

NY Large Group (101+ Full-Time Equivalent Employees)

The following underwriting requirements apply to all large group new business applications and renewals of coverage on our CareConnect Insurance Company, Inc. license.

A. Group Size Requirements

To be eligible for large group coverage, a group must have employees who live, work or reside in the CareConnect's service area—[Nassau, New York, Queens, Kings, Bronx, Richmond, Westchester, and Suffolk] Counties. Each group must have a minimum of one hundred and one (101) full-time equivalent employees.

Determining Group Size/Counting Methodology:

The full-time equivalent (FTE) employee counting method in 26 U.S.C. 4980H(c) (2) must be utilized to determine group size. This method is the same calculation used to determine employer liability under the "Shared Responsibility for Employers" provisions of the ACA and Internal Revenue Code.

The following are counted as employees when determining group size:

- Full-time employees, working on average at least 30 hours of service per week in a given month.
- Part-time employees, regardless if they are not being offered coverage by the employer.
- Employees receiving coverage through another source (spousal coverage, government program, etc...).
- Employees of two or more corporations, under common control, must be treated as a single employer and all employees will be counted together to determine group size.

The following are not counted as employees when determining group size:

- Any former employee who is covered through retiree benefits, the Consolidated Omnibus Budget Reconciliation Act (COBRA) or state continuation.

Even if the employer does not offer group health coverage to all eligible employees, group size will be based on the employer's number of FTE employees.

Time period considered when determining group size:

- Group size is determined based on the average number of employees employed by the employer on business days during the preceding calendar year.
- The calculation of group size is based on the average number of employees the employer is reasonably expected to employ on business days in the current calendar year.
- Mid-year fluctuations in the number of employees do not affect a determination of group size. Group size is only determined on issuance and at the time of renewal.

B. Eligibility for Plan Coverage

- Must be a legal employee.
- Eligible groups are corporations and partnerships where there is a clear employee/employer relationship.
- Employees of the employer, and of their subsidiaries and/or affiliates, must work 20 or more hours per week to be eligible for health benefits through the employer's group health plan.
- If a 1099 employee is a common law employee, as defined by 42 U.S.C. 300gg-91(d)(5), that employee may be covered at the option of the employer.
- Employees must live, work or reside in the service area except that if an employer purchases, and an employee selects, an Access plan and he or she may live, work or reside in certain states outside of the service area.

An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties.

Example: Employer may elect to offer coverage only to employees who work at least 30 hours per week.

C. Out-of-Area

Unless the employer has purchased an Access plan, eligible employees, who neither live, work nor reside in CareConnect's service area—[Nassau, New York, Queens, Kings, Bronx, Richmond, Westchester, and Suffolk] Counties—may not be covered on CareConnect products.

D. Guaranteed Renewal

A group must be renewed unless terminated because of the following:

1. Fraud or misrepresentation of material facts.
2. Failure to meet an insurer's service area requirements if no employee lives or resides in a service area.
3. Lapsed membership by a participation group in the association if association group coverage.
4. Inability to meet the definition of permissible group under applicable state and federal requirements.
5. Insurer discontinues a class of contracts without regard to claims experience or health related status or withdraws from the market.

E. Guaranteed Availability

All policies must be guaranteed available to groups year round.

F. New Employee Waiting Periods

- Insurers may not set waiting periods. Employers may set a waiting period for new employees from 0 – 90 days.
- Insurers must give newly eligible employees and enrollment period of at least 30 days.

G. Open Enrollment Period

- Employees are permitted to join the plan, add dependents or make changes (if applicable) during a 30 day open enrollment period, usually at renewal of the group policy.

H. Special Enrollment Periods

You, Your Spouse or Child can also enroll for coverage within 30 days of the loss of coverage in another group health plan if coverage was terminated because You, Your Spouse or Child are no longer eligible for coverage under the other group health plan due to:

1. Termination of employment;
2. Termination of the other group health plan;
3. Death of the Spouse;
4. Legal separation, divorce or annulment;
5. Reduction of hours of employment;
6. Employer contributions toward the group health plan were terminated; or
7. A Child no longer qualifies for coverage as a Child under the other group health plan.

You, Your Spouse or Child can also enroll 30 days from exhaustion of Your COBRA or continuation coverage.

We must receive notice and Premium payment within 30 days of the loss of coverage. The effective date of Your coverage will depend on when We receive Your application. If Your application is received between the first and fifteenth day of the month, Your coverage will begin on the first day of the following month. If Your application is received between the sixteenth day and the last day of the month, Your coverage will begin on the first day of the second month.

In addition, You, Your Spouse or Child, can also enroll for coverage within 60 days of the occurrence of one of the following events:

1. You or Your Spouse or Child loses eligibility for Medicaid or a state child health plan; or
2. You or Your Spouse or Child becomes eligible for Medicaid or a state child health plan.

We must receive notice and Premium payment within 60 days of one of these events. The effective date of Your coverage will depend on when We receive Your application. If Your application is received between the first and fifteenth day of the month, Your coverage will begin on the first day of the following month. If Your application is received between the sixteenth day and the last day of the month, Your coverage will begin on the first day of the second month.

I. Eligible Dependents

- Spouses
- Domestic Partners at the option of the employer
- Dependent Children

A policy offering family coverage must offer coverage to natural children, adopted children, unmarried disabled children, stepchildren, newborn children, children for who the employee has legal custody and are chiefly dependent on the employee for support.

- Foster Children, grandchildren and children who are under the control of a legal guardian.

J. Dependent Coverage to Age 26

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

K. Dependent Coverage to Age 29

Under NY Law, dependents (except for married dependents) may be covered through age 29 through two different options.

- Young Adult Option (Cobra-like coverage elected by dependent)
- Make-Available Rider (Purchased at the option of the employer)

CareConnect Insurance Company, Inc. (“CareConnect”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareConnect’s Senior Director, Quality Improvement.

If you believe that CareConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CareConnect
Senior Director, Quality Improvement
2200 Northern Blvd., Suite 104, East Hills, NY 11548
Phone: 855-706-7545
TTY: 855-226-7318
Fax: 844-447-2525
Email: CareConnectAppeals@careconnect.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Senior Director, Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-226-7318 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-226-7318 (TTY: 711).

লক্ষ্য করনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করন 1-855-226-7318 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-226-7318 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں 1-855-226-7318 (TTY: 711)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).