



IOWA GROUP SIZE 1 to 50 EXHIBIT B

Employer Federal Tax ID Number (TIN):		
Group Number:		
Group Name:		
Group Contact:		
Email Address:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	

SECTION 1: EXHIBIT B FOR GROUP SIZE 1-50

1. Plan year effective date: From: _____ To: _____

2. Contract renewal date, if different than plan year: From: _____ To: _____ same as plan year

3. Benefit year type:
 Annual (January 1 to December 31, regardless of contract renewal/or plan year month)
 Contract (12 months starting with the contract year effective date)

4. Enrollment options.

Open Enrollment:
 Open enrollment for employees will begin one month before the contract renewal date through the end of that month. The employee's effective date would be the date of the group's contract renewal.

Dual Choice: Yes or No
 Yes; Group shall conduct a dual choice period each year the Agreement is in effect, during which time all eligible employees and/or family Dependents who are currently enrolled as a Member in one of the Health Alliance Plans may switch to the other Health Alliance Plan.

Annual Election:
 Not applicable for group size 1 to 50. Health Alliance does not underwrite for small groups with more than one carrier.

5. Total number of eligible employees including full-time, part-time, seasonal, owners, etc.?

6. Number of employees eligible for coverage?

7. How many hours per week must the employee work in order to be eligible for coverage?
Please note: 30 hours per week or more = full time.

8. When are new hires eligible for coverage? You may not have a waiting period that exceeds 90 days.
 Choose one eligibility option:
 Employees are eligible for coverage the first of the month following 30 days.
 Employees are eligible for coverage the first of the month following 60 days.
 Date of Hire.
 Choose one termination option:
 The employee coverage terminates the end of the month the employee leaves employment.
 The employee coverage terminates the date the employee leaves employment.

9. Is retiree coverage offered (age 65 and older)? Yes No
 To be eligible at retirement, retirees must receive at least a 25% contribution from their former group toward the cost of a single premium rate or the retiree must be "Primary Medicare Eligible" (not applicable to IMRF participants).

Do you have employees eligible for IMRF benefits? Yes No

Are early retirees (prior to age 65) offered coverage? Yes No
 If Yes, at what age? _____ Years of service? _____
 Other? _____

Medicare Part D Creditable vs Non-Creditable. Do you want Health Alliance to send the notices? Yes No

10. What is the employer's percentage of contribution toward the employees premium?
 (a minimum of 50% is required) _____ % or Other: _____

11. *Please note:* Common Law and Legally Married Spouses are eligible in Iowa regardless of Domestic Partner Coverage. Would you like to offer Domestic Partner Coverage? Yes No
Domestic Partner is defined as:

- They are over age 18
- They must share a common permanent residence with the employee
- The employee and their domestic partner agree to be jointly responsible for each other's basic living expenses during the domestic partnership
- Neither the employee or their domestic partner is legally married, legally separated or a member of another domestic partnership
- Both the employee and domestic partner are capable of consenting to the domestic partnership
- The employee and the domestic partner are not related by blood closer than permitted by state law for marriage.

12. Do you have a Health Savings Account (HSA)? Yes No
Do you have a Health Reimbursement Account (HRA)? Yes No

13. A rehired employee who is eligible for coverage is treated as a new hire.

14. Eligible transfers are effective the first of the month following the date of transfer.

SECTION 2: HEALTH ALLIANCE MIDWEST STANDARDS FOR ELIGIBILITY AND ENROLLMENT

A. **Applications:** Must be submitted within 31 days from the eligibility date or a special enrollment period.

B. **Effective Date of Dependent Coverage Termination:** Coverage may continue through the last day of the month the dependent turns age 26. Dependents with an apparent handicapped condition that does not allow him or her to stay employed and is totally dependent on his or her parents or other caregivers for lifetime care and supervision may stay on the plan after age 26. Physician documentation may be required.

An unmarried dependent 26 years of age or older may remain covered under the plan only if the child is enrolled as a full-time student at an educational institution. Coverage for the unmarried full-time student will terminate the last day of the plan year of graduation or cessation of studies whichever is earlier.

C. **Late Entrant:** Not applicable.

D. **Effective Date of Employee Coverage Termination:** The group shall not be entitled to receive a refund of any portion of a premium paid to Health Alliance as a result of the Group's failure to accurately notify Health Alliance in writing within 31 days of the employee's effective date of termination. Premiums for the month of termination are payable according to the 15th of the month rule. See "Remittance of Premiums," Section 3.6 of the Group Enrollment Agreement.

E. **Job Status Change:** Non-benefit eligible to benefit eligible will be treated as a new hire.

F. **Leave of Absence Policy:** Health Alliance will allow employees on leaves of absence longer than six months to remain on the Plan if the Group resumes monthly contributions for these employees that meet or exceed the "Minimum Group Contribution" after the initial six month period. Employees on leaves of absence (medical, disability, education or personal leave) authorized by the Group will be allowed to pay 100% of their own premium for a maximum of six months. There must be a documented bona fide reason to believe that the employee will return to work upon conclusion of the leave of absence.

G. **Return from Leave of Absence Policy:** Coverage is effective immediately upon return from leave of absence.

H. **Layoff Policy:** Health Alliance will allow employees on temporary layoffs longer than six months to remain on the Plan if the Group resumes monthly contributions for these employees that meet or exceed the "Minimum Group Contribution" after the initial six month period. Employees on temporary layoff authorized by the Group will be allowed to pay 100% of their own premium for a maximum of six months.

I. **Return from Layoff Policy:** Coverage is effective immediately upon return from layoff.

J. **Medicare-Eligible Policy:** This policy applies to certain active employees age 65 and older, retirees age 65 and older and disabled persons eligible for Medicare primary coverage. If a "Medicare-Eligible" Member does not elect Part B coverage when they are first eligible then Health Alliance shall determine payment as if the Member had elected Part B coverage. This is required for groups.

K. **Rehire Policy:** Treat as a new hire.

L. **Transfer Policy:** Coverage is effective the first of the month following the date of transfer.

M. **Continuation Coverage:** For those plans eligible for COBRA (20 or more employees), please note that dependents may not be qualified beneficiaries if they don't meet the IRS rules or guidelines as a tax dependent.

Dependents that are eligible for this plan can be qualified beneficiaries for state continuation, spousal continuation and dependent continuation.

SECTION 3: AGREEMENT

Approved by:

Name of Company: _____

Health Alliance Midwest, Inc.

By: _____

By: *Jana Perry* _____

Its: _____

Its: Vice President of Sales and Retention _____

Date: _____

Date: _____

OR

By clicking this checkbox, you acknowledge that you are authorized to sign for _____, understand that an electronic signature is taking place, and hereby Electronically Acknowledge Execution of this Exhibit on the date so acknowledged and such Acknowledgement shall be treated as a valid signature for all purposes of the Agreement.

Name of Company: _____