





Renewals Setup

User Guide

2022

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Section 1

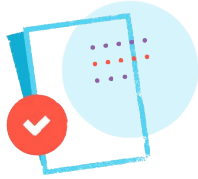
Getting Started

Prepare to build:

Collect the [relevant documents](#) and information you will need to upload/input into the setup tool for each plan

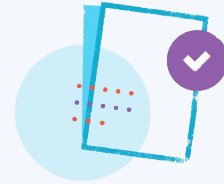
- SBC or Plan Summary
- Rate Sheet
- Evidence of Insurability (EOI) Form
- Employer Contribution Strategy
- Carrier Settings (Waiting Period, Termination Policy, etc.)
- Desired Open Enrollment Dates

Check permissions:



Ben Admin

If you use any broker of your choice, then any Benefits administrator can be granted the permission to access the renewals setup flow. The necessary permission can be granted from the Company Profile app, and is called: *Edit employee and company benefits data and manage benefits renewals*



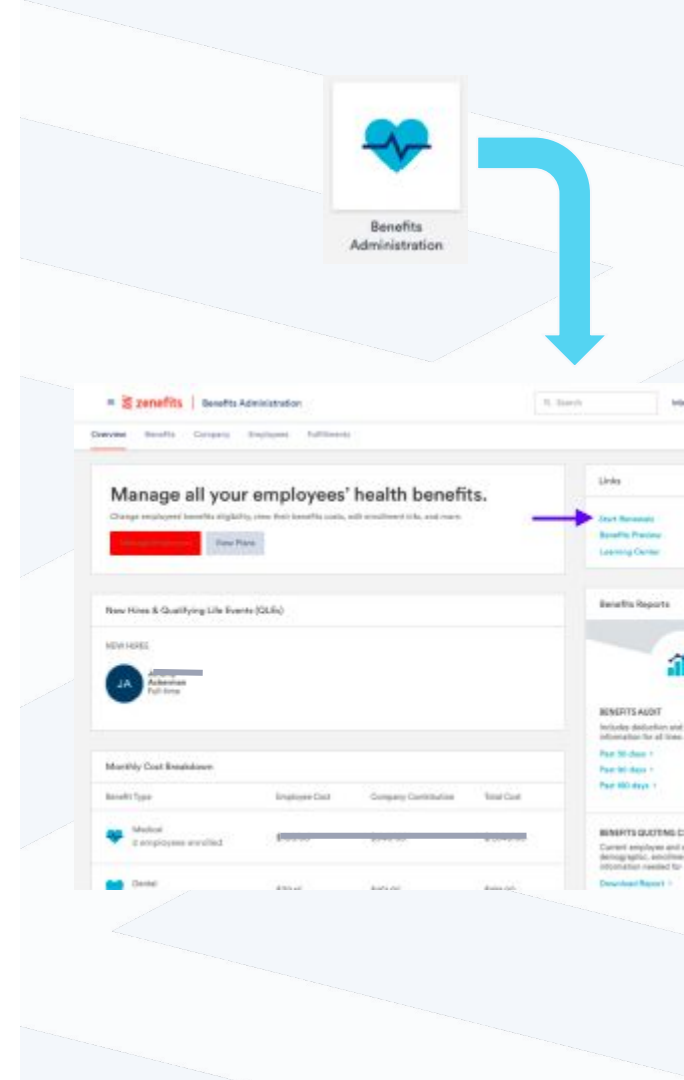
Ben Connect

If you are a Certified Broker Partner, you will need to be a Renewals user (or a Full Admin user) in order to access the renewals setup flow. Please reach out to your team lead for assistance with your user type/permissions.

Navigating: Access the tool

Go to the Start Renewals link.


1. Login to Zenefits using your administrative login credentials
2. Navigate to the Benefits Administration app from your Zenefits dashboard
3. Click on the Start Renewals link



Navigating: Elements

Throughout the renewals setup there are a number of elements that are used for navigating and completing the different steps.

MAIN MENU

The Main Menu lists all 6 steps of the setup flow. Once a step is completed, you will be redirected to the Main Menu in order to proceed to the next step. Each step is locked, meaning you cannot move onto the next step until the preceding one has been completed. A green checkmark  indicates a step is complete.

DROP-DOWN MENU

Drop down menus are used when there are limited options that can be selected.

FREE TEXT FIELD

Free text fields are used when you can input custom, unstructured information.

RADIO BUTTON

Radio Buttons are used to make a selection. Only one radio button can be selected at once.

“BACK TO” and “CONTINUE”

Navigational links or buttons used to move through the flow, often to navigate back to the Main Menu

Navigating: Elements

Throughout the renewals setup there are a number of elements that are used for navigating and completing the different steps.

CHECKBOXES

Checkboxes are used to make a selection, or indicate on or off. Multiple checkboxes can be selected at once.

TOGGLE SWITCH

Toggle Switches are used to indicate yes or no:

Yes = **blue** toggle switch








No = **grey** toggle switch

HYPERLINKS

Hyperlinks are used when additional information is available for you to view, if there are additional actions that you can take, or to upload or download a file. Hyperlinks are designated with **blue** text.

ICONS

Icons are used to represent an actionable item:

-  Used when there are multiple actionable items to choose from
-  Used to remove or delete an item that is incomplete
-  Used to select a date in time
-  Used to edit an item
-  Used when there is required information that is missing
-  Used to delete an item
-  Used to exit out of a screen

Section 2

Setup Steps

Let's handle your health benefits.

Whether you're setting up new coverage or renewing plans, we make it easy to add plans, set up contributions, review the set up, and invite employees to enroll.

Your setup is 0% complete.

Start Setup

Benefits Setup Checklist

Carrier & Plans About 5 min [Start](#)

Open Enrollment Requires earlier section be completed first

Plan Mapping Requires earlier section be completed first

Review Enrollment Requires earlier section be completed first

Invite Employees Requires earlier section be completed first

Main Menu

Step 1: Carriers & Plans

Step 2: Open Enrollment

Step 3: Plan Mapping

Step 4: Company Contributions

Step 5: Review Enrollment

Step 6: Invite Employees

Section 2: Setup Steps

Step 1: Carriers & Plans



Carrier & Plans

About 5 min

Start

Carriers & Plans

In this step, you will load all of the plans your company will offer through Zenefits during open enrollment, including:

- Medical
- Dental
- Vision
- Life & Disability
 - Basic 100% Employer-Paid
 - Voluntary 100% Employee-Paid
- Supplemental
 - Accident
 - Cancer
 - Critical Illness
 - Hospital Indemnity

For a list of supported carriers, please visit [this page](#).

[Back to Setup Tasks](#)

Tell us about the coverage you're offering. Add Coverage

Add all the health plans your company will be offering during open enrollment. You'll find all the plan and carrier info you need on your Summary of Benefits and Coverage (SBC) or Plan Summary documents, and any renewal packets your carriers provided.

MEDICAL

i

No plans or carriers added yet. [Add existing plans](#), or [create a new enrollment](#)

DENTAL

i

Part 1: Add the plan

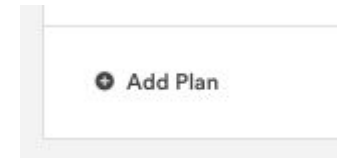
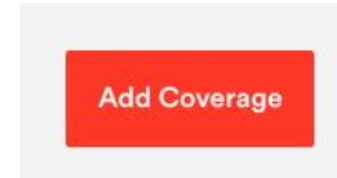
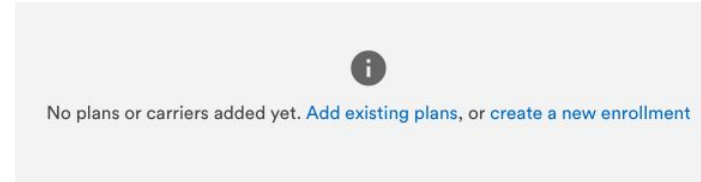
There are four methods to add a plan:

Add Existing Plans: Plans currently administered in Zenefits that will continue to be offered in Zenefits at renewal (for the upcoming plan year) can be added here.

Create a New Enrollment: Add any carrier and/or plan that has not previously been offered.

Add Coverage: Either add existing plans for all lines of coverage in bulk (by checking the box next to each continuing plan), or add a new carrier and/or plan by filling the form.

Add Plan: After you have added some plans to the setup flow, you can add additional plans for a carrier/line by clicking this button.



Part 2: Build the plan

Once you have added a plan, you are ready to build the plan by adding the plan details. Example plan builds are available in the Appendix.

All plans will include these sections (fields within the sections, and additional sections, are present depending on the line of coverage):

- Plan Setup: Plan name, type, and SBC attachment
- Basic Information: General settings like state availability
- Plan Design: Coverage details like deductibles, copays, multipliers, etc.
- Rates: Full carrier premium amount for enrollment, in monthly increments

The types of plans that can be built:

- Medical, Dental, Vision: Non-contributory, Contributory, Voluntary
- Life, AD&D, STD, LTD: Non-contributory (Employer pays 100%), Voluntary (Employer pays 0%)
- Supplemental: Voluntary (Employer Pays 0%)

Section 2: Setup Steps

Step 2: Open Enrollment



Open Enrollment

About 1 min

[Start](#)

Open Enrollment

Open enrollment gives employees the opportunity to select their own plans and make changes to their coverage for the upcoming plan year.

In this step you will select:

- 1. Do you want to invite your employees to open enrollment?**
 - a. If you select “yes”, employees will receive an email from Zenefits on the first day of open enrollment inviting them to make plan selections.
 - b. If you select “no”, employees will not have the opportunity to choose their own plans, and will be automatically enrolled in any auto-renewal plans you select (Step 3: Plan Mapping).
- 2. What will the open enrollment period be?**
 - a. If yes to 1, what will be the start date (optional: launch time) and end date of open enrollment?
 - i. Keep in mind start and end dates should align with your carriers’ deadlines for member-level open enrollment updates.
 - b. If no to 1, then what date should the renewal data go live in the system?

Section 2: Setup Steps

Step 3: Plan Mapping



Plan Mapping

About 5 min

Start

Plan Mapping

Indicate which plans employees are auto-enrolled in if they do NOT participate in open enrollment. This allows employees to roll over their insurance election from the previous year without having to participate in open enrollment.

Tips for setting up Plan Mapping, depending on renewal scenario:

- Renewing with the same carrier: We recommend matching the insurance carrier's plan mapping.
- Switching to a new carrier: In most cases, this should be set to “Do not auto renew.”

If plan mapping is set to “Do not auto renew,” we will not roll over the previous years’ elections. Employees will be auto-declined unless they participate in open enrollment and actively elect to enroll in coverage.

If a new carrier was added in an earlier step, then this step will also ask whether that carrier should continue on or be discontinued.

If you have classed plans, with plan-specific eligibility settings, the eligibility settings will roll over based on plan mapping selections. If there is no mapping, the settings will not roll over.

Plan Mapping & Renewal reports:

If an employee moves to a mapped plan, this is not considered a “change” and will not be captured in the Renewal Change Report. If you use this report for submitting plan changes to the carrier, then it is imperative that Zenefits plan mapping matches the insurance carrier.

Section 2: Setup Steps

Step 4: Contribution Scheme



Contribution Schemes

About 5 min

[Start](#)

Contribution Scheme

In this step you will input the company's contribution strategy for the renewal plans. Employees in open enrollment will then see their individual costs for each plan based on these company contributions settings.

There are 2 parts to a contribution scheme

- Part 1: The scheme as a whole
- Part 2: Component contribution policies

The system requires a holistic contribution scheme for medical, dental, and vision - all carriers, plans, and employees have to have least one policy for each line of coverage.

Important:

If you have lines of coverage with different effective dates, the contributions for the lines of coverage that are not renewing will auto-populate in this step. Do NOT delete a contribution for a line of coverage that is not renewing at this time.

Part 1: Contribution Scheme











The current contribution scheme settings will pre-populate for you. You have the ability to edit, remove, or add policies.

- Edit an existing policy by clicking the pencil icon
- Remove an existing policy by clicking the trash icon (this does not impact live settings)
- Add a new policy by clicking the Add Policy button

Set up the company's contributions.

Define the contributions towards health insurance, and set unique contributions based on plan, carrier, and coverage type.

Effective 2021-11-01

Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	All Carriers All Plans	All Workers	80% for Employee and 50% for Dependents	 
 Dental Policy	Unum All Plans	All Workers	Fixed \$50	 
 Vision Policy	All Carriers All Plans	All Workers	Fixed \$5 if it's Employee only, Fixed \$8 if it's Employee & Spouse, Fixed \$10 if it's Employee & Children, Fixed \$10 if it's Employee & Child, Fixed \$14 if it's Employee & Child & Spouse, Fixed \$14 if it's a family	 
				

[Continue](#)

Part 2: Contribution Policies (Details)

If you edit or add a policy, you can specify variables as needed.
In this section, you will specify the applicable coverage.

- Line of Coverage
- Carrier
- Plan

Contribution Policy (0/3)

Tell us which coverage this policy applies to.

Details

Eligibility

Contribution

Coverage Details

Coverage	Medical	x v
Carrier	Kaiser Permanente	x v
Plan	Gold HMO \$35/0/0 306V	x v

Cancel Continue

Part 2: Contribution Policies (Eligibility)

If you edit or add a policy, you can specify variables as needed.
In this section, you will specify the applicable employees.

- Everyone: All employees not otherwise specified
- Select Workers: Certain employees by name
- Select Tiers: A certain group of employees

The screenshot shows a web interface for configuring a contribution policy. On the left is a sidebar with three options: 'Details' (checked), 'Eligibility' (selected), and 'Contribution'. The main area is titled 'Tell us which workers receive these contributions.' and contains a 'Select Workers' section with three radio button options: 'Everyone' (selected), 'Select workers', and 'Select tiers'. At the bottom right are 'Back' and 'Continue' buttons.

Part 2: Contribution Policies (Contribution)

If you edit or add a policy, you can specify variables as needed. In this section, you will specify the monthly amount(s) and distribution.

- Define the perspective option
 - Employer Contribution Amounts
 - Employee Deduction Amounts
- Select the distribution for dependents
 - All Dependents Equal
 - Define Total
 - Specify by Type
 - Specify by Quantity
- Select the amount style and input numbers
 - Fixed Dollar
 - Percentage
 - Percent of “X” Plan

Contribution Policy (2/3)

✓ Details

✓ Eligibility

| Contribution

Add the contribution amounts.

Contribution

Options

Define Company Contribution (portion that the company pays)

Define Employee Deduction (portion that the employee pays monthly)

Dependents

All Dependents Equal (each dependent receives same contribution) x v

Contribution to	Contribution Method	Amount	Limit
Employee	Percentage (%)	80	—
Dependent	Fixed Amount (\$) v	100	—

Back Submit

Distribution Definitions

The distribution method defines how amounts are applied toward employees and their dependents.

- **All Dependents Equal:** Employees receive one amount, and dependents combined receive one amount.
- **Define Total:** There is a single amount for both employees and all their dependents combined.
- **Specify by Type:** The amount is based on the type of dependent(s) enrolled, also known as enrollment tier:
 - A certain amount if Employee Only
 - A certain amount if Employee + Spouse
 - A certain amount if Employee + Child(ren)
 - A certain amount if Employee + Family
- **Specify by Quantity:** The amount is based on the number of dependents enrolled:
 - A certain amount if Employee Only
 - A certain amount if Employee + 1 dependent
 - A certain amount if Employee + 2 dependents
 - A certain amount if Employee + 3 dependents

Section 2: Setup Steps

Step 5: Review Enrollment



Review Enrollment

About 5 min

[Start](#)

Review Enrollments

In this step you (and others) will be able to review all of the plans and settings that have been built. If any information is incorrect, you can go back to the previous steps to make the necessary changes.

There are four sections to review:

- Renewal coverages and plans
- Company contributions
- Employee costs
- Send for review

Welcome, your Benefits Renewal package is ready to review.

This is your opportunity to review the benefits that will be offered during your upcoming Open Enrollment (Jun 23 to Jun 30). Please check the details carefully! Errors that are not corrected prior to it being made available to your employees can negatively impact the employee enrollment experience and cause delays or discrepancies with the insurance carriers.

Review Steps

<input type="radio"/>	Review Renewal Coverage and Plans	About 5 min	Start
<input type="radio"/>	Review Company Contribution Policy	About 5 min	Start
<input type="radio"/>	Review Employee Costs	About 10 min	Start
<input type="radio"/>	Send for Review	About 1 min	Start


Section 1: Review Renewal Coverage and Plans

A view-only display of the carriers and plans within the build.

- Organized by line of coverage and then carrier
- Plans for each carrier are listed below the carrier settings
- Click the View links to see additional details

[Back to Overview](#)

MEDICAL

 United AZ

CARRIER INFORMATION		DATES & DETAILS	
Enrollment Type	Switch Carrier	Effective	Aug 1, 2022 - Jul 31, 2023
Phone Number	(866) 633-2446	Renewal Window	Jun 23, 2022 - Jun 29, 2022
Self Administered	No	Waiting Period	First of the month following hire date
Plan Mapping	View	Coincide With Current Month	No
		Term Policy	End of month (last day of month)

PLANS

Plan Name	Plan Type	Policy Numbers	Documents	Other Details	Plan Details
Name (2022)	PPO	123	SBC	Available Out-of-State, PCP Required, HSA Compatible	View

ACCIDENT

Section 2: Review Company Contribution Policy

A view-only display of the contribution scheme settings for the build.

- Line of coverage
- Carriers and plans, if specified
- Amounts
- Applicable employees

[Back to Overview](#)

ACTIVE FROM AUG 1, 2022

Medical Policy

Company Contribution	This applies to:
Fixed \$100 if it's Employee only	Everyone
Fixed \$150 if it's Employee & Spouse	
Fixed \$155 if it's Employee & Children	
Fixed \$155 if it's Employee & Child	
Fixed \$200 if it's Employee & Child & Spouse	
Fixed \$200 if it's a family	

Section 3: Review Employee Costs

An interactive table to check plan availability and cost calculations for each employee.

- Click an employee's name to pop-out a sidebar of details
- Navigate between the tabs of a pop-out to see various lines of coverage
- Check or uncheck boxes next to dependent names to see how variables (like costs) change

The screenshot displays the 'Review Employee Costs' interface. On the left, there are filter sections for 'Dependents' (No Dependents, Spouse, Spouse & Child(ren)) and 'State' (California, Colorado, Florida, New Mexico). A central list shows employees with initials and names: GG Gorsuch, Garth; BB Barnaby, Barbara; AA Anderson, Adam; HH Hogan, Holly; EE Eastwood, Edwin; and DD Deschenes, Debra. On the right, a pop-out sidebar for Adam Anderson is open, showing his profile and tabs for 'Medical, Dental, & Vision', 'Life & Disability', and 'Supplemental'. Under 'Medical, Dental, & Vision', the 'Include Dependents' section is checked for Andrea (Spouse) and unchecked for Anthony (Child). Below this is a table of 'ELIGIBLE MEDICAL PLANS'.

Plan	Total Premium	Company Pays	Worker Pays
Name (2022)	\$3,213	\$150	\$3,063

Section 4: Send for Review

Share these view-only pages with another Benefits administrator



















- Add or remove administrators from the list
- Click the paper airplane icon to send for review, which sends a secure access link via email
- Check the box to indicate which invitees should also receive feedback notifications
- View the activity log of reviews sent and completed
- Click the Finish button to leave the Review


[Back to Overview](#)

Share Renewal Review

Manage access to this Renewal Review below. To request a review from a user, click on their Invite icon. You can choose who will receive feedback notifications from reviewers by checking the Notification box.

SHARE WITH COMPANY PERSONNEL AND COLLEAGUES [Remove all from list](#)

Name (last, first)	Role	Last Activity	Invite	Remove	Notification
 SA [redacted]	Broker Admin	Invite Sent Jun 16			<input checked="" type="checkbox"/>
 MA [redacted]	Broker Admin				<input checked="" type="checkbox"/>
 RN [redacted]	Main Company Admin				<input type="checkbox"/>
 RN [redacted]	Benefits Admin				<input type="checkbox"/>
 KS [redacted]	Broker Admin				<input type="checkbox"/>
 RU [redacted]	Renewals Manager				<input type="checkbox"/>

 Add People

[Activity Log](#) [Finish](#)

Section 2: Setup Steps

Step 6: Invite Employees



Invite Employees

About 5 min



Invite Employees

This step allows you to view an example of the open enrollment email that gets sent to employees and select which employees will receive the email notification prompting them to make their elections.

All eligible employees will be pre-selected for open enrollment invites. You can see the number of employees eligible to enroll in the Recipients category.

If you choose to skip inviting any employee(s), they will not be given the opportunity to make elections or changes. Instead, they will receive the default enrollment status according to the Plan Mapping settings (mapped to X plan, or auto-declined). Skipped employees can also be invited after Open Enrollment has been launched.

Once open enrollment starts, employees will receive the open enrollment email, as well as a task on their personal Zenefits dashboard. Employees must receive the task in order to access their open enrollment, which will be a digital open enrollment experience through Zenefits.

Invite Employees

Share these view-only pages with another Benefits administrator

- Click the link next to Recipients to customize invitees.
- Click Done to submit your build for publishing (it will publish according to the date/time in the Open Enrollment step).
- Click Back to return to the Main Menu without submitting the build for publishing - you can return to finish at a time of your choosing.
- You may also return to all previous steps of the renewals setup (after clicking done) up until the build has been published, but you will need to click Done here again after making any changes.

Preview Email

Once your open enrollment starts, we'll send this email to your staff to notify them that they are able to choose their benefits.

Recipients	9 Selected Workers
Subject	Re: Welcome to Open Enrollment!
Email Body	<p>Hi,</p> <p>Company's open enrollment period has started. This is the time of year you can enroll in insurance and add, drop, or make changes to your coverage.</p> <p>You have until Jun 29, 2022 to review the plans your company is offering and choose the ones that are right for you. Even if you're not planning to enroll, All Hands Product Test needs you to officially decline coverage.</p> <p>To get started, log in to your Zenefits account.</p> <p>If you have any questions, you can contact your company's benefits administrator: Fulfillment User email: fulfillmentuser@demopartner.com</p>

[Back](#) [Done](#)

Invite Employees

Clicking the Done button from the invite step sends you back to the Main Menu

Click the button to Complete Setup and navigate back to the Benefits Administration app.

You may also return to all previous steps of the renewals setup up until the build has been published. You will need to click Done in the Invite step again after making any changes, though.

You're all done!

Open Enrollment is scheduled to begin on 2022-06-23 and end on 2022-06-29. You don't have any work left to do here.

Your setup is 100% complete.

[Complete Setup](#)

Benefits Setup Checklist

Thank you

ANY QUESTIONS?

Contact Customer Care:

- [HR Administrators](#)
- [Broker Referral Partners](#)
- [Non-Partner Brokers](#)
- [Partner Brokers](#)



Section 3

Appendix

Section 3: Appendix

Medical, Dental, Vision Plan Loads

Medical, Dental, & Vision Plan Loads

After you have selected to add a new plan, you will need to build out the details. Medical, dental, and vision plans have these sections:

- Carrier Details: Policy details like line of coverage, carrier name, and waiting period
- Plan Setup: Plan name, type, and SBC attachment
- Basic Information: General settings like state availability
- Plan Design: Coverage details like deductibles, copays, multipliers, etc.
- Rates: Full carrier premium amount for enrollment, in monthly increments

Section 1: Carrier Details

1. Select the line of coverage, carrier underwriting state, and carrier name from the drop-downs.
2. Type in the policy number (optional).
3. Select the effective date from the calendar, or type it in.
4. The next renewal date will auto-populate assuming a 12 month contract. You can change the date manually for shorter/longer contracts. This field is asking for the start date of the next contract (not the end date of the contract being loaded).
5. Select the waiting period, and if applicable check the box to turn on coinciding functions.
6. Select the termination policy from the drop-down.
7. If applicable, check the box to turn on self-billed status. This will prevent the generation of fulfillment tasks.

First, enter carrier and coverage information

Coverage and Carrier Details

Enter the policy details below, starting with line of coverage, state, and carrier name. You can find this information on your insurance policy or enrollment packet.

Coverage Type	Medical
Carrier State	Select State
Carrier	Select Coverage Type and Carrier State first
Policy Number <small>Optional</small>	
Effective Date	MM/DD/YYYY
Next Renewal Date	MM/DD/YYYY
Waiting Period	Select Waiting Period
Coincide With Current Month?	<input type="checkbox"/>
Termination Policy	Select Termination Policy
Self-billed <small>Ⓞ</small>	<input type="checkbox"/> This policy is self-billed

Cancel Continue

Section 2: Plan Setup

1. Use the search bar to find a stock plan (pre-built small-group ACA plan) from our [plan library](#). This will auto-populate all subsequent plan settings.
2. If no stock plan is available, build the plan from scratch:
 - a. Select the plan type (PPO, HMO, etc.) from the drop-down
 - b. Type in the plan name
 - c. If applicable, check the box to mark the plan as HSA compatible. This gates employee enrollment into Health Savings bank accounts.
 - d. Check the box if the plan has a specific policy number, and type in that number after.
3. Upload a copy of the SBC or plan summary. This will be available for employees to download.

Plan Setup (0/4)

- Setup
- Basic Information
- Plan Design
- Rates

Add the plan information.

Plan Info

PLAN LIBRARY

Stock Plan

GENERAL PLAN INFO

Plan Type

Plan Name

HSA Compatible

Has plan-specific policy number?

PLAN DOCUMENTS

Summary of Benefits (SBC)

Section 3: Basic Information

1. Check the box to allow employees who reside out of state to enroll. You can specify which states are allowed by typing or selecting in the drop-down.
2. Check the box to use employer zip code to determine premiums, or uncheck the box if the carrier rates based on employees' own zip codes and a corresponding rating region.
3. Check the box to gate plan availability by employee zip code. This should only be checked if you also reach out to Support to build a map of available zip codes.
4. Check the box to indicate a plan requires a designated Primary Care Physician. Employees will be prompted to provide their PCP details in enrollment.
5. Select the plan funding level from the drop-down.

Plan Setup (1/4)

Setup

Basic Information

Plan Design

Rates

Add the basic information.

Basic Info

BASIC INFORMATION

Available Out of State

Available States

Use Employer Zip Code for Premiums

Use Employee Zip Code for Plan Availability

Needs PCP?

Funding Type

Section 3.A: Plan Design (Medical)

Click between headers in the horizontal tab menu to input plan design values (what employees can expect to pay for services).

The values will be displayed to employees in enrollment for convenient plan comparison.

1. Annual Costs: Deductibles and out-of-pocket maximums
2. Common: Copay/coinsurance for doctor visits
3. Hospital Costs: Copay/coinsurance for hospital visits
4. Retail Pharmacy Costs: Copay/coinsurance for prescriptions
5. Other: Miscellaneous

Plan Setup (2/4)
✓ Setup
✓ Basic Information
| Plan Design
⊕ Rates

Plan Design & SBC

Annual Costs | Common | Hospital Costs | Retail Pharmacy Costs | Other Settings

IN-NETWORK ANNUAL COSTS

Individual Deductible

Family Deductible

Pharmacy Deductible

Individual Out-of-Pocket (OOP)

Family Out-of-Pocket (OOP)

OUT-OF-NETWORK ANNUAL COSTS

Plan Setup (2/4)
✓ Setup
✓ Basic Information
| Plan Design
⊕ Rates

Plan Design & SBC

Annual Costs | **Common** | Hospital Costs | Retail Pharmacy Costs | Other Settings

Common Costs

	In-Network	In-Network Deductible Setting	Out-of-Network	Out-of-Network Deductible Setting
Primary Care Visit <input type="text" value=""/>	<input type="text" value="\$ or %"/>	<input type="text" value=""/>	<input type="text" value="\$ or %"/>	<input type="text" value=""/>
Specialist Care Visit <input type="text" value=""/>	<input type="text" value="\$ or %"/>	<input type="text" value=""/>	<input type="text" value="\$ or %"/>	<input type="text" value=""/>
Preventive Care Visit <input type="text" value=""/>	<input type="text" value="\$ or %"/>	<input type="text" value=""/>	<input type="text" value="\$ or %"/>	<input type="text" value=""/>

Member Co-Pay

Plan Setup (2/4)
✓ Setup
✓ Basic Information
| Plan Design
⊕ Rates

Plan Design & SBC

Annual Costs | Common | **Hospital Costs** | Retail Pharmacy Costs | Other Settings

Copay Amount (\$ or %)

Out Patient Surgery

Emergency Room Services

Urgent Care

In-Patient Co-Pay/Co-Insurance

In-Patient Daily Limits

In-Patient Maximum Days

Section 3.B: Plan Design (Dental)

Click between headers in the horizontal tab menu to input plan design values (what employees can expect to pay for services).

The values will be displayed to employees in enrollment for convenient plan comparison.

1. Annual Costs: Deductibles and annual maximum
2. Benefits Fee Structure: Copay/coinsurance for services
3. Orthodontia: Deductible, maximums, and coinsurance for orthodontia specifically

The image displays three overlapping screenshots of the 'Add the plan design' interface, illustrating the process of configuring plan design details for dental services.

Top Screenshot (Annual Costs): Shows the 'Plan Design & Plan Summary' page with the 'Annual Costs' tab selected. The 'Individual Deductible' field is visible, set to '\$'. The 'Benefits Fee Structure' and 'Orthodontia' tabs are also present in the horizontal menu.

Middle Screenshot (Benefits Fee Structure): Shows the 'Plan Design & Plan Summary' page with the 'Benefits Fee Structure' tab selected. The 'Benefit Fee Structure' dropdown menu is open, showing 'Select Option'. Below, the 'Common Costs' section includes 'Preventive Care' with input fields for 'In-Network' and 'Out-of-Network' rates.

Bottom Screenshot (Orthodontia): Shows the 'Plan Design & Plan Summary' page with the 'Orthodontia' tab selected. The 'Orthodontic Services' checkbox is checked. Below, the 'Deductible' field is set to '\$', and the 'Lifetime Maximum Benefits' field is also set to '\$'. The 'Orthodontic Services' section includes 'Adult' and 'Child' fields with input boxes for rates.

Section 3.C: Plan Design (Vision)

Input plan design values (what the carrier covers).
The values will be displayed to employees in enrollment for convenient plan comparison.

1. Common Costs:
 - a. Frequencies for exams, lenses, and frames etc.
 - b. Copay/coinsurance for exams
 - c. Allowances for lenses, frames etc.
 - d. Whether lasik or retail discounts are included

Plan Setup

- Setup
- Basic Information
- Plan Design**
- Rates

Add the plan design.

Plan Design & Plan Summary

Common Costs

Common Costs	In-Network
Exam Frequency (months) ⓘ	<input type="text" value="months"/>
Exam Cost ⓘ	<input type="text" value="\$ or %"/>
Lenses (for Eyewear) Frequency (months) ⓘ	<input type="text" value="months"/>
Lenses (for Eyewear) Coverage ⓘ	<input type="text" value="\$ or %"/> <input type="text" value="v"/> <input type="text" value="\$ or %"/>
Frames Frequency (months) ⓘ	<input type="text" value="months"/>
Frames Coverage ⓘ	<input type="text" value="\$ or %"/> <input type="text" value="v"/> <input type="text" value="\$ or %"/>

Contacts Frequency (months) ⓘ	<input type="text" value="12"/>
Contacts Coverage ⓘ	<input type="text" value="\$130"/> <input type="text" value="v"/> <input type="text" value="\$ or %"/>
Lasik Discount ⓘ	<input type="checkbox"/>
Retail Discount Available ⓘ	<input type="checkbox"/>

Section 4: Rates

1. Select the rate structure from the drop-down. The selection will cause the corresponding rate table to appear below.
2. Add the rate values:
 - a. Click the link to upload via spreadsheet. A pop-up will appear with a template to download, fill, and upload.
 - b. Or, manually type the rates into the table.
3. Click to add additional age bands to the table as needed, and select the starting age from the subsequent drop-down.

The screenshots illustrate the steps to configure rates in Zenefits:

- Top Screenshot:** Shows the 'Add the rates information' screen. The 'Rate Structure' dropdown is set to 'Age Banded'. The 'Import Rates' section has an 'Upload Spreadsheet' button. The 'Rates' section shows a 'Monthly Insurance Premium' table with a filter.
- Middle Screenshot:** Shows a dropdown menu of rate structures. The selected option is 'Age Banded'. Other options include 'Male|Female|EE+SP|EE+Child|EE+Family', 'Male|Female|Child(per)', 'Male|Female|EE+SP|EE+Child|EE+Children|EE+Family', 'Male|Female|Children(Total)', 'Male|Female|Spouse|Child|Children', 'Male|Female|Child|Children', 'Male|Female|EE+Spouse|EE+Child|EE+Children|EE+Family', 'Male|Female|Spouse|Child(per)', 'Male|Female|EE+Spouse|EE+Child|Family', 'Male|Female|Spouse|CH1|CH2|CH3|SP+CH1|SP+CH2|SP+CH3', and 'Composite (Employee, Employee + Spouse, Employee + Children), Family'. 'Age Banded' is highlighted in blue.
- Bottom Screenshot:** Shows the 'Monthly Insurance Premium' table. The 'Starting Age' dropdown is open, showing options from 0 to 16. The 'Region' is set to 1 and the 'Enrollee' is set to 5. The table has columns for 'Starting Age', 'Region', and 'Enrollee'. A 'Back' button and a 'Submit' button are visible at the bottom right.

Section 3: Appendix

Life & AD&D Plan Loads

Life & AD&D Plan Loads

After you have selected to add a new plan, you will need to build out the details. Life & Disability plans have these sections:

- Carrier Details: Policy details like line of coverage, carrier name, and waiting period
- Plan Setup: Plan name, type, and SBC attachment
- Basic Information: General settings like state availability
- Rates: Full carrier premium amount for enrollment, in monthly increments
- Amounts: Benefit style, amount, and maximums
- Guaranteed Issue: Evidence of Insurability requirements
- Benefits Reduction: Age-based reduction of benefits

Section 1: Carrier Details

1. Select the line of coverage, carrier underwriting state, and carrier name from the drop-downs.
2. Type in the policy number (optional).
3. Select the effective date from the calendar, or type it in.
4. The next renewal date will auto-populate assuming a 12 month contract. You can change the date manually for shorter/longer contracts. This field is asking for the start date of the next contract (not the end date of the contract being loaded).
5. Select the waiting period, and if applicable check the box to turn on coinciding functions.
6. Select the termination policy from the drop-down.
7. If applicable, check the box to turn on self-billed status. This will prevent the generation of fulfillment tasks.

First, enter carrier and coverage information

Coverage and Carrier Details

Enter the policy details below, starting with line of coverage, state, and carrier name. You can find this information on your insurance policy or enrollment packet.

Coverage Type	Medical
Carrier State	Select State
Carrier	Select Coverage Type and Carrier State first
Policy Number <small>Optional</small>	
Effective Date	MM/DD/YYYY
Next Renewal Date	MM/DD/YYYY
Waiting Period	Select Waiting Period
Coincide With Current Month?	<input type="checkbox"/>
Termination Policy	Select Termination Policy
Self-billed <small>Ⓞ</small>	<input type="checkbox"/> This policy is self-billed

Cancel Continue

Section 2: Plan Setup

1. Select the plan type (Basic or Voluntary) from the drop-down
 - a. Basic plans are 100% employer paid, with mandatory enrollment
 - b. Voluntary plans are 100% employee paid, with optional enrollment
2. Check the box if the plan has a specific policy number, and type in that number after.
3. Upload a copy of the SBC or plan summary. This will be available for employees to download.
4. Upload a copy of the EOI form (optional for Basic plans). This will be sent to employees who elect more than the Guarantee Issue.

Plan Setup (0/7)

Setup

- Basic Information
- Plan Design
- Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the plan information.

Plan Info

GENERAL PLAN INFO

Plan Type

Plan Name

Has plan-specific policy number?

PLAN DOCUMENTS

Plan Summary [Upload](#)

Evidence of Insurability (EOI) [Upload](#)

[Cancel](#) [Continue](#)

Section 3: Basic Information

1. Age [Determination](#) Policy: Select the age used to rate new hires
2. Age [Redetermination](#) Frequency: Select the timing used to redetermine age/rates for existing enrollees
3. Salary Determination Frequency: Future enhancement, please [manage salary updates manually](#)
4. Definition of [Earnings](#): Select which compensation variables are considered in benefit amount calculations
5. Additional Options: Check the box to indicate whether
 - a. Dependent enrollments are allowed
 - b. AD&D coverage is bundled in

Plan Setup (3/6)

- ✓ Setup
- ✓ **Basic Information**
- ✓ Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the basic information.

Basic Info

BASIC INFORMATION

Age Determination Policy

Age Redetermination Frequency

Salary Determination Frequency

Definition of Earnings

Additional Options

Spouse is eligible for this plan

Children are eligible for this plan

Bundled with AD&D Plans

Section 4: Rates

1. Select the rate structure from the drop-down. The selection will cause the corresponding fields to appear below.
2. Type in the rate values. If age-banded, you can also download the template to upload rates in bulk.
3. If AD&D is bundled and the plan type is:
 - a. Basic: Input the combined total for Life + AD&D rate amount into the Life Rate field
 - b. Voluntary: There will be a separate field for Life rate versus AD&D rate. This is to prevent imputed income calculating on the Voluntary AD&D rate.

Plan Setup (2/6)

- ✓ Setup
- ✓ Basic Information
- Rates**
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the rates information.

Employee Rates

Rate Structure	<input type="text" value="Fixed Rate"/>
Life Rate / \$1K	<input type="text" value="\$ 0"/>
AD&D Rate / \$1K	<input type="text" value="\$ 0"/>
Rate Document Optional	No rate document provided Upload

Section 5: Amounts

1. Select the plan amount style from the drop-down. The selection will cause corresponding fields to appear below.
2. Input the benefit amount(s) available according to the style.
3. Input the minimum amount of coverage.
4. Input in the maximum thresholds for dollar and/or percentage caps.

Plan Setup (3/6)

- ✓ Setup
- ✓ Basic Information
- ✓ Rates
- Amounts**
- 🔒 Guaranteed Issue
- 🔒 Benefits Reductions

Add the amounts information.

Employee Amounts

Plan Amount Style	<div>✓ Please select a style</div> <div>Flat Amounts</div> <div>Multiple of Earnings</div> <div>Incremental Units</div>
Amount	
Min Amount	\$ 0
Max Amount (Dollar Cap)	\$ 0
Max Amount (% of Annual Earnings)	<input type="text"/> %

Section 5: Amounts

Plan Setup (3/6)

✓ Setup
✓ Basic Information
✓ Rates
Amounts
Guaranteed Issue
Benefits Reductions

Add the amounts information.

Employee Amounts

Plan Amount Style: Incremental Units

Incremental Amount: \$

Min Amount: \$ 0

Max Amount (Dollar Cap): \$

Max Amount (% of Annual Earnings): %
Optional

Plan Setup (4/7)

✓ Setup
✓ Basic Information
✓ Plan Design
✓ Rates
Amounts
Guaranteed Issue
Benefits Reductions

Add the amounts information.

Employee Amounts

Plan Amount Style: Multiple of Earnings

% of Earnings: %

Min Amount: \$ 0

Max Amount (Dollar Cap): \$

Back Continue

Plan Setup (4/7)

✓ Setup
✓ Basic Information
✓ Plan Design
✓ Rates
Amounts
Guaranteed Issue
Benefits Reductions

Add the amounts information.

Employee Amounts

Plan Amount Style: Fixed Amount

Amount: \$ 0

Min Amount: \$ 0

Max Amount (Dollar Cap): \$ 0

Max Amount (% of Earnings): %

Back Continue

Section 6: Guarantee Issue

If the carrier requires EOI submissions, check the box to turn on GI restrictions. Then input the restrictions for each scenario:

- Returning Enrollees: Use the drop-down to select the amount allowed without EOI submission
 - Max of... indicates coverage can be increased up to the initial amount listed in the table below
 - Previously approved... indicates coverage cannot be increased without an EOI
 - Incremental amount... indicates coverage can be increased incrementally
- Initial Enrollees: Click to Add New Row, then type in the amount allowed without EOI submission. Add additional rows as needed.
- Late Entrants: Type in the amount allowed without an EOI submission



Plan Setup (5/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- ✓ Rates
- ✓ Amounts
- | **Guaranteed Issue**
- 🔒 Benefits Reductions

Add the guaranteed issue information.

About Guaranteed Issue

The amount of coverage that is approved by the insurance carrier without regard to health status of the applicant. The guaranteed issue can be restricted by an amount of coverage, timing of the application, and age. If an enrollee is applying for coverage that is higher than the guaranteed issue, the enrollee will need to submit an [Evidence of Insurability \(EOI\)](#) to the insurance carrier to be considered for approval.

EOI Required Yes, larger benefit amounts require an Evidence of Insurability form

[Back](#) [Continue](#)

EOI Required Yes, larger benefit amounts require an Evidence of Insurability form

Guaranteed Issue for Employee

GUARANTEED ISSUE DETAILS

Returning Enrollees

GUARANTEED ISSUE BY AGE

Starting Age	Initial Enrollment Amount	Late Entrant Amount	
0	\$100,000	\$0	🗑️
<input type="text" value="65"/>	<input type="text" value="25,000 \$"/>	<input type="text" value="0 \$"/>	🗑️

➕ Add New Row

Section 7: Benefits Reduction

If the carrier reduces the benefit amount based on age, check the box to turn on reduction restrictions. Then input the restrictions parameters:

- Reduction Method: Select the method used to calculate reduction from the drop-down.
- Reduction Table: Click to Add New Row, then type in the total amount of reduction for that age. Add additional rows as needed.



Plan Setup (6/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- ✓ Rates
- ✓ Amounts
- ✓ Guaranteed Issue
- | **Be**

Add the benefits reductions information.

About Benefits Reduction

Benefits reduction is when the maximum volume amount gradually decreases as an enrollee ages. It can be to a fixed amount or percentage and typically occurs when the enrollee reaches retirement age.

Has Benefits Reductions Yes

Benefits Reduction for Employee

BENEFITS REDUCTION DETAILS

Reduction Method

BENEFITS REDUCTION BY AGE

Starting Age	Percentage of Amount	
65	35%	
<input type="text" value="70"/>	<input type="text" value="50%"/>	

[+ Add New Row](#)

[Back](#) [Submit](#)

Section 3: Appendix

Disability Plan Loads

Disability Plan Loads

After you have selected to add a new plan, you will need to build out the details. Life & Disability plans have these sections:

- Carrier Details: Policy details like line of coverage, carrier name, and waiting period
- Plan Setup: Plan name, type, and SBC attachment
- Basic Information: General settings like state availability
- Plan Design: Coverage details like deductibles, copays, multipliers, etc.
- Rates: Full carrier premium amount for enrollment, in monthly increments
- Amounts: Benefit style, amount, and maximums
- Guaranteed Issue: Evidence of Insurability requirements
- Benefits Reduction: Age-based reduction of benefits

Section 1: Carrier Details

1. Select the line of coverage, carrier underwriting state, and carrier name from the drop-downs.
2. Type in the policy number (optional).
3. Select the effective date from the calendar, or type it in.
4. The next renewal date will auto-populate assuming a 12 month contract. You can change the date manually for shorter/longer contracts. This field is asking for the start date of the next contract (not the end date of the contract being loaded).
5. Select the waiting period, and if applicable check the box to turn on coinciding functions.
6. Select the termination policy from the drop-down.
7. If applicable, check the box to turn on self-billed status. This will prevent the generation of fulfillment tasks.

First, enter carrier and coverage information

Coverage and Carrier Details

Enter the policy details below, starting with line of coverage, state, and carrier name. You can find this information on your insurance policy or enrollment packet.

Coverage Type	Medical
Carrier State	Select State
Carrier	Select Coverage Type and Carrier State first
Policy Number <small>Optional</small>	
Effective Date	MM/DD/YYYY
Next Renewal Date	MM/DD/YYYY
Waiting Period	Select Waiting Period
Coincide With Current Month?	<input type="checkbox"/>
Termination Policy	Select Termination Policy
Self-billed <small>Ⓞ</small>	<input type="checkbox"/> This policy is self-billed

Cancel Continue

Section 2: Plan Setup

1. Select the plan type (Basic or Voluntary) from the drop-down
 - a. Basic plans are 100% employer paid, with mandatory enrollment
 - b. Voluntary plans are 100% employee paid, with optional enrollment
2. Check the box if the plan has a specific policy number, and type in that number after.
3. Upload a copy of the SBC or plan summary. This will be available for employees to download.
4. Upload a copy of the EOI form (optional for Basic plans). This will be sent to employees who elect more than the Guarantee Issue.

Plan Setup (0/7)

Setup

- Basic Information
- Plan Design
- Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the plan information.

Plan Info

GENERAL PLAN INFO

Plan Type

Plan Name

Has plan-specific policy number?

PLAN DOCUMENTS

Plan Summary [Upload](#)

Evidence of Insurability (EOI) [Upload](#)

[Cancel](#) [Continue](#)

Section 3: Basic Information

1. Age [Determination](#) Policy: Select the age used to rate new hires
2. Age [Redetermination](#) Frequency: Select the timing used to redetermine age/rates for existing enrollees
3. Salary Determination Frequency: Future enhancement, please [manage salary updates manually](#)
4. Definition of [Earnings](#): Select which compensation variables are considered in benefit amount calculations

[Go to all plans](#)

Plan Setup (1/7)

- ✓ Setup
- Basic Information**
- Plan Design
- Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the basic information.

Basic Info

BASIC INFORMATION

Age Determination Policy	Unknown
Age Redetermination Frequency	Unknown
Salary Determination Frequency	Unknown
Definition of Earnings	Base wage

[Back](#) [Continue](#)

Section 4: Plan Design

1. Select the distribution (payout) frequency from the drop-down. Weekly is most common for STD, and Monthly is most common for LTD.
2. Type in the relevant periods for elimination, occupation, and duration.
3. Type in the pre-existing condition periods. If not applicable, you can leave blank.

Plan Setup

- Setup
- Basic Information
- Plan Design**
- Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the plan design.

Plan Settings

DETAILED PLAN SETTINGS

Benefits Distribution Frequency Weekly

Elimination Period for Illness (in days) 7

Benefits Duration (in weeks) 12

PRE-EXISTING CONDITIONS

Look Back (in months)

Treatment Free (in months)

Insured (in months)

Plan Setup (2/7)

- ✓ Setup
- ✓ Basic Information
- Plan Design**
- ⌕ Rates
- ⌕ Amounts
- ⌕ Guaranteed Issue
- ⌕ Benefits Reductions

Add the plan design.

Plan Settings

DETAILED PLAN SETTINGS

Benefits Distribution Frequency Monthly

Elimination Period (in days) 90

Own occupation Period (in months) 24

Benefits Duration (in years) SSNRA

PRE-EXISTING CONDITIONS

Look Back (in months)

Treatment Free (in months)

Insured (in months)

Back Continue

Section 5: Rates

1. Select the rate structure from the drop-down. The selection will cause the corresponding rate table to appear below.
2. Select the premium scheme. This will determine which formula the system uses to calculate premiums:
 - a. Employee Benefit is most commonly used for STD plans. For example calculations, see [here](#).
 - b. Salary Based is most commonly used for LTD plans. For example calculations, see [here](#).
3. Type in the rate values. If age-banded, you can also download the template to upload rates in bulk.



Plan Setup (3/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- | Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the rates information.

Employee Rates

Rate Structure	Fixed Rate
Premium Scheme	Employee Benefit
Rate / \$10	\$ 0
Rate Document Optional	No rate document provided Upload

• If your plan's rate structure is not listed in the drop down, please [contact Customer Care](#).

[Back](#) [Continue](#)

Plan Setup (3/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- | Rates
- Amounts
- Guaranteed Issue
- Benefits Reductions

Add the rates information.

Employee Rates

Rate Structure	Fixed Rate
Premium Scheme	Salary Based
Rate / \$100	\$ 0
Rate Document Optional	No rate document provided Upload

• If your plan's rate structure is not listed in the drop down, please [contact Customer Care](#).

[Back](#) [Continue](#)

Section 6: Amounts

1. Select the plan amount style from the drop-down. The selection will cause corresponding fields to appear below.
2. Input the benefit amount(s) available according to the style.
3. Input the minimum amount of coverage.
4. Input in the maximum thresholds for dollar and/or percentage caps.

Plan Setup (4/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- ✓ Rates
- Amounts**
- 🔒 Guaranteed Issue
- 🔒 Benefits Reductions

Add the amounts information.

Employee Amounts

Plan Amount Style	Fixed Amount
Amount	\$ 0
Min Amount	\$
Max Amount (Dollar Cap)	\$ 0
Max Amount (% of Earnings)	%

[Back](#) [Continue](#)

Section 7: Guarantee Issue

If the carrier requires EOI submissions, check the box to turn on GI restrictions. Then input the restrictions for each scenario:

- Returning Enrollees: Use the drop-down to select the amount allowed without EOI submission
 - Max of... indicates coverage can be increased up to the initial amount listed in the table below
 - Previously approved... indicates coverage cannot be increased without an EOI
 - Incremental amount... indicates coverage can be increased incrementally
- Initial Enrollees: Click to Add New Row, then type in the amount allowed without EOI submission. Add additional rows as needed.
- Late Entrants: Type in the amount allowed without an EOI submission



Plan Setup (5/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- ✓ Rates
- ✓ Amounts
- | **Guaranteed Issue**
- 🔒 Benefits Reductions

Add the guaranteed issue information.

About Guaranteed Issue

The amount of coverage that is approved by the insurance carrier without regard to health status of the applicant. The guaranteed issue can be restricted by an amount of coverage, timing of the application, and age. If an enrollee is applying for coverage that is higher than the guaranteed issue, the enrollee will need to submit an [Evidence of Insurability \(EOI\)](#) to the insurance carrier to be considered for approval.

EOI Required Yes, larger benefit amounts require an Evidence of Insurability form

[Back](#) [Continue](#)

EOI Required Yes, larger benefit amounts require an Evidence of Insurability form

Guaranteed Issue for Employee

GUARANTEED ISSUE DETAILS

Returning Enrollees

GUARANTEED ISSUE BY AGE

Starting Age	Initial Enrollment Amount	Late Entrant Amount	
0	\$100,000	\$0	🗑️
<input type="text" value="65"/>	<input type="text" value="25,000 \$"/>	<input type="text" value="0 \$"/>	🗑️

➕ Add New Row

Section 8: Benefits Reduction

If the carrier reduces the benefit amount based on age, check the box to turn on reduction restrictions. Then input the restrictions parameters:

- Reduction Method: Select the method used to calculate reduction from the drop-down.
- Reduction Table: Click to Add New Row, then type in the total amount of reduction for that age. Add additional rows as needed.



Plan Setup (6/7)

- ✓ Setup
- ✓ Basic Information
- ✓ Plan Design
- ✓ Rates
- ✓ Amounts
- ✓ Guaranteed Issue

Add the benefits reductions information.

About Benefits Reduction

Benefits reduction is when the maximum volume amount gradually decreases as an enrollee ages. It can be to a fixed amount or percentage and typically occurs when the enrollee reaches retirement age.

Be

Has Benefits Reductions Yes

Benefits Reduction for Employee

BENEFITS REDUCTION DETAILS

Reduction Method

BENEFITS REDUCTION BY AGE

Starting Age	Percentage of Amount	
65	35%	
<input type="text" value="70"/>	<input type="text" value="50"/>	

Add New Row

Section 3: Appendix

Supplemental Plan Loads

Section 1: Carrier Details

1. Select the line of coverage, carrier underwriting state, and carrier name from the drop-downs. If your carrier is not listed, please contact Support
2. Type in the policy number (optional).
3. Select the effective date from the calendar, or type it in.
4. The next renewal date will auto-populate assuming a 12 month contract. You can change the date manually for shorter/longer contracts. This field is asking for the start date of the next contract (not the end date of the contract being loaded).
5. Select the waiting period, and if applicable check the box to turn on coinciding functions.
6. Select the termination policy from the drop-down.
7. If applicable, check the box to turn on self-billed status. This will prevent the generation of fulfillment tasks.

First, enter carrier and coverage information

Coverage and Carrier Details

Enter the policy details below, starting with line of coverage, state, and carrier name. You can find this information on your insurance policy or enrollment packet.

Coverage Type	Medical
Carrier State	Select State
Carrier	Select Coverage Type and Carrier State first
Policy Number <small>Optional</small>	
Effective Date	MM/DD/YYYY
Next Renewal Date	MM/DD/YYYY
Waiting Period	Select Waiting Period
Coincide With Current Month?	<input type="checkbox"/>
Termination Policy	Select Termination Policy
Self-billed <small>Ⓞ</small>	<input type="checkbox"/> This policy is self-billed

Cancel Continue

Section 2: Plan Setup

1. Type in the plan name
2. Check the box if the plan has a specific policy number, and type in that number after.
3. Upload a copy of the SBC or plan summary. This will be available for employees to download.

The screenshot displays a web interface for 'Plan Setup (0/2)'. On the left, a sidebar contains 'Setup' (highlighted with a red bar) and 'Rates'. The main content area is titled 'Add the plan information.' and is divided into sections: 'Plan Info', 'GENERAL PLAN INFO', and 'PLAN DOCUMENTS'. Under 'GENERAL PLAN INFO', there is a 'Plan Name' text input field and a checkbox for 'Has plan-specific policy number?'. Under 'PLAN DOCUMENTS', there is a 'Plan Summary' label and a blue 'Upload' link. At the bottom right, there are 'Cancel' and 'Continue' buttons.

Section 3: Rates

1. Select the rate structure from the drop-down. The selection will cause the corresponding rate table to appear below.
 - a. Note: Age-banded will rate dependents on their own age, while composite will rate dependents on their employee's age.
2. Add the rate values:
 - a. Click the link to upload via spreadsheet. A pop-up will appear with a template to download, fill, and upload.
 - b. Or, manually type the rates into the table.
3. Click to add additional age bands to the table as needed, and select the starting age from the subsequent drop-down.

The screenshots illustrate the 'Add the rates information' process in three stages:

- Plan Setup (3/4):** Shows the 'Rate Structure' dropdown set to 'Age Banded'.
- Plan Setup (1/2):** Shows the 'Rate Structure' dropdown set to 'Composite (Employee, Employee + Spouse, Employee + Child(ren), Family) 3-tiered (Employee, Employee + 1, Employee + Multiple)'. A callout box highlights this selection.
- Plan Setup (2/4):** Shows the 'Rate Structure' dropdown set to 'Composite (Employee, Employee + Spouse, Employee + Child(ren), Family)'. Below it is a table for 'Monthly Insurance Premium' with columns for 'Region', 'EE', 'EE + SP', 'EE + CH', and 'FAM'. A 'Starting Age' dropdown is open, showing a list of ages from 0 to 18. The '0' option is selected, and a red box highlights the 'EE' column for age 0.

Limitations

Functionality for Supplemental plan types is limited. Please review the image for a list of supported versus not supported features.

	Supported	Not Supported
Types of Plans		
Accident Insurance	✓	
Hospital Indemnity Insurance	✓	
Critical Illness Insurance	✓	
Cancer Insurance	✓	
Long Term Care Insurance		X
Pet Insurance		X
Types of Rates		
1-Tiered	✓	
3-Tiered	✓	
4-Tiered	✓	
Age-Banded	✓	
Attained Age	✓	
Issue Age		X
Premium per \$1,000 of Coverage		X
Premium per Benefit Level		X
Separate Spouse Rates		X
Separate Child Rates		X
Stacking		X
Tobacco / Non-Tobacco	✓	
Types of Policies		
Active (Existing) Policy	✓	
Net New (Virgin) Policy	✓	
Group (Payroll Deducted) Policy	✓	
Individual Policy		X
Types of Contributions		
100% Employee Paid	✓	
100% Employer Paid		X
Employee and Employer Paid		X
Types of Carrier Fulfillment		
EDI	✓	
Forms	✓	X
Manual		X
Portals		X

Additional limitations include, but are not limited to:

- Zenefits only supports one benefit amount per plan. For Critical Illness plans, each benefit amount an employee can enroll in needs to be built as separate plans.
- Zenefits only supports one rate type per plan. For tobacco / Non-Tobacco rates, each rate type needs to be built as separate plans.
- Zenefits only supports post-tax payroll deductions for supplemental insurance.
- Zenefits does not support Health Questions or Evidence of Insurability (EOI).
- Zenefits does not support benefit amounts above the guarantee issue.
- Zenefits does not support late entrants and qualifying life event enrollments.
- Zenefits does not support separate benefit amounts for spouse and children.
- Zenefits does not collect beneficiary information.

Section 3: Appendix

Troubleshooting Contribution Schemes

Troubleshooting Contribution Schemes

If you have clicked “Continue” from the Contribution step, but the Review step is still locked, then your Contribution Scheme is incomplete in some way. There is some carrier, plan, or employee that is not accounted for.

Re-enter the Contribution step to evaluate the scheme:





- Is there a policy that applies to every/each active line of coverage (medical, dental, vision)?
- Is there a policy that applies to every/each carrier?
- Is there a policy that applies to every/each plan?
- Is there a policy that applies to every/each employee?

You can complete the scheme by either simplifying (editing) the policies to be more generalized, or by adding more policies to account for the missing variable.

Troubleshooting Example: Missing policy for line of coverage







If your company offers both **medical and dental insurance**, then the contribution scheme needs to have a policy each for medical and dental insurance.

This scheme is incomplete, it is missing a policy for dental:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	All Carriers All Plans	All Workers	80% for Employee and 50% for Dependents	 
 Add Policy				

[Continue](#)




This scheme is complete, it has policies for both medical and dental:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	All Carriers All Plans	All Workers	80% for Employee and 50% for Dependents	 
 Dental Policy	Unum All Plans	All Workers	80% if it's Employee only, 75% if it's Employee & Spouse, 60% if it's Employee & Children, 60% if it's Employee & Child, 50% if it's Employee & Child & Spouse, 50% if it's a family	 




Troubleshooting Example: Missing policy for carrier

If your company offers **both Blue Shield and United medical**, then the contribution scheme needs to have a policy each for Aetna and United medical (or one policy for all carriers generically).

This scheme is incomplete, it is missing a policy for United:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	Blue Shield of California All Plans	All Workers	80% for Employee and 50% for Dependents	 
+ Add Policy				
Continue				




This scheme is complete, it has a policy for all medical carriers:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	All Carriers All Plans	All Workers	80% for Employee and 50% for Dependents	 
+ Add Policy				
Continue				

Troubleshooting Example: Missing policy for plan







If your company offers **multiple plans within a line of coverage**, then the contribution scheme needs to have a policy for each specific plan or else one policy that applies to all plans generically.

This scheme is incomplete, it is missing a policy for the HMO medical plan:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	Blue Shield of California Gold PPO (2021-11-01 to 2022-10-31)	All Workers	80% for Employee and 50% for Dependents	 
+ Add Policy				

[Continue](#)







This scheme is complete, it has policies for both the HMO and the PPO plans:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	Blue Shield of California Gold PPO (2021-11-01 to 2022-10-31)	All Workers	80% for Employee and 50% for Dependents	 
 Medical Policy	Blue Shield of California Platinum Access Plus HMO 0/25 (2021-11-01 to 2022-10-31)	All Workers	100% for Employee and 50% for Dependents	 






Troubleshooting Example: Expired plan

If your company **is renewing the existing plan**, then the contribution scheme needs to have a policy for the renewal plan.

This scheme is incomplete, the policy is for the prior/existing plan:

Effective 2022-08-01	Policy	Applicable	Eligible Workers	Amount	Actions
	 Medical Policy	Blue Shield of California	All Workers	80% for Employee and 50% for Dependents	 
		Gold PPO (2021-11-01 to 2022-10-31)			
					
					
					








This scheme is complete, the policy is for the upcoming renewal plan:

Effective 2022-08-01	Policy	Applicable	Eligible Workers	Amount	Actions
	 Medical Policy	Blue Shield of California	All Workers	80% for Employee and 50% for Dependents	 
		Gold PPO (2022-08-01 to 2023-07-31)			
					
					

Troubleshooting Example: Missing policy for employee











If your company offers **different amounts to different employees**, then the contribution scheme needs to have a policy for each specific employee/tier and for everyone else generically.

This scheme is incomplete, it is missing a policy for the non-specified employees:

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	All Carriers All Plans	Jabba Hutt	100% for Employee and 50% for Dependents	 
 Medical Policy	All Carriers All Plans	Testtier	100% for Employee and 50% for Dependents	 
 Add Policy				

[Continue](#)

This scheme is complete, it has policies for both the specified employees (name, tier) and the non-specified employees (everyone else):

Effective 2021-11-01				
Policy	Applicable	Eligible Workers	Amount	Actions
 Medical Policy	All Carriers All Plans	Jabba Hutt	100% for Employee and 50% for Dependents	 
 Medical Policy	All Carriers All Plans	Testtier	100% for Employee and 50% for Dependents	 
 Medical Policy	All Carriers All Plans	All Workers	80% for Employee and \$0 for Dependents	 
 Add Policy				

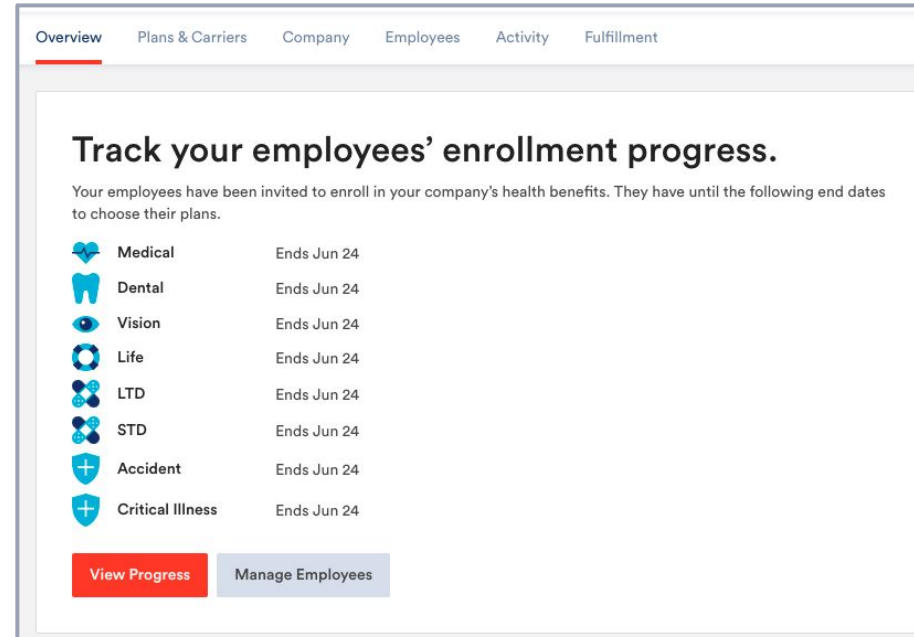
Section 3: Appendix

Post-build Tools









Renewals Management Dashboard

During the Open Enrollment period there are tools to manage the employee experience. Navigate to the Benefits app and click **View Progress** to:

- Manage the deadline
- Invite employees
- Send reminders
- Download renewal reports
- View enrollment progress and stats
- View renewal plans and contributions



The screenshot shows a dashboard interface with a navigation bar at the top containing the following tabs: Overview (selected), Plans & Carriers, Company, Employees, Activity, and Fulfillment. Below the navigation bar, the main content area features a heading "Track your employees' enrollment progress." followed by a sub-heading "Your employees have been invited to enroll in your company's health benefits. They have until the following end dates to choose their plans." Below this text is a list of health benefit categories, each with a corresponding icon and an end date of "Ends Jun 24":

	Medical	Ends Jun 24
	Dental	Ends Jun 24
	Vision	Ends Jun 24
	Life	Ends Jun 24
	LTD	Ends Jun 24
	STD	Ends Jun 24
	Accident	Ends Jun 24
	Critical Illness	Ends Jun 24

At the bottom of the dashboard, there are two buttons: "View Progress" (highlighted in red) and "Manage Employees" (highlighted in blue).

Renewals Management Dashboard


[Back to Plans & Carriers](#) | [Plans & Carriers](#) > Open Enrollment

Open Enrollment

0
Days Left
Ends Jun 24, 2022

[Invite Employees](#)
Send employees an email inviting them to enroll.

Reports




Renewal Enrollment Report
Complete census report for the upcoming renewal lines.
[Download Report >](#)

Renewal Change Report
Includes employee enrollment changes for lines that are being renewed with same carrier.
[Download Report >](#)

[View all reports in Business Intelligence](#)

Employee Enrollment Stats



- Completed (93%) 37
- Not Completed (8%) 7

Enrollment Progress

[Send Reminders](#)

Employee Name	Status
LM Full Time	Completed
JC Full Time	Completed
WP Full Time	Completed
VW Full Time	Completed
KM Full Time	Completed
RK Full Time	Completed

< 1 of 7 >

Accident Plans

[2022] Voluntary Accident Plan Principal Financial Policy #	Plan Type - View Plan Summary
---	--

Critical Illness Plans

[2022] Critical Illness EE \$10000 SP \$5000 CH \$2500 Principal Financial Policy #	Plan Type - View Plan Summary
--	--

Plans & Carriers Editing

After you have launched Open Enrollment, the setup flow is empty and ready for a new build. Published plans can be edited directly from the Plans & Carriers tab of the Benefits app:

1. Select the time period (Previous, Current, Upcoming) from the drop-down
2. Scroll down to the line of coverage, carrier, and/or plan in question
3. Click the edit/pencil to edit carrier settings; click to View a plan and then the edit/pencil to edit plan settings

Edits are effective according to the policy effective date.

Plans & Carriers Editing

Overview **Plans & Carriers** Company Employees Activity Fulfillment Audits

Previous Enrollments
✓ **Current Enrollments**
Upcoming Enrollments

Contributions

DENTAL

unum Unum CA

CARRIER INFORMATION

Enrollment Type	Open Enrollment	DATES & DETAILS	Effective	Oct 1, 2021 - Sep 30, 2022
Phone Number	1-866-679-3054	Renewal Window		Oct 31, 2021 - Nov 30, 2021
Self Administered	No	Waiting Period		First of the month following hire date
Plan Mapping	View	Coincide With Current Month		Yes
		Term Policy		End of month (last day of month)

PLANS

Plan Name	Plan Type	Policy Numbers	Documents	Other Details	Plan Details
Dental PPO	PPO	1	Plan Summary	Available Out-of-State	View

Renewal Fulfillment Task

A group fulfillment task will generate for each carrier in the renewal, ~24-48 hours after the Open Enrollment period has closed

- Event Details:
 - Group effective date
 - Lines of coverage
 - Event type
- Reports:
 - Census Report
 - OE Change Report (if the group renewed with the same carrier)
- Employees to be enrolled:
 - List of all employees that need to be enrolled.
 - Employee enrollment forms (if the group's carrier has supported forms).

For more on Group Task behavior, please refer to [this article](#).