



June 2021

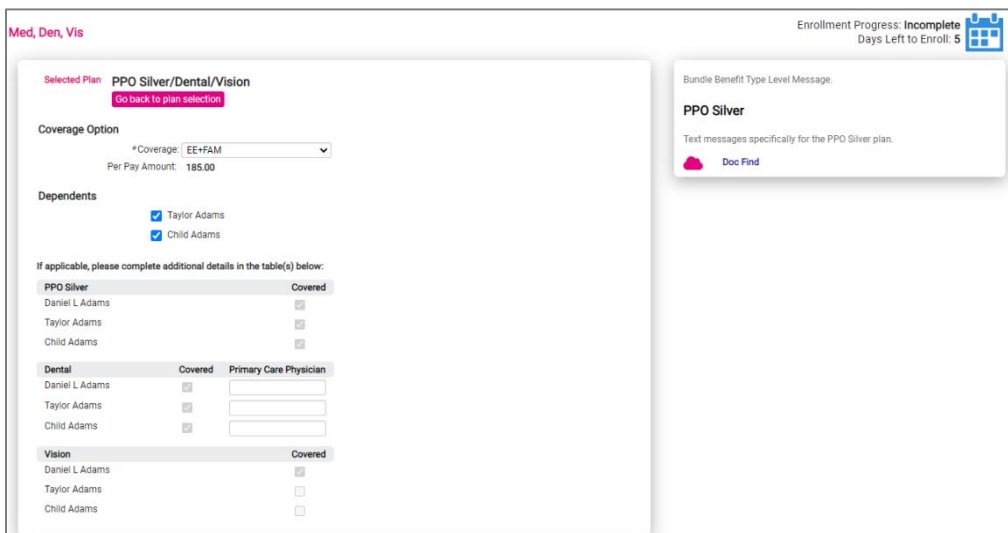
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Benefits Groups
Functionality

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New Benefit Groups Functionality

Benefit Groups will allow customers to bundle benefit plans within Benefit Enrollment to allow employees to elect a group of plans at one time.

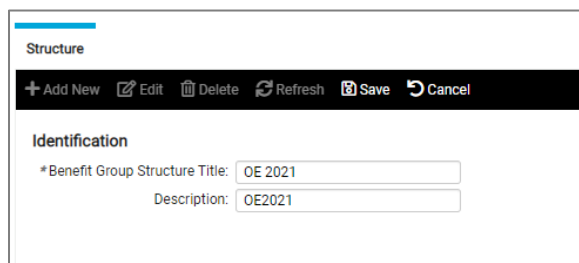
New functionality of grouping plans together works in Benefit Enrollment only inside Employee Self-Service (ESS). In other words, when enrollments are submitted and approved, they will be added to the employee benefit plan screen as they currently do so it will not affect Infinisource COBRA Integration or carrier feeds.



Example: Client allows the EE to choose a combination of either Medical Only, Medical and Dental only or Medical, Dental and Vision. Dental and vision cannot be elected separately from Medical. This can be accomplished by using Benefit Groups only allowing the employee to choose between these specific combinations of plans.

Set Up Benefit Groups

To set up Benefit Groups, navigate to Client Management > Benefits > Benefit Groups. Benefit Plans should have been created initially. You cannot add a benefit plan that hasn't been created yet to a Benefit Group. There are three main options for setup. They are referred to as Structure, Groups, and Bundles.



Structure

The Benefit Group Structure may contain multiple groups and bundles inside. One structure can be tied to an enrollment period on the benefit enrollment setup UI.

Groups

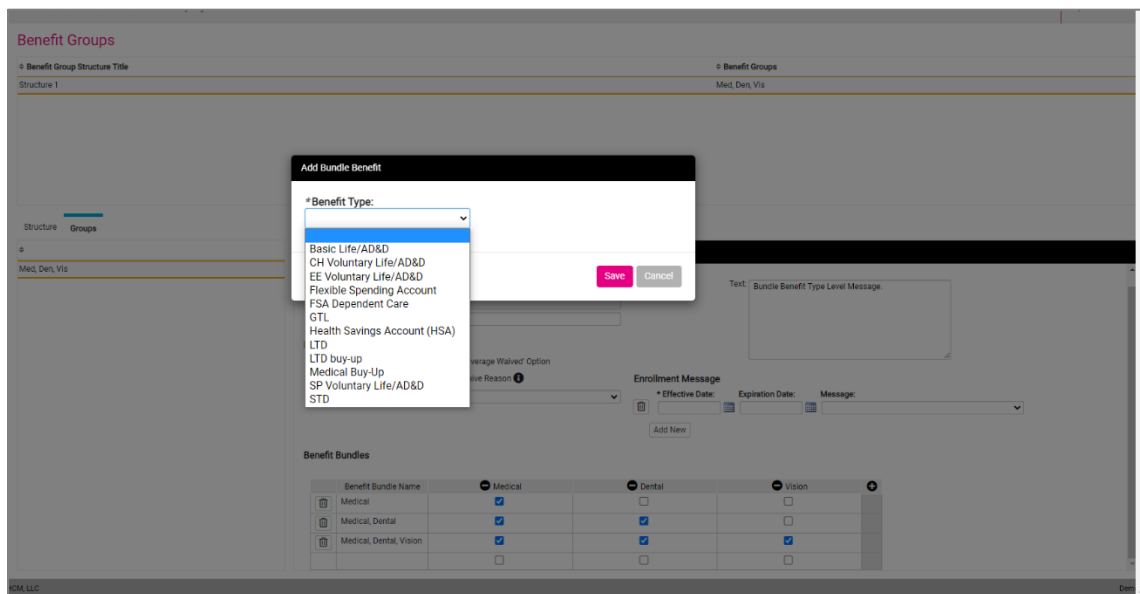
The Benefit Group Title will replace Benefit Types in the Benefit Enrollment menu for any benefit types included into the Group. The benefit group title will display in the Benefit Enrollment menu inside the ESS.

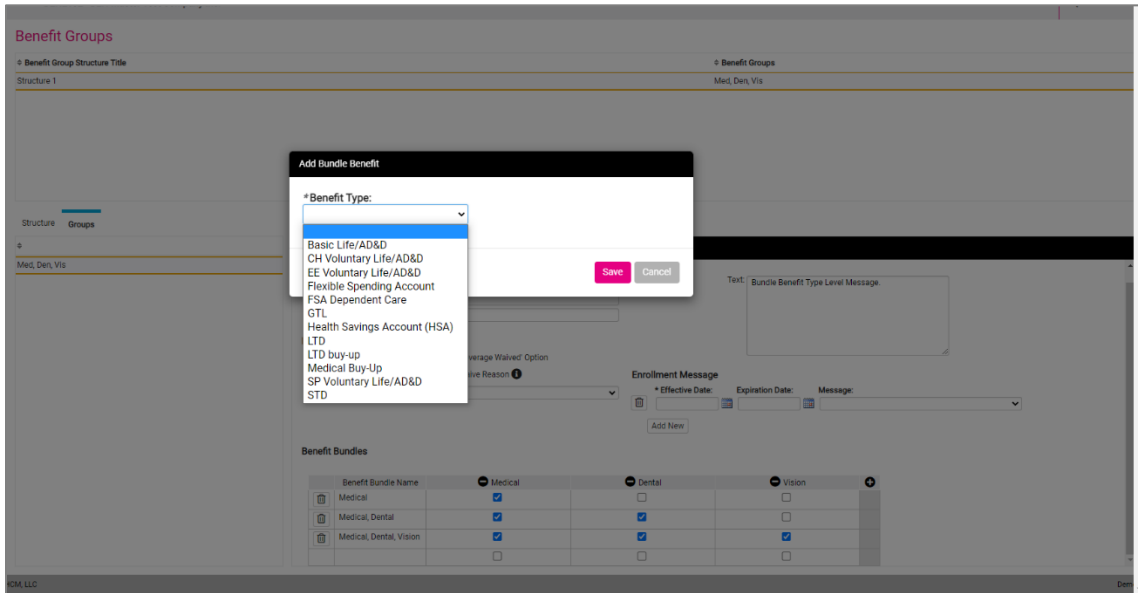
Note: Benefit group titles cannot be edited once saved.

- Display order will work in congruence with the Benefit Types display order. For example, if I set up Medical, Dental and Vision bundles in my benefit group with a display order of 1 and my Benefit Type for voluntary life has a display order of 2, my Benefit Group will display first in the menu in benefit enrollment, followed by the vol life benefit type in the menu.
- Enrollment options- when using benefit groups, the waive flag settings are set up on the benefit group level instead of on the benefit type level.
- Help text and an enrollment message for the benefit group must be entered here instead of on the separate benefit types. This will only show one Help Text per bundle rather than an individual one per benefit type. Enrollment message can be added each year for Open Enrollment utilizing the Expiration date feature. Multiple enrollment messages may be created.

Bundles

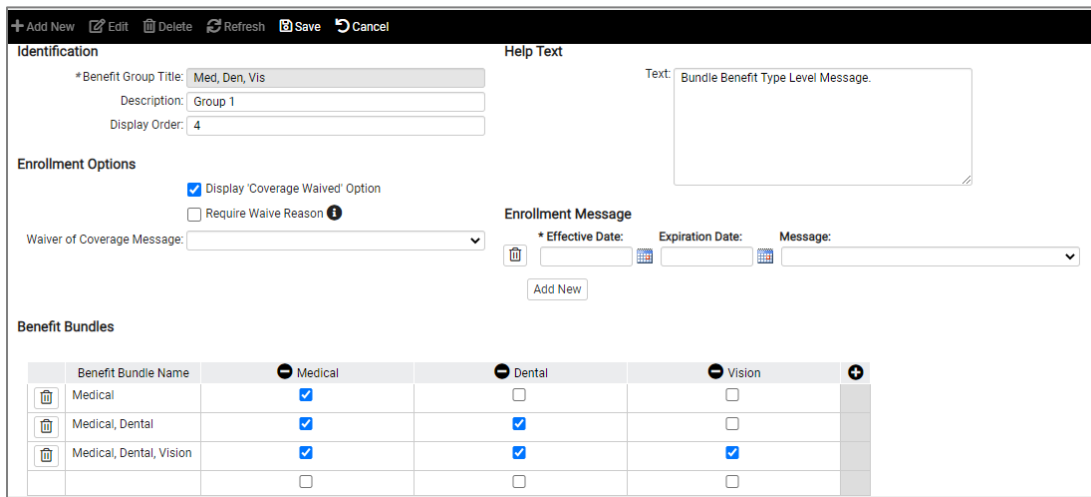
Choose what combinations of benefit types to tie together. The benefit bundle name will show in the enrollment to the employee. Employee will see all Bundles created in the Group. Select cursor inside the Benefit Bundle Name and type the name of bundle. To select the plans to include in that Bundle select the plus sign. Pick the Benefit type from the drop down that you want to include.





Select the plus-sign for every Benefit Type needed for that specific Bundle. Once Completed building all Bundles select **Save** on the Group.

Note: Only Rate Table, Rate x Coverage and Annual Target + Match benefit calculation types can be included in bundles. No Deduction Values + Match calculation types, i.e. deferred comp plans, can be setup with benefit groups.



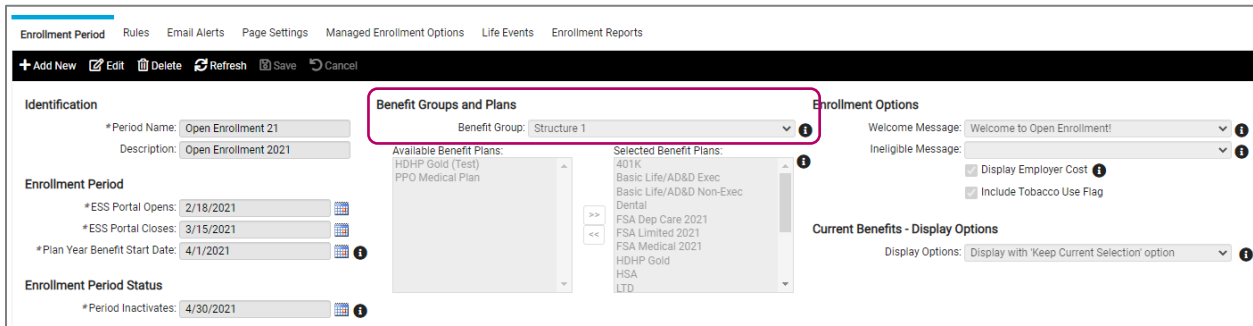
Attaching a Benefit Group to an Enrollment Period

To tie the structure to an enrollment period, navigate to Client Management > Benefits > Open/Benefit Enrollment Setup.

- Move to the field called **Benefit Group**. The drop-down will contain the names of the structures you have pre-setup. When you select the structure for the enrollment period, any available benefit plans tied to benefit types included in benefit groups for the structure will move to **Selected Benefit Plans**.

Help Docs

- Active as of plan year benefit start date.
- You may exclude benefit plans that should not be in the enrollment but are a part of the Benefit Type that was selected as part of the Group. Once removed you would have to manually add the Plan back into that enrollment period if it was removed in error, or decisions changed.
- You can also move over plans that are not included in benefit groups as the enrollment will support having a benefit group and additional benefit type screens in the enrollment period together.
- Benefit Groups do not currently display in Page Settings tab as the help text and employee message for the group is set up on the Benefit Groups UI itself.



Benefit Enrollment

Once you have created the Benefit Groups and attached the Benefit Group to the Enrollment Period, on the Benefit Enrollment in the ESS, the name of the benefit group or groups will show in the menu on the left-hand side. Other benefit types not in a Benefit Group will also display. Within that benefit group will be the created bundle options.

Enrollment Menu

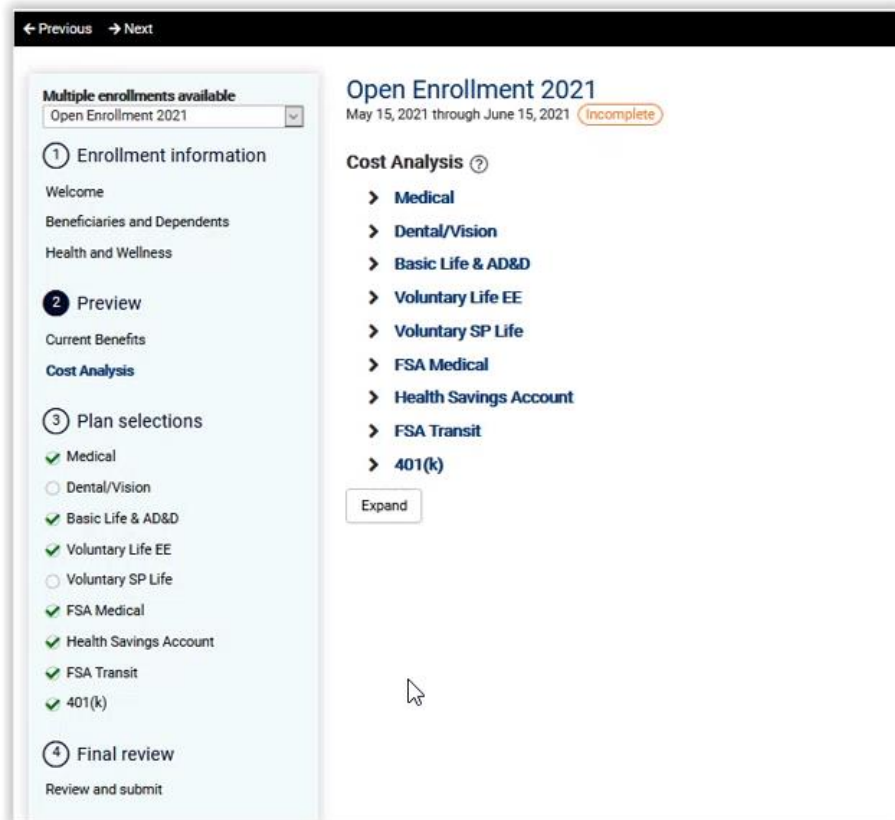
- **Structure:** Since the structure "OE 2020" was tied to the enrollment period and it contains two Groups called "Core Benefits" and "Supplemental Benefits," those will show in the enrollment menu in place of benefit types contained in the groups setup.



Cost Analysis

Each group will display in its own card in place of the benefit types. When plans that use the same benefit calculation are grouped, the system will display all the possible bundle options the EE is eligible for along with information for that benefit calculation type.

- **Rate Table:** Shows the coverage code options with one cost for the bundle.
- **Rate table * Coverage:** Shows separate sample coverage amounts with 1 cost for the bundle.

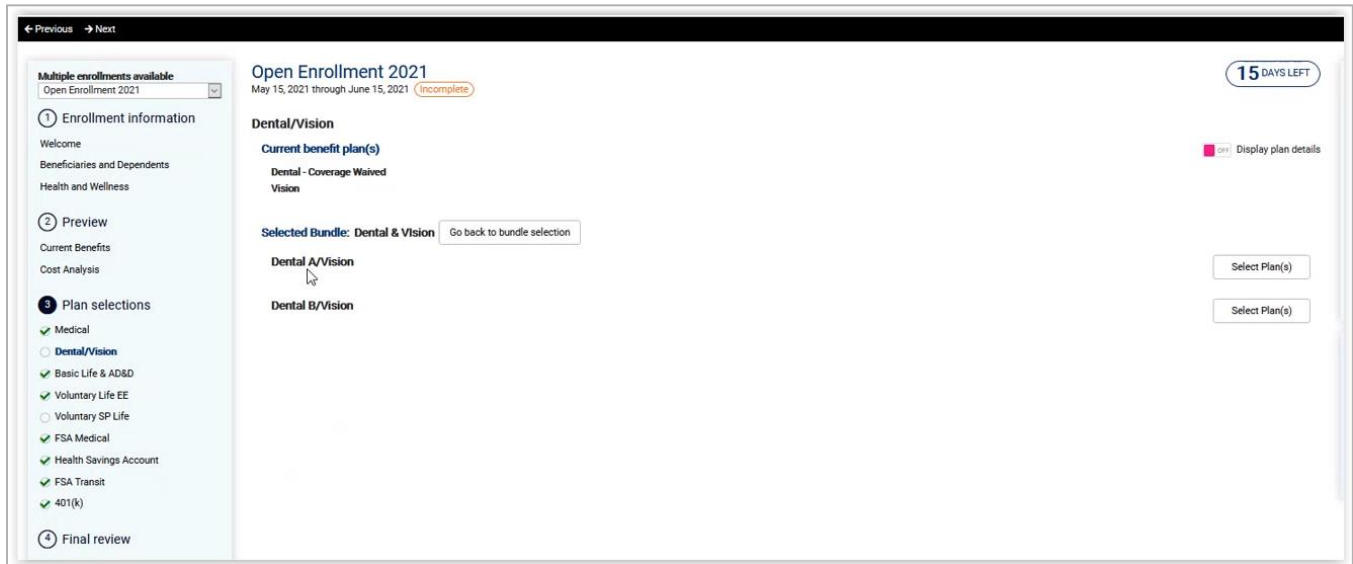


Benefit Plans

If the Employee is not eligible for any plan combinations within the bundle, the bundle option will not display. Word of advice is to think through all possible options that are allowed so that every scenario is accounted for.

For example, if the employee is not eligible for Dental, the only option available for the EE will be "Medical Only" or "Coverage Waived."

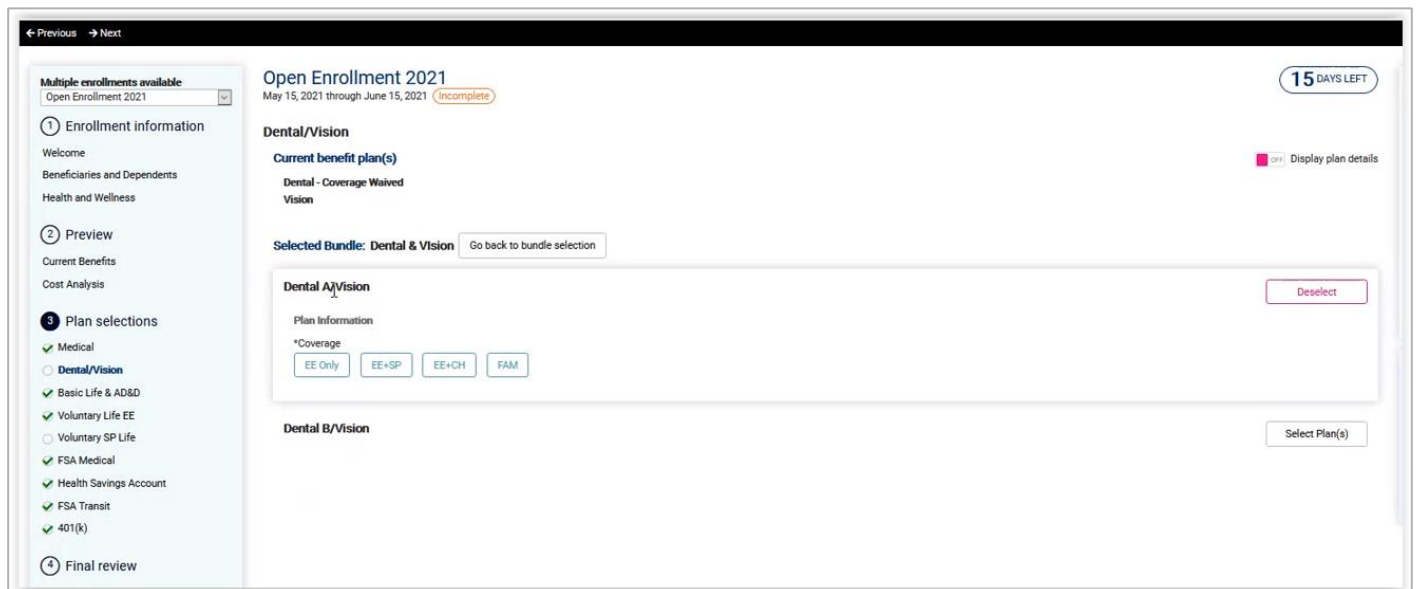
The employee will then select which bundle of plan types they want to elect. Once the EE chooses the bundle type, the system will list all possible combinations of plans type that the employee is eligible for.



Plans Selection

When the user selects the bundle of plans, the EE can then choose a coverage code for all plans within the benefit group. (The other great thing about Benefit Groups is that it will also require the employee to elect the same coverage code for all plans in the benefit group where non-benefit group dependencies allow the user to choose different coverage codes.)

If some but not all coverage codes match in the group of plans, only the common coverage codes will display in the drop down (Ex Medical HMO- only EE coverage is common) you should use all the same coverage codes for this option to be effective.



If none of the coverage codes match in a group of plans, the option will be disabled.

Help Docs

Once selected, the per pay amount that displays are a combined per pay premium amount.

- For that reason, the pay item frequencies for deductions and memos must be the same frequency as each other.
- You can still use separate pay items so that costs are divided on payroll but in benefit enrollment, the costs will be added together. If the frequencies are not the same, the system cannot calculate a per pay amount.
- If the frequencies are not the same in the bundle, the bundle will display with a red message and be disabled, not allowing the employee to elect the bundle of plans.

Once the employee chooses the coverage code, if there are dependent types allowed for the coverage code, dependents will display with the option to select them. When selecting them, the system will automatically select the dependents for each plan in the bundle.

The exception to this is dependent age out. If the age out rules are different for each plan, the system has logic in place to cover or not cover those dependents.

Example: MyChild 26 Dependent can be covered on Medical but cannot be covered on Dental and Vision because the age out rule is set up to not allow dependent children over the age of 21 to be on the plan but the dependent could be on the medical plan until age 26.

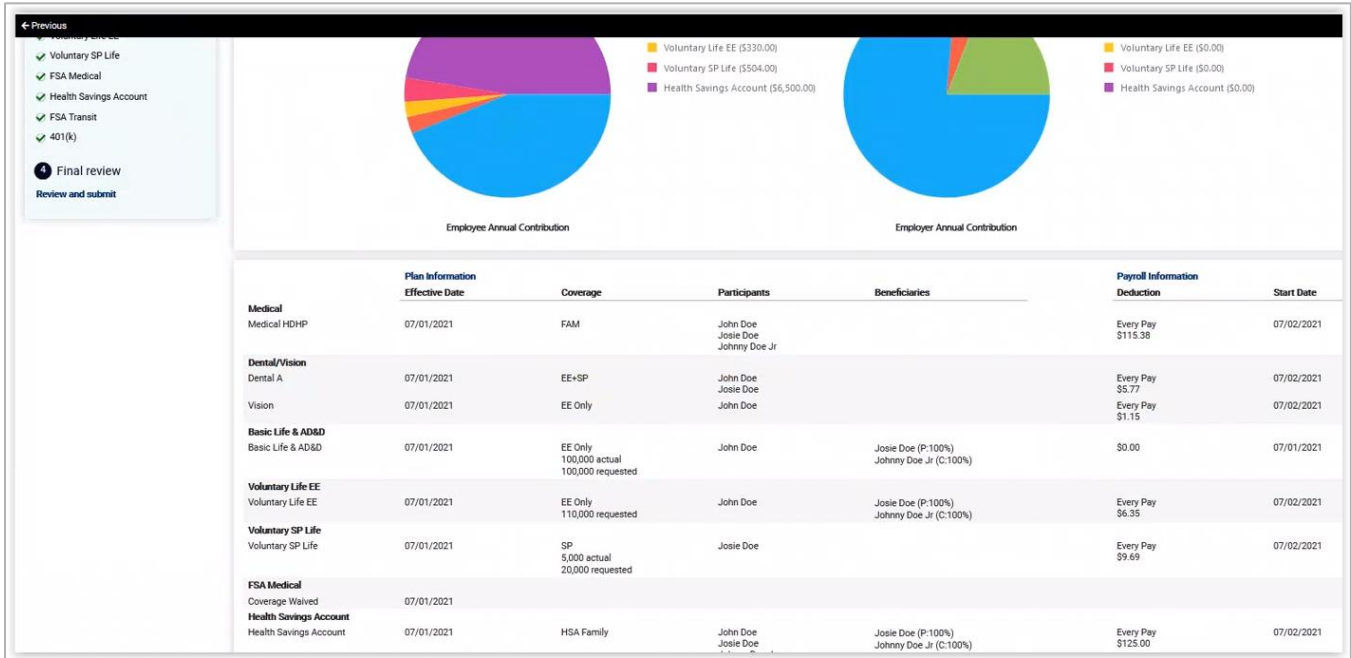
- **Different benefit calculations in a group:** If grouping plan types that use different benefit calculations, system will display "Rate varies based on elections made," as EE will need to make an election before a per pay amount can be calculated.
- **Current Elections:** If the EE is currently enrolled in plans that meet the bundle criteria for the enrollment period, the system will display the plans in a bundle.

Example: The employee was manually enrolled in Medical, Dental, Vision, STD and LTD plans. The logic is going to compare the current benefit plans with what the bundle criteria is for the new plan year and will present the plans in bundles so the EE can choose to keep the plans that are required to be bundled for the new plan year. If the coverage codes are the same, the keep checkbox is enabled.

If the coverage codes are not the same, the system will still present the plans in a bundle but will not allow the EE to Keep the plans - the keep checkbox is disabled.

Benefit Confirmation

- Displays plans separately with separate start date, coverage codes and covered dependents within the bundle.
- Shows combined deduction schedule/amount, EE and ER Annual contributions.
- All plans are separate - just show in a group in benefit enrollment.



Approving Benefits

- All plans still show separately when approving benefits.
- When selecting plan that is part of bundle, all will be selected.

Enrollment Management

Eligible to Enroll | Enrollments - In Progress | **Enrollments - Pending Approval** | Managed Enrollment | Pending EOI Requests | Enrollments Reports

6 transactions in list

Filter Options	Approve	Reject	Name	EE Number	Benefit Plan Type	Benefit Plan	Coverage	Date/Time
<input type="checkbox"/> Enrollment Period <input checked="" type="checkbox"/> Open Enrollment <input type="checkbox"/> Benefit Plan Type <input checked="" type="checkbox"/> All <input type="checkbox"/> Dental Pre-Tax 125 <input type="checkbox"/> Long-term Disability <input type="checkbox"/> Medical Pre-Tax 125 <input type="checkbox"/> Short-term Disability <input type="checkbox"/> Vision Pre-Tax 125 <input type="checkbox"/> Voluntary EE Life	<input type="checkbox"/>	<input type="checkbox"/>	Anderson, Jayden	2024	Voluntary EE Life	Voluntary EE Life	EE	3/10/2021 3:16 PM
	<input type="checkbox"/>	<input type="checkbox"/>	Anderson, Jayden	2024	Long-term Disability	Long-term Disability	EE	3/10/2021 3:16 PM
	<input type="checkbox"/>	<input type="checkbox"/>	Anderson, Jayden	2024	Short-term Disability	Short-term Disability	EE	3/10/2021 3:16 PM
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anderson, Jayden	2024	Medical Pre-Tax 125	Medical HDHP	FAM	3/10/2021 3:09 PM
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anderson, Jayden	2024	Dental Pre-Tax 125	Dental DMG		3/10/2021 3:09 PM
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anderson, Jayden	2024	Vision Pre-Tax 125	Vision		3/10/2021 3:09 PM

Once plans are approved, they are added to the employee's benefit plan screen as separate plans. No changes were made to how the plans display on approvals screen or in EE's benefit plan screen/ESS benefit details screens. The only place you will see plans groups in on the benefit enrollment tool. No changes need to be made to accommodate carrier feeds and COBRA integration as everything is the same on the Employee record.

Benefit Plans

Status: Active

Start Date	Benefit
10/1/2019	401(k)
3/1/2021	Dental Pre-Tax 125
3/1/2021	Long-term Disability
3/1/2021	Medical Pre-Tax 125
3/1/2021	Short-term Disability
3/1/2021	Vision Pre-Tax 125

+ Add New Edit Delete Refresh Save Cancel

Benefit Plan

*Plan: Dental DMO - Dental Maintenance Organization

*Start Date: 3/1/2021

*Coverage: [Dropdown]

Per Pay Amount: 0.00

Stop Date: [Date Picker]

Benefit End Reason: [Dropdown]

Plan Stop Date: 12/31/2099

Enrollment Submission Date: 3/10/2021

Plan Enrollment Date: 6/1/2019

Eligibility Date: 1/1/2019

Participant Id: [Text Field]

Primary Care Physician: [Text Field]