Oracle Global Human Resources Cloud
Using Benefits
This guide also applies to on-premise implementations

Release 8

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This Preface introduces the guides, online help, and other information sources available to help you more effectively use Oracle Fusion Applications.

**Oracle Fusion Applications Help**

You can access Oracle Fusion Applications Help for the current page, section, activity, or task by clicking the help icon. The following figure depicts the help icon.

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**Note**

If you don’t see any help icons on your page, then click the Show Help icon button in the global area. However, not all pages have help icons.

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You can add custom help files to replace or supplement the provided content. Each release update includes new help content to ensure you have access to the latest information. Patching does not affect your custom help content.

**Oracle Fusion Applications Guides**

Oracle Fusion Applications guides are a structured collection of the help topics, examples, and FAQs from the help system packaged for easy download and offline reference, and sequenced to facilitate learning. To access the guides, go to any page in Oracle Fusion Applications Help and select *Documentation Library* from the *Navigator* menu.

Guides are designed for specific audiences:

- **User Guides** address the tasks in one or more business processes. They are intended for users who perform these tasks, and managers looking for an overview of the business processes. They are organized by the business process activities and tasks.

- **Implementation Guides** address the tasks required to set up an offering, or selected features of an offering. They are intended for implementors. They are organized to follow the task list sequence of the offerings, as displayed within the Setup and Maintenance work area provided by Oracle Fusion Functional Setup Manager.

- **Concept Guides** explain the key concepts and decisions for a specific area of functionality. They are intended for decision makers, such as chief
financial officers, financial analysts, and implementation consultants. They are organized by the logical flow of features and functions.

- **Security Reference Manuals** describe the predefined data that is included in the security reference implementation for one offering. They are intended for implementors, security administrators, and auditors. They are organized by role.

These guides cover specific business processes and offerings. Common areas are addressed in the guides listed in the following table.

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<th>Guide</th>
<th>Intended Audience</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
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<td>Common User Guide</td>
<td>All users</td>
<td>Explains tasks performed by most users.</td>
</tr>
<tr>
<td>Common Implementation Guide</td>
<td>Implementors</td>
<td>Explains tasks within the Define Common Applications Configuration task list, which is included in all offerings.</td>
</tr>
<tr>
<td>Functional Setup Manager User Guide</td>
<td>Implementors</td>
<td>Explains how to use Oracle Fusion Functional Setup Manager to plan, manage, and track your implementation projects, migrate setup data, and validate implementations.</td>
</tr>
<tr>
<td>Technical Guides</td>
<td>System administrators, application developers, and technical members of implementation teams</td>
<td>Explain how to install, patch, administer, and customize Oracle Fusion Applications. <strong>Note</strong> Limited content applicable to Oracle Cloud implementations.</td>
</tr>
</tbody>
</table>

For other guides, go to Oracle Technology Network at http://www.oracle.com/technetwork/indexes/documentation.

**Other Information Sources**

**My Oracle Support**

Oracle customers have access to electronic support through My Oracle Support. For information, visit http://www.oracle.com/pls/topic/lookup?ctx=acc&id=info or visit http://www.oracle.com/pls/topic/lookup?ctx=acc&id=trs if you are hearing impaired.

Use the My Oracle Support Knowledge Browser to find documents for a product area. You can search for release-specific information, such as patches, alerts, white papers, and troubleshooting tips. Other services include health checks, guided lifecycle advice, and direct contact with industry experts through the My Oracle Support Community.
Oracle Enterprise Repository for Oracle Fusion Applications

Oracle Enterprise Repository for Oracle Fusion Applications provides details on service-oriented architecture assets to help you manage the lifecycle of your software from planning through implementation, testing, production, and changes.

In Oracle Fusion Applications, you can use Oracle Enterprise Repository at http://fusionappsoer.oracle.com for:

- Technical information about integrating with other applications, including services, operations, composites, events, and integration tables. The classification scheme shows the scenarios in which you use the assets, and includes diagrams, schematics, and links to other technical documentation.

- Other technical information such as reusable components, policies, architecture diagrams, and topology diagrams.

Documentation Accessibility

For information about Oracle's commitment to accessibility, visit the Oracle Accessibility Program website at http://www.oracle.com/us/corporate/accessibility/index.html.

Comments and Suggestions

Your comments are important to us. We encourage you to send us feedback about Oracle Fusion Applications Help and guides. Please send your suggestions to oracle_fusion_applications_help_ww_grp@oracle.com. You can use Send Feedback to Oracle from the Settings and Actions menu in Oracle Fusion Applications Help.
Define Benefits: Overview

Defining benefits involves three categories of setup tasks.

- Set up benefits objects. Organize the objects into hierarchies to help efficiently configure and maintain benefits packages. While defining benefits objects, you can also make configurations to automate administration of corporate policies regarding eligibility, enrollment, rates, and coverages.
- Set up benefits peripheral components. You typically use or reuse these components while defining different benefits objects.
- Set up general components, such as third-party administrators, benefits carriers, regulatory bodies, and reporting groups.

Benefits Object Hierarchies

Fusion Benefits configuration flexibly supports a wide variety of implementation strategies. While making trade-off decisions, such as processing time versus ongoing maintenance effort, you consider whether to control characteristics such as participant eligibility at a general level, at a detailed level, or at a combination of general and detailed levels.

Later documentation details the benefits object hierarchy, setup override rules, and configuration examples. At this point of this overview topic, the important points are:

- A benefits object hierarchy organizes a benefits program, plan types, plans in program or plans not in program, and options from top to bottom, general to detailed.
- Depending on the outcomes of strategic implementation trade-off decisions, you have the flexibility to configure most aspects of a benefits package at more than one level in the hierarchy.
- Population of all four levels of a benefits object hierarchy is not required.

The following diagram shows the four levels of benefits object hierarchy: benefits program, plan types in program or not in program, plans in program or plans not in program, and options from top to bottom, general to detailed.
Object Creation Sequence

The sequence for creating benefits hierarchy objects differs from the resulting hierarchical order. You can create new objects as needed at any time. However, because some benefits hierarchy objects are referenced during the definition of other benefits hierarchy objects, it is more efficient to create these objects in the order shown in the figure. Benefits object hierarchy architecture is further described in the related topic: Benefits Hierarchy Objects: How They Work Together.

This figure illustrates the most efficient sequence for creating benefits hierarchy objects: plan types, options (if used), plans, then programs.
1. Begin by creating one or more plan types. Plan types organize plans into groups that provide similar categories of benefits, such as health, savings, education, and so on. At the plan type level of the hierarchy, you can efficiently administer corporate benefits policies that apply across all plans within that benefit category or type.

2. When creating an option, you can optionally associate one or more existing plan types. This restricts the availability of the option to plans that belong to the named plan types.

3. When using the plan configuration process to define benefit plan details, you must associate one existing plan type, and can optionally tie existing options to the plan.

4. When using the program configuration process to define program details, you can associate existing plan types and existing plans with the program.

**Benefits Component Creation Sequence**

The following figure illustrates some of the dependencies among setup data components, showing several types of setup components organized around the periphery of the main benefits objects. Some types of components are delivered and some types are not.
Here is additional information about some of the setup components in the figure.

- A lengthy list of derived factors is delivered. Various combinations of derived factors can be used to define different eligibility profiles.
- Some temporal and scheduled life events are delivered. On the Create Life Events page, you can extend the list of available life events by creating as many of your own unique life events as you need. You can set up life events so that they will be triggered by certain temporal derived factors, such as age or length of service. Life events are reusable, and can be used to control enrollment at the program, plan, and option levels.
- The enrollment certification types and determination rules are delivered. You cannot extend the available list of certification types or determinations rules, but you can rename the existing lookup values that appear in those fields. You can select different combinations of types and rules, and then set up the association with plans on the plan configuration process certification page.
- A set of action items is delivered. You cannot extend the list of available action items, but you can rename them on the Manage Action Items page. You can associate action items with designation requirements at the plan type level or at the plan level, but not at both levels within the same object hierarchy.
- No eligibility profiles are delivered. You can create as many eligibility profiles as you need. Eligibility profiles are reusable. You can associate eligibility profiles at the following levels: option in plan, plan, plan in program, plan type in program, and program.
Eligibility profiles are also used in definitions for variable rate and variable coverage profiles. An eligibility profile must be specified when you create variable rate or variable coverage profiles.

- A set of option types is delivered for selection when you define your plan type objects.
  Option types control internal processing. For example, plan types in the Health coverage category are processed differently than plan types for Savings. The delivered list of option types is not extensible.
- Rates and coverages setup follows plan and option setup because rates and coverages are specific to named plans and options.
  Rates and coverages can be associated at many levels in your configuration, such as plan, option in plan, and option in plan in program.
- Variable rate and coverage profiles can be associated with rates and coverages, respectively, so that the calculated results vary with factors that change over time, such as age group or work location.
- If you define coverage across plan types, that setup occurs after setting up the affected programs.
  You must select one existing program and one or more existing plan types during setup of coverage across plan types.

**Note**
You will not always perform setup for all of the components shown in the figure.

**Manage Benefit Eligibility**

**Eligibility Components: How They Work Together**

You add eligibility criteria to an eligibility profile, and then associate the profile with an object that restricts eligibility.

The following figure shows the relationships between eligibility components.
Eligibility Criteria

You can add different types of eligibility criteria to an eligibility profile. For many common criteria, such as gender or employment status, you can select from a list of predefined criteria values. However, you must create user-defined criteria and derived factors before you can add them to an eligibility profile.

Eligibility Profile

When you add an eligibility criterion to a profile, you define how to use it to determine eligibility. For example, when you add gender as a criterion, you must specify a gender value (male or female) and whether to include or exclude persons who match that value.

Associating the Profile with Objects

You can associate an eligibility profile with different kinds of objects:

- Associate an eligibility profile with a variable rate or variable coverage profile to establish the criteria required to qualify for that rate or coverage.
- Associate an eligibility profile with a checklist task to control whether that task appears in an allocated checklist.
- Associate an eligibility profile with a total compensation statement to apply additional eligibility criteria after statement generation population parameters.
- Associate one or more eligibility profiles with a benefits or compensation object to establish the eligibility criteria for specific plans and options.

Derived Factors: Explained

Derived factors define how to calculate certain eligibility criteria that change over time, such as a person’s age or length of service. You add derived factors to eligibility profiles and then associate the profiles with objects that restrict eligibility.

Derived Factor Types

You can create six different types of derived factors: age, compensation, length of service, hours worked, full-time equivalent, and a combination of age and length of service.

Determination Rules and Other Settings

For each factor that you create, you specify one or more rules about how eligibility is determined. For example, the determination rule for an age derived factor specifies the day on which to evaluate the person’s calculated age for eligibility. If the determination rule is set to the first of the year, then the person’s age as of the first of the year is used to determine eligibility.

For the full-time equivalent factor, you specify the minimum and maximum full-time equivalent percentage and whether to use the primary assignment or the sum of all assignments when evaluating eligibility. For example, if the
percentage range is 90 to 100 percent for the sum of all assignments, then a person who works 50 percent full-time on two different assignments is considered eligible.

Other settings define the unit of measure for time or monetary amounts, rounding rules, and minimums and maximums.

**Derived Factors: Examples**

The following scenarios illustrate how to define different types of derived factors:

**Age**

Benefits administrators frequently use age factors to determine dependent eligibility. You can also use age as a factor when determining life insurance rates. Age factors typically define a range of ages, referred to as age bands, and rules for evaluating the person’s age. The following table illustrates a set of age bands that could be used to determine eligibility for life insurance rates that vary based on age.

<table>
<thead>
<tr>
<th>Derived Factor Name</th>
<th>Greater Than or Equal To Age Value</th>
<th>Less Than Age Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Under 25</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Age 25 to 34</td>
<td>25</td>
<td>35</td>
</tr>
<tr>
<td>Age 35 to 44</td>
<td>35</td>
<td>45</td>
</tr>
<tr>
<td>Age 45 to 54</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Age 55 to 64</td>
<td>55</td>
<td>65</td>
</tr>
<tr>
<td>Age 64 or Older</td>
<td>65</td>
<td>75</td>
</tr>
</tbody>
</table>

The determination rule and other settings for each age band are the same:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determination Rule</td>
<td>First of calendar year</td>
</tr>
<tr>
<td>Age to Use</td>
<td>Person's</td>
</tr>
<tr>
<td>Units</td>
<td>Year</td>
</tr>
<tr>
<td>Rounding</td>
<td>None</td>
</tr>
</tbody>
</table>

**Length of Service**

A derived factor for length of service defines a range of values and rules for calculating an employee's length of service. The following table illustrates a set of length-of-service bands that could be used to determine eligibility for compensation objects such as bonuses or severance pay.

<table>
<thead>
<tr>
<th>Derived Factor Name</th>
<th>Greater Than or Equal To Length of Service Value</th>
<th>Less Than Length of Service Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Less Than 1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
The determination rule and other settings for each length-of-service band are the same:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period Start Date Rule</td>
<td>Date of hire (This sets the beginning of the period being measured.)</td>
</tr>
<tr>
<td>Determination Rule</td>
<td>End of year (This sets the end of the period being measured.)</td>
</tr>
<tr>
<td>Age to Use</td>
<td>Person’s</td>
</tr>
<tr>
<td>Units</td>
<td>Year</td>
</tr>
<tr>
<td>Rounding</td>
<td>None</td>
</tr>
</tbody>
</table>

### Compensation

A derived factor for compensation defines a range of values and rules for calculating an employee’s compensation amount. The following table illustrates a set of compensation bands that could be used to determine eligibility for compensation objects such as bonuses or stock options.

<table>
<thead>
<tr>
<th>Derived Factor Name</th>
<th>Greater Than or Equal To Compensation Value</th>
<th>Less Than Compensation Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20000</td>
<td>0</td>
<td>20,000</td>
</tr>
<tr>
<td>Salary 20 to 34000</td>
<td>20,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Salary 35 to 49000</td>
<td>35,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Salary 50 to 75000</td>
<td>50,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Salary 75 to 99000</td>
<td>75,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Salary 100 to 200000</td>
<td>100,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Salary 200000 Plus</td>
<td>200,000</td>
<td>999,999,999</td>
</tr>
</tbody>
</table>

The determination rule and other settings for each compensation band are the same:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determination Rule</td>
<td>First of year</td>
</tr>
<tr>
<td>Unit of Measure</td>
<td>US Dollar</td>
</tr>
<tr>
<td>Source</td>
<td>Stated compensation</td>
</tr>
<tr>
<td>Rounding</td>
<td>Rounds to nearest hundred</td>
</tr>
</tbody>
</table>
**Age to Use: Points to Consider**

The **Age to Use** value that you select is an important aspect of an age derived factor. This value determines whose birth date is used to calculate the derived age.

**Selecting Person's Age to Use**

In most cases, you use the **Person's** value in the **Age to Use** field to define an age derived factor for either a participant or dependent eligibility profile. In this case, each person's birth date is used to calculate the age criterion by which eligibility is evaluated for that person.

**Example**

For example, if you select **Person's** as the **Age to Use** value, and associate the age derived factor with a dependent eligibility profile, each dependent's eligibility is evaluated based on the age calculated from his or her own birth date.

**Selecting Other Age to Use Values**

You might select another predefined value in the **Age to Use** field if you intend to evaluate participant or dependent eligibility or rates based on someone else's age, such as a spouse, child, or other dependent.

**Note**

If you choose **Inherited Age**, the evaluation is based on the date of birth as defined in the person extra information flexfield.

**Example**

If you select **Person's oldest child** as the **Age to Use** value, and associate this derived factor with a dependent eligibility profile, eligibility for all dependents is evaluated based on the age of the participant's oldest child. Consequently, when the oldest child reaches the maximum age of eligibility, for instance, all dependents become ineligible.

**User-Defined Criteria: Explained**

You can define your own eligibility criteria that meet any special requirements of your organization. Associate your criteria with eligibility profiles for benefits, compensation, performance management, and so on. For example, your organization wants to use work-at-home assignment as the eligibility criteria for a monthly telecommunications allowance. While the table and column already exist, the data is not available from existing eligibility criteria tabs when creating the eligibility profile. You must first define the work-at-home criteria so that you can then use it with an eligibility profile.

The data for the eligibility criterion must be stored in a table that is accessible to the application.
• If the data is stored in either the Person Attributes or Assignments table, you can:
  a. Select the table and column from a list.
  b. Select the lookup type to use to validate input values, including custom lookup types that you created for either table.
     For details, see the Setting Up Lookup-Based User-Defined Criteria: Worked Example topic.
  c. Optionally, specify a range of valid values, if the field stores a numeric value or a date.
     To select the correct values for the column and lookup fields, you must understand the basic structure of the Person Attributes and Assignment tables, which store the eligibility criteria data.
• If the data is stored in a table other than the Person Attributes or Assignment tables, you must:
  a. Create a formula to retrieve the data from the table.
  b. Set the formula type to User-Defined Criteria.
     You can define one or two sets of criteria in the User-Defined Criteria dialog box. The participant must meet the criteria defined in either set to be considered eligible or ineligible.
     After you create your user-defined criteria, you can add it to an eligibility profile. Use it to make participants ineligible by selecting the Exclude check box when adding the user-defined criteria to an eligibility profile.

User-Defined Criteria: Examples

The following scenarios illustrate how you can create different types of user-defined criteria for use in eligibility profiles associated with benefits and compensation objects. In each example, you must:
1. Create the user-defined criteria using the Manage User-Defined Criteria task in the Plan Configuration work area.
2. Add the user-defined criteria to an eligibility profile using the Manage Eligibility Profile task.
3. Set the criteria values to use in the eligibility profile.
4. Associate the eligibility profile with the relevant benefits or compensation object.

Base Eligibility on a Custom Attribute
Your commercial diving company wants to offer different benefit rates to employees who dive to depths greater than 330 feet. In the Setup and Maintenance work area, you set up the lookup type, value set, and global segment of the Person Attributes descriptive flexfield table to store the data for each employee. For details, see the Setting Up Lookup-Based User-Defined Criteria: Worked Example topic.
1. On either the create or edit page for user-defined criteria, set the following values.
2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.

3. On the Other tab, User-Defined Criteria subtab, set the following values. You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set 1 Meaning</td>
<td>329</td>
</tr>
<tr>
<td>Set 1 To Meaning</td>
<td>9999</td>
</tr>
<tr>
<td>Exclude</td>
<td>Clear</td>
</tr>
</tbody>
</table>

4. Associate the eligibility profile with a benefit variable rate profile.

**Base Eligibility on a Formula**

Your company wants to offer a spot incentive bonus to hourly employees who worked 100 percent of their scheduled shift hours in a three month period. In the Setup and Maintenance work area, you used the Manage Fast Formula task to create the formula that calculates Scheduled Hours minus Worked Hours for each week in the previous three months. If the result of successive calculations is less than or equal to zero, then the formula returns a result of Yes.

1. On the create or edit page for user-defined criteria, enter the following values.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access One Formula</td>
<td>Worked_Sched_Hours_Person</td>
</tr>
<tr>
<td>Enable range validation one</td>
<td>Clear</td>
</tr>
</tbody>
</table>

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.

3. On the Other tab, User-Defined Criteria subtab, set the following values. You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set 1 Meaning</td>
<td>Yes</td>
</tr>
</tbody>
</table>
4. Associate the eligibility profile with the bonus compensation object.

**Note**
For very complex scenarios, your organization or implementation team can write a custom program to evaluate eligibility, and then create a formula that calls the custom program.

### Use Eligibility to Exclude

Your organization wants to exclude workers with a work-at-home assignment from a transportation allowance.

1. On the create or edit page for user-defined criteria, set the following values.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table</td>
<td>Assignment</td>
</tr>
<tr>
<td>Column</td>
<td>Work_at_home</td>
</tr>
<tr>
<td>Lookup</td>
<td>YES_NO</td>
</tr>
<tr>
<td>Enable range validation one</td>
<td>Clear</td>
</tr>
</tbody>
</table>

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.

3. On the Other tab, User-Defined Criteria subtab, set the following values.

   You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set 1 Meaning</td>
<td>Yes</td>
</tr>
<tr>
<td>Exclude</td>
<td>Selected</td>
</tr>
</tbody>
</table>

4. Associate the eligibility profile with the transportation allowance compensation object.

### Setting Up Lookup-Based User-Defined Criteria: Worked Example

This example demonstrates how you create user-defined criteria based on custom lookups and associate the user-defined criteria with benefits eligibility profiles.

A commercial diving company wants to offer different benefits rates to divers who dive deeper than 330 feet.

<table>
<thead>
<tr>
<th>Decision to Consider</th>
<th>In This Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a new lookup required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What is the new lookup type and associated lookup codes?</td>
<td>Create the lookup type is BEN_DIVE_DEPTH with two lookup codes, SHALLOW and DEEP.</td>
</tr>
<tr>
<td>Do you want users to make a single selection from a choice list?</td>
<td>Yes. Create the value set BEN_DIVE_DEPTH for the new lookup type.</td>
</tr>
<tr>
<td>Should the data be stored in the Person Attributes or Assignments table?</td>
<td>Persons Attributes. To extend the Person Attributes table, associate the BEN_DIVE_DEPTH value set with a new global segment, Dive Depth, on the Persons Attributes descriptive flexfield.</td>
</tr>
<tr>
<td>Does the user-defined criteria identify eligibility or ineligibility?</td>
<td>Eligibility (Do not select Exclude)</td>
</tr>
</tbody>
</table>

**Summary of Tasks**

To create lookup-based user-defined criteria for benefits eligibility profiles, you first perform these tasks in the Setup and Maintenance work area.

1. Create the benefit lookup.
2. Create the benefit value set.
3. Create the additional global segment on the descriptive flexfield.
4. Deploy the modified descriptive flexfield.

Next, you perform these tasks in the Plan Configuration work area.

1. Create the lookup-based user-defined criteria.
2. Create the eligibility profile and associate the new user-defined criteria.

**Create Benefit Lookup**

While there is a Manage Benefit Lookups task, which you can use to edit existing benefits lookups, you must use this common lookup task to create benefits lookups.

1. In the Setup and Maintenance work area, search for the Manage Common Lookups task.
2. Click the **Go to Task** button for Manage Common Lookups to open the Manage Common Lookups page.
3. In the Search Results section, create the lookup type, as shown in this table.
   
   **Start the Lookup Type value with BEN_ for easy searching. This also ensures that they are available in the Manage Benefit Lookups task.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lookup Type</td>
<td>BEN_DIVE_DEPTH</td>
</tr>
<tr>
<td>Meaning</td>
<td>Dive Depth</td>
</tr>
<tr>
<td>Description</td>
<td>Identifies whether the diver dives deeper than 330 feet</td>
</tr>
<tr>
<td>Module</td>
<td>Eligibility Profiles</td>
</tr>
</tbody>
</table>

4. Click **Save**.
You must create the lookup type before you can add lookup codes.

5. In the Lookup Codes section, add and enable the lookup codes that you want to use for the lookup, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Values for Code 1</th>
<th>Values for Code 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lookup Code</td>
<td>SHALLOW</td>
<td>DEEP</td>
</tr>
<tr>
<td>Display Sequence</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Enabled</td>
<td>Select</td>
<td>Select</td>
</tr>
<tr>
<td>Start Date</td>
<td>1/1/2000</td>
<td>1/1/2000</td>
</tr>
<tr>
<td>Meaning</td>
<td>Shallow</td>
<td>Deep</td>
</tr>
<tr>
<td>Description</td>
<td>Dives 330 feet or less</td>
<td>Dives deeper than 330 feet</td>
</tr>
</tbody>
</table>

6. Click **Save and Close** to return to the Overview page.

### Create Benefit Value Set

1. In the Setup and Maintenance work area, search for the Manage Value Sets task.

2. Click the **Go to Task** button for Manage Value sets to open the Manage Value Sets page.

3. On the Search Results toolbar, click the **Create** button to open the Create Value Set page.

4. Complete the initial fields, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Set Code</td>
<td>BEN_DIVE_DEPTH</td>
</tr>
<tr>
<td>Module</td>
<td>Eligibility Profiles</td>
</tr>
<tr>
<td>Validation Type</td>
<td>Table</td>
</tr>
<tr>
<td>Value Data Type</td>
<td>Character</td>
</tr>
</tbody>
</table>

5. Complete the Definition fields, which appear after you select the validation type, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM Clause</td>
<td>HCM_LOOKUPS</td>
</tr>
<tr>
<td>Value Column Name</td>
<td>MEANING</td>
</tr>
<tr>
<td>ID Column Name</td>
<td>LOOKUP_CODE</td>
</tr>
<tr>
<td>WHERE Clause</td>
<td>LOOKUP_TYPE='BEN_DIVE_DEPTH'</td>
</tr>
</tbody>
</table>

6. Click **Save and Close** to return to the Manage Value Sets page.

7. Click **Done** to return to the Overview page.
Create Global Segment

1. In the Setup and Maintenance work area, search for the Manage Descriptive Flexfields task.
2. Click the Go to Task button for Manage Descriptive Flexfields to open the Manage Descriptive Flexfields page.
3. In the Name field of the Search section, enter Person to find the Persons Attributes descriptive flexfield.
   To extend the Assignments table, you would search for and edit the Assignment Attributes descriptive flexfield.
4. In the Search Results section, select the Person Attributes row.
5. On the Search Results toolbar, click the Edit button to open the Edit Descriptive Flexfield page.
6. On the Global Segments toolbar, click the Create button to open the Create Segment page.
7. Complete the general fields, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Dive Depth</td>
</tr>
<tr>
<td>Code</td>
<td>BEN_DIVE_DEPTH</td>
</tr>
</tbody>
</table>

8. Complete the Column Assignment fields, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Type</td>
<td>Character</td>
</tr>
<tr>
<td>Table Column</td>
<td>The next available attribute, such as ATTRIBUTE1</td>
</tr>
</tbody>
</table>

9. In the Value Set field of the Validation section, select BEN_DIVE_DEPTH.
10. In the Display Type field of the Display Properties section, select Dropdown List.
11. Click Save and Close to return to the Edit Descriptive Flexfield page.
12. Click Save and Close to return to the Manage Descriptive Flexfields page.

Deploy Modified Descriptive Flexfield

You deploy the edited descriptive flexfield to expose the field in the application and make it available for use when creating user-defined criteria.

1. On the Search Results toolbar, click Deploy Flexfield.
2. Click Done to return to the Overview page.

Create Lookup-Based User-Defined Criteria

1. Open the Benefits Plan Configuration work area.
2. Click **Manage User-Defined Criteria** in the Tasks pane to open the Manage User-Defined Criteria page.

3. On the Search Results toolbar, click **Create** to open the Create User-Defined Criteria dialog box.

4. Complete the User-Defined Criteria fields, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ben Dive Depth</td>
</tr>
<tr>
<td>Short Code</td>
<td>BEN_DIVEDEPTH</td>
</tr>
</tbody>
</table>

5. Complete the Set 1 fields, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table</td>
<td>Person Attributes</td>
</tr>
<tr>
<td>Column</td>
<td>Attribute that you selected for your global segment, for example ATTRIBUTE1</td>
</tr>
<tr>
<td>Lookup</td>
<td>BEN_DIVEDEPTH</td>
</tr>
</tbody>
</table>

6. Click **Save and Close** to return to the Manage User-Defined Criteria page.

### Create Eligibility Profile and Associate User-Defined Criteria

1. Click **Manage Eligibility Profiles** in the Tasks pane to open the Manage Eligibility Profiles page.

2. On the Search Results toolbar, click **Create Participant Profile**.

   These steps also apply to creating dependent profiles.

3. In the **Name** field of the Eligibility Profile Definition section, enter **Ben Dive Depth**.

4. Add your user-defined criteria in the Eligibility Criteria section of the User-Defined Criteria tab, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence</td>
<td>1</td>
</tr>
<tr>
<td>User-Defined Criteria</td>
<td>Ben Dive Depth</td>
</tr>
<tr>
<td>Exclude</td>
<td>Clear</td>
</tr>
<tr>
<td>Set 1 Meaning</td>
<td>Deep</td>
</tr>
</tbody>
</table>

Be sure that you select the value in the Set 1 **Meaning** field. You might have to refresh the list before you see the choice that you want. To do so, click another tab, such as Formula, and then click the User-Defined Criteria tab again.

5. Click **Save and Close** to return to the Manage Eligibility Profiles page.
Range of Scheduled Hours: Example

This example illustrates how to define eligibility criteria based on the number of hours an employee is scheduled to work within a specified period of time.

Weekly and Monthly Ranges

You want to limit eligibility for a benefits offering to employees who were scheduled to work between 30 and 40 hours each week or between 130-160 each month as of the end of the previous quarter. To do this, add two different ranges on the Range of Scheduled Hours tab, which is under the Employment tab on the Create or Edit Eligibility Profile page.

Set the values for the first range as shown in this table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence</td>
<td>1</td>
</tr>
<tr>
<td>Minimum Hours</td>
<td>30</td>
</tr>
<tr>
<td>Maximum Hours</td>
<td>40</td>
</tr>
<tr>
<td>Scheduled Enrollment Periods</td>
<td>Weekly</td>
</tr>
<tr>
<td>Determination Rule</td>
<td>End of previous quarter</td>
</tr>
</tbody>
</table>

Set the values for the second range as shown in this table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence</td>
<td>2</td>
</tr>
<tr>
<td>Minimum Hours</td>
<td>130</td>
</tr>
<tr>
<td>Maximum Hours</td>
<td>160</td>
</tr>
<tr>
<td>Scheduled Enrollment Periods</td>
<td>Monthly</td>
</tr>
<tr>
<td>Determination Rule</td>
<td>End of previous quarter</td>
</tr>
</tbody>
</table>

Eligibility Profiles: Explained

An eligibility profile defines criteria used to determine whether a person qualifies for a benefits offering, variable rate profile, variable coverage profile, compensation object, checklist task, or other object for which eligibility must be established.

The following are key aspects of working with eligibility profiles:

- Planning and prerequisites
- Specifying the profile type, usage, and assignment usage
- Defining eligibility criteria
- Excluding from eligibility
• Assigning sequence numbers
• Adding multiple criteria
• Viewing the criteria hierarchy

Planning and Prerequisites

Before you create an eligibility profile, consider the following:

• If an eligibility profile uses derived factors, user-defined formulas, or user-defined criteria to establish eligibility, you must create these items before you create the eligibility profile.

• If you are defining eligibility criteria for a checklist task, variable rate profile, or variable coverage profile, you must include all criteria in a single eligibility profile, because these objects can be associated with only one eligibility profile. You can, however, associate multiple eligibility profiles with benefits offerings, compensation objects and the Performance Management object.

• Eligibility profiles are reusable, so use names that identify the criteria being defined rather than the object with which the profile is associated. For example, use "Age-20-25+NonSmoker" rather than "Supplemental Life-Min Rate."

Specifying Profile Types, Usage, and Assignment Usage

When you create an eligibility profile, you specify whether the profile applies to participants or dependents.

• Use participant profiles to define criteria for a person who has a work relationship with the legal employer as an employee, contingent worker, or nonworker.

• Use dependent profiles for participants' spouses, family members, or other individuals who qualify as dependents. Dependent profiles can be associated with only benefit plans and plan types.

An eligibility profile's usage determines the type of objects with which the profile can be associated. For example, set the profile usage to:

• Benefits to make the profile available to associate with benefits objects, such as programs, plans, plan types, options, variable rate profiles, and variable coverage profiles

• Compensation to make the profile available to associate with individual and workforce compensation plans as well as total compensation statements

• Global to make the profile available to multiple business processes

• Goals to make the profile available to associate with goals when creating a goal plan or mass assigning goals, or to associate with goal plans

For Performance Management, you can select any usage.

When you create an eligibility profile, you specify which assignment to use with it. For profiles where usage is Compensation or Performance, select Specific
Assignment. For Performance Management eligibility profiles, you must select the Participant type and Specific Assignment as the assignment to use.

**Defining Eligibility Criteria**

Criteria defined in an eligibility profile are divided into categories:

- **Personal**: Includes gender, person type, postal code ranges, and other person-specific criteria
- **Employment**: Includes assignment status, hourly or salaried, job, grade, and other employment-specific criteria
- **Derived factors**: Includes age, compensation, length of service, hours worked, full-time equivalent, and a combination of age and length of service
- **Other**: Includes miscellaneous and user-defined criteria
- **Related coverage**: Includes criteria based on whether a person is covered by, eligible for, or enrolled in other benefits offerings.

Some criteria, such as gender, provide a fixed set of choices. The choices for other criteria, such as person type, are based on values defined in tables. You can define multiple criteria for a given criteria type.

**Excluding from Eligibility**

For each eligibility criterion that you add to a profile, you can indicate whether persons who meet the criterion are considered eligible or are excluded from eligibility. For example, an age factor can include persons between 20 and 25 years old or exclude persons over 65. If you exclude certain age bands, then all age bands not explicitly excluded are automatically included. Similarly, if you include certain age bands, then all age bands not explicitly included are automatically excluded.

**Assigning Sequence Numbers**

You must assign a sequence number to each criterion. The sequence determines the order in which the criterion is evaluated relative to other criteria of the same type.

**Adding Multiple Criteria**

If you define multiple values for the same criteria type, such as two postal code ranges, a person needs to satisfy at least one of the criteria to be considered eligible. For example, a person who resides in either postal range is eligible.

If you include multiple criteria of different types, such as gender and age, a person must meet at least one criterion defined for each criteria type.

**Viewing the Criteria Hierarchy**

Select the View Hierarchy tab to see a list of all criteria that you have saved for this profile. The list is arranged by criteria type.
Combining Eligibility Criteria or Creating Separate Profiles: Points to Consider

You can define multiple criteria in an eligibility profile or create separate profiles for individual criterion. To determine the best approach, consider the following:

- Does the object you are defining eligibility for support multiple eligibility profiles?
- What is the best approach in terms of efficiency and performance?

Support for Multiple Eligibility Profiles

If you are defining eligibility criteria for a checklist task, variable rate profile, or variable coverage profile, you must include all criteria in a single eligibility profile, because these objects can be associated with only one eligibility profile. You can, however, associate multiple eligibility profiles with benefits offerings, compensation objects and the Performance Management object.

Efficiency and Performance

For optimum performance and efficiency, you should usually attach profiles at the highest possible level in the benefits object hierarchy and avoid duplicating criteria at lower levels. Plan types in program, plans in program, plans, and options in plans inherit the eligibility criteria associated with the program. For example, to be eligible for a benefits plan type, a person must satisfy eligibility profiles defined at the program level and at the plan type in program level.

However, it is sometimes faster to create more than one profile and attach the profiles at various levels in the hierarchy. For example, you might exclude employees from eligibility at the program level who do not have an active assignment. At the level of plan type in program, you might exclude employees who do not have a full-time assignment. Finally, at the plan level, you might exclude employees whose primary address is not within a service area you define.

Note

Eligibility criteria can be used to include or exclude persons from eligibility. Sequencing of criteria is more complicated when you mix included and excluded criteria in the same profile. For ease of implementation, try to keep all excluded criteria in a separate eligibility profile.

Creating a Participant Eligibility Profile: Worked Example

This example demonstrates how to create a participant eligibility profile used to determine eligibility for variable life insurance rates. The profile includes two eligibility criteria: age and tobacco. Once the eligibility profile is complete, you can associate it with a variable rate profile.

The following table summarizes key decisions for this scenario.
### Decisions to Consider

<table>
<thead>
<tr>
<th>What is the profile type?</th>
<th>In this Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of object is associated with this profile?</td>
<td>Participant</td>
</tr>
<tr>
<td>What types of eligibility criteria are defined in this profile?</td>
<td>Variable rate for benefits offering</td>
</tr>
<tr>
<td>What are the criteria values?</td>
<td>Age derived factor (must have been previously defined)</td>
</tr>
<tr>
<td>Should persons meeting these criteria be included or excluded from eligibility?</td>
<td>Included</td>
</tr>
</tbody>
</table>

### In this Example

- **Profile Usage**: Benefits
- **Description**: Participant, age under 30, non-smoker

The following figure shows the tasks to complete in this example:

1. **Prerequisite**: Create derived factors for age bands
2. **Create participant eligibility profile**
3. **Add derived factor for age**
4. **Add criteria for tobacco use**
5. **Associate eligibility profile with variable rate profile**

### Note

In this example, you create one eligibility profile that defines the requirements for a single variable rate. Typically, you create a set of eligibility profiles, one for each variable rate. When you have completed all steps described in this example, you can repeat them, varying the age and tobacco use criteria, to create a separate profile for each additional rate.

### Prerequisites

1. Create an age derived factor for ages less than 30.

### Creating the Eligibility Profile

1. In the Plan Configuration work area, click **Manage Eligibility Profiles**.
2. Click the **Create** menu, and then click **Create Participant Profile**.
3. In the Eligibility Profile Definition region of the Create Participant Eligibility Profile page, complete the fields as shown in this table. Use the default values except where indicated.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Age Under 30+Non-Smoking</td>
</tr>
<tr>
<td>Profile Usage</td>
<td>Benefits</td>
</tr>
<tr>
<td>Description</td>
<td>Participant, age under 30, non-smoker</td>
</tr>
</tbody>
</table>
## Adding the Derived Factor for Age
1. In the Eligibility Criteria region, select the Derived Factors tab.
2. On the Age tab, click **Create**.
3. In the **Sequence** field, enter 1.
4. In the **Age** field, select the derived factor that you previously defined for ages under 30.
5. Do not select the **Exclude** check box.

## Adding the Criteria for Tobacco Use
1. Select the Personal tab.
2. On the Uses Tobacco tab, click **Create**.
3. In the **Sequence** field, enter 1.
4. In the **Tobacco Use** field, select None.
5. Do not select the **Exclude** check box.
6. Click **Save and Close**.

## Associating the Eligibility Profile with a Variable Rate Profile
1. In the Plan Configuration work area, click **Manage Benefits Rates**.
2. Select the Variable Rates tab.
3. Click **Create**.
4. In the **Eligibility Profile** field, select the eligibility profile you just created.
5. Complete other fields as appropriate for the rate.
6. Click **Save and Close**.

### Note
You can reuse this eligibility profile by associating it with other objects that restrict eligibility, including benefits offerings, compensation plans, and checklist tasks.

## Eligibility Profiles: Examples

The following examples illustrate scenarios where eligibility profiles are needed and briefly describe the setup required for each scenario.

### 401(k) Eligibility
A 401(k) savings plan is restricted to full-time employees under 65 years of age. To restrict eligibility for the plan, you must first create a derived factor for the
age band of 65 and older, if one does not already exist. Then create an eligibility profile. Set the Profile Usage to Benefits and the Profile Type to Participant. Add the following criteria:

<table>
<thead>
<tr>
<th>Criteria Type</th>
<th>Name</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Assignment Category</td>
<td>Full-Time</td>
</tr>
<tr>
<td>Derived Factor</td>
<td>Age</td>
<td>Select the age derived factor you created previously, and then select the Exclude check box.</td>
</tr>
</tbody>
</table>

Associate the eligibility profile with the 401(k) plan.

**Bonus Eligibility**

A bonus is offered to all employees who received the highest possible performance rating in all rating categories. To restrict eligibility for the bonus, create an eligibility profile. Set the participant type to Participant, profile usage to Compensation or Global, and use in assignment to Specific Assignment. Add the following criteria for each rating category:

<table>
<thead>
<tr>
<th>Criteria Type</th>
<th>Name</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Performance Rating</td>
<td>Select the performance template and rating name, and then select the highest rating value.</td>
</tr>
</tbody>
</table>

Associate the eligibility profile with the bonus compensation object.

**Checklist Task Eligibility**

A new hire checklist contains tasks that do not apply to employees who work in India. To restrict eligibility for the tasks, create a participant eligibility profile. Set the Profile Usage to Checklist and the Profile Type to Participant. Add the following criteria:

<table>
<thead>
<tr>
<th>Criteria Type</th>
<th>Name</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Work Location</td>
<td>Select India as the work location, and then select the Exclude check box.</td>
</tr>
</tbody>
</table>

Associate the eligibility profile with each checklist task that does not apply to workers in India.

**Grandfathered Benefits Eligibility: Explained**

Grandfathered eligibility enables participants who have been enrolled in a benefit to retain eligibility to elect that benefit when they would otherwise not be eligible to elect it.

Setting up grandfathered eligibility involves creating a benefits group and an eligibility profile based on the benefits group. You associate the eligibility profile
with the benefits offering, and associate the benefits group with the individuals who qualify to be grandfathered into the offering.

This figure shows creating a benefits group, using it in an eligibility profile, and associating the profile to a benefits offering and the group to its members.

These are the basic steps:

1. Create a benefits group named descriptively, such as Grandfathered Eligibility. Select Navigator - Plan Configuration. Then click Manage Benefit Groups in the task pane.

2. Select the Manage Eligibility Profiles task and create an eligibility profile using these criteria:

<table>
<thead>
<tr>
<th>Criteria Type</th>
<th>Criteria Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Benefit Groups</td>
<td>Select the grandfathered benefits group that you created.</td>
</tr>
</tbody>
</table>

3. On the eligibility step of the plan configuration process, select the grandfathered eligibility profile for the benefits offering and make it required.

4. Assign the benefits group to workers who qualify for the benefit.

Either assign to individuals using the Manage Person Habits and Benefit Groups task in the Benefits Service Center, or assign to many workers in a batch load.

Managing Postal Code Ranges and Service Areas in the Integrated Workbook: Explained

You can define postal code ranges and services areas to use as eligibility criteria using the integrated Microsoft Excel workbooks. You group postal codes into ranges, and in turn group ranges into service areas. Service areas define geographical regions as eligibility criteria when work location is not adequate. You can create multiple postal code ranges and service areas in a single integrated workbook. Then, upload them into the application database. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing postal code ranges and service areas using the workbook is:

1. Generate the workbook.
2. Edit postal code ranges and service areas in their respective worksheets.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

On the Plan Configuration work area:

1. In the Tasks pane, under Manage Eligibility, click **Manage Benefit Service Areas**.
2. In the Search Results section of either the Postal Code Ranges or Service Areas tab, click **Prepare in Workbook**.

Editing Postal Code Ranges and Service Areas in the Workbook

You add new postal code ranges in the Load Postal Code Ranges worksheet. The columns in the Postal Code Ranges section of the worksheet are the same as the Create Postal Code Ranges dialog box fields.

You add new service areas and edit existing ones in the Load Service Areas worksheet. The columns in the Service Areas section of the worksheet are the same as the Create Service Area dialog box fields. For each service area that you add, enter the postal code ranges that comprise the service area. You can enter multiple postal code ranges for a single service area. Do so by naming the service area in the first column of the Postal Code Ranges section of the worksheet for each postal code row.

**Restriction**

The postal code ranges must already be in the application database before you can enter them in the worksheet rows. Upload any new postal code ranges first, before you upload your service area edits.

The workbook uses the **Changed** cell in both worksheets to automatically identify the rows that you edit.

Uploading Edits

After you complete your edits, click **Upload**. Only those rows marked as changed are uploaded into the application tables.

The **Worksheet Status** field is updated only if the server or database becomes inaccessible during upload.

**Restriction**

You cannot edit postal code ranges in the worksheet if they uploaded successfully. To edit the postal code ranges after upload, you must search for the range on the Postal Code Ranges tab of the Manage Postal Code Ranges and Service Areas page. Then, you select the range and click **Edit**.

Resolving Errors

The application automatically updates the **Status** value in each row of the workbook. If there are errors that require review, the upload rolls back the change in the application and sets the row status in the workbook to **Upload Failed**. It then continues to the next row in the workbook. You double-click
**Update Failed** in the **Status** cell to view the error. Fix any data issues in the workbook and upload the new changes.

When you upload the service area worksheet with postal code ranges that were not successfully uploaded, the data in the Service Area section might upload successfully. However, any rows in the Postal Code Ranges section of the worksheet with values not yet uploaded, have an error status indicating invalid postal code range.

**FAQs for Manage Benefit Eligibility**

**What happens if I include multiple criteria in an eligibility profile?**

If you define multiple values for the same criteria type, such as two postal code ranges, a person needs to satisfy at least one of the criteria to be considered eligible. For example, a person who resides in either postal range is eligible. If you include multiple criteria of different types, such as gender and age, a person must meet at least one criterion defined for each criteria type.

**What happens if I do not select the Required option when I add an eligibility profile to an object?**

If you add only one eligibility profile to an object, then the criteria in that profile must be satisfied, even if the **Required** option is not selected. If you add multiple eligibility profiles, the following rules apply:

- If all profiles are optional, then at least one of the profiles must be satisfied.
- If all profiles are required, then all of the profiles must be satisfied.
- If some but not all profiles are required, then all required profiles must be satisfied and at least one optional profile must also be satisfied.

**Manage Benefit Life Events**

**Life Events: Explained**

A life event is a change to a person or a person's employment that affects benefits participation. Examples of life events are changes in worker assignment, anniversary of employment, and marriage. Life events affect benefits processing for a worker.

Aspects of life events that are related to benefits processing are:

- **Type**
- **Status**

**Type**

The four types of life events are explicit, temporal, scheduled, and unrestricted. You configure explicit life events during implementation. They can include either
personal or work-related changes, such as an address change or assignment transfer. Temporal life events occur with the passage of time, such as the sixth month of employment, and are predefined. For temporal events, you use derived factors associated with plan design eligibility factors. Scheduled life events are assigned. Open enrollment periods are an example of a scheduled life event. Unrestricted life events are for benefit enrollments that are not time-dependent, such as savings plan enrollments. Participants can make enrollment changes at any time.

**Status**

Two life event statuses are important for benefits processing, potential and active. Potential life events are detected life events, but they do not generate enrollment actions. Potential life events are processed by the participation evaluation process. If potential life events meet plan design requirements, they become active life events, which can generate enrollment opportunities.

In addition to life events statuses that affect benefits processing, you can update individual life event statuses for a worker. Life events statuses that you can set include closed, backed out, and voided. Closing a life event prevents further enrollment processing of the life event. Backing out a life event rescinds any updates to worker records that are generated by the participation evaluation process. You can back out only life events in the started status or processed status. Voiding a life event rescinds any updates and prevents further processing.

**Explicit Life Events: Explained**

You configure explicit life events during implementation. They can include either personal or work-related changes, such as an address change or assignment transfer. Define an explicit life event by specifying its processing characteristics and the database changes that generate it. Use criteria similar to those that define eligibility profiles and variable rate profiles.

Aspects of explicit life events include:

- **Type**
- **Definition**
- **Detection**

**Type**

The two types of explicit life events are person change and related person change. A person change is a change in HR data that you define to indicate that a person has experienced a life event. A related person change is a change in HR data that you define to indicate that a person has experienced a related-person life event.

**Definition**

To define changes to a person's record that generate a life event, you specify database table and column values that, when changed, are detected and processed as a life event. For example, you might define that a life event occurs when the database value of a person's marital status changes from single to married. An example of a related-person life event is when a participant's child,
who is older than 26, becomes disabled. The participant’s record can be updated to reflect this and the child can be designated as a dependent.

Note

If you do not find criteria among choices in selection lists of table and column objects, you can use a formula to generate a life event.

Associate the person change that you define with a life event. You can link multiple person changes to a single life event and you can link a single person change to more than one life event.

Detection

Specify the new value for this combination of database table and column that, when detected, indicates that a life event has occurred. A person change can be defined to be detected based on:

- A new value
- A change from a specific old value to a specific new value
- Any change to a value
- A change from any value to no value
- A change from no value to any value

You can use a formula to define more complex conditions for detecting a life event.

If you define a life event based on changes to more than one table, the life event is detected when a data change in one of the tables meets the person change criteria. For life events that entail multiple changes to the same table, the person must satisfy all person change criteria associated with the table for the life event to be detected.

Scheduled Life Events: Explained

A scheduled life event is an assigned life event, such as an open enrollment period.

Types of scheduled life events are:

- Administrative
- Open enrollment

Administrative

Assign administrative life events to a person or group when the terms and conditions of a benefit plan change significantly and participants must be allowed to re-evaluate their elections. This type of life event is also used during implementation to upload data initially. Examples of administrative life events include renegotiation of contract rates or addition of a new benefit.

Open Enrollment

The open enrollment life event determines eligibility for an open enrollment period. Open enrollment periods typically recur on a scheduled basis, such as
an annual health and welfare benefits enrollment or a quarterly savings plan enrollment.

Unrestricted Life Events: Explained

Use unrestricted life events for benefit enrollments that are not time-dependent, such as savings plan enrollments. Participants can make enrollment changes at any time.

The two types of unrestricted life event are:

- **Unrestricted**
  Unrestricted life events have a one day enrollment period and remain in the started status until the next unrestricted life event is started.

- **Unrestricted Open**
  You can configure the enrollment period for unrestricted open life events.

Aspects of Unrestricted Life Events

These aspects are common to both unrestricted and unrestricted open life events:

A new unrestricted life event is started every time an attempt is made to alter the benefits enrollment. Any previous unrestricted life event is closed at that time. Consequently, from the worker’s or benefits professional’s perspective, unrestricted life events have no enrollment period limitation.

Unrestricted life events in started status are closed when evaluation processing occurs.

Processing an unrestricted life event with an effective date that is prior to existing unrestricted events will result in the later events being backed out, but does not affect any other types of life events.

Temporal Life Events: Explained

All temporal life events are predefined. Temporal life events occur with the passage of time, such as the sixth month of employment.

Aspects of temporal life events include:

- **Types**
- **Detection rules**
- **Implementation**

Types

The predefined temporal life events use derived factors and include:

- Derived age
- Derived combination of age and length of service
• Derived compensation
• Derived hours worked in period
• Derived length of service
• Derived total percentage of full time

When you run the participation evaluation process in scheduled, life event, or temporal mode, a life event is created when the minimum or maximum boundary is crossed as specified in the definition of the applicable derived factor.

Detection Rules
When you create or edit a life event, select from among these options for the temporal detection rule:

• Do not detect past or future temporal events
  This option prevents the detection of past temporal events while the application processes this life event.

• Do not detect past temporal events
  The second option prevents temporal event detection while the application processes the specified life event. Use this rule with open and administrative events, or explicit events, when you do not want to detect temporal events.

• Never detect this temporal life event
  This option prevents the automatic detection of a specific temporal event. Set this rule for any seeded temporal event, for example, age change or length of service change, that you do not want to detect, such as during mid-year changes.

Implementation
Use predefined temporal life events that are calculated from derived factors in plan and program design configuration, in conjunction with eligibility profiles or variable rate profiles attached to eligibility profiles.

Manage Benefit Programs and Plans

Benefits Hierarchy Objects: How They Work Together

Use one or more benefit object hierarchies to organize and maintain your benefits offerings. Administrative policies and procedures, such as eligibility requirements, life event definitions, costs, and coverage limits that are set at a higher level cascade to objects at lower levels, unless overridden by more specific rules defined at a lower point in the hierarchy.

This figure shows a benefits object hierarchy for a health insurance benefits offering that is populated at all four available levels: program, plan type, plan, and option.
Note

The icons shown in the figure also appear next to benefits objects in various places throughout the application. The icons serve to quickly identify the benefits object function: program, plan type, plan, or option.

Within the health insurance program are two plan types: medical and dental. Two medical plans are within the medical plan type, and two dental plans are within the dental plan type.

At the fourth level are options to enroll the employee plus family, employee plus spouse, or employee only. Once defined, options can be reused. For example, the option to enroll the employee plus spouse is available to both the health maintenance organization and the preferred provider organization medical plans, but is not available to either dental plan. The employee option is associated with all plans in this hierarchy.

Note

It is not necessary to populate all four levels of the benefits object hierarchy.

- When plans do not offer options, the options level of the hierarchy is not populated.
- When a benefits offering such a savings plan is not organized under a program, and is subsequently identified as a plan not in program, the program level is not populated. The plan type becomes the top level, followed by the plan not in program at the next lower level. Options, if any, would populate the lowest level of the hierarchy.
The following figure shows a hierarchy where the program level is not populated.

![Diagram](image)

The plan type contains a plan not in program. The dashed lines indicate that if the plan not in program does not offer options, then the option in plan level is not populated. In that case, the hierarchy would have only two levels: plan type and plan not in program.

**Program**

Each program represents a package of related benefits and appears at the top level of its own hierarchy. Plan types, plans, and options appear at subordinate levels of the hierarchy. For example, a health insurance program spans medical, dental, and vision categories of expense coverage. All plans in a program inherit the program’s currency definition.

**Plan Type**

A plan type is a category of plans, such as medical or dental insurance. Use plan types to efficiently define, maintain, and apply one set of administrative rules for all benefit plans of the same type.

**Plan**

A plan is a specific offering within the plan type. A health maintenance organization and a preferred provider organization are examples of specific medical insurance plans.

**Option**

An option is an electable choice within a plan, such as coverage for an employee, employee plus spouse, or the employee’s immediate family. Options are reusable. Once defined, you can associate an option with one or more plans and plan types. When you associate an option with a plan type, you make that option available for selection in all plans of that plan type.
Benefits Prerequisite Setup Components: How They Work with Other Benefits Objects

You typically set up several components for later use while implementing and maintaining program and plan configurations.

The components specify rules that validate values or determine benefits eligibility. You can set up new, or edit existing components at any time. Because some components are used while defining other components, set up the components in the following sequence when possible.

- Action items
- Derived factors
- Eligibility profiles
- Life events
- Variable rate profiles and variable coverage profiles
- Variable rates and coverages
- Standard rates and coverages

**Enrollment and Beneficiary Action Items**

You can define enrollment and beneficiary designation requirement action items which, if not provided, cause either enrollment in the benefit offering to be suspended or beneficiary enrollment to be suspended. You can define different certification requirements for different action items.

**Derived Factors**

Derived factors typically change with time, such as age, length of service, and compensation. You can use any of the available derived factors as decision criteria in a participant eligibility profile. You can use the Age derived factor in a dependent coverage eligibility profile.

**Eligibility Profiles**

After you define participant eligibility profiles and dependent coverage eligibility profiles, you can attach them to the appropriate level of the benefits object hierarchy to administer policies regarding who can participate in the benefits objects. You can attach multiple profiles to one object. Each profile can contain required criteria and optional criteria. For example, a profile could specify that eligible employees must work full time, and either have been employed for at least two years, or be assigned to a manager grade. You also associate eligibility profiles to a variable rate profiles and variable coverage profiles.

**Life Events**

You can administer benefits policies based on life events that occur to participants, such as the birth of a dependent or a work location change. You can set up certification requirements, designation requirements, and adjust rates and coverages based on predefined life events or events that you define. You can
set up life events based on derived factors, such as age, length of service, and compensation.

Life events are defined separately from any benefits object or rate so that a single life event can have multiple uses.

- **Enrollment requirements** - You can link qualifying life event definitions to the enrollment requirements for a benefits object. Subsequent occurrence of the life event causes participation evaluation processing to consider the person’s eligibility for that object.
- **Enrollment coverage** - You can vary the amount of coverage available for a plan based on a life event. You define the standard coverage amount for the plan or option in plan and the coverage level available for those participants who experience the life event. You can also limit a currently enrolled participant’s ability to change coverage levels.

**Variable Rate Profiles and Variable Coverage Profiles**

Depending on your business requirements, you can associate one or more variable rate profiles and variable coverage profiles with rates and coverages, respectively.

The variable rate profile definition offers several delivered calculation methods. Also, the selected variable rate profile calculation can be defined to either replace or add to the standard rate calculation. Each eligibility profile can have one or more associated derived factor criteria, such as Age, Length of Service, and Compensation.

For example, you want the calculated rate for a participant’s life insurance to vary depending on the participant’s age. Participants in the 31 to 40 age group pay $3, those aged 41 to 50 pay $4, and those 51 to 60 pay $5. Configure three variable rate profiles, each with an eligibility profile matching the appropriate Age temporal attribute.

**Note**

Eligibility Profile is a required field when defining variable rate and coverage profile details.

**Standard and Variable Rates**

You attach standard rates to a benefits object to specify monetary contributions and distributions to be made by the employee and employer. A variety of standard rate calculation methods are predefined, or you can define your own formulas for this purpose. When a participant enrolls in a plan, participation evaluation processing enters the calculated result on a payroll element for the employee. Informational rates typically used for additional reporting do not use payroll elements.

**Standard and Variable Coverages**

Standard and variable coverages work similarly to standard and variable rates. Several calculation methods are predefined. You can create and attach variable coverage profiles to coverages using a method that is similar to the way that you create and attach variable rate profiles to rates. Also, variable coverage profile definitions require that you specify an eligibility profile, to which you can optionally attach one or more derived factors. Therefore, variable coverage calculated results can vary depending on the calculation method, associated eligibility profile, and temporal events.
Configuring Eligibility Criteria at General Vs. Detailed Hierarchy Levels: Example

Setup effort and operating performance vary depending on where eligibility criteria are defined within the benefits object hierarchy. Generally, you should associate criteria at the highest level that provides the needed degree of control. If a plan or option has specific requirements that are not common to the levels above it, then it is appropriate to associate criteria at that lower level.

Within the program configuration eligibility page, eligibility requirements can be defined at three levels: program, plan type in program, and plan in program. Within the plan configuration eligibility page, eligibility requirements can be defined at two additional levels: plan and option in plan.

When more than one set of eligibility requirements apply to a given circumstance, the eligibility criteria are cumulative. In other words, criteria set at a detailed level are in addition to, and do not override, criteria set at a general level.

The following figure shows the eligibility determination hierarchy with components organized from top to bottom, general to detailed.

Wellness Program Eligibility Example

This example of wellness program eligibility illustrates an efficient approach to specifying eligibility requirements when criteria change at different levels of the hierarchy.

Manage Benefit Plans, Programs, and Events 1-35
A legal employer is setting up a benefits offering. Eligibility for the program and its plans and options vary, depending on employment status, location, and gender criteria. The wellness program is for current and retired employees only. The program contains two plan types: medical and recreational. Within the medical plan type are two plans: the health maintenance organization plan and the preferred provider organization plan. Within the recreational plan type are two plans. The headquarters plan provides access to an on-campus recreation facility for current and retired employees who work or live near headquarters. The field plan is for retired employees and current employees located at remote locations. Field options in plan consist of several national fitness franchises. The Esses franchise restricts membership to the female gender.

The following figure shows the wellness program eligibility determination hierarchy, with eligibility requirements set at the wellness program, field plan in program, and Esses franchise option in plan levels.

Eligibility Profile Setup

The intended program eligibility configuration requires three eligibility profiles set at three different levels of the hierarchy.

- An employment status eligibility profile at the wellness program.
- A location eligibility profile at the field plan in program. This is the highest level in the hierarchy at which this filter can be applied without inadvertently screening (for example, medical plan participants by location).
- A gender eligibility profile at the Esses option in plan. Again, this filter is positioned at the highest level in the hierarchy that affords control of membership gender for only the Esses franchise.
Analysis

The eligibility determination hierarchy works like a set of increasingly finer sieves, with the program level serving as the coarse sieve.

1. Because program-level eligibility criteria are evaluated first, the employment status criteria associated at the wellness program level includes only current and retired employees, which causes all persons who are not current or retired employees to be ineligible for further consideration for any objects at lower levels of the hierarchy.

2. Next, the location eligibility profile on the field plan excludes current employees who live near headquarters from joining off-campus facilities.

3. Finally, the gender eligibility profile associated with the Esses field plan option includes female membership only.

Eligibility criteria set at lower levels in the hierarchy are in addition to and do not override higher-level criteria. For example, the gender eligibility profile set up at the Esses plan option level includes females, but those females must also satisfy the employment status and location criteria set up at higher levels.

This strategy reduces processing time because the eligible population for consideration diminishes as the eligibility evaluation proceeds down the hierarchy. Although it is possible to attach an eligibility profile to each plan or option individually, that approach is much less efficient both in terms of setup and performance.

Eligibility Determination

John is a retired employee who still lives near headquarters. As a retired employee, John meets the high-level criteria and therefore has access to the on-campus recreation facility plan. Because John is not a current employee working at headquarters, he is not excluded by the field-plan-level criteria for joining a national fitness franchise. Finally, the Esses plan option is not available to John, due to the plan-option-level gender criterion.

Overriding Benefit Plan Standard Eligibility Configuration: Points to Consider

You can override standard enrollment display using a family member rule and standard eligibility processing using eligibility verification. For example, if a participant has no spouse or dependents, show the Employee option and hide the Employee Plus Spouse or Employee Plus Family options.

You use the Manage Benefit Plan Details task in the Plan Configuration work area. On either the create or edit page for plan eligibility:

1. In the Plan and Option Eligibility section, select the plan or option.

2. In the Further Details section, click the Configuration tab.

Family Member Rule

Select whether or not to check for designation requirements, or use a formula.

- The checking rule causes the application to determine whether the worker has any contacts with a relationship type that matches the designation...
requirements. If the application does not find any matches, it does not display that plan or option.

- Use a formula if your business requirements are not addressed by designation requirements configuration. Before you can select a formula, you must create it.”

**Eligibility Verification**

Specify whether participant eligibility is based on dependent eligibility and designation requirements associated with the plan or option.

- Blank: Participant is eligible if he or she meets the eligibility requirements of the participant eligibility profile criteria. Eligibility is not based on dependent eligibility or designation requirements.
- Dependent only: Participant is eligible only if the participant’s dependents meet both the eligibility and designation requirements. Participant eligibility profiles are not evaluated.
- Participant and dependent: Participant is eligible only if he or she, and his or her dependents, meet both the eligibility and designation requirements associated with the plan.

**Configuring Enrollment Criteria at General Vs. Detailed Hierarchy Levels:**

**Example**

Setup effort and operating performance vary depending on where enrollment criteria are defined in the hierarchy. Generally, you should associate criteria at the highest level that provides the needed degree of control. If a plan or option has specific requirements that are not common to the levels above it, then it is appropriate to associate criteria at that lower level.

The following figure shows the enrollment determination hierarchy organized from top to bottom, left to right, general to detailed.
Enrollment requirements defined at a lower level in the hierarchy override those
definitions cascading from above.

At the left, the hierarchy shows the three enrollment configuration levels that are
available on the program configuration enrollment page. The three enrollment
requirement levels available during program configuration (organized
from general to detailed) are program, plan type in program, and plan in
program. Below the program enrollment configurations are the two enrollment
configuration levels that are available on the plan configuration Enrollment
page: plan and option in plan. Option in plan enrollment requirements set up
on the plan configuration enrollment page override any definitions that have
been set up at a higher level, such as the plan in program level of the program
configuration enrollment page.

From the life event tabs that appear on the program configuration enrollment
page and the plan configuration enrollment page, you can set up enrollment
requirements associated with one or more life events at any of the available
hierarchy levels.

Shown at the right side of this figure is a hierarchy of five enrollment
configurations that are available from the Life Event tabs on the program and
plan enrollment pages. Again arranged from general to detailed, these life event
enrollment configurations are life event in program, life event in plan type
in program, life event in plan in program, life event in plan, and life event in
option in plan. Because life events are more specific, the life event configurations
override their corresponding parallel configurations appearing immediately to
their left in this figure.

For example, enrollment requirements at the life event in option in plan override
those set up above, such as for the life event in plan. The life event in option in
plan setup also overrides setup at the left for the option in plan.

Wellness Program Enrollment

This wellness program enrollment example illustrates an efficient approach for
specifying enrollment requirements when criteria change at different levels of
the hierarchy.

A legal employer is setting up an open enrollment period for the wellness
program to recur every November. The wellness program contains two plan
types: recreational and medical. The medical plan type includes a health
maintenance organization (HMO) plan in program and a preferred provider
organization (PPO) plan in program. Within the medical plans are options for
covering the employee, employee plus spouse, and employee plus family.

Enrollment Requirement Setup

This program enrollment configuration requires two enrollment period
requirements set at different levels of the hierarchy.

- An open enrollment period at the program level
- An additional enrollment period at the life event in plan level

Analysis

First, we set up the open enrollment period at the wellness program level,
because during that period, enrollment is available for all objects within
the wellness program. Enrollment requirements set at a general level of the
hierarchy cascade to lower levels, unless you specifically override them at a
lower point in the hierarchy. To provide additional enrollment opportunities when a life event is triggered by adding a child to the participant's family, we attach an overriding enrollment requirement at the level of the medical plan.

Enrollment criteria set at lower levels in the hierarchy override higher-level criteria. For example, the program level enrollment period does not allow enrollment at any time other than November. However, life event set up at the plan level overrides the program level criteria. This set up creates an overriding enrollment opportunity whenever a child joins a participant’s family.

This strategy reduces maintenance and processing time because the program level criteria controls enrollment for all persons, with one exception for a specific life event.

**Enrollment Determination**

Jane adopts a child into her family during June. As a current employee, Jane participates in the wellness program, medical plan type, PPO medical plan, employee plus spouse option. Although the open enrollment period for the wellness program occurs only in November, Jane does not need to wait for the open enrollment period. The life event in plan override provides an immediate enrollment opportunity to change the enrollment option to employee plus family. However, Jane must wait for the open enrollment period to change enrollment in any object within the recreational plan type.

**Plan Creation Methods: Points to Consider**

Create benefits plans by using one of these methods, which are available on the Manage Plans page:

- Complete the Quick Create Plan page.
- Prepare and upload an integrated Microsoft Excel workbook.
- Complete the plan configuration process.
- Complete the Create Plan page accessed from the Quick Create Program page.

After creating a plan not in program, you can validate the completeness of the plan and options configuration.

**Quick Create Plan**

The Quick Create Plan page is useful when you want to quickly set up the essential framework of a benefit plan configuration. You can also create many standard rates to associate with the plan or option. This method enables you to create one plan type and multiple options in one place. Otherwise, you have to use first the Manage Plan Types task and then the Manage Benefit Options task.

You can immediately associate an existing, or newly created, plan type and options with the benefit plan.

You can quickly configure essential characteristics for a plan in program or not in program. When you set Usage as **Not in program**, an additional section appears. Use this section to specify currency, defined rate frequency, and communicated rate frequency, all of which are otherwise inherited from the overarching program configuration.
When you use the Quick Create Plan page, several plan characteristics are automatically set to commonly used values. If you must edit those default settings, you can use the plan configuration process to retrieve the plan in program or plan not in program. Then, you can edit or add details at any time.

You cannot use the Quick Create Plan method to edit any existing object.

**Integrated Microsoft Excel Workbook**

The integrated workbook method is useful when you want to set up one or more benefit plans quickly. Enter basic plan details using the workbook. Save the file locally to share the plan designs with others. Then, upload the finalized plans to the application database. Use the Plan Configuration work area pages to edit and add configuration details.

You cannot edit an existing benefit plan using this method.

**Plan Configuration Process**

The plan configuration process provides you with the complete set of benefit plan characteristics, and therefore the greatest flexibility for setting up and maintaining plans.

This method is the only one that enables you to edit an existing plan, regardless of the method used to create the plan.

If you are midway through the plan configuration process and discover that you have not completed the setup for an object that you require for your plan configuration, you must:

1. Leave this process.
2. Go to the relevant task for setting up the missing object.
3. Complete that auxiliary setup.
4. Return to this process and complete the plan configuration.

**Create Plan Page Accessed from the Quick Create Program Page**

Another method to create a plan in program is available while you are using the Quick Create Program page to set up the essential framework of a program configuration. Click **Create Plan** to open the Create Plan Basic Details dialog box. Use this dialog box to specify the essential characteristics of a plan in program without having to go to the Manage Benefit Plan Details task.

The Create Plan Basic Details page enables you to associate the new plan with an existing plan type and multiple existing options. When you return to the Quick Create Program page, you can immediately associate the newly created plan with the program.

**Validation of Plans Not in Program**

The validation process identifies errors early in the setup process and enables the implementor to quickly resolve any issues that may occur. Plans in program are validated as part of the program validation.
In the Programs and Plans page, Plans tab, Search Results section, select a plan not in program and click **Validate**. On the Plan Hierarchy page, select an option and click **Validate**.

You can hover over those fields with icons to view a description of the status.

**Quick Create Plan: Explained**

Quick create plan functionality defines essential configuration for benefits plans.

Consider the following aspects of quick create plan functionality while deciding whether this method is appropriate for configuring a particular benefits plan:

- Capabilities
- Automatic settings
- Editing saved plans

**Quick Create Plan Capabilities**

The ability to very quickly set up a large quantity of items produces a significant time savings. For example, you can quickly create numerous standard rates, and then update them with further details later.

You can use quick create plan functionality to:

- Set up temporary plans for:
  - Testing and proof of concepts.
  - Confirming understanding of plan configuration requirements.
  - Supporting agile development techniques.
  - Pre-sales customer demonstrations.
- Set up essential plan configuration, and then use the edit plan configuration functionality to add new or edit existing configuration at a later time.
- Create and attach objects without exiting to other tasks.
  - Create a plan type and attach the plan to the plan type without exiting to the Manage Plan Types task.
  - Create options and attach them to the plan without exiting to the Manage Plan Options task.
  - Create an option in plan level employee and employer standard rate without exiting to the Manage Benefit Rates task.
  - Create an option in plan level coverage flat amount without exiting to the Manage Benefit Plan Coverage task.
Automatic Settings

When you use quick create plan functionality, the following field values are automatically set.

- The plan status is set to **Pending**.
- The statuses of any associated plan options are set to **Active**.
- The types for any associated rates are set to standard rates.
- The types for any associated coverages are set to standard coverages.
- Program year periods are automatically selected for the range of two years before and one year after the current year. All plan year periods are of type **calendar year**.
- For any associated eligibility profile, the **Required** criteria match check box is not selected.
- The enrollment rule is set to **Current - can keep or choose; new - can choose**.
- The plan function is set to **Regular**.
- If the plan usage is set to **In program**, then **Enable unrestricted enrollment** is disabled.
- If the plan usage is set to **Not in program**, **Enable unrestricted enrollment** is enabled. You can either select or not select that field.
- If you enable unrestricted enrollment, then
  - **Rate Start Date** and **Coverage Start Date** are set to **Event**.
  - **Previous Rate Start Date** and **Previous Coverage Start Date** are set to **One day before event**.
  - Enrollment life event is set to **Unrestricted**.
  - **Enrollment Period Start Date** and **Enrollment Period End Date** are set to **As of Event Date**.
  - **Close Enrollment Period Date** is set to **When elections are made**.

No automatic settings are made for:

- Dependent or beneficiary designation
- Primary care physician designation

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**Note**

You can later use Manage Benefit Plan Details configuration process to retrieve existing plan configurations and then edit any of the automatic settings. You can also add definitions that were not specified during the quick create process.

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**Editing Plan Configuration**

You cannot use quick create plan functionality to edit any field of any saved plan. After you use quick create plan functionality to save a plan definition,
you use manage benefit plan details functionality to retrieve the existing plan configuration. At that time, you can edit existing previously unspecified settings.

After retrieving a quick create plan, you can:

- Change plan status.
- Add predefined options. You can also change option status.
- Add plan year periods for fiscal years.
- Add or remove standard rates, and add imputed rates, and variable rates. You can select from several available predefined rate calculation methods or define your own rate calculation formulas.
- Add or remove standard coverages, and add variable coverages. You can select from several available predefined coverage calculation methods or define your own coverage calculation formulas.
- Add or remove eligibility profiles. You can also select the **Required** criteria match check box for any associated eligibility profile.
- Configure requirements for:
  - Scheduled and life event enrollment
  - Dependent and beneficiary designation
  - Primary care physician designation

### Program and Plan Validation Statuses: Explained

Validation results provide statuses for a range of setup objects, such as year periods, life events, action items, and rates, in the program or plan not in program hierarchy.

Examples of issues discovered during validation include:

- Programs or plans with no associated plan years
- Programs with no included plans
- Incomplete configuration where required values are missing

Validation results appear in a tabular display, with the following indicators for each setup object and each level in the specified hierarchy path.

<table>
<thead>
<tr>
<th>Description of the Cell Contents</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green with check mark</td>
<td>Required setup exists.</td>
</tr>
<tr>
<td>Green with red x</td>
<td>Required setup does not exist.</td>
</tr>
<tr>
<td>White with green check mark</td>
<td>Optional setup exists.</td>
</tr>
<tr>
<td>White with question mark</td>
<td>Optional setup does not exist. No error, informational.</td>
</tr>
<tr>
<td>Plain green</td>
<td>Optional level not configured. Setup is required if the level is added.</td>
</tr>
<tr>
<td>Plain white</td>
<td>Optional level not configured. Setup would be optional if the level is added.</td>
</tr>
<tr>
<td>Gray</td>
<td>Setup is not applicable.</td>
</tr>
</tbody>
</table>
Waive Plans and Waive Options: Explained

Waive plans and waive options enable participants to decline enrollment opportunities for which they are otherwise eligible.

Consider the following aspects

- Benefits of including waive plans and options in plan configurations
- Creating and using waive plans
- Creating and using waive options

Benefits of Waive Plans and Options

By deploying waive plans and waive options, you can use predefined reports to show enrollment results for those employees who have chosen to waive plans and options. Such reports are useful when considering whether to redesign your benefits offerings. Correlation of demographic data with waive enrollments helps discern benefits pricing issues and coverage issues with respect to the nature of benefits that are currently offered.

You typically define a waive plan or option when you want the waive plan or option to appear to the participant as an electable choice amongst other plans or options. Clear choices avoid misunderstandings. For example, the business requirement may be to automatically enroll employees into a basic medical insurance plan by default, unless the employee explicitly opts out of all medical insurance plans. When employees manually elect a waive plan that is clearly presented amongst other medical plans, their intentions to opt out are clear. If medical coverage issues later occur, it is clear that the employees explicitly chose to not be enrolled in either the default plan or any other medical plan offering, and that their choice was not made in the absence of knowledge of available alternatives.

Creating and Using Waive Plans

You can create a waive plan to enable eligible persons to decline participation at the plan type level. To designate a plan as a waive plan, set the plan function field to **Waive** in the plan configuration basic details section.

After you create the waive plan, use the plans and plan types section of the program configuration basic details page to select and add the waive plan to the table of plans associated with the plan type in that program. When an eligible person elects the waive plan, that person declines enrollment in all plans within that plan type.

Creating and Using Waive Options

Similarly, you can attach a waive option in addition to the regular options in a plan to enable eligible persons to decline participation at the plan level.

After you create the waive option, use the options section of the plan configuration basic details page to select and add the waive option to the table of options associated with the plan. When an eligible person elects the waive option, that person declines enrollment in all options within that plan.
If a plan type contains only one existing plan, consider attaching a waive option to the existing plan instead of adding a waive plan to the plan type.

**Note**

Do not attach a waive plan or waive option to plan configurations that require eligible persons to elect at least one regular option from a group of options or at least one regular plan from a group of plans.

---

**Defined Rate Frequency and Communicated Rate Frequency Values: How They Work Together**

The defined rate frequency and communicated rate frequency values establish the time basis for rate amounts that are either used internally or displayed to participants.

- The defined rate frequency determines the time basis of rates used in calculations or stored for other internal use.
- The communicated rate frequency determines the time basis of rates that appear to participants.

Defined rate frequency, communicated rate frequency, and program default currency are program-level attributes. An exception occurs in plan configuration, where setting the plan usage field to **Not in program** causes the defined rate frequency, communicated rate frequency, and plan default currency fields to appear. In that special case, these attributes are required to be specified as part of the plan-not-in-program configuration. After the defined rate frequency, communicated rate frequency, and currency are appropriately defined for benefits programs or plans not in program, you can use the Create Rates page to define named rates for specific objects within those hierarchies.

**Defined Rate Frequency**

The time basis of costs defined in the Additional Information section of the Create Rates page is always determined by the relevant defined rate frequency.

For example, a health and welfare program includes the dental plan type. The dental plan type includes the dental preferred provider organization (PPO) plan and the dental health maintenance organization (HMO) plan. The dental PPO plan includes options for covering the employee, employee plus spouse, and so on. The default program currency for the health and welfare program, to which the dental plan type and dental PPO plan are associated, is set to **US Dollars**. The defined rate frequency of the health and welfare program is **Monthly**. On the calculation tab of the Create Standard Rates page for the dental PPO plan, employee plus spouse option, the calculation method is set to **Flat amount**, and that flat amount value is set to **32.50**.

The rate inherits the currency defined for the programs or plans not in program to which the benefits object is associated. In this example, the currency for the health and welfare program is **US Dollars**. Therefore the defined rate is the **flat amount: 32.50 US Dollars monthly**. That defined rate is stored for use in subsequent calculations.
Communicated Rate Frequency

The communicated rate frequency determines the time basis of costs that appears to participants. The rate communicated to participants differs from the defined rate if the communicated rate frequency is different from the defined rate frequency. For example, the defined rate frequency is monthly, with 12 monthly periods in a year, while the communicated rate has the frequency of the participant’s payroll period, such as 26 biweekly periods in a year.

To convert from the defined rate to the communicated rate, the annual cost is first calculated. The annual cost for employee plus spouse participation in the dental insurance plan is:

\[(32.50 \text{ US Dollars per month}) \times (12 \text{ months per year}) = 390 \text{ US Dollars per year}\]

To continue the example, dental insurance costs are deducted from participants’ biweekly paychecks. The communicated rate frequency is set to **Per pay period**. There are 26 payroll periods in the plan year period.

The communicated rate is the annual cost divided by the number of periods in a year at the communicated rate frequency:

\[(390 \text{ US Dollars per year}) / (26 \text{ payroll periods per year}) = 15.00 \text{ US Dollars per payroll period}\]

Benefits Rate Frequencies: How They Affect Rates

Specify the rate communicated to participants during enrollment by configuring frequency settings in basic details of the program or plan not in program. Use settings on the standard rate to configure the payroll deduction amount. Your configuration determines whether the communicated amount in the self-service enrollment pages and Enrollment work area is the same as the payroll amount.

Program or Plan Frequency Settings That Affect Rates

Select a value for each of the following frequencies when you configure the basic details for a program or plan not in program in the Plan Configuration work area.

- **Defined Rate Frequency**: Frequency specified for the activity rate calculation. Possible selections are Annually, Biweekly, Monthly, Hourly, Quarterly, Semiannually, Semimonthly, or Weekly.
- **Communicated Rate Frequency**: Used to calculate the rate displayed on the self-service enrollment pages and in enrollment results in the Enrollment work area. Possible selections are Estimated per pay period, Per month, Per pay period, Per pay period with element frequency rules, or Per year.

The following table defines the pay period values.

<table>
<thead>
<tr>
<th>Frequency Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per pay period</td>
<td>Uses the number of pay end dates derived from the payroll definition. For example, a weekly payroll might result in 53 end dates in the calendar year.</td>
</tr>
</tbody>
</table>
### Estimated per pay period

Uses the standard number of periods corresponding to the period type value selected in the payroll definition, regardless of the number of pay end dates in the calendar year. For example, communicated rate calculations use the fixed number of 52 weekly periods, even for years with the nonstandard 53 weekly periods.

### Per pay period with element frequency rules

Uses the frequency rules of the payroll element associated with the standard rate to determine the number of deductions in the calendar year. For example, one of your benefit deductions occurs only on the first biweekly payroll in each month.

If you use this communicated rate frequency, select **Per-pay-period amount** as the value passed to payroll.

---

**Restriction**

If you select one of the per pay period choices, you must define a corresponding payroll and assign the payroll to the relevant participants. Use the tasks in the Define Elements, Balances and Formulas task list in the Setup and Maintenance work area.

---

**Standard Rate Frequency Settings That Affect Rates**

Select a value for each of the following optional attributes when you configure rate details and payroll information for the standard rate in the Plan Configuration work area.

- **Element Input Value**: Used to transfer the benefit rate to payroll through the element entry. Before you can select an element input value, you must first select a payroll element for the standard rate.
- **Value Passed to Payroll**: Amount that the application passes to the element entry. Possible selections are Annual amount, Communicated amount, Defined amount, Estimated per-pay-period amount, or Per-pay-period amount. Leave this field blank if you do not use element entries.

---

**Tip**

If you want the communicated amount to be the same as the payroll deduction, be sure to coordinate the settings for the communicated rate frequency and the value passed to payroll.

- **Rate Periodization Formula**: You can customize the annual, defined, and communicated rate calculations for any activity rate. To do so:
  a. Create a fast formula using the Rate Periodization formula type.
  b. Select the formula on the Processing Information tab of the standard rate.
How Communicated Rate is Calculated

The following table identifies the possible communicated rate values, the calculation used to determine the amount, an example amount, and the example calculation. The examples are based on a family medical plan and use the following values:

- Standard rate: 4,000 USD
- Defined rate frequency: Quarterly
- Payroll period type: Biweekly
- Element frequency rules for this deduction: First pay period in the month only

<table>
<thead>
<tr>
<th>Communicated Rate Frequency</th>
<th>Calculation Used to Derive Communicated Amount</th>
<th>Example Communicated Amount (USD)</th>
<th>Example Calculation Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per year</td>
<td>Standard rate x Number of times defined rate frequency occurs in 1 year</td>
<td>16,000</td>
<td>4,000 x 4</td>
</tr>
<tr>
<td>Per month</td>
<td>Annual amount / Number of times communicated rate frequency occurs in 1 year</td>
<td>1,333.3333</td>
<td>16,000 / 12</td>
</tr>
<tr>
<td>Per pay period</td>
<td>Annual amount / Actual number of pay periods in 1 year based on payroll frequency</td>
<td>One of these two amounts, depending on the year: 615.3846, 592.5926</td>
<td>• Annual amount / 26 pay periods • Annual amount / 27 pay periods</td>
</tr>
<tr>
<td>Estimated per-pay-period</td>
<td>Annual amount / Standard number of pay periods in 1 year based on payroll frequency</td>
<td>615.3846</td>
<td>16,000 / 26</td>
</tr>
<tr>
<td>Per-pay-period with element frequency rules</td>
<td>Annual amount / Number of times deduction is taken in 1 year</td>
<td>1,333.3333</td>
<td>16,000 / 12</td>
</tr>
</tbody>
</table>

How Value Passed to Payroll is Calculated

The following table identifies the possible values to pass to payroll, the calculation used to determine the amount, an example amount, and the example calculation.
calculation. The examples are based on a family medical plan and use the following values:

- Standard rate: 4,000 USD
- Defined rate frequency: Quarterly
- Communicated rate frequency: Per month
- Payroll: period:
  - Period type: Biweekly
  - Alternative for illustration purposes: Element frequency rule of first pay period in a month.
- Reminder: Different years have a different number of biweekly payrolls.

<table>
<thead>
<tr>
<th>Value Passed to Payroll</th>
<th>Calculation Used to Derive Amount</th>
<th>Example Value Passed to Payroll Amount (USD)</th>
<th>Example Calculation Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left blank</td>
<td>None</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Defined amount</td>
<td>Standard rate at the specified defined rate frequency</td>
<td>4,000 (per quarter)</td>
<td>None</td>
</tr>
<tr>
<td>Annual amount</td>
<td>Standard rate \times \text{Number of times defined rate frequency occurs in 1 year}</td>
<td>16,000</td>
<td>4,000 \times 4</td>
</tr>
<tr>
<td>Communicated amount</td>
<td>\frac{\text{Annual amount}}{\text{Number of times communicated rate frequency occurs in 1 year}}</td>
<td>1,333.3333</td>
<td>\frac{16,000}{12}</td>
</tr>
<tr>
<td>Estimated per-pay-period amount</td>
<td>\frac{\text{Annual amount}}{\text{Standard number of pay periods in 1 year based on payroll frequency}}</td>
<td>615.3846</td>
<td>\frac{16,000}{26}</td>
</tr>
<tr>
<td>Per-pay-period amount</td>
<td>\frac{\text{Annual amount}}{\text{Actual number of pay periods in 1 year based on payroll frequency}}</td>
<td>One of these two amounts, depending on the year:</td>
<td>\begin{align*} \frac{1,600}{26 \text{ pay periods}} \quad &amp; \frac{1,600}{27 \text{ pay periods}} \quad &amp; \frac{16,000}{12} \end{align*}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>\begin{align*} \frac{615.3846}{615.3846} \quad &amp; \frac{592.5926}{592.5926} \quad &amp; \frac{1,333.3333}{1,333.3333} \end{align*}</td>
<td></td>
</tr>
</tbody>
</table>
Note

The communicated rate frequency is not coordinated with the value passed to payroll in the preceding examples, which focus on how each amount is calculated.

Dependent Designation Level: Points to Consider

You can define dependent designation requirements either at the plan type in program level or the plan level of the benefits object hierarchy. On the program configuration Basic Details page for a given program, you must select one of these dependent designation levels:

- Null
- Plan type in program
- Plan

Null

When the dependent designation level is null or blank, the Designation Requirements page of the program configuration is disabled. Designation requirements cannot be specified because the dependent designation level is not configured for the program.

Plan Type in Program

When the dependent designation level is set to Plan type in program, the plan types currently attached to this program appear as rows in the table located in the header section of the program configuration Designation Requirements page. To define designation requirements for a particular plan type in this program, highlight the plan type name in the table, and then configure the designation requirements in the tabbed region of the page.

Plan

When the dependent designation level is set to Plan, the Designation Requirements page of the program configuration is disabled. You can configure designation requirements at the plan level on the Designation Requirements page of the plan configuration.

Configuring Allowable Dependent or Beneficiary Designees: Points to Consider

You can configure the details of who can be designated as a dependent or beneficiary at the level of the option in plan, or the plan level if the plan does not have options.

To open the Configuring Allowable Dependent or Beneficiary Designees dialog box, click Create on one of the following pages in the Plan Configuration work area.
• Manage Benefit Options task: On either the create or edit page, Allowable Dependent or Beneficiary Designees section.

• Manage Benefit Plan Details task: On either the create or edit page for plan eligibility, Allowable Dependent or Beneficiary Designees tab.

**Group Relationships**

Select the group relationship for which you are defining designation requirements. For example, select Family when you plan to add child, parent, nephew, and domestic partner relationship types.

**Designation Types**

You can select a designation type of Dependent or Beneficiary. By default, the following relationship types are considered to be personal relationships that you can designate as dependents.

- Adopted child
- Step child
- Child
- Domestic partner
- Foster child
- Domestic partner child
- Spouse

**Minimums and Maximums**

Enter the minimum and maximum number of designees that can be covered under this option or plan. If the plan allows no designees, you enter 0 in the Minimum and Maximum fields.

**Cover All Eligible**

Set Cover All Eligible to Yes if there are no minimum or maximum numbers of designees for this plan and you want to provide coverage to all designees who meet the eligibility profile criteria.

---

**Important**

If you enter a value in one or both of the minimum or maximum fields, then Cover all eligible is ignored, even if set to Yes.

---

**Relationship Type**

Add at least one relationship type that corresponds to the group relationship that you selected. For example, if you selected the group relationship Child, then you would add at least one of the following relationship types:
• Adopted child
• Step child
• Child
• Domestic partner child
• Foster child

You would not add a relationship type of Nephew or Niece.

**Enrollment Rules: How They Are Calculated**

Enrollment rules limit enrollment options based on whether the participant is currently enrolled in the benefits object.

**Settings That Affect Enrollment Rules**

Enrollment rules are affected by two settings: the person’s enrollment status and the selected enrollment option.

Enrollment statuses:

- **Current**: Participants who are enrolled in the benefits object at the present time
- **New**: Persons who are not currently enrolled

---

**Note**

Neither of these two enrollment statuses means that continued participation or new enrollment is necessarily granted for the next coverage period. Enrollment for the next period is determined by enrollment options.

Enrollment options:

- **Can choose**: Allowed to make new elections.
- **Can keep**: Allowed to keep their current elections.
- **Can keep or choose**: Allowed to either keep their current elections or make new elections.
- **Keep or choose, starts new**: Allowed to keep current elections or make new elections. The coverage ends at the configured end date for the processed life event and restarts the next day. However, the participant must explicitly reelect coverage amounts, even though the coverage amount may stay the same.
- **Choose only**: Must make an explicit election to stay enrolled.
- **Keep only**: Must keep current elections.
- **Lose only**: Must disenroll from current elections.
- **Assign automatically**: Enrolled automatically and cannot disenroll.
- **Nothing**: Cannot make elections for this benefits object.
- **Formula**: Use a formula that you have previously defined to determine electability based on enrollment status. The formula must be of the type **Enrollment Opportunity**.

**How Enrollment Rules Are Interpreted**

Each choice in the enrollment rules field represents a combination of options.

For example:

- **Current - keep only; new - nothing** means that currently enrolled participants must retain their current set of elections to stay enrolled. Persons who are not currently enrolled are not allowed to make elections for this benefits object.

- **Current - nothing; new - assign automatically** means that currently enrolled participants cannot make elections for this benefits object, while persons who are not currently enrolled are automatically enrolled and cannot disenroll.

**Default Enrollment Rules: How They Are Calculated**

Default enrollment rules limit enrollment options based on whether the participant is currently enrolled in the benefits object.

**Settings That Affect Default Enrollment Rules**

Default enrollment rules are affected by two settings: the person's enrollment status and the selected enrollment option or plan.

Default enrollment statuses:

- **Current**: Participants who are presently enrolled in the benefits object
- **New**: Persons who are not currently enrolled

**Note**

Neither of these two enrollment statuses means that continued participation or new enrollment is necessarily granted by default for the next coverage period. Default enrollment for the next period is determined by default enrollment options.

Default enrollment options:

- **Defaults**: Enroll in the default enrollment for the benefit object.
- **Same enrollment and rates**: Do not change enrollment or rate.
- **Same enrollment but default rates**: Do not change enrollment but assign the default rate.
• **Nothing**: Do not enroll the person in the benefit object.

• **Formula**: Use a formula that you have previously defined for this default treatment. The formula must be of the type **Default Enrollment**.

**How Default Enrollment Rules Are Interpreted**

A default enrollment rule pairs each of the two enrollment statuses with a feasible enrollment option. For example, **New - nothing; current - default** means that if a person is not yet enrolled in a given benefit, then do not make a default enrollment for that person in that benefit. If a person is already enrolled in a benefit, then automatically enroll that person in the designated default enrollment for that benefit.

**Cross-Plan Enrollment Validation: Examples**

This topic illustrates examples of setting up enrollment validation across plans when enrollment in one plan affects enrollability in other plans or depends upon enrollment in other plans.

**Enrollment in One Plan Requires Enrollment in Another Plan**

**Scenario**: The employer requires enrollment in both a high-deductible health plan (HDHP) and a health savings account plan (HSA).

**Setup**: You can use one of the following methods to enforce enrollment in both plans:

• If the entire worker population must enroll in HSA with HDHP, you can enforce enrollment by:
  • Setting up both plans for default enrollment upon new hire
  • Or configure the automatic enrollment method on both plans

In either method, set up each plan type with a minimum plan enrollment of 1.

• Create an eligibility profile tied to one of the plans, such as the HDHP using the Other criteria type and the Participation in Another Plan criteria. Select the other plan, such as the HSA plan, as the criteria value. Do not select Exclude. This method uses the participation in one plan as an eligibility criteria for the other plan during validation.

• Create an eligibility profile tied to one of the plans, such as the HDHP using the Related Coverage criteria type and the Covered in Another Plan criteria. Select the other plan, such as the HSA plan, as the criteria value. Do not select Exclude.

• Create a post election coverage calculation formula that enforces coverage in both plans. Select the plan in the plan hierarchy on the enrollment step of the plan configuration process, and then select the post election formula in the Further Details section of the General tab.
Note

There might be cases where you want to control enrollments by selecting the post election formula at the plan type or the option level of the program or plan hierarchy.

Enrollment in One Plan Excludes Enrollment in Another Plan

Scenario: The employer excludes enrollment in a flexible spending account plan (FSA) if electing the health savings account plan (HSA).

Setup: Create an eligibility profile tied to the HSA plan using the Other criteria type and the Participation in Another Plan criteria. Select the FSA plan as the criteria value and select Exclude. Assign this eligibility profile to the HSA plan.

Enrollment in One Plan is Contingent on Enrollment in Another Plan

Scenario: The employer does not permit enrollment in spouse and child supplemental life insurance unless the employee is enrolled in the employee supplemental life insurance.

Setup: You can use one of the following methods to enforce this requirement:

- Create a participant eligibility profile tied to the spouse and dependent plans, using the Related Coverage criteria type and the Covered in Another Plan criteria. Select the employee supplemental life plan as the criteria value. Do not select Exclude.

- Create a post election coverage calculation formula that enforces coverage in the employee plan. Select the spouse and dependent plans in the plan hierarchy on the enrollment step of the plan configuration process, and then select the post election formula in the Further Details section of the General tab.

Unsuspend Coverage and Rate Rules: Points to Consider

Unsuspend rules define the coverage and rate start dates to use when a suspended enrollment becomes unsuspended. You can set up one unsuspend rule for a coverage and a different unsuspend rule for the corresponding rate.

When a required action item is completed, the relevant elections are unsuspended if there are no other incomplete required action items. If a required action item is not completed, and the action is due before the close of enrollment, then the Close Enrollment process provides an audit log listing of the action items that failed. Similarly, if the Close Enrollment Action Items process runs with force close, an audit log again lists the action items that failed. In either case, the suspension and any interim rate and coverage will carry forward. Subsequent participation evaluation processing for this participant will generate an error.

Note
• The unsuspend rule controls the start date of the enrollment if the unsuspend date is equal to or later than the original start date.

• If you do not select an unsuspend rule, the start date is the date on which the enrollment is unsuspended.

• If you assign interim coverage while an enrollment is suspended, the interim enrollment is ended one day before the coverage start date of the unsuspended enrollment.

Commonly Used Unsuspend Rules

The sets of predefined rules are identical for the Unsuspend Enrollment Rule and the Unsuspend Rate Rule:

• **As of completed date** - Sets the enrollment coverage or rate start date equal to the effective date on which the enrollment is unsuspended.

• **Recalculate with completed date and enrollment start** - If the computed start date is earlier than the effective date of the unsuspension, recomputes the start date using the unsuspended date as the life event date or notification date, depending on your life event definition. The rate start and end dates are recalculated based on the coverage start date of the unsuspended enrollment.

• **Use existing enrollment start date** - Uses the original coverage or rate start date, even if this date is before the suspension end date.

Other Predefined Unsuspend Rules

The following are examples of some commonly used unsuspend rules.

• **First of month after completed**
  
  • The start date is the first day of the next month that follows the date that required action items are completed.
  
  • For example, action complete: March 10th. Start date: April 1st.
  
  • Similar rules are predefined for start dates to occur on the first day of the next year, half year, quarter, and semi-month.

• **First of month on or after completed**
  
  • This rule is much the same as the previous rule, with the exception that if the action is completed on the first day of the period, then the start date occurs on the same day.
  
  • For example, action complete: July 1st. Start date: July 1st.
  
  • Action complete: July 2nd. Start date: August 1st.
  
  • Similar rules are predefined for start dates to occur on the first day of the year, half year, quarter, and semi-month

• **First of pay period after completed**
• The start date is the first day of the next payroll period to occur after action items are completed.

• **First of last pay period plan year after completed**
  • The start date is the first day of the last complete payroll period in the plan year.
  • For example, a calendar year period with biweekly pay periods beginning on December 6th and December 20th. Action complete: November 10th. Start date: December 6th, which is the first day of the last complete pay period for the plan year. The payroll period starting on December 20th is considered to be the first pay period of the next plan year.

• **First of last month plan year after completed**
  • Assuming a calendar plan year, the start date would typically be December 1st of the plan year in which the required action items are completed.

• **Formula**
  • A formula that you define can be used to derive an unsuspend start date when the predefined rules do not fit your needs.

### Start Date and Previous End Date Rule Compatibility: Explained

Pairing incompatible start and end date rules during plan configuration can cause processing errors due to overlapping dates.

To reduce such errors and assist with plan configuration, consult the following general guidelines for start date rule compatibility with end date rules:

- General guidelines and definitions
- Rates, coverages, and dependent coverages
- Enrollment periods

#### General Guidelines and Definitions

For rates, coverages, and dependent coverages, the previous rate or coverage period should end the day before a new rate or coverage begins. Enrollment periods are different in that you create a window of time during which a person has enrollment opportunities. Thus, the enrollment period must end at a time after the enrollment period begins.

Start dates are always computed based on the occurred on date of the life event being processed, unless the rule specifies otherwise. For example, **Later of event or notified** computes the start date based on the life event occurred on date or the life event notification date, depending on which date occurs later.

Most end date rules, with the exception of rules beginning with **1 prior**, are also based on the event being processed. **1 prior** means the end date should be
one day before the start date of a new rate or coverage. If rates or coverages are completely ending, and will not be superseded by other rates or coverages, the part of the rule that follows 1 prior applies. For example, a health insurance participant voluntarily terminates employment. Although no new coverage period will follow, the 1 prior, or month end rule causes health insurance coverage to remain in effect until the end of that month.

You can define formulas to derive any end date when predefined end date rules do not fit your needs. However, the end date returned by your formula must not cause overlapping dates.

---

**Note**

Pairings of start and end date rules are recommendations only, and are not enforced by the application.

---

**Rates and Coverages**

All rates and coverages start date rules, with the exception of Elections, can be paired with any previous end date rule that begins with 1 prior. The 1 prior rules can only be used when the start date is computed during the Evaluate Life Event Participation process.

In keeping with the guideline that previous rate and coverages periods should end one day before new rates or coverages begin, pairs of start and end dates that achieve that date relationship are generally compatible. For example:

<table>
<thead>
<tr>
<th>Rate Start Date Rule</th>
<th>Compatible Previous Rate Period End Date Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event</td>
<td>One day before event date</td>
</tr>
<tr>
<td>As of event</td>
<td>One day before event</td>
</tr>
<tr>
<td>First of month</td>
<td>End of month</td>
</tr>
<tr>
<td>First of next month</td>
<td>End of month</td>
</tr>
<tr>
<td>First of month after later event or notified</td>
<td>End of month using later of event or notified</td>
</tr>
<tr>
<td>First of month on or after event</td>
<td>End of month using later of event or notified</td>
</tr>
<tr>
<td>First of month after enrollment start</td>
<td>End of month after enrollment end</td>
</tr>
<tr>
<td>First of quarter</td>
<td>End of quarter</td>
</tr>
</tbody>
</table>

---

**Note**

A commonly used rule is 1 prior, or month end. If no new rate or coverage will start, coverage is often extended to the end of the month, and the rate ends with the pay period following the event.

---

**Enrollment Period**

All enrollment period start date rules can be paired with any of the three end date rules listed below:

- Forty-five days after enrollment period start
- Sixty days after enrollment period start
• Ninety days after enrollment period start

The following start date rules must be paired with an end date rule that ends with after enrollment period start or a formula.

• First of next half year
• First of next pay period
• First of next semimonthly period
• First of next year

The following start date rules are compatible with end rules that specify a number of days after the later of the event date or the notification date:

• As of event date
• First of next half year after later event or notified
• First of next month after later event or notified
• First of next pay period after later event or notified
• First of next year after later event or notified
• First of semi-month after later event or notified
• Later event or notified
• Later of sixty days before later event or notified
• Later of thirty days before event or notified

Certifications and Other Action Items: Explained

Action items are steps that must be taken or documents that must be provided to complete enrollment in a benefits offering.

The following are key aspects of certifications and action items:

• Certification and action item types
• Required and suspended enrollment options

Action Item and Certification Types

Action items include designation of dependents, beneficiaries, and primary care providers, as well as furnishing of dependent social security numbers, beneficiary addresses, or other items of information. Certification documents, such as birth certificates, marriage certificates, proof of good health, evidence of insurability, and proof of student status, are also action items. You can define certification requirements for any of the following situations:

• General enrollment in a benefits offering
• Enrollment following a specific life event
• Restrictions based on coverage or benefits selected
• Coverage or benefits restrictions for specific life events
• Designation of dependents
• Designation of beneficiaries

Configuring Required Action Items and Certifications

You define action items on the Edit Plan Certifications and Edit Plan Designation Requirements pages in the Plan Configuration work area.

A certification requirement action item may include one or more individual certifications, such as proof of good health or evidence of insurability, that must be provided to fulfill the requirement. When you add a certification, you can select the Required option and then set the Determination Rule, which controls when the certification is required. For example, a certification might be required only when a participant is enrolling for the first time or it may be required for every life event. If you select multiple certifications, then a participant must provide all required certifications and at least one optional certification to fulfill the requirement. For example, you might require that a participant provide either a Marriage Certificate or a Domestic Partner Affidavit when designating a spouse dependent. In this case, you would select the Required option for the certification requirement action item, but not for each of the individual certifications.

Selecting the Required option for other action items, such as designation of a beneficiary, dependent, or primary care physician, does not affect processing, but can be useful for tracking an action item in internal reports.

Configuring Suspended Enrollment

If you select the Suspend Enrollment option for an action item, then a suspension reminder appears to the participant or benefits administrator during enrollment. Enrollment in the benefits offering is suspended until the action item is completed. Interim coverage, if any, is applied, and no further life event processing can take place for the person while enrollment is suspended. If the action item is not completed by its due date, the action item appears on the close action item audit log, the close enrollment audit log, and the participation evaluation error report until the requirement is met.

You cannot select the Suspend Enrollment option for an individual certification; you configure suspension for a certification requirement action item, which may include multiple individual certifications. If you configure suspended enrollment for a certification requirement with multiple certifications, then all required certifications and at least one optional certification must be provided to avoid suspension of enrollment.

For example, if you create a certification requirement with two required and five optional certifications, then the two required certifications and at least one of the optional ones must be satisfied for the certification requirement to be complete. If you configure this certification requirement for suspended enrollment, and only one of the required certifications is provided, then the action item is incomplete and results in suspended enrollment.

Note
You define interim coverage on the Edit Plan Enrollment page in the Plan Configuration work area.

Dependent and Beneficiary Designation Requirements: Examples

The following examples illustrate how to associate designation requirements with benefits offerings.

**Dependent Designation Requirements**

Scenario: Enrollment in an Employee+1 medical plan option requires designation of a dependent and certification of good health for the designated dependent.

Setup: On the Edit Plan Designation Requirements page in the Plan Configuration work area, create an action item that requires designation of a dependent. In the Dependent Action Items section on the Dependents tab, select the **Required** and **Suspend Enrollment** options for the action item, and set a due date. Next, add a certification requirement. Select the **Required** and **Suspend Enrollment** options for the certification requirement. Finally, add certifications for a marriage certificate, domestic partner affidavit, birth certificate, and adoption certificate. Do not select the **Required** option for the individual certifications, so that furnishing any one of the documents satisfies the requirement. On the Edit Plan Enrollment page, define interim coverage for this plan to be the Employee Only option.

Result: When a participant enrolls in the Employee+1 option, they have an opportunity to designate a dependent. They receive a reminder about the pending certificate. Enrollment in the Employee+1 plan is suspended, and Employee Only coverage is in effect until one of the certification documents is provided.

**Note**

You can also define dependent designation action items and certifications for a particular life event.

**Beneficiary Designation Requirements**

You can define two kinds of action items for the designation of beneficiaries: action items that cause enrollment of the entire benefit offering to be suspended if not completed, and action items that cause enrollment of only the beneficiary to be suspended. This example illustrates how to set up both types.

Scenario: Enrollment in a life insurance plan requires designation of a beneficiary. It also requires that the beneficiary's address is provided. Enrollment in the plan is suspended if no beneficiary is designated, but enrollment for the designated beneficiary alone is suspended if no address is provided.

Setup: On the Edit Plan Designation Requirements page in the Plan Configuration work area, create an action item for designation of a beneficiary. In the Action Items for Suspending Plan Enrollment section on the Beneficiaries tab, select the **Required** and **Suspend Enrollment** options for the action item, and set a due date. Then, in the Action Items for Suspending Beneficiary Enrollment section on the Beneficiaries tab, select the **Required** and **Suspend Enrollment** options for the action item, and set a due date.
region, add another action item for the beneficiary’s address. Select the Required and Suspend Enrollment options, and set a due date.

Result: When a participant enrolls in the plan, they designate a beneficiary, but do not furnish an address. They receive a reminder about the pending action item. Enrollment in the plan is completed for the participant, but enrollment for the beneficiary is suspended until an address is provided.

**Enrollment and Benefits Certifications: Examples**

The following examples illustrate how to associate enrollment and benefits-based certification requirements with benefit offerings.

**General Enrollment Certification Requirement**

Scenario: Enrollment in a life insurance plan requires a proof of good health or evidence of insurability certification to be obtained from the employee’s physician and supplied to the benefits department.

Setup: On the Edit Plan Certifications page in the Plan Configuration work area, create a general enrollment certification requirement. Select the Required and Suspend Enrollment options, and set a due date for the certification. Define interim coverage for the plan, if not already defined, on the Edit Plan Enrollments page.

Result: When a person attempts to enroll in the plan, they receive a reminder about the pending certification. Interim coverage goes into effect immediately and remains in effect until the certification is provided.

**Life Event Enrollment Certification Requirement**

Scenario: Enrollment in a life insurance plan requires proof of good health or evidence of insurability certification for a new employee, but not for existing employees who are updating benefits during open enrollment.

Setup: On the Edit Plan Certifications page in the Plan Configuration work area, create an enrollment certification requirement for the New Hire life event. Select the Required and Suspend Enrollment options, and set a due date for the certification. Do not define interim coverage.

Result: When a new hire attempts to enroll in the plan, they receive a reminder about the pending certification. Enrollment in the plan is suspended and no coverage is available until the certification is provided.

**Benefits Certification Requirement**

Scenario: Enrollment in a life insurance plan exceeding $100,000 coverage requires proof of good health or evidence of insurability certification, but enrollment in plans with coverage below that amount does not.

Setup: On the Edit Plan Certifications page in Plan Configuration work area, create a benefits certification requirement. Select the Required and Suspend Enrollment options, and set a due date for the certification. On the Edit Plan Enrollment page, define interim coverage to be a plan with coverage equal to $100,000.
Result: When a participant attempts to enroll in a plan with coverage exceeding $100,000, they receive a reminder about the pending certification. Enrollment in the plan is suspended and interim coverage in the $100,000 plan is in effect until the certification is provided.

**Note**

You can also define benefits certification requirements for a particular life event. For example, you might require certification for the Gain Dependent life event if coverage exceeds $100,000.

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**Action Items: How They Are Processed**

The configuration of action items determines what happens during enrollment processing. For example, failure to provide required action items can result in suspended enrollment or simply cause delinquent items to appear in benefits administration reports.

**Settings That Affect Action Item Processing**

The following action item settings affect processing:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspend Enrollment</td>
<td>When enabled, notifies participant of pending action item during enrollment and causes suspension of enrollment until the item is completed.</td>
</tr>
<tr>
<td>Determination Rule</td>
<td>Determines when the item is required, such as always or only for initial enrollment.</td>
</tr>
<tr>
<td>Due Date</td>
<td>Determines when the item begins appearing on audit and error reports generated by enrollment processing.</td>
</tr>
</tbody>
</table>

Interim coverage setup also affects enrollment processing, as described in the next section. Interim coverage is defined for a plan or option on the Edit Plan Enrollment page in the Plan Configuration work area.

**How Action Items Are Processed**

If enrollment is suspended due to incomplete action items, then interim coverage, if configured, applies and no further life event processing takes place until the action items are completed.

**Note**

Incomplete or past-due action items for one benefits relationship do not stop processing of events for another benefits relationship for the same person.

Reporting of pending action items and certificates occurs as part of enrollment processing. Benefits administrators can use these reports to follow up as needed.
The following scenarios illustrate how subsequent life events are processed for a participant with an open action item.

**Suspension Results in No Further Life Event Processing**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item exists with a due date of 1/30/2010, and it is configured for suspension. Enrollment is suspended, and interim coverage exists. On 1/28/2010, the benefits administrator attempts to process Life Event B, which has an occurred date of 1/20/2010.

Result: Life Event B cannot be processed until the suspension is resolved for Life Event A. The action item associated with Life Event A appears on the audit report after action item processing, and the participant's name appears on the error report after participation evaluation processing. Contact the participant and attempt to resolve the action item. Once the action item is complete, enrollment for Life Event A is completed and Life Event B can be processed.

**Suspension of Beneficiary Designee Only**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item for beneficiary designation exists, and suspended enrollment is configured for the beneficiary designee only, not for the benefits offering itself.

Result: Enrollment is suspended only for the beneficiary, not for the entire offering. Future life events can be processed for the participant.

**Suspension with No Interim Coverage**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item exists with a due date of 1/30/2010, and it is configured for suspension. Enrollment is suspended, but no interim coverage exists. On 1/28/2010, the Benefits Administrator attempts to process Life Event B.

Result: Life Event B cannot be processed because the participant is not currently enrolled.

**Subsequent Life Event Processing Causes Previous Life Event to be Backed Out**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item exists with a due date of 1/30/2010, and it is configured for suspension. Enrollment is suspended, and interim coverage exists. On 1/25/2010, Life Event B is processed with an occurred date of 1/1/2010.
Result: Life Event A is backed out, along with any pending action items. Life Event B is processed (unless the Timeliness setup for the Life Event prevents life events from being backed out in this situation).

Plan or Option Sequence Restrictions: Points to Consider

Setup for benefits certification coverage restrictions at the plan level varies depending on whether the Restriction Type is set to Benefit restriction applies or Option restriction applies. You can set up restrictions for the entire plan or for specific life events for the plan. You cannot set up restrictions based upon coverage calculation amounts, if the Restriction Type is set to Option restriction applies.

Benefit Restriction Applies

The Benefit Amount Restrictions section of the certifications page, benefits certifications tab, general configuration sub tab, targets both first time enrollments and changes in enrollments. For first time enrollments, you can specify the Minimum, Maximum, and Maximum with Certification coverage amounts. For enrollment changes, you can also specify Maximum Increase and Maximum Increase with Certification amounts.

Elections submitted outside of these specifications trigger enrollment suspension. If interim rules are defined on the plan configuration enrollment page, then the interim coverage is applied during suspension.

You can impose benefits certification restrictions in plans that have coverages that use either the Flat range calculation method or the Flat amount calculation method with the Participants enter value at enrollment check box selected.

Typical scenarios do not call for simultaneously setting all benefits amount restriction fields.

Option Restriction Applies

The Plan or Option Sequence Restrictions section also targets both first time enrollments and changes in enrollments. Here, you can specify the Minimum Sequence Number, Maximum Sequence Number, and Maximum Sequence Number with Certification. For enrollment changes, you can also specify Maximum Sequence Number Increase and Maximum Sequence Number Increase with Certification.

Elections submitted outside of these specifications trigger enrollment suspension. If interim rules are defined on the plan configuration enrollment page, then the interim coverage is applied during suspension.

Plan configurations that include options and are associated with coverages that use the Multiple of compensation calculation method can impose option restrictions. When option restrictions apply, the Restrictions on Changes field is enabled. When configured, choices seen during enrollment are limited by the rule selected there. For example, No restrictions allows all available options to be seen, while Increase only allows just those options that are greater than the current election to be seen.
The application determines whether an option represents an increase or decrease with respect to the currently elected option based on the sequence numbers assigned to the options as they appear in the table of the Options section of the plan configuration basic details page.

Typical scenarios do not call for simultaneously setting all option restriction fields.

**Plan or Option Sequence Restrictions: Examples**

Some benefits provide options for different levels of coverage, such as life insurance coverage that is offered in multiples of a participant’s annual salary. You can define sequence restrictions to limit the number of levels of increase from one enrollment period to the next or due to occurrence of a life event. You can also set the minimum and maximum sequence levels that can be selected with and without certification.

You define sequence number restrictions on the Benefit Certifications General Configuration tab in the Certification Details region of the Create or Edit Plan Certifications page.

**Sequence Number Increase Restriction**

A life insurance plan has options for $10k, $20k, $30k, $40k, and $50k, associated respectively with sequence numbers 1 through 5. A participant with existing coverage of $10k can only jump one level up to $20k without certification and two levels, to $30k, with certification of good health or evidence of insurability.

To set up this scenario, first select **Option restriction applies** for the **Restriction Type**, and then set the sequence restriction values in the Plan or Option Sequence Restriction region as follows:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Sequence Number Increase</td>
<td>1</td>
</tr>
<tr>
<td>Maximum Sequence Number Increase with Certification</td>
<td>2</td>
</tr>
</tbody>
</table>

**Maximum Sequence Number Restriction**

A supplemental life insurance plan has four coverage options with sequence numbers 1 through 4. You want to restrict the highest level of coverage (sequence number 4) to only those participants who provide certification.

To set up this scenario, first select **Option restriction applies** for the **Restriction Type**, and then set the sequence restriction values in the Plan or Option Sequence Restriction region as follows:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Sequence Number</td>
<td>3</td>
</tr>
<tr>
<td>Maximum Sequence Number with Certification</td>
<td>4</td>
</tr>
</tbody>
</table>
Plans in Program Vs. Not in Program: Critical Choices

When you define a benefits plan, it is not necessary that the plan be placed in a program. However, there are advantages to associating a plan with a program.

Plans in Program

In general, associate a plan with a program when:

- Participants typically enroll in the plan at the same time that they enroll in other plans in the program.
- Participation eligibility requirements defined for the program also apply to the plan.

Plans Not in Program

Plans not in a program enable participants to enroll and disenroll multiple times throughout the year. For example, a retirement savings plan not in program that allows unlimited, unrestricted enrollment changes.

In general, do not associate a plan with a program when:

- Participants typically enroll in the plan at a different time than other plans in the program.
- Participation eligibility requirements defined for the program differ substantially from those defined for the plan.
- Benefits that the plan provides differ substantially from the benefits provided by other plans in the program.

Program Creation Methods: Points to Consider

Create benefits programs by using one of these methods, which are available on the Manage Programs page:

- Complete the Quick Create Program page.
- Prepare and upload the integrated Microsoft Excel workbook.
- Complete the program configuration guided process.

After creating a program, you can validate the completeness of the configuration.

Quick Create Program

The Quick Create Program page is useful when you want to quickly set up the essential framework of a benefit program configuration. This method enables you to create plans in program and life events to associate with those plans in
one place. Otherwise, you have to use first the Manage Plans task and then the Manage Life Event task.

You can immediately associate existing and newly created plans and life events with the benefit program.

When you use Quick Create Program page, several program characteristics are automatically set to commonly used values. If you must edit those default settings, you can use the program configuration process to retrieve the programs, plans in program, and life events created using the Quick Create Program page. Then, you can edit or add details at any time.

You cannot use the Quick Create Program method to edit any existing program.

**Integrated Microsoft Excel Workbook**

The integrated workbook method is useful when you want to set up one or more benefit programs quickly. Enter basic program details using the workbook. Save the file locally to share the program designs with others. Then, upload the finalized programs into the application database. Use the Plan Configuration work area pages to edit and add program configuration details.

You cannot edit an existing benefit program using this method.

**Program Configuration Guided Process**

The program configuration process offers the complete set of program characteristics, and therefore the greatest flexibility for setting up and maintaining benefits programs.

This method is the only one that enables you to edit an existing program, regardless of the method used to create the program.

If you are midway through the program configuration process and discover that you have not completed the setup for an object that you require for your program configuration, you must:

1. Leave this process.
2. Go to the relevant task for setting up the missing object.
3. Complete that auxiliary setup.
4. Return to this process and complete the program configuration.

**Program Configuration Validation**

The validation process identifies errors early in the setup process and enables the implementor to quickly resolve issues that may occur. On the Programs and Plans page, Program tab, Search Results section, select the program to validate and click Validate. On the Program Hierarchy page, select a plan and option and click Validate. The application generates the program Validation Results page, which displays the output of the validation process.

You can hover over those fields with icons to view a description of the status.
Creating Life Events for Quick Create Program: Explained

Attach enrollment life events to a program to trigger program enrollment opportunities when those life events occur.

Use the create life events feature to make new enrollment life events available for attachment to the quick create program.

You can:

• Select one or more predefined life event configurations.
• Create one user-defined life event at a time.

Creating User-Defined Life Events

In the user-defined life event section, enter the new life event name and select its type. You must either associate user-defined events to already existing person changes, or create new person changes and then link the new person changes to the life event using the edit life event page.

Selecting Available Life Event Configurations

Each check box in the available life event configurations section represents a commonly used life event configuration. Each predefined life event configuration contains the triggering mechanism setup and ties to the appropriate tables and columns as required to automatically generate that life event when corresponding personal data changes. You can optionally select one or more of these life events to make them available for attachment to a program. Selected life events appear in the enrollment life event available list with the name displayed on the check box label. Life events that are disabled have already been activated in this implementation. A uniqueness check prevents creation of life events that rely on an already existing set of table and column designations for triggering an event. Each set of life event triggers must be unique across the same implementation.

FAQs for Manage Benefit Programs and Plans

Can I configure designation requirements for benefit plans with no options?

Yes, in the Plan Configuration work area when you create a plan or edit an existing one.

1. Select the plan in the Plan and Option Eligibility section of either the create or edit page for plan eligibility.
2. Configure which dependent or beneficiary designees are allowed to enroll in that plan, in the Further Details section.
3. Configure action items for the associated certification on the Designation Requirements page.
How can I view current program configuration?

You can view the current benefits object hierarchy and a summary of configuration settings for any created program. Highlight the row for the retrieved program, and then scroll to the right side of the table. Click the icon in the Hierarchy column or the Summary column to view the corresponding page.

How can I upload multiple program or plan designs at one time?

Go to the Plan Configuration work area, Overview page, Programs and Plans tab. To generate the integrated Microsoft Excel workbook, in the Search Results section of either the Programs or Plans tab, click Prepare in Workbook. Enter basic program or plan details using the integrated workbook. Save the file locally to share the program or plan designs with others. Then, upload the finalized programs or plans to the application database.

The default characteristics of the plans or programs that you upload from the workbook are the same as those created using the Quick Create methods for either plans or programs.

How can I validate a program or plan configuration?

You can generate a validation report to diagnose common mistakes during plan and program setup or verify integrity after setup completion and before manual testing.

Select the Manage Benefit Programs or Manage Benefit Plans task in the Setup and Maintenance work area or the Plan Configuration work area. Click the Validate button in either the programs or plans search results, in the row for the program or plan not in program that you want to validate. The Validate button is not present for plans that are in program.

- On the Program Hierarchy page: Select a plan and option, and click Validate.
- On the Plan Hierarchy page: Select an option and click Validate.

If there is no option associated with the plan not in program, the choice list will be empty.

The generated Validation Results page displays the output of the validation process.

What's an unrestricted enrollment?

With the exception of a scheduled unrestricted open life events, which do have a specified enrollment window, unrestricted enrollment updates can be submitted throughout the year. They do not require a prerequisite occurrence of a formal personal or work-related life event.

A savings plan is an example of a benefit for which you typically enable the unrestricted enrollment type.
You cannot enable unrestricted enrollment and use life event processing in the same plan.

**How can I restrict benefits enrollment opportunities based on provider location?**

Use the Manage Eligibility Profiles task to create an eligibility profile that uses the Work Location criteria in the Employment criteria type.

If the work location definition does not correspond to the provider location, use the Manage Benefit Service Area task to define the provider's service area by listing the relevant postal codes. Then use that service area to define an eligibility profile that uses the Service Area criteria in the Personal criteria type.

Assign the eligibility profile to the benefits offering that you want to restrict. Only offerings for which the participant is eligible appear to the worker as enrollment opportunities during enrollment.

**Can I change the name of an action item?**

Yes, you can edit the meaning of the existing certifications lookup codes in the Enrollment Action Items lookup type, which includes Beneficiary designation, Dependent coverage, Proof of event, and Proof of good health. This change only modifies the display text of the certification. For example, you might want to rename Proof of good health to Evidence of insurability. Use the Define Lookups pages, which you can access by starting in the Setup and Maintenance work area and searching for lookup tasks.

**What happens if I select a 1 prior rule for previous rate or coverage end?**

Previous rate and coverage end rules that begin with the phrase 1 prior terminate the rate or coverage period one day before the subsequent period starts.

For example, if the previous coverage end is 1 prior or quarter end, and coverage start is First of next month, then the previous coverage ends on the last day of the current month.

If no coverage start is specified, or no next rate or coverage starts, then the second part of the rule goes into effect. In this example, the previous coverage would terminate at the end of the quarter. For example, if a job termination life event is triggered, and no rate start or coverage start is associated with processing the job termination life event, the existing rate or coverage stops at the end of the quarter.

**What happens if I track ineligible persons?**

Participation processing identifies persons who are found ineligible for participation.

Tracking ineligible persons causes person eligibility records to appear in the Benefits Service Center Eligibility Override page. If you use eligibility override functionality to make a person eligible, a corresponding electable record appears in the Benefits Service Center, Benefits Status Summary section, Electable tab.
Tracking ineligible persons can impact performance. Run a trial in a test instance for ineligible participants to monitor and benchmark run times based on participant population size, your plan configuration, and hardware capacity. An advantage of tracking ineligible persons is that a benefits administrator can make an ineligible person eligible without the need for reprocessing.

**Note**

You must track ineligible persons if you determine benefits eligibility based on length of service temporal factors.

**What happens if I enable participation eligibility override?**

Benefits managers are allowed to override eligibility requirements for plan participation under special circumstances. For example, enable participation eligibility override to allow negotiated benefits packages for new hires.

**Note**

- All plans and options in this program inherit this setting unless you specify differently at the plan or option in plan levels.
- Enabling participation eligibility override can impact performance. Run a trial in a test instance with participation eligibility override enabled to monitor and benchmark run times based on participant population size, your plan configuration, and hardware capacity.

**How can I diagnose any issues with delivered data needed for benefits plan configuration?**

To verify existing predefined data and formula compilation, you can run the Benefits Setup Diagnostic Test if you have access to the Diagnostic Dashboard. Select Run Diagnostic Tests from the Setting and Actions menu in the global area.

**How can I diagnose any issues with a benefit program setup?**

After setting up a benefits program, you can run the Program Information Diagnostic Test if you have access to the Diagnostic Dashboard. Select Run Diagnostic Tests from the Setting and Actions menu in the global area. You can also validate the program setup using the Validate button on the Manage Programs page.

**How can I use social networking with a benefits plan?**

If the benefit plan’s configuration page has a Social link, you can invite others to collaborate about the benefit plan design while you create or edit it. You can create one or more conversations tied to the benefit plan and invite others to join in. The conversations remain with the plan as a historical record.
• Click Social on the benefit plan’s configuration pages to collaborate. Click the Share button, or click Join if collaboration has already been initiated.

• Click the plan name to access its wall, where you can start conversations and add members.

• After collaboration is initiated for a plan, anyone at your company can be invited to participate in a conversation about it.

• On the wall of the benefit plan, everyone invited can view basic attributes of the plan and post documents and comments that all members can see. Only those who can edit benefit plans can share a plan, initiate a conversation, and invite members.

• Use the presence indicators to identify who is available to answer your questions.

Manage Benefit Rates and Coverage

Rates and Coverages

Rates and Coverages: Overview

Rates determine costs for purchasing benefit coverage, such as life or health insurance. Coverages define monetary amounts available to enrolled participants in the event of a claim, such as for medical expenses.

Rates

Rates usually determine an amount of monetary contributions paid by the employee, the employer, or a combination of both. Rates can also determine amounts distributed from the employer to the employee, such as for tuition reimbursement.

A variety of calculation methods for standard rates are delivered with the application. When a rate varies based on criteria, you can associate variable rate profiles to further adjust or replace the standard rate when those criteria apply. For example, you can adjust a rate based on combinations of location, length of service, and participant’s age.

When you create a variable rate profile, you select one calculation method and attach one eligibility profile that defines criteria to qualify for an adjusted rate. You can associate multiple variable rate profiles to a given standard rate, and control the sequence in which multiple adjustments are applied.

Coverages

Coverages define the level of benefits that a participant receives according to a benefits contract. A variety of calculation methods for standard coverages are also delivered with the application. As with variable rate profiles, you can associate variable coverage profiles to adjust coverage according to applicable criteria. You can also apply limits and rounding rules to the initial calculation to derive the final coverage.
Standard Rates, Variable Rate Profiles, and Variable Formulas: Points to Consider

You can create benefit rates in several different ways, depending on the type of rate and the complexity of the calculation. You must decide whether to use:

- Standard rate
- Variable rate profiles
- Variable formula

Standard Rate

If a rate does not vary based on any factors, define the rate on the standard rate page. For example, if a dental plan rate is a flat amount of 8.00 per month regardless of age or other factors, a standard rate is appropriate.

Variable Rate Profiles

If a rate varies based on a factor, such as age, smoking status, or compensation amount, create a variable rate profile for each rate amount. For example, if a life insurance plan costs more for a smoker than a nonsmoker, you would create two variable rate profiles, one for smokers and another for non-smokers. Each variable rate profile would be associated with an eligibility profile for the appropriate smoking status. The rate for a smoker might be 10.00, while the rate for a nonsmoker might be 5.00.

Note

You can only attach one eligibility profile to a variable rate profile.

If a rate varies based on multiple factors, such as age and smoking status, use the same logic to create variable rate profiles and associated eligibility profiles for each set of factors affecting the rate, as shown here.

- Age is less than 25 and person is nonsmoker
- Age is less than 25 and person is smoker
- Age is 26 to 40 and person is nonsmoker
- Age is 26 to 40 and person is smoker
- and so on

Create the variable profiles first and then add them to the standard rate.

Generally, you define variable rate profiles so that persons who meet certain criteria are eligible to receive the variable rate. However, you can also define a variable rate profile so that persons who meet the criteria are excluded from receiving the variable rate. In such cases, the standard rate for the benefit applies to these persons.

A variable rate profile can define an amount that is added to, multiplied by, subtracted from, or used instead of the standard rate for participants who meet the eligibility criteria. A variable profile's treatment rule (add to standard rate, multiply by standard rate, subtract from standard rate, or replace) defines how the rate defined in the profile is applied to the standard rate.
Variable Formula

If a variable rate is based on a complex calculation, you can define one or more fast formulas to compute the rate and then associate the formulas with the standard rate.

Example: A company provides a payroll service to hundreds of companies and allows its customers the ability to set up their own individual contribution schedules. Companies assign their employees to tiers that determine contribution amounts, as shown in this table.

<table>
<thead>
<tr>
<th>Company A</th>
<th>Company B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 - Employee contribution amount: 100.00</td>
<td>Tier 1 - Employee contribution amount: 50.00</td>
</tr>
<tr>
<td>Tier 2 - Employee contribution amount: 150.00</td>
<td>Tier 2 - Employee contribution amount: 75.00</td>
</tr>
<tr>
<td>Tier 3 - Employee contribution amount: 200.00</td>
<td>Tier 3 - Employee contribution amount: 100.00</td>
</tr>
</tbody>
</table>

Note

You can associate variable rate profiles or a variable formula to a standard rate; you cannot associate both.

Rates: How They Are Calculated

Rates define contribution and distribution amounts for specific benefits offerings. Rates are calculated by applying a calculation method to values you define or ones that are entered by the participant during enrollment. You can also define limiters and rounding rules to apply to the initial calculation to derive the final rate.

Settings That Affect Rate Calculations

The following calculation methods are available for computing rates:

<table>
<thead>
<tr>
<th>Calculation Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat amount</td>
<td>Flat amount is predefined or entered during enrollment.</td>
</tr>
<tr>
<td>Multiple of compensation</td>
<td>Calculates rate as multiple of participant's compensation amount</td>
</tr>
<tr>
<td>Multiple of coverage</td>
<td>Calculates rate as multiple of total coverage amount</td>
</tr>
<tr>
<td>Multiple of parent rate</td>
<td>For child rates only, calculates rate as multiple of the primary rate</td>
</tr>
<tr>
<td>Multiple of parent rate and coverage</td>
<td>For child rates only, calculates rate as multiple of both parent rate and coverage</td>
</tr>
<tr>
<td>Multiple of coverage and compensation</td>
<td>Calculates rate as multiple of both coverage and compensation</td>
</tr>
<tr>
<td>No standard value used</td>
<td>Uses rate defined in variable rate profiles</td>
</tr>
<tr>
<td>Set annual rate equal to coverage</td>
<td>Uses total coverage as the annual rate amount</td>
</tr>
<tr>
<td>Post enrollment calculation formula</td>
<td>Calculates rate based on election information entered during enrollment using a formula you define</td>
</tr>
</tbody>
</table>
The calculation method you select works in conjunction with other settings to compute the final rate.

- For calculations using multiples, you can specify the operation, such as simple multiplication, percentage, or per hundred.
- For calculations based on compensation, you can specify the compensation factor that defines the basis for the compensation calculation, such as weekly stated salary or stated annual salary.
- You can specify rounding and limiters for calculated results.
- If you enable participant input, you can set valid ranges, default values, and increment values, as applicable. The default values are used if you recalculate rates and no user input is available.
- For a participant whose enrollment coverage date falls within the month, you can define settings for a prorated rate.

If the rate varies based on one or more factors, such as age, you can create variable rate profiles and add them to the standard rate. When you create a variable rate profile, you select one of the calculation methods and attach an eligibility profile that defines the criteria a participant must satisfy to qualify for the rate. You also select a treatment rule for the profile, which determines whether the variable rate is added to, multiplied by, subtracted from, or replaces the standard rate. You can associate multiple variable rate profiles with a single standard rate.

How Rates Are Calculated

The calculation method and other settings defined for a rate determine when and how the rate is calculated. For example, the rate may be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Example: Multiple of Compensation

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Rate</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Stated Annual Salary)</td>
<td>2.5</td>
<td>(1/10,000) x 25,000</td>
</tr>
<tr>
<td>Multiplier: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator: Per ten thousand</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example: Multiple of Coverage

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Rate</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Amount: 200,000</td>
<td>20</td>
<td>(1/10,000) x 200,000</td>
</tr>
<tr>
<td>Multiplier: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator: Per ten thousand</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example: Multiple of Compensation and Coverage

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Rate</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiplier: 0.0001</td>
<td>25</td>
<td>((.0001 x 25,000) / 10,000) x 100,000</td>
</tr>
<tr>
<td>Multiple of Compensation Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Stated Annual Salary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple of Coverage Operator: Per ten thousand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage Amount: 100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example: Multiple of Parent Rate

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Rate</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiplier: 2</td>
<td>5</td>
<td>2 x 2.5</td>
</tr>
<tr>
<td>Parent Rate Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Rate: 2.5 (value derived from selected Parent Rate Name)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example: Multiple of Parent Rate and Coverage

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Rate</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiplier: 1</td>
<td>50</td>
<td>((1 x 2.5) / 10,000) * 200,000</td>
</tr>
<tr>
<td>Coverage Operator: Per ten thousand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage Amount: 200,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Rate Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Rate: 2.5 (value derived from selected Parent Rate Name)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Benefit Standard Rate Creation Methods: Points to Consider

You can create and edit benefits standard rates using one of these methods:

- Create rates for plans or options during program and plan quick create.
- Create rates using the Manage Benefit Rates task in the Plan Configuration work area.
- Create and edit rates in the integrated Microsoft Excel workbooks.
You can also copy rates to additional legal employers.

Creating Rates with Quick Create Program and Plan

You can create rates that use the flat amount calculation method for plans with or without options by entering employer and participant costs using Quick Create Program or Quick Create Plan. Click Quick Create Program or Quick Create Plan in the programs or plans Search Results section.

When you save the program or plan, the application:

• Creates the rates based on the cost values that you entered

Restriction

With the quick create methods, the application automatically creates the rate name when it creates the rate. You cannot name the rates using your own naming conventions.

• Sets the rates usage to Standard and calculation method to Flat Amount for each cost

You can edit these new rates after searching for them on the Manage Benefit Rates page, Standard Rates tab.

Creating Rates with the Manage Benefit Rates Task

You can create standard rates based on flat amounts or other calculation methods, such as multiple of coverage or multiple of compensation, as well as calculate for enrollment formula. Use the Manage Benefit Rates task to create the standard rate and specify the calculation method, payroll and processing information, extra inputs, partial month determination, and annual rates.

Creating or Editing Rates in the Integrated Workbooks

You can create rates that use the flat amount calculation method when you create plans with or without options using the integrated plans workbook. To generate the workbook, click Prepare in Workbook on the plans Search Results section. Then enter plan and option details, including employer and participant costs. Upload processing is the same as when you save the quick create plan.

While you cannot create standard rates in the edit rates workbook, you can use it to edit many existing rates at once, for example, to reflect annual changes in contribution. To generate the workbook, click Edit Rates in Workbook on the Standard Rates tab. You can download and edit standard rates for only one calculation method at a time. This integrated workbook is for editing standard rates only. You cannot use it to associate variable rate profiles with standard rates.

Duplicating Rates for Additional Legal Employers

Rather than creating the same rates for multiple legal employers, you can create them once and then duplicate them for use by one or more additional legal employers. Use the Manage Benefit Rates task to search for the standard rate that you want to use for additional legal employers.
1. Click the **Duplicate** button for the rate to open the Duplicate dialog box.

2. Select and add the legal employers to which you want to copy the standard rate.

**Benefits Variable Rate Creation Methods: Points to Consider**

You can create and edit variable rates using one of these methods:

- Create variable rate profiles and attach them to a standard rate.
- Create variable formulas and attach them to a standard rate.
- Use an integrated workbook to create and attach variable rate profiles.

When you duplicate standard rates to additional legal employers, you can also elect to copy the associated variable rates.

**Creating and Attaching Variable Rate Profiles**

To create variable rates, you first create variable rate profiles and then associate them with standard rates using the Manage Benefit Rates task. You can create variable rate profiles based on flat amounts or calculation methods, such as multiple of coverage or compensation and coverage, as well as calculate for enrollment formula. You must also, specify:

- A treatment rule to add to, multiple by, replace, or subtract from the standard rate with which the profile is associated
- An eligibility profile that identifies who is or is not eligible for the variable rate based on one or more factors, such as age, smoking status, or compensation amount

**Creating and Attaching Variable Formulas**

If a variable rate is based on a complex calculation, you can define one or more fast formulas to compute the rate. Then, associate the formulas with the standard rate in the Variable Rates section, Variable Formulas tab.

**Creating Variable Rates in the Integrated Workbook**

You can use the integrated workbook to create and upload multiple variable rate profiles at one time. Then associate them with existing standard rates and upload the changes. To generate the workbook, click **Prepare in Workbook** on the Variable Rate Profiles tab. You must upload new variable rate profiles to the application database before you can associate them with standard rates in the workbook.

**Creating a Variable Rate: Worked Example**

This example demonstrates how to create a benefit rate for an employee payroll contribution to a life insurance plan. The rate varies depending on the participant’s age, so it is associated with multiple variable rate profiles.

The following table summarizes key decisions for this scenario.
### Decision to Consider

<table>
<thead>
<tr>
<th>Question</th>
<th>In this example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a standard or imputed rate?</td>
<td>Standard</td>
</tr>
<tr>
<td>What is the activity type for this rate?</td>
<td>Employee payroll contribution</td>
</tr>
<tr>
<td>Does this rate vary based on one or more factors?</td>
<td>Yes</td>
</tr>
<tr>
<td>What calculation method should be used for the standard rate?</td>
<td>No standard values used. The calculation method for each rate is defined exclusively in the variable rate profile.</td>
</tr>
<tr>
<td>What calculation method should be used for the variable rate profiles?</td>
<td>Flat rate</td>
</tr>
</tbody>
</table>

The following diagram shows the task to complete in this example:

![Diagram showing the task to complete in this example](image)

**Note**

The process of creating variable coverages follows the same flow and involves similar tasks, including creating variable coverage profiles, creating a base coverage, and associating variable coverage profiles with the base coverage.

**Prerequisites**

1. Create the life insurance plan to which the rate applies.
2. Define a payroll element and input value to associate with the rate.
3. Create derived factors for the age bands associated with each variable rate, such as:
   - Age_20-29
   - Age_30-39
   - Age_40-49
   - Age_50-59
   - Age_60-69
   - Age_70-greater
4. Create eligibility profiles for each age band, and associate with the appropriate derived factor. For example:
Creating Variable Rate Profiles

1. In the Plan Configuration work area, select the Manage Benefit Rates task.

2. Click the Variable Rate Profiles tab.

3. Click Create.

4. On the Create Variable Rate Profile page, complete the fields, as shown in this table. Use the default values except where indicated.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile Name</td>
<td>Life_Age_20-29</td>
</tr>
<tr>
<td>Tax Type Rule</td>
<td>After Tax</td>
</tr>
<tr>
<td>Activity Type</td>
<td>Employee Payroll Contribution</td>
</tr>
<tr>
<td>Treatment Rule</td>
<td>Replace</td>
</tr>
<tr>
<td>Defined Rate Frequency</td>
<td>Biweekly</td>
</tr>
<tr>
<td>Eligibility Profile</td>
<td>Select the eligibility profile for this age band.</td>
</tr>
<tr>
<td>Status</td>
<td>Active</td>
</tr>
<tr>
<td>Calculation Method</td>
<td>Flat Amount</td>
</tr>
<tr>
<td>Value</td>
<td>4.00</td>
</tr>
</tbody>
</table>

5. Click Save and Close.

6. Repeat steps 3-5 to create five additional variable rate profiles, one for each age band. Use the values in the previous table for all fields except the ones below.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile Name</td>
<td>Life_Age_30-39</td>
</tr>
<tr>
<td>Value</td>
<td>6.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile Name</td>
<td>Life_Age_40-49</td>
</tr>
<tr>
<td>Value</td>
<td>8.00</td>
</tr>
</tbody>
</table>
Creating a Standard Rate

1. Click the Rates and Coverages tab.
2. On the Standard Rates tab, click Create - Create Standard Rate.
3. On the Create Standard Rates page, complete the fields, as shown in this table. Use the default values except where indicated.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate Name</td>
<td>Life Rate</td>
</tr>
<tr>
<td>Legal Employer</td>
<td>Select your legal employer.</td>
</tr>
<tr>
<td>Plan</td>
<td>Select the life insurance plan you created for this rate</td>
</tr>
<tr>
<td>Activity Type</td>
<td>Employee payroll contribution</td>
</tr>
<tr>
<td>Tax Type Code</td>
<td>After Tax</td>
</tr>
<tr>
<td>Payroll Element</td>
<td>Select the payroll element associated with this rate</td>
</tr>
<tr>
<td>Element Input Value</td>
<td>Select the input value for this rate</td>
</tr>
<tr>
<td>Calculation Method</td>
<td>No standard values used</td>
</tr>
</tbody>
</table>

Associating the Variable Rate Profiles to the Standard Rate

1. On the Variable Rate Profile Name tab, click Select and Add.
2. On the Select and Add window, enter a sequence number and select the first of the six variable profiles you created earlier. Click OK.
3. Repeat steps 1 and 2 to add the other five variable profiles to this rate.
4. Click Save and Close.
Managing Variable Benefit Rates in the Integrated Workbook: Explained

You can create variable rates by defining variable rate profiles and associating them with standard rates using the integrated Microsoft Excel workbook. Using this integrated workbook, you can create and upload multiple variable rate profiles, associate uploaded and existing profiles with existing standard rates, and upload the standard rate changes into the application database. Repeat these steps as many times as required.

Before you upload new or edited variable rate profiles, confirm that any associated benefit eligibility profiles, plans, and options already exist in the application database. The application database must also contain any referenced:

- Compensation user-defined factors where Calculation Method is set to Multiple of Compensation
- Fast formulas associated with variable rate profiles where Calculation Method is set to Calculate for enrollment formula

The basic process for managing variable rates using the workbook is:

1. Generate the workbook.
2. Create and edit variable rate profiles.
3. Upload edits.
4. Add variable rate profiles to standard rates.
5. Upload edits.
6. Resolve errors.

Generating the Workbook

You use the Manage Benefit Rates task in the Plan Configuration work area. Click Prepare in Workbook in the Variable Rate Profiles tab search results.

Creating and Editing Variable Rate Profiles

You can create and edit your variable rate profiles in the Manage Variable Rate Profiles worksheet.

1. Select a calculation method.

   The calculation method for all rows must match the calculation method for the workbook, which you selected in the Search section. Mismatches result in errors when you upload your data.

2. Optionally, you can enter an effective as-of date.

   The effective as-of date value is used as a constraint when downloading variable rate profiles. The upload process also uses it to set the effective date for the new and edited profiles. If you leave this field blank, the upload process sets the current date, also known as the system date, as the effective date.

3. Search for the variable rate profiles that match your criteria.
4. Create and edit the profiles, as required.
5. Upload your edits to the application database.

**Adding Variable Rate Profiles to Standard Rates**

You can associate existing and newly uploaded variable rate profiles with standard rates in the Standard Rate Variable Rate Pro worksheet.

1. Select a calculation method.
   
The calculation method for all rows must match the calculation method for the workbook, which you selected in the Search section. Mismatches result in errors when you upload your data.

2. Optionally, you can enter an effective as-of date.
   
The effective as-of date value is used as a constraint when downloading standard rates. The upload process also uses it to set the effective date for the edited standard rates. If you leave this field blank, the upload process sets the current date, also known as the system date, as the effective date.

3. Search for the standard rates that match your criteria.

4. Associate variable rate profiles with the relevant standard rates.

5. Upload your edits to the application database.

**Restriction**

- The variable rate profiles must already exist in the application database before you can associate them with standard rates in the workbook. Upload any new or edited variable rate profiles first, then you can associate them with standard rates.

- You must associate future-dated profiles with standard rates in the application; you cannot do it in the workbook.

The workbook uses the **Changed** cell in both worksheets to automatically identify the rows that you edit.

**Uploading Edits**

After you complete your edits for one of the worksheets, click **Upload**. Only those rows marked as changed are uploaded into the application tables. You can randomly test that the upload did work as you expected by searching for one or more of the following:

- New or edited variable rate profiles in the application
- Standard rates with which you associated a variable rate profile

The worksheet **Status** field is updated only if the server or database becomes inaccessible during upload.

**Resolving Errors**

The application automatically updates the Status value in each row of the workbook. If there are errors that require review, the upload rolls back the change in the application and sets the row status in the workbook to **Upload Failed**. It then continues to the next row in the workbook. You double-click **Update Failed** in the **Status** cell to view the error. Fix any data issues in the workbook and upload the changes.
Imputed Rates: Explained

Imputed income refers to certain forms of indirect compensation that US Internal Revenue Service Section 79 defines as fringe benefits and taxes the recipient accordingly. Examples include employer payment of group term life insurance premiums over a certain monetary amount, personal use of a company car, and other non-cash awards.

If a plan is subject to imputed income, you must create an imputed rate, in addition to the standard rates for the plan. You must also create a shell plan to record the imputed income calculation. You typically associate variable rate profiles with the imputed rate, because imputed income taxes vary based on a person’s age.

The following figure illustrates the general steps involved in creating imputed rates:

**Prerequisites**

Perform the following tasks before you create an imputed rate.

- Define the payroll element for the rate.
- Define derived factors for each age band (or any other factors) for which the rate varies, such as ages 20-25, 26-30, and so on.
- Define an eligibility profile for each age band and attach the appropriate derived factors.
- Define any other objects required by the specific rate, such as formulas.

**Creating the Imputed Income Plan**

Create the plan that is subject to imputed income. Set the Subject To Imputed Income field to the appropriate person type for this rate, such as participant, spouse, or dependent.

**Creating the Shell Plan**

Create another plan to hold the results of the imputed income calculation, using the following settings:
• Set the plan type to **Imputed Shell**.
• Set the plan function to **Imputed Shell**.
• Set the imputed income calculation to the person type (participant, spouse, or dependent) that is subject to imputed income.

**Note**
The imputed income calculation assumes that the employer pays 100% of the benefit, and does not subtract employee contributions from the calculation.

### Creating the Variable Rate Profiles

Create variable rate profiles for each variable rate, using the following settings:

- Set the activity type to **Imputed Benefit**.
- Select the appropriate eligibility profile for the age band.
- Set the calculation method to **Flat Amount**.
- Enter the rate amount.
- Provide additional information as applicable for the rate.

### Creating the Imputed Rate

From the Standard Rates tab, click the **Create** menu and then click **Create Imputed Rate**. In the **Imputed Shell Plan** field, select the shell plan you created earlier. Provide additional rate information as applicable.

### Associating the Variable Rate Profiles with the Imputed Rate

Select and add the variable rate profiles to the imputed rate.

### Partial Month Determination Rule: Critical Choices

The partial month determination rule calculates the contribution or distribution amount when a participant’s enrollment coverage date falls within a month. You can choose from the following options:

- **All**
- **None**
- **Prorate value**
- **Formula**
- **Wash formula**

**All**
The amount is calculated as if the participant was enrolled for the entire month.

**None**
The amount is calculated as if the participant was not enrolled at all for the entire month.

**Prorate Value**
The standard contribution/distribution is prorated based on the percentage of the month the participant was enrolled. If you choose this option, click **Add** in the Proration Details region to define proration details, including:
- Percentage
- Rounding rule or formula for rounding the calculated prorate value
- Prorate period
- Which months the proration details apply to (months with 28 days, 29 days, and so on)
- Proration formula, if applicable
- Start and stop coverage rule, if applicable

You can define more than one set of proration details if, for example, the details differ depending on the number of days in a month.

**Formula**

A formula is used to calculate the rate. If you choose this option, select the formula to use. You must have already defined the formula before you can select it here.

**Wash Formula**

A wash formula is applied to the rate to determine whether or not participants receive a contribution or distribution. If you choose this option, enter the day of the month (1-31) to be used as the wash rule day. Participants do not receive a contribution or distribution if their start date occurs after the wash rule day or their end date occurs before the wash rule day.

**Benefits Rate Frequencies: How They Affect Rates**

Specify the rate communicated to participants during enrollment by configuring frequency settings in basic details of the program or plan not in program. Use settings on the standard rate to configure the payroll deduction amount. Your configuration determines whether the communicated amount in the self-service enrollment pages and Enrollment work area is the same as the payroll amount.

**Program or Plan Frequency Settings That Affect Rates**

Select a value for each of the following frequencies when you configure the basic details for a program or plan not in program in the Plan Configuration work area.

- **Defined Rate Frequency**: Frequency specified for the activity rate calculation. Possible selections are Annually, Biweekly, Monthly, Hourly, Quarterly, Semiannually, Semimonthly, or Weekly.
- **Communicated Rate Frequency**: Used to calculate the rate displayed on the self-service enrollment pages and in enrollment results in the Enrollment work area. Possible selections are Estimated per pay period, Per month, Per pay period, Per pay period with element frequency rules, or Per year.

The following table defines the pay period values.

<table>
<thead>
<tr>
<th>Frequency Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per pay period</td>
<td>Uses the number of pay end dates derived from the payroll definition. For example, a weekly payroll might result in 53 end dates in the calendar year.</td>
</tr>
</tbody>
</table>
### Restricted Benefit Rate Calculation Methods

<table>
<thead>
<tr>
<th>Benefit Calculation Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated per pay period</strong></td>
<td>Uses the standard number of periods corresponding to the period type value selected in the payroll definition, regardless of the number of pay end dates in the calendar year. For example, communicated rate calculations use the fixed number of 52 weekly periods, even for years with the nonstandard 53 weekly periods.</td>
</tr>
<tr>
<td><strong>Per pay period with element frequency rules</strong></td>
<td>Uses the frequency rules of the payroll element associated with the standard rate to determine the number of deductions in the calendar year. For example, one of your benefit deductions occurs only on the first biweekly payroll in each month. If you use this communicated rate frequency, select <strong>Per-pay-period amount</strong> as the value passed to payroll.</td>
</tr>
</tbody>
</table>

**Restriction**

If you select one of the per pay period choices, you must define a corresponding payroll and assign the payroll to the relevant participants. Use the tasks in the Define Elements, Balances and Formulas task list in the Setup and Maintenance work area.

**Standard Rate Frequency Settings That Affect Rates**

Select a value for each of the following optional attributes when you configure rate details and payroll information for the standard rate in the Plan Configuration work area.

- **Element Input Value**: Used to transfer the benefit rate to payroll through the element entry. Before you can select an element input value, you must first select a payroll element for the standard rate.

- **Value Passed to Payroll**: Amount that the application passes to the element entry. Possible selections are Annual amount, Communicated amount, Defined amount, Estimated per-pay-period amount, or Per-pay-period amount. Leave this field blank if you do not use element entries.

**Tip**

If you want the communicated amount to be the same as the payroll deduction, be sure to coordinate the settings for the communicated rate frequency and the value passed to payroll.

- **Rate Periodization Formula**: You can customize the annual, defined, and communicated rate calculations for any activity rate. To do so:
  a. Create a fast formula using the Rate Periodization formula type.
  b. Select the formula on the Processing Information tab of the standard rate.
How Communicated Rate is Calculated

The following table identifies the possible communicated rate values, the calculation used to determine the amount, an example amount, and the example calculation. The examples are based on a family medical plan and use the following values:

- Standard rate: 4,000 USD
- Defined rate frequency: Quarterly
- Payroll period type: Biweekly
- Element frequency rules for this deduction: First pay period in the month only

<table>
<thead>
<tr>
<th>Communicated Rate Frequency</th>
<th>Calculation Used to Derive Communicated Amount</th>
<th>Example Communicated Amount (USD)</th>
<th>Example Calculation Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per year</td>
<td>Standard rate x Number of times defined rate frequency occurs in 1 year</td>
<td>16,000</td>
<td>4,000 x 4</td>
</tr>
<tr>
<td>Per month</td>
<td>Annual amount / Number of times communicated rate frequency occurs in 1 year</td>
<td>1,333.3333</td>
<td>16,000 / 12</td>
</tr>
<tr>
<td>Per pay period</td>
<td>Annual amount / Actual number of payroll periods in 1 year based on payroll frequency</td>
<td>One of these two amounts, depending on the year: 615.3846 592.5926</td>
<td>• Annual amount / 26 pay periods  • Annual amount / 27 pay periods</td>
</tr>
<tr>
<td>Estimated per-pay-period</td>
<td>Annual amount / Standard number of pay periods in 1 year based on payroll frequency Standard number examples: 52 for weekly, 26 or 27 for biweekly</td>
<td>615.3846</td>
<td>16,000 / 26</td>
</tr>
<tr>
<td>Per-pay-period with element frequency rules</td>
<td>Annual amount / Number of times deduction is taken in 1 year</td>
<td>1,333.3333</td>
<td>16,000 / 12</td>
</tr>
</tbody>
</table>

How Value Passed to Payroll is Calculated

The following table identifies the possible values to pass to payroll, the calculation used to determine the amount, an example amount, and the example calculation. The examples are based on a family medical plan and use the following values:
- Standard rate: 4,000 USD
- Defined rate frequency: Quarterly
- Communicated rate frequency: Per month
- Payroll: period:
  - Period type: Biweekly
  - Alternative for illustration purposes: Element frequency rule of first pay period in a month.
  - Reminder: Different years have a different number of biweekly payrolls.

<table>
<thead>
<tr>
<th>Value Passed to Payroll</th>
<th>Calculation Used to Derive Amount</th>
<th>Example Value Passed to Payroll Amount (USD)</th>
<th>Example Calculation Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left blank</td>
<td>None</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Defined amount</td>
<td>Standard rate at the specified defined rate frequency</td>
<td>4,000 (per quarter)</td>
<td>None</td>
</tr>
<tr>
<td>Annual amount</td>
<td>Standard rate x Number of times defined rate frequency occurs in 1 year</td>
<td>16,000</td>
<td>4,000 x 4</td>
</tr>
<tr>
<td>Communicated amount</td>
<td>Annual amount / Number of times communicated rate frequency occurs in 1 year</td>
<td>1,333.3333</td>
<td>16,000 / 12</td>
</tr>
<tr>
<td>Estimated per-pay-period amount</td>
<td>Annual amount / Standard number of pay periods in 1 year based on payroll frequency</td>
<td>615.3846</td>
<td>16,000 / 26</td>
</tr>
</tbody>
</table>
| Per-pay-period amount   | Annual amount / Actual number of pay periods in 1 year based on payroll frequency | One of these two amounts, depending on the year:  
  - 615.3846  
  - 592.5926  
  If element has frequency rule of first pay period per month:  
    - 1,333.3333 | 1,600 / 26 pay periods  
    - 1,600 / 27 pay periods  
    - 16,000 / 12 |

Note
The communicated rate frequency is not coordinated with the value passed to payroll in the preceding examples, which focus on how each amount is calculated.

---

**Value Passed to Payroll: Points to Consider**

In the **Value Passed to Payroll** field on the Create or Edit Rates page, select the amount that you want to pass to a participant's payroll element entry on enrollment. Your choices are:

**Communicated amount**

The amount that the participant is told to expect for their contribution or distribution.

**Defined amount**

The amount that is defined for the rate, which may be different than the amount communicated to the participant.

**Estimated per-pay-period amount**

An estimate based on a fixed number of pay periods. For example, a biweekly payroll might occasionally have 25 or 27 pay periods in a calendar year, depending on the setup. Likewise, a weekly payroll might have 51 or 53 periods. When you select this option, the calculation uses the usual number of pay periods, which would be 26 for biweekly or 52 for weekly.

**Per-pay-period-amount**

The actual per-pay-period amount based on defined calculations. If you do not select a value, the calculation uses the per-pay-period amount. You can prorate only per-pay-period amounts.

**Annual amount**

The defined amount annualized.

---

**Note**

When using a formula to define rate periods, select Annual amount, Defined amount, or Communicated amount.

---

**Editing Standard Benefit Rates in the Integrated Workbook: Explained**

You can generate the integrated Microsoft Excel workbook in which you download standard benefit rates that match your search criteria. Use the integrated workbook to edit those rates, for example, to reflect annual changes in contribution. Then, upload your changes into the application database. Repeat these steps as many times as required to accommodate revisions.

The workbook enables you to edit existing rates, not add new ones.
The basic process for editing benefit rates using the workbook is:

1. Generate and populate the workbook.
2. Edit the standard rates.
3. Upload edits.
4. Resolve errors.

**Generating and Populating the Workbook**

On the Manage Benefit Rates page Standard Rates tab, click **Edit Rates in Workbook** to generate the workbook. In the search section at the top of the workbook, you must select a calculation formula. This acts as a filter for the records that the application adds as rows in the Search Results section after you click **Search**. You can also use the **Rate Display Type**, **Effective As-of Date**, and **Status Rule** fields to further filter your search result records.

Currently, the application is limited to a maximum of 500 rows when it generates the workbook, to manage application performance.

**Editing Standard Rates**

After the download is complete, edit data only in the search results cells with a white background. Edits in search results cells with a nonwhite background are not uploaded or could cause upload errors. The workbook uses the **Changed** cell to automatically identify the rows that you edit.

Edit the following objects in the Plan Configuration work area, rather than in the workbook: variable rate profiles, variable formulas, extra inputs, partial month determination, and annual rates.

**Uploading Edits**

After you complete your edits, click **Upload**. Only those rows marked as changed are uploaded into the application database. During the upload, for records marked as changed:

For records marked as changed, the workbook upload:

1. End dates the original benefit rate record by setting the effective end date to the day before the effective as-of date that you used as part of your download filter.
2. Adds a new benefit rate record with your edits. The effective start date is the same as your effective as-of date and the effective end date is the original effective end date.

Changed rows are moved to the bottom of the workbook.

**Resolving Errors**

The application automatically updates the **Status** cell in each row of the workbook. If there are errors that require review, the upload rolls back the change in the application database and sets the row status in the workbook to **Upload Failed**. Then, it continues to the next row in the workbook. Double-click **Update Failed** in the **Status** cell to view the error. Fix any data issues in the workbook and upload the new changes.
To validate the changes, return to the Manage Benefit Rates page, Standard Rates tab and search for the changed rate.

**Coverages: How They Are Calculated**

Coverages define the level of benefits coverage a participant receives under plans such as life insurance. Coverages are calculated by applying a calculation method, also called a determination rule, to values you define or ones that are entered by the participant during enrollment. You can also define limiters and rounding rules to apply to the initial calculation to derive the final coverage.

**Settings That Affect Coverage Calculations**

The following determination rules are available for computing coverages:

<table>
<thead>
<tr>
<th>Calculation Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat amount</td>
<td>Flat amount is predefined or entered during enrollment.</td>
</tr>
<tr>
<td>Flat range</td>
<td>Flat amount must be within a predefined range.</td>
</tr>
<tr>
<td>Flat amount plus multiple of compensation</td>
<td>Calculates coverage as flat amount plus multiple of compensation</td>
</tr>
<tr>
<td>Flat amount plus multiple of compensation range</td>
<td>Calculates coverage as flat amount plus multiple of compensation within a predefined range</td>
</tr>
<tr>
<td>Multiple of compensation</td>
<td>Calculates coverage as multiple of compensation</td>
</tr>
<tr>
<td>Multiple of compensation plus flat range</td>
<td>Calculates coverage as multiple of compensation plus flat amount that is within a predefined range</td>
</tr>
<tr>
<td>Multiple of compensation range</td>
<td>Multiple of compensation must be within a predefined range</td>
</tr>
<tr>
<td>No standard value used</td>
<td>Uses coverage defined in variable coverage profiles</td>
</tr>
<tr>
<td>Same as annualized elected activity rate</td>
<td>Uses annualized elected activity rate for coverage amount</td>
</tr>
<tr>
<td>Post enrollment calculation formula</td>
<td>Calculates coverage based on election information entered during enrollment using a formula you define</td>
</tr>
</tbody>
</table>

The calculation method you select works in conjunction with other settings to compute the final coverage.

- For calculation methods using multiples, you can specify the operation, such as simple multiplication, percentage, per hundred, and per thousand.
- For calculations based on compensation, you can specify the compensation derived factor that defines the basis for the compensation calculation.
- You can specify rounding and limiters for calculated results.
- If you enable participant input, you can set valid ranges and default values. The default values are used if you recalculate coverages and no user input is available.

If coverage varies based on one or more factors, such as age, you can create variable coverage profiles and add them to the base coverage. When you create a variable coverage profile, you select one of the calculation methods and attach...
an eligibility profile that defines the criteria a participant must satisfy in order to qualify for the coverage. You also select a treatment rule that determines whether the variable coverage amount is added to, multiplied by, subtracted from, or replaces the base coverage. You can associate multiple variable coverage profiles with a base coverage.

**How Coverages Are Calculated**

The calculation method and other settings defined for a coverage determine when and how it is calculated. For example, the coverage may be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

**Example: Multiple of Compensation**

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Rate</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiplier: 2</td>
<td>50,000</td>
<td>2 x 25,000</td>
</tr>
<tr>
<td>Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example: Multiple of Compensation Range**

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Coverage</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum: 2</td>
<td>100,000 (using default)</td>
<td>4 x 25,000</td>
</tr>
<tr>
<td>Maximum: 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increment Amount: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Default Value: 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example: Flat Amount Plus Multiple of Compensation**

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Coverage</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat Amount: 50,000</td>
<td>100,000</td>
<td>50,000 + (2 x 25,000)</td>
</tr>
<tr>
<td>Multiplier: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example: Flat Amount Plus Multiple of Compensation Range

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Coverage</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat Amount: 50,000</td>
<td>150,000 (using default)</td>
<td>50,000 + (4 x 25,000)</td>
</tr>
<tr>
<td>Minimum: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum: 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increment Amount: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Default Value: 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Amount: 25,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(value derived by applying a Compensation Factor of Annual Salary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example: Multiple of Compensation Plus Flat Range

<table>
<thead>
<tr>
<th>Inputs to Calculation</th>
<th>Calculated Coverage</th>
<th>Calculation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum: 30,000</td>
<td>140,000 (using default)</td>
<td>40,000 + (2 x 50,000)</td>
</tr>
<tr>
<td>Maximum: 50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Default Value: 40,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increment Amount: 10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiplier: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator: Multiply by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Amount: 50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(value derived by applying a Compensation Factor of Annual Salary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Managing Coverage Across Plan Types: Example

Some benefit programs restrict the amount of coverage that a participant can elect across plan types. The following scenario illustrates how to define the maximum coverage amount across two life insurance plan types.

Managing Coverage Across Two Life Insurances Plan Types

Suppose your organization has a program with two plan types: group term life insurance and non-group term life insurance. Within the group plan type, you offer an employee group term life insurance plan, which provides coverage equal to two times earnings up to a maximum of $200,000. Within the non-group plan type, you offer a plan that has a maximum coverage level of $120,000. You want to set a maximum coverage of $300,000 across the two plans.
To accomplish this, create a coverage across plan type record for the program and set the maximum amount to $300,000. Optionally, you can set a minimum coverage amount.

**Note**
The across plan type maximum coverage cannot be less than the lowest maximum coverage of any plan in the plan type. Thus, the across plan type maximum in this example cannot be less than $120,000.

**Flex Credits Configuration**

**Flex Credit Offerings: Overview**

Flex credits are monetary units that workers can use to offset costs of specific plan enrollments. This overview illustrates when to create flex credit offerings, the sequence of setting up a flex credit offering, and how these offerings are made available to participants during enrollment.

**When to Create Flex Credit Offerings**
Implementers can consider creating flex credit offerings if they want to implement any of the following styles of benefit offerings in an enterprise:

- Cafeteria plans offered in the US to comply with Section 125 of the Internal Revenue Code
- Benefit plans offered in the US to comply with the Employee Retirement Income Security Act (ERISA)
- Benefit plans offered in other countries that enable workers to buy benefits from an allowance that the employer might offer
- Benefit offerings that provide flex credits, but are not necessarily recognized by or pursuant to a government agency

**Flex Credit Offering Creation Sequence**
The following figure illustrates the sequence of creating a flex credit offering.

As a benefit administrator, you use the Manage Benefit Program Details task in the Plan Configuration work area to create a program of type Flex credits or Flex credits plus core. Then, create the rest of the benefit objects, such as plan type, plans-in-program, options-in-plan-in-program, rollover rates, and elements in the Plan Configuration work area. Finally, use the Manage Flex
Credits Configuration task to create a flex credit shell plan and associate with it the flex program. You create a flex credit shell plan to define your flex credit policy:

- Create credit pools at specific levels in your benefit hierarchy to calculate and maintain credits.
- Define which benefit offerings participants can purchase using flex credits.
- Decide whether participants can spend beyond their flex credit budget.
- Decide the order in which you want to deal with excess credits that might remain after enrollment. Pay out a percentage or transfer a percentage to other offerings in compliance with corresponding contribution limits, or forfeit the credits.

**Enrollment**

The flex credit shell plan does not appear during enrollment and participants cannot enroll in a flex shell plan directly. When participants enroll in a program that is associated with a flex shell plan, the rules defined in that plan enable participants to use flex credits to enroll in specific offerings.

**Flex Credit Shell Plan Components: How They Work Together**

Use a flex credit shell plan to configure benefit offerings with the flex credits policy of your enterprise. Set up flex shell plans for your enterprise using these components: programs, rates, and credit pools. You create flex shell plans on the Manage Flex Credits Configuration page.

This figure illustrates how the flex credit shell plan components fit together.
Programs that you associate with a flex credit shell plan can contain multiple credit pools to maintain credits that participants can use at specific levels in the hierarchy. For each credit pool:

- Configure the method to calculate the credit value.
- Add rates of spending options that must deduct from the credit pool on enrollment.
- Define rules to handle treatment of excess credits after enrollment.

Flex standard rates that you associate with the flex shell plan store the total flex credit value offered to the participant and the excess credit amount after enrollment.

**Flex Credit Shell Plan**

Each enterprise can have a maximum of two shell plans: one for unrestricted enrollment and one for life event enrollment. You can associate multiple programs with the same flex shell plan within the enterprise, but associate only one flex shell plan with each program.

**Programs**

When you create a flex shell plan, you must associate at least one program with it. Programs that you associate with the flex shell plan must belong to the Flex credits program type or the Flex credits plus core program type. When participants enroll in a flex program, they are automatically enrolled in the corresponding flex credit shell plan.

**Credit Pools**

A credit pool maintains flex credit values that participants can use at specific levels in the benefits hierarchy. You define credit pools in the Credit Pools tab when you create a flex shell plan. Maintain credit pools at the program level, plan-in-program level, and the option-in-plan-in-program level. Use a calculation method to determine the flex credit pool value.

For each credit pool, you configure the following components:

- Spending Options: Define which benefit offerings participants can spend their credits on. In the Spending Options tab, you add the rates of benefit offerings that must deduct from the credit pool when participants enroll in those offerings. For example, if you want a medical plan to deduct from the credit pool on enrollment, then you add the standard rates for that plan’s options.

- Excess Credits Treatment: Define rules that determine how you want to deal with credits that might remain unused after enrollment. For example, you can select a rule that performs the following functions in a particular order:
  a. Disburse a percentage of unused credits as cash.
  b. Transfer to other offerings a percentage of the credits that remain after disbursement. You must include the rates of these offerings in the Rollover Rates tab when you create a credit pool.
  c. Forfeit the remaining credits.
If you want to include rules that do not already exist on the Manage Flex Credit Configuration pages, you can create a formula that belongs to the Excess Credits Treatment formula type and select that as the excess treatment rule in the Excess Credits tab.

**Flex Standard Rates**

For a combination of program and legal entity, you must create the following rates within the flex shell plan:

- Rate for Flex Credits Provided as Pool: This rate stores in a payroll element, the total amount of flex credits that are available to the participant. The stored amount is an aggregated flex credit value from all of the credit pools that were defined at appropriate levels in the benefits hierarchy.

- Rate for Unused Credits Disbursed as Cash: One of the functions in the excess credit treatment rules disburses a percentage of unused credits to the participant in cash. This rate stores in a payroll element, the total amount of unused credits that you want to disburse as cash.

You create the flex standard rates for the flex shell plan in the Rates step of the Create Flex Credit Configuration page.

**Flex Credit Shell Plan Configurations: Examples**

The examples in this topic show different flex credit shell plan configurations and flex credits calculations as a result of those configurations. All values in these examples are in USD.

**Plan-in-Program-Level Pool**

You configured your flex credit shell plan as illustrated in the following figure.

The credit pool at the plan level offers 40 credits. The spending options and excess credit rules are defined at this level.
When participants enroll in the Employee Only option of the Be Well plan, they are provided 40 credits from the plan-level pool. The Employee Only option costs 20 USD, which is deducted from the total credits provided. This results in a credit balance of 20.

Excess credit rules transfer 10 credits from the credit balance to a savings plan resulting in a balance of 10. From this balance, 5 credits are disbursed as cash. The remaining balance, 5 credits, is forfeited.

**Program-Level Pool and Plan-In-Program-Level Pool Configured to Allow Overspending**

You have configured your flex shell plan as illustrated in the following figure.

![Diagram showing program-level pool and plan-in-program-level pool configuration](image)

The credit pool at the program level offers 60 credits. The Commuter plan is defined as a spending option at this level. The credit pool defined for the Be Well Medical Plan offers 10 credits and has the Employee-Only option defined as a spending option. Note that the Be Well Medical plan is not defined as a spending option. The credit pool at this level allows overspending up to 50 percent beyond the available credits.

Participants enroll in the following offerings:

- Employee Only option of the Be Well Medical plan
- Commuter plan

The cost of the Employee Only option is 15 USD. Although the plan-level pool offers only 10 credits, the participant can enroll in the option. This is because the credit pool at this level allows overspending up to 50 percent beyond the provided credits, which equals 15 credits.

The cost of the Commuter plan is 10 USD, which is deducted from the credits provided by the program-level pool, resulting in 50 excess credits. The excess
treatment rule disburses 10 credits as cash. From the remaining balance of 40 credits, the rule transfers 10 credits to the savings plan. The rest, 30 credits, is forfeited.

**Plan-In-Program-Level Pool and Option-In-Plan-In-Program-Level Pool Configured to Add to Program-Level Pool**

You have configured your flex shell plan as illustrated in the following figure.

The credit pool defined at the program level offers 5 credits and has spending options and excess credit rules defined. Credits pools for the Commuter plan and the Employee Plus Spouse option add to the program-level pool and use its spending options and excess treatment rules.

Participants enroll in the following offerings:

- Commuter plan
- Employee-plus-spouse option of the Be Well Medical plan

The credit pool at the Commuter plan level provides 20 credits. The credit pool defined at the Employee Plus Spouse option level provides 30 credits. These credits are configured to add to the program level pool, resulting in 55 credits, which also includes the credits provided by the program pool. The total cost of the Commuter plan enrollment and the Employee Plus Spouse option enrollment is 30 USD, which is deducted from the provided credits resulting in 25 excess credits.

The excess treatment rule transfers 10 credits to the savings plan resulting in a balance of 15 credits. From this balance, 5 credits are disbursed as cash. The rest of the balance, 10 credits, is forfeited.
Enrollment Modes for Flex Credit Shell Plans: Explained

When you create a flex credit shell plan, you must select an enrollment mode for the shell plan. The enrollment mode determines the type of programs that you can associate with the flex shell plan.

Associate Programs According to Enrollment Mode

You configure the flex credit shell plan for either unrestricted enrollment mode or life event enrollment mode.

- If the shell plan is configured for unrestricted enrollment mode, you can associate with it only those programs that are enabled for unrestricted enrollment.
- If the shell plan is configured for life event enrollment mode, you can associate with it only those programs that are not enabled for unrestricted enrollment.

After you have associated a program with a flex shell plan, you cannot change the configuration of the Enable unrestricted enrollment check box on the Edit Program page. For example, you cannot deselect the Enable unrestricted enrollment check box for an unrestricted program that you have associated with a flex shell plan.

Number of Flex Credit Shell Plans

An enterprise can have only one flex shell plan for each enrollment mode. In other words, an enterprise can have only one flex shell plan for unrestricted mode, and one flex shell plan for life event mode. You can associate multiple programs with the same flex shell plan within the enterprise, as shown in this figure.

Cash Disbursals and Rollovers of Excess Flex Credits: Explained

The disburse-maximum and the rollover-maximum components that this topic explains are a part of the following excess credit treatment rules that you configure in the Excess Credits tab when you create a flex credit shell plan:

- Disburse maximum, rollover maximum, then forfeit
- Rollover maximum, disburse maximum, then forfeit
**Disburse Maximum**

Excess flex credits are disbursed as cash based on the minimum and maximum limits that you set.

- **Minimum limit scenario:** The minimum cash disbursement limit is 50 USD. If the excess credits are 40 USD during enrollment, then no cash is disbursed and the next component in the rule starts to process.

- **Maximum limit scenario:** The maximum cash disbursement limit is 80 USD. If the excess credits are 100 USD, then only 80 USD is disbursed before the next component in the rule starts to process.

**Rollover Maximum**

Flex credits are transferred to other offerings based on the minimum and maximum limits that you set for each rollover rate associated with a flex shell plan. A rollover rate is a rate that you configure for a benefit offering to enable rollover of flex credits into that offering. You create a rollover rate using the Manage Benefit Rates task in the Plan Configuration work area. Then, you add the rollover rate to the flex shell plan on the Excess Credits tab of the Create or Edit Flex Credit Configuration page, Credit Pools step.

If multiple rollover rates exist for a flex shell plan, the excess flex credits transfer to each rollover rate in sequence depending on the sequence numbers that you associated with each rate. The flex credits continue to transfer as long as the excess credits that remain after each transfer are within the maximum and minimum limits set for each rollover rate.

You can restrict rollover of excess credits according to the minimum and maximum contribution limits that you defined for a particular rate. For example, your HCRA plan has a maximum annual contribution limit of 5000 USD and you want to use that limit to restrict rollovers into the plan. When you create a rollover rate for the HCRA plan, you select from the Rate for Limits Enforcement list the standard rate of the HCRA plan for which you defined the contribution limits.

**Benefit Program Types: Critical Choices**

The program type determines whether you want the program and its offerings to work with a flex credit shell plan. You select the program type when you create a program.

**Core**

Select this program type if you want to create a program that is independent of a flex credit shell plan.

**Flex-Credits Program Type**

Select this program type if you want to associate a flex credit shell plan with the program. You can associate with this program only those plans and options that involve flex credits.

**Flex-Credits-Plus-Core Program Type**

Select this program type if you want to associate a flex credit shell plan with the program. However, you can also associate with this program plans and options that do not involve flex credits.
Creating a Flex Credit Shell Plan: Worked Example

This example demonstrates how to create a flex credit shell plan to conform to the flex credits policy of an enterprise. This example is specific to flex shell plan configurations in the US. All values are in USD.

This table summarizes key decisions for this scenario.

<table>
<thead>
<tr>
<th>Decisions to Consider</th>
<th>In This Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which program must participants enroll in to receive flex credits?</td>
<td>InFusion Wellness program</td>
</tr>
<tr>
<td>Does the program enable unrestricted enrollment?</td>
<td>No</td>
</tr>
</tbody>
</table>
| Which spending options can participants purchase using the flex credits provided? | Participants can spend their flex credits on the following spending options:  
  - InFusion Vision, which costs 200 per year  
  - InFusion Dental, which costs 100 per year  
  - InFusion Medical, which costs 5000 per year |
| Include the spending options in the credit pool at which level in the offering hierarchy? | Program level. |
| What is the amount of flex credits do you want the InFusion Wellness program to provide? | Flat amount of 150. |
| Do you want to allow participants to overspend? | No |
| How do you want to deal with excess flex credits? | Excess credits must be dealt with in this order:  
  - Rollover 50 percent of the excess credits to the Infusion Savings Account plan.  
  - Disburse 40 percent of the remainder after the rollover as cash.  
  - Forfeit the remainder after the cash disbursal. |
| What rollover rates must be created? | Create a rollover rate for the InFusion Savings Account plan. |
| Are there any limits to the amount of contributions that can be rolled over to a rate in a calendar year? | Yes, the main contribution rate of the plan that the excess flex excess must transfer to must be configured to accept up to an amount of 300 in a calendar year. |

Task Summary

Before you start, complete these steps:

1. Create a program, plans, and standard rates for the plans.
2. Create a plan type for the flex credit shell plan.

Then, create a rollover rate for the Infusion Savings Account plan that excess credits must transfer to. Finally, create a flex credit shell plan.

The following figure shows the tasks to complete in this example.
**Prerequisites**

1. In the Plan Configuration work area, use the Manage Program Details task to create a program called InFusion Wellness. On the Create Program Basic Details page, ensure that you select Flex Credits as the program type.

2. In the Plan Configuration work area, use the Manage Plan Types task to create a plan type called InFusion Wellness Flex Plans for the flex credit shell plan that you will create in a later step. On the Create Plan Type page, ensure that you select Flex Credits from the **Option Type** list.

3. In the Plan Configuration work area, use the Manage Benefit Plan Details task to create these plans:
   - InFusion Vision
   - InFusion Dental
   - InFusion Medical
   - InFusion Savings Account
   On the Create Plan Basic Details page for the Vision and Dental plans, ensure that you select In Program from the Usage list.

4. In the Plan Configuration work area, use the Manage Benefit Rates task to create rates:
   - Create a standard rate for the InFusion Vision plan. Set the calculation method for the rate as a flat amount of 200.
   - Create a standard rate for the InFusion Dental plan. Set the calculation method for the rate as a flat amount of 100.
   - Create a standard rate for the InFusion Medical plan. Set the calculation method for the rate as a flat amount of 5000.
   - Create a standard rate for the InFusion Savings Account plan:
     - Select Flat amount as the calculation method.
• Select the **Participants enter value during enrollment** check box.
• In the Ranges section, enter 0 in the **Minimum Election Value** field, and 300, in the **Maximum Election Value** field.
• Select 0 as the default value. Select 1 as the increment.

**Creating a Rollover Rate**

1. In the Plan Configuration work area, click Manage Benefit Rates.
2. In the Standard Rates tab, select Create - Rollover Rate.
3. On the Create Rollover Rate page, complete the fields as shown in this table. Use the default values except where indicated.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate Name</td>
<td>InFusion Savings Account Rollovers (Employee Contribution)</td>
</tr>
<tr>
<td>Plan Name</td>
<td>InFusion Savings Account</td>
</tr>
<tr>
<td>Legal Employer</td>
<td>Select your legal employer.</td>
</tr>
<tr>
<td>Status</td>
<td>Active</td>
</tr>
<tr>
<td>Activity Type</td>
<td>Employer Contribution</td>
</tr>
<tr>
<td>Tax Type Code</td>
<td>Pretax</td>
</tr>
<tr>
<td>Rate for Limits Enforcement</td>
<td>Select the rate that you created for the Savings Account plan.</td>
</tr>
</tbody>
</table>

4. Click **Save and Close**.

**Creating a Flex Credit Shell Plan**

1. In the Plan Configuration work area, click **Manage Flex Credits Configuration** to open the Manage Flex Credits Configuration page.
2. Click **Create**.
3. On the Create Flex Credits Configuration: Basic Details page, complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Name</td>
<td>InFusion Wellness Flex Shell Plan - Life Event</td>
</tr>
<tr>
<td>Mode</td>
<td>Life event</td>
</tr>
<tr>
<td>Plan Type</td>
<td>InFusion Wellness Flex Plans</td>
</tr>
</tbody>
</table>

4. In the Year Periods section, select and add year periods from January 1, 2010 to December 31, 2016.
5. In the Programs section, select and add the InFusion Wellness program.
6. Click **Save**.
7. Click the **Rates** step.
8. In the Rate for Flex Credits Provided as Pool section of the Create Flex Credits Configuration: Rates page, complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate name</td>
<td>Flex Credits</td>
</tr>
</tbody>
</table>

9. In the Rate for Unused Credits Disbursed as Cash section, complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate name</td>
<td>Cash Disbursement</td>
</tr>
</tbody>
</table>

10. Click **Save**.

11. Click the **Credit Pools** step.

12. Select the InFusion Wellness program on the Create Flex Credits Configuration: Credit Pools page.

13. In the Credit Pool section, click Add Credit Pool, and complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Pool Name</td>
<td>InFusion Program Pool</td>
</tr>
</tbody>
</table>

**Note**

Leave the Credit Provider Plan field and the Credit Provider Option field empty because you are creating a program-level pool.

| Status   | Active |

14. In the Calculation Method tab, complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculation Method</td>
<td>Flat amount</td>
</tr>
<tr>
<td>Value</td>
<td>200</td>
</tr>
</tbody>
</table>

15. Click the Spending Options tab, and complete the fields as shown in this table.
16. Click the Excess Credits tab, and complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Treatment Rule</td>
<td>Rollover maximum, disburse maximum, then forfeit</td>
</tr>
<tr>
<td>Cash Disbursement Limit</td>
<td>Percentage of excess credits</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
<td>40</td>
</tr>
</tbody>
</table>

17. In the Rollover Rates section, click **Select and Add**.

18. In the Select and Add dialog box, complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>InFusion Savings Account Rollovers (Employee Contribution)</td>
</tr>
<tr>
<td>Sequence</td>
<td>1</td>
</tr>
<tr>
<td>Rollover Limit Rule</td>
<td>Percentage of excess credits</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
<td>50</td>
</tr>
</tbody>
</table>

19. Click **OK**.

20. Review the information that you entered for the flex shell plan, and click **Save and Close**.

**FAQs for Define Benefit Rates and Coverage**

**How can I calculate benefit rates per paycheck instead of per pay period?**

Scenario: Your payroll processes either weekly or biweekly, so some years you have 52 or 26 payroll runs and others you have 53 or 27. Regardless of the number of payroll runs, you always issue 52 or 26 paychecks per year and you want to calculate the rate communicated to participants per those 52 or 26 paychecks.
• In the **Communicated Rate Frequency** field, select **Estimated per pay period** on the program basic details page.

• In the **Value Passed to Payroll** field, select **Estimated per-pay-period amount** on the standard rates page.

How can I avoid rounding discrepancies for communicated rates?

Scenario: After a rate change, the first element entry might be different from the remaining element entries, for rounding purposes. For example, the rate is 1,333.33333 or 592.592592 and you want the first rate to take the offset so that the subsequent rates round evenly. To avoid rounding the first element entry, and therefore the communicated rate, you can use either of the following two methods:

• Use a rate periodization formula, which is a fast formula with a type of rate periodization.
  
  a. Create a fast formula of the Rate Periodization type using the Manage Fast Formulas task in the Setup and Maintenance work area.
  
  b. Select the formula on the Processing Information tab of the standard rate in the Plan Configuration work area.

• Set **Value Passed to Payroll** on the standard rate to either **Annual amount**, **Communicated amount**, or **Defined amount** in the Plan Configuration work area.

**Warning**

If you select **Estimated per-pay-period amount** or **Per-pay-period amount**, the first element entry is rounded.

What's the difference between Limiters and Ultimate Limiters?

Limiters establish the minimum and maximum variable rate or coverage amount before it is added to, subtracted from, or multiplied by the standard rate or coverage. Ultimate limiters establish the minimum and maximum variable rate or coverage amount after it added to, subtracted from, or multiplied by the standard rate amount. For example, the ultimate high limit value sets the absolute maximum rate amount when the Add to treatment rule is selected, whereby the variable rate calculated result is added to the standard rate calculation.

Can I edit multiple standard benefit rates at one time?

Yes. You can generate the integrated Microsoft Excel workbook in which you download standard benefit rates that match your search criteria. Use the integrated workbook to edit those rates, for example, to reflect annual changes in contribution. Then, upload your changes back into the application database. To generate the workbook, on the Manage Benefit Rates page Standard Rates tab, click **Edit Rates in Workbook**.
The workbook enables you to edit existing rates, not add new ones.

**How can I use existing rates for additional legal employers?**

Click Manage Standard Rates in the Tasks pane of the Plan Configuration work area.

1. On the Standard Rates tab, search for the rate that you want to use for additional legal employers.
2. On the Search Results toolbar, click the **Duplicate** button for the rate to open the Duplicate dialog box.
3. Select and add the legal employers to which you want to copy the standard rate.

You can also elect to copy the variable rates associated with the standard rate, as well as their child objects, such as variable rate profiles and formulas.

**How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?**

Follow these two steps:

1. On the enrollment step in the program configuration process, select the program level row of the hierarchy. On the General tab, enter a percentage in the **Spouse Insurance Coverage Maximum** field and the **Dependents Insurance Coverage Maximum** field.
2. Select the appropriate insurance plan type row in the program hierarchy on the enrollment step, and scroll to the plan type further details below. In the enrollment section of the General tab, select the **Subject to dependent's insurance coverage maximum percentage** option and the **Subject to spouse's insurance coverage maximum percentage** option.

**FAQs for Flex Credits Configuration**

**What’s the difference between a flex credit shell plan and benefit plan?**

The flex credit shell plan does not appear during enrolment. Participants enroll in a benefit plan, but not in a flex shell plan.

Participants are enrolled automatically in a flex shell plan when they enroll in a program that is associated with that shell plan.

**Can I delete a flex credit shell plan?**

Yes, but before you delete the flex shell plan, you must delete the plan’s child records, such as credit pools and flex rates. Even if a single person was processed for the flex shell plan as part of a flex program that resulted in electable choice records, you cannot delete the plan.
Can I edit a flex credit shell plan?

Yes, but you cannot edit the flex shell plan's plan type, status, associated programs, rate activity type, and tax type code.

Can I delete a standard rate associated with a flex shell plan?

No, but if you want to stop using the current rate and use another one instead, enter an end date, or set the status of the rate to Inactive or Closed.

What happens if I add credits to the program-level credit pool?

If you configured the flex credits to calculate at lower levels in the benefits hierarchy, such as the plan-in-program level, those credits add to the program-level's credit pool. The spending options and excess credit treatment rules defined for the program’s credit pool apply.

What happens if I don't specify spending options to deduct from a flex credit pool?

The flex credits calculated for that credit pool will be treated as excess and the excess treatment rule that you defined in the Excess Credits tab applies. If you have not defined excess credit treatment rules, then the entire credit balance is forfeited.

What happens if I don't select an excess credit treatment rule for a flex credit shell plan?

The credit pool's excess flex credit amount is forfeited. Forfeiture is the default excess credit treatment rule.

How can I add a flex credit shell plan to the program?

You use the Manage Flex Credit Configuration pages in the Plan Configuration work area to add the program to the flex shell plan.

Why can't I see all rates while defining limits enforcement?

Rates must use the Flat Amount calculation method and enable participants to enter rate values during enrollment to appear in the Rate for Limits Enforcement list.

Manage Enrollment Display

Configuring Enrollment Display: Points to Consider

You can configure how plans are grouped and displayed on each step in the self-service guided enrollment process and on each administrator enrollment tab.
This topic discusses the following decision points:

- Grouping plans for enrollment
- Configuring enrollment display
- Configuring rate display

**Grouping Plans for Enrollment**

Group plan types into display categories in the Manage Plan Types task. For each plan type:

- Specify a category for displaying plans in self-service enrollment steps.
- Specify a category for displaying plans in administrative enrollment tabs.

You can group plan types together for display by assigning the same display category to multiple plan types. For example, you could group several different life insurance plan types together into a single Life Insurance display category. For a single plan type, you can choose a different category for self-service display compared to the administrative display.

When you create new plans, you assign each to a plan type. Each plan inherits the enrollment display category of its assigned plan type.

**Configuring Enrollment Display**

Use the Manage Plan Grouping page to configure the visibility and display names of plan type enrollment categories for:

- Steps in the self-service enrollment guided process
  
  You can change the names of the plan type category groupings, which correspond to self-service enrollment step names, and you can control whether each step is visible. You can also enter a description of the plan grouping to associate with the selected enrollment display name. Participants see this description during self-service enrollment.

- Tabs for administrator usage
  
  You can change the names of the plan type groupings, which correspond to tabs in the Benefits Service Center enrollment tasks. You can also specify whether to display each tab.

You can modify only the name and visibility of plan groupings, but you cannot create new groupings on this page. If you decide not to display a plan grouping for self-service enrollment, the benefits administrator can still enroll a participant in that plan grouping if it is displayed for administrator usage.

**Configuring Rate Display**

Click the button for the plan in the Rate Column Display column to configure the name and visibility of rate columns on each step in the self-service enrollment guided process.
• You can specify which columns to display on each plan grouping step in the enrollment process. However, the **Primary Rate** column cannot be hidden.

For example, you can display rate column 2 on the medical step, but not on the dental step.

• You can name the displayed rate columns differently on different enrollment steps.

For example, you can name the first two rate columns **Employee Cost** and **Employer Cost** on the medical enrollment step, and name them **Pretax** and **After-Tax** on the insurance enrollment step.

It is important to understand that the taxation is not affected by the column name that you enter.

**Defining Notes: Points to Consider**

A note is a record attached to a business object that is used to capture nonstandard information received while conducting business. When setting up notes for your application, you should consider the following points:

• **Note Types**

• **Note Type Mappings**

**Note Types**

Note types are assigned to notes at creation to categorize them for future reference. During setup you can add new note types, and you can restrict them by business object type through the process of note type mapping.

**Note Type Mappings**

After note types are added, you must map them to the business objects applicable to your product area. Select a business object other than Default Note Types. You will see the note types only applicable to that object. If the list is empty, note type mapping doesn’t exist for that object, and default note types will be used. Select Default Note Types to view the default note types in the system. Modifying default note types will affect all business objects without a note type mapping. For example, you have decided to add a new note type of Analysis for your product area of Sales-Opportunity Management. Use the note type mapping functionality to map Analysis to the Opportunity business object. This will result in the Analysis note type being an available option when you are creating or editing a note for an opportunity. When deciding which note types to map to the business objects in your area, consider the same issues you considered when deciding to add new note types. Decide how you would like users to be able to search for, filter, and report on those notes.

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**Note**
Extensibility features are available on the Note object. For more information refer to the article Extending Oracle Sales Cloud Applications: how it works.

FAQs for Manage Enrollment Display

What's a benefit space?

A benefits space is a forum in which participants can share their benefits-related questions, concerns, and experiences. It can be helpful to participants as they select benefits offerings and providers. If you enable benefits spaces, a link appears on the benefits overview page. Before enabling this feature, carefully consider the terms and agreement for participation in the space and any issues of liability on the part of your organization.

Define Benefits Configuration Copy

Export Plan Configuration for Benefits: Explained

You can export a program, plan not in program, or eligibility profile from one environment for import into other environments and to the same or different enterprises in the same environment. You open the Export Plan Configuration task in either the Setup and Maintenance or Plan Configuration work area.

Tip

Before exporting your plan configuration, validate the program or plan not in program that you want to export in the relevant programs or plans Search Results section. Also, on the Processes tab in the Evaluation and Reporting work area, run the Evaluate Life Event Participation process for a sample participant in the program or plan that you intend to export. You can compare the results of this validation and evaluation with the results for the same validation and evaluation in the destination environment, for the imported program or plan configuration.

The following are key aspects of exporting plan configurations:

• Items included in the export
• Items excluded from the export
• Accessing the export and log files

Items Included in the Export

The export process includes the child objects associated with the top-level object that you select.

• Program configuration exports include the associated plan types, plans, options, year periods, legal entities, reporting groups, organizations,
eligibility profiles, life events, action items, formulas, rate, coverage, coverage across plan type, enrollment authorization, and dependent and beneficiary designation.

- Plan not in program configuration exports include the associated plan types, options, year periods, legal entities, reporting groups, regulations, organizations, eligibility profiles, life events, action items, formulas, rate, coverage, enrollment authorization, and dependent and beneficiary designation.

- Eligibility profile exports include derived factors, service areas, and formulas

**Items Excluded from the Export**

Standard rates: The element input and extra input are excluded from exports.

Eligibility criteria: The following eligibility criteria are excluded from all participant eligibility profile exports.

- Personal criteria: Leave of absence, qualification, and competency
- Employment criteria: Performance rating
- Other criteria: Health coverage selected and participation in another plan

For all dependent eligibility profile exports, the Other - Covered in Another Plan eligibility criteria is excluded.

- Related Coverage criteria: All criteria

These eligibility criteria export exclusions apply to all exports, regardless of whether you are exporting a program, plan not in program, or eligibility profile.

**Accessing Export and Log Files**

You monitor the status of the Export Plan Configuration process on the Export Plan Configuration page. When the process finishes, click the corresponding Download icon to open the File Downloaded dialog box. In the dialog box, you can open or save the zip file that contains the exported plan configuration.

**Warning**

Do not edit the export file after you save it locally. The Import Plan Configuration process detects edits to an exported file and immediately ends, without importing the plan configuration in the edited file.

In the File Downloaded dialog box, you can also open the log file. The log contains details about what plan configuration data was exported by which parent or child process, including the number of business object records. The log also contains details to help you resolve any errors encountered during the export.

**Import Benefits Plan Configuration: Explained**

You can import a program, plan not in program, or eligibility profile exported from one environment into other environments and to different enterprises in
the same environment. During the import, you can create objects or reuse objects that exist in both the source and destination environments. You can also map third-party objects, such as HR and payroll objects, between environments. Open the Import Plan Configuration task in either the Setup and Maintenance or Plan Configuration work area.

**Warning**

Importing plans from a source environment with a newer application version than that of the destination environment is not supported.

The following are key aspects of importing plan configurations:

- Set up the destination environment.
- Import by creating all destination named objects.
- Import reusing existing destination named objects.
- Map source and destination HR, payroll, and compensation objects.
- Review imported plan configuration.
- Finalize imported plan configuration.
- Validate imported plan configuration.

**Set up the Destination Environment**

Before you import a plan configuration, you must set up all of the relevant HR, payroll, and compensation structures and objects:

- HR objects include legal employer, locations, jobs, and organizations
- Payroll objects include payroll definition and payroll elements
- Compensation objects include salary basis

You must also set up any criteria that you used in the eligibility profiles associated with the import object. You can still import any associated eligibility profiles without criteria set up. But if the underlying criteria for an eligibility profile are not present in the environment, the eligibility profile does not work.

**Import by Creating All Named Destination Objects**

You can create, rather than reuse, all named objects when importing a plan configuration. To do this, enter a prefix, suffix, or both that the import process adds to the start or end of all source named objects during the import. Also, ensure that the **Reuse existing named objects** checkbox is not selected.

**Import Reusing Existing Destination Objects**

You can reuse destination named objects that match the source objects that you are importing, as long as the existing destination objects are available as of the import date. Existing named destination objects that match the source objects are not reused if they are available as of a future date. The import process prompts you to enter a prefix or suffix if it finds future-dated destination objects.
• When you select **Reuse existing named objects**, the following are always reused: Plan, plan type, options, reporting groups, regulations, eligibility profiles, and user-defined life events.

• The following are always reused, regardless of whether you select **Reuse existing named objects**: Year periods, predefined life events, action items, and formulas.

### Map HR, Payroll, and Compensation Objects

As part of the import process, you must map any source workforce structure (HR), payroll, and compensation setup objects that you are importing to corresponding destination objects. Source objects that you must map include legal employer, organization, location, department, person type, job, assignment status, grade, position, performance rating, qualification, competency, formulas, payroll definition, and salary basis.

**Restriction**

To perform mapping during the import process, you must have data access privileges for the destination objects.

### Review Imported Objects

On the Review Imported Plan Configuration page, you use the graph to visually identify any discrepancies between the number of source and destination objects. If there is any discrepancy, click the relevant bar to view details about the source and destination objects and identify which source objects were imported.

Source and destination objects that are covered in this review are age and service factor, age factor, benefit balances, benefit groups, compensation factor, coverage across plan types, coverages, eligibility profiles, full-time equivalent factor, hours worked factor, length of service factor, life events, options, plan types, plans, regulations, reporting groups, service areas, standard rates, user-defined criteria, and variable rate profiles.

### Finalize Imported Objects

You change the status for the imported program or plan not in program from **Pending** to **Active** in preparation for validating it.

Fast Formulas are always reused if they exist in the destination environment. Fast formulas that do not already exist are created at the global level, even though the source formula is defined at LDG level. The import process creates formulas using the same names as the source formulas, ignoring any entered prefix or suffix. You must validate the logic for the imported and created formulas, then compile them individually or in bulk. You compile formulas by running the Compile Formula process on the Submit a Process or Report page.

### Validate Imported Objects

You can compare the results of the following destination validation and evaluation with the results for those of the source environment.

• On the Import Benefits Plan Configuration page, search for your import request and click the name in the Search Results section. Open the
Validate Imported Plan Configuration page to validate the imported program or plan not in program.

- On the Evaluation and Reporting work area, Processes tab, run the Evaluate Life Event Participation process for a sample person.

Define Extracts

Benefits Extracts: Explained

You can extract benefits enrollment information into an XML file and transmit it to a benefits carrier. You generate one extract file for each carrier. If a carrier provides more than one plan, the single extract contains information related to all plans provided by that carrier. For example, if ten plans are provided by four different carriers, you run four separate extracts, one for each carrier.

This topic discusses:

- Extract setup steps
- Extract formats
- Generating and Viewing Extracts

Extract Setup Steps

Set up carrier data and configure extract options that apply whenever the extract is run for that carrier.

1. Configure the plan carrier details and extract options using the Manage Plan Carriers task in the Plan Configuration work area.

   On the Mapping tab, you can view the mapping of lookup codes to the lookup value that is transmitted to carriers. Edits to mapping values affect all plan carriers that use the lookup.

2. Configure the carrier names for plan types, plans, and options, using the Manage Plan Types, Manage Benefit Plan Details, and Manage Benefit Options tasks, respectively.

Extract Format

By default, all extracts have the same format, regardless of which carrier receives the extract. You can contract with Oracle's partner, BenefitsXML, to have a carrier's extract data transformed and delivered to the carrier, according to its specifications. For more information on BenefitsXML, see http://www.benefitsxml.com.

If you elect not to use this partner, you can transform and deliver the extract data file directly to each of your plan carriers, according to their specifications. Use the Upload Custom Layout button to specify the layout for the individual carrier as well as select additional file output formats, such as CSV, XML, or
fixed length. You must ensure that fields identified in the custom layout map to columns in the application database tables.

Generating and Viewing Extracts

To run and monitor extracts, use the Manage Extracts task in the Evaluation and Reporting work area. For a particular carrier, you can select whether to run a full extract or extract only the changes since you ran the previous extract. Generally, you run a full extract after an enrollment period is closed and enrollments are completed. You run subsequent extracts on a periodic or scheduled basis, in either full or changes only mode. Common practice is to schedule your extracts to run after your regular payroll runs.

You can view, query, and download extracted records for a specific extract run after it completes.

Benefits Extract: Custom Layout

An implementor or developer can create a custom layout to transform the format of extracted benefits enrollment data to match the specifications of a particular carrier. This topic provides descriptions of the tags that you require to create the custom layout as well as table aliases and a sample custom layout. The custom layout becomes the default layout for the plan carrier after you upload it to the plan carrier's extract options.

This figure illustrates the structure of the XML tags in the custom layout.

The data source for a field on the custom layout can be a:

- Column on the benefits extract staging tables
- Column on one of the other tables listed in the Source tag description
• Constant into which you enter the exact value

Tip
To identify table column names, you can use the data model query builder in Oracle BI Publisher. Search for the table name and view the columns.

XML Tag Descriptions
This section describes each XML tag and lists its attributes, elements (subtags), and parent tags.

Layout
Description: Root tag.
Attributes: None

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table</td>
<td>None</td>
</tr>
</tbody>
</table>

Table
Description: The database table from which the data must be extracted.
Attributes: 1. tableName: Supported values = {BEN_EXTRACT_REQ_DETAILS, BEN_EXTRACT_REQUEST, DUAL, PER_ALL_PEOPLE_F, PER_PERSONS, PER_ALL_ASSIGNMENTS_M, PER_PEOPLE_LEGISLATIVE_F, BEN_PL_F, BEN_PL_TYP_F, BEN_OPT_F, BEN_PGM_F}

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RecordType</td>
<td>Layout</td>
</tr>
<tr>
<td>2. Field: See Field tag description</td>
<td></td>
</tr>
</tbody>
</table>

Record Type
Description: Specifies how the data should be delimited or laid out in the extract file.
Attributes: Supported values: {FIXEDWIDTH, CSV}

Note
Anything other than CSV is delimited as FIXEDWIDTH by default.

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Table</td>
</tr>
</tbody>
</table>

Field
Description: Corresponds to one column in the extracted document. The text in this column can be sourced from a database table, an SQL function, or a constant.
Attributes: None

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Table</td>
</tr>
<tr>
<td>Source</td>
<td>Field</td>
</tr>
</tbody>
</table>

Name

Description: Name of the field

Attributes: None

Source

Description: Source of data for the current field. If the source is a table, the value passed is the column name. If multiple tables are involved, a fully qualified column name is recommended. The aliases are given in the list of allowed tables.

SQL functions in place of column names: Values in this tag are considered as column names if the type is set to TABLE. The column name is used directly while constructing a query, so an SQL function can be used on a column.

- Example 1

  <Source type="TABLE">GENDER_FLAG</Source>

- Example 2

  <Source type="TABLE">DECODE(GENDER_FLAG,'F',1,2)</Source>

Attributes:

1. type:
   - Supported values = {TABLE, CONSTANT}
     - TABLE specifies that the data comes from a database table.
     - CONSTANT specifies that the data is given in the value column of this tag.

2. table: Use this tag only if the intended column is not from the table given in the 'tableName' attribute of this Table tag. If this tag is not used, the column is searched for in the table given in 'tableName'.
   - Supported values:
     - {BEN_EXTRACT_REQ_DETAILS
     - PER_ALL_PEOPLE_F
• PER_PERSONS
• PER_ALL_ASSIGNMENTS_M
• PER_PEOPLE_LEGISLATIVE_F
• BEN_PL_F
• BEN_PL_TYP_F
• BEN_OPT_F
• BEN_PGM_F

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Field</td>
</tr>
</tbody>
</table>

**Width**

Description: Intended width of this field in the extract file. The number passed is the number of character spaces on the file.

Attributes: Supported values are positive integers.

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Field</td>
</tr>
</tbody>
</table>

**Padding**

Description: Alignment of data in each column.

Attributes: Supported values: {LEFT, RIGHT}

<table>
<thead>
<tr>
<th>Elements (Subtags)</th>
<th>Parent Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Field</td>
</tr>
</tbody>
</table>

**Table Aliases**

<table>
<thead>
<tr>
<th>Allowed Table</th>
<th>Alias</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEN_EXTRACT_REQDETAILS</td>
<td>REQ</td>
</tr>
<tr>
<td>PER_ALL_PEOPLE_F</td>
<td>PEO</td>
</tr>
<tr>
<td>PER_PERSONS</td>
<td>PER</td>
</tr>
<tr>
<td>PER_ALL_ASSIGNMENTS_M</td>
<td>ASG</td>
</tr>
<tr>
<td>PER_PEOPLE_LEGISLATIVE_F</td>
<td>LEG</td>
</tr>
<tr>
<td>BEN_PL_F</td>
<td>PLN</td>
</tr>
<tr>
<td>BEN_PL_TYP_F</td>
<td>TYP</td>
</tr>
<tr>
<td>BEN_OPT_F</td>
<td>OPT</td>
</tr>
<tr>
<td>BEN_PGM_F</td>
<td>PGM</td>
</tr>
</tbody>
</table>
**Sample XML Layout**

```xml
<?xml version="1.0" encoding="utf-8"?>
<Layout>
  <Table tableName="DUAL">
    <RecordType>FIXEDWIDTH</RecordType>
    <Field>
      <Name>"Record Type"</Name>
      <Source type="CONSTANT">001</Source>
      <Width>3</Width>
      <Padding>Left</Padding>
    </Field>
  </Table>
  <Table tableName="BEN_EXTRACT_REQ_DETAILS">
    <RecordType>CSV</RecordType>
    <Field>
      <Name>"Last Name"</Name>
      <Source type="TABLE">LAST_NAME</Source>
      <Width>25</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"First Name"</Name>
      <Source type="TABLE">FIRST_NAME</Source>
      <Width>50</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"Filler"</Name>
      <Source type="CONSTANT">XXXXXXXXXX</Source>
      <Width>10</Width>
      <Padding>None</Padding>
    </Field>
    <Field>
      <Name>"Plan Name"</Name>
      <Source type="TABLE">PLAN</Source>
      <Width>70</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"Coverage Start Date"</Name>
      <Source type="TABLE">COVERAGE_START_DATE</Source>
      <Width>15</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"SSN"</Name>
      <Source type="TABLE">NATIONAL_IDENTIFIER</Source>
      <Width>12</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"Gender"</Name>
      <Source type="TABLE">DECODE(GENDER_FLAG,'F',1,2)</Source>
      <Width>1</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"Person Number"</Name>
      <Source type="TABLE" table="PER_ALL_PEOPLE_F">PERSON_NUMBER</Source>
      <Width>30</Width>
      <Padding>Left</Padding>
    </Field>
    <Field>
      <Name>"Country of Birth"</Name>
      <Source type="TABLE" table="PER_PERSONS">COUNTRY_OF_BIRTH</Source>
      <Width>30</Width>
    </Field>
  </Table>
</Layout>
```
Valid Extract Names for Benefits Plan Types and Options: Explained

Oracle partner BenefitsXML provides valid extract names that you can enter for benefits plan types and options. You can extend these lists of values, as required.

Benefit Extract Plan Type Names

Valid benefits extract names for plan types:

- 24 Care
- Dental
- Dental Capitation
- Exclusive Provider Organization
- Health
- Health Maintenance Organization
- Hearing
• Long Term Care
• Long Term Disability
• Mail Order Drug
• Major Medical
• Medicare Risk
• Mental Health
• Point of Service
• Preferred Provider Organization
• Prescription Drug
• Preventative Care
• Short Term Disability
• Utilization Review
• Vision

**Benefits Extract Option Names**

Valid benefits extract names for options

• Children Only
• Dependents Only
• Employee and Children
• Employee and Five or More Dependents
• Employee and Four or More Dependents
• Employee and One Dependent
• Employee and One or More Dependents
• Employee and Spouse
• Employee and Three Dependents
• Employee and Three or More Dependents
• Employee and Two Dependents
• Employee and Two or More Dependents
• Employee Only
• Family
• Individual
• Not Applicable
• Spouse and Children
• Spouse Only
• Two Party
• Employee and Domestic Partner
- Domestic Partner and Children
- Domestic Partner Only
- Employee and Spouse or Domestic Partner
- Child or Children of a Domestic Partner

**Extracting Benefits Data for Plan Carriers: Worked Example**

This example demonstrates how you create benefits plan carriers and configure their data extract settings, associate the plan types, plans, and options with a benefits extract, and generate the extract.

Your company added Global Health, Inc. (GHI) as a medical plan carrier and you must configure the benefits extract for it, using the information provided by GHI.

<table>
<thead>
<tr>
<th>Decision to Consider</th>
<th>In This Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the extract type?</td>
<td>Full</td>
</tr>
<tr>
<td>What is the output file name?</td>
<td>GHI_Medical</td>
</tr>
<tr>
<td>What is the processing frequency?</td>
<td>Monthly</td>
</tr>
<tr>
<td>What is the processing type?</td>
<td>HRXML</td>
</tr>
<tr>
<td>Transmit extracts to Oracle’s cloud?</td>
<td>No. Transmit to the carrier.</td>
</tr>
<tr>
<td>What is the transmission type?</td>
<td>SFTP</td>
</tr>
<tr>
<td>What is the host?</td>
<td>GHI_FTP</td>
</tr>
<tr>
<td>What is the port number?</td>
<td>21</td>
</tr>
<tr>
<td>What is the remote folder?</td>
<td>c:/users/medical_benefits_extracts</td>
</tr>
<tr>
<td>What is the user name?</td>
<td>Betty.Anderson</td>
</tr>
<tr>
<td>What is the password?</td>
<td>W3lc0M3</td>
</tr>
<tr>
<td>What is the carrier name for the Medical plan type?</td>
<td>Health</td>
</tr>
<tr>
<td>What is the carrier name for the Medical PPO plan?</td>
<td>GHIORCL101</td>
</tr>
<tr>
<td>What is the carrier name for the Participant Only option?</td>
<td>Employee Only</td>
</tr>
<tr>
<td>What is the extract type for the extract request?</td>
<td>Full</td>
</tr>
<tr>
<td>Should the extract request include transmitting the extracted data?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Summary of Tasks**

To configure the benefits data extract, you complete these tasks in the Plan Configuration work area.

1. Create the plan carrier.
2. Add the benefits extract plan type name.
3. Add the benefits extract plan code.
4. Add the benefits extract option name.
The valid benefits extract plan type and option names are provided by the Oracle partner BenefitsXML. For a list of valid values for each field, see the Valid Extract Names for Benefits Plan Types and Options: Explained topic.

To generate and view the extract, you complete these tasks in the Evaluation and Reporting work area.

1. Submit the extract request.
2. View and transmit the extract details.

**Create Plan Carrier**

Complete these steps in the Plan Configuration work area.

1. In the Tasks pane, click Manage Plan Carriers to open the Manage Plan Carriers page.
2. On the Search Results toolbar, click the Create button to open the Create Plan Carrier page.
3. Enter the carrier information, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Global Health, Inc.</td>
</tr>
<tr>
<td>Active</td>
<td>Active</td>
</tr>
</tbody>
</table>

4. Enter the extract options, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extract Type</td>
<td>Full</td>
</tr>
<tr>
<td>Output File Name</td>
<td>GHI_Medical</td>
</tr>
<tr>
<td>Processing Frequency</td>
<td>Monthly</td>
</tr>
<tr>
<td>Processing Type</td>
<td>HRXML</td>
</tr>
</tbody>
</table>

5. Enter the file transfer details for the carrier, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission Type</td>
<td>SFTP</td>
</tr>
<tr>
<td>Host</td>
<td>GHI_FTP</td>
</tr>
<tr>
<td>Port Number</td>
<td>21</td>
</tr>
<tr>
<td>Remote Folder</td>
<td>c:/users/medical_benefits_extracts</td>
</tr>
<tr>
<td>User Name</td>
<td>Betty.Anderson</td>
</tr>
<tr>
<td>Password</td>
<td>W3lc0M3</td>
</tr>
</tbody>
</table>

You can transmit extracts directly to the plan carrier, as shown in this step. Alternatively, you can transmit extracts to Oracle’s cloud, using its file transfer details, and have your plan carrier download its extract from there.
6. Click **Save and Close** to return to the Manage Plan Carriers page.

**Add Benefits Extract Plan Type Name**

1. On the Tasks pane, click **Manage Plan Types** to open the Manage Plan Types page.
2. Search for the Medical plan type.
3. In the Search Results section, click the **Medical** plan type name to open the Edit Plan Type: Medical page.
4. Select **Update** in the Actions menu of the Plan Type Definition section.
5. In the Benefits Extract Plan Type Name field, enter **Health**.
   
   For a list of valid extract names, see the Valid Extract Names for Benefits Plan Types and Options: Explained reference topic.
6. Click **Save and Close** to return to the Manage Plan Types page.

**Add Benefits Extract Plan Code**

1. Click **Manage Benefits Plan Details** on the Tasks pane.
2. Search for the Medical PPO plan on the Plans tab and open the Edit Plan Basic Details page.
3. Click **Next** to open the Edit Plan Additional Configuration page.
4. Select **Update** in the Actions menu of the Configuration Details section.
5. In the Benefits Extract Plan Code Name field, enter the name **GHIORCL101**, which was provided to you by the carrier, for this specific plan.
6. Click **Save and Close** to return to the Plans tab.

**Add Benefits Extract Option Name**

1. Click **Manage Benefit Options** on the Tasks pane to open the Manage Benefit Options page.
2. Search for the participant options.
3. Click the **Participant Only** option name in the Search Results section to open the Edit Option Participant Only page.
4. Select **Update** in the Actions menu of the Basic Details section.
5. In the Benefits Extract Option Name field, enter **Employee Only**.
   
   For a list of valid extract names, see the Valid Extract Names for Benefits Plan Types and Options: Explained reference topic.
6. Click **Save and Close** to return to the Manage Benefit Options page.

**Submit Extract Request**

Complete these steps in the Evaluation and Reporting work area.

1. Click **Manage Extracts** on the Tasks pane to open the Manage Extracts page.
2. On the Search Results toolbar, click **Submit** to open the request page.
3. Enter the extract request options, as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>Today’s date</td>
</tr>
<tr>
<td>Carrier Name</td>
<td>Global Health, Inc.</td>
</tr>
</tbody>
</table>
| Extract Type   | Select **Full** since this is the first extract for the new plan carrier.  
                 | When you create your extract requests for a plan carrier, you can specify whether to do a full extract, or extract only the changes made since the last extract. |
| Transmit       | Select **No** since this is the first extract. You want to view the extract data first, before transmitting. |

4. Click **Submit** to submit your process and return to the Manage Extracts page.

**View and Transmit Extract Details**

You can transmit the extract as part of the extract request, or after the requested extract completes and before or after you view the extract details. Since this is the first extract for a new plan carrier, you extract and view the data before transmitting.

1. In the Search Results section, click the **Details** button for the most recent Global Health, Inc. extract request to open the Extract Details page.

2. Review the extracted data.

3. Click **Done** to return to the Manage Extracts page.

4. In the Search Results section, click the **Transmit** button for the most recent Global Health, Inc. extract request to transmit the extract.
Maintain Benefits Enrollments

Maintain Benefits Enrollments: Overview

Centrally coordinate and manage day to day benefits enrollment activities for participants. Enrollments generate action items that help administer certification requirements, such as proof of student status or proof of good health, and designation requirements, such as dependents, beneficiaries, and primary care physicians.

Benefits professionals can:

- Enter and update benefits selections, individual eligibility exceptions, and overrides for participants
- View enrollments, update coverages and dependents, and designate beneficiaries as a participant’s personal and employment data changes
- Record the history of communications and notable transactions for retrieval with a participant’s records

To maintain benefits enrollments, select Navigator - Enrollment.

Managing Person Benefit Groups in the Integrated Workbook: Explained

You can download person benefit group information to the integrated Microsoft Excel workbook. You use the integrated workbook to view and edit person benefit group assignments for multiple persons and groups. Then, you upload your changes back into the application database. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing person benefit groups using the workbook is:

1. Generate and populate the workbook.
2. Edit, add, and delete person benefit groups in the workbook.
3. Upload edits.
4. Resolve errors.
Generating and Populating the Workbook

On the Plan Configuration work area:

1. In the Tasks pane, click Manage Benefit Groups.
2. In the Search Results section, click Upload Person Benefit Groups.
3. In the Upload Person Benefit Groups dialog box, enter a session effective date and click Prepare in Workbook.

Editing, Adding, and Deleting Person Benefit Groups in the Workbook

After the download is complete, you can view, edit, add, and delete existing person benefit group assignments.

Editing person benefit group assignments: You can edit the Benefits Group column; edits in other columns are not uploaded.

Restriction

You cannot edit or enter the effective date in the workbook. To change the effective date, you must generate a new workbook with the new session effective date. You can also edit the date directly in the application using the Manage Benefit Groups task in Plan Configuration work area.

Adding person benefit group assignments: You can insert a row to add a new person benefit group assignment. The workbook automatically adjusts the symbol in the Changed cell to mark the rows that you edit or add.

Deleting person benefit group assignments: To delete records from the application database, you double-click the Mark for Deletion cell in the workbook rows that you want to delete. When you are ready, click Delete Selected Rows.

Warning

Deleted data cannot be retrieved.

Uploading Edits

When you are ready, click Upload in the workbook.

The rows that are marked as changed are uploaded into the application database. The session effective date that you set when generating the workbook becomes the start date for any edits or new group assignments that you entered in the workbook. Prior group assignments for each edited row are end dated as of the previous day and the history is retained.

For each row marked for deletion in the workbook, the application permanently deletes all of the related effective-dated records from the application database.

Resolving Errors

As the application processes the upload request, it updates the Status cell in each workbook row. If there are errors for a row, the process rolls back the change and sets the row status to Upload Failed. Then, it continues to the next row in the workbook. You double-click Update Failed to view the errors. Fix any data issues in the workbook and upload again.
Managing Person Benefit Balances in the Integrated Workbook: Explained

You can download person benefit balance information to the integrated Microsoft Excel workbook. Use the integrated workbook to view and edit the benefit balance value, primary assignment, and benefits relationship entries for multiple persons. Also add and delete person benefit balances. Then, upload your changes back into the application database tables. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing person benefit balances using the workbook is:

1. Generate and populate the workbook.
2. Edit, add, and delete person benefit balances in the workbook.
3. Upload edits.
4. Resolve errors.

Generating and Populating the Workbook

On the Plan Configuration work area:

1. In the Tasks pane, click Manage Benefit Balances.
2. In the Search Results section, click Prepare in Workbook.
3. In the Upload Person Benefit Balances dialog box, enter a session effective date and click Prepare in Workbook.

Editing, Adding, and Deleting Person Benefit Balances in the Workbook

After the download completes, you can view, edit, add, and delete person benefit balances.

Restriction

You cannot edit or enter the effective date in the workbook. To change the effective date, you must generate a new workbook with the new session effective date. You can also edit the date directly in the application, by searching for the person in the Enrollment work area, then going to the Manage Person Benefit Balances task.

Editing person balances: You may edit the Value, Primary Assignment, and Benefits Relationship columns; edits in any other columns are not uploaded.

Adding person balances: You can insert a row to add a new person balance. For each new balance, you must enter a value in either the Primary Assignment or Benefits Relationship cell, but not both. The workbook automatically adjusts the symbol in the Changed cell to mark the rows that you edit or add.

Deleting person balances: To delete records from the application database tables, double-click the Mark for Deletion cell in the workbook rows that you want to delete. When you are ready, click Delete Selected Rows.

Warning
Data deleted as part of the upload cannot be retrieved.

**Uploading Edits**

When you are ready, in the workbook click **Upload**.

The rows that are marked as changed are uploaded into the application database. The session effective date that you set when you generated the workbook becomes the start date for any edits or new person benefit balances that you entered in the workbook. Prior balances for each edited row are end dated as of the previous day and the history is retained.

For each row marked for deletion in the workbook, the application permanently deletes all of the related effective-dated records from the application database.

**Resolving Errors**

As the application processes the upload request, it updates the **Status** cell in each workbook row. If there are errors for a row, the process rolls back the change and sets the row status to **Upload Failed**. Then, it continues to the next row in the workbook. Double-click **Update Failed** to view the errors. Fix any data issues in the workbook and upload again.

Generate a new workbook after the successful upload to verify your edits.

**Managing Person Habits in the Integrated Workbook: Explained**

You can download person habit information to the integrated Microsoft Excel workbook. You use the integrated workbook to view and edit student and disability status, disability type, tobacco usage, and other plan coverage details for multiple persons. After you edit, add, or delete person habits data in the workbook, you upload your changes into the application tables. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing person habits data using the workbook is:

1. Generate and populate the workbook.
2. Edit, add, and delete person habits in the workbook.
3. Upload edits.
4. Resolve errors

**Generating and Populating the Workbook**

On the Person Data Uploads tab on the Overview page in the Evaluation and Reporting work area, click **Prepare Person Habits in Workbook**.

1. In the generated workbook, enter the session effective date.
2. Click **Download** to retrieve the records that are effective starting on the date that you entered in step 1.

**Editing, Adding, and Deleting Person Habits in the Workbook**

After the download is complete, you can view, edit, add, and delete existing person habits data.
Editing person habits data: You can edit the **Student Status**, **Disability Status**, **Disability Type**, **Tobacco Use**, **Covered in Another Plan**, and **Plan** columns only; edits in other columns are not uploaded.

**Restriction**

You cannot edit or enter the effective date in the workbook. To change the effective date, you must generate a new workbook with the new session effective date. You can also edit the date directly in the application by searching for the person in the Enrollment work area and, then opening the Manage Contacts page.

You can verify disability status and tobacco usage for only participants in the application user interface. To verify disability status and tobacco usage for dependents, you must generate the integrated workbook and download the person habit information for the relevant dependents.

Adding person habits data: You can insert a row to add habit data for a new person. The workbook automatically adjusts the symbol in the **Changed** cell to mark the rows that you edit or add. To identify the person, you must enter either the person number or these three values, in their respective fields: first name, last name, and date of birth. As denoted in the column header, person type is required for each new row.

Deleting person habits data: To delete records from the application database, you double-click the **Mark for Deletion** cell in the workbook rows that you want to delete. When you are ready, click **Delete Selected Rows**.

**Warning**

Deleted data cannot be retrieved.

**Uploading Edits**

When you are ready, click **Upload** in the workbook.

The rows that are marked as changed are uploaded into the application database. The session effective date that you set when you generated the workbook becomes the start date for any edits or new records that you entered in the workbook. For each edited row, the prior data row is end dated as of the previous day and the history is retained.

For each row marked for deletion in the workbook, the application permanently deletes all of the related effective-dated records from the application database.

**Resolving Errors**

As the application processes the upload, it updates the **Status** cell in each workbook row. If there are errors for a row, the process rolls back the change and sets the row status to **Upload Failed**. Then, it continues to the next row in the workbook. You double-click the **Update Failed** button to view the errors. Fix any data issues in the workbook and upload again.

**Configuring Default Benefits Relationships: Critical Choices**

Configure how benefits relationships are associated by default when you hire a worker or add additional assignments. Benefits professionals group
worker assignments for benefits enrollment and processing. You must make the following choices for each combination of legal entity and benefits usage, such as unrestricted or life events:

- Specify the default benefits relationship for new hire assignments.
- Specify whether to use different benefits relationships for workers who have multiple assignments.

If you enable multiple assignment processing for benefits, you must also specify the pattern to associate additional worker assignments with benefits relationships by default. Benefits professionals can update or modify the default relationships for individual workers.

### Specifying the Default Benefits Relationship

Every worker has at least one benefits relationship. Specify the default benefits relationship at the legal entity level for different usages, such as unrestricted or life events, within the enterprise for the initial worker assignment when a worker is hired.

### Specifying Multiple Assignment Processing

Initially, you must make one choice between two mutually exclusive options for each combination of usage and legal entity within the enterprise:

- Disable multiple assignment processing for benefits processing.
- Enable and configure multiple assignment processing for benefits processing.

### Disabling Multiple Assignment Processing for Benefits Processing

If you do not enable multiple assignment processing for benefits processing, then all worker assignments are associated with the default benefits relationship that you select for the combination of usage and legal entity. In this configuration, benefits professionals cannot select alternative benefits relationships because each worker has only one benefits relationship. Consequently, you cannot configure other options for multiple assignment processing for benefits for the usage and legal entity combination.

### Enabling and Configuring Multiple Assignment Processing for Benefits Processing

If you enable multiple assignment processing for benefits processing, configure the default pattern of associating the benefits relationships with additional worker assignments for each legal entity and usage.

Select one default option for new assignments from among these choices:

- Include new assignments in the configured default benefits relationship.
- Do not include new assignments in any benefits relationship.
- Include new assignments in the primary benefits relationship for the worker, which might be the default benefits relationship or another benefits relationship designated as primary.

Additionally, if the newly created assignment can be included in a benefits relationship, configure whether or not it becomes the primary assignment in
the benefits relationship when another assignment is already designated as the primary assignment.

Note

When you enable multiple assignment processing for benefits processing for a usage and legal entity combination, benefit relationship-related processing options and user interface fields are displayed on the user interface. User interface pages in benefits service center that display the option to select a benefits relationship for a worker include participant benefits summary, override enrollment, manage person life events, process open enrollment, and process life event.

Benefits Relationships: How They Affect Benefits Processing

Benefits relationships control how a worker’s benefits are grouped for processing. A worker might have different sets of benefits attached to different benefits relationships.

Benefits entities that are affected by benefits relationships include:

- Potential life events
- Life events
- Eligibility records
- Electable choices
- Enrollment options
- Dependent coverage
- Beneficiary designations
- Primary care physician designations
- Deductions

Settings That Affect Benefits Relationship Assignments

A default benefits relationship is configured for each legal entity and usage of benefits processing within the enterprise. It is automatically associated with new hires and workers with only one assignment. If multiple assignment processing is enabled for benefits processing, the pattern of benefits relationships associated with additional worker assignments by default is configured for each legal entity and usage. Benefits professionals can change the configuration of benefits relationships associated with individual workers and can change the work assignments associated with the worker’s benefits relationships.

How Benefits Relationship Assignments Affect Benefits Processing

A worker might have assignments that are associated with different benefits relationships. The following six examples list different ways that worker assignments might be structured within an organization and how the benefits relationships would be associated. The configuration table for each example lists the legal entities, work relationships, employment terms, assignments, and benefits relationships. Each scenario lists the impact that each structure has on life events, electable choices or enrollment options, and benefits eligibility.
Example 1: Single Legal Entity, Work Relationship, Employment Terms, Assignment and Benefits Relationship

Configuration: Only one assignment and one benefits relationship exist.

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Work Relationship</th>
<th>Employment Terms</th>
<th>Assignment</th>
<th>Benefits Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galaxy UK</td>
<td>1</td>
<td>Architect</td>
<td>Architect</td>
<td>A (default)</td>
</tr>
</tbody>
</table>

Processing: Life events, electable choices or enrollment options, and benefits eligibility are evaluated based on the assignment in this benefits relationship.

Example 2: Work Relationships in Two Different Legal Entities

Configuration: Two sets of work relationships, employment terms and assignments exist, one for each legal entity. The person has two sets of benefits, one for each legal entity. Each assignment is associated with a different benefits relationship.

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Work Relationship</th>
<th>Employment Terms</th>
<th>Assignment</th>
<th>Benefits Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galaxy UK</td>
<td>1</td>
<td>Architect</td>
<td>Architect</td>
<td>A (default for the legal entity)</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>2</td>
<td>Consultant</td>
<td>Consultant</td>
<td>B (default for the legal entity)</td>
</tr>
</tbody>
</table>

Processing: This table shows the basis for benefits evaluation and processing for each data type:

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Benefits Evaluation Processing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life events</td>
<td>Primary assignment from each legal entity</td>
</tr>
<tr>
<td>Electable choices or enrollment options</td>
<td>One set of data for each legal entity</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Use eligibility to provide benefits from the appropriate legal entity. Eligibility criteria are defined at the legal entity level or globally.</td>
</tr>
</tbody>
</table>

Example 3: Multiple Assignments in a Single Legal Entity

Configuration: One benefits relationship is associated with different employment terms and assignments.

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Work Relationship</th>
<th>Employment Terms</th>
<th>Assignment</th>
<th>Benefits Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Architect</td>
<td>Architect</td>
<td>A (default)</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Consultant</td>
<td>Consultant</td>
<td>A</td>
</tr>
</tbody>
</table>

Processing: This table shows the basis for benefits evaluation and processing for each data type:
**Data Type** | **Benefits Evaluation Processing Basis**
---|---
Life events | Primary assignment
Electable choices or enrollment options | One set of data for each life event
Eligibility | Attributes defined at global person level are used for both life events. Assignment-level attributes are used in the respective life events.

**Example 4: Multiple Assignments in a Single Legal Entity - One Benefits Relationship for Each Assignment**

Configuration: Separate benefits relationships are associated with each assignment.

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Work Relationship</th>
<th>Employment Terms</th>
<th>Assignment</th>
<th>Benefits Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Architect</td>
<td>Architect</td>
<td>A (default)</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Consultant</td>
<td>Consultant</td>
<td>B</td>
</tr>
</tbody>
</table>

Processing: This table shows the basis for benefits evaluation and processing for each data type:

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Benefits Evaluation Processing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life events</td>
<td>Separate life events created for Architect and Consultant assignments</td>
</tr>
<tr>
<td>Electable choices or enrollment options</td>
<td>One set of data for each life event</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Attributes defined at global person level are used for both life events. Assignment-level attributes are used in the respective life events.</td>
</tr>
</tbody>
</table>

**Example 5: Multiple Assignments in a Single Legal Entity - One Benefits Relationship Has Two Assignments, Another Has Remaining Assignments**

Configuration: Two assignments are associated with one benefits relationship, and another assignment with a second benefits relationship.

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Work Relationship</th>
<th>Employment Terms</th>
<th>Assignment</th>
<th>Benefits Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Architect</td>
<td>Architect</td>
<td>A (default)</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Product Manager</td>
<td>Product Manager</td>
<td>A</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Consultant</td>
<td>Consultant</td>
<td>B</td>
</tr>
</tbody>
</table>

Processing: This table shows the basis for benefits evaluation and processing for each data type:

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Benefits Evaluation Processing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life events</td>
<td>Separate life events are created for the assignments in benefits relationships A and B</td>
</tr>
</tbody>
</table>
Example 6: Complex Multiple Benefits Relationships

Configuration: Many assignments are associated with one or more benefits relationships.

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Work Relationship</th>
<th>Employment Terms</th>
<th>Assignment</th>
<th>Benefits Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Product Manager</td>
<td>Orlando</td>
<td>A</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Product Manager</td>
<td>Dallas</td>
<td>A</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Product Manager</td>
<td>Atlanta</td>
<td>B</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Consultant</td>
<td>San Francisco</td>
<td>C</td>
</tr>
<tr>
<td>Galaxy US</td>
<td>1</td>
<td>Consultant</td>
<td>Los Angeles</td>
<td>D</td>
</tr>
</tbody>
</table>

Processing: This table shows the basis for benefits evaluation and processing for each data type:

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Benefits Evaluation Processing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life events</td>
<td>Separate life events created for the assignments in each benefits relationship</td>
</tr>
<tr>
<td>Electable choices or enrollment options</td>
<td>One set of data for each life event</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Attributes defined at global person level are used for all life events. Assignment-level attributes are used in the respective life events.</td>
</tr>
</tbody>
</table>

Entering Contact Start Date for Benefits Designation Purposes: Examples

Use these examples to decide the best effective start date to use for dependents that you want to add as contacts so that they qualify for benefits.

Adding Your Newborn

Your hire date is January 1, 2013. Your child was born on January 15, 2013. When you add your newborn as a dependent, you enter the birth date as the effective start date. In another example, if your child was born on December 15, 2012 and your hire date is January 1, 2013, then you enter your hire date as the effective start date.

Updating a Contact's Relationship

Your hire date is January 1, 2013. On February 1, 2013, you married Jane Smith whose relationship is listed currently as a friend on your contacts page. When
you update this relationship, you enter the marriage date as the effective start date so that your spouse qualifies for appropriate benefits.

**Updating the Effective Start Date Because of an Event**

Your hire date is January 1, 2013. You relocated to a new house on February 28, 2013. When you update your address details on the contact page, you enter the date you relocated to the new address as the effective start date. However, if your relocation date was earlier than your hire date, then you enter your hire date as the effective start date.

**Managing Benefit Enrollments in the Integrated Workbook: Explained**

You can enroll participants in various programs, plans, and options using the integrated Microsoft Excel workbook. Also, you can designate dependents and beneficiaries in participant-enrolled plans. You upload your changes to an interim database and then run the Upload Benefit Enrollments batch process. The participant enrollment portion of this batch process creates a potential life event, processes this life event, creates enrollments, and populates rates and coverage amounts. It also closes life events. You can process multiple life events by entering rows in the integrated workbook that are effective-dated to handle successive historical changes for an individual. This preserves and uploads legacy historical data.

You must verify that the relevant plan and program configuration is set up and working correctly before uploading enrollment data using the workbook. The basic process for managing benefit enrollments using the workbook is:

1. Generate the workbook.
2. Create a new batch of enrollment data in the workbook.
3. Upload the workbook data into the interim database table.
4. Resolve errors with workbook data.
5. Run the Upload Benefit Enrollments batch process.
6. Download the processing results and fix any errors.
7. Review the results and reprocess.

**Generating the Workbook**

To generate the workbook:

1. On to the Evaluation and Reporting work area Overview page, Enrollment Uploads tab, click **Prepare Enrollment Batch in Workbook**.
2. Enter a name for the enrollment batch in the **Batch Name** cell.
3. Enter the batch lines.

**Creating a New Batch of Enrollment Data in the Workbook**

Before you enter data in the workbook, note the following guidelines:
- You can create and upload batches of fewer than 500 rows. More than 500 rows negatively affects performance, and you can only download 500 rows at a time to fix errors.

- You enter plan, program, participant last, participant first, and option names exactly as they are in the application database. The names that you enter also must be valid as of the effective date and for the specified life event.

- Columns that require a value are Enrollment Type, Effective Date, Person Number, Participant Last Name, Participant First Name, Life Event, and Benefit Relationship. If any of these columns are blank, the upload process skips the row.

  If you select Yes in Close Life Event, then Close Life Event Date becomes a required column.

- Valid values for enrollment type are: Participant Enrollment, Dependent Designation, or Beneficiary Designation.

- You must have a valid participant name in every row, even if the enrollment type is for dependent or beneficiary.

- You can enter different effective dates in different rows. The Upload Benefit Enrollments batch process uses the effective date when fetching person details, validating dependents, and processing participant life events.

- The rows you edit or add are automatically marked in the Changed cell. Only changed rows are uploaded.

- You must press Enter or click out of the current cell to ensure that the workbook recognizes your entry as a change. This includes the Batch Name cell.

To delete records from the application database tables, you double-click the Mark for Deletion cell in the workbook rows that you want to delete. When you are ready, click Delete Selected Rows.

**Uploading the Workbook Enrollment Data**

After you are done in the workbook, click the Batch Name cell, click another cell, and then click Upload.

If the batch does not exist, the application creates a new batch. If the batch already exists, batch lines are updated in the existing batch. Only the rows that are marked as changed are uploaded into the interim database table.

For each row marked for deletion in the workbook, the application permanently deletes all of the related effective-dated records from the interim database table. This makes the deleted records unavailable for processing.

**Resolving Errors in Workbook Data**

As the application processes the upload request, it updates the Status cell in each workbook row. If there are errors for a row, the process rolls back the change and sets the row status to Upload Failed. Then, it continues to the next row in
the workbook. You double-click **Update Failed** to view the errors. Fix any data issues in the workbook and upload again.

**Running the Upload Benefit Enrollments Batch Process**

After the batch lines are uploaded:

1. Go to the Evaluation and Reporting work area Overview page, Processes tab **Election Processes** region to process the job.
2. In the Upload Benefit Enrollments row, click **Submit**.
3. In the Parameters section **Batch Name** field, select the name that corresponds to the name that you entered in your workbook.
4. Click **Submit**.

Note the request number in the Confirmation dialog box when the request completes processing to review log files for details.

The **Upload Benefit Enrollments** batch process completes all participant enrollments for a single participant before moving on to that participant's dependent designations, followed by beneficiary designations. If there are any errors that require review, the process rolls back and continues to the next participant, dependent, or beneficiary. If a participant enrollment fails, the batch process skips the associated designations, since they may be dependent on the participant enrollment completing without issues.

**Reviewing the Results and Reprocessing**

To view any data issues with the batch lines and the rows that show errors in the **Row Batch Status** cells, you download the batch details into the workbook.

1. Generate the workbook.
2. Enter the name of the existing batch that you want to review.
3. Click **Download**.

The workbook downloads all of the batch rows, not just the rows with errors.

4. View messages in the **Message** column. Each message generally has a line ID indicating the row that is causing issues.
5. Fix the issue with each specified row and upload the batch again for reprocessing.

In the **Audit Log** field, if you select **Yes** when uploading the batch data, the upload process adds any error or information messages for each line to the audit log.

**Benefit Enrollments Integrated Workbook**

This topic details the information required when you enter batch records in the integrated Microsoft Excel workbook for benefit enrollments. After completing the integrated workbook, you upload the rows to an interim batch table. When all of the rows in the workbook are uploaded without errors, you run the Upload Benefit Enrollments batch process in the Evaluation and Reporting work area.
**Workbook Column Explanations**

Required fields are marked with an asterisk, *, and you must enter a value for them.

**Important**

Values that you enter in name fields must exactly match the values already in the application. This applies to names of participants, programs, plans, options, dependents, beneficiaries, and life events.

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changed</td>
<td>Automatically marked by the application when you edit or add a row in the workbook. Only the rows that are marked as changed are uploaded to the interim batch table.</td>
</tr>
<tr>
<td>Mark for Deletion</td>
<td>Double-click this cell to mark the row for deletion. When you click <strong>Delete Selected Rows</strong>, the upload deletes the data from the interim batch tables so that it is not available for the batch process.</td>
</tr>
<tr>
<td>Status</td>
<td>Automatically provided by the application for each row after the application uploads its data into the interim batch table. For rows with errors, click <strong>Upload Error</strong> to see the details.</td>
</tr>
<tr>
<td>*Enrollment Type</td>
<td>Enter this value based on the person for whom you are entering the data. The person might be the participant enrolled in the benefit program or plan, or the participant’s dependent or beneficiary. Valid values are <strong>Participant Enrollment</strong>, <strong>Dependent Designation</strong>, and <strong>Beneficiary Designation</strong>.</td>
</tr>
<tr>
<td>*Effective Date</td>
<td>The application uses this value when fetching person details, validating dependents, and processing participant life events. Enter the date in your standard local format.</td>
</tr>
<tr>
<td>*Person Number</td>
<td>PARTICIPANT_PERSON_NUMBER, a unique numeric identifier for the participant, for whom the processing is done.</td>
</tr>
<tr>
<td>Additional Person Identifier</td>
<td>Reserved for the application, do not use.</td>
</tr>
<tr>
<td>Program Name</td>
<td>Must be valid as of the effective date.</td>
</tr>
<tr>
<td>Plan Name</td>
<td>Must be valid as of the effective date.</td>
</tr>
<tr>
<td>Plan Disenrolled From</td>
<td>Reserved for the application, do not use.</td>
</tr>
<tr>
<td>Option</td>
<td>Must be valid as of the effective date.</td>
</tr>
<tr>
<td>Option Disenrolled From</td>
<td>Reserved for the application, do not use.</td>
</tr>
<tr>
<td>*Life Event</td>
<td>Must be valid as of the effective date.</td>
</tr>
<tr>
<td>*Life Event Occurred Date</td>
<td>Application processing derives the existence of a started life event based on the combination of this date and the specified life event reason. Enter the date in your standard local format.</td>
</tr>
<tr>
<td>Original Participant Enrollment Date</td>
<td>Does not affect processing. The field is updated for the participant enrollment record. Enter the date in your standard local format.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Create Potential Life Event               | **Yes:** The process determines whether the participant has a potential life event for the combination of the life event name, life event occurred date, and benefit relationship. If there is no valid potential life event, a new one is created and processed.  
**No:** The process does not create the potential or process life events automatically. You must manually add the life event using the Potential Life Event tab. |
| *Benefit Relationship*                    | Must be valid for the participant as of the effective date. Benefits processing derives a valid started life event for the participant based on this value.                                                               |
| Rate Amount                               | If you enter a rate amount, ensure that there is no value in coverage amount.                                                                                                                                |
| Coverage Amount                           | If you enter a coverage amount, ensure that there is no value in rate amount.                                                                                                                                  |
| Disenrolled Coverage Amount               | Reserved for the application, do not use.                                                                                                                                                                     |
| Date of Birth                             | Dependent’s or beneficiary’s date of birth. Enter the date in your standard local format.                                                                                                                   |
| Beneficiary Organizations and Trusts      | Enter the name of the existing beneficiary organization or trust. If the beneficiary organization or trust does not exist as of the effective date, the beneficiary designation process fails.  
To create the organization or trust, which you can then use in the workbook, you use the Manage Beneficiary Organizations task in the Benefits Service Center. |
| Primary Beneficiary Percentage            | If you enter a percentage amount, ensure that there is no value in beneficiary amount.                                                                                                                       |
| Contingent Beneficiary Percentage         | If you enter a percentage amount, ensure that there is no value in beneficiary amount.                                                                                                                      |
| Beneficiary Amount                        | If you enter a beneficiary amount, ensure that there is no value in beneficiary percentage.                                                                                                                   |
| Close Life Event Date                     | The date on which you want to close the life event. Enter the date in your standard local format.                                                                                                             |
| *Close Life Event*                        | **Yes:** The process attempts to close the life event that it is processing, which is useful if multiple life events are being processed for the same participant, dependent, or beneficiary.  
**No:** The process does not close the life event, leaving it in the started state.  
Suspended results or pending action items do not allow the life event to close. In such cases, it is left unchanged and you must close this event before attempting to process the next event. |
<p>| Batch Line ID                             | Do not modify. Uniquely identifies the batch line, which is referenced in error messages.                                                                                                                    |
| Message                                   | Do not modify. Describes any errors that occurred during the Upload Benefits Enrollments batch process. Reprocess the batch after correcting the errors.                                                             |</p>
<table>
<thead>
<tr>
<th>Row Batch Status</th>
<th>Do not modify. Indicates the Upload Benefits Enrollments batch processing status for the row, such as COMPLETE or ERROR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key</td>
<td>Do not modify. Internal value used for Upload Benefits Enrollments batch processing.</td>
</tr>
</tbody>
</table>

**Action Items: How They Are Processed**

The configuration of action items determines what happens during enrollment processing. For example, failure to provide required action items can result in suspended enrollment or simply cause delinquent items to appear in benefits administration reports.

**Settings That Affect Action Item Processing**

The following action item settings affect processing:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspend Enrollment</td>
<td>When enabled, notifies participant of pending action item during enrollment and causes suspension of enrollment until the item is completed.</td>
</tr>
<tr>
<td>Determination Rule</td>
<td>Determines when the item is required, such as always or only for initial enrollment.</td>
</tr>
<tr>
<td>Due Date</td>
<td>Determines when the item begins appearing on audit and error reports generated by enrollment processing.</td>
</tr>
</tbody>
</table>

Interim coverage setup also affects enrollment processing, as described in the next section. Interim coverage is defined for a plan or option on the Edit Plan Enrollment page in the Plan Configuration work area.

**How Action Items Are Processed**

If enrollment is suspended due to incomplete action items, then interim coverage, if configured, applies and no further life event processing takes place until the action items are completed.

**Note**

Incomplete or past-due action items for one benefits relationship do not stop processing of events for another benefits relationship for the same person.

Reporting of pending action items and certificates occurs as part of enrollment processing. Benefits administrators can use these reports to follow up as needed.

<table>
<thead>
<tr>
<th>Process</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close enrollment action items</td>
<td>Any past-due required action items appear in the audit log, as well as any incomplete action items that are configured to suspend enrollment.</td>
</tr>
</tbody>
</table>
The following scenarios illustrate how subsequent life events are processed for a participant with an open action item.

**Suspension Results in No Further Life Event Processing**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item exists with a due date of 1/30/2010, and it is configured for suspension. Enrollment is suspended, and interim coverage exists. On 1/28/2010, the benefits administrator attempts to process Life Event B, which has an occurred date of 1/20/2010.

Result: Life Event B cannot be processed until the suspension is resolved for Life Event A. The action item associated with Life Event A appears on the audit report after action item processing, and the participant's name appears on the error report after participation evaluation processing. Contact the participant and attempt to resolve the action item. Once the action item is complete, enrollment for Life Event A is completed and Life Event B can be processed.

**Suspension of Beneficiary Designee Only**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item for beneficiary designation exists, and suspended enrollment is configured for the beneficiary designee only, not for the benefits offering itself.

Result: Enrollment is suspended only for the beneficiary, not for the entire offering. Future life events can be processed for the participant.

**Suspension with No Interim Coverage**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item exists with a due date of 1/30/2010, and it is configured for suspension. Enrollment is suspended, but no interim coverage exists. On 1/28/2010, the Benefits Administrator attempts to process Life Event B.

Result: Life Event B cannot be processed because the participant is not currently enrolled.

**Subsequent Life Event Processing Causes Previous Life Event to be Backed Out**

Scenario: Life Event A is processed on 1/15/2010. An outstanding action item exists with a due date of 1/30/2010, and it is configured for suspension. Enrollment is suspended, and interim coverage exists. On 1/25/2010, Life Event B is processed with an occurred date of 1/1/2010.

Result: Life Event A is backed out, along with any pending action items. Life Event B is processed (unless the Timeliness setup for the Life Event prevents life events from being backed out in this situation).
FAQs for Maintain Benefits Enrollments

How can a participant make elections without using a computer?

On the Manage Person Life Events page in the Benefits Service Center, click the Manage Enrollment Document button to view and print an enrollment document that you can mail or send electronically to the participant. The document lists electable enrollment options or changes based on the active life event, and configured default enrollments, if any. The participant selects or changes enrollment options and returns the document. Use the completed, returned form to edit enrollment information for the participant.

Can I upload benefit group assignments for multiple persons at one time?

Yes. Use the integrated Microsoft Excel workbook to view and edit person benefit group assignments for multiple persons and groups. Then, upload your changes back into the application database. To generate the integrated workbook, start on the Plan Configuration work area, Manage Benefit Groups page. In the Search Results section, click Prepare the Workbook.

Can I upload benefit balances for multiple persons at one time?

Yes. Use the integrated workbook to view and edit the benefit balance value, primary assignment, and benefits relationship entries for multiple persons. Also, add and delete person benefit balances. Then, upload your changes back into the application database. To generate the workbook, start on the Plan Configuration work area, Manage Benefit Balances page. In the Search Results section, click Prepare in Workbook.

Can I upload student and disability status for multiple persons at one time?

Yes. Use the integrated workbook to view and edit student and disability status, disability type, tobacco usage, and other plan coverage details for multiple persons. After editing, adding, or deleting person habits data in the workbook, upload your changes into the application database. To generate the integrated workbook, on the Evaluation and Reporting work area Overview page, Person Data Uploads tab, click Prepare Person Habits in Workbook.

Can I upload enrollment data in a batch?

Yes. Enroll participants in various programs, plans, and options using the integrated Microsoft Excel workbook. Also, designate dependents and
beneficiaries in participant-enrolled plans. Upload your changes into an interim database. Then, run the Upload Benefit Enrollments batch process. To generate the integrated workbook, on the Evaluation and Reporting work area Overview page, Enrollment Uploads tab, click Prepare Enrollment Batch in Workbook.

**How can I unprocess a life event that was processed in error?**

In the Benefits Service Center, select the event on the Life Events tab of the Manage Person Life Events page, and select Back Out Event in the Actions menu. Specify Voided as the life event status.

To delete the voided life event, select Show Voided Potential Life Events in the Actions menu on the Potential Life Events tab. Select the voided potential life event and delete it.

**Note**

A potential life event that is automatically triggered by an HR data change, such as marital status change, is not automatically backed out if the HR data change is backed out. If the triggering HR data change is invalid, you must manually back out the life event, as described in this topic.

**How can I diagnose any issues with a person's benefits enrollments?**

When you need details of a person's event, eligibility, and enrollment data, you can run the Person Benefits Diagnostic Test if you have access to the Diagnostic Dashboard. Select Run Diagnostic Tests from the Setting and Actions menu in the global area.

**Why can't I see or edit a benefit participant's contacts?**

First, check whether the contact is future dated as contacts are not visible until the contact's effective start date is reached. If that is not the issue, then your data role might not include access to related contact information for participants. Your application administrator must provide you with the proper data role and person security profile so that you can access related contact information for participants. The application administrator grants you access by following the steps provided in the Configuring Security for Manage Contacts Page for Benefits: Worked Example topic.
Elect Benefits

Elect Benefits: Overview

Enroll in benefits during the open enrollment period, and elect or change unrestricted enrollments at any time.

Participants can:
- Compare current and potential benefits
- Make selections
- View and accept configured terms and conditions
- Elect coverage for themselves and their dependents
- Select primary care physicians for applicable plans
- View and print a confirmation statement
- Complete additional certification or designation action items specified on the confirmation statement

To elect benefits, select Navigator - Benefits.

Benefits Enrollment: Explained

The benefits enrollment process consists of three major steps, which should be completed in the following order:

Add Contacts and Beneficiary Organizations → Elect Benefits → Review and Resolve Action Items

Add Contacts and Beneficiary Organizations

Before you begin electing benefits, add or update all persons or organizations that you plan to designate as dependents or beneficiaries on the Benefits
Overview page. Add persons in the Contacts section. Add beneficiary organizations or trustees in the Beneficiary Organizations section. Provide all information necessary to determine the eligibility of each contact or organization. This ensures that the contacts and organizations are available for designation when you elect benefits.

**Elect Benefits**

On the Benefits Overview page, click **Change Benefit Elections**. This button is enabled only if an opportunity exists for you to make elections, such as during an open enrollment period or if you have a qualifying life event. Electing benefits involves selecting benefits offerings and designating beneficiaries and dependents as appropriate for each offering. Additional information, such as a contribution or investment amount, may be required, depending on the offering type. When you are done making elections, you can review the information and make changes before submitting.

**Review and Resolve Action Items**

After submitting your elections, carefully review the Pending Action Items section on the Benefits Overview page to determine if you need to provide any additional information, such as proof of good health standing or other documents or certifications. You may also need to select a primary care physician, which you can do from the Benefits Overview page.

**Note**

Enrollment in a benefits offering may be suspended if required action items are not completed. Contact your benefits department if you have any questions about resolving specific action items.
Manage Open Enrollment Period

Benefits Open Enrollment: Overview

The benefits open enrollment process comprises three phases: preparation, the enrollment period, and post enrollment activities. This chapter provides a sample timeline, checklists, and instructions to guide you through the phases of open enrollment.

Open Enrollment Period Opportunities

The open enrollment period is an opportunity for eligible participants to:

- Enroll in a plan if not currently enrolled
- Change coverage from one plan to another
- Change enrollment status of eligible family members
- Decline coverages

Open enrollment is also an opportunity for your organization to:

- Modify plan configuration
- Update rates
- End benefits offerings
- Start new benefits offerings

Sample Open Enrollment Timeline

This sample timeline and the instructions in this chapter assume the following dates and rules:

- Open enrollment elections are effective on January 1.
- Coverage begins on January 1.
- Rates begin on January 1.
- Coverages and rates start on the event date.
- Previous year coverages and rates end one day before the event date.
You must thoroughly test the open enrollment procedures using your configuration if either of the following conditions is true:

- Your organization’s open enrollment is effective on any other date within the year.
- You apply different coverage and rate start and end date rules to meet your business requirements.

The following timeline outlines suggested activities before, during, and after an open enrollment period that lasts throughout the month of November.

<table>
<thead>
<tr>
<th>Month</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>September and October</td>
<td>Update plan configuration</td>
</tr>
<tr>
<td></td>
<td>Run a trial open enrollment:</td>
</tr>
<tr>
<td></td>
<td>● Test performance</td>
</tr>
<tr>
<td></td>
<td>● Test self-service enrollment</td>
</tr>
<tr>
<td>01-November</td>
<td>Run the open event processing:</td>
</tr>
<tr>
<td></td>
<td>● Evaluate Scheduled Event Participation</td>
</tr>
<tr>
<td></td>
<td>● Enroll in Default Benefits</td>
</tr>
<tr>
<td>Throughout November</td>
<td>Elect benefits:</td>
</tr>
<tr>
<td></td>
<td>● Participants enter elections using the self-service guided process.</td>
</tr>
<tr>
<td></td>
<td>● Benefits administrators enter elections in the Enrollment work area.</td>
</tr>
<tr>
<td>02-15 December</td>
<td>● Benefits administrators may still enter elections as necessary by setting a session effective date within the enrollment period of November.</td>
</tr>
<tr>
<td>15-December</td>
<td>Run the Close Enrollment process to close all elections.</td>
</tr>
</tbody>
</table>

**Phase One Checklist: Before the Open Enrollment Period Starts**

Follow these steps to prepare for the open enrollment period:

<table>
<thead>
<tr>
<th>Task</th>
<th>Work Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check payroll calendars.</td>
<td>Contact payroll administrator</td>
</tr>
<tr>
<td>Check plan year periods.</td>
<td>Plan Configuration</td>
</tr>
<tr>
<td>Assess and update eligibility profiles and derived factors.</td>
<td>Plan Configuration</td>
</tr>
<tr>
<td>Prepare program and plan configurations:</td>
<td>Plan Configuration</td>
</tr>
<tr>
<td>● End existing plans no longer offered.</td>
<td></td>
</tr>
<tr>
<td>● Add new plans.</td>
<td></td>
</tr>
<tr>
<td>● Add new options to existing plans.</td>
<td></td>
</tr>
</tbody>
</table>
Add the open scheduled life event to the program or plan not in program.

Manage standard and variable rates:
- Add rates to new benefits objects.
- Modify rates on existing benefits objects.
- Modify elements on existing rates.
- Modify flex credit offerings.

Start new coverage for flexible spending accounts (FSA)

Configure enrollment and rate display.

Identify and resolve in-progress life events:
- Identify conflicting and incomplete life events
- Identify and finalize open action items and suspensions
- Evaluate and resolve temporal event participation

Process trial open enrollment.

Phase Two Checklist: During the Open Enrollment Period

Follow these steps to administer the open enrollment period:

<table>
<thead>
<tr>
<th>Task</th>
<th>Work Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate the Participant Enrollment Results report.</td>
<td>Reports and Analytics</td>
</tr>
<tr>
<td>Manage the open enrollment period.</td>
<td>Evaluation and Reporting</td>
</tr>
<tr>
<td>• Run the Evaluate Scheduled Event Participation and Enroll in Default Benefits processes.</td>
<td>Evaluation and Reporting</td>
</tr>
<tr>
<td>• Monitor processes and resolve errors.</td>
<td>Evaluation and Reporting</td>
</tr>
<tr>
<td>• Enter enrollments.</td>
<td>My Information (Self-Service)</td>
</tr>
<tr>
<td>• Process life events that occur during the open enrollment period.</td>
<td>Enrollment</td>
</tr>
<tr>
<td>Manage and close the open enrollment window.</td>
<td>Evaluation and Reporting</td>
</tr>
<tr>
<td>Generate the Participant Enrollment Results report.</td>
<td>Reports and Analytics</td>
</tr>
</tbody>
</table>

Phase Three Checklist: After the Open Enrollment Period Ends

Follow these steps to complete the open enrollment activities:
### Preparing Program and Plan Configuration for Open Enrollment: Critical Choices

When you prepare program and plan configurations for open enrollment:

- Verify periods for payroll calendars and year periods for programs and plans
- Check derived factors and eligibility profiles
- Inactivate existing plans and options that are ending
- Create options and plans and add to existing plans and programs
- Check default enrollment rules
- Check unrestricted processing enablement

#### Verify Periods for Payroll Calendars and Year Periods for Programs and Plans

Check with the payroll administrator:

- That the payroll periods for your benefits plans extend through the entire new plan year
- Whether the upcoming plan year has standard 52 or 26 pay periods or nonstandard 53 or 27 pay periods, respectively, if using biweekly or weekly period types.

In the Setup and Maintenance work area:

- Verify that a year period is defined for the new plan year or create year periods, as required using the Manage Year Periods task.

In the Plan Configuration work area:

- Verify that all active programs and plans include the correct year periods using the Basic Details pages in the Plan Configuration work area.
- If your business calculates communicated rates using pay periods, also check that the correct communicated rate frequency is selected, especially if the upcoming plan year has nonstandard weekly or biweekly pay periods.

<table>
<thead>
<tr>
<th>Communicated Rate Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per pay period</td>
<td>Uses the number of pay end dates derived from the payroll definition. For example, a weekly payroll might result in 53 end dates in the calendar year.</td>
</tr>
<tr>
<td>Estimated per pay period</td>
<td>Uses the standard number of periods corresponding to the period type value selected in the payroll definition, regardless of the number of pay end dates in the calendar year. For example, communicated rate calculations use the fixed number of 52 weekly periods, even for years with the nonstandard 53 weekly periods.</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Per pay period with element frequency rules</td>
<td>Uses the frequency rules of the payroll element associated with the standard rate to determine the number of deductions in the calendar year. For example, one of your benefit deductions occurs only on the first biweekly payroll in each month. If you use this communicated rate frequency, select Per-pay-period amount as the value passed to payroll.</td>
</tr>
</tbody>
</table>

**Check Derived Factors and Eligibility Profiles**

Check and edit existing eligibility configuration and add missing eligibility configuration as required. Use the tasks under Manage Eligibility in the Tasks pane of the Plan Configuration work area. For example:

- You created benefit offerings for spousal and child life that require new age derived factors.
- You have new requirements that require you to edit length of service derived factors.
- You evaluate associated eligibility profiles for benefits objects requiring many manual participation eligibility overrides to determine how to better include and exclude participants, thus reducing or ending the manual overrides.
- Your service areas are changing, so you must modify the existing postal codes and service areas accordingly.

**Inactivate Existing Plans and Options That Are Ending**

Inactivate plans or options that are no longer offered in the new plan year to stop existing participant enrollments and prevent new enrollments. In the Plan Configuration work area:

1. Using the effective start date of the upcoming plan year as your effective as-of date, search for the programs or plans that contain the plans or options that are ending.

**Note**

The effective as-of date becomes the session effective date at the top of the edit plan pages. The session effective date becomes the new effective start date for plans and options that you update, after you save your changes.
2. On the edit Basic Details page for the program or plan, select the plan or option that you want to end.

3. Update the plan or option, setting the status to Inactive and saving your change.

   Check that the effective start date for when the plan or option becomes inactive changed to the session effective date at the top of the page, for example, January 1, 2016.

4. On the Enrollment page, select the plan or option that you want to end.

5. Update the Enrollment section on the General tab, setting the enrollment rule to Current - lose only; new - nothing and saving your change.

   Check that the updated plan or option Enrollment field contains a checkmark and the effective start date changed to the session effective date for the page, such as January 1, 2016. Now when you process the open event, all existing plan or option participants are disenrolled on the new effective start date and no new participants can enroll in it.

**Create Options and Plans and Add To Existing Plans and Programs**

Create the option or plan for the upcoming plan year in the Plan Configuration work area.

For new options and plans:

- Set the session effective date at the top of the create page to the first day of a plan year at least a few years earlier, for example, January 1, 1951.

**Note**

The effective as-of date becomes the session effective date at the top of the edit plan pages. The session effective date becomes the effective start date for plans and options that you create, after you save your changes.

- Set the option or plan status to Pending.

For new plans:

- Add year periods that include the current plan year and the upcoming plan year. For example, if the upcoming plan year starts January 1, 2016, then, at minimum, add year periods from January 1, 2015 to December 31, 2015 and January 1, 2016 to December 31, 2016.

For each plan to which you want to add the new option, or program to which you want to add the new plan:

1. Set the session effective date at the top of the Basic Details page to the first day of the current plan year, for example, January 1, 2015.

2. Add the new option or plan, setting the status to Pending and click Save. The effective start date should be the first day of the current plan year.

3. Set the session effective date at the top of the edit program page to the first day of the upcoming plan year, for example, January 1, 2016.

4. Update the option or plan status to Active for the newly added option or plan and click Save.
The newly added option or plan status should have changed from Pending to Active and the effective start date should now be the first day of the upcoming plan year.

For plans not in program:

1. Set the session effective date using the current plan year, set the status, and add year periods, just as you do when creating plans.

2. Follow the preceding steps 3 and 4 to set a new session effective date using the upcoming plan year and update the plan status to Active.

Check Default Enrollment Setup

For all active programs, plans, and options, check that the selected enrollment methods and default enrollment rules are still valid for your latest program and plan designs. Check these methods and rules on the General and Life Event tabs of the edit program or plan Enrollment pages.

Where the default enrollment rule is New - default; current - same enrollment and rates, participants who are:

- New to an electable benefits object are assigned the default plan or option.
- Currently enrolled and make no explicit election changes retain their same enrollment. Rates are recomputed based on the plan configuration. If the coverage or rate was entered at the time of enrollment, then the current benefit and rate amount for the participant are retained by default.

Tip

Use the Automatic enrollment method when you do not want workers to change the default elections that you set.

Check Unrestricted Processing Enablement

To allow enrollment in unrestricted plans during open enrollment, you must disable the regular unrestricted processing. Otherwise, the regular unrestricted processing backs out the unrestricted open enrollments. Use the Manage Self-Service Configuration task in the Plan Configuration work area to set unrestricted processing enablement to Not during open enrollment.

Note

Un restricted programs and plans run on entirely different business relationships than the regular, life event driven programs and plans. This means that you can process an unrestricted life event on the same day that you process a regular life event.

Adding the Open Scheduled Event: Critical Choices

When you add an open scheduled event to a program or to plans not in program, you must specify the dates and enrollment rules for processing.

This topic discusses:

- Adding the open scheduled event
- Creating the enrollment period
Adding the Open Scheduled Event

To add the open event:
1. In the Plan Configuration work area, click the Enrollment step for the program or plan not in program.
2. Select the program or plan not in program in the hierarchy, then select the Scheduled tab.
3. Select Open from the list, which by default is set to create an Administrative event.
4. Click Create in the Periods section.
5. Create the enrollment period.

Creating the Enrollment Period

This table lists the configurable fields with a description and sample recommended value. The sample dates are based on the scenario of an open enrollment period throughout the month of November, with the elections taking effect on January 1 of the following year.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Sample Recommended Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Period Start Date</td>
<td>First day of the open enrollment period.</td>
<td>November 1, 2015</td>
</tr>
<tr>
<td>Enrollment Period End Date</td>
<td>Last day of the open enrollment period.</td>
<td>November 30, 2015</td>
</tr>
<tr>
<td>Assign Defaults Date</td>
<td>Date on which default benefits assignments are made. Typically, this is the same date as the open enrollment period start date so that participants can minimally see their waive or prior elections when enrolling.</td>
<td>November 1, 2015</td>
</tr>
<tr>
<td>Assigned Life Event Date</td>
<td>Effective date of the Open event. The date as of which eligibility is evaluated and rates are determined. For the open event, this date is typically the first day of the new benefit year.</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>Processing Cutoff Date</td>
<td>The last day on which the benefits professional can make election changes on behalf of the participant.</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>Close Enrollment Period Date Rule</td>
<td>Occurrence that causes the Open event to advance from the started to processed phase.</td>
<td>When processing ends</td>
</tr>
<tr>
<td>Year Period</td>
<td>Year in which benefit elections are effective.</td>
<td>January 1, 2016 to December 31, 2016</td>
</tr>
<tr>
<td>Period Determination Rule</td>
<td>How enrollment periods are determined when an event is backed out and reprocessed, or when the event occurs within the enrollment window of another life event.</td>
<td>Later of enrollment period start or future start</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Coverage Start Date</td>
<td>Select the rule that meets your business requirements. For example, select <strong>Event</strong> if you want the coverage for the benefit plan to start on the assigned life event date, which is January 1, 2016 in this example.</td>
<td><strong>Event</strong></td>
</tr>
<tr>
<td>Previous Coverage End Date</td>
<td>Select the rule that meets your business requirements. For example, if you select <strong>Event</strong> as the coverage start date rule, then select the corresponding <strong>1 day before event</strong> rule to end the previous coverage the day before the assigned life event date, which is December 31, 2015 if the event date is January 1, 2016.</td>
<td><strong>1 day before event</strong></td>
</tr>
<tr>
<td>Rate Start Date</td>
<td>Select the rule that meets your business requirements. For example, select <strong>Event</strong> if you want the rates for the benefit plan to start on the assigned life event date, which is January 1, 2016 in this example.</td>
<td><strong>Event</strong></td>
</tr>
<tr>
<td>Previous Rate End Date</td>
<td>Select the rule that meets your business requirements. For example, if you select <strong>Event</strong> as the rate start date rule, then select the corresponding <strong>1 day before event rule</strong> to end the previous rate the day before the assigned life event date, which is December 31, 2015 if the event date is January 1, 2016.</td>
<td><strong>1 day before event</strong></td>
</tr>
</tbody>
</table>

**Selecting the Assigned Life Event Date**

The event date is important for the consideration of derived factors based on age, such as imputed income. For example, imputed income in the US is calculated using the participant's age as of the end of the current year. So for the plan year 2016, the participant's age is calculated as of December 31, 2016. If the assigned life event date is in late December of 2015 for the 2016 plan year, the person's age would be calculated as of December 31, 2015, which would be incorrect for imputed income purposes.

**Selecting the Close Enrollment Period Date Rule**

Specify the date that fits your business requirement for the open event, for example:
• Select **When processing ends** when there is a time between the end of the participant’s enrollment period and the date of the open event. This enables you to make adjustments before the event is closed.

• Select **When enrollment period ends** if there are no additional processing days after the enrollment period ends.

**Selecting the Reinstatement Rule**

The **Reinstate all if no electability change in event** rule is the default reinstatement rule that applies for any life event that you create. During an open enrollment period, a reinstatement rule enables you to restore elections if:

- The open event was accidentally backed out
- An intervening life event backs out the open event

The default rule restores elections only if there are no changes to the open enrollment electable choices between the date that the open event was backed out and the date when you reprocessed it. You can reinstate elections only if the life event was backed out using the **Unprocessed** status.

**Reinstatement Rules: Critical Choices**

Use reinstatement rules to control how participant elections are restored when you back out and reprocess a life event. For example, you back out an open enrollment event for a participant to make changes to some benefit offerings. When you reprocess the open event, the elections that the participant made before you backed out the open event are restored depending on the reinstatement rule that you configured for the open event.

You can select one of the following reinstatement rules on the Life Event tab of the Enrollment step when you create or edit a program or plan in the Plan Configuration work area:

- Reinstate all if no electability change in life event
- Reinstate if no change for backed out enrollment
- Reinstate if electability exists for backed out result
- Never Reinstate

If you do not select a reinstatement rule, then the **Reinstate all if no electability change for life event** rule is used by default to restore elections.

**Important**

When you reprocess a backed out life event, participant elections are restored only if the life event was backed out using the Unprocessed status.

**Reinstatement Rules**

The following table describes each reinstatement rule and when to use it.
<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
<th>When to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinstate All If No Electability Change In Life Event</td>
<td>Elections are restored if there is no change in the electable choice data between the backed out date and the date when you reprocessed the life event. For example, if a rate value or definition changes, then the elections are not restored.</td>
<td>When changes in electable choices might influence the participant’s election decisions and you want the participant to review and make new elections.</td>
</tr>
<tr>
<td>Reinstate If No Change for the Backed Out Enrollment</td>
<td>Elections are restored if the electable choices that the participants originally chose remain the same after you reprocess the life event.</td>
<td>When participants do not have to reconsider their original election decisions because of new electable choices or changes to electable choices that they did not choose originally.</td>
</tr>
<tr>
<td>Reinstate If Electability Exists for the Backed Out Result</td>
<td>Elections are restored as long as the participant is eligible for the electable choices. For example, you changed the value of an activity rate that the participant originally chose before reprocessing the life event. When you reprocess the life event, those elections are restored with the new rate as long as the participant is eligible for that electable choice. Caution If an activity rate increases, the participants' election automatically increases in cost and there may not be an opportunity for the participant to reevaluate the election.</td>
<td>When you: • Want to apply any changes to the participant's original elections without providing an opportunity for participants to review the changes. • Do not want participants to review any new electable choices.</td>
</tr>
<tr>
<td>Never Reinstate</td>
<td>Elections are not restored.</td>
<td>When you: • Do not want to restore participant elections after reprocessing the life event. • Want to use a specific life event to make adjustments or corrections to a benefit offering and you want participants to reevaluate their original elections.</td>
</tr>
</tbody>
</table>

**Managing Rates for Open Enrollment: Points to Consider**

When preparing benefits offerings for open enrollment, create rates for new benefits offerings and update rates for existing offerings as required.
Consider these aspects of creating and updating rates:

- Creating new rates for new benefits offerings
- Updating existing standard rates
- Updating existing variable rates
- Updating elements for existing rates
- Updating flex credit offerings
- Editing rates in the integrated workbooks
- Configuring rate display for self-service enrollment

**Creating Rates for New Benefits Offerings**

Ensure that the new rates that you create have the same effective start date as your new benefit offerings. When you create the new rate on the Create Standard Rates page, edit the session effective date to match the effective start date of the corresponding new plan or option.

**Updating Existing Standard Rates**

Update existing standard rates if there are any changes to rate calculations or other details. Use the Manage Rates task in the Plan Configuration work area, and search for the standard rate as of the first day of your new plan year. Searching by this date sets the session effective date for the rate updates. Select the standard rate and make changes to the calculations using the Update action.

**Updating Existing Variable Rates**

There are two possible scenarios to consider when you update existing variable rates:

- You want to edit the calculation details for an existing variable rate profile. In this case, follow these steps:
  a. On the Manage Variable Rate Profiles page, search for the variable rate profile effective as of the start date of the new plan year, typically the first of January. Searching by this date sets the session effective date for the rate updates. Make changes to the variable rate calculations using the Update action.
  b. No updates are required on the corresponding standard rates page, because the revised calculation goes into effect on the effective start date of the revised variable rate profile.

- You want to attach a different variable rate profile to the standard rate. For example, you now want to use two age band variable rate profiles for the same age range where you formerly used just one profile. In this case, follow these steps:
  a. Search for the standard rate using the effective as of date that is one day before the effective start date of the new variable rate. For example, if the new variable rate is effective on 01 January 2016, search for the corresponding standard rate as of 31 December 2015. Edit
the rate using the Update action. The session effective date reflects 31 December 2015. On the Edit Standard Rate page, end-date the unwanted variable rate profile in the Variable Rates section and click Save and Close.

b. Search again for the standard rate, this time using the effective start date of the new variable rate in the Effective As-Of Date field, which sets the session effective date. In this example, the date is 01 January 2016. Edit the rate using the Update action, adding the new variable rate profiles to the rate.

Updating Elements for Existing Rates

Consider whether any of your rates require a different payroll element. For example, you formerly used a single payroll element for all medical plans, but for the next plan year you require a distinct element for each medical plan. If you must attach a different element to an existing standard rate, search for the rate as of the first day of the new plan year and use the Update action to attach the new element. The association of the current payroll element with the rate is end-dated effective the day before the first day of the new plan year.

Updating Flex Credit Offerings

Update existing flex credit shell plans if there are any changes to flex credit calculation methods, spending options, or excess credit calculations. Use the Manage Flex Credits Configuration task in the Plan Configuration work area and search for the flex credit shell plan as of the first day of your new plan year. Searching by this date sets the session effective date for the flex shell plan updates. Select the flex shell plan and make changes using the Update action.

Editing Rates in Integrated Workbooks

You can use the Microsoft Excel integrated workbook available on the standard rates search page to edit and upload multiple standard rates at once. You can also use the integrated workbook on the variable rate profiles search page to create, edit, and upload multiple variable rate profiles and then associate them with existing standard rates.

Configuring Rate Display for Self-Service Enrollment

You can configure the name and visibility of rate columns on each step in the self-service enrollment guided process. Use the Configure Plan Type Grouping Display task in the Plan Configuration work area.

Restarting Coverage for Flexible Spending Accounts: Points to Consider

Flexible spending accounts (FSA) might have requirements to start new on a certain date. For example, FSA plans in the US, such as health care and
dependent care reimbursement, typically must start new every calendar year. FSA plans also typically require explicit entry of the enrollment amount, even if the participant was enrolled in the previous year and plans to continue the same coverage level for the following year. The coverage of a participant who is currently enrolled should end on December 31 and restart on January 1.

This topic discusses the following important setup considerations and testing procedures to ensure that participants explicitly restart coverage for the FSA plan each year.

- Specifying effective date
- Selecting the enrollment method
- Selecting the enrollment rule
- Selecting the default enrollment rule
- Checking the setup using a report
- Testing the setup in a test instance

To configure the FSA plan, select the plan from the program hierarchy on the Edit Program Enrollment page and then select the Open event on the Scheduled tab.

**Specifying the Effective Date**

When you make updates to the FSA plan, ensure that the session effective date is the first day of the new benefit year, typically January 1.

**Selecting the Enrollment Method**

Verify that the enrollment method of the FSA plan is **Explicit**.

**Selecting the Enrollment Rule**

Select the enrollment rule **Current - keep or choose, starts new; new - can choose** so that current enrollees must explicitly reelect coverage amounts, even though the coverage amount might stay the same. The coverage ends at the configured end date for the processed life event and restarts the next day.

**Selecting the Default Enrollment Rule**

Select one of the following default enrollment rules, depending on your plan configuration:

<table>
<thead>
<tr>
<th>Default Enrollment Rule</th>
<th>Usage Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>New - nothing; current - nothing</td>
<td>Typical default enrollment rule to force participants with current year coverage to reelect coverage for the new plan year.</td>
</tr>
<tr>
<td>New - default; current - default</td>
<td>If your FSA plan configuration includes a waive plan or option, select this default enrollment rule on the waive plan or option.</td>
</tr>
</tbody>
</table>
Checking the Setup Using the Participant Enrollment Results Report

To run the Participant Enrollment Results report, search for it in the Reports and Analytics work area.

1. View the report results as of one day before processing the open event to obtain a list of current enrollees in each FSA plan, and their current elected amount.
2. Run the same report after the open enrollment period ends to verify that coverage has been reelected, or ended, according to participant elections.

Testing Procedure in a Test Instance

Follow these steps after you set up the enrollment rules in a test instance:

1. Process the open event as of the first day of your new plan year.
2. Search for the enrollment information of a participant who is currently enrolled in the FSA plan.
3. For this date, verify that the Enrollment Results page does not display the existing enrollment in FSA Health Care Coverage plan. However, it does display existing enrollment in other benefit plans, which is expected.
4. On the Enrollment page, explicitly select the FSA Health Care Coverage plan and specify the coverage amount, to enroll again for the new plan year.
5. Verify that the coverage start date is the first day of your plan year and the original coverage start date is as expected.
6. Select the first day of your new plan year as the session effective date.
7. Verify that the Enrollment Results page shows that coverage ended on the last day of the previous plan year and restarted on the first day of the new plan year.

You can follow the same procedure to test the self-service enrollment for a worker by using this method to open the worker’s self-service enrollment pages:

1. Verify that Parameter Display is selected on the Manage Self-Service Enrollment Configuration page.
2. On the Navigator, select Benefits in the My Information group.
3. Select the person.
4. Click Continue.

Configuring Enrollment Display: Points to Consider

You can configure how plans are grouped and displayed on each step in the self-service guided enrollment process and on each administrator enrollment tab.
This topic discusses the following decision points:

- Grouping plans for enrollment
- Configuring enrollment display
- Configuring rate display

**Grouping Plans for Enrollment**

Group plan types into display categories in the Manage Plan Types task. For each plan type:

- Specify a category for displaying plans in self-service enrollment steps.
- Specify a category for displaying plans in administrative enrollment tabs.

You can group plan types together for display by assigning the same display category to multiple plan types. For example, you could group several different life insurance plan types together into a single Life Insurance display category. For a single plan type, you can choose a different category for self-service display compared to the administrative display.

When you create new plans, you assign each to a plan type. Each plan inherits the enrollment display category of its assigned plan type.

**Configuring Enrollment Display**

Use the Manage Plan Grouping page to configure the visibility and display names of plan type enrollment categories for:

- Steps in the self-service enrollment guided process
  
  You can change the names of the plan type category groupings, which correspond to self-service enrollment step names, and you can control whether each step is visible. You can also enter a description of the plan grouping to associate with the selected enrollment display name. Participants see this description during self-service enrollment.

- Tabs for administrator usage
  
  You can change the names of the plan type groupings, which correspond to tabs in the Benefits Service Center enrollment tasks. You can also specify whether to display each tab.

You can modify only the name and visibility of plan groupings, but you cannot create new groupings on this page. If you decide not to display a plan grouping for self-service enrollment, the benefits administrator can still enroll a participant in that plan grouping if it is displayed for administrator usage.

**Configuring Rate Display**

Click the button for the plan in the Rate Column Display column to configure the name and visibility of rate columns on each step in the self-service enrollment guided process.
• You can specify which columns to display on each plan grouping step in the enrollment process. However, the Primary Rate column cannot be hidden.

For example, you can display rate column 2 on the medical step, but not on the dental step.

• You can name the displayed rate columns differently on different enrollment steps.

For example, you can name the first two rate columns Employee Cost and Employer Cost on the medical enrollment step, and name them Pretax and After-Tax on the insurance enrollment step.

It is important to understand that the taxation is not affected by the column name that you enter.

Identifying and Resolving In-Progress Life Events Before Open Enrollment: Explained

On a given day, you can process only one life event in a single benefits relationship for a participant. The Evaluate Scheduled Event Participation process does not start an open event for a participant who has an existing life event that is not fully processed. Therefore, process and resolve in advance all existing life events that would conflict with the open life event.

To resolve life events that are not closed or fully processed:

1. Identify incomplete life events.
2. Resolve incomplete life events.
3. Identify and finalize open action items.
4. Evaluate and resolve detected temporal events.

Identify Conflicting and Incomplete Life Events

Incomplete and conflicting life events include events that are:

• Detected for participants, but not yet processed
• Started or processed, but not closed
• Suspended, awaiting fulfillment of action items
• Detected by temporal processing

To identify participants with incomplete events that require resolution, use one of these reports:

• On the Life Events tab in the Evaluation and Reporting work area, search by specifying the event status and other report parameters. For example, you can search for all life events in the Detected status and view by legal employer. Click the Details button to see the list of participant names for each employer.
• View the Totals by Life Event summary report for life events that are not processed. Search for the Participant Enrollment Results report in the Reports and Analytics work area and click More.

Resolve Life Events
To resolve the in-progress life events for each participant, use the Person Life Events task in the Enrollment work area. Follow these steps:

1. On the Potential Life Events tab, resolve all life events in the Detected or Unprocessed status by taking one of these actions:
   • Delete the life event.
   • Process the life event.
   • Void the life event, if it does not have to be processed, by changing the status to Voided.

2. On the Life Events tab, resolve the life events that are in the Started status:
   • If the enrollment period has passed, then close the life event by selecting the started event and selecting the Close action, specifying a date.
   • If the enrollment period has not passed, you can process the life event for the participant, allow enrollment if applicable, and then process the Open event separately for these participants.

Note
You can also use the Close Enrollment process in the Election Processes section of the Evaluation and Reporting Work area to close enrollment for a large group of participants. However, even though enrollment is closed for the prior event, any suspensions caused by unfulfilled action items conflict with open event creation.

Identify and Finalize Open Action Items and Suspensions
As long as there is a prior life event with a suspension in place because of an unfulfilled action item, the next life event will not process for that participant. Therefore, you must resolve and close the open and suspended action items for each participant before you process the open event.

To finalize open action items and suspensions:

1. Run the Close Action Items process in the Evaluation and Reporting work area. View the process report to see a list of participants with pending action items.

2. Follow up with those participants to complete their action items.

3. Click Manage Enrollment Activities on the Enrollments page in the Enrollment work area.

4. Depending on what item the participant is fulfilling, select the election and in the Enrollment Activities section:
   • Enter and save the dependent or beneficiary information.
   • Enter and save the received date for the certification.
5. On the Action Items tab, confirm that your action or certification shows as completed and the date of completion.

6. Close the life event.

**Evaluate and Resolve Temporal Events**

The Evaluate Scheduled Event Participation process can detect life events triggered by temporal events, such as age or salary change, based on selected process parameters. If the event date of a detected temporal event is prior to the open event date, the open event fails to process for that participant.

If your organization uses temporal processing to create detected events, you can minimize such conflicts by running the Evaluate Temporal Event Participation process a few days before open event processing. Resolve as many as possible of the detected temporal events before processing the Open event.

**Processing Trial Open Enrollment: Explained**

One month before your actual open enrollment, run a trial open enrollment in a test instance to tune performance and validate plan configuration for the upcoming plan year. At this point, in your production instance, you have prepared your programs and plans, updated your standard and variable rates, and configured enrollment and rate display. You also configured flexible spending account plans to start new coverage, closed in-progress life events, finalized and closed action items, and processed and resolved temporal event participation. Now, you create a separate test instance from this production instance with all or a representative sample of your participants and manage your trial open enrollment.

The trial open enrollment mimics many aspects of the actual open enrollment process, as shown with the following basic high-level tasks:

<table>
<thead>
<tr>
<th>Task</th>
<th>Work Area</th>
<th>Phase I Trial Open Enrollment</th>
<th>Phase II Actual Open Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate the Participant Enrollment Results report.</td>
<td>Reports and Analytics</td>
<td>Identify test participants.</td>
<td>Compare enrollments before and after open enrollment. Identify any in-progress life events and resolve them before processing open enrollment.</td>
</tr>
<tr>
<td>Run the Evaluate Scheduled Event Participation and Enroll in Default Benefits processes.</td>
<td>Evaluation and Reporting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Monitor processes and resolve any errors.</td>
<td>Evaluation and Reporting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify and fix performance issues.</td>
<td>Evaluation and Reporting</td>
<td>Yes</td>
<td>Refine as required.</td>
</tr>
</tbody>
</table>
Iteratively, check plan configuration and rates using sample employees and fix errors as required.

1. Backout the open life event.
2. Correct setup.
3. Rerun the open event.

<table>
<thead>
<tr>
<th>Evaluation and Reporting</th>
<th>Yes</th>
<th>Validate on an exception basis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Configuration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter enrollments.

<table>
<thead>
<tr>
<th>Self-Service</th>
<th>On a test basis</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Identify and Fix Performance Issues

It is difficult to determine the amount of time it takes to process a single person due to the variables that can impact performance. These variables include complexity in plan configuration, hardware, network usage, optimized table usage, as well as general database tuning.

Poor performance times are often caused by not running table statistics on a regular basis. In the Evaluation and Reporting work area:

- Check that the threads parameter is set to the number of CPUs for the computer, at a minimum.
- Check that the chunk size is appropriate to the quantity of rows being written to the database. Use a smaller value when writing many rows, such as when processing participants and converting annual enrollments.
- Analyze and adjust your maximum error threshold as required using the Manage Batch Parameters task. For example, if you process your trial open enrollment using your entire participant population, processes might fail because they reached the maximum errors threshold.
- Analyze all index column statistics and gather column, schema, and table statistics before the following processes.
  - Evaluate Scheduled Event Participation
  - Enroll in Default Benefits
  - Close Enrollment

### Managing Open Enrollment Period: Explained

Process your open scheduled event so that participants can make their benefits elections. At this point, you have completed your trial open enrollment where you validated your programs and plans, standard and variable rates, and enrollment and rate display configuration. You have also configured flexible spending plans to start new coverage, closed unprocessed life events, finalized and closed action items, and processed and resolved temporal event participation.
During your trial open enrollment you focused on performance and validation. Now during your actual open enrollment period, you focus on monitoring and managing the open enrollment period, participant enrollments, and intervening life events.

<table>
<thead>
<tr>
<th>Task</th>
<th>Work Area</th>
<th>Phase ITrial Open Enrollment</th>
<th>Phase IIActual Open Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate the Participant Enrollment Results report.</td>
<td>Reports and Analytics</td>
<td>Identify test participants.</td>
<td>Compare enrollments before and after open enrollment. Identify any in-progress life events and resolve them before processing open enrollment.</td>
</tr>
<tr>
<td>Run the Evaluate Scheduled Event Participation and Enroll in Default Benefits processes.</td>
<td>Evaluation and Reporting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Monitor processes and resolve any errors.</td>
<td>Evaluation and Reporting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify and fix performance issues.</td>
<td>Enrollment</td>
<td>Yes</td>
<td>Refine as required.</td>
</tr>
<tr>
<td>Iteratively, check plan configuration and rates using sample employees and fix errors as required.</td>
<td>Evaluation and Reporting</td>
<td>Yes</td>
<td>Validate on an exception basis.</td>
</tr>
<tr>
<td>Enter enrollments.</td>
<td>Self-Service Enrollment</td>
<td>On a test basis</td>
<td>Yes</td>
</tr>
<tr>
<td>Process life events that occur during the open enrollment period.</td>
<td>Enrollment</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Manage the open enrollment window.</td>
<td>Evaluation and Reporting</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Close open enrollment.</td>
<td>Evaluation and Reporting</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Scheduled Event Participation Process: Points to Consider**

When preparing to submit the Evaluate Scheduled Event Participation process in the Evaluation and Reporting work area, pay particular attention to setting the following key parameters.
### Parameter | Comments
--- | ---
**Effective Date** | Select the first day of your open enrollment period, for example, 1-Nov-2015.

**Detect Temporal Events** | Regardless of whether you decide to detect all, some, or no temporal life events, the open event evaluates each participant's age, length of service, salary, and other temporal factors during processing.

**Person Type** | To exclude terminated participants, select **Employee** or **Participant**.

**Life Event Occurred Date** | Select the date as of which eligibility is evaluated and rates are determined. For the open event, this date is typically the first day of the new benefit year, for example, 1-Jan-2016.

**Life Event** | Select **Open**.

**Apply Defaults** | Select **Yes** to run the Enroll in Default Benefits process automatically after the Evaluate Scheduled Event Participation process completes so that participants can view their default enrollments when they enroll.

Select **No** to apply default enrollments later using the Enroll in Default Benefits process. For example, you might run the process after participants finish electing their enrollments and before you close the enrollment period.

**Audit Log** | Select **Yes** only for troubleshooting. It causes the application to generate detailed audit logs. Processing stops for any process generating an audit log, after that log becomes full.

Select **No** to generate only summary information if you are processing your entire participant population.

---

**Tip**

To limit the population processed, you can set additional parameters, such as Benefits Group, Location, Legal Entity, and others, or write a person selection formula.

---

**Process Default Enrollments**

Depending on how you configured your programs and plans, the Enroll in Default Benefits process does the following:

- Enrolls participants using their current enrollments if they make no explicit election choices
- Assigns participants new default enrollments
- Changes current elections to a new default election, for example, you have a dependent care spending plan configuration that sets current participants to nothing or a waive plan or option
Monitor Processes and Resolve Errors: Explained

Always check the process-generated log files to identify and fix any errors in your trial and production instances. You identify and fix many issues during the trial open enrollment, which reduces, but does not eliminate, issues raised during the actual open enrollment. Run the Restart Participation Evaluation and Back Out Life Events processes, as required.

Monitor Processing

Use the Monitor Process Request section of the Overview page to view the percentage of completion for processes and the process-generated logs and reports. For example, the Evaluate Scheduled Event Participation process:

- Log files identify who failed and how to fix the issue
- Summary report provides an overall summary of the participants that processed successfully, in error, or were unprocessed as well as the open life events with a Started status

If you cannot run a process that generates an audit log:

1. Run the Purge Participation Evaluation Audit Data process in the Maintenance Processes section.

   The purge process protects ongoing activities by purging data only from completed batch processes. Purging the audit logs does not affect life event or election information.

2. Restart the process that was interrupted when the audit log became full.

Warning

You want to generate audit logs only during trial open enrollment. Check that production processes do not generate audit logs, especially for batch processes that use the entire participant population.

Restart Participation Evaluation

Run the Restart Participation Evaluation process after fixing errors, such as errors resulting from reaching the maximum allowable errors or full audit logs.

Back Out Life Events

If the open event must be backed out for the entire participant population or a select group of participants, run the Back Out Life Events process for the Open life event. This is more typically done during the trial open enrollment to retest edited plan configurations.

When backing out open life events, set the resulting life event status to:

- **Unprocessed** to include it for future processing
Benefit administrators must act on any intervening life events that might occur during an open enrollment period. For example, a participant might experience a gain dependent life event that can change the electable choices offered during the open enrollment period. In that case, the administrator must allow the life event to back out the open event, take steps to process the intervening life event, and then reprocess the open event.

Any of the following actions can generate intervening life events based on their setup:

- The Evaluate Temporal Event Participation process detects temporal life event for workers, such as grade or age changes.
- The administrator or participant adds a contact, for example, a spouse or child, using the Contacts page.
- The administrator adds a life event manually using the Person Life Events page in the Enrollment work area.

To check if any new intervening life events were detected for participants, you search for events in the Detected status using the Life Event tab on the Summary page in the Evaluation and Reporting work area. To check if any new intervening life events were detected for a specific participant, use the Person Life Events task in the Enrollment work area. Click the Potential Life Events tab to view any detected or unprocessed life events for that worker.

The examples in this topic help administrators to understand various scenarios in which intervening life events can occur, and the steps to resolve the events.

All examples in this topic are based on the following main scenario:

- The open enrollment period is from November 1, 2015 to November 28, 2015. The new plan year starts January 1, 2016.
- Coverage and rates for elections made during the open enrollment period start on January 1, 2016.

**Resolving an Intervening Life Event That Changes Open Enrollment Electability**

A participant gains a spouse on November 20, 2015 and reports the event to the benefits administrator who updates the contact information. The gain dependent life event is detected. The life event provides new electable choices, with rates and coverage effective November 20, 2015. New electable choices are now available for open enrollment as well.

Perform these steps to address this scenario:

1. In the Enrollment work area for the participant, use the Process Life Event task to evaluate the gain dependent life event. Allow the life event
to back out the open enrollment event for that participant. The status of the life event changes to **Started**.

2. Ask the participant to make elections based on the gain dependent life event using the self-service enrollment process accessed from **My Information** in the Navigator, or make elections on the participant’s behalf using the Enrollments task in the Enrollment work area.

3. In the Enrollment work area for the participant, use the Life Events tab in the Person Life Events task to close the gain dependent life event. The status of the life event changes to **Processed**.

4. Use the Process Open Enrollment task to reprocess the open enrollment for that participant. Ask the participant to make elections.

**Resolving an Intervening Life Event That Does Not Change Electability**

A participant reaches 35 years of age on November 1, 2015. You run the Evaluate Temporal Event Participation process on November 5, 2015. The process detects an age-changed life event for the participant and backs out the open event. However, when you processed the open event on November 1, 2015, you already configured the process to detect temporal events, which includes the age-changed event. So, at this time, the age changed event requires no action.

To address this scenario, use the Person Life Events task in the Enrollment work area for the participant to void the life event. To void the life event, on the Life Events tab, select the **Back out event** action from the **Actions** menu, and select **Voided** from the Potential Life Event Status list.

**Resolving an Intervening Life Event That Was Added Manually**

A participant gains a child on November 20, 2015. The participant reports the event to the benefits administrator who adds a gain dependent life event manually using the Person Life Events task in the Enrollment work area. The benefits administrator sets the life event status to **Manual**.

Perform these steps to address this scenario:

1. In the Enrollment work area for the participant, use the Potential Life Events tab in the Person Life Events task to change the status of the gain dependant life event to **Unprocessed**.

2. Use the Process Life Event task to evaluate the gain dependent life event. Allow the gain dependent life event to back out the open enrollment event for that participant. The status of the gain dependent life event changes to **Started** and provides new electable choices, with rates and coverage effective on the date of childbirth.

3. Ask the participant to make elections based on the gain dependent life event using the self-service enrollment process accessed from **My Information** in the Navigator, or make elections on the participant’s behalf using the Enrollments task in the Enrollment work area.

4. In the Enrollment work area for the participant, use the Life Events tab in the Person Life Events task to close the gain dependent life event. The status of the life event changes to **Processed**.

5. Use the Process Open Enrollment task to reprocess the open enrollment for that participant. Ask the participant to make elections.
Enter Enrollments: Explained

Multiple methods exist for entering enrollments and the open enrollment process typically uses all of them.

- Participants make their elections using the self-service enrollment guided process. If participants have election opportunities, they can select Benefits under My Information on the navigator menu. During the trial open enrollment, you make elections as participants in your sample population by selecting Benefits under My Information on the navigator menu. In your trial environment, Parameter Display must be selected on the Manage Self-Service Enrollment Configuration page for you to make elections as a participant.
- Benefits administrators enter enrollments for specific participants in the Enrollments work area. Benefits administrators can generate a Benefit Enrollment document on the Manage Person Life Events page and send it to participants. Participants can use the document to make their election choices and return the completed document. Benefits professionals use the completed document to enter the participant elections into the Enrollments page in the Enrollment work area.
- Benefits administrators can run the Enroll in Default Benefits process in the Evaluation and Reporting work area to make default enrollments for participants who did not elect any benefits. The Enroll in Default Benefits process might have already run automatically depending on whether you elected to apply defaults as part of the Evaluate Scheduled Event Participation process.

Setting Up and Processing an Open Enrollment Period: Worked Example

This example contains steps to illustrate a basic setup and scenario of how to define an open enrollment period and run the process to evaluate scheduled event participation.

The following table summarizes key decisions in this scenario.

<table>
<thead>
<tr>
<th>Decisions to Consider</th>
<th>In This Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any new offerings that you want to add for the open enrollment period?</td>
<td>Yes, add the InFusion Vision plan to the InFusion Wellness program.</td>
</tr>
<tr>
<td>What are the start and end dates for the open enrollment period?</td>
<td>Starts November 1, 2015. Ends November 15, 2015.</td>
</tr>
<tr>
<td>Which workers in your enterprise do you want to process the open event for?</td>
<td>All workers of the Facilities department.</td>
</tr>
<tr>
<td>When do you want eligibility to be evaluated and new rates determined based on elections?</td>
<td>Start date of the new plan year, which is January 1, 2016 in this example.</td>
</tr>
<tr>
<td>When do you want the new coverage to start?</td>
<td>Start date of the event</td>
</tr>
<tr>
<td>When do you want the previous coverage to end?</td>
<td>One day before the event</td>
</tr>
</tbody>
</table>
When do you want the new rates to become effective? | Start date of the event
---|---
When do you want previous rates to end? | One day before the event

**Task Summary**

Add the new plan to the program. Define the open enrollment period for the program. Process the open event as of the first day of the open enrollment period. Check the enrollment page of a sample worker to verify that all electable choices appear as expected.

**Prerequisites**

1. In the Plan Configuration work area, ensure that you’ve created a plan type called InFusion Wellness. You use the Manage Plan Types task to create the plan type.

2. In the Plan Configuration work area, ensure that you have created a benefit program called InFusion Wellness with the following configuration:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Core</td>
</tr>
</tbody>
</table>
| Year Periods      | Year periods for the current plan year and the new plan year:  
|                   | • January 1, 2015 to December 31, 2015           |
|                   | • January 1, 2016 to December 31, 2016           |

3. In the Plan Configuration work area, ensure that you have created a plan called InFusion Vision with the following configuration:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>InFusion Wellness</td>
</tr>
<tr>
<td>Usage</td>
<td>In program</td>
</tr>
</tbody>
</table>
| Year Periods | Year periods for the current plan year and the new plan year:  
|             | • January 1, 2015 to December 31, 2015           |
|             | • January 1, 2016 to December 31, 2016           |

**Adding the Plan to the Program**

1. In the Plan Configuration work area, click the **Manage Benefit Program Details** task to open the Programs tab, and search for the InFusion Wellness program.
2. In the Search Results table, click the program to open the Edit Program page.

3. On the Edit Program Basic Details page, set the session effective date to the first day of the current plan year, January 1, 2015.

4. In the Plans and Plan Types section, click **Select and Add Plan.**

5. In the Select and Add: Plan dialog box, complete the fields as shown in this table.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence</td>
<td>Enter a unique sequence based on the sequence of existing plans in your program.</td>
</tr>
<tr>
<td>Plan</td>
<td>InFusion Vision</td>
</tr>
<tr>
<td>Status</td>
<td>Pending</td>
</tr>
</tbody>
</table>

6. Click **OK.**

7. Click **Save.**

8. Review the effective start date of the plan that you added. The date should be the first day of the current plan year, January 1, 2015.

9. Set the session effective date to the first day of the new plan year, **January 1, 2016.**

10. Click **Save.**

11. In the Plans and Plan Types section, select the InFusion Vision plan.

12. Click the **Update** action from the **Edit** menu.

13. In the Update Plan in Program dialog box, update the status of the plan to **Active.**

14. Click **OK.**

15. Click **Save.**

16. Review the status and effective date of the InFusion Vision plan. The status should be Active and the effective date should be the first day of the new plan year, January 1, 2016.

17. Click **Save and Close.**

**Defining the Open Enrollment Period**

1. On the Edit Program page, click the Enrollment step to open the Edit Program Enrollment page.

2. Select the InFusion Wellness program in the hierarchy, then select the Scheduled tab.

3. Select Open from the list, which by default is set to create an administrative event.

4. Click Create in the Periods section.

5. In the Create Enrollment Period dialog box, complete the fields as shown in this table.
### Field Value

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Period Start Date</td>
<td>November 1, 2015</td>
</tr>
<tr>
<td>Enrollment Period End Date</td>
<td>November 15, 2015</td>
</tr>
<tr>
<td>Close Enrollment Period Date Rule</td>
<td>When enrollment period ends</td>
</tr>
<tr>
<td>Assigned Life Event Date</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>Year Period</td>
<td>January 1, 2016 to December 31, 2016</td>
</tr>
<tr>
<td>Coverage Start Date</td>
<td>Event</td>
</tr>
<tr>
<td>Previous Coverage End Date</td>
<td>One day before the event</td>
</tr>
<tr>
<td>Rate Start Date</td>
<td>Event</td>
</tr>
<tr>
<td>Previous Rate End Date</td>
<td>One day before the event</td>
</tr>
</tbody>
</table>

6. Click **OK**.

7. Click **Save and Close**.

### Processing the Open Event

1. In the Evaluation and Reporting work area, click the **Processes** tab on the Overview page.

2. Click the **Submit** icon button of the **Evaluate Scheduled Event Participation** row in the Evaluation Summary Process Life Events table.

3. In the Parameters section, complete the fields as shown in this table. Use the default values except where indicated.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>November 1, 2015, which is the first day of the open enrollment period in this example.</td>
</tr>
<tr>
<td>Life Event Occurred Date</td>
<td>January 1, 2016, which is the first day of the new plan year in this example.</td>
</tr>
<tr>
<td>Life Event</td>
<td>Open</td>
</tr>
<tr>
<td>Organization</td>
<td>Facilities</td>
</tr>
</tbody>
</table>

4. Click **Submit**.

5. In the Monitor Process Request section, search for the process that you submitted and verify that it completed successfully.

6. Click the **View Report** icon button of the process that you submitted.

7. On the process details page, check the Results section to see how many worker records were processed successfully and how many were processed with errors. Click the number to view details about the specific worker records that were processed.

8. In the Enrollment work area of any worker who belongs to the Facilities department, use the Enrollments task to verify that the new InFusion Vision plan appears as an electable choice.
Manage the Open Enrollment Window: Explained

The day after your open enrollment period ends, run the Close Enrollment process in the Evaluation and Reporting work area. After you run this process, no one can further modify a participant’s elections.

Tip

If you have not already done so, run the Enroll in Default Benefits process before closing enrollment.

To close enrollment:

1. Optionally, run the Close Enrollment process with the Validate parameter set to in Roll back - database will not be updated and optionally set the Audit Log parameter to Yes.
   Analyze the generated logs and reports. Investigate and fix any errors.

2. Run the Close Enrollment process with the Validate parameter set to Save - database will be updated and set the Audit Log parameter to No.

You can extend an open enrollment period when unexpected delays require additional days for certain participant population segments, or the entire population, to complete their annual enrollment selections. Use the Adjust Open Enrollment Window process in the Evaluation and Reporting work area to:

- Update the enrollment period end date, processing end date, and default enrollment date
- Provide an appropriate number of extension days

The generated log file displays the details of the new enrollment period for all participants.

If you ran the Close Enrollment process and you now want to reopen the event, you can run the Reopen Life Event process, selecting the event and the population parameters.

Tip

Use the Reopen Life Event process, selecting the Open event, with the Adjust Open Enrollment Window process to extend the annual enrollment window after reopening a closed Open scheduled event.

Tasks after Open Enrollment Period Ends: Explained

Now that your open enrollment period is closed, you are ready to perform the following tasks in the trial or production instance:
• Verify enrollment.
• Investigate incorrect enrollments.
• Close action items and certifications.
• Enter overrides.
• Inactivate plans that are no longer offered.
• Process intervening life events that occur after the open enrollment period.

**Verify Enrollment**

Generate the Participant Enrollment Results report in the Reports and Analytics work area and compare it with the same report that you generated before you opened enrollment. Use the pre- and post-enrollment reports as well as the reports on the Life Events tab of the Evaluation and Reporting work area to verify that:

• Participants are no longer enrolled in plans that are not offered in the new plan year
• Eligibility evaluated correctly
• Rates and premiums changes are reflected for the new plan year
• Default plan and option enrollments processed correctly
• Coverage restarted for flexible spending plans
• Enrollment included any other plan configuration changes
• Element entry values are correct for benefit elements

Also verify interim assignments and suspensions, action items and certifications, payroll results, and third-party interfaces.

**Investigate Incorrect Elections**

For any elections that failed during open enrollment, analyze the issue to determine if the failure occurred for one participant, many, or all. Also, review the setup of the benefit objects involved to determine if there was an oversight in making plan configuration changes or there were incorrect data on an employee.

**Close Action Items and Certifications**

To indicate that participants have fulfilled outstanding action items and certifications, click Manage Enrollment Activities on the Enrollments page in the Enrollment work area. Depending on what item the participant is fulfilling, select the election and in the Enrollment Activities section:

• Enter and save the dependent or beneficiary information
• Enter and save the received date for the certification.

On the Action Items tab, confirm that your action or certification shows as completed and the date of completion.
To close unresolved action items and certifications, run the Close Action Items process in the Evaluation and Reporting work area.

**Restriction**

The application will not process the next life event until all unresolved action items for the prior life event are resolved, even if the prior life event has a Closed status.

**Enter Overrides**

Scenarios where overrides might be required are:

- A few employees live outside of a service area, but work inside the service area and your provider allows for this eligibility override.
- Special approval has been given to continue coverage for dependents who exceed the plan age limits.
- A special rate has been agreed to with an employee for a certain length of time.
- Certain retirees have grandfathered rates that you do not want to change during the annual open enrollment.

In the Enrollment work area, use the:

- Eligibility Overrides task to maintain override information for a potential participant who is otherwise ineligible for a particular program or plan, such as the service area and continued coverage scenarios.
- Enrollment Override task to override election information, such as the special and grandfathered rates scenarios. You might have to override eligibility first, to specify that a participant can enroll in a plan or option for which the participant was originally ineligible.

**Inactivate Plans That Are No Longer Offered**

After all participants are disenrolled from the plans and options that are no longer offered, verify in the Plan Configuration work area that these plans and options will inactivate at the start of the new plan year. For any plans and options that are not already scheduled to inactivate, set the session effective date to the first day of the new plan year and change the status to Inactive.

**Process Intervening Life Events That Occur After the Open Enrollment Period**

You must act on any intervening life events that might occur after an open enrollment period, but before the start date of the new plan year. For example, a participant might experience an address change life event after the open enrollment period. As a result, the participant might no longer be eligible for the elections made, or might be eligible for other offerings, during the open enrollment period. In that case, the administrator must:

1. Process the intervening life event and allow it to back out the open event.
2. Ask the participant to make necessary elections if required.
3. Reprocess the open event as of any date within the open enrollment period if the intervening life event impacts the eligibility of the open enrollment elections.

4. Work with the participant to make or update elections using the Enrollment work area.
**assignment**
A set of information, including job, position, pay, compensation, managers, working hours, and work location, that defines a worker’s or nonworker’s role in a legal employer.

**balance**
Positive or negative accumulations of values over periods of time normally generated by payroll runs. A balance can sum pay values, time periods, or numbers.

**band**
A specified range of values. For example, an age band defines a range of ages, such as 25 to 30, used to determine a person’s eligibility.

**beneficiary**
A person or organization designated to receive benefits from a compensation plan on the death of the plan participant.

**benefit rate**
An amount or percentage that represents a participant’s or employer’s contribution to or distribution from a benefits offering.

**benefits object hierarchy**
A structure that enables benefits that share similar attributes to be defined and managed efficiently. The four object types used to structure benefits offerings are programs, plan types, plans, and options.

**benefits offering**
Any of an organization’s non salary components of employee benefits packages, such as health, savings, life insurance, recreation, goods, or services.

**benefits relationship**
A mechanism for benefits professionals to group worker assignments for benefits enrollments and processing at the usage and legal entity level. Every worker has at least one benefits relationship.

**communicated rate frequency**
The time period basis for amounts that are displayed to participants in benefits self-service enrollment and the professional enrollment pages.

**compensation objects**
Any of an organization’s workforce compensation plans and components or individual compensation plans and options for allocating salary, bonus, stock options, and so on.
contribution
Amount that a participant or employer must pay to participate in a benefit offering.

credit pool
Maintains flex credit values that participants can use at a specific level, such as a plan-in-program, in the benefits hierarchy.

defined rate frequency
The time period basis in which the amounts for all plans in a program, or a plan not in a program are configured, calculated, or stored.

derived factor
Calculated eligibility criterion that changes over time, such as age or length of service.

distribution
Amount paid to a participant from a plan such as a savings plan or a flexible spending account.

element
Component in the calculation of a person’s pay. An element may represent a compensation or benefit type, such as salary, wages, stock purchase plans, pension contributions, and medical insurance.

element entry
The record controlling an employee’s receipt of an element, including the period of time for which the employee receives the element and its value.

eligibility profile
A user-defined set of criteria used to determine whether a person qualifies for a benefits offering, variable rate or coverage, compensation plan, checklist task, or other object for which eligibility must be established.

employment terms
A set of information about a nonworker’s or employee’s job, position, pay, compensation, working hours, and work location that all assignments associated with the employment terms inherit.

fast formula
A simple way to write formulas using English words and basic mathematical functions. Formulas are generic expressions of calculations or comparisons you want to repeat with different input values.
flex credit shell plan
A benefit plan that includes rules to determine which plan enrollments must provide flex credits for participants, how flex credits must be calculated, and which offerings participants can spend their flex credits on.

flex credits
Monetary units that workers can use to offset costs of specific plan enrollments.

flexfield
Grouping of extensible data fields called segments, where each segment is an attribute added to an entity for capturing additional information.

HDHP
Abbreviation for High Deductible Health Plan. A plan with an annual deductible that is higher than the deductible in more traditional health plans. It is almost always used in the context of health savings accounts (HSAs).

HSA
Abbreviation for health savings account. A special kind of savings account into which employees and employers make pretax contributions to accumulate funds for medical expenses that are usually associated with a high deductible health plan (HDHP).

imputed rate
Amount of plan income that is considered a fringe benefit and is subject to Section 79 of the US Internal Revenue Service code.

legal entity
An entity is identified and given rights and responsibilities under commercial law, through the registration with the country’s appropriate authority.

open enrollment
Designated period of time, typically once a year, during which participants company-wide can change their benefits elections.

option
A category of coverage that participants can elect under one or more plans, such as employee plus spouse under a medical plan, or two times annual salary under a life insurance plan. The option level is subordinate to the plan level in the benefits object hierarchy.

option in plan
A category of coverage available for election that is associated with a plan in a benefits object hierarchy.
**plan in program**
A formally defined benefits offering associated with a package of benefits in a benefits object hierarchy.

**plan type**
A category of benefits grouped according to the type of benefit provided to facilitate their management. You specify parameters to control how plans of the same plan type behave.

**program**
A package of benefits offerings defined at the top of the benefits object hierarchy that sets general boundaries for all lower level components.

**rollover rate**
A benefit offering’s rate that receives excess flex credits during enrollment.

**shell plan**
Placeholder plan used to store calculated information, such as the total imputed income for a plan that is subject to imputed income.

**suspended enrollment**
Benefits enrollment status that can result when one or more required action items has not been completed. Interim coverage, if any, is in effect, and no further life event processing can take place for the person while enrollment is suspended.

**temporal life event**
A life event that occurs with the passage of time, such as the sixth month of employment, which is implemented using a derived factor.

**user-defined criteria**
Custom factors used to determine eligibility for objects such as benefits offerings and rates, compensation plans, and checklist tasks.

**variable coverage profile**
A set of attributes that define the coverage amount for a benefit offering that varies based on one or more factors.

**variable rate profile**
A set of attributes that define the cost of a benefit offering that varies based on one or more factors.

**work relationship**
An association between a person and a legal employer, where the worker type determines whether the relationship is a nonworker, contingent worker, or employee work relationship.