



MINNESOTA CREDIT UNION EMPLOYEE BENEFITS PLAN

SEPTEMBER 19, 2019

Agenda

Introductions

Mark Springer – Senior Strategic Account Sales Executive – Medica

Tim Tacheny – General Counsel – Minnesota Credit Union Network

Rachel Smith – Vice President, Capstone Administrators.

Justin Truckenbrod – Senior Vice President & Managing Director – Lockton Companies

Overview of Plan

Overview of the Request for Quote Process

Overview of the Enrollment Process

AGENDA

- About Medica
- Plan Design Options
- Network Options
- Value Adds

WHO ARE WE



Minnesota

based company founded in 1975

1,550 employees

Not-for-profit

Community focus and investments in the right areas

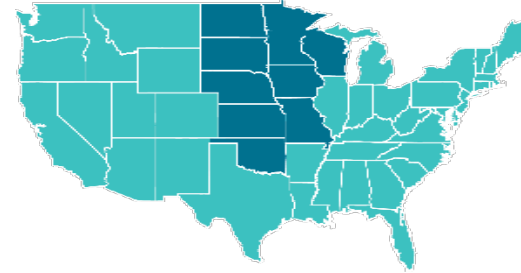
\$5 billion

Expected 2019 revenue

Medica Foundation

Funds community-based initiatives and programs that support the needs of our customers and the greater community

WHAT WE DO



9 STATES

Nearly

1 million members

193,000	26,000	125,000	610,000
Individuals and Families	Medicaid	Medicare	Commercial

12

Accountable Care
Organization Partnerships

4

STAR RATING

Our mission

To be the trusted health plan of choice for customers, members, partners and our employees.

Our vision

To be trusted in the community for our unwavering commitment to high-quality, affordable health care.



A photograph of several people's hands giving thumbs up, suggesting approval or success. The hands are of various skin tones and are wearing business attire like suits and blouses. The background is a blurred office setting with windows.

PLAN DESIGNS

MnCUN ASSOCIATION HEALTH PLAN | Plan Offerings

	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
PPO OR HSA?	PPO	PPO	PPO	HSA	HSA	HSA
WHAT IS THE OVERALL DEDUCTIBLE?	\$300 / \$900 in-network and \$3,000 / \$9,000 out-of-network	\$1,000 / \$3,000 in-network and \$3,000 / \$9,000 out-of-network	\$1,500 / \$4,500 in-network and \$3,000 / \$9,000 out-of-network	\$2,000 / \$4,000 in-network and \$4,000 / \$8,000 out-of-network	\$4,500 / \$9,000 in-network and \$9,000 / \$18,000 out-of-network	\$6,650 / \$13,300 in-network and \$13,300 / \$26,600 out-of-network
WHAT IS THE OUT-OF-POCKET LIMIT FOR THIS PLAN?	\$3,000 / \$5,000 in-network. \$9,000 / \$18,000 out-of-network	\$3,500 / \$7,000 in-network. \$10,500 / \$21,000 out-of-network	\$6,500 / \$9,000 p in-network. \$13,500 / \$27,000 out-of-network	\$2,000 / \$4,000 in-network. \$9,000 / \$18,000 out-of-network	\$6,000 / \$13,000 in-network. \$19,500 / \$39,000 out-of-network	\$6,650 / \$13,300 in-network. \$20,250 / \$40,500 out-of-network
OFFICE VISIT	\$40 Copay in-network. 50% coinsurance out-of-network	\$30 Copay in-network. 50% coinsurance out-of-network	\$30 Copay in-network. 50% coinsurance out-of-network	0 % coinsurance in-network. 50% coinsurance out-of-network	20% coinsurance in-network. 50% coinsurance out-of-network	0% coinsurance in-network. 50% coinsurance out-of-network
URGENT CARE	\$40 Copay in-network. Covered as in-network for out-of-network	\$30 Copay in-network. Covered as in-network for out-of-network	\$30 Copay in-network. Covered as in-network for out-of-network	0% coinsurance in-network. Covered as in-network for out-of-network	20% coinsurance in-network. Covered as in-network for out-of-network	0% coinsurance in-network. Covered as in-network for out-of-network
ER	20% coinsurance in-network. Covered as in-network for out-of-network	20% Coinsurance in-network. Covered as in-network for out-of-network	30% coinsurance in-network. Covered as in-network for out-of-network	0% coinsurance in-network. Covered as in-network for out-of-network	20% Coinsurance in-network. Covered as in-network for out-of-network	0% coinsurance in-network. Covered as in-network for out-of-network
INPATIENT	20% coinsurance in-network. 50% coinsurance out-of-network	20% coinsurance in-network. 50% coinsurance out-of-network	30% coinsurance in-network. 50% coinsurance out-of-network	0% coinsurance in-network. 50% coinsurance out-of-network	20% coinsurance in-network. 50% coinsurance out-of-network	0% coinsurance in-network. 50% coinsurance out-of-network
OUTPATIENT	20% coinsurance in-network. 50% coinsurance out-of-network	20% coinsurance in-network. 50% coinsurance out-of-network	30% coinsurance in-network. 50% coinsurance out-of-network	0% coinsurance in-network. 50% coinsurance out-of-network	20% coinsurance in-network. 50% coinsurance out-of-network	0% coinsurance in-network. 50% coinsurance out-of-network
RX	\$10/\$40/\$60	\$10/\$50/\$150	\$10/\$50/\$150	0%/0%/0%	20%/20%/40%	0%/0%/0%

NETWORK OFFERINGS

Open Access National Network: Choice Passport

- Over 800,000 physicians and 5,300 hospitals nationally
 - Pass through 100% of negotiated discounts
- Over 99% of all providers in Minnesota
- Convenience and urgent care

Pharmacy Network

- Access to over 68,000 pharmacies (including 24-hour pharmacies)

Virtual Care



NETWORK OFFERINGS | Accountable Care Organizations (ACOs)

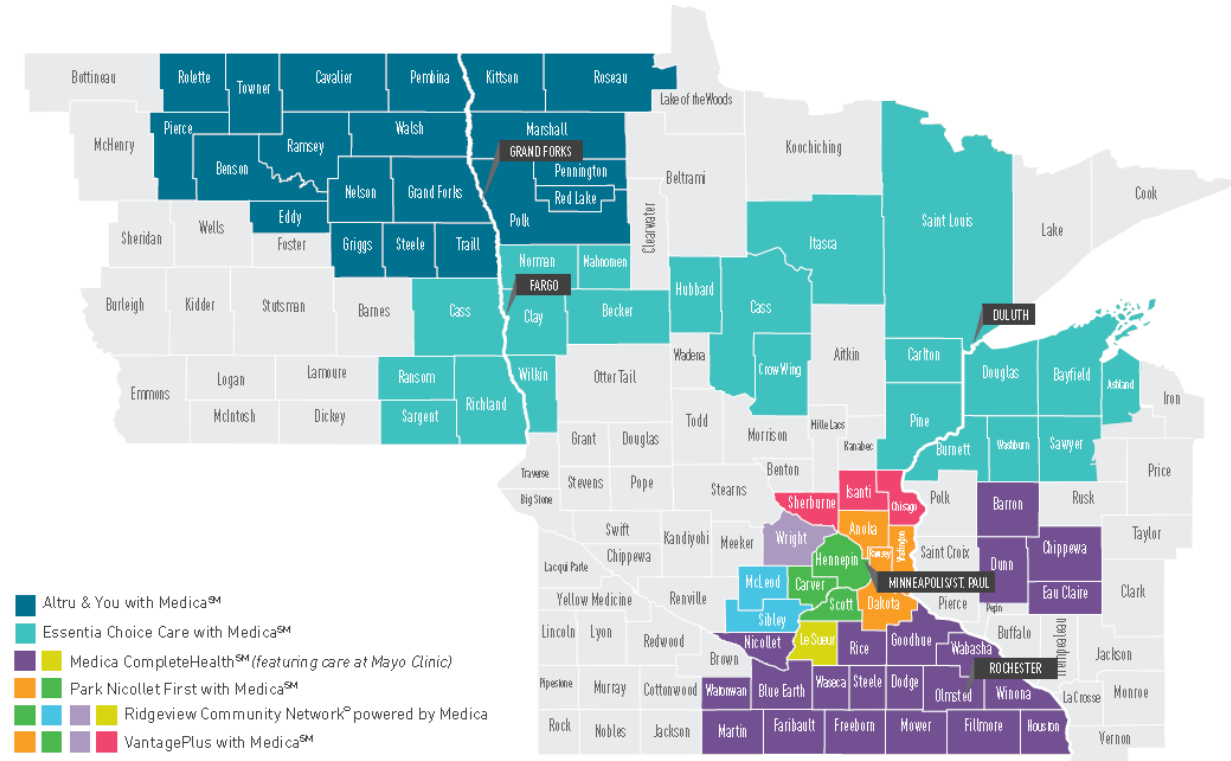
LOWER COSTS	UNIQUE AND IMPROVED SERVICE	IMPROVE QUALITY
<ul style="list-style-type: none">▪ Unique financial models (risk sharing)▪ Reduce duplication of services as appropriate▪ Improved patient management	<ul style="list-style-type: none">▪ Simplified experience (one stop); increased education on product and ACO features▪ Assist member in navigating system; from billing to finding the right provider	<ul style="list-style-type: none">▪ Increase member participation in programs▪ Measureable through quality metrics

NETWORK OFFERINGS | ACO Advantages

TRADITIONAL CARE SYSTEM CONTRACT	MEDICA ACO PARTNERSHIPS
Networks defined by health plan	Network defined by ACO
No clinical integration with health plan	Shared clinical model through an integrated team
Limited data shared on provider-specific quality measures	Collaboration on provider-specific quality metrics
Limited opportunity to collaborate on member-specific data and health outcomes	Collaboration on member-specific data and health outcomes to drive improvements in care delivery and patient management
No opportunity to participate in risk-sharing	Shared risk opportunities calibrated to ACO risk tolerance
No input on governance	Combined governance to advance shared strategies
Excluded from sales and marketing strategies	Active participant in sales and marketing strategies that drive patient growth and retention
Must adhere to health plan member service modules	Collaboration on an integrated member-focused service experience

Statewide Coverage

- Over 14,475 physicians, 1,337 clinics and 99 hospitals:
 - VantagePlus with MedicaSM (featuring Fairview , North Memorial and HealthEast)
 - Ridgeview Community Network Powered by Medica
 - Park Nicollet First with Medica
 - Medica CompleteHealth (featuring care from the Mayo Clinic)
 - Essentia Choice Care with Medica
 - and You with Medica
- Member selects an ACO for entire family at open enrollment
- Access to national travel network
- Access to over 68,000 pharmacies



6%-12% savings compared to Open Access Choice Passport network

MnCUN ASSOCIATION HEALTH PLAN | Network Options

**VantagePlus with
MedicaSM**



**12 hospitals
650 clinics**

**Savings Compared to
Medica Choice
Passport: 10%**

**Park Nicollet First
with MedicaSM**



**55 medical specialties
20 neighborhood
clinics**

**Savings Compared to
Medica Choice
Passport: 12%**

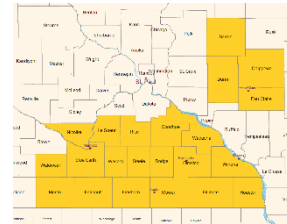
**Ridgeview
Community Network[®]
powered by Medica**



**40 primary care clinics
150 specialty care
clinics**

**Savings Compared to
Medica Choice
Passport: 12%**

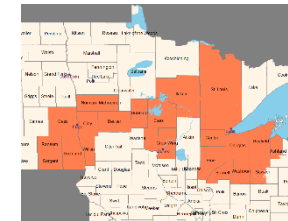
**Medica
CompleteHealthSM
(featuring care at
Mayo Clinic)**



**20 hospitals
60 clinics**

**Savings Compared to
Medica Choice
Passport: Up to 7%**

**Essentia Choice Care
with MedicaSM**



**26 hospitals
70 clinics**

**Savings Compared to
Medica Choice
Passport: 12%**

**Altru & You with
MedicaSM**



**17 hospitals
40 primary care clinics**

**Savings Compared to
Medica Choice
Passport: 10%**

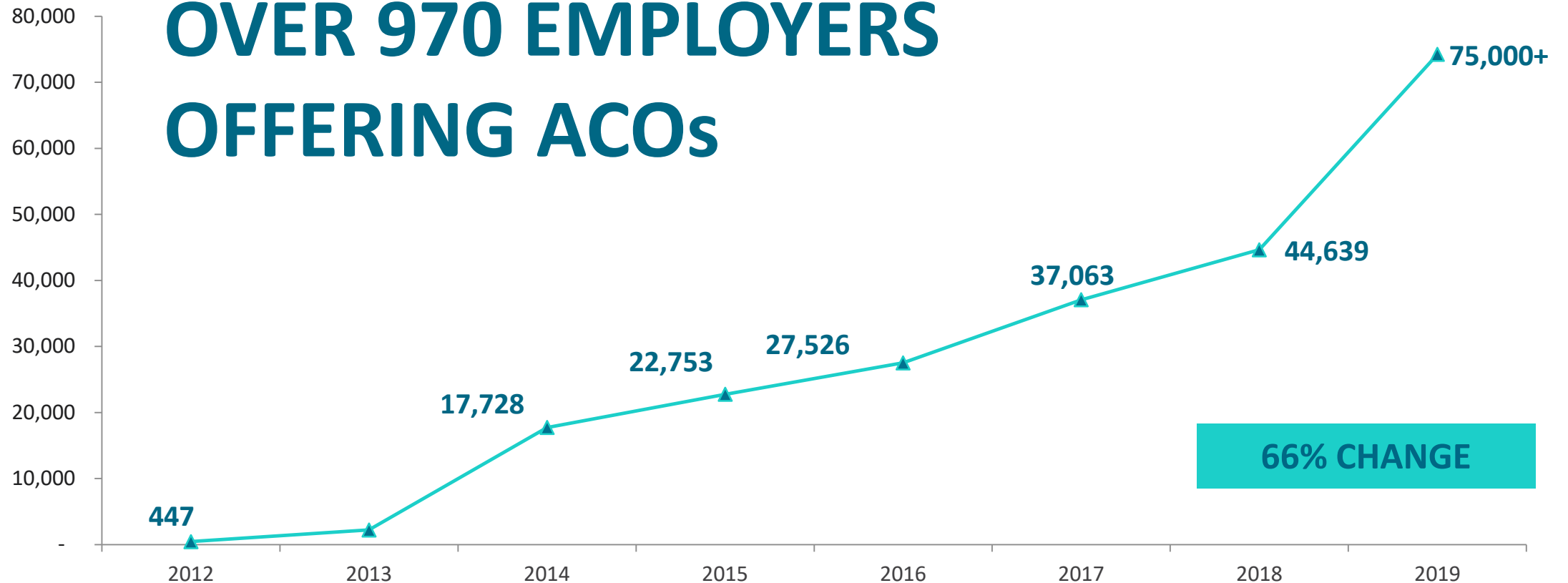
Employee elects network at time of enrollment

Costs Are Consistently and Significantly Better in ACO Population Across All Sites of Care

- More efficient care and better care coordination
- Population health management at provider level, supported by the health plan

	PHYSICIAN \$PMPM	FACILITY \$PMPM	PHARMACY \$PMPM	TOTAL \$PMPM
% difference \$PMPM	-20%	-28%	-29%	-25%
% difference risk adjusted \$PMPM	-4%	-15%	-16%	-11%

OVER 970 EMPLOYERS OFFERING ACOs



—▲ ACO Membership

ACO membership –16.5% of Medica Commercial Membership

NETWORK OFFERINGS | 2018 ACO Member Results

Improving the service experience

- **97.3%** of members renewed into an ACO plan
- **96.3%** of members renewed into the same ACO plan
- **91%** of surveyed ACO members say their ACO provides them with medical care that meets their needs
- **86%** of surveyed ACO members are happy with the customer service provided



“Great product offering. Great customer service & online tools.”

“Affordable, quality coverage.” “Excellent customer service.”

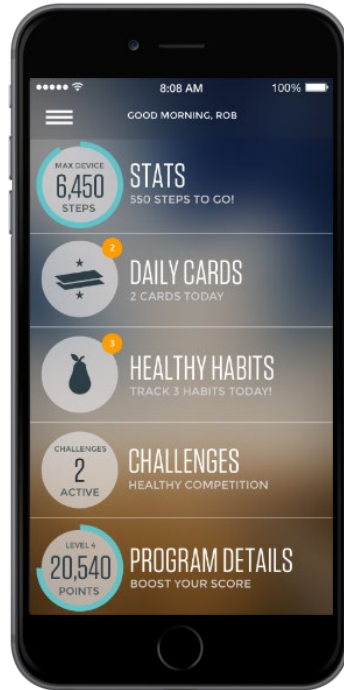
“Great coverage with lower premiums.”



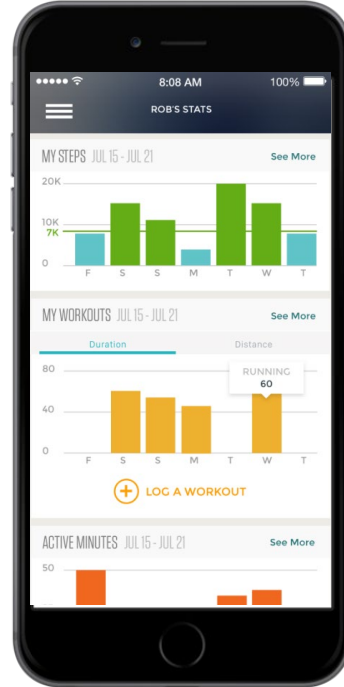
MEMBER VALUE ADDS

MEMBER VALUE ADDS | My Health Rewards

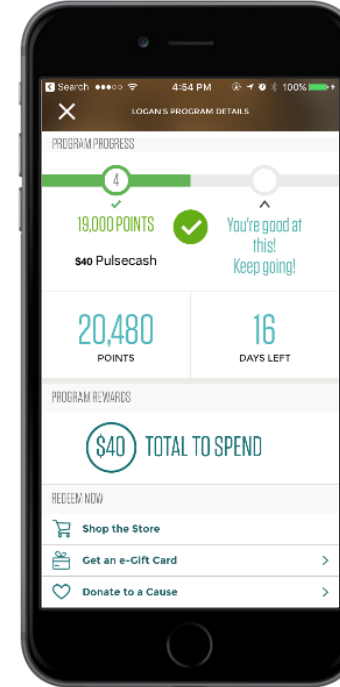
Well-being in the palm of your hands.



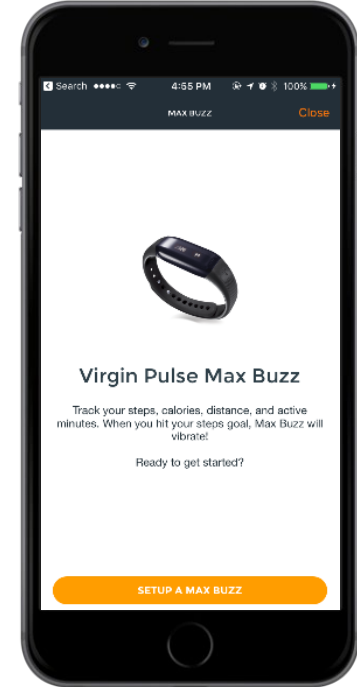
- 1 Complete cards, track healthy habits, view challenges, and more.



- 2 View stats including steps, workouts, and active minutes.



- 3 Detailed program progress, points, and REWARDS.



- 4 Wirelessly sync your Max or Buzz activity tracker.

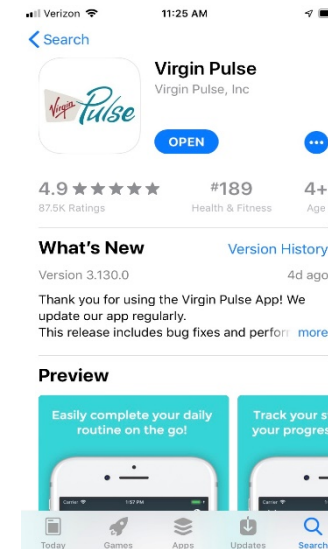
MEMBER VALUE ADDS | My Health Rewards

Members 18 years and older can earn up to \$100 in gift cards funded by Medica

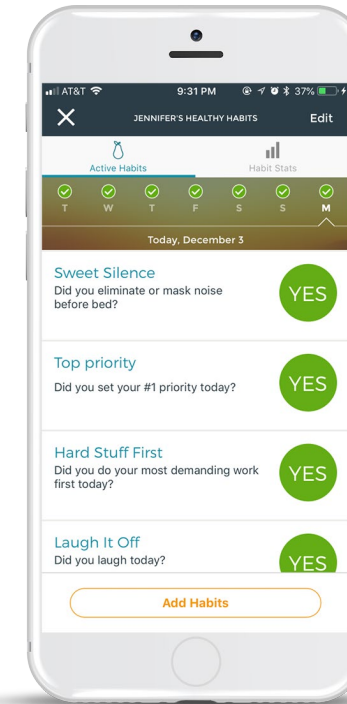
LEVEL	POINTS EARNED	REWARD
1	2,000	\$10
2	10,000	\$20
3	25,000	\$30
4	40,000	\$40

GETTING STARTED IS EASY!

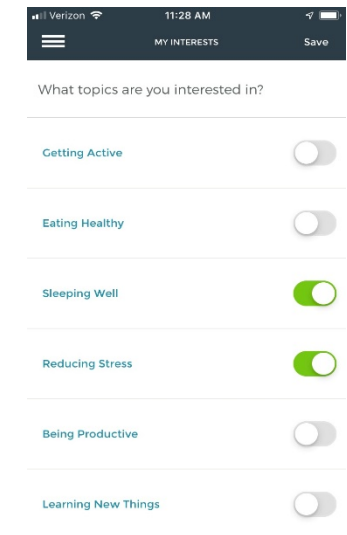
DOWNLOAD THE APP



TAKE THE HEALTH ASSESSMENT



SAVE YOUR INTERESTS



MEMBER VALUE ADDS | Health Club Reimbursement



\$20	8,000+	2x
CREDIT TOWARD MONTHLY DUES	HEALTH CLUBS TO CHOOSE FROM	THE FIT CHOICES BENEFIT CAN BE PAID TWICE IN 2019

Categories

- Adult/elder services
- Child/parenting services
- Chronic condition support services
- Convenience services
- Life learning
- Legal mediation services
- Communication resources
- Financial services
- Management critical incident response preparation and response
- Management consultation
- Training services

Core Services and Benefits

- Five in-person counseling sessions per concern
- Web-based information and education
- Five counseling sessions per concern per year covered at 100%
- Management support and consultation
- Nationwide access



MEMBER VALUE ADDS | Healthy Savings

Healthy Savings makes eating healthier easier and more affordable.

The program is easy-to-use, members simply shop, scan and save instantly!

Participating Retailers:



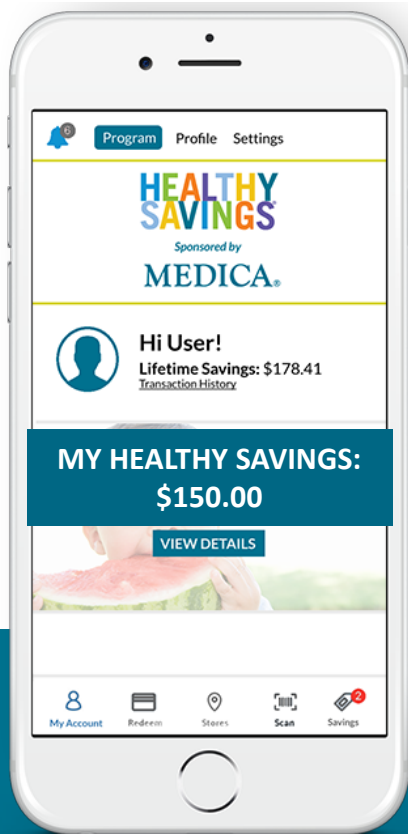
Coming Soon:



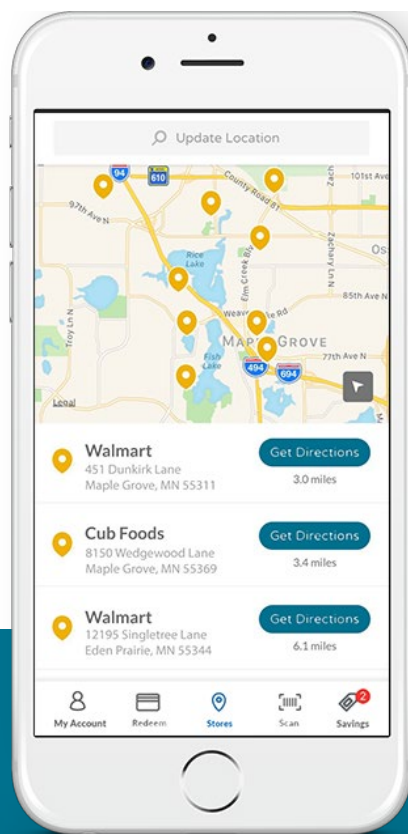
- Discounts on healthy foods of over \$250 per month
- Foods qualified by a third party based on nutrient density – only healthiest 1/3 qualify
- No clipping or downloading coupons needed; all promotions are automatically loaded onto barcode
- Available to members within 30 miles of participating retailer

MEMBER VALUE ADDS | Healthy Savings

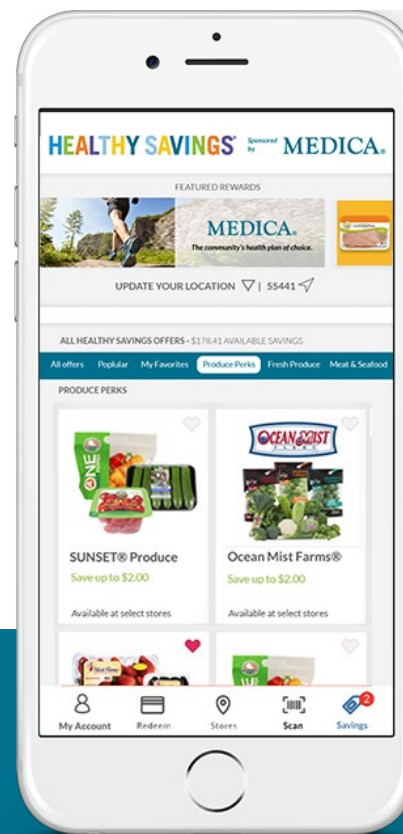
App users engage at a 150% higher rate and save 250% versus non-app users



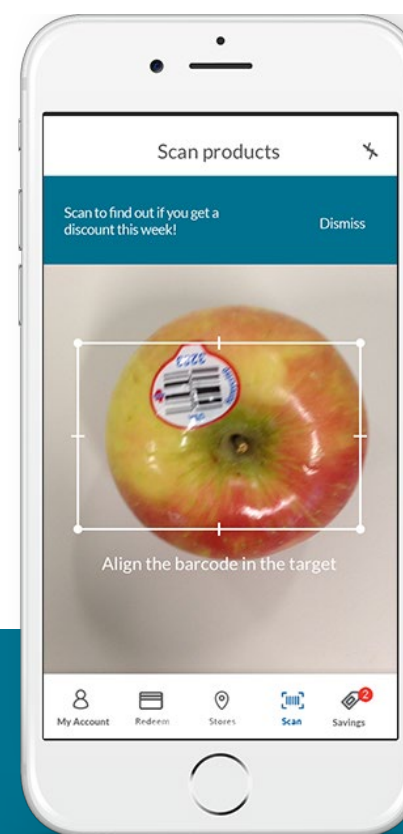
View Savings



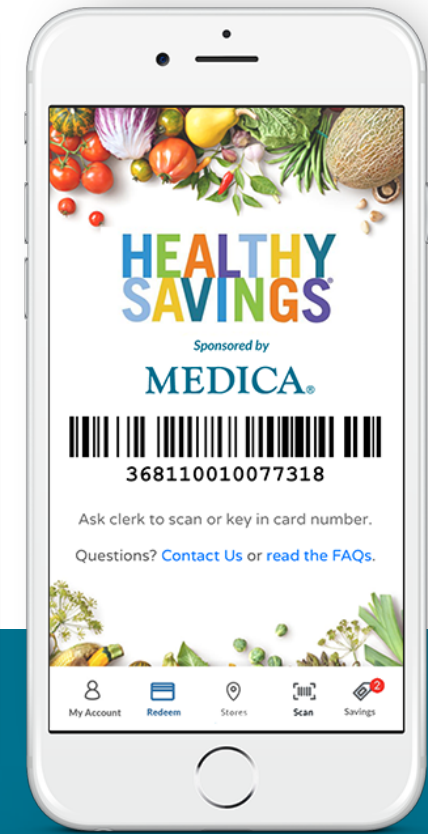
Find Store



Browse Offers



Scan Products



Scan Barcode



THANK YOU

RFQ Process Instructions

- To be eligible, a credit union must be:
 - Headquartered in Minnesota; and
 - A Member in good standing of the Minnesota Credit Union Network.
- Visit the **Pre-Enrollment Site** to learn more about the Plan Options, Provider Networks, Wellness Programs and more.
- Capstone will review your submission and forward to Medica to prepare a quote.

RFQ Process Instructions – Steps to receive a Quote

Gather information and complete the forms. Follow the steps for:

- For credit unions currently insured by Medica
- For credit unions with less than 5 potential enrolled employees
- For credit unions with 5 or more enrolled employees and less than 50 eligible employees
- For credit unions with more than 50 eligible employees

RFQ Process Instructions – Steps to receive a Quote

Credit Union Currently Insured by Medica:

- Completed AHP Employer Participation Form
- Completed and signed Proposal Release Form

RFQ Process Instructions – Steps to receive a Quote

Credit Union with less than 5 potential enrolled employees:

- Completed AHP Employer Participation Form
- Census Form
- Health history forms for all eligible employees
- Current Summaries of benefits and coverage (SBCs)
- Current rates by plan design

RFQ Process Instructions – Steps to receive a Quote

Credit Union with more than 5 potential enrolled employees and less than 50 eligible employees:

- Completed AHP Employer Participation Form
- Census Form
- Current Summaries of benefits and coverage (SBCs)
- Current rates by plan design

RFQ Process Instructions – Steps to receive a Quote

Credit Union with more than 50 eligible employees:

- Completed AHP Employer Participation Form
- Census Form
- Current Summaries of benefits and coverage (SBCs)
- Most recent 12 months of claims data. Include monthly breakout with total membership and high claimant information
- Current fully insured rates or self-funded claim factors by plan

RFQ Process Instructions – Steps to receive a Quote

- **Submit Information and Forms to Capstone:** Once you have compiled all the information and completed all the forms requested, you will submit everything directly to Capstone via one of the two methods below:
 - Credit unions with secure emails can send everything to MNCUNAHP@capstonebenefits.com via your secure email.
 - If you cannot send secure emails from your own email, you can utilize Capstone's secure portal (<https://web1.zixmail.net/s/welcome.jsp?b=capstonebenefits>) and direct the email to MNCUNAHP@capstonebenefits.com.

Employer Participation Form

MINNESOTA CREDIT UNION EMPLOYEE BENEFITS PLAN		MEDICA.	
Association Health Plan Information			
A ASSOCIATION INFORMATION This Section is Completed by MnCUN			
Association Health Plan Name Minnesota Credit Union Employee Benefits Plan			
Association Health Plan Approval and Signature			
X _____		_____	
Approved By		Date Signed	
_____		_____	
Print Name		Position	
_____		Phone Number	
_____		_____	
B PARTICIPATING EMPLOYER INFORMATION			
Company Legal Name (including dba)		Federal Tax I.D. Number	
_____		_____	
Address (Must be a physical address, no P.O. Boxes)			
Street			

City	State	ZIP Code	County
_____	_____	_____	_____
Billing Address (If different than above, P.O. Box accepted)			
Street			

City	State	ZIP Code	County
_____	_____	_____	_____
Contact Information			
Name		Email Address	
_____		_____	
Phone Number (and extension)		Fax Number	
_____		_____	
Total Number of Current Employees	Total Eligible Employees	Total Eligible Employees Applying for Coverage	
_____	_____	_____	
Requested Effective Date		Requested Term Date	
____/____/____		____/____/____	
COM19052-4-00619 Medica Association Health Plan Information Form Page 1			

Proposal Release Form

Minnesota Credit Union Network Employee Benefits Plan Proposal Release Form

The purpose of this Proposal Release form is to allow Medica Group contract holders the option of receiving a proposal under the Minnesota Credit Union Network Employee Benefits Plan through Lockton.

Group's 5-digit Medica number(s) _____

Group name _____

Group address _____

Group phone number _____

Existing Agent Name _____

Agency _____

Agency Address _____

City _____ State _____ Zip Code _____

"I hereby certify that Lockton is to be provided a proposal on my behalf under the Minnesota Credit Union Employee Benefits Plan and if accepted will be named as Agent of Record and entitled to commissions in return for services rendered on my behalf. I further agree to terminate any prior agent of record working on my behalf should I accept this proposal.

Name (Print) _____ Officer Title _____

Signature _____ Date _____

Health History Form

Minnesota Credit Union Employee Benefits Plan Health History Form										MEDICA.		
Please type or print clearly. See back page for instructions.												
Group Name:												
A. EMPLOYEE INFORMATION												
Have you been a Medica member before? <input type="checkbox"/> Yes <input type="checkbox"/> No												
First name (Legal Name)		M.I.		Last name		Social Security Number		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married				
Mailing address		Apt. #		City		County		State		Zip Code		
Cell/Home telephone		Work		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Birth date (mm/dd/yy)		Height: ____ ft. ____ in. Weight: ____ lbs.		Do you or any of your dependents speak a language other than English as your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name and language:		
Email Address:												
B. DEPENDENT INFORMATION												
List all members to be covered. Write names as it should appear on the I.D. card.												
	First name		M.I.		Last name		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Birth date (mm/dd/yy)		Relationship	
1											Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2											<input type="checkbox"/> Yes <input type="checkbox"/> No	
3											<input type="checkbox"/> Yes <input type="checkbox"/> No	
4											<input type="checkbox"/> Yes <input type="checkbox"/> No	
5											<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. WAIVER OF MEDICAL COVERAGE												
This entire section must be completed if you or your dependents DO NOT want coverage.												
1. I understand that I am eligible for coverage through my employer. I DO NOT want coverage for: <input type="checkbox"/> Me and my dependents <input type="checkbox"/> My spouse <input type="checkbox"/> My dependents only												
2. The reason I am declining coverage at this time is because I or my dependents have coverage provided through: <input type="checkbox"/> Spouse's group plan <input type="checkbox"/> Individual Policy <input type="checkbox"/> Health Care Reimbursement Plan (HCRP) (State of coverage): _____ <input type="checkbox"/> Medicare <input type="checkbox"/> Group Coverage Continuation (COBRA) <input type="checkbox"/> COBRA (State of coverage): _____ <input type="checkbox"/> MinnesotaCare <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Other: _____												
Employee Signature: _____ Date Signed: _____ (only sign if you are waiving coverage)												
COM20035-5-06R19												

Census Form

Minnesota Credit Union Employee Benefits Plan
Credit Union Census Data Form
Complete at the Member level (including dependents)

*Optional data for quote. Must be submitted upon joining. May submit now to simplify the process.

Tier
EE = Only Employee is Covered
ES = Employee + Spouse are Covered
EC = Employee + Child(ren) are Covered, but not a spouse
FAM = Employee, spouse and Child(ren) are Covered

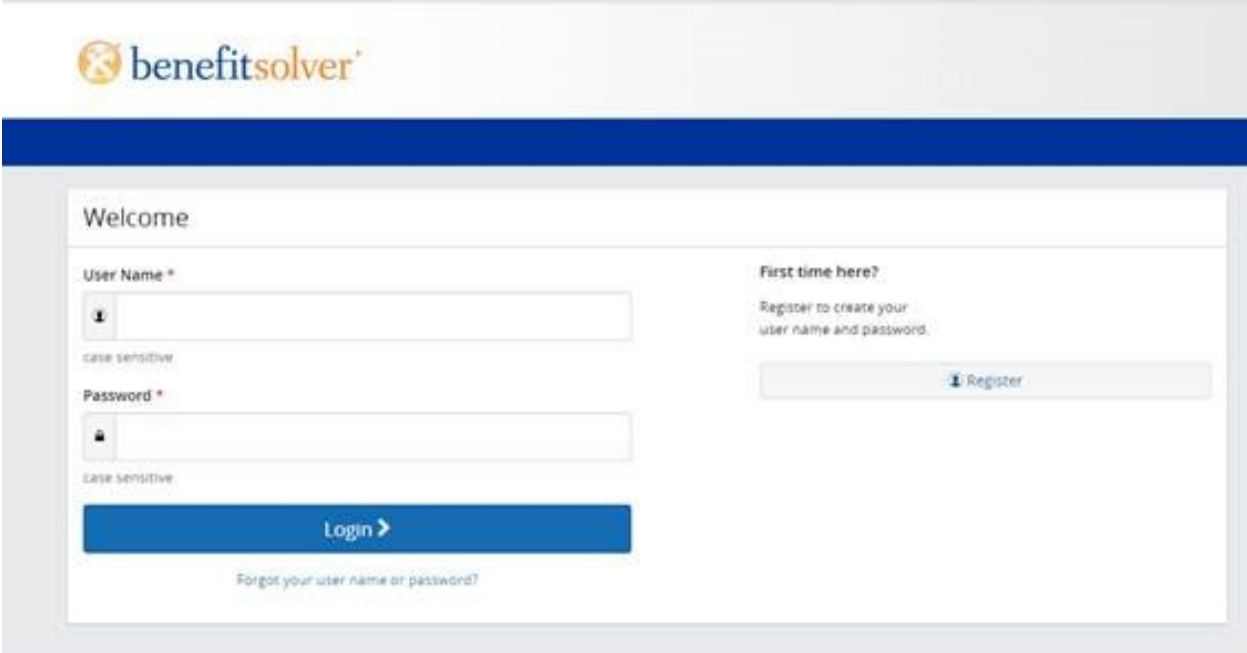
**Should be the same for employee & all dependents.

Employee ID**	Social Security Number *	Hire Date*	Last Name	First Name	Address*	City*	Zip Code**	Birth Date	Gender	Tier	Relationship	Current Plan Election	Additional Classes for Wait Period*	Email Address for Notices (e.g., Cobra Notices)*

ENROLLMENT & ADMINISTRATION

Together with Capstone Administrators, MnCUN AHP Trust offers Benefitsolver® technology to streamline your processes.

Benefitsolver® is the industry leader in eligibility & enrollment technology. From COBRA administration to online tools that simplify your billing and financial reporting, this robust system is customized to meet your needs.



The screenshot displays the Benefitsolver user interface. At the top, the 'benefitsolver' logo is visible. Below it is a dark blue horizontal bar. The main content area is titled 'Welcome' and contains two primary sections. On the left, there is a login form with fields for 'User Name *' and 'Password *', both marked as 'case sensitive'. A blue 'Login >' button is positioned below these fields. To the right of the login form, a 'First time here?' section prompts users to 'Register to create your user name and password.' with a 'Register' button. At the bottom of the login section, a link for 'Forgot your user name or password?' is provided.

Benefitsolver® Features

- » Enroll, view, and change elections for all benefits online
- » Review, download, and print benefits documentation (such as benefit guides, Summary of Benefits and Coverage, etc.)
- » View/add/change beneficiary information
- » View/add/change dependent information
- » Initiate benefit change based on life or work event
- » Built-in Cobra management



Reports

- » Employee Census
- » Submitted Changes
- » COBRA Qualifying Events
- » Dependent Census Benefit
- » Employee Termination
- » Employee Census Benefit
- » New Hire
- » Employee Directory
- » Address Change

Adding a New Employee

MINNESOTA CREDIT UNION
EMPLOYEE BENEFITS PLAN

Home Help

Company Benefits Employees Administration Reports Advan

Employees - Add An Employee

First Name: *

Middle Initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

Social Security Number: *

123-45-6789

Date of Birth: *

MM/DD/YYYY

Address 1: *

Address 2:

City: *

State: *

ZIP: *

Email Address:

user@mydomain.com

Adding a New Employee

Search Reasons for Change

Select the reason for change that applies and enter the date of the event. The Date of Event field should be populated with the actual date, i.e. date of birth, date of marriage, date of termination. Coverage effective dates and termination dates will automatically be calculated based on the date of event entered. If entering a coverage correction/change, enter the effective date of the change.

► ENROLLMENT

Examples:
New Hire Enrollment
Open Enrollment

► LIFE EVENT

Examples:
Marriage/Divorce
Birth/Death

► ADMINISTRATION

Examples:
Administrator Correction
Administrator Override

Electing a Medical Plan

☒ I Want Coverage ☐ Drop Coverage

Select your plan

Select Ridgeview Community by Medica Plan 3 MEDICA

Plan Pricing

Tier	Your Cost (\$/month)
Employee Only	\$0.00
Employee and Spouse	\$87.64
Employee and Children	\$152.97
Family	\$273.33

Selected Medica CompleteHealth Plan 4 MEDICA

Plan Pricing

Tier	Your Cost (\$/month)
Employee Only	\$304.29
Employee and Spouse	\$638.02
Employee and Children	\$547.39
Family	\$971.74

Choose who you would like to cover in this plan

	Covered?	Effective Date
MARGARET SMITH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01/2019 Term Date
Mason Smith	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01/2019 Term Date
Susan Smith	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date Term Date

Sample of a Personal Record

MARGARET SMITH

Please select an action History MM/DD/YYYY

▼ **Cases**

No cases found.

[Employee Case Manager](#)

Personal Information - 425238581

Name MARGARET SMITH	Social Security Number 123-45-6789	Date of Birth 01/12/1982	Gender Female
Address 6110 Technology Center Dr. 500 Indianapolis, IN 46278 US	Email Address MnCLUNAH@capstonebenefits.co m	Home Phone 800-558-6206	Work Phone 800-558-6206
Benefit Status Active			

Employment Information

Date of Hire 05/16/2013	Employment Status Full-time	Employment State	ACA Reporting Override No Override
Payroll Frequency Bi-Weekly	Structure MN CREDIT UNION NETWORK - 10000 - Active :: ALL		

Dependent Information

Name Mason Smith	Social Security Number 789-78-9789	Date of Birth 11/08/2017	Gender Male
Relationship Child			
Name Susan Smith	Social Security Number 123-45-4444	Date of Birth 09/16/2019	Gender Female
Relationship Child			

Election Information - Current

Medical Election - [Medica CompleteHealth Plan 4](#)

Coverage: Employee and Children

Member(s)	Covered	Effective Date	Term Date
MARGARET SMITH	Yes	08/01/2019	
Meson Smith	Yes	08/01/2019	

Benefitsolver® is a rules based system!

Reason for Change

MARGARET SMITH

Please select an action

Search Reasons for Change

Select the reason for change that applies and enter the date of the event. The Date of Event field should be populated with the actual date, i.e. date of birth, date of marriage, date of termination. Coverage effective dates and termination dates will automatically be calculated based on the date of event entered. If entering a coverage correction/change, enter the effective date of the change.

► BASIC INFO	► LIFE EVENT	► ADMINISTRATION
Examples: Change of Address Change of Beneficiary	Examples: Marriage/Divorce Birth/Death	Examples: Administrator Correction Administrator Override

Every transaction is date and time stamped!

Employees - History

MARGARET SMITH

Please select an action

☐ Show system/import transactions
☐ Show transactions older than 25 months

Filter:

Confirm	Date	Input	Reason	Status	Editor	
	9645608586	09/17/2019:07:12:30	Manual	Basic Information Update	Approved	Rachel Smith - Capstone
	9645201036	09/16/2019:14:15:22	Manual	Birth / Adoption	Approved	Rachel Smith - Capstone

Showing 1 to 2 of 2 entries

Show 25 entries

[Back to Search Results](#)

1

COBRA Administration

- » Initial Rights Notices
- » COBRA Qualifying Events – we send these notices out!
- » COBRA Premium Collection – we take care of that too!
- » All notices are stored in the document center on Benefitsolver.
- » Initial Rights and Qualifying Event Notices are mailed direct to members home address on file.
- » COBRA administration only for MnCUN AHP sponsored products.

COBRA Administration

The screenshot displays the 'Employment Termination' modal form within a web application. The background interface includes a top navigation bar with 'Home', 'Help', and a user profile 'Rachel'. A search bar is located on the right. The main content area is titled 'Reason for Change' and features a search bar labeled 'Search Reasons for Change'. Below this, there are three expandable sections: 'BASIC INFO' (with examples: Change of Address, Change of Beneficiary), 'LIFE EVENT' (with examples: Marriage/Divorce, Birth/Death), and 'ADMINISTRATION' (with examples: Administrator Correction, Administrator Override). The modal form itself has a title bar with a close button (X). It contains a 'Termination Reason' dropdown menu, a text input field for 'What is the last date of employment?' with a date format hint 'MM/DD/YYYY', a 'Save Settings' checkbox, and 'Cancel' and 'Continue' buttons at the bottom right.

Employment Termination

Termination Reason:

What is the last date of employment?

MM/DD/YYYY

☐ Save Settings

Cancel Continue

Select the reason for change that applies and enter the date of the event. The Date of Event field should be populated with the actual date, i.e. date of birth, date of marriage, date of termination. Coverage effective dates and termination dates will automatically be calculated based on the date of event entered. If entering a coverage correction/change, enter the effective date of the change.

► BASIC INFO
Examples:
Change of Address
Change of Beneficiary

► LIFE EVENT
Examples:
Marriage/Divorce
Birth/Death

► ADMINISTRATION
Examples:
Administrator Correction
Administrator Override

Susan Smith

Effective Date

Term Date

Yes No

COBRA Administration


Qualifying COBRA Event Information for KEVIN BACON Employment Termination

The action you have chosen indicates that a COBRA event has occurred for the following people checked below. Click next and a COBRA event will be processed. If this is incorrect, uncheck the people where a COBRA event does not apply, then click next.

COBRA Qualifying Event

Qualifying COBRA Event: Employment Termination

Gross Misconduct: ☐ Yes ☐ No

Date of Event: 09/17/2019 
(MM/DD/YYYY)

Qualifying Event Covers:
(Select all that apply) ☒ KEVIN BACON

COBRA Subsidy

Add New Begin Date: End Date: Delete
(MM/DD/YYYY) (MM/DD/YYYY)

Plan Groups: medical

Employer: ☐ Monthly Percentage: %
☐ Monthly Amount: \$
☐ Same as Employee: \$

Government: ☐ Federal: %

Description	Plan Subgroups	Begin	End
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[< Previous](#)

[Next >](#)

COBRA Administration

Election Information - Current



Medical Election - Coverage Terminated

This member dropped the [Medica CompleteHealth Plan 4 - Employee Only plan](#).

Member(s)	Covered	Effective Date	Term Date
KEVIN BACON	No	08/01/2019	09/30/2019



COBRA QE Information

Name	Event	Date of Event	Last Day of Coverage
KEVIN BACON	Employment Termination	09/17/2019	09/30/2019
	QE Sent Date	COBRA Effective Date	COBRA Exhaustion Date
	09/18/2019	10/01/2019	03/31/2021
	Election Period End Date		
	11/29/2019		

COBRA Administration

Employees - Documents

KEVIN BACON

Please select an action ▼

Edit Delete Add to Print Queue

+ Add Document + Create Document

Case	Status	Review	Title	Created	Printed	Emailed	Created By	Queue	Actions
<input type="checkbox"/>	New	▼	COBRA - Qualifying Event Letter.pdf COBRA - Qualifying Event Letter	Tue, Sep 17, 2019 8:30 AM			Rachel Smith - Capstone	OngoingDW	Actions ▼

COBRA Administration

Minnesota Credit Union Employee Benefits
ATTN: COBRA Administration
1025 Ashworth Road, Suite 101
West Des Moines IA 50265



September 17, 2019

To the Family of:
Kevin Bacon
6110 Technology Center Dr. 500
Indianapolis, IN 46278

QUALIFYING EVENT NOTICE NOTICE TO CONTINUE COVERAGE UNDER COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT)

This notice has important information about your right to continue your health care coverage in the employer's plan (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

INSTRUCTIONS:


- To elect COBRA continuation coverage, you must complete and return the enclosed Election Form to us by the end of the election period. Under federal law, you have 60 days from the date of original notice or the coverage termination date, whichever is later, to elect COBRA continuation coverage under the Plan.
- If you do not submit a completed Election Form within this time, you will lose your right to elect COBRA continuation coverage.
- You must make your first payment for COBRA coverage no later than 45 days after the postmark date of your election (this is the date your Election Form is mailed). If you do not make your first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under the Plan.
- Subsequent payments are due on the 1st of the month. If you do not remit the full premium on a timely basis, your coverage may be terminated. Refer to the PREMIUM PAYMENT INFORMATION section for more information.

The health care coverage provided by Minnesota Credit Union Employee Benefits to you, and/or your covered dependent(s) ends on 09/30/2019 due to the qualifying event marked below.

Qualifying Event
Employment Termination

Duration of Coverage
18 months

Billing

Location Premium Detail for Credit Union					
	Location		Prepared	Billing Period	
	Admin Name Credit Union 6110 Technology Center Dr Indianapolis, IN 46278		9/15/2019	October 2019 Final Invoice	
Remit Payment to:		Payment Due Date		Current Total Premiums Due	
Paid via Preauthorized ACH Payment		10/1/2019		\$7,031.38	
CURRENT					
Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Active					
BILL, HENRY A					
Medica Choice Passport Plan 2	EMP		\$0.00	\$0.00	\$0.00
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- » One invoice for medical premium and MnCUN Admin Fee.
- » Payment will be collected via two Preauthorized ACH Payments.
 - 1) Medical Premium
 - 2) MnCUN Admin Fee
- » Payment is due on the 1st of each month.
- » Capstone will provide notification when invoice is available to view on Benefitsolver.
- » Capstone will provide reminder of ACH payment 2 days prior to ACH pull.

MINNESOTA CREDIT UNION EMPLOYEE BENEFITS PLAN



Questions?