

## Wellmark Small Group ACA New Sale- 2016 Agent Field Reference

*Agent Field Reference Only: Wellmark's Small Group ACA New Sale guidelines are established in our Small Business Administration Guide.*

### **Group Eligibility**

Legal entity	Formed for reasons other than health insurance	Employer/ employee relationship
Pay premiums and maintain enrollment	AEC between 1-50	One common law employee
Headquarters in IA/SD (see Admin guide if out-of-state)		

*Non-eligible groups:* Fraternal organizations, clubs, lodges, and other similar organizations are not eligible for group health coverage for their members.

*Not considered common law employees:* A sole proprietor/owner of a sole proprietorship or a LLC treated as a disregarded entity under federal law. A partner who is not a “bona fide” partner of a partnership or LLC treated as a partnership under federal law. A non-employee shareholder of a corporation or LLC which has elected to be treated as a corporation under federal law. If the only actual enrollee in the coverage is any of the above, the applicant must purchase individual/family coverage.

### **Member Eligibility**

(See employer eligibility rules; rules must be consistently applied)

Active, Full-time	Active, Part-time	Sole Proprietors, Limited and General Partners, Salaried Corporate Officers, and Stockholders may be included (see Admin Guide)
Independent Contractors	Board Members	Retirees (see Admin Guide for requirements)
Seasonal Employees	Former employees designated by employer under COBRA	

*Not eligible:* Former owners; member groups not included in the employer eligibility rules

*Common examples of member classifications:* salary/non-salary, union/non-union, management/ non-management, owner/ non-owner

### Dependent Eligibility

Employee's Spouse (by marriage or domestic partner)	Dependent Child(ren) (Must be under age 26 or totally and permanently disabled or full-time unmarried student)
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*Social Security or Tax Identification:* The IRS requires that Wellmark reports this information for both employees and all dependents to verify coverage status.

*CMS Rules:* All enrolling individuals must indicate if enrolled in Medicare; if yes, the Medicare HICN is required and Medicare (Parts A and B) effective dates are preferred.

### Participation

Wellmark recommends at least 75% participation of the *eligible* employees without other creditable coverage enroll in a Wellmark health and/or dental plan at the time of sale. Upon renewal, Wellmark will require at least 75% participation of the *eligible* employees without other creditable coverage to be enrolled in a Wellmark health and/or dental plan.

Wellmark requires the group's average number of employees employed on business days in the preceding calendar year.

### Contribution

Wellmark recommends an employer contribute 25% of the single monthly premium; however, higher contribution typically yields higher participation levels. Wellmark must be the exclusive carrier.

### Rating

Variables for Health Rating	Health	Ancillary (Dental and/or Vision)
1. Employer's Address (IA)	Member-level age rates	Dental (IA): 0-18, 19+ Vision: 19+
2. Benefit Design	Only three oldest dependents 20 and younger are rated on a family contract	All dependents are rated

### Plans

Defined Benefit	Defined Contribution
Group selects up to 3 plan offerings (may not offer both Platinum and Bronze tiers)	Group selects one of three benefit packages (A, B, C)

**Networks**

Iowa	South Dakota	National/International
PPO	PPO	Blue Card (not available with HMO)
POS		BlueCard Worldwide (not available with HMO)
HMO / Blue Rewards (Personal doctor designation required)		

**Deadline for Submitting New Paperwork**

(Accounts can only be sold for a first of the month effective date)

Requested Effective Date	Deadline Date	If the Deadline Date Falls on:	The Deadline will be:
1 <sup>st</sup> of the month	15 <sup>th</sup> of the month	Saturday	The preceding business day.
		Sunday	
		Holiday	

**Marketing Folder (Example)**

<b>Employer</b>	<b>Quoting</b> <ul style="list-style-type: none"> <li>- Quick Quote Plan Options</li> <li>- Product Brochure</li> <li>- Preferred Drug List</li> <li>- Network Exception Request</li> <li>- Pharmacy M-2018151</li> </ul>	<b>Application</b> <ul style="list-style-type: none"> <li>- Highlighted Employer Application</li> <li>- Medicare Compliance/ MSP form</li> <li>- Reconciled JSR (IA) or Wage &amp; Tax Report (SD)</li> <li>- Additional Paperwork if Applicable (i.e. common ownership, etc.)</li> </ul>
<b>Employee</b>	<b>Enrollment</b> <ul style="list-style-type: none"> <li>- Employee cost sheet</li> <li>- Plan rate sheet</li> <li>- Benefit summary</li> <li>- SBC</li> </ul>	<b>Enrollment</b> <ul style="list-style-type: none"> <li>- Highlighted Employee Application</li> <li>- myWellmark M-20443</li> <li>- Specialty Drug P-23358</li> <li>- Adult Health Maintenance Guidelines M-13211</li> <li>- Pharmacy Tools M-2018151</li> </ul>

