

ADMINISTRATION MADE EASY



A Guide for the COBRA Website's Functionality

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COBRA Administration Introduction

Congratulations on implementing services with UnitedHealthCare Benefit Services!

Please return to our web site:
<https://uhcservices.com> for administration of services.

UnitedHealthcare is furnishing this guide to provide your organization with detailed, in-depth reference material to assist you with the many working parts of COBRA administration.

We are confident you will find this manual a useful tool in working with us on your COBRA Administration.



Please remember without your continued engagement with this product, UnitedHealthcare Benefit Services cannot provide continued administration.

Which Employers are Required to Offer COBRA Coverage?

Employers with 20 or more employees are required to offer COBRA coverage and to notify their employees of the availability of such coverage. COBRA applies to plans maintained by private-sector employers and sponsored by most state and local governments.

There are 3 elements to qualifying for COBRA benefits. COBRA establishes specific criteria for plans, qualified beneficiaries, and qualifying events:

Plan Coverage - Group health plans for employers with 20 or more employees on more than 50 percent of its typical business days in the previous calendar year are subject to COBRA

Qualified Beneficiaries - A qualified beneficiary is an individual covered by a group health plan on the day before a qualifying event who is either an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries.

Qualifying Events - Qualifying events are certain events that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA.

COBRA Administration Continued

How Long Can Someone Be on COBRA?

The maximum required time period for COBRA coverage depends on the type of qualifying event - 18 months up to 36 months. General Notices must be provided to each beneficiary when coverage is first obtained, such as when newly hired. Another notice is required when a qualifying event occurs and benefit coverage is lost. Examples of such events include employee terminations, long term disability, divorce, dependents no longer meeting the plan's eligibility requirements, etc.

UnitedHealthcare Benefit Services does not provide these General Notices. We do offer a template for the General Notice that can be printed and mailed out. This can be located on our COBRA website.



Penalties

COBRA represents a maze of compliance rules for you to understand and follow. Even with the best of intentions, COBRA laws not understood and/or properly implemented have the potential to cost your organization hundreds even thousands of dollars in penalties, fines, medical claims and liability suits.

Failure to provide the required notices can leave you with an open-ended liability for each qualified beneficiary. The penalties are assigned by the court at its discretion and allow the court to award other relief as it deems necessary to correct the situation. This means that you may not only have to pay up to \$110 a day for each violation for each beneficiary, but you can also be held liable for any unpaid claims and the value of future coverage.

No matter how many different qualified plans, number of employees, number of carriers, or different rates an employer has, the administrative services provided by UnitedHealthcare Benefit Services are up to the task. UnitedHealthcare Benefit Services provides streamlined COBRA administration with the assurance of compliance and effective record-keeping.

COBRA Administration

Responsibilities and tasks we perform for you as part of our COBRA administration and processing:

- Take over administration of current COBRA participants
- Ongoing U.S.P.S mailings of qualifying event notices with proof of mailing
- Expedient review and processing of COBRA elections
- Numerous written communications and reminders to participants and qualified beneficiaries regarding their account status, including eligibility for COBRA disability extensions
- Monthly premium collection from participants, including notices of partial or late payments
- Optional monthly premium withdrawal from COBRA participants' checking or savings account at no extra charge
- Delivery of a monthly Electronic Funds Transfer (EFT) to you for received COBRA premiums
- Toll-free Customer Care Center Support

- Online access for COBRA beneficiaries to review account status
- Employer reports available on the web 24 hours a day, 7 days per week
- Payment invoices sent to all participants affected by new benefit plans or premium renewal rates
- Minimum seven year archival of data for ERISA compliance
- Technical assistance on questions about COBRA administration or compliance at no additional cost
- Distribution of information to advise you of any changes in the regulations that affect COBRA



COBRA Administration – Plan Details Tab

- The plan details tab is the first tab on the left hand side.
- There are two tabs that say plan details.
 - The first Plan Details tab is going to be the carriers information you added upon implementation, the information on this tab will never change.
 - The second Plan Details tab is the currently active plans for COBRA members. This is the tab which will update each year when you complete your renewal

- If you click in the **View** column, you will be able to view that plan

- Once you have clicked on the icon in the **View** column, it will open a new internet page.
- This will show the information that the employer input upon implementation.

COBRA Administration – Take Over Tab

The Take Over tab is the next tab to the left of the page. This will allow employers to enter participants who are already on COBRA into the UnitedHealthcare Benefit Services system so that we can administer the COBRA.



Note: If a Broker has been delegated access to <https://uhcservices.com>, the group administrator must first log in, and then log back out before the Broker will have full access to the web. This is only a one-time process, and does not need to be performed each time the Broker uses the web.

- Click **NEXT** to begin.
- If you receive the error, Data Not Yet Available, please come back to the website and try again the next day. This error appears when the implementation is not complete..

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Sign Out

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Takeover Event
Client:
Welcome to the Billing Services TakeOver Notification Setup.
Please complete the following screens initially for each of your current Billing Services participants (takeover).
The information provided allows us to process the individuals in our Billing Services system so we can manage their Billing Services premium billing and communicate regularly with them. For us to properly process and notify the individual, you must complete all fields on the screen.

Click "Next" to continue.

NEXT

- Enter all information that is required.

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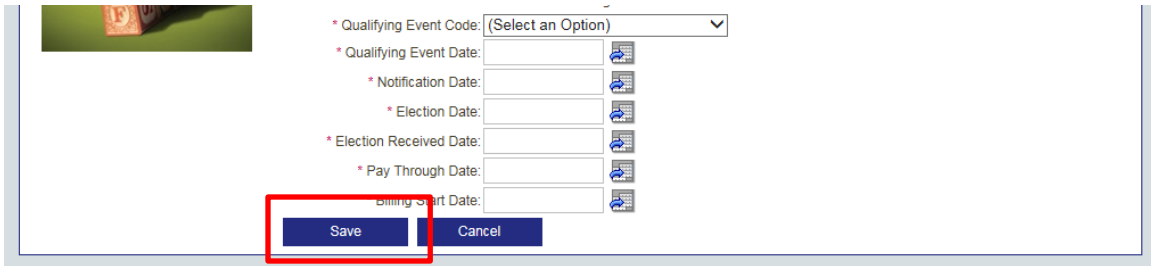
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Add Beneficiary
Client:
* Required Fields
A takeover is a type of Qualifying Event Notification (QEN) where an employee has already elected COBRA coverage. UnitedHealthcare will "takeover" the administration of COBRA from your previous Third Party Administrator or an employer depending on the situation.

Beneficiary Information

* Social Security Number:
Employee ID:
* First Name:
* Last Name:
* Address 1:
* City:
* State: (Select a State)
* Zip Code:
* Date of Birth:
Gender: ☒ Male ☐ Female
Marital Status: ☒ Married ☐ Single

COBRA Administration – Take Over Tab



* Qualifying Event Code: (Select an Option) ▼

* Qualifying Event Date:

* Notification Date:

* Election Date:

* Election Received Date:

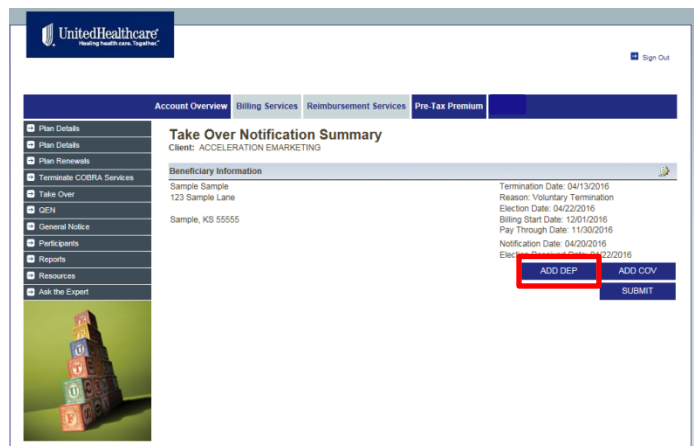
* Pay Through Date:

Billing Start Date:

Save **Cancel**

- The dates on the take over will determine when we start COBRA administration and when we start to bill the member.
- Qualifying Event Date = date of termination from employment
- Notification Date = date the member was notified of their COBRA rights
- Election Date = date the member elected COBRA
- Election Received Date = date the employer received the election notice from the member
- Pay Through Date = the final date the member has paid COBRA premium payment i.e.. 09/30/2016
- Billing Start Date = date which members billing should begin
- Click **SAVE**

- Click **ADD DEP** to enter more dependents on the coverage



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Take Over Notification Summary
Client: ACCELERATION EMARKETING

Beneficiary Information

Sample Sample 123 Sample Lane Sample, KS 65555	Termination Date: 04/13/2016 Reason: Voluntary Termination Election Date: 04/22/2016 Billing Start Date: 12/01/2016 Pay Through Date: 11/30/2016 Notification Date: 04/20/2016 Election Received Date: 04/22/2016
--	---

ADD DEP **ADD COV**
SUBMIT

COBRA Administration – Take Over Tab

- Enter all information that is required
- Click **SAVE**

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Add Dependent
Client:
* Required Fields

Dependent Information
* Dependent SSN: 564987123
* Dependent First Name: Sissy
* Dependent Last Name: Sample
Address Same As Beneficiary: ☒
* Date of Birth: 02/02/2002
Gender: ☐ Male ☒ Female
* Relationship: Spouse
Qualifying Event Date: 04/13/2016
Coverage Effective Date: 04/13/2016

SAVE CANCEL

- Click **ADD COV** to add correct COBRA coverage

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Take Over Notification Summary
Client:

Beneficiary Information
Sample Sample
123 Sample Lane
Sample, KS 55555
Termination Date: 04/13/2016
Reason: Voluntary Termination
Election Date: 04/22/2016
Billing Start Date: 12/01/2016
Pay Through Date: 11/30/2016
Notification Date: 04/20/2016
Election Received Date: 04/22/2016

List of Dependents

First Name	Last Name	Effective Date
Sissy	Sample	04/13/2016

ADD DEP **ADD COV**

- Choose the Carrier ID, the Plan ID, and the Plan Tier.
- Enter the effective date
- Click on the Add beneficiary to the coverage box
- Click on the dependents which should be added to the coverage.
- Click **SAVE**

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Add Coverage
Client:
* Required Fields

If a plan is not listed in the dropdown, you will need to submit the takeover information using the Ask the Experts link on the left menu or submit the information via email to cobra@uhcservices.com

Coverage Information
Coverage Name: Medical aid
* Carrier ID: UnitedHealthcare
* Plan ID: Medical aid
* Plan Tier (Coverage Level): Employee + Child(ren)
* Coverage Effective Date: 05/02/2016

☒ Add beneficiary to the coverage

List of dependents:

Last Name	First Name	Date of Birth
<input checked="" type="checkbox"/> Sample	Sissy	02/02/2002

SAVE CANCEL

COBRA Administration – Take Over Tab

- Make sure all information is correct
- Click **SUBMIT**

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Take Over Notification Summary

Client:

Beneficiary Information

Sample Sample
123 Sample Lane
Sample, KS 55555

Termination Date: 04/13/2016
Reason: Voluntary Termination
Election Date: 04/22/2016
Billing Start Date: 12/01/2016
Pay Through Date: 11/30/2016
Notification Date: 04/20/2016
Election Received Date: 04/22/2016

List of Dependents

FirstName	LastName	Effective Date
Sissy	Sample	04/13/2016

List of Coverages

Medical aid	Employee + Child(ren)
Sissy	Sample

ADD DEP

ADD COV

SUBMIT

COBRA Administration – QEN Tab

The QEN or Qualifying Event Notification Tab is the next tab to the left side of the page. This is the tab in which the employer will enter any former employee for COBRA notification when an employee terminates from employment or has another qualifying event. Notification of ANY event in which the employee or a dependent will lose health-related benefit coverage, including: Termination of Employment, Reduction of hours (includes leaves of absence) Divorce or legal separation, Employee entitled (covered) by Medicare, Dependent over “normal” age, Dependent reaching maximum age, or Employee’s death.



The QEN Tab is not necessary if you have all UHC policies. However, after 5 business days it is still the employers responsibility to log into the web portal

- Enter the Social Security Number with the dashes
- Click **NEXT STEP**

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Sign Out

Billing Services > QEN > Verify SSN

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Verify SSN
* Required Fields

Social Security Numbers (SSN) should be formatted with dashes (example: 000-00-0000)

If you entered the Qualifying Event online through UnitedHealthcare Employer eServices please follow the steps below to complete information for additional carriers:

1. Select 'Participants' from the left menu
2. Search for the COBRA eligible individual
3. Select 'Request Edit' and enter the following information for additional carriers:
 - Carrier Name
 - Individual tier level

Please allow 3-5 business day for information to be transmitted to uhcservices.com

* Social Security Number:

CANCEL NEXT STEP

- Enter all information that is required.

Please remember that the Qualifying Event will determine how long the member receives COBRA. If you are unsure which event to choose please call our Customer Service Center at (800) 318-5311



The Qualifying Event Date is the last day of employment for the member.



- Click **NEXT STEP**

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Billing Services > QEN > Beneficiary

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Beneficiary Help ?
* Required Fields

Please Review The Following Errors:
• QUALIFYING EVENT CODE is required.

A Qualifying Event is any of a set of specified events that occurs while a group health plan is subject to COBRA and that causes a covered Employee (or the spouse or dependent child of the covered Employee) to lose coverage under the plan. There are Qualifying Events that affect Employees, spouses and Dependents.

* Social Security Number: 654-98-7123

* Qualifying Event: TE - Termination of Employment

* Qualifying Event Date:

Alternate ID:

* First Name:

Middle Initial:

* Last Name:

* Address:

* City:

* State: (Select a State)

* Zip Code:

* Date of Birth:

Email:

Phone:

Gender: ☒ Male ☐ Female

Marital Status: (Select Option)

SAVE STEP PREVIOUS STEP NEXT STEP

COBRA Administration – Dependent Events/Severance

Spousal/Dependent Events :

- Death
- Divorce
- Medicare Entitlement

These are qualifying events in which the spouse and/or dependents are possibly entitled to COBRA coverage. These events need to be entered via the COBRA website by the employer.



When entering the event onto the website the employer should enter the spouse demographic information as the employee. The employer should then offer the spouse EMPLOYEE ONLY coverage.

If the original coverage is family coverage, the employer should enter the spouse demographic information as the employee. The employer should then offer the spouse and dependents EMPLOYEE and CHILD(REN) coverage.

If the original coverage is Employee and Child(ren), the employer should enter the oldest child's demographic information as the employee. The employer should then offer the oldest child and other dependents as EMPLOYEE and CHILD(REN) coverage.



If the employer is paying for COBRA for the employee, please contact us at cobra@uhcservices.com or Ask The Expert via the website. Please indicate who the severance is for, how long the employer is paying for the severance and what coverage is the severance for.

COBRA Administration – QEN Tab

- The Additional Information page is optional information for the member being entered.
- Enter the Originally Insured Social Security Number. This would be in the case of a dependent loss of coverage.
- Enter the Hire Date of the Originally Insured, if unsure you can skip this step.
- Click **NEXT STEP**

- If there are dependents that need to be entered (Spouse or Children), click **ADD NEW**
- If there are no dependents to add, click **NEXT STEP**

- If you're adding a dependent, enter all the required information.
- Click **Save**

COBRA Administration – QEN Tab

- Choose what coverage(s) the member had during employment.

- Click **NEXT STEP**

Coverages
* Required Fields

Check all the benefit plans the employee was enrolled in at time of the qualifying event. If this is a spouse or dependent that has experienced a qualifying event, check the benefit plans they are eligible to elect.

Qualified Beneficiaries have the right to elect coverage independently, therefore they must also be offered the lesser coverage levels. For example if an employee had Family coverage they must be offered this in addition to Employee Only, Employee + Spouse and Employee + Children. Please be sure to select the lesser coverage levels when selecting the plans.

Select	Premium	Carrier	Plan Name	Tier	Tier Description
<input type="checkbox"/>		00221668	UHC River Valley(Standard Plan)	EC	Employee + Child(ren)
<input type="checkbox"/>		00221668	UHC River Valley(Standard Plan)	ES	Employee + Spouse
<input type="checkbox"/>		00221668	UHC River Valley(Standard Plan)	EO	Employee Only
<input type="checkbox"/>		00221668	UHC River Valley(Standard Plan)	EF	Family
<input type="checkbox"/>		00221669	United-Healthcare(Buy up plan)	EC	Employee + Child(ren)
<input type="checkbox"/>		00221669	United-Healthcare(Buy up plan)	ES	Employee + Spouse
<input type="checkbox"/>		00221669	United-Healthcare(Buy up plan)	EO	Employee Only
<input type="checkbox"/>		00221669	United-Healthcare(Buy up plan)	EF	Family

SAVE STEP **PREVIOUS STEP** **NEXT STEP**

- Verify all information on the confirmation page.

- Click **SUBMIT**

- Your QEN is now submitted, UnitedHealthcare Benefit Services will now send out the notification to the former employee.

Confirmation
* Required Fields

Please note: if a participant makes a payment to you (acting as the client) for their COBRA premiums, United-Healthcare needs to be notified in order to ensure an accurate pay through date. Please send the following information to COBRA@uhcservices.com

- Participant Name
- Last 4 digits of the SSN
- Payment amount
- Payment period
- Your contact information

Please encourage the participants to make payments online at uhcservices.com or send the payment to the address on their Qualifying Event Notification or on their monthly invoice.

Sample Jones
26 First Street East
Anywhere, MN 56905

Important Information

Social Security #: 654-98-7123
Gender: F
Marital Status: S
Birthdate: 09/10/1976
Qualification Date: 09/19/2016
Qualification Code: TE - Termination of Employment

Coverages:

Carrier	Plan Name	Tier	Tier Description
00221668	UHC River Valley(Standard Plan)	EO	Employee Only

BACK **SUBMIT**



Once the QEN is entered, the members COBRA information will import into our COBRA systems within 48 to 72 hours. Once received, we will mail the COBRA notice the next business day.

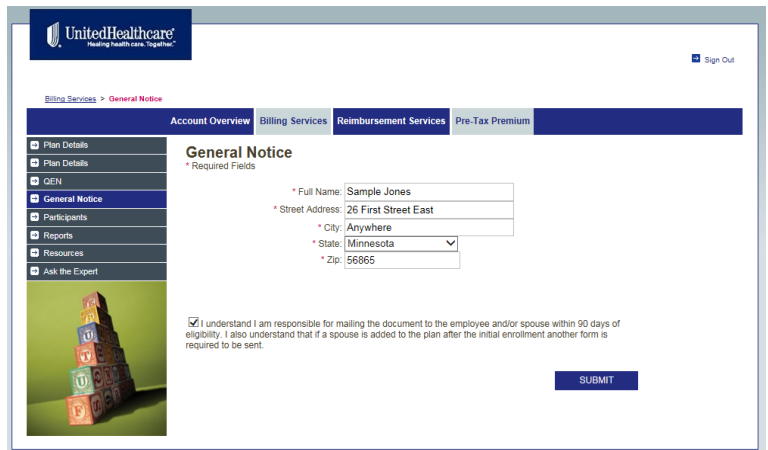


Once the QEN is submitted, you will not be able to go back and edit any information. Please contact us via email at cobra@uhcservices.com or Ask The Expert on our website.

COBRA Administration – General Notice Tab

The general notice describes general COBRA rights and employee obligations. This notice must be provided to each covered employee and each covered spouse of an employee who becomes covered under the plan. The notice must be provided within the first 90 days of coverage under the group health plan.

- Enter the covered employees name and address.
- Check the box next to 'I understand'.
- Click **SUBMIT**



UnitedHealthcare
P.O. Box 1747
Brookfield, WI 53008
www.uhcservices.com
Phone: (877) 797-7475

Date Printed: 09/22/2016

General Notice of COBRA Continuation Coverage ** Continuation Coverage Rights Under COBRA**

- A PDF copy of the General Notice will appear.
- Please print this General Notice and send to the covered employee via mail.
- Mailing this certified will give you evidence that it was delivered to the employee.

Sample and Dependents.
26 First Street East
Anywhere.MN 56865

You are receiving this notice because you, your spouse, and/or dependents, if any, have recently become covered under the group health plan for the following employer:

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional

COBRA Administration – Participants Tab

The Participants Tab will allow you to look up COBRA participants and members who have been mailed a QEN. This will give you a better idea of how you can find out information from the website about your former employees and their COBRA coverage.

- There are several ways to look up the participants:
 - Last Name
 - Social Security Number
 - Last 4 of the SSN
 - Click **FIND** (this will pull all participants)

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Billing Services > Participants

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Participants

Search By:

Participant Status:

Other ID:

Last Name: First Name:

Social Security Number: Last 4 SSN:

FIND

Results:

- When the participant is pulled up, you will have three options:
 - **Request Edit**
 - **Letters**
 - **Report**

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Billing Services > Participants

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Participants

Search By:

Participant Status:

Other ID:

Last Name: First Name:

Social Security Number: Last 4 SSN:

FIND

Results:

Participant	SSN	Event Date	Event ID	Enroll	Request Edit	Letters	Report
GRIFFIN, JOHNNY	XXX-XX-2576	03/31/2016	01				

COBRA Administration – Participants Tab

- Click on the icon under **Request Edit**
- A popup will appear allowing you to email UnitedHealthcare Benefit Services.
- This will allow for the employer to make changes such as addresses, birth dates, coverages and corrections.
- You can also use this to ask questions in reference to this participant.
- Click **SUBMIT**
- You will receive a reference number (PWIR) once you select **SUBMIT**

Request Edit

Instructions: Please complete the information below.

1. Enter contact full name which corresponds to the email address entered.
2. Enter the email address that can be used for any questions.
3. Complete the description on what you need completed. Please include all information needed to complete the task.

If the email below is no longer valid, please send a request to have this email address updated on your user account.

* Contact Full Name:

* Email Address:


* Please type your request in the textbox below and click the Send button.

SUBMIT

CLOSE

Your request has been submitted for JONES, JOHN. Please keep the Request Number for future reference. Request Number: PWIR1058885

- Click on the icon under **Letters**
- There is a number of letters that you will be able to view and print for all participants.

Sign Out

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Participant Letters

[Help ?](#)

Some documents available on this page require Adobe Acrobat Reader (version 6.0 or higher). [Download Adobe Acrobat Reader](#)

Participant: SUSAN ROY

Type ID	Letter	Date Sent	View
1410	Non-Sufficient-Funds Notice	09/09/2016	
1220	Periodic On-Going Billing	09/06/2016	
1220	Periodic On-Going Billing	08/08/2016	
1220	Periodic On-Going Billing	07/07/2016	
1220	Periodic On-Going Billing	06/06/2016	
1220	Periodic On-Going Billing	05/05/2016	
1380	Approaching End of Elig. Conversion Notice w/CA, TX, NY Law	05/05/2016	
1220	Periodic On-Going Billing	04/12/2016	
1220	Periodic On-Going Billing	04/01/2016	
1380	Approaching End of Elig. Conversion Notice w/CA, TX, NY Law	03/30/2016	

RETURN

COBRA Administration – Invoice Sample

Sample of the 1st Page of Continuation Coverage Billing for Participants

UnitedHealthcare
Division: Benefit Services
P.O. Box 740221
Atlanta, GA 30374-0221
Ph: (866) 747-0048

CONTINUATION COVERAGE BILLING

Include the remittance slip on the reverse side for accurate processing

Carrier Name	Coverage	Coverage Dates	Amount	Due Date
UHC AGZV (08S6658) MEDICAL	Family	08/01/2018 - 08/31/2018	\$ 949.52	08/13/2018
UHC V1004 (08S6658) VISION	Family	08/01/2018 - 08/31/2018	\$ 15.90	08/13/2018

			Total \$ 965.42	

			Prev.Bal. \$ 384.50	
			=====	
			Total \$ 1349.92	

Note: To assure continued and uninterrupted coverage, you are responsible for making timely premium payments even if you do not receive monthly premium reminders. The past due amount can cause a suspension or termination of coverage until the payment is received. It is important to remember that your past due amount must be paid within the original grace period. You can make your payment by visiting www.uhcservices.com.

If you are set up to make payments through EFT directly from your checking or savings account, this billing notice is just a reminder that the amount listed will be drafted from your account.

UnitedHealthcare is providing billing services for you under the INFOMERICA INC group benefit plan(s). Enclosed is your remittance slip which reflects the premium due and payable for your coverage. In order to maintain eligibility under the group benefit plan(s), your payment must be received and postmarked no later than the coverage end date noted above. ***Failure to remit payment prior to the coverage end date may result in a loss of coverage without the possibility of reinstatement.*** Your premium payment must be returned along with the remittance slip for the period(s) you are paying. Please make your check payable to UnitedHealthcare. Detailed account information, payment information and electronic copies of mailings sent to you can be found on your account at www.uhcservices.com.

All Payments should be sent to: Or made online at www.uhcservices.com

UnitedHealthcare
P.O. Box 712796
Cincinnati, OH 45271-2796

UnitedHealthcare offers you multiple options for making your payment;

1. UnitedHealthcare offers you the option to make a payment directly from your checking or savings account or from your credit card (MasterCard, VISA, Discover, American Express) or your debit card. To take advantage of this easy payment process, login to uhcservices.com and click on the link to complete the information for your one-time payment. (Note: Credit or Debit Card payments cannot be taken over the phone)
2. If paying by check, your premium payment must be returned along with the remittance slip for the payment period(s) you are paying. Please make your check payable to UnitedHealthcare and mail to the address on the remittance slip below.
3. UnitedHealthcare offers you the ability to make premium payments through Electronic Funds Transfer (EFT) directly from your checking or savings account. If you decide to sign up for automatic withdrawals, they will **continue as the premiums come due** until either cancelled by submitting the request in writing or by canceling insurance coverage(s). To take advantage of this easy payment process, login to uhcservices.com and click on the link to complete the information for your automatic payment.

Checks returned, incorrect account numbers, EFT's rejected for insufficient funds or checks which cannot otherwise be cashed, do not constitute payment.

IMPORTANT INFORMATION

As not to delay processing of your payment or request for changes, do not include correspondence with your payment.

Keep your plan informed of address changes

In order to protect you and your family's rights, you should keep UnitedHealthcare informed of any change in your address and the address of your family members by sending updated information to:

UnitedHealthcare
P.O. Box 740221
Atlanta, GA 30374-0221

You may also email cobra_kyoperations@uhc.com or visit our secure website, www.uhcservices.com and use the Request Edit function from the left-hand menu.

Contact UnitedHealthcare at (866) 747-0048 for:

- Premium and/or invoice questions
- Coverage effective date questions

Contact the customer service number on the back of your ID card for:

- Detailed plan questions
- Claims questions

Please cut and return the remittance slip below and return it with your payment.

COBRA Administration – Participant Reports Tab

- Click on the icon under **Report**
- The participant report will appear.
- **Demographics:**
 - Name
 - Address
 - Phone
 - Email
 - Birth Date
 - Gender
 - Martial Status
 - Event Date and Type
 - Notified Date
 - Status
 - Elected and Election Received date
 - Other ID
- **Coverages:**
 - Coverage Type
 - Coverage Level
 - Premium
 - Effective date
 - Eligibility End date
 - Paid Thru Date
- **Payments**
 - Coverage
 - Bill Amount
 - Due Date
 - Grace Period
- **Dependents**
 - First Name
 - Last Name
 - Relationship
 - Birth Date
 - Effective
- **Other Information**
 - ID
 - Description
 - Value

		REQUEST EDIT	PRINT
Demographics			
Important Information		Name/Address	
Event Date:	08/01/2016		
Notified:	08/02/2016		
Elected:			
Election Received:			
Event Type:	Medicare Entitlement		
Status:	Notification	Phone:	
Sponsor Date:	08/01/2016	Email:	
Other ID:		Birth Date:	07/01/1951
		Gender:	M
		Marital:	Married

Coverages/Elections					
Coverage	Coverage Level	Premium	Effective	Eligibility Ends	Paid Thru Date
I3	Employee + Spouse	\$815.06	09/01/2016	08/31/2019	
UHC Vision 1W7043	Employee + Spouse	\$11.49	09/01/2016	08/31/2019	

Payments				
Coverage	Bill Amt.	Due Date	Grace Period Date	Balance
Total Balance: \$0.00				

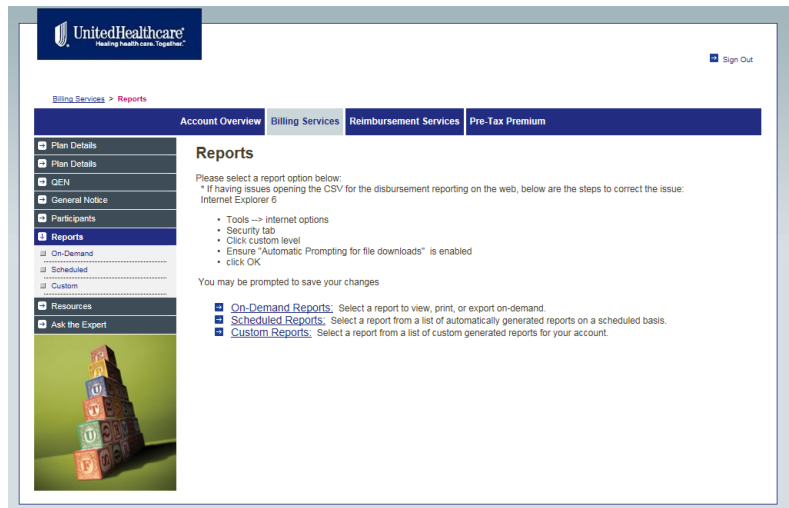
Dependents				
First Name	Last Name	Relationship	Birth Date	Effective
LAKSHMI	DASARI	UNKNOWN	09/18/1954	08/01/2016

Other Information		
ID	Description	Value
HIREDTE	Hire Date	02/09/2011
ORGSSN	Originally Insured SSN	362-21-9159

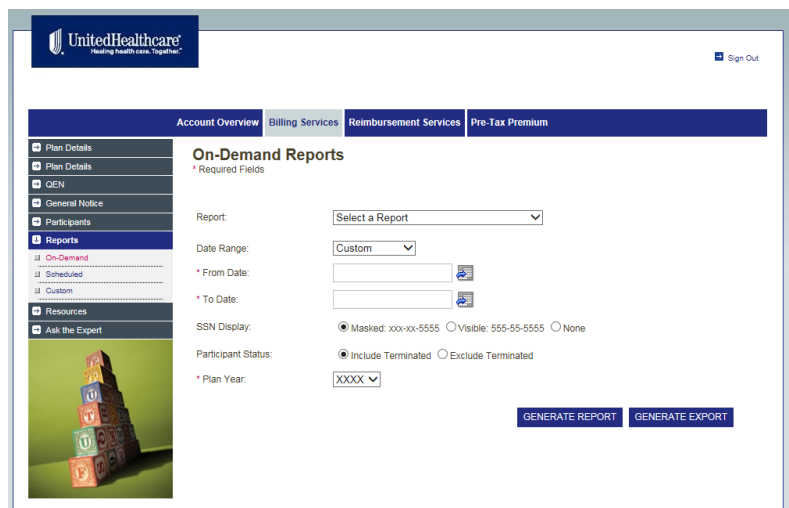
COBRA Administration – Reports Tab

The reports tab is used to gain access to several different types of reports for the employers. One of the most important reports that can be found here is the employer disbursement reports.

- Once you have clicked on the **Reports** tab you will have several options:
 - On-Demand Reports
 - Scheduled Reports
 - Custom Reports



- Click on **On-Demand Reports**
- This allows you to show several different reports and options to look up these reports.
- Click **GENERATE REPORT** – a popup will appear.
- Click **GENERATE EXPORT** – the report will appear in excel spreadsheet form.



COBRA Administration – Reports Tab

- This is a list of all reports that can be found on the **On-Demand Reports** link

Select a Report
Participant Extract
Participant Billing and Payments
Enrolled Participants
Notified Participants
Participants in Notified Status
Plan Participation
Terminated Participants
Participants Eligibility Expiring in 90 Days
Plan Participation by Carrier
Submitted On Line Open Enrollment
Client On Line Open Enrollments
COBRA Plan Details
5500 Report
W-2 Report

Example of an Enrolled Participants Report

UnitedHealthcare

Enrolled Participants Report

Date: 09/23/2016

Enrolled Dates: 01/01/2016 - 09/23/2016

Excluding Terminated Participants

Selected Divisions: ALL

SSN	Participant Name	Qualified Date	Qual. Code	Elig. End Date	Notified Date	Elected Date	Ele. Rc'd Date	Term. Date	Term. Reason
xxx-xx-3404	UHC 1W7043	10/31/2013	DV	10/31/2016	03/30/2016	03/30/2016	03/30/2016		
		Employee Only		11/01/2013 -					Paid Thru: 02/29/2016
xxx-xx-5295	UHC 1W7061 DR 5 HSA	RE 10/30/2016	TE	10/31/2017	05/09/2016	05/20/2016	05/20/2016		
	Delta Dental Plan E PPO	Employee Only		05/01/2016 - 10/31/2017					Paid Thru: 09/30/2016
		Employee Only		05/01/2016 - 10/31/2017					Paid Thru: 09/30/2016

COBRA Administration – Reports Tab

- Click **Scheduled Reports**
- Scheduled reports will allow you to view the monthly disbursement reports .

The screenshot shows the UnitedHealthcare portal interface. On the left is a navigation menu with options: Plan Details, GEN, General Notice, Participants, Reports (selected), Resources, and Ask the Expert. The 'Reports' section is expanded, showing sub-options: On-Demand, Scheduled (highlighted), and Custom. The main content area is titled 'Scheduled Reports' and includes a 'Report Type' dropdown set to 'All Reports', a 'Date Range' dropdown set to 'Current', and date fields for 'From Date' (08/25/2016) and 'To Date' (09/26/2016). A 'FIND' button is present. Below these fields is a 'CURRENT REPORTS' button and a 'Current Report List' table.

Reports	Generated Date	View Report
Monthly Disbursement Report	09/12/2016	
Monthly Disbursement Report	09/13/2016	

Sample of the Monthly Disbursement Report

UnitedHealthcare
 Disbursement Report
 Date: 9/12/2016 3:26:17 AM
 For Dates: 9/1/2016 - 9/30/2016
 For Divisions: All Divisions

Paid To:		Employer: GYANGSYS INC									
Company No	Company Name	Division									
UHC562498060											
SSN	Participant Name	Carrier ID	Carrier	Coverage Code	Coverage	Coverage Date	Disbursement Date	Amount	Admin Fee	Total	
XXX-XX-5295		DENTAL	Delta Dental Plan E PPO	E0	Employee Only	9/1/2016	9/5/2016	\$20.35	\$0.00	\$20.35	
								Total:	\$20.35	\$0.00	\$20.35
Total For:		Carrier: Delta Dental Plan E PPO						Total:	\$20.35	\$0.00	\$20.35
XXX-XX-3404		1W7043	UHC 1W7043	E0	Employee Only	9/1/2016	9/5/2016	\$388.11	\$0.00	\$388.11	
								Total:	\$388.11	\$0.00	\$388.11
Total For:		Carrier: UHC 1W7043						Total:	\$388.11	\$0.00	\$388.11
XXX-XX-5295		1W7061	UHC 1W7061 DR 5 HSA	E0	Employee Only	9/1/2016	9/5/2016	\$260.25	\$0.00	\$260.25	
								Total:	\$260.25	\$0.00	\$260.25
Total For:		Carrier: UHC 1W7061 DR 5 HSA						Total:	\$260.25	\$0.00	\$260.25
Total For:		Employer:						Total:	\$668.71	\$0.00	\$668.71

COBRA Administration – Disbursements

Each month we deposit the COBRA premiums we have collected into the group's bank account via Electronic Funds Transfer around the 2nd week of the month. It is then the employer's responsibility to visit <https://uhcservices.com> on a monthly basis and click on the tab called Reports and then the sub tab called Scheduled Reports. Here they will find the monthly disbursement report that should be reconciled between the money deposited into their bank account along with what is being charged by the carrier(s). It is the responsibility of the employer to notify UHCBS of any discrepancies in a timely manner. Below are the steps to follow:

- Pull monthly disbursement report from the website <https://uhcservices.com>
- Verify the total amount at the bottom of the report matches the amount that we directly deposited into the groups bank account via electronic funds transfer (EFT).
- Verify the amounts that the group is being billed on their carrier invoice matches the amount on the disbursement report listed under amount.
- If these amounts do not match , should there be are any other discrepancies or any questions regarding the COBRA disbursement please contact our COBRA Call Center at [800-318-5311](tel:800-318-5311), send an email to cobra@uhcservices.com or a request via Ask the Expert. In order to make any type of corrections we must be notified in a timely manner or you as the employer could be responsible for any shortages in premium.



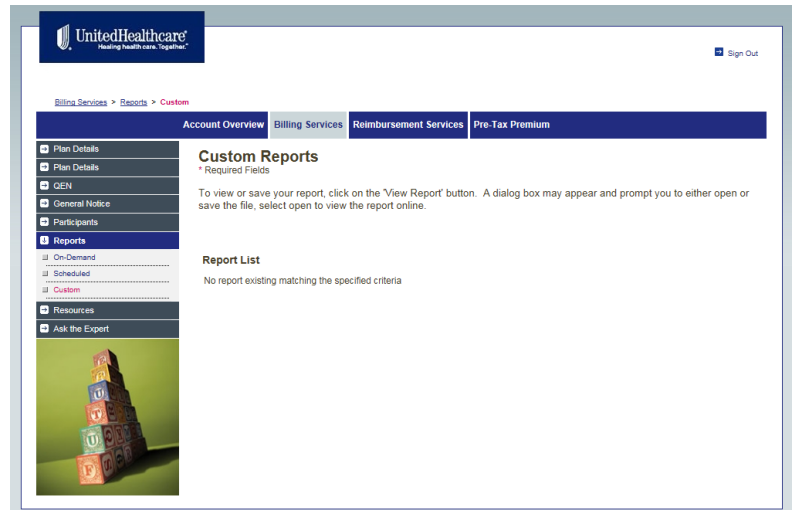
Should the discrepancy be due to a renewal situation, please be advised that we will only back bill in a renewal situation if the rates were provided to us within 90 days of the renewal date.



Per Federal Regulations members on COBRA must have a 30 day notice of any increases in rates so we would start billing with updated rates on a go forward basis. In this case the employer will be responsible for the shortage in premium between what was disbursed and what the member was billed by COBRA.

COBRA Administration – Reports Tab

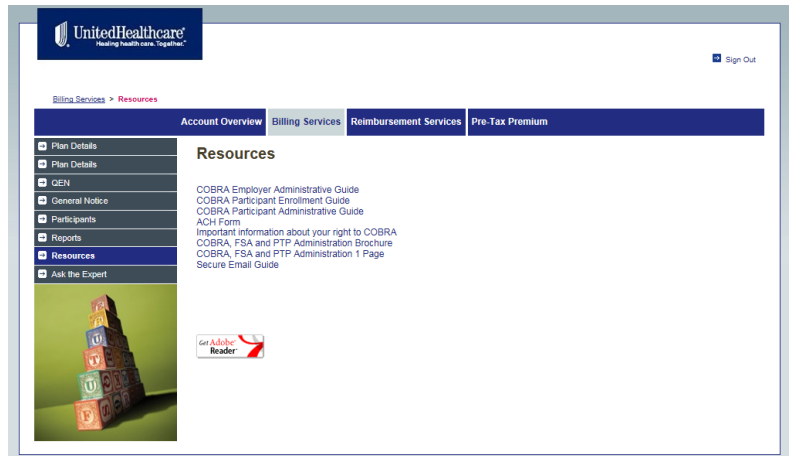
- Click **Custom Reports**
- Custom Reports at this time does not have any reporting capabilities.



COBRA Administration – Resources Tab

The Resources Tab has several different guides and forms which will be helpful in the administration in the COBRA services.

- Click on the **Resources** Tab
- Several guides and forms are available for employer use.



Resources

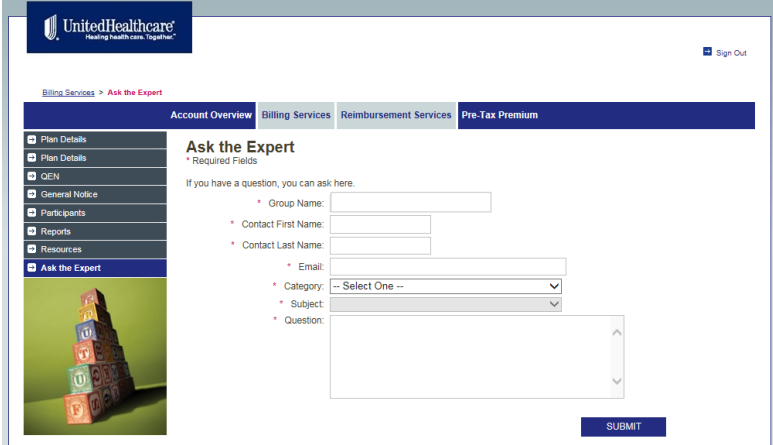
- Guides and forms available to print

COBRA Employer Administrative Guide
COBRA Participant Enrollment Guide
COBRA Participant Administrative Guide
ACH Form
Important information about your right to COBRA
COBRA, FSA and PTP Administration Brochure
COBRA, FSA and PTP Administration 1 Page
Secure Email Guide

COBRA Administration – Ask The Expert Tab

The Ask The Expert tab gives the employer the option to email our Customer Service Center.

- Click on the **Ask The Expert** Tab
- Fill out the information required.
- Ask the Expert your question



The screenshot shows the UnitedHealthcare website interface. At the top, the UnitedHealthcare logo is visible with the tagline 'Healing health care. Together.' and a 'Sign Out' link. Below the logo, a navigation bar includes 'Billing Services' and 'Ask the Expert'. The 'Ask the Expert' tab is selected, showing a sidebar with a list of menu items: Plan Details, Plan Details, QEN, General Notice, Participants, Reports, Resources, and Ask the Expert. The main content area is titled 'Ask the Expert' and includes a section for 'Required Fields'. It prompts the user with 'If you have a question, you can ask here.' and provides input fields for Group Name, Contact First Name, Contact Last Name, Email, Category (a dropdown menu), Subject (a dropdown menu), and a large text area for the Question. A 'SUBMIT' button is located at the bottom right of the form.

- You will receive a reference number (PWIR) once you select **SUBMIT**

>> Your request has been submitted. Please keep this Request Number (PWIR1422703) for future reference.

Contact Us

If you have any additional questions please contact us at:

Employers and Broker:

Client Advocate Center

Phone: 1-800-318-5311

Email: cobra@uhcservices.com

Participant:

Participant Call Center

Phone: 1-877-797-7475

Email:

Cobra_kyoperations@uhc.com

Thank You!