PAYFLEX COBRA ADMINISTRATION

April 2017

Today's Agenda Topics

- Summary of Services

- New Hire Administration Overview

- COBRA Administration Overview

- COBRA Responsibilities

- HealthHub

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PayFlex Contact

Primary EHA Contact:

- Mike Owens, Client Service Manager
  - mowens@payflex.com
  - 402-758-7880

- COBRA Call Center
  - 800-359-3921

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Summary of Services - COBRA

ONGOING LETTERS & NOTICES:

- ✓ General Rights**
- ✓ Qualifying Event Notices**
- ✓ HIPAA Certificates (ala carte)
- ✓ COBRA Termination
- ✓ Conversion Rights
- ✓ Notice of Unavailability
- ✓ Medicare Entitlement
- ✓ Social Security Disability
- ✓ Administration Change

**NOTICES ARE SENT PROOF OF MAIL.

SERVICES INCLUDED:

- ✓ COBRA Elections and Terminations
- ✓ Premium Collection & Distribution to BCBS
- ✓ Eligibility Updates to Carriers
- ✓ Open Enrollment Support/Rate Change Letters
- ✓ Optional Late Payment Letter
- ✓ Online Premium Payments (One Time or Recurring)

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New Hires

- Any new hire that elects benefits by law should receive an Initial Notice Letter

- Initial Notice Covers:

  - Right to COBRA if benefit coverage is lost due to a qualifying event

  - Explains what a qualifying event is

  - Maximum length of COBRA coverage

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What you need to do

- Notify PayFlex within 90 days of employee enrolling in benefits

- All notifications must be entered online at www.payflex.com/employers.

  - If you do not have a web portal log in or need your password reset contact Mike Owens at mowens@payflex.com
  - Do no fax notifications or email past years spreadsheets.
  - If you do not have a 2017-2018 plan year plan codes by 8-1-2016 email mowens@payflex.com.

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What is needed for an Initial Notice

- Employer Name
- Employee Name
- Employee SS#
- Employee DOB
- Employee Address

PayFlex Responsibility

- PayFlex has 14 days from receipt of notice to send Initial Notice letter

- Entry via the web portal will send Initial Notice letter the following business day.

  - PayFlex turnaround is 48 hours to enter data from spreadsheets. Initial Notice letter sent next business day from entry

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COBRA Qualifying Event

- Any participant who experiences an event which causes the loss of coverage must be offered COBRA

- An event would be:

    Termination

    Reduction of hours

    Retirement

    Divorce/Separation

    Ineligible Dependent

    Death

    Medicare

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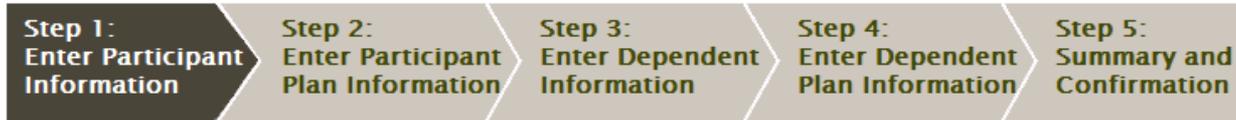
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What you need to do

- Employers have 30 days to notify PayFlex of a qualifying event.

- Entries must be made online at www.payflex.com/employers

- Do not enter a notice more than 30 days before the event. For example for some one retiring as of 9-1-2017 do not enter before 8-1-2017.
  - If you do not have a web portal log in or need your password reset contact Mike Owens at mowens@payflex.com
  - Do no fax notifications or email past years spreadsheets.
  - If you do not have a 2017-2018 plan year plan codes by 8-1-2016 email mowens@payflex.com.

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PayFlex Responsibilities

- PayFlex has 14 days to mail COBRA packet to participant

- COBRA packet covers:
  - Participants right to COBRA and their responsibilities
  - COBRA election forms with benefit costs
  - Electronic Fund Transfer Forms
  - Dependent Election forms and rights
  - HealthHub participant web portal for online enrollment and payment options

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Non employee centered events

| Step 1: Enter Participant Information | Step 2: Enter Participant Plan Information | Step 3: Enter Dependent Information | Step 4: Enter Dependent Plan Information | Step 5: Summary and Confirmation |

Employer Fairbury Public Schools

Member Number 507559898

SSN 507559898

First Name John

Middle Initial

Last Name Doe

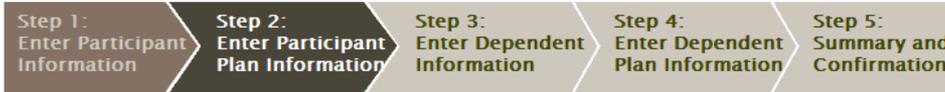*This is who is loosing coverage, the spouse or child in the case of death, divorce or child reaching age 26*

Employee Member Number 012669797

Employee First Name Jane

Employee Middle Initial

Employee Last Name Doe

This is the employee who is still activley employed and on active benefits

Qualifying Event Date 06/15/2015

Qualifying Event Type 8 - Divorce/Separation

With the exception of the green box all the information you enter will be for the person loosing coverage. The address, gender, birth date, etc., needs to be that of the person loosing coverage. Do not enter the person loosing coverage under the dependent section.

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Adding benefits

Step 1: Enter Participant Information	Step 2: Enter Participant Plan Information	Step 3: Enter Dependent Information	Step 4: Enter Dependent Plan Information	Step 5: Summary and Confirmation

New Eligible Benefit

Billing Start	07/01/2015
Employer Benefit Template	MD750 - ELIG $750 DEDUCTIBLE 1.00 - MED
Coverage Level	A Single Only
Coverage Rate	
Coverage Amount	
Subsidy Effective	
Subsidy Expiration	
Subsidy Amount	
Or Subsidy Percent	
Has 18 Months Continuous Coverage	☐
Original Benefit Start Date	

Add Eligible Benefit

Select coverage for the member. In the case of a dependent centered event you would select single coverage in most cases even if the active employee had spouse, children or family level coverage. This is due to only one person is loosing coverage in most cases. In the case of a employee death event and they had a spouse and one or more children covered you would choose coverage level "E Single + Children". Then you would enter the childrens' information in th dependent screens.

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PayFlex Responsibilities to BCBS

- Notification of new COBRA enrollments
- Notification of termination or status changes from COBRA
- Remittance of monthly premiums received

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Participant Responsibility

- Return COBRA enrollment forms within 60 days

- Remit payment within 45 days of returning enrollment forms

- Continue to pay premium monthly within the 30 day grace period

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