

## JET Insure Broker Portal Training Guide 6: Small Group Application

1. To begin an application, simply continue on with the quote. You can access a previous quote through the “My Quotes” screen and click “apply.”
2. When continuing the account registration, complete the required information for the Group admin for the group applying. Click “Submit”

Get Quote ▶ Registration ▶ Genera

▶ Account Registration

Employer Name \*  
JET Broker Training Test

Contact First Name \*  
John

Contact Last Name \*  
Doe

Paper Application

Email Address \*  
testbroker@cghc.org

Retype Email Address \*  
testbroker@cghc.org

Communication Email \*  
testbroker@cghc.org

**Submit**

3. If no other information needs to be updated about the group or employees, select “Get Proposal”

Get Quote ▶ Registration ▶ Generate Proposal ▶ Prepare Application ▶ Enrollment

Enrollment Summary

Total Employees 3  
Eligible 3  
Enrolling 3  
Waived 0  
Enrollment Date  
Remaining Days

Plans Summary

- Envision PPO - Bronze \$150/100
- Envision PPO - Gold 1000/80
- Envision PPO - Gold 800/80
- Envision PPO - HSA 4250 Silver

Important Notices

Please click to get proposal

**Get Proposal**

Members are editable only in the benefit election workflow state

View/Edit	Member Name	Coverage Type	Plan Name	Status
View/Edit	Jane, Smith	Employee	No Plan Selected	Not Completed
View/Edit	Jill, Thomas	Employee & Spouse	No Plan Selected	Not Completed
View/Edit	Jim, Jones	Employee	No Plan Selected	Not Completed

4. Complete the proposal by entering additional business and employee demographic information. Then, click “Select Plans”

Zip Code  
53005

County  
Waukesha

Contact First Name  
John

Contact Last Name  
Doe

Contact Phone  
(262) 877-4455

Contact Email  
testbroker@cghc.org

Select an agent  
Pamela Ulness

Account Executive  
James Wood

Total Number of employees  
3

Number of employees you wish to add to quote  
3

Enter Employee Data  Upload Employee Data

▶ Employees Information

All fields are required

✓	Last Name	First Name	Gender	DOB	Email	Enrollment Status	Coverage Type	Relationship	Add Dependent
✓	Jane	Smith	Female	12/12/1992		Enrolled	Employee	Employee	
✓	Jill	Thomas	Female	11/11/1981		Enrolled	Employee & Spou	Employee	
✓	Bob	Thomas	Male	11/10/1982				Spouse	
✓	Jim	Jones	Male	10/10/1970		Enrolled	Employee	Employee	

Delete Add Employee Export

Cancel **Select Plans**

5. Select the plans for the proposal and click “Generate Proposal”

Envision PPO - Gold 1000/80

Learn More About This Plan  
Summary of Benefits and Coverage  
Plan Brochure  
Schedule of Benefits

Select

Plan Type PPO  
Coinsurance 20%/N/A  
Deductible \$1,000/\$2,000  
Out-of-Pocket Limit \$8,150/\$16,300  
Monthly Premium \$2,486.54

---

Envision PPO - Gold 800/80

Learn More About This Plan  
Summary of Benefits and Coverage  
Plan Brochure  
Schedule of Benefits

Select

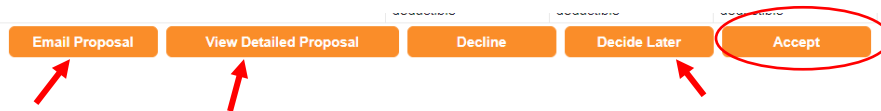
Plan Type PPO  
Coinsurance 20%/N/A  
Deductible \$800/\$1,600  
Out-of-Pocket Limit \$8,150/\$16,300  
Monthly Premium \$2,512.96

Back **Generate Proposal**

6. Select the options the group wants for the proposal and then choose one of the options

► Proposal Acceptance

	<input checked="" type="checkbox"/> Select	<input checked="" type="checkbox"/> Select	<input checked="" type="checkbox"/> Select
	Envision PPO - Bronze 8150/100	Envision PPO - HSA Bronze 6750/100	Envision PPO - Silver 4000/80
Monthly Premium	\$1,791.65	\$1,624.77	\$2,099.49
Deductible	\$8,150/\$16,300	\$6,750/\$13,500	\$4,000/\$8,000
Coinsurance	0%/N/A	0%/N/A	20%/N/A
Out-of-Pocket Limit	\$8,150/\$32,600	\$6,750/\$27,000	\$8,150/\$16,300
Primary Care Visit to Treat an Injury or Illness	\$35/30% Coinsurance after deductible	0% Coinsurance after deductible/30% Coinsurance after deductible	\$45/50% Coinsurance after deductible
Specialist Visit	0% Coinsurance after deductible/30% Coinsurance after deductible	0% Coinsurance after deductible/30% Coinsurance after deductible	\$80/50% Coinsurance after deductible
Pediatric Eyewear	0% Coinsurance after deductible/30% Coinsurance after deductible	0% Coinsurance after deductible/30% Coinsurance after deductible	20% Coinsurance after deductible/50% Coinsurance after deductible
Urgent Care	0% Coinsurance after deductible/30% Coinsurance after deductible	0% Coinsurance after deductible/30% Coinsurance after deductible	\$50/50% Coinsurance after deductible
Ambulance	0% Coinsurance after deductible/30% Coinsurance after deductible	0% Coinsurance after deductible/30% Coinsurance after deductible	20% Coinsurance after deductible/50% Coinsurance after deductible
Durable Medical Equipment	0% Coinsurance after deductible/30% Coinsurance after deductible	0% Coinsurance after deductible/30% Coinsurance after deductible	20% Coinsurance after deductible/50% Coinsurance after deductible



7. Click continue to finalize the quote.

Your name here

Get Quote ► Registration ► Generate Proposal ► **Prepare Application** ► Enrollment

**Enrollment Summary**

Total Employees 3  
Eligible 3  
Enrolling 3  
Waived 0  
Enrollment Date  
Remaining Days

**Plans Summary**

- Envision PPO - Bronze 8150/100
- Envision PPO - HSA Bronze 6750/100
- Envision PPO - Silver 4000/80

**Important Notices**

Your application is 0% completed.

**Continue**

Download Proposal

8. The proposal moves into the application, which will ask for more business information.

► Employer Profile

Group Number  Effective Date  MM/DD/YYYY

\*Corporate Name

\*Federal Tax ID Number (FEIN)

\*Type of Ownership

\*Years in business

► Address Information

Address Type	Street Address	Apt/Suite #	State	City	County	Zip code	Same as Corp.
Corporate	123 Main St		WI	Brookfield	Waukesha	53005	<input checked="" type="checkbox"/>
DBA	123 Main St		WI	Brookfield	Waukesha	53005	<input checked="" type="checkbox"/>
Billing	123 Main St		WI	Brookfield	Waukesha	53005	<input checked="" type="checkbox"/>
Mailing	123 Main St		WI	Brookfield	Waukesha	53005	<input checked="" type="checkbox"/>

► Employer Administrative Information

\*First Name  \*Last Name

\*Phone  Fax

\*Email  Title

► Employer Billing Administrative Information

\*First Name  \*Last Name

\*Phone  Fax

\*Email  Title

9. There will a series of questions to answer. Answer them and click "next" to continue.

► Employer Coverage

\* Do any of the owners, either individually or in combination, own 50% or more of this company and 50% or more of any other company?  Yes  No

\* Does the business above own any other companies or is the business above owned by any other company or legal entity?  Yes  No

► Employer Contribution

**Employer Eligibility**

All employees working a minimum of 30 hours per week are eligible. If requested in writing and approved by CGHC, employees working less than 30 but not less than 20 hours per week may be eligible.

- \* Hourly requirement: 30
- \* Total number of permanent active employees currently on your payroll: 3
- \* Number of permanent employees eligible for health insurance: 3
- \* Total number of eligible employees enrolling: 3
- \* Number of employees that are waiving CGHC due to other creditable health coverage: 0
- \* Number of permanent employees NOT eligible for health insurance: 0
- \* Number of employees who are seasonal or temporary: 0
- \* What was the average number of employees working at your business during the most recent calendar year: 3

Participation Calculation (Line 4/(Line 3 - Line 5))

100 %

**Employer Participation**

The Group must maintain CGHC's employee participation requirements for all lines of coverage. Failure to maintain the participation requirement will terminate your coverage under the terms of the policy. Other termination provisions are stated in the policy. Small Groups that do not meet Common Ground Healthcare Cooperative's participation or minimum employer contribution may only enroll November 15 through December 15.

For groups of 2 to 50 employees, the following are CGHC's participation requirements.

Number of Eligible Employees	Number that Must Enroll
2-4	2

Those waiving coverage under this policy, due to other creditable coverage, are not considered eligible employees.

**Employee Contribution**

\* Contribution Type: Percent

\* Single: 80 % \* Family: 80 %

**Employee Enrollment Period**

\* Enrollment Start Date: 4/17/2020 \* Enrollment End Date: 4/30/2020

**Domestic Partner Coverage**

Are you requesting domestic partner coverage?  Yes  No (Domestic Partner Eligibility Criteria must be followed)

Buttons: Cancel, Save and Finish Later, Previous, Next

**Employee Waiting Period**

Employees must apply within 30 days of becoming eligible, or they must wait until open enrollment.

\* Employee Waiting Period: Immediately After Waiting Period \* Days: 30 days

\* Do you want new employees currently in their waiting period to be eligible for benefits as of the date CGHC starts administering this plan?  Yes  No

Buttons: Cancel, Save and Finish Later, Previous, Next

10. Add the employee email addresses, here. They must be unique to any other user.

► Employee Accounts

Create employee accounts by adding their email address for online enrollment or assign a user name for a paper application.

- \* Employee(s) email / username cannot be empty

<input type="checkbox"/>	First Name	Last Name	Coverage Type	DOB	Email / Username	Paper App.
<input checked="" type="checkbox"/>	Smith	Jane	Employee	12/12/1992	janesmith1@gmail.com	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Thomas	Jill	Employee & Spouse	11/11/1981	jillthomas1@gmail.com	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Jones	Jim	Employee	10/10/1970	jimjones1@gmail.com	<input checked="" type="checkbox"/>

Buttons: Delete, Add Employee, Cancel, Save and Finish Later, Previous, Next

11. Upload any necessary documentation, here. Finalize the application summary and choose communication preferences. After signing the agent agreement, click "Submit."

► Supporting Documentation

Please enter any additional information:

NOTE: Only files ending in .rar, .zip, .doc, .docx, .xls, .xlsx, .pdf or image files (.png, .tif, .gif, .jpg or .jpeg) will be accepted.

Type: Employer Group Application

Buttons: Cancel, Save and Finish Later, Previous, Next

► Applicants Summary

Name	Coverage	Plan Name	Monthly Premium	Application Status
Jones Jim	Employee		\$ 0.00	In Process
Smith Jane	Employee		\$ 0.00	In Process
Thomas Jill	Employee & Spouse		\$ 0.00	In Process

Effective Date: 06/01/2020

► Communication Preferences

**Invoices**

Email  Paper

testbroker@cghc.org

**Letters and Plan Documents**

Email  Paper

testbroker@cghc.org

This option excludes ID cards, Explanation of Benefits (EOBs) and any documents we are legally required to send to you in the mail.

► Click here to agree to terms and provide electronic signature

Agent

Buttons: Save and Finish Later, Previous, Submit

12. Once group has been approved by enrollment, the broker will receive an email and status will update to: Start Benefit Election. Click on View/Edit next to group name. Then click on Launch Application to make benefit selections.

► **Notes** Back To Top

Add Note

	Note ID	Created Date	Created By	Comment	Status	Priority	Assigned To
No record found.							

Launch Application
Archive
Back

This record was created by Megan Enerson on 4/27/2020 11:18:03 AM and last modified by Megan Enerson on 4/27/2020 11:51:19 AM.

13. Then click continue.

<p><b>Enrollment Summary</b></p> <p>Total Employees 2          Eligible 2          Enrolling 2          Waived 0          Enrollment Date 04/27/2020          Remaining Days 18</p>	<p><b>Plans Summary</b></p> <ul style="list-style-type: none"> <li>▪ Envision PPO - Bronze 8150/100</li> <li>▪ Envision PPO - HSA Bronze 6750/100</li> </ul>	<p><b>! Important Notices</b></p> <p>Start Benefit Election</p> <div style="text-align: right; margin-top: 10px;"> <span style="background-color: #f4a460; padding: 5px 15px; border-radius: 3px; border: 2px solid red;">Continue</span> </div> <p>Download Proposal          Download ER Application          View all Documents</p>
---	--	--

14. Select plans from dropdown to enroll each member. Once completed click on Submit.

	Age	Coverage Type	Available Plan
	40	EE	<div style="border: 1px solid #ccc; padding: 2px;">             Select Plan... ▼           </div>
	26	ES	<div style="border: 1px solid #ccc; padding: 2px;">             Select Plan... ▼           </div>

Page 1 of 1

Submit
Save
Back