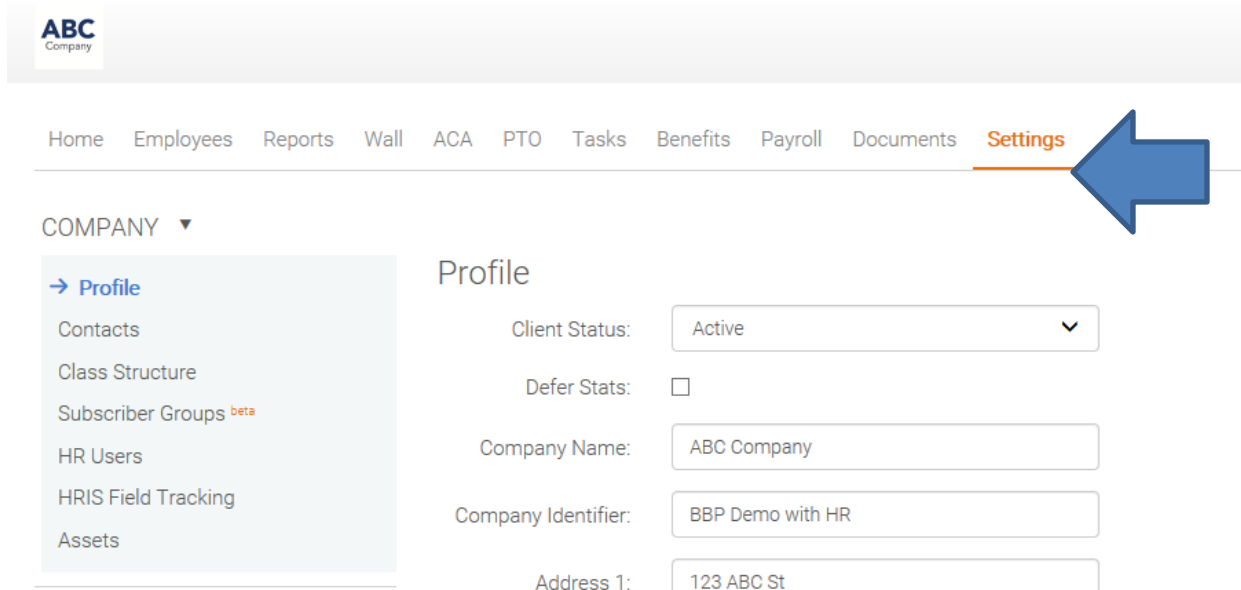


## ACA Group & Benefit Information

Please ignore this guide if you are a group that uses Employee Navigator on a monthly basis. If you just use it for ACA reporting, please log into Employee Navigator and confirm your employer information has not changed. To view employer information just click settings and review the tabs on the left.



ABC Company

Home Employees Reports Wall ACA PTO Tasks Benefits Payroll Documents **Settings**

COMPANY ▾

- Profile
- Contacts
- Class Structure
- Subscriber Groups beta
- HR Users
- HRIS Field Tracking
- Assets

### Profile

Client Status: Active

Defer Stats:

Company Name: ABC Company

Company Identifier: BBP Demo with HR

Address 1: 123 ABC St

If anything needs updating just change and click save. If you are having issues please just complete the page below with employer information.

Since you are not using this system for anything besides ACA reporting as you know your lowest cost medical plan is all that needs to be added to complete the next steps with your lowest cost employee share plan as the only option to list. As long as all employees have the option to select this plan then you only need to load one plan into the system with the cost share. If that plan is a HMO and you have employees that cannot be in a HMO then you have to add two plans. Finally, if your plan renew mid year and the employee cost changed you have to add two plans.

See below on how to add the plans or complete the sheets below and we will add them.

How to add a plan: <https://employeenavigator.zendesk.com/hc/en-us/articles/115000742546-Base-Plan-Setup-Policy-Info-Tab>

How to add eligibility rules: <https://employeenavigator.zendesk.com/hc/en-us/articles/115000760403-Base-Plan-Setup-Eligibility-Rules-Tab>

Then just enter the rates under the costs tab. You want to make sure to put the lowest cost employee rate in the system. Please note you just have to make sure the employee only rate is affordable. By merely making the benefits available to dependents even if you do not pay any dependent coverage makes the subsidy unavailable to your employee's dependents. So it does not matter if they are tagged to the plan or not for fully insured coverage as they are not listed on the ACA forms. However - \*Please note for self-funded plans you have to make sure dependents are in the system and tagged to the benefits as they do need to be listed on the 1095 form.

**EMPLOYER INFORMATION**

\_\_\_\_\_  
Legal Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
ER Tax I.D. Number (If multiple, please send all)

\_\_\_\_\_  
Operating Pursuant to the State Laws of

\_\_\_\_\_  
Nature of the Business (SIC Code)

**Main HR Contact Information (Who is controlling the system?)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax Number

**Please feel free to provide us with other contact information for anyone you want to have access to the HR side of the system or just contacts for your employees to see.**

**Coverage Becomes Effective:**

- Hire Date
- 1<sup>st</sup> of the Month after hire date
- 1<sup>st</sup> of the month coinciding with or after hire date
- 15<sup>th</sup> of the month after hire date
- 15<sup>th</sup> of the month coinciding with or after hire date

**Coverage Waiting Period**

\_\_\_\_\_ (days / months / quarters)

**Date Termination of Coverage Becomes Effective:**

- End of Month of Termination
- Employment Termination
- 1<sup>st</sup> of Month after Employment Termination

**NOTE: If any of your products have different waiting periods, you must inform us of this below. Otherwise we will assume the waiting period above for all benefits.**

**Benefit Deductions:**

- Monthly
- Semi-Monthly
- Weekly
- Biweekly

First payday of this year: \_\_\_/\_\_\_/\_\_\_

**NOTE: If any employee classes have a different number of deductions taken, you must inform us of this below. Otherwise we will assume the same number of deductions for every class.**

**Notes:**

**BENEFITS – Below are examples of the information needed to set up your plans.**

**MEDICAL BENEFIT**

Effective Date \_\_\_/\_\_\_/\_\_\_      Renewal Date \_\_\_/\_\_\_/\_\_\_

**Tier Name:**                      **Monthly Premium Rates:**                      **Monthly Employee Deduction:**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Employee Only   | _____ | _____ |
| <input type="checkbox"/> Employee + Spouse   | _____ | _____ |
| <input type="checkbox"/> Employee + 1 Child  | _____ | _____ |
| <input type="checkbox"/> Employee + Children   | _____ | _____ |
| <input type="checkbox"/> Employee + Family   | _____ | _____ |
| <input type="checkbox"/> Age Rated? Please send the rate table and fill in the deduction column. |       |       |

Plan Name \_\_\_\_\_

Plan Type (HMO/PPO/Etc) \_\_\_\_\_

**Carrier Information**

Carrier Name \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

Network \_\_\_\_\_

**MEDICAL BENEFIT**

Effective Date \_\_\_/\_\_\_/\_\_\_      Renewal Date \_\_\_/\_\_\_/\_\_\_

**Tier Name:**                      **Monthly Premium Rates:**                      **Monthly Employee Deduction:**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Employee Only   | _____ | _____ |
| <input type="checkbox"/> Employee + Spouse   | _____ | _____ |
| <input type="checkbox"/> Employee + 1 Child  | _____ | _____ |
| <input type="checkbox"/> Employee + Children   | _____ | _____ |
| <input type="checkbox"/> Employee + Family   | _____ | _____ |
| <input type="checkbox"/> Age Rated? Please send the rate table and fill in the deduction column. |       |       |

Plan Name \_\_\_\_\_

Plan Type (HMO/PPO/Etc.) \_\_\_\_\_

**Carrier Information**

Carrier Name \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

Network \_\_\_\_\_