

My Companies / JNJ Vegan Cake Company

Please select a Proposal to begin Enrollment

Proposals

JNJ Vegan Cake Company
Effective Date: November 1, 2023

Enrollment

Agent of Record Letters

Company Information
Dallas, TX, 75208

Prospect
Candy Cane, jeannette+ccane@benefitter.com, (800) 123-4567

Census
10 Employees

Create Enrollment

In the Enrollment area on the company home page, click on the + icon then select the proposal to base the enrollment on.

New Enrollment of Proposal JNJ Vegan Cake Company

Enrollment Settings
1 of 2

Select which plans to include in Enrollment
Important! Plans can't be updated after Enrollment creation

Medical
Using Composite Rates (when available)

Employer Medical Contribution: 50% / 50%

1	UnitedHealthcare UnitedHealthcare NexusACO R Tiered 30/7500/100% (NEXUSACO R) (CEOR/K35Y) TX051	\$5,176 Employer Cost	\$10,352 Total Monthly Cost	<input checked="" type="checkbox"/>
2	UnitedHealthcare UnitedHealthcare NexusACO R Tiered 30/6500/80% (NEXUSACO R) (CEOT/K35Y) TX051	\$5,189 Employer Cost	\$10,377 Total Monthly Cost	<input checked="" type="checkbox"/>
3	UnitedHealthcare UnitedHealthcare NexusACO R Tiered 30/5500/80% (NEXUSACO R) (CV6Q/K35Y) TX051	\$5,209 Employer Cost	\$10,417 Total Monthly Cost	<input checked="" type="checkbox"/>
4	UnitedHealthcare UnitedHealthcare Navigate Premier NAV35/6000/80% (NAVIGATE) (CV6F/K35Y) TX051	\$5,298 Employer Cost	\$10,597 Total Monthly Cost	<input type="checkbox"/>

Note! All costs illustrated above are based on the quoted census enrollment and is to be used for general information. Final costs will be determined once enrollment has been completed.

Cancel Next

Enrollment Setting page 1

You can change the Employer Medical Contribution by clicking on the down arrow to change the employer contribution.

Select the plans to include in the enrollment. Press Next to progress to page 2 of the enrollment settings screen.

Press Next

JNJ Vegan Cookies & Cakes - Enrollment
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Enrollment Settings
2 of 2

Employee Settings

Employee Elections End Date
11/17/2023

Number of Hours per week to be eligible
30

Display Employee Cost Frequency:
 Monthly
 Semi-Monthly
 Bi-Weekly
 Weekly

Show Employer Contribution to the Employee

Send Reminder Emails to Employee

Current Carrier Information

Does the group currently have any coverage with UnitedHealthcare or has the group had any UnitedHealthcare coverage in the last 12 months?

Has this group been covered for major dental services for the previous 12 consecutive months?

Current Carrier Coverage

Coverage Type
Medical

Name of Carrier
Aetna

Coverage Begin Date: 11/30/2022
 Coverage End Date: 11/30/2023

Add Current Carrier Coverage +

Back Next

Enrollment Settings 2 of 2

- Choose an election end date by clicking on the calendar icon
- Enter the number of hours per week to be eligible
- Select the period for showing employee costs (monthly, semi-monthly, bi-weekly, weekly)
- If desired, turn off the Employer Contribution toggle to hide the contribution amount from employees
- Use the Reminder Emails toggle to activate follow up emails for employee elections
- Select correct option for Current Carrier Information
- Select Current Carrier Coverage
- Type, Name of Carrier, Coverage Begin and End Date

Press Next

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Enrollment Checklist

- Settings In Progress
- Employer Application Start
- Employee Elections Start
- Carrier Documents Start
- Final Quote Open

[Submit to UnitedHealthcare](#)

UHC Fully Insured Enrollment Checklist

The checklist guides you through the enrollment process and shows the status of each step. The checklist statuses are Start, In Progress, and Completed. On the Enrollment checklist page:

- Click on the checklist item task button to access them each screen
- Or, click on the icons at the top of the screen to access each task on the checklist
- The Submit to UnitedHealthcare button will be disabled until all the required tasks are completed

JNJ Vegan Cake Company - Enrollment
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Employer Application
1 of 5

Company Information

Full Legal Business Name: JNJ Vegan Cake Company

Address: 401 Tom Landry Freeway

Apt, Suite, Bldg (Optional):

City: Dallas

State: Texas ZIP Code: 75208

Administrative Contact

First Name: Candy Last Name: Cane

Email: jeannette+ccane@benefitter.com

Phone Number: (800) 123-4567 Fax: () -

Executive Contact same as Administrative Contact

Producer Information

[Back](#) [Save & Continue](#)

Employer Application 1 of 5

The system will obtain data from the Company information page to populate the Company and Administrative Contact information

Additional Questions:

- Internet Access - Choose Yes or No
- Multi Location Group- If many of the employees are not located in your state of application, UHC policies and/or state law may require that your policy be written out of a different state and/or that your benefit plans vary.
- If Yes list number of locations & address, B9 will need to drop to an additional PDF
- Domestic Partner Coverage - Choose Yes or No
- Subject to ERISA - Choose Yes or No
- Is customer associated to a Cannabis-related industry? Choose Yes or No
- Organization Type-Select the Type
- Is there a General Agent? Choose Yes or No. If Yes- Enter Agency Name, Address, City, State, Zip Code, email address, phone number, PCIS ID, and Franchise Code

Press Save & Continue

Employer Application 2 of 5

Eligibility Enter:

- Number of Eligible Employees
- Number of Ineligible Employees
- Total Number of Employees
- Full – Time Total Number of Employees

Prior Calendar Year Information:

- Average Total Numbe of Employees
- Total Number of Eligible Employees
- Full Time Equivalent Total Number of Employees

Medical Benefit Plan Option

- Choose Calendar Year or Policy Year

Coordination of Benefits

- Choose Medicare Primary or Plan Primary

Workers Comp- Choose Yes or No

Is your company subject to COBRA Choose Yes or No

Short term/long term disability Choose Yes (enter employee name) or No

Leave of Absence- Choose Yes or No

New Hire Waiting Period

- Choose coverage effective option
- Select waiting period

Waiting Period Waived for initial Enrollees, Choose Yes or No

Class Exclusion- Yes check all options that apply or No

Press Continue

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Employer Application
3 of 5

Consumer Driven Health Plan Options

Health Savings Account:
 Yes No

Which account will be used?
 Optum Bank
 Other

Do you currently offer or intend to offer a Health Reimbursement Account (HRA) plan and/or comprehensive supplemental insurance policy or funding arrangement in addition to this UnitedHealthcare medical plan?
 Yes No

Comprehensive Supplemental Insurance Policy or Funding Arrangement:
 Yes No

Questions Regarding Size

Do you currently utilize the services of a Professional Employer Organization (PEO) or Employee Leasing Company (ELC), Staff Leasing Company, HR Outsourcing Organization (HRO) or Administrative Services Organization (ASO)?
 Yes No

Is your group a Professional Employer Organization (PEO) or Employee Leasing Company (ELC), or other such entity that is a co-employer with your client(s) or client-site employees?
 Yes No

Does your group sponsor a plan that covers employees of more than one employer?
 Yes No

Do you have common ownership with any other businesses? If you own multiple companies, or a parent-subsidary relationship exists between your company and another, this may indicate common ownership of businesses.
 Yes No

Back **Save & Continue**

**Employer Application 3 of 5
Consumer Driven Health Plan Options**

- Health Savings Account-Choose Yes or No. Select which account will be used.
- Do you currently/intend to offer a HRA comprehensive supplemental insurance policy or funding arrangement in addition to this UnitedHealthcare medical plan? Choose Yes or No
- Comprehensive Supplemental Insurance Policy or Funding Arrangement. Choose Yes or No
- Questions Regarding Size Choose Yes or No for each option

Press Save & Continue

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Employer Application
4 of 5

Select Initial Payment Method

Upload Binder Check Image Direct Debit

Ongoing Billing Method

Electronic Paper

By selecting Electronic Billing you will not receive a physical bill in the mail. Electronic billing will be sent to Administrative Contact email jeannette+ccane@benefitter.com from page 1.

Files uploaded:
 bindercheck.pdf
 0cceb005-b928-493b-9d0e-0cclada09fa5f.pdf

Mail Payment to:

UHS Premium Billing UHS Premium Billing

Back **Save & Continue**

**Employer Application 4 of 5
Select Initial Payment Method**

Choose one of the options below:

- Upload Binder Check Image
- Direct Debit

Mail Payments to:

- US Postal Service address location or
- Overnight address location

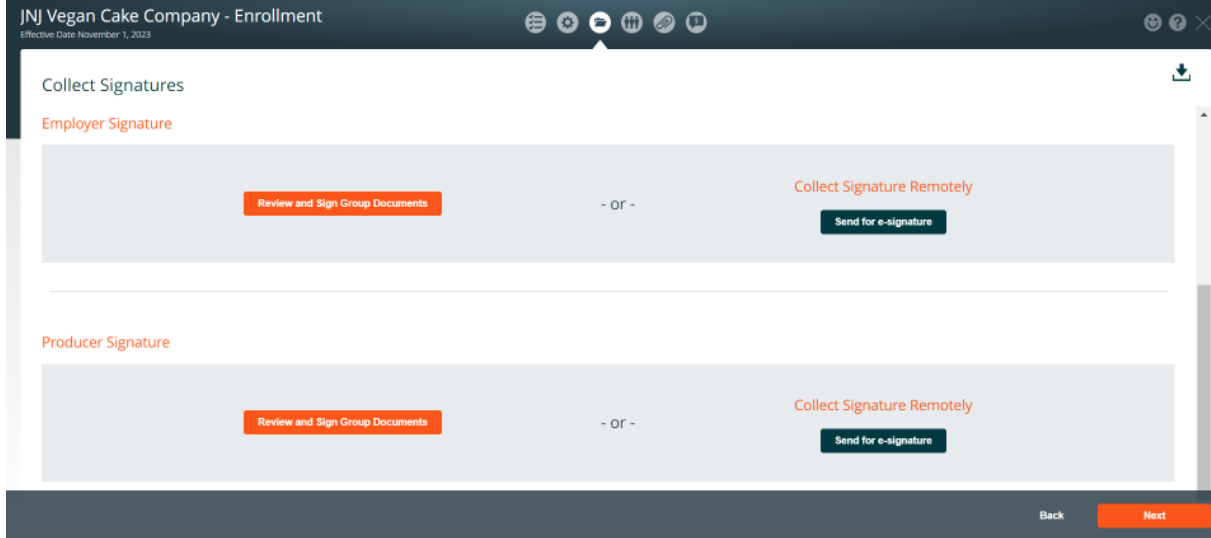
Ongoing Billing Method:

Choose one of the options below:

- Electronic*
- Paper

*By selecting Electronic Billing, you will not receive a physical bill in the mail. Electronic billing will be sent to Administrative Contact indicated on page 1 of the employer application.

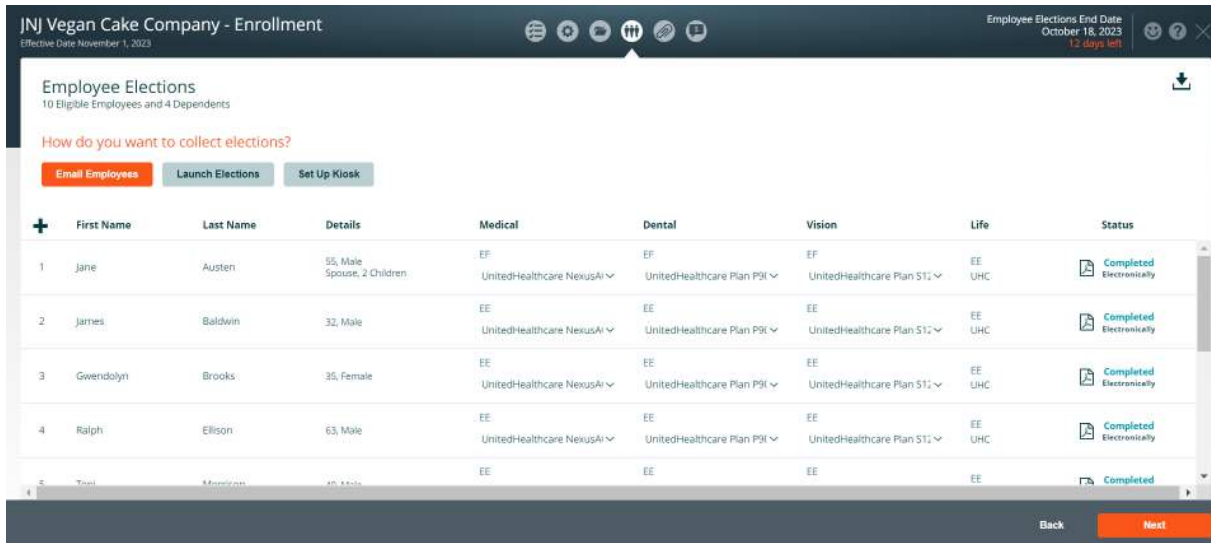
Press Save & Continue



Collect Signatures

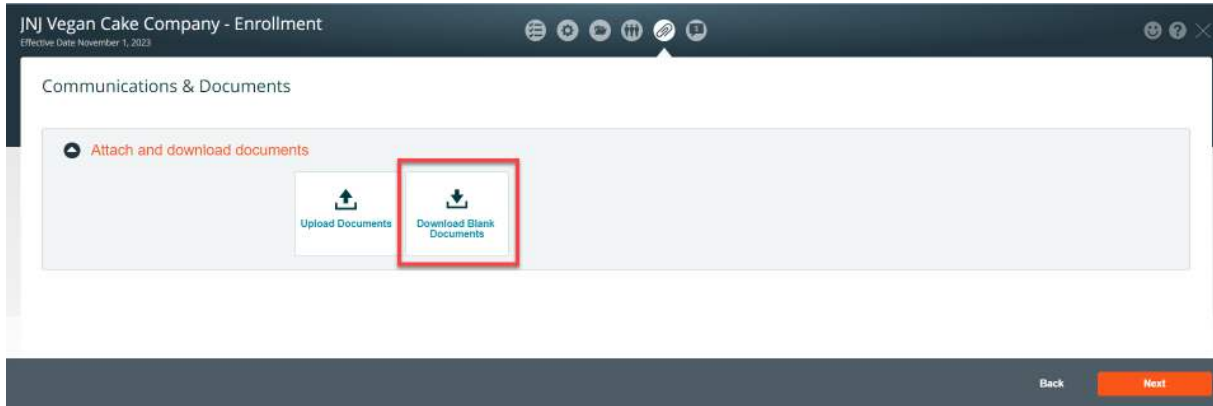
Collect Employer & Producer Signatures

- The Collect Signatures section can be accessed once the Employer Application section is completed
- You can collect signatures in person (in the Benefitter interface) or by sending an email to collect them remotely



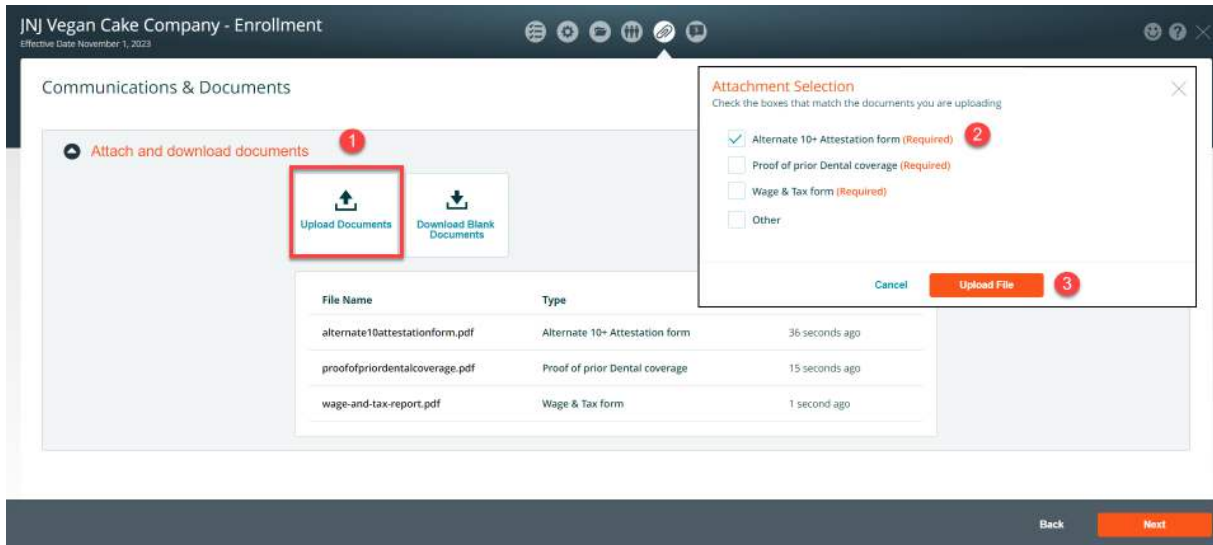
Employee Elections - Options

- Email Employees-Send employees an invite to complete a mobile-friendly enrollment. On the employee notification page, check the names of employees that you are inviting to complete their applications electronically
- Launch Elections - access an employee's enrollment directly to walk the employee through completing the enrollment.
- Kiosk - Download access codes pdf and set up a kiosk
- Select plans/enroll group directly on the employee elections screen.



**Communications & Documents
Download Supporting Documents**

Click on the Download Blank Documents link or download icon to download the employer application folder. Fill out the documents the employer will need to review and sign the documents where applicable.



Upload supporting documents

1. Click Upload Document link or upload icon
2. Check the name of the document that you are uploading
3. Click Upload File and choose the document from your computer

Click Next

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Employee Elections End Date
October 18, 2023
12 days left

Benefit Package Quotes

Proposal Quote

Medical Proposal

	Est Elections	Est Rate	Est Total
EE - Employee Only	7	\$862.66	\$6,038.62
ES - Employee and Spouse	1	\$1,725.32	\$1,725.32
EC - Employee and Children	0	\$1,725.32	\$0
EF - Employee and Family	1	\$2,587.98	\$2,587.98
Declined	1	\$0	\$0
Employer Cost		\$5,175.96	
Total Monthly Cost			\$10,351.92

Medical Contribution 50% / 50% Medical Rate Type Composite (if available)

Medical Final Quote

	Elections	Final Rate	Total
EE - Employee Only	1	\$837.90	\$862.66
ES - Employee and Spouse	0	\$1,675.80	\$0
EC - Employee and Children	0	\$1,675.80	\$0
EF - Employee and Family	1	\$2,513.70	\$2,587.98
Declined	0	\$0	\$0
Employer Cost		\$1,725.32	
Total Monthly Cost			\$3,450.64

Medical Contribution \$0 / \$0 / \$0 Medical Rate Type Composite (if available)

UnitedHealthcare NexusACO R Tiered 30/7500/100% (NEXUSACO R) (CEOR/K35Y)

UnitedHealthcare NexusACO R Tiered 30/6500/80% (NEXUSACO R) (CEOT/K35Y)

EE - Employee Only 7 \$862.66 \$6,038.62 EE - Employee Only 1 \$837.90 \$862.66

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Benefit Package Quotes

- Review the final quote by clicking on View on the Final Quote checklist or click on the quote icon
- The quotes page displays a comparison between the Proposed and Final Quotes

After reviewing the quotes, Press Next

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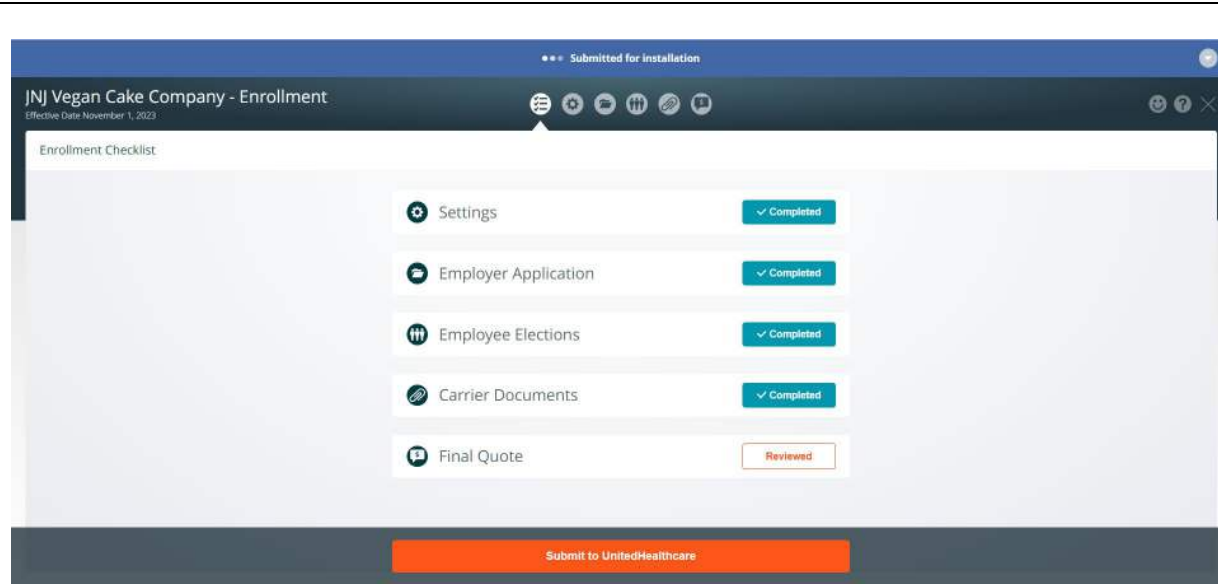
Enrollment Checklist

- Settings ✓ Completed
- Employer Application ✓ Completed
- Employee Elections ✓ Completed
- Carrier Documents ✓ Completed
- Final Quote Reviewed

Submit to UnitedHealthcare

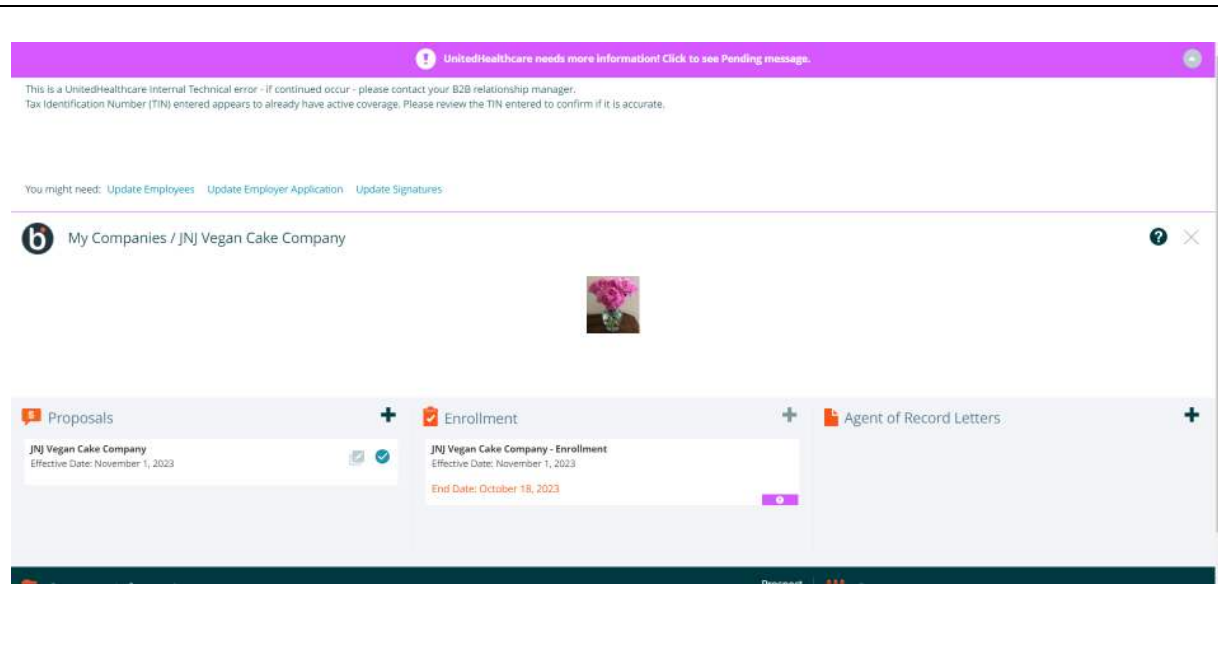
Submit Enrollment to UnitedHealthcare

When the check list tasks statuses are completed, you will be able to click to Submit the group to United Healthcare.



Submitted for Installation

The status on the persistent header will show that the group is submitted for installation.

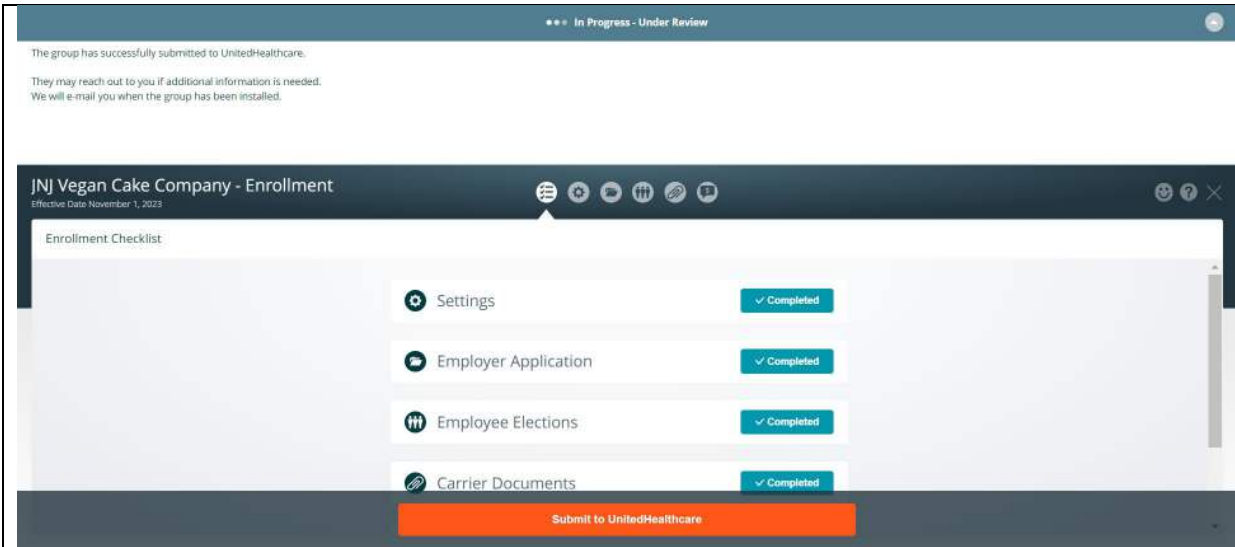


Pended Message

If there is an issue with the group, **on the persistent header** click on the down arrow to review the issue(s) that needs to be corrected. Fix the issue(s) and resubmit the group to United Healthcare.

While reviewing pend if you have questions about UHC policies or procedures contact your UHC Account Executive (e.g., using different tax report instead of the wage and tax report).

If you have questions about a Benefitter application issue (e.g., modifying the census) please contact Benefitter Support at (800) 419 - 0116 or send an email to support@benefitter.com

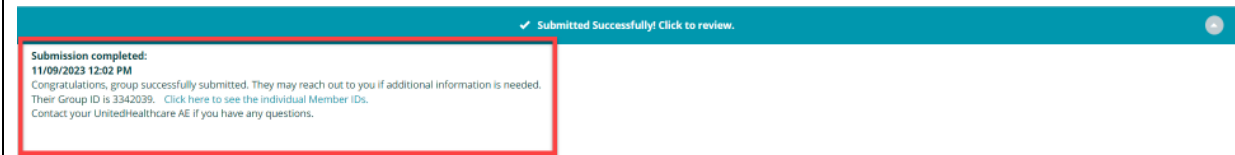


In Progress – Under Review

After the group has been submitted or resubmitted successfully to United Healthcare the status of the persistent header will change to In Progress - Under Review.

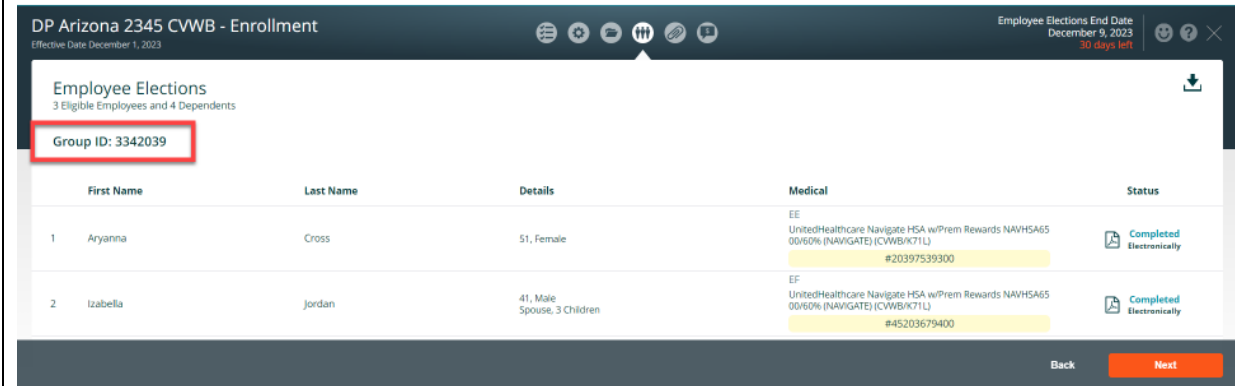
You will see the following message in the persistent header. The group has successfully submitted to UnitedHealthcare.

The UHC may reach out to you if additional information is needed. You will receive an email when the group has been installed.



United Healthcare Installation Completed

The member ids will be populated on the Employee Elections screen.





Quick Start Guide – UHC Fully Insured Electronic Enrollment

Supplemental Knowledge Notes:

Click on the link to access the knowledge notes:

[Create Group](#)

[Create Census](#)

[Create Proposal](#)