

**HOSPITALITY**  
**HEALTH**  
**INSURANCE**

**BROKER RESOURCE  
AND UNDERWRITING  
GUIDE**



**Please note that this guide is for informational purposes only. It is not to be construed as an insurance contract, booklet, or a certificate of insurance. The actual terms of your group plan can be found in your detailed plan documents which you receive from the Insurance Carrier(s).**

**We are here to support you, so please let us know if there is anything we can do to help. We look forward to working with you.**

**Sincerely,**

**The Total Benefit Solutions Team**

# TABLE OF CONTENTS

<b>Benefits Buffet</b> .....	<b>2</b>
<b>TBS Contacts</b> .....	<b>3</b>
<b>Vimly (HHI's TPA)</b> .....	<b>4</b>
Billing and Enrollment .....	4
Online Portal, SIMON .....	4
COBRA .....	4
<b>Trust Carriers</b> .....	<b>5</b>
Medical: Aetna .....	5
Medical: Kaiser .....	5
Dental and Vision: Ameritas .....	6
Dental: Willamette .....	6
EAP: ComPsych .....	7
Physician Assistance: Teladoc .....	7
Basic Life: TransAmerica .....	7
<b>New Group Submission Checklist</b> .....	<b>8</b>
<b>Underwriting Guidelines</b> .....	<b>9</b>

Visit the HHI Website [HERE](#)

You can find all summaries and HHI forms [HERE](#)

# HOSPITALITY HEALTH INSURANCE TRUST BENEFITS BUFFET 2025



## 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
- Must be an active WHA member at point of sale

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

19 Plans Available

- 6 PPO Plans
- 7 HMO Plans
- 4 Virtual Plus Plans
- 1 PPO HSA Plan
- 1 HMO HSA Plan
  
- 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 Plans
- 4 Aetna Whole Health Plans
  
- All non-HDHP options have Copay for office visits
- 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

# HHI Contacts

## Tatiana Schnadenberg

HHI Account Manager

 (425) 354-3618

 Tatianas@tbsmga.com

## Total Benefit Solutions

General

 (800) 514-4850

 HHI@tbsmga.com

Visit the HHI Website [HERE](#)

You can find all summaries and HHI forms [HERE](#)



# BROKER CONTACT AND RESOURCE SHEET



**Broker and Employer Contact: 206-456-9940** or [hhi@vimly.com](mailto: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](mailto:hhi@vimly.com). Please copy in [hhi@tbsmga.com](mailto:hhi@tbsmga.com).

**Online Portal** - To add or remove a SIMON User at any time, use the SIMON Access Form and return to [hhi@vimly.com](mailto: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](mailto:cobra@vimly.com).

# CARRIERS



**Broker and Employer Contact:** 866-899-4378, option 3 or [selectanswerteamwest@aetna.com](mailto: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](mailto: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](#) - For Out Of Washington Kaiser care, [find a provider here](#) (effective 3/1/25)

[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](mailto: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](mailto:kbolden@willamettedental.com)

**Member Contact: 855-433-6825**

[Willamette Dental Low Option Summary](#)

[Willamette Dental High Option Summary](#)



# COMPSYCH<sup>®</sup>

— The GuidanceResources Company<sup>®</sup> —

**Broker and Employer Contact:** Kristi Jackson, **312-983-3641** or [kjackson@compsych.com](mailto:kjackson@compsych.com)

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

[ComPsych Summary](#)

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

[Apple ComPsych App Download](#)

[Google ComPsych App Download](#)

## Teladoc<sup>™</sup>

HEALTH

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

[bridgette.mcgibbeny@teladochealth.com](mailto:bridgette.mcgibbeny@teladochealth.com)

**Member Contact:** **866-509-8954** or [clientservices@teladoc.com](mailto:clientservices@teladoc.com)

[Teladoc Summary](#)

[Online Teladoc Access](#)

[Apple Teladoc App Download](#)

[Google Teladoc App Download](#)



## TRANSAMERICA<sup>®</sup>

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

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

[Death Claim Form](#)

[Life Benefit Summary](#)

# New Group Submission Checklist

Email Completed Paperwork to: [HHI@tbsmga.com](mailto: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 pay 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](mailto:hhI@tbsmga.com) or your Account Executive.

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

# HHI UNDERWRITING GUIDE

## PARTICIPATION REQUIREMENTS

- At least 2 enrollees at initial installation and must be at least 50% of eligible employees. At least 1 required at renewal to keep plans through HHI.
- Must be a member of Washington Hospitality Association by point of sale

## EMPLOYER CONTRIBUTION

HHI requires 50% employer contribution on the least expensive EE only tier.

## EMPLOYER ELIGIBILITY

- Coverage is available to current Employer members of the Washington Hospitality Association and Employer must be domiciled (headquartered) in Washington state.
- At least 50% of an employer's eligible employees must enroll in the plan to establish an employer account in the Trust, excluding those with a valid waiver due to other qualified coverage.
- At implementation, groups of at least 2 eligible employees. At least one enrollee required at renewal.
- There is no Kaiser coverage available for groups domiciled in Clark or Cowlitz counties. There is, however, visiting member coverage in Clark and Cowlitz counties, and California.
- There is Aetna coverage for all counties in Washington (where the HHI group must be domiciled) with visiting member coverage in California and Vermont.

## CARVE OUTS

Management carve-outs are allowed via classification. Please speak with your Account Executive to make sure your group qualifies.

## BENEFIT WAITING PERIOD (BWP)

The BWP, sometimes known as the probationary period, may be the:

- first of the month following date of hire
- first of the month following 30 days
- first of the month following 60 days

The waiting period may be waived at initial installation, per employer's request and if checked on the PA. Up to 3 classes of employees with unique waiting periods are allowed.

# HHI UNDERWRITING GUIDE

## EFFECTIVE DATE & NEW BUSINESS SUBMISSIONS DEADLINE

Effective date must be the 1st of the month. The effective date requested by the employer may be up to 60 days in advance. All plans in HHI renew January 1, regardless of implementation date.

Deadline for New Business paperwork for Aetna is the 15th of the month prior to the groups effective date. All other carriers have a deadline of the 20th.

## AFFILIATED, ASSOCIATED, COMMONLY OWNED, OR MULTIPLE COMPANIES

All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Employers who have more than one business with different tax identification numbers (TINs) may be eligible to enroll as one group if the following are met:

- One owner has controlling interest of all business to be included; or
- The owner files (or is eligible to file) an Affiliations Schedule, IRS Form 851, a combined tax return for all companies to be included. If they are eligible but choose not to file Form 851, please indicate as such. A copy of the latest filed tax return must be provided; and
- All businesses filed under one combined tax return will be considered a single group. For example, if the employer has three businesses and files all three under one combined tax return, then all three businesses must be enrolled for coverage.
- Businesses with equal controlling interest may be considered, if the owners of the company designate an individual to act on behalf of all the groups.
- Underwriting reserves the right to final underwriting review, and may consider common ownership on a case-by-case basis.
- Common Ownership Form (Kaiser) is completed and on file to link businesses together.

# HHI UNDERWRITING GUIDE

## CHANGES IN OWNERSHIP

When an in-force group has been sold to new owners, the new owners must be a member of WHA and establish coverage through their broker and HHI. Please reach out to your Account Executive for options of coverage. A full census with location delineation is required to be submitted.

## PURCHASES/ACQUISITIONS

The in-force rates assume that the employer group whom is the legally signing entity, has at least 51 percent or more ownership over any entity or entities.

Groups can be added on as simply another location (billing still goes to the same place as before). They can also be added on as a separately billed location and thus, will require set up with the carrier as a new group with common ownership.

Kaiser:

For an additional location added with Kaiser, whereas the same benefits will be offered to the acquisition, the Kaiser Permanente Common Ownership Certification Form must be completed by the group and submitted to Kaiser Permanente. A new page 1 of the PA will also need to be sent to Vimly with a census, informing them of the new group with Common Ownership to already in-force group.

Aetna:

All acquisitions that increase the number of covered have to be ran by the team at Aetna to ensure no rate changes are necessary PRIOR to installation. Be sure to submit a full census of all enrolled and to-be-enrolled with the quote request.

# HHI UNDERWRITING GUIDE

## EMPLOYEE ELIGIBILITY

Each employer establishment determines if part-time EEs are eligible for coverage. PT employment is 20-29 hours/week. Full time is 30 hours/week and benefits must be offered. Individuals not eligible for coverage include: employees working less than 20 hours/week, retirees, 1099 contractors, temporary / seasonal / substitute or uncompensated employees, employees making less than equivalent minimum wage, volunteers, inactive owners, shareholders, officers or managing members who are not active, investors, or silent partners.

## DEPENDENT ELIGIBILITY

The employee, their legal spouse, including state registered domestic partners as required by Washington State law, and/or children up to the age of 26 are eligible to enroll. Grandchildren are eligible if court ordered (copy of order must be submitted). There is no age limit for dependents who are incapable of self-sustaining employment by reason of developmental disability or physical handicap and (2) chiefly dependent upon the employee or member for support and maintenance. When the child works for the same company as the parent, the child may enroll separately as an employee or as a dependent under the parent's plan. Employee must enroll for dependents to enroll.

Domestic partners who are not registered with the State of Washington can also be eligible dependents under the Trust, if the employer elects to include them, by marking "yes" on the domestic partner election option on the Participation Agreement.

## OUT OF STATE EMPLOYEES

No more than 10% of eligible enrollees can live out of the Kaiser service area to have Kaiser. No more than 50% of eligible enrollees can live out of the State of Washington for Aetna. Kaiser coverage is not available for groups headquartered in Cowlitz County, Clark County, California, Hawaii, or Vermont.

# HHI UNDERWRITING GUIDE

## SELF-EMPLOYED / SOLE PROPRIETOR

A self-employed individual or sole proprietor must be a common law W-2 employee and:

- Verify that he or she derived at least 75% of his or her income from a trade or business through which the individual or sole proprietor has attempted to earn taxable income and for which he or she has filed the appropriate Internal Revenue Service (IRS) form 1040, schedule C or F, for the previous taxable year, except a self-employed individual or sole proprietor in an agricultural trade or business, must have derived at least 51% of his or her income from the trade or business through which the individual or sole proprietor has attempted to earn taxable income and for which he or she has filed the appropriate IRS form 1040, for the previous taxable year.
- The owner or officer signing the employer group application for the group must be a resident for tax purposes in the state in which the group is applying for medical coverage.
- There must be at least one enrolled common law W-2 employee who is not an owner and not an owner's spouse.
- Partners and LLCs filing as a partnership are eligible even if there are no common law W-2 employees. Owner and spouse groups are not eligible.
- Non-guaranteed associations, Taft-Hartley groups, employee leasing firms and closed groups (groups that restrict eligibility through criteria other than employment) and groups where no employer/employee relationship exists are not eligible.

## BROKER COMPENSATION

All lines of coverage have a 5% compensation percentage, as of 1/1/2025. Commissions to Brokers are paid by the TPA for the Trust, Vimly. Ask your Account Executive how to be set up with Vimly.

## BROKER APPOINTMENT

Brokers/Producers need to be appointed with the carriers that they plan to utilize.

## COBRA

All employer groups are subject to COBRA benefits. It is the responsibility of the employer group to distribute COBRA general notice. The TPA, Vimly, administers and distributes COBRA materials after employee termination.

# HHI UNDERWRITING GUIDE

## MEDICARE

Medicare pays secondary on claims when members are enrolled in both HHI medical and Medicare. Kaiser/Aetna pay as primary.

## PAYMENTS

- After the initial payment, regular monthly payments are due on or before the 1st day of the month of coverage.
- Participating employers are subject to late payment fees and termination of participation in the Trust if payments are not received in a timely manner.
- Payment is not received the month following the premium coverage month, a late fee of 1.5% of premiums or \$20, whichever is greater.

## PLANS OPTIONS

All lines of coverage are ala carte and independent of one another.

Groups with 2-9 enrolling lives can have up to 2 (two) medical plans. Groups with 10+ enrolling may have up to 3 medical plan options, as long as there are no more than 2 PPO plans. Aetna and Kaiser cannot be offered side by side.

Dental and vision can have up to 2 plans each. Willamette dental and Ameritas dental may be offered side by side.

## TERMINATION

- Participant coverage obtained through this application may be terminated for the following reasons:
  - Non- payment of premiums;
  - Participant eligibility requirements are no longer met, or
  - Membership with the Washington Hospitality Association is terminated.

Please note that the group is considered a new group if termed and re-enters the Trust, they will be treated as a new group with paperwork and quote requirements.