

HOW TO: ENROLL, UPDATE, TERMINATE

It is critical that benefits for your employees, or terminated employees, is up to date. Below is information on how to enroll, update, and terminate benefits for employees.

ENROLLMENT

Online: All enrollment and change forms can be entered online through MedCost by the member's HBT contact under the administrative account.

Paper: For physical change card forms, contact MedCost or HBT staff for help in sending via a secure environment.

UPDATING BENEFITS

- Needed for both full plan changes and changes to an individual's plans
- Use the enrollment procedures detailed above.
- Members will be responsible for updating salaries for life and disability benefits. Please submit an updated salary schedule to MedCost at least annually.
- The group change card would be used for other changes to the employee's coverage including, but not limited to:
 - › Change of Name, Change of Beneficiary, Change of Life Benefit / Updating salaries for Life & Disability Benefits, Change of Address, Change to Retiree or Medicare Supplement

TERMINATING BENEFITS

- The employer is responsible for updating employment status for individuals covered under any MITNC plans (Health, Dental, Vision, Short or Long Term Disability or Life plans) within a 24-48 hour time period with any changes or updates.
- Failure to execute termination of benefits can result in:
 - › Possible inappropriate benefit usage;
 - » Negatively affecting your municipal organizations user experience
 - » Negatively affects the overall Health Benefits Trust pool experience
 - › Terminations that are not received within 30 days of the qualifying event may not be eligible for a premium refund. The governmental unit will be responsible for payment of prescription drug usage after the date of termination, unless the termination has been faxed to the MedCost on the date of termination.

QUESTIONS?

NCLM | 919-714-4000

MIT@nclm.org

Medcost | 800-795-1023

eligibilityreferrals@medcost.com



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Use the following chart to determine when a termination or loss of eligibility will take effect. See the master MIT document for more details.

| TERMINATION EVENT | DATE OF TERMINATION | COBRA ALLOWABLE TIME PERIOD |
|--|---|---|
| Employee terminates | Last day of employment | 18 months |
| Employee retires and the governmental unit does not offer retiree coverage | Last day of employment | 18 months |
| Employee terminates due to disability | Last day of employment | 18 months *29 months if declared disabled by SSA (see COBRA section) |
| Employee does not return from FMLA | Last day of FMLA | 18 months |
| Reduction of hours worked (less than 20 hours) | Last day employee worked 20 hours or more | 18 months |
| Legal separation (spouse & step-children are no longer eligible) | Date of legal separation | 36 months |
| Divorce (spouse & stepchildren are no longer eligible) | Date of divorce | 36 months |
| Dependent child no longer full-time student | Last day of classes or date of graduation | 36 months |
| Child exceeds age limits | Day before child turns 26 | 36 months |
| Voluntary termination of spouse and/or dependent children | Date employee specifies (refer to Section 125 guidelines if applicable) | Not Applicable |



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