benefitsCONNECT®- Colonial Integrated Enrollment Process

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Overview

Colonial Integrated Enrollment allows enrollment of supplemental insurance products through the Colonial Harmony system.

In this document, we outline the setup changes necessary to enable the Colonial Integrated Enrollment process and the changes to **benefits**CONNECT®'s interfaces and processes that are a result of its use. Topics covered include the following:

- Company setup changes for associating groups between Harmony and **benefits**CONNECT® and enabling (integrated) offsite enrollment and agent-assisted enrollment.
- Application Sign State field for requiring agent-assisted enrollment.
- System user setup changes to allow "enroller" user creation.
- Provider setup changes to enable integrated enrollment for plan designs for this provider.
- Plan design process changes.
- Member Field Settings requirements to properly populate data required for integrated enrollment.
- Employee enrollment process changes.
- Display of offsite-enrolled elections within **benefits**CONNECT®.

Company Setup

To utilize the Colonial Integrated Enrollment process, the company record must be established in both the **benefitsCONNECT®** system and the Colonial Harmony system. Any administrative user with company administration rights may create companies within **benefitsCONNECT®**. However, the company must be manually set up within the Harmony system by Colonial internal resources.

Company Modules

There are two modules listed within Company Modules section, labeled “Offsite Enrollment” and “Agent-assisted Enrollment”. The “Offsite Enrollment” module must be enabled for the company for offsite enrollments with Colonial’s Harmony system to be possible. The “Agent-assisted Enrollment” module can optionally be enabled. Once the applicable features are turned on for the company, the company can then use the offsite enrollment logic.

Agent-assisted enrollment implies that an agent user will accompany employees performing open enrollment. Prior to enrolling in any plan types, an accompanying agent user will be required to provide a valid username, password, and agent number in order for the employee to be able to perform any enrollment activity.

NOTE! Enabling “Agent-assisted Enrollment” does not REQUIRE its use. Checking this module will allow the administrator to assign Colonial products within the company that will use agent-assisted enrollment. See Company Benefit Plans section below. Some Colonial products require agent-assisted enrollment. Please contact your Colonial representative for more information.

Group Association

To associate the company between **benefitsCONNECT®** and Harmony, the “Colonial Account Key” field is used. This field can be found on the Offsite Enrollment Settings page, under Company Administration. This page will only become visible when “Offsite Enrollment” has been enabled on the company level, and when one or more plans have been setup to use Colonial Offsite Enrollment.

Enrollment Preferences

Because of existing limitations, only Harmony will maintain beneficiary allocations. Therefore, beneficiary data must be captured before enrollments begin to create an available pool of beneficiaries for Harmony to utilize. The “Beneficiaries page position in self service flow” setting in the Enrollment Preferences section needs to be set to “Display Beneficiaries Before Enrollments Begin.

Company Benefit Plans

There are several benefit plan types available in the “Company Benefits Plans” section that can be used with the integrated enrollment process. These are:

- Colonial Accident Insurance (this maps to Colonial’s Accident Care and California Care products)
- Cancer
- Critical Illness
- Supplemental Disability
- Hospital Confinement
- Group Hospital Confinement
- Colonial Term Life
- Colonial Universal Life
- Colonial Whole Life

Important Notes

Please be sure to communicate with your Colonial representative(s), as there is an estimated lead-time of one week for group creation within the Colonial Harmony system. Also, later portions of this setup process require information from Colonial regarding specific product naming and other parameters of the enrollment.

The plan types that will be elected using the integrated enrollment process MUST NOT be renamed from these default plan type names by using the “Rename Plan Types” feature within **benefitsCONNECT®**. Any plan types that are renamed will not work with the integrated enrollment process. Likewise, each plan that will be elected using the integrated enrollment process MUST have its plan description field set to the Harmony enrollment Period Key (EPK), which will be provided by Colonial. Once set, this description field MUST NOT be edited, except when the EPK is altered by Colonial.

If any of these new benefit plan types are not utilized for the integrated enrollment process, the remaining plan types can be selected and may be renamed to be used as additional tier-based products, such as Medical, Dental, etc.

Application Sign State Field Usage

A key element in the Colonial integrated enrollment setup in **benefitsCONNECT®** is the usage of an Employee Field called “Application Sign State”. This is on the employee’s Employment page, and it displays a list of the 50 US states plus the District of Columbia. Each employee will need to have this field populated for integration to Harmony to work. For more information on how to setup this field please contact the **benefitsCONNECT®** Support Department.

Enroller User Setup

If the client utilizes agent-assisted enrollment, enroller (also known as agent) users must be created. An agent is created as a System-level user and will count towards your available user licenses. If an approved agent is already a System-level user, the agent information for that user account can be entered in the "Enroller Information" section of the user profile page.

NOTE! At least one Enroller Number (also known as a Commission Number) can be entered for a single enroller user. Multiple Enroller Numbers can be added if necessary. Any of the enroller numbers can then be used when authenticating. (Please see Employee Enrollment Process, Agent Login, below).

Provider Setup

Once "Offsite Enrollment" is selected at the company level, a new field becomes available on the Provider Information page. The "Enrollment Process" field allows the provider to be assigned to use the Colonial Integrated Enrollment process for any plan designs created for this provider.

Once the "Enrollment Process" is changed from the default of "Elections made within **benefitsCONNECT®**" to "Colonial Integrated Process", the provider will be labeled as using Offsite Enrollment.

NOTE! If there are Colonial products for which enrollment within **benefitsCONNECT®** will be used and others for which the integration process will be used, two (2) Colonial providers must be created.

There is no validation to restrict any providers other than Colonial from selecting "Colonial Integrated Process" for the "Enrollment Process" field. However, no valid elections can be made using this process unless specifically allowed by Colonial.

Benefit Plan Design Setup

Once the Colonial provider has been created and set to use the Colonial Integrated Enrollment process, the field requirements for the creation of outlines of benefits and plan designs changes dramatically. Rather than capturing the complete set of plan summary information, cost and coverage options, and eligibility rules, only a limited set of each type of data will be required.

Outline of Benefits Changes

When setting up Outlines of Benefits for Colonial integrated enrollment in **benefitsCONNECT®**, one outline per Colonial product should be created. This applies even in cases where there are multiple Colonial products in one product group – for example Accident Insurance. If both Accident Care and California Care Colonial products are to be offered through **benefitsCONNECT®**, two (2) separate outlines of benefit should be setup – one for each Colonial product.

NOTE! There is no validation to restrict other plan types from being selected for providers using the integrated process. However, no valid elections can be made using this process unless specifically allowed by Colonial. See Company Setup, New Plan Types, above for the list of allowed plan types.

Plan Design Changes

If multiple products of a specific plan type are being offered to the company, only one plan design of each type is needed when using the Colonial Integrated Enrollment process. A limited amount of plan design information needs to be captured for these plans. "Cost/Coverage", "Reduction Schedules", "Printed Forms", Age/Rate Values", "Offered Amounts", "Plan Contacts", and "Tax Estimates" do not need to be provided. The only pages that will be required are the "General Plan Design" and "Eligibility Rules" pages.

General Plan Design

When selecting an outline of benefits that have been created for a provider that uses the integrated process, a limited set of general plan design fields will be required. An alert is shown once the outline of benefits is selected, notifying the administrator that the page will be refreshed with different field requirements. The sections and fields for "Tax Election" and "Additional Options" will not be captured on General Plan Design page.

The "Plan Description" field will now be used to capture the Colonial-provided "Enrollment Period Key" value. This value is the same for all Colonial products enrolled using the integrated process during a given open enrollment period. The value entered here MUST match the value provided by Colonial in order to successfully make elections. The "Plan Design Allows Beneficiary Entry" field should be set to "Yes, Optional".

Eligibility Rules

Additional eligibility rules may be applied by Colonial to grant or deny eligibility to an employee or their dependents, meaning that there are two sets of eligibility rules being applied to enrolling members. If an employee passes the eligibility rules within **benefitsCONNECT®**, but is not eligible as determined by Colonial, the Employee Eligibility Report will show the reason as "Offsite enrollment disallowed by provider".

Member Field Settings Requirements

Certain fields are required at the employee census level when offsite enrollment is utilized: First name, last name, gender, date of birth, address (including city, state and zip code, salary, tobacco usage and occupation. These fields are NOT required as a default, so it is necessary for a system or company administrator to set these fields as required through the Member Field Settings.

As previously mentioned, the Application Sign State user defined field will also be required.

Other fields are required at the Spouse level and must be set as required through Member Field Settings. These fields include: Social Security number.

The following member field settings must be established at either the System or Company level in order to ensure the successful communication of necessary data to allow the integrated enrollment process. Unless otherwise noted, the fields listed below should be set as "REQUIRED" for the designated document. If census records were imported, the same field requirements would need to be applied to the uploaded file. However, the import mechanism by default will NOT apply the established member field settings to the imported records; it is the responsibility of the user performing the import to assure the records confirm to the rules.

* Denotes that the field may not be specifically used by Harmony, but should still be required as it may be necessary for enrollment in core plan types. In most cases, these fields will be marked as required by default.

** Denotes that the field may be required within **benefitsCONNECT®** and may be required to be reentered within Harmony system.

Add Employee

(Note: these are not editable via Member Field Settings, but are required by default.)

Salary
Date of Birth
Date of Employment
Hours Worked Per Week
(Any other compensation values used as basis for available coverage amounts)

Personal Information

First Name
Last Name
Social Security Number
Gender
Date of Birth
Street Address
City
State
Postal Code
Tobacco User* **

Employment Information

Date of Employment
Employee Category
Employee Type*
Division
Application Sign State (user defined field)
Occupation Hours Worked Per Week

Medical Information

Disabled**
Payroll Information
Salary
Hours Worked Per Week
(Any other compensation values used as basis for available coverage amounts)

Spouse

First Name
Last Name

Relationship*
Social Security Number
Gender
Date of Birth
Street Address
City
State
Postal Code
Tobacco User* **
Disabled**

Child

First Name
Last Name
Relationship*
Gender
Date of Birth
Street Address
City
State
Postal Code
Disabled**

Beneficiary

First Name
Last Name
Relation*

NOTE! Benefit association will NOT be made within **benefitsCONNECT®** prior to enrollment record being passed back from Harmony. This is known, as **benefitsCONNECT®** is not aware that the election is impending at the time the beneficiary data is captured.

Employee Enrollment Process

The only changes to the current process for employee and dependent data capture include the application of the required Member Field Settings above and the adding of beneficiaries.

Since Harmony maintains beneficiary allocations, the available beneficiary pool must be managed by the employee before enrollments begin. Beneficiary allocations done for other enrollments not in Harmony need to be created after self service enrollment under the Employee's Beneficiary Information section.

Products enrolled using the Colonial Integrated Enrollment process can only be elected through open enrollment or during the applicable window for new hires. No elections can currently be made through qualifying events or new hire enrollment.

Agent Login

In the event that one or more products being offered through **benefitsCONNECT®** require agent-assisted enrollment, the first information required will be the agent login. The username, password and valid enroller number of an agent user must be provided before any election activity can be made. This agent information is communicated to Colonial during enrollment of Colonial products. (See Agent User Setup for information on establishing agent users).

Redirection to Offsite Enrollment

Once a Colonial product is reached during the enrollment process, the employee will be given a notice that they will be redirected to a third-party site to continue enrollment for that product type. This notice is shown once per plan type, meaning that if four plan types are to be enrolled using the integrated process, the employee will be shown the notice four times.

If the employee chooses to waive the Colonial product from within **benefitsCONNECT®**they can click the "Waive" button on each notice page. Note: this is not the same as cancelling an existing Colonial enrollment. If the employee already has an existing Colonial enrollment in that product they will need to contact Colonial to explicitly cancel it.

Enrolling in Harmony

The process for enrolling in the Colonial Harmony system generally will require two to eight pages of additional questions, data capture, and cost quoting that the **benefitsCONNECT®** system does not. Therefore, the time to complete an enrollment per plan type will be longer than it currently takes within **benefitsCONNECT®**. The employee will have 45 minutes to complete the election for a single plan type before the session data is lost within **benefitsCONNECT®**.

While the employee is performing enrollment within the Colonial Harmony system, the only portions of the interface that retain the **benefitsCONNECT®** look-and-feel are the header and footer. The rest of the interface for the offsite enrollment is dictated by the Colonial Harmony system and will not follow the font and color choices made using the **benefitsCONNECT®** site-branding feature.

If the employee chooses to update any personal, dependent, or beneficiary information from within the Harmony interface, they will be redirected to the appropriate page within **benefitsCONNECT®** and, once saved, start the enrollment process over again for the last product they were enrolling in.

Once that enrollment is completed for each product type, the enrollment is then passed back to **benefitsCONNECT®** and the employee will continue with the next product type, being shown again the offsite redirection notice if the next product is another Colonial product. The order of enrollment will follow the order that the administrator assigned using the "Reorder Plan Types" feature within **benefitsCONNECT®**.

Display of Elections

The **benefitsCONNECT®** system does not have the ability to display some of the complex coverage permutations allowed with Colonial Supplemental Insurance products. Therefore, all elections made within the Harmony system are shown within **benefitsCONNECT®** only listing the covered enrollees. Coverage summaries will be displayed within **benefitsCONNECT®**, but detailed coverage volumes and breakdowns for the Colonial products will not be displayed on enrollment summaries or any system reports. Premiums will be shown accurately on all pertinent screens.

In the example below from the **benefitsCONNECT®** Consolidated Enrollment Form, employee Ralph Drake and spouse Vicky are covered under the elected Accident Care product, which has a per-pay premium of $15.92. Similar election information is also shown on plan summaries and election-related system reports.