



ADMINISTRATION MADE EASY

An Implementation Guide for Cobra,
Pre-Tax Premium and Flexible
Spending Accounts

Table Of Contents

Introduction	3
Cobra	4
Pre-Tax Premium	14
Flexible Spending Account	18
Ongoing Administration	24
Contact Us	26

Implementation Introduction

When you receive your Welcome Letter, use this guide to implement your services with UnitedHealthcare Benefit Services (UHCBS) at www.uhcservices.com.

UHCBS supports our health plan partners as a Third Party administrator within the broader UHG Organization.

We offer a wide range of services that are available at no additional cost to the employer, in which you can enroll online.



What services are available?

A suite of 3 products available at no fee with your health plan.

- COBRA Administration
- Pre-Tax Premium Administration
- Flexible Spending Account Administration

Why Offer these Services?

- To enhance your overall experience with UHC.
- To help you save money
- To lighten the administrative burden
- To help reduce payroll taxes with these products.

Who is Offered Services?

- UnitedHealthcare or any UnitedHealthcare affiliated Small Business COBRA qualified Client
- 20-100 eligible employees
- All States

When Can These Services Be Set up? *

ANYTIME!

You are in control of when you sign up for these services once you have received your Welcome Letter!

*Some restrictions may apply.

COBRA Services

UHCBS makes COBRA administration easy for employers. With Federal COBRA regulations constantly changing, we take the burden off the employer and ensure that the member and employer alike is notified of these changes.

COBRA administration takes time and knowledge that small businesses may not have. UHCBS is able to give you back that time and use our knowledge to ensure that COBRA is administrated effectively and within federal regulations.



New Enrollee
Notices



Qualifying
Event
Notices



Premium
Collection



COBRA
Eligibility
Management
Services

COBRA ensures that any employee who has a qualifying event is entitled to continuous insurance coverage for 18-36 months.

- Once the employer has notified UHCBS of the Qualifying Event, we have 14 business days to send out a notification to the employee. This notification will include complete rights to COBRA, the premiums, due dates and where to send paperwork or sign up online.
- The employee has 60 days to send this election back to UHCBS or elect coverage online at our website, www.uhcservices.com.
- Once elected, the member will then have 45 days to make the first payment.
- If the employee does not make payment by the end of the month which the payment is due, UHCBS will automatically terminate the member's coverage.



DISBURSEMENTS

- COBRA enrollees that are reinstated with coverage will be placed back on the health plan invoice. This is a normal process.
- Please pay the health plan invoice as normal.
- Disbursements are directly deposited back to the group the following month after they are due. Please remember that disbursements are only made if the member makes payment on time.

Cobra Implementation

- All eligible groups will receive a Welcome Letter from UnitedHealthcare Benefit Services.
- This Welcome Letter will have the Login ID and Password on the Letter.

John Smith
ABC Company
123 Main St.
Minnetonka, MN 55345

Thank you for selecting UnitedHealthcare benefits for you and your employees.

We wanted to let you know about our COBRA Administration, Flexible Spending Accounts and Pre-Tax Premium services that can help make it easier for you to administer your plan. These services are all standard and are included at no additional cost* to you.

-COBRA Administration: If you offer a group health plan and had 20 or more employees in the prior calendar year, you must offer extended benefits to qualified members to comply with COBRA. We provide a expert, streamlined COBRA administration and record-keeping services to ensure you meet your obligation.

-Flexible Spending Accounts (FSA): FSA plans allow your employees to set aside a portion of their salary before taxes to use on qualifying out-of-pocket expenses** not covered under most benefit plans. Your company's total taxable payroll is reduced, which means lower payroll-related taxes, plus, your employees pay less in federal, state, Social Security and Medicare taxes. That makes your benefits plan work harder and everyone's paycheck go further.

-Pre-Tax Premium***: Another way to reduce your taxable payroll and lower your payroll taxes is to offer a Pre-Tax Premium plan. This type of plan enables your employees to decrease their taxable income and increase their take-home pay. Another win-win for you and your employees.

Log on today to start taking advantage of your UnitedHealthcare COBRA, Flexible Spending Accounts and Pre-Tax Premium services. It's easy - here's all you need to get started.

Your personal employer login ID: **SAMPLEREMPLOYER**
Your temporary Password: **1234abc56**

You will be prompted to change your Password after initial registration.

Go to <https://www.uhcbenefits.com/CobraApp/ogon.aspx>

Enter your user name and temporary password

Follow the screen prompts through the activation process.

For assistance when activating or using your account, please call us at 1-800-318-5311.

Please accept my personal thanks for choosing UnitedHealthcare. I am confident that you and your employees will be glad you did. We are looking forward to working with you for years to come.

Sincerely,

Austin Pittman Chief Growth Officer UnitedHealthcare

LOGIN ID & PASSWORD

- Enter the Login ID and Password in the area in red and click **GO**
- You will be required to change your password for security reasons.



Information You Need When You Need It

Consumers

- Billing Services:**
- Link up Coverages, Billings & Payments, Dependents
 - Download Forms
 - Update Account Information
 - cobra_kuserrations@uhc.com

Reimbursement Services:

- Visit employer.uhcbs.com to manage your account
- View Account Balances
 - Submit Claims Electronically
 - Enroll in Direct Deposit
 - Use the FSA Tax Services Calculator
 - custservice@uhcbenefits.com



Administrators

- Billing Services:**
- Link up Participant Information
 - Submit Qualifying Events
 - Run Reports
 - Export Eligibility Data
 - Download Forms & Sample Files
 - csc@uhcbenefits.com (100 or fewer employees)
 - cobra_kuserrations@uhc.com (over 100 employees)

Reimbursement Services:

- Visit employer.uhcbs.com to manage your account
- Access Reimbursement Resources
 - Run Reports
 - Manage Participants
 - csc@uhcbenefits.com

Please note that this web site requires a secure connection. Please ensure that you are using "https" in your web address bar. Information and functionality may be incomplete if you are not using "https".

Language Assistance/Non-Discrimination Notice
[Ayuda de Idiomas / Aviso de no Discriminación](#)

Accessibility for Individuals with Disabilities

[Register Now](#)

[Site Tour](#)

Billing Services Account Access

User Name

Forgot your User Name?

Password

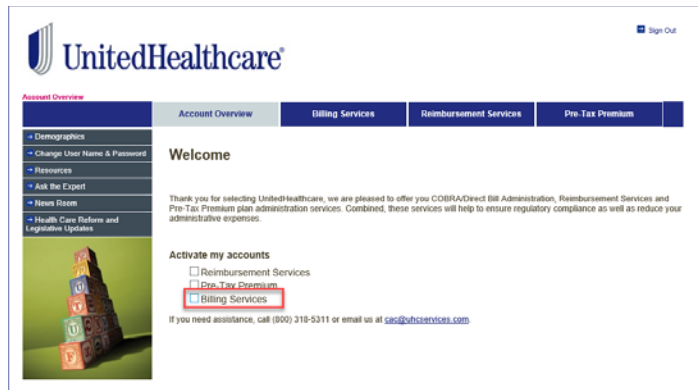
Forgot your Password? / Register

GO



- When you first login, demographic information may be incomplete. You will be required to finish the demographic information in order to complete the activation process.

- Check the box next to the service you would like to activate
- Please remember, Billing Services is for COBRA administration



- When you first start implementation there will be no plans listed under Carriers. You will need to enter all the plans you would like us to administrate.



- Some of your plan information will feed over to our systems from UnitedHealthcare. Please make sure you review all of the plans and check your rates. Last, add all non UHC plans.

Carriers

To ensure that your plans and rates are correct, please select the edit icon below for each plan and review. Plans which are not edited/reviewed will not be included in your COBRA administration for your existing COBRA members or future COBRA notices and COBRA enrollments.

If you need to add a new plan, click the 'Add New' button. Once you have completed reviewing and/or adding the plans click 'Next Step' to proceed.

If a plan is marked with a Red X you must review the plan before proceeding.

REMINDER: If your group plan includes a Health Reimbursement Arrangement (HRA) benefit, your COBRA plans should be set up to include both the medical and HRA as a single plan offering. The rate entered for each of the coverage levels should be the medical + HRA = fully loaded COBRA rate. This process will ensure the medical and HRA components are offered inclusive of each other.

		ADD NEW	NEXT STEP	
Carrier Name	Plan Description	Rate Start Date	Edit	Delete
UnitedHealthcare	MEDICAL PLC (00N7327)	08/01/2018		
UnitedHealthcare	DENTAL P5434 (00N7327)	08/01/2018		
UnitedHealthcare	VISION V0000 (00N7327)	08/01/2018		
UnitedHealthcare	MEDICAL PLE (00N2395)	08/01/2018		
UnitedHealthcare	DENTAL D0038 (00M0388)	08/01/2018		
UnitedHealthcare	VISION V0000 (00M0388)	08/01/2018		

0 rows displayed.

- To add a new carrier:
 - Click the drop down and choose the correct carrier.
 - If the carrier is not there, select **Add New Carrier** and Click **NEXT STEP**.

Carrier Details

Please Select a Carrier:

- Add/verify the information in the Carrier Details.



The carrier details is the eligibility information of the HEALTHPLAN. This information is where COBRA updates will be sent. This is NOT the employer or the broker contact information.

- Click **NEXT STEP**

Carriers

Carrier Details

* Carrier Name:

* Street Address:

* City:

* State:

* ZIP Code:

Web Address:

* Customer Service Phone:

Attention Of Name:

Carrier Contact

* First Name:

* Last Name:

* Full Name:

* Phone #:

* Fax #:

* E-mail Address:

Re-instatement

Re-instate Letters Carrier
When to Re-instate: Payment

➤ Add all Plan Information



The plan name should be specific to the plan you are entering.



Uncheck Creditable coverage. If required, the insurance carrier will send directly.



Please check your reinstatement code * with your plan documents or account manager.

*reinstatement code is the date in which the employer enrolls someone onto the medical policy.



Fixed rates do not change by age or gender.



Variable Rates can change depending on age or gender

➤ Click **NEXT STEP**

Carriers

* Plan Name:
* Plan Type: -- Select Plan Type --
* Group Policy Number: 2
Conversion Offered: 2
Creditable Coverage:
* Dependent Age Limit: 26
* Student Age Limit: 26
Grace Period: 30 days is the UnitedHealthcare Standard Grace Period for COBRA
* Reinstatement Code: 1st of the Month Following the Event
* Issue State: (Select a State)
* Include 2% Admin Fee On Each Rate: Yes No
Rate Structure: Fixed Rate Variable Rate Individual Rate
PREVIOUS STEP **NEXT STEP** **CANCEL**



If you choose to charge the 2% administration fee for one plan, you must charge it for all plans.



The 2% administration fee is returned to the employer, UHCBS does not keep it.

➤ Fixed Rated normally consist of 2 categories – 4 tier and 3 tier rates.

➤ Enter only the flat rate, not the rate including the 2% administration fee.

➤ Enter the rates in the proper tier and click **NEXT STEP**.

Carriers

* Start Date: 08/01/2016
* End Date: 07/31/2017
* Rate Structure: 4-Tier - Employee Only, Employee + Spouse, Employee + Children, Family
 4-Tier - Employee Only, Employee + One, Employee + Two, Family
 3-Tier - Employee Only, Employee + One, Family
* Employee Only:
* Employee + Spouse:
* Employee + Child(ren):
* Employee + Family:
PREVIOUS STEP **NEXT STEP** **CANCEL**

- Variable Rates have several different rate structures. When adding variable rates select **Employee Only – Spouse Only – Children Based on Age**.

To Edit the rates, select the Rate Tier and click the 'Add/Edit Rate' button.

To Add new rates complete the following steps:

1. Enter the plan year Start Date and End Date (mm/dd/yyyy format)
2. Select the Rate Structure of the plan
3. Select the Rate Tier
4. Select the Rate Band Type
5. Click 'Add/Edit Rate' to enter the rates
6. Repeat steps for each tier

Plan Name: MEDICAL PLE (09M9366) Policy Number: 09M9366

* Start Date: * End Date:

* Rate Structure: Employee Only - Spouse Only - Children based on Age

Rate Tier: (Select One) Rate Type: Variable Rate Band Type: (Select One)

ADD/EDIT RATE

SAVE & EXIT CANCEL

- In the Rate Tier, choose which rate to enter – Employee Only – Spouse Only – Children Based on Age.
- In the Rate Type, select Variable for Employee Only and Spouse Only.
- In Rate Type, select Fixed for Children Based on Age Tiers.

To Edit the rates, select the Rate Tier and click the 'Add/Edit Rate' button.

To Add new rates complete the following steps:

1. Enter the plan year Start Date and End Date (mm/dd/yyyy format)
2. Select the Rate Structure of the plan
3. Select the Rate Tier
4. Select the Rate Band Type
5. Click 'Add/Edit Rate' to enter the rates
6. Repeat steps for each tier

Plan Name: MEDICAL PLE (09M9366) Policy Number: 09M9366

* Start Date: * End Date:

* Rate Structure: Employee Only - Spouse Only - Children based on Age

Rate Tier: (Select One)
Employee Only
Spouse Only
1 Child under age 15
2 Children under age 15
3+ Children under age 15
Child Age 15
Child Age 16
Child Age 17
Child Age 18
Child Age 19
Child Age 20
Child Age 21
Child Age 22
Child Age 23
Child Age 24
Child Age 25
Child Age 26
Child Age 27
Child Age 28
Child Age 29

Rate Type: Variable Rate Band Type: (Select One)

ADD/EDIT RATE

SAVE & EXIT CANCEL

NEW REIMBURSEMENT SERVICES PRE-TAX PREMIUM

Plan Details Plan Details

Resources Resources

- In the Rate Band Type: Select Age for the Employee Only and Spouse Only.
- Click **ADD/EDIT RATE**

To Edit the rates, select the Rate Tier and click the 'Add/Edit Rate' button.

To Add new rates complete the following steps:

1. Enter the plan year Start Date and End Date (mm/dd/yyyy format)
2. Select the Rate Structure of the plan
3. Select the Rate Tier
4. Select the Rate Band Type
5. Click 'Add/Edit Rate' to enter the rates
6. Repeat steps for each tier

Plan Name: MEDICAL PLE (09M9366) Policy Number: 09M9366

* Start Date: * End Date:

* Rate Structure: Employee Only - Spouse Only - Children based on Age

Rate Tier: Employee Only Rate Type: Variable Rate Band Type: (Select One)
Age
Gender
Fixed

ADD/EDIT RATE

SAVE & EXIT CANCEL

- To add an age band, put in the Age Start and Age End
- Click **ADD BAND**
- Make sure that the Age Start and Age End amounts are correct. At the beginning of any rate tables, the rates are the same from 0-14 years of age, but then starting at 15 they change to single age digits.
- Add a band for each age tier. If you click the ADD BAND several times, you will get several bands where you can add the age and rates.
- Add the Amount for that tier
- Click **SAVE & EXIT**



Please note that the age bands will move to the next rate tier but the rates will not. You will have to enter them.

Rate Detail

1. Enter the premium amount
2. Select 'Add Band' to complete the next band
3. Repeat steps 1 and 2 until all bands have been entered
4. Select 'Save & Exit' to complete

Please Note: DO NOT include a 2% administrative fee in the premium amount, this amount will be added by selecting the 'Yes' 'No' box on the plan detail page.

Rate Tier:

Rate Type:

Rate Band Type:

ADD BAND

Start	End	Amount	Delete
0	14	100.00	
15	15	200.00	
16	16	300.00	
17	17	400.00	
18	18	500.00	

SAVE & EXIT

CANCEL

- When Save & Exit is clicked from the step above, it brings the system back to the Rate Structure Page.
- Follow the previous steps to add additional rates.
- Click **SAVE & EXIT**

Plan Name: Policy Number:

* Start Date: End Date:

* Rate Structure:

* Rate Tier: Rate Type: Rate Band Type:

ADD/EDIT RATE

SAVE & EXIT **CANCEL**

- When all carriers are correctly entered, the screen will look like the screen on the right.
- All plans will have a green checkmark.
- If there is a red x, then the plan needs to be corrected.
- Once all plans are entered, click **NEXT STEP**

Carriers

To ensure that your plans and rates are correct, please select the edit icon below for each plan and review. Plans which are not edited/reviewed will not be included in your COBRA administration for your existing COBRA members or future COBRA notices and COBRA enrollments.

If you need to add a new plan, click the 'Add New' button. Once you have completed reviewing and/or adding the plans click 'Next Step' to proceed.

If a plan is marked with a Red X you must review the plan before proceeding.

REMEMBER: If your group plan includes a Health Reimbursement Arrangement (HRA) benefit, your COBRA plans should be set up to include both the medical and HRA as a single plan offering. The rate entered for each of the coverage levels should be the medical + HRA = fully loaded COBRA rate. This process will ensure the medical and HRA components are offered inclusive of each other.

Carrier Name	Plan Description	Rate	Start Date	Edit	Delete
UnitedHealthcare	MEDICAL PLC (06N7327)		09/01/2018		
UnitedHealthcare	DENTAL P5434 (06N7327)		09/01/2018		
UnitedHealthcare	VISION V0000 (06N7327)		09/01/2018		
UnitedHealthcare	MEDICAL PLE (09M9366)		09/01/2018		
UnitedHealthcare	DENTAL D0035 (09M9366)		09/01/2018		
UnitedHealthcare	VISION V0000 (09M9366)		09/01/2018		

6 rows displayed.

- Enter all banking information.
- This information is REQUIRED for UHCBS to administer COBRA.
- Click **NEXT STEP**

Additional Information

To expedite the delivery of premiums collected from COBRA participants to you we offer Direct Deposit of collected premiums. Please enter your bank account information below in order to set up Direct Deposit of collected premiums.

Our process ensures the confidentiality and security of your account information at all times.

Banking Account Information

Account Type: Checking Savings

Account Name: Same as Legal Name

Account Name: SAMPLE LLC

* Bank Routing Number:

* Account Number:

RESET

SAVE STEP PREVIOUS STEP NEXT STEP

- This page provides your next steps.
- Please read through and copy the information if needed.
- Click **NEXT STEP**

Account Overview | Billing Services | Reimbursement Services | Pre-Tax Premium | Site Administration

Plan Details

Center Information

Additional Info

Next Steps

Confirmation

Resources

Next Steps

What's next?

- On the next page accept an electronic Administrative Services Agreement (ASA) which will complete the COBRA administration enrollment process. Until this step is taken the administration cannot begin.
- After you accept the ASA we will review what was entered and release your information into production within one week.
- You can return to our site and you will have access to submit any current COBRA participants through the "Take Over" option.
- Once you have submitted your current participants you can submit any new Qualifying Events online under the "QEN" option.

We will send your current participants monthly invoices for the premiums we are to collect on your behalf and any new Qualifying Events participants a Qualifying Event Notification.

You will also have access to create a General Notice (aka Initial Notice) for all new hires enrolling in benefits.

Should you terminate the participants from eligibility?

- For your current COBRA participants? No, we will take responsibility for terminating them if they should choose not to continue their COBRA coverage.
- For new Qualifying Events which occur, you should terminate the person from their active coverage's based on your plan's rules for end of active coverage (which is normally the end of the month of the event). If the participant elects to continue their benefits through COBRA continuation, we will re-activate their eligibility once they have made their first payment.
- If a participant does not make timely payments we will remove them from the eligibility as soon as is legally possible. You can also view the online report to view payments received.

What happens to the premiums collected by UnitedHealthcare?

- On or about the 15th of each month we will return to you the premiums collected during the previous month, along with supporting detail of those premiums collected. You are still responsible for paying your invoices for these COBRA participants.

We hope you enjoy the site and find it useful. If you have any question please feel free to contact us for assistance.

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

Telephone/Fax
Phone: 800-318-5311

E-Mail
sac@uhcservices.com

PREVIOUS STEP | **NEXT STEP**

- The ASA (Administrative Services Acknowledgement) is an agreement between the group and UHCBS, allowing UHCBS full administrative rights to COBRA administration.
- Click the square next to 'I have read' and type your name in the Authorized Electronic Signature box.
- Click **SUBMIT**

UnitedHealthcare

Pre-Tax Premium | Plan Details | Confirmation

Account Overview | Billing Services | Reimbursement Services | Pre-Tax Premium | Site Administration

Pre-Tax Premium Confirmation

[Full Report](#)

Please review the Administrative Services Agreement. To continue with the implementation process read the information and check the box below. By checking the box, you are agreeing to the Administrative Services Agreement and that you are an authorized representative of your company.

WHEREAS, the Employer desires United HealthCare Services, Inc. ("UnitedHealthcare") to assist with the implementation of its Pre-Tax Premium Plan, and

WHEREAS, UnitedHealthcare is willing to perform such services,

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, the parties agree as follows:

Section I: Definitions

The following definitions apply to this Agreement.

(a) "Internal Revenue Code" means the Internal Revenue Code of 1986 as amended.

(b) "ERISA" means the Employee Retirement Income Security Act of 1974 as amended.

(c) "Group Policy" means the medical insurance policy issued by UnitedHealthcare to the Employer and/or Plan.

Section II: Services To Be Performed By UnitedHealthcare

(a) UnitedHealthcare will provide template documents, instructions for payroll, sample employee communication letter, nondiscrimination self-testing instructions, and step-by-step implementation guide.


Section III: Notice and Discontinuance of the Employer

I have read the Administrative Service Acknowledgement and as an authorized representative of SAMPLE LLC, I accept the terms and conditions to implement the Pre-Tax Premium program as described above.

Authorized Electronic Signature: _____ Date Signed: 09/17/2018

PREVIOUS STEP

[Billing Services](#) > [Plan Details](#) > [Confirmation](#) > **Wizard End**

Account Overview	Billing Services	Reimbursement Services	Pre-Tax Premium	Site Administration
Plan Details <ul style="list-style-type: none"> <input type="checkbox"/> Carrier Information <input type="checkbox"/> Additional Info <input type="checkbox"/> Next Steps <input checked="" type="checkbox"/> Confirmation 	<h2 style="text-align: center;">Billing Services Activation Completed</h2> <p style="text-align: center;"> Print Report ASA Document BAA Document </p> <p>The Implementation confirmation process will take approximately ten days. Please log back on in 10 days to begin administering your services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reimbursement Services (Start Implementing) <input type="checkbox"/> Pre-Tax Premium (Start Implementing) <input checked="" type="checkbox"/> Billing Services (Ready To Initiate) <div style="text-align: right; margin-top: 10px;"> NEXT RETURN TO FIND </div>			

- Activation for COBRA is now complete.
- You will receive email confirmation within 10 business days confirming your COBRA account is fully active.
- Once you receive the confirmation email, please review the COBRA website and enter any COBRA billing take overs.



In order for all the links to appear, they need to be triggered. Go to the website and log in, then out and then back in again. The links should now appear to the left.

Pre-Tax Premium Services

Pre-Tax Premium Plan (PTP)

A Pre-Tax Premium plan is an employee benefit that allows employees to pay their portion of your group sponsored insurance premium with pre-tax dollars. By using pre-tax dollars, employees reduce their income taxes and ultimately save money. You save money too by paying less in payroll taxes.



- Many times this is a fee based service. We are able to provide this service to you at no additional cost as long as you maintain a qualifying UnitedHealthcare insurance plan.
- The plans that qualify under Section 125 are health, dental, vision, disability, accident, cancer, intensive care and group term life insurance for the employee (up to \$50,000 worth of death benefit coverage).

UnitedHealthcare Benefit Services Provides:

Compliant Legal Documentation:

- Plan Document
- Adoption Resolution
- Summary Plan Description

Distinguished Services:

- Employee Announcement Letter
- Waiver of Pre-Tax Premium Plan Forms
- Annual Discrimination Testing notification and instructions
- Resources to Maintain IRS and Department of Labor Compliance



UnitedHealthcare's PTP documents can include Health Savings Account (HSA) language, allowing your employees to deduct their HSA deductions from their pay on a pre-tax basis.

Pre-Tax Premium Implementation

- All eligible groups will receive a Welcome Letter from UnitedHealthcare Benefit Services.
- This Welcome Letter will have the Login ID and Password on the Letter.

John Smith
ABC Company
123 Main St.
Minnetonka, MN 55345

Thank you for selecting UnitedHealthcare benefits for you and your employees.

We wanted to let you know about our COBRA Administration, Flexible Spending Accounts and Pre-Tax Premium services that can help make it easier for you to administer your plan. These services are all standard and are included at no additional cost** to you.

*COBRA Administration: If you offer a group health plan and had 20 or more employees in the prior calendar year, you must offer extended benefits to qualified members to comply with COBRA. We provide expert, streamlined COBRA administration and record-keeping services to ensure you meet your obligation.

Flexible Spending Accounts (FSA): FSA plans allow your employees to set aside a portion of their salary before taxes to use on qualifying out-of-pocket expenses not covered under most benefit plans. Your company's total taxable payroll is reduced, which means lower payroll-related taxes, plus, your employees pay less in federal, state, Social Security and Medicare taxes. That makes your benefits plan work harder and everyone's paycheck go farther.

Pre-Tax Premium*: Another way to reduce your taxable payroll and lower your payroll taxes is to offer a Pre-Tax Premium plan. This type of plan enables your employees to decrease their taxable income and increase their take-home pay. Another win-win for you and your employees.

Log on today to start taking advantage of your UnitedHealthcare COBRA, Flexible Spending Accounts and Pre-Tax Premium services. It's easy - here's all you need to get started:

Your personal employer login ID: SAMPLEREMPLOYER
Your temporary Password: 1234abc56

You will be prompted to change your Password after initial registration.

Go to <https://www.uhcservices.com/CobraApp/login.aspx>
Enter your user name and temporary password
Follow the screen prompts through the activation process.

For assistance when activating or using your account, please call us at 1-800-318-5311.
Please accept my personal thanks for choosing UnitedHealthcare. I am confident that you and your employees will be glad you did. We are looking forward to working with you for years to come.

Sincerely,
Austin Pittman Chief Growth Officer UnitedHealthcare

LOGIN ID & PASSWORD

- Enter the Login ID and Password in the area in red and click **GO**
- You will be required to change your password for security reasons.



Information You Need When You Need It

Consumers

Billing Services:

- Look up Coverage, Billings & Payments, Dependents
- Download Forms
- Update Account Information
- cobra_ksooperations@uhc.com

Reimbursement Services:

Visit member.uhcs.com to manage your account.

- View Account Balances
- Submit Claims Electronically
- Enroll in Direct Deposit
- Use the FSA Tax Services Calculator
- costservices@uhcservices.com

Administrators

Billing Services:

- Look up Participant Information
- Submit Qualifying Events
- Run Reports
- Export Eligibility Data
- Download Forms & Sample Files
- sa@uhcservices.com (100 or fewer employees)
- cobra_ksooperations@uhc.com (over 100 employees)

Reimbursement Services:

Visit employer.uhcs.com to manage your account.

- Access Reimbursement Resources
- Run Reports
- Manage Participants
- sa@uhcservices.com

Registration Form:

Billing Services Account Access

User Name:

Forgot your User Name? [Link](#)

Password:

Forgot your Password? / [Reset](#)

GO

Language Assistance/Non-Discrimination Notice Accessibility for Individuals with Disabilities
Asistencia de Idiomas / Aviso de no Discriminación

[Register Now](#) [Site Tour](#)



- When you first login, demographic information may be incomplete. You will be required to finish that demographic information in order to complete the activation process.

- Check the box next to the service you would like to activate

- Fill out all the plan information on this page.
- The new hire eligibility and waiting period should match the new hire eligibility and waiting period of your medical plan coverage. This will allow employees to begin paying their premiums pre-tax as soon as they enroll in your benefit coverage.
- For plan identification purposes, we do require that a Plan number be assigned to your Pre-tax Premium Plan. If you have never assigned a Plan number to any of your benefit plans, you should choose Plan number 501. If you have previously assigned a Plan number to another benefit plan(s), assign the next higher consecutive number to the Pre-tax Premium Plan (e.g., 502, 503, 504, etc.).

Plan Information

* Required Fields

Plan Year/Plan Eligibility Information

* Will your initial plan year be less than 12 months? No Yes
All subsequent plan years will be 12 months.

* Plan Begin Date: 10/01/2018

* Plan End Date: 03/31/2019

Plan Eligibility Parameters

* Eligible Class of Employees: Full and Part Time Employee

Minimum hours per week to be eligible: 20

* New Hire Waiting Period: Date of Hire

Select days or months: Select a value

Number of days/months:

Do you have an existing 'Section 125' plan? Yes No

* What plan number would you like assigned to your Section 125 Pre-Tax Premium Plan: 501 (501-599)

(A plan number is a 3-digit 500 series number assigned to welfare and fringe benefit plans beginning with 501. Numbers should be assigned to your benefit programs sequentially and plan numbers should not be reused. Be sure to check your other benefit plans and assign this 3-digit number accordingly.)

SAVE STEP

PREVIOUS STEP

NEXT STEP



If you have an existing Pre-Tax Premium Plan, you can generally locate the Plan number in either the Plan Document or Summary Plan Description (SPD).



You do not need to sign up for Pre-Tax Premium Services if you are signing up for the Reimbursement Services. The Pre-Tax Premium benefit is included in the Reimbursement (FSA) services.

- The ASA (Administrative Services Acknowledgement) is the service agreement between the employer and UHCBS, and is required to implement the plan.
- Click the square next to 'I have read' and type your name in the Authorized Electronic Signature box.
- Click **SUBMIT**

UnitedHealthcare®

Pre-Tax Premium > Plan Details > Confirmation

Account Overview | Billing Services | Reimbursement Services | **Pre-Tax Premium** | Site Administration

Plan Details

Plan Information

Confirmation

Resources

Pre-Tax Premium Confirmation

[Exit Report](#)

Please review the Administrative Services Agreement. To continue with the implementation process read the information and check the box below. By checking the box, you are agreeing to the Administrative Services Agreement and that you are an authorized representative of your company.

WHEREAS, the Employer desires United HealthCare Services, Inc. ("UnitedHealthcare") to assist with the implementation of its Pre-Tax Premium Plan; and

WHEREAS, UnitedHealthcare is willing to perform such services;

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, the parties agree as follows:

Section I: Definitions

The following definitions apply to this Agreement:

(a) "Internal Revenue Code" means the Internal Revenue Code of 1966 as amended.

(b) "ERISA" means the Employee Retirement Income Security Act of 1974 as amended.

(c) "Group Policy" means the medical insurance policy issued by UnitedHealthcare to the Employer and/or Plan.

Section II: Services To Be Performed By UnitedHealthcare

(a) UnitedHealthcare will provide template documents, instructions for payroll, sample employee communication letter, nondiscrimination self testing instructions, and step-by-step implementation guide.

Section III: Duties and Responsibilities of the Employer

I have read the Administrative Service Acknowledgement and as an authorized representative of SAMPLE LLC, I accept the terms and conditions to implement the Pre-Tax Premium program as described above.

Authorized Electronic Signature: _____ Date Signed: 09/17/2018

PREVIOUS STEP



Sign Out

Pre-Tax Premium > Plan Details > Confirmation

Account Overview | Billing Services | Reimbursement Services | **Pre-Tax Premium** | Site Administration

Plan Details

Plan Information

Confirmation

Resources

Pre-Tax Premium Activation Completed

[Certificate of Adoption](#)

If this is a new benefit being offered by your organization, please print, complete and retain the *Certificate of Adoption*. The Certificate of Adoption is intended to help you to document any action taken by your company's governing body to officially approve and adopt the plan, you are not required to submit to UnitedHealthcare. Employers should ensure that the plan is adopted by the person or persons authorized to adopt benefit plans. Your legal documents; which include a Plan Document and Summary Plan Description, will be forwarded to you at a later date.

[Print Report](#) [ASA Agreement](#)

Your PTP implementation will be completed in approximately 2 weeks.

Reimbursement Services (Start Implementing)

Pre-Tax Premium (Services Active)

Billing Services (Start Implementing)

NEXT **RETURN TO FIND**

- Activation of the PTP is now complete.
- Please make sure to print and keep the Certificate of Adoption for your records.
- You will receive your Pre-tax Premium Plan legal documents (Plan Document, Summary Plan Description and Adoption Resolution) along with detailed instructions soon after completing the implementation process.

Flexible Spending Account

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) allows for an employee to set aside pre tax dollars to pay for qualified out-of-pocket expenses.

The FSA will allow employees to pay for expenses such as

Healthcare:

- Deductibles
- Copays
- Coinsurance
- Prescription Drugs
- Eyeglasses/Contacts/Vision Exams
- Dental treatments/X-Rays/Cleanings/Fillings
- Orthodontia

Dependent Care:

- Work Related Day Care Services

- Available to eligible groups 20-100 for no fee with some state exceptions.
- Needs to have at least one product of UnitedHealthcare's (or affiliate).
- Set up to help reduce payroll related taxes for the employer.

What Is Imprest Funding?

FSA plans are considered self-funded products. The imprest balance serves as a risk share. Reimbursements will be issued on a daily basis (including debit card, checks and direct deposits). UHC will only require reimbursement for those claims on a weekly basis. As the reimbursements are being issued on a daily basis, the imprest balance provided by you (the employer) is used to fund those issued reimbursements.



Imprest funding is the minimum amount that needs to be available to UHCBS to pay daily reimbursements for the duration of your plan year. UHCBS will withdraw funds from the employer's designated bank account on a weekly basis in order to replenish the bank account to the imprest balance that is to be maintained. Imprest funds are deposited into a non-interest bearing UnitedHealthcare account and dollars are being used to fund daily transactions.

How is my imprest balance calculated?

Your minimum balance is calculated based on a percentage of your employees annual contributions. This minimum balance is calculated on a week's worth of contributions.



Below we have a sample of who may participate in an FSA and what amounts they may contribute.

2019 Participant Contributions	
Employee	Annual Election
Bond, James	\$ 500.00
Doe, Jane	\$ 1,000.00
Smith, John	\$ 200.00
Spencer, Tracey	\$ 550.00
Total:	\$ 2,250.00

Imprest/Minimum Balance Calculation

Annual contributions / 252 bank days * 7 days
 (\$2250 / 252 = \$8.92 Daily Rate * 7 days = 62.44)

Minimum Balance: \$ 62.44



Claims are submitted for \$1,200 by participating employees.

UHC pays all claims submitted.
\$1,200



Employer Funds are withdrawn for \$1,200 to replenish claim funds.

Client funds reimburse UHC
\$1,200

Employer Funding Notifications are sent weekly to notify the customer the total amount of claims paid by UnitedHealthcare during the weekly funding period.

Funds will be drafted from the customer's designated bank account the following day.

Where will the email come from?

Secure email from SIFSFX@optum.com
 Subject line will read [Secure Message from sifsfx@uhc.com](#)

Flexible Spending Account Implementation

- All eligible groups will receive a Welcome Letter from UnitedHealthcare Benefit Services.
- This Welcome Letter will have the Login ID and Password on the Letter.

John Smith
ABC Company
123 Main St.
Minnetonka, MN 55345

Thank you for selecting UnitedHealthcare benefits for you and your employees.

We wanted to let you know about our COBRA Administration, Flexible Spending Accounts and Pre-Tax Premium services that can help make it easier for you to administer your plan. These services are all standard and are included at no additional cost* to you.

*COBRA Administration: If you offer a group health plan and had 20 or more employees in the prior calendar year, you must offer extended benefits to qualified members to comply with COBRA. We provide expert, streamlined COBRA administration and record-keeping services to ensure you meet your obligation.

*Flexible Spending Accounts (FSA): FSA plans allow your employees to set aside a portion of their salary before taxes to use on qualifying out-of-pocket expenses** not covered under most benefit plans. Your company's total taxable payroll is reduced, which means lower payroll-related taxes; plus, your employees pay less in federal, state, Social Security and Medicare taxes. That makes your benefits plan work harder and everyone's paycheck go farther.

*Pre-Tax Premium***: Another way to reduce your taxable payroll and lower your payroll taxes is to offer a Pre-Tax Premium plan. This type of plan enables your employees to decrease their taxable income and increase their take-home pay. Another win-win for you and your employees.

Log on today to start taking advantage of your UnitedHealthcare COBRA, Flexible Spending Accounts and Pre-Tax Premium services. It's easy - here's all you need to [get started](#).

Your personal employer login ID: **SAMPLEREMPLOYER**
Your temporary Password: 1234abc56

You will be prompted to change your Password after initial registration.

Go to <https://www.uhcservices.com/CobraApp/login.asp>

Enter your user name and temporary password

Follow the screen prompts through the activation process.

For assistance when activating or using your account, please call us at 1-800-318-5311.

Please accept my personal thanks for choosing UnitedHealthcare. I am confident that you and your employees will be glad you did. We are looking forward to working with you for years to come.

Sincerely,

Austin Pittman Chief Growth Officer UnitedHealthcare

LOGIN ID & PASSWORD

- Enter the Login ID and Password in the area in red and click **GO**
- You will be required to change your password for security reasons.



Information You Need When You Need It

Consumers

Billing Services:

- Look up Coverages, Billings & Payments, Dependents
- Download Forms
- Update Account Information
- cobra_knowledge@uhc.com

Reimbursement Services:

Visit member.uhcbs.com to manage your account

- View Account Balances
- Submit Claims Electronically
- Enroll in Direct Deposit
- Use the COB Tax Service Calculator
- outservice@uhcbservices.com

Administrators

Billing Services:

- Look up Participant Information
- Submit Qualifying Events
- Run Reports
- Export Eligibility Data
- Download Forms & Sample files
- cbs@uhcbservices.com (100 or fewer employees)
- cobra_knowledge@uhc.com (over 100 employees)

Reimbursement Services:

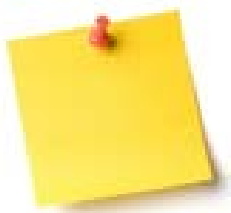
Visit admin.uhcbs.com to manage your account

- Access Reimbursement Resources
- Run Reports
- Manage Participants
- cbs@uhcbservices.com

Please note that this web site requires a secure connection. Please ensure that you are using "https" in your web address bar. Information and functionality may be incomplete if you are not using "https".

[Language Assistance/Non-Discrimination Notice](#) [Accessibility for Individuals with Disabilities](#)
[Asistencia de Idiomas / Aviso de no Discriminación](#)

[Contact Us](#)
[Site Tour](#)



- **We DO NOT administer midyear takeovers of FSA's.**
- When you first login, demographic information may be incomplete. You will be required to finish that demographic information in order to complete the activation process.

- Check the box next to the service you would like to activate



If you have an existing Pre-Tax Premium Plan, you generally locate the Plan number in either the Plan Document or Summary Plan Description (SPD).



Sign Out

- Fill out all the plan information on this page.
- The plan year can start with a full year or a partial year. But if it is a partial year the plan year must be no less than 90 days.
- The new hire eligibility and waiting period should match the new hire eligibility and waiting period of your medical plan coverage. This will allow employees to begin paying their premiums pre-tax as soon as they enroll in your benefit coverage.
- For plan identification purposes, we do require that a Plan number be assigned to your Pre-tax Premium Plan. If you have never assigned a Plan number to any of your benefit plans, you should choose Plan number 501. If you have previously assigned a Plan number to another benefit plan(s), assign the next higher consecutive number to the Pre-tax Premium Plan (e.g., 502, 503, 504, etc.).
- Choose which benefit options you would like, Dependent Day Care Account and/or Healthcare Account.
- Choose either the Grace Period or Carryover to run through the end of the plan.
- Click **NEXT STEP**

Plan Information

* Required Fields

Plan Year/Plan Eligibility Information

* Legal Company Name:

Doing Business As Name (If applicable):

* Number of Eligible Employees:

* Will your initial plan year be less than 12 months? No Yes

* Plan Begin Date: [What is the plan begin date?](#)

* Plan End Date:

Plan Eligibility Parameters

* Eligible Class of Employees: Select a value
Minimum N/A hours per week to be eligible.

* New Hire Waiting Period: Select a value
Select days or months:

Number of days/months:

Do you have an existing 'Section 125' plan? Yes No

* What plan number would you like assigned to your Section 125 Pre-Tax Premium Plan: (501-599)

(A plan number is a 3-digit 500 series number assigned to welfare and fringe benefit plans beginning with 501. Numbers should be assigned to your benefit programs sequentially and plan numbers should not be reused. Be sure to check your other benefit plans and assign this 3-digit number accordingly.)

Pre-Tax Benefit Options

The maximum allowable benefit amounts will be set to the current applicable IRS limits

Dependent Day Care Account
2018 IRS limit = \$5,000

Healthcare Account
2018 IRS limit = \$2,650

Reimbursement Benefit Options

Select one of the below options:

Grace Period
Allows an additional 2 1/2 months after the end of the plan year to incur qualified expenses and submit for reimbursement against the prior plan year balance

Carryover
Healthcare Account Only - Allows up to \$500 of unused funds remaining at the end of a plan year to be carried over for qualified medical expenses incurred during the following plan year

SAVE STEP

PREVIOUS STEP

NEXT STEP



- The system defaults to the maximum for Medical FSA and for Dependent Care FSA. If you would like to lower these amounts, please contact us via email at cac@uhcservices.com or click Ask The Expert on our website www.uhcservices.com.

- All banking information is REQUIRED. We cannot proceed with enrollment of the Flexible Spending Account without this information.
- Fill out this information completely.

UnitedHealthcare®

Reimbursement Services > Plan Details > Banking

Account Overview | Billing Services | Reimbursement Services | Pre-Tax Premium | Site Administration

Plan Details

- Plan Information
- Banking
- Pay Periods
- Confirmation

Resources

Banking Information

* Required Fields

Account Information

Account Type: Checking
Account Name: Same as Legal Name
Account Name: SAMPLE LLC

* Bank Routing Number: _____
* Account Number: _____
* Funding Bank Name: _____
* Funding Bank Address: _____
* City: _____
* State: _____
* Zip: _____

Bank Institution Contact:

* Employer Group Funding Notification Contact Name: _____
* Employer Group Funding Notification Contact Phone: _____
* Employer Group Funding Notification Email Address: _____
* Weekly Funding Notification Day: _____

*On banking holidays, the funding notification day will be one business day prior. For ACH transactions, the charge to your bank account will be the next business day following the notification day.

- Work with your bank to provide company ID: 9900000200 to prevent debit blocks (this can take 7-10 days) This must be completed prior to the initial withdrawal.
- Make sure funds are available in your designated account for the amount of your weekly withdrawal notice. The balance maintained in your account is entirely up to you. (If the necessary funds are not available when we initiate the withdrawal on your funding day, the system will automatically attempt to withdraw from your account two additional times. Reimbursement service will be interrupted if this becomes a recurring problem.)

COMPANY ID: 9900000200 MUST BE PROVIDED TO YOUR BANK TO PREVENT DEBIT BLOCKS

Debit Authorization
By checking the box, I understand I am authorizing UnitedHealth Group to debit our bank account at the US financial institution indicated above for all insured claim payments and minimum balance requirements. I understand and agree that this authorization will remain in effect for any future bank account(s) I designate to UnitedHealth Group for the purpose of funding claims. We are solely responsible for providing funds for these benefits. UnitedHealth Group has no responsibility to fund such payments. We will ensure sufficient funds are in the bank account at all times to cover each call for funds and that the appropriate debit filtering is authorized with the bank. If the necessary funds are not on deposit in the bank account and/or an ACH reject or reversal is received, we understand the policy may be terminated immediately. We understand we are liable for any expenses incurred for a failure to provide funds timely and in the amount requested, as well as any collection fees that may result.

I will promptly notify UnitedHealth Group of any change to the bank account at least 30 days in advance of any change and provide an updated debit authorization form. We understand it may take up to 5 business days for the new information to update UnitedHealth Group's systems and begin debiting a new bank account. We will ensure the existing bank account has adequate funds on deposit until the new bank account is functional.

Authorization
I hereby authorize UnitedHealth Group to initiate debits to the financial institution and bank account indicated above for the purpose of providing funds for benefits. The US financial institution is authorized to debit our bank account and provide funds to UnitedHealth Group. This authority remains in full force and effect for the bank account listed here, as well as any revised bank account information I supply UnitedHealth Group, until the account ceases to be debited upon termination of the policy and all liability has been paid. I have also read and agree to the terms and conditions outlined above. I am duly authorized to execute the debit authorization on behalf of the company named above.

Funding
(a) UnitedHealthcare will open and maintain a bank account (the "FSA Bank Account") on behalf of Employer for the sole purpose of payment of reimbursement of Plan Benefits, expenses and service fees. Employer acknowledges that funds in the FSA Bank Account may be aggregated with funds belonging to other employers.

(b) Employer shall maintain a minimum balance in the FSA Bank Account of expected claim activity, as determined by UnitedHealthcare. UnitedHealthcare shall have sole discretion to require Employer to: (i) deposit additional funds in the FSA Bank Account; (ii) maintain a higher minimum balance in the FSA Bank Account; (iii) change the frequency or timing of fund transfers into the FSA Bank Account; or (iv) change the method of fund transfers into the FSA Bank Account. UnitedHealthcare will periodically notify Employer of the amount due for reimbursing processed reimbursement claims. Upon receiving such notice, Employer shall fund the FSA Bank Account with the designated amount immediately but no later than within one business day.

- At the end of the banking information there is a question about whether you have a Health Reimbursement Arrangement. This needs to be addressed, as the FSA is then ineligible for the debit card offer and the online claims feature will not be available for the Health Reimbursement Services.

- Debit cards will be ordered once the required imprest balance has been successfully drafted and the plan initialized.

- Click **NEXT STEP**

(c) Employer grants UnitedHealthcare the right to access information regarding the balance in Employer's corporate funding bank account. If Employer fails to comply with any material funding or financial obligations or if UnitedHealthcare determines Employer's financial condition has deteriorated, Employer authorizes UnitedHealthcare to initiate Automated Clearing House (ACH) or wire transfers from Employer's corporate funding bank account to the FSA Bank Account in an amount needed to pay for reimbursement claims processed.

(d) If Employer does not fund the FSA Bank Account with required amounts to maintain the minimum balance, Employer must immediately correct the deficiency and provide prompt notice to UnitedHealthcare of the deficiency. In the event that Employer fails to maintain the required minimum balance, UnitedHealthcare may, in its sole discretion (i) suspend any or all services; or (ii) stop payments of uncashed reimbursement checks.

(e) Liability for and payment of all reimbursement claims, shall be the responsibility of Employer and in no event shall UnitedHealthcare be responsible for any such claims and costs.

(f) Upon termination, the funding method set forth in (a) above shall remain in place for a period of twelve (12) months following run-out to allow reimbursement checks to clear.

Debit Card (If Offered)

(a) Employer acknowledges and agrees that Participants will be subject to the terms and conditions of the cardholder agreement distributed with the Debit Card.

(b) Employer acknowledges and agrees that payment of all amounts for Debit Card transactions arising under all Plans shall be the responsibility of Employer via direct Automated Clearing House (ACH) from the FSA Bank Account. Employer acknowledges and agrees that all liability for and payment of all claims, shall be the Employer's responsibility and in no event shall UnitedHealthcare be responsible for any such claims and costs. Employer acknowledges and agrees that a charge of one hundred Dollars (\$100.00) may be assessed to Employer for each ACH returned due to insufficient funds.

* Does your plan include a Health Reimbursement Arrangement (HRA)? Yes No

NOTE: If the answer to the above question is Yes, you will be ineligible to take a debit card offer and the eClaims feature will not be available for your Health Reimbursement Services.

* By checking this box you agree that you have reviewed and agree to the terms listed above and authorize UnitedHealthcare to provide participants with the FSA Consumer Accounts Debit Card.

Please note, debit cards will be ordered once the required imprest balance has been successfully drafted and the plan initialized.

SAVE STEP PREVIOUS STEP NEXT STEP

- Pay periods need to be entered into the system. This ensures that we are able to auto post the contributions to the members accounts.

- Choose the Pay period:

(Select an Option)

- Annual
- Bi-Weekly(24)
- Bi-Weekly(26)
- Monthly
- Semi-Monthly
- Weekly

- Enter the Date of the 1st Deduction

- Click **GENERATE PAY DATES**

- Under the dropdown Pay Dates you can make sure all the pay dates are correct for the next year. If one need to be changed, place the correct date in Change to Date.

- Click **CHANGE DATE**

- Click **SAVE STEP**

UnitedHealthcare® Sign Out

Reimbursement Services > Plan Details > Pay Periods

Account Overview Billing Services Reimbursement Services Pre-Tax Premium Site Administration

Plan Details

- Plan Information
- Banking
- Pay Periods
- Confirmation

Resources

Pay Periods

* Required Fields

Edit Pay Period

* Pay Period: (Select an Option) [v]

* Date of 1st Deduction: []

Date of 2nd Deduction: []

GENERATE PAY DATES

Pay Dates: [] 2

Change to Date: []

CHANGE DATE

SAVE STEP CANCEL

There are no entries to display

- The ASA (Administrative Services Acknowledgement) is an agreement between the group and UHCBS, allowing UHCBS full administrative rights to FSA administration.
- Click the square next to 'I have read' and type your name in the Authorized Electronic Signature box.
- Click **SUBMIT**

UnitedHealthcare®

Reimbursement Services > Plan Details > Confirmation

Account Overview | Billing Services | Reimbursement Services | Pre-Tax Premium | Site Administration

Plan Details

Plan Information

Banking

Pay Periods

Confirmation

Participants

Reimbursement Services Confirmation

Please review the Administrative Services Agreement. To continue with the implementation process read the information and check the box below. By checking the box you are agreeing to the Administrative Services Agreement and that you are an authorized representative of your company.

[Click here to view and print/save the Administrative Services Agreement](#)

I have read the Administrative Service Acknowledgement and as an authorized representative of SAMPLE LLC, I accept the terms and conditions to implement the Reimbursement Services program as described above.

Authorized Electronic Signature: _____ Date Signed: 09/17/2018

PREVIOUS STEP



Sign Out

Reimbursement Services > Plan Details > Confirmation

UnitedHealthcare®

Reimbursement Services > Plan Details > Confirmation

Account Overview | Billing Services | Reimbursement Services | Pre-Tax Premium | Site Administration

Plan Details

Plan Information

Banking

Pay Periods

Confirmation

Participants

Reimbursement Services Activation Completed

If this is a new benefit being offered by your organization, please print, complete and retain the *Certificate of Adoption*. The Certificate of Adoption is intended to help you to document any action taken by your company's governing body to officially approve and adopt the plan, you are not required to submit to UnitedHealthcare. Employers should ensure that the plan is adopted by the person or persons authorized to adopt benefit plans. Your legal documents, which include a Plan Document and Summary Plan Description, will be forwarded to you at a later date.

[Certificate of Adoption - FSA](#)
[Certificate of Adoption - PTP](#)

[Completed Application](#)

Thank you for activating your Reimbursement Services with UnitedHealthcare. In approximately 7-10 business days you will be provided with your temporary username and password to the employer portal as well as instructions for submitting employee enrollments.

Reimbursement Services (Services Active)
 Pre-Tax Premium (Included with Reimbursement Services)
 Billing Services (Services Active)

You have completed all the implementations. [RETURN TO FIND](#)

- Activation of the Reimbursement Services is now complete.
- Please remember to print the Certification of Adoption for both the FSA and PTP.
- This documentation is important for you to keep on hand in case you are audited by the IRS.
- You will receive an email from UHCBS with the Enrollment Spreadsheet and Debit Card Plan Parameter Form that will need to be filled out and returned.
- Implementation of the FSA services can take up to 4 weeks to complete.

Ongoing Administration

CONGRATULATIONS!

You have now completed set up of all services with UnitedHealthcare Benefit Services.

This next section will give you information on what is expected of you as the employer to maintain the services and what is expected of us as the third party administration to help keep the services within regulations.

COBRA

Once the implementation of the Cobra product is completed there is still continued engagement on the part of the employer to ensure that the product runs properly.

If some of these steps are missed, then the COBRA services can be interrupted.

Between the employer and our administration we can make the Cobra product benefit you.

The following are some of the things that we ask of the employer so that we can perform our administrative tasks for the group.

1. There is a General Notice template on the website www.uhcservices.com, that the employer will need to fill out, print and send to all CURRENT employees. The General Notice will advise the employee of their rights to COBRA upon termination from employment.

2. Termining the former employee from all coverages – this ensures that no carriers will continue to bill you for the coverages unless the member accepts cobra. If the member enrolls in cobra you will see the member back on the regular monthly billing, as we will then reinstate the member back to the policy. Once the former employee enrolls in cobra, UHCBS will do monthly billing and disburse monies back to the group.
3. Enter the former employee as a Qualifying Event into the COBRA website, www.uhcservices.com. We will then send out notifications explaining the former employees rights to cobra, the premiums, the time in which they have to elect and how to make the election and first payment.
4. Enter any status changes for the former employee into the website, www.uhcservices.com. We will then make the change in all of our systems. These changes could be addresses, corrections to names or birthdates, and coverage corrections or changes.
5. One of the most important items that needs to be addressed by the employer is the yearly renewal. When the group renews the group policy with UnitedHealthcare or the affiliate, they need to ensure that they go into the website, www.uhcservices.com and complete the renewal. The renewal will allow the employer to change the rates to the most current rates for that year, delete or add plans and change plans that the current participants are on. If the group is no longer with and of UnitedHealthcare products, it will also allow them to terminate services with us as well.

Pre-Tax Premium

Once you have completed activation for the Pre-Tax Premium we ask that the employer complete a yearly Nondiscrimination Self-Test.

Provides assistance with how to complete the yearly nondiscrimination Self-Test.

UHCBS will ensure that the company still falls within IRS Requirements.



Flexible Spending Account

Enrolling Employees Into the FSA

After the activation on the website www.uhcservices.com is complete, the employer will receive an email with instructions and an Employee Enrollment Spreadsheet.

This Employee Enrollment Spreadsheet needs to be filled out with all the information for those employees signing up for the Flexible Spending Account.

Before the imprest funding can be directly debited, we will need to have this spreadsheet returned.

If the spreadsheet is not returned in a timely manner this will delay the enrollment and initialization of your Flexible Spending Account plan.

Approximately 2 weeks after the spreadsheet is returned, the imprest funds are debited from the specified bank of the employer.

The following are some of the things that we ask of the employer so that we can perform our administrative tasks for the group.

1. You will receive a new user id and password for the employer portal <https://employer.uhcbs.com>. Please log in as soon as you get this information as the password will expire in 24 hours. This is the website that you will use going forward for FSA services.
2. Once the plan year begins, employers will need to submit new enrollments through the employer portal.
3. If there is any mid-year election changes, these will need to be communicated via the employer portal.
4. The employer will have the ability to run reports like the employer funding notifications from the employer portal.
5. The employer will have access to online resources such as claim forms and employee communications.
6. The employer can direct participants to register online at the member portal <https://member.uhcbs.com>. Here they will be able to submit claims, view account information and print forms.

Contact Us

If you have any additional questions please contact us at:

Employers and Broker:

Client Advocate Center
Phone: 1-800-318-5311
Email:
cac@uhcservices.com

Participant:

Participant Call Center
Phone: 1-877-797-7475
Email:
custservice@uhcservices.com

Thank you for choosing
UnitedHealthcare Benefit
Services as your
administration. We know
you have several
administrator options
available and appreciate
that you continue to
partner with
UnitedHealthcare.