ILLINOIS 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 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: The ACA definition of full time = an average of 30 hours or more per week.

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:* Civil Unions and Legally Married Spouses are eligible in Illinois 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 MEDICAL PLANS 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. For former military personnel, coverage may continue through age 30 with proof of honorable discharge. 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.

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. **Open Enrollment:** Open Enrollment for Employees should 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.

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

N. **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 Medical Plans, Inc.
By: _____	By: _____
Its: _____	Its: _____
Date: _____	Date: _____

❑ 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 _____