be credited to the group’s account and reflected on the next month’s invoice. However, when a member’s coverage is terminated between the 16th and the end of the month, the full premium amount is charged.
ACA-COMPATIBLE PLANS

For ACA small group plans, employee premium rates are based only on age. Large groups, with 51 or more total employees, can have either age rating or composite rating depending on your size.

Find each member’s age in the appropriate chart and total all premiums.

Please check with your broker or your client consultant for more information.

Note: For small groups, the fourth and beyond dependent children, under the age of 21, are covered on a subscriber’s plan at no additional cost to the employer or employee.

ALL LARGE GROUP PLANS ARE ACA COMPLIANT

• Health Alliance provides the 1095 b to all fully insured members
• If you need a Schedule A form 5500, contact Client Support or your Client Consultant to request
• Health Alliance sends notification to all Fully insured members that qualify for notification for Medicare Part D
Helping You and Your Employees Make the Most of Your Coverage

**Plan Materials**
Members and employer groups can view most medical, pharmacy, vision, dental benefits (if applicable) and other plan materials in one place for easy access.

**ID cards**
Members and employer groups can request new ID cards and print temporary ones.

**Manage Information**
You can manage your group and team member information—such as viewing and paying your group premium invoices online—from one easy location. You have access to all the employee features, plus you can view your Summary of Benefits and Coverage (SBC) and other plan documents.

**Provider Search**
Members can see which doctors, hospitals and pharmacies are in their network. They can search by provider name, type, specialty or location.

**Forms & Resources**
You can visit the Forms & Resources tab of your account to connect with employer group forms and resources, including important fliers and tools, applications, Group Medicare information and much more.

**Claims and Authorizations**
Members can see the status of current claims and authorizations and a history of how their benefits were applied to past claims and authorizations.

**Deductible and Out-of-Pocket Spending**
Members can quickly see their deductible and out-of-pocket spending maximums in- and out-of-network and how close they are to reaching them.

**Treatment Cost Calculator**
This powerful, personalized tool helps members choose the right treatments, facilities, doctors and costs for their needs.

**Rally®**
Rally is an easy-to-use digital health experience that engages and motivates members through intuitive online tools, personalized plans, apps and rewards.

**Health Alliance Pro**
Visit HealthAlliancePro.org or Group.HealthAlliance.org to access past flashes and announcements, connect to important forms and resources, get a quote and more, all without logging in.

**PAPERLESS MEMBER MATERIALS**
Members can go green by opting-in to paperless member materials, like Explanations of Benefits, online.
Member Mobile App

Connect to your coverage anytime, anywhere with the Your Health Alliance app. Download it and register or log in to get started.

Note: Members can access their policy, without logging in, at HealthAlliance.org. Choose “Your Plan Info” from the Benefits menu dropdown to search for plan materials.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the
At Health Alliance, we have tools—built into your plan—to help you stay healthy or to get you back on your feet.

**Perks to Keep You Moving**

- **Fitness and Pharmacy Discounts.** Save money on things you do anyway—like going to the gym and filling prescriptions.
- **Rally®.** Stay motivated with this health-building platform that rewards you as you accomplish goals.
- **Anytime Nurse Line.** Get answers to health questions, 24 hours a day.
- **Treatment Cost Calculator.** Compare prices and doctors for various services, based on real data and your specific health plan usage.
- **Assist America® Global Emergency Services.** Roam about the world knowing you can get help arranging care if needed.
- **Preventive Services.** Keep on top of your health with 100% covered preventive immunizations, annual wellness exams, mammograms, cancer screenings and more.

**Guidance through Health Challenges**

- **Quit For Life™.** Quit an expensive tobacco habit with this guided program.
- **Health Coaching.** Receive encouragement and support in making healthy lifestyle changes or learning to live with a new chronic illness, like diabetes.
- **Case Management.** Get connected to the right doctors and services when you have a complex or serious medical condition.
BILLING PERIOD
10/01/20## - 10/31/20##

Group: B05XXX
Invoice: 037122
Due Date: 09/22/20XX

Total Amount Due: $1,579.74

Original Address
BUSINESS NAME
1234 N FAUX RD
SAMPLEVILLE IL 61938-3466

For billing inquiries, please contact our Customer Service Department at 800-851-3379

Return Payment To:
Health Alliance Medical Plans
1677 Reliable Pkwy
Chicago, IL 60686-0016

IMPORTANT INFORMATION

To ensure timely processing, please send enrollment changes to Health Alliance, 3310 Fields South Drive, Champaign, IL 61822 Attn: Enrollment, or fax to (217) 902-9755, or email scanned documents to membership@healthalliance.org

Additions/Changes should be sent to the Enrollment Department on appropriate group application/change forms. These transactions will appear on future invoices.

Terminations/Credits should NOT be taken at the time of remittance. All credits will be reflected on a future invoice.

Unless otherwise agreed upon in advance, payment is due as noted for the covered period. A 31-day grace period is provided. Coverage may be terminated at the end of the grace period if no payment is received.

Please contact your Client Consultant if you require the full SSN on your invoice for reconciliation purposes.

Please return this portion with your payment
BILLING PERIOD

BUSINESS NAME
1234 N FAUX RD
SAMPLEVILLE IL 61938-3466

Group: B05XXX
Invoice: 037122
Due Date: 10/01/2017

Total Amount Due: $1,579.74

PREMIUM REMITTANCE INFORMATION

Balance Forward: $1,579.74
Received check dated No. XXXXXX: $(1,579.74)
ACA Tax: $0.00
Total Premium this Month: $1,579.74
TOTAL AMOUNT DUE/MAKE CHECK PAYABLE FOR: $1,579.74

<table>
<thead>
<tr>
<th>ID</th>
<th>Subscriber</th>
<th>SSN</th>
<th>Description</th>
<th>Coverage</th>
<th>Period</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>940123456-01</td>
<td>SAMPLE NAME</td>
<td>*<strong>-</strong>-2144</td>
<td>PREMIUM PLAN 45S</td>
<td>48</td>
<td>OCT17</td>
<td>564.93</td>
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<tr>
<td>940234567-01</td>
<td>SAMPLE NAME2</td>
<td>*<strong>-</strong>-7107</td>
<td>PREMIUM PLAN 45S</td>
<td>40</td>
<td>OCT17</td>
<td>441.58</td>
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<tr>
<td>940345678-01</td>
<td>SAMPLE NAME3</td>
<td>*<strong>-</strong>-5445</td>
<td>PREMIUM PLAN 45S</td>
<td>19</td>
<td>OCT17</td>
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<tr>
<td>940456789-01</td>
<td>SAMPLE NAME4</td>
<td>*<strong>-</strong>-1060</td>
<td>PREMIUM PLAN 45S</td>
<td>26</td>
<td>OCT17</td>
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<td></td>
<td></td>
<td></td>
<td>TOTAL PREMIUM AMOUNT: 1,579.74</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL AMOUNT DUE: 1,579.74</td>
</tr>
</tbody>
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4 SUBSCRIBERS THIS MONTH
Due Date: 10/01/2017

ACTIVITY ANALYSIS
SUMMARY OF PREMIUM AND RIDER CHARGES BY MONTH

Month | Plan | Description | Amount |
---|---|---|---|
10/2017 | 45S | PREMIUM | 1,579.74 |
Total Premiums: | 1,579.74 |
Total Riders: | .00 |
Total Life Premiums: | .00 |
Total Billed: | 1,579.74 |

SUMMARY OF COVERAGE (TIERING) LEVELS FOR CURRENT MONTH

<table>
<thead>
<tr>
<th>Coverage</th>
<th># of Subscribers</th>
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</thead>
<tbody>
<tr>
<td>TIER LEVEL 3</td>
<td>1</td>
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<tr>
<td>TIER LEVEL 10</td>
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<tr>
<td>TIER LEVEL 24</td>
<td>1</td>
</tr>
<tr>
<td>TIER LEVEL 32</td>
<td>1</td>
</tr>
<tr>
<td><strong>----------</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>
We applied benefits to a claim from Dr. Doctor, MD.

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure Code – Services received</th>
<th>Amount Charged</th>
<th>Negotiated Discount/Adjustment</th>
<th>Health Alliance Paid</th>
<th>Other Insurance Paid</th>
<th>Deductible</th>
<th>Copay / Coins</th>
<th>Non-Covered Charges</th>
<th>Non-Covered Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/23/2018</td>
<td>77067 SCREEENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL</td>
<td>$135.00</td>
<td>$25.00</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$10.00</td>
<td>A</td>
</tr>
<tr>
<td>01/23/2018</td>
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<td>$50.00</td>
<td>$40.00</td>
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<tr>
<td>01/24/2018</td>
<td>99212 OFFICE/OUTPATIENT VISIT, EST</td>
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<td>$50.00</td>
<td>$40.00</td>
<td>$0.00</td>
<td>$10.00</td>
<td>$0.00</td>
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<tr>
<td><strong>TOTALS:</strong></td>
<td></td>
<td><strong>$335.00</strong></td>
<td><strong>$125.00</strong></td>
<td><strong>$180.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$20.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$10.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

What you owe providers after we negotiated discounts and applied plan benefits. A negative amount indicates a reversal of a previous claim or an adjustment.

Your Responsibility

$30.00

Non-covered reasons

A. CHG EXCEEDS FEE SCHEDULE/MAX ALLOW OR CONTRACT FEE.

If your claim was not paid in full, you may have the right to appeal. Call 1-XXX-XXX-XXXX or visit HealthAlliance.org/Appeal.

**Plan Year Information** - Some services may not apply to your deductible or out-of-pocket maximum.

Refer to your plan coverage documents or visit YourHealthAlliance.org for plan details.

- Individual IN-NETWORK deductible remaining: $176.69
- Individual IN-NETWORK out-of-pocket max remaining: $2,172.04
- Family IN NETWORK deductible remaining: $1,030.92
- Family IN NETWORK out-of-pocket max remaining: $7,019.45

SPANISH (Espanol): Para obtener asistencia en Espanol, llame al 1-800-965-4022.

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-965•4022.

CHINESE ($1): 如果需要中文的帮助，请拨打这个号码1-800-965-4022.

NAVAJO (Dine): Dinek’ehgo shika at’ohwol ninisingo, kwijjigo holne’ 1-800-965-4022.
Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.


Chinese: 注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫 1-877-933-2564 (TTY: 711)