

For groups of 50 or less employees

# 2019 Employer Handbook

*Welcome to ConnectiCare*

ConnectiCare<sup>®</sup>

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# Let's get started

We're here to help you and your employees understand and make the most of your benefits, access the right care and receive the support you need.

This handbook is for Small Group employers, with 50 or less full-time equivalent employees. It provides basic information on important administrative topics, such as plan highlights, rules and processes. The rules and processes are general guidelines and may vary by plan. Please check your plan documents for complete information, or contact Small Group Sales or Account Management.

For additional information:



## **Contact the appropriate person**

Use the contact list on page 3.



## **Review your plan documents**

These include your *Membership Agreement* and/or *Certificate of Coverage* and other documentation.



## **Go to [connecticare.com](https://connecticare.com)**

To process certain member transactions and view your group's Employee Roster, premium information and general ConnectiCare information.

**Thank you for choosing ConnectiCare.**

**You've made the right choice for you and your employees.**

# How to reach us

Get responsive, accessible support and exceptional service for both you and your employees.

## Telephone Numbers for Employers

For questions about:	Contact:
Premium Billing Member/Dependent Eligibility Membership Verification	Phone: 1-800-333-1733 Fax: 1-860-678-5255
Small Group Sales & Renewals (50 or less eligible employees/lives)	Phone: 1-800-723-2986

## Telephone Numbers for Employees

For questions about:	Contact:
Member Services Department: <ul style="list-style-type: none"><li>▪ Eligibility</li><li>▪ ID cards</li><li>▪ Benefits, Claims, Coverage</li><li>▪ Referrals</li><li>▪ Provider Participation</li></ul>	Phone: 1-860-674-5757 or 1-800-251-7722
Behavior Health Treatment for Mental Health or Alcohol and Substance Abuse	Phone: 1-888-946-4658
Emergency Hospital Admissions (Notify ConnectiCare about emergency treatment within 24 hours of emergency admissions, if possible.)	Phone: 1-860-674-5870

# How to reach us

## Mailing Addresses

	P.O. Box	Postal Address
General Correspondence Sales & Marketing Questions & Complaints	P.O. Box 4050	ConnectiCare, Inc. & Affiliates 175 Scott Swamp Road (Insert P.O. Box from left here) Farmington, CT 06034
Enrollment Forms/Correspondence	P.O. Box 4058	
Medical Claims (Connecticut)	P.O. Box 546	
Utilization Review Appeals	P.O. Box 4061	
ConnectiCare of Massachusetts, Inc. Medical Claims (Massachusetts)	P.O. Box 522	
Premium Payments	→	ConnectiCare, Inc. & Affiliates P.O. Box 416191 Boston, MA 02241-6191

# Getting started

It's easy to get started with ConnectiCare using our simple online registration process.

## 1 Register on the Employer Portal

To register on the employer portal, go to [www.connecticare.com/register](http://www.connecticare.com/register). Click Register now under the Employer section. Once you complete the Employer Registration Form, please expect a confirmation letter or call **1-800-723-2986** with any questions or to confirm registration.

**Access information customized for you including:**

- Benefit summaries
- Rate tables
- Employee rosters
- Billing, payment and transaction history

**Use your management tools to do any of the following:**

- Check eligibility
- Download forms like the Enrollment/Change form
- Add/delete employees and dependents
- Change employee and dependent information
- Print temporary ID cards\*
- Order permanent ID cards\*

## 2 Help your employees get started

Offer employees support and encourage them to take the steps below to get started with their new ConnectiCare plan.



Register on our Member Center at [connecticare.com/members](http://connecticare.com/members)



Set communication preferences like choosing electronic document delivery and subscribing to our member newsletter



Select a primary care doctor and sign up for telemedicine

\*Your plan must be live upon your effective date to print or order ID cards.

# Staying informed

In addition to providing administrative support, you can count on ConnectiCare to provide you and your employees with online and in-person help.

## Employers:

### Quarterly newsletters, online toolkit and more

If you're registered on the Employer Portal, you'll receive communications to help you understand more about your benefits and coverage, how to help keep employees healthy and productive, and more.

## Employees:

### Online: Member Center at [connecticare.com/members](https://connecticare.com/members)

Your employees will find helpful tools and resources to manage their health care coverage online.



#### Get the most out of their plan

- View health plan benefits
- Track spending and claims
- Get a copy of member ID card



#### Find a doctor

- Locate an in-network doctor, walk-in clinic or urgent care center nearby
- Have a virtual doctor visit 24/7/365 with telemedicine



#### Manage their money

- Estimate treatments using the Treatment Cost Calculator
- Estimate prescription drug costs



#### Set their preferences

- Lighten their mailbox by choosing electronic document delivery
- Subscribe to our member newsletter

# Staying informed

## ConnectiCare centers

When it comes to your employees' health, sometimes they might want a personal conversation. Your employees can get one-on-one help at a ConnectiCare center with things like:

- How to save money on prescriptions
- Knowing the best place to get care
- Estimating the cost of a test or procedure
- Understanding claim summaries



They'll have access to four convenient locations in Bridgeport, Manchester, Newington and Waterbury. And, from October 1, 2018 through January 31, 2019, our Farmington center will be open. Some locations offer fitness classes, talks by health and medical experts and seminars to learn more about health insurance.

Your employees can make an appointment to reserve a specific date and time for one-on-one help. Find locations and hours at [visitconnecticare.com](http://visitconnecticare.com).



For Sanitas locations and hours, go to [mysanitas.com/ct](http://mysanitas.com/ct).



## Sanitas Medical Centers

Open in Bridgeport and Newington, Sanitas Medical Centers give your employees one convenient place to get preventive care like annual checkups, walk-in urgent care, lab work and health programs. Plus, if they have questions about their coverage, there's a ConnectiCare center right next door to Sanitas.

### Services

- Health care for the entire family
- Urgent care/walk-ins for injuries or illnesses
- Onsite laboratory and diagnostic imaging
- Health programs





# Billing and payment

## The premium invoice – information and itemized portion

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### PREMIUM PAYMENT INFORMATION

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Your premium billing will be administered in accordance with the following requirements:

All premiums must be sent to ConnectiCare's premium remittance address according to rates in force and the number of members covered under this plan. All premiums are due and payable on the first of the month for which coverage is applicable and the first day of a calendar month thereafter. A grace period for payment, lasting until the end of the calendar month for which the premium is due, is allowed. Your payment must reach us in time for us to complete our posting process in order for it to be considered paid by the end of the grace period. Please allow 5-7 business days for premium payment to be received and processed.

Our bills reflect the membership changes for which we have been notified and processed at the rates in force for your coverage. Premium payment must be paid as billed, unless another payment method has been mutually agreed upon between you and ConnectiCare. Membership changes received and processed afterward will be reflected on the next bill.

If additional copies of invoices are requested, you will be required to pay a \$15.00 fee per invoice copy.

#### ConnectiCare, Inc. & ConnectiCare Insurance Co, Inc. (Commercial Group Accounts):

If ConnectiCare does not receive and post your premium by the end of the grace period, your group's coverage will be terminated effective the last day of the grace period. You will not receive a payment reminder. If your group coverage is terminated, ConnectiCare reserves the right to either accept or deny reinstatement of your group's health insurance coverage. If reinstatement is accepted, you will be required to pay a reinstatement fee.

#### ConnectiCare, Inc. & ConnectiCare Insurance Co, Inc. (ConnectiCare Solo Individual Accounts):

If ConnectiCare does not receive and post your premium by the end of the grace period, your coverage will be terminated effective the last day of the grace period. You will receive a payment reminder (Past Due Notice) during the month that the premium is due indicating that payment for that month has not yet been received and needs to be received and posted by ConnectiCare prior to the last day of the current month.

#### ConnectiCare of Massachusetts, Inc. (Commercial Group Accounts):

If ConnectiCare does not receive and post your premium by the end of the grace period, your group's coverage will be terminated no earlier than the 4th day and no later than the 6th day of the following month. Termination letters will be sent to you and to all subscribers enrolled in your plan which will include the exact date of termination. If your group is terminated, ConnectiCare reserves the right to either accept or deny reinstatement of your group's health insurance coverage. If reinstatement is accepted, you will be required to pay a reinstatement fee.

#### For Employer Groups Only

Under a Connecticut law effective October 1, 2009, if an employee is terminated by their employer for any reason other than a layoff, or if the employee voluntarily terminates their own employment, the employer may decide not to pay the health insurance premium for the employee and their covered dependents, starting with the day that is 72 hours after the termination of employment. Credits for any refundable premium amounts will appear on your next premium statement that is processed after we receive your timely request. You must make your request for the premium credit by completing ConnectiCare's Premium Credit for Terminated Employees form. To obtain a copy of this form, please visit our web site at [www.connecticare.com/employer/OnlineForms.asp](http://www.connecticare.com/employer/OnlineForms.asp). ConnectiCare must receive this form within 72 hours of the employee's termination or you will not be eligible for the credit. When you request the credit, you will have to certify that the employee's termination falls within the legal requirements for receiving the credit.

**Please note that it is your responsibility under the law to pay the former employee any part of the credited premium which they contributed for their coverage.** Also note that you are not permitted under the law to request a credit where a collective bargaining agreement requires you to pay any premium

9. Premium payment information and requirements
10. Benefit plan description, if your group offers more than one benefit plan
11. Current monthly premium billed
12. Retroactive adjustments made to your account
13. Itemized amounts are totaled on each line for each contract holder
14. Adjustment premium
15. Summary of premium dollars (current and adjustments)

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ConnectiCare

P.O. Box 416191  
Boston, MA 02241-6191  
For Premium Questions: (800) 333-1733

CLIENT NAME

Account Number: XXXXXX  
Coverage Period: 10/01/2016 -  
Invoice Number: XXXXXXXXXXXXX  
Invoice Date: 09/27/2016  
Premium Due Date: 10/01/2016

Contract Name	Contract Number	Contract Type	Benefit Description	Current Premium	ADJUSTMENTS				Total
					Eff Date	End Date	Reason Code	Contract Type	
LAST, FIRST	XXXXXXXXXX	F4		\$1,528.87					\$1,528.87
LAST, FIRST	XXXXXXXXXX	F4		\$1,600.54					\$1,600.54
LAST, FIRST	XXXXXXXXXX	F4		\$933.57					\$933.57
LAST, FIRST	XXXXXXXXXX	F4		\$803.19					\$803.19
LAST, FIRST	XXXXXXXXXX	F4		\$1,041.15					\$1,041.15
LAST, FIRST	XXXXXXXXXX	F4		\$1,531.11					\$1,531.11
Division # D163460005 Total				\$7,436.43				\$0.00	\$7,436.43
Grand Total				\$7,436.43				\$0.00	\$7,436.43

Total Contract Type by Product		
Contract Type	Current Premium	Adjustment Premium
F4 = Family	6 \$7,436.43	\$0.00
Total	6 \$7,436.43	\$0.00

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# Billing and payment

## Things to consider when reviewing your invoice

- Eligibility changes may not appear on your bill if we do not receive and process the Enrollment/Change transaction before the date the bill was produced.
- Any eligibility discrepancies can be corrected by submitting an Enrollment/Change form by mail to P.O. Box 4058, Farmington, CT 06034 or by fax to 860-678-5255. You can also send it electronically to [enrollfax@connecticare.com](mailto:enrollfax@connecticare.com) by secure email, or simply update your enrollment via your employer portal.
- We require that you pay the premium as reflected on the invoice. Any corrections/adjustments will reflect on the following invoice as soon as they are processed.

## Wash method

Our billing system works on a “wash method” for new hires and terminated employees, in accordance with the following ConnectiCare new hire eligibility and termination guidelines:

- **New hires and additions:**

If their effective date is on or before the 15th of the month, we will bill for the entire month.  
If their effective date is after the 15th, there will be no premium charge for that month.

- **Terminations:**

If their termination date is on or before the 15th of the month, there will be no premium charge for that month. If their termination date is after the 15th, we will bill for the entire month.

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Make sure to register at [connecticare.com/register](https://connecticare.com/register) to access your billing and rate information, as well as payment history.

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# Billing and payment

**Payment options** (allow 5-7 business days for your payment to post to your account)

## **Standard Mail**

Mail a check along with payment coupon to:

ConnectiCare, Inc.  
P.O. Box 416191  
Boston, MA 02241-6191

## **Overnight Mail**

Send a check along with payment coupon via overnight mail (UPS, FedEx, DHL, USPS Priority, etc.) to:

Bank of America Merrill Lynch Lockbox Services  
Lockbox 416191, MA5-527-02-07  
2 Morrissey Blvd.  
Dorchester, MA 02125

## **Electronic Funds Transfer** (For Small Groups only)

Elect to have your monthly premium automatically deducted from your bank account. Complete and submit the Electronic Funds Transfer (EFT) form with a voided check as outlined in the form directions. You can find this in the Online Forms section of the Employer Portal.  
Note: You must continue to pay by mail until a confirmation letter with your EFT effective date is received.

Please note: No other correspondence should be sent to these addresses.

# Eligibility for Connecticut plans

Who is Eligible?	
Member Type	Eligibility
<b>Employees</b> (also called subscribers or members)	<p><b>Employees who meet the employer's requirements for eligibility. In addition...</b></p> <p>For HMO plans, the employee must live or work in the service area.</p> <p>For POS plans and FlexPOS plans, the employee does not have to live or work in the service area.</p>
<b>Spouses</b> (also called dependents or members)	<p>The employee and spouse are in a legally valid existing marriage, and the spouse resides with the employee or in the service area.</p> <p>A partner under a legally valid civil union or domestic partnership recognized by the State of Connecticut who resides with the employee.</p>
<b>Children</b> (also called dependents or members)	<p>Children under age 26 who meet one of the following conditions: *</p> <ul style="list-style-type: none"> <li>▪ Natural children</li> <li>▪ Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before adoption is final, children are eligible when employee becomes legally responsible for at least partial support.</li> <li>▪ Children (natural or adopted) of employee's spouse, or for whom the spouse is legal guardian.</li> <li>▪ Children for whom the employee is a legal guardian.</li> </ul> <p>Coverage for a handicapped child ** may be extended beyond the age when it would normally end if the child:</p> <ul style="list-style-type: none"> <li>▪ Resides in the service area or with the employee;</li> <li>▪ Is unable to support themselves by working because of a mental or physical handicap as certified by the child's physician; and</li> <li>▪ Is chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap.</li> </ul>

\* In Connecticut: Coverage for dependent children will end on the policy anniversary date that is on or after the date the child turns 26.

\*\* An Application for Continuation of Coverage for a Disabled Dependent Child must be completely filled out and submitted upon enrollment.

# Eligibility for Massachusetts plans

Who is Eligible?	
Member Type	Eligibility
<b>Employees</b> (also called subscribers or members)	<p><b>Full-time employees</b> who meet the employer's requirements for eligibility.</p> <p>For HMO plans, the employee must live or work in the service area.</p> <p>For POS plans, the employee does not have to live or work in the service area.</p>
<b>Spouses</b> (also called dependents or members)	<p>The employee and spouse are in a legally valid existing marriage, and the spouse resides with the employee or in the service area.</p> <p>In the event of a divorce or legal separation, an employee's spouse may continue coverage as an Eligible Dependent until either the employee or the spouse remarries, or until the time as provided by the divorce judgment, whichever comes first.</p>
<b>Children</b> (also called dependents or members)	<p>Children under age 26 who meet one of the following conditions: *</p> <ul style="list-style-type: none"> <li>▪ Natural children</li> <li>▪ Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before adoption is final, children are eligible when employee becomes legally responsible for at least partial support.</li> <li>▪ Children (natural or adopted) of employee's spouse, or for whom the spouse is legal guardian.</li> <li>▪ Children for whom the employee is a legal guardian.</li> </ul> <p>Coverage for a handicapped child ** may be extended beyond the age when it would normally end if the child:</p> <ul style="list-style-type: none"> <li>▪ Resides in the service area or with the employee;</li> <li>▪ Is unable to support themselves by working because of a mental or physical handicap as certified by the child's physician; and</li> <li>▪ Is chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap.</li> </ul>
<b>Grandchildren</b>	<p>Grandchildren (natural children of eligible dependent children), as long as dependent children continue to be covered as eligible dependents.</p>

\* In Massachusetts: Coverage for dependent children will end on the day in which the child turns 26. For court-ordered child support, the employer must decide whether an employee or spouse may enroll a child for whom health insurance is court-ordered.

\*\* An Application for Continuation of Coverage for a Disabled Dependent Child must be completely filled out and submitted upon enrollment.

# Eligibility

## Adding a new hire

- Your new hire eligibility rules determine when a new hire's coverage starts.
- To confirm these rules or discuss eligibility concerns, call **1-800-333-1733**.

You can order new enrollment packets by contacting Small Group Sales at **1-800-723-2986** or your broker.

## Adding/Removing dependents

Members must notify ConnectiCare in writing within 31 days of any change that could affect coverage, such as:

- Subscriber gets divorced
- Member gives birth
- Member moves outside the service area

Dependent type	Enrollment Timeframe
New spouse, civil union partner or domestic partner	<b>WITHIN 31 DAYS</b> from date of marriage or civil union. Coverage is effective on the date of marriage or civil union, or any date after, but no later than the 1st of the month following the 31st day after the qualifying event.
New child	<b>WITHIN 61 DAYS IN CT</b> <b>WITHIN 31 DAYS IN MA</b> from date of birth, adoption*, guardianship or marriage resulting in stepchildren. Coverage is effective on the date of birth, adoption*, guardianship or marriage resulting in stepchildren.

\*If the adoption is not final, the date the children start living with the subscriber or depending on him/her for support.

# Eligibility

## **Adding/Removing dependents** (continued)

If the subscriber misses a deadline, he/she must wait until the next open annual enrollment period or a Special Enrollment Period. The Special Enrollment Period is the 31-day period that follows the end of the member's coverage under another plan or the occurrence of a qualified life event. Refer to the Membership Agreement, Certificate of Coverage or other plan documents for more detailed information.

## **What happens when coverage changes?**

- Members submit an Enrollment/Change form to you for all additions and deletions, even when it won't change their payroll deduction.
- If a dependent's coverage ends automatically because he/she has become ineligible, we will send a notice of termination directly to the member. We will also send you a copy of the dependent's notice of termination.

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The information provided regarding eligibility are general rules; some plans may vary. Check with Small Group Sales or your broker if you have any questions.

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# Enrollment procedures

## When are applications due?

**30 DAYS** before the plan's effective date

## What about COBRA participants?

Employers must notify COBRA participants about the annual open enrollment. If a former employee elects COBRA, we must receive a COBRA election form signed by the person electing coverage. Please note: An employer cannot elect COBRA on behalf of a former employee.

## What enrollment materials are available?

Visit the Employer Portal to access a variety of materials including:

- Provider Directories
- Enrollment/Change Forms
- Transition of Care Forms

# Enrollment procedures

## Sample Enrollment/Change Form

**A.** At the top of the form, in the “Employee” section, the subscriber checks the type of plan for which he/she is enrolling.

**B.** Also in the “Employee” section, the subscriber provides information needed to process enrollment.

**C.** Social Security Numbers are required by law for reporting on IRS Form 1095-B.

**D.** In the “Member(s)” section, the subscriber selects his/her PCP and one for each family member. PCP names, provider ID numbers and other information requested must be completed. The information is required for each covered family member. PCPs are listed in the Provider Directory and in the Find a Doctor directory at [connecticare.com](http://connecticare.com).

**E.** If the subscriber or any covered family members have other medical coverage – including Medicare or Medicaid – this must be indicated in the “Other health care coverage” section.

**F.** In the “Employer” section, specific information must be filled out and signed by the employer. The employer submits the original copy. Do not complete the COBRA election sections unless you are asking us to enroll a former employee in COBRA.

**G.** The subscriber reads the section marked “Important” as well as the back of the form, signs and dates the form. Subscribers are provided a copy and should keep it until he/she receives a ConnectiCare ID card. This form may also be used as Certificate of Coverage if members need to seek services from a provider and have not yet received their ID card. Or, on the effective date, the employee/member may register and print a temporary ID card.

**ConnectiCare**  
P.O. Box 4058, Farmington, CT 06032-4058  
www.connecticare.com | 1-800-251-7722

**Enrollment / Change Form**  
Please print clearly, complete in full using ballpoint pen.

**EMPLOYEE: Complete the following two sections, sign at bottom and read information on reverse side.**

Please check appropriate item:  New Enrollment  Terminate Enrollment  Add Dependent  Remove Dependent  Change Provider  Change Division  
 COBRA Election  Other (Name change, address change, etc. Indicate reason for change.)

Plan type:  HMO  Point-of-Service (POS)  FlexPOS  Passage\*

\*Selection of a PCP from the Passage network is required. Find participating Passage network PCPs with the "Find a Doctor" tool on connecticare.com

ConnectiCare, Inc. = HMO, HDHP, POS Benefit Plans and ConnectiCare Insurance Company, Inc. = PPO and FlexPOS Benefit Plans. WA employers cannot purchase CCI or CICI products.

Marital Status:  Single  Married/Civil Union  Domestic Partner  Legally Separated  Separated  Widowed  Divorced

First Name Middle Name Last Name

Street Address City State ZIP Code

Home Telephone Number Work Telephone Number Email Address Primary Language (optional)

MEMBER(S):	First Name/Middle Initial/Last Name	DOB	SSN	Sex	Date of Birth (mm/dd/yy)	Primary Care Provider	ConnectiCare Provider ID Number (optional)	Existing Patient
Employee				<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Civil Union/Domestic Partner				<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 1				<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 2				<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 3				<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently using tobacco? Employee  Yes  No Spouse/Civil Union/Dom. Partner  Yes  No Dependent 1  Yes  No Dependent 2  Yes  No Dependent 3  Yes  No

Race/Ethnicity (optional): This information is designed for the purpose of data collection and will not be used to determine eligibility, rating or claim payment.

Employee:  White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other  Unknown

Spouse/Civil Union/Domestic Partner:  White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other  Unknown

Dependent 1:  White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other  Unknown

Dependent 2:  White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other  Unknown

Dependent 3:  White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other  Unknown

Check if enrolling a disabled dependent age 26 or over and contact ConnectiCare to obtain a form for submitting proof of disability.

**Other health care coverage:** Will you have other health insurance in addition to this ConnectiCare plan, under a Group, HMO or Medicare plan?  Yes  No  
 If yes, name of person covered:  Employee  Medicare (Please attach a copy of your Medicare card.)  Part A  Part B  Retired

**EMPLOYER: Complete this section. Form cannot be processed without this information.**

COBRA  Yes  No Length of coverage: \_\_\_\_\_ Date of Hire (mm/dd/yy): \_\_\_\_\_ Hours per week: \_\_\_\_\_ Coverage Effective Date (mm/dd/yy): \_\_\_\_\_ Coverage End Date (mm/dd/yy): \_\_\_\_\_  
 30 months  36 months  Other \_\_\_\_\_

Employee Work Location Group Name Plan Name Group Number/Division

Employee Signature Title Date

**Important:** By signing here you are indicating that you have read and understand the information on the front and back of this form. This authorization is valid as long as you are enrolled in a ConnectiCare health plan, and for one year after enrollment in the plan ends. I certify that the information supplied in the form is correct. I agree to the consent on the reverse side of this form. I understand that the phone numbers I provided on this application may be used by ConnectiCare or any of its contracted parties to contact me about my account, the provision of services to me or my health benefit plan or related programs.

Employee's Signature Date

FD01 08/17

**IMPORTANT: EMPLOYEE/MEMBER CONSENT**

On my behalf and on behalf of my spouse and/or dependent(s), I hereby authorize any physician, hospital, provider, insurer, ConnectiCare Insurance Company, Inc. (CICI) or a CICI-affiliate, or other organization or person having records, data or information concerning health history or medical insurance for me or my family member(s), including but not limited to information concerning mental health, alcohol or substance abuse or HIV or AIDS-related conditions, to transfer to any person or company such records, data or information as may be required for the purpose of providing treatment, paying claims, and performing other operations to administer my Benefit Plan. I understand that CICI's privacy notice contains a more complete description of the purposes for which information about me and my dependent(s) may be used or disclosed and that I have a right to review the privacy notice prior to signing this consent. I understand that CICI may change such notice at any time but will provide me a copy of any amended notice. I understand that I have a right to request restrictions on how information about me and my dependent(s) may be used or disclosed to carry out the plan administration purposes and that CICI is not required to agree to the requested restrictions. I understand that this authorization is valid for the term of my and my dependents' coverage under the Plan. I understand that I can revoke this authorization (but will be terminated from the Plan) at any time by giving written notice to CICI as long as CICI or others have not taken action relying on this authorization. I acknowledge that I have retained a copy of this authorization. I authorize payroll deduction, if any, for the coverage I have elected.

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime punishable by penalties, imprisonment and restitution depending on applicable laws.

ConnectiCare collects race/ethnicity data solely for the purposes of developing quality improvement programs, education, training, and marketing purposes. This data will not be used for determining eligibility, premium rate or claim payment.

**INSTRUCTIONS: DID YOU REMEMBER TO ...**

Print clearly, complete all sections and sign at the bottom of page 1?  
 Clearly define (write in) the plan name you requested?  
 (It is located at the top left of the Benefit Summary and is included in your enrollment package.)  
 Select your primary care physician and include the ConnectiCare Provider ID number?  
 (Can be found in the Provider Directory or on Website)  
 Attach a copy of your Medicare Card if you are Medicare-eligible?  
 Attach a copy of your group medical insurance card if you have other coverage?  
 Insert Social Security Number for each dependent?  
 Retain a copy of this form for your records?

**DISCLOSURE OF MEDICAL LOSS RATIO**

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs, or other cost containment programs or features.

The Federal medical loss ratio has the same meaning as provided in and calculated in accordance with PPACA, PL 111-148, as amended from time to time, and regulations adopted thereunder.

- State Medical Loss Ratio for calendar year 2016 for ConnectiCare, Inc. (CCI): 84.7%
  - Federal Medical Loss Ratio for calendar year 2016 for ConnectiCare, Inc. (CCI):
    - Individual 90.3%
    - Small-Group 106.6%
    - Large-Group 91.2%
- State Medical Loss Ratio for calendar year 2016 for ConnectiCare Insurance Company, Inc. (CICI): 96.4%
  - Federal Medical Loss Ratio for calendar year 2016 for ConnectiCare Insurance Company, Inc. (CICI):
    - Individual 102.7%
    - Small-Group 86.5%
    - Large-Group 90.1%

All forms are available online at [connecticare.com](http://connecticare.com).

# Terminating coverage

## Group coverage termination

If your group wishes to terminate its policy, you will need to provide written notification 30 days before the identified termination date. You must submit this signed notification on company letterhead with the signature of the authorized group representative and include the requested date for policy termination.

In addition, your group policy will terminate on the earliest day that any of the following events occur:

- At the end of the grace period, if the employer fails to make any premium payments that are due, or at another date after the grace period that we specify in writing
- If the company commits fraud or willfully conceals or misrepresents any material fact or circumstance in applying for coverage with ConnectiCare
- In the event the employer fails to comply with:
  - Service area requirements
  - Employer contribution requirements
  - Group participation rules
- In the event that we terminate coverage for all employers in accordance with applicable state law
- On the date the company is liquidated, ceases to operate, or no longer covers or employs any eligible employees
- On the date agreed upon by the company and ConnectiCare.

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A group termination is effective on the last day of the month requested. Termination requests should be sent to the Small Group Enrollment/Billing Department.

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# Terminating coverage

## Member-initiated termination

Employees or dependents may only terminate coverage during the annual open enrollment period, unless they have a qualifying event. Employees or dependents that want to terminate their coverage outside the annual open enrollment period must submit the request to their Human Resources Department in writing within 31 days of the event effecting coverage.

The employer must:

- Complete and sign an Enrollment/Change form, or
- Process employee terminations online at [connecticare.com/employer](https://connecticare.com/employer) and
- Continue to offer ConnectiCare to its active employees.

These procedures must be used for all terminations, whether or not the employee/dependent is eligible for COBRA coverage (see following pages for more information about COBRA). If the employee decides to continue coverage, it will be reinstated to the date of termination once a Change form indicating election of continuation coverage is submitted. The Small Group Employer is required to collect and remit COBRA premium payments to ConnectiCare.

Membership terminations can be processed retroactively for up to 60 days, subject to ConnectiCare's approval.

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Remember, it is your responsibility to make sure the employee gives you the appropriate documentation (as described).

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# Terminating coverage

## Premium credit for terminated employees (For Connecticut Employer Groups only)

Under a Connecticut law effective October 1, 2009, if an employee is terminated by his/her employer for any reason other than a layoff, or if the employee voluntarily terminates his/her own employment, the employer may decide not to pay the health insurance premium for the employee and his/her covered dependents, starting with the day that is 72 hours after the termination of employment. Credits for any refundable premium amounts will appear on the next premium statement processed after we receive your request. You must make your request for the premium credit by completing ConnectiCare's Premium Credit for Terminated Employees form. To obtain a copy of this form, visit [connecticare.com/employer/onlineforms.asp](http://connecticare.com/employer/onlineforms.asp).

ConnectiCare must receive this form within 72 hours of the employee's termination or you will not be eligible for the credit. When you request the credit, you will have to certify that the employee's termination falls within the legal requirements for receiving the credit. **It is your responsibility under the law to pay the former employee any part of the credited premium that they contributed for their coverage.** You are not permitted under the law to request a credit where a collective bargaining agreement requires you to pay any premium beyond the date of termination.

## COBRA continuation coverage

In accordance with the federal Consolidated Omnibus Budget Reconciliation Act of 1985 and Connecticut and Massachusetts State law (referred to here as COBRA), subscribers and members have the right to continue coverage when it ends due to the occurrence of a qualifying event, such as a layoff; reduction in work hours or termination of employment; death; or divorce.

Subscriber and member coverage may continue for up to a certain number of months, depending on the type of qualifying event involved:

- For Connecticut fully-insured group plans, coverage may continue for up to 30 months when it ends due to the subscriber's reduction in work hours; leave of absence; or his/her employment is terminated for reasons other than gross misconduct.
- For Massachusetts group plans, coverage may continue for up to 18 months when it ends due to the subscriber's reduction in work hours; leave of absence; or his/her employment is terminated for reasons other than gross misconduct.

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Terminations may not appear on your next bill if we do not receive the Enrollment/Change form before the end of the billing cycle. The termination will be reflected on the following bill.

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# Terminating coverage

## COBRA continuation coverage (continued)

- For a disabled person, coverage may continue from 18 to 29 months, as long as that person meets certain requirements. See the appropriate Membership Agreement, Certificate of Coverage or other plan document for more details.
- For both Connecticut and Massachusetts group plans, coverage may continue for up to 36 months for:
  - A covered child who is no longer an eligible dependent
  - A covered spouse and dependents if the subscriber dies
  - A covered spouse if the subscriber and spouse divorce or separate
  - A covered spouse and dependents if coverage ends when the subscriber becomes eligible for Medicare
- Subscribers or members enrolled in a Connecticut fully-insured group plan who lose group health coverage at age 62 or older and who are eligible to get Social Security benefits at the time of termination, may continue their group coverage until they are eligible for Medicare, instead of the usual COBRA continuation period.

Connecticut and Massachusetts state laws also mandate that COBRA rights and privileges apply to all employers covered by ConnectiCare, regardless of the employer size or whether the employer's plan is subject to ERISA or COBRA.

The employer is responsible for notifying members of their COBRA rights and administering the COBRA rules. Some employers have hired ConnectiCare to perform certain billing services for COBRA premiums (see "COBRA Billing"). You will find a more detailed discussion of COBRA rules and provisions in the Membership Agreement, Certificate of Coverage or other plan documents.

### Exceptions:

- Continuation of group coverage with ConnectiCare is not available for employees or dependents who were not eligible for coverage or waived coverage on the employer's health plan.
- States may have additional continuation of coverage rules. Members should review their Membership Agreement or other plan documents for more details.

# Terminating coverage

## COBRA continuation coverage (continued)

### Employer's/Employer TPA's responsibilities:

- Bill and collect COBRA premium
- Send Change form or other notification to terminate an employee according to the terms of your policy (for example, at the end of the month or on the date of termination)
- Determine if plan is required to offer COBRA
- Determine member eligibility for extension or continuation of COBRA coverage
- Notify terminating members and any other eligible covered dependents of their right to continuation of coverage in accordance with the provisions of COBRA
- Determine duration of COBRA coverage
- Inform employees of COBRA eligibility due to company closure or bankruptcy
- Determine and/or advise of qualifying event(s) for employees, spouses and dependent children
- Notify us within 60 days when an eligible employee elects COBRA continuation coverage. The member will then have 45 more days to send payment.
- Notify existing COBRA participants of plan and rate changes affecting their coverage
- Conduct any other duties or responsibilities assigned to the COBRA administrator
- Communicate COBRA election time frames to eligible subscriber/member

### Important

When electing COBRA continuation coverage, employees have 45 days from the date of the election to make the first payment of premium. The first payment must include payment for coverage as of the member's effective date of COBRA election. For example, if the election to continue coverage is made 60 days following the qualifying event and payment is made 45 days following the election, a total of three months premium must be paid on that date.

The following can help answer questions employers and members may have about COBRA:

- **FAQ about COBRA continuation of Health Coverage:**  
<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-compliance>
- **Notice of changes under HIPAA to COBRA:**  
<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/notice-of-changes-under-hipaa-to-cobra-continuation-coverage-under-group-health-plans>

The information provided regarding terminating coverage are general rules; some plans may vary. Check with Small Group Sales if you have any questions.

# Managing the transition to Medicare

## For employees nearing age 65

When an employee and/or dependent spouse reaches age 65, they may be eligible for a change in coverage. They will also need to determine their primary and secondary health insurer. Refer to your plan documents for details.

As an employer, it is your responsibility to educate your employees and their dependent spouses about Medicare benefits as they near 65. Medicare is the federal health insurance program for people who are 65 or older, as well as younger people with certain disabilities or end-stage renal disease. Your plan documents will provide some guidance on how to counsel your employees on their Medicare options.

Some of the areas you will need to review with your employees and/or their dependent spouses include:

- Eligibility requirements
- Application process
- How Medicare relates to your health plan

You should also review your responsibilities with your company's legal advisor.

**To learn more, go to [toolkit.myconnecticare.com](https://toolkit.myconnecticare.com). Or, call Small Group Sales or your broker.**

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ConnectiCare's Medicare Sales department  
can also assist you with any questions.

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# We're here to help

Thanks again for choosing ConnectiCare.

We value your business and strive to give you  
our highest level of service, every day.

Think of us not just as an insurance company, but also  
as a valuable resource in the health of your bottom line.

Is there anything else we can help you with?

Call us at **1-800-723-2986**.

Monday - Friday 8:00 a.m. to 5:00 p.m.





175 Scott Swamp Road, Farmington, CT 06034-4050

[connecticare.com](http://connecticare.com)

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc; coverage for plans offered on Access Health CT is underwritten by ConnectiCare Benefits, Inc.; In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.

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