

# NEW GROUP BINDER AGREEMENT - SOUTH DAKOTA

<u>ACCOUNT LEGAL NAME</u>	<u>BUSINESS DEVELOPER</u>	<u>REP ID#</u>	<u>EFFECTIVE DATE</u> ____/____/____
<u>PHYSICAL ADDRESS*</u>	<u>GROUP/SECTION #s (Include all Sections or attach a matrix)</u>		

<b>GROUP CONTACTS</b>				
	Contact	Phone Number	Fax Number	Email Address
Administrative Contact (Executive Contact)				
Billing Contact (Who bills are to be sent to)				
Correspondence Contact (Who makes benefit decisions)				

\*If Billing, Correspondence, or Administrative address differ from the Group's Physical Address, please attach.

<p><b>NO YES ADDITIONAL PRODUCTS</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Life-Billed with health <i>(offered by an independent company)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Disability (STD/LTD) - billed with health <i>(offered by an independent company)</i></p> <p><b>ADDITIONAL SERVICES</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Flexible Spending Account</p> <p><input type="checkbox"/> <input type="checkbox"/> COBRA (Attached Addendum) <input type="checkbox"/> Standard <input type="checkbox"/> Full Service (SF only)</p> <p><input type="checkbox"/> <input type="checkbox"/> COBRA Billing Services Only <i>See Attached Agreement</i></p> <p><input type="checkbox"/> <input type="checkbox"/> ACA Addendum <i>See Attached (FI and SF Grandfathered Plans Only)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Health Care Management Services <i>See Attached Rate Exhibit</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Self Funded <input type="checkbox"/> Self Funded over 5000 contracts</p> <p style="padding-left: 20px;"><input type="checkbox"/> Fully Insured and Minimum Premium Buy Up</p> <p><input type="checkbox"/> <input type="checkbox"/> Third-Party EOBs (Use customized options form) <i>No fee for this service</i></p> <p><b>OTHER</b></p> <p>Account Key _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Is group part of an association? <i>If yes, name and association code _____</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Unique Alpha Prefix <i>If yes, _____</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Savings Guarantee (500+ Contracts) <i>See Attached Exhibit(s)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Performance Guarantee (500+ Contracts) <i>See Attached Exhibit(s)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Terminal Rider (Must be signed) <i>See Attached Rate Exhibit(s)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Admin Guarantee <i>See Attached</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Customized Benefits</p> <p><input type="checkbox"/> <input type="checkbox"/> Single Case Agreement <i>See Attached Agreement</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Reconciled Job Service Report (FI only) <i>See Attached</i></p> <p><b>ENROLLMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> MSP Status <i>MSP Addendum required regardless of group size</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Paper Applications</p> <p><input type="checkbox"/> <input type="checkbox"/> Electronic Enrollment <input type="checkbox"/> EDI <input type="checkbox"/> Blues Enroll <input type="checkbox"/> NA</p> <p><input type="checkbox"/> <input type="checkbox"/> Excel Spreadsheet</p> <p><input type="checkbox"/> <input type="checkbox"/> When will Enrollment Information be Received?</p>	<p><b>CARRIER INFORMATION</b></p> <p>Is Wellmark the Exclusive Carrier/Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify carrier(s) &amp; # of Enrolled by carrier.</p> <p>Is Wellmark the Stop Loss Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If No, identify Stop Loss Carrier</p> <p>Stop-Loss Terms</p> <p><b>Renewal delivery month</b></p> <p><b>Plan year month</b></p> <p><b>ID Cards Delivered</b></p> <p>ID cards will be delivered to the member unless indicated below</p>
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**NEW HIRE WAITING PERIOD**

The period of time newly hired members and family dependents must wait before becoming eligible for coverage:

No Waiting Period (Eligibility begins on date of hire)

If group allows "odd dates" of hire, premiums will be prorated. (Fully Insured only)

**OR**

First of the month following completion of a

One-Month Period;  Two-Month Period;  Three-Month Period **OR**

Other \_\_\_\_\_

(If other, define entire rule i.e., give example including Effective Date & Waiting Periods)

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Benefit Product Selected					
Benefit Name	Health OBS Number	Rx OBS Number	Benefit Name	Health OBS Number	Rx OBS Number

**Set Up/Description** (attach additional sheet of paper if needed)

Completed by \_\_\_\_\_

**For Internal Use Only**

<b>SIC CODE</b>	<b>CONTRACTED AGENCY NAME</b>	<b>SELLING AGENT NUMBER</b>	<b>CONTRACTED AGENCY TAX ID</b>

This Binder Agreement serves solely as evidence of Wellmark’s agreement to provide the health coverage and administrative services and to provide services for any applicable stop loss insurance coverage indicated above. The Account agrees to the terms and payment obligations stated herein and agrees to pay Wellmark the applicable rates, administrative fees, and stop loss premium stated in the proposal(s). Execution of this Binder Agreement by the Account authorizes Wellmark to implement the administration of this coverage including the processing and settlement of claims for members of the Account’s group plan incurred within the Rating Period. On or about the effective date of the coverage, Wellmark shall issue and execute a definitive agreement setting forth the rights and responsibilities of Wellmark and Account. Account’s payment to Wellmark of the applicable fees as of the effective date is evidence of Account’s agreement to the terms specified in the definitive agreement

Account understands and agrees that Wellmark defines a National Account as any company headquartered in South Dakota but which also has employees in other states whose claims are processed through the Blue Card program. Signatures on this Binder Agreement confirm that it is issued for delivery in South Dakota. Only persons associated with a National Account or with Account locations in South Dakota are eligible for coverage. If the entity is not headquartered in South Dakota, coverage will be void for any persons associated with Account locations outside of South Dakota.

Account acknowledges and agrees that Wellmark will rely on the information contained in the Affordable Care Act (“ACA”) Addendum. Account represents to Wellmark that the information contained in the ACA Addendum is correct. Account agrees that it will provide Wellmark at least 60 days prior written notice of any change that may affect grandfather status.

This Binder Agreement shall expire upon Wellmark’s issuance and execution of the definitive agreement, except the COBRA Addendum, Affordable Care Act Addendum, and/or Health and Care Management Programs/Services Rating Exhibit, if any, which will remain in effect and become a part of the definitive agreement. It is hereby agreed and understood that the terms and conditions of the definitive agreement and benefits document(s) issued by Wellmark to the Account, and the terms and conditions of the definitive stop loss policy issued by stop loss carrier, if any, shall govern and control the terms stated in this Binder. Any inconsistency between this Binder Agreement, including any attachments, and any subsequently issued executed definitive agreement(s) shall be construed in favor of the subsequently issued document.

This Binder Agreement shall be governed in accordance with South Dakota Law

Group/Account

By \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_