

## Summary of Administrative Procedures for Health Plan Administrators

### A. GROUP INFORMATION

1. You are responsible for notifying us in writing about changes in the number of persons employed by your company when such a change may affect your employer size or status for COBRA, Medicare, or market segment classification – small or large – regardless of whether an employee is covered by HMAA. Please use the **Employer Size Verification Form** and submit it at [hmaa.com/groupinfo](https://hmaa.com/groupinfo). At each renewal, a copy of your company's UC-B6 or Quarterly Wage Report for the preceding year is required for continued COBRA eligibility verification and Medicare Coordination of Benefits.
2. All other changes to your group information must also be submitted in writing. These include, but are not limited to, a change in address, phone number, email, company ownership, or group administrator. Please use the **Group Information Change Form**.

### B. MEMBER ELIGIBILITY AND ENROLLMENT

1. Employees become eligible for coverage on the first day of the month following at least 20 hours per week of employment for four consecutive weeks, and earning at least 86.67 times the current minimum hourly wage per month.

Employees who are not enrolled when they first become eligible or who wish to make benefit changes after initial enrollment must wait until Open Enrollment (the anniversary of your group's HMAA coverage) to enroll or make a benefit change, unless a Qualifying Event occurs. A Qualifying Event is a circumstance that allows eligible employees and/or their dependents to be enrolled outside of Open Enrollment, and may include the following:

- Employee has just increased hours worked to 20 per week, for four consecutive weeks
- Involuntary loss of coverage from another health plan
- Employee is entitled to additional benefits or coverage due to a change in employment status
- Employee has just met the employer's eligibility requirements

Members must enroll within **31 days** of the Qualifying Event.

2. The Enrollment Application should be received by HMAA no later than the **10<sup>th</sup> day** of the month in which coverage is expected to allow time for processing. Failure to submit applications in a timely manner could result in inaccuracies on your billing statement. Please have the employee complete the Enrollment Application and provide any necessary accompanying documents. Send to:

**HMAA**  
**Attn: Billing Department**  
**220 South King Street, Suite 1200**  
**Honolulu, Hawaii 96813**

**Fax (808) 535-8353**

**Online [enroll@hmaa.com](mailto:enroll@hmaa.com) or [hmaa.com/enroll](https://hmaa.com/enroll)**

Please ensure forms are complete and legible to avoid delays in processing. If you fax forms and documents to us, you do not need to mail the originals; however, please keep the fax confirmation for

your records. If you email us, please send the email securely; however, for security purposes, you will not receive an email receipt confirmation. HMAA is not responsible for the security or confidentiality of communications you send by email.

3. Subscribers who are on medical disability leave (such as Temporary Disability or Workers' Compensation) may continue their group health coverage for three months following the month in which they became hospitalized or disabled from working, or the period for which the employer continues to pay the subscriber's regular wages, whichever is longer. Regular health insurance premiums must continue to be paid. It is the Health Plan Administrator's responsibility to notify HMAA if an employee does not return to work within this period.

If any subscribers are on disability leave for longer than this period, their health coverage must be terminated. They may apply for COBRA coverage if applicable or reapply for regular coverage when they return to work. They may requalify for regular coverage after working at least 20 hours per week for four consecutive weeks and earning at least 86.67 times the current minimum hourly wage per month.

### **C. ENROLLING DEPENDENTS**

1. Please have the employee complete an Enrollment Application that lists each dependent being enrolled. Eligible dependents may include the employee's spouse and/or children up to age 26. Spouses and children of those adult dependent children are not eligible. Please refer to your Company's policy on dependent enrollment.
2. When an employee enrolls his/her dependent(s), ensure the dependent's Social Security number (SSN) is included in the "Dependent Enrollment Information" section of the application. SSNs are required for all persons enrolling. For newborns, HMAA will allow up to one year for submission of the SSN.
3. For Qualifying Events, an Enrollment Application must be submitted within **31 days** of the event, even if the subscriber already has family coverage. Qualifying Events for dependents include, but are not limited to:
  - Newborn child
  - Newly adopted child
  - Marriage or civil union
  - Involuntary loss of other health coverage
4. Enrollment Applications to enroll eligible dependents should be received no later than the **10th day** of the month in which the individual becomes eligible for coverage to allow for timely processing, unless a Qualifying Event has occurred. Failure to submit applications in a timely manner could result in premium inaccuracies being reflected on your billing statement.
5. Proof of eligibility (e.g., birth certificate, state-issued marriage or civil union certificate, court order, adoption records, involuntary loss of coverage from another health plan) may need to accompany the Enrollment Application.
6. The Enrollment Application must be signed and dated by the employee, verifying that the information is correct, within 60 days of the coverage effective date.

### **D. COBRA**

1. The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue benefits provided by their health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire cost of coverage, up to 102% of the regular premium.

2. COBRA coverage is available for employers that have at least 20 employees during at least 6 months in the previous calendar year. Full-time and part-time employees are counted to determine whether a plan is subject to COBRA. Each part-time employee counts as a fraction of a full-time employee, with the fraction equal to the number of hours the part-time employee worked divided by the hours an employee must work to be considered full-time.
3. COBRA administration is an employer's responsibility; however, HMAA will assist you with administration and provide you with information upon request. For more information about your rights and responsibilities under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact 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](http://www.dol.gov/ebsa). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.

## E. TERMINATIONS

1. All terminations must be submitted in writing on or before the **last** day of the month in which eligibility ends to allow for timely processing. Failure to submit termination requests in a timely manner could result in inaccuracies on your billing statement. Please use the ***Member Change or Termination Form*** for all terminations. **HMAA cannot accept retroactive terminations** beyond our established administrative procedures. Written notice must be accompanied by an authorized signature.

Pursuant to the Affordable Care Act (ACA), a group health plan cannot rescind coverage with respect to an individual once the individual is covered under a plan or policy unless the individual performs an act, practice, or omission that constitutes fraud or intentional misrepresentation of material fact, as prohibited by the terms of the plan or coverage, or due to non-payment of premium. For more information, please consult with your legal counsel or visit the Federal website at [www.healthcare.gov](http://www.healthcare.gov).

2. Termination criteria for members include:
  - **Employee** – Upon retirement, reduction of hours, termination of employment, severance from employer, or termination of the group
  - **Employee's Spouse or Civil Union Partner** – Upon Employee's termination of coverage or dissolution of marriage/civil union
  - **Employee's Children** – Upon Employee's termination of coverage or upon reaching age 26

## F. PREMIUM PAYMENTS

1. Your full premium payment must be received no later than the first day of the month for which coverage is expected. If we do not receive payment in full, your company will receive a notice of intent to cancel your policy. Scheduling or acceptance of a late payment does not guarantee coverage. Because your health plan is a prepaid plan, any claims incurred during months with unpaid premiums will be denied. Plan termination notices are also sent to the State of Hawaii Department of Labor.
2. Within two months of termination, HMAA may at its discretion reinstate a group policy upon request of the Plan Sponsor, subject to all of the following.
  - Payment of all outstanding premiums and dues calculated from the first date amounts were due through the date of reinstatement
  - If applicable, payment of any insufficient funds penalties that may be due
  - Payment of a reinstatement fee in the amount of \$100.00
3. Any requests for further coverage will be treated as a new policy application.

4. **Do not adjust your statement balance.** HMAA will make all billing adjustments, which will appear on the following month's statement.
5. A fee of \$50.00 will be charged to your account for any payment returned for insufficient funds.
6. Make checks payable to **HMAA**. Mail your payment, along with the stub from your premium bill, to:

**HMAA**  
**P.O. Box 29790**  
**Honolulu, HI 96820-2190**

You can also make payments through our online bill pay service. To sign up, visit [hmaa.com/billpaysignup](http://hmaa.com/billpaysignup) or contact HMAA Account Management.

Forms may be obtained from our Website at [hmaa.com](http://hmaa.com). If you have any questions or need assistance, feel free to contact Account Management:

Phone (808) 791-7654 / Toll-Free (800) 621-6998 ext. 301  
E-mail [AccountManager@hmaa.com](mailto:AccountManager@hmaa.com)

---

For further information regarding administrative procedures, please refer to your Group Service Agreement. Thank you for being a member of HMAA!