



Underwriting Guidelines

For Small Groups



EmblemHealth small group plans are underwritten by Health Insurance Plan of Greater New York (“HIP”), an EmblemHealth company.



Highlights

- EmblemHealth covers businesses with one (1) to one hundred (100) full-time equivalent (FTE) employees.
- A business must be located in New York within our defined service area.*
- Individuals must live, work, or reside within our defined service area.
- There are no minimum participation requirements.

*Please refer to the “Covered Counties/Service Areas” section on page 7.

Small Group Underwriting Guidelines

Group Eligibility

To be eligible for small group coverage, a group:

- Must be physically located within the EmblemHealth defined service area.
- Must have at least one (1) but not more than one hundred (100) full-time-equivalent (FTE) employees that reside within the defined service area.

Employers can provide coverage under policies that are issued or renewed to classes of employees based on “conditions pertaining to employment” or family status. Examples of conditions pertaining to employment include:

- Hours
- Salaried versus hourly
- Geographic site of employment
- Directors, managers, and shareholders
- Job duties
- Earnings

Certain groups do not meet eligibility requirements for coverage:

- Groups formed for the sole purpose of obtaining health insurance.
- Groups that do not have at least one (1) common law employee enrolling in coverage. For example:
 - Sole proprietors with no common law employees.
 - Owner-only groups with no common law employees. (For purposes of underwriting, an owner is not considered a common law employee.)
- A two-person group comprised of the business owner and their spouse/partner.

EmblemHealth reserves the right to request documentation to demonstrate a group’s eligibility for coverage.

Group Size Requirements

Group size is determined based on the federal “full-time equivalent (FTE)” employee counting method (26 U.S.C. 4980H(c)(2)). This method is the same calculation used to determine employer liability under the “Shared Responsibility for Employers” provisions of the Affordable Care Act and Internal Revenue Code (IRC). To qualify for small group coverage, the group must have between one (1) and one hundred (100) FTE employees. The following basic guidelines may be helpful to determine the FTE employee count. The counting rules are complicated, so the group may want to consult the IRS website or a tax professional or attorney.

- Group size is determined based on an average number of employees that are employed by the employer on business days during the preceding calendar year.
- All entities treated as a single employer under 26 U.S.C. §414(b), (c), (m) or (o) are treated as one employer and all employees are counted together to determine group size.

- A full-time employee for any calendar month is an employee who has on average at least 30 hours of service per week during the calendar month, or at least 130 hours of service during the calendar month.
- A full-time equivalent employee is a combination of employees, each of whom individually is not a full-time employee, but who, in combination, are equivalent to a full-time employee. Employees not enrolled in the group’s coverage are counted to determine group size. This includes, but is not limited to, employees who:
 - Are part of a class of employees that are not covered or are covered by a carrier other than EmblemHealth.
 - Receive coverage through their union rather than the employer-sponsored coverage.
 - Have waived employer coverage and selected other non-employer coverage.
 - Are located in a state other than New York State.

The following employees are not counted to determine group size:

- Individuals who do not meet the common law definition under the Department of Labor (DOL) or IRC rules.
- Former employees who are covered through retiree benefits, the Consolidated Omnibus Budget Reconciliation Act (COBRA), or state continuations.
- Special rule for Corporations (LLC, S, and C Corporations): An eligible common law employee is not required if the corporation has at least two (2) owners who are not married to each other.

Changes in group size

- Group size determination is made at the time the policy is issued or upon renewal. Changes to the size of a group that occur mid-year do not affect eligibility for the current plan year.
- Groups that no longer meet group size requirements at the time the policy renews will be offered coverage in accordance with their appropriate market segment. The offering of the appropriate product may occur after EmblemHealth sends information about small group renewal options.

Employee and Dependent Eligibility

EmblemHealth small group offerings cover both employees and their dependents based on the following enrollment requirements:

- Employee eligibility is based on the Internal Revenue Service (IRS) definition of an employee of either an employer group or bone fide employer member of an association group.
- EmblemHealth defines eligible employees as employees who work 20 hours or more per week. If an employer requires employees to work a longer number of hours to meet eligibility, EmblemHealth will use the employer’s criteria to define eligible employees.

- Employees must live, work, or reside in EmblemHealth’s defined service area.
- Groups must demonstrate an employer/employee relationship.
- Employers can consider temporary or seasonal employees eligible for coverage. This includes a “1099” employee as long as he/she is considered a common law employee under per DOL and Internal Revenue rules and regulations. EmblemHealth may require the employer to certify that these common law requirements are met.
- At the time of application, EmblemHealth may require additional documentation, including:
 - NYS-45 form
 - NYS-45 ATT form
 - Payroll records
 - Other appropriate source documentation

Eligible former employees

Former employees eligible for COBRA or state continuation may enroll for the period allowed by law.

Eligible dependents include:

- Spouses
- Domestic partners
- Children, including:
 - Natural children
 - Adopted children
 - Stepchildren
 - Newborn children
 - Children for who the employee has legal custody and are chiefly dependent on the employee for support.
This includes foster children.

Children are eligible for coverage until age 26 regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage.

Under New York State law, unmarried children may be covered up to age 29 through either of the two following options:

- **Young Adult Option:** COBRA-like coverage elected and purchased by or for the young adult.
- **Make-available Rider:** Purchased at the option of the employer.

Non-eligible employees include:

- Employees who do not meet the definition of a common law employee under the DOL regulations and IRC rules.
- Former employees who are covered through retiree benefits.
- Any employee who does not live, work, or reside in our service area.
- Temporary or seasonal employees, unless the employer chooses to provide coverage as required.
- Board of Director members and stockholders, unless they are also officers of the company and work at least 20 hours per week.

EmblemHealth has the right to verify eligibility of all employees and dependents, including but not limited to, the marriage of two individuals with different last names, as well as dependents that have a different last name from the subscriber, by requesting a federal Form 1040, birth certificates, marriage documents, adoptions papers, court orders for dependents, and proof of domestic partnership.

Enrollment Policy

Open enrollment

Employees are generally eligible to join the plan, add dependents, or make changes (if applicable) during an annual 30-day open enrollment period.

New employee waiting periods (date of hire policy)

Employers may set a waiting period for new employees from (zero) to 90 (ninety) days. New groups enrolling with EmblemHealth may waive the waiting period for all employees at the time of the initial enrollment period.

Excluding the annual enrollment period when an employee or dependent (including the employee's spouse) loses coverage or experiences a qualifying event, they may be eligible for a special enrollment period. The employee or dependent, if eligible, can enroll during the 30-day or 60-day period following the event. Below are the qualifying events:

Thirty (30)-day special enrollment periods:

- Termination of employment
- Termination of another group health plan
- Marriage
- Birth
- Adoption
- Placement for adoption
- Termination of spouse's employment
- Death of a spouse
- Legal separation, divorce, or annulment
- A child no longer qualifies for coverage as a "child" under another group health plan
- Reduction in hours of employment
- Employer contributions to the group health plan were terminated for the employee, spouse, or dependents
- A change in business structure or acquisition
- Other qualifying events determined by law that apply to HIP small group plans

Sixty (60)-day special enrollment periods

- Gain or loss of eligibility for Children's Health Insurance Program (CHIP), Essential Plan, or Medicaid
- Employee's exhaustion of COBRA or continuation coverage

Minimum Participation

There are no minimum participation requirements for HMO products.

EmblemHealth Plan Offerings

- Small groups can offer multiple plan options. They can choose from among any of the products offered. The number of specific plan options allowed by employer size are as follows:
 - Groups of one (1) to three (3) lives: one (1) plan
 - Groups of four (4) to ten (10) lives: two (2) plans
 - Groups of eleven (11) to twenty-five (25) lives: four (4) plans
 - Groups of twenty-five (25) to one hundred (100) lives: five (5) plans or greater
 - Ghost plans: Groups with four (4) lives or greater can contain one (1) Ghost plan.

- A group may change the plan types offered, such as adding a new option or purchasing an Age 29 rider, only on the group's anniversary.
- An enrolled employee may only change the plan option elected on the group's anniversary.

Guaranteed Availability and Renewability

All policies are guaranteed available to groups year-round. In addition, all groups will be renewed unless they are terminated for the following:

- Fraud or misrepresentation of material facts.
- Failure to meet service area requirements (when no employee lives, works, or resides in the service area).
- Inability to qualify for a group health insurance policy under New York State.
- The class of contract is discontinued or EmblemHealth withdraws from the market.
- Such other reasons permitted under the terms of the contract and certificate of coverage.

Premium Rates

Premium rates are based on the group's New York State worksite location(s). Premium rates are not based on the employee's residence.

Rating Tiers

EmblemHealth small group policies are offered on a 4-tier rating basis only.

Benefit Changes

Benefit downgrade

- When the premium rates for the new product are lower than the premium rates for the old product as of the plan change date, this is considered a "benefit downgrade."
- A group can downgrade its coverage at any time during the year **except in the three (3) months before the contract anniversary date**. The effective date of the benefit downgrade will become the group's new anniversary date. Benefits accumulations will also reset on the new effective date.

Benefit upgrade

- When a new plan is richer in benefits than the old plan, this is considered a "benefit upgrade." A group can only upgrade coverage on its contract anniversary date.

Documents and Application Requirements

All new business contracts are effective on the first day of the month. New business needs to be submitted by the 26th of the month prior to the requested effective date to ensure the group is installed timely.

If documentation is not supplied in this time frame, EmblemHealth has the right to establish a future effective date pending receipt and verification of the data.

Required documents:

- Employer application.
- Applications or waivers for all employees, including existing COBRA/State Continuation Coverage enrollees.
- Most recent Quarterly Wage and Tax Statement (NYS-45 Form). This information must be supplied within four (4) days of the effective date to verify eligibility. If this form is not available, the following documents should be provided:
 - NYS-45 ATT, or
 - Payroll from prior weeks, or
 - Signed copy of the employer’s full tax return
- Initial payment for equivalent of one (1) month’s premium payable to EmblemHealth by business check or Automated Clearing House (ACH).

Documents and Application Submissions

Affiliated brokers/selling agents are encouraged to submit all small group applications and pertinent documentation through our Broker Portal at emblemhealth.com/Producers.

Additional Information**Sole Proprietor:**

- A two-life group consisting of a husband and wife is considered a sole proprietor under New York State and federal guidelines.
- Sole proprietors are not eligible for small group coverage unless an additional active full-time employee is listed on the most recent NYS-45.

Domestic Partners:

- Are eligible for coverage.
- Will be treated as a dependent.
- May add their eligible dependents to the plan.
- Are generally not recognized by the IRS and may not receive the same tax treatment afforded to spouses.

Recent Hires:

- In the event a newly hired employee is not yet listed on filed tax documentation, a copy of the employee’s W-4 or recent payroll check stub must be provided to qualify for provisional enrollment.
 - The payroll check must include the company name, the employee name, the number of hours worked, and the payroll dates.
 - The payroll dates cannot be more than 30 days prior to the date of the application.

- The group must provide tax documents within 90 days after the effective date of coverage to substantiate a recent employee’s eligibility.
- Failure to submit acceptable documentation will result in member(s), along with all related dependents, not becoming effectuated into an active coverage status. Therefore, no claims will be paid.

COBRA Members:

- Employers must provide a letter of election and a copy of the last payroll report of COBRA enrollees.
- EmblemHealth must be notified of the date COBRA coverage began.

Additional Requirements for Healthy New York Small Groups

- Healthy New York is available to groups with one (1) to fifty (50) FTEs over the previous calendar year.
- Groups new to Healthy New York must not have provided group health insurance coverage to their employees within the last 12 months.

New and renewing groups must apply for and meet the eligibility requirements for the Healthy New York law and regulations. This includes certain requirements relating to wages, participation, and employer contribution.

- EmblemHealth Healthy New York is available only in our defined service area.
- Groups may be subject to audit at any time during the year and additional documentation may be required.
- Healthy New York is a standard Gold level plan.
- Healthy New York small groups must meet all requirements as part of the group’s recertification. Healthy New York documentation/information is required. If a group is renewing and does not submit the required recertification documents/information by the required date, they will be terminated and will need to reapply for coverage.

Covered Counties/Service Areas

New York Counties

Bronx
Kings
New York
Queens
Richmond
Rockland
Westchester
Nassau
Suffolk
Delaware
Dutchess
Orange
Putnam
Sullivan
Ulster
Albany
Columbia
Fulton
Greene
Montgomery
Rensselaer
Saratoga
Schenectady
Schoharie
Warren
Washington
Broome
Otsego

New Jersey Counties

Somerset
Salem
Monmouth
Burlington
Atlantic
Camden
Gloucester
Cumberland
Hunterdon
Middlesex
Essex
Ocean
Warren
Cape May
Passaic
Hudson
Morris
Sussex
Bergen
Union
Mercer

Connecticut Counties

Hartford
New Haven
Windham
New London
Middlesex
Litchfield
Tolland
Fairfield

Note: New York Counties are covered for both Select Care & Prime Networks. New Jersey & Connecticut Counties are covered for Prime Network only.

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