Thank you for investing in the health and wellness of your employees by choosing a plan made for you. We've developed this Benefit Administrator’s Guide to help you manage your organization’s health plan. If you have any additional questions, please contact your client consultant or broker.
Enrollment and Eligibility Information

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 and resources to assist with day-to-day functions.
• Access your monthly premium statements and pay your invoice.

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 Student 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 don’t 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 a parent or other caregiver for lifetime care and supervision.

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

Newborns
If the employee member is the birth mother paying premiums for individual coverage (employee only), her 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.

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 a parent or other caregiver 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 the birth mother paying premiums for individual coverage (employee only), her 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 60 days.

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.
Medicare Eligibility

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’re actively working or not.

*In general, eligibility is determined by the Centers for Medicare and Medicaid Services.

**Size is based on total employees (full-time, part-time, seasonal, etc).
CMS Section 111 MSP Mandatory Reporting Requirements

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) adds mandatory reporting requirements with respect to Medicare beneficiaries who have coverage under group health plan (GHP) arrangements effective January 1, 2009.

Health Alliance handles this reporting for your plan. Therefore, it’s important that you report all changes to your members’ eligibility data in a timely matter. To report correctly, Health Alliance is required to maintain Social Security numbers for all members.

Some details about the law:
The purpose of the Section 111 GHP reporting requirements is to enable CMS to correctly pay for the health insurance benefits of Active Covered Individuals by determining primary versus secondary payer responsibilities. Section 111 requires CMS and GHP Responsible Reporting Entities (RREs), like Health Alliance, to electronically exchange health insurance benefit information on a quarterly basis.

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.

Reporting must consider the following:
• All individuals covered in a GHP age 45 through 64 who have coverage based on their own or a family member’s current employment status.
• All individuals covered in a GHP age 65 and older who have coverage based on their own or a family member’s current employment status.
• All individuals covered in a GHP who’ve been receiving kidney dialysis or who have received a kidney transplant, regardless of their own or a family member’s current employment status.
• All individuals covered in a GHP who are under age 45, are known to be entitled to Medicare and have coverage in the plan based on their own or a family member’s current employment status. When reporting these under-age-45 individuals, you must submit their Medicare Health Insurance Claim Number (HICN/MBI).

Other Details
When Medicare Entitlement is due to end-stage renal disease (ESRD), 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/or 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.
Other Key Information

Provider Search
To find an in-network provider, go to HealthAlliance.org and choose Find Doctor or Pharmacy. Or log into YourHealthAlliance.org to view the provider directory from the detail page.

Simplify Your Premium Bill Processing
• Once you’ve created an account on YourHealthAlliance.org, you’ll be able to log in to that site 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 won’t 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.
  - Health coaching for help making healthier lifestyle choices.
  - Care coordination when they’re receiving acute medical care or have a complex condition.
  - Care transition intervention for a smooth adjustment from hospital to home.
  - Medication management to help take meds safely.

Members can learn more about these programs by calling our Medical Management department at (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 isn’t 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 Schedule A Form 5500 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 Group Plans

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

Large groups can also request table rates, where the cost is based on the member’s age.

Employee Premiums

**Groups on Transition Plans**

For most small groups on transition plans, employee premium rates are based on age and gender. Some groups have composite rates.

**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 they elect 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 fully insured members who qualify for notification for Medicare Part D, if you select this option on your Exhibit B.
YourHealthAlliance.org

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.

**Employer**

**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.

**Forms and Resources**
You can visit the Forms and 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.

Go to [YourHealthAlliance.org](http://YourHealthAlliance.org) and choose Create an Account to get started, or check out our easy guide to registering.

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

**Member**

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

**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.

**Wellness Rewards**
Participate in our Wellness Rewards program. You can earn exciting rewards for following simple steps to take care of your health.

**Paperless Member Materials**
We provide many materials, like Explanations of Benefits, electronically – helping members go green.
Hally™ Mobile App

Your employees can manage their health plan and get the care they need anytime, anywhere.

• All their account activities in one place.
• Virtual ID card access.
• Search functions.
• Quick access to virtual visits.
• Provider search and cost estimates.

The Hally app is your employees’ ally in all things health.

Visit the Apple® App Store® or Google Play® to download the Hally app.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

You and your employees can also access your policy online at HealthAlliance.org without logging in. Choose “Your Plan Info” from the Benefits menu dropdown to search for plan materials.
Get well. Stay well.

At Health Alliance, we have tools - built into your plan - to help your employees stay healthy or get back on their feet.

Hally Health

Hally™ health is our suite of wellness offerings and personalized health tools for our members. Your employees will discover programs and resources - as well as exercise classes, cooking demos and much more.

Health Coaching

Your employees can receive encouragement and support in making healthy lifestyle changes or learning to live with a new chronic illness, like diabetes.

Case Management

We help members get connected to the right doctors and services when they have a complex or serious medical condition.

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 specific health plan usage.

More Perks, Rewards and Services

Fitness and Pharmacy Discounts

Your employees can save money on things they already do - like going to the gym and filling prescriptions.

Fitness Allowance Program

Members and their dependents (18 years or older) can get up to $20 per month toward the cost of a fitness class or membership at a participating fitness center.

Wellness Rewards

Your employees can take steps toward better health and earn exciting rewards.

Assist America® Global Emergency Services

Members can travel the world knowing they can get help arranging care if needed.

Preventive Services

We provide our members with 100% covered preventive immunizations, annual wellness exams, mammograms, cancer screenings and more.

Quit For Life™

We can help your employees quit an expensive tobacco habit with this guided program.
BILLING PERIOD
10/01/2020 - 10/31/2020

Group: B05XXX
Invoice: 037122
Due Date: 09/22/2020

Total Amount Due: $1,579.74

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

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

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

GROUP: B05XXX
GROUP NAME: BUSINESS
INVOICE NUMBER: 037122
PAYMENT DUE DATE: 10/01/2020
AMOUNT DUE: 1,579.74
AMOUNT ENCLOSED: 1,579.74
CHECK NUMBER: 

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

BUSINESS NAME
1234 N FAUX RD
SAMPLEVILLE IL 61938-3466

Group: B05XXX
Invoice: 037122
Due Date: 10/01/2020

Total Amount Due: $1,579.74

PREMIUM REMITTANCE INFORMATION

Balance Forward $1,579.74
Received check dated No. XXXXXXX $(1,579.74)
ACA Tax $0.00
Total Premium this Month $1,579.74

TOTAL AMOUNT DUE/MAKE CHECK PAYABLE FOR $1,579.74

SUBGROUP: 001 BUSINESS NAME

<table>
<thead>
<tr>
<th>ID</th>
<th>SSN</th>
<th>Description</th>
<th>Coverage</th>
<th>Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>940123456-01</td>
<td>*<strong>-</strong>-2144</td>
<td>PREMIUM PLAN 45S</td>
<td>48</td>
<td>OCT20</td>
<td>564.93</td>
</tr>
<tr>
<td>940234567-01</td>
<td>*<strong>-</strong>-7107</td>
<td>PREMIUM PLAN 45S</td>
<td>40</td>
<td>OCT20</td>
<td>441.58</td>
</tr>
<tr>
<td>940345678-01</td>
<td>*<strong>-</strong>-5445</td>
<td>PREMIUM PLAN 45S</td>
<td>19</td>
<td>OCT20</td>
<td>219.41</td>
</tr>
<tr>
<td>940456789-01</td>
<td>*<strong>-</strong>-1060</td>
<td>PREMIUM PLAN 45S</td>
<td>26</td>
<td>OCT20</td>
<td>353.82</td>
</tr>
</tbody>
</table>

4 SUBSCRIBERS THIS MONTH

TOTAL PREMIUM AMOUNT: 1,579.74
TOTAL AMOUNT DUE: 1,579.74

ACTIVITY ANALYSIS

SUMMARY OF PREMIUM AND RIDER CHARGES BY MONTH

<table>
<thead>
<tr>
<th>Month</th>
<th>Plan</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2020</td>
<td>45S</td>
<td>PREMIUM</td>
<td>1,579.74</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>TIER LEVEL 3</td>
<td>1</td>
</tr>
<tr>
<td>TIER LEVEL 10</td>
<td>1</td>
</tr>
<tr>
<td>TIER LEVEL 24</td>
<td>1</td>
</tr>
<tr>
<td>TIER LEVEL 32</td>
<td>1</td>
</tr>
</tbody>
</table>

----------
4
<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure Code – Services received</th>
<th>Amount Provider 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>01/23/2020</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>01/23/2020</td>
<td>99212 OFFICE/OUTPATIENT VISIT, EST</td>
<td>$100.00</td>
<td>$50.00</td>
<td>$40.00</td>
<td>$0.00</td>
<td>$10.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>01/24/2020</td>
<td>99212 OFFICE/OUTPATIENT VISIT, EST</td>
<td>$100.00</td>
<td>$50.00</td>
<td>$40.00</td>
<td>$0.00</td>
<td>$10.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<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.

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

Refer to your plan coverage documents or visit login.hally.com for plan details.