



*Positioned to Partner*

**2010**

**Benefit Solutions, Inc.  
Reference Guide**

*Proudly Supporting:*



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# Communicating with Us

## A. DEDICATED ACCOUNT TEAM

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Phone:	(877) 694-8291	(206) 859-2600
Fax:	(866) 867-2752	(206) 859-2607
AGC Email	<a href="mailto:agc@bsitpa.com">agc@bsitpa.com</a>	
COBRA Department	<a href="mailto:cobra@bsitpa.com">cobra@bsitpa.com</a>	
IBSI Help Desk	<a href="mailto:HelpDesk@ibsisolutions.com">HelpDesk@ibsisolutions.com</a>	
Shipping	<a href="mailto:Shipping@bsitpa.com">Shipping@bsitpa.com</a>	
All correspondence should be sent to:	BSI Post Office Box 6 Mukilteo, WA 98275	
The overnight delivery address is:	BSI 12121 Harbour Reach Drive, Suite 105 Mukilteo, WA 98275	

## B. MAIL

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All correspondence should be sent to:	The overnight delivery address is:
BSI Post Office Box 6 Mukilteo, WA 98275	BSI 12121 Harbour Reach Drive, Suite 105 Mukilteo, WA 98275

## C. BSI DEPARTMENTAL AND MANAGEMENT CONTACT INFORMATION

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<b>Association Manager</b>	Sheryl Dwyer	<a href="mailto:sdwyer@bsitpa.com">sdwyer@bsitpa.com</a>	206.859.2624
<b>Account Lead</b>	Tiffanie Quincy	<a href="mailto:tquincy@bsitpa.com">tquincy@bsitpa.com</a>	206.859.2652
<b>Director Trust Accounting</b>	Judy Michael	<a href="mailto:jmichael@bsitpa.com">jmichael@bsitpa.com</a>	206.859.2656
<b>Financial Accountant</b>	Craig Connell	<a href="mailto:cconnell@bsitpa.com">cconnell@bsitpa.com</a>	206.859.2668
<b>Director of Compliance</b>	Joni Brayden	<a href="mailto:jbrayden@bsitpa.com">jbrayden@bsitpa.com</a>	206.859.2614
<b>CDHP Product Manager</b>	Todd Gesinger	<a href="mailto:tgesinger@bsitpa.com">tgesinger@bsitpa.com</a>	206-859-2664
<b>CDHP Product Administrator</b>	Michelle Brown	<a href="mailto:mbrown@bsitpa.com">mbrown@bsitpa.com</a>	206-859-2600

## Reporting Eligibility Changes

Eligibility changes are reported by completing and submitting a new enrollment application to BSI. The enrollment form can be submitted online, via fax, email, or by US Mail.

**USE THE AGC ENROLLMENT / CHANGE FORM OR IBSI ONLINE ENROLLMENT FOR THE FOLLOWING:**

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- New Enrollments
- Enrollment Changes
- Address Changes
- Name Changes

**ENROLLMENT/CHANGE REASONS:**

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- New Employee
- Rehired Employee
- Open Enrollment
- Transfer from Other Plan
- Employee Entered Eligible Class
- Marriage
- Divorce
- Death
- Birth
- Adoption (Legal Documents May Be Required)
- Dependent Change
- Involuntary Loss of Other Coverage (Prior Coverage Certificate required)

## When Coverage Ends

### **CANCELING COVERAGE FOR EMPLOYEES & DEPENDENTS**

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When an employee or dependent is no longer eligible for coverage or wishes to cancel coverage, the employer must notify BSI of the cancellation.

To cancel an employee's coverage, simply advise BSI of the termination. Dependent's coverage will be cancelled automatically when an employee's coverage is cancelled.

**Please Note:** Notification of cancellation for employees and dependents is limited to 30 days from the termination date. Cancellations beyond the 30-day time limit will not be retroactively credited to your account. Verbal notifications of cancellations cannot be accepted. This policy may vary by carrier.

### **CANCELLATION OF COVERAGE CHECK LIST**

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- Advise the employee or dependent of cancellation effective date.
- Advise BSI of the termination.
- Advise the employee or dependent of options to continue benefits.

# COBRA Administration

An employer may elect to have BSI handle the administrative functions of this legislation. To do so, an employer must sign a COBRA Administration Agreement. The agreement can be effective only on a prospective basis. Without the agreement, the employer is responsible for all administration of the COBRA regulations.

## COBRA ADMINISTRATION OFFERED THROUGH BSI

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Benefit Solution, Inc. (BSI) offers COBRA administration services to employers participating in the Trust at no additional charge. Employers interested in using BSI's COBRA administration services must complete a BSI COBRA Administration Agreement.

It is recommended that employers, who prefer to administer COBRA in-house, periodically review their COBRA procedures with an attorney to ensure compliance with current COBRA regulations. Employers should also be aware that any plan changes or rate adjustments at renewal must be communicated to their COBRA participants.

## COBRA PROCESS OVERVIEW

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<b>GROUP RESPONSIBILITIES</b>	<ol style="list-style-type: none"><li>1. Provide initial notice of COBRA rights to new employees and their dependents.</li><li>2. Provide BSI with timely notification of COBRA Qualifying Events (QE).</li></ol>
<b>BSI RESPONSIBILITIES</b>	<ol style="list-style-type: none"><li>1. Provide COBRA Election Notices to Qualified Beneficiaries (QBs) via first class mail.</li><li>2. Provide monthly COBRA premium billing to enrollees.</li><li>3. Collect premiums from QBs.</li><li>4. Provide eligibility reporting and premium payment to carriers.</li><li>5. Provide notices of early termination and unavailability of COBRA coverage as required.</li><li>6. Communicate open enrollment/renewal information to QBs.</li><li>7. Monitor compliance with all required COBRA deadlines and dates.</li><li>8. Maintain proper documentation and records as required.</li><li>9. Provide employers and QBs with COBRA regulation updates as needed.</li></ol>

## COBRA FORMS

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The necessary forms are available through the AGC Website.

- COBRA Administration Agreement

# Billing & Monthly Premium Collection

## **INVOICES**

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BSI will be producing monthly-consolidated invoices on behalf of The Trust. Once invoices are available for viewing on iBSI (BSI's online administration tool), an email will be sent to the group informing them. The invoice reflects the premium due for the following month and any adjustments posted to the account after the previous month's closing. If you do not have any changes to your enrollment, the amount on your preliminary bill will also be the amount to remit. If you submit changes within the time indicated below under "monthly premium payment", then your final invoice will be available for viewing online by the last day of the month preceding the month of coverage. For your convenience, copies of prior invoices are also available online.

## **COURTESY INVOICE REMINDER**

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As a courtesy, the Trust also provides billing reminders via email on the 20th of each month preceding the month of coverage. The reminder provides a link to the iBSI website from which the group administrator may enter their username and password to view the group's monthly invoice and group information. If a group has not received its billing reminder for any reason, it is the group's responsibility to contact Benefit Solutions, Inc. to obtain a copy of the current month's invoice. Failure to receive a billing reminder does not waive the group's responsibility for timely payment of its premium. No reminders are sent to view the finalized invoices.

## **BILLING CHANGES**

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To make a change in your billing contact information or with your method of payment, please contact Benefit Solutions, Inc. at [AGC@bsitpa.com](mailto:AGC@bsitpa.com) to assist you.

## **MONTHLY PREMIUM PAYMENT**

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An employer group may submit changes (accompanied by any required documentation) up until the end of the month prior to which their premium is due in order for those changes to be reflected on the current invoice. If the changes and credits are approved they will be posted to the current month's statement. All approved changes for that month's invoice cycle will be finalized and viewable on iBSI. All changes and adjustments occurring after the end of the month will appear on the next month's statement. If a group has submitted changes, it is the group's responsibility to view the final invoice and to contact Benefit Solutions, Inc. if any problems are noted.

Groups electing to pay by electronic funds transfer (EFT) will be debited on or about the 10th of the month. Benefit Solutions, Inc must physically receive payments no later than the 10th day of the month of coverage. Any payments received after the 10th of the month are considered late and are subject to late fees and other penalties.

## **DELINQUENT REMITTANCE POLICIES**

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### Late and Non-Sufficient Funds (NSF) Fees

Any payments that are late (i.e. not physically received by the 10th of the month or, if a weekend, the next business day thereafter) and/or are returned due to insufficient funds will be considered past due and a fee of \$30 will be added to the group's billing statement.

Termination Notice

If payment has not been received by Benefit Solutions Inc. by the 10th of the month of coverage, the respective group will be notified by email or fax that their payment is past due and that coverage will be terminated retroactively. . Receipt of the notice is not a precondition to further aging of the account or to further action by the Trust as provided in these rules. Payment must be for the full amount due as of the last posted invoice on the 3<sup>rd</sup> of the month. Partial payments may not be considered sufficient to prevent termination of the group’s policy. If the group uses Electronic Funds Transfer (EFT) to remit its monthly premium it must contact Benefit Solutions Inc to request that another draw be made on their account.

If payment is not received by the 25th of the month of coverage, the respective group will be terminated retroactive to the last day of the prior month. A group will receive termination notice by email or US Mail.

Required Conversions to Electronic Funds Transfer (EFT) Processing

Accounts that have received a late notice and/or have been assessed a late or NSF fee three times in a calendar year will be required to pay their monthly premium by EFT to maintain their benefit coverage under the AGC Health Benefit Trust plan. Once a group has been converted to EFT, the option of paying by check is no longer available.

Reinstatement Process

Subject to the approval of the applicable carriers, groups that have been terminated for any reason may request to be reinstated once. As a prior condition to reinstatement the group must do all of the following within 30 days of receiving a termination notice:

- Agree in writing to pay their monthly premium via an EFT draft
- Pay all back premiums due and the current month’s premium by a cashier’s check

If after reinstatement, a group continues to be late in its payments (i.e. payments are not received by the 10th of the month), BSI, on behalf of the Trust, may at its sole discretion and without prior notice, notify the group that they are terminated from participation in the AGC Health Benefit Trust Health Plans. Further, BSI, on behalf of the Trust, may, at its discretion and without prior notice, refuse to reinstate a group whose coverage has been terminated for any reason including termination for failure to maintain the group’s AGC membership.

**PLEASE REMIT TO**

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By Check:	By EFT:
AGC Health Benefit Trust P.O. Box 6 Mukilteo, WA 98275	To elect EFT payment or to change your EFT account information, please navigate to the banking screen on the iBSI Online Tool or contact BSI by email or phone for assistance. Any billing changes should be submitted by end of the month preceding the month of coverage to allow sufficient processing time.

**REQUIRED AGC MEMBERSHIP**

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In addition to prompt payment of premium, a condition of participating in and receiving benefits under the AGC Health Benefits Trust is continuous AGC membership. If a group’s membership lapses, the group may be automatically terminated from the Trust. For questions or assistance with AGC Membership, please contact either the General Agent or AGC Washington Alaska Chapter.

## BSI Online Services

BSI's Online Benefit Administration System, called iBSI, provides the ability to manage employee enrollment for health coverage including the ability to add new members, terminate members, edit demographic information, and viewing / payment of monthly invoices.

Upon registering for the tool, employers have the ability to manage their employee enrollment. Many assign this responsibility to the HR manager or assistant. iBSI also allows employers to assign designated employees different levels of functionality, as necessary.

### WHO CAN USE IBSI ONLINE BILLING AND PAYMENT?

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iBSI is available to Employers currently enrolled in the Trust's Benefit Program. A new Employer will not be able to access iBSI until after the initial group set up and employee enrollment is complete.

### HOW DO I SIGN UP FOR IBSI?

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Users may register to use iBSI by sending an email to [HelpDesk@IBSISolutions.com](mailto:HelpDesk@IBSISolutions.com) requesting that an invite be sent to you.

Alternatively, you may also designate employees or contractors to register. If you would like someone other than yourself to have access, please include those email addresses in your email. An email response will be sent with registration instructions. Note that in designating others to access iBSI, you have agreed to ensure that your personal password is not shared and that anyone you wish to have access completes the registration process.

### HOW DO I USE IBSI?

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Screen Name	Functionality
Employer Demographics	<ul style="list-style-type: none"><li>- Change address, phone, and contact name</li></ul>
Employee and Dependent Enrollment	<ul style="list-style-type: none"><li>- Enroll new employees and dependents</li><li>- Add new dependents to existing employees</li><li>- Select coverage types</li><li>- Term employees and dependents</li></ul>
Employee and Dependent Demographics	<ul style="list-style-type: none"><li>- Make changes and corrections</li></ul>
Accounting	<ul style="list-style-type: none"><li>- View &amp; print their current and historical bills in PDF format</li><li>- Pay their current bill, online, using online banking interface</li></ul>
Help	<ul style="list-style-type: none"><li>- If you have any questions please email <a href="mailto:HelpDesk@IBSISolutions.com">HelpDesk@IBSISolutions.com</a></li></ul>

## CDHP Administration

Benefit Solutions makes it easy to integrate offer this valuable benefit by taking over all the complex administrative functions and IRC Section 125 requirements, which assure compliance. We provide companies with complete CDHP Administration; services include implementation, claim adjudication and tracking, administration and reporting, and regulatory support - all handled by staff who are continuously educated in CDHP plan administration.

### **COMPLETE CDHP ADMINISTRATION**

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Premium Payment Plans, Health Care Spending Accounts, Dependent Care Spending Accounts HRA/HSA and Transportation Reimbursement Plans. In each case, Benefit Solutions takes responsibility for implementation, enrollment, claim adjudication, participant reimbursements, and reporting to the plan sponsor and participants. Comprehensive regulatory compliance includes nondiscrimination testing, Form 5500 preparation-Schedule F, Plan Documents and Plan Descriptions as standard service.

### **DEBIT CARD**

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Benefit Solutions has the capability to provide a Flexible Spending Account Debit Card. With the convenience of paying for office visit co pays, new glasses, and other eligible expenses with a debit card linked directly to the FSA account. Integrated with online capabilities, members may view their FSA account balance and check claims status 24 hours a day, 7 days a week.

### **CLAIMS ADJUDICATION**

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The true gauge of an FSA administrator is how well it handles the sometimes-problematic claims process. Benefit Solutions has the experience to evaluate and act on each claim quickly, moving acceptable claims through the system for reimbursement and issuing denial notices where necessary. We place an extremely high priority on understanding and being sensitive to the impact that approval or denial of claims has on the participant. This translates into rapid data entry, adjudication and acceptance payment or denial quickly.

### **CUSTOMER SERVICE**

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Plan participants always have access to our dedicated staff where they can speak directly with their FSA representative.

### **FEES**

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\$5.75 per participant per month for FSA, HRA and HSA

\$1.00 per debit card issued

\$150 for Premium Only Plan (POP) at set up.

\$100 for Premium Only Plan (POP) renewal.

### **CDHP FORMS**

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The necessary forms are available through the AGC Website:

- CDHP Employer Adoption Agreement
- CDHP Enrollment Applications

# Dollar Bank Administration

The AGC Health Benefit Trust provides a unique solution to assist construction firms and their employees deal with the cyclical or seasonal nature of the construction business. The Dollar Bank allows employees to build up their health account dollars during the busy months, and then utilize those banked dollars during the lean months. This means they won't have to worry about losing their health benefits when they need it most.

## HOW IT WORKS:

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Health insurance premiums are financed by employer contributions to the AGC Health Benefit Trust and are based upon the number of hours worked in a month. An employee must first meet the initial Eligibility Requirements to be entitled to any benefits from the Trust. After the initial eligibility has been met, employer contributions to the Trust for a minimum of 130 hours of work in a given month will provide eligibility for the following month. Contributions in excess of 130 hours in a month will accumulate in the Dollar Bank to create additional eligibility.

## INITIAL ELIGIBILITY:

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Health Benefits will begin on the first of the month FOLLOWING the month in which an employee has met the employer's established waiting period AND has accumulated 130 hours.

## CONTRIBUTIONS TO THE DOLLAR BANK:

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**Contribution rate:** The hourly contribution rate is determined by dividing the current Trust cost for a month of coverage by 130 hours.

**Employer Contribution:** The employer contribution is the product of the total compensable hours worked by the employee in a month TIMES the hourly contribution rate.

**Dollar Bank Accumulation:** All contributions in behalf of an employee are credited to the employee's dollar bank for the exclusive purpose of providing benefits under the Trust for an employee and eligible dependents. The accumulated Dollar Bank account balance will be limited to an amount which will not exceed the current Trust cost for a month of coverage TIMES eighteen (18), or a maximum banked credit of eighteen (18) months of coverage.

**Change of Employer:** If an employee begins work for another employer participating in the AGC Health Benefit Trust, the contributions from the new employer will be added to the employee's existing Dollar Bank account balance.

## WITHDRAWALS FROM THE DOLLAR BANK:

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**Eligibility:** Eligibility for coverage will continue as long as the balance in the employee's account is sufficient to meet the cost requirement for coverage in the month the coverage is purchased. Each month the employee's account will be charged for one month of coverage at the applicable Trust cost. This is true even though the employee may not be working at the time. An employee will not be eligible for coverage in any month the account balance is less than the Trust's cost requirement for the coverage.

**Terminated Employees:** Account Balances that are not sufficient to purchase a month of coverage, or for which Initial Eligibility has not been met, will be maintained for a terminated employee for a minimum of six (6) calendar months. Or, if the terminated employee continues coverage under COBRA, the remaining dollars may be used toward the purchase of COBRA coverage. If there have been no additions to, or withdrawals from such accounts in the prior six months, any remaining account balances will be forfeited to the Trust.

## DOLLAR BANK FORMS

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The necessary forms are available through the AGC Website.

- Dollar Bank Application
- Dollar Bank EFT Form