



beWellnm for Small Business Enrollment & Eligibility Guide

Affordable health insurance options. *Made easy!*

Topic		Guideline
Employer Eligibility		
1	Carve-Outs	Carve-Outs are not allowed. Union employees are not eligible unless their benefits are not subject to collective bargaining through the union.
2	Change in Ownership Prior to Renewal of In Force Group	If an Employer Group is sold prior to the end of the plan year, the new owner may make changes to business name, address, etc. Any material changes (change in plans, coverage level, etc.) cannot be made until the group renews. If there is a change in FEIN the group will be required to terminate and new owner will need to reapply as a new group.
3	COBRA Administration	Employers with 20 or more employees that are qualified to offer COBRA, the employer is responsible for administering Federal Cobra requirements.
4	Composite Rating	Composite rates are not available for beWellnm plans.
5	Contribution Requirements	To participate in beWellnm, employers must contribute a minimum of 50 percent of the lowest cost employee-only premium in their selected metal tier(s) (Platinum, Gold, Silver or Bronze) in order to qualify for the Tax Credit. EFFECTIVE OCTOBER 1, 2019 Employer can cover any amount of premium, including \$0. Employer can contribute either a percent or a set dollar amount to their employees' premium.
6	Effective Dates	Effective dates for coverage are the 1st of each month. In the case of birth, adoption, court ordered dependent coverage, and placement in foster care, the effective date for coverage will be either the date of birth, adoption, court order, or placement in foster care on the 1st of the following month if requested by the employee. In the case of special enrollment following beWellnm or Carrier error or a material violation of the contract, the date of the event that triggered the special enrollment period will be the effective date.
7	Eligible Employees	Eligible employees include: <ul style="list-style-type: none"> • Full-time permanent employees (average of 30 hours a week measured over the course of a month) • Part-time employees (part-time employees who work 20-29 hours per week and coverage offered to part-time employees at owner's discretion)
8	Employee Only Coverage	Employers can apply for employee only coverage. Dependent coverage is optional. However, under the Affordable Care Act's employer shared responsibility provisions, certain employers (called applicable large employers or ALEs) must either offer minimum essential coverage that is "affordable" and that provides "minimum value" to their full-time employees (and their child dependents - spouse coverage is not mandated), or potentially make an employer shared responsibility payment to the IRS. The employer shared responsibility provisions are sometimes referred to as "the employer mandate" or "the pay or play provisions." Please visit IRS website for details. https://www.irs.gov/affordable-care-act/employers/determining-if-an-employer-is-an-applicable-large-employer
9	Employee Premium Rates and Location	Employee premium rates are based on the employer's principal business address zip code and not on the employee's residential zip code.
10	Employer address changes and OE or SEP	1. An address change that results in a rating region change takes effect at the next renewal, not at the date of the address change. 2. A change in the physical address for an employer may or may not trigger a new enrollment period for employees as follows: <ul style="list-style-type: none"> • Employer chooses not to start a new plan year based upon the move and therefore not re-write their policy with beWellnm (no OE). Available plans must still be based upon their old address. Employees who move with the employer so that they no longer live or work in the service area of their previously chosen plan would be offered a SEP to select a plan that is available to them at their new location but based upon the employer's old address (e.g. PPO). • Employer chooses to re-write their policy with beWellnm based upon their new address. A brand-new open enrollment period (OE) would be allowed if the employer requested it, as a legitimate business reason, if the employer moved to a new location and employees move with them. A new plan year would begin in this instance and rates would reflect those in place as of the date of the new plan year. • No new enrollment period (no SEP or OE) would be triggered if the location change for the employer did not result in the relocation of any employees.
11	Group Size	Employers are eligible to purchase coverage for their employees and dependents in beWellnm if they up to 50 full-time equivalent employees. An eligible employee is one who works an average of 30 hours per week or 120 hours per month based on a month of work. An employer can decide to offer coverage to part-time employees who work between 20 and 29 hours per week. Please visit IRS website for assistance. https://www.irs.gov/uac/small-business-health-care-tax-credit-questions-and-answers-determining-ftes-and-average-annual-wages
12	Groups That Grow Over 50	A small business that is enrolled in beWellnm and grows to exceed 50 full-time equivalent employees will be allowed to renew their coverage as long as the employer continues to meet beWellnm eligibility requirements, including contribution and participation requirements.
13	Guaranteed Issue	Employers, their employees, and eligible dependents who are eligible for beWellnm are guaranteed coverage.
14	Health Reimbursement Arrangements or Other Employer Funded Arrangements	HRAs and other employer funding arrangements for employee cost share is subject to carrier requirements as stated in their specific Group Service Agreements (GSAs) for beWellnm policies.
15	Husband and Wife Only Groups	Employer and spouse only groups are not eligible for coverage. An employer must have one common law employee (which cannot be a spouse) that works at least 30 hours a week.
16	Minimum Group Size	Minimum group size is 2 Full Time Equivalent (FTE) employee. An eligible group is one that has up to 50 FTEs. Employers and spouses do not count as FTEs for the purposes of determining group size. The only way an employer and spouse only group could be eligible is if the required "common law employee" works as a FTE, or a minimum of 30 hours per week on average. Otherwise they would have less than 1 FTE.
17	New Business Materials Submission Deadline	The submission deadline is 30 business days prior to the requested effective date. Enrollment calendar can be found at https://bewellnm.com/shop/small-business-toolkit . Completed submissions received after the deadline will carry an effective date no earlier than the first of the following month unless the employer submits a signed beWellnm New Business Late Submission Acknowledgement Form.
18	New Businesses	New businesses that are applying for beWellnm must adhere to the requirements specific to their business type per Step 1 of the Employer Application.

19	Owner/Partnership Eligibility	Owners/Officers are eligible and do not need to be on payroll to qualify for beWellnm. However, employers must provide appropriate documentation for owners/officers to verify eligibility and must have at least (1) common law employee other than the Owner/Officer. <i>This requirement also applies to nonprofit organizations.</i> Please refer to Step 1 of the Employer Application for instructions.
Topic		Guideline
20	Participation Requirements	A minimum of 50 percent of eligible employees must participate. If employer pays 100 percent of the employees' health premiums, then all eligible employees not waiving coverage must enroll in health insurance coverage through beWellnm. EFFECTIVE OCTOBER 1, 2019 0% of a small business' employees must participate to be eligible for coverage.
21	Percentage of COBRA Participants Allowed	There is no maximum percentage of COBRA or participants an enrolling employer group may have.
22	Placing Business with beWellnm and Another Carrier	Allowed as long as 70% of eligible employees are enrolled with beWellnm, except if the enrollment occurs during the Annual Special Enrollment Period (Nov 15 - Dec 15). The Annual Special Enrollment Period allows employers to enroll without meeting the beWellnm participation and/or contribution requirements.
23	Plans for Out of State Dependents	Dependents who reside out of state are eligible for emergency coverage only, unless on an eligible PPO plan. Certain PPO plans include out of state providers in their networks outside of New Mexico.
24	Rate Guarantee	Rates for beWellnm plans are guaranteed for 12 months from effective date.
25	Reapplying for Coverage After Notice of Coverage Cancellation	Employers may reapply after coverage cancellation for either voluntary termination or for involuntary termination due to non-payment of premium. Employers seeking to reapply for coverage 31 or more days following the effective date of termination shall be considered a new group.
26	Reinstatements for Coverage After Notice of Coverage Cancellation	Involuntary terminated groups due to non-payment may request to be reinstated in the same coverage in which it was last enrolled within 30 days after the effective date of termination. Past due premiums, if any, must be paid before a group may be reinstated without a lapse in coverage. Group may only reinstate once during the 12-month period beginning at the time of their original effective date or from their most recent renewal date, whichever is more recent.
27	Statement of Information	A Statement of Information must be submitted with the beWellnm Employer Application, but does not need to be stamped. New employers that have been in business less than 30 days should refer to Step 1 of the Employer Application for submitting alternate documentation. Partnerships and sole proprietorships are excluded from this requirement.
28	Two-Life Groups with One Eligible Waiver	Two-life groups with one eligible waiver are eligible for beWellnm coverage. An employer must have one common law employee (which cannot be a spouse) that works at least 30 hours a week.
29	Waiting Periods	Waiting periods are determined by the employer and must comply with applicable federal and state law.
30	Waiving Waiting Periods	At the employer's discretion, waiting periods can be waived <i>only at initial enrollment</i> for new hires.
31	Discontinued Reference Plan	If an employer's reference plan is no longer available at renewal, the employer must select a new reference plan during the employer's annual election period. If employer does not select a new reference plan prior to renewal quote creation, a default alternative reference plan will be auto-selected for the group. However, the contribution rate applied to the new reference plan will remain as the previous employer contribution rate selected.
Employee Eligibility		
32	Dependent Children Age Max	Dependent children are eligible for medical coverage up to age 26. Notice of termination for child dependents who turn 26 is provided 90 days prior to the last day of coverage. Termination is effective the 1st day of the month following their 26th birthday.
33	Eligible Dependent(s)	Employers that wish to offer dependent coverage may do so for the following qualified dependent(s): <ul style="list-style-type: none"> • Spouse • Registered Domestic Partner • Non-registered Domestic Partner • Children (including adopted children, foster children, or those under legal guardianship) • Disabled Adult Children Under the Affordable Care Act's employer shared responsibility provisions, certain employers (called applicable large employers or ALEs) must either offer minimum essential coverage that is "affordable" and that provides "minimum value" to their full-time employees (and their child dependents - spouse coverage is not mandated), or potentially make an employer shared responsibility payment to the IRS. The employer shared responsibility provisions are sometimes referred to as "the employer mandate" or "the pay or play provisions."
34	Families that Work for the Same Company	Family members that work for the same employer may enroll as a subscriber with dependents or separately, at their discretion. All eligibility requirements still apply.
35	Ineligible Employees	Employees that are not eligible for coverage in beWellnm include: <ul style="list-style-type: none"> • 1099 employees • seasonal employees • temporary employees • union employees (subject to collective bargaining) • Part-time with less than 20 hours per week
36	Maximum Enrollee Age	There is no maximum enrollee age for a subscriber; however, there is a maximum enrollee age for a dependent child, which is 26.
37	Newborn Policy	For the first 30 days of the newborn's life, he or she will be covered as an extension of the mother under her policy and deductible. Starting on day 31 of the newborn's life, the baby will need to have his or her policy. Upon enrollment, the coverage effective date is date of birth or the first day of the month, at the parents' election.
38	Plan Selection Options for Employees and Dependents	Employees and their dependents must be enrolled in the same plan.
39	Premium Rates - Initial Group Enrollment and Renewal	Employees and their dependents will be rated at the age they are at the time of their initial group enrollment. Rates will not change until the annual group renewal. At renewal, rates will reflect enrollee ages as of the renewal date.
40	Retiree Coverage	Retiree coverage is not offered.
41	Employee's Discontinued plans	At renewal if an employee's plan is discontinued, the employee will be enrolled in a plan offered by the same carrier and within the same metal tier. If same carrier is not available with beWellnm, the employee may be enrolled in the lowest cost plan with a different carrier within the same metal tier.
Billing		
42	Payment	For new enrollment, membership is not effectuated until initial payments are received and applied to the group's account.
43	Payment Grace Period	Health care premiums are due prior to the month of coverage and must be postmarked by the last day of the invoicing month. If 85% or more of the invoice total amount due is not received by the end of the grace period, employer will be notified that coverage will terminate at the end of the grace period. We will notify the employer and the employees in the event that coverage lapses. Grace Period A period of 30 days will be allowed for payment of any premium due after the initial premium. If less than 85% of the total amount due is paid within that period, coverage will terminate at the end of the grace period. The employer will be notified of the grace period and effective date of termination.

44	Payment Options for Monthly Invoices	Payments can only be made online in your portal at: www.business.bewellnm.com
45	Rate Verification	For new group enrollment, the final rates will be reflected on the first payment invoice.
Out of State plans and guidelines		
46	Percentage of Out of State Employees Allowed	Small employers eligible for coverage in beWellnm must have the majority of their employees employed within New Mexico.
47	Multi-State Groups	Employer may participate in multiple SHOPS if the employer offers coverage to employees whose primary work site is in the SHOP service area. Employer must submit a completed application and all required documentation. Plan availability and rates will be tied to the NM worksite address where the majority of that employer's employees work.
48	Out of State plans	Presbyterian Insurance Plan (PPO) is available for out of state employees.
49	Out of State Rates and Locations	Out of state employee rates and plan availability are based on the employer's principal business address location.
Valid Waiver		
50	Valid Waiver	<p>Employees hold valid waivers if they have:</p> <ul style="list-style-type: none"> • Coverage through an employer-sponsored plan • Coverage by Tricare • Coverage by Medicare • Coverage by Medicaid • Coverage by any other federal or state health coverage program - excluding health plan coverages that are sold in the Individual Exchange Employees that waive coverage in beWellnm are not eligible for APTC unless beWellnm premium/employer contribution does not meet the affordability provision of the ACA. Waiving employees that enroll in individual coverage through the beWellnm Individual Marketplace are not considered valid waivers. Valid waivers are not counted toward group participation.
Dental coverage		
51	Pediatric Dental Age Maximum	Dependent children are eligible for Pediatric Dental coverage up to age 19. Coverage is terminated the 1st of the month following their 19 th birthday. If dependent child ages out of Pediatric Dental and loses dental coverage, it will be considered as a qualifying event for the dependent child only. The dependent child may choose to enroll in a family dental plan.
52	Pediatric Dental Coverage for Child Dependents	Child dependents (up to the age of 19) can enroll in pediatric dental coverage at the employee's discretion. (Please note that some medical plans have pediatric dental embedded.)
53	Qualifying Event	Losing other dental coverage is a qualifying event to add dental mid-plan year for both the employee and dependent.
54	When Dental can be added	Eligible employees and dependents may add dental plan during the plan year if they experience a qualifying life event or during their annual open-enrollment period.
55	Cancellations of Group Policy	30-day retro. Term at the end of the month.
56	Termination of Employee Policy	30-day retro. End of policy at the end of the month.
Policy Changes		
57	Effective October 1, 2019 for New Business and Renewals	<ul style="list-style-type: none"> • Employer selects base plan. Employees can choose any plan from any metal level. • Employer can cover any amount of premium, including \$0. • Employer can contribute either a percent or a set dollar amount to their employees' premium. • 0% of a small business' employees must participate to be eligible for coverage.

*This is only a highlight of the Enrollment & Eligibility Guideline. For more detailed information please go to https://bewellnm.com/getmedia/2200e124-cead-4111-9562-80870fa9a648/BeWellnm-Employer-Guide_Final.pdf;.aspx.