

With ACA-compliant Medical or Ancillary-Only Business

The following guidelines must be met for acceptance into the program and be maintained throughout the duration of the employer's participation in CBIA Health Connections. If you have any questions, please contact your agent.

As an employer, to be eligible for CBIA Health Connections, you must meet the following guidelines:

- The undersigned employer is a small employer as defined in Connecticut Public Act 90-134.
- The undersigned employer is, or will become, a member of the Connecticut Business & Industry Association (CBIA) and will renew membership annually.
- The undersigned employer is a firm, corporation, partnership or association that has been actively engaged in business for at least three consecutive months.
- The undersigned employer acknowledges that an active eligible employee is an employee who works more than 30 hours per week. Some employers may also wish to provide coverage to employees who work 20 - 29 hours per week.
- A minimum of 50% of the full-time eligible employees enrolling in the CBIA Health Connections program work/reside in Connecticut.
- The undersigned employer employs a minimum of two (2) full-time active eligible employees and not more than 50 full-time equivalent employees.
- The undersigned employer must maintain a minimum of two (2) active full-time eligible employees participating in all offered Group lines of coverage at all times. If there are less than two (2) active full-time employees enrolled in any Group line of coverage, that line of coverage will not be renewed.
- The undersigned employer must meet a minimum of 75% participation of eligible employees. Valid waivers can be excluded from the calculation for medical and dental coverage.
- The undersigned employer must meet a minimum of 100% participation for all coverages that are non-contributory, whereby the employer pays 100% of the premiums.
- The undersigned employer understands that there are separate participation requirements for voluntary coverages:

Employers with 2-9 employees:

- Voluntary Life, Short Term Disability and Long Term Disability have a minimum participation requirement of three (3) enrolled employees.
- Voluntary Dental, Vision and Accident and Illness have a requirement of two (2) lines of coverage offered by CBIA Health Connections and two (2) employees enrolled in one line of coverage.
- Supplemental Life does not have a minimum participation requirement; The employee must also be enrolled in basic life coverage.

Employers with 10 or more employees:

- Voluntary Life, Short Term Disability and Long Term Disability have a minimum participation requirement of three (3) employees.
- Voluntary Dental, Vision, & Accident and Illness have a requirement of one (1) line of coverage and two (2) employees enrolled for coverage.
- Supplemental Life is not available.
- The undersigned employer has a place of business in Connecticut.
- The undersigned Employer agrees to provide annual certification of continued adherence to the Program participation requirements listed here.
- One hundred percent (100%) of the eligible employees enrolling in the Program are covered by Workers' Compensation insurance, except those eligible employees who are not legally required to be covered by Workers' Compensation insurance.
- The undersigned employer will contribute an amount equal to at least fifty percent (50%) of the lowest monthly employee-only medical rate for each employee based on age.
- The undersigned employer will maintain Basic Group Life insurance through CBIA Health Connections for all medical enrollees.
- The undersigned employer agrees to give a minimum 15-days advance written notification to CBIA Service Corporation if it wants to cancel any coverages. Otherwise, it will be liable for the premium until the termination of its participation in the Program.
- The undersigned employer agrees that reinstatement after cancellation for non-payment (including NSF payments) can only occur two (2) times during a rolling twelve (12) month period.
- Employers with two (2) to nine (9) eligible employees must enroll and maintain a minimum of two (2) lines of coverage.

To be considered an eligible employee an employee must meet the following guidelines:

- Be employed by a "Connecticut Small Employer" as set forth in the Connecticut Small Group Reform Act, Public Act 90-134 (for groups with 2-50 full-time equivalent employees)
- Be a permanent, full-time employee. Full-time is defined as working a 30-hour or more regularly scheduled work week. This includes owners.*

An eligible dependent is defined as follows:

- Spouse or domestic partner**
- Any child to age 26 (recognized natural child, adopted child, or stepchild). A child is considered to be dependent at birth or when the employee legally adopts or retains physical custody of the child to be adopted.
- A stepchild is considered to be a dependent when the employee marries the natural or adopted stepchild's parent.

* Some employers may elect to offer coverage to part-time employees who work 20-29 hours per week. This election requires notification to CBIA and can be made when the group first enrolls or at renewal. Group and Voluntary LTD are not available to employees who work fewer than 30 hours per week.

** For domestic partners, a Domestic Partner Affidavit must be completed by both partners and given to the employer. A copy should be retained by the employee as it may be required at time of claim. See cbia.com for a copy of the affidavit.