



# Humana Producer Guide

For commercial group products  
Group size 2-99

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**Humana**<sup>®</sup>

**#StartWithHealthy**

# Welcome to Humana

We believe our role in the insurance industry is to shift perceptions and move beyond being simply a provider. To that end, we work to empower our members and help them live healthy, active and rewarding lives.

[Welcome to Humana](#)

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# Who We Are

**At Humana, our dream is to help people achieve lifelong well-being.**

We believe everyone deserves to lead their best life, and we inspire them to make the right choices for themselves and their families. When we connect people to lifelong well-being by seamlessly integrating the financing and delivery of healthcare, we're creating better health outcomes that lead to fuller, happier lives.

By awakening people everywhere to a conscious, more meaningful life, we are expanding the limits of what healthcare can be, making it easy for people to achieve their best health.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health and well-being company focused on making it easier for people to achieve their best health by serving as their [health partner for life](#).

Our strategy integrates care delivery, the member experience, and clinical and consumer insights to encourage engagement, behavior change, proactive clinical outreach, and wellness for the millions of people we serve across the country.

For over 50 years we've maintained our corporate principles of productivity, quality, collaboration, and most importantly, a member-oriented focus. Today we are a multi-dimensional health services corporation offering a wide variety of healthcare solutions that provide data-driven, personalized guidance to empower members to take better care of their health, which leads to lower costs.

Through aligned incentives and real-time actionable information, our model is designed to improve health outcomes and affordability for individuals and the health system as a whole, while offering our members a simple and seamless healthcare experience.

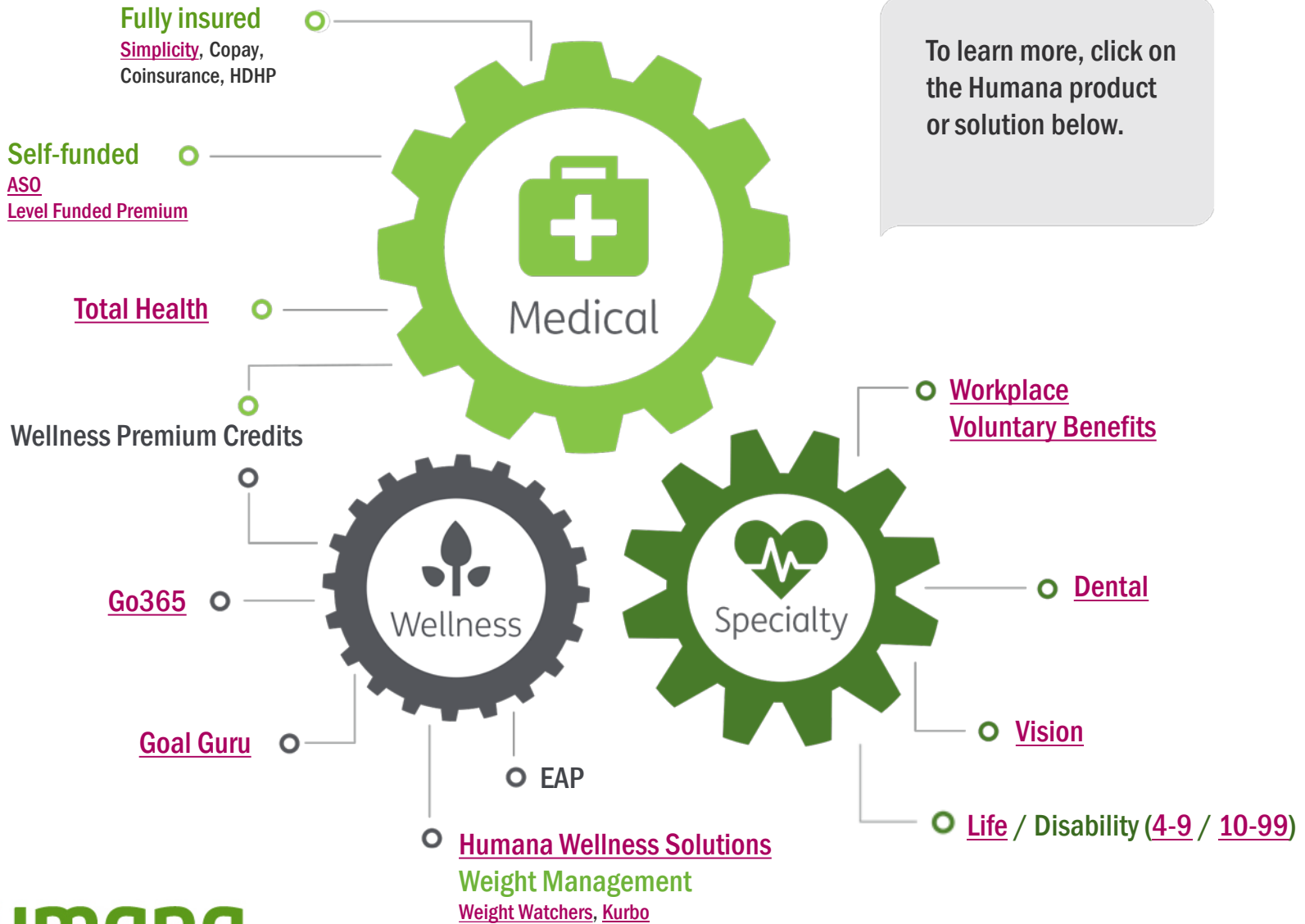
To learn more, visit [Humana.com/BoldGoal](https://www.humana.com/BoldGoal) or view our 2016 [Bold Goal Progress Report](#).

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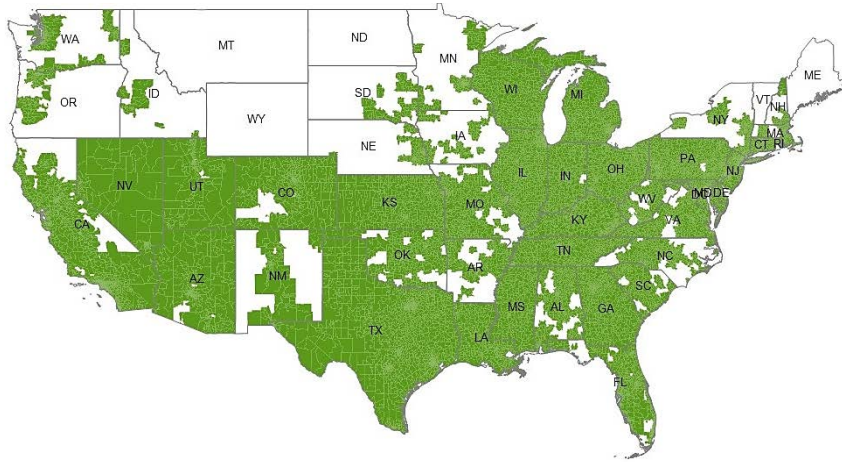
# Humana Employer Group Solutions



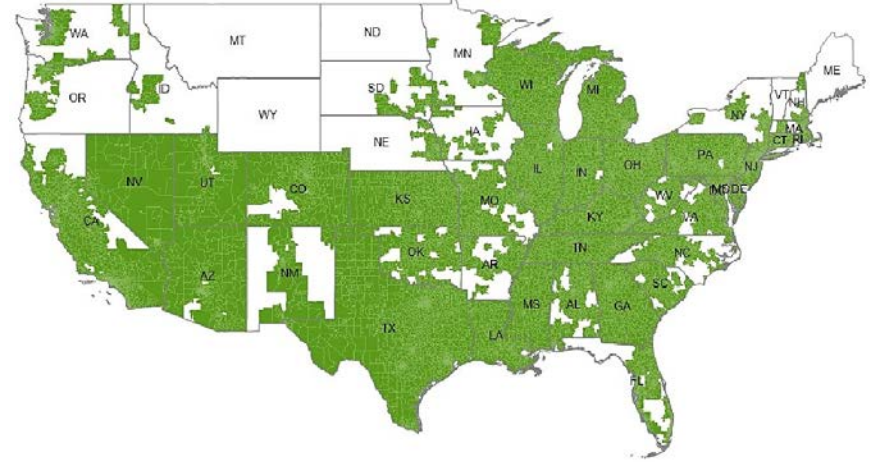
To learn more, click on the Humana product or solution below.

# National Footprint

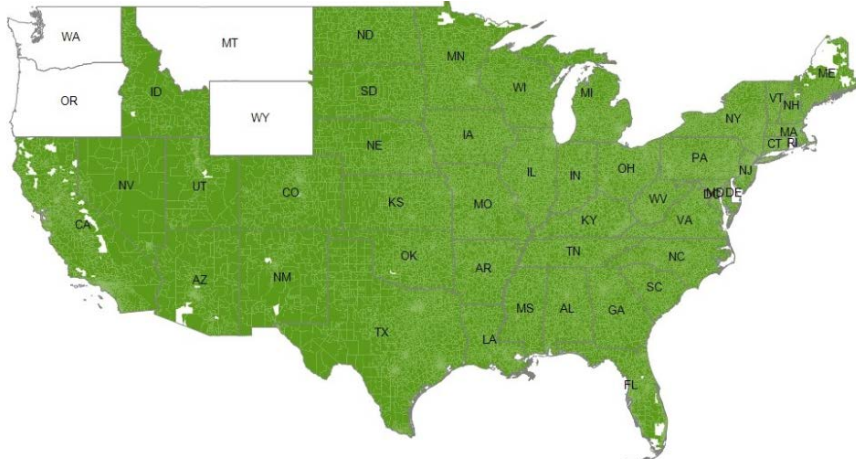
## National PPO Network



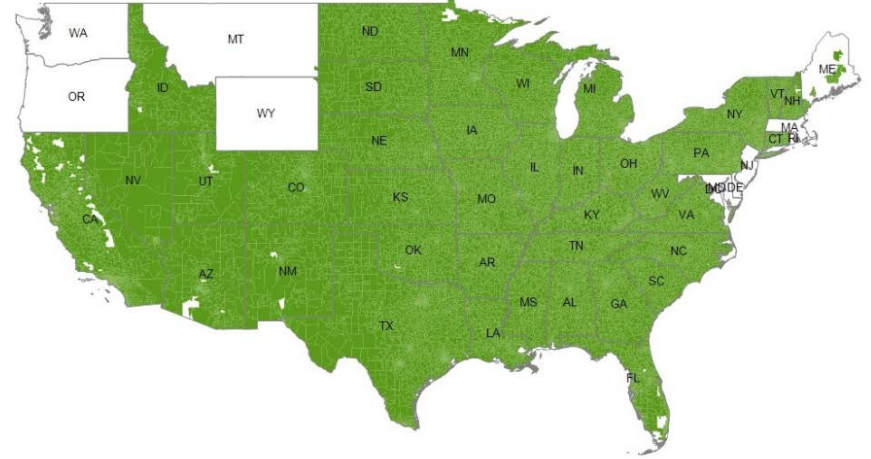
## National POS Network



## Dental PPO Network



## Insight Vision Network



\*Humana's Dental PPO, Traditional Preferred, and Preventive Plus plans all utilize the same dental network. The service areas may vary based upon the state and type of PPO product.

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# Consumer Experience Consultant

Marketing wellness is all about creating awareness and engagement, and ultimately, delivering the right messages to the right people.

Our consumer experience consultants help create a unique engagement and communications strategy based on the needs and demographics of each organization, as well as provide a variety of materials, resources, tools, and expertise to deliver a positive and effective strategy.



## Consumer

### Develops a strategy to reach employer's wellness goals:

- Works with employers to develop a long-term wellness strategy that fits their needs
- Dedicated to meeting members where they are in their wellness journeys and helping them along
- Ongoing presence with employers to ensure all well-being strategies are realized

## Experience

### Connects members to health programs:

- Connects members to many available health programs, which may include employee assistance programs (EAP), clinical programs, health coaching, partner gyms, and more
- Helps with employer-sponsored events like hosting a companywide 5K, biometric screenings, champ camps, or office wellness challenges

## Consultant

### Increases productivity and job satisfaction:

- Provides trusted and credible guidance to employers, including reporting analysis (Total Health Scorecard, Engagement and Activity reporting)
- Works with employers to develop a custom program that fits their company's culture and business initiatives



Humana's consumer experience consultants are WELCOA certified, which demonstrates our commitments to workplace wellness. The certification provides tools and resources to use when implementing workplace wellness programs.

# Who to Contact

## Pre-Sale Support

### **New business quotes (Easy Rate):**

- Quotes by phone: 800-327-9728
- Quotes by fax: 800-344-3294
- Quotes by email: [easyrate@humana.com](mailto:easyrate@humana.com)

### **Quotes for in-force groups (Conservation):**

- Quotes by phone: 800-327-9728
- Quotes by email: [conservation@humana.com](mailto:conservation@humana.com)

### **New business submission:**

Email: [SBSales@humana.com](mailto:SBSales@humana.com)

- Include group name in the subject line
- Include contact information in the email for case follow-up, if necessary
- Attach all new case paperwork in the required format

## Post-Sale Support

### **Employee enrollment/change forms:**

- New hires, employee status changes, dependent additions, and terminations
- Fax: 866-584-9140

### **COBRA/WageWorks:**

- Phone: 866-250-9474

### **Group-level changes:**

- Change of address, phone, contact information, and group plan additions
- Email: [BEClerials@humana.com](mailto:BEClerials@humana.com)

## Producer Support

### **Humana Business Services:**

Claim, benefits, billing/enrollment, and web

- **Medical:** 800-592-3005
- **Pharmacy:** 800-558-4444 ext. 3378912
- **Humana Pharmacy Mail Order:** 800-379-0092
- **Dental & Vision:** 888-692-2669

### **Agency Management:**

Commissions, licensing, agent of record, and contracting

- Phone: 855-330-8128
- Fax: 920-339-2160
- Email: [agencygmt@humana.com](mailto:agencygmt@humana.com)



# General Agent (GA) Log-on Information

To log onto Humana's agent portal:

## GA with Unique Market Source

**General Agencies with their own unique market source: RBG, BenefitMall, and Warner Pacific**

1. Log into Humana systems through <https://myapps.humana.com>
2. Enter your Humana user ID and password
3. At the applications screen, click on the Humana Intranet Applications icon
4. Re-enter your Humana user ID and password, which brings you to Humana Self Service (HSS)
5. Once in the HSS portal, locate the link to the appropriate application

## GA is Agent of Record (AOR)

**If you have a Humana User ID and password**

1. Log into Humana systems through <https://myapps.humana.com>
2. Enter your Humana user ID and password
3. At the applications screen, click on the Humana Intranet Applications icon
4. Re-enter your Humana user ID and password, which brings you to Humana Self Service (HSS)
5. Once in the HSS portal, locate the link to the appropriate application

**If you do not have a Humana User ID and password (this AORs or Writing Agents (WA) that are not general agents)**

1. Ensure that your agency is registered on **Humana.com**
2. Log into the Agent Section of **Humana.com**
3. Locate the link to the appropriate function/application

*\* The AOR is the individual or company authorized to represent an insured in the purchase, servicing, and maintenance of insurance coverage with a designated insurer. The agent of record has a legal right to receiving commissions from the respective insurance policy and work with the carrier for plan changes/updates.*

## GA is NOT Agent of Record

**If you have a Humana User ID and password**

1. Log into Humana systems through <https://myapps.humana.com>
2. Enter your Humana user ID and password
3. At the applications screen, click on the Humana Intranet Applications icon
4. Re-enter your Humana user ID and password
5. Once in the Humana Self Service (HSS) portal, locate the link to the appropriate application

**If you do not have a Humana User ID and password**

Work with the AOR through the delegation process to access agent portal functions.

# Eligibility

## Category

## Description

### Employee

#### Eligibility requirements

An employee is a person working in an active status at the employer's place of business. Active status means the employee is performing all of his or her customary duties regularly for the required hours per week shown on the Employer Group Application.

Employees who apply for coverage must also meet Humana's definition of an eligible employee. This includes the following individuals:

- U.S. citizens working outside of the United States. The total cannot exceed 30 percent of the entire group.
- An employee must be a U.S. citizen. If the employee is not a U.S. citizen, but they hold a green card or visa and meet Humana's definition of an active full-time employee, they are eligible for coverage.

#### Independent contractor eligibility (1099 employees)

We do not accept groups of 100 percent independent contractors. We must have at least one employee on a Wage and Tax Statement. Independent contractors are not eligible unless they are working exclusively for the employer group enrolling.

#### Waiting periods/probationary periods

At initial group enrollment, all full-time employees are eligible for coverage. The maximum waiting period for medical groups is 90 days, which begins immediately. HMO plans must select a maximum of 60 days, which begins on the first of the month. The waiting period(s) elected for a group must be the same for medical, dental, vision, and life lines of coverage. Groups electing an LTD or STD line of coverage are allowed to have separate waiting periods.

#### Retiree

Retirees are allowed on all dental, vision, and non-community rated medical groups; however, retiree coverage is not available to community rated medical groups. If the employer includes a retiree class, all retirees must be eligible for coverage. The group must meet the case size minimum of active enrollees prior to being able to add a retiree class:

**Medical:** Retiree coverage is available to all Non-Community Rated medical groups regardless of case size.

- The minimum age for retiree eligibility is 50
- The employer can select the number of years of service
- Some state-specific rules may apply

**Dental and Vision:** Retiree coverage is an option available for companies of two or more active employees enrolling. There must be at least two active enrolled lives (not retirees) in addition to the retirees in order for the group to be eligible for a retiree class.

- The minimum age for retiree eligibility is 50
- The employer can select the number of years of service

# Eligibility

## Category

## Description

### Dependent

An eligible dependent is an employee's spouse or married or unmarried children.

#### Spouse

The lawful spouse (legally recognized spouse) of an employee is eligible for coverage if:

- The employee meets the eligibility requirements of the policy, and;
- He/she remains the legally recognized spouse of the insured employee.
- Includes domestic partner, member of civil union, common law marriage or designated beneficiary, or legally recognized same sex spouse.

For additional questions on the details of domestic partner, civil union, or designated beneficiary, please contact your Humana Sales representative.

#### Dependent children

A dependent is defined as a natural blood related child, step-child, legally adopted child or child placed with the employee for adoption, or child for which the employee has legal guardianship or children of a common law spouse whose age is less than the limiting age.

- A dependent can be married (dependent's spouses, domestic partners, civil unions and/or children are not covered unless legislated by the state);
- The dependent maximum eligibility age is 26, with the exception of the following states:

State	Age	Special Requirements
Florida	30	Yes, for medical and dental only
Illinois	30	Yes, military veteran dependents
Nebraska	30	Yes
Wisconsin	27	Yes, military veteran dependents

Call your sales representative for dependent eligibility guidelines for your state.

# Underwriting Guidelines

Category	Description
<b>Renewals</b>	<p>Renewal notifications are sent to the agent and employer at the time of the employer's renewal.</p> <p><b>Renewals delivered</b></p> <ul style="list-style-type: none"><li>• Agents are emailed their renewals generally 75 days in advance of the renewal</li><li>• Employers are mailed their renewal notification generally 65-70 days prior to the renewal</li></ul> <p><b>How to obtain renewal information</b></p> <p>Additional renewal information is available to the agent on the secure portal on <b>Humana.com</b>:</p> <ul style="list-style-type: none"><li>• Employer Benefit Center (EBC)</li><li>• Benefit Utilization Director (BUD) illustrates how employees utilize benefits. You can view how often employees:<ul style="list-style-type: none"><li>▪ Visit their doctors – participating and non-participating physicians</li><li>▪ Purchase prescription drugs</li><li>▪ Meet deductibles and out-of-pocket maximums</li><li>▪ In addition, it allows you to create a customized packet of information about benefit usage prior to meetings with your clients.</li></ul></li></ul> <p>The BUD is located in the secured agent section of <b>Humana.com</b>.</p> <p><b>Health Plan Guide</b></p> <p>The Health Plan Guide is an informational packet automatically sent directly to employers twice a year. It is a summary of information that you can access through the BUD. It provides the employer an overview of the benefit utilization of their plan benefits.</p> <p>This packet is sent to the employer:</p> <ul style="list-style-type: none"><li>• Two months prior to the renewal</li><li>• Six months after their renewal</li></ul> <p>The Health Plan Guide is located in the secured agent section of <b>Humana.com</b>.</p>

# Underwriting Guidelines

Category	Description
Effective Dates	<ul style="list-style-type: none"><li>• <b>Medical and Specialty:</b> Groups must have a first of the month effective date. <i>(No exceptions)</i></li><li>• <b>Life – Dependent Delayed Effective Date:</b> The dependent's effective date of coverage is delayed if the dependent is:<ul style="list-style-type: none"><li>▪ Confined to a hospital or qualified treatment facility or</li><li>▪ Receiving home healthcare or hospice benefits or</li><li>▪ Not actively at work (applicable only to dependent spouse)</li></ul> The dependent's coverage becomes effective on the day after:<ul style="list-style-type: none"><li>▪ Discharge from confinement (discharge must be certified by a qualified practitioner)</li><li>▪ A qualified practitioner certifies that home healthcare is no longer needed</li></ul> If dependent coverage is in force, or applied for within 31 calendar days of a newborn's date of birth, the Dependent Delayed Effective Date provision does not apply to the newborn child on the child's date of birth.</li></ul>
Group Split/Spin-Off	<p>If a group effective with Humana chooses to split or spin off a portion/division of the group, the following requirements are needed:</p> <ul style="list-style-type: none"><li>• Employer Group Application</li><li>• New business quote</li><li>• Humana List Enrollment, to include disability question and status of employees</li><li>• Applications for any new employees</li><li>• Health status questions may be required as follows:<ul style="list-style-type: none"><li>▪ New employees that were not on the parent company if the group is Non-Community Rated</li><li>▪ Requested life amount greater than the guarantee issue amount (GIA)</li><li>▪ Late employee(s) for life on a contributory group</li><li>▪ New disability applicants</li></ul></li><li>• HSA Employer Election Form (if group has an HSA)</li></ul> <p>If the group is part of a controlled group, the group is not eligible for a group split or spin-off.</p>
Common Control	<p>Common control is the consolidation of control among two or more business, governed by one individual (or group of individuals) in accordance with a contractual arrangement, based on Internal Revenue code. <b>Groups under common control will have their counts combined.</b> Employer with questions on common control should reach out to their tax advisors for advice. The count may be based on payroll, full-time equivalent or eligible as determined by state legislation.</p>

# Underwriting Guidelines

## Category

## Description

### Carve Outs:

Offering coverage to a specific class of employees

These are the standard carve out guidelines:

State	Product Line	Acceptable carve-out classes are limited to:
FL, TX, and WI	Medical 1-50	Union/Non-union only
All states other than FL, TX, and WI	Medical 1-50	<ul style="list-style-type: none"> <li>Salaried/Hourly</li> <li>Management/Non-management</li> <li>Union/Non-union</li> </ul>
All states	Medical 51-100	<ul style="list-style-type: none"> <li>Salaried/Hourly</li> <li>Management/Non-management</li> <li>Union/Non-union</li> </ul>
All states	Specialty 2-100	<ul style="list-style-type: none"> <li>Salaried/Hourly</li> <li>Management/Non-management</li> <li>Union/Non-union</li> </ul>

### Leasing, Employment, and Temporary Agencies

Leasing, employment, and temporary agencies are eligible for coverage. Follow normal eligibility requirements including a prior carrier billing statement, when applicable. Humana reserves the right to request additional eligibility information on a case-by-case basis.

### Professional Employer Organization (PEO)

PEOs are eligible for coverage. This would include all members of the PEO, administrative staff of the PEO, companies using the PEO services and/or companies breaking away from a PEO. Follow normal eligibility requirements including a prior carrier billing statement, when applicable. Humana reserves the right to request additional eligibility information on a case-by-case basis.

### Start-Up Groups

Startup companies are groups that haven't been in business long enough to file a quarterly Wage and Tax Statement. Start-up companies are eligible for coverage.

# Underwriting: Community Rated Medical

*\*This information applies to groups with counts of 50 or less.*

Category	Description
<b>Affordable Care Act (ACA) open enrollment</b>	The ACA mandates an annual group open enrollment period; however, Humana has made a business decision to honor this year-round. This means Humana will not check participation or contribution levels for community rated medical plans.
<b>Case Size</b>	Community rated groups have counts of 1-50 (each state determines if the count measures people on payroll, full-time equivalent, or eligible member count). The count may be based on payroll, full-time equivalent or eligible as determined by state legislation. ( <b>Exception:</b> Colorado considers community rated to be 1-100 full time equivalent.)
<b>Eligibility</b>	<p><b>Employer eligibility</b> Employers that average 1-50 employees on business days during the preceding calendar year, and employ at least one on the first day of the plan year, are considered eligible employers.</p> <p><b>The employer must be able to verify an employer/employee relationship</b> Group participation levels and employee eligibility must be verifiable through company records. Humana must be the exclusive health plan provider for employers. There must be at least one employee on the state Wage and Tax Statement. State specific guidelines may apply.</p> <p><i>NOTE: Humana reserves the right to request eligibility information as it deems appropriate.</i></p> <p><b>One-life group eligibility</b></p> <ul style="list-style-type: none"><li>• One-life groups are acceptable for medical in all states where Humana does business. In order to be eligible, the group must have at least one individual on a Wage and Tax Statement.</li><li>• One-life groups are only eligible for medical lines of coverage.</li><li>• The owner of the company cannot be the only person enrolling for coverage even if there is another employee that is eligible but is waiving coverage.</li></ul> <p><b>Groups with 1-5 enrolled employees eligibility</b></p> <ul style="list-style-type: none"><li>• Groups that are comprised of only an owner and spouse or sole proprietor groups are not eligible for coverage.</li><li>• Texas is the only state that allows coverage for an owner and spouse group; however, both must meet the requirement of an eligible employee.</li></ul>

# Underwriting: Community Rated Medical

*\*This information applies to groups with counts of 50 or less.*

Category	Description
<b>Eligibility</b> (continued)	<p><b>Group qualifications: Guarantee access</b></p> <p>Employers with 1-50 employees that meet underwriting eligibility and participation requirements are guaranteed access to all available small business medical products. Specialty products require a minimum of two enrolled employees.</p> <p>Determination of case size includes any individuals employed by an employer to include full-time, part-time, temporary, and seasonal employees; however, it does not include retirees, COBRA/state continuation, or independent contractors (1099). It also includes all employees of any commonly held companies who are eligible to file a combined tax return, regardless of which companies are to be included for coverage.</p>
<b>Contribution Requirements</b>	<p>The employer is required to financially contribute toward the cost of the group insurance program to ensure the employer has a vested interest in providing insurance coverage to their employees. <b>(Please note that contribution percentage will not be enforced.)</b></p> <p>State-specific rules may apply.</p> <ul style="list-style-type: none"><li>• <b>Non-contributory:</b> Employer pays <b>ALL</b> the cost of the employees' premium.</li><li>• <b>Contributory:</b> Employees must pay a <b>PORTION</b> of their premium.</li></ul>
<b>Multiple-Choice Product Options</b>	<p>Multiple-choice is available for the following group sizes based on the requirements by state:</p> <ul style="list-style-type: none"><li>• 1-4 enrolled lives: one plan only</li><li>• 5-9 enrolled lives: two plans</li><li>• 10-100 enrolled lives: four plans</li></ul> <p>Texas groups can select up to four medical plans for case size 1+. Georgia groups can select up to two plans for case size 1-4.</p>
<b>Multiple Locations</b>	<p>All community rated groups are rated under the home or main office location.</p>
<b>Participation Requirements</b>	<p>Participation will not be validated.</p>



# Underwriting: Non-Community Rated Medical

Category	Description
<b>Case Size</b>	Non-community rated groups have counts of 51 or more. The count may be based on payroll, full-time equivalent or eligible as determined by state legislation. (All Level Funded groups are considered to be non-community rated, regardless of case size.)
<b>Contribution Requirements</b>	<p>The employer is required to financially contribute toward the cost of the group insurance program to ensure the employer has a vested interest in providing insurance coverage to their employees.</p> <p>State specific rules may apply.</p> <ul style="list-style-type: none"><li>• <b>Non-contributory:</b> Employer pays <b>ALL</b> the cost of the employees' premium.</li><li>• <b>Contributory:</b> Employees must pay a <b>PORTION</b> of their premium.</li></ul> <p><b>Contribution Requirements:</b> Contribution percentage will not be enforced.</p>
<b>Multiple-Choice Product Options</b>	<p>Multiple-choice is available for the following group sizes based on the requirements by state:</p> <ul style="list-style-type: none"><li>• 1-4 enrolled lives: one plan only</li><li>• 5-9 enrolled lives: two plans</li><li>• 10-100 enrolled lives: four plans</li></ul> <p>Texas groups can select up to four medical plans for case size 1+. Georgia groups can select up to two plans for case size 1-4.</p>
<b>Multiple Locations</b>	Non-Community Rated groups will be rated using a main location (home office) and working locations for all other locations. Working locations that are in an exit state will be included under the home office location.
<b>Participation Requirements</b>	<p><b>Medical – Fully Insured</b></p> <p>Due to the ACA, Humana is not able to enforce participation requirements for groups in this case size at new business time; however, we can apply appropriate rate loads based on participation level. Participation can be reviewed/enforced at renewal time.</p> <p><b>Medical – Level Funded</b></p> <p>We can and do enforce participation on Level Funded medical plans. Humana will require 75 percent participation but will reduce the participation level to 50 percent with valid waivers. The group must still have a minimum of 10 enrolled employees, except in NV and UT where we require 26 enrolled.</p>

# Underwriting: Dental

Category	Description
<b>Case Size</b>	Groups with 2-100 enrolled are eligible for dental coverage.
<b>Contribution Requirements</b>	Humana does not enforce contribution requirements for dental plans.
<b>Participation Requirements</b>	Employer-Sponsored Dental: <ul style="list-style-type: none"><li>• 50 percent participation after valid waivers are removed with a minimum of two enrolled</li><li>• Groups unable to meet the 50 percent participation requirement are required to enroll in a voluntary plan</li></ul> <b>Voluntary Dental:</b> A minimum of two employees must enroll in dental coverage
<b>Multiple-Choice Product Options</b>	Multiple-choice is available for the following group sizes based on the requirements by state: <ul style="list-style-type: none"><li>• 2-9 enrolled lives: one plan</li><li>• 10-24 enrolled lives: two plans</li><li>• 25-100 enrolled lives: three plans</li></ul>

# Underwriting: Vision

Category	Description
Case Size	Groups with 2-100 enrolled are eligible for vision coverage
Contribution Requirements	Humana does not enforce contribution requirements for vision plans.
Participation Requirements	<p><b>Employer-Sponsored:</b></p> <ul style="list-style-type: none"><li>• <b>2+ Group Size (enrolled) written with medical or dental:</b><ul style="list-style-type: none"><li>▪ Minimum of 50 percent participation</li><li>▪ A minimum of two enrolled employees is required</li><li>▪ Participation is either 50 percent or two enrolled employees—whichever is greater</li><li>▪ Groups not able to meet these participation requirements must enroll in a voluntary plan.</li></ul></li><li>• <b>5+ Group Size (enrolled) written stand-alone:</b><ul style="list-style-type: none"><li>▪ Minimum of 50 percent participation</li><li>▪ A minimum of five enrolled employees is required</li><li>▪ Participation is either 50 percent or five enrolled employees—whichever is greater</li><li>▪ Groups not able to meet these participation requirements must enroll in a voluntary plan.</li></ul></li></ul> <p><b>Voluntary:</b></p> <ul style="list-style-type: none"><li>• <b>2+ Group Size (enrolled) written with medical or dental:</b><ul style="list-style-type: none"><li>▪ A minimum of two enrolled employees is required</li></ul></li><li>• <b>5+ Group Size (enrolled) written with medical or dental:</b><ul style="list-style-type: none"><li>▪ A minimum of five enrolled employees is required</li></ul></li></ul>

# Underwriting: Life

Category	Description
Case Size	Groups with 2-100 enrolled are eligible for life coverage
Contribution Requirements	<p>The employer is required to financially contribute toward the cost of the group insurance program to ensure the employer has a vested interest in providing insurance coverage to their employees.</p> <p>State-specific rules may apply.</p> <ul style="list-style-type: none"><li>• <b>Non-contributory:</b> Employer pays <b>ALL</b> the cost of the employees' premium.</li><li>• <b>Contributory:</b> Employees must pay a <b>PORTION</b> of their premium.</li></ul> <p><b>Contribution Requirements:</b> 50 percent</p>
Participation Requirements	<p><b>Basic Life:</b> <b>Employer-Sponsored:</b></p> <ul style="list-style-type: none"><li>• <b>2+ Contributory – Requires 100 percent participation</b></li></ul> <p><b>Contributory</b></p> <ul style="list-style-type: none"><li>• <b>2+ Group Size written with medical or dental:</b><ul style="list-style-type: none"><li>▪ Minimum of 50 percent participation</li><li>▪ A minimum of two enrolled employees is required</li><li>▪ Participation is either 50 percent or two enrolled employees—whichever is greater</li><li>▪ Groups not able to meet these participation requirements must enroll in a voluntary plan.</li></ul></li><li>• <b>5+ Group Size written stand-alone:</b><ul style="list-style-type: none"><li>▪ Minimum of 50 percent participation</li><li>▪ A minimum of five enrolled employees is required</li><li>▪ Participation is either 50 percent or five enrolled employees—whichever is greater</li><li>▪ Groups not able to meet these participation requirements must enroll in a voluntary plan.</li></ul></li></ul> <p><b>Voluntary Life:</b> A minimum of five enrolled employees is required</p>

# Underwriting: LTD/STD

Category	Description
<b>Contribution Requirements</b>	<p>The employer is required to financially contribute toward the cost of the group insurance program to ensure the employer has a vested interest in providing insurance coverage to their employees.</p> <p>State-specific rules may apply.</p> <ul style="list-style-type: none"><li>• <b>Non-contributory:</b> Employer pays <b>ALL</b> the cost of the employees' premium.</li><li>• <b>Contributory:</b> Employees must pay a <b>PORTION</b> of their premium.</li></ul> <p><b>Humana's standard contribution requirements are:</b></p> <ul style="list-style-type: none"><li>• <b>Non-Contributory:</b> 100%</li><li>• <b>Contributory:</b> 1%</li></ul> <p>If a group does not contribute anything to the premium for the disability plan they must enroll in a voluntary plan.</p>
<b>Eligibility</b>	<p><b>Employer eligibility</b></p> <ul style="list-style-type: none"><li>• STD and LTD can be quoted for groups with:<ul style="list-style-type: none"><li>▪ 4-9 enrolled employees</li><li>▪ 10+ enrolled employees</li></ul></li><li>• Company must be in business a minimum of two years.</li><li>• Group participation levels and employee eligibility must be verifiable through company records.</li><li>• Not all industries are eligible—please consult with your market Sales representative to verify eligibility.</li></ul>
<b>Participation Requirements</b>	<p><b>LTD/STD</b></p> <ul style="list-style-type: none"><li>• <b>Contributory (4-9 enrolled lives):</b> All but one eligible employee must enroll</li><li>• <b>Non-contributory (4-9 enrolled lives):</b> 100 participation is required</li><li>• <b>Employer-Sponsored Contributory (10+):</b> Must have 75 percent participation <u>without</u> the removal of valid waivers</li><li>• <b>Employer-Sponsored Non-contributory (10+):</b> Must have 100 percent participation</li><li>• <b>10+ Voluntary:</b> Must have an eligible count of 10 or more and must have enrollment of at least 10 employees or 25 percent—whichever is greater</li></ul>

# Underwriting: Workplace Voluntary Benefits

Category	Description
<b>Case Size</b>	Also known as “WVB in a Box,” we can quote workplace voluntary benefits for groups with 25 to 1,000 eligible members.
<b>Contribution Requirements</b>	<p>The employer is required to financially contribute toward the cost of the group insurance program to ensure the employer has a vested interest in providing insurance coverage to their employees.</p> <p>State-specific rules may apply.</p> <ul style="list-style-type: none"><li>• <b>Non-contributory:</b> Employer pays <b>ALL</b> the cost of the employees’ premium.</li><li>• <b>Contributory:</b> Employees must pay a <b>PORTION</b> of their premium.</li></ul> <p><b>Contribution Requirements:</b> 0 percent</p>
<b>Eligibility: Workplace Voluntary Benefits (WVB)</b>	<p>Companies must be in business a minimum of two years to be eligible to quote WVB. In addition, some industries are not eligible to quote, and some require prior approval before producing a quote. Samples of these industries are:</p> <ul style="list-style-type: none"><li>• Adult Entertainment</li><li>• Contract Employees</li><li>• Professional Employees Organizations</li><li>• Unions</li></ul>
<b>Participation Requirements</b>	<p><b>WVB (VB in a Box)</b></p> <p>The participation requirements for Humana workplace voluntary products are:</p> <ul style="list-style-type: none"><li>• 25 to 1,000 group size (for Florida, 51+)</li><li>• 10 enrolled participants per product</li></ul> <p>Please contact your Humana Sales representative for any further questions.</p>
<b>Guarantee Issue (GI)</b>	<ul style="list-style-type: none"><li>• Allows for all actively at work employees working a minimum of 20 hours per week to participate in coverage</li><li>• Requires a minimum of 10 participants per product</li><li>• Coverage is required to be applied for within the GI plan design limits</li></ul>
<b>Portability</b>	<p>Coverage can be continued on a direct pay basis after policy holder terminates their employment if the product is eligible for portability based on the policy language.</p> <p><b>Not all products INCLUDE portability. Please contact your Humana Sales representative for details.</b></p>

# Quoting: Community Rated Medical

Category	Description
<b>Quote Requests</b>	<p>Companies of 2-50 employees seeking medical coverage can create a quote at <b>Humana.com</b> under the secured agent section. All community rated groups are quoted as single site. The count may be based on payroll, full time equivalent or eligible as determined by state legislation. Please contact Easy Rate to obtain a quote for groups with only one enrolled medical life.</p> <p>If the business is wholly owned by one individual (and not a partnership), then at least one employee who is not the owner or spouse of the owner must enroll in the medical plan.</p> <p>If the business is a partnership, then at least one employee, who may be a bona fide partner who provides services on behalf of the partnership, must enroll in the medical plan.</p> <p><b>Quote Humana (Click here to access the tool.)</b> This computer-based training tool for community-rated medical plans, available on <b>Humana.com/onlinequoting</b>, allows agents to learn how to use online quoting functionality at their own pace, whenever and wherever they can access the internet. This tool can be used to bypass a true Easy Rate quote until the group has made a decision to "buy."</p> <p><b>Other methods to get a quote</b></p> <ul style="list-style-type: none"><li>• Email <a href="mailto:easyrate@humana.com">easyrate@humana.com</a> –for groups that are not currently with Humana</li><li>• Email <a href="mailto:conservation@humana.com">conservation@humana.com</a> –for existing groups already with Humana</li><li>• Call Easy Rate at 1-800-327-9728</li></ul>

# Quoting: Community Rated Medical

Category	Description
<b>Quote Requests</b> (Continued)	<p data-bbox="266 211 909 232"><b>Information you'll need to quote companies with 2-50 employees:</b></p> <ul data-bbox="266 244 1373 522" style="list-style-type: none"><li>• Broker/agent Tax ID, Social Security number, or Humana Assigned Number (HAN)</li><li>• Name, address, and phone number of employer</li><li>• Payroll count/Average Total Number of Employees (ATNE) or full-time equivalent (based on state requirement)</li><li>• Eligible count</li><li>• Requested plan(s): Provide specific names of products you want quoted</li><li>• Nature of business and standard industry code (SIC)</li><li>• Number of COBRA employees, if applicable</li><li>• Requested effective date</li><li>• Email address for quote delivery</li></ul> <p data-bbox="266 561 465 582"><b>Member information</b></p> <ul data-bbox="266 594 973 772" style="list-style-type: none"><li>• Gender</li><li>• Age or birth date</li><li>• Coverage type (single, family, employee with children, employee with spouse, and waivers)</li><li>• Salary data requesting a salary plan for Life products or any STD/LTD</li><li>• Medicare eligibility</li></ul> <p data-bbox="266 811 741 832"><b>Dependent information – Required at quote time</b></p> <ul data-bbox="266 843 620 996" style="list-style-type: none"><li>• Spouse and dependent children</li><li>• Age/date of birth</li><li>• Gender</li><li>• Medicare eligibility (for spouses)</li><li>• Dependent status</li></ul>



# Quoting: Non-Community Rated Medical

Category	Description
<b>Baseline Quote Requests</b>	<p>For companies requesting medical plans with counts of 51 or more, please contact your local sales office or Easy Rate for quotes. The count may be based on payroll, full time equivalent or eligible as determined by state legislation.</p> <p><b>Methods to get a quote</b></p> <ul style="list-style-type: none"><li>• Call Easy Rate at 1-800-327-9728</li><li>• Fax to 1-800-344-3294</li><li>• Email <a href="mailto:easyrate@humana.com">easyrate@humana.com</a> – for groups that are not currently with Humana</li><li>• Email <a href="mailto:conservation@humana.com">conservation@humana.com</a> – for existing groups already with Humana</li></ul> <p><b>Information you'll need to quote companies with 1-100 employees:</b></p> <ul style="list-style-type: none"><li>• Broker/agent Tax ID, Social Security number, or Humana Assigned Number</li><li>• Name, address, and phone number of employer</li><li>• Payroll count/ATNE or full-time equivalent (based on state requirement)</li><li>• Eligible count</li><li>• Requested plan(s): Provide specific names of products you want quoted</li><li>• Nature of business and standard industry code (SIC)</li><li>• COBRA and/or State Continuation, if applicable</li><li>• Number of retiree employees, if applicable</li><li>• Requested effective date</li><li>• Fax number or email address for quote delivery</li></ul> <p><b>Member information</b></p> <ul style="list-style-type: none"><li>• Gender</li><li>• Age or birth date</li><li>• Disability Status</li><li>• Medicare eligibility</li><li>• Coverage type (single, family, employee with children, employee with spouse, and waivers)</li><li>• Salary data if requesting a salary plan for Life products or any STD/LTD products</li></ul> <p><b>Dependent information</b></p> <ul style="list-style-type: none"><li>• Spouse - Age/Date of Birth and Gender, Disability Status, Medicare eligibility – Not required at quote time</li><li>• Dependent - Age/Date of Birth, Gender, and Dependent Disability Status – Not required at quote time</li></ul>

# Quoting: Non-Community Rated Medical

Category	Description
<b>Multiple Locations</b>	<b>Multiple Business Locations</b> <ul style="list-style-type: none"><li>• If quoting a company with more than one business location, provide the location, city, state, and ZIP code for each location</li><li>• The census must provide location information for all employees</li></ul>
<b>Employer-Level Underwriting</b>	<p>Employer-Level Underwriting is the process in which an Employer Group Application is used for risk selection instead of individual employee applications. These states listed below are eligible for Employer-Level Underwriting as long as all other qualification guidelines have been met: <b>AZ, FL, IL, IN, KY, LA, MI, NV, TN, WI, and UT.</b> <i>(Please note that these states are subject to change. Please contact your sales representative for state-specific information.)</i></p> <p>In order for a group to be eligible to complete Employer Level Underwriting they must meet the following requirements:</p> <ul style="list-style-type: none"><li>• Minimum payroll count of 51</li><li>• Minimum eligible count of 26</li><li>• Minimum enrolled count is 26</li></ul> <p>Groups that DO NOT qualify for Employer-Level Underwriting are:</p> <ul style="list-style-type: none"><li>• Virgin groups</li><li>• Start-up companies</li><li>• Self-funded with current carrier</li><li>• Groups applying for Level Funded</li><li>• Groups moving off renewal (more than 60 days)</li><li>• Groups with a community rated renewal</li><li>• Groups with a 40 percent or greater renewal increase</li><li>• Groups with greater than 25 percent change in census from last billing statement to quote census.</li><li>• Groups moving from an association</li></ul> <p><b>Census Requirements</b></p> <p>We will accept a list enrollment for all groups submitting Employer-Level Underwriting. The list enrollment (which includes age/date of birth, gender, Social Security number, coverage type, first and last name, and total disability and medical questions for all enrolling) must provide information on disability status for all employees and dependents.</p>

# Quoting: Non-Community Rated Medical

Category	Description
<b>Employee-Level Underwriting</b>	<p data-bbox="301 211 1866 268">Groups that are not eligible to provide Employer-Level applications must submit individual employee health questions. In addition to what is required at baseline quote time, the following information must be provided:</p> <p data-bbox="301 297 504 325"><b>Member Information</b></p> <ul data-bbox="301 329 710 515" style="list-style-type: none"><li data-bbox="301 329 527 358">• First and last name</li><li data-bbox="301 362 510 391">• Age/date of birth</li><li data-bbox="301 395 413 424">• Gender</li><li data-bbox="301 428 479 456">• Coverage type</li><li data-bbox="301 461 568 489">• Social Security number</li><li data-bbox="301 494 710 522">• Total disability and medical questions</li></ul> <p data-bbox="301 551 529 579"><b>Dependent Information</b></p> <ul data-bbox="301 584 710 704" style="list-style-type: none"><li data-bbox="301 584 527 612">• First and last name</li><li data-bbox="301 616 510 645">• Age/date of birth</li><li data-bbox="301 649 413 678">• Gender</li><li data-bbox="301 682 710 711">• Total disability and medical questions</li></ul>

# Quoting: Specialty

Category	Description
<b>Quote Requests</b>	<p>Companies of 2-50 employees seeking specialty coverage can create a quote at <b>Humana.com</b> under the secured agent section. All groups are quoted as single site. The count may be based on payroll, full time equivalent or eligible as determined by state legislation. Please contact Easy Rate to obtain a quote for groups with only one enrolled life.</p> <p>If the business is wholly owned by one individual (and not a partnership), then at least one employee who is not the owner or spouse of the owner must enroll in the medical plan.</p> <p>If the business is a partnership, then at least one employee, who may be a bona fide partner who provides services on behalf of the partnership, must enroll in the medical plan.</p> <p><b>Quote Humana</b> (<a href="#">Click here to access the tool.</a>) This computer-based training tool for 2-99 specialty plans, available on <b>Humana.com/onlinequoting</b>, allows agents to learn how to use online quoting functionality at their own pace, whenever and wherever they can access the internet. This tool can be used to bypass a true Easy Rate quote until the group has made a decision to "buy."</p> <p><b>Other methods to get a quote</b></p> <ul style="list-style-type: none"><li>• Email <a href="mailto:easyrate@humana.com">easyrate@humana.com</a> –for groups that are not currently with Humana</li><li>• Email <a href="mailto:conservation@humana.com">conservation@humana.com</a> –for existing groups already with Humana</li><li>• Call Easy Rate at 1-800-327-9728</li><li>• Fax to 1-800-344-3294</li></ul> <p><b>Information you'll need to quote companies with 2-50 employees:</b></p> <ul style="list-style-type: none"><li>• Broker/agent Tax ID, Social Security number, or Humana Assigned Number (HAN)</li><li>• Name, address, and phone number of employer</li><li>• Payroll count/Average Total Number of Employees (ATNE) or full-time equivalent (based on state requirement)</li><li>• Eligible count</li><li>• Requested plan(s): Provide specific names of products you want quoted</li><li>• Nature of business and standard industry code (SIC)</li><li>• Number of COBRA employees, if applicable</li><li>• Requested effective date</li><li>• Fax number or email address for quote delivery</li></ul> <p><b>Member information</b></p> <ul style="list-style-type: none"><li>• Gender</li><li>• Age or birth date</li><li>• Coverage type (single, family, employee with children, employee with spouse, and waivers)</li><li>• Salary data requesting a salary plan for Life products or any LTD/STD</li></ul>

# Quoting: Existing Business

Category	Description
<b>Quote Requests</b>	<p>All quote requests must be requested by a Humana Retention Executive or the group's current Agent of Record. Groups currently enrolled for coverage with Humana can request alternate quotes for their current plans on renewal, or they can request quotes off renewal when the group adds new lines of coverage. For all off-renewal requests on existing lines of coverage, please contact your Retention Executive.</p> <p>Groups requesting to add a new line of coverage can receive a quote at any time.</p> <p><b>Alternate quotes can be obtained by:</b></p> <ul style="list-style-type: none"><li>• Utilizing the Employer Benefits Center (EBC)</li><li>• Sending an email to <a href="mailto:Conservation@humana.com">Conservation@humana.com</a></li><li>• Calling Conservation at 1-800-327-9728</li><li>• Contacting your Retention Executive</li></ul> <p><b>Please include the following information when requesting an alternate quote:</b></p> <ul style="list-style-type: none"><li>• Group name</li><li>• Group number</li><li>• Lines of coverage</li><li>• Detailed plan information to be included in the quote</li><li>• Requested effective date</li><li>• Census if additional employees are to be included</li><li>• Salary data requesting a salary plan for Life products or any LTD/STD</li></ul>

# Quoting: Existing Business

## Category

## Description

### Employer Benefit Center (EBC)

The EBC is a resource that will aid employers in selecting/changing benefits. Employers can view current plans, explore additional plans and modify or add a plan online. The EBC is available to groups underwritten in the Small Business segment.

- Groups can only make changes to their current lines of coverage on renewal.
  - Requests to obtain a quote for new lines of coverage must be requested from your Retention Executive or Conservation
  - Only currently marketed plans are available on the EBC
  - Groups cannot shop for Level-Funded plans through the EBC
  - If a group currently has a Level-Funded plan, they will only be able to shop for fully insured plans on the EBC
- Plan changes/adds can be made through EBC starting 75 calendar days prior to the Renewal and until two calendar days prior to the renewal for medical and up to 10 calendar days after the renewal date for specialty plans. (Shopping closes at midnight on the 9<sup>th</sup>.)
- There may be times when a particular group is not available on the EBC. If a group has been excluded from the EBC, contact your Retention Executive or Conservation to obtain a quote.

Census changes cannot be made through EBC. The employer can either submit the changes through the Employer portal or through Billing and Enrollment. If a group is dual optioned, they can terminate one of the plans in the EBC; however they cannot terminate a whole line of business.

Periodic communications will be generated from the EBC and sent to the email address of the primary company contact.

Email	When Sent	Who sent to
<b>Welcome/Intro to EBC</b>	60 days after new case effective date	Employer
<b>Prepare for Renewal</b>	90 days before Renewal	Employer
<b>Renewal is Ready</b>	75 days before Renewal	Employer
<b>Confirmation of plan change submission</b>	When the plan change is submitted	Employer and Broker

# New Group Enrollment Requirements

Enrollment materials must be sent to your Sales representative, to [sbsales@humana.com](mailto:sbsales@humana.com), or via Secure Email no later than the 15<sup>th</sup> of the month before the requested effective date. ([Click here](#) for instruction on how to send enrollment information Secure Email.) Humana requires the following information for enrollment:

- **Most recent version of the Employer Group Application (EGA).** Please be aware that multiple applications may be required based on line(s) of coverage sold, plans sold, and group size. (CA, CO, MD, MT, MO, NE, NY, OH, TX, UT, VA). The EGA must be signed prior to the requested effective date.
- **Most recent version of the employee enrollment forms** with medical information based on case size as specified on the application. Please be aware that multiple applications may be required based on line(s) of coverage sold, plans sold, and group size. (CA, CO, MD, MT, MO, NE, NY, OH, TX, UT, VA)

OR

**Humana-approved List Enrollment obtained from Humana.com.** The List Enrollment is valid for community rated medical in all states except CO and UT. List Enrollment is available for all Specialty Groups (except SD) and non-community rated groups upon underwriting approval only. See the chart below for List Enrollment availability:

State	1-50 (Medical with dental, life*, vision, disability)	51+ (Medical with dental, life*, vision, disability)	2-99 specialty only (Dental, life*, vision, disability)	WVB (FYI: As these lines are enrolled in LV)
CO	CO is community rated for 1-100. Universal app must be used for medical. Specialty can be enrolled on List Enrollment.		Yes	GI products only
UT	Universal app must be used for medical. Specialty can be enrolled on List Enrollment.	Upon underwriting approval	Yes	GI products only
SD	N/A – medical exit state	N/A – medical exit state	No	No
All Other States	List Enrollment can be used to enroll all lines.	Upon underwriting approval	Yes	GI products only

- **The final quote version** which illustrates the sold plans, in which the employer is enrolling. Cases submitted without a valid sold quote are returned for updating.
  - All cases – The final quote version must be free of assumptions
  - Non-community rated medical - A fully risk-rated/underwritten quote is required
- **Copy of current carrier's most recent billing statement**
  - Non-community rated medical
  - 2-9 enrolling dental
  - 10+ enrolling voluntary dental with orthodontic coverage
  - LTD/STD

# New Group Enrollment Requirements

- **Waiver forms** must be completed and submitted for employees not electing coverage for themselves or their eligible dependents. If List Enrollment is submitted in lieu of applications, waivers must be included.
  - An application or waiver form must be requested for any individual within his/her continuation/COBRA election period.
  - Waiver forms are not required for voluntary dental and life coverage. In lieu of waiver forms, the employer must submit a letter stating all eligible employees had the opportunity to enroll.
- Signed and dated **Summary of Benefits and Coverage (SBC) Attestation Form**, if applicable:
  - Cases must be received at Humana seven or more business days prior to the requested effective date. If the applications are not received within this time period, in certain circumstances Humana will accept a signed and dated SBC Attestation from the employer, and allow the requested effective date.
  - The SBC Attestation must be signed and dated by the fifth calendar day of the month requested effective date.
- **Certificate of Coverage – LTD & STD**
- **Signed and dated Rating and Renewability Disclosure (for Wisconsin only)**. The Wisconsin Rating and Renewability form must be signed before signing the Employer Group Application and must be received with the new case submission.
- **Eligibility Certification Form** for contracted or commissioned (1099) enrollees who meet the definition of an eligible employee.
- **Full-Time Employment Questionnaire** for contracted or commissioned (1099) enrollees who meet the definition of an eligible employee.
- **1099 or 1096 Form** for contracted or commissioned (1099) enrollees
- **Multi-location form**, if the sold group is a multi-location (applies to groups with counts of 51+).
- **Humana Health Saving Account Employer Election form**, if applicable
- **Humana Personal Care Account Employer Election form**, if applicable (Health Reimbursement Account)
- **NPOS Disclosure Form**, for all NPOS groups sold in Texas
- **Groups with 1-5 enrolled eligible employees**: Small Employer Certification for Group Medical Coverage **OR** Texas Small Employer Certification for Group Medical Coverage

## Cases may be returned during the review process if:

- Incorrect applications are submitted
- List Enrollment is utilized when not allowed
- The group is determined to be non-community rated and the submitted case is community rated (non-underwritten quote, incorrect product, no medical information provided)

Cases requesting missing information must have the information returned within five business days. Cases that do not return the requested information in the allotted time are closed out/withdrawn. Additional medical information may be requested by Underwriting upon review of the case. Incomplete submissions may delay processing of the group's application. Humana cannot approve coverage until all completed enrollment requirements are met.

For the most current forms, access [Humana.com](https://www.humana.com) or contact your Sales representative to discuss options.



# Billing

*\*All products except Workplace Voluntary Benefits*

Category	Description
<b>Premium Billing</b>	<p>Paper invoices are generated around the 15<sup>th</sup> day of the month and electronic invoices are generated on the 25<sup>th</sup> day of the month preceding the month of coverage. Premium payments are due on the first day of the applicable coverage month. For example, Humana produces the invoice for the month of May in April and the premium is due on or before May 1.</p> <p>If premium due is not received by the 15<sup>th</sup> of the month, the group receives a reminder letter informing them premium has not been received. If premium due is not received by the 31 days after the due date, the group is terminated and receives a termination letter explaining our termination and/or reinstatement procedures.</p> <p>Registering in the agent section of <b>Humana.com</b> enables you to view the groups' premium billing statements and online payment history. In addition, you can view the late payment notifications that your groups might have received.</p>
<b>eBilling</b>	<p>Paper invoices are generated around the 15<sup>th</sup> day of the month and electronic invoices are generated on the 25<sup>th</sup> day of the month preceding the month of coverage. Premium payments are due on the first day of the applicable coverage month. For example, Humana produces the invoice for the month of May in April and the premium is due on or before May 1.</p> <p>If premium due is not received by the 15<sup>th</sup> of the month, the group receives a reminder letter informing them premium has not been received. If premium due is not received by the 31 days after the due date, the group is terminated and receives a termination letter explaining our termination and/or reinstatement procedures.</p> <p>Registering in the agent section of <b>Humana.com</b> enables you to view the groups' premium billing statements and online payment history. In addition, you can view the late payment notifications that your groups might have received.</p>
<b>Automatic withdrawal – ACH form</b>	<p>Using Humana's Automated Clearing House form allows the group to set up a recurring payment schedule for automatic bank withdrawals from their bank account. The form can be found at <b>Humana.com</b> in the Forms for Agent and Brokers or the group can set up a recurring payment in eBilling.</p>

# Billing

## \*Workplace Voluntary Benefits

Category	Description
<b>Premium Billing</b>	<p>Paper invoices are generated around the 15<sup>th</sup> day of the month and electronic invoices are generated on the 25<sup>th</sup> day of the month preceding the month of the coverage. Premium payments are due the first of the month after the applicable coverage month. (Example: January invoice will be due February 1).</p> <p>Available invoice Frequencies are: monthly, ninthly (nine invoices a year), tenthly (10 invoices a year) and thirteenthly (every four weeks). Policy level deductions are set up according to payroll deduction frequency, which include weekly, biweekly, semi-monthly, and monthly.</p>
<b>Payment</b>	<ul style="list-style-type: none"><li>• The group will need to remit detailed back up along with payment that includes the following: member's name, SSN/policy number, amount paid, product, and period paid for.</li><li>• Payment address <b>Kanawha Insurance Company</b> <b>P.O. Box 371494</b> <b>Pittsburgh, PA 15250-7494</b></li></ul>
<b>eBilling</b>	<p>We encourage you to inform the group's benefit administrator to use our online billing tool to make payments. The benefits of using our online billing center include:</p> <ul style="list-style-type: none"><li>• View a PDF of an invoice</li><li>• Download billing details into a report format</li><li>• Online payment available by logging in monthly to initiate payment</li><li>• Set email billing notifications</li><li>• View recent activity on the account</li></ul> <p>eBilling is in the secure employers' section of <b>Humana.com</b>. Through Agent Delegation, these tools can also be accessed in the secured agent section of <b>Humana.com</b>.</p>
<b>Terms</b>	Termination requests can be remitted on the payment roster or sent directly to <a href="mailto:WVBBilling@humana.com">WVBBilling@humana.com</a> .
<b>Cancellation Requests</b>	Employees requesting to cancel their policy can fax the request to 1-866-584-9140 or send it to the following address: <b>Humana Enrollment</b> <b>P.O. Box 14330</b> <b>Lexington, KY 40512-4330</b>

# Group Maintenance



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# Group Maintenance:

## New Hires, Changes, and Terminations

Category	Description
<b>Open Enrollment</b>	<p>Open enrollment typically occurs on an annual basis 31 days before and after the group policy renewal date. During this time, eligible employees and dependents can enroll for coverage under the group policy. Late applicants may enroll at the group's next open enrollment period. Unless there is a qualifying event, eligible employees must wait until the next open enrollment period to enroll for group coverage.</p> <p>Groups with specialty benefit products have the ability to change the open enrollment time period upon request. A fee may be associated with the products depending on the case size and product offering. Certain products—for example our DHMO product—include the open enrollment provision.</p>
<b>Enrolling a New Employee</b>	<p>An enrollment form must be completed, dated, and signed before the Employer Group Application can be processed.</p> <p>Enrollment forms can be found in the agent section of <b>Humana.com</b>. Select the <b>Printable Enrollment and Change Forms</b> link under Customer Support for Agents. Or, if you prefer, you can order them via the agent-secured section under Market &amp; Products by selecting the Order Marketing Material link.</p> <p>New employees can be enrolled in the following ways:</p> <ul style="list-style-type: none"><li>• Enter the request on our easy-to-use online administrative tool on <b>Humana.com</b>, through Agent Delegation</li><li>• Fax the enrollment form to Enrollment at 1-866-584-9140.</li><li>• Mail the enrollment form to: <b>Humana Enrollment</b> <b>P.O. Box 14209</b> <b>Lexington, KY 40512-4209</b></li><li>• Overnight enrollment form to: <b>Humana Enrollment</b> <b>2432 Fortune Drive</b> <b>Suite 120</b> <b>Lexington, KY 40509-4269</b></li></ul> <p><i>Note: Employees who want basic or voluntary life insurance for more than the guaranteed issue amount must complete an Evidence of Insurability form. Underwriting may request additional information upon review.</i></p>

# Group Maintenance:

## New Hires, Changes, and Terminations

Category	Description
<b>Timely Applicant</b>	<p>Timely applicants are any employees or dependents applying for coverage within 31 days of the eligibility date or of a qualifying event. The eligibility date is the probationary period set by the employer at enrollment or by the date the qualifying event occurs.</p> <p>A qualifying event is defined as:</p> <ul style="list-style-type: none"><li>• Marriage or legally recognized partnership</li><li>• Adoption</li><li>• Birth of a child</li><li>• Change of legal guardianship</li><li>• Loss of prior medical, dental, or vision coverage (not applicable to disability; STD/LTD)</li><li>• Divorce (not applicable to disability; STD/LTD)</li></ul> <p><i>*Note: For dental, a newborn is considered timely if he/she is added to the plan by his/her second birthday.</i></p>
<b>Late Applicant</b>	<p>Any employee or dependent applying for coverage outside the open enrollment period, or after 31 days of a qualifying event, is considered a late applicant. If the group has an open enrollment provision and a late applicant applies for coverage outside the open enrollment period, we mail a courtesy letter to both the employer and member to notify them that the application will not be processed and to advise the member of the next open enrollment dates.</p>

# Group Maintenance:

## New Hires, Changes, and Terminations

Category	Description
<b>Employee Coverage Change</b>	<p>Employers can make employee coverage changes by submitting an Employee Change Form. Agents can also make the change through the secured agent section of Humana.com via agent delegation.</p> <p><b>Life changes can result in multiple member modification requests such as:</b></p> <ul style="list-style-type: none"><li>• Adding dependents</li><li>• Adding a newborn</li><li>• Moving from one plan to the other when a group offers more than one plan (Done at open enrollment/renewal)</li><li>• Terminating dependents</li><li>• Decreasing coverage type (family to single, employee and spouse, or employee and children)</li><li>• Cancelling a line of coverage</li><li>• Beneficiary changes (for applicable products)</li></ul> <p><i>*Note: For LTD/STD, any request for coverage over the guarantee issue amount may require an Evidence of Insurability form and is subject to underwriting approval.</i></p> <p><b>A Change Request can be submitted by:</b></p> <ul style="list-style-type: none"><li>• Fax the enrollment form to Billing and Enrollment at 1-866-584-9140</li><li>• Mail the enrollment form to Billing and Enrollment at: <b>Humana Enrollment</b> <b>P.O. Box 14209</b> <b>Lexington, KY 40512-4209</b></li><li>• Enter the request on our easy to use online administrative tool. To access this information, you or your office can utilize Agent Delegation, which is located in the agent-secured section of <b>Humana.com</b>.</li></ul>

# Group Maintenance:

## New Hires, Changes, and Terminations

Category	Description
<b>Employee/ Dependent Terminations</b>	<p>An employee and/or dependent termination occurs when an employee and/or dependent no longer is eligible for coverage. The termination date is based on the effective date provision selected by the employer—either the end of the month or immediately upon termination—as specified on the EGA.</p> <p>To ensure only eligible members receive benefits, please notify Humana of any member (employee and dependent, including COBRA and State Continuation members) terminations as soon as possible via the following methods:</p> <ul style="list-style-type: none"><li>• Fax a change request form to 1-866-584-9140</li><li>• Enter the request on our easy-to-use online administrative tool on <b>Humana.com</b>, through Agent Delegation</li><li>• Call Humana Business Services at 1-800-592-3005 and follow the telephonic prompts</li></ul> <p>Here are some important items to remember, when processing an employee/dependent termination:</p> <ul style="list-style-type: none"><li>• A termination request should not be enclosed with the invoice payment</li><li>• Humana does not backdate terminations more than 60 days from the time the termination request is received, unless required by state law</li><li>• Certificate of Prior Coverage:<ul style="list-style-type: none"><li>▪ Humana provides terminated individuals notification for all medical policies</li><li>▪ Humana provides terminated individuals notification for applicable specialty benefit policies upon request</li></ul></li></ul>

# Group Maintenance: Medical (2-99)

A **plan-add** is defined as adding an additional line of coverage to an existing group. Adding additional products to an already existing line of coverage, or making benefit modifications to an existing product is considered a **plan change**.

- **On renewal, medical plan-adds and changes must be submitted 10 business days** prior to the effective date. The general turnaround on plan-adds and changes is five to seven business days from receipt.
- **Off renewal medical plan changes** are due 70 days prior to the requested effective date.
- **Dental, vision, and life plan changes** cannot be done within 90 days prior to the group's renewal.
- **On renewal or off renewal dental, vision, and life plan-adds and changes** must be submitted by the 10<sup>th</sup> calendar day after the requested effective date
- On renewal or off renewal LTD/STD plan-adds must be submitted prior to the effective date
- LTD/STD plan-adds and plan changes generally have a turnaround of five to seven business days from receipt

Please note that inventory fluctuations or missing required documentation can impact turnaround.

## Medical

### Medical Plan-Adds

When adding a medical plan to an existing group currently without Humana medical coverage, please submit the following:

Coverage added*	Documentation Requirements/Rules**
<b>Adding medical coverage</b>	<ul style="list-style-type: none"> <li>• EGA</li> <li>• Enrollment forms or Humana List Enrollment</li> <li>• Waivers (required for community rated medical plans in the following states: CO, OK, TX, UT, and WI)</li> <li>• Final quote</li> <li>• Copy of current billing statement if group had a prior carrier</li> <li>• Gatekeeper questions, Evidence of Health Status, or Risk Assessment Form (varies by group size and state)</li> <li>• Summary of Benefits and Coverage Attestation Form (if applicable)</li> <li>• Small Employer Certification for Group Medical Coverage form (if applicable) and/or Texas Small Employer Certification for Group Medical Coverage</li> </ul>
<b>Adding an HSA (High Deductible health plan required)</b>	<ul style="list-style-type: none"> <li>• EGA</li> <li>• Enrollment forms</li> <li>• Humana Health Savings Account Employer Election Form</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

*\*\*Disclosure for Consumer Choice NPOS form (only if group is in Texas and adding an NPOS product)*

There are two options for submitting required documentation for a plan-add:

- Email to [beclericals@humana.com](mailto:beclericals@humana.com)



# Group Maintenance: Medical (2-99)

## Medical (Continued)

### Medical Plan Changes

When making plan changes to a Humana group's existing medical coverage, please submit the documentation listed below:

Change in coverage*	Documentation Requirements/Rules**
Changing from one single- option product to another single-option product on renewal	<ul style="list-style-type: none"> <li>• Group Maintenance Request Form or EGA</li> <li>• Final quote</li> <li>• Membership Assignment (if applicable)</li> <li>• Attestation form (if applicable)</li> </ul>
Changing from one single- option product to another single-option product off renewal	<ul style="list-style-type: none"> <li>• Group Maintenance Request Form or EGA</li> <li>• Final quote</li> <li>• Subject to Underwriting approval</li> <li>• Movement from non-HDHP product to HDHP or EHDHP product is prohibited</li> </ul>
Changing from a single or multiple option to multiple options on renewal	<ul style="list-style-type: none"> <li>• Group Maintenance Request Form or EGA</li> <li>• Final quote</li> <li>• Membership Assignment (if applicable)</li> <li>• Attestation form (if applicable)</li> <li>• Enrollment forms or a list enrollment (preferred) spreadsheet for members with product selection</li> </ul>
Changing from a single or multiple option to multiple options off renewal	<ul style="list-style-type: none"> <li>• Group Maintenance Request Form or EGA</li> <li>• Final quote</li> <li>• Enrollment forms or a list enrollment spreadsheet (preferred) for members with product selection</li> <li>• Subject to Underwriting approval</li> <li>• Movement from non-HDHP product to HDHP or EHDHP product is prohibited</li> <li>• Movement from non-CoverageFirst product to CoverageFirst is prohibited</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

*\*\*Disclosure for Consumer Choice NPOS form (only if group is in Texas and adding an NPOS product)*

There are three options for submitting required documentation for a plan change:

- EBC on [Humana.com](https://www.humana.com)
- Email to [beclericals@humana.com](mailto:beclericals@humana.com)
- Fax to 1-877-369-5615

# Group Maintenance: Dental and Vision (2-99)

## Dental and Vision

### Dental/Vision Plan-Adds

When adding a dental plan to an existing group currently without Humana dental/vision coverage, please submit the documentation listed below.

Coverage added*	Documentation Requirements/Rules
<b>Adding dental or vision coverage</b>	<ul style="list-style-type: none"> <li>• EGA or Group Maintenance Request form</li> <li>• List Enrollment (preferred) or Enrollment forms and waivers</li> <li>• Final quote</li> <li>• Prior carrier information</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

There are two options for submitting required documentation for a plan-add:

- Email to [beclericals@humana.com](mailto:beclericals@humana.com)

### Dental/Vision Plan Changes

Dental plan changes cannot be done less than 90 days prior to the group's renewal. When adding a dental plan to an existing group currently without Humana dental/vision coverage, please submit the documentation listed below.

Change in coverage*	Documentation Requirements/Rules
<b>Changing from one single-option product to another single option product on renewal</b>	<ul style="list-style-type: none"> <li>• Group Maintenance Request form</li> <li>• Final quote</li> </ul>
<b>Changing from one single-option product to another single option product off renewal</b>	<ul style="list-style-type: none"> <li>• Group Maintenance Request form</li> <li>• Final quote (subject to underwriting approval)</li> </ul>
<b>Changing from a single or multiple option to multiple options</b>	<ul style="list-style-type: none"> <li>• Group Maintenance Request form</li> <li>• Final quote</li> <li>• Enrollment forms or a List Enrollment spreadsheet for members with product selection</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

There are three options for submitting required documentation for a plan change:

- EBC on [Humana.com](http://Humana.com)
- Email to [beclericals@humana.com](mailto:beclericals@humana.com)

# Group Maintenance: Life (2-99)

**Life**

**Life Plan-Adds**

If amount requested is guaranteed issue amount or below, there are two options for submitting a plan-add (Please note: any life amounts over the guarantee issue amount need to be routed through your Humana Sales Associate):

- Email to [beclericals@humana.com](mailto:beclericals@humana.com)

When adding a dental plan to an existing group currently without Humana life coverage, please submit the following:

Coverage added*	Documentation Requirements/Rules
Adding life coverage	<ul style="list-style-type: none"><li>• EGA or Group Maintenance Request form</li><li>• List Enrollment (preferred) or enrollment forms and waivers</li><li>• Final quote</li><li>• Evidence of Health Status if over the guarantee issue amount</li></ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

# Group Maintenance: Life (2-99)

## Life (Continued)

### Life Plan Changes

There are two options for submitting plan change required documentation (Please note: if Life amount requested is over the Guarantee Issue, please consult your Humana sales associate):

- Email to [beclericals@humana.com](mailto:beclericals@humana.com)

Life plan changes cannot be done less than 90 days prior to the group's renewal. When making plan changes to a Humana group's existing life coverage, please submit the documentation listed below:

Change in coverage*	Documentation Requirements/Rules
Changing from one single-option product to another single option product on renewal	<ul style="list-style-type: none"><li>• Group Maintenance Request form</li><li>• Final quote</li></ul>
Changing from one single-option product to another single option product off renewal	<ul style="list-style-type: none"><li>• Group Maintenance Request form</li><li>• Final quote</li></ul>
Changing life volume from single/flat amount to a class schedule	<ul style="list-style-type: none"><li>• Group Maintenance Request form</li><li>• Final quote</li><li>• List of member, their class, and amounts</li><li>• Subject to Underwriting approval</li></ul>
Changing life amounts	<ul style="list-style-type: none"><li>• Group Maintenance Request form</li><li>• Final quote</li><li>• Evidence of Health Status (if amount requested is over guarantee issue)</li></ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

# Group Maintenance: LTD/STD (2-99)

## LTD/STD

### LTD/STD Plan-Adds

When adding a dental plan to an existing group currently without Humana LTD/STD coverage, please submit the documentation listed below.

Coverage added*	Documentation Requirements/Rules
<b>Adding STD or LTD coverage</b>	<ul style="list-style-type: none"> <li>• Master Application or EGA (STD/LTD)</li> <li>• Employer Short Term and Long Term Disability additional classes</li> <li>• List Enrollment census or Group Disability Insurance Enrollment forms (form 1493)</li> <li>• Evidence of Insurability (EOI) only for benefits over guarantee issue (form 1490)</li> <li>• Sold quote</li> <li>• Prior carrier billing, if applicable</li> <li>• Prior carrier policy/certificate, if applicable (Note: Claims vendor requests this if not received.)</li> <li>• Reinsurance rates/admin expense allowance (only necessary for LTD)</li> <li>• Quoting census spreadsheet (provided by Underwriting when paper enrollment forms are received)</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

There are two options for submitting required documentation for a plan-add:

- Email to [beclericals@humana.com](mailto:beclericals@humana.com)

### LTD/STD Plan Changes

When making plan changes to a Humana group's existing LTD/STD coverage, please submit the documentation listed below:

Change in coverage*	Documentation Requirements/Rules**
<b>Changing from one single-option product to another single-option product on renewal</b>	<ul style="list-style-type: none"> <li>• EGA or Master Application</li> <li>• Final quote</li> <li>• List Enrollment or Enrollment forms</li> </ul>
<b>Changing from one single-option product to another single-option product off renewal</b>	<ul style="list-style-type: none"> <li>• EGA or Master Application</li> <li>• Final quote</li> <li>• List Enrollment or Enrollment forms</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

There are two options for submitting required documentation for a plan change:

- Email to [beclericals@humana.com](mailto:beclericals@humana.com)

# Group Maintenance: Group/Line of Business Termination

Groups may terminate coverage at any time if written notice is received before the requested termination date. All premium payments are due up to the date of termination. If the employer is moving to a new carrier, we advise the group to wait to terminate current coverage until it has approval and proof of coverage with the new carrier.

We backdate group terminations up to 60 days from date of receipt. The requirements listed below are acceptable when signed by a group contact or owner/officer for a group or division level term request.

Change in coverage*	Documentation Requirements/Rules
<b>Group termination and a line of business termination (keeping a separate line of business with Humana)</b>	<ul style="list-style-type: none"> <li>• Email from group contact</li> <li>• Letter on company letterhead (signed by a group contact or owner/officer)</li> <li>• Letter on company fax sheet (signed by a group contact or owner/officer)</li> <li>• Email through the secure Employer Portal on <b>Humana.com</b></li> <li>• Group Maintenance Form (signed by a group contact or owner/officer)</li> <li>• MTV change notice (large group)</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional info and/or questions.*

The following table illustrates the state-specific termination rules:

State	Termination Rule
<b>Colorado</b>	<p>Colorado groups cannot retroactively terminate a company termination date, unless the group has moved to a different insurance carrier. The new carrier information that must be included:</p> <ul style="list-style-type: none"> <li>• Carrier name</li> <li>• Phone number</li> <li>• Effective date</li> <li>• Employer group number</li> </ul>

# Group Maintenance:

## Demographic Changes

Change requested*	Alternate Quote	Employer Group Application	Email from Group Contact	Enrollment Forms	Group Maintenance Request Form	Letter on Company Fax Sheet or Letterhead	Web Request	Other
<b>Adding a location or billing division</b> (billing division can only be done upon renewal) <ul style="list-style-type: none"> <li>• 2-50 group size can only add a division on renewal</li> <li>• 51-99 can add a division at any time</li> </ul>		Yes, if issue state is changed or added		For new employees				<ul style="list-style-type: none"> <li>• Multi-location form</li> <li>• Final quote</li> <li>• Attestation form (if applicable)</li> </ul>
<b>Employer address change</b> (same county); <b>new county, same market</b> – plan change will reach out for additional paperwork if benefits are determined to be unavailable in that county		Yes	Yes		Yes	Yes	Yes	<ul style="list-style-type: none"> <li>• Call Humana's Contact Center</li> </ul>
<b>Employer address change</b> (moved to a <b>new state</b> )	Yes	Yes, based on new issue state of company		Only if the company is electing a provider required plan (HMO, POS, etc.)				
<b>Employer address change</b> (moved to a <b>new market</b> )	Yes	Yes		Only if the company is electing a provider required plan (HMO, POS, etc.)	Yes			
<b>Company contact change</b>		Yes	Yes		Yes	Yes	Yes	
<b>Company name change</b>		Yes	Yes		Yes	Yes		

# Group Maintenance:

## Probationary Waiting Periods

### Medical

#### Medical

The chart below illustrates what a group may select as benefit probationary waiting period. Effective date provisions are either the first of the month following, or immediately following the probationary waiting period. The probationary period combined with the effective provision cannot exceed 90 days.

Days	Months
0	0
30	1
60	2
90	

*Note: Humana applies the probationary waiting period as written on the EGA and does not assume that one-month equals 30 days.*

A provision of the ACA provides that, for plan years beginning on or after January 1, 2014, health plans or insurers offering group health coverage may not apply eligibility probationary periods, also called waiting periods (the length of time employees must be actively at work before becoming eligible for the medical insurance) that exceeds 90 calendar days.

The effective date provision for when coverage begins after the probationary waiting period is product and state specific. However, no waiting period may be applied for medical coverage that results in a period longer than 90 calendar days before coverage is effective for eligible employees and dependents. Please see the following chart:

Product	Effective date provisions
<b>Traditional POS or Traditional HMO in Chicago, Nevada, Florida, and Kansas City</b>	First of the month following the completion of the probationary waiting period
<b>All other Humana plans</b>	Either <ul style="list-style-type: none"> <li>• First of the month following the completion of the probationary waiting period</li> <li>• Immediately following the probationary waiting period</li> </ul>

*Note: Some HMO products (traditional HMOs) with select network configuration will only be allowed to have first of the month following the completion of the probationary waiting period. Please check with your Humana Sales representative for further clarification.*

Change requested*	Documentation Requirements/Rules
<b>Waiting period</b>	<ul style="list-style-type: none"> <li>• EGA</li> <li>• Plan Change Request form</li> <li>• Letter</li> </ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional information or questions.*



# Group Maintenance:

# Probationary Waiting Periods

**Dental**

If a group has Medical, these lines must mirror the Medical Probationary Period.

The effective date provision for when coverage begins after the probationary waiting period is product and state specific. Please see the following charts:

Product	Effective date provisions
Most Humana plans	Either <ul style="list-style-type: none"><li>• First of the month following the completion of the probationary waiting period</li><li>• Immediately following the probationary waiting period</li></ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional information and/or questions.*

# Group Maintenance:

## Open Enrollment

Open enrollment typically occurs on an annual basis 31 days before and after the group policy renewal date. During this time, eligible employees and dependents can enroll for coverage under the group policy. Late applicants may enroll at the group's next open enrollment period. Unless there is a qualifying event, eligible employees must wait until the next open enrollment period to enroll for the group coverage.

### Dental

Dental products with open enrollment have the ability to change the open enrollment period, should a group request to alter the open enrollment time period. The open enrollment is an available option. A fee may be associated with the products depending on case size and product offering. Certain products, for example our DHMO product, include the open enrollment provision.

### Vision

Vision products with open enrollment have the ability to change the open enrollment period, should a group request to alter the open enrollment time period.

Change requested*	Documentation Requirements/Rules
Open enrollment period	<ul style="list-style-type: none"><li>• Group Maintenance Form</li><li>• Quote</li></ul>

*\*The chart is not all-inclusive. Please contact Humana Business Services at 800-592-3005 for additional information and/or questions.*

# Group Maintenance:

## Premium Only Plan

A Premium Only Plan (POP) is an employee benefit program that reduces employer and employee payroll taxes. By taking advantage of certain provisions of Section 125 of the Internal Revenue Code, POP can reduce the client's company's payroll, which is subject to employment taxes.

Additionally, the client's employees will reduce their taxable income by making contributions to certain employer-sponsored benefit plans, meaning they pay less federal income, FICA (Social Security and Medicare tax), and most state income taxes, increasing the client's employees' take-home pay.

POP is administered through WageWorks. The fees associated with the administration of POP are illustrated below:

Segment	Fee: New business	Fee: Annual
Medical	\$0	\$100
Dental	\$0	\$100
Vision	\$0	\$100
Term Life	\$0	\$100
Disability	\$0	\$100
Workplace Voluntary Benefits	\$0	\$0

*\*If a Humana workplace voluntary product is added to the group, the annual fee is waived.*

### The IRS defines the products eligible under Section 125 of the IRS code as follows:

A cafeteria plan is a separate written plan maintained by an employer for employees that meet specific requirements of and regulations of section 125 of the Internal Revenue Code. It provides participants an opportunity to receive certain benefits on a pretax basis. Participants in a cafeteria plan must be permitted to choose among at least one taxable benefit (such as cash) and one qualified benefit.

Qualified benefits are those that do not defer compensation and are excludable from an employee's gross income under a specific provision of the Code without being subject to the principles of constructive receipt. Qualified benefits include:

- Accident and health benefits (but not Archer medical savings accounts or long-term care insurance)
- Adoption assistance
- Dependent care assistance
- Group-term life insurance coverage
- Health savings accounts, including distributions to pay long-term care services Note: This information is NOT and should NOT be used as legal or tax advice

# Group Maintenance: Continuation of Coverage

<b>State Continuation</b>	<p>Some states mandate continuation of benefit options for employees after they are no longer eligible for group coverage (employers with 19 or fewer employees). The employee's eligibility for state continuation is determined by the state where the company is located. Obtain specific guidelines and requirements for state continuation by:</p> <ul style="list-style-type: none"><li>• <b>Humana.com</b> – Employer section, Customer Support for Employers, selecting Enrollment Guide</li><li>• Call Humana Business Services at 800-592-3005</li></ul>
<b>Consolidated Omnibus Budget Reconciliation Act (COBRA)</b>	<p>COBRA applies to employers that have had 20 or more employees during the prior 12 months. The law requires employers, who maintain group coverage (medical, dental, and/or vision), to offer employees and/or their dependents continuation of group coverage at group rates when there is a loss of group insurance coverage. For COBRA-specific guidelines::</p> <ul style="list-style-type: none"><li>• <b>Humana.com</b> – Employer section, Customer Support for Employers, selecting Enrollment Guide</li><li>• Call Humana Business Services at 800-592-3005</li></ul> <p>COBRA administration is provided by WageWorks and is included as a value added benefit for Humana's fully insured medical coverage accounts. With WageWorks managing risk and compliance, Humana clients' resource staff is relieved of complex and time-consuming tasks. Information regarding WageWorks can be found at <a href="http://www.wageworks.com/">http://www.wageworks.com/</a>. WageWorks can be contacted at:</p> <ul style="list-style-type: none"><li>• Humana Designated 800 number: 866-250-9474</li><li>• Email address: <a href="mailto:enhancedservices@WageWorks.com">enhancedservices@WageWorks.com</a></li></ul>
<b>Certificate of Group Health Plan coverage (COBRA &amp; State Continuation)</b>	<ul style="list-style-type: none"><li>• Humana provides terminated individuals notification for all medical policies.</li><li>• Humana provides terminated individuals notification for applicable specialty benefit policies upon request.</li></ul>
<b>Portability</b>	<p><b>Note:</b> Portability applies to Life products only. See workplace voluntary benefits section for portability rules.</p> <p>Active eligible employees who leave the group can continue voluntary life insurance by paying premiums to Humana if they are not yet age 70. Only coverage in force or a lesser amount can be ported. Coverage is portable for dependents if the employee ports coverage. If the group terminates, ported coverage is eligible for conversion. Portability is state-specific and is not available in Massachusetts and Minnesota. In addition, portability is available only with voluntary life in some states. Portability does not include AD&amp;D, waiver of premium, and accelerated death benefit.</p>