Moda Health Plan, Inc.

Moda Health/Delta Dental 1-50 Alaska Group Plan Confirmation Form

Please complete the below application and submit to Moda Health/Delta Dental 20 days prior to the effective date of your policy to avoid disruption of coverage. If you have any questions, please contact your Service Rep or Account Manager.

Legal name	
Group Number	Effective Date of Renewal

What plan options would you like to be renewed with?

Medical Plan Option 1
Medical Plan Option 2
Medical Plan Option 3

A maximum of 3 plans may be selected from our plan portfolio with a minimum of 1 member enrolled in each. For Part D creditable plans, please review the creditable coverage status of prescription drug plans for Alaska small employer plans at www.modahealth.com/employers/compliance.shtml
Only groups with 15 or more enrolling are eligible for Orthodontia Plans.

Delta Dental Plan Option
Delta Dental Orthodontia Rider
DeltaVision® Plan

Is the group a small employer based on the Group Size Determination Form?	☐ Yes ☐ No
Is the group subject to COBRA? Count the employees employed on a typical business day in the previous calendar year. Do not count self-employed individuals, independent contractors, and members of the board of directors. If the group had 20 or more employees during at least 50% of the previous calendar year, the group is subject to COBRA.	☐ Yes ☐ No
Is the group subject to Medicare Secondary Payer (MSP) provision? Count the current total number of full-time employees, part-time employees, seasonal employees and partners. Do not count retirees, COBRA members, individuals on other continuation options or self-employed individuals. If the employee count is 20 or more, the group is subject to MSP.	☐ Yes ☐ No

Would you like to update your probationary period? If yes, what probationary period do you select? _____	☐ Yes ☐ No
Are you making any changes to your contribution, eligibility, or plan? ● For medical plans, the minimum employer contribution rate is 50%. ● For multiple plans, the minimum contribution is 50% of the plan with the lowest premium. ● For Contributory dental plans, the minimum employer contribution is 50%. ● For Voluntary dental plans, the minimum employer contribution is 0%. If so, please outline the changes below: _____ _____	☐ Yes ☐ No

1. **Medical Participation:**

   ● For groups of 1-4, minimum of 100% of eligible employees must participate.
   ● For groups of 5-50, minimum of 70% of eligible employees must participate.

2. **Contributory Dental Participation:**

   ● For dental only groups of 2-4, minimum of 100% of eligible employees and eligible dependents must participate.
   ● For groups of 5-50, minimum of 70% of eligible employees and 25% of eligible dependents must participate.

3. **Voluntary Delta Dental Participation:**

   ● For groups of 2-50, minimum of 2 enrolling employees or 25% of eligible employees, whichever is greater.

To the best of my knowledge, I certify that all the information contained herein is correct. I understand that the final rates will be based on actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify eligibility of the group.

For questions about the information on this form, I have received advice and counsel from my agent or legal counsel.

Authorized Signature for Group X	Date
Authorized Signer's Printed Name	Title

Group Size Determination Form

This form must be completed for all new and renewing groups to determine whether a group is a large employer.

Employee Count		
Are you a Controlled Group? If you are a controlled or affiliated group of employers as described under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986, Moda Health must treat all employees within the affiliated group as a single group for purposes of determining group size. You must fill out one group profile form for the entire controlled group. If a controlled group is determined as a large employer, each affiliated employer is part of the large employer even if separately the employer would not meet the definition of large employer. Therefore, each affiliated employer is considered a large group for the purposes of group size determination.	☐ Yes ☐ No	
Employee Counting Instructions A. Total the number of employees working 130 hours for each month of the preceding calendar year. B. Total the number of hours worked by employees working less than 130 hours for each month of the preceding calendar year, but do not include more than 120 hours per employee in a month and divide by 120. This is your Full Time Equivalent (FTE) count of the preceding calendar year. C. Add the numbers from a and b together and divide by 12. This is your group size. When counting employees to determine group size, do not count a sole proprietor, a partner in a partnership, a 2 percent S corporation shareholder, or the spouse of a person who is a sole proprietor, leased or contracted employee, a retired employee, or former employee on continuation coverage.		
1. **On average, how many full time employees did the employer have during the preceding calendar year?** Total the number of employees working 130 hours or more for each month of the preceding calendar year and divide by 12.		
2. **On average how many Full Time Equivalent (FTE) employees did the employer have during the preceding calendar year.** Total the number of hours worked by employees working less than 130 hours for each month of the preceding calendar year, but do not include more than 120 hours per employee in a month and divide by 120. Then divide the total number by 12.		
3. **Total employee count (for determining group size) (#1+#2)** If less than 1, no Alaska small group exists. If more than 50, the group is a large group and not eligible as an Alaska small group. If 1 to 50, the group is a small group.		
	Medical	Dental
4. **Out of the number of employees indicated in question #3, indicate the number of employees waiving due to other group or individual coverage**		
5. **Total employee count (for participation requirement) (#3 - #4):**		
6. **Out of the number of employees indicated in question #5, indicate the number of employees**		
7. **Total number of employees enrolling (#5 - #6)**		
Comments:		

Employee Participation		
What percentage of employees participate in the plan(s)? (#7 divided by #5) For Voluntary Dental Plans: a minimum of 25% of eligible employees must participate with a minimum of 10 enrolling.		

Signature
To the best of my knowledge, I certify that all the information contained herein is correct. I understand that the final rates will be based on actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify eligibility of the group. I am the: ☐ Business Owner ☐ Group Administrator ☐ Authorized Insurance Agent ☐ Other

Name (printed please)	Signature	Date
X		