

2018 EHA BOOKKEEPER MEETING

Laurie Wicklund
Sr. Account Manager

2018

PAYFLEX®



PAYFLEX CONTACT INFORMATION

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MEMBER CALL CENTER

(800)-359-3921

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

ENROLLMENT & PAYMENTS

Enrollment Forms & Premium Payments should be sent to:

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

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

Enrollments & Payments can be made online at payflex.com

AGENDA

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

Summary of PayFlex Services

COBRA ADMINISTRATION

- COBRA Event Processing
- COBRA Elections and Terminations Processing
- Premium Collection and Monthly Remittance to BCBS of NE
- Eligibility Reporting to Carriers
 - Notices of new COBRA enrollments, terminations or status changes.



COBRA LETTERS & NOTICES

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

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

New Hire Administration Overview





NEW HIRES

Employers have 90 days after an employee is covered under the plan to submit an Initial Notice (General Rights Notice).

Initial Notice Covers:

- Right to COBRA if benefit coverage is lost due to a qualifying event
- Explains what a qualifying event is
- Maximum length of COBRA coverage

Notification of new hire is submitted via the PayFlex Employer portal. The Notice will print/mail the following business day.

COBRA Event Administration Overview

COBRA QUALIFYING EVENTS

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

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

Types of QE's

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

WHAT IS A COBRA QUALIFYING EVENT???

- Any participant who experiences an event which causes the loss of coverage MUST be offered COBRA
- An event would be:
 - Termination of Employment
 - Reduction of hours
 - Retirement
 - Divorce/Separation
 - Ineligible Dependent (Dependent reaches age 26)
 - Death
 - Medicare

COBRA NOTICES INCLUDE

**PARTICIPANT
RIGHTS TO COBRA
& THEIR
RESPONSIBILITIES**

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

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

**ONLINE
ENROLLMENT
INSTRUCTIONS &
WEBSITE PAYMENT
OPTIONS**

COBRA QUALIFYING EVENT NOTICE – MEMBER RESPONSIBILITY

1

**NEEDS TO ELECT
WITHIN 60 DAYS**

2

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

3

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

PayFlex Website



WWW.PAYFLEX.COM



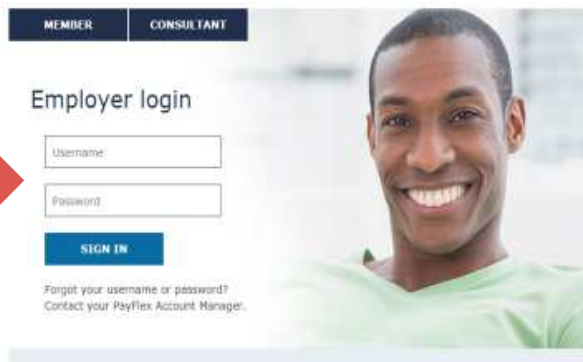
STEP 1



STEP 2



STEP 3



NON EMPLOYEE CENTERED EVENTS

Step 1:
Enter Participant
Information

Step 2:
Enter Participant
Plan Information

Step 3:
Enter Dependent
Information

Step 4:
Enter Dependent
Plan Information

Step 5:
Summary and
Confirmation

Employer	Fairbury Public Schools
Member Number	507559898
SSN	507559898
First Name	John
Middle Initial	
Last Name	Doe
Employee Member Number	012669797
Employee First Name	Jane
Employee Middle Initial	
Employee Last Name	Doe
Qualifying Event Date	06/15/2015
Qualifying Event Type	8 - Divorce/Separation

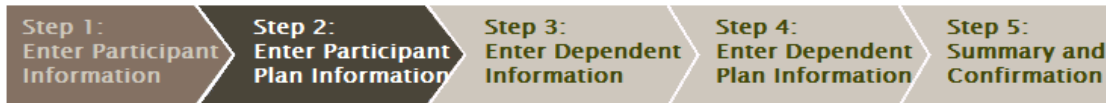
This is who is losing coverage, the spouse or child in the case of death, divorce or child reaching age 26

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

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

ADDING BENEFITS

Participant Eligible Benefits



New Eligible Benefit

Billing Start	07/01/2015
Employer Benefit Template	MD750 - ELIG \$750 DEDUCTIBLE 1.00 - MED
Coverage Level	A Single Only
Coverage Rate	
Coverage Amount	
Subsidy Effective	
Subsidy Expiration	
Subsidy Amount	
Or Subsidy Percent	
Has 18 Months Continuous Coverage	<input type="checkbox"/>
Original Benefit Start Date	

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

THANK YOU!



PAYFLEX[®]