

Agent FAQs: Small Groups

Group Information

How do you count employees for a group of 2–50?

A small group is an employer group with 2–50 total employees, which includes full-time, part-time, and seasonal employees.

Group size is determined by the prior calendar year average.

How do groups of two employees work?

There are small group participation requirements. A group of two cannot be a husband/wife only.

Husband and wife: If a husband and wife are the only two eligible employees of a group and there are no other employees—including full-time and/or part-time—showing on the wage statement, they cannot apply for two single contracts (or one single and one limited family) for the sole purpose of qualifying as a two-person group.

A parent and adult child would qualify as a group.

How many plan options can a group have?

Dual option of plans is popular among groups. A group can have up to four benefit options. It is required that at least one employee is enrolled in each plan.

Can plans be changed mid-year? What about plan options?

Small transitional groups can make a change on their existing policy or move to an ACA-compliant plan upon renewal. Retroactive benefit changes are not permitted. Employees can change to a different network offered by the group during open enrollment or due to a special enrollment reason. The change to the new network should be effective the first of the month following receipt of the request. To add a network, the group leader should submit an Employer Group Application, a signed rate quote, and a letter on company letterhead indicating which employees should be transferred to the new network.

Is there a form to terminate employees' coverage?

No. When terminating an employee's coverage, email group.billing@wpsic.com. Include the group name and number, employee's name, requested termination date, and the reason for termination. If the employee has either quit or been terminated from employment, please include the last day worked. Termination dates will be granted based on contract language.

What is "open enrollment"?

Each year, an employee will have an open enrollment period in which he/she and his/her dependents who did not enroll under the plan when first eligible can enroll under the plan. The open enrollment period also provides an opportunity for a covered employee or dependent to change to a different health insurance plan, if available.

If an employee or dependent does not request enrollment during the open enrollment period, he/she must wait to enroll for coverage during the next open enrollment period unless he/she becomes eligible for special enrollment.

The annual open enrollment period will be the month prior to the policyholder's anniversary date.

How do you get a terminated employee reinstated?

If a covered employee's coverage ends due to termination of employment, leave of absence, or layoff, and he/she later returns to active work more than 180 days from his/her leave of absence or layoff, he/she must meet the waiting period for a new employee.

If that employee returns to work within 180 days from his/her leave of absence or layoff, the waiting period requirement does not apply.

How does an employee get enrolled in COBRA coverage?

The employer must send the employee the required paperwork. The WPS application is needed for the employee enrolling in COBRA. Neither WPS Health Insurance nor WPS Health Plan administer COBRA/continuation coverage.

For more information, go to dol.gov or oci.wi.gov and search for COBRA.

Can a business pay its group premium by credit card?

No. Credit card payments are not accepted for group plans.

Enrollment Information

What is needed to submit an enrollment?

Employers need to submit the following:

- A completed Employer Group Application
- Rating and Renewability Disclosure Notice
- Current Wisconsin Wage & Tax (UC-101) with employee status indicated next to each employee's name (i.e., FT=full-time, PT=part-time, T=terminated, W=waived)
- Sold quote and matrix
- Employee applications for all eligible employees
- Initial monthly premium is nice, but not necessary if choosing direct billing

Do we facilitate HSAs?

We sell High-Deductible Health Plans (HDHPs) that are Health Savings Account (HSA)-qualified. However, the group or individual employees should contact the bank of their choice to open an HSA.

Agent FAQs: Small Groups

Where should a group send binder checks?

Payments for new groups should be sent to:

Small Group Sales
WPS
1717 W. Broadway
Madison, WI 53713

What is the enrollment deadline?

The ACA small group enrollment deadline is technically the first of the month, but it's preferable to enroll your clients by the 15th of the month prior. Group members may not get their ID cards by their effective date if the enrollment is received later in the month.

When are customer ID cards issued?

If all the required information is received and complete, ID cards should start reaching customers in 10–14 days.

What is the best way to get group rates?

The best practice is to go to wpshealth.com and download the Rate Calculator each time you need to quote a group. That will ensure you receive the latest calculator. You do not need to log in—click on the Agents link at the top and under Agent Resources, click on Rate Calculators. Then on the next page, under the year's Small Group Rate Calculator, click on the Get Rates button. An Excel file will download to your computer. Open the Excel file and you'll find the latest small group rates.

When are dental enrollments due?

In order to honor the requested effective date of coverage, all materials must be received by Delta Dental no later than five business days prior to the requested effective date. Delta Dental reserves the right to designate the effective date if materials are not received within this time frame.

Minimum participation requirements

The minimum group size is two active employees insured as covered persons under this policy. The minimum participation requirements for small employers are as follows:

Number Eligible	Number Enrolled
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%*

*rounded up to the nearest whole number

Valid waivers = spousal coverage or other coverage.

Valid waivers do not count toward participation.

ACH Pulls and Refunds

Recurring ACH bank files are submitted a minimum of five business days prior to the payment date. Any plan changes, including terms, should be submitted a minimum of seven business days prior to the payment date.

Any premium overpayments will be processed as a refund within 14 business days.

Mayo Clinic

Mayo Clinic, Rochester, Mayo Clinic Hospital Methodist Campus, and Mayo Clinic Hospital Saint Mary's Campus are in-network only through the WPS Statewide Network.

Waiving Probationary Periods

Probationary periods cannot be waived. Under ACA, all employees must be treated equally.

Probationary periods must be met before an employee is eligible for coverage.

Medicare vs. Group Primary

If an employee and/or spouse is 65 or older and the group size is less than 20, then Medicare is primary for the 65 or older customer.

If the employee and/or spouse is 65 or older and the group size is 20 or more, then the group is primary for the 65 or older customer.

There are no carve-out rates on ACA plans.

One Owner of Two Companies

When one owner has two companies with different tax ID numbers, it can be written as one group.

One group would have the group name and the other would be listed as a subsidiary. The groups are billed separately under subgroups. Both entities must independently meet the definition of a group (minimum participation of two). Two entities cannot be combined to form a group.

