



Open Enrollment Certification for Business Group of One

For

RMHMO HMO Basic Limited Mandate Health Benefit Plan or Colorado

RMHMO HMO Standard Health Benefit Plan for Colorado

RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado

RMHCO PPO Standard Health Benefit Plan for Colorado

(collectively referred to as Basic and Standard Plans)

The definition of a Business Group of One is: "An individual, a sole proprietor, or a single full-time employee of a subchapter S corporation, C corporation, nonprofit corporation, limited liability company, or partnership who works twenty-four (24) hours or more a week on a permanent basis and who has carried on significant business activity for a period of at least one year prior to application for coverage, has gross income as indicated on federal internal revenue service forms 1040; Schedule C, F, or SE; or other forms recognized by the federal internal revenue service for income reporting purposes which generated gross income from which that individual, sole proprietor, or single full-time employee has derived at least a substantial part of such individual's income for one year out of the most recent consecutive three-year period."

Enrollment Periods Offered for Rocky Mountain Health Plans Basic or Standard Health Benefit Plans

1.	2.	3.	4.
Within 31 days AFTER YOUR BIRTHDAY; or	Within the 31-day time period of the date you exhaust federal or state law continuation of coverage (COC) such as COBRA or Colorado COC; or	Within 31 days after the one year anniversary of the business start date, UNLESS your birthday is within the same 31 days; or	Within 31 days of your involuntary loss of creditable health coverage

Please complete the questions below to determine your eligibility for open enrollment in a Rocky Mountain Health Plans Basic or Standard Health Benefit Plan.

Eligibility

Business Name:	Applicant Name:	Applicant Date of Birth:
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1. What is the official date when you commenced working as a Business Group of One?	MM / DD / YY
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2. Are you applying for health coverage due to recent exhaustion of federal or state law continuation of coverage, such as COBRA or Colorado Continuation of Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when did your COBRA or state law continuation of coverage end?	MM / DD / YY
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3. Are you applying for health coverage due to an involuntary loss of coverage from another health plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when did you lose your coverage?	MM / DD / YY
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4. If "Yes" to question 3, please check the type of plan through which coverage was provided:	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please describe):	<input type="checkbox"/> Group health benefit plan <input type="checkbox"/> State health benefits risk pool	<input type="checkbox"/> Individual health benefit plan <input type="checkbox"/> A public health benefit plan	<input type="checkbox"/> Student health plan <input type="checkbox"/> A medical care program of the Federal Indian Health Service
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5. Describe the reason for the loss of coverage:

I certify that the information stated above is correct and represents true facts and information.

Employee Signature: _____ Date: _____



ROCKY MOUNTAIN

HEALTH PLANS®

We understand Colorado. We understand you.

Plans underwritten by Rocky Mountain HMO (RMHMO)	Plans underwritten by Rocky Mountain HealthCare Options (RMHCO)
Good Health Savings HSA HMO Rocky Mountain Good Health HMO Rocky Mountain VISTA PPO RMHMO HMO Standard Health Benefit Plan for Colorado RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado	Good Health Savings HSA PPO Indemnity Plan Rocky Mountain Good Health PPO Rocky Mountain VISTA PPO RMHCO PPO Standard Health Benefit Plan for Colorado RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado

Read important information below:

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.

The pre-existing condition limitation period does not apply to the RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado and the RMHMO HMO Standard Health Benefit Plan for Colorado. It also does not apply to pregnancy, a newborn, a newly adopted child, a child placed for adoption, nor to a child who is under 19 years of age.

RMHP will impose a six-month pre-existing condition limitation period (12-month limitation period for Business Groups of One) for all new enrollees (not including late enrollees) who have a physical or mental condition for which medical advice, diagnosis, care, supplies, prescription drugs, or treatment was recommended or received within six months immediately preceding the date of their enrollment in an RMHP plan or the first day of any employer-imposed waiting period, whichever is earlier. This means that if you have a medical condition before enrolling in our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. The pre-existing condition limitation period will be reduced by the period of time that a new enrollee was covered by creditable coverage, provided the creditable coverage did not terminate more than 90 days before the earlier of the first day of the waiting period or the effective date of coverage under an RMHP plan. Such health coverage policies or plans that count as "creditable coverage" can reduce the length of any pre-existing condition limitation periods that might otherwise apply by the number of days of your prior creditable coverage. Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion limitation if you have not had a break in coverage of at least 90 days.

RMHP will impose an 18-month pre-existing condition limitation period for all late enrollees who have a physical or mental condition for which medical advice, diagnosis, care, supplies, prescription drugs, or treatment was recommended or received within six months immediately preceding the date of their enrollment in an RMHP plan. This 18-month period shall also include a 12-month period of exclusion from coverage that is applicable to late enrollees. The pre-existing condition limitation period for late enrollees will be reduced by the period of time that the late enrollee was covered by creditable coverage, provided the creditable coverage did not terminate more than 90 days before the date of their enrollment under an RMHP plan.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.