

# Small Group Renewal Change Form



Samaritan  
Health Plans

P.O. Box 1310, Corvallis, OR 97330 · 800-832-4580 · FAX 541-768-4294 · broker@samhealth.org · samhealthplans.org

Submit this form to Samaritan Health Plans, Sales Dept. by the 20<sup>th</sup> of the month prior to your renewal date. Visit samhealthplans.org for benefit information.

Group name:

Group number:

Renewal effective date:

## Eligibility and Contribution

**HOURS** Minimum hours required per week: \_\_\_\_\_

Number of benefit eligible employees: \_\_\_\_\_

Total number of employees nationwide: \_\_\_\_\_

\*For Medicare Secondary Payer purposes. Medicare Secondary Payer – A term used when Medicare is not responsible to pay first on healthcare claim. You must count all employees on the employment payroll. Do not count retirees, COBRA qualified beneficiaries, individuals on other continuation option or self-employed individuals.

### Employee-only contract

\*By checking this box dependents are ineligible to enroll during the 12-month contract.

**CONTRIBUTION** Employer must contribute at least 50% of the employee only rate of the lowest premium plan chosen. Please indicate percentage or dollar amount of monthly premium employer contribution for: Employees \_\_\_\_\_% or \$\_\_\_\_\_ Dependents: \_\_\_\_\_% or \$\_\_\_\_\_

**RETIREE** Is group coverage available to retiree?  Yes  No Is the group a local government (school, city, county)?  Yes  No  
Approval dependent on Samaritan Policy and Approval. If you offer health or dental coverage to your retirees, please attach the requirements and employer premium contribution (if any).

## New Hire Eligibility

**Orientation Period:**  No  Yes \_\_\_\_\_ days

### Coverage is effective for new hires:

First of the month following:  30 days  60 days  Date of hire

First of the month following the date of hire. If hired on the first of the month, coverage is effective that day.

**Please note:** Employer must contribute at least 50% of the employee rate of the lowest cost plan.

## Coverage Options

### Standard

Samaritan Oregon Standard Bronze Plan

Samaritan Oregon Standard Silver Plan

### Tier 1

EPO Platinum 500 Tier 1

EPO Gold 1250 Tier 1

EPO Gold 2000 Tier 1

EPO Gold 3150 Tier 1

EPO Gold 4000 Tier 1

### Tier 2

EPO Gold 500 Tier 2

EPO Gold 1000 Tier 2

EPO Gold 1500 Tier 2

EPO Gold 2500 Tier 2

EPO Silver 5200 Tier 2

### Tier 3

EPO Silver 6850 Tier 3

### HDHP

EPO Silver 2800 HDHP

EPO Bronze 7050 HDHP

## Group Contact Information

\*Provide any changes below.

Billing contact:

Billing address:

City:	State:	Zip:
-------	--------	------

Phone:	Email:
--------	--------

Primary contact:

Mailing address:

City:	State:	Zip:
-------	--------	------

Phone:	Email:
--------	--------

Print name

Print title

Authorized group signature

Date