



Positioned to Partner

Benefit Solutions, Inc. Reference Guide

Table of Contents

Communicating with Us.....	3
Reporting Eligibility Changes.....	4
When Coverage Ends	5
COBRA Administration.....	6
Billing & Monthly Premium Collection.....	7
BSI Online Services	9
CDHP Administration.....	10
Dollar Bank Administration	11

Communicating with Us

DEDICATED ACCOUNT TEAM

Phone:	(877) 694-8291	AGC WA (425) 367-0738 AGC AK (425) 367-0725
Fax:	(866) 867-2752	
AGC Email	agc@bsitpa.com	
COBRA Department	cobra@bsitpa.com	(206) 859-2697
SIMON Help Desk	agc@bsitpa.com	
Shipping	Shipping@bsitpa.com	
CDHP / Flex Spending	flexspending@bsitpa.com	(206) 859-2694 or 888-759-2664
All correspondence should be sent to:		AGC Health Benefit Trust Post Office Box 6 Mukilteo, WA 98275
The overnight delivery address is:		AGC Health Benefit Trust 12121 Harbour Reach Drive, Suite 105 Mukilteo, WA 98275

BSI DEPARTMENTAL AND MANAGEMENT CONTACT INFORMATION

Account Manager	Barb Carlow	bcarrow@bsitpa.com	206.859.2659
Administration Support	Jammie Starr	jstarr@bsitpa.com	877-694-8291
Compliance Manager	April Doughty	adoughty@bsitpa.com	206.456.9945
CDHP and COBRA Department	Katie Alioto	kalioto@bsitpa.com	206-859-2638

Reporting Eligibility Changes

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

USE THE ENROLLMENT / CHANGE FORM OR SIMON ONLINE ENROLLMENT FOR THE FOLLOWING:

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

ENROLLMENT/CHANGE REASONS:

- 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

When an employee or dependent is no longer eligible for coverage or wishes to cancel coverage, the employer must notify BSI of the cancellation within 30 days of the qualifying event.

To cancel an employee's coverage, BSI will need to be notified in writing or the Group Administrator can log onto SIMON and terminate the coverage. 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

- Advise the employee or dependent of cancellation effective date.
- Advise BSI of the termination via email or through SIMON.
- 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

Benefit Solutions, 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 (ONCE BSI IS ELECTED TO ADMINISTER)

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

COBRA FORMS

The necessary forms are available through the Trust Website; <http://www.agchealthplansnw.com/>.

- BSI COBRA Administrative Agreement

Billing & Monthly Premium Collection

INVOICES

Preliminary premium invoices will be available to view on BSI's Online Benefit Portal, SIMON, on the 25th of the month proceeding the month of coverage. The invoice reflects the premium due for the following month and any adjustments posted to the account after the previous month's closing. If an employer does not have any enrollment changes, the amount on the preliminary bill will also be the amount to remit.

An employer may submit enrollment changes (accompanied by any required documentation) up to three days prior to the premium due date indicated below under "Monthly Premium Payment." Changes received and approved within this timeframe will be reflected on the current month's invoice. Final invoices will be available for viewing online two days prior to the payment due date.

All changes and adjustments occurring after a final invoice is issued will appear on the next month's invoice.

For your convenience, copies of prior invoices are also available online through SIMON.

COURTESY INVOICE REMINDER

As a courtesy, the Trust also provides billing reminders via email on the 25th of each month proceeding the month of coverage. The reminder provides a link to the SIMON website from which the group administrator may enter their username and password to view the employer's monthly invoice and group information. If an employer has not received its billing reminder for any reason, it is still the employer's responsibility to login to SIMON and obtain the monthly invoice. The employer may also contact Benefit Solutions, Inc. to obtain a copy of the current month's invoice. Failure to receive a billing reminder does not waive the employer's responsibility for timely payment of its premium. No reminders are sent to view final invoices.

MONTHLY PREMIUM PAYMENT

Premium payments made by electronic funds transfer (EFT) or by check are due on the 10th of the month (or the following business day if the 10th falls on a weekend or holiday). Groups electing to pay their premium by EFT will automatically have their bank account debited by the Trust. An employer should contact Benefit Solutions, Inc. to make a change in their method of payment, banking information, and/or billing contact information. Groups electing to pay by check will be assessed a 2% check fee on their next monthly invoice.

PLEASE REMIT TO:

Premium payments should be made payable to AGC Health Benefit Trust and mailed to:

AGC Health Benefit Trust
c/o Benefit Solutions, Inc.
PO Box 6
Mukilteo, WA 98275

Late and Non-Sufficient Funds (NSF) Fees

Employers that pay past the premium due date and/or have returned payments due to insufficient funds (NSF) will incur a fee of \$30 per occurrence. Any applicable fee(s) will be added to the employer's billing statement for the following month. At the Trust's discretion, and with notice, employers that are frequently late or incur frequent NSFs may be assessed a higher per occurrence fee of \$100.00.

Termination Notice

If payment has not been received by the premium due date, the employer will be notified by either US Mail, email and/or phone that their payment is past due and coverage may be terminated retroactively to the first of the month. Payment must be for the full amount due and partial payments may not be considered sufficient to prevent termination of the employer's policy. If payment is not received by 3:00 p.m. prior to the last business day of the coverage month, the respective employer will be terminated retroactively to the first day of the current month. Upon termination, a final notice will be sent to the employer 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 with the Trust. 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, employers that have been terminated for any reason may request to be reinstated one time. As a condition of 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 via a cashier's check
- Pay a reinstatement fee in the amount of \$250.00

If after reinstatement an employer continues to be late in its premium payments, the Trust may, at its sole discretion and without prior notice, notify the employer they are terminated from participation in the Trust. Further, the Trust may, at its sole discretion and without prior notice, refuse to reinstate an employer whose coverage has been terminated for any reason including termination for failure to maintain AGC membership.

BSI Online Services - SIMON

Benefit Solutions' Online Benefit Administration System, called SIMON, provides groups the ability to manage employee enrollment for health and welfare coverage. Including the ability to add new members, terminate members, edit demographic information, and view monthly invoices.

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

WHO CAN USE SIMON ONLINE BILLING AND PAYMENT?

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

HOW DO I SIGN UP FOR SIMON?

Users may send an email to agc@bsitpa.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 SIMON, you have agreed to ensure that your personal password is not shared and that anyone you wish to have access completes the registration process. Additionally, please inform Benefit Solutions immediately if there is a change or termination of any authorized SIMON administrator.

Consumer Directed Health Plan (CDHP) Administration

Benefit Solutions makes it easy to 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

Health Care Flexible Spending Accounts, Dependent Care Spending Accounts HRA/HSA, Premium Only Plans and Transportation Reimbursement Plans are available. In each case, BSI handles implementation, enrollment, claim adjudication, participant reimbursements, and reporting to the plan sponsor and participants. Comprehensive regulatory compliance includes Plan Documents, Plan Descriptions and some nondiscrimination testing as standard services.

DEBIT CARD

Benefit Solutions has the capability to provide a Flexible Spending Account Debit Card. The debit card provides the convenience of paying for office visit copays, prescriptions, 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

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

Plan participants always have access to our dedicated staff where they can speak directly with their FSA representative, Monday through Friday 8:30 a.m. to 5:00 p.m. The FSA department can be reached by phone at: (206)-859-2694 or emailed at: flexspending@bsitpa.com.

CDHP FORMS

The necessary forms are available upon request from flexspending@bsitpa.com

- CDHP Employee Enrollment Applications
- CDHP Employer Adoption Agreement

Dollar Bank Administration

Dollar Banks are a unique solution to assist construction firms and their employees that 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.

HOW IT WORKS:

Health insurance premiums are financed by employer contributions 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:

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:

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 on 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 who also participates in the Dollar Bank Program, the contributions from the new employer will be added to the employee's existing Dollar Bank account balance. BSI must be notified of this transfer prior to the transfer date.

WITHDRAWALS FROM THE DOLLAR BANK:

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 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.