

## **Group Information Form Instructions**

### **Section One**

- *Tax Identification Number (EIN/TIN)*

The Employer Identification Number/ Taxpayer Identification Number (EIN/TIN) can be found on your annual or quarterly tax forms.

- *Group Number*

The group number can be found on the first page of your Excellus BCBS insurance bill, in the upper right corner.

- *List Owner(s)/ Partner(s)*

Note all owners and partners by first and last name. If more room is needed you can add a separate page listing all individuals.

- *Business Physical Address*

Enter the address where the business is located, this should not be a P.O. Box.

- *Address of Company Headquarters*

Enter the address where the company is headquartered from. "Same" can be noted if this is the same as the *Business Physical Address*.

- *Does your company obtain health insurance coverage from a chamber/ trust/ association?*

Only answer this if your insurance is obtained through a chamber, trust, or association. If you are part of chamber of commerce, but do not obtain your health insurance from there, this question does not apply.

- *Is there a group medical plan in place in addition to the products offered through Excellus BCBS*

When identifying other group medical plans, please only include group health insurance plans, omitting any life insurance or similar supplemental insurance. This includes carriers such as Aflac, Metlife, etc.

- *New York State of Health*

This refers to the New York State health market exchange. Additionally, *Other* refers to a different health insurance carrier.

## **Section Two**

- *Number of owners and employees at all locations (all full time and part time employees): Avg. number for prior year*

This pertains to the federal government's requirement to identify the average number of total employees within each group for the purposes of medical loss ratio reporting. If this number fluctuates, please add the number of people employed each month and then divide the total by twelve to get the average.

- *Number of owners and employees at all locations (all full time and part time employees): Total number currently*

This number should include all active owners, partners, full-time, part-time, and seasonal employees working at all locations of the company. This is all active employees, not just those eligible for coverage through the group health plan.

## **Eligibility Information (do not include union populations)**

This portion of the form has two columns, one labeled *Specific to Excellus BCBS* and the other labeled *All Other Locations and/or Plans*. Please treat these columns as two separate populations. *Specific to Excellus BCBS* should include all individuals eligible to be covered by Excellus BCBS. While *All Other Locations and/or Plans* should include those who are not eligible for an Excellus BCBS plan but are eligible for other health insurance plans.

- a. Include any employee or owner who is offered health insurance coverage, even if they are waiving coverage.
- b. Include all retirees who are eligible to enroll in the same plan as active employees or a retiree health plan.
- c. Include any individuals who have experienced a qualifying event and have elected to continue their health plan coverage through COBRA or NYS continuation of coverage. Also, include dependents enrolled in their own policy through the young adult option.
- d. Add **a**, **b**, and **c** to get the number of total eligible individuals.
- e. Valid waivers include, but are not limited to, coverage through a spouse or a parent, Family Health Plus, Medicare, Medicaid, Healthy NY, the Veterans Administration, or retiree coverage through a prior employer.

## **Employer Contribution**

- *Class Name*

If your contribution strategy differs by class, please list the employee class in this column and provide the information for each class. The standard class names are listed on the form. If it is not a standard class, please indicate the class name in this section. If your employer group has more than three classes of employees, you may need to complete a separate form for the additional classes.

- *Product*

List all of the medical products you offer in this column. If your employer group exceeds the number of products in the provided space, you may need to complete an additional form for the additional plans.

- *Employer Contribution Range*

Check the range of premium your business contributes monthly toward single and family tiers, as a percentage. This percentage can be calculated by using the following formula: Contribution Percentage = (Employer Contribution in \$ ÷ Total Premium x 100).

- *Employer Contribution Towards HSA/HRA Deductible - %*

If you have a health savings account (HSA) or health reimbursement account (HRA) attached to your high deductible health plan, please check the percentage range of the annual amount your business contributes towards the deductible. This percentage can be calculated by using the following formula: Contribution Percentage = (Employer Contribution in \$ ÷ Total Deductible x 100).

- *Employer Contribution - \$*

List the annual dollar amount your business contributes towards the HSA/HRA deductible for each class.

## **Supplemental Form: Dental**

This portion of the form has two columns, one labeled *Specific to Excellus BCBS* and the other labeled *All Other Locations and/or Plans*. Please treat these columns as two separate populations. *Specific to Excellus BCBS* should include all individuals eligible to be covered by Excellus BCBS. While *All Other Locations and/or Plans* should include those who are not eligible for an Excellus BCBS plan but are eligible for other health insurance plans.

- a. Include any employee or owner who is offered dental insurance coverage, even if they decline to take it.
  - b. Include all retirees who are eligible to enroll in the same plan as active employees or a retiree health plan.
  - c. Include any individuals who have experienced a qualifying event and have elected to continue their health plan coverage through COBRA.
  - d. Add **a**, **b**, and **c** to get the number of total eligible individuals.
  - e. Valid waivers include, but are not limited to, coverage through a spouse or a parent, Family Health Plus, Medicare, Medicaid, Healthy NY, the Veterans Administration, or retiree coverage through a prior employer.
  - f. Subtract line **e** from line **d**.
  - g. Include the number of people currently enrolled in dental coverage with Excellus.
  - h. Divide line **f** from line **g** and then multiply by 100 to get the participation percentage.
- *Class Name*

If your contribution strategy differs by class, please list the employee class in this column and provide the information for each class. The standard class names are listed on the form. If it is not a standard class, please indicate the class name in this section. If your employer group has more than three classes of employees, you may need to complete a separate form for the additional classes.
  - *Product*

List all of the dental products you offer in this column. If your employer group exceeds the number of products in the provided space, you may need to complete an additional form for the additional plans.
  - *Employer Contribution Range*

Check the range of premium your business contributes monthly toward single and family tiers, as a percentage. This percentage can be calculated by using the following formula: Contribution Percentage = (Contribution in \$ ÷ Total Premium x 100).