



# IDAHO AGC HEALTH PLAN

Dear Group Administrator:

October 11, 2024

This is information regarding your Idaho AGC Health Plan renewal packet for the plan year 2025, effective January 1 through December 31. You can find the documents in your SIMON employer portal under Resources/Documents. There will be multiple documents uploaded to your portal for the 2025 plan year. Please contact us if you feel you did not get all documents.

### **Renewal documents to return to Idaho AGC Health Plan:**

1. **2025 Medical Rate Sheet:** Select plan, sign, and date. Groups with 11 to 50 enrolled employees may offer up to two plans. Groups with 51 or more enrolled employees may offer up to three plans. Groups with 100 and over enrolled employees may offer up to four plans. If more than one plan is selected then a Plan Selection Form will be provided for all current and future employee elections.
2. **2025 Vision/Dental Bundle Rate Sheet:** Select or decline the plan, sign, and date.
3. **Annual Renewal Agreement:** Complete all sections; including signatures from an officer of the company.

### **Renewal documents to distribute to all employees:**

1. **2025 Plan Year Changes:** Distribute to employees 30 days before January 1, 2025, as required by law.
2. **Summary of Benefits and Coverage (SBC):** Distribute to employees at least 30 days before January 1, 2025, as required by law.
3. **Glossary of Health Coverage and Medical Terms:** Distribute to employees with the SBC as required by law.

### **Important Dates:**

The below timeline has been set to ensure your group is set up in all carrier's systems by the January 1<sup>st</sup> effective date.

1. **Renewal Documents Due:** Medical and Vision/Dental Rate Sheets and Renewal Agreements are due back to the Idaho AGC Health Plan by **November 20, 2024**.
2. **Open Enrollment Documents Due:** Groups must hold open enrollment for their employees annually. Open Enrollment is when employees can make changes to their medical, dental/vision coverage, without showing proof of a qualifying life event. All enrollment or change forms are due back to the Idaho AGC Health Plan by **December 2, 2024**

**Open Enrollment** - See the Open Enrollment page for details.

Your broker of record should be contacting you to coordinate the completion of your 2025 group renewal elections. Please ensure your broker receives a copy of all signed documents. **The completed renewal documents must be returned to our office on or before November 20, 2024, even if you are not making any changes to your current plan.**

January invoices will be sent mid-December and will reflect your 2025 plan enrollment with applicable rates. Please review this invoice to verify all enrollees are correctly enrolled with the accurate rate and notify our office of any discrepancies.

Thank you for your continued support of the Idaho AGC Health Plan. We wish you a healthy and successful 2025!

Sincerely,

*Susan Fudge*

Sue Fudge  
Sr. Health Plan Director  
Your Idaho AGC Health Plan Team

*Jenny Larsen*

Jenny Larsen  
Health Plan Manager



# IDAHO AGC HEALTH PLAN

## 2025 PLAN YEAR CHANGES TO YOUR GROUP HEALTH PLAN

### ***Please Read Carefully***

This *Plan Update* is a summary of the Idaho AGC Health Plan changes that were approved by the Trustees of the Idaho AGC Health Plan effective on January 1, 2025.

#### **New Carrier For Ancillary Benefits:**

Beginning January 1, 2025, administration of the group life/AD&D, supplemental life, Core Short-term Disability (STD), STD Buy-up, EAP, and Accident will move to Equitable.

#### **New plan options with Equitable:**

- Addition of Supplemental AD&D
- Addition of Critical Illness benefit

#### **Changes to existing benefits:**

- The cost of group life/AD&D is decreasing from \$5.81 to \$5.46 PEPM.
- Stand-alone group life/AD&D is decreasing from \$11.91 to \$11.56 PEPM
- Supplemental life maximum increasing to \$300k for employees and \$100k for spouses
  - Guaranteed Issue (GI) remains at \$100k for employees and \$50k for spouses
    - If electing amount over GI, Evidence of Insurability is required
  - Supplemental life cannot exceed 5 times the employee's annual base salary
- The Core STD benefit is increasing from \$125/week to \$275/week
  - The cost is increasing from \$2.98 to \$4.40 PEPM
- The accident benefit is now a per incident from a flat fee structure
  - The cost of the accident benefit decreased significantly

The move to Equitable will allow all eligible employees to enroll in supplemental life up to \$100k and spouses up to \$50k, and the STD buy-up with no health questions required, during the 2025 open enrollment period. An employee that chooses not to enroll during this one-time open enrollment will be considered late entrants next year. If voluntary life or STD is not elected during this one-time open enrollment or during the initial enrollment period Evidence of Insurability (EOI) will be required.

An EOI will be required for requested enrollments in supplemental life for employees over \$100,000 through \$300,000, and for spouses (domestic partners) for amounts over \$50,000 through \$100,000.

#### **Medical Plan Changes:**

- Increasing deductible on current HDHP \$3,200 plan to \$3,300
- Decreasing cost share on current HDHP \$3,200 plan from 30%/70% to 25%/75%
- Saint Alphonus Health Alliance (SAHA) Connected Care Plan (CCO) removed from plan options

**Please note:** *This Plan Update is only a brief summary of the changes. Please review your Plan document.*



# IDAHO AGC HEALTH PLAN

## OPEN ENROLLMENT INFORMATION FOR THE 2025 PLAN YEAR

Open enrollment is a one-time opportunity for employees to make changes to their Idaho AGC Health Plan enrollment for themselves and eligible dependents without showing proof of a life event. This includes new enrollments, enrollment tier changes, or cancellation of coverage. **All open enrollment changes are effective January 1, 2025.**

Your 2025 Renewal paperwork must be completed and submitted for the Idaho AGC Health Plan Team to process and allow you to open your 2025 open enrollment session.

Once your renewal has been processed you will be notified via email when your open enrollment period begins. You can then process open enrollment changes online at <https://simon365.com>. Important note: 2025 Renewals are passive which means your employees will be automatically renewed as is if no action is taken. Open Enrollment action steps only need to be done if the employee wishes to make changes to their enrollment.

Groups participating in the Idaho AGC Health Plan should hold a formal open enrollment session on or before the date these forms are due back to the Idaho AGC Health Plan, December 2, 2024. Open enrollment sessions in the SIMON Benefit Administration System will close at midnight on December 2, 2024.

Enrollment and change forms and approved plan documents are posted on the Idaho AGC website: <https://healthplan.idahoagc.org/benefits-information-forms>. Paper forms are for use if a group chooses not to use the SIMON benefit administration system for their 2025 open enrollment session. It is important you use the forms on the website, as these are the most up-to-date forms.

**What changes can be made by employees at open enrollment?** Below are examples of changes, additions, or cancellations and the documents needed to complete those requests.

### **Employee Adding/Changing Coverage for Themselves or Dependents**

- **Idaho AGC Health Plan Enrollment Form**

### **Employee Canceling Coverage for Themselves or Dependents**

- **Coverage Cancellation Form**
- **Idaho AGC Medical Waiver Form (only if canceling coverage for employee)**
- **Equitable Enrollment Form**
  - Employees waiving medical coverage are entitled to the group life/AD&D benefit
    - If enrolled in group life/AD&D benefits employees can enroll in supplemental life, accident, and critical illness benefits
  - Employees are not eligible for basic STD or buy-up STD if not enrolled in a medical plan

There is a separate sheet outlining the new carrier Equitable and the open enrollment process for the 2025 plan year. Employees and their spouses will be allowed to enroll in the supplemental life/AD&D (up to the Guaranteed Issue amounts), and STD buy-up without the need to complete an Evidence of Insurability (EOI) form! This offer is only valid for the 2025 open enrollment session. If an employee misses the window, they will be required to complete an EOI for future enrollments.

Open Enrollment changes are due in the Idaho AGC Health Plan Office on or before December 2, 2024. Forms can be sent via secure email to [healthplanteam@idahoagc.org](mailto:healthplanteam@idahoagc.org) or fax: (208) 336-2120. *Please follow all HIPAA guidelines when sending documents with sensitive information such as social security numbers, dates of birth, or gender. Send via fax if unable to send in a secure email.*



## New Carrier for 2025



**EQUITABLE**

Effective January 1, 2025 we will be changing our carrier to Equitable for Life, Short-Term Disability, Accident and Employee Assistance Program.

**NEW** for 2025 we will be offering Critical Illness as an option to employees and families.

### Life, Short-Term Disability and Accident changes

- No change to Basic Life and AD&D Benefit
- Voluntary life maximum increasing from \$100k to **\$300k EE** and from \$50k to **\$100k Spouse**
- Voluntary Accidental Death & Dismemberment **now available** with Voluntary Life
- Core STD benefit increasing from \$125 to **\$275** per week
- Buy Up STD remains the same
- Voluntary Accident benefit payouts changing slightly and monthly premium decreasing significantly



### New Critical Illness Benefit

Voluntary Critical Illness will be offered to all eligible employees, spouses and child(ren) for a low monthly premium. Critical Illness pays a lump sum benefit in case of an unexpected illness. Covered conditions vary but include heart attack, stroke, kidney failure, coronary artery disease among others.



With the change to Equitable, all eligible members will have the opportunity to enroll in Voluntary Life and Short-Term disability with no health questions required (EOI). The guaranteed issue amount for Voluntary Life is \$100k for employees and \$50k for Spouse. Any amounts above the guaranteed issue will require Evidence of Insurability (EOI). If you are currently enrolled in Vol Life, STD or Accident and take no action during open enrollment (date set by your employer) your benefit will roll over to 2025.

## Where can I learn more?

Be sure to review the Benefit Summary and visit [healthplan.idahoagc.org](https://healthplan.idahoagc.org) for additional details.

1649 W Shoreline Drive Suite 100  
Boise Idaho 83702  
208.344.9755  
[healthplanteam@idahoagc.org](mailto:healthplanteam@idahoagc.org)



EQUITABLE

# New Carrier Equitable!

The Idaho AGC Health Plan is changing the carrier for the group life, supplemental life, core short-term disability (STD), STD buy-up, and accident coverages. The plan is also adding a new benefit! Critical Illness will be added to the open enrollment selections for the 2025 plan year beginning January 1, 2025.

What does this change mean for your group? Equitable is allowing all Idaho AGC Health Plan members to enroll in supplemental life (up to the guaranteed issue amount), and the STD buy-up during the 2025 open enrollment period without the need for completing an Evidence of Insurability form (EOI).

**This offer is only good through the open enrollment period beginning on or after October 21, 2024, and closing December 2, 2024.** Enrollments remitted after the closing date will not be accepted.

**The supplemental life benefit has a guaranteed issue amount for benefit eligible employees of \$100,000, and \$50,000 for their spouses** (domestic partners, if the employer group allows domestic partner coverage-affidavit must be completed to apply for domestic partner coverage).

To offer a more comprehensive life benefit, Equitable is allowing enrollment for employees up to \$300,000 and spouses to \$100,000. Employees and spouses requesting supplemental life coverage over the guaranteed issue will be required to complete an EOI for the amount over the guaranteed issue.

- For example, if Joe (employee) currently has \$50,000 in supplemental life, and wishes to request \$250,000 in coverage, he is guaranteed coverage for \$100,000 and will have to complete an EOI for the additional \$150,000.
  - If Joe's spouse has no supplemental life coverage currently, but wishes to request \$100,000, an EOI will need to be completed for the \$50,000 in coverage over the guaranteed issue amount.
- Employee's supplemental life coverage **cannot be over 5 times the employee's base salary** (not including OT or bonuses).
- Spouses (DP) cannot have supplemental life coverage of more than half of the employee's approved amount of supplemental coverage, up to the limit of \$100,000.
- The group's life benefit is a separate benefit and does not calculate into the supplemental life amounts for employees or their spouses.
- Employees waiving the medical benefit are entitled to enroll in the group life benefit.
- Enrollment in group life is required to enroll in supplemental life, accident, and critical illness benefits.

Enrollment in medical coverage is required to be eligible for the core STD and the STD buy-up benefits. Employees enrolled in medical coverage are automatically enrolled in the core STD of \$275/week, and can enroll in the STD buy-up during the 2025 open enrollment period without completing an EOI.

- Minimum base salary requirement for the \$200 STD Buy-up is \$26,000 annually.
- Minimum base salary requirement for the \$400 STD Buy-up is \$43,333 annually.

# **ATTENTION!**

Symetra Enrollment and Claim Forms will not be accepted for **2025 open enrollments and plan year enrollments.**

If your group is using paper enrollment forms for open enrollment and to enroll newly eligible employees for January 1, 2025, effective dates, please replace the three Symetra enrollment forms with the two-page Equitable enrollment form.

All Equitable forms and plan summaries are located on the Idaho AGC Health Plan website:

<https://healthplan.idahoagc.org/benefits-information-forms>

Employees do not have to complete a new Equitable enrollment form if they are not making changes and do not wish to elect the new Critical Illness benefit. Beneficiary designations on Symetra forms or in the SIMON benefit administration system will be valid in the event of a claim.

# Group Employee Benefits Enrollment Form/Change Form

**Regular Mail:**  
 Equitable Employee Benefits Group  
 P.O.Box 1507  
 Secaucus, NJ 07096

**Express Mail:**  
 Equitable Employee Benefits Group  
 500 Plaza Drive, 6th Floor  
 Secaucus, NJ 07094



# EQUITABLE

For Assistance Call: (866) 274-9887  
 Email: EBCustomerservice@Equitable.com

Equitable Financial Life Insurance Company  
 Equitable Financial Life Insurance Company of America

Please Use Ink or Type	GROUP ID:	GROUP POLICY #:	Billing Division or Location:	Effective Date:
------------------------	-----------	-----------------	-------------------------------	-----------------

### A. Employee Information (Complete for ALL Enrollments)

Employer Name/Company Name (Please Print)			County	Employer ZIP	State
Last Name	First Name	Middle Initial	Social Security Number		Date of Birth
Street Address			City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Home Phone: ( )		Work Phone: ( )
<input type="checkbox"/> New Enrollee	Status Change <input type="checkbox"/> Change in Marital Status Date:	<input type="checkbox"/> Add/Remove Dependents Date:	<input type="checkbox"/> Other Reason: Date:		

### Completed by Employer

Average Hours Worked Per Week:	Occupation:	
Earnings: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly \$ _____	Date of Full-Time Employment:	Rehire Date:

### B. Product Selection (Complete if Electing Medical Coverage)

Type of Coverage	Amount of Coverage
Basic Group Life/AD&D <input checked="" type="checkbox"/> Yes	\$25,000
Dependent Life <input checked="" type="checkbox"/> Yes	\$5,000
Supplemental Employee Life (Any amount above \$100k requires EOI) <input type="checkbox"/> Yes <input type="checkbox"/> No* Supplemental AD&D (amount must match Life) <input type="checkbox"/> Yes <input type="checkbox"/> No*	Choose between \$25,000 and \$300,000 in increments of \$25,000. \$ _____
Supplemental Spouse Life - Any amount above \$50k requires EOI (Employee must be enrolled to have Spouse/Child Supplemental Life) <input type="checkbox"/> Yes <input type="checkbox"/> No* Supplemental AD&D (amount must match Life) <input type="checkbox"/> Yes <input type="checkbox"/> No*	Choose between \$5,000 and \$100,000 in increments of \$5,000. Not to exceed 50% of employee coverage amount. \$ _____
Supplemental Child Life (Employee must be enrolled to have Spouse/Child Supplemental Life) <input type="checkbox"/> Yes <input type="checkbox"/> No* Supplemental AD&D	Choose between \$2,000 - \$10,000 in increments of \$2,000. \$ _____
Core Short-Term Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> \$275
Buy Up Short-Term Disability -See income requirements <input type="checkbox"/> Yes <input type="checkbox"/> No*	<b>Mark only one:</b> <input type="checkbox"/> \$475 (includes Core benefit) <input type="checkbox"/> \$675 (includes Core benefit)

\*By selecting No, application for coverage at a later date may require further medical information and/or a physical exam, which will be at my own expense.

### C. Product Selection - Not eligible for short-term disability (Complete if Waiving Medical Coverage)

Type of Coverage	Amount of Coverage
Basic Group Life/AD&D <input type="checkbox"/> Yes <input type="checkbox"/> No	\$25,000
Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5,000
<b>Must Elect Basic Life in Order to Enroll in Supplemental Life</b>	
Supplemental Employee Life (Any amount above \$100k requires EOI) <input type="checkbox"/> Yes <input type="checkbox"/> No* Supplemental AD&D (amount must match Life) <input type="checkbox"/> Yes <input type="checkbox"/> No*	Choose between \$25,000 and \$300,000 in increments of \$25,000. \$ _____
Supplemental Spouse Life - Any amount above \$50k requires EOI (Employee must be enrolled to have Spouse/Child Supplemental Life) <input type="checkbox"/> Yes <input type="checkbox"/> No* Supplemental AD&D (amount must match Life) <input type="checkbox"/> Yes <input type="checkbox"/> No*	Choose between \$5,000 and \$100,000 in increments of \$5,000. Not to exceed 50% of employee coverage amount. \$ _____
Supplemental Child Life (Employee must be enrolled to have Spouse/Child Supplemental Life) <input type="checkbox"/> Yes <input type="checkbox"/> No* Supplemental AD&D <input type="checkbox"/> Yes <input type="checkbox"/> No*	Choose between \$2,000 - \$10,000 in increments of \$2,000. \$ _____

\*By selecting No, application for coverage at a later date may require further medical information and/or a physical exam, which will be at my own expense.



**D. Product Selection (Complete Only if Basic Life/AD&D is Elected)**

Type of Coverage	Amount of Coverage	Monthly Premium
Accident	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee Plus Spouse <input type="checkbox"/> Employee Plus Child(ren) <input type="checkbox"/> Family	\$5.99 \$11.13 \$12.48 \$17.62
Critical Illness Employee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waive <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	Choose between \$5,000 and \$30,000 in increments of \$5,000. \$ _____	
Critical Illness Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waive <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	Choose between \$2,500 and \$15,000 in increments of \$2,500. Not to exceed 50% of employee coverage amount. \$ _____	
Critical Illness Child <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waive <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	Choose between \$2,500 and \$5,000 not to exceed 50% of employee coverage amount \$ _____	

Actual deductions may vary slightly from above illustrations due to rounding. (\*If no box is checked for "Smoker" or "Non-Smoker" the Smoker rate will apply.)

**E. Dependent and Other Insurance Information (Complete if applying for Spouse or Child coverage)**

Name (Last, First, MI)	SSN (Optional)	Gender	Date of Birth	Full-time Student
Spouse:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:				<input type="checkbox"/> Yes <input type="checkbox"/> No

**F. Beneficiary Information (Complete for Basic Life/AD&D, Supplemental Life/AD&D, Accident w/AD&D)**

Primary Beneficiary's Legal Name (Last, First, MI)	Relationship to Beneficiary	Social Security Number	Distribution % (Total must equal 100%)
Street Address	City	State	Zip
Primary Beneficiary's Legal Name (Last, First, MI)	Relationship to Beneficiary	Social Security Number	Distribution % (Total must equal 100%)
Street Address	City	State	Zip
Contingent Beneficiary's Legal Name (Last, First, MI)	Relationship to Beneficiary	Social Security Number	Distribution % (Total must equal 100%)
Street Address	City	State	Zip
Contingent Beneficiary's Legal Name (Last, First, MI)	Relationship to Beneficiary	Social Security Number	Distribution % (Total must equal 100%)
Street Address	City	State	Zip

**Note:** A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than two primary Contingent beneficiaries, please attach a separate sheet of paper.


**G. Acknowledgments**

By signing this Enrollment form, I understand and agree that:

- (1) I authorize my Employer to make required deductions, if any, from my salary to pay the premium for my insurance as elected above once in effect.
- (2) All statements and answers I have given are complete and true to the best of my knowledge and belief.
- (3) Coverage is not in effect until final approval is given by the Company.
- (4) No person, except an officer of the Company, is authorized to vary or modify a contract.
- (5) I have read and acknowledge the applicable fraud warning attached.
- (6) I, the undersigned agree that statements and answers in all parts of the enrollment form are true and complete to the best of my knowledge and belief.

**H. Employee Waiver of Insurance**

I have been given the opportunity to apply for the group insurance plan coverage as presented to me, but do NOT wish to enroll in the insurance plans offered. Coverage offered by my Employer and not elected in the Insurance Coverage Election portion of this form is assumed to be coverage that I have refused. No waivers are allowed for non-contributory coverage. I understand that if I or my dependents decide to apply for this group insurance plan at a later date, Late entrant penalty and/or Evidence of Insurability will be required at my own expense. The Evidence of Insurability must be approved by the Company.

		
	Signature	Date





# IDAHO AGC HEALTH PLAN

Put the power of SIMON® to work for you!

**SIMON, the benefits administration platform from Vimly, makes the administration of your benefits simpler than ever.**



Easily enroll members with simple workflows



Go green and save time by accessing and downloading invoices and bills digitally



Download data and reports anytime, at your convenience, like census, ACA, activity data, and more!



SIMON is HITRUST® Certified—the gold standard for data security



Ensure timely and secure payments, and even setup autopay to never miss a payment



Protect member data from unsecured email exposure and reduce potential errors with a single point of data entry

Additional benefits include:

- Easy access to benefit materials
- Employee self-service
- Access SIMON online, anywhere, on practically any device

Contact us today with any questions



208-344-9755



healthplanteam@idahoagc.org



# SIMON OPEN ENROLLMENT INSTRUCTIONS FOR EMPLOYERS

Once your renewal has been processed you will be notified via email when your Open Enrollment period begins. You can then process Open Enrollment changes online at <https://simon365.com>.

**Important note:** 2025 Renewals are passive which means your employees will be automatically renewed. Open Enrollment changes need to be entered for changes only.

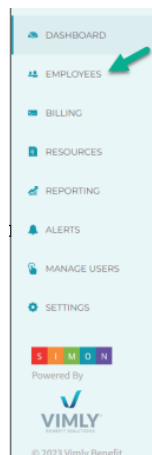
Once you login to SIMON, you will see the **Open Enrollment Status** which shows how much time you have remaining to process OE changes.

### Open Enrollment Status

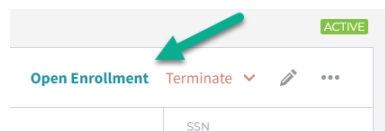
You are currently in an open enrollment period. Time remaining:



To begin the open enrollment process for an **existing employee**, select the employee you wish to make OE changes to from the **Employees tab** on the left side of your SIMON home page:

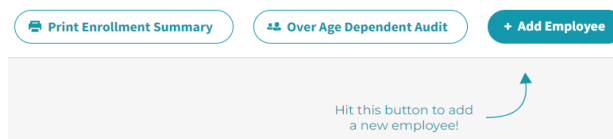


Select the **Open Enrollment** option in the top right corner of the employee's profile:



SIMON will guide you through the remaining steps of the OE process.

To begin the open enrollment process for a **new employee**, select the **Employees tab** on the left side of your SIMON home page then select **Add Employee** in the top right corner:



Select **Open Enrollment** as the qualifying event and SIMON will guide you through the remaining steps of adding a new employee.

Once submitted, any changes you make will become effective as of the Renewal date.

### Questions?

Please contact [HealthPlanTeam@idahoagc.org](mailto:HealthPlanTeam@idahoagc.org) for plan year cost and benefit information. For assistance with SIMON please use the **SIMON Support tile** on your SIMON home page.



# IDAHO AGC HEALTH PLAN

## RENEWAL AGREEMENT Plan Year January 1 – December 31

The Idaho AGC Health Plan (the plan) is administered through the Idaho AGC Self-Funded Benefit Trust. The Idaho AGC Self-Funded Benefit Trust provides coverage for medical, dental, and vision benefits. Insurance premiums for group life, group short-term disability, voluntary life, short-term disability buy-up, and ancillary benefits temporarily flow through the Idaho AGC Self-Funded Benefit Trust and are paid to the applicable insurance company. The Idaho AGC Self-Funded Benefit Trust does not participate in the state guaranty association. The Idaho Self-Funded Benefit Trust is mandated by the Idaho Department of Insurance to provide an annual audit and review certification by an independent third-party accredited actuary.

Legal Name of Business: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_ SIC \_\_\_\_\_ (EIN) \_\_\_\_\_

### Mailing Address:

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Physical Address:

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Administrator(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Title(s): \_\_\_\_\_

*If you use a payroll service or other third party to pay your contribution and you want them to receive the monthly billing, please attach the contact's name, and their address, phone, fax and e-mail to this Agreement.*

### Employee Eligibility Requirements

The Idaho AGC Health Plan is a **group** plan. To qualify as a group a member group must have a minimum of two full-time employees (a full-time employee works 30 or more hours per week), not residing in the same household. A benefit eligible employee is defined as one that has completed their eligibility waiting period and must work 30 or more hours per week. Member groups are subject to audits throughout each plan year.

## Employee Participation Requirements

Member groups must offer participation in the Plan to 100% of your benefit eligible employees.

At least 75% of all eligible employees must enroll in The Idaho AGC Health Plan (the plan) or waive coverage due to enrollment in another qualified health plan. Failure to comply with this requirement may result in the group's termination of coverage from The Idaho AGC Health Plan for all employees. Compliance is mandatory throughout the plan year; group termination may occur mid-year.

Current number of benefit eligible employees: \_\_\_\_\_

Current Number of employees within their benefit eligibility waiting period: \_\_\_\_\_

Current number of employees waiving for other qualified coverage: \_\_\_\_\_

Current number of eligible employees who are declining coverage (no other qualifying coverage): \_\_\_\_\_

*The Idaho AGC Health Plan may request a SUTA or payroll report to verify enrollment in the Idaho AGC Health Plan.*

### Based on the above statement:

I certify that coverage has been extended to all benefit eligible employees and our organization is meeting the 75% participation requirement.

Check One Box:    **Yes**    **No**

## Nondiscrimination Requirements

Each member group must satisfy the nondiscrimination requirements of the Internal Revenue Code to participate in The Idaho AGC Health Plan. The nondiscrimination requirements of the Internal Revenue Code include, but are not limited to, Code §§ 105(h) and 505(b). Prohibited discrimination may result if highly compensated individuals at an employer receive more favorable treatment than other employees in eligibility to participate or in benefits provided. For these purposes a "highly compensated individual" includes (a) one of the 5 highest paid officers, or (b) a shareholder who owns more than 10% in value of the stock in the employer, or (c) among the highest paid 25 percent of all employees. Each member group must provide information requested by The Idaho AGC Health Plan to demonstrate its compliance with the Code's nondiscrimination rules. A member group's failure to provide information requested by The Idaho AGC Health Plan or failure to satisfy the nondiscrimination rules of the applicable Code provisions will result in termination of the member group's participation in The Idaho AGC Health Plan. Such terminations can occur mid-year.

## COBRA

A member group is subject to COBRA during the current calendar year if the employer employed 20 or more employees (part-time employees are counted as fractional) on more than 50% of its typical business days in the preceding calendar year. This number is based on the **total** number of employees not the number of employees covered by the Idaho AGC Health Plan. Part-time employees are included in the total employee count expressed as a fraction. **Employers that do not qualify (do not have 20 or more employees on more than 50% of their typical business days in the preceding calendar year) MUST mark "NO."** COBRA eligibility is determined on an annual basis.

Based on the above statement, you are subject to COBRA?    Yes    No

## Required Information for Federal Reform

Instructions: To calculate information required under the Affordable Care Act (ACA), please use the following formula to determine the average number of employees for 2024:

Sum of the total number of employees for each month (January through December) divided by 12. Please note we are required to collect this information for all groups insured in 2024.

The employee count should include employees from any affiliated company, business owners, corporate officers, full-time employees, part-time employees, partners, seasonal workers, union employees, and employees who work outside the state of Idaho.

Average Number of Employees for 2024: \_\_\_\_\_

## Changes to Plan Options

The Trustees have the right to make changes to the plan's benefits from time to time, as they deem necessary in the operation and administration of the plan. You will be notified of such changes, and you agree to notify your covered employees and their dependents within 30 days of receipt of such notice of changes from the plan.

## Eligibility Waiting Periods

Please complete each classification of employees. The effective date of coverage is the first of the month following the completion of the employees' eligibility waiting period. The Affordable Care Act (ACA) mandates all regular employees must have the same eligibility waiting period. To remain compliant, **eligibility waiting periods cannot exceed 60 days**. Please give only one eligibility waiting period for regular employees and one for re-hire, if different.

**Please circle one for each (Regular & Rehire): Please complete this section, do not leave blank**

All Regular Employees:      **0 days**                      **30 days**                      **60 days**

Rehired Employees:            **0 days**                      **30 days**                      **60 days**

**Notification of Changes:** Member groups are required to notify the plan office, in writing, within 30 days of any changes to the eligibility waiting period or eligibility requirements described in this document. These changes will be effective on the first of the month following receipt of the change in the Idaho AGC Health Plan office. Employees hired before the change will be grandfathered under the previous rules set by the member group.

## Changes in Information, Eligibility or Enrollment

The member group is responsible for notifying the Idaho AGC Health Plan within the established timeline from the date of an event that affects an employee's or an employee's dependent's coverage status.

The member group has **30 days**, from the date of the event, to notify the Idaho AGC Health Plan of:

- Change to an employee's or dependent's address
- Change in enrollment or eligibility including but not limited to
  - termination of employment or reduction in hours
  - employee's death or entitlement to Medicare
  - ineligible dependents due to divorce
- Leave of absence, including when an employee takes FMLA leave or a USERRA leave, or fails to return to covered employment from an FMLA leave or a USERRA leave
- Receipt of Qualified Medical Child Support Orders

The member group has **60 days**, from the date of the event, to notify the Idaho AGC Health Plan of:

- Marriage
- Birth
- Adoption or placement for adoption

The member group will be responsible for reimbursing the Idaho AGC Health Plan for any claims paid on ineligible employees or their dependents that result from a failure of the member group to notify the Idaho AGC Health Plan in a timely manner of such changes or terminations. In addition, the member group will be responsible for reimbursing the Idaho AGC Health Plan for any claims paid on ineligible employees or their dependents who were granted coverage based on inaccurate or incorrect information on a health statement application.

## Annual Renewal

Member groups receive their renewal rates for the next plan year and a renewal packet in the last quarter of the current plan year. The Annual Renewal Agreement and rate sheets must be completed and returned to the Idaho AGC Health Plan by the date indicated in the Renewal Cover Letter.

## Open Enrollment

All member groups must allow an annual open enrollment period for all benefit eligible employees, at least once every 12 months. Open enrollment is a period in which employees can make changes, additions, or cancellations to their enrollments without showing proof of a life event. Open enrollment periods can open as soon as your group has made their 2025 plan year selections and must end on or before the date enrollments are due to the Idaho AGC Health Plan. Refer to the Renewal Cover Letter in your renewal packet for all important timelines and dates actions are due. If an employee does not act during open enrollment, the next opportunity they will have to make changes will be the next open enrollment, unless they or a qualified dependent experience a qualified life event. Any enrollment changes outside open or initial enrollment require proof of a life event.



## **Leave of Absence**

Employer groups are allowed to grant up to 90-day leave of absence to an employee. The Idaho AGC Health Plan office must be notified, in writing, of the employee, of the date the leave was granted, and the length of the leave within 30 days of the employees' last day worked. A leave of absence can only be allowed when an employee is experiencing a personal or medical situation that requires the employee to be off work for an extended period or for an employee that is working reduced hours, but not separated from the company. Employees separated from the company due to lay-offs, and who are working zero hours per week, are not eligible for a leave of absence. Employees not returning to work after the 90-day leave of absence must be terminated from coverage as of the last day of the month when the 90-day leave expires. Short-Term Disability is an "active at work" benefit. Employees on leave of absence are not eligible for short-term disability benefits for injuries or illnesses occurring or diagnosed while on leave. The employer group is responsible for contribution payment for the entire length of the leave of absence.

## **Membership in Idaho AGC**

You agree that you are a General, Specialty, Supplier, or Associate member of the Idaho AGC and eligible to participate in and apply for coverage through The Idaho AGC Health Plan. You understand and agree that current membership in the Idaho AGC is a requirement for participation in The Idaho AGC Health Plan. You understand and agree that if your membership in the Idaho AGC is terminated for any reason, your participation in The Idaho AGC Health Plan and the coverage of your employees and their dependents under the Idaho AGC Health Plan will cease and be terminated as of the end of the month that your membership terminates. In the event coverage ceases on account of termination of membership, your employees and their dependents will not be eligible for COBRA under the plan.

## **Termination of Participation**

You understand and agree that your continued participation in the Idaho AGC Health Plan and the continued coverage of your employees and dependents under the Idaho AGC Health Plan is dependent on the member group making timely contributions to The Idaho AGC Health Plan and maintaining your membership in the Idaho AGC. Failure to comply with the payment policy, or retain your membership with the Idaho AGC, in good standing, will result in the termination of the member group from the Idaho AGC Health Plan. If a member group is terminated, coverage for employees and dependents is terminated on the same date. Trustees may terminate a member group from the Idaho AGC Health Plan for any material failure to comply with the terms of this Agreement. A member group may terminate participation in the Idaho AGC Health Plan as of the last day of a month, by giving five (5) days advance written notice to the Idaho AGC Health Plan.

## **Trustees and Trust Agreements**

You understand and agree that the Idaho AGC has the authority to appoint the Trustees of the Idaho AGC Self-Funded Benefit Trust and the Idaho AGC Benefit Trust. By entering into this Agreement, you accept the appointment of the current Trustees. You understand and agree that the Idaho AGC has created the Idaho AGC Self-Funded Benefit Trust and has adopted the Trust Agreement governing the operation and administration of The Idaho AGC Health Plan. By entering into this Agreement, you agree to abide by the terms and conditions of the Trust Agreement.

It is agreed that this document supersedes any previous Master Group Applications, Participation Agreements, and Renewal Agreements.

## **Reinstatement**

The Idaho AGC may terminate a group for failure to pay contributions or membership dues in compliance with Idaho AGC By-Laws or payment policy. An employer group may be reinstated to an active status one time per every rolling 12-month period. The employer group must bring their account current and pay a reinstatement fee of \$150.00. If the employer group is terminated a second time within the rolling 12-month period, there will be no option for reinstatement.

## **Plan Documents**

The Idaho AGC Health Plan will provide electronic copies of Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), and any other necessary plan documents to the group administrator. It is the responsibility of the employer to distribute these materials, and other materials required by federal, state and local laws to your plan participants.



## Domestic Partner Coverage

The partner of an eligible employee who is of the same or opposite gender with a relationship that demonstrates the following:

- Partners have executed an Affidavit of Domestic Partnership
- Cohabitation in an exclusive mutual commitment like that for marriage and have been involved in the domestic partnership for a period of not less than six consecutive months
- Neither partner is legally married to any other person nor has another Domestic Partner
- Partners are both ages of consent and are not related by marriage or blood in a way that would otherwise prohibit marriage in the state of their residence

This group will offer coverage to Domestic Partners:      **Yes**       **No**

This is an annual election and cannot be changed outside the renewal period.

## Member Group Responsibilities

Member groups are required to comply with the terms and conditions agreed upon in the Master Group Application. Member group responsibilities include, but are not limited to the following:

- Nondiscrimination requirements
- Timely notification for COBRA purposes
- Timely distribution of plan changes and plan documents to employees
- Timely distribution of Medicare Part D Creditable Coverage Disclosure
- Timely distribution of portability and conversion forms to terminated employees
- Timely notifications to the Idaho AGC Health Plan of enrollments, terminations, life events
  - If utilizing the SIMON benefit administration system, entries must be completed within enrollment/termination windows
- Reporting Leaves of Absence within 30 days of the employee's last day worked
- Maintain membership in the Idaho AGC in good standing
- Payments made in compliance with the Payment Policy of the Idaho AGC Health Plan
- Each medical plan offered must have at least 10% of the total group enrollment
- Timely notification of terminated administrative staff for SIMON access security
- Compliance with HIPAA standards for written and electronic PHI

## Affirmation

I affirm the answers given are complete and correct. I understand the Idaho AGC Health Plan will rely on each answer in making certain determinations including, but not limited to, eligibility for employees and their dependents, COBRA eligibility, and group participation compliance. If this Agreement contains any material misstatements or omissions, the Idaho AGC Health Plan or contracted carrier may, within 24 months of coverage, take any other legal action available by law.

I have reviewed all the answers in this Renewal Agreement and acknowledge and agree with all terms and conditions. Regardless of whether an independent producer or other person has completed the answers for me, I verify that all answers are true and complete.

## Member Group Authorized Signer

**Signature of Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

## Broker / Broker Agency

**Broker signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker Name:** \_\_\_\_\_ **Broker Agency:** \_\_\_\_\_