

HOSPITALITY
HEALTH
INSURANCE

BROKER'S RESOURCE GUIDE



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HOSPITALITY HEALTH INSURANCE TRUST BENEFITS BUFFET 2024



H.H.I. Eligibility

- Restaurants, bars, hotels, travel, attractions, entertainment, recreation, and more!
- 2+ enrolled employees
- Groups headquartered in Washington state
- 50% employee participation and 50% employer contribution
- Triple Choice with 10+ enrolled employees

Hospitality Health Insurance Trust is the exclusive benefits trust for employers and employees who work in the hospitality industry. Plans are specifically crafted to meet the unique needs of hospitality employers.

MEDICAL

Kaiser

- 16 Plans Available
- 4 Virtual Plus Plans
- 5 HMO Plans including HSA option
- 6 PPO Plans

- Kaiser Virtual Coverage on all plans
- 24/7 Care Chat & advice line
- Video and Phone visits
- Email for non-urgent issues
- Kaiser Washington Network
- Core and PPO Coverage Area
- Access PPO Plans also have access to the first choice and first health network

Aetna

- 17 Plans Available
- 13 PPO
- 4 Aetna Whole Health

- Copay office visits for all not QHDHP plans
- Aetna Hospitality Vertical Benefits
- Aetna Concierge Program
- Washington Network
- Aetna Open Choice PPO Network
- Aetna Whole Health Network
- Aetna National Network

ADDITIONAL BENEFITS

Dental

- Ameritas Dental
 - 7 Plans Available
- Willamette Dental
 - 2 Plans Available

Vision

- EyeMed
- VSP
- No Network Options

Other

- ComPsych EAP
- Teladoc
- TransAmerica Life

For additional information or to request a quote contact Total Benefit Solutions:
HHI@tbsmga.com or 1-800-514-4850



HHI Contacts

Tatiana Schnadenberg

HHI Account Manager

 (425) 354-3618

 Tatianas@tbsmga.com

Total Benefit Solutions

General

 (800) 514-4850

 HHI@tbsmga.com

BROKER CONTACT AND RESOURCE SHEET



Broker and Employer Contact: 206-456-9940 or hhi@vimly.com

Vimly is the Third Party Administrator (TPA) for HHI. As TPA, they administer all billing and eligibility for the Trust.

Vimly owns the SIMON platform, which is where Producers/Brokers and Employers go to manage their group(s) billing and eligibility.

**Please note that Vimly can only provide information to the current broker and approved group admins for which they have a signed SIMON authorization form on file. To add access, use this form: [SIMON Access Form](#)

Billing and Enrollment - Inquires can be sent to hhi@vimly.com.

Online Portal - To add or remove a SIMON User at any time, use the SIMON Access Form and return to hhi@vimly.com

COBRA - Vimly also will handle any Cobra inquiries. As HHI is a large group, this group will be COBRA eligible. They can be reached at cobra@vimly.com.

CARRIERS



Broker and Employer Contact: 866-899-4378, option 3 or selectanswerteamwest@aetna.com

Member Services: 877-204-9186

[Summary Aetna Plans](#)

[Aetna Provider Finder](#)

[Aetna Broker Site](#)

[Aetna Employer Site](#)

[Aetna Member Login](#)

[Apple Aetna App Download](#)

[Google Aetna App Download](#)



KAISER PERMANENTE®

Broker and Employer Contact: 855-327-0507 or wa.kp.ebs@kp.org

Member Services: Benefits questions, claims status, ID cards, provider questions, etc, 888-901-4636

[Summary Kaiser Plans](#)

[Kaiser Provider Finder](#)

[Kaiser Broker Site](#)

[Kaiser Employer Site](#)

[Kaiser Member Login](#)

[Kaiser Ways To Get Care](#) – Virtual Access

[Apple Kaiser App Download](#)

[Google Kaiser App Download](#)



Broker and Employer Contact: Donna Kozakiewics, **800-659-2223 ext 82091** or

dkozakiewics@ameritas.com

Member Contact: 800-487-5553

[Vision Plans Summary](#)

[Dental Plans Summary](#)

[English VSP Vision Claim Form](#)

[English EyeMed Vision Claim Form](#)

[English Ameritas Vision Claim Form](#)

[Spanish Ameritas Vision Claim Form](#)

[English Dental Claim Form](#)

[Spanish Dental Claim Form](#)

[Ameritas Provider Finder](#)

[Ameritas Broker Site](#)

[Ameritas Member Login](#)



Broker and Employer Contact: Kim Bolden, **360-790-5618** or kbolden@willamettedental.com

Member Contact: 855-433-6825

[Willamette Dental Low Option Summary](#)

[Willamette Dental High Option Summary](#)

COMPSYCH[®]

— The GuidanceResources Company[®] —

Broker and Employer Contact: Kristi Jackson, **312-983-3641** or kjackson@compsych.com

Member Contact: **844-837-9296**

[Online ComPsych Access](#) – Web ID: HIHIT

[Apple ComPsych App Download](#)

[Google ComPsych App Download](#)

Teladoc[™]

HEALTH

Broker and Employer Contact: Bridgette McGibbeny, **412-944-6595** or

bridgette.mcgibbeny@teladoc.health.com

Member Contact: **866-509-8954** or clientservices@teladoc.com

[Online Teladoc Access](#)

[Apple Teladoc App Download](#)

[Google Teladoc App Download](#)



TRANSAMERICA[®]

Broker and Employer Contact: **800-400-3042, Option 3**

Member Contact: Customer Service at **800-251-7254**

[Death Claim Form](#)

New Group Submission Checklist

Email Completed Paperwork to: HHI@tbsmga.com and your Account Executive

All pages should be completed and signed by the plan sponsor and broker. Ensuring all fields are complete will speed up the process.

- [Hospitality Health Insurance Participation Agreement](#)
- [Employee Enrollment Census](#)
 - All employee and dependent information should be provided including physical home address (PO box can only be used as mailing address).
 - Waiver forms should be indicated on the census.
 - COBRA eligible and active participants must submit an enrollment form to enroll along with all other active employees. Hospitality Health Insurance reserves the right to deny coverage due to late submissions.
- [SIMON Access Form](#)
 - This will list of anyone you want to have access to billing and eligibility in SIMON.
- [Notice of Late Submission Form](#) (if applicable)
 - All paperwork should be submitted by the 20th of the month prior to the requested effective date for Kaiser. *This date is the 15th of the month for Aetna*. Any pending item(s) or document(s) submitted after this deadline; late submission form will be required. This form should be signed by both plan sponsor and broker.
- Signed Final Rates Page**
 - To confirm the sold rates and plan election, please submit the plan sponsor signature page for each line of coverage (medical, and ancillary) and plans elected should be marked with an X.
- Aetna Additional Group Requirements**
 - **Aetna Initial Enrollment Spreadsheet**
 - **Aetna ARI Form**
- Prior Carrier Invoice** (if applicable)
- Prior Dental Benefits Summary** (if applicable)
 - Required to receive credit for major and orthodontic coverage (if elected).
- If you're a new broker to HHI, please ensure you send the following items:**
 - In order to receive commissions, you will need to be appointed with the carriers your group is accepting.
 - We will need a [State of WA W-9](#), current E & O Policy information, State license where policies will be sold (i.e. WA), [Vimly ACH Form](#) .

Implementation takes about 2-4 weeks. Please ensure all forms and documents are complete before sending to TBS to ensure efficacy and accuracy. Send all inquiries to hhi@tbsmga.com or your Account Executive.

**Please note that all required documents must be signed by the same group representative.*