

# Agenda

Introduction – Jackie

Payment options (non-HRA) – Roger

Open for Questions

Mid America HRA – Adam

Special Pay Plan – Adam

Open for Questions

# 3 Payment Options other than through Mid-America (HRA)

Alerus

Roger B. Jorgensen, RHU, REBC

Roger.Jorgensen@alorus.com

Alerus Retirement and Benefits  
7650 Edinborough Way  
Suite 645  
Edina, MN 55435



1/31/2020

John Smith  
123 Main Street  
Edina, MN 55435

Dear John Smith:

We have been retained by TEST CLIENT to serve as your COBRA compliance administrator. As a service, we are confirming your eligibility for TEST CLIENT COBRA group health plan(s). The attached PLAN STATUS DETAIL provides a detail of your status for each plan under which you are eligible through TEST CLIENT COBRA group health plan(s).

If your status under a plan(s) is PENDING, you must elect no later than the end of your Election Period. If you have already elected COBRA continuation coverage but have not submitted your initial premium payment, your status will also be PENDING. COBRA regulations allow you to delay your initial premium payment until the end of your Initial Premium Payment Grace Period (Initial Grace Period), which is measured from the date you elected continuation coverage and is listed on the attached PLAN STATUS DETAIL. If you have not elected, this date will be blank. In order to complete your enrollment under TEST CLIENT COBRA group health plan(s), we must receive your initial premium payment no later than the end of your Initial Premium Payment Grace Period. This payment must include:

**Premium Information for Next Payment Due on 3/1/2020:**



<b>Plan Name</b>	<b>Coverage Level</b>	<b>Status</b>	<b>Premium Amount</b>
Retiree BCBS Aware \$500-80 Medical	QB + Family	Enrolled	\$2,022.94
<b>Total Premium for Next Payment Due on 3/1/2020:</b>			<b>\$2,022.94</b>

<b>Plan Name</b>	<b>First Day of COBRA</b>	<b>Last Day of COBRA</b>	<b># Months of COBRA</b>	<b>Grace Period Days</b>
Retiree BCBS Aware \$500-80 Medical	4/1/2018	1/31/2021	34	30

**Projected Plan Premiums**

<b>Premium Due Date</b>	<b>Premium Amount</b>
03/01/2020	\$2,022.94
04/01/2020	\$2,022.94
05/01/2020	\$2,022.94
06/01/2020	\$2,022.94
07/01/2020	\$2,022.94
08/01/2020	\$2,022.94
09/01/2020	\$2,022.94
10/01/2020	\$2,022.94
11/01/2020	\$2,022.94
12/01/2020	\$2,022.94
01/01/2021	\$2,022.94

## New Member Login Notice



An integral part of our broad service offering is our Member Self-Service Portal (Member Portal). We have designed the Member Portal to be an information-rich and secure website empowering you with the tools and information to efficiently and accurately manage your continuation under the TEST CLIENT group health plans. We encourage you to leverage the powerful tools contained in the Member Portal anytime, from any location. Examples of information and tools you'll find on the Member Portal include:

1. Payment Information (last received and next due)
2. Coverage Information (plans and critical dates)
3. Copies of all communications we've sent to you
4. **Should you choose to make payments online via a credit or debit card, a \$20.00 convenience fee will apply to EACH transaction.**

Below is your unique registration identification number needed to become an authorized user of our website.

**5sx95SXR**

Please visit <https://cobra.alerus.com> and click on the NEW USER link and follow the registration process as described. Please ensure that you are typing in the full URL as it is outlined on this document.

### **Please Note**

1. You will be asked to supply a second piece of identification which will be your social security (SSN) number. In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.
2. The Member Portal is most compatible with the web browser Google Chrome. If you attempt to access the Member Portal in any other web browser or via a mobile device, you may experience technical difficulties.
3. Alerus recommends that you use your email address as your user name.
4. You will be asked to validate your account. The validation email will be coming from [no-reply@myhealthpayment.com](mailto:no-reply@myhealthpayment.com). Please make sure you check your junk folder if you do not receive this link directly to your inbox. Multiple requests for the validation link may result in a lock on your account.

Completed election forms and premium payments should be remitted directly to the address below. Payment must be in the form of a check or money order. DO NOT send cash.

Alerus Retirement and Benefits  
PO Box 3850  
Omaha, NE 68103-3850

# 1 Check

# 2 ACH

## **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

If you have any questions regarding your coverage continuation, please contact our Customer Service Department at **(800) 761-1934** during normal business hours.

Sincerely,

Alerus Retirement and Benefits

**Please Note**

1. You will be asked to supply a second piece of identification which will be your social security (SSN) number. In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.
2. The Member Portal is most compatible with the web browser Google Chrome. If you attempt to access the Member Portal in any other web browser or via a mobile device, you may experience technical difficulties.
3. Alerus recommends that you use your email address as your user name.
4. You will be asked to validate your account. The validation email will be coming from no-reply@myhealthpayment.com. Please make sure you check your junk folder if you do not receive this link directly to your inbox. Multiple requests for the validation link may result in a lock on your account.

**SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (800) 761-1934 during business hours. Our entire staff is looking forward to getting to work for you.

You can now elect online through your Member Self-Service Portal (Member Portal). Online election is available for you to elect any combination of plans for yourself and your dependents (if any) that you had before your Qualifying Event. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your COBRA Continuation Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <https://cobra.alerus.com> to register and complete your online election.

# 1 Check

## PREMIUM PAYMENT COUPON

CONTINUANT MEMBER
Smith, John TEST CLIENT CustID: 328 - MemberID: 230335

PREMIUM DUE
Due Date: 3/1/2020 Amount Due: \$708.03

REMIT / PAYABLE TO:
Alerus Retirement and Benefits PO Box 3850 Omaha, NE 68103-3850



I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in TEST CLIENT COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# 2 ACH Alerus Retirement and Benefits



## AUTOMATIC PAYMENT (ACH) REQUEST FORM

### PLEASE READ:

1. To be eligible for COBRA ACH, you must be fully enrolled and paid to a current status. For non-COBRA billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete **Section 1** -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete **Section 2**.
5. Complete **Section 3** and fax the form along with your voided check to us at **855-343-8181** or mail to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1<sup>st</sup> of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1<sup>st</sup> of the month of your request. If your request is **received after** this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

### SECTION 1 - PARTICIPANT INFORMATION

<input type="checkbox"/> <b>ADD AUTHORIZATION</b>	<input type="checkbox"/> <b>CANCEL AUTHORIZATION</b> Effective:	<input type="checkbox"/> <b>CHANGE AUTHORIZATION</b> Effective:
<b>Your Full Name</b> (please print clearly)	<b>Your Social Security Number</b> □ □ □ - □ □ - □ □ □ □	
<b>Phone Number:</b>	<b>Member ID Number:</b>	

### SECTION 2 - BANK ACCOUNT INFORMATION

<b>Bank Name:</b>	<b>Account Type</b> (check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
<b>Routing Number:</b>	
<b>Account Number:</b>	

		1200
PAY TO THE ORDER OF _____	\$	<input type="text"/>
		DOLLARS
FOR _____		
⑆122105278⑆	6724301068⑆	1200⑆
Routing Number	Account Number	Check Number

### SECTION 3 - AUTHORIZATION SIGNATURE

**Authorized Account Holder Signature**

**Date**

I authorize Alerus ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in suchtime and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

**Return This Form & Check To:**  
**Alerus**  
**ACH Processing Department**  
**PO Box 3850**  
**Omaha, NE 68103-3850**  
**FAX (855) 34-8181**

**All Other Questions & Support Issues:**  
**Alerus**  
**Phone (800) 761-1934**  
**email cobra@alorus.com**

Date Rec'd  
Date Processed

Processor  
V&V

I attached a sample Takeover Notice, which is what they would receive in the beginning, if they are enrolled, the system will automatically produce coupons.

As you stated, if they want to be on ACH they will need to either go online and set that up, or contact Customer Service at 952-253-1261 opt 1., and we can do that for them.

NOTE – if they do online ACH setup, and choose the 1 time ACH payment option, instead of the reoccurring payment option, they will be charged the \$20.00 transaction fee by Wex.

ACH recurring – No Charge

ACH One-Time or Credit Card incurs a \$20 fee.

We have an FAQ, but it's more aimed at new continuants, not Takeovers (this document is attached to our COBRA Specific Rights Notice).

- Members can pay ahead as many months of coverage as they would like.
- If they are already paid through 12/2020 for example, that is what will be entered into our system at the time of Takeover, and the first coupon that the continuant would receive would be for 1/1/2021.
  - They can set up ACH for the 1/1/2021 pull; or being to issue checks at that time.

# 3 Bill Pay

## Additional Item on FAQ

- Set up a bill pay with your bank using the above address in Omaha. You must include your member ID and/or first and last name in the memo line to ensure accurate posting of the funds. Your member ID can be found by checking the number string in the bottom left-hand corner of your letter – your member ID is the last six digits.
- **PLEASE NOTE:** The website compatible with the web browser Google Chrome. You may experience technical difficulties when attempting to use any other web browser or a mobile device.

### DO YOU STILL HAVE SOME ADDITIONAL QUESTIONS?

If there are any additional questions, please reach out to our COBRA Customer Service Department at (800) 761-1934 during our standard business hours.

- Hours of operation are Monday through Friday, 7:30am – 4:30pm
- You can also reach us by email at [cobra@alerus.com](mailto:cobra@alerus.com)
- The COBRA Department is closed in recognition of Federal Holidays

Monday through Friday 7:30 am – 4:30

Phone 800 761-1934

Email [cobra@alerus.com](mailto:cobra@alerus.com)