

Amwins View Employer and Employee Online Users Guide

Local: [410-832-1300](tel:410-832-1300)

Toll Free: [800-638-6085](tel:800-638-6085)

gbs.gbssalesandmarketing@amwins.com

 **AMWINS**™

CONNECT ADMINISTRATORS

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1. Introduction—Amwins View

A. Overview of amwinsconnecttpa.com

Amwins Connect Administrators' corporate website address is www.amwinsconnecttpa.com. Our proprietary website known as Amwins View is intended to provide our clients with state of the art technology tools to streamline the administrative processes to manage your employee benefit program. Amwins View provides information regarding Amwins Connect Administrators' suite of products and services. It offers clients the ability to:

- Access Health and Wellness Information
- Access a Library for Industry and Compliance Information
- Access to print Carrier and Amwins Connect Administrators enrollment and administrative forms
- View Important Account information such as:
 - Account demographic and contact information
 - Employee & Dependent demographics, benefits and cost information
 - Generate Client Census Report
 - Current Plans and Rates
 - Financial History of enrollment changes, invoices and payment transactions
 - Print Pre-Populated election forms
 - Online copy of past 18 months of premium invoices—PDF and Excel Format
 - Ability to make monthly or recurring premium payments online
 - Ability to print temporary ID information sheets
 - Group or member Help Request
 - Amwins Connect Administrators Issue Tracking

B. Navigating the website:

To access the website type in the following address: www.amwinsconnecttpa.com. This will launch the home page on the site. For your convenience the website is designed to address different audiences. The sections are:

- Broker/Consultants – Amwins Connect Administrators Health Plans
- Employers – Payroll Services
- Members

Select Amwins Connect Administrators Access login.

2. Content

A. Welcome to Amwins View

Amwins View provides secure on-line access to a variety of group/plan information including enrollment, eligibility maintenance, billing, payment and customer service. Each Client will be assigned a Username and Password by Amwins Connect Administrators and if requested may receive training from Amwins Connect Administrators staff.

B. Amwins View Log In

Once you have logged onto the system, you will be welcomed to Amwins View. A menu of options will be presented in the shaded box to the left.

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COMPLIANCE LIBRARY * HEALTH & WELLNESS CENTER * CHANGE LOGIN * LOGOUT

WELCOME TO GBSAccess™!

Welcome to GBSAccess™! GBSAccess™ is an eCommerce suite designed to provide Employers and Brokers on-line access to a variety of group/plan information such as enrollment, eligibility maintenance, billing, and customer service. By utilizing a series of interactive tools, users can better manage their benefit plans by having the ability to access and transmit information when it is convenient for them - regardless of the day or time.

To enter GBSAccess™, please login below.

- **Brokers & Employers:** If you are a first time user, or if you have forgotten your user ID or password.
 - [Click here for assistance.](#)
- **Employees:** If you are a first time user you may:
 - [View a demonstration on creating an account](#)
 - [Click here to create an account now.](#)
- **OHCS:** If you are a first time user you may:
 - [View documentation on creating an account and using the applications.](#)
 - [Account Registration for Dentists and Hygienists](#)

EMPLOYERS/BROKERS/EMPLOYEES

Username:

Password:

[Forgot your password?](#) | [Forgot your User Name?](#) | [No Login? Register Existing Member](#)
[Registration for Dentists and Hygienists](#)

2. Content (continued)

C. View Account Information

The Account Information screen provides you with demographics, contact names and phone numbers as well as account status information such as number of employees enrolled, whether Amwins Connect Administrators is administering your COBRA/STATE extension benefits and your plan eligibility rules for benefits.

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ACCOUNT INFORMATION ACCOUNT# 888-001-0005

BETHANY CAFE
For additional information, please use the menu options to the left.

ADDRESS: 121 WATER STREET
CITY: BALTIMORE
STATE: MD COUNTY: BC ZIP: 21201
CONTACT: CANDACE FALLIN
TAX ID#: 5204545454
PHONE: 666-525-2525
FAX: 555-521-5215
EXECUTIVE CONTACT: CINDY WHITEHEAD

TOTAL EMPLOYEES ENROLLED: 4
TOTAL ENROLLED WITH MEDICAL: 4
COBRA/STATE ADMINISTRATOR: Yes
COBRA SERVICE TYPE: Full Service
PLAN ELIGIBILITY: Details

COVERAGE AVAILABLE TO: PART TIME EMPLOYEES: No
THOSE WITH OTHER COVERAGE: Yes
RETIREES: No
DOMESTIC PARTNER: Yes

INVOICED THROUGH: 8/1/2015
STATUS: Active
TERMINATION DATE: REASON:
ACCOUNT ADMINISTRATOR: ACCOUNT COMMERCIAL
BROKER: KATHY SIMMONS
MEDICAL RENEWAL MONTH: JULY
PHONE: 410-832-1300

VIEW ACCOUNT INFORMATION | CUSTOM CENSUS | ENROLLMENT SUMMARY | COBRA/STATE EXTENSION REPORTS | PLANRATES | FINANCIAL HISTORY | ELECTION FORM POPULATION | INVOICES & PAY ONLINE | INVOICE DELIVERY | TEMPORARY ID INFORMATION | ONLINE ENROLLMENT | HELP REQUEST | GBS ISSUE TRACKING | DOCUMENT LIBRARY | FREQUENTLY ASKED QUESTIONS

D. Custom Census

Allows employers to create custom census reports which may include employee and dependent demographics, coverages, premiums, etc. Reports can be downloaded into Excel.

Custom Census Help Close

Use arrows to select additional fields from the 'Available Fields' box as the required fields have been selected. Once you have completed your selection of available fields, select 'Build Census' to view the data and then select 'XLS' to export to an Excel Spreadsheet.

To save a selected list of fields as a Favorite, enter a name in the 'Save As Favorite' text box and select 'Save As Favorite'. To view a saved favorite, use the 'Load Favorite' drop down and select 'Load Favorite'.

You may enter an effective date to provide enrollment based on the date selected or in the absence of a date, enrollment will be based on today.

Load Favorite DE Save As Favorite

07/2016 Enter Effective Date - mm/dd/yyyy

Available Fields

- Dependent Social #
- Dependent Last Name
- Dependent First Name
- Dependent Middle Initial
- Address line 1
- Address line 2
- City
- State
- Zip Code
- Area Code
- Phone #
- Gender
- Salary
- Birth Date
- Age
- Employment Date
- Handicapped

Fields Selected

- *Employee Social #
- *Employee First Name
- *Employee Last Name
- *Employee Middle Initial
- *Relationship

Build Census XLS Export to Excel

E. Enrollment Summary

The Enrollment Summary screen provides you with a listing of your employees (active, terminated and COBRA) that are/were enrolled in your benefit program. You can also produce a report or Excel spreadsheet from this screen.

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ENROLLMENT SUMMARY ACCOUNT# 888-001-0005

BETHANY CAFE
Select any name for detailed information regarding the employee, including dependents, coverage, and premiums.

Please use the search box below to select an alternate starting point for the census listing.
SEARCH BY LAST NAME: GO

NAME	BIRTHDATE	AGE	SEX	DATE	EMPLOYMENT STATUS	PREMIUM STATUS
ANDERSON, RODNEY	05/15/1968	28	M	07/01/2000		\$896.98 active
BETHANY, KATHY	06/02/1959	57	F	07/01/2000		\$1,367.69 active
TYLER, STEPHEN	02/14/1964	32	M	08/01/2015		\$123.47 active
WAVE, MARCY	03/22/1975	41	F	12/01/2014		\$1,069.12 cobra

HIDE CANCELLED HIDE COBRA
PRINT CUSTOM REPORT PRINTER-FRIENDLY FORMAT

F. Plan/Rates

The Plan/Rates screen provides you with a brief description of your current plans, carrier group numbers, coverage types, rates and plan eligibility. You can also produce a report or Excel spreadsheet from this screen.

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PLANRATES ACCOUNT# 888-001-0005

BETHANY CAFE
The information below is a brief summary of information for the current invoice period.

PLAN DESCRIPTION	CARRIER	GRP NUM	AGE BAND	COV TYPE	TERM DATE	RATE	TOBACCO RATE
BC HMCOA HDHP OPT1 02545RX 1200D	CJ03	0100	00	MI	06/30/2020	\$91.94	\$91.94
	CJ03	0100	00	IN	06/30/2020	\$95.04	\$95.04
	CJ03	0100	00	PC	06/30/2020	\$180.52	\$180.52
	CJ03	0100	00	HW	06/30/2020	\$209.18	\$209.18
	CJ03	0100	00	FA	06/30/2020	\$285.12	\$285.12
	CJ03	0100	00	P2	06/30/2020	\$285.12	\$285.12
BC HMCOA HDHP OPT1 1525CP 1200D	CJ03	0100	00	MI	06/30/2020	\$366.90	\$366.90
	CJ03	0100	00	IN	06/30/2020	\$379.27	\$379.27
	CJ03	0100	00	PC	06/30/2020	\$720.44	\$720.44

SHOW PLAN ELIGIBILITY
PRINTER-FRIENDLY FORMAT DOWNLOAD TO MS EXCEL

2. Content (continued)

K. Temporary ID Information

The Temporary ID feature allows you to print information sheets for one or all your employees. This is an excellent tool when you add an employee to your plan or you have changed plans at open enrollment time and you have not yet received your new ID cards from the carrier. This document offers providers the necessary information to provide treatment.

L. Online Enrollment

The Online Enrollment feature will be available if you have completed the Online Enrollment Agreement. Our online enrollment system is designed to offer you access to a variety of eligibility management tools to assist you in managing your employee benefits program. Our system allows you to add new employees, terminate employees from the plan, make enrollment changes to employees and/or their dependents, etc. If you are interested in electing this feature, please contact your Account Administrator for the agreement.

M. Help Request

The Help Request feature allows you to ask your Amwins Connect Administrators Customer Service Representative benefit or technical questions directly from the website. You will receive a confirmation email with an assigned ticket number and a response within two business days.

N. Amwins Connect Administrators Issue Tracking

The Amwins Connect Administrators Issue Tracking feature allows you to view outstanding issues applicable to your account. You may respond to an issue or contact an Account Administrator by accessing the link next to a specific issue. Issues may also be exported to an excel spreadsheet for review.

O. COBRA/State Extension Services (optional)

The COBRA/State Extension feature is available to all groups where Amwins Connect Administrators performs these administrative services to your firm (letters/notices, billing/collections, reconciliation and payment to carriers). You are able to view and download an Excel report that reflects all letters as well as a report that reflects all current COBRA/State Extendeds and their billing/payment history.

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TEMPORARY ID INFORMATION ACCOUNT# 888-001-0005

BETHANY CAFE
Please select the employee(s) for whom temporary identification information will be generated.

If you would like to generate temporary identification information for all active employees, select the "Generate Forms" option following the census display. If you would like to generate temporary identification information for a specific employee, select the employee name from the census.

You have the option of viewing only Current Coverage for an individual or all active employees, or viewing only Future Coverage. Click on the appropriate radio button below the census display prior to selecting an employee name or clicking the "Generate Forms" button.

In order to enhance performance, this census display is limited to the first 50 members. Please use the search box below to select an alternate starting point for the census listing.

SEARCH BY LAST NAME: GO

NAME	BIRTHDATE	AGE	SEX	DATE	EMPLOYMENT	STATUS
ANDERSON, RODNEY	06/15/1986	28	M	07/01/2000	active	
BETHANY, KATHI	06/02/1990	27	F	07/01/2000	active	
TYLER, STEPHEN	02/14/1984	32	M	06/01/2015	active	

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BETHANY CAFE Account #888-001-0005

Member Confirmation of Benefits
As of 06/07/2016

If you have enrolled in a Medical, Prescription Drug, Dental, or Vision product and have not yet received your ID card from your carrier, supply the following information to your provider to verify enrollment. If you have lost or misplaced your ID card, please call the member services number indicated below to request a duplicate.

Employee: ANDERSON, RODNEY
Address: 852 2ND AVENUE
City: BETHANY
State: DE Zip: 19966-0000
Phone: 555-456-5252

Medical Security #: XXX-XX-5004
Gender: Male
Date of Birth: 05/15/1988
Status:

COVERAGES

Medical/Rx
Carrier: TEST CARRIER
Medical Plan: BC HMOA HSA COMP OPT2 GCP 2500DED
Member #: XXX
Coverage Type: HUSB/WIFE
Effective Date: 06/01/2015
Group #: C03 D100

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ACCOUNT INFORMATION ACCOUNT# 888-001-0005

BETHANY CAFE
For additional information, please use the menu options to the left.

ADDRESS: 121 WATER STREET
CITY: BALTIMORE
STATE: MD COUNTY: BC ZIP: 21201
CONTACT: CANDACE FALLIN
TAX ID#: 5294545454
PHONE: 555-525-2525
FAX: 555-521-5215
EXECUTIVE CONTACT: CINDY WHITEHEAD

TOTAL EMPLOYEES ENROLLED: 4
TOTAL ENROLLED WITH MEDICAL: 4
COBRA/STATE ADMINISTRATOR: Yes
COBRA SERVICE TYPE: Full Service
PLAN ELIGIBILITY: Q1013

COVERAGE AVAILABLE TO: PART TIME EMPLOYEES: No
THOSE WITH OTHER COVERAGE: Yes
RETIREEES: No
DOMESTIC PARTNER: Yes

INVOICED THROUGH: 6/1/2016
STATUS: Active
TERMINATION DATE: REASON:

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Help Request

Group benefit services is pleased to provide you with any assistance you may need regarding your employee benefit program. Please indicate your service request - REQUIRED FIELD (Update Email and Phone if necessary.)

Employer Name: BETHANY CAFE
SSN:
Employee Name:
Email Address:
Daytime Phone Number: 555 5252525

Please have a GBS Customer Service Representative contact me regarding:
☐ My Benefits ☐ Technical Question

My Question Is: (limited to 256 characters)

Click to Submit

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COMPLIANCE LIBRARY | HEALTH & WELLNESS CENTER | CHANGE LOGIN | LOGOUT

GBS Issue Tracking

Issue Number (Optional):

VIEW AS EXTERNAL USER: ☐

Filter By: the Following
Date Range: Optional From: 01/01/2016 To: 07/2016
Issue Type (Optional):

Select From the Following:
☐ Open Issues
☐ Closed Issues
☒ All Issues

Select Response Requested From:
☐ Broker Agency
☐ Carrier
☐ Carrier GBS

Submit Clear Selections Export to Excel

Issue Number	Account	Issue Date	Issue Type	Subject	Issue Status	Response Requested	Entered By	Detail Link
891	BETHANY CAFE	05/18/2016	MEMBER ID CARD	REQUEST ID CARD	CLOSED	CARRIER	SHALL	Detail
782	BETHANY CAFE	04/06/2016	MEMBER ID CARD	MISSING ID CARD	OPEN	CARRIER	CANDACE	Detail
794	BETHANY CAFE	04/06/2016	ENROLLMENT	INCOMPLETE ENROLLMENT	CLOSED	ACCOUNT	CANDACE	Detail

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COMPLIANCE LIBRARY | HEALTH & WELLNESS CENTER | CHANGE LOGIN | LOGOUT

Active COBRA Member Reports:

- Available to groups for whom GBS performs billing services for members electing extended coverage.
- Displays a list of all extending members for a specific month or date range based on a snapshot taken on the first of each coverage month. For current membership, you may contact the GBS COBRA Unit at 410.832.1300 or toll free at 1.800.638.6085. You may also contact us at CobraAdmin@gbso.net
- Select a single month or multiple months for your report.

System Requirements:
Adobe Reader is required to view and print PDF reports. If you do not have Adobe Reader, it can be downloaded for free by following this link. [Adobe Reader Free Download](#)

Microsoft Excel is required to view and print Excel reports. If you don't have Microsoft Excel, it can be downloaded for free by following this link. [Microsoft Excel Viewer Free Download](#)

NOTE: Some reports may take up to 60+ seconds to load. Please be patient

Qualifying Event Letter Reporting
Use this tool to view a Event Letter Report.
No data available
Full Service
From: To:

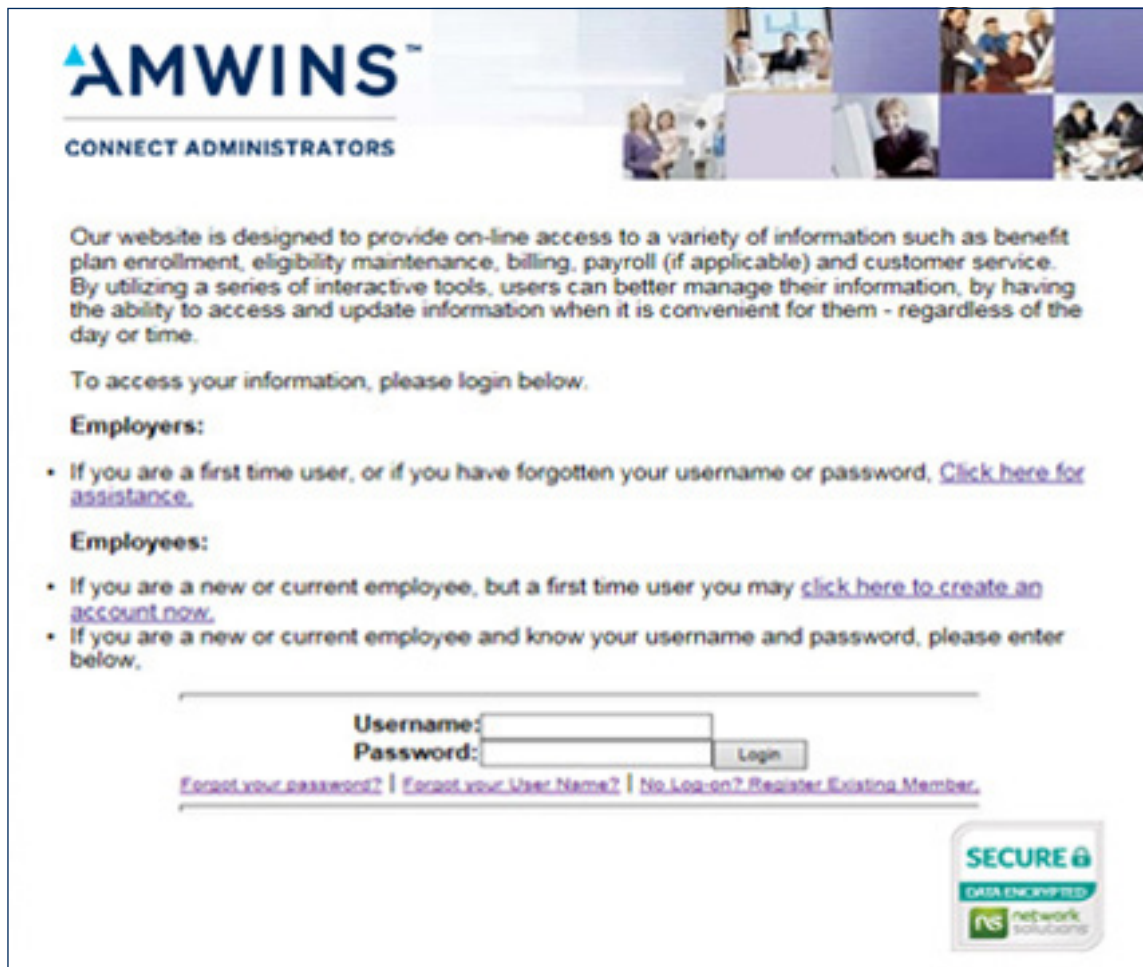
Active COBRA Member Reporting
Use this tool create Active Member Report
Full Service
From: 12-01-2015 To: 06-01-2016
Leave TO date 'blank' for single month

Get PDF Report Get EXCEL Report Get PDF Report Get EXCEL Report

Accessing the Online Enrollment Website

We are pleased to provide our Online Enrollment Website which allows you to review benefit options, compare benefit summaries and complete final benefit elections. To access and utilize our Online Enrollment website please visit our website at <https://secure.amwinsconnecttpa.com/gbsaccess/clientaccess.asp>

Account users authorized on the Amwins Connect Administrators Online Enrollment Agreement will be setup in our system and have received their username and password for login. Please login with your assigned username and password to access the Online Enrollment Employer Benefit Portal.



The screenshot shows the Amwins Connect Administrators website. At the top left is the Amwins logo with the tagline "CONNECT ADMINISTRATORS". To the right is a collage of photos showing people in business settings. Below the logo, a paragraph describes the website's purpose: "Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time." Below this, it says "To access your information, please login below." There are two sections: "Employers:" and "Employees:". The "Employers:" section has a bullet point: "If you are a first time user, or if you have forgotten your username or password, [Click here for assistance.](#)". The "Employees:" section has two bullet points: "If you are a new or current employee, but a first time user you may [click here to create an account now.](#)" and "If you are a new or current employee and know your username and password, please enter below,". Below the bullet points is a login form with fields for "Username:" and "Password:", and a "Login" button. Below the form are links: "[Forgot your password?](#) | [Forgot your User Name?](#) | [No Log-on? Register Existing Member.](#)". In the bottom right corner is a "SECURE" badge with "DATA ENCRYPTED" and the "ns network solutions" logo.

AMWINS™
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Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time.

To access your information, please login below.

Employers:

- If you are a first time user, or if you have forgotten your username or password, [Click here for assistance.](#)

Employees:

- If you are a new or current employee, but a first time user you may [click here to create an account now.](#)
- If you are a new or current employee and know your username and password, please enter below,

Username:
Password:

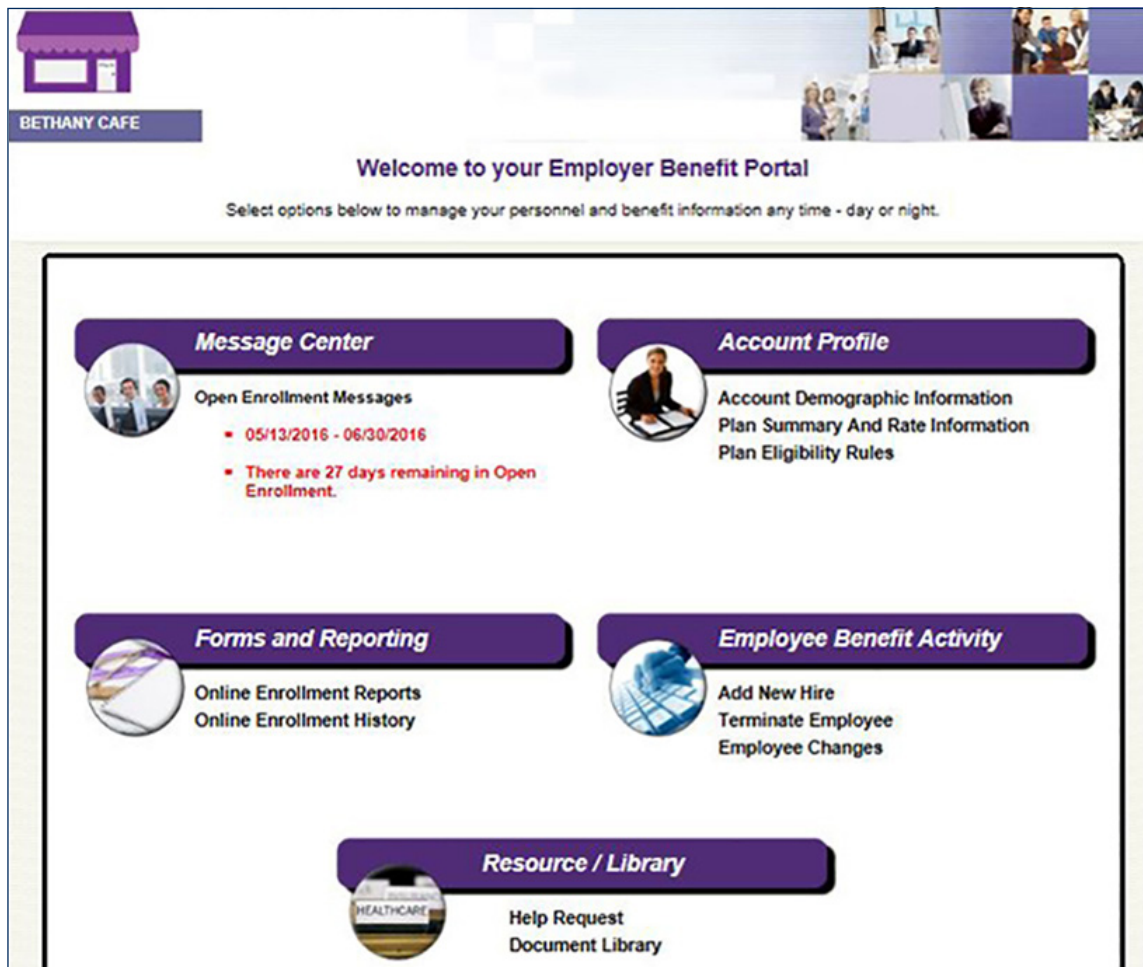
[Forgot your password?](#) | [Forgot your User Name?](#) | [No Log-on? Register Existing Member.](#)

SECURE
DATA ENCRYPTED
ns network solutions

Employer Benefit Portal

Our online enrollment system is designed to offer you access to manage your personnel and benefit information with ease and convenience, anytime day or night.

This screen provides an overview of the features of the system. To review any of these functions, click on the options listed on the portal. Each option will provide further instructions to review information or to complete enrollment transactions and reporting.



Employer Benefit Portal Features

A. Message Center

The Message Center displays the following types of messages:

- **New Hire Message**
 - Provides the date range for enrollment and a countdown of number of days to complete.
- **Open Enrollment Message**
 - Provides the date range for enrollment.
 - Employers may publish a specific message for Open Enrollment instructions.
- **Alert Messages**
 - Dependents without coverage.
 - Missing beneficiaries.
 - Missing PCP information.




Message Center

Open Enrollment Messages

- 05/13/2016 - 06/30/2016
- There are 27 days remaining in Open Enrollment.


Welcome to your Employee Benefit Portal



Message Center


New Hire (59 Days Remaining)
Click on "New Hire Enrollment" (under Benefit Activity) to make your benefit selections.

Missing Beneficiary Information




Employee Profile

Personal Information
Designate Beneficiaries
Coordination Of Benefits
Medicare / Handicapped Status




My Benefits

View Benefit Summary
Online Enrollment History




Dependent Profile

Personal Information
Coordination Of Benefits
Medicare / Handicapped Status




Employee Benefit Activity

New Hire Enrollment



Resource / Library

Help Request
Document Library



Account Profile

Account Demographic Information

Plan Summary And Rate Information

Plan Eligibility Rules

ACCOUNT INFORMATION		ACCOUNT# 888-001-0005
BETHANY CAFE		
For additional information, please use the menu options to the left.		
ADDRESS: 121 WATER STREET	TAX ID#: 5294545454	
CITY: BALTIMORE	PHONE: 555-526-2626	
STATE: MD COUNTY: BC ZIP: 21201	FAX: 555-521-5215	
CONTACT: CANDACE FALLIN	EXECUTIVE CONTACT: CINDY WHITEHEAD	
TOTAL EMPLOYEES ENROLLED: 4	COBRA/STATE ADMINISTRATOR?: Yes	
TOTAL ENROLLED WITH MEDICAL: 4	COBRA SERVICE TYPE: Full Service	
		PLAN ELIGIBILITY: Details

B. Account Profile

The Account Profile provides:

- **Account Demographic Information**
 - This includes contacts and an email link to your dedicated Account Administrator.
- **Current Plan Summary and Rate Information**
 - An employer may determine new hire rates for plans that are age rated by entering the employee and dependent ages below.
- **Plan Eligibility Rules**
 - This includes including waiting period, part time eligibility, dependent maximum age and student verification.

PLAN/RATES

ACCOUNT# 888-001-0005

BETHANY CAFE

The information below is a brief summary of information for the current invoice period.

PLAN DESCRIPTION	CARRIER GRP NUM	AGE BAND	COV TYPE	TERM DATE	RATE	TOBACCO RATE
0933492961001 AETNA GOLD HMO 2000 70%	Enter Age and select button to display specific rates for this plan or select 'Show All Rates' for all age bands.					
	00839939	0-20		07/31/2016	\$192.27	\$192.27
	00839939	0-20		07/31/2017	\$221.24	\$221.24
	00839939	21-21		07/31/2016	\$302.78	\$302.78
	00839939	21-21		07/31/2017	\$348.41	\$348.41
	00839939	22-22		07/31/2016	\$302.78	\$302.78
	00839939	22-22		07/31/2017	\$348.41	\$348.41
	00839939	23-23		07/31/2016	\$302.78	\$302.78
	00839939	23-23		07/31/2017	\$348.41	\$348.41
	00839939	24-24		07/31/2016	\$302.78	\$302.78
	00839939	24-24		07/31/2017	\$348.41	\$348.41

SHOW PLAN ELIGIBILITY

Enter Age:

SHOW AGE Banded Rates

SHOW ALL RATES

PRINTER-FRIENDLY FORMAT

DOWNLOAD TO MS EXCEL

PLAN/RATES ELIGIBILITY RULES		ACCOUNT# 888-001-0005		
BETHANY CAFE				
The information below is a brief summary of information for the current invoice period.				
Plan Description	New Hire Waiting Period	Part-Time EE's Eligible/Min Hours	Dependent Maximum Age	Student Verification Required?
BC HMOQA HDHP OPT1 0/25/45RX 1200D	FOMA DOH + 30 Days	No	26	No
BC HMOQA HDHP OPT1 15/25CP	FOMA DOH + 30	No	26	No

Employer Benefit Portal Features

C. Forms and Reporting

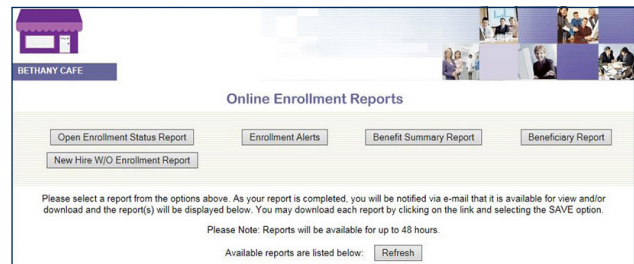
Reporting provides employers with various report options to assist in managing the employee benefits and enrollment.

Online Enrollment Reports

- Open Enrollment–progress of elections.
- New Hire Enrollment–status of elections.
- Beneficiary–report of designated beneficiaries.
- Benefit Summary–report of online benefit elections.
- Enrollment Alerts–missing employee information.

Online Enrollment History

- View all transactions processed through online enrollment.
- Print Employee Election Forms for signature.
- Employee Signature is REQUIRED for all transactions other than demographic or PCP changes and employee terminations and must be maintained by employer for carrier audit.



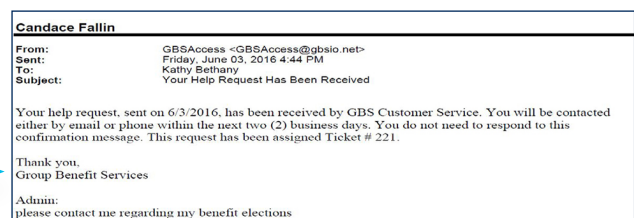
Action	Trans Date	Trans Time	Employee ID	Name	Transaction Type
	05/25/2016	03:22 PM	XXX-XX-9007	WILSON, NATALIE	CHG
	05/27/2016	10:50 AM	XXX-XX-0021	KNEAVEIL, JEANNIE	ADD
	05/27/2016	01:46 PM	XXX-XX-0004	TODD, WILLIS	ADD
	06/01/2016	09:52 AM	XXX-XX-0083	BIXBY, ABIGAIL	ADD

D. Resource/Library

The Resource / Library provides employers access to Carrier Benefit Summaries as well as carrier and Amwins Connect Administrators forms. An employer can also request assistance from your dedicated Amwins Connect Administrators Customer Service Representative.

Help Request

- Select Help Request.
- If applicable, add the requested demographic information.
- Select assistance regarding Benefits or a Technical Question.
- Type your question in the box provided.
- Then Click to Submit.
- You will receive a confirmation email with an assigned ticket number and a response within two business days.

The screenshot shows the 'Help Request' form for 'AMWIN'S CONNECT ADMINISTRATORS'. It includes fields for 'Employee Name', 'SSN', 'Employee Name', 'Email Address', and 'Daytime Phone Number'. There is a section for 'Please have a GBS Customer Service Representative contact me regarding:' with radio buttons for 'My Benefits' and 'My Question'. A text box for 'My Question is: (limited to 256 characters)' is also present. A 'Click to Submit' button is at the bottom.

Document Library

This area is a Resource Center for employers to store detailed information regarding employer sponsored benefits, carrier information and forms for employees to complete HR or benefit documentation.

- Click on the document link to view the benefit summary or plan information.



Employer Benefit Portal Features

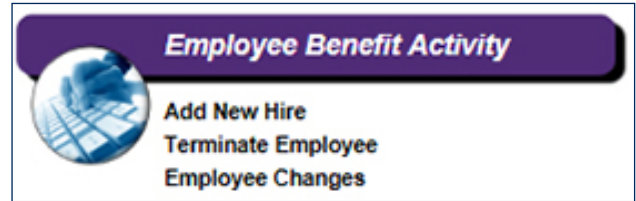
E. Employee Benefit Activity

Employee Benefit Activity provides the employer the option to perform various enrollment transactions.

Add New Hire—Employee elects benefits through Online Enrollment.

Demographics Only—An employer may enter Demographic and Employment information only for a new hire and allow the employee to elect benefits.

- Enter social security number.
- Select demographics.
- Hit Next.

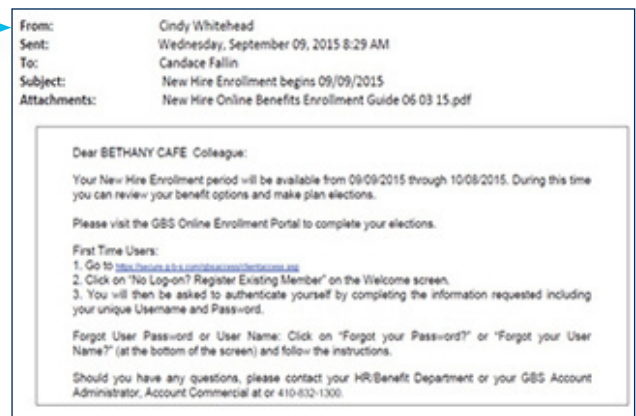
A screenshot of the 'Add New Employee' form. The form has a purple header with the title 'Add New Employee'. Below the header, there is a message: 'You may choose to enter demographic and employment information only, allowing employees to enroll for benefits online OR you may enter all information on behalf of the new hire.' There are two radio buttons: 'Demographics' (selected) and 'Benefit Elections'. Below the radio buttons, there are 'Back' and 'Next' buttons.

Complete the Personal Information page—

- Benefit class may differentiate benefit availability and / or payroll deductions.
- When complete, hit Next to finalize.

A screenshot of the 'Personal Information' form. The form has a purple header with the title 'Personal Information'. Below the header, there is a message: 'Please enter employee demographic information. Fields indicated with an asterisk (*) are required. Click "Next" to proceed.' The form contains various fields for personal information, including Name, Address, Social Security #, Email Address, Gender, Birth Date, Marital Status, Tobacco, Payroll Status, Job Title, Benefit Class, Cost Center, Annual Salary, Home Phone, Marriage Date, Race, Employee Status, Hire Date, and Salary Change Date. There are 'Back' and 'Next' buttons at the bottom.

The new hire will receive an automated email notification, and link to Online Enrollment with instructions to complete their benefit elections. The employee may receive two additional emails alerting them if they have not elected their benefits.



Employer Benefit Portal Features

Add New Hire—Employer elects benefits on behalf of the employee through Online Enrollment.

- Enter SSN.
- Select Benefit Elections.
- Hit Next.

Complete the Personal Information page—

- Benefit class may differentiate benefit availability and / or payroll deductions.
- When complete, hit Next to finalize.

Performing Benefit Elections on Behalf of Employee—Medical, Dental and Vision.

- All benefit options available to the employee will be shown on the left margin and the election process then progresses through each benefit election screen Step by Step.
- All Company Paid benefit plans are automatically elected and appear with a GREEN check mark in the left margin.

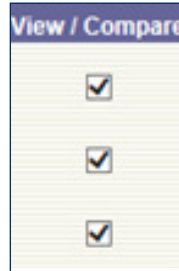
Plan Name	Coverage	Effective Date	Payroll Deduction Frequency	Next Monthly
BEST CARE PLAN	Medical, Dental, Vision	01/01/2016	Monthly	\$1,200.00
BEST CARE PLAN (COBRA)	Medical, Dental, Vision	01/01/2016	Monthly	\$1,200.00
BEST CARE PLAN (COBRA)	Medical, Dental, Vision	01/01/2016	Monthly	\$1,200.00

Employer Benefit Portal Features

Performing Benefit Elections on Behalf of Employee—Medical, Dental and Vision (Continued).

- Complete enrollment as follows:

1. Add dependents to be enrolled in each benefit plan.



2. Review list of plan options–

- Click on up to three plan options to compare benefits.

- Review the Side by Side Comparison.

- Click on the Benefit Description above any plan option to display a detailed Summary of Benefits.

- Employer cost and employee payroll deductions for each plan option (based on coverage level / dependents included in the plan) are displayed on the benefit election screen as well as the benefit comparison.

Medical Plan Election

You and your dependents (if applicable) may enroll in your company's approved benefit program (refer to plans below). If you decline benefits, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

☐ Check here if you want to select all dependents.

Dependent	Relationship	Birth Date	Plan Covered	Status
<input checked="" type="checkbox"/> WILLIAM BETHWIST	Husband	02/01/1975	Medical/Dental/Vision/Other	Active
<input checked="" type="checkbox"/> EMILY BETHWIST	Daughter	11/10/2001	Medical/Dental/Vision/Other	Active
<input checked="" type="checkbox"/> ELIZABETH BETHWIST	Daughter	01/04/2010	Not Enrolled	Active
<input type="checkbox"/> TONY BETHWIST	Daughter	01/01/2015	Not Enrolled	Active

[Add New Dependent](#)

The monthly premiums shown below is a total for the employee and selected dependents (if applicable) cost.

Once you have made your plan selection, click the **ELECT** button next to the plan you wish to enroll in. Please make sure you have selected the dependents you wish to enroll (if applicable).

ELECT	DECLINE	EFFECTIVE DATE	07/01/2016	COVERAGE LEVEL	Family	Monthly Premium	Monthly Employee Cost	Monthly Employer Cost	Payroll Deduction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/01/2016	Family	\$1,200.11	\$1,200.11	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	<input type="checkbox"/>	07/01/2016	Family	\$1,200.11	\$1,200.11	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	<input type="checkbox"/>	07/01/2016	Family	\$1,400.00	\$1,400.00	\$0.00	\$0.00	\$0.00	

[Compare](#) [Search for a Provider](#)

Side-by-Side Comparison of Benefits
Coverage Level: **FAMILY**

Session ID: 888051055092020 Date: 08/17/2016 Time: 09:28 AM

Additional details may be obtained by reviewing your Summary of Benefits and Coverage.

BENEFIT DESCRIPTION	BLUECHOICE HMO OPEN ACCESS (HRA/HSA)	BLUE PREFERRED HMO SERVICES	BLUECHOICE HMO OPEN ACCESS (HRA/HSA)
TYPE OF PLAN	HEALTH MAINTENANCE ORGANIZATION (HMO)	PREFERRED PROVIDER ORGANIZATION (PPO)	HEALTH MAINTENANCE ORGANIZATION (HMO)
INDIVIDUAL IN-NETWORK DEDUCTIBLE	\$0.00	\$0.00	\$1,200
INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE	N/A	\$4,000	N/A
OFFICE VISIT CHARGES IN-NETWORK	NO CHARGE AFTER DEDUCTIBLE	NO CHARGE AFTER DEDUCTIBLE	\$10 PCP / \$20 SPECIALIST AFTER DEDUCTIBLE
OFFICE VISIT CHARGES OUT-OF-NETWORK	N/A	DEDUCTIBLE THEN 20% OF ALLOWED BENEFIT	N/A
PRESCRIPTION DRUG COVERAGE IN-NETWORK (RX DRUG DEDUCTIBLE)	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE
GENERIC - PREFERRED BRANDS - NON-PREFERRED BRANDS - SPECIALTY	\$0 - \$20 - \$40 - 10% UP TO MAXIMUM OF \$/Y	\$0 - \$20 - \$40 - 10% UP TO MAXIMUM OF \$/Y	\$0 - \$20 - \$40 - 10% UP TO MAXIMUM OF \$/Y
INDIVIDUAL IN-NETWORK OUT-OF-POCKET MAXIMUM	\$0.00	\$4,000	\$2,400
INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET MAXIMUM	N/A	\$0.00	N/A
TOTAL MONTHLY PREMIUM	\$1,200.11	\$1,380.31	\$1,400.00
MONTHLY EMPLOYER COST	\$1,200.11	\$1,380.31	\$1,400.00
MONTHLY EMPLOYEE COST	\$0.00	\$0.00	\$0.00
PER PAY DEDUCTION	\$0.00	\$0.00	\$0.00

[CLOSE](#)

BlueChoice HMO Open Access • HRA/HSA *Summary of Benefits*

Services	In-Network You Pay*
Visit: www.amwins.com Services by location providers	
BLUE REWARDS	Blue Rewards is an incentive program where you can earn up to \$500 per adult and \$250 per family for taking an active role in getting healthy and staying healthy.
ANNUAL DEDUCTIBLE (BENEFIT PERIOD):	
Individual	\$0.00
Family	\$0.00
ANNUAL OUT-OF-POCKET MAXIMUM (BENEFIT PERIOD):	
Medical	\$0.00 Individual / \$0.00 Family
Prescription Drug	Combined with in-network medical out-of-pocket maximum
LIFETIME MAXIMUM BENEFIT	None
Lifetime Maximum	None

Employer Benefit Portal Features

Performing Benefit Elections on Behalf of Employee–Medical, Dental and Vision (Continued).

3. Select a plan option and click Search for a Provider to confirm physician participation in the selected plan option.
4. Elect the plan option for this coverage type OR Decline.
5. Hit Next.

Note: As you proceed to the next benefit option, you will note that your decision regarding the election or decline of the prior plan is noted in the left margin. Listed dependents will carry over to each plan option to allow for coverage election.

Reviewing Benefit Elections– Company Paid Group Life, AD&D, STD and LTD.

- Details regarding the benefit level will be displayed.
- Proceed to the next screen to enter beneficiary information.
- Then click Next to finalize.

Employer Benefit Portal Features

Performing Benefit Elections on Behalf of Employee–Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD.

When a single plan option / coverage level is available, complete enrollment as follows:

1. Review the coverage level and cost associated with your plan option.
2. Select Elect or Decline.
3. Proceed to the next screen and enter the beneficiary information.

When a range of coverage is available, complete enrollment as follows:

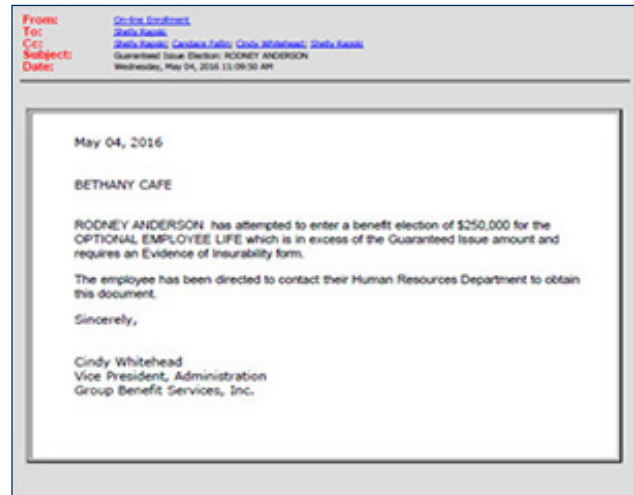
1. Review the plan screen to determine the benefit levels available for election. Information is provided regarding minimum and maximum coverage as well as Guaranteed Issue amounts.
2. Elect the plan option for this coverage type OR Decline.
3. Enter the benefit amount you wish to purchase, hit Calculate Cost, and review the monthly employee cost. Amounts elected over Guaranteed Issue will require completion of Evidence of Insurability and are subject to carrier approval.
4. Employees will receive a message that amounts above Guaranteed Issue will require EOI and they are asked to contact their HR department for assistance in applying for additional coverage.

Employer Benefit Portal Features

Performing Benefit Elections on Behalf

of Employee–Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD (Continued).

- Employers will receive an email alerting them that the employee has attempted to enroll for an amount requiring EOI.
- Enrollment will be completed for the amount up to Guaranteed Issue.
- You may make changes or hit Next to finalize.
- Proceed to the next screen and enter the beneficiary information. Please bear in mind that Spousal or Dependent coverage may warrant a change in the carried over beneficiary information.



Performing Benefit Elections on Behalf

of Employees–FSA Medical, Dependent Care, Premium Reimbursement and Parking/Transit.

Complete enrollment as follows:

- Review the plan screen to determine the maximum plan year contribution.
- Elect the plan option for this coverage type OR Decline.
- Enter either the per pay contribution amount in the Yearly Contribution Calculator or enter the Total Contribution Amount for the Plan Year to calculate the per pay deduction. You can view the deductions calendar by clicking on the highlighted deduction count.
- Hit “Select this calculation” in the calculator where an election amount has been entered.
- Calculated amounts Per Pay and per plan year will display.
- If amounts shown are acceptable, hit Next to finalize.

The screenshot shows the 'Dependent Care FSA' enrollment page. On the left, a 'Benefit Options' sidebar lists various plans with checkboxes. A blue line points from the 'Deductions Remaining: 8' in the 'Yearly Contribution Calculator' to the 'Deductions Remaining: 8' in the 'Per Pay Calculator'. A blue arrow points to the 'Deductions Remaining: 8' in the 'Per Pay Calculator'. The main area shows a table of dependents, including 'JOHN TYLER' (Son, Birth Date: 01/24/2010, Status: Active). Below the table, there are sections for 'Yearly Contribution Calculator' and 'Per Pay Calculator', both showing a deduction of 8. The 'Per Pay Calculator' also shows a 'Pay Period Contribution' of 8.00.

Employer Benefit Portal Features

F. Employee Changes

Employee Changes provides ability to make changes to employee demographics and employment information. Employers are presented with a list of existing employees to select for change.

1. Select employee and move to Employee Benefit Portal to make elections on behalf of the employee.
2. Select the type of change to be made.
 - Open Enrollment benefit change.
 - Mid-Year Life Event benefit change.
 - Employee or Dependent Demographic change.

Open Enrollment Benefit Election–

Refer to the Add New Hire Benefit Elections for step by step processing of Open Enrollment election.

Mid-Year Life Event Benefit Election–

- Enter the Mid-Year Life Event date.
- Select the type of Mid-Year Life Event and hit Continue.

Employee Search

Please select an employee below or through Name Search. Then click the Select Employee button below to visit that employee's dashboard.

Please Note: On-line enrollment processing is not available to employers for members with a COBRA/State Extension status.

Employee ID	Last Name	First Name	Status	Employee Summary
888-88-8884	ANDERSON	RODNEY		View Summary
888-88-8881	BETHANY	KATHY		View Summary
888-88-8888	TYLER	STEPHEN		View Summary
888-88-8886	WILLIE	WALTER	COBRA	View Summary

First is [ANDERSON] Last is [WALTER]

[Back](#) [Select Employee](#)

Welcome to your Employee Benefit Portal

Message Center

Open Enrollment Messages

• 08/08/2018 - 09/09/2018

• There are 10 days remaining to open enrollment.

Active dependent RYAN BETHANY is missing coverage.

Active dependent TERRY BETHANY is missing coverage.

My Benefits

[View Benefit Summary](#)

[Online Enrollment History](#)

Employee Profile

Personal Information

Designate Beneficiaries

Primary Care Provider

Coordination Of Benefits

Medicare / Handicapped Status

Dependent Profile

Personal Information

Coordination Of Benefits

Medicare / Handicapped Status

Primary Care Provider

Employee Benefit Activity

[Open Enrollment](#)

[Mid-Year Life Events](#)

Resource / Library

[Help Request](#)

[Document Library](#)

[Return to Employee Search](#)

Mid-Year Life Event Changes

Select the Event Date and applicable Mid-Year Life Event below to proceed with your enrollment changes.

Enter Event Date: 08/10/2018

☐ Birth / Adoption

☒ Marriage

☐ Add dependent to benefits

☐ Terminate current benefits

☐ Change in Employment Status

☐ Change in Spouse's Employment Coverage

☐ Court Order Judgment

☐ Dependent Turning Age Student Status Changed

☐ Dependent Loss of Life

☐ Divorced Status

☐ Divorce

☐ Employee Relocation (Outside of Service Area)

☐ Medicare/Medicaid Eligible

[Return to Dashboard](#) [Continue](#)

Employer Benefit Portal Features

Mid-Year Life Event Benefit Election (Continued)–

- You will see a listing of plans (highlighted) as eligible for change based on the type of Mid-Year Life Event.
- Hit Continue.
- Proceed with the enrollment changes to any eligible plan, by following the step by step process for the benefit types outlined under Add New Hire Benefit Election.

Mid-Year Life Event Changes

The plans highlighted below are eligible for change based on your Mid-Year Life Event.

Event Date	Event Type	Event Date	Event Type
01/01/2018	Marriage		

Event Date	Event Type	Event Date	Event Type
01/01/2018	Marriage		

Event Date	Event Type	Event Date	Event Type
01/01/2018	Marriage		

Return Selection | Continue

Employee and Dependent Demographic Changes–

Changes to Personal Information, Beneficiaries, Coordination of Benefits and Medicare/ Handicapped Status may be processed on behalf of the employee.

- Select the option for change.
- Follow screen instructions and update information as required.
- Hit Next and Confirm to complete the transaction.

Employee Profile

- Personal Information
- Designate Beneficiaries
- Primary Care Provider
- Coordination Of Benefits
- Medicare / Handicapped Status

Continue

G. Terminate Employees

Terminate Employees is used for indicating the reason for employee termination and confirmation of the benefit termination date.

- Select the Terminate Employee option.

Welcome to your Employee Benefit Portal

Select options below to manage your personal and benefit information any time - day or night.

- Message Center**
 - Open Enrollment Messages
 - There are 10 days remaining in Open Enrollment.
- Account Profile**
 - Account Demographic Information
 - Plan Summary And Rate Information
 - Plan Eligibility Rules
- Forms and Reporting**
 - Online Enrollment Reports
 - Online Enrollment History
- Employee Benefit Activity**
 - Add New Hire
 - Terminate Employee
 - Employee Changes
- Resource / Library**
 - Help Request
 - Document Library

Employer Benefit Portal Features

G. Terminate Employees (continued)

- Employers are presented with a list of existing employees to select for termination.
- Select the employee.
- Hit Terminate Employee.

Terminate Employee

Please select an employee below or through Name Search. Then click the Terminate Employee button below. (need test)

Name Search

Employee ID	Last Name	First Name	Status	Employee Summary
<input type="radio"/> XXX-XX-0004	ANDERSON	ROONEY		View Summary
<input type="radio"/> XXX-XX-0001	BETHANY	KATHY		View Summary
<input type="radio"/> XXX-XX-0077	PIET	JOEL		View Summary
<input type="radio"/> XXX-XX-0005	TYLER	STEPHEN		View Summary
<input type="radio"/> XXX-XX-0008	WAVE	WANCY	COBRA	View Summary

END OF LIST

PREV 10 | PREVIOUS 10 | NEXT 10 | LAST 10

[Hit Terminate Employee](#)

- Enter the employment termination date (last day of employment).
- Enter the benefit termination date and reason. Verify the accuracy of the employee address for extension notification and carrier conversion options.
- Hit Continue then Confirm to complete the transaction.

Terminate Employee

Your request to terminate your employee from the plan has been **Successfully Submitted** as displayed below. Your confirmation will result in the termination of the employee and benefit cancellation for the employee and all dependents as of the effective date shown below. **CLICK "Continue"** to complete the termination OR **CLICK "COBRA/EXTENSION"** to complete the termination and print the transaction for your records.

If you need to make any corrections to the transaction as displayed, please **CLICK "BACK"** make necessary changes, and follow the instructions to confirm the updated transaction.

Session ID: 88802080020800 Date: 05/12/2016 Time: 02:53 PM

Employee ID: XXX-XX-0008

Employment Term Date: 05/12/2016

Benefit Term Date: 05/12/2016

Term Reason:

Employee: WANCY, WAVE

Verify Address: 304 S. CAHORE STREET

CITY/STATE/ZIP: CATHAMBLE / OH / 43001

[Back](#) [Continue](#)

H. COBRA/State Extension (Optional Services)

If you have elected Amwins Connect Administrators extension services, a report of Qualifying Event letters and active extension participants is available to you.

- The left margin of options under Amwins View will offer you COBRA/State Extension Reports.
- Select this option for the following report.
- Enter a date range for a listing of letters or active extendees.

AMWINS
FINANCIAL ADMINISTRATION

WELCOME BETHANY CAFE!

Our advanced technology helps you save valuable time by streamlining your administrative processes for your employee benefit program and payroll (if applicable). By utilizing our flexible web tools, you can perform these tasks quickly and easily, anywhere, any time - day or night!

Our web portal provides access to all your plans administered by GBS to important information such as employee and dependent enrollment, billing, premium invoices, census and current plans and rates. In addition, our **Online Enrollment** option allows employers and/or their employees to perform online enrollment activities such as new hire, terminations and other enrollment changes throughout the year.

To access this information, select **View Account Information** from the menu options on the left side of this screen.

- VIEW ACCOUNT INFORMATION
- CUSTOM QUERY
- ENROLLMENT SUMMARY
- COBRA/STATE EXTENSION REPORTS
- FINANCIAL HISTORY
- FINANCIAL HISTORY POPULATION
- INVOICES & PAY ONLINE
- IMAGE DELIVERY

Qualifying Event/COBRA Reporting

BETHANY CAFE

In conjunction with GBS administration of your Extended Benefit Program, we are pleased to provide you with access to the following reports:

Qualifying Event Letter Reporting:

- Available to groups for whom GBS issues Qualifying Event notices.
- Displays members and dependents to whom notices were issued within a specific date range.
- Select From and To dates using the calendar tool that appears when clicking on either box.
- Data is real time based on notices run for selected date range.

Active COBRA Member Reporting:

- Available to groups for whom GBS performs billing services for members electing extended coverage.
- Displays a list of all extending members for a specific month or date range based on a snapshot taken on the first of each coverage month. For current membership, you may contact the GBS COBRA unit at 410-892-5300 or toll free at 1-800-438-8065. You may also contact us at bsb@amwinsonline.com.
- Select a single month or multiple months for your report.

System Requirements:

Adobe Reader is required to view and print PDF reports. If you do not have Adobe Reader, it can be downloaded for free by following this link: [Adobe Reader Free Download](#)

Microsoft Excel is required to view and print Excel reports. If you don't have Microsoft Excel, it can be downloaded for free by following this link: [Microsoft Excel Download](#)

PDFs: Some reports may take up to 60+ seconds to load. Please be patient!

Qualifying Event Letter Reporting

Use the tool to view a Event Letter Report.

By: To:

From: To:

[Get PDF Report](#) [Get EXCEL Report](#)

Active COBRA Member Reporting

Use the tool to create Active Member Report.

From: To:

Leave NO date blank for single month

[Get PDF Report](#) [Get EXCEL Report](#)

Employer Benefit Portal Features

H. COBRA/State Extension (Optional Services) (Continued)

Choose a pdf or excel report format.

ACTIVE COBRA MEMBERS BETHANY CAFE 7/1/2016 - 7/1/2016										
DATE	NAME	COBRA EFF DATE	COBRA EXP DATE	MEDICAL	HA DRUG	DENTAL	VISION	FSA	HSA	
7/1/2016	MARCY WAVE	5/12/2016	5/12/2017	INDIVIDUAL BC RHODIA HSA COUP OPTS 2000ED	INDIVIDUAL BC RHODIA HSA COUP OPTS 2000ED	DELTA DENTAL PPO PLUS PREMIER COBRA	BLUEVISION PLUS OPTS 2012		INDIVIDUAL ASM HRA COBRA PREMIUM/BUNDLED	
	JOE SMITH	11/1/2015	1/1/2017	INDIVIDUAL BP HSA COUP OPTS 2000(OH) 2000 (OUT)	INDIVIDUAL BP HSA COUP OPTS 2000(OH) 2000 (OUT)	DELTA DENTAL PPO PLUS PREMIER COBRA	BLUEVISION PLUS OPTS 2012		INDIVIDUAL ASM HRA COBRA PREMIUM/BUNDLED	
	NATE DOE	1/1/2016	7/1/2017	FAMILY HRA MONTHLY PAID AMOUNT - NBI	FAMILY HRA MONTHLY PAID AMOUNT - NBI	DELTA DENTAL PPO PLUS PREMIER COBRA	BLUEVISION PLUS OPTS 2012		FAMILY ASM HRA COBRA PREMIUM/BUNDLED	

ACTIVE COBRA MEMBERS BETHANY CAFE 5/1/2015 - 6/1/2016										
DATE	NAME	COBRA EFF DATE	COBRA EXP DATE	MEDICAL	HA DRUG	DENTAL	VISION	FSA	HSA	
5/1/2015	MARCY WAVE	5/1/2015	5/1/2017	INDIVIDUAL BC RHODIA HSA COUP OPTS 2000ED	INDIVIDUAL BC RHODIA HSA COUP OPTS 2000ED	DELTA DENTAL PPO PLUS PREMIER COBRA	BLUEVISION PLUS OPTS 2012		INDIVIDUAL ASM HRA COBRA PREMIUM/BUNDLED	
5/1/2015	JOE SMITH	5/1/2015	5/1/2017	INDIVIDUAL BP HSA COUP OPTS 2000(OH) 2000 (OUT)	INDIVIDUAL BP HSA COUP OPTS 2000(OH) 2000 (OUT)	DELTA DENTAL PPO PLUS PREMIER COBRA	BLUEVISION PLUS OPTS 2012		INDIVIDUAL ASM HRA COBRA PREMIUM/BUNDLED	
5/1/2015	NATE DOE	5/1/2015	5/1/2017	FAMILY HRA MONTHLY PAID AMOUNT - NBI	FAMILY HRA MONTHLY PAID AMOUNT - NBI	DELTA DENTAL PPO PLUS PREMIER COBRA	BLUEVISION PLUS OPTS 2012		FAMILY ASM HRA COBRA PREMIUM/BUNDLED	

If you are handling COBRA/State Extension services internally:

- Following the employee termination, a qualifying event letter will be presented for printing and mailing.
- Please note that the demographic information and termination dates are reflected in the letter on the basis of your termination transaction.
- As the employer handling the extension services, you must monitor the period of time to elect to extend benefits and receipt of signed election and payment of premium.
- Please notify Amwins Connect Administrators of reinstatement as we will process and restore the active status of the COBRA/State Extension member based on your instructions.

TERMINATE EMPLOYEE

To assist you in providing the required Qualifying Event Notification to terminated employees and dependents, GBS has provided you with the option to print either Federal or State notices and election forms. Based on your group size, please select and print the appropriate letter below. Please retain a copy of the letter for your records. Please be aware that this correspondence reflects our interpretation of current Federal and State legislation.

Before printing Qualifying Event Notices, you may obtain additional COBRA or MD State Extension information via website links by clicking the underlined notice below. When connecting to the MD State Extension legislation site, enter the following selection 31.11.01*, and select SEARCH. When connecting to the Department of Labor site, select the COBRA model notice. We advise you to consult your own legal counsel for answers or information relevant to your specific needs.

If you do not wish to print a qualifying event notice, please select BYPASS PRINT below.

Print Form Selection for Employee Termination

☐ MARYLAND STATE EXTENSION QUALIFYING EVENT NOTICE

☐ DEPARTMENT OF LABOR SITE SELECT COBRA MODEL ELECTION NOTICE

☐ Bypass Print

ExitPrint

LEE HARPER, spouse and all eligible dependents
143 JEFFERSON ROAD
LUTHERVILLE, MD 21093

Re: BETHANY CAFE
Group Health Insurance Continuation Privilege

Dear : LEE HARPER

Effective midnight 05/12/2016, you will no longer be covered under the above employer's group health insurance program. Under Maryland State Law, you may have the right to obtain a temporary extension of your group health insurance coverage, at your own expense, if you are a Maryland resident and have been covered under the group plan for at least three months. This notice outlines your Maryland Extension rights as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. To exercise your option to continue coverage, you must complete and return the election form to the noted employer. It must be postmarked no later than 07/03/2016 or your right to continue coverage will end.

Election Coverage Promptly:

DURING YOUR COBRA ELECTION PERIOD, BENEFITS ARE NOT AVAILABLE TO YOU. Therefore, any access to care or claims submitted will be denied. Following receipt of your election form and any applicable premium (as described in the following paragraphs), your benefits will be reinstated retroactively to your date of termination and claims may be submitted for payment in accordance with your benefit plan.

Initial Premium Payment Amount, Deadline, Processing Time:


Accessing the Online Enrollment Website

We are pleased to provide our Online Enrollment Website which allows you to review benefit options, compare benefit summaries and complete final benefit elections. To access and utilize our Online Enrollment website please visit our website at <https://secure.amwinsconnecttpa.com/gbsaccess/clientaccess.asp>

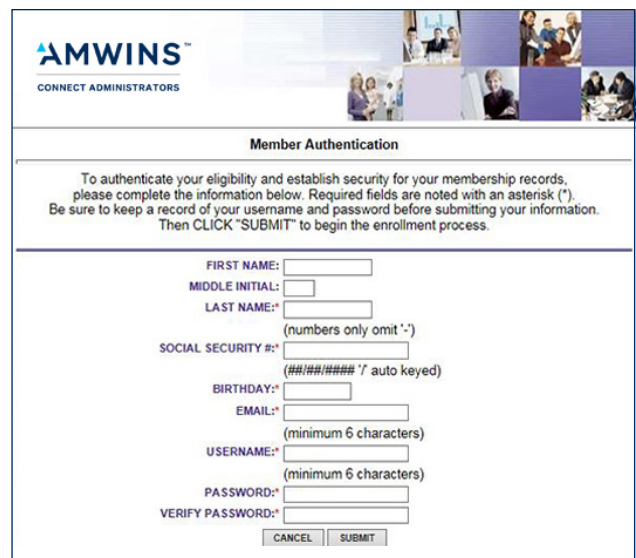
All first time Users can create their secured access by clicking on **No Log-on? Register Existing Member** on the Welcome Screen. You will then be asked to authenticate yourself by completing the information requested including your Username and Password.

As a returning user, you can simply enter your Username and Password on the Welcome Screen to gain access.

Please login to access the Online Enrollment Employer Benefit Portal.



The image shows the AMWINS CONNECT ADMINISTRATORS Welcome Screen. At the top, the AMWINS logo is on the left, and a collage of people is on the right. Below the logo, the text "CONNECT ADMINISTRATORS" is displayed. A paragraph explains the website's purpose: "Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time." Below this, it says "To access your information, please login below." There are two sections: "Employers:" and "Employees:". The "Employers:" section has a bullet point: "If you are a first time user, or if you have forgotten your username or password, [Click here for assistance.](#)" The "Employees:" section has two bullet points: "If you are a new or current employee, but a first time user you may [click here to create an account now.](#)" and "If you are a new or current employee and know your username and password, please enter below." Below the bullet points is a login form with fields for "Username:" and "Password:", a "Login" button, and links for "Forgot your password?", "Forgot your User Name?", and "No Log-on? Register Existing Member". At the bottom right, there is a "SECURE" logo with "DATA ENCRYPTED" and "ns network" text.



The image shows the AMWINS CONNECT ADMINISTRATORS Member Authentication Screen. At the top, the AMWINS logo is on the left, and a collage of people is on the right. Below the logo, the text "CONNECT ADMINISTRATORS" is displayed. Below the collage, the text "Member Authentication" is centered. A paragraph explains the authentication process: "To authenticate your eligibility and establish security for your membership records, please complete the information below. Required fields are noted with an asterisk (*). Be sure to keep a record of your username and password before submitting your information. Then CLICK 'SUBMIT' to begin the enrollment process." Below this paragraph is a form with the following fields: "FIRST NAME:" (text box), "MIDDLE INITIAL:" (text box), "LAST NAME:*" (text box), "SOCIAL SECURITY #:*" (text box with a note "(numbers only omit '-')"), "BIRTHDAY:*" (text box with a note "(###/###/#### 'I' auto keyed)"), "EMAIL:*" (text box with a note "(minimum 6 characters)"), "USERNAME:*" (text box with a note "(minimum 6 characters)"), "PASSWORD:*" (text box), and "VERIFY PASSWORD:*" (text box). At the bottom right of the form are "CANCEL" and "SUBMIT" buttons.

Employee Benefit Portal

Our online enrollment system is designed to give employees an opportunity to review and update their personal information and perform benefit elections with ease and convenience, any time day or night.

This screen provides an overview of the features of the system. To review any of these functions, click on the options provided on the portal. Each option will provide further instructions to review information or to complete benefit elections.

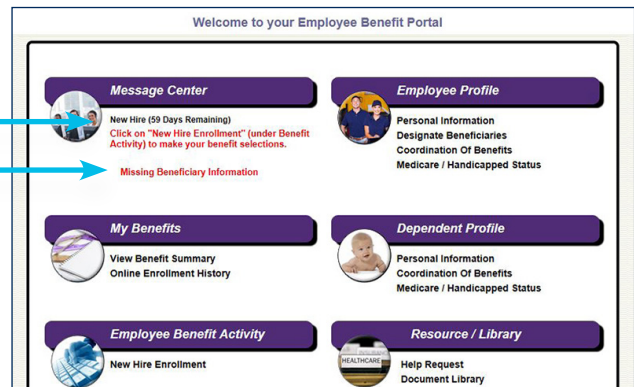


Employee Benefit Portal Features

A. Message Center

The Message Center displays the following types of messages:

- **New Hire Message**
 - Provides the date range for enrollment and a countdown of number of days to complete.
- **Open Enrollment Message**
 - Provides the date range for enrollment.
 - Employers may publish a specific message for Open Enrollment instructions.
- **Alert Messages**
 - Dependents without coverage.
 - Missing beneficiaries.
 - Missing PCP information.

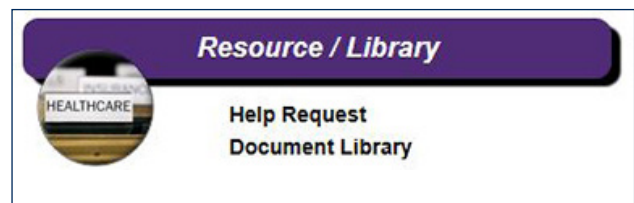
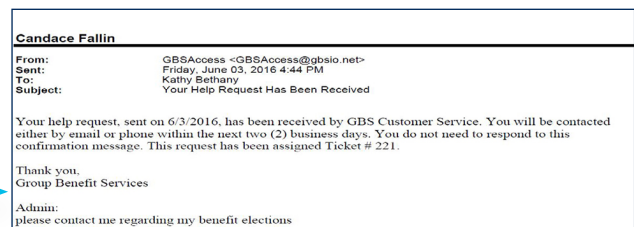


B. Resource/Library

The Resource / Library provides employers access to Carrier Benefit Summaries as well as carrier and Amwins Connect Administrators forms. An employer can also request assistance from your dedicated Amwins Connect Administrators Customer Service Representative.

Help Request

- Select Help Request.
- If applicable, add the requested demographic information.
- Select assistance regarding Benefits or a Technical Question.
- Type your question in the box provided.
- Then Click to Submit.
- You will receive a confirmation email with an assigned ticket number and a response within two business days.

The screenshot shows the 'AMWINS CONNECT ADMINISTRATORS Help Request' form. It includes fields for 'Employer Name', 'SSN', 'Employee Name', 'Email Address', and 'Daytime Phone Number'. There are radio buttons for 'My Benefits' and 'My Question is: (limited to 256 characters)'. A 'Click to Submit' button is at the bottom.

Document Library

This area is a Resource Center for employers to store detailed information regarding employer sponsored benefits, carrier information and forms for employees to complete HR or benefit documentation.

- Click on the document link to view the benefit summary or plan information.



Employee Benefit Portal Features

C. Employee Profile

Employee Profile offers employees the ability to enter or update demographic, employment and beneficiary information. In addition they may update Primary Care Provider selection and provide Coordination of Benefits (other insurance) and Medicare or Handicapped Status changes.

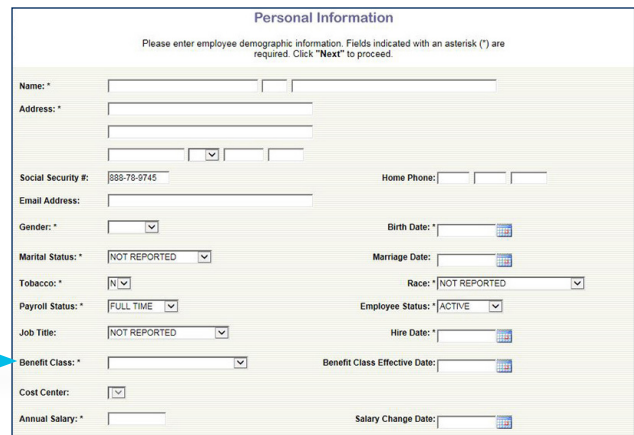
Personal Information–

Complete the Personal Information page.

- Benefit class may differentiate benefit availability and / or payroll deductions and is completed by your employer.
- Fields with an asterisk are required.
- When complete, hit Next to finalize.



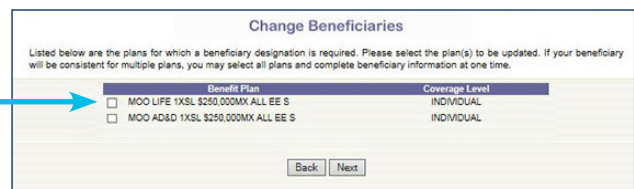
The 'Employee Profile' menu is displayed in a purple header. Below the header, there is a circular profile picture placeholder. To the right of the picture, the following options are listed in a vertical stack: 'Personal Information', 'Designate Beneficiaries', 'Primary Care Provider', 'Coordination Of Benefits', and 'Medicare / Handicapped Status'.



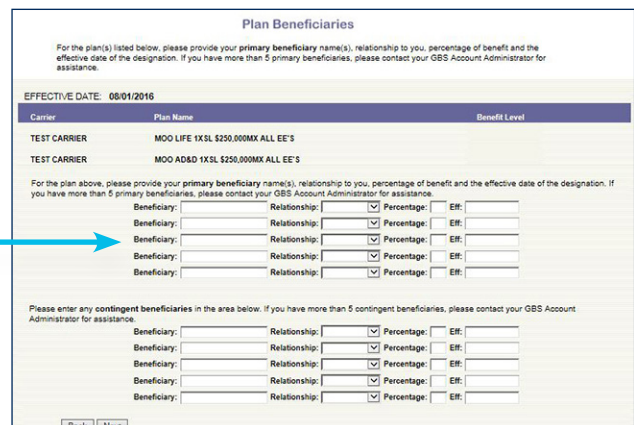
The 'Personal Information' form contains various input fields for employee data. Fields marked with an asterisk (*) are required. The form includes sections for Name, Address, Social Security #, Home Phone, Email Address, Gender, Birth Date, Marital Status, Marriage Date, Tobacco, Race, Payroll Status, Employee Status, Job Title, Hire Date, Benefit Class, Benefit Class Effective Date, Cost Center, Annual Salary, and Salary Change Date. A blue arrow points from the 'Benefit class' list item in the adjacent text to the 'Benefit Class' dropdown menu in this form.

Designate Beneficiaries

- Select the plan(s) for which updated beneficiary information is required.
- Enter the primary beneficiary name, relationship, percentage of benefit and effective date. If contingent beneficiaries apply, please enter the same information noted above.
- When complete, hit Next to finalize.



The 'Change Beneficiaries' form shows a table of plans for which beneficiary designation is required. The table has two columns: 'Benefit Plan' and 'Coverage Level'. Two plans are listed: 'MOO LIFE 1XSL \$250,000MX ALL EE S' and 'MOO AD&D 1XSL \$250,000MX ALL EE S', both with an 'INDIVIDUAL' coverage level. Below the table are 'Back' and 'Next' buttons. A blue arrow points from the first list item in the adjacent text to the first row of the table.



The 'Plan Beneficiaries' form is for entering beneficiary details for the selected plan. It shows the effective date as 06/01/2016 and lists the plan as 'MOO LIFE 1XSL \$250,000MX ALL EE S'. Below this, there is a section for entering primary beneficiary information with fields for Beneficiary, Relationship, Percentage, and Eff. Below that is a section for contingent beneficiaries with similar fields. A blue arrow points from the second list item in the adjacent text to the primary beneficiary entry fields.

Employee Benefit Portal Features

C. Employee Profile (continued)

Primary Care / Provider

- Based on the medical plan election, you may be required to select a Primary Care Physician.
- A link to the carrier provider directory is displayed. Please enter the selected provider ID, physician name and effective date.
- Also respond to the question regarding your status as an existing patient.
- When complete, hit Next to finalize.

Change Primary Care Provider

The benefit plan elected requires that you select a Primary Care Provider (PCP) at the time of enrollment. Please input the PCP # as shown in the carrier's Provider directory as well as the provider's name. Then input the effective date of coverage. A link to the carrier's Provider Directory is provided below for your reference or confirmation of PCP #. Please respond to the question regarding Existing Patient as providers may no longer be accepting new patients. Your PCP selection will be reflected on your membership identification card. CLICK "NEXT" to complete the coverage addition.

Benefit Plan	Coverage Level
<input type="radio"/> BC HMO0A HSA COMP OPT2 OCP 2500DED	FAMILY

[Back](#) [Continue](#)

Primary Care Provider

The benefit plan elected requires that you select a Primary Care Provider (PCP) at time of enrollment. Please input the PCP # as shown in the carrier's Provider Directory as well as the physician's name. Then input the effective date of coverage. A link to the carrier's Provider Directory is provided below for your reference or confirmation of PCP #. Please respond to the question regarding Existing Patient as providers may no longer be accepting new patients. Your PCP selection will be reflected on your membership identification card. CLICK "Next" to complete the coverage addition.

New Plan	Type	Effective
BC HMO0A HSA COMP OPT2 OCP 2500DED	MEDICAL	12/01/2015

Employee: KATHY BETHANY

PCP#: Physician Name: Eff: Existing Patient? ☒ Yes ☐ No

[FIND A PRIMARY CARE PROVIDER](#)

Coordination of Benefits

- If you are participating in other medical or dental insurance plans, please provide the information so that claims processing can coordinate benefits.
- Required information includes Policy Number, Carrier Name, Members Covered, Effective Date and, if group insurance, the Employer Name
- When complete, hit Next to finalize.

BETHANY CAVE
KATHY BETHANY

Coordination of Benefits

Please provide information related to other insurance (Coordination of Benefits). Please refer to your Identification Card for this information. Then CLICK "Next".

Do You Have Other Coverage? ☐

Policy Type:

Who is Covered:

Employer Name:

Carrier Name:

Policy Number:

City/State:

ER Date:

Term Date:

Is Policy with BCBS: ☐

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

Medicare / Handicapped Status

- If you are participating in Medicare Part A or Part B, please complete the information required.
- Updates to Handicapped/Disabled Status may be completed on this screen as well. Please note that additional documentation to substantiate handicapped status may be required from the carrier and you will be contacted by Amwins Connect Administrators when necessary.
- When complete, hit Next to finalize.

Medicare / Handicapped Status

Please provide information related to Medicare coverage or Handicapped/Disabled Status. Please contact GBS for the required carrier form if Handicapped status is answered YES. Click "Next" to proceed.

Medicare: ☒ N ☐ Y

Medicare #:

Handicapped/Disabled: ☒ N ☐ Y

Part A Eff Date:

Part B Eff Date:

Date:

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

Employee Benefit Portal Features

D. Dependent Profile

Dependent Profile offers employees the ability to enter or update dependent demographic information. In addition they may update dependent Primary Care Provider selection and provide Coordination of Benefits (other insurance) and Medicare or Handicapped Status changes.



Dependent Profile

- Personal Information
- Coordination Of Benefits
- Medicare / Handicapped Status
- Primary Care Provider

E. My Benefits

My Benefits is up to date information regarding your current benefits.



My Benefits

- View Benefit Summary - Current
- Online Enrollment History

View Benefit Summary

- Your Benefit Summary reflects your plan elections, payroll deductions and coverage levels as of the date and time shown. If you have ancillary products, beneficiary information as provided through Online Enrollment, will be displayed.
- Plans for which elections have not been made will be displayed.
- Plans that have been declined will be listed.
- You may print a summary for your records or review prior to making benefit changes.
- You may have both Current and Open Enrollment Benefit Summaries for review.

BENEFIT SUMMARY

Your Benefit Summary reflects your plan elections, payroll deductions and coverage levels as of the date and time shown below.

JULY 22, 2016
11:07 AM

Employee Demographics		Social Security #:	
Employee:	KATHY BETHANY	Gender:	Female
Address:	1234 SHORE DRIVE BALTIMORE, MD 21201-0000	Date of Birth:	08/02/1955
Phone:	(303) 525-2525	Status:	Active
		Date of Hire:	01/01/2000
		E-mail:	kbethan@bbco.net

Dependent(s) Enrolled (If Applicable)			
Name	Relationship	Date of Birth	Plan Enrolled
WILLIAM BETHANY	Husband	02/05/1955	Medical/Dental/Vision/Other
EMILY BETHANY	Daughter	11/10/2001	Medical/Dental/Vision/Other
ELIZABETH BETHANY	Daughter	01/09/2010	Not Enrolled
TERI BETHANY	Daughter	01/01/2015	Not Enrolled

Selected Plan(s)	Per Pay Deductions	Coverage/Benefit Level	Benefit Effective
BC MUDDA HSA COVP OPT2 OCP 200000	.00	FAMILY	10/01/2015
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	.00	FAMILY	01/01/2015
DELTA DENTAL PPO PLUS PREMIER ACTIVE	.00	FAMILY	01/01/2015
ELUVISION PLUS OPT1 \$012	.00	FAMILY	01/01/2015
MCO LIFE 1XSL \$250,000MX ALL GS S	.00	\$50,000	01/01/2015
MCO ADDL 1XSL \$250,000MX ALL GS S	.00	\$50,000	01/01/2015
MCO STD 60NLS \$2,000MX 1/813 ALL GS S	.00	\$177 / week	01/01/2015
MCO VOL LTD 60NLS \$10,000MX 200Y ALL GS	.00	\$2,500 / month	01/01/2015
Per Pay Deductions Total	\$.00		

No Elections Made

- OPTIONAL EMPLOYEE LIFE
- OPTIONAL SPOUSAL LIFE
- OPTIONAL DEPENDENT LIFE
- DEPENDENT CARE PSA

Beneficiary Information	Relationship	Percentage	Effective Date
MCO LIFE 1XSL \$250,000MX ALL GS S			
Primary: JULIE BETHANY	DAUGHTER	100	12/01/2015
MCO ADDL 1XSL \$250,000MX ALL GS S			
Primary: JULIE BETHANY	DAUGHTER	100	12/01/2015

Online Enrollment History





- A history of transactions performed through Online Enrollment is maintained.
- You may view the detail of each transaction in the list by selecting the Action button. Transactions are displayed by date and transaction type.
- You may print an Employee Election Form which reflects the transaction performed by selecting the print button under Action.

ENROLLMENT TRANSACTION

SEARCH

Search:

Filter Options: [] SHOW [*] HIDE

Action	Trans Date	Trans Time	Employee ID	Name	Transaction Type
	07/15/2016	07:17 AM	XXX-XX-5001	BETHANY, KATHY	
	07/20/2016	02:47 PM	XXX-XX-5001	BETHANY, KATHY	ADD
	07/21/2016	08:34 AM	XXX-XX-5001	BETHANY, KATHY	ADD
	07/21/2016	04:43 PM	XXX-XX-5001	BETHANY, KATHY	ADD

Employee Benefit Portal Features

F. Employee Benefit Activity

Employee Benefit Activity provides the employee the ability to perform various enrollment transactions during the following periods; New Hire, Open Enrollment or Mid-Year Life Events.

- Select the Benefit Activity.
- Employees must review the Electronic Signature Policy. Following the acceptance of the terms and conditions surrounding electronic signature, the employee may proceed to elect benefits.

New Hire and Open Enrollment–Performing Benefit Elections–Medical, Dental and Vision.

- All benefit options available to the employee will be shown on the left margin and the election process then progresses through each benefit election screen Step by Step.
- All Company Paid benefit plans are automatically elected and appear with a GREEN check mark in the left margin.
- Complete enrollment as follows:
 1. Add dependents to be enrolled in each benefit plan.
 2. Review list of plan options.
 3. Click on up to three plan options to compare benefits.
 4. Review the Side by Side Comparison.
 5. Click on the Benefit Description above any plan option to display a detailed Summary of Benefits.



Electronic Signature Policy

Electing benefits for you and/or your dependents is quick and easy to do with our Online Enrollment system.

Federal Law requires that certain disclosures be provided to you about your enrollment in the employee benefits referenced on this website. Prior to accepting these online enrollment activities, you must consent to the terms and conditions outlined below. Please review by scrolling through the window below and click on the appropriate option. After you complete your online enrollment activity, by clicking the Confirm button at the end of your enrollment transaction, you are confirming the enrollment change with your e-signature.

E-Signature Terms and Conditions

Read some or all of the online employee benefits enrollment, election or waiver materials on this website (collectively, "enrollment materials") will be made available to you in electronic format.

After reading the above terms and conditions, click on one of the following options:

IMPORTANT: If you decline enrollment in a benefit plan at time of initial eligibility, for you or your dependents, you may still be eligible for benefits in the future due to a mid-year life event change (i.e. marriage, birth, divorce, etc.). If you experience a mid-year life event, you must process your online enrollment transaction within 30 days of the event and provide supporting documentation as required including Evidence of Insurability for voluntary life benefits.

If you need assistance during the enrollment process, please contact your company benefits representative or GBS Account Administrator.

Medical Plan Election

You and your dependents (if applicable) may enroll in your company-sponsored benefits program (refer to plans below). If you decline benefits, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

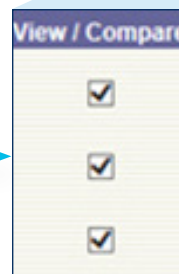
☐ Check here if you would like to select all dependents.

Current Dependents	Relationship	Birth Date	Plans Enrolled	Status
<input checked="" type="checkbox"/> WILLIAM BETHANY	Husband	02/28/1985	Medical/Dental/Vision/Other	Active
<input checked="" type="checkbox"/> EMILYBETH BETHANY	Daughter	11/10/2001	Medical/Dental/Vision/Other	Active
<input type="checkbox"/> ELIZABETH BETHANY	Daughter	01/25/2010	Not Enrolled	Active
<input type="checkbox"/> TIER BETHANY	Daughter	01/01/2015	Not Enrolled	Active

The monthly premiums shown below is a total for the employee and selected dependents (if applicable) cost.

Once you have made your plan decision, click the ELECT button next to the plan you wish to enroll in. Please make sure you have selected the dependents you wish to enroll (if applicable).

* ELECT		DECLINE		EFFECTIVE DATE: 07/01/2016	PAYROLL DEDUCTION FREQUENCY: SEMI-MONTHLY			
Select	Carrier	Plan Name	View / Compare	Coverage Level	Monthly Premium	Monthly Employee Cost	Monthly Employer Cost	Net Pay Deduction
<input checked="" type="radio"/>	TEST CARRIER	BC-IMMOA-HSA-COMP-OPT2-RCP-200000	<input checked="" type="checkbox"/>	FAMILY	\$1,203.11	\$1,203.11	\$0.00	\$0.00
<input type="radio"/>	TEST CARRIER	BP-HSA-COMP-OPT3-2000000-4000000	<input checked="" type="checkbox"/>	FAMILY	\$1,363.31	\$1,363.31	\$0.00	\$0.00
<input type="radio"/>	TEST CARRIER	BC-IMMOA-HRHP-OPT1-150000	<input checked="" type="checkbox"/>	FAMILY	\$1,422.99	\$1,422.99	\$0.00	\$0.00



Employee Benefit Portal Features

F. Employee Benefit Activity (continued)

New Hire and Open Enrollment (continued)

Performing Benefit Elections–Medical, Dental and Vision.

- Employer cost and employee payroll deductions for each plan option (based on coverage level / dependents included in the plan) are displayed on the benefit election screen as well as the benefit comparison.

Side-By-Side Comparison of Benefits
Coverage Level: FAMILY
Session Id: 688001000502942E Date: 06/08/2016 Time: 01:03 PM
Additional details may be obtained by reviewing your Summary of Benefits and Coverage.

BENEFIT DESCRIPTION	BLUECHOICE HMO OPEN ACCESS HIGH DEDUCTIBLE	BLUE PREFERRED HIGH DEDUCTIBLE	BLUECHOICE HMO OPEN ACCESS LOW DEDUCTIBLE
TYPE OF PLAN	HEALTH MAINTENANCE ORGANIZATION (HMO)	PREFERRED PROVIDER ORGANIZATION (PPO)	HEALTH MAINTENANCE ORGANIZATION (HMO)
INDIVIDUAL IN-NETWORK DEDUCTIBLE	\$2,500	\$2,000	\$1,200
INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE	N/A	\$4,000	N/A
OFFICE VISIT CHARGES IN-NETWORK	NO CHARGE AFTER DEDUCTIBLE	NO CHARGE AFTER DEDUCTIBLE	\$15 PCP / \$25 SPECIALIST AFTER DEDUCTIBLE
OFFICE VISIT CHARGES OUT-OF-NETWORK	N/A	DEDUCTIBLE THEN 20% OF ALLOWED BENEFIT	N/A
PRESCRIPTION DRUG COVERAGE IN-NETWORK RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE
GENERIC / PREFERRED BRANDS / NON-PREFERRED BRAND / SPECIALTY	\$0 / \$25 / \$45 / 10% UP TO MAXIMUM OF \$75	\$0 / \$25 / \$45 / 10% UP TO MAXIMUM OF \$75	\$0 / \$25 / \$45 / 10% UP TO MAXIMUM OF \$75
INDIVIDUAL IN-NETWORK OUT-OF-POCKET MAXIMUM	\$5,000	\$4,000	\$2,400
INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET MAXIMUM	N/A	\$8,000	N/A

BlueChoice HMO Open Access • HRA/HSA *Summary of Benefits*

Services	In-Network You Pay ¹
Visit www.carefirst.com/doctor to locate providers	
BLUE REWARDS Visit www.carefirst.com/bluerewards for more information	
Blue Rewards is an incentive program where you can earn up to \$300 per adult and \$750 per family for taking an active role in getting healthy and staying healthy.	
ANNUAL DEDUCTIBLE (BENEFIT PERIOD):	

- Select a plan option and click Search for a Provider to confirm physician participation in the selected plan option.
- Elect the plan option for this coverage type OR Decline.
- Hit Next.

Carefirst

Find A Doctor

Medical Dental Pharmacy Vision

Click the following option if you are a:

- Medigap Member
- TDH/CareFirst Administrators Member
- State of Maryland Employee
- CareFirst - Network Leasing Member

To find a provider outside of the CareFirst service area (Maryland, the District of Columbia and Northern Virginia):

- BlueCross BlueShield National Doctor and Hospital Finder

CareFirst members seeking Methadone Maintenance treatment may obtain services at any licensed Methadone Maintenance treatment center. [Learn More](#)

Search By

☐ Provider Name ☐ Provider Type

Location (Key Zip code or City/State) **Distance**

Zip Code Or City, State 3 Miles

[Use My Current Location](#)

Plan (Recommended)

Select a Plan

Where Should I Go For Care?
Urgent Care Center?

Need Medical Advice After Hours?
Call our free 24/7 nurse advice line 800-535-9700

Note: As you proceed to the next benefit option, you will note that your decision regarding the election or decline of the prior plan is noted in the left margin. Listed dependents will carry over to each plan option to allow for coverage election.

Benefit Options

Medical ☒ HRA Benefit ☒ Dental ☒ Vision ☒ Life Insurance ☒ ACORD ☒ LTD Benefit ☒ Voluntary LTD Benefit ☒ Voluntary EEL Life ☒ Voluntary SP Life ☒ Voluntary Dep Life ☒ FSA Dep ☒

Dental Plan Election

You and your dependents (if applicable) may enroll in your company-sponsored benefits program (refer to plans below). If you decline benefits, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

☐ Check here if you would like to select all dependents.

Current Dependents	Relationship	Birth Date	Plans Enrolled	Status
<input type="checkbox"/> LULU ANDERSON	Wife	07/04/1985	Medical	Active
<input type="checkbox"/> ERIC ANDERSON	Son	10/07/1998	Not Enrolled	Active
<input type="checkbox"/> JUSTIN ANDERSON	Son	10/29/2010	Not Enrolled	Active

The monthly premiums shown below is a total for the employee and selected dependents (if applicable) cost.

Once you have made your plan decision, click the ELECT button next to the plan you wish to enroll in. Please make sure you have selected the dependents you wish to enroll (if applicable).

Legend

☒ Elected ☒ Pending ☒ Declined

EFFECTIVE DATE: 07/01/2016

ELECT	DECLINE	Plan Name	Coverage Level	Monthly Premiums	Monthly Employee Cost	Monthly Employer Cost	Payroll Deduction
<input type="radio"/>	<input type="radio"/>	TEST CARRIER DELTA DENTAL PPO PLUS PREMIER ACTIVE	INDIVIDUAL	\$40.56	\$24.34	\$16.22	\$6.11
<input type="radio"/>	<input type="radio"/>	TEST CARRIER DELTA DENTAL PPO PLUS PREMIER ACTIVE	INDIVIDUAL	\$71.96	\$19.18	\$12.78	\$6.39

Employee Benefit Portal Features

F. Employee Benefit Activity (continued)

Reviewing Benefit Elections–

Company Paid Group Life, AD&D, STD and LTD.

- Details regarding the benefit level will be displayed.
- Proceed to the next screen to enter beneficiary information.
- Then click NEXT to finalize.

Performing Benefit Elections–

Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD.

When a single plan option / coverage level is available, complete enrollment as follows:

1. Review the coverage level and cost associated with your plan option.
2. Select Elect or Decline.
3. Proceed to the next screen and enter the beneficiary information.

When a range of coverage is available, complete enrollment as follows:

1. Review the plan screen to determine the benefit levels available for election. Information is provided regarding minimum and maximum coverage as well as Guaranteed Issue amounts.
2. Elect the plan option for this coverage type OR Decline.
3. Enter the benefit amount you wish to purchase, hit Calculate Cost, and review the monthly employee cost. Amounts elected over Guaranteed Issue will require Evidence of Insurability and are subject to carrier approval.
4. Employees will receive a message that amounts above Guaranteed Issue will require EOI and they are asked to contact their HR department for assistance in applying for additional coverage.

Employee Life Insurance

You will be automatically enrolled in the company paid group life insurance program with the benefits and effective date as noted below. Please click **NEXT** to provide beneficiary information.

EFFECTIVE DATE: 07/01/2016 PAYROLL DEDUCTION FREQUENCY: SEMI-MONTHLY

Elect	Carrier	Plan Name	Benefit Level	Monthly Premium	Monthly Employee Cost	Monthly Employer Cost	Per Pay Deduction
<input checked="" type="radio"/>	TEST CARRIER	MOO LIFE 1XSL \$250,000MX ALL EE'S	\$50,000	\$5.75	\$5.75	\$0.00	\$0.00

Buttons: Back, Next, Finish

Plan Beneficiaries

For the plan(s) listed below, please provide your primary beneficiary name(s), relationship to you, percentage of benefit and the effective date of the designation. If you have more than 5 primary beneficiaries, please contact your GBS Account Administrator for assistance.

EFFECTIVE DATE: 07/01/2016

Carrier	Plan Name	Benefit Level
TEST CARRIER	MOO LIFE 1XSL \$250,000MX ALL EE'S	\$50,000

For the plan above, please provide your primary beneficiary name(s), relationship to you, percentage of benefit and the effective date of the designation. If you have more than 5 primary beneficiaries, please contact your GBS Account Administrator for assistance.

Beneficiary	Relationship	Percentage	Effective Date
JULIE BETHANY	DAUGHTER	100	7/20/2015

Please enter any contingent beneficiaries in the area below. If you have more than 5 contingent beneficiaries, please contact your GBS Account Administrator for assistance.

Buttons: Back, Next

Voluntary Long Term Disability

You may enroll in your company sponsored benefits program (refer to plans below). If you decline benefits, you may be required to provide Evidence of Insurability to enroll in the plan.

* SELECT A BENEFIT to elect coverage or DECLINE coverage
* Click NEXT to continue with your enrollment

☒ ELECT ☐ DECLINE

EFFECTIVE DATE: 07/01/2016 PAYROLL DEDUCTION FREQUENCY: SEMI-MONTHLY

Elect	Carrier	Plan Name	Coverage Level	Monthly Premium	Monthly Employee Cost	Monthly Employer Cost	Per Pay Deduction
<input checked="" type="radio"/>	MUTUAL OF OMAHA	OPTIONAL LONG TERM DISABILITY	\$2,500 / month	\$10.34	\$0.00	\$10.35	\$4.79

Voluntary Employee Life Plans

Employees may elect Voluntary Life benefits in \$10,000 increments not to exceed seven times your annual earnings or \$500,000, whichever is less.

* SELECT A BENEFIT to elect coverage or DECLINE coverage
* Click NEXT to continue with your enrollment

☒ ELECT ☐ DECLINE

EFFECTIVE DATE: 07/01/2016 PAYROLL DEDUCTION FREQUENCY: SEMI-MONTHLY

Elect	Carrier	Plan Name	Benefit Level	Monthly Premium	Monthly Employee Cost	Monthly Employer Cost	Per Pay Deduction
<input checked="" type="radio"/>	MUTUAL OF OMAHA	OPTIONAL EMPLOYEE LIFE	\$50,000.00	\$18.25	\$0.00	\$18.45	

Minimum: \$10,000 Maximum: \$500,000 Increment: \$10,000 Guaranteed Issue: \$200,000

Enter Benefit Amount: \$50000 Calculate Cost

Voluntary Employee Life Plans

Employees may elect Voluntary Life benefits in \$10,000 increments not to exceed seven times your annual earnings or \$500,000, whichever is less.

* SELECT A BENEFIT to elect coverage or DECLINE coverage
* Click NEXT to continue with your enrollment

☒ ELECT ☐ DECLINE

EFFECTIVE DATE: 07/01/2016 PAYROLL DEDUCTION FREQUENCY: SEMI-MONTHLY

Elect	Carrier	Plan Name	Benefit Level	Monthly Premium	Monthly Employee Cost	Monthly Employer Cost	Per Pay Deduction
<input checked="" type="radio"/>	MUTUAL OF OMAHA	OPTIONAL EMPLOYEE LIFE	\$50,000.00	\$18.25	\$0.00	\$18.45	

Minimum: \$10,000 Maximum: \$500,000 Increment: \$10,000 Guaranteed Issue: \$200,000

Enter Benefit Amount: \$50000 Calculate Cost

Message from webpage

Requested Amount over Guaranteed Issue Amount of \$200,000.00

To apply for amounts above the Guaranteed Issue, please see your Human Resources Department to obtain an EOI form.

Buttons: Back, Next, Finish

Employee Benefit Portal Features

F. Employee Benefit Activity (continued)

Performing Benefit Elections (continued)–

Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD.

5. Employers will receive an email alerting them that the employee has attempted to enroll for an amount requiring EOI.
6. Enrollment will be completed for the amount up to Guaranteed Issue.
7. You may make changes or hit Next to finalize.
8. Proceed to the next screen and enter the beneficiary information. Please bear in mind that Spousal or Dependent coverage may warrant a change in the carried over beneficiary information.

Performing Benefit Elections–FSA Medical, Dependent Care, Premium Reimbursement and Parking/Transit.

Complete enrollment as follows:

1. Review the plan screen to determine the maximum plan year contribution.
2. Elect the plan option for this coverage type OR Decline.
3. Enter either the per pay contribution amount in the Yearly Contribution Calculator or enter the Total Contribution Amount for the Plan Year to calculate the per pay deduction. You can view the deductions calendar by clicking on the highlighted deduction count.
4. Hit “Select this calculation” in the calculator where an election amount has been entered.
5. Calculated amounts Per Pay and per plan year will display.
6. If amounts shown are acceptable, hit Next to finalize.

Mid-Year Life Event Benefit Election

- Enter the Mid-Year Life Event date.
- Select the type of Mid-Year Life Event & hit Continue
- You will see a listing of plans (highlighted) as eligible for change based on the type of Mid-Year Life Event.
- Hit Continue.

Performing Benefit Elections

- Proceed with the enrollment changes to any eligible plan, by following the step by step process for the benefit types (Medical, Life, FSA etc.) outlined under New Hire and Open Enrollment.

From: On-line Enrollment
Sent: Wednesday, May 04, 2016 11:08 AM
To: Shelly Rapski
Cc: Shelly Rapski; Candace Fallin; Cindy Whitehead; Shelly Rapski
Subject: Guaranteed Issue Election: RODNEY ANDERSON

May 04, 2016

BETHANY CAFE

RODNEY ANDERSON has attempted to enter a benefit election of \$250,000 for the OPTIONAL EMPLOYEE LIFE which is in excess of the Guaranteed Issue amount and requires an Evidence of Insurability form.

The employee has been directed to contact their Human Resources Department to obtain this document.

Sincerely,

Cindy Whitehead
Vice President, Administration

BETHANY CAFE
STEPHEN TYLER

Benefit Options

Medical: ☒ HRA Benefit: ☒ Dental: ☒ Vision: ☒ Life Insurance: ☒ AD&D: ☒ STD Benefit: ☒ Voluntary LTD Benefit: ☒ Voluntary EE Life: ☒ Voluntary SP Life: ☒ Voluntary Dep Life: ☒ FSA Dep: ☒

Dependent Care FSA

You may enroll in your company sponsored benefits program. If you do not elect, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

☐ Check here if you would like to select all dependents.

Current Dependents

Relationship	Birth Date	Plans Enrolled	Status
Son	01/26/2010	Dental/Vision	Active

☐ JOHN TYLER [Add New Dependent](#)

☐ ELECT ☐ DECLINE EFFECTIVE DATE: 03/01/2017 PAYROLL DEDUCTION FREQUENCY: SEM-MONTHLY

Elect	Carrier	Plan Name	Annual Contribution	Per Pay Deduction
<input type="radio"/>	TEST CARRIER	DEPENDENT CARE FSA		\$0.00

You can contribute up to \$5,000 per year. In the plan year, you have 8 DEDUCTIONS remaining.

Yearly Contribution Calculator

Per Pay Amount:

Deductions Remaining: 8

Plan Year Contribution:

[Select this calculation](#)

OR

Per Pay Calculator

Plan Year Contribution Amount:

Deductions Remaining: 8

Pay Period Contribution:

[Select this calculation](#)

Mid-Year Life Event Changes

Select the Event Date and applicable Mid-Year Life Event below to proceed with your enrollment changes.

Enter Event Date: 06/06/2016

☐ Birth / Adoption

☒ Marriage

☐ Add dependent to benefits

☐ Terminate current benefits

☐ Change in Employment Status

☐ Change in Spouse's Employment/Coverage

☐ Court Order/Judgment

☐ Dependent Limiting Age/Student Status Changed

Mid-Year Life Event Changes

The plans highlighted below are eligible for change based on your Mid Year Life Event.

Event Date: 06/06/2016

Event Type: Marriage

Elected Plan(s)	Current Coverage
BC HMOA HSA COMP OPT2 OCP 25000ED	FAMILY
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	FAMILY
DELTA DENTAL PRO PLUS PREMIER ACTIVE	FAMILY
BLUEVISION PLUS OPT1 \$0/12	FAMILY
MOO LIFE 1XSL \$250,000MX ALL EE \$	\$ 50,000
MOO AD&D 1XSL \$250,000MX ALL EE \$	\$ 50,000
MOO STD 60XSL \$2,000MX 18/13 ALL EES	\$ 577 / week / week
MOO VOL LTD 60XSL \$40,000MX 18/13 ALL EES	\$ 2,500 / month / month



CONNECT ADMINISTRATORS