



Continuation Coverage Administration Renewal Kit

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COBRA/HIPAA



Commuter



FSA



HRA



HSA



Retiree Premium
Billing/ LOA

As a valued client, we want to ensure that you are fully-educated about our products and services. One of the many functions of our continuation coverage administration is keeping our files up-to-date with your current group health plan information so that we can keep your Qualified Beneficiaries (QB) informed of health plan changes (i.e. benefit changes, rate changes, etc.). This kit will help guide you through our renewal process, outlining what information is needed for our continuation coverage administration.

LET'S GET STARTED

The sooner we get the information, the smoother your renewal process will be. Please review the informational pieces regarding the open enrollment options for your continuation enrollees. Once you have determined who will handle the open enrollment, you can determine what information you need to provide. Below is a list of information that we will need from you before we can begin the renewal process.

- **Renewal Form**
You may have filled out a similar form at the time of your implementation or during prior renewals. This form provides us the information needed to administer your continuation coverage by knowing how your plan(s) works. This will ensure that we can properly administer your account according to your specifications. If there are no changes to how we should administer your continuation coverage, simply fill out Section I and II, then check off "**NO**" when asked if there are any changes.
- **Carrier Rate/Contact Form**
This form should be used to provide information regarding your plans such as what changes (if any) are taking place with the renewal, specific plan information, and what your new rates will be. In addition, this form provides the contact information for your insurance carriers or TPA's so we can reinstate/terminate continuation enrollees for you. If you would like to take advantage of this service, we will need you to contact the insurance carrier to advise them that we will be working with them directly (they may have you complete a form) so that you can confirm the contact information (department, phone, fax) of who should receive eligibility requests from us. If your carrier requires eligibility to be done through their website, we are able to handle this as well.

DID YOU KNOW?

Under the IRS COBRA regulations (Treasury Regulation § 54.4980B-5, Q/A-4(c)), an enrolled qualified beneficiary may change from the coverage that he/she received immediately before the qualifying event if an open enrollment period is made available for similarly situated active employees under the plan. The qualified beneficiary may be a former employee, spouse of a former employee, former spouse of current employee, dependent child of current or former employee. Below are some examples of the type of changes an enrolled qualified beneficiary (QB) may make during the open enrollment if similarly situated active employees are allowed to make the same changes:

- Switching between plan(s) or enrolling into a plan the QB was never enrolled in before.
- Add family members that were not previously on the plan(s). This includes QB's that were previously enrolled under the employee as a dependent child. NOTE: Family members added during open enrollment are not considered to be QB's themselves and have no rights under COBRA.
- Each QB has their own independent open enrollment rights, meaning one can elect one plan and the other can elect a different plan.

OPEN ENROLLMENT

(COBRA Administration Clients)

Mangrove specializes in the handling of the open enrollment for your enrolled COBRA qualified beneficiaries. Many employers are unaware of their responsibility to notify COBRA qualified beneficiaries of their rights during the annual renewal (i.e. open enrollment). As indicated in the IRS COBRA Treasury Regulation § 54.4980B-5, Q/A-4(c), the same open enrollment rights given to active employees must be made available to each qualified beneficiary receiving COBRA continuation coverage.

Mangrove Administered Open Enrollment

If you would like Mangrove to handle the open enrollment, please check off **“Mangrove Administered Open Enrollment”** on the enclosed renewal form and provide the information listed below. **Please refer to your Mangrove Service Fee schedule for the additional cost of this service.**

To allow sufficient time for the processing/ mailing of your COBRA enrollees open enrollment, we ask that you provide all required information **30-days** prior to the renewal effective date. In addition to the renewal form and the carrier rate/carrier contact form, we will also need the following information in order to handle your open enrollment:

- **Summary of Benefits and Coverage (SBC)** – Please provide the summary of benefits and coverage (SBC) for each plan going through open enrollment. Each enrolled COBRA member will receive a copy of the SBC with the open enrollment material.
- **Carrier Enrollment Applications** – This is needed if your insurance carrier requires their enrollment application be completed to enroll an individual (employee or COBRA enrollee) on the health plan. Please be sure to provide the enrollment application for each carrier going through open enrollment.

Employer Administered Open Enrollment Responsibilities

By the Employer choosing to handle the open enrollment internally, Mangrove will not assume the responsibility of the employer for improper notification. **It will be the responsibility of the employer to notify their individual carrier(s) of any changes made by the COBRA enrollees and to notify Mangrove of the election(s) to assure that the enrollees are being billed the correct premium amount.**

Following is a list of necessary information to provide each qualified beneficiary (QB) in regards to the open enrollment:

- The open enrollment documentation you send to your QBs should include your address and contact information as the “Return To:” address. **DO NOT ADVISE QUALIFIED BENEFICIARIES TO SEND MANGROVE THE OPEN ENROLLMENT ELECTIONS.**
- Detailed information regarding all the changes taking place during the renewal (when providing rates to the QBs, you must include the 2% COBRA admin fee) as well as an open enrollment deadline.
- Please include summary of benefits and coverage (SBC), enrollment kits and/or applications in order for the participant to make an informed open enrollment election.

Please provide Mangrove the following information to ensure we process your renewal accurately:

- Confirm when the open enrollment was mailed to all enrolled COBRA QBs and the deadline date give to all enrolled COBRA QBs.
- Provide our office confirmation of which members returned their open enrollment and what changes, if any, were made. If there were members that did not return the open enrollment, and it was an active open enrollment requiring an election, please be sure to include these as well.

RENEWAL PROCESS TIMELINE

<p>45-60 days prior to renewal date</p>	<p>Mangrove will send a courtesy renewal reminder to remind clients of the need to provide renewal documents.</p>
<p>30 days Prior to renewal Date</p>	<p>Client provides Mangrove with completed renewal documents with confirmation of whether Mangrove or Client will handle open enrollment, if applicable.</p>
<p>Within 3 business days from receipt of renewal documents</p>	<p>Mangrove will check renewal documents to review the changes being made, if any, and to confirm all needed documentation was received.</p>
<p>Within 7 business days from receipt of renewal documents</p>	<p>Mangrove will update our records based on the renewal documents. If the client has chosen to have Mangrove handle the open Enrollment, Mangrove will send out: an open enrollment notice detailing specific information concerning the open enrollment, summary of benefits and coverage (SBC), and carrier enrollment forms to anyone enrolled on COBRA with a start date prior to or equal to the renewal effective date.</p>
<p>Within 2 business days of renewal documents processed</p>	<p>Mangrove will send enrollees a rate change notice and revised payment coupons if they were affected by renewal changes.</p>
<p>15-20 days after Mangrove open enrollment processed</p>	<p>If the client has chosen to have Mangrove handle the open enrollment, Mangrove allows the COBRA enrollees 15 days to return the open enrollment elections. At the end of the open enrollment period, Mangrove will close the open enrollment period and inform the client of any changes made by the enrollees (i.e. new plans/dependents added, failure to return required OE election, etc.).</p>



Continuation Coverage Renewal Form

SECTION I – EMPLOYER INFORMATION

EMPLOYER LEGAL NAME: _____ FEDERAL EMPLOYER ID (FEIN): _____

Primary Contact/Title	Phone	Fax	Email
Broker Information/Contact (if applicable)	Phone	Fax	Email

Total # of full-time equivalent employees in your company: _____ # of Health Plan Enrollees: _____

SECTION II - RENEWAL TYPE

Please confirm the Open Enrollment (OE) Option affecting your current continuation coverage enrollees:

- Employer Administered OE (OE offering handled by Employer)
- Mangrove Administered OE (OE offering handled by Mangrove at additional cost)
- No OE being offered

If you have selected Mangrove to handle the OE for your continuation coverage enrollees, specify who should be invoiced for the additional fees:

- Employer
- Broker

Are there any changes being made to the plans or administration information? Yes No
If "NO," skip to Carrier Rate/Contact form.

SECTION III - ADMINISTRATION TYPE

- Federal COBRA** – applies to employers with at least 20 full-time equivalent employees for more than 50% of the business days in the prior calendar year. Part-time employees are counted as a fraction of a full-time employee.
- Mini-COBRA/State Continuation** – refer to your specific state's department of insurance website for further details. Typically this applies to small employers (under 20 full-time equivalent employees) but varies from state to state.
- Other Service Type** – this may apply if we handle your retiree administration, leave of absence premium billing administration, COBRA-like coverage for church plans, etc.

SECTION IV - CURRENT ADMINISTRATION INFORMATION

Is your plan self-insured or fully-insured? Self-insured Fully-insured

Premium Grace Period – Please confirm the grace period you would like applied to your continuation enrollees.

- 30 days (Minimum under federal COBRA)
- No Grace Period (Applicable to some state continuation)
- Other: _____ days

Plan retro-terminations – What is the timeframe your insurance carrier(s) allows for retro-terminations? This applies to your continuation coverage enrollees and the timeframe allowed by your carriers for retroactive terminations (i.e. due to non-payment of premiums). You should confirm this information with your insurance carrier(s). Please specify if each carrier has a different retro-termination policy.

- 60+ days
- 31-60 days
- 30 days or less (specify if less:_____)

Plan Coverage Termination Method – When a qualifying event occurs that causes a loss of plan coverage, when does plan participation end for the plan participant (i.e. employee, spouse, and/or child)? Please be specific per event and benefit/plan type. Refer to your plan document or your insurance carrier to confirm the termination method.

List of Qualifying Events (QEs): Termination of employment, reduction in hours, death of employee, divorce or legal separation, and loss of dependent status.

SAME TERMINATION METHOD FOR ALL PLANS/QUALIFYING EVENTS – Check here if all plans have the same termination method for all qualifying events. Specify the termination method below.

- Event Date** - coverage terminates on the day of the event and continuation coverage will start the next day.
- End of Month** - coverage terminates on the last day of the month and continuation coverage starts the 1st of the next month.

VARYING TERMINATION METHOD PER PLAN(S)/QUALIFYING EVENTS (QE) – Check here the termination method varies based on the plan/benefit and/or qualifying type and specify which plans or QE's have the applicable termination method below.

Event Date - Coverage terminates on the day of the event and continuation coverage will start the next day.

Event Date Plans: _____

Event Date QEs: _____

End of Month - coverage terminates on the last day of the month and continuation coverage starts the 1st of the next month.

End of Month Plans: _____

End of Month QEs: _____

Social Security Disability (SSDI) Extension Fee– For COBRA Administration or COBRA-like that allows SSDI extensions, please indicate the fee we should charge enrollees that are approved for an extension (charged during the extension period). COBRA allows up to 50% of the premium to be charged as an admin fee. Mangrove would keep the usual 2% fee and the remainder would be forwarded to the employer at the time the COBRA premium is forwarded.

- No Additional Fee 50% Fee (maximum under COBRA) Other: _____%

Employer Signature

Date

Print Name

Title



CARRIER RATE INFORMATION

Please review the first page of the Renewal Kit for full explanation of this form.

Employer Name: _____

Branch, if applicable: _____

Type of change(s) taking place - Check all that apply:

- No change(s)
 Rate Change(s)
 Benefit Change(s)

Insurance Carrier Change (select one below):

- Election required to continue coverage
 Auto-rollover into new plan (specify which plan)

New Plan/Plan Change (select one below):

- Election required to continue coverage
 Auto-rollover into new plan (specify which plan)

Insurance Carrier & Plan Name: _____

Benefit Type (i.e. PPO, DPPO, etc.): _____ Renewal Date: _____

Is this plan bundled with another plan? Yes - specify which plan: _____ No

Coverage Tier Level (Please indicate if your carrier uses a different tier name)	Monthly Carrier Rate (WITHOUT 2% COBRA Admin. Fee)
Individual	\$
Individual + Spouse	\$
Individual + 1 Child	\$
Individual + Children	\$
Family	\$

For rates based on age/gender, provide your rate table in place of rate section above.

CARRIER CONTACT INFORMATION

Do you want Mangrove to work directly with your carriers to reinstate/change/terminate your Continuation enrollees?

- YES (fill out info below)
 NO (Employer will be responsible for all eligibility notifications to carrier)

IMPORTANT – PLEASE READ: Contact your insurance carrier to confirm the phone number, fax number, and group/subgroup/section numbers, or plan/variation codes that Mangrove should indicate when notifying your insurance carrier of eligibility information. In most cases, the contact information should be for their Membership or Eligibility Department. **NOTE:** If incorrect information is provided to Mangrove, we will not be held liable for any updates not processed by the insurance carrier(s) accordingly. If your carrier requires eligibility to be done through their website and you would like Mangrove to handle this for you, please check the appropriate box below and provide us online access information.

Contact/Department: _____

Subgroup/Code: _____ Group #: _____

Phone #: _____ Fax #: _____

Email: _____

- Check here if your carrier will provide us access to process COBRA eligibility online.