*Health Net Health Plan of Oregon, Inc.*

# *2019* Renewal Plan *Election Form*

*Small Business Group – Oregon*

In working with your broker and 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.)

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.[1]

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.)

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.)*

### Health Net CommunityCare 1T

- ☐ Platinum 25-750-2-3000DX
- ☐ Gold 25-1000-2-6500DX
- ☐ Gold 25-2000-2-6500DX
- ☐ Gold 30-3500-2-6500DX
- ☐ Silver 30-3000-3-7900ES
- ☐ Silver 30-4500-2-7900ES

### Health Net CommunityCare 3T

- ☐ Platinum 25-750-2-3000DX
- ☐ Gold 25-1000-2-6500DX
- ☐ Gold 25-2000-2-6500DX
- ☐ Gold30-3500-2-6500DX
- ☐ Silver 30-3000-3-7900ES
- ☐ Silver 30-4500-2-7900ES

### Health Net PPO

- ☐ Platinum P20-500-2-4000LX
- ☐ Platinum P20-750-2-4000LX
- ☐ Gold P20-1000-2-7900DX
- ☐ Gold P20-2000-2-7900DX
- ☐ Gold P20-2500-3-7900DX
- ☐ Gold P30-1500-2-7900DX
- ☐ Gold P30-3500-3-7900DX
- ☐ Silver P30-3000-3-7900ES
- ☐ Silver P30-4000-3-7900ES
- ☐ Silver P40-5000-3-7900ES
- ☐ Bronze P75-5000-5-7900ES
- ☐ Bronze P7350-0-7350ES

### High Deductible PPO

- ☐ Silver HD2700-2-5500ES
- ☐ Bronze HD6550-0-6550ES

### Standard PPO

- ☐ Health Net Oregon Standard Gold Plan
- ☐ Health Net Oregon Standard Silver Plan
- ☐ Health Net Oregon Standard Bronze Plan

*(continued)*

[1]This 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 WellNet plan may be checked.)*

**Adult Dental**

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

**Adult Vision**

☐ Elite E1010-1 ☐ Preferred 1025-2 ☐ Preferred 1025-3

**WellNet**

☐ 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 Health Plan of Oregon, Inc. 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/.

### 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 on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, 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 http://www.hhs.gov/ocr/office/file/index.html.



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**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 us at the number listed on your ID card. Employer group members please call 1-888-802-7001 (TTY: 711).

**Amharic**
ክፍያ የሌለው የቋንቋ አገልግሎት:: አስተርጓሚ ማግኘት ይችላሉ:: ሰነዶች እንዲዘጋጅልዎ ማድረግ ይችላሉ:: እርዳታ ለማግኘት በመታወቂያ ላይ ያለውን ቁጥር ይደውሉ:: አመልካቾች 1-888-802-7001 (TTY: 711) ይደውሉ::

**Arabic**
خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-888-802-7001(TTY: 711).

**Chinese**
免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。雇主團體的會員請致電 1-888-802-7001（TTY：711）。

**Cushite (Oromo)**
Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha laguu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (TTY: 711).

**German**
Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (TTY: 711) an.

**Japanese**
無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、ID カードに記載されている番号までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001（TTY：711）までお電話ください。

**Korean**
무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스도 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711) 번으로 전화해 주십시오.

**Cambodian (Khmer)**
សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

**Laotian**
ລິການພາສາບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງໄດ້. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໂທຫາພວກເຮົາໄດ້ຕາມເບີທີ່ມີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. ສະມາຊິກກຸ່ມນາຍຈ້າງ ກະລຸນາໂທຫາເບີ 1-888-802-7001 (TTY: 711).

**Punjabi**
ਬਿਨਾਂ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਡੇ ਲਈ ਦਸਤਾਵੇਜ਼ਾਂ ਪੜ੍ਹੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਰੋਜ਼ਗਾਰਦਾਤਾ ਗਰੁੱਪ ਦੇ ਸਦੱਸ, ਕਿਰਪਾ ਕਰਕੇ 1-888-802-7001 (TTY: 711) 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

**Russian**
Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (TTY: 711).

**Spanish**
Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

**Tagalog**
Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng isang interpreter. Maaari ninyong ipabasa ang mga dokumento. Para sa tulong, tawagan kami sa numerong nakalista sa inyong ID card. Para sa mga miyembro ng grupo ng employer, mangyaring tumawag sa 1-888-802-7001 (TTY: 711).

**Ukrainian**
Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (TTY: 711).

**Vietnamese**
Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu c`âu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).



OR WA Commercial Off-Exchange Member Notice of Language Assistance

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