Updated Small Business Marketplace Portal Functionality

Health Option Riders

➢ The *Religious Exemption* health option rider and *Domestic Partner* health option rider have been moved to the employer group level, and are selected when setting up the initial enrollment.

➢ These two riders apply to all classes created by the employer. **The end result is that all employees with the same Employer will be offered plans that include the same domestic partner and religious exemption riders.**

➢ The default is for "Cover Domestic Partner" to be checked (yes) and for "Qualified Religious Organization" to NOT be checked (no) which means family planning and counseling services are covered. If the employer attempts to change either of these defaults, a warning will be displayed. The user can proceed after acknowledging the warning.

➢ If the employer checks "Qualified Religious Organization" they are presented with a pop-up attestation message that notes that checking this will *exclude* coverage for family planning services, including contraceptive coverage, and that he attests to 3 conditions. If confirmed, "Qualified Religious Organization" remains checked, if not, "Qualified Religious Organization" goes unchecked.

➢ Based on the rider combinations selected, different plan IDs will be pulled back for plan selection for the appropriate county – based on employer location and employee address.

➢ The rider option to offer dependent coverage through age 29 remains at the *class level* (each class can be different).

Employment Classes & New Hire Waiting Period criteria

➢ Users no longer have the option to manage Classes via the "Manage Class" button. Now, the User will click "Create Enrollment" button and will select employee classes before creating the enrollment. You will no longer see the "Manage Class" button on the Employer Roster.

➢ When setting up the initial enrollment, the employer will have the option to add a new class (by selecting class types from a dropdown) or choosing an existing Class. If a Class is not chosen, all employees will go in the default class – "Employees Not Classified". The Employer must also choose the New Hire Waiting Period criteria for the class by selecting one of the following New Hire Waiting Period options:
  - o Date of Hire
  - o First of the Month Following Date of Hire
  - o First of the Month Following 30 Day Waiting Period
  - o First day of the Month Following 60 Day Waiting Period

- Example – Employer Group has a plan effective date of 2/1/14. Sally is a new employee who started on 4/15/14. Depending on the employers' selection of the New Hire logic above, her coverage dates could be:
  - 4/15/14 – Date of Hire
  - 5/1/14 – 1st of the month following Date of Hire
  - 6/1/14 – First of the month following 30 day waiting period.
  - 7/1/14 – First of the month following 60 day waiting period.

➢ A Waiting Period must be selected when the employer is creating the initial enrollment offering for each Class that is being created.

➢ During initial and yearly Open Enrollment, all employees will have the same effective date.

➢ After Open Enrollment ends, the New Hire waiting period criteria will be used to determine the coverage effective date for that new hire, or newly eligible employee, based on the employee's hire date

➢ Users will be able to view the coverage effective dates for Employees within the class by clicking the "Show Effective Date" button. This logic is based on the Employees Date of Hire and the New Hire Waiting period criteria selected.

➢ A new Class can now only be created and/or edited through the end of the Employer's initial Edit Period and during annual renewal Open Enrollment periods.
  - o Classes can no longer be created during the plan year.

➢ A returning employer, who already has an active plan offering, will continue to see the classes they previously set-up. They will have to add the new employee to an existing class, and select one of the 4 new hire logic options from the drop-down menu. The chosen new-hire logic will apply to all new employees added to this class for the remainder of the year.
  - o Existing employees already in the class will not be affected.

➢ When new hires are added to the roster and an enrollment offer is completed by the employer, the Plan options that are returned to the employee are based on the location of their home address in addition to the location of the employer group.
  - o If an employee is added to an Enrollment Offering that did not previously include plans accepted in their region, the employer will automatically be taken through the plan selection screen again. They will then be able to add additional Carriers based on this new home address added (but they are not required to do so). This will be the only item they can amend in their enrollment offering

➢ Employee Type –
  - o Existing – An Employee that was added to the Roster during the initial Offering. All eligible employees must be added to the roster during the initial offering.
  - o New Hire – An employee added after the end of the Employer's Open Enrollment Period. A newly eligible employee is also considered a new hire by the system.
  - o Forgotten – An existing Employee that the Employer forgot to add during the initial Open Enrollment, Edit (the 30 days following Open Enrollment) or Retro period (the 30 days following the plan effective date).

- Forgotten employees, and employees that do not initially enroll in coverage, are not eligible to enroll after the Retro period is over. They must wait until the next Open Enrollment Cycle to enroll unless they experience a Qualifying Event

➢ Any new hire that is added to the roster during the employer's Open Enrollment will default to the same effective date as existing employees.

➢ When adding a New hire (or newly eligible employee), the employee's Date of Hire must be within 30 days (past or present) of their coverage effective date.

Employer & Employee Display Improvements

➢ Once the employer has completed their enrollment offer(s), a new section appears on the **Employer Account Overview** page. The **Employer Group Settings** displays the Open Enrollment and group plan effective dates as well as the selected health option riders.

➢ When the employee initially enrolls, a new section displays in the Employee account on the **My Employer** page that presents employer details. The details include 4 'accordions' that include **Employer Details** (EIN and address), **Enrollment Period** (open enrollment and coverage effective dates), **Employer Contribution(s) by Tier** (medical and dental, if appropriate), and **Plan Benefits** (Metals, Carriers, and Health Coverage Options and Riders offered (Y/N)).

➢ Once Enrolled, **the Employee Account Overview** page displays new sections that show the employer details, what the employee has chosen for coverage tiers, and the plan benefits (riders).

Pediatric Only Dental Plans

➢ In addition to now offering mandated *Pediatric Only* dental plans, the dental plan tiers have been expanded to match the medical tiers (employee, employee + spouse, employee + child, employee + family). When creating an offer for a class, if the employer chooses to offer dental, the employer will be presented with the equivalent dental plan tiers and *Pediatric Only* dental. If the employer offers dental to tiers that include children, offering *Pediatric Only* dental is mandatory (it cannot be unchecked). For the employee to select *Pediatric Only* dental, the child dependent must be included in the health plan enrollment.

➢ Employer can choose to only offer *Pediatric Only* dental, if the health offer includes Employee + Child/ren or Employee + Family. The other dental coverage tiers are all or nothing – if one is de-selected, all are then de-selected.

SEE CHART ON PAGE 5 FOR ENROLLMENT OPTIONS

Age Restrictions

- Pediatric dental is available to child dependents through age 19. If a child dependent is turning 19 before the effective coverage date, the child dependent is not eligible for pediatric dental coverage. Dental coverage is terminated on the 19th birthday, but coverage will continue until the end of the month of the 19th birthday.
- The employee will receive a notice 45 days before the child's 19th birthday that the child is aging out of dental and that the child must be removed from coverage.
- **Aging out of pediatric dental is <u>not</u> considered a qualifying event so the dependent child will be without dental coverage until the next open enrollment period, at which time the employee may chose appropriate Employee + Child/ren or Employee + Family dental coverage.**
- Children under the age of 19 are listed on the Pediatric Dental plan selection page. The employee must select which children are to be covered by pediatric dental. For example, an employee may choose not to have an infant covered for pediatric dental until the child is older. If the employee chooses a pediatric dental plan and clicks NEXT without specifying which child/ren are covered, a warning message will note that no children have been selected.
- A child can be added to dental coverage during the edit period (if the employee forgot to add include the child) as long as the child is also enrolled in the health plan.
- An employee and/or spouse who are under the age of 19 do not qualify for pediatric dental; pediatric dental is only available to child dependents.

Employer Contributions & Dental Premium

- The employer can choose to contribute to the cost of dental premiums separate from what is contributed for the health plan premiums. The employer can indicate a percentage, a dollar amount, or both, which implies a percentage up to the dollar amount.
- Dental premiums are specific to the tier of coverage – one rate for Employee Only, Employee + Spouse, Employee + Child/ren, and Employee + Family.
- The Pediatric Dental premium that displays during plan selection is per child. When the employee gets to the Shopping Cart page, the Pediatric dental rate that displays is the one-child rate multiplied by the number of children covered, up to three (3) children.
- If an employee enrolls 3 or more children in Pediatric Dental, the rate is capped at the one-child x 3 rate.

The Shopping Cart displays who is covered for each of the plans selected for Health, Dental, and Pediatric Dental.

Employer Health Offer	Employer Dental Offer	Employee Health Enrollment	Employee Dental Enrollment Options
Employee Only	Employee Only	Employee Only	• Employee Only • decline
Employee + Spouse	Employee Only and Employee + Spouse	Employee + Spouse	• Employee Only • Employee + Spouse • decline
Employee + Child/ren	Employee Only, Employee + Child/ren, and Pediatric dental	Employee + Child/ren	• Employee Only • Employee + Child/ren • Employee Only and Pediatric Dental • decline
		Employee + Child/ren with Pediatric Dental included	• Employee Only • decline
Employee + Family	Employee Only, Employee + Spouse, Employee + Child/ren, Employee + Family, and Pediatric dental	Employee + Family	• Employee Only • Employee Only and Pediatric Dental • Employee + Spouse • Employee + Spouse and Pediatric Dental • Employee + Child/ren • Employee + Family • Pediatric Dental • decline
		Employee + Family with Pediatric Dental included	• Employee Only • Employee + Spouse • Employee + Child/ren (Disclaimer : some coverage will be duplicative of ped dental embedded in QHP) • Employee + Family *(*Disclaimer: some coverage will be duplicative of ped dental embedded in QHP) • decline

July 2014 – Document to be used for training purposes only