



Small Business Group

2021 Renewal Election Form

In working with your broker and Health Net Health Plan of Oregon, Inc. (Health Net) account manager, you may have been provided with additional renewal proposals to assist you in selecting the best coverage for your group. To help us serve you better, please provide the quote number of the renewal proposal you are accepting. The quote number can be found on the cover page and in the header of the renewal proposal pages. **QUOTE #:** _____ **RENEWAL EFFECTIVE DATE #:** _____

1. Employee information

New hire waiting period (Please check the waiting period for new hires. Federal law prohibits waiting periods beyond 90 days.)

First of the month following: ☐ Date of hire ☐ 30 days ☐ 1 month ☐ 60 days

What is the employer monthly contribution percentage? Employee: _____ Dependent: _____

On a typical business day, how many employees are eligible for health benefit plan coverage (count all employees throughout the U.S.)?

Total eligible employees: _____ In-state employees: _____ Out-of-state employees: _____

Total worldwide employees: _____

(Count all employees regardless of if they are eligible for coverage. Include full-time and part-time employees. Do not include 1099 and seasonal employees.)

What type of COBRA¹ are you subject to? ☐ Federal COBRA ☐ State Continuation

Average number of employees you employed for the entire previous calendar year regardless of whether or not they were eligible for coverage: _____

An employee is defined as any person for whom the company issues a W-2, including full-time, part-time, and seasonal workers, and regardless of insurance eligibility.²

To calculate the average number of employees, determine the number of employees for each month, add each month's number to get an annual total, and then divide by 12 (or # of months in business if less than 12 months). Round up or down to the nearest whole number – example: 30.5 = 31. Do not spell out the number – example: write 30, not thirty.

How many full-time employees were in the group during the prior calendar year? _____

How many full-time equivalent employees were in the group during the prior calendar year? _____

How many employees are there as of the effective date of coverage? _____

(For the purposes of determining eligibility, employers must have one common law employee at the time of enrollment.)

Is the group subject to ERISA? ☐ Yes, month: _____ ☐ No, government or public plan or church plan

☐ No, (please specify reason): _____

Are you a part of a controlled group (see definition on page 3 of this form)? ☐ Yes ☐ No

If "Yes," who is the employer for purposes of filing taxes? _____

2. Medical plan offerings (check the plans you wish to offer. All medical plans include pediatric vision coverage.)**COMMUNITYCARE 1T**

☐ Platinum 15-500-1-3000DX

☐ Gold 25-3500-2-7900DX

☐ Platinum 20-750-2-3000DX

☐ Silver 40-3000-3-8150ES

☐ Gold 25-1000-2-7900DX

☐ Silver 40-4500-3-8150ES

☐ Gold 25-2000-2-7900DX

COMMUNITYCARE 3T

☐ Platinum 15-500-1-3000DX

☐ Gold 25-3500-2-7900DX

☐ Platinum 20-750-2-3000DX

☐ Silver 40-3000-3-8150ES

☐ Gold 25-1000-2-7900DX

☐ Silver 40-4500-3-8150ES

☐ Gold 25-2000-2-7900DX

PPO

☐ Platinum P10-250-1-4000LX

☐ Gold P0-3500-4-7900DX

☐ Gold P30-1500-2-7900DX

☐ Silver P45-3500-5-8150ES

☐ Platinum P10-500-2-4000LX

☐ Gold P20-500-3-7900DX

☐ Gold P30-3500-3-7900DX

☐ Silver P45-5000-5-8150ES

☐ Platinum P10-750-2-4000LX

☐ Gold P20-1000-2-7900DX

☐ Silver P20-5000-5-8150DX

☐ Bronze P8250-0-8250ES

☐ Gold P50-0-5-5000

☐ Gold P20-2000-2-7900DX

☐ Silver P40-3000-3-8150ES

☐ Gold P0-1500-4-7900DX

☐ Gold P20-2500-3-7900DX

☐ Silver P40-4000-3-8150ES

HIGH DEDUCTIBLE PPO

☐ Silver HD2800-2-5500ES

☐ Silver HD4000-3-6750ES

☐ Health Net Oregon Standard Gold Plan

☐ Health Net Oregon

☐ Silver HD3000-3-6750ES

☐ Bronze HD6900-0-6900ES

☐ Health Net Oregon Standard Silver Plan

☐ Standard Bronze Plan

¹Note: Generally, employers who normally employed 20 or more employees during the previous calendar year are subject to federal COBRA. Employers who employed 2-19 employees on at least 50% of its working days the previous calendar year are subject to State Continuation. Please consult your legal counsel if you need help determining which law applies to you.

²This information is for rating purposes and not to determine group size. The determination of how to count employees of related corporate entities when calculating group size for medical loss ratio (MLR) purposes is based on whether the entities are considered a single employer under Section 414 of the Internal Revenue Code (subsection (b), (c), (m), or (o)) and is not based on the multiple tax identification status of the related entities.

3. Supplemental renewal offering

(Check the plans you wish to offer – only 1 dental, 1 vision and 1 Alternative Care plan may be checked.)

REMINDER: Health Net auto-enrolls the employee and their eligible dependents who elect medical coverage into dental and/or vision coverage, if offered by their employer group. If an employee wishes to decline dental and/or vision coverage for an eligible dependent during open enrollment, then the employee must complete the *Declination of Coverage* section of the *Enrollment and Change Application*. If an employee does not wish to decline dental and/or vision coverage for their eligible dependents during open enrollment, then they will have that coverage during their plan year. Employees can only make changes to their coverage during their open enrollment period or based upon a qualifying event.

DENTAL

☐ Plus D50-1855-1500 ☐ Value D50-185-1500V ☐ Preferred Plus DP50-1855-1500 ☐ Essentials D50-16-500

VISION

☐ Elite 1010-1 ☐ Preferred 1025-2 ☐ Preferred 1025-3

ALTERNATIVE CARE

☐ Core CAM (included) ☐ CAM 15-1000 ☐ CAM 15-1500 ☐ CAM 15-1000 Plus

Purchasing pediatric dental coverage with Health Net?

☐ Yes ☐ No (I confirm that I am purchasing pediatric dental coverage with another carrier as required by ACA mandate.)

I/We have reviewed and understand my/our medical plan renewal notification along with the following informational pieces provided by Health Net. After reviewing the renewal information, by my/our signature below, I/we confirm that I/we intend to renew my/our health benefit plan(s).

I/We understand that Health Net is relying on my/our answers to the above questions to determine if my/our group meets the definition of a small employer group as defined by the State of Oregon. I/We also understand that the final rates will be based on the actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify the eligibility of the group.

Policyholder name:

Policyholder/Case ID (located on the cover page and header of renewal proposal pages):

Physical address:

City:

State:

ZIP:

Billing address:

City:

State:

ZIP:

Company authorized representative (please print):

Title:

Signature:

Date:

Email address:

Phone:

Broker:

This form must be completed and returned to your Health Net account manager in order to perform renewal election changes. If the completed form is not received by Health Net by the 10th of the month prior to the effective date of your renewal, your health benefit plan(s) will be auto-renewed to the closest matching plan(s).

ADDITIONAL INFORMATION WHEN COMPLETING THE EMPLOYER GROUP QUESTIONNAIRE

If an employer has more than 50 full-time equivalent (FTE) employees, Health Net may provide the employer a quote as a large group. Health Net must treat the employer as a small group if the employer has at least one but not more than 50 FTEs.

When counting employees to determine group size, temporary, seasonal, leased, and contracted employees are excluded.

In answering the questions about employees, an owner is generally not considered an employee even if the owner performs services for the business for compensation; however, an owner may participate in a group plan as long as the group employs at least one common law employee. An owner includes:

- A sole proprietor and the sole proprietor's spouse;
- A member of a single-member limited liability company and the member's spouse;
- The owner of a wholly owned corporation and the owner's spouse.

CONTROLLED AND AFFILIATED GROUPS

Controlled and Affiliated Groups means groups that are commonly controlled and/or affiliated as described in subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986. If a group is a controlled or affiliated group of employers, a carrier must treat the group as a single group, and the controlled group must complete one group profile form. Controlled groups include parent-subsidiary, brother-sister and the combination of both of the preceding.

FTE EMPLOYEES

The total number of employees, full-time and part-time, working an average of 30 hours or more a week.

FTE COUNTING INSTRUCTIONS:

- A. Count each employee working 30 hours or more as 1 FTE.
- B. Total the hours worked per week by all employees working less than 30 hours and divide by 30.
- C. Add the numbers from A and B together. This is your FTE count. You may also use the FTE calculator at [healthcare.gov](https://www.healthcare.gov/shop-calculators-fte/):
<https://www.healthcare.gov/shop-calculators-fte/>.

BENEFIT-ELIGIBLE EMPLOYEES

The total number of employees eligible for coverage as determined by the employer.

Nondiscrimination Notice

Health Net Health Plan of Oregon, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET

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

If you need these services, contact Health Net's Customer Contact Center at 1-888-802-7001 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

English
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call 1-888-802-7001 (TTY: 711).

Amharic
ለቋንቋ አገልግሎት ምንም ክፍያ የለውም። አስተርጓሚ ማግኘት ይችላሉ። የተነበበልዎትን እና የተወሰኑ በቋንቋዎ የተላኩልዎትን ሰነዶች መግኘት ይችላሉ። ለእርዳታ፣ ለደንበኞች ግንኙነት ማዕከል በሙታወቂያ ካርድዎ ላይ ያለውን ቁጥር ይደውሉ ወይም በ 1-888-802-7001 (TTY: 711) ይደውሉ።

Arabic
الخدمات اللغوية المجانية. يمكنك الاستعانة بمترجم فوري، كما يمكنك طلب قراءة المستندات عليك وإرسال بعض منها إليك بلغتك. للحصول على المساعدة، يمكنك الاتصال بمركز اتصالات العملاء على الرقم الموجود على بطاقة معرف العضوية الخاصة بك أو الاتصال على 1-888-802-7001 (TTY: 711).

Chinese
免費語言服務。您可以取得口譯服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥打會員卡上的電話號碼聯絡客戶聯絡中心，或撥打電話 1-888-802-7001 (聽障專線 (TTY)：711)。

Cushite (Oromo)
Tajaajila afaaniif kaffaltii hin qabu. Turjubaana argachuu ni dandeessu. Sanadii isiniif dubbifamee fi afaan keessaniin muraasaan isniif ergame argachuu ni dandeessu. Gargaarsaaf, Wiirtuu Qunnamtii Maamilaa tiif lakkoofsicha kaardii enyummaa keessan irra jirutti bilbilaa ykn 1-888-802-7001 (TTY: 711) itti bilbilaa.

German
Es stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Sie können einen Dolmetscher hinzuziehen. Die Dokumente können Ihnen vorgelesen werden und einige sind in Ihrer Muttersprache erhältlich. Für Unterstützung rufen Sie bitte unser Kundendienstzentrum unter der auf Ihrer Versicherungskarte angegebenen Nummer oder unter der Rufnummer 1-888-802-7001 (TTY: 711) an.

Japanese
無料の言語支援サービス。通訳をご利用いただけます。日本語で文書を読み上げたり、文書によっては日本語版をお届けすることも可能です。支援をご希望の方は、IDカードに記載の番号にてカスタマーコンタクトセンターまでお電話いただくか、1-888-802-7001 (TTY: 711)までお電話ください。

Korean
무료 언어 서비스. 귀하는 통역사를 이용하실 수 있습니다. 귀하에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 받으시려면 본인의 ID 카드에 기재된 고객 서비스 센터 안내번호 또는 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

Cambodian (Khmer)
សេវាភាសាភក្តិភីឡែ។ អ្នកអាចទទួលអ្នកបកប្រែបាន។ អ្នកអាចឱ្យគេអានឯកសារជូនអ្នក នឹងឆ្លើយឯកសារខ្លះជូនអ្នក ជាភាសាបស្ចឹម។ សំរាប់ជំនួយទូរស័ព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍ តាមលេខនៅលើ ID របស់អ្នក ឬលេខ 1-888-802-7001 (TTY: 711)។

Laotian
ການບໍລິການດ້ານພາສາທີ່ບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍນາຍແປພາສາ. ທ່ານສາມາດອ່ານເອກະສານ ແລະ ຈຳນວນໜຶ່ງໄດ້ຢູ່ໃຫ້ທ່ານເປັນພາສາຂອງທ່ານແລ້ວ. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ໂທຫາສູນຕິດຕໍ່ລູກຄ້າໄດ້ທີ່ເລກໝາຍຢູ່ເທິງບັດ ID ຂອງທ່ານ ຫຼື ໂທ 1-888-802-7001 (TTY: 711).

Punjabi
ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਲਈ ਕੋਈ ਲਾਗਤ ਨਹੀਂ। ਤੁਸੀਂ ਦੁਆਬੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਦਸਤਾਵੇਜ਼ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ID ਕਾਰਡ 'ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-802-7001 (TTY: 711)।

Russian
Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть документы на русском языке и выслать переводы некоторых из них. Если вам требуется помощь, звоните в Центр обслуживания клиентов по номеру, указанному на вашей идентификационной карте, или по номеру 1-888-802-7001 (линия TTY: 711).

Spanish
Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llame al Centro de Comunicación con el Cliente al número que se encuentra en su tarjeta de identificación o llame al 1-888-802-7001 (TTY: 711).

Tagalog
Mga Walang Bayad na Serbisyo sa Wika. Maaari kayong kumuha ng tagasaling-wika (interpreter). Maaaring basahin sa inyo ang mga dokumento at ipadala sa inyo ang ilan nang nakasalin sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numero sa inyong ID card o tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian
Безкоштовні послуги перекладу. Ви можете скористатися послугами перекладача. Вам можуть прочитати документи на українській мові та надіслати переклади деяких із них. Якщо вам потрібна допомога, телефонуйте у Центр обслуговування клієнтів за номером, вказаним на вашій ідентифікаційній карті, або за номером 1-888-802-7001 (лінія TTY: 711).

Vietnamese
Dịch vụ ngôn ngữ miễn phí. Quý vị có thể yêu cầu phiên dịch viên. Quý vị có thể yêu cầu đọc các tài liệu và gửi một số tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi đến Trung tâm Liên lạc Hội viên theo số điện thoại trên thẻ nhận dạng của quý vị hoặc gọi đến số 1-888-802-7001 (TTY: 711).