

ADMINISTRATION GUIDE

Small Group
(50 or Fewer Employees)

**Network Health Plan
Network Health Insurance Corporation**

A Member of Affinity Health System



Network Health Plan, a member of Affinity Health System is the Fox Valley’s most experienced Health Maintenance Organization. Each year since 2002, Network Health Plan has received the highest possible EXCELLENT accreditation status from the National Committee for Quality Assurance (NCQA) for its commercial HMO insurance plans. And since 2004, we have been nationally ranked in the Top 50 Health Insurance Plans in the U.S. News and World Report/NCQA Best Health Plans in America.

Affinity Health System is an integrated health network offering a wide variety of health care services to more than a dozen Northeast Wisconsin communities. As a regional integrated health care delivery system, Affinity Health System is focused on community-based, accessible care. Our geographic reach is an advantage for our patients and employees. Affinity Health System successfully unites more than 200 physicians, 22 clinics, three hospitals, specialty health care centers of excellence, and an insurance plan. Service, accessibility, a wide array of specialties, state-of-the-art technology and a commitment to high-quality care provides our communities with the level of care they need, when and where they need it.

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GENERAL INFORMATION

Network Health Plan (NHP) has designed this employer group administration guide to assist you in administering the benefits of the plan to your employees.

The information included in this guide was current at the time of issuance; however, changes may have occurred. For this reason we ask that you also refer to the Health Services Policy (HSP), which is specific to your group and updated annually at your group's renewal. If you have questions, please feel free to contact us.

We suggest all persons involved in the administration of the plan familiarize themselves with the information covered in this guide.

When your employees have questions regarding the plan, we have a full staff of Customer Service Representatives, including Spanish and Hmong speaking representatives, to assist with their questions at: 1-920-720-1300 or 1-800-826-0940. Customer Service can also be accessed online at www.networkhealth.com.

ENROLLMENT INFORMATION

All new eligible employees who wish to enroll themselves and their eligible dependents in NHP must complete a Membership Application & Change Form within thirty-one (31) days of becoming eligible. Birthdates and social security numbers are required for all enrollees. Primary care practitioner elections are strongly encouraged.

Send the original of the completed membership applications directly to:

**Network Health Plan
ATTN: Group Administration Department
PO Box 120
Menasha, WI 54952-0120**

Or fax a copy to: 920-720-1904

When adding an employee to the plan, the employee will appear in alphabetical order on your premium billing statement. We will send member identification card(s) directly to the home of the employee. An informational member packet will follow shortly thereafter. When applicable, the member will also receive pharmacy information and ID cards from NHP's Pharmacy Benefits Manager. **Please make sure that the employees' address and phone numbers are current and correct throughout his/her enrollment with NHP.** This will ensure that the employee will receive any benefit or provider information on a timely basis.

Late Enrollees

Eligible employees and dependents who did not enroll when initially eligible for coverage and who are not eligible under the special enrollment period as specified below, are considered "late enrollees." Late enrollees are subject to a waiting period of eighteen (18) months, **which starts when NHP receives the Membership Application & Change Form.**

Important Note: When an employee changes from non-eligible to eligible status, the employee must abide by the employer's applicable waiting period (i.e., changing from part-time to full-time status).

Special Enrollment Period

Eligible employees or dependents that did not enroll when they were first eligible may enroll for coverage during a special enrollment period. To qualify, the applicant must have originally declined coverage with the employer because he/she was covered by another group health plan. Special enrollment applies to the following:

- Employee, spouse and newly-eligible dependents as a result of a qualifying event (i.e. marriage or newborn/adopted children). Other dependents are not eligible as a result of this qualifying event.
- Coverage effective date for loss of coverage or marriage will be no later than the first of the month following the qualifying event.
- Coverage effective date for birth or adoption is the date of the qualifying event.

- Enrollment must be requested within thirty-one (31) days of the loss of other coverage or qualifying event.

Dependent Special Enrollment Period

If the dependent is not enrolled during the thirty-one (31) day period, enrollment will be restricted to the to the special enrollment period guidelines or as a late enrollee.

A dependent becomes eligible for coverage:

- On the date the subscriber is eligible for coverage;
- The date of marriage for a subscriber's new spouse and stepchildren;
- The date of birth of the subscriber's natural-born child;
- The date a child is placed in the subscriber's home for adoption or the date that a court issues a final order granting adoption of the child to the employee, whichever occurs first;
- The date of birth of a child born to the subscriber's covered dependent child who is under age 18. Coverage of the grandchild terminates the date the grandchild's parent reaches age 18;
- The date of a court order requiring the subscriber to provide health coverage for a dependent child.

A special enrollment period lasting sixty (60) days begins for a member's newly-born child on the date of birth. The effective date of coverage is the date of birth. If the member fails to enroll the newborn within sixty (60) days, the member may enroll the newborn within one (1) year of birth by making all past-due payments with 5½ % annual interest.

A special enrollment period lasting sixty (60) days begins for a member's adopted child at the earlier of the adoption or placement date, with proof of guardianship papers. Coverage begins at the earlier of the adoption or placement date. The member must pay the applicable premium within sixty (60) days of the child first becoming eligible.

Enrollment Changes

Changes to the enrollment form must be made by completing a Membership Application & Change Form. All changes must be made within thirty-one (31) days of the change.

Ordering Duplicate ID Cards

If a member requests additional member ID cards, please contact our Customer Service Department at 920-720-1300 or 1-800-826-0940. They will request the ID card and it will be sent to the member's home on the next printing date.

TERMINATION OF COVERAGE

Termination of Coverage

Coverage terminates when:

- NHP or employer terminates the policy
- Employee ceases to be an eligible subscriber, as specified on the Employer Group Application
- Employee notifies NHP, via the Membership Application & Change Form, that they wish to cancel enrollment
- For spouses, the date of the divorce or otherwise stated by the employer
- Death of the employee

Important Notes: Dependent's coverage terminates when he/she ceases to be a dependent. For dependent full-time students on medical leave, coverage will terminate no later than one year from the date on which he/she is unable to attend classes as a result of the medical leave.

NHP will revoke employee coverage for any of the reasons listed below:

- Employee does not work or live in the NHP Service Area
- Employee or dependent(s) commit acts of physical or verbal abuse that pose a threat to provider personnel, members, or NHP staff
- Employee or dependent(s) knowingly provide false information in an application for coverage
- Employee or dependents) allows another person to use employee or dependent's membership ID card
- Employee or dependent(s) fails to establish or maintain a satisfactory practitioner/patient relationship with a participating practitioner. NHP will notify employee of their rights to file a grievance before disenrolling him/her for this reason.

Important Note: When NHP disenrolls employee or dependent, NHP will provide coverage until other coverage is found, or until the end of the current benefit year, whichever comes first.

ADULT DEPENDENT VERIFICATION

Under Federal Health Care Reform, adult dependents are eligible for health insurance coverage until age 26 regardless of marital status. Once the adult dependent turns 26, State of Wisconsin law applies. Under state law, coverage is available to adult dependents to age 27 if unmarried. The adult dependent must also not be eligible for cheaper health insurance coverage through his/her own employer.

One month prior to a dependent's 26th birthday, the subscriber is sent an Adult Dependent Eligibility Form, asking if that dependent is an eligible dependent. The subscriber has 14 days to respond to the request. If the subscriber does not respond to the request, the dependent will be terminated at the end of their birth month or according to your HSP. A letter is then generated to the subscriber and the employer group informing them that the dependent has been terminated.

If the subscriber calls stating that his/her dependent meets the group definition of an eligible dependent after termination for non-response, he/she is instructed to contact their employer to fill out a Membership Application & Change Form, to be sent to NHP's Group Administration Department. This activity must be done within thirty-one (31) days of the termination date of the dependent in order for reinstatement to occur.

If this is done beyond thirty-one (31) days, the dependent is treated as a late applicant and may be subject to an eighteen (18) month waiting period.

CONTINUATION OF COVERAGE

Important Note: NHP does not administer State Continuation/COBRA rights.

State Continuation

This option is available only if the member has been covered under NHP for at least three (3) consecutive months. A member may elect this option if:

- Eligibility for group coverage terminates due to the employee's loss of eligibility, other than for gross misconduct on the job;
- The member is the former spouse of the employee and the marriage ended due to divorce or annulment while dependent coverage was in effect;
- The member is a surviving dependent spouse or child of an employee who dies while dependent coverage was in effect.

The group is required to provide the member with a written notice of these rights. The member must receive the notice within five (5) days after the date the group knows that the member's eligibility for coverage will terminate.

The member has thirty (30) days from the date of the notice to elect the continuation option and pay the premium due to the employer. The employer informs the member of the premium due and the date the premium must be paid to the employer. The employer is responsible to send payment to NHP. The member must complete a new enrollment form if s/he is a former spouse or a surviving dependent spouse or child.

Coverage under NHP continues under this option until the earliest of the following:

- The end of eighteen (18) consecutive months from the date the member elected this option; upon completion of the eighteen (18) months, NHP can offer to the member an individual conversion policy, if requested by the member;
- The date the member is eligible for similar coverage under another group medical plan;
- The end of the last month for which premium was paid by the member when due;
- The date the employee is no longer covered by the plan or replacement group policy, if the member is the former spouse of an employee;
- The member establishes residence outside the State of Wisconsin;
- The date on which the group terminates coverage under the policy.

Important Note: NHP does not administer State Continuation/COBRA rights.

Federal Continuation:

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) applies to employers with twenty (20) or more employees.

COBRA entitles a member to continuation of coverage under the policy if the member is:

- A surviving dependent, spouse, or child of a subscriber who dies while dependent coverage was in effect;
- A dependent child who is no longer considered eligible for coverage.

COBRA also entitles a member to continuation of coverage under the policy if eligibility for group coverage ends because:

- The subscriber's work hours are reduced or he/she is terminated for reasons other than gross misconduct;
- Of divorce or legal separation while dependent coverage was in effect;
- The employee becomes eligible for Medicare, unless the member is covered by Medicare prior to retirement.

The member is responsible for notifying the employer within sixty (60) days of the dissolution of marriage, legal separation or a child losing dependent status. If the member wishes to continue coverage, he/she must complete an election form and submit it to the employer within sixty (60) days of the later of the date:

- The member is no longer covered; or
- The member is notified of the right to elect COBRA continuation.

The employer is required to provide the member with a written notice of these rights. The member must receive the notice within fourteen (14) days after the date the group knows that the member's eligibility for coverage will terminate.

The employer informs the member of the premium due. The back premium must be paid, to the employer, within forty-five (45) days from the date of the election. The employer is responsible to send payment to NHP. The member must complete a new enrollment form if he/she is a former spouse or a surviving dependent spouse or child.

The member will be responsible for paying any subsequent premiums to the employer for the continuation of coverage.

The member may continue coverage for up to eighteen (18) or thirty-six (36) months, depending on the nature of the qualifying event. A member who is "disabled" under the Social Security Act, within sixty (60) days of the qualifying event may be eligible to continue coverage for up to twenty-nine (29) months. COBRA coverage ends at the earliest of:

- The last day of the eighteen (18), twenty-nine (29), or thirty-six (36) month maximum coverage period, whichever is applicable;
- The first day (including grace periods, if applicable) on which the member fails to make timely payment.
- The date on which the group ceases to maintain any group health plan (including successor plans).
- The first day on which any other group health plan actually covers the member. (NOTE: a new group health plan with any pre-existing condition exclusion or limitation does not actually cover the member until the end of the group health plan's pre-existing condition waiting period.);
- The date the member is entitled to Medicare benefits.

USERRA Coverage:

NHP fully adheres to The Uniform Services Employment and Re-Employment Rights Act (USERRA), which requires all employer groups to provide healthcare coverage during all active military leave to current NHP members and their dependents as required by law.

Individual Conversion Coverage

A member may get an individual conversion policy without a medical examination:

- After coverage under this section is exhausted, or
- If the group policy terminates.

The member has thirty-one (31) days after the date coverage terminates to apply to NHP and pay the required premium for a conversion policy. The premium must be paid monthly. Members may obtain application forms from NHP. The conversion policy will be effective on the date after the member's group coverage ends. Benefits provided pursuant to the conversion policy may differ from the benefits provided under the plan.

NHP may refuse to issue an individual conversion policy if NHP determines that the member has other similar coverage. The individual conversion policy will not be available if it would result in over-insurance or duplication of benefits. NHP will use the standards for over-insurance filed with the Wisconsin Office of the Commissioner of Insurance.

Important Note: A member must live or work in NHP's service area to qualify for conversion coverage.

Out of Area Conversion

There is an optional conversion product for members who move out of NHP's service area or out of the State of Wisconsin. A member may get an Out of Area Conversion policy:

- After coverage under this section is exhausted, or
- If the group policy terminates.

Rates and coverage vary from state to state. If you need an application, please contact:

**Network Health Plan
Customer Service Department
PO Box 120
Menasha, WI 54952
1-800-826-0940**

PRIMARY CARE PRACTITIONERS

Primary Care Practitioners (PCPs) specialize in Internal Medicine, Family Practice, General Practice or Pediatrics. Establishing a relationship with a primary care practitioner allows that physician or allied health professional to become knowledgeable about the employee's health. In addition to recommending appropriate treatment, the primary care practitioner or staff can assist the employee and family members in obtaining necessary medical care from specialists.

Network Health Plan strongly suggests that each member select a primary care practitioner. If an employee would like assistance in selecting a primary care practitioner, the employee may:

- Call NurseDirect™ at **1-920- 738-2230** or **1-800-362-9900**
- Call NHP's Customer Service Department at **1-920-720-1300** or **1-800-826-0940**
- Access NHP's Provider Directory at www.networkhealth.com

CLAIMS PROCESSING

In most cases, NHP members will not have to file a claim if they receive services from a plan provider. However, there are instances when the member must submit bills for health care services to NHP. They may include:

- When NHP is not the primary insurance carrier.
- When a member receives medical care from non-plan providers.
- When the medical care services may be covered under Workers Compensation.

Itemized medical bills should be submitted within ninety (90) days of the date of service to:

**Network Health Plan
PO Box 568
Menasha, WI 54952**

Important Note: If claims are received at Network Health Plan fifteen (15) months after the date of service, claims will be denied.

All inquiries regarding claims should be directed to our Customer Service Department at **920-720-1300** or **1-800-826-0940** or online at www.networkhealth.com.

GROUP BILLING

Billing statements are sent to your company on a monthly basis. Payment is due on the first of the month.

In no case will NHP return to the employer the premium for more than three monthly periods if the termination form is received more than thirty (30) days after the effective date of termination.

To avoid a \$15 monthly administration fee, NHP strongly encourages use of electronic transfer of funds to pay your premiums.

If there are changes in your enrollment that would affect your billing, **DO NOT ADJUST YOUR PREMIUM STATEMENT.** These changes must be communicated to Network Health Plan by completing the Membership Application & Change Form, indicating all additions, contract changes and deletions. These should be mailed to our administrative office at the address below:

**Network Health Plan
ATTN: Group Administration
PO Box 120
Menasha, WI 54952-0120**

Checks should be made payable to Network Health Plan. Please send the check and your remittance copy of the group statement page of your billing to:

**Network Health Plan
PO Box 78021
Milwaukee, WI 53278-0021**

Important Note: Inform NHP of any address or billing contact name changes.

If you have any questions regarding your billing statement, call NHP's Group Administration Department at **920-720-1350** or toll free at **1-877-549-8793**.

NHP INFORMATION AND WELLNESS PORTAL

My Account

Members may sign up for *My Account*, NHP's gateway to secure online information about their health history and claims status.

To activate My Account, visit **networkhealth.com**. Your NHP insurance card or plan ID number will be needed.

Signing in will allow you to:

- Review eligibility and benefit plan information
- Review claims status and claims history
- Order prescriptions and request home delivery
- Check status of medical authorizations
- Compare prescription drug costs and read information about specific drugs
- Send a private email to NHP Customer Service Department to ask questions about claims or benefits

Links to Other Services

- *Express Scripts* pharmacy benefits
- Wellness programs such as *Wellness Pathways*
- *WebMD* Information Library

NETWORK HEALTH PLAN CONTACT INFORMATION

<p>NHP Commercial Sales Department 1570 Midway Place Menasha, WI 54952 Phone: 920-720-1250 Toll Free: 1-800-276-8004 Fax: 1-920-720-1256</p>	<p>Questions regarding:</p> <ul style="list-style-type: none"> • Group supplies <ul style="list-style-type: none"> – enrollment forms – change forms – enrollment packets • Administrative materials <ul style="list-style-type: none"> – Health service policies – Certificate of coverage – Renewals • Issues on a group level
<p>NHP Group Administration Department 1570 Midway Place Menasha, WI 54952 Phone: 920-720-1350 Toll Free: 1-877-549-8793 Fax: 920-720-1904</p>	<p>Questions regarding:</p> <ul style="list-style-type: none"> • Subscriber eligibility • Late enrollees • HIPAA certificates • Effective dates • Reinstatement issues • Term questions • Name, address changes • New member packets • Billing • Electronic fund transfer
<p>NHP Customer Service Department 1570 Midway Place Menasha, WI 54952 Phone: 920-720-1300 Toll Free: 1-800-826-0940 Fax: 920-720-1909</p>	<p>Questions regarding:</p> <ul style="list-style-type: none"> • Benefits • Coordination of benefits • PCP changes • Claims questions • Duplicate ID cards • Duplicate member packets • Dependent status • Out of area coverage • Term dates
<p>Affinity NurseDirect™ Phone: 920-738-2230 Phone: 920-231-6578 Toll Free: 1-800-362-9900 (24 hrs/day) www.affinityhealth.org</p>	<p>Questions regarding:</p> <ul style="list-style-type: none"> • Health and medical questions • Help in finding a PCP • Community outreach programs • Health information line • Enrollment in health/safety classes