



Plans And Rate Confirmation

Account: Findlay City School District (9B3521)

Report Explanation

You are receiving this report due to a change or addition of a plan, coverage or option. This report is automatically provided to you after an update and will **only show the corrected or newly added plan, coverage or option**. The change could be as simple as an update to an option for EDT purposes.

Disclaimer: Please confirm that the information below is accurate for Qualifying Event notices and invoicing. If any of this information must be changed, please note those changes below. Please review within the next three (3) business days and notify us immediately of any errors or discrepancies. Failure to notify isolved Benefit Services within the allotted time will result in confirmation of accuracy of these rates. isolved Benefit Services accepts no responsibility for discrepancies or errors of which you knew or should have known with reasonable diligence and of which you failed to notify isolved Benefit Services.

Variable Premiums: isolved Benefit Services enters a monthly premium of \$1.00 for plans with variable premiums, such as Age/Gender plans and Health FSAs. When submitting a Qualifying Event, you will be prompted to enter the correct monthly premium applicable to the Qualified Beneficiary, including the 2% administration fee. Please understand you are responsible for informing isolved Benefit Services when the premiums need updated for COBRA participants on plans with variable premiums.

Default Plans: Are any of your carriers/plans new? Did you provide us with a default plan for the new carrier/plans? Please make sure to provide us with that information as soon as possible. A default plan assures that isolved Benefit Services has participants on a current plan and rate if we are not notified of changes at open enrollment by the participant.

Plans Edited:

Options:	<u>Start Date:</u>	<u>End Date:</u>	<u>Premium:</u> (w/o admin fee)	<u>Premium:</u> (w/ admin fee)	<u>Due Day:</u>	<u>Grace Days:</u>
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EBC DENTAL/VISION

This plan's COBRA Expiration dates are currently being calculated using the following method: Event Date

FAMILY	9/1/2021	12/31/2022	\$106.84	\$108.98	1	30
SGL	9/1/2021	12/31/2022	\$43.08	\$43.94	1	30

UMR BRONZE PPO (76-414541)

This plan's COBRA Expiration dates are currently being calculated using the following method: Event Date

FAMILY	9/1/2021	12/31/2022	\$1,367.98	\$1,395.34	1	30
SGL	9/1/2021	12/31/2022	\$551.60	\$562.63	1	30

UMR H S A (76-414541)

This plan's COBRA Expiration dates are currently being calculated using the following method: Event Date

FAMILY	9/1/2021	12/31/2022	\$1,820.01	\$1,856.41	1	30
SGL	9/1/2021	12/31/2022	\$733.87	\$748.55	1	30

Plans Edited:			Premium:	Premium:		
Options:	<u>Start Date:</u>	<u>End Date:</u>	<u>(w/o admin fee)</u>	<u>(w/ admin fee)</u>	<u>Due Day:</u>	<u>Grace Days:</u>

UMR OPT B PPO (76-414541)

This plan's COBRA Expiration dates are currently being calculated using the following method: Event Date

FAMILY	9/1/2021	12/31/2022	\$2,379.09	\$2,426.67	1	30
SGL	9/1/2021	12/31/2022	\$959.32	\$978.51	1	30

To view a report of all plans and rates, please access the Reports, Online Reports in our COBRA Online Portal. Within the date range enter the dates for your plan year, i.e. 1/1/2015 to 12/31/2015. In "Other reports" section check the box under "Generate Now" beside "Plans and Rates". Then click on "Generate". You can determine to view the report in PDF, Excel, XLSX or CSV format. Click on the drop down box to change from PDF format.