



## **STAGESOURCE HEALTH & DENTAL INSURANCE FACT SHEET- Updated 1/27/09**

### **Health & Dental Insurance Options**

Health care & Dental plan options are available to eligible participants of the StageSource Association through Health Services Administrators. Eligible enrollees have multiple carriers from which to choose (carriers may include Tufts Health Plan, Fallon, Harvard Pilgrim Health Plan, Neighborhood Health, Health New England, United Health Plan, Liberty at Tufts, Assurant Dental, and Delta Dental of Massachusetts, depending on geographic location of enrollee). Each carrier offers multiple plans from which to choose, ranging from a premium plan to the basic.

### **To Determine Eligibility**

1. You do not have to be a StageSource member. However, you must be a participant in the StageSource Association, which requires an annual fee of \$84 payable to StageSource to participate. (See below, Plan Selection & Enrollment, #4, to become part of the StageSource Association)
2. You should be a self-employed or freelance employee earning *some* income and filing a Schedule C on your Federal Tax Return (in some cases, individuals *not earning* income might be eligible if proof of work can be provided, ie., contracts or affidavits), **OR** if employed by an organization, your employer must complete a WR1 and be willing to sponsor the plan (Our Insurance Broker will help you with this process).
3. **Contact Blaisdell Insurance** (StageSource Insurance Broker) at 1-800-882-8535, and state that you are with StageSource. You will be asked to provide your age, gender and address in order for Blaisdell Insurance to determine your premium rates for each carrier. You will also be asked to complete forms from Health Services Administrators to determine eligibility. Blaisdell Insurance will notify you as to which forms are necessary:
  - HSA Enrollment Procedures
  - HSA Employer Application (2 pages)
  - HSA Member Responsibilities
  - Carrier Enrollment Form
  - if self employed or freelance, provide a copy of your Federal Tax Return Schedule C
  - if employed by a StageSource Organizational member, complete a WR1Note: self-employed or freelance employees, when completing the forms, you are considered employee *and* employer.
4. Complete forms prior to 1<sup>st</sup> of the month in order to be approved and enrolled for 1<sup>st</sup> of month.

### **Rates**

Rates are determined individually and are based on gender, age, and geographic location of individual. To get premium rates quoted, see *Eligibility, step 3*. Rates are effective for you until April 1, 2009. (Annually on April 1, all rates through Health Services Administrators are re-rated.)

### **Plan Selection and Enrollment:**

Enrollment would be effective on the 1<sup>st</sup> of the month (there is no option to join mid-month). Select a plan that is right for you - visit the HSA website which has the benefits descriptions for each plan. Once you have reviewed the different options, you can choose which plan works best for your situation.

1. Visit **www.hsamembership.com** – under CARRIERS, choose the carrier you'd like to review
2. View the summary of benefits for the plan(s) in which you are interested. Note: under each Carrier, there is a Comparison Grid, which may be helpful in comparing one plan to another.
3. Submit forms as determined above in *Eligibility, step 3* to HSA with a check for the first month's premium to: HSA, 135 Wood Road, Braintree, MA 02184, Attn: Holly Joslin
4. **Contact StageSource at 617.720.6066 to receive an intent to enroll form.** Please notify us as to when your coverage begins. Participation fee: \$84 a year (StageSource will invoice you annually prior to the coverage period.) Please indicate Health Plan, Dental Plan or Combination Health/Dental.

### **Billing**

Once you are enrolled, Health Services Administrators will bill you directly for your monthly premium. You will not make payments to StageSource for your premium coverage – only for the association fee to participate.