



WESTERN HEALTHCARE INSURANCE TRUST



**Quick Reference
For Participating WHIT Employers
Revised January 2015**



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EMPLOYEE INFORMATION

DEFINITION OF AN ELIGIBLE EMPLOYEE:

The employee must:

- Meet the group's criteria for employee status
- Work the minimum hours required
- Satisfy the probationary period as stated on the employer's Master Participation Agreement

MINIMUM INFORMATION REQUIRED TO ENROLL A NEWLY ELIGIBLE EMPLOYEE:

The employee must satisfy the group's probationary period and meet the definition of an eligible employee. The employer can enroll new members either through SIMON (BSI's Online Benefit Portal) and retain a copy of the signed enrollment form for their files, or submit a signed copy of the enrollment application to BSI.

Minimum required information for enrollment:

- Employee Name
- Address
- Social Security Number
- Date of Birth
- Gender
- Date of Hire or Re-Hire Date
- Effective Date (must agree with probationary period)
- Employer Name
- Employee Signature and Date

Incomplete applications may cause a delay in enrollment. It is important to note that enrollment must be completed within 31 days of the newly eligible employee's effective date.

NEWLY HIRED EMPLOYEE PROBATIONARY PERIOD:

Every new employee meeting the definition of "Eligible Employee" (refer to Definition of an Eligible Employee Section) must satisfy the probationary period, as stated on your signed Master Participation Agreement, and will be eligible for benefits first of the month following or coinciding with the completion of that probationary period. This probationary period (sometimes referred to as a waiting period) may not be waived under any circumstance and can only be changed at your annual renewal. BSI will verify the probationary period stated on the group's Master Participation Agreement upon request.

TERMINATION OF EMPLOYEE COVERAGE

In order to terminate an employee, employers have the following options:

- Use SIMON (BSI's Online Benefits Portal)
- Send an email to WHIT@bsitpa.com
- Note the termination date next to the employee on your monthly billing statement
- Fax the information to BSI at 206-859-2627

Vision and Dental benefits will terminate for the employee and all dependents on the first of the month following the termination date. Life and Disability benefits end on the date of the employee's termination, though premiums will be charged for the full month.

Please verify the cancellation was completed on the next month's billing report.

DEPENDENT INFORMATION

DEFINITION OF AN ELIGIBLE DEPENDENT:

- Legal spouse or domestic partner
- Any child, including any natural child, legally adopted child, a child of the spouse/domestic partner, or other child for whom a court or administrative agency holds the Enrollee responsible. Spouses and children of married children are not eligible for coverage.
- Under the age of 26
- A disabled or incapacitated child whom is unable to self-sustain employment because of mental or physical disability, and chiefly dependent upon Enrollee for support and maintenance.

MINIMUM INFORMATION REQUIRED TO ENROLL A DEPENDENT:

A dependent must initially be enrolled with the employee unless there is a Qualifying Event. Qualifying events will only be applicable under Dental and Vision coverages. If there is a Qualifying Event, the enrollment must be submitted within 31 days of the event, unless stated otherwise in the carrier's Benefit Booklet.

Dependent information required for enrollment is:

- Dependent Name
- Address
- Date of Birth
- Gender
- Relation to the employee

Qualifying Events require documentation to support the event and are outlined in the Qualifying Events Section on page 5.

TERMINATION OF DEPENDENT COVERAGE

Dependent's coverage will automatically be cancelled when an employee's termination is communicated as described in the Termination of Employee Coverage Section on page 2. To request the cancellation for a *dependent only*, employers have the following options:

- Use SIMON (BSI's Online Benefits Portal)
- Send an email to WHIT@bsitpa.com
- Complete a WHIT Enrollment/Change Form
- Fax the information to BSI at 206-859-2627

The effective date of the cancellation will be first of the month following the dependent's loss of eligibility status or the employee's cancellation request.

Children who are not approved as a disabled dependent will automatically be terminated with an effective date of 1st of the month following their 26th birthday. A notice will be sent to the employer noting the termination. It is the employer's responsibility to notify the employee regarding the dependents termination. Please contact BSI for more information.

TIMELINES AND ID CARDS

DEADLINES

- Below are the approved timelines set forth by each carrier regarding enrollment and termination deadlines. If you submit an enrollment or termination outside of these timelines, please note that your request will only be processed as far back as the carrier allows:
 - Delta Dental, Willamette, VSP, Superior Vision and The Standard (Base Life Coverages): Current month +2 (Example: Today is December 11th, an enrollment or term can only go back to October 1st)
 - The Standard (Voluntary Life Enrollment): 31 Days from effective date (Example: Coverage effective December 1st, an enrollment must be received by December 31st. Coverage can be applied for via Standard Underwriting if not received within the 31-day window.)
 - The Standard (Voluntary Life Termination): No retro terms are permitted. Terms will be processed first of the month following receipt of the request. (Example: Today is December 11th and I wish to term my Voluntary Life coverage, the effective date of termination would be January 1st.)
- **Employers with Voluntary Life Coverage:** Should your employee need to complete a Medical History Statement for additional Voluntary Life or AD&D coverage, they will need to submit a Medical History Statement directly to The Standard. They can do this by visiting http://www.standard.com/mybenefits/mhs_ho.html. This will aid in protecting employee's privacy regarding their medical history. Once a determination is made, The Standard will notify BSI of the approval or denial and BSI will mail a determination letter advising The Standard's decision and effective date of the change, if applicable, directly to the employer.

ID CARDS

Vision Service Plan (VSP)

VSP does not issue ID cards. Members will be asked to supply their Social Security Number to their provider to verify benefits.

Delta Dental of Washington (DDWA)

Generic ID cards are mailed to the employee shortly after their enrollment in the Trust. The group can request benefit booklets by contacting BSI. Members can also take advantage of MySmile Personal Benefit Center, available on Delta Dental of Washington's website at www.DeltaDentalWA.com, where members are able to print off a personalized ID card. For more information please email WHIT@bsitpa.com.

Willamette Dental

ID cards will be provided upon enrollment. If a member needs a replacement card please call or email the Trust office.

QUALIFYING EVENTS AND DOCUMENTATION REQUIREMENTS

Unless otherwise stated, enrollment applications must be received within 31 days of the event.

New Marriage - The employer can either enroll the spouse through SIMON (BSI's Online Benefits Portal), retaining a copy of the signed enrollment form for their files, or submit a signed copy of the enrollment application to BSI. The new enrollment form must have the Spouse's name, date of marriage, and all other information required for newly eligible dependent(s). See Dependent Information on page 4. Effective date must be first of the month following date of marriage.

Birth of a Child - The employer can either enroll the child through SIMON (BSI's Online Benefits Portal), retaining a copy of the signed enrollment form for their files, or submit a signed copy of the enrollment application to BSI within 60 days of birth. Premium will begin on the first of the month following the birth.

Adoption or Placement for Purpose of Adoption of Child or Children - A new enrollment form and copies of the adoption or placement paperwork, filed with and recorded by a court of law, are required within 60 days of the adoption. If the adoption has taken place in a foreign country, a legal English translation must be provided. However, if US Citizenship and Immigration Services (USCIS) papers or a passport are provided in addition to the adoption document, the child will be enrolled. Eligibility commencement is the same as for a newborn child.

Child placed under the Legal Guardianship of the subscriber - A new enrollment form and copies of the legal documents filed with and recorded by a court of law are required. Notarized documents are not sufficient for enrollment. Effective date must be first of the month following legal placement. An enrollment form must be completed and sent to BSI within 60 days from the date of placement.

Employee, Spouse, or Dependent's Involuntary Loss of Coverage - A new enrollment application and HIPAA certificate(s) are required from the prior insurance carrier and must be submitted within 31 days of the prior health coverage ending. Effective date must be first of month following the loss of coverage.

Overage Disabled or Incapacitated Children - Dependent children age 26 and older who are disabled or handicapped are not automatically enrolled with the submission of an enrollment form. The Carrier will forward certification information and directions at the subscriber's request. Upon notification of approval, BSI will enroll the overage dependent. It is important to note that this could result in premium adjustments.

Qualified Medical Child Support Order or other Court Orders for Coverage of Dependents - When a Support Order is submitted directly to BSI, BSI will respond with a "Receipt of the Order" and request an enrollment form. Within 31 days, BSI will determine if the QMCSO is "qualified" and if so, proceed with the enrollment. BSI will contact the Employer to advise them of the change, which could have an effect on the employee's premiums. Many Support Orders contain confidential information; therefore BSI will process each Order with an assumption of confidentiality. BSI *will not forward a copy of the Order*. However, BSI will provide contact information and a case number to the subscriber upon request. Effective date of coverage will be determined by the Order.

OPEN ENROLLMENT

All employers are required to complete a Master Participation Agreement and submit it to Benefit Solutions, Inc. annually. To assure your renewal is processed timely, please be sure to submit your completed Master Participation Agreement no later than December 1 to WHIT@bsitpa.com or fax it to (206) 859-2627. Failure to return the Master Participation Agreement could result in a delay of processing the renewal coverages.

Changes for open enrollment must be received no later than December 31st yearly.

An electronic copy of the Employee Enrollment App can be found at <http://whitonline.org/forms.html> and select Universal WHIT Enrollment Form

Please note that plan changes can only occur at Open Enrollment or due to a Qualifying Event.

COBRA AND COC

If You are a COBRA Eligible Company: If COBRA is administered by your company or TPA and the terminating employee has elected COBRA, please send in a completed enrollment application marked as COBRA or send an email to Cobra@bsitpa.com with the employee's name and any dependents to be enrolled.

If you are NOT a COBRA Eligible Company: If your terminated employee is opting for the Washington State 3 Month Continuation, please complete an enrollment application marked COC or send an email to Cobra@bsitpa.com with the employee's name and any dependents to be enrolled. Their premium must be remitted as part of the Employer's monthly payment and may not be extended beyond the three months.

BILLING AND PAYMENTS

PROCESSING THE WHIT MONTHLY BILLING REPORTS

These guidelines will assist you with processing your company's WHIT monthly billing reports. If you have any questions or need further assistance, please email us or call our Customer Service Department. It is especially important that you review the first billing you receive and verify that the coverage and rates match the quote you were provided by your broker. *Please advise us immediately of any discrepancies.*

Each Billing Report will be made up of at least 2 pages. The first page may be used for reconciliation and shows the Amount Billed for the previous month, Prior Period Coverage Adjustments and Payments received. If there is an unpaid balance or credit on the account, it will also be shown on this page. **Please note:** New Group eligibility will be transmitted to the Carriers with the applicable effective date. The first payment will be reflected on the 2nd monthly billing.

Subsequent pages will list the current month's billing detail. Subscribers (Employees) are listed in alphabetical order with their Social Security Number in the next column. Coverage elections are made on the initial enrollment forms, and are listed on the billing under "Elections". Premiums are listed in the appropriate column, i.e. Dental, Vision, Life, etc., with the total extended to the right side of the billing under the Subscriber Total.

The last page of the billing provides the Elections Legend and a current Billing Total, which is the amount due. If there are no Employee changes, please remit the printed Billing Total.

Payments:

Please make your check payable to: Western Healthcare Insurance Trust or WHIT

Mail payment to the address on the top of the billing report, along *with the last page of your billing statement*. Entering your Employer Number on your check is helpful. Your Employer Number can be found to the left of your Company's Name. Payment can also be made by using SIMON (BSI's Online Benefits Portal). Payment is due on the 5th day of the benefit month and considered delinquent if not received by the 20th day of the benefit month. Please be aware that if your account becomes delinquent, a hold will be placed and claims will not be processed. Personal checks will not be accepted.

COMPANY NAME CHANGE

IF YOUR GROUP OR ENTITY CHANGES ITS NAME, SELLS, OR ACQUIRES ANOTHER ENTITY:

You must notify your Broker of the change and provide updated company information to the initial Master Participation Agreement you submitted to WHIT. BSI can provide your Agent's contact information, upon request.

CONTACTS

WHIT CONTACTS

WHIT Employer Services

New Group/Renewal Bids, Group Terminations, BOR Changes

DiMartino Associates

1501 Fourth Ave Suite 2400
Seattle, WA 98101

Phone: 206-623-2430

John Wallen, Email: John@dimarinc.com

Becky Wallen, Email: Becky@dimarinc.com

New Groups/Renewals, Employer Deposits, Enrollment Questions,
General Eligibility Inquires

Benefit Solutions, Inc. (BSI)

PO Box 6
12121 Harbour Reach Dr Ste 105
Mukilteo, WA 98275

Holly Wischler - Manager

Phone: 206-859-2688
Email: HWischler@bsitpa.com

WHIT Customer Service

Phone: 425-771-7359
Fax: 206-859-2627
Email: WHIT@bsitpa.com

LIFE & DISABILITY

Standard Insurance Company (SIC)

411 108th Ave NE Ste 400
Bellevue, WA 98004
Phone: 800-848-5132

VISION

Vision Service Plan (VSP)

600 University St Ste 2004
Seattle, WA 98101
Phone: 800-877-7195

Superior Vision (SV)

1101 White Rock Rd
Rancho Cordova, CA 95670
Phone: 800-507-3800

DENTAL

Delta Dental of Washington (DDWA)

9706 4th Ave NE
Seattle, WA 98115
Phone: 800-554-1907

Willamette Dental (WD)

910 NE 82nd St
Vancouver, WA 98665
Phone: 800-360-1909