

employee BENEFITS WEBINAR

September 2021



*Presented by
Mariah Shields*



Commonly Missed Pieces for All Sizes & 2021 Hot Topics



- ▶ **POP Plan (Premium Only Plan) CORE SERVICE & Discrimination Testing**
- ▶ **WRAP SPD (including Newborns' Act Notice)**
- ▶ **Lactation Space**
- ▶ **San Francisco Health Care Ordinance**
- ▶ **Premium Loads for Non-Vaccinated Employees (Delta)**
- ▶ **Mandatory Vaccinations**

Compliance Updates to Review Now and Prepare for in 2022



5+ Employees

2022 – Retirement Program MUST BE OFFERED by June 30th, 2022

HIPAA

Lily Ledbetter Fair Play Act

Equal Pay Act

Sexual Harassment Training **CORE SERVICE**

10+ Employees

Occupation Safety and Health Act

Compliance Updates to Review Now and Prepare for in 2022



15+ Employees

Accommodations under Americans with Disabilities Act

Pregnancy Treated as “any other illness” on medical plan

Genetic Information Nondiscrimination Act (GINA)

Compliance Updates to Review Now and Prepare for in 2022



20+ Employees

COBRA CORE SERVICE

The ARPA COBRA subsidy requires employers to **cover 100% of an employee's cost of continuing group health coverage** under COBRA from April 1, 2021 through September 30, 2021

Process for Notifying “Qualifying Beneficiaries” of Coverage Continuation Rights

Notices for Changes in Circumstance for COBRA beneficiaries & Notice on California extension at expiration of COBRA length of coverage

Notice on Disability extension for initial non-California qualification

San Francisco Health Care Security Ordinance

20+ Employees

The Spending Requirement dollar amount is based on the employer's number of **total employees**, whether or not working in San Francisco.

Employer Health Care Spending Requirement			
Employer Size	Total Employees	2020	2021
Large	100 or more	\$3.08/hour	\$3.18/hour
Medium	Business: 20 – 99 Nonprofit: 50 – 99	\$2.05/hour	\$2.12/hour
Small	Business: 0 – 19 Nonprofit: 0 – 49	Exempt	Exempt

The employer's Spending Requirement is calculated based on the number of hours the employee works within the City and County of San Francisco. Only the number of hours worked in San Francisco are counted. Paid time off, such as vacation and holidays, are considered work hours. Do not count more than 172 hours in a month (or 516 hours in a quarter) for any one employee.

Compliance Updates to Review Now and Prepare for in 2022



50+ Employees

Family Medical Leave Act notices and processes

Commuter Reimbursement Plan

Availability of Lactation Station

Affordable Care Act Reporting to Employee and Government (50+ FTE)

Mental Health Parity and Abuse Act

Notice on California extension at expiration of COBRA length of coverage

Affirmative Action

Compliance Updates to Review Now and Prepare for in 2022



100+ Employees

5500 Form for each plan with 100 or more participants

CORE SERVICE

WARN Act on large scale terminations

250+ Employees

W-2 reporting on health insurance contributions

CalSavers - Overview for Employers

California is one of several states that is introducing their own mandated IRA programs with automatic enrollment.

CalSavers has contracted with a Private Company to manage the expected influx since 2020. Technically speaking, CalSavers is a Roth IRA with automatic enrollment.

Employers with 100+ were expected to comply by 6/30/2020. Employers with 50+ were expected to comply by 6/30/2021.

Now, by 6/30/2022 groups with 5+ are expected to meet the same minimum Requirements.



CalSavers - What Does A Roth Only Plan Mean?

No Employer Contributions are allowed (including matching)

No Safe Harbor Options

No Employer Tax Benefits

The funds can only be put in with after tax dollars

CalSavers will have the funds be pulled directly from payroll

Fee's on this plan are baked into the Investments (less transparency than a 401K)

Because of the fee arrangement, fee's are paid for by the participant (approximately .83-.95 per \$100)



CalSavers - Pros & Cons



PROS

Low barrier of entry - get's people to start saving

Employer can opt out in lieu of a better 401k option offered

CONS (relative to a 401k)

Low maximums \$6,000 per year vs \$19,500 in 2021 for 401k

Less options compared to the open market. As with any competitive option, having more options with provide better opportunities for investments, returns and tax write offs

This is NOT going to help Employers with a competitive edge

This is NOT a replacement for a 401k

QUESTIONS



Let's Take A Break -
Review Any Questions



Non-Benefit, Benefit Trends Following COVID



It's no secret, everyone is competing to hire.
So what can you do?

First and foremost...**Talk to you employees!**

- Work with your HR to survey employees
- Ask open ended questions
- Give yourself time to implement and take things on in stage

Non-Benefit, Benefit Trends Following COVID



Think outside the box.

- Flexibility in work hours
- Remote Work Stipend
- Stipend for Continuing Education (you can offer different levels)
- Retirement / Financial Education (Gradifi)
 - Student Loan Programs
 - 529 College Savings Programs
- Food
- Recognition
- Options Options Options - you can't be all things to all people, so let them decide

Benefit Trends Following COVID



Benefits seeing a resurgence in 2021:

- 1) DCAP!
- 2) Voluntary
- 3) Life/LTD
- 4) Wellness*
- 5) H.R.A's (Not H.S.A's)
- 6) When in doubt, you can self-fund anything*
- 7) EAP Programs*
- 8) Better Contribution Schedules*
- 9) EDUCATION!!!*

Benefit Trends Following COVID



Let's Dive Deeper on four of those trends:

- 1) Better Contribution Schedules
- 2) Wellness (will dive into more shortly)
- 3) EAP Programs
- 4) EDUCATION

1) Contribution Schedules

Based on Tenure

Year(s) of Service	Year 1	Year 2	Year 3 +
Company Contribution %	50%	75%	100%
Flat Monthly Premium \$ (not age rated for illustrative purposes)	\$800	\$900	\$1000
Monthly Contribution based on Tenure	\$400	\$675	\$1000
Number of Benefit Eligible Employees	8	8	8
Total Company Monthly Contribution	\$3,200	\$5,400	\$8,000

*It is critical to at least consider doing a total compensation statement at least 1x per year if you want to implement at tenure program

Contribution Schedules

ILLUSTRATION ONLY

Plan Option	Base	Buy-down	Buy-Up
Name of Plan	Kaiser Gold	Kaiser Silver	Kaiser Platinum
Plan Monthly Premium for a 26-year-old employee	\$500	\$325	\$680
Company Monthly Contribution on the Base Plan	\$500	\$325	\$500
Employee Monthly Cost Share	\$0	\$0*	\$180

Base Plan

*When an Employee has opted for a buy-down option, employer may offer the premium difference to be applied to their dependent's benefit premium. This is not required

Contribution Schedules

A company has 63 employees, the average age is 37.
The rate for a 37-year-old on their PPO plan is \$575

Year(s) of Service	Year 1
Total Monthly Cost to Employer if they paid 100% based on Age Rated Rates	\$52,804
Total Monthly Cost to Employer if they paid 80% based on Age Rated Rates	\$42,243
Total cost to Employer with the Composite at 100%	\$36,225
Differential (100% / 80%)	(\$16,579) / \$6,018
Age vs Composite affect for a 49-year-old employee at 80%/100% (\$693 premium)	\$139 / \$118
Age vs Composite affect for a 27-year-old employee at 80%/100% (\$426 premium)	\$85 / \$0

Create a
COMPOSITE
Rate, Regardless
of your Size

% and \$ contributions are naturally agist in an age rated policy.
Creating your own composite can level the playing field for all ages
without blowing up the Employer Benefit Budget.

Contribution Schedules / Self-Funding

Let's assume a group of 30 employees - DENTAL


Base Plan

Plan Option	Fully Funded	Self Funded
Carrier	Principal Life	ABC Co.
Monthly Premium for Employee Only Coverage	\$55	\$500
Company Monthly Contribution assuming 100% coverage for Dental (\$55 x 30 members)	\$1,650	N/A
Annual Spend (assuming 80% utilization for self-funding)	\$19,800	\$12,000
Savings	\$0	\$7800

Self-Funded Cautions

- 1) Always start off with a limit that you can afford assuming 75% of your population hits the maximum. This is a conservative number, but it's always better to be prepared
- 2) You can always increase the amounts in year 2 forward
- 3) This is NOT a good benefit idea if you have consistent turnover, have a populations whose average age is above 50, or have a large population of members that are from areas that do not widely offer dental coverage
- 4) Make sure your advisor does a self-funded feasibility analysis for you

How do you determine your plans/contribution amount
- outside of just basic budget?



BENCHMARKING!



Silver HMO plans

Comparison Set Includes: 38 Employers

Industries: Agriculture, Forestry, Fishing & Hunting, Regions: All Regions, Headcounts: All Sizes

Other Filters: All, States Filters: All, Plan Type: HMO

PLAN TYPE	EMPLOYERS
PPO	68%
POS	5%
HMO	42%
EPO	2%
HDHP	34%

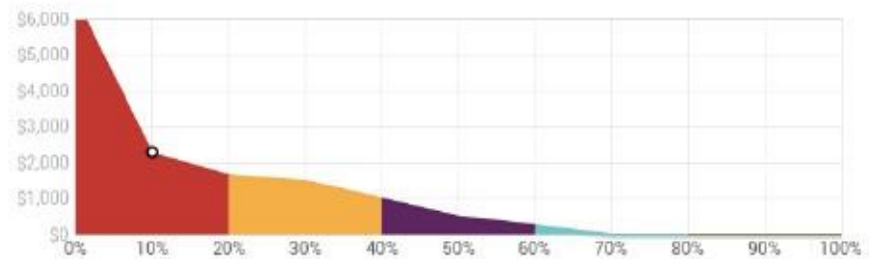


NUMBER OF PLANS	EMPLOYERS
Not Offered	0%
One Plan	32%
Two Plans	39%
Three or More Plans	29%



IN NETWORK COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$500	\$2,300
Deductible - Family	\$1,000	\$4,600
Maximum - Individual	\$5,500	\$8,000
Maximum - Family	\$11,000	\$16,000
Medical Coinsurance	0%	30%
Rx Coinsurance	40%	-

IN NETWORK DEDUCTIBLE - INDIVIDUAL



Percentile Rank

10

RX ONLY COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$350	\$250
Deductible - Family	\$700	\$500
Maximum - Individual	\$1,500	-
Maximum - Family	\$3,000	-

Rx-Only



29%

Require Separate Deductibles

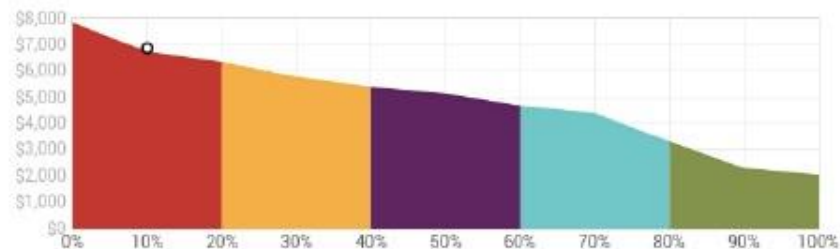


6%

Require Separate Maximums

GROSS ANNUAL COST	BENCHMARK	YOUR PLAN
Employee Only	\$5,106	\$6,873
Employee + Spouse	\$11,593	\$14,785
Employee + Child(ren)	\$10,914	\$10,321
Family	\$16,664	\$19,161
Age-Banded Rates	51%	Yes

EMPLOYEE ONLY GROSS COST



Percentile Rank

10

EMPLOYER PROVIDED CDHP ACCOUNT FUNDING	BENCHMARK	YOUR PLAN
Employee Only	-	-
Employee + Spouse	-	-
Employee + Child(ren)	-	-
Family	-	-

Account Types



Offer an HRA

OFFICE VISITS	BENCHMARK	YOUR PLAN	RANK
Primary Care Physician	No deductible, \$30 copay	No deductible, \$50 copay	30
Specialist Physician	No deductible, \$50 copay	No deductible, \$50 copay	50
Labs & X-Ray	No deductible, \$50 copay	No deductible, \$50 copay	50

FACILITY VISITS	BENCHMARK	YOUR PLAN	RANK
Inpatient Hospital	Deductible, \$600 copay	\$30, deductible, then coinsurance	15
Outpatient Hospital	Deductible, \$600 copay	Deductible, \$350 copay	25
Emergency Room	\$300, no deductible, coinsurance	\$30, deductible, then coinsurance	10
Urgent Care	No deductible, \$35 copay	Deductible, \$100 copay	2

2) Wellness

HealthSource Solutions	Self-Funded Solution	Kaiser Wellness
<p>Key Features:</p> <ul style="list-style-type: none">• 201+ challenges• Text tracking & reminders• Mobile app• Gift card mall• Health coaching*• Year-round portal management & reporting• Custom home page & challenges• Flexible incentive structure• Custom communications• Health assessment with year-over-year and cohort reporting• Biometric upload	<p>Reimbursement Method for wellness-related expenses:</p> <ul style="list-style-type: none">• Gym memberships• Yoga classes• Stress management• Sleep management• Nutrition• Tobacco cessation• Or more selections depending on company budget	<p>Self-Care & Digital Tools:</p> <p>Resources</p> <ul style="list-style-type: none">• Mobile apps• Audio activities• Guided exercises <p>Calm</p> <ul style="list-style-type: none">• #1 app for meditation & sleep• Hand-picked by Kaiser physicians• Confidential and easy to use <p>myStrength</p> <ul style="list-style-type: none">• Helps with depression, anxiety, sleep, stress, substance use & chronic pain• Support total health

HealthSource Solutions

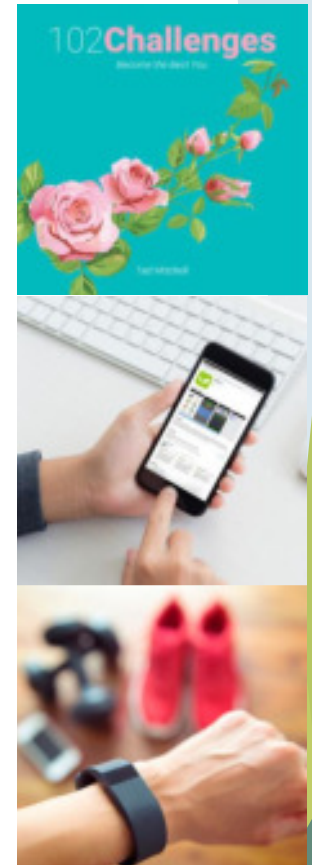
Key Features

What Your Employees will Love:

- 201+ individual and team challenges
- Text tracking and reminders
- Fitness device and app integration
- Mobile app
- gift card mall
- Health coaching*
- 100 health education video courses

Supporting Your Program Goals and Objectives:

- Year-round portal management & reporting
- Custom home page and challenges
- Flexible incentive structure
- Custom communications
- Health assessment with year-over-year and cohort reporting
- Biometric Upload



Self-Funded Solution

[Your Company] Wellness Program

This self-funded program is intended for you to reimburse your employees up to a certain amount annually for wellness-related expenses such as ...

- **Gym Memberships**
- **Yoga Classes**
- **Stress Management**
- **Sleep Management**
- **Nutrition**
- **Tobacco Cessation**

The annual amount could be set anywhere between \$200 to \$500. You may add more eligible expenses to the list or increase your annual amount as your budget allows.



Kaiser Wellness



KP Self-Care

Explore our broad range of self-care resources

Including apps, audio activities, articles, and more – designed to help you thrive in mind, body, and spirit. Specific offerings (Guided Exercises & Activities):

- How to practice mindfulness
- Managing Stress
- Meditation
- Mindfulness
- Mind-Body



YOU Time. Anytime.

Try the Calm app for self-care and better sleep

Calm is an app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps. Calm is:

- The #1 app for meditation and sleep
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use

DIGITAL TOOLS FOR EMOTIONAL WELLNESS

Self-care at your fingertips – at no cost to members

- myStrength helps with:
Depression | Anxiety | Sleep | Stress | Substance use | Chronic pain
- Support for Total Health – mind, body, and spirit. Digital tools can help you navigate life's challenges, make small changes that improve sleep, mood, and more, or simply support an overall sense of well-being



3) Employee Assistance Program

Core EAP	Premium EAP
<p>Annual Cost: FREE included with most disability policy</p> <p>Key Features:</p> <ul style="list-style-type: none">• Unlimited telephonic counseling 24/7/365• Up to 3 sessions per incident per benefit period• May include Legal and Financial consultation(s)• Online resources <p>Not Available:</p> <ul style="list-style-type: none">• Seminars• Employee and Management orientation• Critical incident debriefing• Communication materials and utilization reporting	<p>Annual Cost: Between \$5,000 to \$10,000</p> <p>Key Features:</p> <ul style="list-style-type: none">• Unlimited telephonic counseling 24/7/365• Between 3 to 10 sessions per incident depending on the plan• Include Legal and Financial consultations• Online resources• Seminars• Employee and Management orientation• Critical incident debriefing on-site up to a certain number of hours• Communication materials and utilization reporting

Employee Assistance Program

		CURRENT	Option 1	Option 2
Employee Assistance Program		Guardian	Magellan Health	Concern EAP
General Plan Information				
Number of Visits		3 visits per incident	3 visits per incident	3 visits per incident
Legal Resource and Referral Service		(1) 30-min consultation	(1) 60-min consultation	(1) 30-min consultation
Financial Counseling Resource		Included	(1) 60-min consultation	(2) 30-min consultation
Substance or Alcohol Use		Included	Included	up to 10 visits
Supervisor Referrals		N/A	N/A	up to 10 visits
Child Care and Elder Care Referral Service		Included	Included	Included
Online Information		Included	Included	Included
On-Site Employer Services				
Seminars		N/A	Included	Up to 3 on-site hours combined
Employee and Management Orientation/Training		N/A	Up to 10 hours annually	Up to 3 on-site hours combined
Critical Incident Debriefing		N/A	Unlimited events to 10 hrs/event	Up to 3 on-site hours combined
Communication Materials		N/A	Included	Included
Utilization Reporting		N/A	Included	Included
Monthly Rates		Headcount		
Per Employee	200	Included with LTD	\$2.34	Flat Fee
Monthly Cost		\$0	\$468	\$572
Total Annual Cost		\$0	\$5,616	\$6,864

Guardian Core EAP

Employee Assistance Program

The Guardian WorkLifeMatters Employee Assistance Program provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics to help encourage their well-being: stress management, dependent/elder care, nutrition, fitness, as well as legal and financial issues.

Program highlights include:

- Unlimited telephonic assistance on common employee/workplace issues
- Life advice and professional counseling
- Caregiving
- Maternity education
- College planning
- Balancing personal and professional life
- Psychological counseling
- Legal services
- ID theft and fraud resolution support
- Monthly newsletters and e-mail alerts
- Employee communication materials and utilization reports



 **Guardian**[®]

Magellan EAP

Get help when and where you need it

The Magellan Difference

Experience

With nearly **50 years of experience in EAP**, we serve national and global clients with diversified workforces in a variety of industries including retail, manufacturing, professional service organizations and financial services. We have built lasting—in some cases decades long—client relationships by focusing on exceptional customer service and delivering value at every stage in our journey together.

Clinical Excellence

We are passionate about helping employees successfully navigate through the ups and downs of their lives. **Nearly 50% of our staff have clinical designations (MD, RN, APRN, LCSW and PharmD)**. When your staff accesses the EAP by phone or video conference, our clinicians use a holistic approach to ensure all of their needs are met. Our nationwide network is over 100,000 providers and growing. Our goal is to provide assistance to your staff and their household members when and where they need it.

Commitment to Innovation

We continuously adapt our services by implementing new technology, new programs and new thinking. Recent innovations include counseling and coaching delivered through text, chat and video, clinically-proven mobile apps for specific conditions and our Member Well-being Platform. **We use agile thinking to deliver timely, quality products, and learn new ways we can lead humanity to healthy, vibrant lives.**

Serving Members in California

Magellan is Knox Keene licensed and compliant with those laws/regulations to serve your members in California. No matter where a member resides, they have access to the same level of service excellence in terms of program access, clinical staff, as well as comprehensive and diverse providers to meet their needs.



Concern-EAP

Your Employees' Wellbeing is our Mission

Keeping your employees healthy and happy can have a significant impact on your company's bottom line. CONCERN EAP is the perfect partner to help you build and maintain a healthy, productive workforce.

Focused care

Our staff of experienced, licensed counselors work one-on-one with your employees to help them resolve issues that may be impacting their performance on the job and their home lives. We'll help them get to the bottom of the issue and devise solutions and plans of action to regain their mental and emotional wellbeing and workplace productivity.

Lifting the bottom line

Missed shifts, absenteeism, low morale and high turnover can be very costly to a company, both financially and in the field of competition. CONCERN EAP partners with you to offer [employee wellbeing services](#), programs and resources to help ensure your employees are cared for, and reduce on-the-job accidents, sick days, lost productivity, poor service and workers compensation expenses. The US Department of Labor reports that for every dollar invested in an EAP program, employers save anywhere from \$5 to \$16.

A real impact

More and more employers are discovering the benefits of offering an EAP to their employees. In 2016, more than 77% of all employers offered an EAP, up from 46% in 2005. In many cases, companies found their employees responded very well to counseling. One company found that 92% of employees who engaged with their EAP saw improvement with their issue, and a 47% drop in absenteeism. In most cases, companies can see up to a 25% improvement in lost productivity, especially when the employee suffers from depression or a similar issue that can have a more significant impact on that individual's work performance.

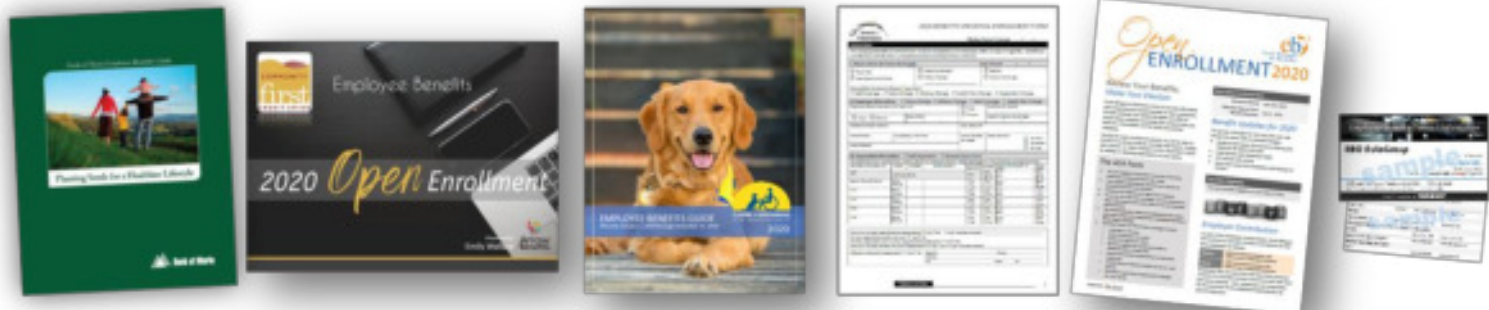


4) EDUCATION - Benefits Communications

Education. Education. Education. An effective and successful employee benefits communications campaign requires that all benefits are communicated simply and consistently.

Arrow will customize your benefit communication materials to meet your needs:

- Open Enrollment & Employee Onboarding Communication materials
- Alianza Spanish Language Division Translation and Communication Services
- Benefits Wallet Card
- Benefits Guide
- Bi-fold / Tri-fold benefits brochure
- Universal Benefits Enrollment/Waiver Form
- Custom Employee Web Site
- Internal Communication Expert
- Benefits TV
- Onboarding and Enrollment - **ease**
- PDF to Flipbook
- Arrow Connected



Communications ~ Informative Articles

Administrative BEST PRACTICES



Consider Questions, Straight Answers.

Don't wait to process changes!

With the Affordable Care Act, carriers will no longer make exceptions on retro-terminations. When you submit a termination file, the carrier will only go back for the full 30 days to which the termination was approved. Exceptions are only made if the employer can show proof the termination was important to keep the file in the event of a claim from the statement.

If service is handling on a timely manner, so is your employer's expectations.

Reserve your carrier!

It is important to meet members and expect nothing with the best.



HSA CONTRIBUTIONS and Mid-Year Changes



Consider Questions, Straight Answers.

Your eligibility to make contributions to an HSA can change mid-year for many reasons. Maybe you added or dropped HSA-qualified health plan coverage because you started a new job, enrolled in Medicare, or simply because you work for an employer whose benefits reset mid-year. As a result, you may need to prorate your

Employer MANDATE



Consider Questions, Straight Answers.

Employers must offer health insurance or pay a penalty.

Employer Mandate Overview

Employers must offer health insurance that is affordable and provides minimum value to 95% of their full-time employees and their children up to the end of the month in which they turn age 26 or be subject to penalties. This is known as the employer mandate. It applies to employers with 50 or more full-time employees, and/or full-time equivalent (FTE) employees who work 30 or more hours per week, are considered full-time.

Employer Mandate Requirements

Affordable Coverage

Coverage is considered "affordable" if employee contributions for employee-only coverage do not exceed a certain percentage of an employee's household income (\$1,790 in 2022 and \$1,830 in 2023). Based on 30% self-reliance, coverage is affordable if the cost of self-only coverage is less than the lowest percentage of the following:

- Employee's W-2 wages (reduced by any salary reductions under a 401(k) plan or cafeteria plan)
- Employee's monthly wages (hourly rate x 120 hours per month) x 0.8
- Federal Poverty Level for a single individual

In applying without incentives to the employee contributions used to determine affordability, assume that each employee uses all wellness incentives related to tobacco use, but no other wellness incentives.

Minimum Value

A plan provides "minimum value" if you at least 90% of the cost of covered services (deductibles, copays and coinsurance). The U.S. Department of Health & Human Services has developed a minimum value calculator that can be used to determine if a plan provides minimum value.

Learn more about the coverage requirements.



Special Exception

To contribute to an HSA on the last month of your tax year (most taxpayers), you are for the entire year, provided you are an HSA-qualified health plan (H) of the following year (to apply by 12/31/2022 and stay 03/2023).

It also applies when switching jobs

After mid-year, you may also be subject to rules. For example, if coverage individual to family or through the full family maximum so long as you maintain family status 1 of that year through following year. However, if you again from family back to the remainder of the year, you must have more than the individual but less than the family 50%.

It also applies when switching jobs

Number of months you will have contributed by the total annual limit divided by 12.

It is the number of months you were multiplied by the total dollar limit divided by 12.

It is 100% W-2 or 100% W-2

It is the number of months you were multiplied by the total dollar limit divided by 12.

It is the number of months you were multiplied by the total dollar limit divided by 12.

Premium Only Plan

What does it mean to you?



Consider Questions, Straight Answers.

A Section 125 Premium Only Plan (POP) is a cafeteria plan which allows employees to pay their health insurance premiums with pre-tax dollars. These POP plans are generally used in combination with employer-sponsored group health insurance plans. By paying your portion of insurance premiums with pre-tax dollars, it can lower your taxes and increase your take-home pay.



Important Reminders & INDUSTRY NEED TO KNOW | 2022



Consider Questions, Straight Answers.

Sexual Harassment Training Law


Beginning January 1, 2021, all California hours of training to supervisory employees

After the initial training, all employees (that was provided in 2020 is good for) is the training deadline. Also beginning a positions must receive the appropriate training.

As of January 1, 2021, employers must train any employee who is hired to work for 1 first 100 hours worked, whichever comes employees. Therefore, if you are getting training.

Arrow Benefits has partnered with Third Contact your Arrow account manager for

Renewal & Open Enrollment Considerations



Renewal

- All your group except the rate increase and stay on the same Plan, or do you wish to move to another Plan or to another Insurance Carrier?
- Do you wish to add another Plan option alongside your current plan?
- If there are any Plan changes, how will the Employees be informed about them?
- Will you determine Summary of Benefits and Coverage (SBC) to your enrolled Employees?

Open Enrollment

- If your group offers more than one Plan option, do you Employees wish to change from one Plan to another or Open Enrollment?
- Do any full-time Employees on the Group Plan wish to be added onto the Group Plan at Open Enrollment?
- Do any Dependents of Employees on the Group Plan wish to be added onto the Group Plan at Open Enrollment?
- How your group wish to change to New Hire Waiting Period?

Additional Uses of Coverage

- Does your Group wish to add or update any other Group Uses of Insurance Coverage (Disability Plans, Dental, Vision, Long Term Disability, Long Term Care, Term Life Insurance)?
- Arrow Benefits Group also assists Employees with Personal Uses of Insurance Coverage (e.g., Life Insurance, Long Term Care, etc.). Do you or any Employees wish to receive a personal Use of Insurance option?

Customer Services

- Do you and your Employer need any supplies (New Hire Enrollment form, Termination form, ID cards, Benefit Booklets)?
- Communications: Do you need an Open Enrollment Meeting, Webinars, Annual Meeting, Spanish Language Training?
- How else may we be of service to you?

Referral

- Do you have another company who could benefit from our Health Insurance Broker services?

RENEWAL & OPEN ENROLLMENT Considerations



Consider Questions, Straight Answers.

IT'S THAT TIME AGAIN...

Renewal time and Open Enrollment is the time for Employers and Employees to make changes to their Health Insurance Plans. (Please note that not all plans offer Open Enrollment.)

All Open Enrollment changes should be submitted at least two weeks prior to your Group's Renewal time for the Carrier to process changes and start 30 days before the Renewal Effective Date. Below are the topics we will review with you for your Group's Renewal and Open Enrollment.

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Arrow Benefits Insurance Services
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