

To Apply for a Deductible Credit to your Insperity Group Health Plan Medical Coverage

If you are the employee of a new Insperity client company, and you were enrolled in your client company's previous group health plan as of the date they joined Insperity, you may be eligible to receive credit for any deductible amounts you have already satisfied under your previous medical coverage. Please note that for Harvard Pilgrim medical plans, only in-network/authorized deductible may be credited.

Any credited amounts will apply to the calendar-year deductible for your Insperity Group Health Plan medical coverage option. Credits do not apply to separate prescription deductibles, or to non-deductible out-of-pocket maximum amounts (such as copays and coinsurance) satisfied under your previous coverage.

To be eligible for a deductible credit:

- You must be eligible to enroll in the Insperity Group Health Plan as of your client company's Insperity Benefits Effective Date;
- You must enroll in a UnitedHealthcare or Harvard Pilgrim Health Care coverage option during your initial enrollment period (within 30 days of your client company's Insperity Benefits Effective Date); and
- You must complete and submit this form within 60 days of the Insperity Benefits Effective Date

Please note that deductible credit will not apply, and you should NOT complete this form, if:

- You were not enrolled in your client company's previous group health plan as of that plan's term date.
- You were enrolled in an HMO coverage option without a deductible under your previous group health plan.
- You are enrolling in an HMO coverage option without a deductible under the Insperity Group Health Plan.
- You are enrolling in a Harvard Pilgrim Health Care HDHP coverage option and your previous coverage option was NOT an HDHP.

To apply for a deductible credit to your Insperity Group Health Plan medical coverage:

1. Obtain copies of the most recent Explanations of Benefits (EOBs) or other carrier documentation reflecting any deductible amounts met during the current coverage period for your previous group health plan
2. Complete sections 2, 3 and 4 of your UnitedHealthcare or Harvard Pilgrim Health Care Transmittal Form (depending on your selected coverage option). Include deductible amounts met for yourself and any enrolled dependents.
3. Submit your completed form, along with your carrier documentation for all deductible amounts met under your previous group health plan, to UnitedHealthcare or Harvard Pilgrim Health Care according to the form instructions.
4. Keep a copy of the transmittal form and any submitted EOBs for future reference.

Please note that it may take up to six weeks for deductible credits to appear on your UnitedHealthcare or Harvard Pilgrim Health Care account.

To Apply for a Deductible Credit to your Insperity Group Health Plan Dental Coverage

No form is necessary. Obtain copies of your final dental Explanations of Benefits (EOB) reflecting any deductible amounts met for the current calendar year from your previous coverage provider, and submit it to the address below:

**UnitedHealthcare Dental
Attn: Claims Unit
P.O. Box 30567
Salt Lake City, Utah 84130-0567**

1. Information About Your Client Company's Previous Group Health Plan

This section is completed by Insperity. If any information is missing when you receive this form, please notify your supervisor.

Client Company Name ACTIVSTYLE LLC	Client Company ID 6257400
Insperity Benefits Effective Date Deductible credit courtesy is only available to employees who were enrolled in the client's previous group health plan as of that plan's term date, and who are eligible for Insperity Group Health coverage as of the client's Insperity Benefits Effective Date and enroll during their initial enrollment period at client onboarding. It is not available to employees in wait periods as of the client's Insperity Benefits Effective Date, or to new employees hired after client onboarding.	Previous Group Health Plan Termination Date For employees to be eligible for deductible credit, coverage must be consecutive; there cannot be a gap between previous group health plan coverage and Insperity Group Health Plan coverage. This means the term date of the client's previous group health plan <i>must be no more than one day before the Insperity Benefits Effective Date</i> . Mergers and Acquisitions: In the event that employees are losing coverage under a previous group health plan due to a client company merger or acquisition, a termination date for coverage under their previous group health plan is required for those employees to complete and submit a deductible credit request, and all other eligibility and continuous coverage requirements must be met. Please indicate Merger/Acquisition and enter the coverage termination date below.
Effective Date (mm/dd/yyyy): 05/01/2025	Termination Date (mm/dd/yyyy): 04/30/2025
Previous Group Health Plan Coverage Period If the client's previous plan year was from Jan. 1 to Dec. 31, select "calendar year." If the plan's 12-month coverage period did not start on Jan. 1 each year, please select "off-calendar plan year" and enter the start and end dates of the plan year. <input checked="" type="checkbox"/> Calendar Year <input type="checkbox"/> Off-Calendar Plan Year: If an off-calendar plan year, when did the policy terminate? <input type="checkbox"/> At Policy Renewal <input type="checkbox"/> Mid-Year	Previous Group Health Plan Administrator If the client was the sponsor of their previous group health plan, please select "client." If the client did not administer the previous group health plan, please select "other." If the previous plan administrator was another PEO, please supply name of PEO. <input type="checkbox"/> Client <input checked="" type="checkbox"/> Other Administrator:
Previous Group Health Plan Carrier(s) Please list all carriers providing medical coverage options under the client's previous group health plan: Blue Cross Blue Shield of North Carolina	Previous Group Health Plan Coverage Types Please list all medical coverage option types available through the client's previous group health plan: <input checked="" type="checkbox"/> PPO <input checked="" type="checkbox"/> HMO <input checked="" type="checkbox"/> Deductible HMO <input checked="" type="checkbox"/> HDHP (PPO) <input checked="" type="checkbox"/> HDHP (HMO) <input checked="" type="checkbox"/> Other: Prime-HPN

2. Information About Your Previous Group Health Plan Coverage

Please complete this section about your previous coverage and the Insperity Group Health Plan coverage you are electing.

Employee Name	Last Four Digits of Employee Social Security Number
Insperity Group Health Plan Coverage Tier Who are you enrolling for coverage? Select "employee" if you are only enrolling yourself; select "family" if you are covering yourself, plus a spouse/domestic partner and children. <div style="display: flex; justify-content: space-between;"> Employee Employee + Spouse or Domestic Partner </div> <div style="display: flex; justify-content: space-between;"> Employee + Child(ren) Family </div>	Insperity Group Health Plan Coverage Option Which Harvard Pilgrim Health Care coverage option are you enrolling in?
Insperity Benefits Eligibility Date Date you became eligible to enroll in the Insperity Group Health Plan	Previous Group Health Plan Carrier What is the name of the insurance carrier on your previous ID card?
Previous Group Health Plan Coverage Type What kind of medical coverage were you previously enrolled in? <div style="display: flex; justify-content: space-between;"> PPO HMO Deductible HMO HDHP </div> Other (please specify):	Carrier Documentation for Deductible Amounts Met You will need to submit documentation from your previous group health plan carrier that displays total deductible amounts met for the current coverage period for each family member you are enrolling. Explanation of Benefits (EOB) Other (please specify):

3. Information About Deductible Amounts Met Under Your Previous Group Health Plan Coverage

Please provide the eligible deductible amounts met for each enrolled family member under your previous coverage.

For each enrolled family member, you must provide an Explanations of Benefits (EOB) or other carrier documentation reflecting any deductible amounts met under your previous coverage. Contact the carrier for your previous coverage if you need assistance with obtaining the appropriate documentation.

Name of Employee or Dependent	Date of Birth	Last 4 digits of SSN or Harvard Pilgrim Health Care Subscriber ID	In-Network Deductible Amount Met Under Previous Coverage

For HDHP Participants Only

If you were previously enrolled in an HDHP, and you are enrolling in a Harvard Pilgrim Health Care HDHP coverage option through the Insperity Group Health Plan, please complete the following section:

By signing below, I attest that my previous coverage was an HDHP as described in IRS publication 969 (irs.gov/pub/irs-pdf/p969.pdf). HDHP credits apply only to individuals who were previously enrolled in a HDHP Plan.

Employee Signature	Date Signed (mm/dd/yyyy)
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Calendar-Year Credit Acknowledgement

Harvard Pilgrim Health Care will provide deductible credits for eligible in-network/authorized deductible amounts met in the current calendar year (Jan. 1 to Dec. 31) only. This will apply whether or not your previous group health plan had a 12-month coverage period that extended into the previous calendar year. By signing below, I attest that I understand that eligible deductible amounts met in the current calendar year will be credited to the current calendar-year deductible for eligible Insperity Group Health Plan medical options. I also understand that credits will not apply to any separate prescription deductibles, or to non-deductible out-of-pocket maximum amounts (such as copays and coinsurance) satisfied under previous coverage.

Employee Signature	Date Signed (mm/dd/yyyy)
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4. Sign And Date Form

Employee Name (Print Clearly)	Last 4 Digits of Social Security No.	Insperity Employee ID No.
		OR
Employee Signature	Date Signed (mm/dd/yyyy)	

Submit both pages of this form, along with supporting documentation, by email directly to Harvard Pilgrim Health Care at:

CommercialDeductibleCreditRequests@point32health.org

Retain a copy of this form and all attached documentation for your records. Please note that Insperity does not conduct or participate in the review or approval process for the deductible credit. Harvard Pilgrim will make the determination to approve or deny a deductible credit request.