

# Benefit Administrator's Guide

## Managing Your Health Alliance Northwest Plan



**Fully Insured**



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Thank you for investing in the health and wellness of your employees by choosing a Health Alliance Northwest™ 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 HealthAlliance.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 employees' eligibility.
- Access forms and resources to assist with day-to-day functions.
- Access your monthly premium statements and pay your invoice.

## The Group Enrollment Agreement (GEA) is part of your contract and includes:

- Exhibit A (Policy & Benefits Booklet).
- Exhibit B (Eligibility and Enrollment Rules).
- Exhibit C (Premium Rates).
- 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.

## 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 has a disability.

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 to (217) 902-9755 or email to [Membership@HealthAlliance.org](mailto:Membership@HealthAlliance.org). If submitting applications or changes online, you don't need to send us the original application.*

# Dependent and Newborn Coverage

## Washington

### Dependents

An eligible dependent child must be under the age of 26 regardless of student status or as otherwise specified in this policy.

An eligible dependent may continue coverage under the plan if, upon reaching the Limiting Age, a developmental or physical disability makes the dependent incapable of self-sustaining employment, and if they are dependent on a parent or other care provider(s) for support and maintenance. Health Alliance Northwest may request documentary proof of the incapacity and dependency. Requests will be no more often than annually after the two-year period following the dependent's attainment of the Limiting Age.

### Newborns, Adopted Children, Children Placed for Adoption or Children Placed in Foster Care

If the employee member is the birth mother paying premiums for individual coverage (employee only), the newborn child is covered initially from birth, for a minimum of three weeks or the length of time the child's birth mother is admitted for delivery, whichever is longer. Health Alliance Northwest must be notified of the birth to apply this initial coverage.

For the newborn to be continually covered past the initial coverage time frame, the employee member must submit an application to their employer to add the child within 60 days of birth. If the employee member is paying premiums for family coverage, a newborn child is covered for the first 60 days of birth.

If payment of an additional premium is required, coverage after 60 days is contingent upon the submission of a completed application to the employer and payment of the additional premium within 60 days following the birth. Coverage for the newborn will include illness, injury, congenital defects, birth abnormalities and premature birth. A newborn of a dependent child is not covered.

If an employee member adopts a child, serves as a child's legal guardian, or a child is placed for adoption or placed in foster care, coverage may be subject to the submission of written documentation accompanied by a completed application within 60 days from the date of the order or agreement. Examples of accepted written documentation would be an interim court order or a final order of adoption, guardianship, or placement for adoption or placement in foster care, signed by a judge.

Premiums for coverage of a newborn, adopted child, child placed for adoption or child placed in foster care will be payable from the date of eligibility and must be paid within 60 days from the date the request for coverage is received.



# Medicare Eligibility

The following are eligibility\* rules for Medicare primary and Medicare group or 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 and 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 and B.
- Members are eligible whether they're actively working or not.

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

*\*\*Size is based on total employees (full time, part time, seasonal, etc.).*



# Reporting Requirements

## 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 Northwest handles this reporting for your plan. Therefore, it's important that you report all changes to your members' eligibility data in a timely manner. To report correctly, Health Alliance Northwest 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 payor responsibilities. Section 111 requires CMS and GHP Responsible Reporting Entities (RREs), like Health Alliance Northwest, 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 Medicare Secondary Payer (MSP) provisions for people with disabilities apply to all employers in a multiemployer 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](https://HealthAlliance.org) and choose Find Care.

## Simplify your premium bill processing.

**NEW: You will no longer receive monthly payment invoices via mail/print. All invoices will only be delivered electronically.**

- You can pay your group's premiums online. Once you've created an account on [HealthAlliance.org](https://HealthAlliance.org), you'll be able to log into 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 or renewing group will be eDelivered during the middle of the month coverage starts. You should get your other bills around the 15<sup>th</sup> of the month before it's due. All other bills will be eDelivered around the 15<sup>th</sup> of each month.
- 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 eighth 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.
- 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.
- Each month, we'll send you a notice through the portal once your invoice is available. Invoices are viewable through the portal via Revo. If preferred, you can also easily set up automatic payments.

## 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 and Resources section on [Group.HealthAlliance.org](https://Group.HealthAlliance.org) or [HealthAlliance.org](https://HealthAlliance.org) for more information about your plan's benefits.
- Our members have access to programs that support them through every step of care:
  - Health coaching for help making healthy 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

Health Alliance Northwest will send the Medicare Part D Creditable or Non-Creditable Coverage notices 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.

# Employee Premiums

## Single

Total monthly premium = cost for adult.\*

## One Dependent

### Married:

Total monthly premium = cost for adult + cost for adult.

### Single with One Child:

Total monthly premium = cost for adult + cost for one child.\*\*

## Two or More Dependents

### Married with One Child:

Total monthly premium = cost for adult + cost for adult + cost for one child.

### Married with Two or More Children:

Total monthly premium = cost for adult + cost for adult + costs for two or more children.

### Single with Two or More Children:

Total monthly premium = cost for adult + costs for two or more children.

\*Adults are defined as over age 20.

\*\*Children are defined as age 20 and younger.

## 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 15<sup>th</sup> 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 16<sup>th</sup> and the end of the month, the full premium amount is charged.

# ACA-Compatible Plans

For ACA small group plans, employee premiums are composite rated.

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.

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

# HealthAlliance.org

Helping You and Your Employees Make the Most of Your Coverage

## Plan Materials

Members and employer groups can view most medical, pharmacy, vision and 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, Medicare group information, and much more.

Go to [Group.HealthAlliance.org](https://Group.HealthAlliance.org) to log in or click Register as Group Admin to create an account.

**Members log in at [hally.com](https://hally.com) or through the Hally® account on the MyChart app to access plan materials, ID cards and more:**

### 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.

*\*Not available to your employees who are Medicare members.*

### Paperless Member Materials

We provide many materials, like Explanations of Benefits, electronically – helping members go green.

# Wellness Resources

We have tools – built into your plan – to help your employees be their healthiest.

## Hally Health

With Hally health, your health plan gives your employees resources and support to help them live their healthiest lives. They simply visit [hally.com](https://hally.com) or access Hally health through the MyChart app to log in to their account.

### Health Coaching

Your employees can get help with nutrition, weight loss, staying active and more.

### Care Coordination

Your employees can connect to a team of providers who work with their doctor to make sure they have the resources they need.

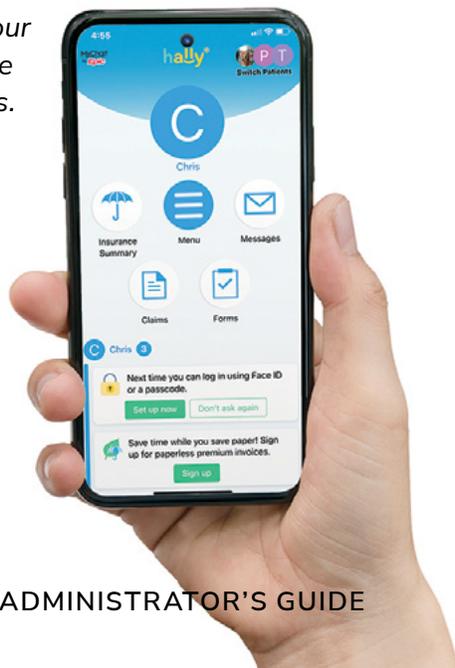
### Nurse Advice Line

Your employees can get 24/7 answers to their health questions, like whether they need to set up an appointment or see a doctor right away.

### Treatment Cost Calculator\*

Your employees can compare prices and doctors for various services, based on real data and specific health plan usage.

*\*Not available to your employees who are Medicare members.*



## 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.

### Active&Fit Direct™

Your employees can join one of 10,000+ fitness centers nationwide for just \$28 a month (plus a one-time \$28 enrollment fee and applicable taxes). For more info, go to [HealthAlliance.org/Active-Fit-Direct](https://HealthAlliance.org/Active-Fit-Direct).

### Preventive Care

Your employees can focus on prevention with coverage for a yearly wellness visit, routine screenings, a flu shot and more.

### Quit For Life®

Your employees get personalized help to end their tobacco use.

### OTC4Me

Your employees get a 10% discount code for a wide variety of competitively priced over-the-counter (OTC) products with OTC4Me. They can order online or by phone, and all orders are shipped directly to them. Shipping is free on orders over \$25.

Health Alliance Medical Plans  
3310 Fields South Dr.  
Champaign, IL 61822



## Premium Invoice

Sent 08/08/23

Account ID: XXXXX

### Mail to:

BUSINESS NAME  
1234 N FAUX RD  
CHAMPAIGN, IL 61822

### Invoice Information

INVOICE NUMBER: XXXXX  
Current Month Premium: \$1,690.03  
Retro-Active Transactions: \$0.00  
Previous Balance: \$1,690.03  
Previous Payments Received: **-\$1,690.03**  
Account Credits Applied: **\$0.00**  
**Current Balance Due: \$1,690.03**

Payment due by  
9/1/2023

See following pages for statement details →

### Questions?

If you would like to speak to a customer service representative, please call (866) 247-3296.

### To review and pay online:

[www.healthalliance.org](http://www.healthalliance.org)

### Pay by check:

Make checks payable to  
Health Alliance Medical Plans

### Important Information

Please do not send messages to Health Alliance with your payment. Payments are processed electronically, and your message will not be received. Instead, please call the number on the back on your ID card or send your message to Health Alliance, 3310 Fields South Dr, Champaign, IL 61822.

**Note:** Depending on how you pay your premium, you may be asked to reenter your payment information. If you are currently enrolled in Autopay, no further action is needed.

Detach this portion and return with your payment

<p>AMOUNT ENCLOSED (Acct XXXXX) Invoice Date: 8/8/2023 INVOICE NUMBER: XXXXX</p> <p>\$ <input type="text"/></p> <p><b>Payment Due</b> <b>\$1,690.03</b></p> <p>Payment due by 9/1/2023</p> <p>Check # <input type="text"/></p>	<p><b>Health Alliance</b> NORTHWEST™</p> <p>Mail To <b>Health Alliance Medical Plans</b> <b>9865 Reliable Pkwy</b> <b>Chicago, IL 60686</b></p>
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Current Month Summary

For period: 09/01/2023

Group: XXXXXX

Plan/Rider	Tier	Subscribers	Members	Amount
PREMIUM PLAN	TIER LEVEL	#	#	1,129.22
PREMIUM PLAN	TIER LEVEL	#	#	560.81
				Total: 1,690.03

# SAMPLE EOB

**Health Alliance Medical Plans**  
 Attn: Eligibility  
 3310 Fields South Drive  
 Champaign, IL 61822



## Explanation of Benefits

**THIS IS NOT A BILL**

**Date:** 08/09/23  
**Claim #:** 12345689  
**Processed:** 8/3/23  
**Subscriber:** XXXXX  
**For Patient:** 007  
**Member ID:** 0123456789  
**Group:** XXXXX

Have questions?  
 ☎ 1-800-322-7451  
 🖱 Hally.com

### Electronic Service Requested

<barcode>  
 <your name, address here>

This EOB shows what we will pay for the services listed and what you may owe to the provider. Your provider will send you a separate bill with the amount you owe. Keep this EOB so you can compare it to the bill from your provider.

### We applied benefits to a claim from Dr. Doctor

Service From Date	Procedure /DRG	Service	Billed	Discount/ Disallowed	Paid Amount	Primary Insurance	Deductible	Copay	Co-Insurance	Not Covered	Reason Code
8/3/23	99243 CPT(R)	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	\$375.00	\$262.50	\$72.50	\$0.00	\$0.00	\$40.00	\$0.00	\$0.00	3, 45
<b>Claim Totals:</b>			<b>\$375.00</b>	<b>\$262.50</b>	<b>\$72.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$40.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

What you owe providers after we negotiated savings and applied plan benefits. A negative amount indicates an adjustment to the claim.

### YOUR RESPONSIBILITY:

**\$40.00**

### Code Summary

3 - Co-payment Amount  
 45 - Chgs excd fee sch/max allowable

If any portion of your claim was not paid in full, you may exercise your rights to appeal. Information about the appeal process is provided with this Explanation of Benefits. Call 1-800-322-7451 or visit HealthAlliance.org/Appeal.

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

Name	Family Limit	Family Used	Family Left	Patient Limit	Patient Used	Patient Left
In-Network Deductible	3,000.00	38.09	2,961.91	1,000.00	0.00	1,000.00
Out-of-Network Deductible	6,000.00	0.00	6,000.00	2,000.00	0.00	2,000.00
In-Network Out-of-Pocket Maximum	12,000.00	688.09	11,311.91	4,000.00	410.00	3,590.00
Out-of-Network Out-of-Pocket Maximum	75,000.00	0.00	75,000.00	25,000.00	0.00	25,000.00

You may receive additional EOBs for services performed by another provider, ie. Reading of xrays or lab work.

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-322-7451.  
 Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-322-7451.  
 Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-322-7451.  
 Navajo (Dine): Dinck'chgo shika at'ohwol ninisingo, kwijigo holne' 1-800-322-7451.

Claim 123456789

FOR YOUR RECORDS

