

Employer Administrative Guide



Dear AllWays Health Partners Client:

Thank you for choosing AllWays Health Partners as your health benefits carrier. We are committed to providing you with the highest level of quality and customer service.

This Administrative Guide contains information on administering AllWays Health Partners benefits for employees and includes important contact information and billing and enrollment procedures. General information, not intended as legal advice, on select federal and state laws applicable to employer-sponsored health plans is also presented in this guide. Please note that the most up-to-date version of the Administrative Guide can be found on our website, <https://www.allwayshealthpartners.org>.

AllWays Health Partners' Broker and Account Service Support Team is available to assist you should you have any questions regarding the information covered in this guide. You may also contact your Account Executive for assistance.

Again, thank you for your business. We look forward to working with you.

Sincerely,

AllWays Health Partners

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AllWays Health Partners reserves the right to amend, modify, or terminate the policies and procedures described in the Administrative Guide at any time. If a conflict occurs between the Administrative Guide and the Member Handbook or the Employer Agreement, the Member Handbook and Employer Agreement will prevail.

Important Contact Information

AllWays Health Partners staff are available to help when an employer or member has a question or needs assistance. This table details our contacts for specific questions or requests.

CONTACT	FOR INFORMATION ON	CONTACT INFO
Account Implementation Team	<ul style="list-style-type: none"> • Onboarding your account • Employer Portal setup • Group agreement 	Email: implement@allwayshealth.org
Broker and Account Services Support (BASS)	<ul style="list-style-type: none"> • General account and broker issues • Member eligibility • Enrollment, terminations, PCP changes • Demographic updates • AllWays Health Partners forms and brochures • Collateral requests • General coordination of benefits/third party liability 	Phone: 866-643-8392 Hours: M–F, 8:00 a.m.–6:00 p.m. Th, 8:00 a.m.–8:00 p.m. Email: brokeraccountsupport@allwayshealth.org
Customer Service (for members)	<ul style="list-style-type: none"> • Member eligibility • Benefits and coverage • Claims • Primary care provider changes • New/replacement ID cards • Member materials • Member account changes • Web support 	Phone: 866-414-5533 TTY: 800-655-1761 Hours: M–F, 8:00 a.m.–6:00 p.m. Th, 8:00 a.m.–8:00 p.m. Email: memberservices@allwayshealth.org
Sales Operations	<ul style="list-style-type: none"> • Pediatric Dental Attestation forms • Premium rates • Quoting • Broker portal • Broker of Record letters 	Phone: 800-433-5556 Fax: 617-526-1975 Email: salesupport@allwayshealth.org

MAILING ADDRESS	FOR:
AllWays Health Partners 399 Revolution Drive Suite 810 Somerville, MA 02145	General correspondence
AllWays Health Partners Account Implementation 399 Revolution Drive Suite 810 Somerville, MA 02145	New employer group contracts
AllWays Health Partners Department 120 P.O. Box 4106 Woburn, MA 01888-4106	Premium payments
AllWays Health Partners Enrollment Services 399 Revolution Drive Suite 810 Somerville, MA 02145	Enrollment and Change Forms enrollment@allwayshealth.org
AllWays Health Partners Coordination of Benefits/Third-Party Liability 399 Revolution Drive Suite 810 Somerville, MA 02145	Third-party liability information

Please note that the following changes **cannot** be made via telephone: first or last name, newborn first names, date of birth, gender, and Social Security number. These changes must be made online via the Employer Portal or through the Enrollment and Change Form. Please see the **Employer Portal Guide** for instructions on using AllWays Health Partners online enrollment function.

Subscriber and Dependent Eligibility Guidelines

This section contains the following information:

- Subscriber Eligibility
- Dependent Eligibility
- Domestic Partner Coverage
- Non-Discrimination Guidelines

Subscriber Eligibility

Subscriber HMO Eligibility

An employee is eligible to enroll as a subscriber in AllWays Health Partners' HMO product, if the employee:

- Is employed by an employer that maintains a headquarters within our Massachusetts service area.
 - Our service area includes the following counties: Barnstable, Bristol, Dukes, Essex, Hampden, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk, and Worcester.
- Chooses a provider that practices in Massachusetts, if the employee lives outside of the state.
- Works a minimum of twenty (20) hours per week as a part-time employee or thirty (30) hours per week as a full-time employee.
- Is a permanent employee who is hired to work at least five (5) months in a given year.
- Meets all other eligibility guidelines of the employer and AllWays Health Partners.

AND:

- Is enrolled through an employer that is up to date in the payment of the applicable premium payments for coverage.

Subscriber PPO Eligibility

AllWays Health Partners' PPO Plus* plan offers employers greater value, flexibility, and choice. Employers may choose to offer PPO Plus side-by-side with an AllWays Health Partners HMO plan for a combined health plan solution, or as a single plan that meets the needs of the company's entire workforce, regardless of where they live.

PPO Plus includes our full network of world-class hospitals, doctors, and community health centers within our service area, and PHCS' national network of 900,000 providers outside of the service area. With PPO Plus, members can see any provider and referrals are not required. Cost sharing will vary

depending on whether the chosen provider is in or out of the PPO Plus AllWays Health Partners network.

An employee is eligible to enroll as a subscriber in AllWays Health Partners' PPO product, if the employee:

- Works a minimum of twenty (20) hours per week as a part-time employee or thirty (30) hours per week as a full-time employee.
- Is a permanent employee who is hired to work at least five (5) months in a given year.
- Meets all other eligibility guidelines of the employer and AllWays Health Partners.

AND:

Is enrolled through an employer that is up to date in the payment of the applicable premium payments for coverage.

*Certain underwriting guidelines apply.

Dependent Eligibility

The spouse and/or dependent children of a subscriber are eligible to enroll as dependents, if they fall under one of the following definitions.

To be eligible as a spouse, the person must be either:

- The subscriber's legally married spouse. A legal spouse means the spouse of the subscriber who has entered into a legally valid marriage or civil union.
- The former spouse of a subscriber until such time that the subscriber or the former spouse remarries, whichever occurs first. This will be specified in the divorce judgment consistent with state law. If there is a court order to cover an ex-spouse and the subscriber remarries, a separate individual policy is required.

To be eligible as a child, the person must be:

- A child of the subscriber or the subscriber's spouse by birth, legal adoption (including a child for whom legal adoption proceedings have been initiated), or under custody pursuant to a court order, up to the last day of the month in which they turn twenty-six (26) years of age.

OR:

- A child who is under legal guardianship of the subscriber or subscriber's spouse, up to the last day of the month in which the dependent turns 26 years of age.* Documentation must be provided that includes a court document signed by a judge indicating:
 - The child's name
 - The appointed legal guardian(s)
 - The temporary or permanent designation
 - The effective date and, if temporary legal guardianship, the termination date; or

- A child who has been residing in the subscriber's home as a foster child and for whom the subscriber has received foster care payments; or
- A child of a dependent of the subscriber or subscriber's spouse, up to the last day of the month in which the child turns 26 years of age. However, when the parent of such child is no longer an eligible dependent of the subscriber or subscriber's spouse, the child is no longer covered; or
- A child who is recognized under a qualified medical child support order as having the right to enroll for coverage, up to the last day of the month in which the child turns 26 years of age. *

*In accordance with PPACA, AllWays Health Partners is required to cover the dependent through the date on which they turn 26 years of age. An employer may extend the coverage date to the end of the month in which the dependent turns 26, or an employer could offer coverage through any age after the age of 26.

Domestic Partner Coverage

Employer groups may choose to cover domestic partners as an optional benefit without additional cost, upon signature of a legal affidavit by employees electing this coverage. If the group does not specify domestic partner coverage, such partners are, by default, not covered.

- Domestic partner coverage may only be added on the initial effective date with AllWays Health Partners or upon renewal, except in the case of a new hire, in which case the benefit will apply for that employee until the next renewal date, or in the case of a qualifying event as described below.
- AllWays Health Partners requires subscribers and their sole domestic partner to sign an affidavit attesting to, among other things, that they have shared their residence for a minimum of 12 months prior to the inception of the domestic partner coverage and intend to live together indefinitely.
- Employees who have shared their residence for less than 12 months with their domestic partner may elect this coverage once the 12-month requirement has been met, in which case this qualifying event will allow the employee to change his/her coverage tier (and premiums) off anniversary for the remainder of the account's contract period.
- Employers are responsible for obtaining and maintaining all affidavit records. The records must be made available to AllWays Health Partners for auditing if requested.

Domestic partner coverage is available to all small and large groups. If another carrier is offered alongside AllWays Health Partners, the other carrier must also offer domestic partner coverage for AllWays Health Partners to do so.

Eligibility of Physically or Psychologically Challenged Dependents

A mentally or physically disabled child, who is incapable of earning his/her own living and who is enrolled under the subscriber's plan, will continue to be covered if the child continues to be mentally or physically incapable of earning his/her own living and meets AllWays Health Partners' criteria for handicapped dependent status. Dependents who, at the age of 26, are mentally or physically incapable of

earning their own living may be eligible for handicapped dependent coverage. Eligibility for this coverage requires a signed attestation form from the dependent's physician. For additional information on handicapped dependent coverage and/or a copy of the form, please contact the Broker and Account Services Support Team.

Non-Discrimination Guidelines

AllWays Health Partners coverage plans have no preexisting-condition limitations or exclusions. AllWays Health Partners does not use the results of genetic testing in making any decisions about enrollment, renewal, payment, or coverage of health care services, nor does AllWays Health Partners consider any history of domestic abuse, or actual or suspected exposure to diethylstilbestrol (DES), in making such decisions.

AllWays Health Partners accepts members regardless of their income status, physical or mental condition, age, gender, gender identity, sexual orientation, religion, creed, race, color, physical or mental disability, national origin, English proficiency, ancestry, marital status, genetic information, medical history, receipt of health care, veteran's status, occupation, claims experience, duration of coverage, pre-existing conditions, actual or expected health status, need for health care services, evidence of insurability, ultimate payer for services, status as a member, or geographic location within the service areas.

Enrollment Periods and Qualifying Events

This section contains the following information:

- Enrollment Periods and Qualifying Events
- Enrollment in the Event of Loss of Other Coverage
- Change from Individual to Family Coverage

Enrollment Periods and Qualifying Events

Open Enrollment Periods

Eligible employees may select AllWays Health Partners coverage during open enrollment periods.

- The initial AllWays Health Partners open enrollment period takes place prior to the effective date of the group agreement or another date agreed upon by AllWays Health Partners and the employer.
- The annual open enrollment period is held prior to the group's contract anniversary date or another date as agreed to by AllWays Health Partners and the employer.

Open Enrollment Materials

During open enrollment, the employer distributes information about the plan to its employees. This includes details on plan benefits and services. If the employer plans to distribute communications regarding AllWays Health Partners that were not created by AllWays Health Partners, the employer must submit this information to their Sales Executive for review and approval prior to distribution.

Qualifying Events

In addition to open enrollment, eligible employees may enroll in the group plan under the following circumstances:

- New hire, after any applicable probationary period, which should not exceed ninety (90) days in accordance with federal regulations. Employers must have a consistent probationary period in place for all new hires (e.g., thirty (30) days after date of hire, or first day of the next month after date of hire, etc.). The date of hire and requested effective date must be included on the application.
- Schedule change. The employee begins working the number of hours necessary to qualify for group health insurance through the employer.
- Involuntary loss of prior group health insurance. Documentation from the prior employer and the prior health insurance plan indicating the termination date of coverage, as well as the termination reason, must be provided with the completed enrollment form.

- Life event. Life events include marriage, birth of a child, and adoption and/or having legal guardianship of a child granted.

Enrollment in the Event of Loss of Other Coverage

Eligible employees must submit an enrollment form and other required documentation to AllWays Health Partners within sixty (60) days of losing other coverage if:

- The employee who previously waived AllWays Health Partners' coverage because they were covered under other insurance that has now been terminated.
- The employee's spouse or eligible dependent has lost other insurance.
- The employee marries.
- The employee has a newborn or adopts a child. *
- The employer's contributions toward the dependent's coverage are terminated.

*The effective date must be the date of birth in the case of a newborn dependent. In the case of an adoptive dependent, the effective date must be the date of adoption or placement for adoption.

Change from Individual to Family Coverage

An employee who has experienced any of the following events may change an existing individual membership to family coverage if the request is received within retroactivity guidelines (see guidelines on page 14):

- Open enrollment.
- Marriage—the effective date must be the date of marriage.
- Birth of a child—a completed enrollment submission is required. The effective date must be the child's date of birth. Enrollment should not be delayed while waiting for a Social Security number.
- Adoption of child—required documentation includes written notification from the adoption agency that includes the date the child was placed in the home for adoption, and a completed enrollment submission. The effective date must be the date of placement of the child.
- Legal guardianship of child—required documentation includes court documents signed by a judge and a completed enrollment submission. The effective date must be the date legal guardianship is granted. If legal guardianship is granted on a temporary basis, the child is eligible for coverage for the length of the legal guardianship only.
- Involuntary loss of spouse's or child's prior group health insurance—required documentation includes written notification from the spouse's or child's group indicating the reason for and date of termination, and a completed enrollment submission. The effective date must be the termination date of the prior coverage.

AllWays Health Partners must receive written notice (on a form supplied or approved by AllWays Health Partners) of the enrollment of members or changes between individual and family coverage no more than sixty (60) days after any such change is to be effective. If timely notice of enrollment is not

given because of administrative error, AllWays Health Partners may, at its discretion, allow enrollment of the member upon explanation of the circumstances by the employer. If timely notice of enrollment is not given, the effective date of coverage shall be no more than sixty (60) days prior to our receipt of notification of enrollment.

Enrollment Guidelines and Process

This section contains the following information:

- General Enrollment Guidelines
- Processing of Enrollments
- Options for Submitting Enrollments
- Collection of Social Security Numbers
- Primary Care Provider Selection
- Termination of Member Coverage

General Enrollment Guidelines

Any person who meets eligibility requirements may be enrolled in AllWays Health Partners by their employer submitting a completed enrollment form via our employer portal or by mail. A member is enrolled only upon AllWays Health Partners' acceptance of the enrollment application. Acceptance will be based upon timely receipt of the enrollment application and applicable premium, as well as satisfaction of all the requirements of both the group and subscriber agreements.

Processing of Enrollments

To ensure accurate and timely enrollment of employees, employers should submit completed enrollment applications (that include all required information) to AllWays Health Partners as early as possible.

Notification of enrollment requests must be received within sixty (60) days of the effective date of coverage. If AllWays Health Partners does not receive notification of enrollment within sixty (60) days, the employee and/or dependent(s) will not be enrolled until the next open enrollment period or until a subsequent qualifying event occurs.

- Incomplete information will delay enrollment, issuing of ID cards, and receipt of other important member materials.
- If AllWays Health Partners does not receive enrollment submissions prior to the effective date of coverage, services may be denied.

Options for Submitting Enrollments

An employer has four options for submitting enrollments: Electronic Data Interchange (EDI), bulk enrollment entry through the Employer Portal, single subscriber/family entry through the Employer Portal, and the paper Enrollment and Change Form. For faster processing, online enrollment is preferred.

Electronic Data Interchange

The EDI is a high-volume method for employers to submit enrollments and changes through a secure batch file transmission. EDI can be used by large groups with at least 50 AllWays Health Partners subscribers. The 834 file is our preferred format for EDI. For more information regarding EDI, please contact your Account Executive.

Online Bulk Enrollment through the Employer Portal

Using the Excel template that can be downloaded from the portal, employers may submit multiple enrollment transactions online, at the same time. Once the template has been downloaded, the employer should complete the form, ensuring that all required fields have been filled out. The completed spreadsheet should then be uploaded to and submitted in the portal. Online bulk enrollment transactions are processed in real time and health care services are available the same day the transaction was made. Digital ID cards are available within 24 hours of the upload.

For further information on online bulk enrollment, please consult the AllWays Health Partners' Employer Portal Guide.

Single Entry Online Enrollment through the Employer Portal

This is the simplest way for a small business to process enrollments with us. Once an employer is logged into the Employer Portal, they should select "Create New Enrollment", fill out the subscriber and dependent information fields, and submit the transaction. These transactions are processed in real time; therefore, health care services are typically available the same day the transaction is made. Digital ID cards are available online within 24 hours of the transaction. Employers can also look up existing members and make enrollment changes or terminate coverage.

For further information on single-entry online enrollment, please consult the AllWays Health Partners Employer Portal Guide.

Enrollment and Change Form

Employers also have the option of enrolling employees by completing and submitting the paper Enrollment and Change Form. The form can be downloaded at allwaysbroker.org by selecting "Forms and Resources" under "Doing Business with AllWays Health Partners". To ensure that employees are enrolled quickly and correctly, all applicable fields of the Enrollment and Change Form must be completed. Incomplete or illegible forms may delay enrollment and may result in a denial of services. Enrollment and Change Forms should be mailed to AllWays Health Partners at the address shown on the form. Mailed forms must be postmarked within sixty (60) days of the effective date of coverage. Forms can also be emailed to AllWays Health Partners at enrollment@allwayshealth.org or faxed to 617-528-1981

Collection of Social Security Numbers (SSNs)

Federal law requires employers to collect the SSNs of group health plan members to comply with federal reporting regulations. AllWays Health Partners requests SSNs as part of the enrollment process. The SSN must be provided for all members enrolling under the employer's coverage. Employers may face

substantial penalties for non-compliance. Members' SSNs are used only to comply with federal reporting regulations.

Primary Care Provider (PCP) Selection

All members enrolled in the AllWays Health Partners' HMO product are required to choose a PCP upon enrollment. PCP selection may be made through AllWays Health Partners' member portal, www.allwaysmember.org or by calling Customer Service. PPO members are not required to choose or list a PCP.

Termination of Member Coverage

Termination by a Subscriber or Employer

A subscriber who is enrolled through an employer may terminate coverage with the approval of AllWays Health Partners and notification to AllWays Health Partners by the employer.

AllWays Health Partners must receive written notice of member termination on a form supplied or approved by us no later than sixty (60) days after such change is to be effective. If timely notice of termination is not provided, retroactivity is limited to a date sixty (60) days prior to the receipt of written notice.

Termination by AllWays Health Partners

AllWays Health Partners may terminate an individual's rights to benefits under the conditions specified in the Subscriber Agreement. All of the terminated member's rights to benefits shall cease as of the effective date of termination.

Coverage ends at midnight on the date a member's coverage is terminated. Services received after midnight on the date a member's coverage terminates will not be covered. All authorizations for services issued by AllWays Health Partners or participating providers assume confirmation of membership and are invalid after termination of membership, including retroactive terminations.

NOTE: Employers should submit terminations using one of the enrollment options described on page 11. AllWays Health Partners does not accept terminations that are submitted by marking up the monthly invoice or included with the premium payment. This could delay the processing of the terminations and the reflection of termination credits on the invoice.

Notifying AllWays Health Partners of Important Changes

This section contains the following information:

- Notification of Enrollment Requests
- Notification of Changes Between Individual and Family Coverage
- Notification of Enrollment Termination
- Retroactivity Guidelines

It is important that employers, brokers, and third-party administrators notify AllWays Health Partners of enrollments, changes in membership status, and terminations in a timely and accurate manner. Timely communication ensures that members receive the documents and care they need, when they need it.

Enrolling employees prior to the effective date of coverage helps to ensure that members receive identification (ID) cards and other materials regarding their health benefits prior to their use of health services. Enrollments and changes received by AllWays Health Partners more than sixty (60) days after the effective date of coverage must be supported by a qualifying event (see Qualifying Events, page 7); otherwise, the enrollment or status change will not be accepted.

Notification of Enrollment Requests

Enrollment requests must be received within sixty (60) days of the effective date of coverage. If AllWays Health Partners does not receive notification of enrollment within sixty (60) days, the employee and/or dependent(s) will not be enrolled until the next open enrollment period or until a subsequent qualifying event occurs.

Notification of Changes between Individual and Family Coverage

Requests to change between individual and family coverage must be received no more than sixty (60) days after any such change is to be effective. If timely notice of enrollment is not given because of administrative error, AllWays Health Partners may, at its discretion, allow enrollment of the member upon explanation of the circumstances by the employer. If timely notice of enrollment is not given, the effective date of coverage shall be no more than sixty (60) days prior to our receipt of notification of enrollment.

Notification of Enrollment Termination

Termination requests received with effective dates on the first of the month will be processed as of the last day of the previous coverage month. For example, if the Enrollment and Change Form is received with an effective termination date of June 1, AllWays Health Partners will process the transaction effective May 31. Coverage will be effective until midnight on May 31.

Retroactivity Guidelines

Transactions such as changes to marital status, adding a dependent, and terminations are allowed within sixty (60) days of the requested effective date.

Exceptions to this policy are considered on a case-by-case basis and require documentation from the employer explaining why the request for the exception is being made. Retroactivity guidelines may vary by account.

Member Materials and Member/Employer/Broker Online Resources

This section contains the following information:

- Member Materials
- Member Identification (ID) Cards
- Member/Employer/Broker Online Resources

Member Materials

Member kits are mailed within seven (7) to ten (10) business days of receipt of enrollments. The member kit includes important information on medical, pharmacy, and other benefits.

Member Identification (ID) Card

Members will receive a permanent member ID card in the mail within seven (7) to ten (10) business days of enrollment submission. The AllWays Health Partners' member ID card contains important member and benefit information that providers and pharmacists use to verify their membership and copayment amounts. Members may also download and print a digital ID card by logging into their allwaysmember.org online account, or access their ID card via mobile app.

Members should present their ID card when they receive health care services or fill a prescription. Members should always carry their ID card with them so it will be on hand whenever they need care.

Members should examine their ID cards carefully upon receipt to ensure that all information is correct. Members with questions about the ID card, or to report a lost card, should contact Customer Service at 866-414-5533. Members should not let anyone else use their ID card for any purpose, including obtaining health care services.

Online Resources

AllWays Health Partners offers online self-service resources for employers, brokers, and members. Our secure employer, broker, and member portals also provide useful tools that are easy to use. As an additional resource, our website, allwayshealthpartners.org contains a wide range of information about benefits, services, and health programs.

Employer Portal for Employers and Brokers

AllWays Health Partners' Employer Portal, <https://allwaysemployer.org> provides employers and their brokers with secure and easy online enrollment, the preferred enrollment method of AllWays Health Partners. Employers who want their broker to have access to the portal must submit a completed Third-Party Administrator Form before access will be granted to the broker.

Using the portal helps to ensure timely, accurate, and secure processing of enrollment changes. The Employer Portal provides employers with tools to help them manage and administer their plan. Employers can manage enrollment, update subscriber information, view premium invoices, make premium payments, schedule future and automatic payments, setup payment reminders, compare plans, download forms, and access member newsletters, important updates, and information on AllWays Health Partners' health and wellness program. Please see the Employer Portal Guide for more information on online enrollment.

AllWays Health Partners Member Portal

[Allwaysmember.org](http://allwaysmember.org) is AllWays Health Partners secure, personalized portal for members. The member portal makes it easy for members to get the most out of their plan. Members may review coverage and out-of-pocket costs, choose a PCP, request new ID cards, print digital ID cards, update account information, view the wide range of preventive and medical benefits available to them, and get the latest news about AllWays Health Partners' products and services. Members can utilize the portal to access the DoctorSmartSM Rewards incentive program where they can receive cash rewards when they shop and select lower-cost, high-quality facilities for services. When a member uses DoctorSmart to obtain cost estimates for incentivized procedures, the platform provides a clear and simple explanation of why a reward is being offered and how to take advantage of the program. Members can log in through allwaysmember.org to begin comparison shopping.

AllWays Health Partners has enhanced this tool by providing members access to the DoctorSmart personal assistant shopping service. Members can be instantly connected to personal shopping assistants who will answer any questions about the program, help with the shopping process, and even reach out to the referring or ordering physician to assist with the transition to a lower cost provider.

Members can also log in to allwaysmember.org via the web browser on their smartphones.

Claims and Authorizations

This section contains information on the following:

- Member Reimbursement of Claims Paid
- Claims for Services Obtained Outside of the Service Area
- Authorizations

Member Reimbursement of Claims Paid

AllWays Health Partners' providers should not bill a member for any service included on the covered services list in the Member Handbook.

- In the event a member receives a bill from a provider for a covered service, the member should contact Customer Service at the phone number listed on the back of their member ID card.
- In the event a member paid an AllWays Health Partners provider for any service included on the covered services list, the member should contact AllWays Health Partners Customer Service. We will coordinate claims payment and reimbursement to the member.

Claims for Services Obtained Outside of the Service Area

When a member needs emergency or urgent care while traveling abroad or for HMO members outside of AllWays Health Partners' service area, AllWays Health Partners will pay the provider directly. If asked for payment, the member should ask the provider to contact AllWays Health Partners. If a member pays for emergency or urgent care while traveling abroad or outside of the service area, AllWays Health Partners will reimburse the member for these services.

AllWays Health Partners may reimburse members only for those services obtained outside of the service area that are emergency services or urgent care services. Members have up to twelve (12) months to submit a request for a reimbursement. This request must include an itemized bill from the provider or facility that includes service and diagnosis codes and documentation indicating proof of payment. All claims must be submitted using U.S. currency. AllWays Health Partners may require additional information for some claims. The AllWays Health Partners Member Handbook provides details on submitting a claim.

Members with questions about claims may call AllWays Health Partners Customer Service:

Phone: 866-414-5533

TTY: 800-655-1761

Authorizations

An authorization is a special approval by AllWays Health Partners for payment of certain services. Not all services require authorization. However, for those that do, for the service to be covered, an authorization must occur *before* the member receives the service. The PCP or specialist treating the

member will submit an authorization request to AllWays Health Partners, if necessary. Examples of services requiring an authorization include home care, select durable medical equipment, surgical procedures, select radiology tests, elective admissions, and inpatient psychiatric care. AllWays Health Partners processes authorizations as soon as possible in accordance with regulatory and accreditation standards. For further information on authorizations, members should consult their AllWays Health Partners Member Handbook.

Third-Party Liability

This section contains the following information:

- Benefits in the Event of Other Coverage
- Medicare Eligibility and Coordination of Benefits
- Workers Compensation and Government Programs
- Third-Party Liability
- Subrogation
- Member Cooperation in Matters Related to Subrogation and Coordination of Benefits
- AllWays Health Partners' Rights to Subrogation and Coordination of Benefits

The AllWays Health Partners Coordination of Benefits/Third-Party Liability (COB/TPL) Department determines whether another insurer or party may be liable for expenses for services the member receives. The COB/TPL department will work to coordinate benefits between multiple parties as allowed by law. The member may have other coverage including other health benefit plans, medical payment policies, governmental benefits, and Medicare.

Benefits in the Event of Other Coverage

When a member is covered by two or more health benefit plans, one plan is “primary” and the other plan is “secondary.” The benefits of the primary plan are considered before those of the secondary plan. The benefits of the secondary plan may be reduced because of the primary plan’s benefits.

In the case of health benefit plans that contain provisions for Coordination of Benefits (COB), the following rules decide which plan is primary and which plan is secondary:

- Dependent/non-dependent
 - The benefits of the plan that covers the person as an employee or subscriber are considered before those of the plan that covers the person as a dependent.
- Dependent child whose parents are not separated or divorced—the order of benefits is determined as follows:
 - The benefits of the plan of the parent whose birthday falls earlier in the calendar year are considered before those of the plan of the parent whose birthday falls later in the year.
 - If both parents have the same birthday, the benefits of the plan that has provided coverage to a parent for the longer period will be considered prior to the plan that has covered a parent for the shorter period.
 - If the other plan in consideration does not contain provisions for COB but instead has a rule based upon the gender of the parent resulting in disagreement on the order of benefits, the “birthday rule” in this plan will determine the order of benefits.

- Dependent child whose parents are separated or divorced—unless a court specifies one of the parents as responsible for the health care benefits of the child, the order of benefits is determined as follows:
 - First, the plan of the parent with custody of the child
 - Then, the plan of the spouse of the parent with custody of the child
 - Finally, the plan of the parent not having custody of the child
- Active/inactive employees—the benefits of the plan that cover the person as an active employee are considered before those of the plan that cover the person as a laid-off or retired employee.
- Longer/shorter length of coverage—if none of the above rules determines the order of benefits, the benefits of the plan that covered the member longer are considered before those of the plan that covered that person for the shorter time. If a member is covered by a health benefit plan that does not have provisions governing the coordination of benefits between plans, that plan will be the primary plan.

Provider Payment When AllWays Health Partners Coverage is Secondary

When a member’s NH AllWays Health Partners coverage is secondary to a member’s coverage under another health benefit plan, AllWays Health Partners may suspend payment to a provider of services until the provider has properly submitted a claim to the primary plan and the claim has been paid, in whole or in part, or denied by the primary plan. AllWays Health Partners may recover any payments made for services in excess of AllWays Health Partners liability as the secondary plan either before or after payment by the primary plan.

Medicare Eligibility and Coordination of Benefits

When Medicare is the primary plan (or would be the primary plan if the member had been enrolled when they reached the age of 65), AllWays Health Partners will pay only for services that would not be covered by Medicare, or payments that would exceed what would be payable by Medicare.

Medicare is the secondary payer and AllWays Health Partners the primary payer for certain employers and certain Medicare members under the Working Aged Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), Disability, and the End Stage Renal Disease (ESRD) Medicare Secondary Payer (MSP) laws.

MSP Law	Number of Employees	Subscriber	Dependent
Working Aged	20+	Age 65+ active employee	Age 65+ spouse of active employee
Disability	100+	Under age 65 active employee	Under age 65 dependent of active employee
ESRD*	All employers	Under age 65 active employee or retiree	Under age 65 dependent of an active employee or retiree

*For a commercial group member who is eligible for Medicare due to end-stage renal disease, AllWays Health Partners will be the primary payer for covered services during the “coordination period” specified by federal regulations at 42 CFR Section 411.62. After that period, Medicare will become the primary payer.

The AllWays Health Partners Member Handbook provides more detailed information on coordination of payment in the event of other coverage. Members with questions on COB may call 617-772-5729 and ask for Coordination of Benefits.

Workers’ Compensation and Government Programs

If AllWays Health Partners learns that services provided to a member are covered under Workers’ Compensation, employer’s liability, or other programs of similar purpose, or by a federal, state, or other governmental agency, AllWays Health Partners may suspend payment for such services until it is determined whether payment will be made by such program.

If AllWays Health Partners provides or pays for services for an illness or injury covered under Workers’ Compensation, employer’s liability or other programs of similar purpose by a federal, state, or other government agency, we will be entitled to recover its expenses from the provider of services or the party (or parties) legally obligated to pay for such services.

Third-Party Liability

Third-party liability (TPL) is a method of protecting AllWays Health Partners’ rights of recovery if another party is liable for payment of claims. The claims involved are generally related to accidents such as automobile, slip and fall, work-related injury, product liability, or medical malpractice. Once a claim has been identified as being the responsibility of another party, the TPL team protects AllWays Health Partners interests, either by filing a lien, retracting the payments made, or sending a bill to the other carrier.

For members who are entitled to the medical payment benefit of another insurance policy, such as (but not limited to) automobile, boat, homeowners, hotel, restaurant, or other insurance policy, such coverage will become primary to the coverage detailed in the AllWays Health Partners Member Handbook for services rendered in connection with a covered loss under that other insurance policy. AllWays Health Partners will not duplicate any benefits to which the member is entitled under any medical payment policy or benefit.

AllWays Health Partners’ COB/TPL department works with third parties to determine primary and secondary payment responsibilities when other insurance benefits exist and when a third party may be responsible for claims payment. Employers and members who need to submit information relating to a COB/TPL should send the information to:

AllWays Health Partners
Coordination of Benefits/Third-Party Liability
399 Revolution Drive
Suite 810
Somerville, MA 02145

Subrogation

Subrogation is a legal means by which AllWays Health Partners and other health insurance carriers recover expenses of services when a third party is legally responsible for coverage related to a member's injury or illness.

If another person or entity is or may be liable for services related to a member's illness or injury, and AllWays Health Partners has paid for or provided those services, AllWays Health Partners will utilize subrogation and succeed to all rights of the member to recover against such person or entity 100% of the value of the services paid for or provided. AllWays Health Partners will have the right to seek the recovery from the person or entity that caused the injury or illness, their liability carrier, or the member's automobile insurance carrier, among others.

In the event a member has been reimbursed by another party for medical expenses provided or paid for by AllWays Health Partners, we shall be entitled to recover from the member 100% of the amount the member has received. AllWays Health Partners' right to recover 100% of the value of services paid or provided is not subject to any reduction for attorney's fees. AllWays Health Partners' right to 100% recovery shall apply even if any recovery the member may receive for an illness or injury is designated or described as being for damages other than health care expenses.

To enforce its subrogation rights, AllWays Health Partners will have the right to take legal action, with or without the member's consent, against any party, to secure recovery of the value of services provided or paid for by AllWays Health Partners for which such party is or may be liable.

Member Cooperation in Matters Related to Coordination of Benefits and Subrogation

In accordance with the AllWays Health Partners Member Handbook, the member agrees to cooperate with AllWays Health Partners in exercising its rights of subrogation and COB. Such cooperation will include, but not be limited to:

- The provision of all information and documents requested by AllWays Health Partners.
- The execution of any instruments deemed necessary by AllWays Health Partners to protect its rights.
- The prompt assignment to AllWays Health Partners of any monies received for services provided or paid for by AllWays Health Partners.
- The prompt notification to AllWays Health Partners of any circumstances that may relate to AllWays Health Partners' rights.

The member further agrees to do nothing to prejudice or interfere with AllWays Health Partners' rights to subrogation or COB. Failure of the member to perform the obligations stated in this subsection shall render the member liable to AllWays Health Partners for any expenses incurred, including reasonable attorney's fees, in enforcing its rights.

AllWays Health Partners' Rights to Subrogation and Coordination of Benefits

Nothing in this guide or the AllWays Health Partners Member Handbook shall be construed to limit AllWays Health Partners right to utilize any remedy provided by law to enforce its rights to subrogation or coordination of benefits.

Continuation of Coverage (COBRA)

This section contains the following information:

- COBRA Continuation Coverage
- Employee Eligibility
- Dependent Eligibility
- Provision of COBRA and Length of Coverage
- Notification Requirements
- Collection of Premium Payments
- Provider Inquiries, Employee Questions, Subscriber's Change of Address

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) is the federal law that gives employees and their eligible dependents, who would otherwise lose their health insurance benefits, the option of continuing coverage under their employer's group plan. Most employers with twenty (20) or more employees are subject to COBRA. Under certain qualifying events, employees and their eligible dependents can elect to continue group health insurance coverage at the employee's expense for specific lengths of time.

Employee Eligibility

Coverage under COBRA becomes available to an employee when, because of one of the following qualifying events, he/she would otherwise lose group health coverage:

- Hours of employment are reduced.
- Employment ends for any reason other than gross misconduct.

An employee may also have the right to continuation of coverage if he/she is an eligible retiree of an employer involved in a Title 11 bankruptcy case. The spouse, surviving spouse, and dependent children of the employee may also be eligible for coverage in this situation.

COBRA can also become available to members of the subscriber's family who are covered under the group plan when they would otherwise lose their group health coverage. After a qualifying event, COBRA must be offered to each person who is a qualified beneficiary—employee, spouse, and dependent children. Qualified beneficiaries who elect COBRA must pay for this coverage. Dependent eligibility is discussed below in greater detail.

The federal government does not recognize domestic partners as eligible dependents. Therefore, domestic partners are not considered eligible COBRA beneficiaries. For employers that provide coverage for domestic partners, AllWays Health Partners will approve requests from employers to offer

COBRA continuation coverage to domestic partners. However, employers who exercise this option should consult their tax counsel to understand the implications of this choice.

Dependent Eligibility

The spouse of an employee becomes a qualified beneficiary if he/she loses coverage under the group plan because of any of the following qualifying events:

- The death of the employee
- The employee's hours of employment are reduced
- The employee's employment ends for any reason other than gross misconduct
- The employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The spouse becomes divorced or legally separated from the employee

Dependent children will become qualified beneficiaries if they lose coverage under the plan because of any of the following qualifying events:

- Death of the parent-employee
- Parent-employee's hours of employment are reduced
- Parent-employee's employment ends for any reason other than gross misconduct
- Parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated
- The child stops being eligible for coverage under the plan as a "dependent child"

Qualified dependents may have the right to continuation of coverage if the employee is an eligible retiree of an employer involved in a Title 11 bankruptcy case.

Provision of COBRA and Length of Coverage

AllWays Health Partners will offer COBRA to qualified beneficiaries only after AllWays Health Partners has been notified that a qualifying event has occurred. This qualifying event is subject to a sixty (60)-day retroactive period.

Once we receive notice concerning a qualifying event, COBRA will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have the independent right to elect COBRA. Covered employees may elect COBRA continuation coverage on behalf of their spouses and parents may elect COBRA on behalf of their children.

COBRA provides continuation of coverage for up to thirty-six (36) months when the qualifying event is one of the following:

- The death of the employee
- The employee becomes entitled to Medicare benefits (Part A, Part B, or both)

- The employee’s divorce or legal separation
- The loss of eligibility for a dependent child (e.g., dependent/student reaches the age of 26)

COBRA Coverage and Medicare Benefits

When an employee becomes entitled to Medicare benefits less than eighteen (18) months *before* the end of employment or a reduction of the employee’s hours of employment, COBRA for qualified beneficiaries (other than the employee) lasts up to thirty-six (36) months after the date of the employee’s Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight (8) months before the date on which his/her employment terminates, COBRA coverage for the spouse and children can last for up to thirty-six (36) months after the date of Medicare entitlement.

Otherwise, when the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA coverage generally lasts for up to eighteen (18) months. This eighteen (18)-month period can be extended in two ways:

- **Disability extension of eighteen (18)-month period of continuation coverage**—If the employee, or anyone in his/her family covered under the plan, is determined by the Social Security Administration to be disabled and AllWays Health Partners is notified in a timely fashion, the employee and his/her entire family may be entitled to receive up to an additional eleven (11) months of COBRA for a total maximum of twenty-nine (29) months. The disability must have begun before the sixth (6th) day of COBRA continuation coverage and must last at least until the end of the eighteen (18)-month period of continuation coverage. The employee must submit to AllWays Health Partners a copy of the letter from the Social Security Administration that confirms eligibility.
- **Second qualifying event extension of eighteen (18)-month period of continuation coverage**—If the employee’s family experiences another qualifying event while receiving eighteen (18) months of COBRA continuation coverage, the spouse and dependent children can receive up to eighteen (18) additional months of COBRA, for a maximum of thirty (30) months, if notice of the second qualifying event is properly given to the plan. This extension may be available to the spouse and any dependent children receiving COBRA if the employee or former employee dies, becomes entitled to Medicare benefits (Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the plan had the first qualifying event not occurred.

The following table highlights the COBRA qualifying events and length of coverage for each event.

Qualifying Event* Subject to 60-day retroactive period	EMPLOYEE	DEPENDENT SPOUSE	DEPENDENT CHILD
Reduction of hours of employment	To 18 months	To 18 months	To 18 months
Reduction of hours of employment AND employee becomes entitled to Medicare benefits less than 18 months before the qualifying event		To 36 months after date of Medicare entitlement	To 36 months after date of Medicare entitlement

Qualifying Event* Subject to 60-day retroactive period	EMPLOYEE	DEPENDENT SPOUSE	DEPENDENT CHILD
End of employment for any reason except employee's gross misconduct	To 18 months	To 18 months	To 18 months
End of employment for any reason except employee's gross misconduct AND employee becomes entitled to Medicare benefits less than 18 months before the qualifying event		To 36 months after date of Medicare entitlement	To 36 months after date of Medicare entitlement
Employee becomes entitled to Medicare benefits (Part A, Part B, or both)		To 36 months	To 36 months
Death of employee		To 36 months	To 36 months
Divorce or legal separation		To 36 months	To 36 months
Child stops being eligible for coverage as "dependent child"			To 36 months
Disability extension of 18-month period of continuation coverage	Up to additional 11 months	Up to additional 11 months	Up to additional 11 months
Second qualifying event extension of 18-month period of continuation coverage in the event the employee dies, becomes entitled to Medicare benefits, divorces or legally separates, or child stops being eligible as dependent		Up to additional 18 months with a 36-month maximum	Up to additional 18 months with a 36-month maximum

*An employee may also have the right to continuation of coverage if he/she is an eligible retiree of an employer involved in a Title 11 bankruptcy case. The spouse, surviving spouse, and dependent children may also be eligible for coverage in this situation.

Notification Requirements

Employer/Qualified Beneficiary Notification Requirements

Employers are responsible for notifying employees, spouses, and dependents of their rights under COBRA and employers must notify AllWays Health Partners when persons elect to continue coverage. The COBRA notification requirements are as follows:

- Employers are required to provide a notice of COBRA rights to covered employees and spouses upon enrollment in a group health plan.
- In the event of a covered employee's reduction of hours or termination, the employer must notify the eligible individuals (employees, spouses and dependent children) of their COBRA rights at the time of the qualifying event.
- In the event of a dependent reaching maximum age, the employee's divorce or legal separation, the employee must notify the employer within sixty (60) days of the event. The employer has fourteen (14) days to notify the subscriber and dependents of their COBRA rights.
- In the event of the covered employee's death, Medicare entitlement, or the employer's bankruptcy, the employer has fourteen (14) days from the notice of such event to notify the eligible individuals of their COBRA rights.

Upon receipt of the notice of COBRA rights, eligible individuals have sixty (60) days to elect continuation of coverage under COBRA. Each qualified beneficiary has an independent right to elect COBRA coverage.

Note: Employers who use a third-party administrator have an additional thirty (30) days to notify their plan administrator.

AllWays Health Partners Notification Requirements

Using AllWays Health Partners' Employer Portal or the AllWays Health Partners Enrollment and Change Form, an employer should complete the following requests regarding COBRA election and enrollment:

- Enrollment request when the eligible individual elects COBRA. The effective date of COBRA coverage must be indicated.
- Termination request to remove the employee, spouse, and/or dependent(s) from group coverage, *as soon as possible after the qualifying event occurs (but within sixty (60) days)*. This ensures that the employer will not be responsible for premium payments during the member's election period.

The following table highlights the COBRA notification requirements:

RESPONSIBLE PARTY	RECIPIENT(S)	NOTIFICATION REQUIREMENT	TIMING OF NOTIFICATION
Employer	Employee/Spouse	Notice of COBRA rights upon enrollment in group health plan	Upon enrollment
Employer	Eligible Beneficiaries	Notice of COBRA rights in the event of reduction of hours or termination	At time of qualifying event
Employer	Employee/Dependents	Notice of COBRA rights when informed by employee of dependent reaching maximum age	Within 14 days of employee's notification
<i>Employer</i>	<i>Employee/Dependents</i>	Notice of COBRA rights when informed by employee of divorce/ legal separation	Within 14 days of employee's notification
Employer	Eligible Beneficiaries	Provide notice in the event of employee's death	Within 14 days of notice of event
Employer	Eligible Beneficiaries	Provide notice in the event of Medicare entitlement	Within 14 days of notice of event
Employer	Eligible Beneficiaries	Provide notice in the event of employer's bankruptcy	Within 14 days of notice of event
Employer	AllWays Health Partners	Termination request to remove employee, spouse, and/or dependents from group coverage	Within 60 days of qualifying event.
Employer	AllWays Health Partners	Enrollment request	When eligible beneficiaries elect COBRA

RESPONSIBLE PARTY	RECIPIENT(S)	NOTIFICATION REQUIREMENT	TIMING OF NOTIFICATION
Employee	Employer	Notify employer of dependent reaching maximum age	Within 60 days of event
Employee	Employer	Notify employer of a divorce/legal separation	Within 60 days of event
Eligible Beneficiaries	Employer	Notification of election of COBRA rights	Within 60 days of receipt of notification

Collection of Premium Payments

The employer is responsible for collecting premium payments for those employees and eligible dependents who elect to continue coverage under COBRA. Under COBRA, employers can charge these individuals up to 102% of the group premium amount.

For subscribers whose coverage is extended from eighteen (18) to twenty-nine (29) months because of a disability (eligibility as determined by the Social Security Administration) may be required to pay up to one hundred and fifty percent (150%) of the group premium amount after the initial eighteen (18)-month period.

Provider Inquiries, Employee Questions, Subscriber's Change of Address

Provider Inquiries

AllWays Health Partners occasionally receives inquiries from medical providers about eligibility for coverage under the employer's health plan. Under COBRA, employers have an obligation to respond to such inquiries. Our practice is to advise medical providers whether an individual is an active or inactive AllWays Health Partners member. However, because of retroactive enrollments or disenrollments, we may inform the provider that only the employer can give complete and definitive information on member eligibility that may relate to COBRA. Employers are required to respond to any such provider inquiry with information about a member's coverage, including any applicable COBRA election period.

Employee Questions

Employees should contact their Plan Administrator when they have questions about the plan or COBRA continuation coverage rights.

Subscribers' Change of Address

To protect the subscriber's rights, the subscriber should inform the Plan Administrator of any changes to the addresses of family members. Subscribers should also keep a copy of any notices sent to the Plan Administrator for their records.

For additional information about employee rights and obligations under the plan and under federal law, employees should review the plan's summary description or contact the Plan Administrator.

Additional Information

For more information about a person's rights under the Employee Retirement Income Security Act (ERISA) including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area, or visit the EBSA website at www.dol.gov/ebsa, where addresses and phone numbers of regional and district EBSA offices are available.

Mini-COBRA

This section contains the following information:

- Mini-COBRA Continuation Coverage
- Employee Eligibility
- Dependent Eligibility
- Provision of Mini-COBRA and Length of Coverage
- Notification Requirements
- Expiration of Mini-COBRA Prior to Period of Length of Coverage
- Administration of Mini-COBRA
- Eligibility Requirements and Premium Payments

Mini-COBRA Continuation Coverage

In 1996, Massachusetts enacted a law known as “Mini-COBRA” (Chapter 176J, Section 9 of the Massachusetts General Laws). Mini-COBRA requires small group health plans to provide for continuation of coverage of health benefits to employees who work for small employers, defined as companies with two (2) to nineteen (19) employees. Continuing coverage allows an employee, employee’s spouse, or employee’s dependent children to continue coverage, at group rates, when coverage by AllWays Health Partners ends because of a qualifying event. Only qualified beneficiaries have the right to choose continuing coverage. To be a qualified beneficiary, the employee, employee’s spouse, or employee’s dependent children must have had health benefit coverage by AllWays Health Partners through the covered employer on the day before the qualifying event.

Employee Eligibility

Coverage under Mini-COBRA is offered to employees who would otherwise lose their group health coverage due to one of the following qualifying events:

- Hours of employment are reduced, or
- Employment ends for any reason other than gross misconduct

An employee may also have the right to Mini-COBRA if he/she is an eligible retiree of an employer involved in a Title 11 bankruptcy case. The employee’s spouse, surviving spouse, and dependent children may also be eligible for coverage in this situation.

Dependent Eligibility

The spouse of an employee becomes a qualified beneficiary if he/she loses coverage under the group plan because of one of the following qualifying events:

- Death of the employee
- The employee's hours of employment are reduced
- The employee's employment ends for any reason other than gross misconduct
- The employee becomes entitled to Medicare
- The spouse becomes divorced or legally separated from the employee

Dependent children become qualified beneficiaries if they lose coverage under the plan because of one of the following qualifying events:

- Death of the parent-employee
- Parent-employee's hours of employment are reduced
- Parent-employee's employment ends for any reason other than gross misconduct
- Parent-employee becomes entitled to Medicare
- The parents become divorced or legally separated
- The child stops being eligible for coverage under the plan as a "dependent child" under the terms of AllWays Health Partners

Provision of Mini-COBRA and Length of Coverage

AllWays Health Partners will offer Mini-COBRA to each qualified beneficiary only after AllWays Health Partners has been notified by the employer that a qualifying event has occurred. The beneficiary must first notify the employer of the qualifying event; then the employer will inform AllWays Health Partners. The qualifying event is subject to the sixty (60)-day retroactive period. The employer and AllWays Health Partners may end an employee's Mini-COBRA if it is determined that the employee is no longer eligible.

Mini-COBRA lasts for up to thirty-six (36) months when the qualifying event is one of the following:

- The death of the employee
- The employee becomes entitled to Medicare benefits
- The employee's divorce or legal separation
- The loss of eligibility for a dependent child under the small group health benefit plan

If an employee becomes entitled to Medicare benefits less than eighteen (18) months before the qualifying event, and that qualifying event is either the end of employment or a reduction of the employee's hours of employment, then Mini-COBRA for qualified beneficiaries, other than the employee, lasts until thirty-six (36) months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight (8) months before the date on which his/her employment terminates, Mini-COBRA coverage for the spouse and children can last up to thirty-six (36) months after the date of Medicare entitlement.

When the qualifying event is the end of employment or a reduction in the employee’s hours of employment and the covered employee is not eligible for Medicare, Mini-COBRA generally lasts for up to a total of eighteen (18) months. This eighteen (18)-month period can be extended in two ways:

- Disability extension of eighteen (18)-month period of continuation coverage**—If the employee, or anyone in his/her family covered under the plan, is determined by the Social Security Administration to be disabled, the employee and his/her entire family may be entitled to receive up to an additional eleven (11) months of COBRA for a total maximum of twenty-nine (29) months. The employee should have received a letter from the Social Security Administration notifying him/her (or the family member) of eligibility. The employee should submit a copy of this letter to AllWays Health Partners within 60 days of when the person was determined to be disabled and within the initial eighteen (18)-month continuation coverage period.
- Second qualifying event extension of eighteen (18) month period of continuation coverage**—If the employee’s family experiences another qualifying event while receiving eighteen (18) months of Mini-COBRA continuation coverage, the spouse and dependent children can receive up to eighteen (18) additional months of Mini-COBRA, for a maximum of thirty-six (36) months. The employee should inform the employer so that notice of the second qualifying event is properly given to the plan.

The table below highlights the Mini-COBRA qualifying events and length of coverage for each event:

Qualifying Event* Subject to 60-day retroactive period	Employee	Dependent Spouse	Dependent Child
Reduction of hours of employment	To 18 months	To 18 months	To 18 months
End of employment for any reason except gross misconduct	To 18 months	To 18 months	To 18 months
Employee becomes entitled to Medicare benefits (Part A, Part B, or both)		To 36 months	To 36 months
Death of employee		To 36 months	To 36 months
Divorce or legal separation		To 36 months	To 36 months
Child stops being eligible for coverage as “dependent child”			To 36 months
Disability extension of 18-month period of continuation coverage	Up to additional 11 months	Up to additional 11 months	Up to additional 11 months
Second qualifying event extension of 18-month period of continuation coverage in the event the employee dies, becomes entitled to Medicare benefits, divorces or legal separates, or child stops being eligible as dependent		Up to additional 18 months with a 36-month maximum	Up to additional 18 months with a 36-month maximum

*An employee may also have the right to continuation of coverage if he/she is an eligible retiree of an employer involved in a Title 11 bankruptcy case. The employee’s spouse, surviving spouse, and dependent children may also be eligible for coverage in this situation.

Notification Requirements

An employee must receive written notification of his/her right to choose continuation of coverage within fourteen (14) days after an employer has been notified of a qualifying event. This notification comes from the employer and should be sent by certified mail. The employee has sixty (60) days from either the date he/she lost coverage or from the date he/she received the letter (whichever is later) to inform the employer if he/she elects to continue coverage.

The employer is required to notify AllWays Health Partners of the employee's decision. If the employee does not elect continuing coverage, his/her group health insurance coverage under AllWays Health Partners will end. The last effective date of the employee's coverage will be either the date of the qualifying event or the date through which his/her premium has been paid. The coverage under this benefit is identical to that which is being provided to active employees. Any changes made to the coverage being provided to active employees, including discontinuation of coverage, will apply to qualified beneficiaries eligible under Mini-COBRA.

The following table is an overview of mini-COBRA notification requirements.

RESPONSIBLE PARTY	RECIPIENT(S)	NOTIFICATION REQUIREMENT	TIMING OF NOTIFICATION
Employee	Employer	Notify employer of dependent reaching maximum age	Within 60 days of event
Employee	Employer	Notify employer of a divorce/legal separation	Within 60 days of event
Employer	Employee/Spouse	Notice of mini-COBRA rights upon enrollment in group health plan	Upon enrollment
Employer	Eligible Beneficiaries	Notice of mini-COBRA rights in event of reduction of hours or termination	At time of qualifying event
Employer	Employee/Dependents	Notice of mini-COBRA rights when informed by employee of dependent reaching maximum age	Within 14 days of employee's notification
Employer	Employee/Dependents	Notice of mini-COBRA rights when informed by employee of divorce/ legal separation	Within 14 days of employee's notification
Employer	Eligible Beneficiaries	Provide notice in event of employee's death	Within 14 days of notice of event
Employer	Eligible Beneficiaries	Provide notice in event of Medicare entitlement	Within 14 days of notice of event
Employer	Eligible Beneficiaries	Provide notice in event of employer's bankruptcy	Within 14 days of notice of event
Employer	AllWays Health Partners	Termination request to remove employee, spouse, and/or dependents from group coverage	Within 60 days of qualifying event.

RESPONSIBLE PARTY	RECIPIENT(S)	NOTIFICATION REQUIREMENT	TIMING OF NOTIFICATION
Employer	AllWays Health Partners	Enrollment request	When eligible beneficiaries elect Mini-COBRA
Eligible Beneficiaries	Employer	Notification of election of mini-COBRA rights	Within 60 days of receipt of notification

Expiration of Mini-COBRA Prior to Length of Coverage Period

An employee’s coverage under Mini-COBRA may end prior to the expiration of the 18-, 29-, or 36-month period for any of the following five reasons:

1. The former employer no longer provides group health coverage.
2. The employee fails to pay his/her monthly premium on time.
3. The employee is covered under another group health plan.
4. The employee or a dependent becomes entitled to benefits under Medicare.
5. Coverage has been extended for up to 29 months due to disability and it has been determined that the employee is no longer disabled. The employee must notify the Covered Employer within 30 days of any such final determination. The Covered Employer will then inform AllWays Health Partners.

Administration of Mini-COBRA

AllWays Health Partners **requires small group employers and intermediaries to assist with the administration of Mini-COBRA.** Specifically, AllWays Health Partners requires small group employers and intermediaries to:

- Provide all eligible employees with a “Continuation of Coverage Rights under Mini-COBRA” document at the time of hire (the document is included in the Appendix).
- Provide all qualified beneficiaries with a “Continuation of Coverage Rights under Mini-COBRA” document following notification of a qualifying event.
- Provide qualified beneficiaries with a “Continuation of Coverage” election letter.
- Collect all premium payments when a qualified beneficiary elects continuing coverage.

If you have any questions about Mini-COBRA, please contact AllWays Health Partners’ Broker and Account Services Support team at 800-643-8392.

Eligibility Requirements and Premium Payments

The employer and AllWays Health Partners may end an employee’s continuation of coverage retroactively if it is determined that the employee is no longer eligible.

To continue coverage, the employee must pay all the “Applicable Premiums.” The Applicable Premium is the premium applicable to active employees of the small employer group. If an employee has a qualifying event and is no longer covered by the employer group’s plan, the employee must pay the

entire premium for the Mini-COBRA. The first payment is due 45 days after the employee chooses Mini-COBRA. After the employee makes their first payment, all other premium payments are due every month within 30 days of the due date. When the Mini-COBRA ends, for any reason, it cannot be reinstated.

This is only a summary of the law. The law itself and AllWays Health Partners' policies and procedures are the official sources regarding eligibility for continuation of coverage.

Privacy Practices

This section provides information on:

- AllWays Health Partners Confidentiality Practices
- Notice of Privacy Practices
- Member Rights and Responsibilities

AllWays Health Partners Confidentiality Practices

AllWays Health Partners is strongly committed to protecting the personal and health information of our members. To maintain member privacy, we have instituted the following practices:

- AllWays Health Partners employees do not discuss a member’s personal information in public areas (such as the cafeteria, elevators, or when outside the office).
- Electronic information is kept secure using passwords, automatic screen savers, and limiting access to only those employees with a “need to know.”
- Written information is kept secure by storing it in locked file cabinets and enforcing “clean-desk” practices. Printed documents are destroyed using secure shredding bins.
- All AllWays Health Partners staff, as part of their initial orientation, receive training on AllWays Health Partners confidentiality and privacy practices.
- All employees must complete Confidentiality and Privacy practices training modules annually.
- All providers and other entities with whom AllWays Health Partners needs to share information are required to sign confidentiality agreements.
- AllWays Health Partners only collects information that is necessary to provide members with the services that they have agreed to receive by enrolling in AllWays Health Partners, or as otherwise required by law.

In accordance with state law, AllWays Health Partners takes special precautions to protect any information concerning mental health or substance abuse, HIV status, sexually transmitted diseases, pregnancy, or termination of pregnancy.

Notice of Privacy Practices

As a health insurance plan, AllWays Health Partners has personal health information (PHI) about our members. By law, AllWays Health Partners must protect the privacy of a member’s health information.

AllWays Health Partners may use or share a member’s health information under the following circumstances:

- When requested by the U.S. Department of Health and Human Services to make sure a member's privacy is protected
- When required by law or a law enforcement agency
- For payment activities — such as checking a member's eligibility for health benefits and paying a member's health care providers for services received
- To operate programs — such as evaluating the quality of health care services received by members and performing studies to reduce health care costs
- With a member's health care providers — to coordinate treatment and services
- With health-oversight agencies — such as the Centers for Medicare and Medicaid Services, for oversight activities authorized by law, including fraud and abuse investigations
- For research projects that meet specific privacy requirements
- With government agencies that provide a member with benefits or services
- With plan sponsors of employer health plans, but only if they agree to safeguard the information
- To prevent or respond to an immediate and serious health or safety emergency
- To remind a member of appointments, benefits, treatment options, or other health-related choices
- With entities that provide services or perform functions on behalf of AllWays Health Partners, provided they have agreed to safeguard the information

When state privacy law is stricter than federal privacy law, AllWays Health Partners will follow the stricter law. For example, Massachusetts state law requires AllWays Health Partners to obtain a member's written permission before sharing sensitive information such as that related to HIV/AIDS or drug abuse.

Except for the instances stated above, AllWays Health Partners cannot use or share a member's health information with anyone without the member's written permission. A member may cancel permission at any time, if the member informs us in writing.

AllWays Health Partners is prohibited from using or disclosing any genetic information. AllWays Health Partners does not use a member's health information for marketing purposes and does not sell health information.

Members have the right to make the following requests, in writing, from AllWays Health Partners:

- To obtain a copy of their health information
- To change their health information if they think it is wrong or incomplete (the member must inform AllWays Health Partners of what should change and why)
- To ask AllWays Health Partners to limit its use or sharing of a member's health information (AllWays Health Partners may not always be able to grant such requests)
- To use alternative contact information provided by the member, if contacting the member at the address or telephone number on file might be harmful to the member

- To ask AllWays Health Partners for a list of when and with whom AllWays Health Partners has shared the member's health information
- To receive a paper copy of the privacy notice

We may change how we use and share a member's health information. If AllWays Health Partners makes an important change, we will provide written notification to its members. AllWays Health Partners is strongly committed to maintaining member privacy.

If a member would like to exercise any of the rights described in this notice, or if a member feels that AllWays Health Partners has violated his/her privacy rights, the member may contact our Privacy Officer in writing at:

AllWays Health Partners
 Privacy Officer
 Suite 820
 399 Revolution Drive
 Somerville, MA 02145

Filing a complaint or exercising a member's rights will not affect the member's benefits. The member may also file a complaint with the U.S. Secretary of Health and Human Services at:

U.S. Department of Health and Human Services
 200 Independence Avenue SW
 Washington, DC 20201
 Toll-free: 877-696-6775

For more information, or if a member needs help understanding this notice, the member may call AllWays Health Partners Customer Service at 866-414-5533 (TTY 800-462-5449).

Member Rights and Responsibilities

Rights as an AllWays Health Partners Member

As a valued member of AllWays Health Partners, you have the right to:

- Receive information about AllWays Health Partners, our services, our providers and practitioners, covered benefits, and your rights and responsibilities as a member.
- Receive documents in alternative formats and/or oral interpretation services, free of charge, for any materials in any language.
- Have your questions and concerns answered completely and courteously.
- Be treated with respect and with consideration for your dignity.
- Have privacy during treatment and expect confidentiality of all records and communications.
- Discuss and receive information regarding your treatment options, regardless of cost or benefit coverage, with your provider in a way that is understood by the member.
- Be included in all decisions about your health care, including the right to refuse treatment.
- Change your primary care provider.

- Access emergency care twenty-four hours a day, seven days a week.
- Access an easy process to voice your concerns and expect follow up by AllWays Health Partners.
- File an appeal (grievance) or complaint if you have had an unsatisfactory experience with AllWays Health Partners or with any of our contracted providers or if you disagree with certain decisions made by AllWays Health Partners.
- Make recommendations regarding AllWays Health Partners member rights and responsibilities.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Freely apply your rights without negatively affecting the way AllWays Health Partners and/or your provider treats you.
- Ask for and receive a copy of your medical records and request that any inaccurate or outdated information be corrected.
- Receive the covered health care services you are eligible for as outlined in the Member Handbook.
- Make decisions about your medical care, including the right to accept or refuse medical or surgical treatment.
- Receive a second opinion about a medical procedure and have AllWays Health Partners pay for that service.
- Create and apply for an Advance Directive, such as a will or a health care proxy, if you are 18 years of age or older.

Responsibilities as an AllWays Health Partners Member

To ensure the efficiency of AllWays Health Partners policies, AllWays Health Partners members have the responsibility to:

- Choose a primary care provider (PCP), the provider responsible for a member's care (not applicable to PPO members).
- Contact their PCP when they need health care.
- Tell any health care provider that they are an AllWays Health Partners member and provide their member ID card.
- Give complete and accurate health information that AllWays Health Partners or their provider needs to provide appropriate care.
- Understand the role of their PCP in providing care and arranging other medical services that they may need.
- Understand their health problems and take part in making decisions about their health care and in developing treatment goals with their provider.
- Follow the plans and instructions agreed to with their provider.

- Understand their benefits—what is covered and what is not covered.
- Call their PCP within 48 hours of any emergency or out-of-area treatment. If they experience a behavioral health (mental health and substance abuse) emergency, they should contact their behavioral health provider, if they have one.
- Notify AllWays Health Partners and their employer of any changes in personal information such as address, telephone, marriage, additions to the family, eligibility of other health insurance coverage, etc. The member may be responsible for payment of services they receive that are not included in their covered services.

General Employer Account Information

This section contains the following information:

- Determination of Employer Group Size
- Termination of Employer Group Coverage
- Availability of On-Line Reporting

Determination of Employer Group Size

In accordance with the ACA and the Massachusetts Division of Insurance, starting with policy effective dates of January 1, 2017, group size is determined by the number of an employer's full-time equivalent (FTE) employees.

- An employer is classified as a small group when it has 50 or fewer FTE employees. Employers with greater than 50 FTEs will be directed to AllWays Health Partners' large group portfolio of products.
- FTE is determined by adding the number of full time employees (those working on average at least 30 hours in a week) and the total hours worked by part-time employees (those working on average less than 30 hours per week) divided by 30.
- Employers can use the federal calculator (as suggested by the DOI) for the Small Business Health Options Program which is located on healthcare.gov to determine group size.

AllWays Health Partners will still collect account information from employers on the total number of eligible employees in accordance with Massachusetts regulations.

Termination of Employer Group Coverage

Voluntary Termination

Both AllWays Health Partners and the employer can terminate their agreement. AllWays Health Partners and the employer agree to provide the other with written notice of termination at least thirty (30) days prior to the next contract anniversary date, effective on such contract anniversary date, except as outlined below. Termination will be processed as of the last month paid in full.

- Termination for failure to pay premiums—At AllWays Health Partners discretion, if the employer has not paid all premiums owed by the due date, AllWays Health Partners may terminate the Group Agreement immediately upon prompt written notice to the employer. The termination will become effective in accordance with the written notice. All rights to health care benefits under the Group Agreement and the Subscriber Agreement will terminate on the effective date set forth in the notice.

- Cessation of operation—If AllWays Health Partners ceases operation or becomes unable to provide benefits set forth in the Group Agreement, then AllWays Health Partners may terminate the Group Agreement upon written notice to the employer given at least ninety (90) days in advance. The termination will become effective in accordance with the written notice. All rights to health care benefits under this agreement and the Subscriber Agreement will terminate on the effective date set forth in such notice.

For more information on termination, visit the Commonwealth of Massachusetts website at www.mass.gov and enter “940 CMR 9.00” in the search bar.

Reporting

AllWays Health Partners enhanced on-line client reporting system is available for access by our clients, brokers, and consultants. This resource provides a robust portfolio of self-service reports clients can use to supplement any additional ad-hoc reporting they may choose to request.

Access to AllWays Health Partners full portfolio of standard client reports will be available either through our self-service on-line portal or from AllWays Health Partners client reporting department. Ad hoc reports will be provided by AllWays Health Partners reporting analysts within agreed upon timelines.

Premium Billing for Fully Insured Accounts

This section details AllWays Health Partners premium billing process.

- Billing and Payment Schedule
- Premium Invoice
- Online Billing and Payments
- Paper Billing and Payment
- Payments and Coverage
- Employer Contribution toward Premium

Monthly billing cycles are determined by the effective date of the group's enrollment. Billing occurs on a monthly cycle with coverage beginning on the first day of each cycle.

Billing and Payment Schedule

Invoices are available approximately fifteen (15) days before the start of each monthly billing cycle and are due and payable no later than the first day of the monthly billing cycle for which the premium is applicable (for example, billing is generated in January for February coverage). AllWays Health Partners will prorate the amounts for additions to and terminations of enrollments.

Premium Invoice

The premium invoice details the new balance, previous balance, due date, and subtotals for each group within the account (for example, a main group and a COBRA group).

The invoice also includes:

- The grand total due.
- Details for each group including subscribers covered under the plan and type of coverage (family or individual).
- The amount due or credited for each member. This amount reflects premium activity for enrollment transactions processed within the month indicated.
- Summary of total number of contracts, contracted rate, and totals billed per type of coverage.

Online Billing and Payments

AllWays Health Partners' online billing system is accessible to employers via the AllWays Health Partner employer portal, allwaysemployer.org. Employers can view their statements, make premium payments,

schedule future and automatic payments, and setup reminders through the portal by clicking on the “Premium Management” tab.

Premium payments must be made via electronic funds transfer from the employer’s checking account. Payment via credit card is not available.

Paper Billing and Payment

For employers not taking advantage of AllWays Health Partners’ online billing system, invoices will be mailed approximately fifteen (15) days before the start of each monthly billing cycle.

The invoice summary page should be included with the payment. Payments should be submitted to:

AllWays Health Partners
Department 120
P.O. Box 4106
Woburn, MA 01888-4106

For questions about the group invoice, please contact AllWays Health Partners’ Broker and Account Support Services team at 866-643-8392.

Payments and Coverage

Members are covered by AllWays Health Partners when the agreed-upon premium payment is received by AllWays Health Partners and only for the period for which the premium payment applies.

If AllWays Health Partners has not received the appropriate premium payment from the employer by the monthly due date, AllWays Health Partners may, at its discretion, terminate the Group Agreement effective as of the last day of the period for which premium payment was received. As of the effective date of termination, the rights of members under the Group Agreement, including rights under the Subscriber Agreement, will cease. Coverage may be reinstated only through renewed application and reenrollment in accordance with the requirements of the Group Agreement. AllWays Health Partners is not responsible if the employer fails to pay AllWays Health Partners, or fails to pay on a timely basis, even if the employer has already charged the subscriber (for example, by withholding employee contributions) for all or part of the premium payment.

Per Massachusetts state regulations, all subscribers are notified in writing of the termination for non-payment of the premium. Under Massachusetts Office of the Attorney General Regulations at 940 CMR 9.00 Group Health Care Insurers, Termination of Coverage, insurers including AllWays Health Partners, are required to notify subscribers listed under a group’s plan of a termination of benefits due to a group’s non-payment. Under these regulations, this notice must include: a) the date of termination of benefits; b) that the termination was a result of the group’s non-payment; c) that the benefits are covered only to the date of termination; and d) that temporary continuation of coverage is available from the date of termination through the date of notice. This termination for non-payment is not considered a “rescission” under Federal Health Care Reform.

During the collections process, AllWays Health Partners will send out the following notifications in an attempt to secure premium payment:

1. Reminder Letter (to Group) – sent ~10 days after the invoice due date
2. Termination Warning Letter (to Group) – sent ~35 days after the invoice due date
3. Subscriber Offer Letter (to Subscribers) – sent ~50 days after the invoice due date, but no later than the 57th day after the invoice due date

Payment Adjustments

AllWays Health Partners will refund prepayments made on behalf of members whose coverage is subsequently terminated, provided:

1. The employer notifies AllWays Health Partners within sixty (60) days after the effective date of termination.
2. AllWays Health Partners has not paid claims on behalf of the subscriber or his/her eligible dependents.

Changes in Rates

Unless otherwise agreed to in writing, or when required because of a change in applicable law, changes in rates under the Group Agreement will take effect on the contract anniversary date. AllWays Health Partners will give written notice of rate changes to the employer at least thirty (30) days prior to the next contract anniversary date except when rates are changed due to changes in applicable law.

Employer Contribution toward Premium

The employer must inform AllWays Health Partners of the amount it contributes toward each health plan offered to its employees and its contribution percentage of premiums due, at least thirty (30) days before the contract anniversary date each year. The contribution must not be changed except upon thirty (30) days' notice to AllWays Health Partners and will be effective only on the next contract anniversary date. The contribution that the employer makes toward the cost of AllWays Health Partners premiums will be an amount that does not financially discriminate against an employee.

AllWays Health Partners has the right to review the employer's method of determining its contribution toward premiums. The employer's contribution toward the cost of premiums shall not be deemed discriminatory if the employer's method of determining contributions on behalf of all employees is reasonable and is designed to assure employees of their choice among health benefit plans. *

*For more information on state laws governing such contributions, visit www.mass.gov and type "Sec. 211 CMR 66" into the search bar.

Employer Contribution Requirements

A small group must contribute at least fifty percent (50%) of the monthly premium for individual subscribers and at least thirty-three percent (33%) of the monthly premium for subscribers with dependents.

Additional Resources

Commonwealth of Massachusetts

www.mass.gov

Massachusetts Division of Insurance

Division of Insurance
1000 Washington Street
Suite 810
Boston, MA 02118-6200

Phone: 617-521-7794
877-653-4467 (toll free)

Massachusetts Executive Office of Health and Human Services

www.mass.gov/eohhs

Medical Security Plan (MSP) Requirements

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
6325 Security Boulevard
Baltimore, MD 21207-5187

U.S. Secretary of Health and Human Services

U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Phone: 202-619-0257
877-696-6775 (toll free)

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