

COBRA EAS *plus* GIBS Employer delivers what others promise...



- Handle any number of participants, carriers, rates and plans.
- Unique *categories* feature allows completely separate administrative rules and correspondence for each group of participants.
- Automatic calculation of rates based upon one or more variables, such as age, class, salary - even those evaluating employee *and* spouse age.
- Built-in age change rules, on birthday, last birthday, next bill, current bill, etc.
- Retro premiums and due balances are automatically handled.
- Bill for any time period, from days to years. Even handles multiple periods for the same participant - exp: bill life annually and health monthly.
- Complete history functions allow easy removal of data no longer used and access to it anytime for inquiry or reports.
- Extensive premium accounting built-in. Automatic handling of any payment including partial, advance and NSF checks.
- Create any number of unique "user defined fields" to hold any participant data that you need. Fields can be date, character, logical or numeric.
- Easily edit or add to system letters and billings. Extensive coupon editor allows you to fully customize billing coupons - even pre-printed and pre-perfed.
- Full up/download, report writer included. Complete on-line help and illustrated User Reference Guide.
- Easy to learn and use, completely supported by a full range of services including unlimited 800 assistance, on-site training & consulting and data conversion services.

Automatically handles every detail from Notification through Conversion.



COBRA EAS *plus* GIBS

Part 1 of the guide provides illustrated, step by step, literal instructions to set up Cobra Eas *plus* GIBS Employer and start processing your first person in minutes.
Part 2 of the guide describes some of the special functionality and features of the Cobra Eas *plus* GIBS

- A** Setup Your Company
- B** Add Clients
- C** Process



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Quick Start Demo Guide

Introducing COBRA EAS plus GIBS Employer

In widespread use since 1988, COBRA EAS *plus* GIBS Employer has earned a reputation as the most reliable and complete COBRA and direct bill administration system available. It's the *only system* that was designed and built from the first byte especially for multiple category direct bill administration.

Quick Start Guide

The step by step literal instructions in this guide are designed to take you through all major functions of COBRA EAS *plus* GIBS Employer in the shortest amount of time possible. Following the guide you should be able to set up your company and start processing people in about 30 minutes.

After completing all of the steps feel free to return to any menu choice to investigate the system further or add more data. You will be able to access the demo system for about 30 days, after which it will automatically shut off.

System Features

Easy To Learn And Use

COBRA EAS *plus* GIBS is intuitive, with easy to use menus. Just move your cursor to any browse area (white data area) then click once on your right mouse button for a menu that lets you select any currently available item.

Flexible

Enter any number of insurance companies, rates, divisions and plans. You can edit any system correspondence and even control whether or not to use it. You can create unique letters for each category.

Complete

COBRA EAS *plus* GIBS is designed to do the whole job. A complete report generator, Up-download utility and eligibility export program are included in the base system.

You can create any number of special user-defined fields to hold numeric, date, character or logical data. You can use coupon, monthly, all-at-once or no regular billing. Bill each coverage for different time periods.

Supported

COBRA EAS *plus* GIBS is supported by highly trained telephone support representatives. Extended support customers enjoy unlimited toll free 800 phone support, free upgrades and newsletters. We also offer training, data conversion and consulting services - at your site or ours.

COBRA EAS *plus* GIBS Employer is part of the **Employer Administration Suite** of products from Benefit Plan Systems Corporation. Our web-enabled applications can be used alone or fully integrated with other suite members to form a powerful benefit processing system...

OTHER EMPLOYER ADMINISTRATION SUITE PRODUCTS

The Plan Administrator (TPA)

Complete enrollment, eligibility maintenance and consolidated group billing system.

GIBS

Group Insurance Billing System handles direct bill retirees, leave or any other non-COBRA continuing coverage.

Easy Cert

Full HIPAA compliance administration. Handles both regular certificates and the alternative form.

**The Above Suite Members Are Included On
The Demo CD You Received - Go to Start ->Programs ->EAS Suite**

OTHER EMPLOYER ADMINISTRATION ADD-ON PRODUCTS

ODBC/SQL Driver

The ODBC/SQL driver makes integrating our systems with any others easy. Provides full access to any file or field in the data dictionary. Useful anytime there is a need to easily export data to any other ODBC or SQL product for reports or other purpose.

Bar Code Module

Increase productivity by printing a bar code on billing coupons and election forms - then use a stationary or pen held scanner to simply scan payments and elections. Reader attaches to any keyboard for quick and easy installation.

CSPWeb

The web module is a real time interface allowing secured exchange of data between your server, your authorized operators and your participants. Using .Net technology the module allows authorized users to add new participants, view data and request edits. You have complete control of your data, on your own server.

Questions & Answers (Continued)

Question 15

Does the system have a "batch" capability for posting payments?

Answer 15

Yes, payments can be entered individually, scanned in, imported or entered in batch mode. The batch features can even automatically distribute a payment made with one check to multiple coverages.

Question 16

If we have a large number of new participants, can we use a batch process to start them on the system?

Answer 16

Yes, you can use the system's import tool to enter large numbers of participants, carriers or rates. Input can come from standard .CSV or .TXT files.

Question 17

We are now getting carriers that require rates based on variables, such as health risk factors. Can they be handled by COBRA EAS plus GIBS?

Answer 17

Yes, the Variable Rate Module is included in the system and can handle any rate calculation automatically, no matter how many variables.

Question 18

Occasionally, we will only need to output one Notification letter. Do we have to process our whole population just to get out the one notice?

Answer 18

No, you can process just one person, one division, one category or your entire population.

Question 19

Some legal experts feel that a COBRA system needs to recognize that if a critical date such as the last date to elect ends on a weekend or holiday, it should be extended to the next business day. Is this handled?

Answer 19

Yes, if you choose to use holiday dating you can set the appropriate holiday schedule. If used, the system will automatically extend critical dates to the next business day.

Question 20

In an overall sense, what is it that distinguishes your system from all of the others?

Answer 20

Well, there are a great many things, but, if we had to answer with just one we would say it is the item that is commonly called "richness of programming." The functionality that is built-in to make a system as automatic, reliable and easy to use as possible.

One measure of this is the amount of work it would take to correct input errors. For example, if a payment is incorrectly entered, how much work will it be for you to correct the problem. In one of our competitor system you would need to delete the entire record and rebuild it with the correct payments. In COBRA EAS plus GIBS you simply re apply or edit the payment while it writes an audit note behind the scenes, automatically handling any required debit billing or credit.

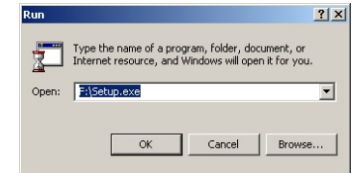
After all, time really is money and as an administrator we know that you are interested in maximizing profits. A system that lets you get the most done with the minimum labor cost is definitely good for your bottom line. Richness of programming has a lot to do with your ability to produce the most at the least cost.

It isn't enough for functionality to be in a system. The real question is how well that functionality is designed so that it can be used easily and in the least amount of time. Programming a COBRA application that merely provides you a TO DO list is easy. Programming one that automatically and reliably does all of the TO Do's is all part of "richness of programming."

Installing COBRA EAS *plus* GIBS Employer

Insert the CD in your CD Rom drive and it will automatically start the install process. If autorun is disabled on your computer use the RUN command.

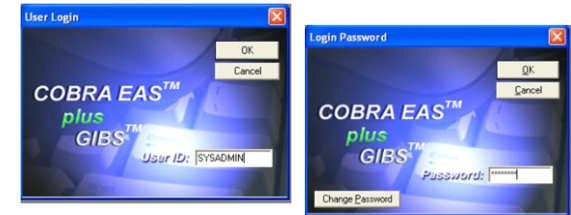
Choose COBRA EAS *plus* GIBS from the install menu and follow the instructions on the subsequent pop-ups.



Log on to COBRA EAS *plus* GIBS

To start COBRA EAS *plus* GIBS Start -> EASSuite -> COBRA EAS *plus* GIBS or use the desktop shortcut if one was created during installation.

Via the login screens:
log in as SYSADMIN with
password of PASSWORD.

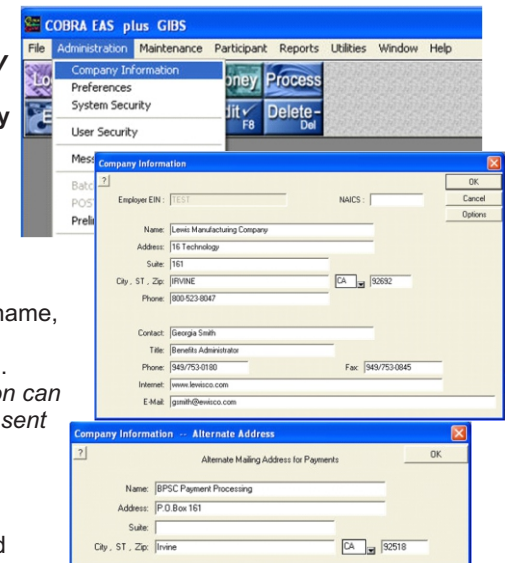


The **Company Information** Window will appear.

Setup Your Company

Step 1a - Add Your Company

1. If you do not see the **Company Information** window - go to **Administration** in the Menu Bar.
2. Select **Company Information** from the pull-down menu.
3. Enter your company EIN and name, address and other data, including contact information.
Note: This contact information can be used on correspondence sent to participants.
4. Click **Options** to enter an Alternate Address for payments that can be printed on billings. Click OK.



Step 1b - Company Setup

To setup other important parameters for your company go to **Maintenance** in the menu bar and select Setup.

Review the settings in the SETUP pop-up:

A. Entry Status:

Participants can begin as **Enrolled** or for notification (**Notify**); Select **Choice** here to choose the participant's status at the time you enter them into the system.

B. Lead Times:

The amount of time to "look ahead" when determining which actions to complete during each process.

C. Address Salutation:

Choose from 8 different styles - click on the See Samples button to view them.

D. Align Billings:

If coverage starts mid-month, check here to create a partial first bill and bring all subsequent due dates to the 1st of the month

E. Extend Grace:

Check here to extend the end of grace period date whenever billings are issued late.

Click on the  button to view other administrative parameters.

Initial Grace Period:

If you would like to apply a grace period to the initial bill, indicate the number of days to allow.

Suite On Separate Line:

Check this option to print any suite designation on its own address line.

Click Close to save your Options.

Click OK to save your Employer Setup.

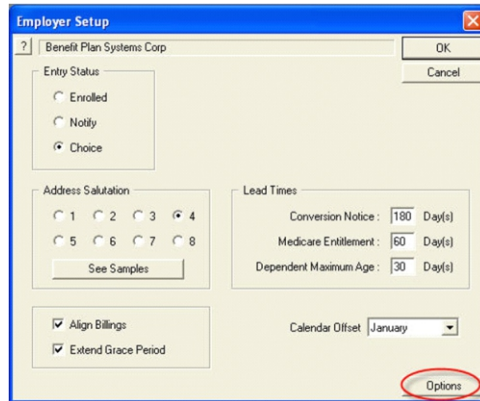
Your company setup is now complete.

You can modify the Company Information and Setup at anytime by returning to **Administration -> Company Information** and **Maintenance -> Setup**.

Step 2 - Add A New Category

You can create categories under which you can uniquely administer any number of different types of continuing coverage for your qualified beneficiaries.

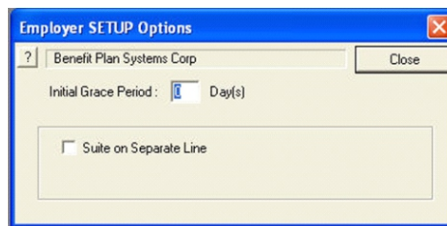
Use categories to customize time periods, frequency of billing, correspondence and numerous other parameters.

The Employer Setup dialog box for Benefit Plan Systems Corp. It contains several sections: 'Entry Status' with radio buttons for Enrolled, Notify, and Choice (selected); 'Address Salutation' with radio buttons 1-8 and a 'See Samples' button; 'Lead Times' with input fields for Conversion Notice (180), Medicare Entitlement (60), and Dependent Maximum Age (30), all in days; 'Align Billings' and 'Extend Grace Period' checkboxes (both checked); and a 'Calendar Offset' dropdown set to January. An 'Options' button is circled in red at the bottom right.

F. Calendar Offset

If your billing period does not follow the normal calendar year or quarter, use this offset to select the month in which to start the billing period. Generally, this will remain JANUARY.

NOTE: *The default settings reflect the best settings for most companies.*

The Employer SETUP Options dialog box. It has a title bar 'Employer SETUP Options' and a 'Close' button. The 'Initial Grace Period' is set to 15 days. There is a checkbox for 'Suite on Separate Line' which is currently unchecked.

Questions & Answers (Continued)

Specific Functionality

Question 8

We may lay off people, put them on COBRA, then recall them later again laying them off. Our current system will not allow us to put the same person on twice, requiring us to put the first event into history or make up a fake social security number. What does COBRA EAS plus GIBS do?

Answer 8

The same person can be put on the system repeatedly. The system automatically sequences each event and can even finish one event while starting another.

Question 9

We have situations when a medical plan ends the last day worked and a dental plan that ends on the last day of the month in which the person worked. Can this situation be handled?

Answer 9

Yes, COBRA EAS plus GIBS assigns a different coverage start code to each rate, thus each coverages can have differing start and end dates.

Question 10

Can we use the so called "wash method" where an employee whose coverage becomes effective before the 15th is charged a premium for the first month but isn't charged for the entire last month - one who starts coverage after the 15th isn't charged for the first month but is charged for the last - is this handled?

Answer 10

Yes, these types of situations are built-in to our applications.

Question 11

The COBRA system we are using now that creates multiple coupons but when a payment is made it is simply applied to the oldest balance. Does COBRA EAS plus GIBS handle billings and payments differently?

Answer 11

Yes, the method above does not provide any reliable audit trail or even correct accounting. COBRA EAS plus GIBS creates a specific due amount for each coverage, for each period and each is paid with a specific payment, giving you a complete audit trail of what check was applied to exactly what coverage and period.

Question 12

We want us to charge the 2% admin fee to termed employees, but not to widows of deceased employees, others want to charge only 1% to all participants. Is this handled?

Answer 12

Yes, the admin fee is set by rate. You can choose how and how much to charge for administrative fees.

Question 13

COBRA payments come in from many sources - participants, governments and providers. Is there some way to track the source of payments?

Answer 13

Yes, COBRA EAS plus GIBS includes a payment source code that allows you to create any number of codes to separately identify which parts of payments are made by which entity. Full reporting is also available by these codes.

Question 14

Can more than 1 user post payments?

Answer 14

Yes, payments can be entered by any number of users; posting privileges can be given to a selected number of users to control who inputs payment information.

Questions & Answers

General Administration Practice

Question 1

Is it necessary for me to keep any logs or reminders to remember to perform certain actions?

Answer 1

No, all you need to do is run a process on any schedule you set. During the process all of the data in your files is evaluated and all actions are automatically completed based upon the parameters that you have defined. For example, a person entered since the last process may be marked to receive a Notification; a person who has not paid by the due date of a premium will be marked for a Grace letter and a person who has not had a premium posted by the end of the grace period will be marked for a Termination letter. You simply run the process and mail the printed output. While the system does have the capability to write reminder messages they are not used as a trigger for regular program processing actions. The sophisticated processing functions of the system let you handle more business with fewer errors and staff. Administrators who have converted from other COBRA systems consistently tell us that they are able to handle twice the volume without increasing staff.

Question 2

Do I need special knowledge about the COBRA law to effectively use the system?

Answer 2

No, the system has all of the requirements and timing built-in. It is designed around the concept that one person, the System Administrator, would have over all responsibility for keeping the set parameters up to date with regular operators simply entering data.

Question 3

We assign specific representatives to handle certain duties. How does the program handle this?

Answer 3

The system has very extensive security functions from passwords through access control. Specific users can be assigned any number of the over 100 user abilities within the system.

Question 4

Is the system specifically designed for COBRA administration?

Answer 4

Although the original system was built especially for COBRA administration, the COBRA EAS plus GIBS system contains all the functionality to handle COBRA administration PLUS additional functionality to take care of Group Insurance Billing (GIBS) as well.

Question 5

Some systems say they are "networkable" or "net usable", is this product available in a real network version?

Answer 5

Yes, it includes all of the features such as record lock and transaction back out that you would expect to find in any network product. It runs on a Novel, NT or any common network, including Citrix.

Question 6

Is the application integrated with your other products and can it be integrated with other companies products?

Answer 6

Yes, all applications in the Employer Administration suite are fully integrated. We have also made it very easy to integrate our products with other system using ASCII, ODBC, XML or SQL.

Question 7

What language and database is used?

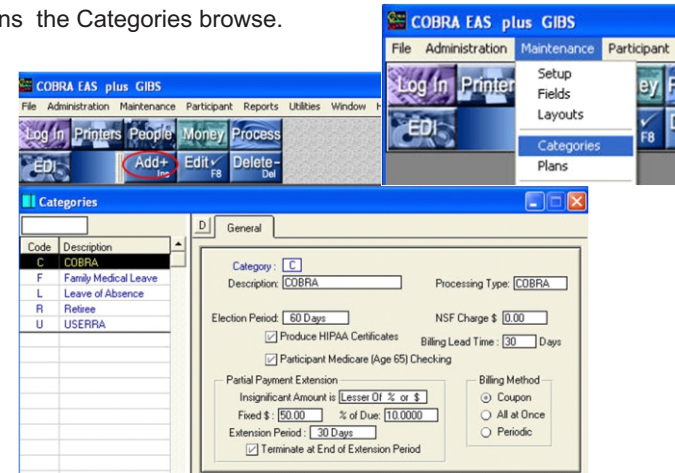
Answer 7

Our systems are written using C. The database is Faircom, a well established scientific database in use for over 25 years. We selected it because of its speed, reliability and it allows easy connection to other systems using ODBC/SQL. It can also be quickly modified to work with other platforms.

Step 2 - Add A New Category (cont)

Go to **Maintenance** in the Menu Bar; select **Categories**.

This opens the Categories browse.



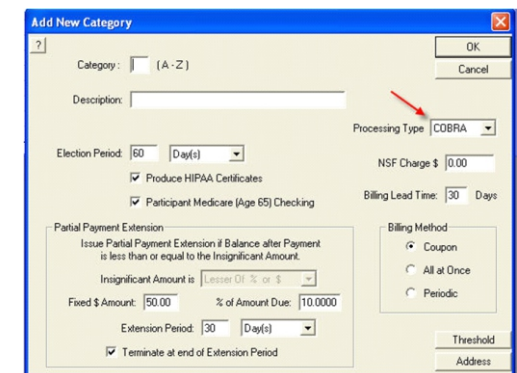
As you can see, the COBRA EAS *plus* GIBS system has several pre-defined categories: COBRA, Family Medical Leave, Leave of Absence, Retiree and USERRA. These categories will cover the needs of most of your participants but you can add your own special categories should there be special processing or situations that the pre-defined categories do not address.

ADD A NEW CATEGORY

Let's add a new category "S" for "Severance" to handle employees that you are going to put on lay off status while temporarily continuing their benefits. Click Add+.

The Add New Category window will contain the default settings for a COBRA-type category.

Since the new category will not be for COBRA participants, we will need to change the defaults.



NOTE: Settings for the pre-defined COBRA, Family Medical Leave and USERRA categories are based on federal laws. Settings for Leave of Absence and Retiree categories are based on standard industry practice.

Step 2 - Add A New Category (cont)

In the Add New window,

Input **Category** "S" with Description "Severance."

Select **Processing Type** "none" from the pull down menu.

Check the box for "Suppress Notifications..." and uncheck the boxes regarding HIPAA and Medicare.

Billing Method: Here you can indicate the type of billing that you would like to use for this category: select *Coupon* to send the participant coupons to send in with their payments; select *All at Once* to send one billing notice upon enrollment; or select *Periodic* to send billings periodically, for example, monthly or quarterly.

Partial Payment Extension: allow a "Partial Payment Extension" if the partial payment meets the criteria designated for the category. Click on the pull down menu in the Partial Payment Extension section of the Category window to see the various methods of calculating the insignificant amount.

Note: The pre-defined COBRA category defaults to the following criteria, which is based on current COBRA legislation:
Issue a partial payment extension of 30 days if the Balance after Payment is less than or equal to the Lesser of \$50 or 10% of the Amount Due.
Terminate the coverage at the end of the extension period if still not paid.

User-Defined Fields

The problem with "off the shelf" systems is that they often don't meet the requirements of your company. This isn't a problem in COBRA EAS plus GIBS. We literally give you hundreds of ways to modify the system to meet your requirements.

One of the most powerful tools is your ability to create any new fields that you need to hold data. User defined fields can be character, date, numeric or logical. They can be put right on your entry windows to add to or replace fields that you are not using. UDF's can be combined with the logical /IF function in letters to even replace text in the letter, depending upon the UDF entry.

To create a new field just enter an 8 character field ID and a description. Then use the check boxes to set how you want to use it.

Add user defined field data in a special browse window or use the screen editor to place the field right on the entry window.

There is no limit to the number of user defined fields that can be created.

Use a logical user defined field to automatically insert or replace text in letters, depending on the participants data.

Your continuation coverage will be subject to the conditions described below:

/IF {STA}="MA" THEN ADD /TEXT SPECIAL

REPORTS (Cont)

Click the Parameters button in the Add New window to select from a variety of settings.

Create a report based on Coverage Reporting Level and various Date Ranges.

You can also request Billings and Payments information based on various Date Ranges.

Click Close when you are done.

Select Schedule in the Add New window.

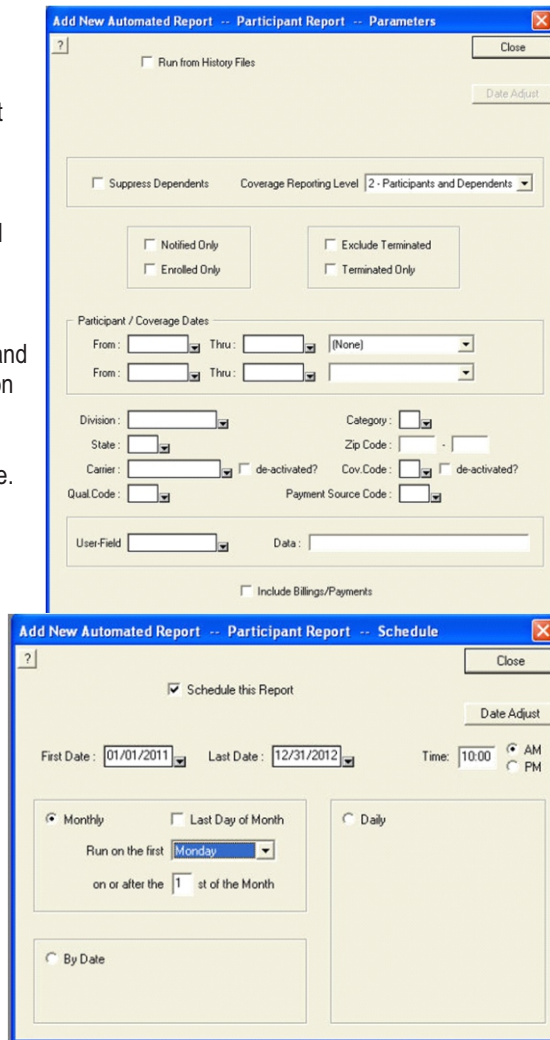
Here you can set up a scheduled / recurring time to run the report.

Click Close.

After you have selected your parameters and schedule, click OK in the Add New window and your report will appear on the queue. If you did not set up a scheduled run time, the system will attempt to run the report immediately.

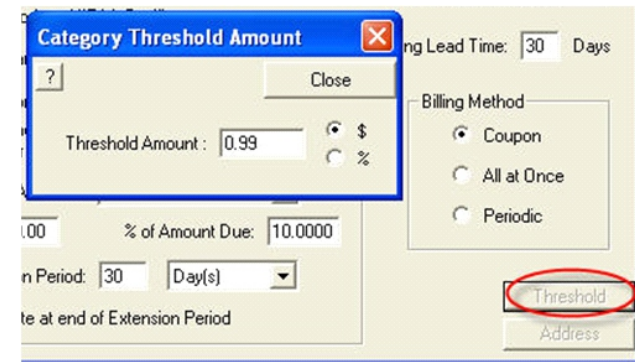
Note: Before you can run an Automated Report, the Automated Reports Engine must be running. If you submit a report before launching the engine, the program will ask you if you wish to start the Automated Reports Engine - click Yes.

To launch the Automated Reports Engine, right click in the Automated Reports queue and click on start the Automated Reports Engine.



Step 2 - Add A New Category (cont)

Threshold: Click on the Threshold button in the Category window to see the threshold amount, which is the negligible amount due that the system will allow on a premium payment.



For example, if we set threshold amount to \$0.99, the following occurs: if a participant in this category makes a payment by check and transposes .30 on the check to .03, the difference of \$0.27 is considered negligible, since it is less than \$0.99. The system does not forgive the due amount, but, instead of terminating the coverage for non-payment, will carry the amount forward as a balance due.

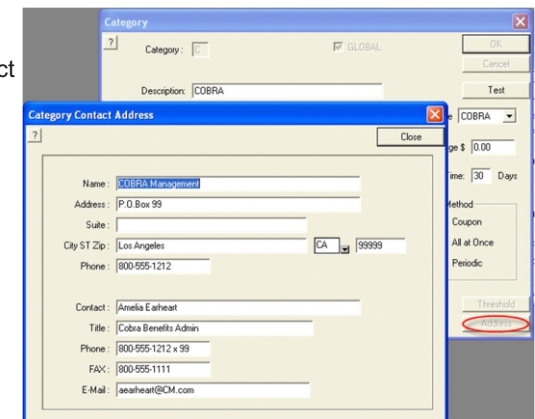
Address:

To maintain a separate contact name and address for this Category, click ADDRESS.

Complete the Category Contact Address form.

Click Close to return to the Category entry window.

Click OK in the Category window to close it.



Leave the remaining default settings as is for the Quick Start.

Click OK to add the new category.

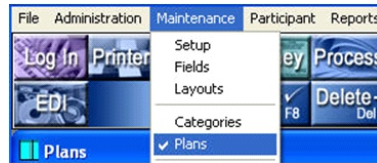
Add to the Category: Comment if needed and click OK to finish.

Step 3 - Add Your Plans

ERISA Plan information is required on Certificates of Coverage. This information is always available in the Summary Plan Description.

Go to **Maintenance** in the Menu Bar; select Plans.

1. The Plans browse will appear; click on **Add+** or right click in the browse; select Add.



2. In the Add New Plan pop-up: Leave Division ID blank; Add the Plan ID 501, Name and Administrator Information. Click on OK and repeat 1 and 2 for each Plan you are adding.

A screenshot of the 'Add New Plan' pop-up form. It contains fields for Division ID, Plan ID (501), Plan Name (Group Health Plan for Lewis Mfg Co), Administrator (Ms. Joan Lewis), Title (Vice President), Address (17 Industry Way, Bldg C, Anaheim, CA 92120), Phone (714/234-5678), and FAX (714/234-5678). There are OK, Cancel, Copy, and Paste buttons.

Step 4 - Add Your Carriers

Next, add the insurance companies or CARRIERS. Carriers will include insurance companies providing coverage for Health, Dental, Vision and Life.

Go to **Maintenance** in the Menu Bar; select Carriers.

The Carriers browse will appear. Click **Add+** or right click in the browse; select Add. In the Add New Carrier pop-up, input the Carrier information.

Let's add Health carrier Aetna - enter AET001, the unique Carrier ID.

Enter a **Carrier Alias** if plan participants are familiar with plan name that differs from the actual name.

Complete the name, address and contact information.

A screenshot of the 'Add New Carrier' pop-up form. It contains fields for Carrier ID (AET001), Carrier Alias, Name (Aetna Health Plans), Address (33 W. Oak, Suite D, Anaheim, CA 92120), Attention, Contact (Mr. John Thomas), Title (Group Representative), Phone (714/508-0909), Fax (714/508-0908), Internet (www.aetna.com), and E-Mail (jthomas@aetna.com). There are OK, Cancel, Options, Copy, and Paste buttons.

REPORTS (Cont)

Automated Reports

COBRA EAS plus GIBS also has an Automated Reports utility that can run a variety of predefined reports immediately or on a recurring schedule.

Go to Reports and click on Automated Reports. This will bring up the Automated Reports queue. Click on Add to create a new automated report.

A screenshot of the 'Automated Reports' queue window. It shows a table with columns: Started / Completed / Run Time, Status, and Description. The first row shows '09/13/2011 10:09:24 was Submitted', 'Submitted', and 'Test Auto Reports'. On the right side, there are buttons: Close, Add, Edit, Delete, Run, Parameters, SCHEDULE, Date Adjust, and Download.

In the Add New pop-up, select a setting for Rights and Report Type; enter a brief Description and input your Report Options:

A screenshot of the 'Add New Automated Report - Settings' pop-up form. It contains fields for Rights (USER -- Anyone can Run and View Output. Only the owner can Edit or change Parameters), Report Type (Participant Report), and Description (Test Auto Reports). There are buttons for OK, Cancel, Schedule, Date Adjust, and Parameters. A 'Report Options' section includes checkboxes for: Include Report ID Record and Counts, Include Header Record with Field Names, Strip Non-Alphabetic characters from Fieldnames, Prefix Header Fields with '#', Include Parameters in Report Output, Reveal SSNs in this Report, and Trace Extraction.

REPORTS

The standard pre-defined reports in COBRA EAS plus GIBS include the following Report Sets:

FINANCIAL Reports such as:
 Payment Detail Report
 Billing History
 Overdue Billings
 Participant Balance Report
 Received Payments

PROGRAM Reports such as:
 Rates
 Rate Details

QUALIFIED Reports such as:
 Census Report
 Census by State
 Qualified Persons by Coverage
 Qualified Persons List
 HIPAA Compliance Audit
 Eligibility / Terminations



You can also print Envelopes and Mailing Labels from the Reports utility and create your own Report Sets.

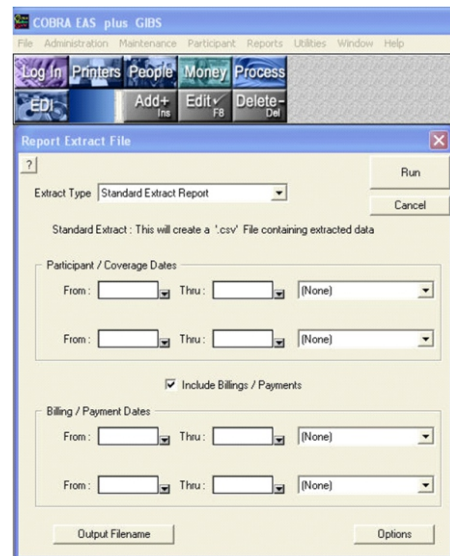
The "Create Extract File" utility will create a CSV file suitable for use with Access or Excel containing the data that is required to determine Participant Eligibility.

In the Report Extract File input window, select the Extract Type and the desired date parameters for coverage, billing / payment dates.

Click Options for more selection criteria and report settings.

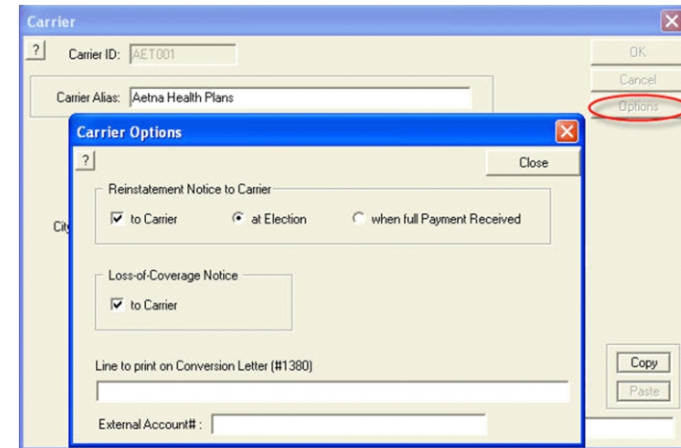
Click on Output Filename to name the CSV file.

Click Run to extract the data.



Step 4 - Add Your Carriers (cont)

Click the Options button to see more Carrier options.



Carrier Options include -

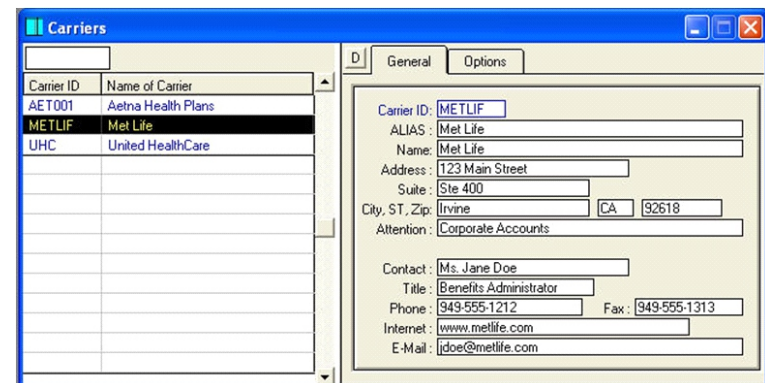
Reinstatement Notice: When an election is entered you can choose to send a notice to the carrier - at time of election or when the initial bill is paid.

Coverage Loss Notice: When coverage terminates you can choose to send a notice to the carrier.

Click Close to save Options. Click OK to save the new Carrier.

Repeat the steps above to add METLIF, a life insurance carrier, and as many other carriers as you need to.

Your Carrier browse should now look similar to the one shown here:



Step 5 - Add Health Rates

COBRA EAS *plus* GIBS provides you with a versatile rate handling system that will allow you to use fixed rates as well as complicated variable rates.

Rates are added to the system for each Carrier.

To add a rate:

Go to **Maintenance** in the Menu Bar; select Carriers. Highlight the newly added Carrier, AET001; right click -select Rates.

Click Add+ or right click in the Rates browse - select Add and the Add New Rate pop-up will appear:

Coverage Code:

Rates are entered for each level of coverage - for example, you may have 3 tier health coverage rates for "Employee", "Two Party" and "Family". Use the 2 character coverage code to designate the coverage levels, such as: "EO" - Employee Only; "E1" - Employee + one dependent "EF" - Employee and family.

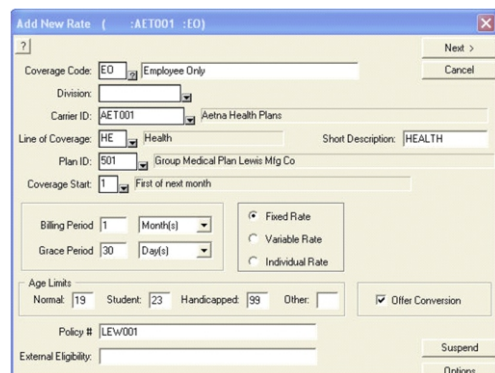
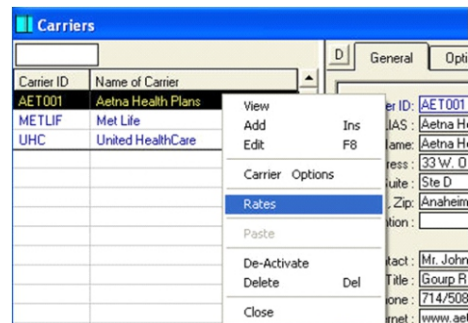
CREATE A FIXED RATE:

Enter "EO" and "Employee Only" as the Coverage Code; choose the Carrier ID added in Step 4, the Plan ID added in Step 2 and HE as Line of Coverage with Short Description of HEALTH.

Coverage Start: Although there are various Coverage Start rules, we will use a Coverage Start of the First of Next Month - meaning coverage will start the first day of the month following the person's event date. Other settings are N (day following event) or S (same day as event).

Billing Period: Enter the time covered by each bill in Months, Days, Weeks, Quarters or Years (the software will use exact time frames when Days are indicated- for example, if you define billing period as 30 Days, with coverage starting Feb 10th, the billed period would be Feb10th thru Mar 12th - exactly 30 Days; in a leap year the ending date would be March 11th. Use Months to keep the due date constant).

Use the system default billing period of 1 month for the Quick Start. Enter "1" in the first field and select Month(s) from the drop-down list.



REPORTS

The system includes a variety of standard reports accessible from the Reports Menu. Using parameters such as date ranges and member status, you can produce professional reports from our pre-defined list or you can create your own custom reports.

To explore the extensive reporting tools, close all other windows in the program; go to the Reports menu.

Select a report like Financial or Qualified Participants...

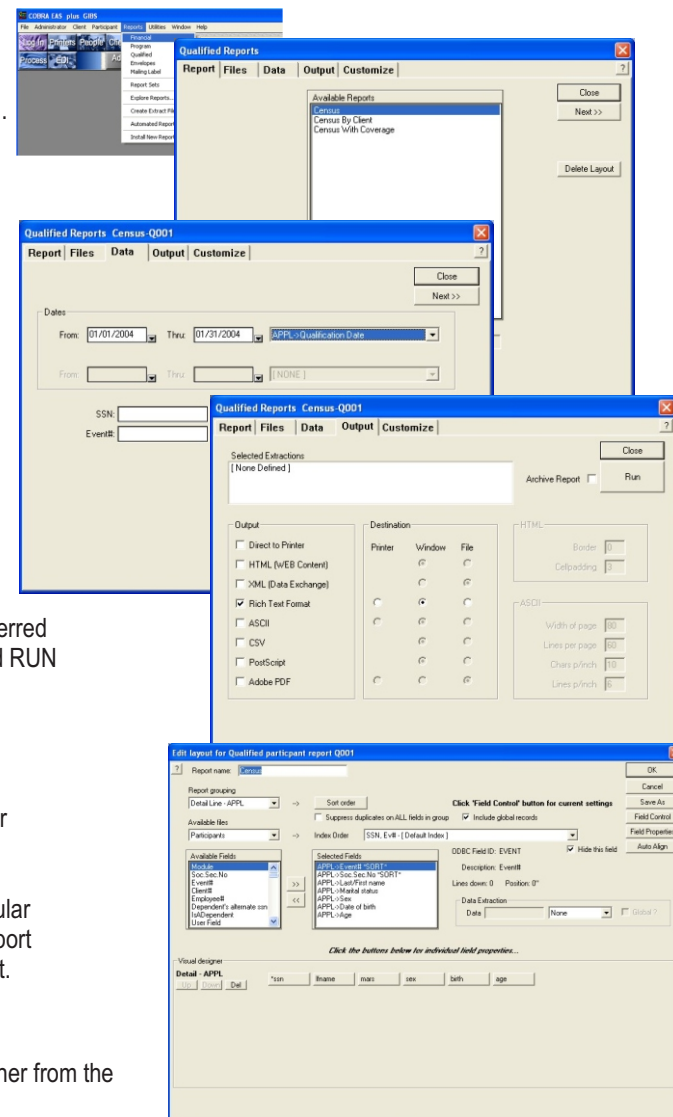
...next, select one of the standard default reports...

...add any special selection criteria such as date ranges...

...select your preferred type of output and RUN the report.

Use the report designer to create completely new reports with titles that display on the regular menus. Format the report just the way you want it.

Reports can be run either from the active or history files.



PROCESSING OPTIONS (Continued)

Process Schedule

The process schedule is designed to allow you to even out your workload. Different items can be set to process at different times during the month.

For example, you may want to schedule Notification Letters to come out every day - but only produce billings on the last day of each month.

Items can be scheduled for output any day of the week, any day of the month or at other times.

Automatic Back Up

An automatic back up of the data being processed is completed just before the Processing Module runs. For example, if you are running all the data records, the entire database will be backed up. If you are running a single participant, division or category, then the respective records are backed up.

Once the automatic backup completes and the processing starts, the data records are updated accordingly. If there is any problem during or after the processing is run, such as a power failure, you can easily restore the data to the state it was in before processing started and then restart the processing.

To restore the data from an Automatic Backup, go to Utilities and select Restore Files... The system will open the Backup folder. Select the appropriate folder to restore; Click Open.

Select the AUTOBACK.INI and Open. Confirm that you wish to restore the file.

Once the file is restored you can restart or cancel the Processing.

Step 5 - Add Health Rates(cont)

Grace Period: The system allows you to define a Grace Period for this rate on past due premiums. The Grace Period can be defined in Days, Weeks, Months, Quarters or Years although most Grace Periods are defined in Days.

Although this Grace Period does not apply to the initial billing for a participant, it is possible to add a Grace Period to the initial billing in the Company Setup. (See Part B, Step 1b - Options).

Grace period is a key factor in several aspects of the system and effects the termination of the coverage and of the member as well as the issuance of Grace Letters.

Use the system default of 30 days for the purpose of the Quick Start. Enter "30" in the first field and select Day(s) from the drop-down list.

Age Limits refer to the ages at which dependents (excluding spouse) are no longer covered. Currently, the standard age limit for a "Normal" dependent is 19, a "Student" is 23 and "Handicapped" is 99 (or unlimited).

For the Quick Start, enter these values in the Add New Rate window (leave Other blank).

Step 5 - Add Health Rates (cont)

Policy Number: Enter up to 25 alpha/numeric characters for the policy number. The Policy Number will print on the Reinstatement Notice (Letter 1120), Loss of Coverage Notice (Letter 1340), the Coverage Change Notice (Letter 1570) and on various system Reports. If you do not want a policy number to print enter /NA.

External Eligibility: Enter the name/number of the external Eligibility File that is created when running Eligibility Reports. Use this as an internal reference, which you or the Carrier uses as a unique identifier for the rate.

Offer Conversion: Check "Offer Conversion" to enable the system to automatically indicate if a participant is approaching the end of eligibility or if a dependent is nearing an age limit. During processing, the system will print an End of Eligibility Termination Notice (Letter 1380) as well as an Approaching End of Eligibility – Conversion Notice (Letter 1328) prior to the end of eligibility. If conversion is not available for the rate, uncheck "Offer Conversion".

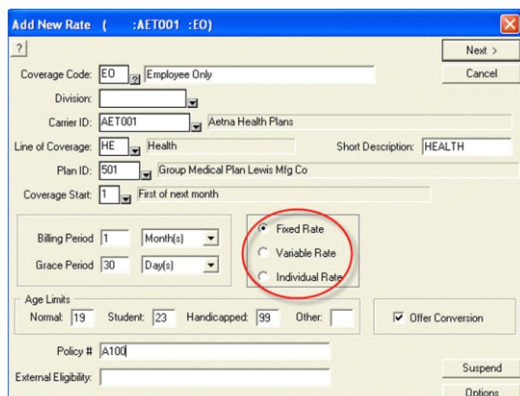
RATE TYPES:

COBRA EAS *plus* GIBS can handle 3 types of rates:

Fixed Rates are rates that apply the same premium to all participants in the group with the same coverage.

Variable Rates are used when rates are determined by certain factors, such as age, salary or length of service.

For example, many life insurance rates are based on age or sex.



COBRA EAS *plus* GIBS has extensive capabilities that can handle any variable rate using band tables, formulas and/or calculations.

Individual Rates are rates that are manually entered based on an individual's elections. For example, this type of rate would be used for FSA plans.

Select **Fixed Rate** here and leave the remaining items in their default settings.

NOTE: if you are interrupted when adding a rate, use the **Suspend** button. Any information that you have entered for the new rate will be saved. When you are ready to continue adding the rate, go back to the Rates browse, right click in the General tab and select RESUME...

PROCESSING OPTIONS (Continued)

The Processing Log

COBRA EAS *plus* GIBS maintains a detailed log of all the steps that occur when data is processed through the Processing Module. This log is called the PERMANENT_PROCESSING log. The most current processing activity can be viewed by clicking on the View Processing Log button in the Processing Options window.

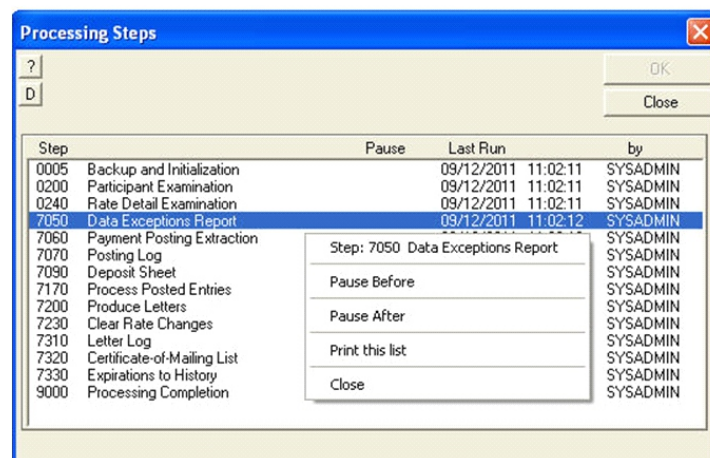
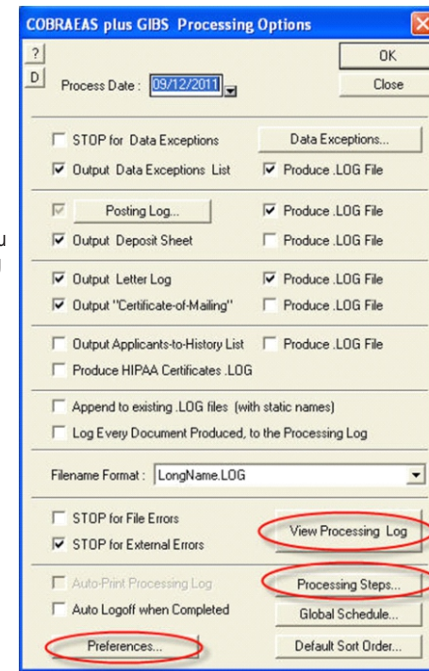
This will open a display of the current processing log. You can increase the detail of the logging in this file by checking on the option "Log Every Document Produced"; in addition you can click on Preferences and "Track each Record".

Not only does the system log each step when processing the data records, it also allows you to control the timing of each of the processing steps.

Click on Processing Steps to see the various stages of the Processing Module.

Here you can see which steps in the process have completed and you can actually set the module to pause before or after a particular step. Simply highlight the step to pause on, right click and select Pause Before or Pause After.

In the example, placing a Pause After the Data Exceptions report, will allow you to review any data exceptions, correct them and then restart the processing.



Step	Pause	Last Run	by
0005		09/12/2011 11:02:11	SYSADMIN
0200		09/12/2011 11:02:11	SYSADMIN
0240		09/12/2011 11:02:11	SYSADMIN
7050		09/12/2011 11:02:12	SYSADMIN
7060			SYSADMIN
7070			SYSADMIN
7090			SYSADMIN
7170			SYSADMIN
7200			SYSADMIN
7230			SYSADMIN
7310			SYSADMIN
7320			SYSADMIN
7330			SYSADMIN
9000			SYSADMIN

PROCESSING OPTIONS

The processing functionality is the central point of the system. When you process, the system evaluates all of your file data, looking for any action that needs to be completed.

A newly entered person may need a Notification/Election Letter, another may be due for a billing, grace letter or termination letter. All of the details of administration, with the exception of getting the data in, are handled by the process. You can process one person at a time, one division, category or your entire population.

Click on the **Options** button at the lower right of the process window to view the selections shown here.

Data Exceptions

The first item produced by the process is the Data Exceptions report. The report shows you which data in your files is not complete and may not process. For example, the report can show a person enrolled without coverage or a dependent who is approaching the policy limiting age.

You can set the process to pause, after outputting the report so that you can go back and make any necessary corrections before continuing. You can also select which items will be reviewed prior to outputting the report.

Posting Log

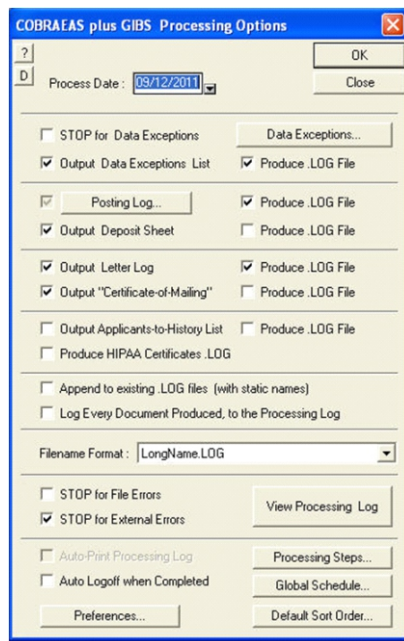
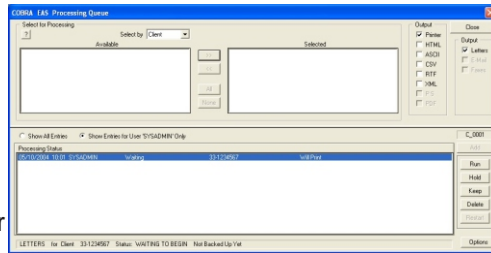
The payment posting log includes all details about payments posted, who posted it and when it was posted. It can be retained for whatever period you set.

Letters & Certificate Of Mailing

You can choose to output a report of all letters that were produced by the process and even a Proof Of Mail report, ready for the post office.

Log Files

Detailed log files of various process activity can be selected. The files can be saved for future review.



Default Sort Order

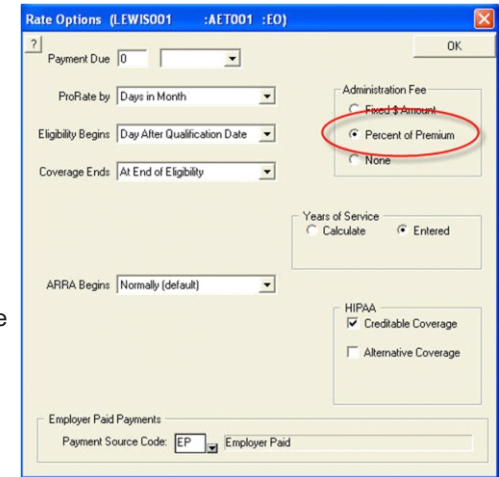
The user can set the process output order. Often, one person will have multiple documents that are produced during the process. Being able to set the output order is significant because all items for the same person will then come out together, saving the time involved in collating the output.

Step 5 - Add Health Rates (cont)

Click on **Options** to see several other rate related items that will accommodate a variety of rate situations including alternate Payment Due Dates, Proration, government subsidy programs and adding Administrative Fees to the rate.

For purposes of the Quick Start, click on Percent of Premium in Administrative Fees and leave the remaining default settings in the Options window and click OK.

Click Next in the Add New Rate window to add the Rate Details.



In the Add New Rate Detail pop-up, add the details of your new rate:

Rate Determination Period:

Enter the start / end dates during which the rate applies; this is usually a one year period from January to December, but it can be any period you choose.

Premium Amount:

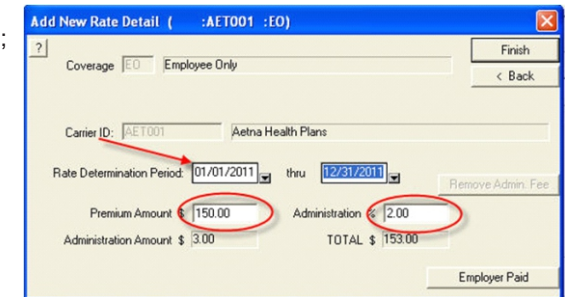
Enter the premium amount to charge per billing period; here it is \$150 per month (the default billing period).

Administration:

Enter the administrative fee to charge. Since we selected Percent of Premium earlier, we will enter 2% as the fee. If the Premium Amount entered above already includes the administrative fee in the total, click on **Remove Admin. Fee** and the system will calculate the appropriate amounts for Premium and Admin.

COBRA EAS plus GIBS also allows you 3 options to account for employer paid amounts. Click the **Employer Paid** button to indicate employer paid amounts by a fixed amount, percent of premium or none. For the purposes of the Quick Start, we will not add these details.

Click Finish and repeat these steps to add a rate "E1" for Employee and one dependent; continue to add as many fixed rates as you like.



Step 6 - Add A Life Rate

CREATE A VARIABLE RATE:

Now add a new variable rate - in this example, you will add a variable Life Insurance rate based on age.

Highlight the newly added carrier, METLIFE - right click and select Rates.

Click **Add+** or right click in the Rates browse and select Add.

In the Add New Rate pop-up, enter "1L" and "Employee Basic Life" as the Coverage Code.

Choose the Life Insurance Carrier ID added in Step 4, Plan ID added in Step 3 and BL as Line of Coverage with Short Description of LIFE INS.

Leave the default Coverage Start as First of Next Month; Use the Age Limit settings you entered earlier for the fixed rate. As before, click **Options**, check Percent of Premium in Administrative Fees and leave the remaining default settings- click OK.

Leave the other items in their default settings and choose Variable Rate. Click Next.

In the Rate Variables pop-up, let's **set up a variable rate using a Band Table**:

Benefit:

This item will not be used in this example so select None from the drop down menu.

Premium:

Select **Band Table** based on Age from the drop down menus for Premium.

Employer Paid:

This item will not be used in this example so select None from the drop down menu.

Leave the other items in their default settings and click Next.

The Add New Rate Detail pop-up will appear.

LETTERS & NOTICES (Continued)

Batch Letters

When circumstances call for your participants to receive special notifications, COBRA EAS plus GIBS provides you the BATCH LETTERS tool. For example, use batch letters to send out Open Enrollment notices or Change of Address notices.

To access the Batch Letters utility, go to Utilities; select Batch Letters.

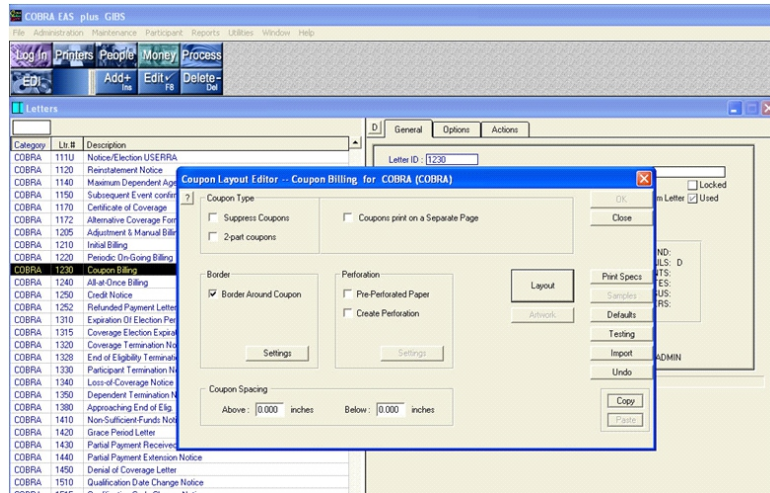
In the Batch Letters input window, input your settings for your batch letter:

As you can see, the Batch Letter utility can handle any circumstance that requires notices or letters to be sent to particular group based on division, coverage, qualification code or category. See Options for more settings. Use current or historical data and use System Note to add any special text that should appear in each addressee's Notes file; select the output format that is appropriate for your purposes.

LETTERS & NOTICES (Continued)

The Payment Coupon Editor

A special payment coupon editor is included to let you create the kind of payment coupons that will satisfy even the most stringent requirements. To edit the payment coupons, highlight the Coupon Billing in the Letters browse. Right click and select Coupon Layout Editor.



Consider the possibilities:

- Use pre-printed and/or pre-perf'd paper to create attractive booklet style or any other type coupons.
- Add boxes, shading and other graphics to make items stand out.
- Create multi-part coupons.
- Set the number of coupons to print on each page.
- Output coupons to file, printer or HTML
- Complete control over font, format and other print settings.
- Use the same coupon layout for all or only one category.
- Include only the information that you need on each coupon.
- Reprint coupons anytime, starting from any date.

Sample Coupons

PLEASE RETURN THE CORRECT COUPON WITH YOUR PAYMENT

SSN. XXX-XX-8998 Smith, Thomas Due: 03/01/2004

Aetna Health Plan Single \$123.45 03/01/2004 - 03/31/2004

Delta Dental Plan Single 13.50 03/01/2004 - 03/31/2004

Total \$136.95

Mail Payment To: Best Administration Services
PO BOX 1600
Wausau WI 54476

☐ I am not currently covered under another Group Health Plan

Signed _____ Date _____

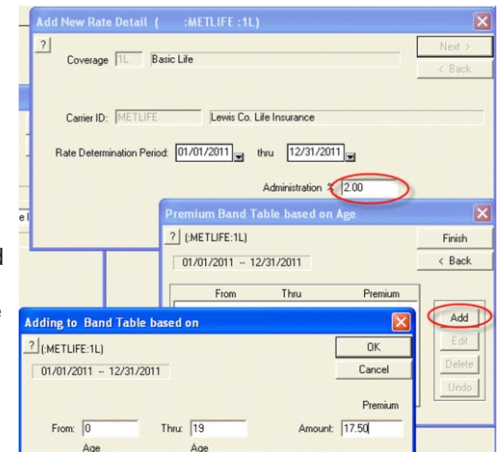
Step 6 - Add A Life Rate (cont)

As before, enter start and end date during which the rate will apply in Rate Determination Period; enter the administrative fee to charge (use 2%).

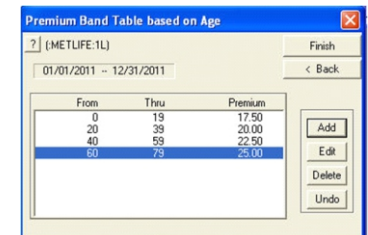
Click Next to add the details for the Band Table.

The Premium Band Table based on Age form will allow you to enter the details for this variable rate.

Click Add and enter the first age band - here, 0 to 19; enter the premium Amount to charge in this age band; here, \$17.50. Click OK.



The age band will appear in the Band Table. Click Add to enter the next age band. Notice that the system fills in the next age increment based on the initial age band. Enter the Amount to charge in this age band, Continue adding bands until you reach the maximum age band; here - stop at 60 to 79. Click Finish to save your new variable rate.

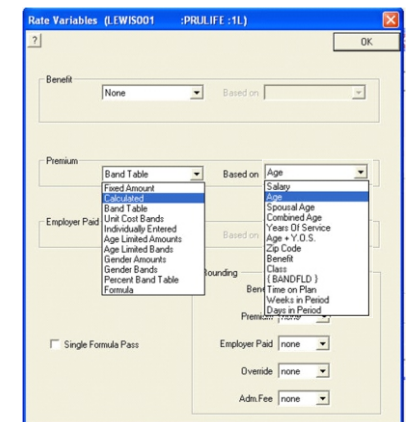


When a band table is not sufficient to define a complex rate, you can rely on COBRA EAS plus GIBS to provide additional capabilities.

To see the variety of tools available, view the pull down menus in the Premium section of the Rate Variables window.

With the various tools and combinations of parameters, including an option to input an individual rate per person, the possibilities are endless.

See SPECIAL FEATURES AND FUNCTIONS section in the back of the guide for more on defining Variable Rates and importing a large number of rates.



B Adding People

Step 7a - Add A Participant

The system is now set up to add Qualified Beneficiaries.

Login to COBRA EAS *plus* GIBS. Click on the **PEOPLE** button and then click on **Add+** or right click in the Participants browse and select Add.



Let's add a participant eligible for COBRA. In the Add New Participant window, input the information about the new Qualified Person:

ID#: Use Social Security Number or any other unique numeric identifier. Do not input dashes -these will be added for you.

Status: Select Notify to send a Notification Letter; select Enroll to enroll the participant automatically.

Qual Code: In the drop down menu, select the applicable qualification code.

The system handles a variety of situations but for the Quick Start, select TE, Terminated Employee.

Input Name, Address and other data. Employee# is optional so let's skip it for the Quick Start.

Qualification Date: Enter the Event Date in the format MM/DD/YYYY or use the drop down calendar to choose a date;

Click OK.

NOTE: if you are interrupted when adding a participant, use the **Suspend** button. Any information that you have entered will be saved. When you are ready to continue go back to the Participants browse and click **Add+** or right click in the General tab and select RESUME...

LETTERS & NOTICES (Continued)

File data such as contact or election information can be added to the letter by embedding data tables into the letter text. Use the Data Table pull down to embed any of the available data tables into the letter. Highlight the inserted data table, right click and select Format to view and change the file data that will appear:

Dear {SAL} {LNM}:

Please read the information contained in these notices very carefully. The notice provides important information to continue your health care coverage under the Plan. If you have any questions concerning the information in

/CONTACT OPTIONS=1

If you do not elect to continue your health care coverage by completing the "Election Form" and returning to your {QDS}.

Each of the following dependents, if any are entitled to elect to continue health care coverage under the Plan:

/DEPENDENTS ORDER=VRB OPTIONS=T

Because of the above event that will end your coverage under the Plan, you and/or, any of your dependents to continue your health coverage for up to 18 months. If you elect to continue your coverage under the Plan last until {ELE}.

Your continuation coverage will cost:

/DETAILS ORDER=ZCIDS OPTION

IMPORTANT - To elect to continue your health care coverage, you must complete the "Election Form" and return it to the Plan Administrator by the date shown on the Election Form. If you do not complete this date, you will lose your health care coverage under this Election Form.

complete the "Election Form" and return it to the Plan Administrator by the date shown on the Election Form. If you do not complete this date, you will lose your health care coverage under this Election Form.

Data from files is placed in the letters based on the settings in the Format pop-up.

Choose which data fields to add to the letter and the order in which they will appear.

You can even use Style Sheets to place data in boxed or shaded cells.

Your continuation coverage will cost:

Insurance Company	Coverage	Due Date	Premium Amount
Blue Cross	Health	06/01/2004	\$254.44
Delta Dental	Dental	06/01/2004	\$18.29
Prescription Card Plan	Prescription Drug	06/01/2004	\$9.25

Your premium payment must be received by the due date for coverage to be continued.

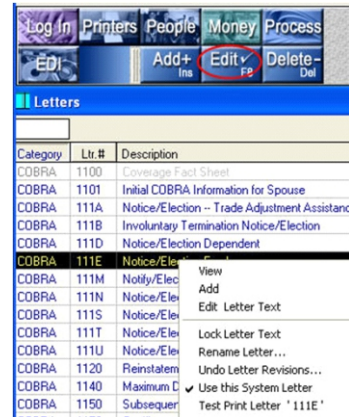
LETTERS & NOTICES (Continued)

Edit & Output

From the Letters browse, the user has complete control over both the text and file data for all letters. Rich text editing and visual controls allow anyone to create very attractive letters.

To edit a letter - highlight a letter in the Letters browse, - click Edit or right click and select Edit Letter Text.

This will bring up the Letter Editor, in which you can change the letter text and add or delete any file data to/from the letter contents.



Letter Editor - Letter# '111E' COBRA (COBRA)

Letter ID: 111E Category: COBRA (COBRA) Global SYSTEM LETTER

Description: Notice/Election Employee (Select "Letter Options" to change the Description)

Street Portion of Address: Preferred Contact: Your Company

Font: 10 Embedded Sorted

Data Table: ADDI

Embed Fields
Select system fields from a drop list and place them anywhere in the letter.

Edit or add any letter text.

Notification Date: (INDT)

COBRA CONTINUATION COVERAGE ELECTION NOTICE

This notice contains important information about your right to continue your health care coverage in the Plan(s).

PLANS

Dear (SAL) (LNM):

Please read the information contained in the notice carefully. The notice provides important information concerning your rights and what you have to do to continue your health care coverage under the plan. If you have any questions concerning the information in this notice or your rights to coverage, you should contact:

/CONTACT OPTIONS=1

Step 7a - Add A Participant

The Add New Dependent window will appear. Add the new participant's dependents now.

Dep. Code: In the drop down menu, select the applicable dependent code. For the Quick Start, add a spouse, SPO.

Input the spouse's first name, (last name, if different); enter address, if different.

Complete the remaining items (Sex, Birth Date, Marital status) and input spouse's Social Security Number as Alternate ID.

Leave the Dep. Effective date as the default value.

Click Next and then Done.

You will see the newly added dependent in the Adding Dependents pop-up.

If you need to add more dependents, click Back, to change the new dependent, click Edit or Delete - otherwise, click Finish to complete adding new dependents.

Add New Dependent of John Smith

Client: LEWIS001 Lewis Mig. Company

Dep. Code: SPO Dep. Effective: 07/27/2011

Last Name: Smith First: M.I.

Street: 16 Technology

Suite: 92618

City, ST, Zip: Irvine CA 92618

E-Mail: jsmith@email.com Ph: 949-555-1212

Sex: Male Birth Date: Marital: Notification Date: Election Date: Election Received:

Class: 0 Alternate ID:

Add New Dependent of John Smith

Client: 123-45-6789 DEPENDENT

Division:

Dep. Code: SPO Spouse (Spousal)

Dependent Codes: for Dependent

Code	Relationship	Type	Spousal
DAU	Daughter	N	N
DMP	Domestic Partner	N	Y
HDC	Handicapped Child	H	N
OTH	Other	O	N
SON	Son	N	N
SPO	Spouse	N	Y
STU	Student Child	S	N

Adding Dependents

Client: LEWIS001 Lewis Mig. Company

Participant: XXXXXXXX: Smith, John

Relationship	Name	Birth Date
SPO	May	12/25/1967

1 / 1

< Back Edit Delete

Add New Dependent of John Smith

Client: 123-45-6789 DEPENDENT

Division:

Dep. Code: SPO Spouse (Spousal)

Last Name: Smith First: May M.I.

Street: 16 Technology

Suite: 92618

City, ST, Zip: Irvine CA 92618

E-Mail: jsmith@aol.com Ph: 949-555-1212

Sex: Male Birth Date: 12/25/1967 Marital: Married Notification Date: Election Date: Election Received:

Class: 0 Alternate ID: 987-65-4321

Step 7b - Add Participant Coverages

Once you finish adding dependents, the Adding Coverages pop-up will appear listing any coverages available for the newly added participant, which will include the coverages you added in Step 4 and 5.

Highlight all coverages for this participant;

Click Finish.

In the Participants browse, highlight the newly added person and click the Coverages tab to review the newly added coverages.

Adding Coverages - Full List

Client: LEWIS001 : Lewis Mfg. Company

Participant: XXXXXXXX : Smith, John

Double-Click on a Carrier to Expand/Collapse

Selected: 1

CarrierID	C.C.	Division	Description
----- Aetna Health Plans -----			
AET001	E1		Employee + One
AET001	E0		Employee Only
----- Lewis Co. Life Insurance -----			
METLIFE	1L		Basic Life

Participants

ID#	Name (Last-First)	Status
123-45-6789	Smith, John	Notification Pending
123-45-6789-01	Smith, Mary	Notification Pending
123-45-6789-02	Smith, Thomas	Notification Pending

View Changes

Coverages

Coverage ID	Description	Effective	Status
AET001 : E1	Employee + One	10/01/2011	Notification Pending
AET001 : E0	Employee Only	10/01/2011	Notification Pending
METLIFE : 1L	Basic Life	10/01/2011	Notification Pending

Click on the View Changes tab in the Participants browse to review the changes for the newly added person.

View Changes 123-45-6789 Participant Smith, John

Pending Changes

09/19/2011 01:20pm EIT	Participant Added	QualDate: 09/05/2011
09/19/2011 01:32pm EIT	Dependent: 01 May Added	Cov EIT: 09/05/2011
09/19/2011 01:43pm EIT	Coverage AET001 : E1 Added	Cov EIT: 10/01/2011
09/19/2011 01:43pm EIT	Coverage AET001 : E0 Added	Cov EIT: 10/01/2011
09/19/2011 01:43pm EIT	Coverage METLIFE : 1L Added	Cov EIT: 10/01/2011

Reset

Pending

Historical

Undo

Repeat steps 1-7 above to add more carriers/rates/participants into the system.
See the **SPECIAL FEATURES AND FUNCTIONS** section in the back of the guide regarding the import of large numbers of carriers/rates/participants.

LETTERS & NOTICES (Continued)

A careful look into the correspondence file of any COBRA administration system can tell you a lot about how much work you will need to do to make it work and how much of it will be automatic. The more automated - the more business you will be able to do with fewer employees.

The above letters and notices are produced automatically by the COBRA EAS plus GIBS system based on the participant records and according to COBRA and Family Medical Leave (FML) requirements. COBRA EAS plus GIBS is programmed to calculate the dates and deadlines for enrollment, eligibility, mandatory grace periods and partial payment limits for COBRA participants, as well as for Family Medical Leave participants.

Letters and notices for Retiree, Leave of Absence (LOA) and any other user defined category are issued based on industry standards and the settings that you specify.

System notices and letters can be used in their default formats or you can create custom documents that include text and information specific to your organization. You can also customize the system letters for specific situations, as well as create new / additional letters and notices.

You can also set up letters that will only be sent to a specific category or even set up documents to be sent out as a batch job to disseminate information to specific groups of participants.

No other COBRA system offers the user as much control over what information can be put in letters and how it will look when output.

To access the Letters in the COBRA EAS plus GIBS, click on Maintenance and select Letters.

COBRA EAS plus GIBS

File Administration Maintenance Participant Reports Utilities Window Help

Log In Printer

Setup Fields Layouts

Categories Plans

Carriers Rates Rate Details

1 - 2 -

Letters

Lock Letters

Letters

Category	Ltr.#	Description
COBRA	1100	Coverage Fact Sheet
COBRA	1101	Initial COBRA Information for Spouse
COBRA	111A	Notice/Election -- Trade Adjustment Assistance
COBRA	111B	Involuntary Termination Notice/Election
COBRA	111D	Notice/Election Dependent
COBRA	111E	Notice/Election Employee
COBRA	111M	Notify/Election When Medicare Precedes COBRA Event
COBRA	111N	Notice/Election Deceased Employee
COBRA	111S	Notice/Election Spouse
COBRA	111T	Notice/Election Medicare Entitlement
COBRA	111U	Notice/Election USERRA
COBRA	1120	Reinstatement Notice
COBRA	1140	Maximum Dependent Age Notification
COBRA	1150	Subsequent Event confirmation
COBRA	1170	Certificate of Coverage

LETTERS & NOTICES

The standard letters file has over 50 COBRA related documents, and over 30 documents especially programmed to handle the Family Medical Leave Act requirements for continuing coverage. In addition, the system includes a variety of documents to handle Leave of Absence and Retirees. The user can also add any number of custom letters to be used for special purposes.

Listed below is a sample of the letters found in the COBRA EAS plus GIBS system:

Standard COBRA Letters

1000 Open Enrollment Notice
1001 Missing Information Request
1009 Special California Notice
1100 Coverage Info Page
1101 New Spouse Initial COBRA Notice
111A Notice/Election Fair Trade Act
111D Notice/Election Dependent
111E Notice/Election Employee
111M Notice/Election Medicare Precedes Event
111N Notice/Election Deceased Employee
111S Notice/Election Spouse
111T Notice/Election Medicare
1120 Reinstatement Notice
1130 Dependent Term Notice
1140 Maximum Dependent Age Term
1150 Subsequent Event Confirm
1205 Manual Adjustment Billing
1210 Initial Billing
1220 Monthly Billing
1230 Coupon Billing
1240 All At Once Billing
1250 Credit Notice
1310 Election Period Expiration Notice
1315 Coverage Election Expiration Notice
1320 Coverage Term - Non Payment
1328 End Of COBRA Eligibility Notice
1330 Participant Termination Notice
1340 Loss Of Coverage Notice
1380 End Of Elig - CA Over 55 Notice
1410 NSF Notice
1420 Grace Period Notice
1423 Grace Letter - Fair Trade Act
1430 Partial Payment Courtesy Notice
1440 Partial Payment Extension Notice
1510 Qualification Date Change Notice
1515 Qualification Code Change Notice
1530 New Rate Change Notice
1570 Coverage Change Confirmation
1910 Inquiry Response Information
1920 Print Participant Inquiry Information
1980 Applicant Term File Info

Special Family Medical Leave Notices

111F Family Medical Leave Notice/Election
1160 Family Medical Leave Coverage Term
1205 Family Medical Leave Adjusted Billing
1220 FMLA Monthly Billing
1230 FMLA Coupon Billing
1240 FMLA All At Once Billing
1250 FMLA Credit Notice
1320 FMLA Term For Non Pay
1330 FMLA Participant Term Notice
1340 FMLA Loss Of Cov Notice
1360 FMLA Not Returning To Work Notice
1410 FMLA NSF Check Notice
1420 FMLA Grace Period Notice
1460 FMLA 15 Day Term Notice
1530 FMLA Rate Change Notice
1570 FMLA Coverage Change Notice
1910 FMLA Inquiry Info
1920 FMLA Participant File Info

Retiree Notices

1100 Coverage Fact Sheet
111R Retiree Notification
1120 Reinstatement Notice
1170 Certificate of Coverage
1172 Alternative Coverage Form
1205 Retiree Adjusted Billing
1210 Retiree Confirmation of Election
1220 Retiree Periodic On-going Billing
1230 Retiree Coupon Billing
1240 Retiree All At Once Billing
1250 Retiree Credit Notice
1252 Retiree Refunded Payment Letter
1320 Retiree Coverage Term Notice (Non-Pmt)
1330 Retiree Participant Term Notice
1340 Retiree Loss Of Cov Notice
1350 Retiree Dependent Term Notice
1410 Retiree NSF Check Notice
1420 Retiree Grace Period Notice
1430 Partial Payment Courtesy Notice
1440 Partial Payment Extension Notice
1530 New Rate Change Notice
1570 Coverage Change Confirmation

C Processing

Once you are done inputting your Participants, you will want to *Process* the data. When you process, the system evaluates all of your file data, completing required items such as Notifications, Billing, etc.

You can process all the records in the system at once or process a select group of participant records, or even process just one participant's records.

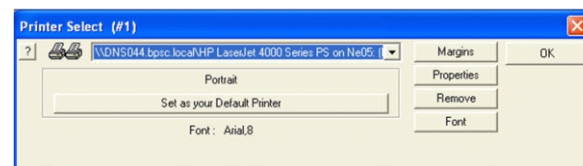
You can also organize the processing to perform specific items on a given day. For example, schedule Notification Letters to print on a specific day of the week and schedule the process to issue Billings on the last day of the month.

Step 8 - Start the Processing

Before we start Processing, let's select a printer for your COBRA EAS output. In the main program window, click the **Printers** button.

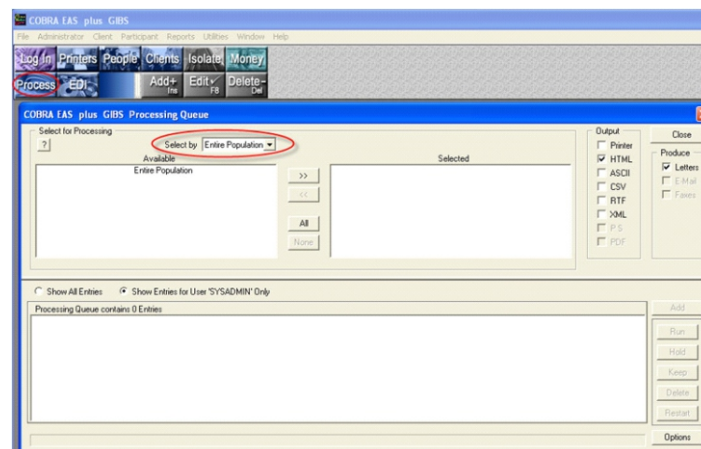


This will bring up the Printer Select window.



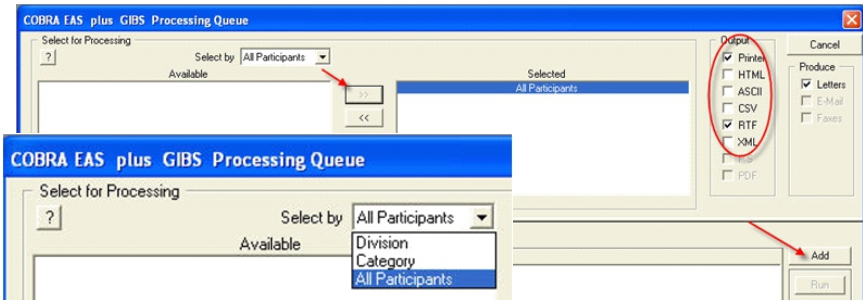
Choose your printer in the pull-down (If it is not listed, select *AVAILABLE* and Add New). Select the right printer, click *Set as your Default Printer* and OK.

To start Processing, make sure all other windows in the program are closed. Click Process. This will bring up the Processing Queue.



The Processing Queue window is divided into 3 sections:
Available section displays groups ready for processing;
Selected section displays groups selected for processing;
Processing Queue section lists processing jobs that are ready to begin or that are currently being executed.

First, pull down the *Select by* menu and choose -
All Participants: to process all the data records in the system.
Division: to process all the data records for 1 division
Category: to process all data records for 1 category (Cobra, Family Leave, etc)



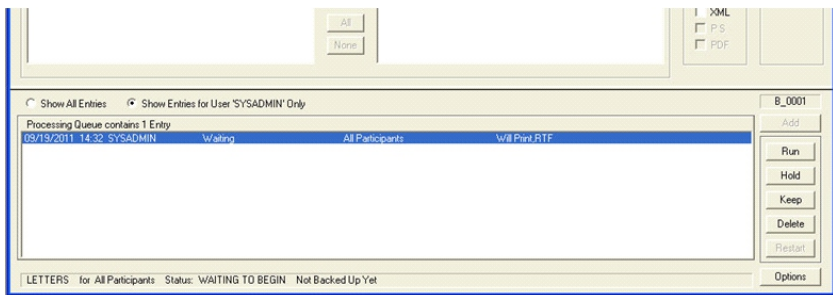
NOTE: You can also process a single individual through the People browse. Highlight the participant, right click and select Process this Participant...

Select All Participants for now; you will see a “All Participants” in the **Available** box. Highlight it and Click the >> button to move the entry to the **Selected** box.

Under **Output**, you can select the format of your letters and billings; send them directly to the printer or create any of the file types listed. Select Printer for now.

Highlight “All Participants” in the **Selected** box and click Add to move the entry to the **Processing Queue**. You are now ready to process all of your participants; since your newly added participant was added in the “Notify” state, processing should produce a Notification Letter.

Highlight “All Participants” in the **Processing Queue** and click Run; click OK in the Processing Date pop-up to process.



THE AUDIT TRAIL

The penalties for COBRA violations are severe. When proof is required you'll find it in this system. Not only can you reproduce any document just as it was originally output but the system has extensive automatic built-in tracking of all activity.

Tamper proof features that let you prove who did what, when and why. If you look closely at competitor systems you are likely to find that when data is edited the new data simply overwrites the old, putting your company in a completely defenseless position.

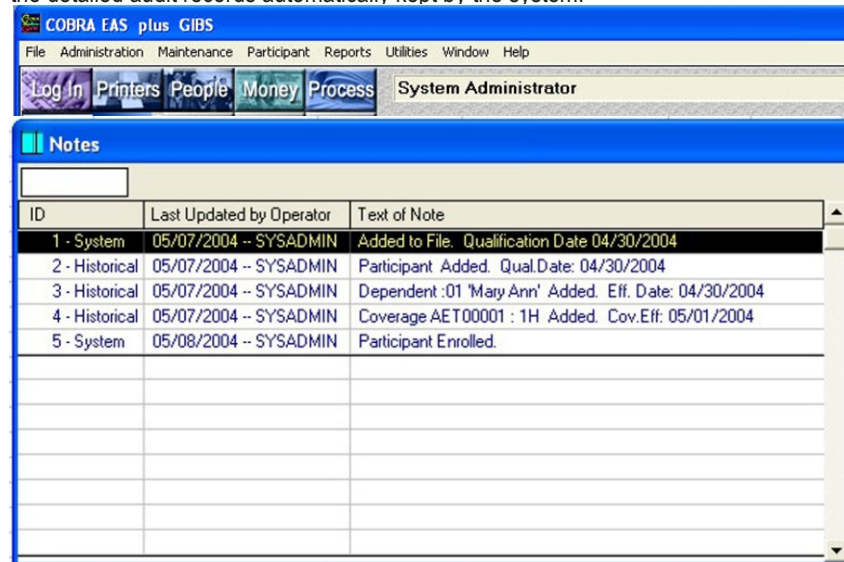
When you are called to court you will appreciate the care our software engineers exercised to give you all of the back up data you will need - data that is automatically accumulated in the background.

The audit trail starts from the moment a record is imported or entered. The system keeps several types of notes, such as:

User Notes are special notes that an operator can enter for any purpose. The operator who entered a User Note can change it at any time.

System Notes are permanent records of all activity and cannot be modified in any way.

Just point to any person in the participant browse, then select the Notes tab to see the detailed audit records automatically kept by the system.



Strict standards are maintained to create an offsetting entry for any activity in the system. For example, if an election or payment date is modified, the original date is still in the record along with the modified date, who modified it, along with all other relevant data.

DATA HANDLING (Continued)

History

Archiving, described above, is used to track system output, but individual records of each person, dependents and coverages must be retained as well.

The system includes a very comprehensive capability for retaining historic data.

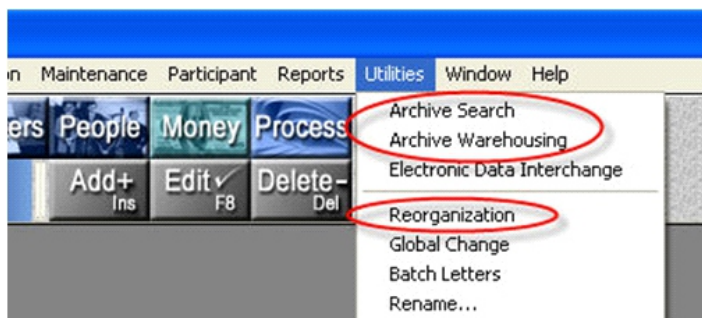
Short term records, such as records for people who never elected coverage, are automatically placed in the history files during the first process run after the election period expires. Longer term records, such as those for people who elected, but later terminated coverage, are placed into history by doing a very orderly file reorganization process.

History records can be viewed at any time, and reports can be run on the records. To maintain a proper audit trail, records in history cannot be edited. However, people in history can be reinstated to the active file. Of course, when this is done a detailed audit trail record is automatically maintained in the note file.

Archive and History Utilities

You can create and access the archived and historic records quite easily using the system's Archive Search and Reorganization utilities.

To explore these tools go to Utilities in the main program window



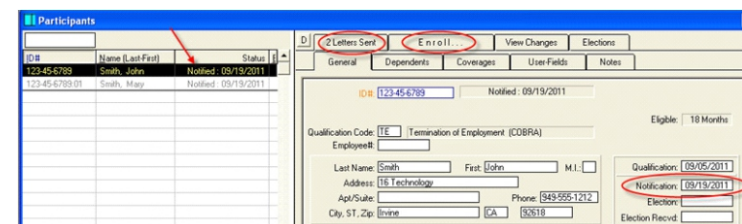
The process will complete in a few seconds; once complete, the job will be removed from the Processing Queue. Your printer should have produced a Notification Letter and Election Form ready to be sent to your participant. You can now Close the Processing Queue window.

Note: The letters and forms produced for the Quick Start are the default formats. *See the SPECIAL FEATURES AND FUNCTIONS section in the back of the guide for more on Processing and Letters & Notices.*

The next step is to enroll the participant for coverage and process again to produce additional letters and billings.

Step 9a - Enroll the Participant

In the main program window, click on the People button and highlight the participant that was just processed. Note that the participant's status is "Notified" and that the tabs show other information about the participant such as how many letters have been sent to the person and that he can now be enrolled.

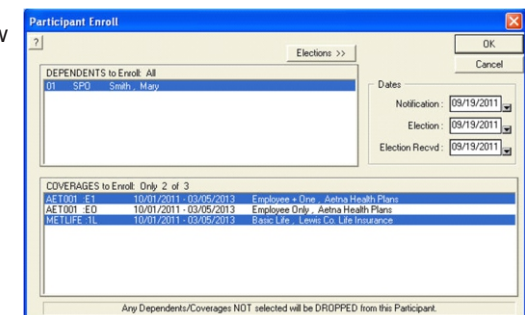


NOTE: In the Letters Sent tab you can view and/or reprint any of the participant's letters.

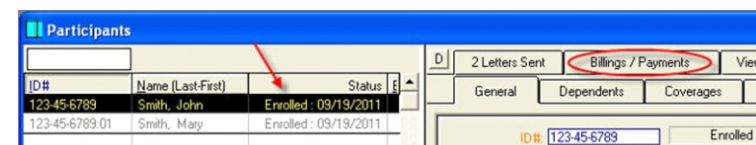
Let's enroll the participant: Click on the Enroll tab.

The Participant Enroll window will display the participant's dependents and a list of coverage to choose from.

Highlight the dependent and then, in the COVERAGES list, highlight the coverages (you can select 0 or more) for this participant and the selected dependent.



Select AET001:E1 and METLIFE :1L for this participant and spouse and enter the dates for Election and Election Recvd. Click OK.



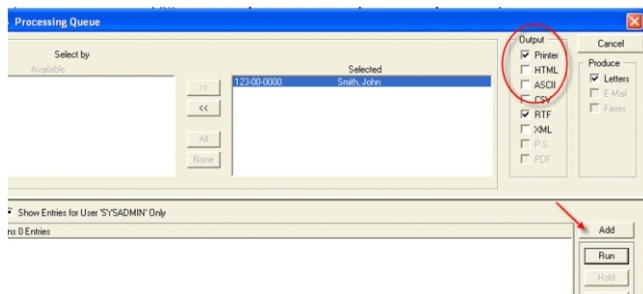
Note that the participant's status is now Enrolled and that the Enroll tab has become Billings/Payments. To complete the enrollment procedure and produce the billings, we must process the participant again.

Step 9b - Process the Participant

Let's process the participant:

Highlight the participant, right click and select Process this Participant.

The Processing Queue will display with the participant's name listed in the Selected box. Check Printer as Output, and click Add to put the participant in the Processing Queue.

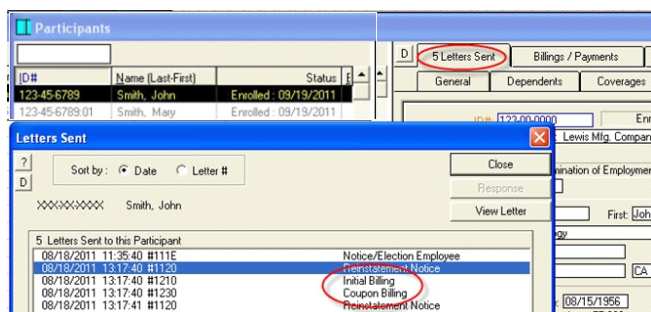


Click Run; click OK in the Processing Date pop-up to process.

The process will complete in a few seconds; once complete, the person will be removed from the Processing Queue. Your printer should have produced an Initial Billing and Billing Coupons ready to be sent to your participant.

You can now Close the Processing Queue window.

In the main program window, click on the People button; highlight the participant that was just processed. Note that the tabs now show different information about the participant. Click on Letters Sent to see a list of the Letters that were produced for this participant.



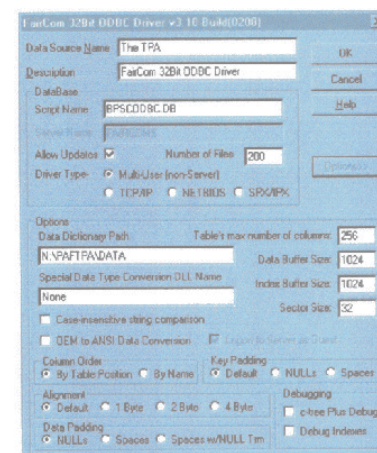
DATA HANDLING (Continued)

Connectivity - ODBC/SQL Driver

Using the optional ODBC/SQL driver you can easily relate this system to any other ODBC/SQL compliant data source.

This single-tier driver interfaces directly to the c-tree plus API. The term single tier means that the driver contains all of the program logic, including an SQL interpreter, to handle requests from a front end application.

The ODBC driver complies with core, level 1 and some level 2 support. The driver supports the minimum SQL grammar and a portion of the core and extended SQL grammar requirements of the ODBC standard.

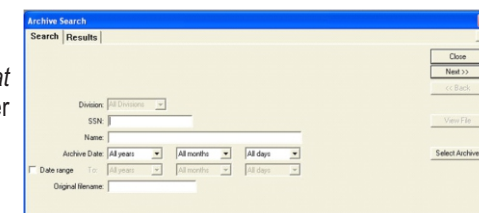
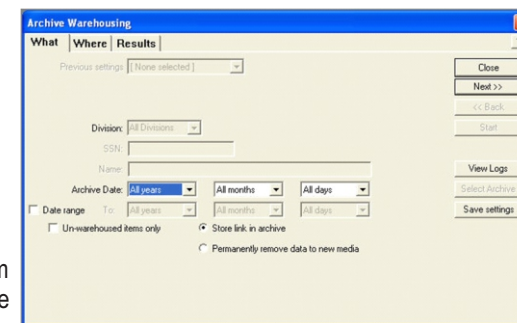


Once you have configured your ODBC/SQL driver, you can access the system data via data access tools such as EXCEL and ACCESS.

Data Archiving

One of the major problems faced by administrators is what to do with the enormous amounts of paper that must be stored to be able to prove that an action was completed.

This system solves the problem using electronic archiving. The system automatically creates an archive copy of every letter or document it prints and *these archived copies can be viewed at any time or saved on CD or other storage media*. A built-in search engine allows you to easily find stored documents by social security, name and date.



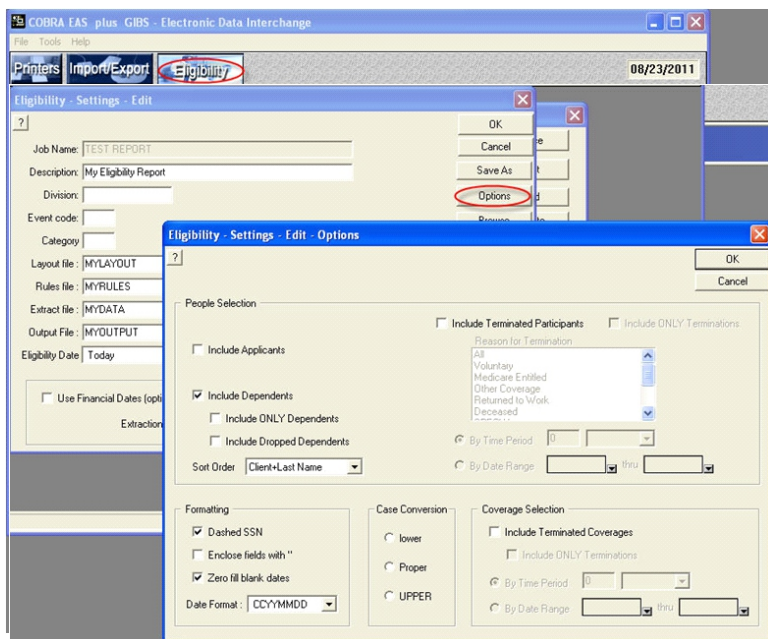
You can reprint any document output by the system, at any time, exactly as it was originally printed using the extensive archiving utilities.

DATA HANDLING (EDI - Continued)

Eligibility Reporting

Extensive Eligibility reporting functions are available by selecting the Eligibility button in the main EDI window.

Eligibility Reports can be created to provide participant and dependent coverage data in various formats using the basic EDI layout tools.



Using the various Eligibility Options which include tools such as “rules” and “translation” files, you can provide industry standard reports for almost any carrier.

Create reports showing current terminations or current active participants.

Filter data by Financial Dates such as Coverage Dates, Paid Dates and Billed Dates.

Create your reports in .csv format, ready for import into EXCEL or other reporting tool.

A variety of layouts from well-known industry carriers is provided in the program files - look in CSPsuite\Industry.

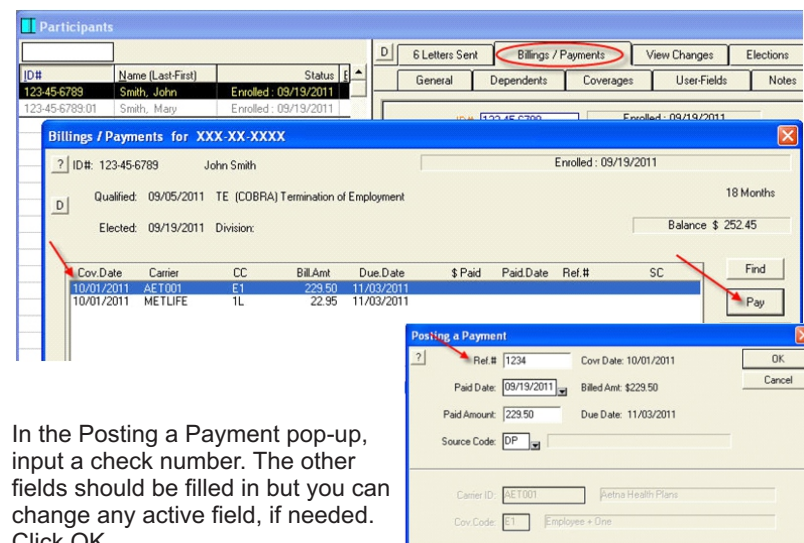
Highlight a letter and click View Letter; choose an Output format and click OK. Your letter will be sent to the printer or you will see it display in the requested format.

The last processing of this participant produced the Initial Billing and the Billing Coupons. You can also produce billings as a single statement (All At Once billing) or as a Periodic On-going Billing sent, for example, monthly or quarterly. This option is defined for each category and can be changed in the Category Edit (see Part A, step 2).

Step 10 - Posting a Payment

Now that the participant is enrolled and billed, let's post a payment.

Highlight the participant and click on Billings/Payments to see a list of the participants billings and payments. Highlight the first billing; click Pay.



In the Posting a Payment pop-up, input a check number. The other fields should be filled in but you can change any active field, if needed. Click OK.

The payment will appear in the Billings/Payments window.

Cov.Date	Carrier	CC	Bill.Amt	Due.Date	\$ Paid	Paid.Date	Ref.#	SC
10/01/2011	AET001	E1	229.50	11/03/2011				
10/01/2011	METLIFE	1L	22.95	11/03/2011	229.50	09/19/2011	1234	* DP

NOTE: Although this method is best when recording a single payment, the program's BATCH PAYMENTS tool will handle high volume payment processing as well as the processing of lock box payment data from the bank. See the SPECIAL FEATURES AND FUNCTIONS section in the back of the guide for more on the extensive payment handling features.

SPECIAL FEATURES AND FUNCTIONS

You have completed the Quick Start Instructions!

The remainder of the guide highlights other special features and functions of COBRA EAS plus GIBS:

Variable Rates

Accounting Features
Special Payment Handling
Batch Payments

Data Handling
Electronic Data Interchange
Importing and Exporting Data
Eligibility Reporting
ODBC/SQL Connectivity
Data Archiving and History

Audit Trail

Letters and Notices

Processing Options

Reports

User-Defined Fields

See the back of the Guide for the answers to frequently asked questions.

DATA HANDLING FEATURES

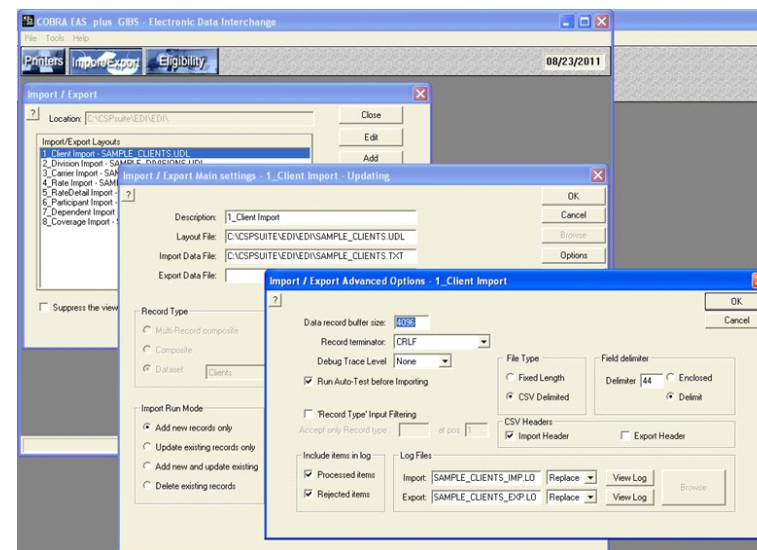
Electronic Data Interchange (EDI)

COBRA EAS plus GIBS EDI tool provides you the means to import and export multiple records as well as create Eligibility Reports for carriers.

Importing Data

The EDI module includes up to date features that let you easily import data from any .csv or sdf file. Click on the Import/Export button in the main EDI window.

Import anything from Carriers and Rates to Participants, Dependents and Coverages.

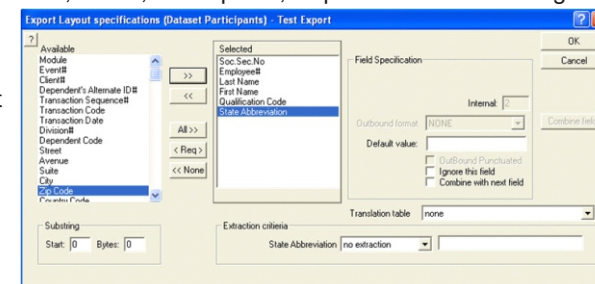


Exporting Data

The EDI module also allows you to export data from any table shown in the system's data dictionary. Click on the Import/Export button in the main EDI window. Export anything from Carriers, Rates, Participants, Dependents and Coverages.

Just select the dataset you would like to export and which fields should be included.

Export data to .csv or .txt formats.



ACCOUNTING FEATURES

Special Payment Handling

COBRA EAS plus GIBS will handle any standard payments but it also includes special features that allow you to automatically handle many different billing issues.

To handle billings for a specific participant, go to the Billings/Payments tab. Here you will see the participant's bills on the left and any corresponding payments on the right of the display.

Highlight a bill or payment to activate the menu buttons on the left side:

- | | |
|--------|---|
| Edit | Correct a bill or payment entry. |
| Delete | Remove a payment or bill. |
| Apply | Apply a payment to the selected bill. |
| NSF | Mark a returned payment marked Non Sufficient Funds. System reverses the payment; at the next process, prints a notice and rebills. |
| Retire | Marks a bill as not collectible while maintaining an audit trail. |
| Other | Activates other menu buttons: |
| Retire | Mark a bill as not collectible with an audit trail. |
| Refund | Refund a payment. |
| Bill | Create a manual billing. |

Click on the "x" in the top right corner to close window.

If you made any changes to the participants Billings or Payments, you will see the Posting Totals pop-up, which allows you to confirm your posting activity.

Batch Payments

COBRA EAS plus GIBS also gives you Batch Payment capability. Using this tool you can input all payments at once and then post them all in a single batch job. You can also import a standard .CSV or .TXT file from the bank that contains all the information for payments made via a lockbox or payment processing unit.

To see the Batch Payments tool, close all other windows in the program; Click on the Money button or go to the Menu Bar, Click on Administration; select Batch Payments.

SPECIAL FEATURES AND FUNCTIONS

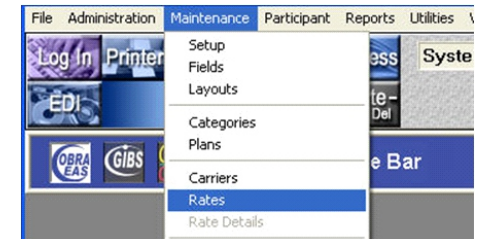
More on Variable Rates

One of the most developed capabilities in COBRA EAS *plus* GIBS is the handling of rates that are based on one or more variables. For example, life insurance rates that change when the persons age changes, health rates that differ when either a participant or spouse is over medicare age or rates that are subsidized by the employer, with different subsidy periods and amounts for various groups of employees.

COBRA EAS *plus* GIBS uses various tools, such as band tables based on age or other value, simple calculations or macro formulas to handle any variable rate scenario.

Rates are always unique to each carrier.

Access Rates by opening the **Maintenance** in the Menu Bar; select **Rates**.



Click on the **Add+** button to open the Add New Rate window.

Fill in the basic information for the new rate; some of the fields may be completed based on system defaults.

Select the Variable Rate radio button. As before, click **Options**, check Percent of Premium in Administrative Fees - click OK.

When you are ready, click Next to continue.

In the Rate Variables pop-up you can select any number of combinations to handle almost any complex rate definition.

Since we defined a band table in our earlier example (Part B, Step 6), let's look at Formulas.

More on Variable Rates (Cont)

FORMULAS

Although you can use an infinite combination of Band Tables to define some very intricate rates, your rate definition may require the use of other variable rate tools, like Formulas.

In the Rate Variables pop-up, select Fixed Amount from the Benefit drop down list and Formula from the Premium drop down list. Click Next.

Enter the Rate Determination period and the Administration % (% of premium to charge as an Administration Fee). Click Next and input \$10,000 as the Fixed Amount life insurance Benefit. Click Finish.

Your new rate will appear in the Rates browse.

To define your Premium Formula, highlight the new rate and click on the Rate Details tab.

Right click on the highlighted record and select Edit.

In the Rate Detail pop-up, click on Formulas. This will bring up the Formula Editor.

The Formula Editor allows you to define Formulas using key symbols, logic and math operators and the system field names. For example, let's define this Dependent Life insurance premium as follows:

Premium = \$125 for female dependents in CA and NY
 Premium = \$110 for all other female dependents
 Premium = \$155 for male dependents in CA and NY
 Premium = \$140 for all other male dependents

Using the Formula Editor, you can create this complicated rate:

```

IF (SEX) == "M" THEN GOTO MALE_PREM
IF (STA) == "CA" OR (STA) == "NY" THEN GOTO HI_PREM_F
P=110.00
GOTO END
:MALE_PREM
IF (STA) == "CA" OR (STA) == "NY" THEN GOTO HI_PREM_M
P=145.00
GOTO END
:HI_PREM_F
P=125.00
GOTO END
:HI_PREM_M
P=155
:END
    
```

Explore the pull down menus in the Rate Variables pop-up and you will find that the possibilities for defining your rates are endless!