
EASE: ONLINE ADMINISTRATION AND COMPLIANCE

**ROGERS
BENEFIT
GROUP**

6155 Almaden Expressway
Suite 210
San Jose, CA 95120
(408) 268-9700
(925) 548-8110*
www.rbgcal.com

Presented by: Kenny Messina

AGENDA

- What sets Ease apart from other platforms
- Employee Enrollment Experience
- Employer Functionality
- Keeping clients compliant
- How RBG supports Ease cases differently

WHY EASE?



- The digital management of client's health insurance administration has exploded over the last decade.
- Many different benefit administration systems have been developed to meet a wide variety of clients needs.
- Considerations include:
 - Location & state parameters
 - Alternative methods of plan funding
 - Composite vs. member & age banded rates
 - Carrier integrations
 - Reporting
 - Payroll integration
 - Other health coverages
 - Other insurance coverages
 - Leave management
 - And other factors

WHY EASE?



- SBI61 Stop Loss Insurance Coverage Bill
- Most CA groups with 1 to 100 employees have fully insured ACA compliant medical plans
- State Filed, Member Rated, Age banded, Metal Tier Benefits
- Digital information companies can easily display options and capture election information
- “Small Group” medical carriers have had a difficult time accepting electronic information with API or EDI feeds.
- Binding Arbitration Language

WHY EASE?

CALIFORNIA (DO NOT STAPLE) UnitedHealthcare
 Small Business UnitedHealthcare Insurance Company
 Employee Enrollment Form UnitedHealthcare of California
 UnitedHealthcare Benefits Plan of California

To speed the enrollment process, please be thorough and fill out all sections that apply.

To Be Completed by Employer

Group Name/Number: _____

Requested Effective Date of Insurance/Health Plan Coverage / Date of Change: ____/____/____

Reason for Application: New Group Plan Annual Open Enrollment Change Name/Address Termination Date: ____/____/____ Waiving Coverage (complete sections A and E) Life Event Date: ____/____/____

Employee Type (check all that apply): New Hire Active Union Non-Union Retired Hourly Salary Other

COBRA: COBRA COBRA Start Date: ____/____/____ End Date: ____/____/____

Indicate Qualifying Event: _____

Original Qualifying Event Date: ____/____/____ Start Date: ____/____/____ End Date: ____/____/____

A. Employee Information

List Name: _____ First Name: _____ MI: _____ Social Security Number: _____ Home Phone/Cell: _____

Address: _____ Apt #: _____ City: _____ State: _____ ZIP Code: _____ Work Phone: _____ Email Address: _____

Date of Birth: ____/____/____ Sex: M F Marital Status: Single Married Divorced Widowed Domestic Partner

Have you or your dependents ever been a UnitedHealthcare member? Yes No

Preferred Language: English Spanish Chinese Vietnamese Korean Other

Primary Care Physician Name: _____ Address: _____

Existing Patient Medical Yes No

B. Dependent Information (List All Enroll)

Name (Last, First, MI): _____ Social Security Number: _____

Address (if different from Employee): _____

Primary Care Physician Name: _____ Address: _____

Existing Patient Medical Yes No

Name (Last, First, MI): _____ Social Security Number: _____

Address (if different from Employee): _____

Primary Care Physician Name: _____ Address: _____

Existing Patient Medical Yes No

Important Questions

Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,000 per individual / \$2,000 per family for participating providers. \$2,000 per individual / \$4,000 per family for non-participating providers.	Generally, you must pay all of the costs from providers up to the deductible amount before the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and services listed in your complete terms of coverage.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at healthca.com/coverage/preventive-care/benefits .
Are there other deductibles for specific services?	Yes. Prescription drugs - \$300 per individual / \$600 per family. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before the plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	\$4,150 per individual / \$16,300 per family for participating providers. \$16,300 per individual / \$32,600 per family for non-participating providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Copayments for certain services, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See healthca.com/fact or call 1-888-318-5999 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

Age	Region 6	
	Kaiser Gold HMO B	Kaiser Platinum HMO B
0 -14	318.07	351.68
15 -15	345.10	381.70
16 -16	355.44	393.18
17 -17	365.77	404.66
18 -18	376.90	417.02
19 -19	374.04	415.39
20 -20	385.57	428.19
21 -21	397.49	441.43
22 -22	397.49	441.43
23 -23	397.49	441.43
24 -24	397.49	441.43
25 -25	399.08	443.20
26 -26	407.03	452.03
27 -27	416.57	462.62
28 -28	432.07	479.84
29 -29	444.79	493.96
30 -30	451.15	501.02
31 -31	460.69	511.82
32 -32	470.23	522.21
33 -33	476.20	528.83
34 -34	482.56	535.90

The Solution - Ease

- As many benefit information platforms emerged, Ease was one of the first on the scenes in CA to...
 - Give users and groups the ability to preload state filed rate information.
 - Give users and groups the ability to preload benefit information.
 - Record enrollment data and map appropriate elections to each carrier's specific enrollment form.
 - Allow enrollees to sign using a mouse or touchscreen and have forms printed to meet signature requirements.



WHY EASE?

Goodbye Paper, Hello Ease

Solve all of your enrollment and onboarding headaches with one streamlined solution.

Tired of chasing down enrollment forms and decoding illegible signatures? Wish that new employees had answers to their coverage questions?

Ease partners with your broker to bring you a streamlined enrollment for you and your employees. With Ease, over 60,000 businesses and more than 1.5 million employees are enjoying more secure access to coverage information and changes, and shorter enrollment times.



Our broker trained me on how to use the system and I was immediately able to use it.

Michelle Martinez,
Safeway Electric,
Ease user of 3 years



Ease offers...

- Electronic health insurance enrollment solutions
- Ongoing benefit administration
- Onboarding management
- Reporting i.e. deduction, enrollment, ACA, etc.
- Payroll Integration
- Carrier integration

**ROGERS
BENEFIT
GROUP**

EMPLOYEE ENROLLMENT EXPERIENCE

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Medicare
- 6 Benefits
- 7 Summary
- 8 Sign Forms
- 9 Finish

Personal Information

First Name * Middle Name

Last Name *

Sex * Birth Date (42) *

SSN *

Marital Status *

Disabled? *

Language *

[Need Help?](#) [Get Support](#)

Physical Address

Address 1 * Address 2

City * State *

Zip * Country *

Personal Phone * Work Phone *

Employee Information

- Receive a welcome email.
- They click the link to the employer's site
- Create a username and password
- Enter all their personal information
- If any necessary information is missed or appears inaccurate the system prompts the enrollee to revisit that field.

**ROGERS
BENEFIT
GROUP**

EMPLOYEE ENROLLMENT EXPERIENCE

The screenshot shows a web application interface for adding a dependent. On the left, a vertical navigation menu lists steps: 1 Overview, 2 Profile, 3 Dependents (highlighted), 4 Documents, 5 Medicare, 6 Benefits, 7 Summary, 8 Sign Forms, and 9 Finish. The main content area is titled 'Dependents' and contains a modal window titled 'Add Dependent' with a 'Close' button. The modal form includes the following fields: 'First Name *' (text input), 'Last Name *' (text input), 'Middle Name' (text input), 'Sex *' (dropdown menu with a help icon), 'Birth Date *' (text input with placeholder 'mm/dd/yyyy'), 'SSN *' (text input with placeholder 'XXX-XX-XXXX'), 'Relationship *' (dropdown menu), and 'Disabled? *' (dropdown menu). At the bottom of the modal, there is a checkbox labeled 'Different address than employee?' and a blue 'Add Dependent' button. In the background, there are 'Add' and 'Continue' buttons. A 'Need Help? Get Support' link is visible in the top right corner of the main interface.

Dependents

- Enrollees have the ability to add dependents....

**ROGERS
BENEFIT
GROUP**

EMPLOYEE ENROLLMENT EXPERIENCE

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Medicare
- 6 **Benefits**
- 7 Medical
- 8 Dental
- 9 Phone
- 10 Supplemental Life
- 11 Summary
- 12 Sign Forms
- 13 Finish

Gold Full PPO 0/25 OffEx

\$0.00
Per Pay Period ⓘ

Documents

- [Benefit Summary-Gold Full PPO 0/25 OffEx](#)
- [SBC-Gold Full PPO 0/25 OffEx](#)

Aetna

AWH Southern CA HMO Bronze CA \$75/125 7900 Ded

\$0.00
Per Pay Period ⓘ

This plan requires you to select a Primary Care Physician. Please use the Provider Directory link below to select a PCP who is contracted with the network for this plan and input the PCP ID num...

[Show More](#)

Covered California

Blue Shield Gold 80 PPO 350/25 + Child Dental

\$402.57
Per Pay Period ⓘ

Documents

- [Benefit Summary-Blue Shield Gold 80 PPO 350/25 + Child Dental](#)
- [Resources](#)
- [SBC-Blue Shield Gold 80 PPO 350/25 + Child Dental](#)

Covered California

Blue Shield Silver 70 PPO 2250/50 + Child Dental

\$0.00
Per Pay Period ⓘ

Covered California

Blue Shield Trio Silver- 70 HMO 2250/55 + Child Dental

\$0.00
Per Pay Period ⓘ

Covered California will assign a Primary Care Physician (PCP) to each member at enrollment. Once you receive your ID card you may call the member service number indicated on your card to request a PCP change if you wish to change your provider.

Benefits Summary

Employee Cost Per Pay Period
(Semi-Monthly)

Medical

Total **\$0.00**
Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get Support](#)

Benefit Elections

- Plan information for all coverages are displayed.
- Costs are shown on a pay frequency basis after employer contributions.
- Important information like plan summaries, SBC's, network search flyers, and other documents can be hyperlinked and displayed.
- Employees choose plans based on cost or have the option to waive coverage
- Short video's can be added to assist with plan education

**ROGERS
BENEFIT
GROUP**

EMPLOYEE ENROLLMENT EXPERIENCE

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Medicare
- 6 Benefits
- 7 Summary
- 8 Sign Forms
- 9 Finish

Benefit Summary

Review your benefit elections. If you need to make changes, click 'Edit'. Otherwise, click 'Continue' and sign your forms. You may also [print your summary](#).

The cost below is the employee cost deducted on a [Per Pay Period \(Semi-Monthly\)](#) basis.

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

Medical

Covered California
Blue Shield Gold 80 PPO 350/25 + Child Dental
Employee

Effective: 5/1/2022

Employee Cost:
\$402.57
Per Pay Period (Semi-Monthly)

Dental

Blue Shield of CA
Dental PPO
Employee

Effective: 6/1/2022

Employee Cost:
\$6.25
Employer Contributions:
\$18.75
Per Pay Period (Semi-Monthly)

Phone

2021-Phone Benefit
Enrolled

Effective: 5/1/2022

Employee Cost:
\$0.00
Per Pay Period (Semi-Monthly)

Supplemental Life

121 Benefits
Waived All Coverage

[Continue](#)

A Summary of elections is displayed....

ROGERS
BENEFIT
GROUP

STREAMLINE BENEFIT SOLUTIONS

IMPORTANT: The purpose of this system is to ensure that you easily complete several forms accurately. Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.

If you find any errors, you can use the navigation at the top of your screen to return to the area where a correction needs to be made. If you are logged out of the system, you can log back to return and make changes.

Please remember to electronically sign your applications.

If you have any comments about this process, please leave feedback on the Finish section. Your input will be used to improve the enrollment process.

Thank you.

FORMS

Create your signature
Start typing your full name as it appears below.

Kenneth Messina

SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.

Next

All Done!

- An electronic signature is generated and applied to the forms.
- All forms are saved within the system.
- The administrator downloads all forms once the group enrollment has been complete.
- All forms are gathered and sent to the underwriter with the rest of the submission documents.
- **SIMPLE!!!**

**ROGERS
BENEFIT
GROUP**

EMPLOYER FUNCTIONALITY

ROGERS
BENEFIT
GROUP

Online Enrollment Setup Request **ease**

Broker/Agency Information

Agency Name: _____
 Broker Contact for: _____
 E-mail: _____

Group Information (please complete this section or provide a completed employer Master Application):

Group Name: _____
 Headquarter Address: _____
(Determines Small Group rating region)
 Multiple Locations (list locations if applicable i.e. out of state employees, please indicate on census):
 Location 1: _____ Location 2: _____
 Website: _____
 Tax ID: _____
 Date Business Established (mo/yr): _____

General Set Up Information

Group Portal Location: RBG Hosted Portal Broker Subscription Portal
 Effective Date: _____
 Enrollment Start Date: _____
 Enrollment End Date (recommended no later than 25th of the month prior to effective date): _____
 Number of Payroll Periods: 12 (monthly) 24 (semi-monthly) 26 (bi-weekly) 52 (weekly) Other: _____
 New Hire Waiting Period: Select Waiting Period If different WP applies to other lines of coverage, please advise.

For new carrier initial enrollment, waiting period applies to:
 Future employees (hired after the effective date)
 Current and future employees (Current = hired on or prior to the effective date)

Min. Hours Worked to be Eligible: 30 (PT) 20 (PT) Other: _____

Select Plan Types to be Set Up:
 Medical Dental Vision Basic Life/AD&D
 Voluntary Life/AD&D (integrated) Voluntary Life Voluntary AD&D
 LTD STD FSA Health Savings Account
 Other: _____

Employment Classes? No Yes (if Yes, describe below and indicate the applicable benefits)

Site Customization Options – Please include with the request logo, EE handbook, sold proposal, required notifications.

REQUIRED DOCUMENTS TO BE INCLUDED WITH REQUEST

- Sold Group Proposal with Final Rates for all plans
- Plan Summaries for all Ancillary Plans and Large Group Medical (if applicable)
- Group Census – Use the RBG Online Enrollment Template and include all eligible employees
If building a renewal plan – include current plan enrollment and all enrolled dependents on the census to generate enrollment change reports at the end of Open Enrollment.
- Pay Schedule Import File (use RBG Template) if FSA and/or Health Savings Account offered

Please return the completed form and required attachments to your RBG Representative

Plan Information – complete info below for each plan type offered

MEDICAL

CA Small Group Rating Region: Select
 ER Contribution percentage or dollar amount EMP: _____ DEP: _____ Rollover Balance to DEP? Yes OR No
(if applicable, please indicate the Base Plan below)
 Custom Contribution: _____

Carrier 1: _____ Carrier 2: _____
 Initial Enrollment Renewal Initial Enrollment Renewal
 Plan Name(s) Plan Name(s)
 1: _____ Base Plan 1: _____ Base Plan
 2: _____ 2: _____
 3: _____ 3: _____
 4: _____ 4: _____
 5: _____ 5: _____

DENTAL

Employer Sponsored Voluntary
 ER Contribution (if applicable, indicate base plan below) EMP: _____ DEP: _____ Rollover Balance to DEP? Yes OR No
 Custom Contribution: _____
 Dental Carrier(s): _____ Initial Enrollment Renewal
 Plan Name(s)
 1: _____ Base Plan 2: _____

VISION

Employer Sponsored Voluntary
 ER Contribution (if applicable, indicate base plan below) EMP: _____ DEP: _____ Rollover Balance to DEP? Yes OR No
 Custom Contribution: _____
 Vision Carrier(s): _____ Initial Enrollment Renewal
 Plan Name(s)
 1: _____ Base Plan 2: _____

BASIC LIFE/AD&D

Flat dollar Times Salary If dependent coverage is included check here
 ER Contribution EMP: _____ DEP (if applicable): _____
 Life Carrier(s): _____ Initial Enrollment Renewal

LTD

Employer Sponsored Voluntary
 ER Contribution EMP: _____
 LTD Carrier(s): _____ Initial Enrollment Renewal

STD

Employer Sponsored Voluntary
 ER Contribution EMP: _____
 STD Carrier(s): _____ Initial Enrollment Renewal

VOLUNTARY LIFE/AD&D

Voluntary Life/AD&D Carrier: _____ Initial Enrollment Renewal
 Benefit Summary and rate tables (in rate/\$1000 in benefit) must be included with request
FSA Health Care Maximum: _____ Dependent Care Maximum: _____ Other: _____
 FSA Administrator: _____
 FSA Plan Year: _____
HEALTH SAVINGS ACCOUNT ER Contribution: _____
 HSA Administrator: _____

Creating a new company within Ease for a simple enrollment can be done in a matter of hours with the required information.



EMPLOYER FUNCTIONALITY



Red City School District

- Profile
- Employees**
- Benefits
- Documents
- ACA
- HRIS
- Payroll
- Logins
- Marketplace
- Settings

Actions ▾

Name	Enrollment	Location	Type	Hire date
Clara Ortega	Enrolling	Eleonoreside	Full time	18 Dec 2017
Evelyn Hoffman	Not started	New Alexandra	Full time	23 Apr 2017
Andrew Morales	Enrolled	South Oceane	Part time	09 Dec 2017
Hattie Chapman	Enrolling	New Vivianne	Full time	18 Dec 2017
Mason Sanders	Not started	Vancemouth	Full time	18 Dec 2017
Celia Simon	Enrolled	Olinshire	Part time	18 Dec 2017
Celia Dunn	Enrolling	Camrynport	Full time	18 Dec 2017
Julian Hunt	Not started	Port Jazmin	Full time	13 Mar 2017

- Track open enrollment progress

- Generate Report
- Message Employees
- Reset Progress



EMPLOYER FUNCTIONALITY



Utilize Ease for ongoing benefit administration

- Manage new hires, terminations, employee changes
- Run reports for payroll deductions, benefit enrollments, employee populations, etc.
- Enable Onboarding and HR Modules
- Track ACA

**ROGERS
BENEFIT
GROUP**

COMPLIANCE



Keeping Clients Compliant

- Brokers and Administrators can make documents and notifications a requirement.
- SBC's, Plan Summaries, Notice of Exchange, ERISA Documents, Employee Handbook, Medicare Part D Notices, etc.
- Ease provides a digital record of benefit offering to each employee and retains all e-signed enrollments and waivers.

**ROGERS
BENEFIT
GROUP**

THE RBG DIFFERENCE



- RBG offers customized Ease Solutions depending on the client's/broker's specific need.
- Our Ease Team offers a spectrum of services including industry leading Ease Administration Training, Troubleshooting, Plan and Portal Setup, Renewal Management, and more.
- Plan Libraries include
 - customized email templates for OE & new hires.
 - Customized enrollment instructions and information per line of coverage.
 - Many automated features our team prebuilds into groups using our libraries.
 - Automated Rate Features within RBG's Rate Library.
 - Document Library

**ROGERS
BENEFIT
GROUP**



ROGERS
BENEFIT
GROUP

THANK YOU!!

ROGERS BENEFIT GROUP

SAN JOSE

408-268-9700

www.rbgcal.com