

COSE Benefit Plan

Membership & Billing Services Guide



MEDICAL MUTUAL®

COSE
BENEFIT PLAN





Welcome to Medical Mutual[®]

It is our pleasure to service your group's health plan needs. The information in this guide will help you understand the administrative details of your group plan related to enrollment, eligibility and billing. For additional questions about billing or eligibility, please contact your Medical Mutual Membership and Billing representative.

To check the status of applications, make enrollment changes and view or pay your bill, we encourage you to use EmployerLink, our convenient and secure online employer portal.

Membership Services

The Membership Services phone number is printed on your invoice. This number is for group officials only and should not be shared with your employees.

Email

MemApps@MedMutual.com

Mailing Address

Mail applications to the following address:

COSE Benefit Plan

P.O. Box 933016

Cleveland, OH 44193

Note: For help, your employees should contact Medical Mutual Customer Service at the number on their Medical Mutual member ID card.

EmployerLink

Managing your company's health and specialty benefits, including life and disability, dental and vision, is quick and easy with EmployerLink, our convenient and secure online employer portal.

Use EmployerLink to:

- Add or remove employees
- Update employees' personal information
- Add or remove dependents
- Pay your monthly bill via electronic funds transfer
- View and download current and past bills
- Order member ID cards and view certificate books
- Update company information, including administrative roles, phone numbers and group contact information
- Download employee/dependent roster

Enrollment and Eligibility

Termination of Employee/Dependent Coverage

- Please notify Medical Mutual within 31 days from the date of cancellation/termination.
- Medical Mutual will cancel up to 31 days prior to the receipt of your written notification, application for change or billing statement.
- When canceling only a spouse/dependent, Medical Mutual must receive notification indicating which members are to be canceled.
- If we receive notice of a cancellation within the 31-day limit, Medical Mutual will cancel the policyholder, spouse or dependent on the date indicated. The coverage for the policyholder, spouse or dependent cancels at midnight of the preceding day. For example, if July 22 is indicated as the cancellation date, there will be no coverage as of that day. If coverage is desired on July 22, the cancellation date should be July 23.

Your Medical Mutual Membership and Billing representative will be happy to answer any questions concerning cancellation dates for policyholders, spouses or dependents.

New Applicants

- New hires and employees who wish to add dependents as a result of a qualifying event (e.g., marriage, birth, adoption, etc.) must complete the Employee Application/Change Form.
- The effective date for new hires is determined by the employee date of hire and the group probationary period. For example, if the employee's date of hire is June 15 and the group probation period is 60 days, then the first date of coverage would be Aug. 15.
- The date of hire is required on all applications for new hires including late entrants.
- Applications for individuals and additions not received within the 31 days of their date of eligibility will be considered late entrants.



Getting started with EmployerLink is easy

- 1 Visit [MedMutual.com](https://www.MedMutual.com) and click on View Employer Plans.
- 2 Click on EmployerLink.
- 3 Click on Register For EmployerLink.



Open Enrollment/Annual Election Period

- The group's open enrollment/annual election period is defined as the month prior to and after the renewal effective date.
- During this two-month period, the group may add late entrants and allow enrolled employees to change available health plan option elections.
- If requests are submitted after the original renewal effective date, applicants will be active on the first day of the following month.
- Applications for coverage based on a qualifying event must be received within 31 days of the event.
- If you are concerned that an application may not be received on time through normal mail delivery, you may email it to MemApps@MedMutual.com.
 - Please indicate the group number on all documents to ensure timely delivery and processing.
 - Do not mail the originals if the forms have already been emailed.

Late Entrants

Applications for individuals and dependent additions not received within 31 days of their date of eligibility will be considered late entrants. All late entrants may apply for coverage during their employer's open enrollment period, which is the month prior to the employer's renewal date.

Applications for individual and dependent additions not received within 31 days of their date of eligibility will be considered late entrants. All late entrants may apply for coverage during their employer's open enrollment period.

For example, if the group's renewal is in October, late entrants of that group may submit their application in September for an Oct. 1 effective date. If the application is received in October, the effective date would be

Nov. 1. If the application is received outside the group's open enrollment period, the application will be returned. For example, if the group's renewal is in October, late entrants of that group may submit their application in September.

If the application is received in September, the effective date would be Oct. 1. If the application is received outside the group's open enrollment period, the application will be returned.

Rehires

The following regulations apply to any employee who is rehired:

- Rehired employees must reapply for coverage, even if they have active coverage due to COBRA. Failure to reapply may cause the COBRA qualified beneficiary to have a lapse in coverage or to make additional COBRA payments.
- The rehired or recalled employee's application must be received within 31 days from the date of rehire, or within 31 days from the coverage effective date.
- The following regulations apply to groups who have a rehire probationary period that is different from their new hire probationary period:
 - Rehire probationary period applies to those who are rehired within one year of terminating their employment.
 - If the employee is rehired after one year from leaving the company, then the new hire probationary period would apply.

Note: All necessary documentation must be provided when an employee is applying for coverage due to his/her spouse losing coverage. It is considered a qualifying event if the spouse is no longer eligible for coverage through his/her employer. Proof of the involuntary loss, such as a letter from the spouse's ex-employer, must be provided. HIPAA Certificates of Prior Coverages are not acceptable as proof of a qualifying event. Please address any questions to your Medical Mutual Membership and Billing representative.

Medicare

If you have actively working employees who are age 65 or older, please refer to the COSE Benefit Plan Compliance Guide for options based on group size.

Dependent Children

Medical Mutual uses the following processing guidelines for dependent children:

Adding Children to an Existing Contract

A completed application must be received within 31 days of the qualifying event. Applications not received within the 31 days will be considered a late entrant.

Adding Newborns/Adopted Children to an Existing Family Contract

A completed application must be received within one year from the date of the qualifying event as long as the member already has a Family Contract (F) and the add of this dependent does not affect the premium. Applications not received within this time frame will be considered a late entrant.

Special Dependents (nieces, nephews, grandchildren, siblings, etc.)

Grandchildren born to eligible minor children cannot automatically be added to the grandparent's contract. To add a newborn grandchild to a subscriber's contract, Medical Mutual requires a completed Application and legal guardian court documents to be submitted within 31 days from the date legal guardianship was established. Documents received after 31 days will be considered late.

Dependents Reaching Limiting Age and Disabled Dependents

For dependents to continue coverage beyond the federal limiting age of 26 and remain in accordance with differing state laws, the dependent must complete the Dependent Certification Form and qualify for coverage as provided by state law.

Disabled Dependents

Disabled dependents are eligible for group coverage if they are:

- ① Unmarried
- ② Under the limiting age
- ③ Primarily dependent on the contract holder for support
- ④ Covered by the prior carrier (if applicable)

Continuation of Disabled Dependents Beyond the Limiting Age

Eligibility may continue past the age limit for eligible dependents, if they are the unmarried children of the certificate holder, are unable to support themselves due to physical handicap or intellectual disability, and are primarily dependent on the certificate holder for support. In addition, this incapacity must have started before the age limit was reached and must be medically certified by a physician.

Medical Mutual must receive a Request to Extend Limiting Age for Dependent Child form within 31 days of the dependent reaching the limiting age specified in the contract. The form is reviewed by a medical review board for confirmation of disability status due to physical handicap or intellectual disability. If approved, continuous coverage is provided by allowing the dependent to remain on the existing policy. Please contact your Membership Representative for a Certification of Disability form.

Note: A change in the age of an employee or spouse in an age-rated group may affect the premium due.



Billing and Payment

Your group number appears at the top of your invoice. Please refer to this number when contacting Medical Mutual regarding questions concerning your statement.

- Unless you indicate otherwise, the invoice sorts alphabetically by employee last name. For your convenience, the invoice may include clock numbers or departments. There are a variety of options to produce your invoice to match your records.
- The billing provides you with a current list of those enrolled. Review this and notify us if an employee has left your employ or cancels his or her coverage and should no longer be included.
- Please return a copy of your invoice with your remittance.

Adjusting Your Invoice/Payment

Draw a line through the name of the employee who is being canceled, then state the reason for cancellation and the first date without coverage in the Remarks column. This information is required to properly balance your account and issue appropriate credit.

- Other than deducting payment for cancellations, invoices must be paid as billed.
- Group level coverages may not be changed on the invoice. Contact your broker or Medical Mutual representative for these changes.

Payment of Invoices

- Your payment is due on the first day of the coverage period and paid in full.
- Prompt premium payment helps ensure prompt payment of claims.
- Medical Mutual may assess a \$39 late fee if your premium payment is not received within 10 days of premium due date (or if the payment we receive does not include the full amount).

Billing and Payment

Option 1 | Electronic Funds Transfer (EFT) – RECOMMENDED

- No paper bill
- No admin fee
- Account drafts on the first business day of each month
- Group may view their invoice via EmployerLink. However, the group should not attempt to pay their invoice via EmployerLink. This may result in double payment.
- Group can sign up to receive email notifications when new invoices are generated
- If you have a debit block set up with your financial institution, you will be required to provide a “debit block number.” Please verify the number with your financial institution and select the correct number below:
 - 9107446093
 - 2816240902
- If you ever need to change the banking information for your group’s automated EFT withdrawals, please contact your membership representative directly or send the COSE Benefit Plan EFT Form to MemApps@MedMutual.com. Changing the information on EmployerLink will not affect your EFT withdrawals.

Option 2 | EmployerLink

- No paper bill
- No admin fee
- Group elects paperless billing option on EmployerLink
- Group must access their invoice via EmployerLink
- Group can sign up for email notification when a new invoice is generated

Note: If a group uses EmployerLink and does not elect paperless billing, a paper bill will be mailed and the admin fee will apply.

Option 3 | Check

- Paper bill is mailed
- \$25 monthly admin fee applies
- Remit payment to mailing address shown on your invoice



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