

Group Medical Application (for new Idaho groups)

Small Employers can apply to SelectHealth® for group health coverage as outlined below. The policy you are applying for does not include coverage for pediatric dental care, which is considered an essential health benefit under the Affordable Care Act. Pediatric dental care is available and can be purchased as a stand-alone product. Please contact your insurance agent or Your Health Idaho if you wish to purchase a stand-alone dental product.

THE FOLLOWING ITEMS ARE REQUIRED TO ENROLL IN HEALTHCARE COVERAGE WITH SELECTHEALTH

Group Documents:

- 1. Completed and signed Group Medical Application (this document)
NOTE: Correct form(s) must be used and signed by owner. The following additional forms may be needed:
 - Group Eyewear Application (page 5 of this document), if applicable
- 2. A copy of the Employer's SUTA forms
- 3. A completed copy of the Group Email Opt-In form if employer communications should be received electronically

Group Payment:

- 4. A check for the estimated first month's premium
- 5. Completed and signed Payment Authorization Agreement (if using the automatic payment option)

Group/Employee Forms:

- 6. A completed Idaho Small Employer Health Insurance Application and Application Supplement Form for each employee enrolling

TO ENSURE TIMELY ENROLLMENT AND TO RECEIVE A FINAL QUOTE, COMPLETE THE FOLLOWING STEPS:

- 1. Upload the census and submit your quote through Broker Exchange at **selecthealth.org**
- 2. Send the applications and documents listed above to SelectHealth

Coverage will not be effective until you have received written notice from SelectHealth, and SelectHealth reserves the right to determine the effective date.

A. PLAN SERVICE AREA

BrightPath

Bear Lake, Bingham, Bonneville, Franklin, Fremont, Jefferson, Kootenai, Madison, Oneida, and Teton counties

SelectHealth

Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Custer, Elmore, Gem, Gooding, Jerome, Lemhi, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, and Washington counties

Saint Alphonsus Health Alliance (SAHA)

Ada, Boise, Canyon, Gem, Payette, and Washington counties

SelectHealth Med

Ada, Bear Lake, Bingham, Boise, Bonneville, Canyon, Cassia, Franklin, Fremont, Gem, Jefferson, Madison, Minidoka, Oneida, Payette, Teton, Washington

B. COMPANY INFORMATION

Company Name _____

Doing Business As (DBA) _____

Street Address _____

City _____ County _____ State _____ ZIP _____

Ph# (_____) _____ Company Fax# (_____) _____

Billing Address _____

City _____ State _____ ZIP _____ Key _____

Contact _____ Key Contact Email _____

Billing Contact _____ Billing Contact Email _____

TPA/COBRA Contact _____ TPA/COBRA Contact Email _____

Business Type Corporation Sole Proprietorship Partnership Nonprofit LLC Employer SIC Code _____

Organization Type (mark only if applicable) Association Common Ownership Professional Employer Organization (PEO)

Nature of Business _____

Federal Tax ID# _____ Number of Years In Business _____

Name of Current Group Health Plan (if applicable) _____

Writing Agent _____ Writing Agent Email _____ Agent's _____

Assistant Contact _____

Proposed Group Effective Date _____ SHOP # _____

Does the employer wish to cover domestic partners? Yes No

What is the average monthly premium paid by you, the Employer? _____ Do you file a Form 5500? Yes No

What is the average monthly contribution paid by your Employees? _____

C. MONTHLY PREMIUM

On or before the first day of each month, the Employer shall pay SelectHealth the premium per the Employer Plan Coverage List.

Payment Method: Preauthorized Banking Withdrawal (PAC) Web Pay Monthly Payment

D. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA

Employee must satisfy the following requirements throughout the term of the Contract.

1. Minimum Employer Monthly Contribution

At a minimum the employer must contribute an amount equal to at least 50 percent of the monthly Premium for single coverage on the lowest benefit offered. The employer contribution must be consistent for all employee classes and can be either a percentage of the employee monthly Premium or a fixed monthly dollar amount.

2. Minimum Enrollment Participation

Employees waiving coverage will not be counted towards participation if they have other medical coverage. For employers with up to four eligible employees after valid waivers - 100 percent must participate. For employers with five or more eligible employees after valid waivers - 75 percent must participate.

A minimum of one employee must be enrolled at all times.

Groups enrolling between November 15 and December 15 for a January Effective Date are not subject participation and contribution requirements.

3. Small Group Status

The Idaho Department of Insurance defines small employer (Idaho Code 41-4703). To calculate employer size, determine the average number of eligible employees during the previous calendar year. If the average number is at least two but not more than 50, and the group employs at least two but not more than 50 eligible employees on the first day of the plan year, the group is a small employer. An employer that did not exist for the entirety of the previous calendar year, but who reasonably expects to employ an average of at least one but not more than 50 eligible employees during the current calendar year, is also a small employer. Companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of state taxation, are considered one employer. A sole proprietor who does not employ at least one other eligible employee is not a small employer.

4. Employer Waiting Period for Newly Eligible Employees

- 0 months (employee is eligible on the first of the month following full-time hire date)
- First of the month following 1 month First of the month following 2 months
- First of the month following 30 days First of the month following 60 days
- Dual waiting periods for separate employee classes (classes determined by employer) _____ / _____

The employee's Effective Date will begin the first day of the next calendar month following the Waiting Period for Newly Eligible Employees.

The Waiting Period for Newly Eligible Employees can be changed twice annually — once at renewal and once outside of the renewal period.

5. Leave of Absence

Eligible employees are granted a leave of absence by the employer for up to 90 days.

6. Eligible Employee Status

Except for sole proprietors, partners, independent contractors, public officers, and public employees, an eligible employer must be scheduled to work at least:

- 20 hours per week 30 hours per week

7. Group Termination

Employee and dependent(s) coverage will terminate as of the end of the month in which termination of eligibility occurs. However, when an event causing loss of eligibility should have resulted in a member's retroactive termination, but the retroactive termination is not allowed under federal or state law, SelectHealth has the discretion to determine the prospective date of termination. SelectHealth also has the discretion to determine the date of termination for rescissions (as defined in the Group Health Insurance Contract).

E. DURATION OF GROUP HEALTH INSURANCE CONTRACT

If the SelectHealth minimum employee participation and employer contribution requirements are satisfied, the Contract and its terms shall commence on the Effective Date for a term of 12 months.

Proposed Group Effective Date _____

F. SIGNATURE

This Application is part of the Group Health Insurance Contract with SelectHealth. The Group Health Insurance Contract is not binding until SelectHealth signs the Employer Plan Coverage List. In case of discrepancies, the other documents constituting the Group Health Insurance Contract will prevail over the Application.

Coverage, if approved, is made on the basis of information provided to SelectHealth by the Employer and its employees and is subject to the above criteria as well as properly completed employee (Subscriber) applications. Employer represents to SelectHealth that the information provided in this Application is accurate. The Employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Employee applications must be submitted to and approved by SelectHealth before the proposed effective date. Otherwise, SelectHealth may delay the effective date of issue of this Contract.

This Group Application must be signed by Employer and received by SelectHealth before the Group Health Insurance Contract can be finalized.

Employer Name _____

Authorized Representative Signature

Authorized Representative (print name here)

Group Eyewear Application

Small employers can apply to SelectHealth for group eyewear coverage as outlined below. Unless otherwise noted, selections and requirements that apply to medical also apply to eyewear.

SelectHealth partners with EyeMed Vision Care® as the eyewear vendor for customer service, claims, and provider access.

A. PROVIDER

SelectHealth EyewearSM offers access to providers nationwide.

B. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA

1. Newly Eligible Employees

Must be equal to the Employer Waiting Period for medical

2. Employer Monthly Contribution (select one of the following):

- Contributory** (Employer must contribute an amount equivalent to at least 75 percent of the single coverage monthly premium. The Employer contribution must be consistent for all employee classes.)
- Voluntary** (Employer is not required to contribute to the employees' monthly premium.)

C. OTHER REQUIREMENTS

A group may not purchase SelectHealth Eyewear without also purchasing medical coverage. However, if a group does purchase an eyewear plan along with their medical plan, individual employees may enroll in a group's eyewear coverage for themselves and dependents without also enrolling for medical.

D. SIGNATURE

When a separate Employer Plan Coverage List is countersigned by SelectHealth and attached to this document, then this document, the Employer Plan Coverage List, and the Group Eyewear Contract become the agreement between SelectHealth and Employer. In case of discrepancies, the Group Eyewear Contract will prevail over this document.

Coverage, if approved, is made on the basis of information provided to SelectHealth by the Employer and its employees and is subject to the above criteria as well as properly completed employee (Subscriber) applications. The Employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Employee applications must be submitted to and approved by SelectHealth before the proposed effective date. Otherwise, SelectHealth may delay the effective date of issue of this Contract.

This Group Application must be signed by Employer and received by SelectHealth before the Group Eyewear Contract can be finalized.

Company Name _____

Authorized Representative Signature _____

Owner's Printed Name _____

Date _____