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GROUP MEMBERSHIP/ENROLLMENT

Most employers will need to add or delete an employee from their group policy at some point in time. This section contains rules about employee eligibility as well as special and open enrollment rules.

To be eligible for coverage under an employer plan, the employee must be a **full-time employee who is on the permanent payroll.**

- **Aetna** – employee must work a minimum of 25 hours per week and be a U.S. Citizen
- **BCBSIL** – employee must work a minimum of 30 hours per week
- **UHC** – Employer chooses minimum # of hours required at new business case submission; between 20-40 hours per week.

Part-time and Seasonal employees are not eligible for coverage

Eligible Dependents include:

- Spouse (includes same-sex) or Civil Union Partner
- Domestic Partner (for BCBSIL & UHC – only if employer elected this provision at new case submission)
- Dependent children up to age 26 or 30 if military veteran
 - Includes step-children
 - Dependent can be married, but his/her spouse and children are not eligible for coverage
- Disabled child who is dependent on parents for support

When an Employee Can Enroll

There are four times that an employee can join the employer plan:

- When newly hired (once the waiting period has been met)
- Employee moves from part-time status to full-time (waiting period must be met)
- Open Enrollment
- Special Enrollment due to a Qualifying Event

A new hire waiting period is the time between the employee's date of hire and the coverage start date.

- Example: Waiting Period is 1st day of the month following 30 days of employment
 - Beginning in 2014, the maximum waiting period an employer can choose is 90th day of employment.
- Some groups may have different classes for waiting periods, such as Management vs. Hourly.

PLEASE NOTE – THE CARRIERS WILL NEVER ALLOW THE WAITING PERIOD TO BE WAIVED FOR ANY REASON,
(except during the new business enrollment process).



Open Enrollment

Open Enrollment is the month prior to the group's renewal date (*see UHC open enrollment period). Any type of change can be made at this time:

- Enrollment on the plan for the first time
- Adding dependents
- Plan Changes

PLEASE NOTE – THE EMPLOYEE APPLICATION FORM MUST BE DATED PRIOR TO THE GROUP'S RENEWAL DATE

*UHC open enrollment period for employees is 30 days prior to AND after a group's renewal date

Special Enrollment

If a member experiences a life changing event, called a qualifying event, they are given a special enrollment period in which they can join the plan, add a dependent, or make changes to their plan. Qualifying Events include:

- Birth of a baby
- Adoption or placement of adoption
- Marriage or Civil Union partnership
- Involuntary Loss of eligibility for other coverage

The birth of a child creates a "Special Enrollment Period" under HIPAA. The law allows the employee, his/her spouse, the newborn child, as well as any other eligible dependent children of the employee to be added to the policy.

NOTE – An employee whose dependent daughter is pregnant will not be able to add the grandchild to the policy, unless the employee is the legal guardian of the grandchild.

Examples of involuntary loss of coverage include:

- Divorce or legal separation which results in the employee losing ex-spouse's health insurance
- A young adult dependent reaching limiting age under parent's plan
- Spouse's employment ends, reduction in hours, death or Medicare entitlement which results in losing coverage
- Exhaustion of COBRA/IL Continuation coverage

An application form must be completed to enroll a new enrollee or dependent onto the employer plan. The application must be signed and submitted **within 30 days of the qualifying event date.**



Late Applicants

Aetna, BCBSIL and UHC will not allow late enrollees on their health plans.

- **Aetna** does allow for late enrollment on their **dental** plans, but members are subject to a 12 month waiting period for Basic and Major services and 24 month waiting period for Orthodontics.
 - Late enrollee provision does not apply to dependents less than age five.
- **BCBSIL and UHC** do not allow late enrollees on their dental plans.
- Dearborn National will allow late enrollees with the following:
 - **If the employer pays 100% of the premium** – the enrollee will be added to the policy retroactively six months and the employer will be charged the back premiums.
 - **If the employer pays only a portion of the premium (contributory)** – the employee must complete an Evidence of Insurability (EOI) form and go through underwriting.
 - If approved, the effective date will be the 1st day of the month following approval.

Terminating Coverage

AETNA

- Aetna will only terminate a member retroactively 60 days
 - No matter what day of the month the employee is terminated, Aetna will cancel his/her coverage as of the last day of that month.
 - The employer will be charged for the entire month.
 - *Most membership changes (except adding a member and/or dependents) can be done by sending an email to Aetna. Online enrollment changes are strongly encouraged*
 - Address changes, name changes, membership terminations, etc., only require an email with the member's full name and ID number and what needs to be changed.

BCBSIL

- The date the employer writes on the [Enrollment Change Request Form](#) is the date the member will terminate from the plan. **BCBSIL will only retro a termination back 90 days.**
 - Example - If the employer writes the employee's date of termination is January 17, the employee will have coverage until midnight on January 16.
 - *If there has been a claim, BCBSIL will terminate the member the day after the last claim.*
 - If the employer wants the member to have coverage through the end of the month, he/she must write the first day of the month following the termination.
 - Example: If the member terminates January 17 and the employer wants them to have coverage for the entire month, he/she must write 2/1 as the date of termination.



- BCBSIL does not prorate their billing statements
 - If a member terminates between the 1st and the 15th, BCBSIL does not charge the employer for that month.
 - If a member terminates between the 16th and the 31st, BCBSIL will charge for the entire month.
 - If a group has a 15th of the month effective date, the above rules are reversed.

UHC

- Effective 6/1/2013, changes to a group's eligible employees and the employees' dependents must be received by **UHC within 60 days of the qualifying event**. This is strictly enforced and no exception will be made unless the fault lies with UHC.
- The employee's termination date will be consistent with the effective date rules for new hires as defined in their original master application, either effective the date of termination or the 1st of the month following.
 - UHC will pro-rate their billing statements.

Reinstating Employee Coverage

AETNA

- A member can be reinstated onto the plan within one year of their termination date without waiting the new hire waiting period.
- A member can be reinstated with no lapse in coverage if reinstatement is done within 90 days of the termination date.
 - A completed application is required to reinstate the member.

BCBSIL

- If an employee is terminated and then re-hired within 30 days, he/she can be added back onto the plan retroactive to the original termination date without waiting the new hire waiting period. There will be no gap in coverage.
 - If an employee is terminated for longer than 30 days, they will have to wait the group's new hire waiting period before becoming eligible.
 - If a member is terminated from the plan (but not from employment) in error, he/she can be reinstated back onto the plan within 90 days without waiting the waiting period.
 - To reinstate a member onto the plan, a written request from the employer along with the member's original application or a new application form.

UHC

- Reinstatements can be done within 60 days of the employee’s termination date and waiting period will be waived.
- Employer can choose whether to apply the waiting period or allow the gap in coverage.

Most employee adds/terms can be made using the insurance carrier self-service websites. Aetna and UHC will allow you to make a change within 30 days of the requested effective date and BCBSIL allows changes within 60 days of the effective date. If you’re unable to make the change online, you can submit it directly to the carrier.

UHC DEPENDENT COVERAGE RULES

All of the children of a family must reflect the same coverage. Example if a child has medical, pharmacy, dental, and vision the new child being added should also show all four products.

- Dependents can never have more coverage than the employee
- They must choose from what the employee has selected
- Children must have the same coverage as other children covered
- One child cannot have medical and dental and the other child have only medical or only dental

Carrier Administration Guides

Administrator Guides
Aetna Administrative Handbook
Blue Access for Employer Quick Start Guide
UHC Administrative Guide

Ancillary Carrier	Phone	Fax	Email
Dearborn National	(800) 348-4512	(312) 540-8515	contactus@dearbornnational.com
Delta Dental	(800) 752-7971	(630) 369-0384	eligibility@deltadentalil.com
Principal	(800) 843-1371	(866) 780-9905	groupbenefitsadmin@principal.com
Standard – Vision/Dental	(877) 490-9991	(402) 467-7338	adminserv@employeebenefitservice.com
Standard – Life/STD/LTD	(800) 348-3226	(800) 378-2403	central@standard.com
VSP	(800) 216-6248	(877) 654-3727	vspeastern@vsp.com

