

2019 EHA BOOKKEEPER MEETING

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Sr. Account Manager

April 2019

PAYFLEX[®]



AGENDA

- Summary of Services
- New Hire Administration Overview
- COBRA Event Administration Overview
- PayFlex Website

Summary of PayFlex Services

COBRA ADMINISTRATION OVERVIEW

GROUP RESPONSIBILITIES

- COBRA New Hire (Initial Notice)/General Rights Reporting
 - (www.payflex.com, Initial Notices)
- COBRA Qualifying Event Reporting
 - (www.payflex.com, Qualifying Events)

PayFlex RESPONSIBILITIES

- COBRA New Hire/General Rights Processing/Mailing
- COBRA Qualifying Event Processing/Mailing
- COBRA Elections, Changes and Terminations Processing
- Eligibility Reporting to Carriers
 - Notices of new COBRA enrollments, terminations or status changes.
- Premium Collection and Monthly Remittance to BCBS of NE



COBRA LETTERS & NOTICES

- General Rights**
- Qualifying Event Notice**
- Enrollment and/or EFT Confirmations
- Premium Coupons
- COBRA Termination
- Medicare Entitlement
- Social Security Disability
- Appeal Determinations
- Late Payment Letters

**** NOTICES ARE SENT PROOF OF MAIL**

New Hire/Initial Notice Administration Overview

INITIAL NOTICE (GENERAL RIGHTS) NEW HIRES

A group health plan is required to offer the General Rights/Initial Notice within 90 days after an **employee/spouse** is covered under the plan.

Initial Notice (IN) Covers:

- Right to COBRA if benefit coverage is lost due to a qualifying event
- Explains what a qualifying event for COBRA is
- Maximum length of COBRA coverage
- Notification of IN is submitted via the PayFlex Employer portal. The Notice will print/mail the following business day.

Initial Notice Letters are addressed to:
'Employee Name, and family, if applicable'

If employee enrolls in family coverage, only one initial notice should be entered in the employee's name. This will cover the entire family.

Types of IN's

- New Hires*
- Open Enrollment*
- Life Event*

*when newly enrolled in benefits

COBRA Qualifying Event Administration Overview

COBRA QUALIFYING EVENTS

A group health plan is required to offer COBRA continuation to qualified beneficiaries when a qualifying event causes an individual to lose group health coverage.

- Employers have 30 days to notify PayFlex of a qualifying event (QE)
- PayFlex has 14 days to mail the COBRA packet to participant
- Notification of the QE should be submitted via the PayFlex Employer portal.
- The Notice will print/mail the following business day.

Types of QE's

- Termination of Employment*
- Reduction of hours*
- Retirement*
- Divorce/Separation**
- Ineligible Dependent**
- Death**

Max COBRA Coverage

* 18 months

** 36 months

COBRA NOTICES INCLUDE

**PARTICIPANT
RIGHTS TO COBRA
& THEIR
RESPONSIBILITIES**

**PRIMARY &
DEPENDENT
ELECTION FORMS
WITH BENEFIT &
COST OPTIONS**

**ELECTRONIC FUND
TRANSFER (EFT)
AUTHORIZATION
FORM**

**ONLINE
ENROLLMENT
INSTRUCTIONS &
WEBSITE PAYMENT
OPTIONS**

COBRA QUALIFYING EVENT NOTICE – MEMBER RESPONSIBILITY

1

**NEEDS TO ELECT
WITHIN 60 DAYS**

2

**NEEDS TO REMIT
1ST PREMIUM
PAYMENT WITHIN
45 DAYS OF
ENROLLMENT**

3

**ONCE ENROLLED,
NEEDS TO PAY
MONTHLY PREMIUMS
WITHIN 30-DAY
GRACE PERIOD**

PayFlex Website



GETTING STARTED

www.payflex.com

Step 1: Click 'Sign In'

Step 2: Click 'Employer'

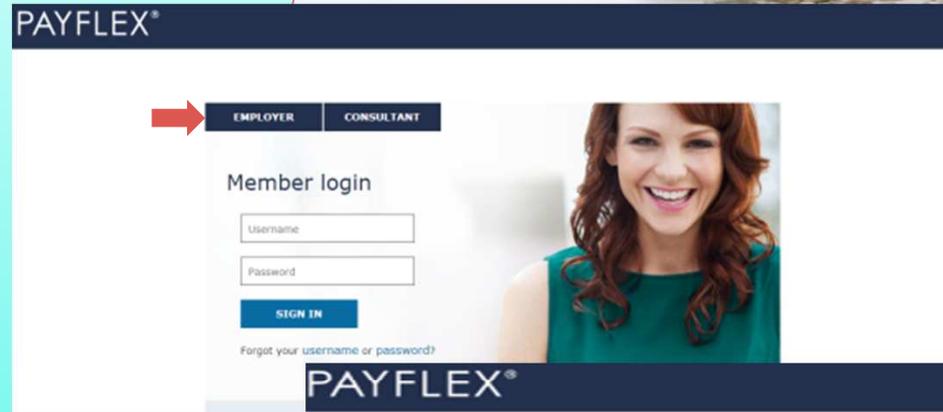
Step 3: Enter username and password.

(Reach out to your Account Manager if you need a password reset or unlocked)

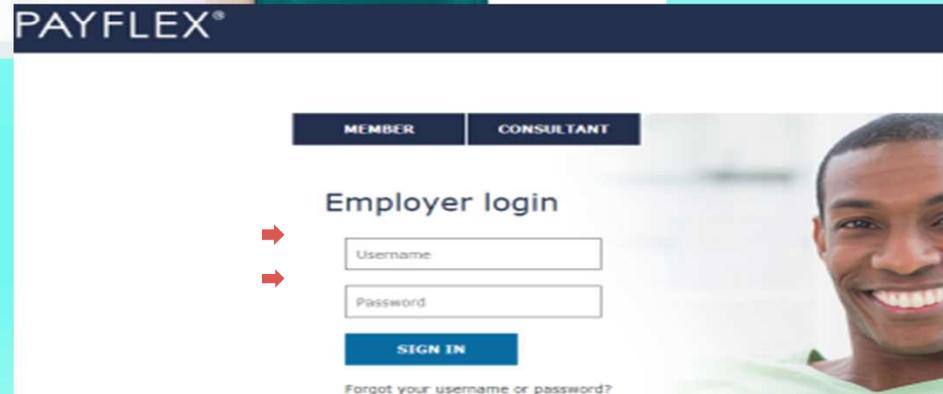
1



2



3



PORTAL ADMINISTRATION

You can edit **Your Profile** at any time to customize your demographic information. If changes are made to **Your Profile**, make sure to click **Submit** to process the changes. A summary of your access rights will also appear at the bottom of the page.

Your Messages allows you to retrieve copies of emails sent by PayFlex. The number of unread messages will display next to the link on the left navigation bar.

payflex.com

products & services

communications center

market watch

Portal Administration

Your Profile

Your Messages (9793 new)

COBRA

Resource Center

FAQ Quick Links

Request a Proposal

Your Profile

First Name

Last Name

Email

Old Password

New Password

Confirm Password

Address 1

Address 2

City

Country

State

Zip

Phone

Fax

Client Roles	Client
Communication	Educators Health Alliance

COBRA HOME

COBRA Home provides a summary of the number of COBRA participants and the contact information for the dedicated COBRA Account Manager and customer service.

From here, you can take a shortcut to the Participant screen by clicking on the participant count.

Note: If the count is over 400, you will have to refine your search.

PAYFLEX

LOGOUT

payflex.com | products & services | communications center | market watch

Portal Administration

- COBRA
- COBRA Home**
- Participants
- Initial Notices
- Qualifying Events
- Real-Time Transaction Register
- Plan Reporting Archive
- On-Demand Reports

Resource Center

FAQ Quick Links

Request a Proposal

COBRA Home

Employer: Educators Health Alliance (COBRA) - 119642

Participants

Count: 0

Call Center Information:

- Hours of Operation: Monday-Friday, 8:00 a.m. - 7:00 p.m. Central Time
- Customer Service (Toll Free) 800-284-4885

Your Client Service Manager is:

Name: LAURIE WICKLUND
Email: lwicklund@payflex.com
Phone: (402) 758-7893

PARTICIPANTS

The **Participant** link includes a search function for you to locate a specific participant record. You may enter any part of a participant's first or last name; the member ID (which could be the Social Security number); or the last four digits of their member number. You may refine your search by selecting the Employer which the participant is assigned to, if applicable.

The screenshot shows the PayFlex website's Participant Search page. At the top, there is a dark blue header with the 'PAYFLEX' logo on the left, a 'LOGOUT' link in the center, and a search bar on the right. Below the header is a navigation bar with links for 'payflex.com', 'products & services', 'communications center', and 'market watch'. The main content area is divided into two columns. The left column contains a 'Portal Administration' menu with items like 'Your Profile', 'Your Messages (9793 new)', 'COBRA', 'COBRA Home', 'Participants', 'Initial Notices', 'Qualifying Events', 'Real-Time Transaction Register', 'Plan Reporting Archive', and 'On-Demand Reports'. Below this menu are three buttons: 'Resource Center', 'FAQ Quick Links', and 'Request a Proposal'. The right column is titled 'Participant Search' and contains a search form. The form includes a dropdown menu for 'Employer' (set to 'Educators Health Alliance (COBRA) - 119642'), a 'Search' input field, and a 'Submit' button. There are also checkboxes for 'Unmask Member Number' and 'Unmask SSN'. Below the form is a table with columns for 'Name', 'Member Number', 'Employer', 'Category', 'SSN', and 'Email'. The table currently displays 'No records found.'

PARTICIPANTS

On the **Participant Info** page, you will see the hyper links, in red box. They will give you access to participant demographic information, COBRA enrollment status, benefits and payment history. This information is accessible in a 'read-only' mode, with the exception if updates to participant and dependent addresses are permitted.

To search for a participant, you can enter the participant's first or last name, full member number or the last four digits of his or her member number. Click **Submit**.

To view and/or download communications or notices sent to participants by PayFlex, click on the **Documents** link.

payflex.com | products & services | communications center | market watch

Participant Info

Qualifying Event Info | **Participant Info** | Benefits | Portal Info | Payments | Account Status | Documents | Dependents

The "Residential" address displayed is where the participant lives. If the "Mailing" address is also displayed, that is where mail is sent. The "Residential" and "Mailing" addresses should never be the same.

Unmask Member Number

Last Name
First Name
Middle Init
Member Number
Employer
Category
Recurring EFT
Residential Address
Residential Address 2
Residential City
Residential State
Residential Country
Residential Zip Code
Mailing Address
Mailing Address 2
Mailing City
Mailing State
Mailing Country
Mailing Zip Code
Birthday
Phone
Current Status **NON_COMMENCED**

[Edit](#)

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INITIAL NOTICES

Initial Notices are sent to the employer's active employees upon benefit election. A separate window will open when clicking on Initial Notices and a list of employees will display in alphabetical order, with a status of 'sent' or 'pending'. To narrow your search, enter a start and end date and click **Apply Filter**.

To enter a new Initial Notice, follow these steps:

Click on 'Enter a New Initial Notice'

Step 1: Enter participant information as shown on the right.

Step 2: Review participant information. If any information is incorrect, click the back button to make any edits

Step 3: Confirmation and Submit

Initial Notices

[Enter A New Initial Notice](#)

Employer: All

Start Date: 02/11/2019 End Date: 02/26/2019

Apply Filter Unmask SSN

SSN	Last Name	First Name	Entered	Status	Action
-----	-----------	------------	---------	--------	--------

Add Participant

Step 1: Enter participant information Step 2: Review participant information Step 3: Confirmation

Employer: Omaha Public Schools

Member Number: **Member Number is also SSN**

SSN:

First Name:

Middle Initial:

Last Name:

Employee Member Number: **These fields are required only if sending the Initial Notice to a Spouse.**

Employee First Name:

Employee Middle Initial:

Employee Last Name:

Address 1:

Address 2:

City:

Country: UNITED STATES

State:

Zip:

Gender:

Birthday:

Hire Date:

Division:

Category: COBRA

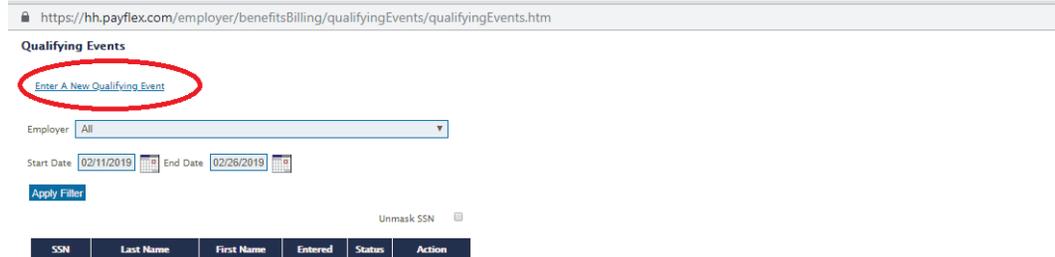
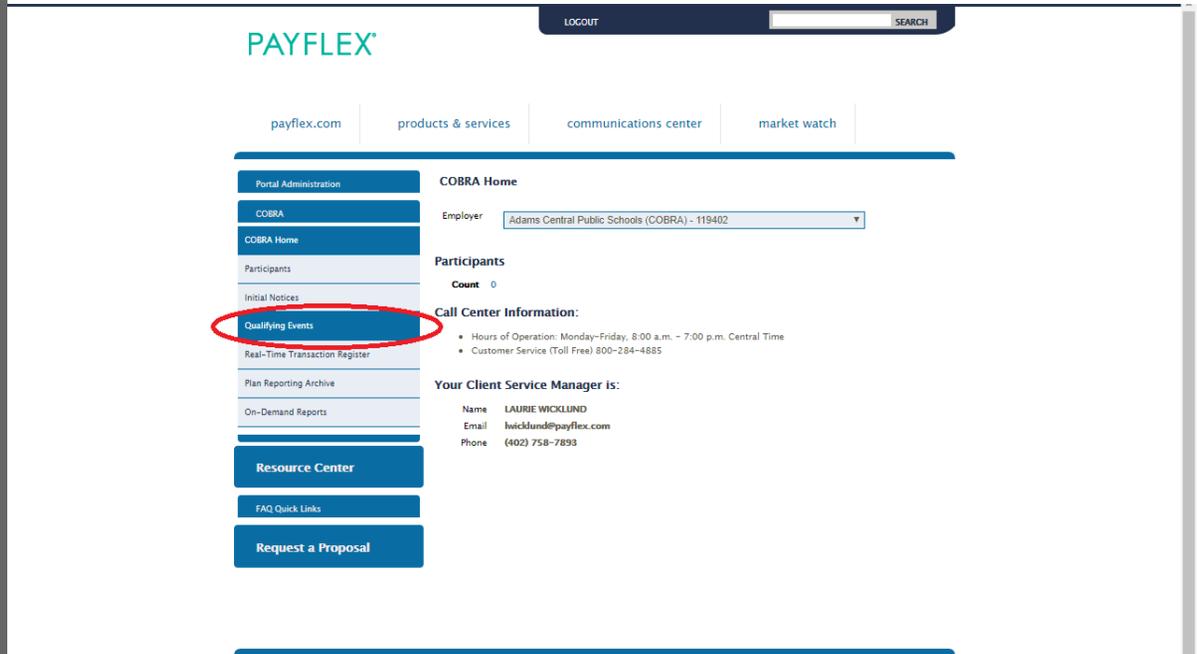
Cancel **Next**

QUALIFYING EVENTS

To access the **Qualifying Event** screen, click on **COBRA** on the left hand navigation and select **Qualifying Events**. A list of participants will display in alphabetical order.

Their status will indicate who has received or will receive a Qualifying Event notice within the date range you entered. Similar to the Initial Notices, you can view all pending and delivered documents in PDF format.

Click on the **Enter a New Qualifying Event** link. The first step requires you to enter participant information.



QUALIFYING EVENTS STEP 1: ENTER PARTICIPANT INFORMATION

Enter the information for the Qualifying Beneficiary. This is the person to whom you are offering COBRA. The Member Number, in most cases, is the Social Security number (SSN). If it is, you can auto-populate the Member Number field by tabbing through the SSN field.

Note: Employee Member Number and Employee Name fields are only needed if the person being offered COBRA is NOT the employee (i.e. dependent-centered events).

Enter the date of the **Qualifying Event** and the Event Type, using the selections in the drop down menu. At this time, you don't need to enter a value in the ARRA Eligible field. Enter the address information. Select the Gender. Enter the Birthday. Hire Date. If the person being offered COBRA is NOT the employee, you can leave this field blank.

If you miss a required field, the system will prompt you to go back and fill in the necessary information.

https://hh.payflex.com/employer/benefitsBilling/qualifyingEvents/participant.htm?null

Add Participant

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: Adams Central Public Schools

Member Number: 123456789 **SSN**

SSN: 123456789

First Name: John **Person being offered COBRA**

Middle Initial: J

Last Name: Doe

Employee Member Number: **Enter employee data only if person being offered COBRA is a dependent due to a dependent event**

Employee First Name:

Employee Middle Initial:

Employee Last Name:

Qualifying Event Date: 06/31/2019

Qualifying Event Type: 1 - Termination of Employment

ARRA Eligible: **Do Not Mark**

Address 1: 1234 Main Street

Address 2:

City:

Country: UNITED STATES

State: NEBRASKA

Zip: 68111

Gender: Male

Birthday: 01/01/1960

Hire Date: 01/01/2010

Category: COBRA

Denial Reason: **Leave blank, unless you are denying COBRA due to Gross Misconduct. Be sure to discuss with your legal representative before denying COBRA.**

Cancel Next

QUALIFYING EVENTS STEP 2: ENTER PARTICIPANT PLAN INFORMATION

Note: Step 2 should be repeated for each benefit you are offering.

In the **Employer Benefit Template** drop down list, select the COBRA-eligible benefit that you must offer.

Select the **Coverage Level**. The coverage level correlates to those being offered COBRA. In the case of a dependent event of ineligible dependent (child turning age 26), only the ineligible dependent is being offered COBRA so you would choose Single Only.

Click on the **Add Eligible Benefit** box.

A message will appear at the top of the screen telling you that the benefit has been successfully added.

Note: As you add each benefit, a summary of the benefits will display at the bottom of the screen. The **Rate** column will show the full rate with the 2% administration fee.

If you enter something in error, click on **Delete** to re-enter the benefit.

Participant Eligible 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

Successfully created eligible benefit 2018-2019_35000ED0.95 - 3500 Ded HSA-ELIGIBLE.95 - MED with coverage 4 Family

New Eligible Benefit

Billing Starts: 09/01/2019

Employer Benefit Template: 2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN Click drop down box to select the eligible plans. Use the code that indicates the current plan year as shown in the example.

Coverage Level: 4 Family Leave Blank, unless FSA
Leave Blank

Coverage Rate: No subsidy should be entered without discussing with Account Manager first.

Coverage Amount:

Subsidy Effective:

Subsidy Expiration:

Subsidy Amount:

Or Subsidy Percent:

Has 18 Months Continuous Coverage: Not required

Original Benefit Start Date: Not required

Add Eligible Benefit You must click on 'Add Eligible Benefit' after each benefit selected. Once added, you will see the benefit at the bottom of the screen as listed below. In this example, the Medical Benefit has already been added.

Description	Coverage Level	Entered	Effective	Coverage Amount	Rate	Subsidy Interval	Subsidy Amount	Eighteen Months	Original Benefit Start Date	Delete
2018-2019_35000ED0.95 - 3500 Ded HSA-ELIGIBLE.95 - MED 4 Family 09/01/2019	4 Family	02/26/2019 11:20	09/01/2019		\$1401.49			No	N/A	Delete

Cancel Back Next

QUALIFYING EVENTS STEP 3: ENTER DEPENDENT INFORMATION

Add each eligible dependent.
You would repeat the steps for each dependent.

If there are no eligible dependents, you
will move right to Step 5.

Dependents

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

Successfully added Participant Dependent JANE DOE

New Dependent

Member Number: 999990000 Dependent SSN in both fields

SSN: 999998888

First Name: William

Last Name: Doe

Dependent Type: Child

Gender: Male

Tax Dependent:

Birthdate: 01/01/2000

Use Primary Beneficiary Address:

Address 1: 111 MAIN STREET

Address 2:

City: OMAHA

Country: UNITED STATES

State: NEBRASKA

Zip: 68111

Handicapped:

Full Time Student:

Add Dependent

Click on 'Add Dependent' after each dependent entered. Once added, the dependent name will drop in the list seen below. In this example, the spouse has already been added.

ID	Name	SSN	Type	Delete
9511694	JANE DOE	234999999	SPOUSE	Delete

Cancel Back Next

QUALIFYING EVENTS STEP 4: ENTER DEPENDENT PLAN INFORMATION

For each dependent entered, enter their eligible benefits by selecting 'Add Benefits'.

If there is no dependent coverage, you will move right to Step 5.

Dependent Eligible 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

Successfully added Participant Dependent Eligible Benefits 2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN 4 Family 09/01/2019 [09/01/2019-opens ended]

JANE DOE - 234999999 - SPOUSE

Benefit	Benefit Start	18 Mos. Cont.	Delete
2018-2019_3500020025 - 3500 Ded HSA-ELIGIBLE 35 - MED	N/A	No	Delete
2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN	N/A	No	Delete

[Add Benefits](#)

WILLIAM DOE - 999998888 - CHILD

No benefits selected

[Add Benefits](#)

[Cancel](#) [Back](#) [Next](#)

Under each dependent, click on 'Add Benefit'. In this example, the benefits have been applied to the spouse but need to be applied to the child. Select each benefit the dependent is eligible for.

https://hr.payflex.com/employees/dependent/qualifyingevents/dependenteligibility/dependentplaninformation--PPO100%AB&CDentalOPTS-DEN4Family09012019

Add Dependent Eligible Benefit

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

Coverage Effective: 09/01/2019

Participant Benefit: 2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN 4 Family 09/01/2019

Has 18 Months Continuous Coverage:

Original Benefit Start Date:

[Cancel](#) [Back](#) [Next](#)

QUALIFYING EVENTS STEP 5: SUMMARY AND CONFIRMATION

Review the Qualifying Event Summary information. If you need to make a correction, you can go back to the necessary step. Otherwise, click the **Finish** button to complete the entry.

Qualifying Event Summary



Participant: DOE, JOHN - Member Number: 123456789

Description	Coverage Level	Entered	Effective	Coverage Amount	Rate	Subsidy Interval	Subsidy Amount
2018-2019_3500DED0.95 - 3500 Ded HSA-ELIGIBLE. 95 - MED 4 Family 09/01/2019	4 Family	02/26/2019 12:13	09/01/2019		1401.49		
2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN 4 Family	4 Family	02/26/2019 12:13	09/01/2019		162.02		

Dependents

JANE DOE - 234999999 - SPOUSE

2018-2019_3500DED0.95 - 3500 Ded HSA-ELIGIBLE. 95 - MED
2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN

WILLIAM DOE - 999988888 - CHILD

2018-2019_3500DED0.95 - 3500 Ded HSA-ELIGIBLE. 95 - MED
2018-2019_DentalOptions - PPO 100% A, B & C Dental OPTS - DEN

This is a summary page. If all looks good, click 'Finish'. The COBRA packet will be mailed out by PayFlex the next business day.

If any adjustments need to be made, click the 'back' button until you return to the page that needs editing.

[Cancel](#) [Back](#) [Finish](#)



PAYFLEX CONTACT INFORMATION

LAURIE WICKLUND

Senior Account Manager & primary point person for EHA HR

Lwicklund@PayFlex.com

(O) 402.758.7893

(F) 402.978.3721

MEMBER CALL CENTER

(800)-359-3921

Hours of Operation: 7:00am-7:00pm
CT, Monday - Friday

ENROLLMENT & PAYMENTS

Enrollment Forms & Premium Payments should be sent to:

PayFlex Systems USA, Inc.
BENEFITS BILLING DEPARTMENT
PO Box 953374
St. Louis, MO 63195-3374

They may also Fax or Email us at (402) 231-4302 cobramail@payflex.com

Enrollments & Payments can be made online at payflex.com

THANK YOU!



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