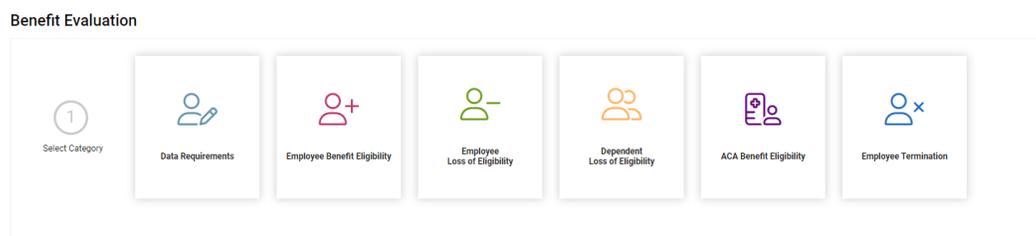


Benefit Evaluation

There are many different tools within Benefit Evaluation. This screen can be used to:

- Find employees and dependents that are missing information such as address, gender, date of birth or SSN,
- Employees missing dependents, beneficiaries or primary care physicians, if the plan requires it,
- Employees missing a routing/account number, if the plan requires it,
- Evaluate your employees to view those that are eligible for benefits but not signed up in isolated,
- Determine when new hire employees are going to be eligible based on a future timeframe,
- Employees and dependents that may be on benefits in isolated but are not considered eligible,
- Determine an employee loss or gain of benefit eligibility due to ACA measurement, and
- Find any terminated employees that still have active benefits.

You can find the **Benefit Evaluation** screen by going to **Employee Admin Tools > Employee Utilities > Benefit Evaluation**.



Data Requirements

The **Data Requirements** section identifies those who are missing information or that don't meet the plan requirements. Once the reporting here is initiated, you must follow up to ensure the corrected details are entered into isolated to correct the issue. When **Data Requirements** is selected, you find the following options:

- **Employees with missing birth date, SSN, gender and/or address** - when this is selected, the system searches for employees who are missing a birthdate, SSN, gender and/or address in isolated. All of which can be input or corrected under **Employee Management > Employee Maintenance > General**. Many times, the providers of benefits need these details. Two additional options are provided to narrow down those details:
 - **Show employees with any missing values** - which provides a list of any employee with missing information, even if that information is not configured to be required
 - **Show employees with missing required values only** – provides a list of any employee with missing information that is configured to be required at the client level (under **Client Management > Client Maintenance > Client Options**).
- **Employees who do not meet the benefit plan requirements for dependents, beneficiaries or PCP** - This pulls a list of employees that don't meet the plan configuration requirement for dependents, beneficiaries or primary care physician information. In other words, if the applicable coverage code in the plan and/or the benefit plan itself is set up to require those details, the list provides you with those employees missing those requirements. This can be input either via the **Benefit Updates** (only for beneficiaries and/or PCP) screen by the employee or through **Employee Management > Employee Benefits > Benefits** by the benefits admin.
- **Employees who do not meet the benefit plan requirements for routing/account information** – typically this is used if the HSA benefit plan is set up to require an account and/or routing number for the

employee's HSA. This can be input either via the **Benefit Updates** screen by the employee or through **Employee Management > Employee Benefits > Benefits**.

- **Dependents/Beneficiaries with missing birth date, SSN, gender, and/or address** – identifies dependents and beneficiaries who are missing a birthdate, SSN, gender and/or address in isolved. Many times, the providers of benefits need these details. Once the correct information is provided, this can be updated in isolved by the employee under **Employee Contacts**, or by the benefits admin under **Employee Management > Employee Maintenance > General**. Two additional options are provided to narrow down those details:
 - **Show dependents/beneficiaries with any missing values** - which provides a list of any dependent or beneficiary with missing information, even if that information is not configured to be required.
 - **Show dependents/beneficiaries with missing required values only** – provides a list of any dependent or beneficiary with missing information that is configured to be required at the client level (under **Client Management > Client Maintenance > Client Options**).

Once one of the above options (or any subsequent options listed throughout this document) is selected, click **Get Results** to view the information. You can also use **Download Results** in the upper right corner to download the information to Excel.

When ready, use **Previous** in the action bar to return to the main **Benefit Evaluation** screen.

Employee Benefit Eligibility

The **Employee Benefit Eligibility** section identifies employees who are eligible for a benefit plan and have not made an election, or new hires eligible for a benefit plan from a date greater than or equal to the present date.

When **Employee Benefit Eligibility** is selected, you see the following options:

- **Existing employees eligible for a benefit plan with no plan election** – provides you with a list of employees who are eligible for a benefit plan but have no election on file in isolved. Corrections/updates (including entries to waive coverage, which would remove the employee from this list in **Benefit Evaluation**) can be input for each individual employee under **Employee Management > Employee Benefits > Benefits**.
New hires eligible for a benefit plan from <insert date > to <insert date > - This includes when the eligible plan starts after the employee's eligibility date is outside of the new hire probation period if the plan is active as of the day the report is run. An advantage to viewing this list is to understand timing for new hire employee benefit entries, when needed.

Employee Loss of Eligibility

The **Employee Loss of Eligibility** option evaluates all active and pending enrollments to identify employees who are no longer eligible for a benefit plan. Reporting in this section provides a general reason why the employee is not eligible, and further research may be required. The added benefit of this reporting is that the results screen allows you to end the benefit plan right there. In addition, depending on the reason for ending the plan, if the client is using isolved COBRA services, the COBRA notifications are correctly sent to the employee when using this screen to end the benefit plan. The following options require you to select and narrow down the possible reasons why the employee is no longer eligible for the plan:

- **Employee loss of eligibility for a benefit plan** – since every plan has different eligibility requirements, this option provides you with a list of employees who are not eligible for the plan per the information in isolved. For example, if the benefit plan requires the employee to be a full time/active employee, but the employee is not showing as full time, then the employee would show on this list. This is only an example and may not be the exact reason why you see an employee on the list. In addition, there is not one place in isolved where this is corrected or updated since the reasons could vary.

- **Employee loss of eligibility for a coverage code** – essentially this list is provided if the employee had once qualified for a coverage group that the employee is no longer meeting requirements for. Updates to the employees benefit plan elections are made under **Employee Management > Employee Benefits > Benefits**.

Employee loss of eligibility for a benefit plan dependency- depending on the plan dependencies that are set up in isolved, if the employee does not meet the plan dependency, they appear on this list. For example, if a plan dependency in isolved is setup to require that the employee must be enrolled in the high deductible healthcare medical plan before participating in the HSA plan, but the employee is enrolled in the PPO medical plan and HSA plan, then the employee appears on this list. Updates to the employees benefit plan elections are made under. Do keep in mind, even if results display for an employee after clicking **Get Results**, this does not automatically mean you should end the benefit plan. You should continue to research the employee's election/entry/details to determine if accurate information is in isolved first.

In addition, you should also perform research to determine the exact date the benefit plan should/should have been entered for the employee if the employee does need to have the benefit ended. If it has been determined that the information is correct, and the benefit plan should be ended for the employee on this reporting, use the following steps to end the benefit plan.

1. Select one of the above-mentioned options to narrow down results.
2. Click **Get Results**.
3. Click the checkbox on the left side of the screen (for the applicable employee).
4. Confirm the **Date Ineligible** is accurate. The **Date Ineligible** field indicates the first date the employee is no longer eligible for the plan.
 - a. If the **Date Ineligible** needs to be adjusted, based on your prior research, change the date in that column for the employee.
5. Confirm the **Calculated Stop Date** is accurate. The **Calculated Stop Date** is the last date the employee should have had coverage for the benefit plan. Typically, the **Calculated Stop Date** is one day prior to the **Date Ineligible** date.
6. Notice if there is a **Y** in the **COBRA Eligible** column, as this indicates if the plan is set up as COBRA eligible.
7. Choose the **Benefit End Reason** from the drop- down.
 - a. If using isolved COBRA services, the reason chosen here, coupled with the **Y** in the **COBRA Eligible** column indicates that when you end the plan here, if you choose an eligible reason for COBRA, then the COBRA notification is sent to the employee, once you finish processing this request. You can see if that meets the requirements by the little icon that appears on the far-right side of the screen after you choose the **Benefit End Reason**. If no icon appears, it is not a COBRA eligible plan or reason chosen.
8. Click **Save**. This then marks the benefit plan as ended for the employee (**Employee Management > Employee Benefits > Benefits**), and if COBRA notices should be sent to the employee from isolved COBRA, they are automatically.

Note: Selecting and saving the record does *not* change the coverage level/change a benefit plan/enter a new benefit plan for the employee, this only ends the enrollment and send over a COBRA QE, if applicable. New coverage (if applicable) would still be required to be entered for the employee under **Employee Management > Employee Benefits > Benefits**. Or if a life event is set up to allow the enrollment, then the employee could enter their new elections there instead. If using the isolved COBRA Administration service with integration, this step is key to generate an Election Notice due to reduction in hours. Be sure the stop date used here is the loss of coverage date, or the last date the employee is covered by that plan.

Dependent Loss of Benefit Eligibility

The **Dependent Loss of Eligibility** option evaluates all active and pending enrollments to identify employees who have dependents that are no longer eligible for a benefit plan. Reporting in this section provides a general reason why the dependent is not eligible, and further research may be required. One exception is that there is an indicator for dependents who may be aging off a benefit plan, however you are encouraged to still verify the dependent's date of birth is accurate in isolved.

The added benefit of this reporting is that the results screen allows you to end the benefit plan right there. In addition, depending on the reason for ending the plan, if the client is using isolved COBRA services, the COBRA notifications are correctly sent to the employee when using this screen to end the benefit plan. There is only one option to choose for the dependent loss of eligibility reporting.

The ending of the benefit plan for the employee's dependent uses the same steps as mentioned in the previous section (employee loss of eligibility). However, keep in mind ending the benefit plan here does not change the coverage level or re-enroll the employee into a different coverage level (or the same coverage level) automatically. The feature on this screen only ends the employee's current coverage and new coverage (if applicable) as well as the new dependent list (also if applicable) would still be required to be entered for the employee under **Employee Management > Employee Benefits > Benefits**. Or if a life event is set up to allow the enrollment, then the employee could enter their new elections there instead.

If using the isolved COBRA Administration service with integration, this step is key to generate an Election Notice due to a dependent ceasing to be a dependent. Be sure the stop date used here is the loss of coverage date, or the last date the dependent is covered by that plan.

ACA Benefit Eligibility

The ACA Benefit Eligibility area identifies employees who are losing or gaining ACA benefit plan eligibility for a particular date range. This section of the tool is informational in nature and no actions are taken on the results shown. This reporting only works if you have the ACA Measurement Policy set up in isolved, and it was set up prior to the completion of the measurement period.

This part of the tool allows you to select the records you want to view:

- Employee loss of ACA eligibility for a benefit plan from <insert date > to <insert date >
 - From Date: Enter the last day of your most recent Administration period
 - To Date: Enter the start day of your Stability period
- Employee gain of ACA eligibility for a benefit plan from <insert date > to <insert date >
 - From Date: Enter the start date of your Stability period
 - To Date: Enter any future date after your Stability date

The above date requirements work for both ongoing employees and new hires. However, for new hires you have varying measurement periods. And do note, this reporting is only looking for the ACA Life Event that the system created during that time frame entered.

Employee Termination

Identifies employees showing as Terminated in isolved and have active benefit plan records in isolved. Just like with other options in Benefit Evaluation, you are encouraged to confirm the employee is in fact terminated first, and then you can use the results screen in this area to end the benefit plan for the employee, as well as send COBRA notifications, if applicable.

In addition, you should also perform research to determine the exact date the benefit plan should/should have been entered for the employee if the employee does need to have the benefit ended. If it has been determined that the information is correct, and the benefit plan should be ended for the employee on this reporting, use the following steps to end the benefit plan.

1. Select Terminated employees with active benefit plan record(s).

2. Click **Get Results**.
3. Click the checkbox on the left side of the screen (for the applicable employee).
4. Confirm the **Calculated Stop Date** is accurate. The **Calculated Stop Date** is the last date the employee should have had coverage for the benefit plan. This date is based on plan rules.
5. Notice if there is a **Y** in the **COBRA Eligible** column, as this indicates if the plan is set up as COBRA eligible.
 - a. If using isolved COBRA services, the benefit end reason is automatically chosen here, coupled with the **Y** in the **COBRA Eligible** column indicates that when you end the plan here, then the COBRA notification is sent to the employee, once you finish processing this request.
6. Click **Save**. This then marks the benefit plan as ended for the employee (**Employee Management > Employee Benefits > Benefits**), and if COBRA notices should be sent to the employee from isolved COBRA, they are automatically.

Do keep in mind, terminated employees would not appear on this list had the benefit plan been ended correctly for the employee when terminating the employee. See the following section for the proper process to terminate an employee's benefit plan when terminating an employee so that employee's do not appear in this section of **Benefit Evaluation** in the future.

Termination Wizard

To correctly terminate an employee's benefit plans when the employee is terminated, go to **Employee Management > Employee Maintenance > General**. The **Terminate** button in the action bar is what should be used, which starts what is called the Termination Wizard. Within the wizard you see the benefit plan dates are automatically populated based on the benefit plan rules. The advantages of using the Termination Wizard to end a benefit plan for an employee are:

- Provides a one-click solution to complete all processes around termination.
- Termination Reasons with and without severance.
- Applies all benefit plan termination rules, adding Benefit End Reasons, and sending applicable data to the COBRA Qualifying Event System.
- The Employee Termination Reason selected in the Termination Wizard is associated with a Benefit End Reason which is associated (at the System Level) with a COBRA Event Code. The COBRA Event Code determines if data is sent to the COBRA Event System.
- Each Termination Reason must be associated with a Benefit End Reason to trigger a COBRA Qualifying Event.
- Termination rules are required in each benefit plan set up.

Note: The Termination Wizard should be used for all employee terminations. If the employee benefit plans are stopped prior to the Termination Wizard, the system identifies COBRA eligible benefits at the time of termination and thus determines that no Qualifying Event has taken place, and no data is sent to the COBRA Event System.