



MNSure[®]

Where you choose health coverage

2015 Small Business Health Options Program Guide

*Small Group Health Options Program
Employer and Broker Guide
November 2014*



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What is MNsure?

MNsure is the Minnesota state marketplace where individuals, families and small businesses can shop and purchase quality, affordable coverage. MNsure allows individuals and small businesses to compare health insurance plans and to choose a plan(s) that works best for their health needs and budget. For individuals that qualify, there is a sliding scale of financial subsidies to help with the cost of premiums. Small businesses may qualify for federal tax credits to help offset the cost of providing health benefits to their employees.

Overview of the Small Business Health Options Program (SHOP)

Minnesota has established a marketplace for the sale of small business health insurance coverage in order to provide small businesses and nonprofit organizations the same clout in the health insurance market that large companies already enjoy.

MNsure SHOP offers small businesses another way to shop for health coverage by providing:

- Unprecedented choice and convenience in setting up health coverage options to meet the needs of your employees; a selection of health plans from multiple insurance companies.
- Streamlined administration; less paperwork. One monthly bill no matter how many plans you choose. Automated payment and online tools for updating and managing business and employee information are currently in development.
- Controlled cost of coverage; control how much you pay toward employee premiums and possibly qualify for federal tax credits to lower cost.

What businesses can use MNsure?

There are four criteria for small businesses to be eligible to offer coverage to their employees through MNsure SHOP:

1. Businesses with its principal business address in Minnesota or that offer coverage to each eligible employee through the SHOP serving that employee's primary worksite;
 - Businesses that are not, and not owned by, a controlling entity that have more than 50 employees under their control.
2. Businesses that employ at least one current employee, not including a sole proprietor, who worked at least 20 hours per week; and employed an average of 1 to 50 person(s), not including a sole proprietor, who worked at least 20 hours per week during the preceding calendar year (January – December);
 - Employee count does not include temporary, seasonal, substitute-basis employees, retirees, disabled former employees or individuals on COBRA or State continuation.
3. Businesses that are offering health care coverage to all full-time employees working on average 30 or more hours weekly;
4. Unless waived, businesses that meet the coverage, contribution and participation rates (explained below).

Employer Requirements

Businesses must offer coverage through MNsure to all employees working at least 30 hours per week, and who meet the minimum contribution and participation rates, explained below.

Minimum Contribution & Minimum Participation

To participate in MNsure, employers must make a minimum contribution to the employee-only coverage and must meet a minimum participation rate (includes both enrollees and those with an eligible waiver).

- **Contribution:** A small business employer's minimum contribution requirement is 50% of the plan premium for all employees offered coverage.
- **Participation:** A minimum of 75% of employees must purchase employer-sponsored coverage after eligible waivers are considered.

Examples of eligible waivers include:

- An employee that is covered under a spouse's or parent's employee-offered plan
- An employee that is covered under a government-sponsored plan such as Medicare or Medicaid
- An employee that is covered under military-sponsored coverage such as Tricare or VA

Note: Individual coverage is not an eligible waiver.

- **Full-time employees:** The Affordable Care Act requires that all full-time employees (working on average at least 30 hours or more each week) must be offered coverage. Employers are not required to offer coverage to employees working between 20 and 29 hours each week.

Employers who cannot satisfy minimum participation and/or minimum contribution requirements will be able to enroll during a special annual enrollment period at the end of each year (November 15 – December 15) for a coverage effective date of January 1.

Which employees are counted? Which employees are not counted?

Employers must offer coverage to all full-time employees who worked an average of 30 hours per week. Employers can choose to offer coverage to other employees including part-time employees and choose whether or not to offer coverage to family members of employees, including spouse and children.

- **Seasonal Workers:** are generally not considered.
- **Owners and Family Members:** are excluded and should not be counted as full-time employees. However, if the owner is going to purchase insurance, they should be added to the employer roster.
- **Non-MN Resident:** employees that live outside of Minnesota can still obtain insurance through the MNsure SHOP marketplace.
 - Employers should make sure that at least one plan option chosen through the SHOP offers coverage to employees out-of-state (i.e. either the provider networks include coverage in the employee areas or the plan offers out-of-state coverage).

- You may enroll in multiple state SHOPS as long as you have a business location in each state.

Count all common law employees. Do not count independent contractors, leased employees, sole proprietors, partners in a partnership, or shareholder who own 2% or more of an S corporation.

To ensure that all employees who waive coverage are not included in the participation calculation, employees must provide the employer a completed waiver form.

If the owner is going to enroll in coverage, he/she must be included on the employee roster.

What about self-employed individuals, including sole-proprietors, partnerships and S-corporations?

MNsure SHOP marketplace is designed for employers with at least one employee (not including owners). If you are self-employed, a sole proprietorship, partnership or S-corporation that only employs owners; you will instead be eligible to shop in the MNsure Individual Marketplace during open enrollment or a Special Enrollment Period. The Individual Marketplace also offers numerous plan options with potential to be eligible for tax credits to help them purchase insurance.

Open Enrollment for Small Businesses

Small businesses can enroll in coverage through MNsure at any time during the year. For small businesses that are unable to satisfy the 50% minimum employer contribution and minimum 75% participation requirements, there is a special annual enrollment period from November 15 through December 15 when you can enroll in MNsure and these requirements are waived.

Getting Help

Employers and their employees can get help with MNsure SHOP enrollment processes from a licensed broker, a navigator and the MNsure contact center.

What is a Broker?

Agents/brokers are insurance professionals who are trained and licensed to sell insurance plans in Minnesota. Only those who have been trained and certified by MNsure are able to represent those plans available to you through SHOP. These MNsure-certified experts can help you with the following, at no cost to you:

- They can help you understand available plans, the coverage they offer, and the costs;
- They provide well-informed assistance to help you determine if you qualify for employer tax credits;
- They will support you in defining your roster of employees being offered coverage;
- They are professionals who are experienced in the use of the MNsure marketplace and knowledgeable of the supporting legislation;
- Are able to complete your application(s) on your behalf;
- They can provide ongoing support to you during the policy coverage year.

What is a Navigator?

Certified Navigators are trained and certified individuals who:

- Help individuals, families and/or employers achieve successful enrollments into health plans through the MNsure marketplace;
- Are listed on the MNsure website in the Assister Directory;
- Are obligated to help any consumer that contacts them for assistance.

Navigators are NOT insurance agents or brokers. They help people work through the process of applying for health coverage.

Working with Your Broker or Navigator

Employers are encouraged to continue working with brokers, who can assist them in offering coverage through MNsure SHOP. Brokers certified through MNsure are licensed professionals who have been specially trained on MNsure functions and processes. Each one has passed an exam that certifies their knowledge. They understand MNsure plan choices, rating, policies and procedures, and health care reform on both state and national level.

Certified brokers must be appointed by carriers who offer qualified health plans through MNsure; this means that in addition to meeting MNsure certification requirements, they have also met carrier-specific training requirements on benefits and rating. Carriers also require appointed brokers to enroll in special insurance called “errors and omissions” (E&O) coverage.

The cost of using a broker is built in to the premium tax rates for small group insurance, both in and outside of MNsure. It doesn't cost an employer anything to utilize the services of a broker; in fact, it's a professional service you pay for whether you use it or not. The broker will help you to select the best plan(s) for your business, ensuring you're getting the best coverage you can afford for the needs of your employees and your business. We encourage employers to take full advantage of this service.

Brokers not only help the employer, but they are also available to help employees choose the best health coverage available for the employee and his/her dependents.

To find a MNsure certified agent/broker or navigator, go to the MNsure home page (<https://www.mnsure.org/>) and click on the “Find Help near You: Assister Directory” icon on the right side of the page below the Quick Links box. You will be able to search for your broker by location, by language or by name.

MNsure Contact Center

For assistance, please call the MNsure Contact Center toll-free at 1-855-366-7873.

Health Insurance in 2014 and Beyond

Essential Health Benefits (EHB)

One of the provisions of health reform requires that beginning in 2014; new health insurance plans must include a minimum set of health care services and products. The minimum set is commonly called **Essential Health Benefits** and it applies to plans within exchanges and outside of exchanges.

Plans in effect prior to March 23, 2010, are not required to add Essential Health Benefits. However, if the plan does cover an essential health benefit, it must eliminate annual and lifetime coverage limits on the essential health benefit. In addition, each plan must take into account the health care needs of Minnesota's diverse segments of the population, and may not discriminate based on age, disability, or expected length of life.

A broad range of essential services include:

- Chronic Disease Management
- Dental Care for Children
- Doctor Visits
- Emergency Room Care
- Hospital Stays
- Lab Tests
- Maternity and Newborn Care
- Mental and Behavioral Health
- Prescription Drugs
- Preventative Tests and Services

In addition, plans must cover mental health and substance use disorder services at the same level as medical benefits and behavior health services must have no day or visit limitations. Coverage for habilitative services must include applied behavioral analysis (ABA) for the treatment of autism spectrum disorder.

Insurers can also offer additional benefits beyond the essential health benefit package.

Preventive Services

The Affordable Care Act (ACA) requires certain preventative care services be covered with NO cost-sharing when provided by a network physician. These preventive care services are determined through evidence-based recommendations by the U.S. Preventive Services Task Force. Examples of covered preventive services include:

- Blood Pressure Screening
- Cancer Screenings
- Diabetes Screening
- FDA-approved contraceptives, sterilization procedures, and counseling
- Routine immunizations, including flu shots
- Smoking cessation

A full list of covered preventative services can be found at Healthcare.gov (<https://www.healthcare.gov/what-are-my-preventive-care-benefits/>).

Emergency Services

Small business health insurance plans must also cover emergency services out-of-network with the same level of cost-sharing as emergency services provided in-network.

“Emergency services” are services necessary when there is an immediate need for health services. This happens when a person’s life or health or ability to get, keep or gain maximum function is in serious danger.

Metal Levels

Health insurance plans in MNsure are categorized into four “metal levels” (or tiers) to make it easier for employers and consumers to compare plans. The metal level provides a general idea of what portion of covered healthcare expenses will be paid by the plan, with the remaining portion to be paid by the consumer.

Even though plans within the same metal level pay the same overall portion of health expenses, plans differ in other ways, such as deductibles, copayments and coinsurance. In general, Platinum and Gold plans will have higher premiums and lower out-of-pocket costs (deductible, coinsurance and copayments); Silver and Bronze plans will have lower premiums and higher out-of-pocket costs.

Metal Level	Expected costs the plan pays	Costs the individual pays (deductibles, co-pays, coinsurance)
Platinum	90%	10%
Gold	80%	20%
Silver	70%	30%
Bronze	60%	40%

Plan Selection Options

MNsure SHOP gives you the flexibility of choice and cost control so you can offer your employees one of these options:

1. Employers choose one coverage level (e.g., bronze, silver, gold or platinum)
2. Employers choose one carrier
3. Employers choose one plan
4. Employers set the contribution percentage and offers any or all plans

How much choice and what kind of choice are best for both you and your employees? There’s no one right or wrong answer. MNsure SHOP gives each employer the power to decide what is best for their business.

Employers will be able to choose how many plans to offer to their employees. You may choose from one to four options.

Option 1: Employer chooses **one metal level** for all employees. Employees can select plans offered by any carrier at the selected metal level. A metal level offers a simple way of estimating on average how much the carrier will pay for benefits, and how much the member will pay.

Metal Level	Plan Pays	Member Pays	Number of Plans Offered in 2015
Platinum	90%	10%	8
Gold	80%	20%	20
Silver	70%	30%	20
Bronze	60%	40%	10

Option 2: Employer chooses **one carrier**. Employees can select any plan offered by that carrier.

Carrier	Number of Plans Offered in 2015
Blue Cross Blue Shield	7
Medica	51
Delta Dental	16
Dentegra	4
Guardian	2
Total	80

Option 3: Employer chooses **one plan**. Employees choose whether to enroll in that plan.

Option 4: Employer chooses any number of plans. Employees choose what plan to enroll.

Dental Plans

Dental premiums are included in any employer tax credits so it is important to offer them through the MNsure SHOP marketplace. There are no minimum contribution or participation requirements with dental plans. Offering dental coverage is optional for you.

If you wish to offer dental coverage to your employees, you may choose from the following two options:

Option 1: You ARE offering medical coverage to your employees and wish to add dental coverage.

- During Employee Dental Open Enrollment, employees can review benefit and rate information.

Option 2: You ARE NOT offering medical coverage to your employees but wish to provide dental coverage.

- During Employee Dental Open Enrollment, employees can review benefit and rate information

Reference Plan Contribution

One employer chosen plan is defined as the **reference plan**. This is the plan all your costs are associated with. Employees may choose other plans sponsored by you, but the contribution amount you select is based on the cost of the reference plan. This applies to medical coverage only. There is no reference plan relative to dental coverage.

MNsure SHOP employers can control their costs through Defined Contribution, by defining what percent contribution is appropriate for their business. You can also offer employees health plan choices by selecting multiple plan options and deciding which one of them will be their "Reference Plan." See example below.

Benefits of Defined Contribution

Using MNSure SHOP marketplace's defined contribution approach allows the employer to fix their costs (and manage their budgets) and still allows employees to get an employer-sponsored benefit on a pre-tax basis by collecting the employees' portion of the contribution through payroll deduction.

The employer's cost is then fixed to each employee's rate that is associated with the employer's location, and the employee's age and tobacco use status. Employees will review the plans offered by their employer and select the best plan that fits their needs.

The following table reflects an employer who has selected a minimum 50% contribution. This is their 'defined contribution'.

Simple Fixed Percentage: Multiple Plan Offerings Example

Employer- Offered Plans	Employee	Total Premium	Employer Contribution (%)	Employer Responsibility (\$)	Employee Responsibility (\$)
Bronze Plan	Employee A	\$300		\$200	\$100
Silver Plan (Reference Plan)	Employee A	\$400	50%	\$200	\$200
Gold Plan	Employee A	\$500		\$200	\$300
Platinum Plan	Employee A	\$500		\$200	\$400
Bronze Plan	Employee B	\$450		\$300	\$150
Silver Plan (Reference Plan)	Employee B	\$600	50%	\$300	\$300
Gold Plan	Employee B	\$750		\$300	\$450
Platinum Plan	Employee B	\$900		\$300	\$600

In the example above, the employer has chosen the Silver Plan to be their Reference Plan and they have decided to offer the minimum contribution of 50% to their employee's premiums. As illustrated, the employer contribution dollar amount changes for each employee because employees' premiums are based on the employer's location as well as the employee's age and tobacco use status.

MNSure will allow a small employer to select its contribution level using a reference plan model. With member-level age rates and a wide array of choices of plans, the reference plan model allows employers to more accurately predict their costs. Regardless of which plan the employee chooses to enroll in, the employer's cost always remains fixed based on the cost for the employee to enroll in the reference plan.

In the example, Employee A's premium for the Silver Plan is \$400. Both the employer and employee pay 50%, or \$200 each. If the employee is a 'young invincible,' he/she may elect to 'buy down' to the Bronze Plan with the \$300 premium. In that case, the employer will still pay \$200 (which is 50% of the Silver Plan) and the employee will only pay \$100 each month to be paid via pre-tax payroll deduction.

Employee B is older and has a family member with a chronic medical condition. The Silver Plan premium for Employee B is \$600 and both the employer and employee will pay \$300 for that coverage. However, if Employee B 'buys up' to a Platinum Plan with a \$900 premium, the employer will still only pay \$300 and the employee will pay the \$600 difference.

- Select one plan to base contributions on, the “reference plan.”
- Select a percentage to contribute for employees and dependents to enroll in the reference plan
- The contribution remains fixed based on the reference plan. Employees enrolling in any other allowed plan will pay the difference in premium to “buy-up” or “buy-down.”

Member-Level Age and MNSure Plans Pricing Rates

Beginning in 2014, rates based on health status or gender are not allowed. Instead, the ACA requires that small business health plan rates be based only on the age of each employee and each family member. In other words, each employee will have a different premium based on his/her age.

Family premiums will be the total of each family member’s own age rate. Family premiums equal the sum of the employee’s premium, the spouse/partner’s premium, and the children’s premiums. Family premiums only count the first three children under the age of 21. Any additional children under the age of 21 are included in the family premium at no additional cost.

There is a 3-to-1 age band limitation on rating; this means that the highest age rate can be no more than three times the lowest age rate.

Rates for MNSure plans vary depending on the employee’s age, the region in which your principle business is located, whether employee’s use tobacco, and the level of coverage you choose.

Plan Benefits

All plans offered in the MNSure SHOP marketplace include new consumer protections:

- No discrimination based on pre-existing conditions or gender
- No annual dollar limit on coverage
 - No lifetime limit on coverage
- A cap on out-of-pocket costs
- Allows young adults to stay on their parent’s health insurance plan until age 26, unless they have access to coverage through their employer
- Requires that 80-85 cents of every dollar you pay for health insurance is spent on delivering or improving health care—or you get a refund from your insurance company
- Provides consumers a standard, plain language summary of your plan

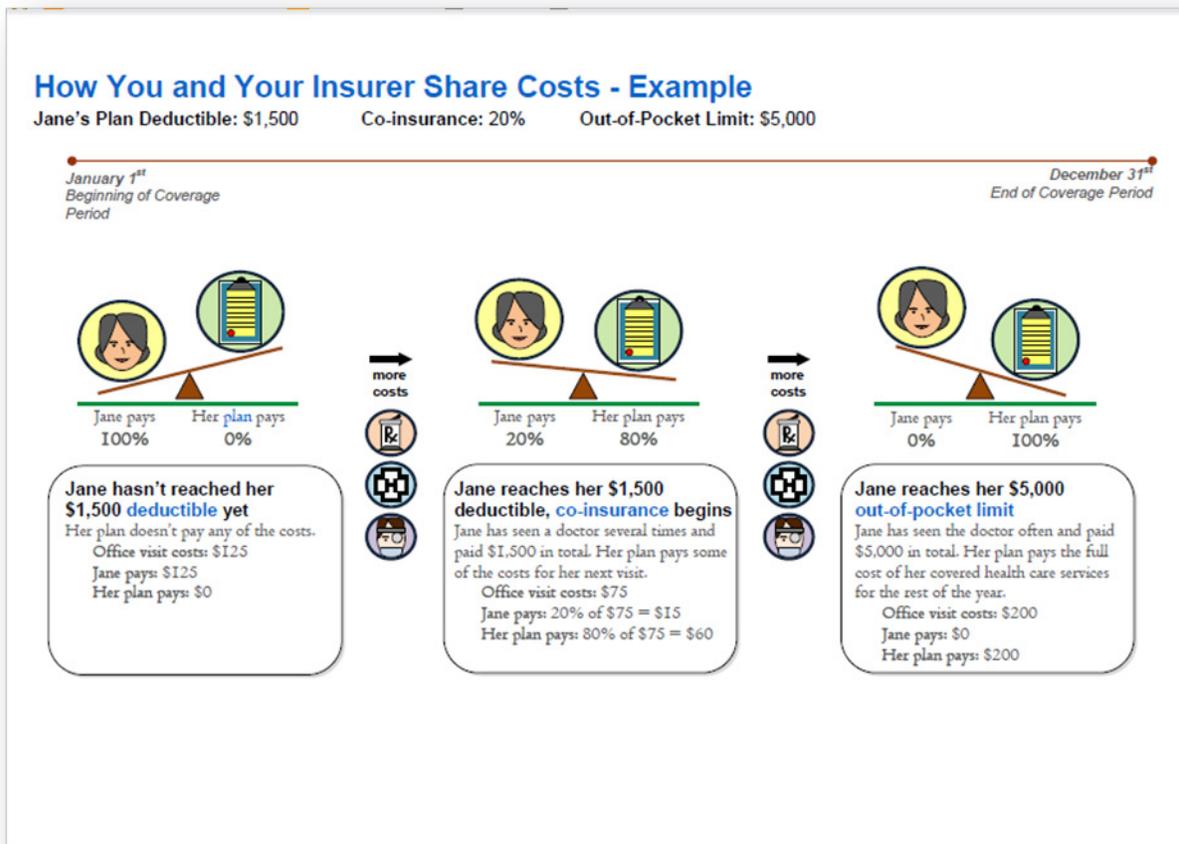
Out-of-Pocket and Deductible Limits

The ACA established maximum out-of-pocket limits equal to the limits for Health Savings Account (HSA) compatible plans, indexed annually. All out-of-pocket cost, including deductibles, co-pays, and co-insurance, apply towards the out-of-pocket limit. Beginning in 2014, the out-of-pocket limit is \$6,350 for individuals, and \$12,700 for families.

If you choose a plan with a high deductible, the ACA may require that you provide the option of an HSA to your employee to bridge the gap in cost for the employee.

If you plan to offer an HSA with a High Deductible Health Plan, you may want to refer to IRS Rules (http://www.irs.gov/irb/2013-21_IRB/ar08.html) for more updated information.

In addition, small business plans can generally have in-network deductibles up to a maximum of \$2,000 individual and \$4,000 family. Some Bronze plans may have a higher deductible if needed in order to satisfy the metal level requirements.



Small Business Tax Credit

Small businesses with fewer than 25 employees that purchase through MNsure SHOP may be eligible for tax credits to help pay for employees' coverage and offset some of your cost of offering health insurance to your employees.

Visit the IRS for more detailed information, and consult your tax advisor. Note: The IRS, not MNsure, determines who receives the tax credit.

Use the IRS online calculator (<http://www.irs.gov/uac/Small-Business-Health-Care-Tax-Credit-for-Small-Employers>) for a quick look at your eligibility and for more detailed information.

MNsure has small business tax credit calculators available to help you estimate your business' eligibility. Before you use the SHOP Tax Credit Estimator, you should have the following information readily available:

5. Tax status (exempt versus non-exempt)
6. List of all full-time and part-time employees

7. *Hours worked per week by part-time employees.*
8. *You'll have the option to enter the hours worked by each part-time employee onto a worksheet that will calculate the total hours for all part-time employees.*
9. *Wage and tax forms*
10. *Insurance premiums you paid last year (health and dental)*

For-profit businesses can claim the tax credit on the organizations' tax return. S-corporations and partnerships claim the tax credit on the owner's K-1.

Nonprofit employers can claim the tax credit against the employment taxes.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged medical savings account used with a high-deductible health plan (HDHP). The funds contributed to the HSA are not subject to federal income tax at the time of deposit and they roll over and accumulate year to year if not spent.

MNSure does not provide HSA services. You will need to partner with a HSA vendor if you want to offer this benefit to your employees. The MNSure SHOP marketplace does offer high deductible health plans that can be used with a Health Savings Account. These plans are identified as "HSA" in the plan name.

Waiting Periods

Employers determine and establish the employer group "New Hire Waiting Period" and "New Hire Effective Date" during the employer open enrollment period. Changes to this new hire policy may only be made during the employer's open enrollment period.

New Hire Waiting Period options are 0, 30 and 60 days. Effective in 2014, group health plans cannot make eligible employees wait more than 90 days before coverage takes effect.

New Hire Effective Date options are the first of the month after the waiting period ends or on the hire date. When a New Hire Date is chosen to be effective on the hire date, the premium for that month is charged in full if the new hire date lands between the 1st and 15th. When it lands between the 16th and the end of the month, premium for that month is waived.

Employer Eligibility & Enrollment

What Information Do I Need to Get Started?

11. Federal Employer Identification Number (FEIN)
12. Primary Business Address
13. Average number of employees, not including a sole proprietor, who worked at least 20 hours per week during the preceding calendar year (January - December).
14. Employee Census for each eligible employee
 - Date of Birth
 - Social Security Number (SSN) or Tax Identification Number (TIN)
 - Employee Email Address (for related notices)
 - Date of Birth for all Dependents (optional—for cost estimates only)

Why are dates of birth important? Rates will be determined based on the ages of all actual enrollees, but minimum participation requirements are based on participation of eligible employees (minus employees who complete an eligible waiver or who have coverage elsewhere and qualify for a waiver).

How Long Does It Take?

For planning purposes, employers (and brokers or navigators) should note that MNsure's initial group set up and employee enrollment timeline will run a minimum of 35 days. However, we recommend beginning the process at least 60 days in advance of your desired coverage date in order to allow adequate time for:

- Employer to review plan and contribution options and finalize offerings;
- Employees to review plan offerings and make an enrollment decision; and
- Employer to make the first premium payment no later than the 15th day of the month prior to the desired coverage effective date;
- Carriers to process enrollment records and send insurance cards to covered employees and their dependents.

Employers may not modify their chosen effective date of coverage once the employer open enrollment period has ended.

Steps to Enroll

Once you have determined which plan(s) you would like to make available for your employees, you will need to complete an enrollment application in order to verify your eligibility and complete your enrollment. The following information will need to be provided on the employer enrollment application:

- **Employer Information:** Enter basic employer information, including, location and contacts and broker information
- **Employee Information:** Provide information about your employees, including, names, dates of birth, SSNs, employment status, average hours worked and annualized wages

- **Employer Plan:** Specify plan start date, waiting period/new hire start date, employer contribution for employees and dependents, and confirm offer of coverage to all employees working at least 30 hours a week
- **Reference Plan:** If offering more than one plan to employees, provide the reference plan you have chosen
- **Medical Plan Options:** Select the medical plan(s) being offered; by metal level, by carrier
- **Confirmation:** Sign and date attesting to the information provided

Eligibility Verification

MNsured SHOP will utilize a variety of verification methods to determine an employer's eligibility and employee's eligibility to participate in the MNsure SHOP marketplace. These are necessary to maintain the integrity of the exchange. Some of these verifications are automatic; others may require employer action by providing documentation or authorization to validate information and help resolve inconsistencies.

Effective Date of Coverage

Initial coverage effective dates are chosen by the employer as part of the application and enrollment process and apply to all employees in the group. Group plan coverage start dates are always on the first of the month, with a few exceptions. Once the employer open enrollment period has ended, you may not modify your chosen effective date of coverage.

Deadlines for Employer-Sponsored Coverage

Coverage effective date	Employer application must be received by	First premium payment due
Feb 1, 2015	Dec 26, 2014	Jan 15, 2015
Mar 1, 2015	Jan 23, 2015	Feb 15, 2015
Apr 1, 2015	Feb 25, 2015	Mar 15, 2015
May 1, 2015	Mar 27, 2015	Apr 15, 2015
Jun 1, 2015	Apr 24, 2015	May 15, 2015
Jul 1, 2015	May 25, 2015	Jun 15, 2015
Aug 1, 2015	Jun 22, 2015	Jul 15, 2015
Sep 1, 2015	Jul 24, 2015	Aug 15, 2015
Oct 1, 2015	Aug 24, 2015	Sep 15, 2015
Nov 1, 2015	Sep 25, 2015	Oct 15, 2015
Dec 1, 2015	Oct 23, 2015	Nov 15, 2015

Employer Changes to Plan Selections

Once employer open enrollment has been completed and information has been verified and confirmed, you will not be able to make any changes to the panel of plans offered to your employees. If changes are necessary after enrollment has been completed, MNsure SHOP will

cancel the employer's coverage upon request and the employer will need to start the process over again for a future coverage date/month.

Employees and MNSure

Employees will be able to shop for health plans when the employee's open enrollment period begins as determined by the employer.

Employees will complete a simple application to:

- Verify their eligibility for employer-sponsored health coverage.
- Add any family members they wish to enroll, if applicable.
 - Note: employees purchasing coverage for their family members (dependents) must also be enrolled in the employer-sponsored coverage.
- Select a health plan (and dental plan if applicable) from all of the plans you elected to make available. The cost for each plan will be based on the age of the employee and all of his/her family members, if applicable, less your employer contribution amount.
 - Note: Children aged 26 or older can be a dependent on the employee's plan if they are able to pass the medical and/or financial dependent test required by law.

Once the enrollment process has been completed, employees will receive plan benefit information and ID cards directly from the carrier(s).

Employees may cancel their employer-sponsored coverage at any time after the coverage has started upon written notice to MNSure SHOP via the SHOP Employee Change Form. If the request arrives at MNSure between the 1st and 15th of the month, cancellation of the policy may occur for the end of the current month of coverage. If the request arrives at MNSure between the 16th and the end of the month, cancellation may occur for the end of the next month.

If cancellation is due to employee termination, coverage will expire at the end of the month of the event if MNSure receives a SHOP Employee Change Form within 30 days of the event.

Additional Information

Brokers Working With Employers

Brokers working with employers through MNSure will be able to complete the enrollment application on your behalf, once you have assigned the broker to your employer account. In addition, they will receive copies of all notices sent to you by MNSure SHOP.

Designating Agent of Record for payment of commissions

Carriers will be provided this information, along with the broker's national producer number (NPN), and will use this information to pay commissions directly to the broker or based on whatever the contractual arrangements the broker has with the carrier(s).

Streamlined Administration

MNSure SHOP offers employers more choices than they currently have, including the ability to offer plans from multiple carriers. MNSure SHOP will make administration of your health plans simpler with one monthly invoice, regardless of how many carriers you offer to your employees and premiums are paid directly to MNSure SHOP.

Billing & Payment Information

Employers are responsible for all payments to MNSure. MNSure will not accept payments from employees. Payments should be sent to the attention of MNSure SHOP at:

MNSure
P.O. Box 64832
St. Paul, MN 55164

Types of payments accepted

All payments for small business billings will be paid by check. We anticipate being able to accept electronic payments beginning early 2015.

Partial payments & excess payments

Any partial payments received will be applied to the balance owed, but payment is not considered made until the **full payment** has been received. The employer will be notified that a balance is still owed and that the original due dates and grace periods continue to apply until the full payment has been received.

If your payment exceeds the amount owed, MNSure will apply the excess amount as a credit on your next regular monthly invoice. A refund will only be issued when an employer terminates participation in MNSure. The refund will be indicated on your next month's invoice.

Employers must pay the total amount of their invoice. If a credit or debit is owed due for reasons such as but not limited to employee termination, dependent eligibility change, etc., it will be reflected as an adjustment on the next invoice.

Initial premium collection—due by 15th of month

To complete open enrollment for your business, MNsure must receive payment in full (for all employees and dependents) for the first month of coverage by the date indicated on the electronic invoice you will receive.

When mailing a check, please plan accordingly. If you do not submit the initial payment so that is received by the due date, your group's coverage effective date may be delayed and employees and their dependents may have a gap in coverage.

On-going premium collection

Electronic invoices are sent prospectively on the 5th of each month, with payment due on the 25th of the month the invoice was sent.

Mid-month enrollment

Employer group coverage always starts on the first of the month. However, employees can be added mid-month when the employee has experienced a qualifying event, subject to employer new hire effective date and waiting period elections. Full payment is due for enrollment during the 1st -15th of the month (if coverage is effective on the date of hire). However, from the 16th to the end of the month, no payment is due.

Grace period & termination

Late payment notices will be sent electronically on the 4th day of the month after a payment has not been made. On the 28th of the month, if a second consecutive payment has not been made, a 30-day notice will be sent electronically and by US Mail to you and your employees indicating that coverage is in the process of being terminated.

Employers will be liable for all unpaid premiums during the time coverage is effective.

If coverage is terminated due to non-payment, you may ask for a fair review of your case if you are not in agreement of MNsure SHOP's decision to submit a notice of termination to the carrier(s) due to non-payment.

Special Enrollment Periods, Qualifying Events and Coverage Changes

Employer changes

As a small business employer, you are required to report any changes in employee eligibility to MNsure. Examples of employee changes that should be reported include:

- Change of address
- Change in employee eligibility status (such as either an increase or decrease in hours that effects the employee's eligibility)
- Employee Termination

Coverage changes and qualifying events

Employees can only make choices about, and changes to, their healthcare coverage during the employer's annual "open enrollment" period. However, exceptions apply if you have a qualifying event such as marriage, birth or adoption of a child, divorce, move out of a service area, or involuntary loss of coverage.

How to update coverage changes

When an employee experiences a qualifying event, the employer and the employee must complete the SHOP Employee Change Form within 30 days of the event, and return it to MNSure SHOP so the existing employer-sponsored health coverage can be updated.

COBRA: Comprehensive Omnibus Budget Reconciliation Act

Employers with COBRA enrollees may expect the carriers of the plan(s) that COBRA enrollees are in, to request additional information to support their status. Due to the nature of COBRA administration, MNSure SHOP advises you to work closely with a COBRA administrator to help ensure both your and the employee's responsibilities are addressed.

Cancellation of Coverage

Employer cancellation

Employers may submit a request to cancel group coverage at any time upon written notification using the SHOP Employer Change Form. Keep in mind the cancel date must provide at least 30 days for employees to arrange for other coverage. Once MNSure has processed and approved the request, we will get back to you and confirm the last date of coverage. In addition, we will send your employees a 30-day notice, advising them of the cancellation date. Note: termination effective dates are generally the last day of the noted month.

Employee cancellation

Employees may submit a request to cancel their employer-sponsored coverage at any time after the coverage has started upon written notice to MNSure via the SHOP Employee Change Form. If the request arrives at MNSure between the 1st and the 15th of the month, cancellation of the policy may occur for the end of the current month of coverage. If the request arrives at MNSure between the 16th and the end of the month, cancellation may occur for the end of the next month. Note: cancellation of employer-sponsored coverage elections is not allowed during the period of time between the close of employee open enrollment and when coverage goes into effect.

Reinstatement

MNSure SHOP will allow an employer to re-enter SHOP at any time throughout the year, given there were not any outstanding premium payments due upon termination (final coverage date) of a previously held enrollment policy. A new employer enrollment application will need to be submitted and we will re-determine eligibility based upon the new application.

Reinstatement may be disruptive to the employee's coverage, resulting in a gap of coverage.

Appeals

On occasion, a person submitting an application with MNSure may not agree with a particular decision they receive from MNSure, including whether an employer or an employee is determined ineligible for MNSure. You can make an appeal to ask for a fair review of your case. MNSure has set up an appeals process to give you that fair review.

Appeal process

The steps:

- You decide that you disagree with MNSure's decision.
- You file your appeal.
- MNSure schedules the review, which may be a hearing, and lets you know the details.
- You prepare for your review.
- The appeals examiner conducts the review.
- The appeals examiner makes a decision and sends it to you in writing.

Once you have filed your appeal, it may take up to 90 days for MNSure to conduct the appeal process and issue a decision.

You do not need a lawyer to appeal, but you may have one. You can represent yourself at your appeal. You can also be represented by a relative, friend or other person, but you must be present.

You will get a decision in writing when the appeal is complete.

Timing is very important: You must file your appeal within 90 days of the date of your eligibility determination notice.

How to start an appeal

- Access the appeals form on the MNSure website (<https://www.mnsure.org/help/appeals/>). Complete the form and email it to dhs.mnsureappealsindexing@state.mn.us; OR
- Call the MNSure Contact Center toll-free at 1-855-366-7873; OR
- Mail the appeal request form to: MNSure, 81 East 7th Street, Suite 300, St. Paul, MN 55101-2211; OR
- Come in person to the Minnesota Department of Human Services Information Desk: 444 Lafayette Road N, St. Paul, MN 55101.

IMPORTANT: Small Business employees and employers may submit appeals by email, mail, phone or in-person.

Employees: appealing ineligibility for MNSure

If an employee and their dependents are determined ineligible for MNSure, he/she should contact the employer to resolve the discrepancy. Likely, there was a data mismatch between the information entered on the employer's application and the information entered on the employee's application. If the employee and employer are not able to resolve the issue, the employee may file an appeal.

When an employee files a formal request for an appeal, the employer will receive a copy of the appeal request. Employers have a right to participate in their employee's appeal hearing, if they choose to do so.

How to contact MNSure

If you have additional questions, or if you should need assistance with the application or enrollment process, please call the MNSure Contact Center toll-free at 1-855-366-7873.