



THE BUILDERS ASSOCIATION OF NORTHERN NEVADA BENEFIT TRUST FUND Composite Rate Underwriting Guidelines Effective April 1, 2023

NEW GROUP QUOTE CHECKLIST – A group may only apply once in a 12-month period. To receive a fully underwritten quote the following must be provided.

1. Underwriting Risk

- a. Group name, address and NAICS code (*required for all applicants*)
- b. Census, in Excel format including each employee and their dependents with the following information: first name, last name, date of birth, zip code, gender, current plan enrolled in, current tier, number of dependents enrolled, anticipated enrollment status (enrolling; waiving; termed). The census should include all employees, including those employees on medical leave, employees in their waiting period and employees who are waiving coverage (*required for all applicants*); and
- c. Monthly claims experience, subscriber and member count, and premium for the past 24 months, large claims over \$25,000 for the past 24 months and current and renewal rates from the current carrier (*required for groups with 100+ eligible employees*); and
- d. *For groups with fewer than 10 employees:*
 - 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
 - Current Hometown Health or Builders BTF clients who have been enrolled for the past 24 months, only new employees are required to submit Medical Assessment Forms.
 - At renewal or in the case of a current Hometown Health or Builders 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.

Waivers are always required for those employees who do not want coverage at initial application and renewal.

2. 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** - Enrollment / Change Forms or Waiver Forms
2. **Builders BTF Application and Adoption Agreement**
 - a. Employer must sign first page; must fill out all five pages
 - b. no more than 2 plans elected
3. **Builders BTF Eligibility Attestation**
4. **Common Ownership Attestation** (not required if previously provided to Hometown Health for enrollment in another product)
5. **Verification of Employee Status** (not required if previously provided to Hometown Health for enrollment in another product except as may be required by Underwriting as discussed in paragraph 4.a of the Renewing Group Checklist below)
 - 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. Current Builder Association of Northern Nevada membership verified
 - b. 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 20th 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).

RENEWING GROUP CHECKLIST – At renewal, the following must be provided:

1. **Enrollment** –
 - a. Enrollment / Change Forms for:
 1. Any employee changing plans at open enrollment
 2. Any employee newly enrolling in a plan (must also provide a medical assessment form)
 - b. Waiver Forms for any employee waiving coverage who was previously enrolled in coverage
2. **Builders BTF Group Application and Adoption Agreement**
 - a. Employer must sign first page; must fill out first two pages
 - b. No more than 2 plans elected
 - c. Any item on pages 3-5 that is changing should be filled out

3. Builders BTF Eligibility Attestation

4. Other

- a. If the group has fewer than 7 subscribers enrolled, Underwriting may request a current Wage & Quarterly tax statement to confirm eligibility
- b. Current Builder Association of Northern Nevada membership verified

RENEWAL GROUPS

Upon renewal, all groups will be underwritten for continued coverage under Builders 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.

If a group no longer qualifies for Builders 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 Builders composite rates during the underwriting process or they will not qualify for Builders BTF composite rates.

EMPLOYEES IN WAITING PERIOD

When processing a new group with fewer than 10 employees, 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.

Employees in their waiting period must be included in the census for underwriting.

GROUP PARTICIPATION REQUIREMENTS

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

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 for the group to qualify for Builders BTF composite rates.

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.