Appendix B – Detailed System Requirements
Benefits Enrollment System Application

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Overview

The Benefits Enrollment System for CIS will manage all aspects of the employee benefits program for members that have one or more lines of CIS Benefits coverage (e.g. medical, dental, life, etc.). The system will accurately record employee and dependent demographic information and coverage elections, maintain supporting documentation, produce accurate monthly invoices, export coverage information to all carriers/administrators, export financial information to third-parties, and import data from CIS systems and members. Additionally, the system will serve as a system of record that shows an accurate history of coverage and cost information for the member (employer) and the participants.

Having a system that produces accurate invoices and sends accurate coverage information to the carriers is critical to the success of the system.

Due to the sensitivity of the data that is being stored, security should be a high priority when building the enrollment system. The system will need to be designed in a way that ensures it is HIPAA compliant.

The system should be designed with flexibility in mind. It should have a robust administration section for CIS staff to make it easy to manage security permissions, the addition of new members, changes to plans and rates, to monitor system I/O, override capabilities for all events, and administer other data and processes. A "wizard-driven" process should be used as much as possible to allow for a positive and error-free experience for members and their employees.

CIS uses a custom-built content management system (CMS) to administer several of its other websites. This CMS will be used for the benefits enrollment system to manage the content on many of its member-facing pages.

The system will have three distinct audiences: employees and former employees of CIS members, HR/Finance/Benefits managers of CIS members, and CIS Benefits and Finance staff.

Eligible employees will be able to log into the system and select which coverages they wish to enroll in and which dependents they want covered. They will be able to access program documentation (e.g., plan summaries, life/disability certificates, etc.). They also will be able to access the latest wellness information that CIS posts content about. Former employees can also access the system as COBRA participants or retirees to manage their continuing coverage.

HR/Finance/Benefits managers will access the system to make annual selections of the coverage they would like to offer to their employees, process employment changes, access invoices, and generate activity reports (e.g. change reports due to open enrollment or life events, employee/dependent benefit census report, etc.). These users will receive notifications when employees from their organization make changes to their information, in order to update their own HR/Payroll systems.

CIS staff will access the system to manage all activity in the system to ensure all members and employees are in compliance with CIS Benefit Rules. They will produce monthly invoices, ensure the invoices are correct, and process any necessary adjustments. They will oversee file transmissions between the system and various carriers/administrators, as well as the import and export of financial transaction and enrollment data.

Key Terms

Below is a list of key terms that will be helpful in understanding parts of the application and their purpose.

Active – Term to indicate an employee who is currently working for an employer.

Admin Fee – The fee CIS charges to administer healthcare and life/disability benefits.

AOCIT – The insurance trust for the county members of CIS. It is a critical designation when breaking out financial information and providing rate information because it is a separate legal entity. (See "EBS")

Carrier Fee – The fee self-insured carriers charge to administer claims on behalf of CIS.

COBRA – Federal law requiring option of continuation of employer-sponsored healthcare coverage after loss of eligibility.

COBRA Participant – Former employee who terminates from his/her employer and is eligible to continue health coverage through CIS through the COBRA continuation coverage or sooner if becoming ineligible.

Commission – The fee charged to employers that have an agent relationship for medical, vision, dental, life and disability plans.

Dependent – An individual related to an employee and/or participant who is eligible for coverage. The following are considered dependents: children up to age 26 (natural child, stepchild, adopted child, child through legal custody, QMCSO), incapacitated child(ren), legally married spouse, same sex domestic partner who filed a Certificate of Registered Domestic Partnership.

Dependent Relationship – The following is a list of dependent relationship types: Adopted Child, Child, Court Ordered Child, Ex-Spouse, Spouse, Stepson or Stepdaughter.

Incapacitated child – Unmarried child over the age of 26 who has been continuously covered and is incapable of self-support due to a physical, mental or developmental disability that occurred before the child's 26th birthday.

EBS – The insurance trust for the city members of CIS. It is a critical designation when breaking out financial information and providing rate information because it is a separate legal entity. (See "AOCIT")

Employee – An individual who is employed at a CIS-member organization.

Employee Cost Share – The amount of premium (contribution) the employee is required to pay.

Employer Cost Share – The amount of premium (contribution) the employer is required to pay.

Employee Group – A group, typically a department or union group, at an organization.

Employer - A city, county or affiliate member of League of Oregon Cities or Association of Oregon Counties. Also referred to as an entity. Also referred to as a member.

Entity – See "Employer".

Guarantee Issue – The supplemental employee/spouse life amount allowed without medical underwriting.

Leave – Term to indicate an employee that is employed at a member organization, but not actively at work. Leave status might impact benefits eligibility.

Member- See "Employer".

Open Enrollment – A period during the month of October where employees access the system to make their coverage elections for the upcoming calendar year.

Opt-Out – Active employees choosing not to enroll because they are enrolled in other group medical coverage (e.g., coverage through spouse's plan). Applies to Medical/Vision.

Participant – An individual who is eligible for coverage. This may be an employee, or a former employee with retiree or COBRA eligibility.

Pre-Bill – The invoices that are generated for employers and COBRA/Retiree participants prior to the final generation of invoices

Premium – The total costs of a plan. It is the sum of employee and employer cost-share amounts.

QMCSO – A Qualified Medical Child Support Order is a court order, or an order issued by a state administrative agency, in accordance with federal and state laws that require a child or step-child to be covered by a participant's group health plan.

Retiree – Former employee who retires from his/her employer and is eligible to continue health coverage through CIS until becoming Medicare-eligible.

RFC – Acronym for Request for Coverage, the annual process through which the member selects coverage for the upcoming year, provides eligibility and other information, and confirms compliance with CIS Benefits Rules. Serves as the contract between CIS and the member.

Riders - Optional additions to coverage, such as alternative care for a medical plan, or orthodontics for a dental plan.

Users – CIS admin users = Super admin users; admin users = Employer admin users. CIS needs to have multiple levels of Super admin users.

Waive – Active employees without other group medical coverage (see Opt-Out) who choose not to enroll. Waiving medical/vision automatically waives dental coverage. Waive also applies to employees enrolling in medical but choosing not to enroll in dental coverage.

Employee Access

Introduction

Employees of CIS members will access the system at various times of the year. All employees will access the system during Open Enrollment to select their coverages for the upcoming year. Employees will also access the system throughout the year to obtain relevant wellness information or make life event changes, such as: birth of a child, marriage, divorce, etc.

Security

Due to the amount of Personal Health Information (PHI) in the system, confidentiality and security that will ensure HIPAA compliance is critical. Employees should only be able access their own information when accessing the system. System should have two-factor authentication (to be defined).

Employees should also be able to reset their own passwords and update their authentication factors as necessary.

Documentation

Employees should be able to view all documentation, including notices/letters associated with their record.

Personal Information

Employee

At any time during the year, an employee may log into the system and update his/her personal information. This includes: address, phone number, e-mail address, contact preferences, and password. Any changes should be logged and certain of them flagged to be sent to the appropriate carriers in the weekly file transfers. The employee may not change employee SSN or employee Date of Birth because these are unique identifiers for the carriers. Username and passwords should never be sent to the carrier. Passwords should be encrypted in the database. Passwords should never be visible in clear text, except via a "show" password option.

The system should show a historical view of when changes were made, and the effective date of the change.

Input Fields (required are in red): First Name, Last Name, Middle Initial, Phone, Phone Type, Mailing Address Line 1, Mailing Address Line 2, Mailing City, Mailing State, Mailing Zip Code, E-mail Address, Username, Password

Can be initiated by employee? Yes

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? No

Changes sent to carriers? Yes

Dependents of Employee

At any time during the year, an employee may log into the system and add/update their dependents' SSN, Date of Birth, Name, and Contact Information.

Input Fields (required are in red): Personal Information, Dependent Information (if applicable) (first name, last name, date of birth, SSN, gender, Date change was made)

Can be initiated by employee? Yes

Can be initiated by employer? Yes

Can be initiated by CIS? No

Require review by CIS? No

Changes sent to carriers? Yes

New Hire Event

New Employee

Newly-hired employees will access the system to enroll in the benefits for which they are eligible. The system will notify the employee that action is required. Once they have logged in, they would update their personal information, add dependents, and then make their benefit selections. Employees will be offered benefit plans that the employer has made available, based on the new employee's classification. For medical, dental and vision, the employee cost share should only show if the employer elected that option on the RFC. Once dependents have been enrolled, plan selection criteria must be applied, prompting a message to the employee about documentation requirements. The system would automatically select which tier is appropriate based on the employee's selections. A summary of elections would be displayed at the end of their selections, requiring employee confirmation.

If the employer enrolls their employee in Basic or Statutory Life or if the employee enrolls in Voluntary Life, the beneficiary screen should be displayed.

Input Fields (required are in red): Personal Information, Dependent Information (if applicable) (first name, last name, date of birth, SSN, gender, required documents)

Can be initiated by employee? Yes

Can be initiated by employer? No (The employer portion is done through the Employer -> New Hire event)

Can be initiated by CIS? Yes

Require review by CIS? No, unless they have added dependents because documentation needs to be reviewed

Changes sent to carriers? Yes, once enrollment event has been completed

The table below shows all benefit coverages offered. The employees will only see the options the employer selected

Benefit	New Coverage Effective Date	Billing Parameters	Employee Action	Default Plan
Medical/Vision	Employer/Employee Group/Benefit specific	Coverage Effective Date	Select coverage	Waived
Dental	Employer/Employee Group/Benefit specific	Coverage Effective Date	Select coverage	Waived

Benefit	New Coverage Effective Date	Billing Parameters	Employee Action	Default Plan
Health Care & Dependent Care FSA	Employer/Employee Group/Benefit specific	Coverage Effective Date	Select coverage	Waived
Basic Life	Employer/Employee Group/Benefit specific	Coverage Effective Date	None	Auto-enrolled
AD&D (benefit matches basic life)	Employer/Employee Group/Benefit specific	Coverage Effective Date	None	Auto-enrolled
Statutory Life	Date of Hire	Date of Hire	None	Auto-enrolled
Supplemental Employee Life	Employer/Employee Group/Benefit specific	Guarantee issue (GI) amount same as Coverage Effective Date. Amounts above GI have a later Coverage Effective Date	Select coverage	Waived
Supplemental Spouse Life	Employer/Employee Group/Benefit specific	Guarantee issue (GI) amount same as Coverage Effective Date. Amounts above GI have a later Coverage Effective Date	Select coverage	Waived
Voluntary Dependent Life	Employer/Employee Group/Benefit specific	Coverage Effective Date	Select coverage	Waived
Short Term Disability	Employer/Employee Group/Benefit specific	Coverage Effective Date	Select coverage	Waived
Long Term Disability	Employer/Employee Group/Benefit specific	Coverage Effective Date	None	Auto-enrolled

Life Events

Outside of Open Enrollment, employees can only make changes to their elections when certain life events occur. These changes must be completed within 60 days of when the event occurred.

When making coverage elections, the employee should see the employee cost share for the life and disability plans. For medical, dental and vision, the employee cost share should only show if the employer elected that option on the RFC.

Beneficiaries can be changed at any time without a qualifying life event.

The following events should always display the beneficiary screen as part of the process flow.

Below are the Life Events that allow for a mid-year change.

Marriage

This event allows enrollment of a new spouse in benefits. This event will be used for employees as well as former employees with retiree or COBRA coverage. During this event, the spouse data must be entered along with the marriage date. Supporting documentation must be entered at that time or within 60 days of the event. Children of spouses can be added as well and will also require supporting

documentation. Once the data is entered, the employee/participant would proceed to make coverage elections for newly added dependents. The event should not be visible if there is already an eligible spouse on file.

Input Fields (required are in red): Marriage Date (event effective date), Supporting documentation (marriage certificate or license required), Spouse data (first name, last name, date of birth, SSN, gender), Children data (first name, last name, date of birth, SSN, gender)

Event Expiration? Expires 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Action	Plan Options
Medical/Vision	Benefit Event date	If benefit event date: Between 1st and 15th – 1st of the current month Between 16th and 31st – first of the following month	Add spouse and/or eligible dependents	Current
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	Always first of the month following date of election	Always first of the month following date of election	Enroll/increase current election	Current
Basic Life	N/A	N/A	Beneficiaries should show and can be changed	Current
AD&D	N/A	N/A	Beneficiaries should show and can be changed	Current
Statutory Life	N/A	N/A	Beneficiaries should show and can be changed	Current

Benefit	New Coverage Effective Date	Billing Parameters	Employee Action	Plan Options
Supplemental Employee Life	First of month following Hartford's approval date + 30 days	First of month following Hartford's approval date + 30 days	Can enroll or increase current coverage. Beneficiaries should show and can be changed	Current
Supplemental Spouse Life	Guarantee Issue (GI) amount first of the month after date of marriage, unless on the 1st, then effective on the 1st. Amounts above GI are first of month following Hartford's approval date + 30 days	Guarantee Issue (GI) amount first of the month after date of marriage, unless on the 1st, then effective on the 1st. Amounts above GI are first of month following Hartford's approval date + 30 days	Can enroll	Waived
Voluntary Dependent Life	If offered: First of the month following event, unless on the 1st, then effective on the 1st	First of the month following event, unless on the 1st, then effective on the 1st	Can enroll	Current
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Domestic Partner

This event allows enrollment of a new domestic partner (DP). Currently, we offer same-gender coverage only, but opposite-gender coverage could be offered in the future. This event will be used for employees as well as former employees with retiree or COBRA coverage. The certificate of registered domestic partnership is required. The effective date of coverage is the first of the month following the date that is listed on the certificate of registered domestic partnership.

Input Fields (required are in red): DP Date (event date), Supporting documentation (certificate of registered domestic partnership), DP data (first name, last name, date of birth, SSN, gender), Children data (first name, last name, date of birth, SSN, gender)

Event Expiration? Expires 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	Benefit Event date	If benefit event date: Between 1st and 15th – 1st of the month Between 16th and 31st – first of the following month	Add DP and/or eligible dependents	Current
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	Beneficiaries should show and can be changed	Current
Statutory Life	N/A	N/A	Beneficiaries should show and can be changed	Current
AD&D	N/A	N/A	Beneficiaries should show and can be changed	Current
Supplemental Employee Life	First of month following Hartford's approval date + 30 days	First of month following Hartford's approval date + 30 days	Can enroll or increase current coverage. Beneficiaries should show and can be changed	Current

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Supplemental Spouse Life	Guarantee Issue (GI) amount first of the month after date of event, unless on the 1st, then effective on the 1st. Amounts above GI are first of month following Hartford's approval date + 30 days	Guarantee Issue (GI) amount first of the month after date of event, unless on the 1st, then effective on the 1st. Amounts above GI are first of month following Hartford's approval date + 30 days	Can enroll	Waived
Voluntary Dependent Life	Member/Employee Group/Benefit specific	Same as Coverage Effective Begin Date	Can enroll	Current
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Birth/Adoption

This event allows enrollment of a child in benefits due to birth or adoption. This event will be used for employees as well as former employees with retiree or COBRA coverage. During this event, the child data must be entered along with the birth/adoption date, which will determine the event effective date of healthcare coverage. Supporting documentation is required for birth and adoptions. Once the data is entered, employee/participant would proceed to make coverage elections for newly added dependents.

Input Fields (required are in red): Birth/Adoption (event date), Supporting documentation, Child data (first name, last name, date of birth, SSN (not required when adding newborn, but required within 6 months), gender)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	Benefit Event date	If benefit event date: Between 1st and 15th – 1st of the month Between 16th and 31st – first of the following month	Add child(ren), and other eligible dependents	Current
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	First of month following election	First of month following election	Can enroll/increase healthcare and/or Dep Care	Current
Basic Life	N/A	N/A	N/A	Current
AD&D	N/A	N/A	N/A	Current
Statutory Life	N/A	N/A	N/A	Current
Supplemental Employee Life	First of month following Hartford's approval date + 30 days	First of month following Hartford's approval date + 30 days	Can enroll or increase (subject to medical underwriting)	Current
Supplemental Spouse Life	First of month following Hartford's approval date + 30 days	First of month following Hartford's approval date + 30 days	Can enroll or increase (subject to medical underwriting)	Current
Voluntary Dependent Life	Employer/Employee Group/Benefit specific	Same as Coverage Effective Date	Can enroll	Current
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Legal Guardianship/Custody

This event allows enrollment of a child in benefits due to Legal Guardianship/Custody. This event would follow the same logic as the birth/adoption event.

Input Fields (required are in red): Legal Guardianship date (event date), supporting documentation, Child data: first name, last name, date of birth, SSN (not required for newborns), gender

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	Add child(ren)	Current
Dental	Matches medical	Matches medical	Yes	Current
Health Care & Dependent Care FSA	First of month following election	First of month following election	Can enroll/increase	Current
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	First of month following Hartford's approval date + 30 days	First of month following Hartford's approval date + 30 days	Can enroll or increase (subject to medical underwriting)	Current
Supplemental Spouse Life	First of month following Hartford's approval date + 30 days	First of month following Hartford's approval date + 30 days	Can enroll or increase (subject to medical underwriting)	Current
Voluntary Dependent Life	Employer/Employee Group/Benefit specific	Same as Coverage Effective Date	Can enroll	Current
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Qualified Medical Child Support Order

This event allows enrollment of a child in benefits due to a Qualified Medical Child Support Order (QMCSO). This event will be used for employees as well as former employees with retiree or COBRA coverage.

Input Fields (required are in red): QMCSO (event date), supporting documentation, Child data: first name, last name, date of birth, SSN (not required for newborns), gender

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	Add child(ren)	Current
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Divorce/Legal Separation

This event drops a spouse and covered stepchildren from benefits and/or decreases coverage. This event will used for employees, retirees, and former employees with COBRA coverage. Coverage terminates the end of the month following the date of divorce/legal separation. Supporting

documentation is required for this event. Contact information will be required for the ex-spouse so that COBRA information can be sent, if applicable. Ex-spouse and stepchildren would automatically be removed from any enrolled coverages and coverage tiers would automatically be updated. If event date is within 60 days, COBRA information will be sent to ex-spouse and/or stepchildren. System should prompt the employee to decide whether the ex-spouse is the only dependent currently covered by voluntary dependent life.

Input Fields (required are in red): Divorce decree final date (event date), supporting documentation, Ex-spouse contact data (address, city, state, zip)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	None. Entering event should auto-drop spouse and stepchildren from coverage	Current
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	First of month following election	First of month following election	Enroll/increase. Decrease requires CIS approval	Current
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	First of month following event	First of month following event	Can decrease. Can change beneficiaries	Current

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Supplemental Spouse Life	First of month following event	First of month following event	None. Entering event should auto-drop spouse from coverage	Current
Voluntary Dependent Life	Employer/Employee Group/Benefit specific	Same as Coverage Effective Begin Date	System to prompt question if this is their only dep	Current
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Dissolution of Domestic Partnership

This event would drop a domestic partner from benefits. This event will used for employees, retirees and former employees with COBRA coverage. This event has the same requirements as the Divorce/Legal Separation Event.

Input Fields (required are in red): Dissolution of DP decree date (event date), supporting documentation, Ex-spouse contact data (address, city, state, zip)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	None. Entering event should auto-drop DP and children of DP from coverage	Current

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	First of month following event	First of month following event	Can decrease. Can change beneficiaries	Current
Supplemental Spouse Life	First of month following event	First of month following event	None. Entering event should auto-drop DP from coverage	Current
Voluntary Dependent Life	Member/Employee Group/Benefit specific	Same as Coverage Effective Begin Date	System to prompt question if this is their only dep	Current
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Employee Loss of Other Group Coverage

This event allows enrollment in coverage due to the loss of other group health (e.g. coverage from a spouse's employer). This event will only be used for active employees. Supporting documentation showing loss of other coverage is required to complete this event. Changes are limited to medical, dental and vision. This event will only be used by employees currently enrolled in the system for some level of coverage.

Input Fields (required are in red): Loss of Other Coverage Date (event date), Supporting documentation, Spouse data (first name, last name, date of birth, SSN, gender), Children data (first name, last name, date of birth, SSN, gender)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	Enroll self/dependents in coverage	Current
Dental	Matches medical	Matches medical	Matches medical	Current
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Dependent Loss of Other Group Coverage

This event allows enrollment in coverage for dependents who lose other group health coverage (e.g. coverage from a spouse's employer). Healthcare coverage is effective the first of the month following the date of loss. Supporting documents showing loss of other coverage are required to complete this event. Changes are limited to medical, dental and vision.

Input Fields (required are in red): Loss of Other Coverage Date (event date), Supporting documentation, Spouse data (first name, last name, date of birth, SSN, gender), Children data (first name, last name, date of birth, SSN, gender)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	Can enroll eligible dependents to coverage	Current Plan
Dental	Matches medical	Matches medical	Matches medical	Current Plan
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Employee Gain of Other Group Coverage

This event allows the employee to drop coverage for self and covered dependents due to gain of other group health (e.g. coverage from a spouse's employer). This event will only be used for employees. Healthcare coverage terminates at the end of the month prior to the start of new coverage, if the new coverage begins on the 1st of the month. If the new coverage begins after the 1st of a month, coverage terminates at the end of that month. Supporting documents showing enrollment of other coverage is required to complete this event. Changes are limited to medical, dental and vision.

Input Fields (required are in red): Gain of Other Group Coverage Date (event date), Supporting documentation

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	Terminates at the end of the month prior to the start of new coverage if the new coverage begins on the 1st of the month. If the new coverage begins after the 1st of a month, coverage terminates at the end of that month.	Terminates at the end of the month prior to the start of new coverage if the new coverage begins on the 1st of the month. If the new coverage begins after the 1st of a month, coverage terminates at the end of that month.	None. System auto-drops self /deps from coverage	Current Plan
Dental	Matches medical	Matches medical	Matches medical	Current Plan
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Dependent Gain of Other Group Coverage

This event allows the employee to drop coverage for dependent(s) due to the gain of other group health (e.g. coverage from a spouse's employer). This event will only be used for active employees and/or COBRA participants. Healthcare coverage terminates at the end of the month prior to the start of new coverage if the new coverage begins on the 1st of the month. If the new coverage begins after the 1st of a month, coverage terminates at the end of that month. Supporting documentation showing enrollment of other coverage is required to complete this event. Changes are limited to medical, dental and vision.

Input Fields (required are in red): Gain of Other Group Coverage Date (event effective date), Supporting documentation

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	Terminates at the end of the month prior to the start of new coverage if the new coverage begins on the 1st of the month. If the new coverage begins after the 1st of a month, coverage terminates at the end of that month.	Terminates at the end of the month prior to the start of new coverage if the new coverage begins on the 1st of the month. If the new coverage begins after the 1st of a month, coverage terminates at the end of that month.	Drop dependents from coverage	Current Plan
Dental	Matches medical	Matches medical	Yes	Current Plan
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Death of a Spouse/Domestic Partner or Child(ren)

This event allows coverage to be dropped for a deceased spouse/domestic partner (DP), or child(ren). This event will be used for active employees as well as retirees and COBRA participants. Once the date has been entered, the spouse/DP should be removed from benefits and tiers should be automatically adjusted. Benefits coverage terminates on the last day of the month in which the death occurred. Changes can be made to applicable life (and FSA) coverages due to the loss of a dependent. The system should prompt the employee to decide whether the deceased dependent(s) lost coverage and needs to be added due to death, and if they are currently on voluntary dependent life.

Input Fields (required are in red): Date of Death (event effective date)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	Enter date of death of dependent	Current Plan
Dental	Matches medical	Matches medical	Enter date of death of dependent	Current Plan
Health Care & Dependent Care FSA	First of month following election	First of month following election	Delete Dep Care Coverage, if child dies. Enroll in Health care, if spouse dies	Current Plan
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Increase/Decrease in Cost of Dependent Care

Employees can increase or decrease the amount they chose to deposit for dependent care in their FSA account, based on a change in the cost of such care. The employee must enter a new amount, the effective date of change, and the reason for the change.

Input Fields (required are in red): Effective Date, New Amount, Reason for change

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? Yes

Can be initiated by employer? No

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	N/A	N/A	N/A	N/A
Dental	N/A	N/A	N/A	N/A
Health Care & Dependent Care FSA	First of month following election	First of month following election	Can change dependent care election only. Healthcare cannot be changed.	Current Plan
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Other Events

Retiree/COBRA Enrollments

This event gives eligible participants the opportunity to enroll in coverage as a Retiree or as a COBRA participant. The employer would enter the termination effective date (last day worked) and select from a list of reasons for termination. The proper notices will then be generated and given to the participant to guide them through this enrollment process.

Input Fields (required are in red): Termination Effective Date (last day worked)

Event Expiration? Expires after 60 days from the date of event.

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Benefit	New Coverage Effective Date	Billing Parameters	Employee Actions	Plan Options
Medical/Vision	First of month following event	First of month following event	Enroll	Current Plan
Dental	Matches medical	Matches medical	Enroll	Current Plan
Health Care & Dependent Care FSA	N/A	N/A	N/A	N/A
Basic Life	N/A	N/A	N/A	N/A
AD&D	N/A	N/A	N/A	N/A
Statutory Life	N/A	N/A	N/A	N/A
Supplemental Employee Life	N/A	N/A	N/A	N/A
Supplemental Spouse Life	N/A	N/A	N/A	N/A
Voluntary Dependent Life	N/A	N/A	N/A	N/A
Short Term Disability	N/A	N/A	N/A	N/A
Long Term Disability	N/A	N/A	N/A	N/A

Open Enrollment

Open Enrollment (OE) is an event window that allows active employees, and COBRA participants to make benefit selections for the upcoming plan year, without a qualifying life event. CIS will decide each year how to structure the OE process: employees allowed to review or be forced to step through each of the coverages that their employer has with CIS. A different process may be available to COBRA participants. A summary of elections and their status, who's covered, life EOI amounts and employee/employer costs should be displayed at the end of the process. All approved changes would be effective for the new plan year.

If a participant does not complete open enrollment, the existing coverage will be carried over to the new year, except for Flexible Spending Account elections. FSA elections do not automatically carry over and would be treated as not elected if the participant did not make any elections during open enrollment.

If an employer changes plan options during OE, all enrollees in the current plan will automatically be moved to the new plan.

New Hires During Open Enrollment

Employees hired during open enrollment are first required to complete their new enrollment event. Upon completion, an OE event is triggered to make new elections for the upcoming plan year.

COBRA Participants

COBRA participants can change medical and dental plans during open enrollment if they are currently enrolled in coverage. If they are currently enrolled in medical, but waiving dental, they can enroll in dental during open enrollment, but are subject to the late enrollee penalty.

Retiree Participants

Retiree participants only have to go through open enrollment if they want to drop a dependent. If they don't go through open enrollment their coverage is automatically renewed.. If an employer changes plans, the retiree will automatically be moved to the new plan.

Special Enrollment Period

An enrollment window and effective date defined by CIS under certain circumstances (e.g. for new groups).

COBRA Continuation Coverage

To elect COBRA continuation coverage, a participant must complete and return an Election Form to CIS by the end of the election period. Under federal law, they have 60 days from the date of original notice or the coverage termination date, whichever is later, to elect COBRA continuation coverage under the plan. If the participant fails to complete the form within this time, they will lose their right to elect COBRA continuation coverage.

COBRA Events

The system needs to generate the required notices for the following events, to be printed and mailed by CIS.

- New Hire – Initial Notice
- All Others – COBRA Election Notice
    - Dependent Aging Out of Coverage
    - Divorce
    - Loss of Benefit Eligibility (e.g. reduction in hours, leave of absence)
    - Dissolution of Domestic Partnership
    - Death of Employee

A notice should be generated 90 days prior to the end of the continuation period.

A "termination due to non-payment" letter will be sent to the participant if the first payment for continuation coverage is not sent within 45 days after the date the election was made.

COBRA/Retiree Access

Introduction

COBRA participants and Retirees are former employees of CIS employers who have elected to continue benefits coverage. COBRA participants and Retirees will access the system at various times of the year based on certain events.

Personal Information

At any time during the year, a COBRA/Retiree participant may log into the system and update their personal information. Applicable changes should be logged and flagged to be sent to the appropriate carriers in the weekly file transfers.

Dropping or Adding Coverage

COBRA/Retirees can only continue medical/vision and/or dental effective at time of termination. They are not allowed to drop or add coverage until Open Enrollment.

Billing

COBRA participants and select Retiree participants are billed monthly for their benefit coverages. They will generally be responsible for the full premium; however, in some cases the former employer subsidizes all or part of the premium, either short-term or on an ongoing basis. These participants must stay current on their payments or else coverage will be canceled. Participants should be sent to Authorize.net to make credit card payments. CIS will download transaction information from Authorize.net and then import the transactions into the system. The system should look to ensure payments are current. Otherwise, it would cancel coverage and send the proper information to the carriers.

Canceling for Non-Payment

If the participant is responsible for payment of all or part of the premium and they fail to pay within 45 days, coverage will be canceled.

Documentation

COBRA participants and Retirees should be able to access all notices/letters that have been sent to them to view and download. Below is a list of notices/letters/forms generated automatically by the system. (Note: CIS will create these templates).

- COBRA New Employee Notice (initial)
- COBRA Terminated Employee Notice
    - Includes plans/rates
- Retiree Enrollment form (application)
- Retiree letter
    - Includes plans/rates

Employer Access

Introduction

Each employer has at least one person who has administrative access to the system to perform a variety of functions for the organization, such as: access billing, add/terminate employees, update salaries, or other (as needed). Employers are never allowed to change employee dates of birth, and/or employee SSNs once initial submission is complete.

Security

Users that have administrative access for their employer should be able to add or terminate all the employees within that organization. This includes the events described below as well as to reset the employee's password if the employee is unable to access the system. They should not have access to, or any visibility of, any other organizations and their employees.

If an admin user terminates employment, their admin user access should automatically be terminated as of the last day of coverage.

Billing

After invoices are generated, employers will login and review the monthly invoice. Due to variances with their own finance systems, they may need to pay an amount that is different than what is on the bill. When this is the case, they will need to enter adjustments into the system and indicate the amount they are paying. This information is submitted and made available for the CIS Finance Department to review and import into their accounting system.

Employment Events

Employment events are processed by the employer. These events can be future-dated, by no more than 31 days, as well as retroactive. The retroactive date range is dependent on the event. Retroactive events need to trigger the necessary billing adjustment to properly capture the correct amount of premium due.

New Hire

This event creates the employment record of the newly-hired employee, which will allow the employee to log on and select their benefits. When adding a new employee, the system will validate the status of the employee's SSN. If a duplicate record is found, the system will prompt a message to contact CIS. If no duplicate record is found, the user would create the employee by entering in their personal information, followed by their employment information. Upon completion, an email with a link would be sent to the newly-created employee, with a copy to the employer, allowing them to create their username and password and make their benefit elections.

> **Input Fields (required are in red):** First Name, Last Name, Middle Initial, SSN, Preferred Phone, Mailing Address Line 1, Mailing Address Line 2, Mailing City, Mailing State, Mailing Zip Code, E-mail Address, Employee Group, Hire/Start Date, Salary Information (only if offer Life or LTD based on salary), Weekly Hours Worked, Job Title, Job Classification
>
> **Can be initiated by employee?** No
>
> **Can be initiated by employer?** Yes

Can be initiated by CIS? Yes

Require review by CIS? No

Changes sent to carriers? No

Salary Change

This event updates a member's salary and triggers any changes to benefits that are based on salary. An employer should be able to update an employee's salary and the salary effective date as well as perform a bulk update of a group of employees by uploading a file with the new amounts. These options should also be available for CIS. Updates can only be made retroactive to the 1st of the current month or 31 days in advance.

Input Fields (required are in red): SSN, Salary Information, Salary Effective Date

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? No

Changes sent to carriers? No

Terminate Employment

This event terminates employment and coverage for an employee. The employer would enter the termination effective date (last day worked) and select from a list of reasons for termination. Upon termination, required COBRA notices would be generated to be mailed out. If termination is due to retirement and the employee (or covered spouse/DP) is under 65, then both the retiree notice and the COBRA notice should be sent. If a severance agreement was agreed upon that requires the employer to pay part of the benefit premiums, subsidy information would be entered. The subsidy amount would be used to pay for all, or part, of the COBRA/Retiree premiums during the severance period. If the participant fails to send in application for COBRA/Retiree coverage, then the subsidy event would be canceled. If the subsidy amount is not known at the time of termination, it can be entered by CIS anytime.

Input Fields (required are in red): Termination Effective Date (last day worked), Termination Reason (Termination, Retirement, Layoff), Subsidy begin/end date, Subsidy Amount (can be flat dollar amount or percentage)

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? No

Changes sent to carriers? Yes

Leave of Absence

This event maintains employment but allows for termination of some benefits at different dates. This depends on the length of the leave. The employer would enter the leave of absence effective date (first day of leave) and select from a list of reasons for leave (Paid Leave, Unpaid Leave, Military, OFLA, FMLA, Workers' Compensation). Depending on the reasons for leave, notices will be sent accordingly.

Input Fields (required are in red): Leave Effective Date (first day of leave), Leave Reason, Subsidy begin/end date, Subsidy Amount (can be flat dollar amount or percentage)

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Transfer

This event transfers an employee from one employee group to another within the same employer (i.e. transfer from Police to Fire). This is significant because different employee groups within an organization can have different benefit coverage options. If benefits changed, the employee is notified that action is needed. In this case, CIS will process any changes. If benefits remain the same, no action is required.

Input Fields (required are in red): New Employee Group, Effective Date of change, Salary Information (only if offer Life or LTD based on salary), Weekly Hours Worked, Job Title, Job Classification

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? No

Changes sent to carriers? Yes

Change in Hours

This event is for employees who are losing or gaining eligibility due to a change in hours worked per week. Employees have 60 days to enroll in benefits from the date their work hours increase, resulting in becoming benefit eligible. Coverage is effective the first of the month following the date of the hours change. Employees whose work hours decrease, resulting in loss of eligibility for benefits, will have all coverages terminated the first of the month following the date of the hours change.

Input Fields (required are in red): Weekly Hours Worked, Effective Date, Salary Information (only if offer Life or LTD based on salary)

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? No

Changes sent to carriers? Yes

Life Events

Most life events will be processed by the employee, but there are a few life events that the employer can process on behalf of the employee.

Death of an Employee

This event drops an employee from benefits and the system generates the COBRA notice, and condolence letter to the surviving spouse and dependents. These will be mailed by CIS.

Input Fields (required are in red): Date of Death

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Death of a Dependent

See Death of Spouse/Domestic Partner or Child(ren) section under Employee Access. Employer should have same access as employees for this event.

Request for Coverage

The Request for Coverage (RFC) is an annual process where each employer selects which coverages and plans they want to offer to each employee group in their organization for the upcoming year. In addition, they will indicate how much premium will be paid by the employer and how much will be paid by the employee. This information is then used for the upcoming Open Enrollment for each employee to make their benefit selections. This is a step process where future steps should be locked until the current step is complete.

General Information

The general information screen is used to gather information to ensure compliance with the CIS Benefits Rules. There are a mix of yes/no questions and numeric responses and can change from year to year. The employer has the ability to show and to not show employee and/or employer cost shares.

Employee Counts

The employee counts screen is used to determine how the employer would like to receive their Open Enrollment information. The employer needs to choose if they want their open enrollment materials via paper or electronically. If they choose paper, they must enter the number of employees who work in each of their employee groups. If they choose electronically, they do not need to provide employee counts.

Input Fields (required are in red): Employee Group, # of employees (either populated by the system or entered by the employer)

Medical

On the Medical screen, the employer is shown the current plans that they offer for each employee group, the waiting period, and the minimum eligibility hours. Each plan must be reviewed before proceeding to the next step. They may change, add or delete plans for the upcoming plan year. When reviewing the plan, they may change which riders, if applicable, they would like to add or remove from the plan. Riders must consistently be offered across plans within the same employee group. Based on their current configuration, they are shown the total premium. The employer is required to enter the employee cost share, and the system calculates the employer cost share (which is the difference between the total premium and the employee cost share) for each tier. They may also update the waiting period and/or minimum eligibility hours.

Input Fields (required are in red): Plan Name, Additional Riders, Waiting period, Minimum Eligibility Hours, Employee cost share for each tier

Dental

On the Dental screen, the employer is shown the current plans that they offer for each employee group, the waiting period, and the minimum eligibility hours. Each plan must be reviewed before proceeding to the next step. They may change, add or delete plans for the upcoming plan year. When reviewing the plan, they may change which riders, if applicable, they would like to add or remove from the plan. Riders must consistently be offered across plans within the same employee group. Based on their current configuration, they are shown the total premium. The employer is required to enter the employee cost share, and the system calculates the employer cost share (which is the difference between the total premium and the employee cost share) for each tier. They may also update the waiting period and/or minimum eligibility hours. If offer medical, the waiting period and/or minimum eligibility hours must match.

Input Fields (required are in red): Plan Name, Additional Riders, Waiting period, Minimum Eligibility Hours, Employee cost share for each tier

Life/Disability

On the Life/Disability screens, the employer is shown the current plans that they offer for each employee group, the waiting period, and the minimum eligibility hours. If there are no changes, the employer can continue all coverage as is. If a change is required, the employer can edit the applicable employee group and all others can continue as is (or updated). They may add new plans that they would like to offer to their employees and remove plans they no longer wish to offer. They may also update the waiting period and/or minimum eligibility hours. The eligibility hours and waiting periods do not have to match medical/dental. However, they must match across all life and disability plans for all employee groups.

An employer cannot offer any voluntary life plans without offering Basic Life. The one exception is Short-Term Disability (STD). It can be offered if the employer offers Basic Life only or Long-Term Disability (LTD) only.

Input Fields (required are in red): Plan Name, Waiting period, Minimum Eligibility Hours

Flexible Spending Account (FSA)

Employers offering this plan for the first time must enter the following information:

> **Input Fields (required are in red):** Payroll Contact Name, Phone, Email, Premium Only Plan, Healthcare FSA, Dependent Care Plan, Waiting Period, Employee Group, Required Hours, Exclude Payroll Frequency, Pay Period Start Dates, Pay Period End Dates, Pay Dates

For those continuing FSA plans, the employer is shown the current FSA plans they chose. If they choose the Healthcare or Dependent Care plan, they must review the pay dates that have been auto-populated for them and make any necessary adjustments. Pay dates can be monthly (12), semi-monthly (24) or bi-weekly (26), and must fall within the new plan year. The Period Start, Period End and Pay Dates will automatically be generated based on the payroll frequency each employer selects. Employers will be allowed to identify any skipped dates for FSA deductions (e.g. 26 pay periods, but only take FSA deductions from 24), which they must identify when filling out their pay schedule. Waiting period and eligibility hours must default to same as medical.

Authorization Page

An agreement section that lists an employer's authorized representative. This section will allow the employer to enter comments they have regarding anything related to the RFC. CIS should also be given the ability to enter comments of changes they made on behalf of the employer.

> **Input Fields (required are in red):** Authorized Representative Name, Authorized Representative Title, Authorized Representative Phone #, Authorized Representative Email Address, Email Address for governing individual

RFC Progress

During the RFC period, CIS monitors the progress of the employers to ensure they all complete the RFC within the allotted time. A weekly email reminder will be sent to the employer's primary contact until either completed or window closes. After the RFC period is over, CIS reviews all of the completed RFCs to ensure that they are all in compliance. A report is then sent over to each of the carriers identifying any group plan changes, to allow them to begin updating their systems.

Reports

Employers will need the ability to run a variety of reports about the data in the system. CIS IT staff will create the reports.

Enrollment Materials

Enrollment Materials are documents that are provided to employers and employees to provide them with information about their plans and coverages that are available to them. The documents range from plan-specific documents, to specific coverage information, to general information. They are accessed most frequently by new hires, to get educated about plans that are available to them, and during open enrollment. Employers should only see the documents that are applicable to their organization based on the plan and coverage participation. The documents are updated by CIS annually and should be easily updated, as there are over 100 different documents that are used.

CIS Access

Security

Designated staff of CIS should have the ability to manage all aspects of the system. This would include: reset passwords for any user, accessing and making changes to any employee, assign roles to employer admins, etc. Access should be role based, including multiple admin tiers. CIS employees will authenticate using Active Directory credentials.

Life Events

Medicare Eligibility

Retirees/COBRA participants and their dependents who become Medicare eligible, can no longer continue on the medical and/or dental plans. If they become Medicare eligible due to age, the system should automatically terminate coverage the 1st of the month in which they turn 65. Unless the participant's birthday is on the 1st, then coverage terminates the 1st of the previous month.

If becoming Medicare eligible for other reasons, CIS will need to process the termination.

Dependent Conversion

If spouse is not Medicare eligible, he/she can continue coverage until becoming Medicare eligible. This requires CIS to convert them to their own record.

If children are covered on the plan, they become ineligible when the spouse loses eligibility or they lose it on their own.

Death of a Retiree Participant

This event drops a retired participant from benefits, effective the last day of the month in which the death occurs. E.g. Date of death 10/15, coverage is terminated on 11/1. If the retiree has a spouse (or children) attached to the benefits, a separate account is set up to continue coverage.

Input Fields (required are in red): Date of Death

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Death of a COBRA Participant

This event drops a COBRA participant from benefits, effective the last day of the month in which the death occurs (e.g. date of death 10/15, coverage is terminated on 11/1.) If the COBRA participant has a spouse (or children) attached to the benefits, a separate account is setup to continue coverage. Special Rule: If the spouse is age 55+ at the time of 1) Death of Employee or 2) Divorce from Employee (doesn't include DP), then the ex/surviving spouse can keep COBRA until he/she gets other coverage or becomes Medicare eligible. In practice this just means that a spouse who gains COBRA coverage for the reasons above and is 55+ at the time, their COBRA end date should be set to Medicare attainment age (First of

the month for the month in which they turn 65, unless they turn 65 on the 1st of the month, then first of prior month).

Input Fields (required are in red): Date of Death

Can be initiated by employee? No

Can be initiated by employer? Yes

Can be initiated by CIS? Yes

Require review by CIS? Yes

Changes sent to carriers? Yes

Create New Plan Year

CIS Admin Users should be able to create, edit, or delete a new plan year.

Input Fields (required are in red): Name, Begin Date, End Date, Invoice Interval, Invoice Day, Is Active

Rates

Rates will need to be stored in the system by effective date (plan year) for medical (base and rider plans), dental (base and rider plans), vision, and all life and disability plans. The structure is outlined in the Rate Development and Rules Engine sections below. Rates include CIS admin fees, Carrier fees, Commission fees, and premiums (what is billed to employers and participants). Rates are different for cities (EBS) and counties (AOCIT) and there is a rate and fee for each of the 5 tiers in medical, dental and vision.

Rate Development

A step-by-step process that allows CIS to copy previous plan year values to the new year, set the base rates, and update the Ex-Mod (Rating) factors.

Copy New Plan Year

CIS admin users should be able to select a previous plan year to copy all ruleset, lookup, plan, rider, and coverage data to the new year. The system should prevent duplicate executions of the copy, but should allow for the newly copied data to be deleted and the copy process to be run multiple times as needed.

Input Fields (required are in red): Previous Plan Year, New Plan Year

Set Base Rate by Plan

CIS admin users should be able to set the base rate by Plan (see Plan Requirements for Plan information) for a new year by multiplying the base rate of the previous year by a user-defined factor.

Input Fields (required are in red): Plan, Rate Factor

Rating Factors (Ex Mods)

Medical and Dental Plans:

Rating factors known as Experience Modifications (Ex Mods) are applied across base medical and dental plans. These factors should be entered at each benefit coverage level (e.g. medical and dental) and applied to all plans. Some employers are considered Pooled, others are considered Non-Pooled. Some employers are considered special cases:

The system should allow select CIS admin users to set the Ex Mod for these three distinct cases.

Pooled: A single Ex Mod value is shared across all pooled employers by coverage. The system should allow an update to the pooled Ex Mod value that will propagate to all pooled employers by coverage.

Non-Pooled: Non-pooled employers all have their own Ex Mod based on their claims experience and the system should allow for each pooled employer to be updated individually at the coverage level.

Special: Employers may transition between Pooled and Non-Pooled by coverage. The system should allow for these employer's Ex Mods to be updated individually by coverage.

For Life/Disability Plans:

For employers that are pooled Basic Life plans (see Plan Requirements section for specific plan information) rates are age banded. All Supplemental Life plans are age banded. The system needs to flag these plans for the rates to be calculated based on an age category.

For non-pooled employers, some Basic Life and all Long-Term Disability plans are calculated based on salary. These plans would have a flat rate (per $1000 for Basic Life; per $100 for Long-Term Disability) that applies to all employees.

Input Fields (required are in red): Employer, Ex Mod, Pooled, Special, Use Ex Mod, Age Band flag Life)

Adjustments

For medical, dental and vision plans the system should allow for one-to-many adjustments with configurable operands to adjust the base rate. E.g. multiply base rate by a factor or aggregate adjustment amounts by tier (see Plan Requirements for tier option information).

Rules Engine

The system will have a rules engine that allows CIS admin users to determine how plan and rider rates will calculate tier premium each year. It should have a locking mechanism to lockout all users from making changes once rates have been finalized for the coverage period. The rules engine will need to dynamically convert lookup, plan, rider or coverage input field names into values to calculate premium using the following operators.

> **Lookup:** Select lookup field by lookup name and coverage period and return and store value for future use. E.g.: Use Ex Mod
>
> **IF:** Return one of two values based on the evaluation of a Boolean expression. E.g.: IF Use Ex Mod = 0 return 1 else return Ex Mod.
>
> **Formula:** Return and store results of a valid mathematical expression. E.g.: Base Rate * Adjustment Factor

Lookup Input Fields (required are in red): Coverage Period**,** Lookup Name**,** Plan Name, Plan Type, Tier, Trust, Base Rate, Carrier Rate, Admin Fee, Adjustments (multiple fields needed), Use Ex Mod, Use Commission, To Be Termed, Rider

Plan Input Fields (required are in red): Effective Date, Termination Date, Plan Name

Rider Input Fields (required are in red): Effective Date, Termination Date, Rider

Coverage Input Fields (required are in red): Effective Date, Termination Date, Has Commission, Commission, Ex Mod, Trust, Pooled, Has Subsidy, Large Claim Reporting Cap

Rate Finalization

The system will have an CIS admin user-initiated process to finalize rates per coverage period. This will lock the rules engine and generate and append the final rates by plan and tier to a static table to be used for monthly billing and RFC.

New Employer

There are instances where an employer will join CIS mid-year or start of the plan year. If this is the case, CIS will send a link to the employer to complete the RFC.

Documentation

Any required documentation (e.g. marriage certification) that gets added to an employee's record needs to be reviewed by CIS.

Reports

CIS will need the ability to run a variety of reports about the data in the system. CIS IT staff will design the reports, but will need an easy way to add additional reports as they are built, and to specify which reports are CIS only, and which are for employers.

Billing

There are a number of operations that CIS has to perform every month for each billing cycle. Sending out correct bills and providing invoice data to CIS Finance to create accounts receivable and collect premium from members are critical functions of the enrollment system.

The billing process has the following components:

- Invoicing
    - Generating pre-bills (by CIS) to view billed amounts.
        - Ensures correct adjustments applied
        - Ensures that the creation of new life events is properly being captured on the bill for the appropriate effective date(s)
        - Ensures subsidy information is correct
    - Invoices generated for each employer and COBRA/Retiree participants
- Adjustments
    - Adjustment history
    - Add/delete adjustments
- Payments/Credits

The billing structure is made up of each individual participant (COBRA or Retiree) or employer (members with active employees) that are to be billed directly for benefits coverage.

Pre-bill Process

To be executed by CIS Benefits and/or Finance departments

- Prior to the scheduled invoice run, a pre-bill process must be executed. This pre-bill process produces a set of summary reports to verify that totals for active employers and COBRA/Retiree participants are being billed (e.g. adjustments and coverage amounts) properly. It should also produce a detailed Excel report in case of errors. This will allow the user to investigate the cause of the error.
- The pre-bill process can be run on the entire population, or for a specific employer and/or participant.
- Prior to running an invoice, any payments received since the last invoice should be imported or entered, along with any refunds.
- Adjustments that were not picked up by the system, should be entered manually (in bulk or by individual record).
- Subsidies that were not entered, or that are not displaying properly should entered.

Billing Process

- The billing process will be run monthly to calculate amounts due for the upcoming month.
    - Adjustments may be calculated automatically (by the system) or manually. Each adjustment item should be listed separately for each date the adjustment is effective.
- Based on the invoice date, the billing process selects employees with benefits coverage to be billed for the month, employees with pending adjustments and/or employees with outstanding balances.
- Billing data is created per employer and participant for each coverage employees and participants are enrolled in.
    - Includes any adjustments entered manually or by the system

Billing Process Outputs

- Invoices are generated based on the calculated billing data in two formats
    - PDF, available for employers to download and to be-mailed/mailed to retirees and COBRA participants
    - Excel-friendly version for employers to download
- Excel files of billing that can be imported by Finance Department
- An error report should be generated to describe any errors that occurred during the billing process.
- Output fields are outlined in each invoice section below.

Payments/Credits

The system should allow uploading of files for Finance to capture all payments to be processed. The system should also allow for manual adjustments of either payments or credits if there were errors or corrections from what was imported. The system should be capable of:

- Voiding a payment/credit
- Reversing a payment/credit
- Refunding a payment/credit
- Deleting a payment/credit.

Payments received since the prior month's billing are uploaded prior to generating the next month's bill.

Employer Invoices

On a specified day each month, the system should generate invoices for each employer organization for the next month's enrollment period (e.g. Invoices for April are generated on March 15th). The invoices would include any adjustments and updates the employers (or CIS) have made for their employees through the specified day. The invoice would indicate the total premium that the employer should be charged, current unpaid balance, total adjustments, and any late fees.

Output Fields (required are in red):

Employee group
Employee's name
Employee's coverage
Coverage tier
Premiums charged for the upcoming month
Adjustments charged for any prior month
Prior month's balance
Payments received
Current unpaid balance
Current charges
Amount due (Current unpaid balance + Current charges)

COBRA/Retiree Invoices

On a specified day each month (same as employer invoices), the system should generate invoices for each retiree and COBRA participant for the next month's coverage period (e.g. Invoices for April are generated in March). The invoices would include any adjustments and updates CIS has made for these individuals through the specified day. The invoice would indicate the total premium that the participant should be charged for the plans they are enrolled in (medical/dental/vision), their prior month's balance, and any current balance due. If there is a subsidy amount that the employer has agreed to pay, this will also be displayed on their invoice as a credit.

- If there are any retiree/COBRA participants for whom the employer is paying part or all of the premium, the participant and the amount the employer is responsible for would be included on the invoice as a separate employee group

Output Fields (required are in red):

Participant's name
Participant's Mailing Address
Participant's coverage
Coverage tier
Premiums charged for the upcoming month
Adjustments charged for any prior month
Prior month's balance
Payments received
Current unpaid balance
Current charges
Refunds
Amount due (Current unpaid balance + Current charges)

Employer Invoice Adjustments

When making payments, employers must complete an interactive invoice. The interactive invoice allows the employer to view their invoice total and indicate if they are going to pay that amount, or a different amount. If they indicate a different amount, they must list out the adjustments they are making. Once submitted, the CIS Finance department reviews the invoice to ensure the payment matches what was billed.

Input Fields (required are in red): Invoice date/month, Adjustments, Reason for Adjustments, Payment Type (ACH, LGIP, Check)

Plan Requirements

Eligibility Requirements

For an employee to obtain coverage, they must meet certain eligibility requirements. These are listed below. Waiting Periods and Eligibility Hours are selected when completing the RFC each year.

Waiting Period

A waiting period is the time an employee must wait before benefits become effective. This applies to active employees only. Coverage for Retiree and COBRA participants must be continuous; there is no waiting period. Current waiting periods include, but should not be limited to:

Date of Hire – Eligible immediately (only applies to Statutory Life)
First after Date of Hire – not coincident with the first day of the month (hired 10/1/17 or 10/15/17, eligible 11/1/17)
First after Date of Hire (1st=1st) – coincident with first day of the month (hired 10/1/17, eligible 10/1/17)
First after 1 month – (hired 10/2/17, eligible 12/1/17; hired 10/1/17, eligible 11/1/17)
First after 2 months – (hired 10/2/17, eligible 1/1/18)
First after 6 months – (hired 10/2/17, eligible 5/1/18)
First after 12 months – (hired 10/2/17, eligible 11/1/18)

Eligibility Hours

The number of hours an active employee is required to work to be eligible for all benefit plans. If the number of working hours listed for an employee is less than the required number of hours for a plan, then they are not eligible for coverage.

Tier Options

When an employee elects to enroll in a medical or dental plan, they select which of their dependents, if any, should be covered by the plan. Based on their choices, the system would assign them to the appropriate tier. Each tier has a different premium cost. The tiers are the following:

Employee Only –Participant who has elected coverage but chooses not to cover any dependents.
Employee & Child – Participant who has elected coverage and chooses to cover only 1 child but not a spouse or domestic partner.
Employee & Children – Participant who has elected coverage and chooses to cover their children but not a spouse or domestic partner.
Employee & Spouse/DP – Participant who has elected coverage and chooses to cover their spouse or domestic partner but not any children.
Employee & Family – Participant who has elected coverage and chooses to cover their child(ren) and spouse or domestic partner.

Medical

Medical plan options (including riders) are selected by the employer for all eligible employee groups when completing the RFC. The benefit is offered to active employees and retiree/COBRA participants.

An active employee can choose to waive coverage. Waiving coverage means they may not have other group coverage, but are just declining the medical coverage for any reason. If medical is waived, dental must also be waived. An active employee can choose to opt out of medical coverage. This option would be elected by any employee who declines coverage due to other qualified group coverage. The system should require uploading of documentation for proof of other qualified group coverage.

Retirees can only continue coverage in effect while an active employee. Newly-acquired dependents can be added within 60 days of the event. If a retiree's employer offers plans with multiple insurers (Regence vs. Kaiser), they are given a one-time opportunity to change plans at the time of retirement. COBRA participants can elect which qualified beneficiary they want to continue on coverage, and must be treated the same as active employees for Open Enrollment.

Plan options by Carrier

Current Regence Base Plans, but not limited to:

- Copay Plan A Rx4
- Copay Plan B Rx4
- Copay Plan C Rx5
- Copay Plan D Rx6
- HDHP-1 w/HSA

- HDHP-2 w/HSA
- HDHP-2 w/HRA
- HDHP-3 w/HSA
- HDHP-4 w/HSA
- Plan V-A PPP Rx4
- Plan V-B PPP Rx4
- Plan V-C PPP Rx4
- Plan V-E PPP Rx4
- Plan V-F PPP Rx4

Regence Riders

- Alternative Care (there are two of these)
- Hearing Aid (not available for HDHP plans)
- VSP-1 12/12/24
- VSP-3 24/24/24

Kaiser Base Plans

- Kaiser Copay A
- Kaiser Copay B
- Kaiser Deductible A

Kaiser Riders

- Alternative Care
- Hearing Aid
- Vision

Cost Overview

There are three costs components that make up each medical plan and tier. These components are used for the monthly billing and are shown on various screens throughout the system.

- Employee Cost Share – Portion of total premium that the employee is responsible for. Displays as a rate per pay period when an employee is making an election.
- Employer Cost Share – Portion of the total premium that the employer is responsible for.
- Total Premium – Amount that will show on monthly invoices for employers.

Vision

The employer chooses whether to offer vision coverage. If chosen, enrollment must match medical elections.

For Regence medical, VSP is the only option and is a stand-alone plan. VSP has its own costs, so it needs to be able to be broken out on financial exports as a separate line item from the medical plan.

For Kaiser, vision is a rider to the medical plan.

Cost Overview

Refer to Medical section

Dental

Dental plan options are offered to active employees and retiree/COBRA participants. Active employees who meet the required number of work hours will be eligible for coverage. Active employees are subject to the same waiting periods as medical.

The following restrictions apply to active employees for dental coverage:

- If employee elects to waive medical, the system should automatically waive dental as well.
- Employees have the following enrollment options: (1) waive; (2) enroll for employee-only coverage; or (3) enroll for employee & dependent coverage
- If the employee's medical coverage is through CIS, dependents enrolled in dental must match those enrolled in medical.
- If the employee's medical coverage is not through CIS or if the employee opts out of CIS medical coverage, the employee must enroll all eligible dependents in dental coverage.

For retiree/COBRA participants, the same restrictions apply as medical. A participant cannot elect dental only coverage, unless that is the only coverage they had as an active employee. If dropped, the retiree cannot re-enroll in coverage at a later date.

Plan options by Carrier

Delta Base Plans (those who don't enroll when initially eligible are subject to a late enrollment penalty, and must be identified)

- Delta Plan II
- Delta Plan III
- Delta Plan V

Delta Riders

- Ortho

Kaiser Base Plans

- Kaiser Dental I

Kaiser Riders

- Ortho

Willamette Dental Base Plan

- Willamette Dental

Cost Overview

Same cost overview as medical

Life

Carrier for all life plans is The Hartford

Basic Life

Basic Life Insurance is available to active employees only. The majority of employers pay for this plan but could have an employee cost share. Regardless of who's paying the premium, enrollment is mandatory if offered by employer.

Plan Options

Basic Life plans come in two forms: flat amounts or salary-based. Flat amounts range from $1,000 to $100,000. Salary-based plans use the employee's salary to calculate the life benefit and premium. The salary is multiplied by 1 or 1.5 then rounded up to the next $1,000 to calculate the volume for the plan.

Cost Overview

- If employers are "Pooled" (as defined by CIS) rates are charged on age-banded amounts. The age is determined at initial coverage effective date and re-determined each 1/1. All non-pooled employers calculate rates per $1,000 of coverage (flat rate).
- Admin Fees are per person per month
- Employee cost share amounts should always be displayed as a rate per pay period

AD&D (Accidental Death & Dismemberment)

AD&D is a life plan that matches the employer/employee group Basic Life plan amounts. As with Basic Life, the employee is automatically enrolled if an AD&D plan is offered.

Plan Options

Same as Basic Life

Cost Overview

- Rates are per $1,000 of coverage
- Admin Fees are per person per month
- Employee cost share amounts should always be displayed as a rate per pay period

Statutory Life

Statutory Life Insurance is mandatory for Police, Firefighters, and Volunteer Firefighters. Employers can choose whether or not to provide it for Police Reserves. Job classes that may be eligible for statutory life are Police, Police Management, Sheriff, Sheriff Management, Firefighters and Fire Management.

Although these specific groups eligible for Statutory life are documented here, the system will need to administer this based on the eligibility setup that comes from the RFC. The RFC will determine which groups are eligible for what benefits.

The waiting period for this plan is Date of Hire, and there are no work hours requirement.

Plans

Statutory Life $10,000 and Statutory Life $20,000

Cost Overview

- Employers pay full contribution amount (premiums)
- Rates per $1,000 of coverage
- Admin Fees are per person per month

Supplemental Employee Life

Supplemental Employee Insurance is available to active employees only. The waiting period and required work hours are the same as Basic Life. Employers can only offer supplemental life if they offer basic life (same applies to supplemental spouse life).

A new hire (first eligible) is guaranteed issue amounts up to $100,000. If amount elected is greater than guaranteed issue amount, it will require Evidence of Insurability (EOI). For all other events, any increase above current enrolled amount will require EOI.

Plan Options

These plans are offered in increments of $10,000 up to $300,000. There are employees who were grandfathered in with amounts exceeding $300,000.

Cost Overview

- Employees pay full contribution amount (premiums)
- Employee contributions will be based on the rate per age tier and the amount elected
- Age-banded rates. Age is determined at initial coverage effective date, and re-determined each 1/1.
- There are no admin fees for this plan.
- Rates need to show for employees on the system for current/guarantee issue amounts and future rates based on pending EOI review.
- Employee amounts should always be displayed as a rate per pay period.

Supplemental Spouse Life

Supplemental Spouse Life Insurance is available to active employees only. The waiting period and required work hours are the same as Basic Life. The amount elected cannot be greater than the Supplemental Employee Life; however, the spouse can be approved and the employee can be denied. This would result in the spouse amount being greater than the employee amount. In an instance where this is true, any new events should continue the spouse amounts. There are grandfathered exceptions that have to be continued.

A new hire (first eligible) and marriage with an election above $20,000 requires EOI. With all other events, any increase above the amount of what is currently enrolled requires EOI. This also applies to Open Enrollment.

Plan Options

Same as Supplemental Employee Life

Cost Overview

Same as Supplemental Employee Life, but rates can be different

Voluntary $10,000 Dependent Life

This plan is available to active employees only. The waiting period and required work hours are the same as Basic Life. Children, spouses and domestic partners are allowed to be covered.

This plan cannot be elected unless Basic Life is elected. Election into this plan is allowed at open enrollment, new hire enrollment, marriage, new domestic partner and new child events.

Cost Overview

- Employees pay full contribution amount (premiums)
- Flat rate/month
- There are no admin fees for this plan.
- Rates need to show for employees on the system.
- Employee amounts should always be displayed as a rate per pay period

Long-Term Disability (LTD)

LTD is available to active employees only. The waiting period and required work hours are the same as Basic Life. There is only one plan offered employee group and it will be the default

Plan Options

Plans are either 50%, 60% or 66 2/3% of salary, with a specified waiting period and a salary minimum/maximum for benefit calculation. Here are examples of current plans:

Plan - 50% of Salary	**Plan - 60% of Salary**	**Plan - 66 2/3% of Salary**
LTD 50% 180 DAY $1,500 $3,000	LTD 60% 120 DAY $1,500 $2,500	LTD 66 2/3% 120 DAY $6,667 $10,000
LTD 50% 30 DAY $2,500 $5,000	LTD 60% 180 DAY $3,600 $6,000	LTD 66 2/3% 180 DAY $2,000 $3,000
LTD 50% 90 DAY $1,500 $3,000	LTD 60% 60 DAY $1,000 $1,667	LTD 66 2/3% 180 DAY $4,000 $6,000
LTD 50% 90 DAY $3,000 $6,000	LTD 60% 90 DAY $1,000 $1,667	LTD 66 2/3% 180 DAY $4,666 $7,000
LTD 50% 90 DAY $3,750 $7,500	LTD 60% 90 DAY $2,500 $4,167	LTD 66 2/3% 30 DAY $4,333 $6,500
LTD 50% 90 DAY $4,000 $8,000	LTD 60% 90 DAY $3,000 $5,000	LTD 66 2/3% 60 DAY $2,000 $3,000
LTD 50% 90 DAY $6,000 $12,000	LTD 60% 90 DAY $3,600 $6,000	LTD 66 2/3% 60 DAY $6,667 $10,000
LTD 50% 90 DAY $6,250 $12,500	LTD 60% 90 DAY $4,500 $7,500	LTD 66 2/3% 60 DAY $8,000 $12,000
LTD 50% 90 DAY $5,000 $10,000	LTD 60% 90 DAY $6,000 $12,000	LTD 66 2/3% 90 DAY $1,000 $1,500
	LTD 60% 90 DAY $5,000 $8,333	LTD 66 2/3% 90 DAY $2,000 $3,000
	LTD 60% 90 DAY $6,000 $10,000	LTD 66 2/3% 90 DAY $3,000 $4,500
	LTD 60% 90 DAY $9,000 $15,000	LTD 66 2/3% 90 DAY $4,000 $6,000
		LTD 66 2/3% 90 DAY $4,333 $6,500
		LTD 66 2/3% 90 DAY $4,500 $6,750
		LTD 66 2/3% 90 DAY $5,000 $7,500
		LTD 66 2/3% 90 DAY $5,667 $8,500
		LTD 66 2/3% 90 DAY $6,000 $9,000
		LTD 66 2/3% 90 DAY $8,000 $12,000

Example 1: LTD 50% 90 DAY $6,000 $12,000

- 90 day waiting period before LTD benefits are payable
- $12,000 means - Maximum monthly salary is $12,000
- $6,000 means - Maximum monthly benefit is 50% of $12,000
- Premiums are based on the salary (subject to max), but benefits are payable based on the maximum monthly benefit

Example 2: LTD 60% of Salary 90 day $2,500 $4,167

- 90 day waiting period before LTD benefits are payable
- $4,167 means - Maximum monthly salary is $4,167
- $2,500 means - Maximum monthly benefit is 60% of $4,167
- Premiums are based on the salary (subject to max), but benefits are payable based on the maximum monthly benefit

Cost Overview

- Rates are per $100 of covered payroll
- Admin fees are per person per month

Short-Term Disability (STD)

STD is available to active employees only. The cost varies depending on age and option selected. This plan can only be offered if LTD or Basic Life are offered, and the employee is enrolled in one of those plans.

Plan Options

Employees can elect a weekly benefit amount of $200, $300, $400 or $500. The amount elected cannot exceed 60% of their weekly salary. Employees are eligible for the various options based on salary amounts. It has not yet been determined if reporting of salary will be required for this benefit.

Cost Overview

- Employees pay full contribution amount (premiums)
- The rates are charged on a per month basis and are age-banded
- There are no admin fees for this plan
- Employee amounts should always be displayed as a rate per pay period

FSA

FSA plans can only be offered if an employer/employee group offer medical coverage. Retiree participants are not eligible for these plans. Healthcare and Dependent Care plans are based on employer pay dates. FSA pay dates may or may not match premium deduction frequencies, and the system needs to be able to accommodate both.

Plan Options

- Premium Only – Does not require pay periods
- Healthcare FSA
- Dependent Care FSA

- An employee's election for the plan year must be made during the open enrollment period and will remain in effect for the entire plan year unless an IRS-qualifying election change is made.
- Election changes to the FSA plans can be made mid-year as a result of a qualifying event.

Cost Overview

- Employees pay full contribution amount (premiums)
- Contributions are to be displayed on a per pay date basis

System Processing

Milestone Events

Medicare Eligible

This process will automatically terminate coverage prior to the Retiree participant and/or spouse becoming Medicare eligible, based on participant's date of birth and system-defined Medicare eligibility year.

If the participant or dependent remains non-Medicare eligible, they can continue coverage with the change in coverage tier effective the first of the month Medicare became effective. Coverage must be continuous.

The system will generate a letter 90 days in advance notifying them of the termination.

Dependent Aging Out of Coverage

This process will automatically terminate coverage at the end of the month in which the dependent turns 26. Exceptions are allowed for incapacitated dependent. The system will generate a letter 90 days in advance notifying them of the termination.

Incapacitated Children

This event will allow a participant to apply for coverage of incapacitated child(ren) outside of the age restrictions. Documentation goes to carrier, that then approves/denies, then sends to CIS to update system if approved. A flag is needed to indicate the documentation was received and approved.

Age Band Changes

Employees covered by an age-banded rate plan who move to a new age band will have their new rate effective January 1.

Scheduled Jobs

These are jobs built specifically by a CIS super admin user to process on a scheduled basis. The user should also have the ability to manually run a job as well. Also, all jobs should have a viewable history in order to see if a process started (or failed) successfully.

Invoice Generation

Each month, invoices (pre and final, as outlined in the Billing section under CIS Access) are generated for every employer, retiree and COBRA participant. This occurs on the specified day of the month, but the process should be able to be delayed, if necessary. As part of this job, the following export files (with unique field specifications) need to be generated:

- Accounting Exports – Excel files with billing data to be imported into Finance system
- Carrier Data Files – Excel file with enrollment and billing (payable) data
- Employer/Participant Summary Report – A summary of employer and/or Participant balances, payments, and total billed amounts (adjustments + current month charges)
    - This report should display what is charged on the invoice vs. what is charged on the accounting exports.

Weekly Carrier Files

The 834 transaction is a federally-mandated ASC X12 standard when a managed care health plan sends enrollment and dis-enrollment information to another covered entity. There are separate 834 files for each carrier which should be auto-generated and sent on a weekly basis (first day of the week). Each carrier has different file specifications within the 834. The purpose of this is to identify those terminated and enrolled during the week for benefits coverage. The system should notify CIS if a file failed to deliver to the carrier. For more information about these files, please visit http://www.everythingbenefits.com/blog/what-is-an-edi-834-file.

Open Enrollment Files

After Open Enrollment (OE), CIS will send test files to the carriers beginning in November. This is to ensure files will pass without errors, and to fix data issues if errors do occur.

Each carrier has different specifications on how they want to receive the open enrollment data.