

OREGON STANDARDIZED GROUP PROFILE FORM

For group health benefit plans purchased outside of Cover Oregon, this form must be completed for all new and renewing groups to determine whether a group qualifies as a small employer.

If you are requesting coverage as a single group because you are an affiliated group of employers for the purpose of pension plans under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986, the carrier must treat the affiliated group as a single group and the affiliated group must fill out one group profile form. If you are an affiliated group of employers but are not requesting coverage as a single group, each employer group in the affiliated group must fill out a separate group profile form.

If, during the preceding calendar year, the employer employed an average of at least one but not more than 50 employees and more than 50% of these employees worked in Oregon and the employer employs at least one but not more than 50 eligible employees on the date coverage takes effect, the group is a small group.

An eligible employee is an employee who works on a regularly scheduled basis with a normal work week of at least 17.5 hours per week on the date coverage is to take effect. The following persons are not eligible employees:

- Temporary employees;
- Seasonal or substitute employees; and
- Employees employed for fewer than 90 days unless otherwise allowed by the employer.

For purposes of determining whether a group is a small group, an owner is generally not considered an employee even if the owner performs services for the business for compensation; however, an owner may participate in a small group plan¹ as long as the group employs at least one eligible employee. An owner includes:

- A sole proprietor and the sole proprietor's spouse;
- A member of a single-member limited liability company and the member's spouse;
- The owner of a wholly owned corporation and the owner's spouse;

If an employer has more than 50 employees, the carrier may provide the employer a quote as a large group. However the carrier must treat the employer as a small employer and must provide a small group quote to the employer if both of the following conditions apply:

- The employer's workforce consists of at least one but not more than 50 eligible employees as of the date coverage is to take effect; **and**
- Coverage is limited to **eligible** employees.

SECTION A

Is this an employee only plan?

1. Were a majority of employees employed in the *preceding* calendar year employed in Oregon, or if the employer was not in existence during the preceding calendar year, does the employer expect that a majority of its employees will be employed in Oregon during the *current* calendar year?

If yes, go to question two. If no, the employer is not eligible as an Oregon small group.

2. On average, how many employees did the employer employ during the preceding calendar year?

If 1 to 50, go to question 5. If fewer than one or more than 50, go to question 3.

3. On average, how many employees does the employer reasonably expect to employ on business days in the current calendar year?

If 1 to 50, go to question 5. If more than 50, go to question 4.

4. Is coverage provided to persons other than eligible employees (employees who work a regular weekly schedule of 17.5 hours or more) or their dependents?

If yes, the group is a large group and is not eligible as an Oregon small group. If no, go to question 5.

5. How many eligible employees will be employed on the date that coverage is to take effect?

If fewer than 1, no Oregon small group exists. If more than 50, the group is a large group and not eligible as an Oregon small group. If 1 to 50, the group is a small group.

6. Out of the number of eligible employees indicated in question #5, indicate the number of employees not eligible for coverage due to *group's eligibility rules*:

7. Total number of group eligible employees (#5 - #6):

¹ For businesses without eligible employees that have two or more certificate holders, see ORS 731.098 and 743.754.

	Medical	Dental
8. Out of the number of employees indicated in question #7, indicate the number of employees waiving due to other <i>group or individual</i> coverage:		
9. Total employee count (for participation requirement) (#7 - #8):		
10. Out of the number of employees indicated in question #9, indicate the number of employees opting out of coverage: Count employees choosing not to take coverage here.		
11. Total number of employees enrolling (#9 - #10):		
12. Total number COBRA/State Continuation Enrollees (include primary insured's only):		
13. Total number of employees and COBRA enrolling (#11 + #12):		
14. What type of employees are you offering coverage to: a. All employees regardless of hours worked b. All employees working 17.5 hours or more per week c. All employees working the minimum hours required by your specific company in order to qualify for benefits (i.e. 40 hours per week)		
Comments:		
EMPLOYEE PARTICIPATION	Medical	Dental
15. What percentage of <u>employees</u> participate in the plan(s)?(#11 divided by #9) For groups of 2-4 employees, a minimum of 100% of eligible employees must participate. For groups of 5-50 employees, a minimum of 75% of eligible employees must participate.		
DEPENDENT PARTICIPATION		
If you checked "yes" to EMPLOYEE ONLY PLAN on page 1, please mark "N/A" for dependent participation in question #16 below. Please note that under an employee only contract, Moda Health will not allow any future dependents to be covered on this plan. If you checked "no" to EMPLOYEE ONLY PLAN on page 1, but currently have no eligible dependents to enroll, please indicate 0% for dependent participation in question #16 below. Please note that under an employee + dependent contract, Moda Health will allow any future dependents to be covered on this plan. If you checked "no" to EMPLOYEE ONLY PLAN on page 1, and currently have eligible dependents to enroll, please calculate your current dependent participation and indicate this percentage in question #16 below. Please note that under an employee + dependent contract, Moda Health will allow any future dependents to be covered on this plan.		
	Medical	Dental
16. What percentage of <u>dependents</u> participate in the plan(s)?		
SECTION B		
Disclosure Notice for Employers		
Health insurance carriers are required to provide quotes and issue coverage to small employers pursuant to ORS 743.733 to ORS 743.737.		
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:		
Name (printed please)		Signature: Date: