



**THE BUILDERS ASSOCIATION OF NORTHERN NEVADA  
BENEFIT TRUST FUND  
Composite Rate Underwriting Guidelines  
Effective January 1, 2022**

**NEW GROUP QUOTE CHECKLIST** – To receive a fully underwritten quote the following must be provided.

**1. Underwriting Risk**

- a. Medical Assessment Form with signature within the past 60 days from effective date (2 pages); at *initial* application, Medical Assessment Forms are required from *all* employees, regardless of whether the employee is enrolling in the plan; or
- b. Aggregate claims, subscriber and member count, and premium for the past 24 months from the current carrier; or
- c. Monthly claims experience, subscriber and member count, and premium from current carrier for the past 24 months; or
- d. Current Hometown Health or BANN BTF client, only new employees are required to submit Medical Assessment Forms.

*At renewal or in the case of a current Hometown Health or BANN BTF client, Medical Assessment Forms are required for any employee who is not enrolled and wishes to enroll; in this situation, Medical Assessment Forms are not required for employees who are already enrolled in a Hometown Health plan and are not required for those employees who do not want coverage. However, waivers are always required for those employees who do not want coverage at initial application and renewal.*

**2. Enrollment**

- a. Census (standard Hometown Health) – Identify enrolling, waiving, termed

**3. Verification of Business**

- a. Current State of Nevada Business License
- b. Current Contractor License - When the group has common ownership or multiple subgroups the majority of employees must be contractors or subcontractors.

**NEW GROUP APPLICATION CHECKLIST** – Upon underwriting acceptance, the following must be provided to verify group enrollment and eligibility

**1. Enrollment**

- a. Plan(s) elected (no more than 2 plans)
- b. Individual Enrollment Forms or Waiver Forms

**2. BANN BTF Group Application and Adoption Agreement**

**3. BANN BTF Eligibility Attestation**

**4. Common Ownership Attestation**

**5. Verification of Employee Status**

- a. Wage & Quarterly tax statement – most recent

- b. Two pay periods for new employees to include employee name, wages state and other deductions, hours worked in pay period

### 6. Other

- a. Employer must contribute 50% of employee monthly premium
- b. 50% participation of eligible employees is required
- c. Current BANN membership verified
- d. Estimated premium “binder check” based on actual enrollment. 75% of premium must be paid for new and renewing groups.

## **BROKER REQUIREMENTS**

Must be appointed by Hometown Health.

## **NEW GROUP SUBMISSIONS**

For a group to obtain final rates, all documentation must be received and completed before the process can begin. The Underwriting Department must receive all completed documentation by the 20<sup>th</sup> of the month prior to the effective date. If Underwriting requires additional information, a later effective date may be assigned.

All groups are required to provide all the documentation noted on the New Group Application Checklist. If the group is a new company, it is required that the group is in business long enough to provide the required documentation (i.e. wage & quarterly or tax forms).

## **RENEWAL GROUPS**

Upon renewal, all groups will be underwritten for continued coverage under BANN BTF composite rates. If a group is no longer eligible for the composite rates based on medical and pharmacy claims or other factors presented at time of renewal, other plan options will be presented.

Groups currently enrolled with coverage through Hometown Health will have opportunity to enroll at the group’s renewal date. A break in contract will not be allowed except during the renewal period for BANN BTF composite rates (currently April 1). A group may only submit an application for review once per year. If a group no longer qualifies for BANN BTF composite rates, they will need to wait at least 12 consecutive months to submit for underwriting again.

Groups currently enrolled in a Hometown Health plan must submit Medical Assessment Forms for employees that are not covered by Hometown Health and who would like to enroll in BANN composite rates during the underwriting process or they will not qualify for BANN BTF composite rates.

## **EMPLOYEES IN WAITING PERIOD**

When processing a new group, medical assessment forms on all eligible employees and any employee currently in their waiting period (as long as they are eligible within two months of the

group's effective date) are required. In determining the group's eligibility, the medical conditions of all employees and dependents will be evaluated.

### **GROUP PARTICIPATION REQUIREMENTS**

Enrollment will not be effectuated until Hometown Health receives a completed BANN BTF Eligibility Attestation and proof of the group's membership in BANN.

An eligible employee is defined as a permanent employee who has a regular working week of 30 or more hours. Before coverage begins for a given employee, the employees must meet the employer's waiting period. All enrolled employees must have a bona fide employee relationship with the Employer Group: FICA/Federal/State taxes must be deducted by the employer, and employees must have workers compensation coverage (unless eligible to waive coverage).

All groups must have 50% of all eligible employees enroll into the group health plan or must show proof of credible coverage. To be considered credible coverage, all waivers must include a copy of member's insurance card or provide the Name and Phone number of the Insurance Carrier along with policy number. Groups must enroll at least 5 subscribers and no more than 50 subscribers on the plan for the group to qualify for BANN BTF composite rates. Large Groups are not eligible for BANN Composite.

### **EMPLOYER CONTRIBUTION**

An employer must contribute a minimum of 50% toward the employee only monthly premium.

### **MISREPRESENTATION OR FRAUD**

If a group or individual within a group is found to have misrepresented themselves, the group's application may be declined, the group's coverage may be terminated or the group may not be renewed.