



# Underwriting Guide

Olympic Benefits Trust



Please note that this guide is for informational purposes only. It is not to be construed as an insurance contract, booklet, or a certificate of insurance. The actual terms of your group plan can be found in your detailed plan documents which you receive from the Insurance Carrier(s).

We are here to support you so please let us know if there is anything we can do to help. We look forward to working with you.

Sincerely,

***The Total Benefit Solutions Team***



## KEY CONTACT INFO

When contacting the below please be prepared to provide your plan's control, suffix and account number or group number. If calling about an employee matter, then please have the employee's Social Security Number available.

<b>Total Benefit Solutions</b>		<b><a href="http://www.tbsmga.com">www.tbsmga.com</a></b>
Hours of Operation:	Monday- Friday, 8am- 5pm PST	
General Line:	1-800-514-4850	
OBT Team Email:	obt@tbsmga.com	
Premium Remittance: <i>Checks for premium payments should be made out to "Olympic Benefits Trust."</i>	<b>Olympic Benefits Trust c/o Total Benefit Solutions 3911 Castlevale Rd Suite 109 Yakima, WA 98902</b>	
<b>Kaiser Permanente</b>		<b><a href="https://kp.kaiserpermanente.org/">https://kp.kaiserpermanente.org/</a></b>
Plan Sponsor Services Line: <i>Employer assistance with benefits, claims &amp; general info</i>	1-855-327-0507	
Member Services Line: <i>Member assistance with benefits, claims &amp; general info</i>	1-888-901-4636 Medical 1-800-245-7979 Mail Order Pharmacy	
<u>Claims Processing</u> Kaiser Permanente PO Box 03766 Salt Lake City, UT 84130-0766	<u>Pharmacy</u> Pharmacy Management Optum RX PO Box 650334 Dallas, TX 75265-0334	
<b>VSP</b>		<b><a href="https://www.vsp.com/">https://www.vsp.com/</a></b>
Client Support: <i>Employer assistance with benefits &amp; general info</i>	1-800-216-6248	
Mailing Address:	VSP PO Box 495918 Cincinnati, OH 45249-5918	
<b>Delta Dental of Washington</b>		<b><a href="https://www.deltadentalwa.com/">https://www.deltadentalwa.com/</a></b>
Group Admin phone line:	1-800-554-1907	<b><u>Dental Claims</u></b> Delta Dental of Washington PO Box 75983 Seattle WA, 98175
Member Services phone line:	1-888-899-3734	

## **AFFILIATED, ASSOCIATED OR MULTIPLE COMPANIES**

All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Employers who have more than one business with different tax identification numbers (TINs) may be eligible to enroll as one group if the following are met:

- One owner has controlling interest of all business to be included; or
- The owner files (or is eligible to file) an Affiliations Schedule, IRS Form 851, a combined tax return for all companies to be included. If they are eligible but choose not to file Form 851, please indicate as such. A copy of the latest filed tax return must be provided; and
- All businesses filed under one combined tax return will be considered a single group. For example, if the employer has three businesses and files all three under one combined tax return, then all three businesses must be enrolled for coverage.
- Businesses with equal controlling interest may be considered, if the owners of the company designate an individual to act on behalf of all the groups.
- Underwriting reserves the right to final underwriting review, and may consider common ownership on a case-by-case basis.

## **BENEFIT WAITING PERIOD (BWP)**

The BWP may be the

- first of the month following or coinciding with date of hire
- first of the month following or coinciding with 30 days
- first of the month following or coinciding with 60 days
- 90 days

The group can elect up to 3 classes for their benefit waiting period.

## **EFFECTIVE DATE & NEW BUSINESS SUBMISSIONS DEADLINE**

Effective date must be the 1st of the month. The effective date requested by the employer may be up to 60 days in advance. All plans renew January 1.

Deadline for New Business paperwork is the 15th of the month prior to the groups effective date.

## **CARVE OUTS**

Management carve-outs are allowed. Please speak with your Account Executive to make sure your group qualifies.

## **CHANGES IN OWNERSHIP/PURCHASES/ACQUISITIONS**

When an in-force group has been sold, please reach out to your Account Executive for options of coverage.

The rates assume that the employer group that is the legally signing entity, has at least 51 percent or more ownership over any entity or entities with employees receiving medical coverage through the employer group's Medical Coverage Agreement with Kaiser Permanente. A Kaiser Permanente Common Ownership Certification Form must be completed by the group and submitted to Kaiser Permanente.

Kaiser Permanente is the sole carrier for medical coverage offered. Please submit the Kaiser Common Ownership form and census of all fulltime eligible employees and their dependents (reach out to your sales executive for the census template and form)

## **PARTICIPATION REQUIREMENTS**

- Kaiser Permanente Medical: 2+ Lives, 50% of eligible employees must enroll (less valid waivers)
- Delta Dental of Washington: 2-4 All eligible EEs must enroll, 5+ 75% of eligible EEs must enroll (less valid waivers)
- VSP Vision: 2+ Lives, 75% of eligible EEs must enroll

## **EMPLOYER CONTRIBUTION**

- 50% of the employee premium for the least expensive plan offered.

## **EMPLOYER ELIGIBILITY**

- Employer must be headquartered in the state of Washington and an active member of the Thurston County Chamber of Commerce.
- Only groups with a minimum of 2 employees are eligible.
- The group is not eligible for Kaiser medical if the group is Headquartered in Cowlitz or Clark counties.
- For Kaiser Medical no more than 20% of the employees enrolling can live outside of Kaiser's service area or out of the state of Washington.
- Owner/Spouse only groups are not eligible. The group must have at least one full time W2 employee that works a minimum of 30 hours per week, enroll in coverage, and is not the owner or the owners spouse.
- Upon enrollment, annual tax forms are required for groups with 2-4 employees; however, Kaiser Permanente reserves the right to request tax forms at any time. The employer must satisfy the definition of "Small Employer" as stated under ESHB 1046 and submit the necessary tax forms.
  - If owner(s) is/are enrolling: IRS Form 1040 or 1120 prior year documents are required.
  - If employees are enrolling: 5208 Quarterly Wage and Tax Form or current 3 months of payroll documentation showing hours worked are required. For new employees not yet on 5208 or 3 months of payroll: W4 form is required to verify employment.
  - For new business: Business license is required.
- Sole proprietors and partners are eligible for coverage if they are full-time, active in the business and 75% of the owner's income is derived from the business.

## **EMPLOYEE ELIGIBILITY**

- We will allow employers to cover employees who work 30 hours or more.
- Employees/individuals not eligible for coverage include, temporary employees, seasonal employees, substitute employees, independent contractors, uncompensated employees, volunteers, retirees, inactive owners, officers who are not active, managing members who are not active, investors or shareholders who are not otherwise eligible and silent partners. Retirees are not eligible.

## DEPENDENT ELIGIBILITY

- Spouse or domestic partner: If both employee and spouse/domestic partner work for the same company they may enroll together or separately.
- Children:
  - Children, as defined in plan documents in accordance with state and federal law, are eligible for medical and dental coverage up to the end of the month when turning age 26, regardless of financial dependency, employment, eligibility of other coverage, student status, marital status, tax dependency or residency. This requirement applies to natural and adopted children, stepchildren and children subject to legal guardianship.
  - Children eligible for coverage through both parents cannot be covered by both parents under the same plan.
  - When the child works for the same company as the parent, the child may enroll separately as an employee OR as a dependent under the parent's plan.
  - Grandchildren are eligible if court-ordered. A copy of the court order must be submitted.
- Employees may select coverage for eligible dependents under the dental plan even if they select single coverage under the medical plan.

## BROKER COMPENSATION

Line of Coverage	Compensation Percentage
Kaiser Permanente Medical	5%
Delta Dental of Washington	5%
VSP Direct Vision	10%