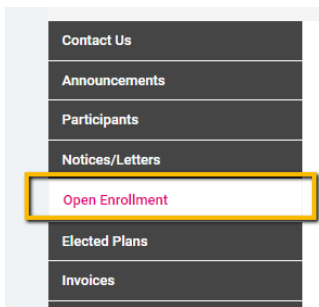


As a COBRA Participant you will be sent an open enrollment notification to provide you with information about your time to review coverage changes for the upcoming plan year. Your open enrollment period allows you to select different plans and includes the ability to add or drop participants from your COBRA coverage. isolved Benefit Services is now offering you with the ability to make these open enrollment selections, plan changes and enroll additional family members through the COBRA Online Portal.

All your open enrollment changes will be saved in real-time. Please review the steps below to make those changes through your COBRA Online Portal.

Open Enrollment Changes



To make your open enrollment changes through your COBRA Online Portal, select “Open Enrollment” in the menu on the left.

You can view your current coverages and participants. Your open enrollment materials are available within the portal as well – including your open enrollment letter and Summary of Benefits and Coverage.

Current Elected Plans

<p>[UHC][DENTAL P1226][SINGLE]</p> <p>Covered Members AUSTIN BERLIOZ Employee</p>	<p>[UHC][PREMIER PPO][SINGLE]</p> <p>Covered Members AUSTIN BERLIOZ Employee</p>	<p>[UHC][VISION PL S1006][SINGLE]</p> <p>Covered Members AUSTIN BERLIOZ Employee</p>
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Open Enrollment Documents

Printed on: 2/14/2023

[Open Enrollment for BERLIOZ, AUSTIN](#)
[Eligible and Ineligible Expenses](#)
[Allowable Dependent Care Expenses](#)

To add additional individuals to your COBRA coverage, click on “ADD Participant” and provide the required information.

Personal Information		Address	
First Name	<input type="text"/>	Address 1	<input type="text" value="12909 LUCIA DRIVE"/>
Initial	<input type="text"/>	Address 2	<input type="text"/>
Last Name	<input type="text"/>	Country	<input type="text" value="United States of America"/>
Relationship	<input type="text" value="Select..."/>	State	<input type="text" value="Arizona"/>
DOB	<input type="text" value=""/>	City	<input type="text" value="GRANITE CANON"/>
SSN	<input type="text" value="Format: 123-45-6789"/>	Zip Code	<input type="text" value="36314"/>
Gender	<input type="text" value="Select..."/>		
Contact Information			
Phone	<input type="text" value="Format: 123-456-7890"/>		
Email	<input type="text" value="alfaro@test.com"/>		
<input type="button" value="CANCEL"/>			<input type="button" value="SAVE"/>



The next section is where you will select the plan(s) that you would like to select for your COBRA coverage. You will only view plans that are available during your open enrollment period.

Select any changes or your current plan to confirm your enrollment. Make sure to complete your open enrollment selections prior to your "Open Enrollment End Date" listed in your letter and within the online portal.

Plan Available During Open Enrollment

UHC DENTAL P1226

Open Enrollment End Date: 3/2/2023
Select option code and participants

Option Code	Premium	Covered Members	
<input type="radio"/> NONE	\$0.00	<input checked="" type="checkbox"/> AUSTIN BERLIOZ	Employee
<input checked="" type="radio"/> SINGLE	\$34.00		
<input type="radio"/> EE+CHILD(REN)	\$63.91		
<input type="radio"/> EE+SPOUSE	\$64.61		
<input type="radio"/> FAMILY	\$100.41		

UHC PREMIER PPO

Open Enrollment End Date: 3/2/2023
Select option code and participants

Option Code	Premium	Covered Members	
<input type="radio"/> NONE	\$0.00	<input checked="" type="checkbox"/> AUSTIN BERLIOZ	Employee
<input checked="" type="radio"/> SINGLE	\$701.63		
<input type="radio"/> EE+CHILD(REN)	\$1,236.36		
<input type="radio"/> FAMILY	\$2,039.99		
<input type="radio"/> EE+SPOUSE	\$2,266.66		

UHC VISION PL S1006

Open Enrollment End Date: 3/2/2023
Select option code and participants

Option Code	Premium	Covered Members	
<input type="radio"/> NONE	\$0.00	<input checked="" type="checkbox"/> AUSTIN BERLIOZ	Employee
<input checked="" type="radio"/> SINGLE	\$9.06		
<input type="radio"/> EE+SPOUSE	\$17.51		
<input type="radio"/> EE+CHILD(REN)	\$22.66		
<input type="radio"/> FAMILY	\$34.00		

PRINT

SUBMIT

Once you have all your selections checked, you can "preview" to confirm your selections are correct. You can print or save this preview – but your process is not completed until you click on "Submit". Your Open Enrollment Confirmation will remain open in another browser window – but will not be completed until you click on "Submit" in your initial browser window.

Once you have completed your selections, click on "Submit".

Once you have submitted your Open Enrollment selections, you will see the information within your online portal.

Based upon your selections, you have made the following plan elections, covering these individuals. If this is not correct, please contact our office at 800-594-6957.

Some of the abbreviations you may see within your notice and online could include: EE (Employee), SGL (Single), EE+1 (Employee plus one), EE+SPO (Employee plus spouse), EE+DEP (Employee plus dependents) or FAM (family).

Current Elected Plans

[UHC][DENTAL P1226][SINGLE] Covered Members AUSTIN BERLIOZ Employee	[UHC][PREMIER PPO][SINGLE] Covered Members AUSTIN BERLIOZ Employee	[UHC][VISION PL S1006][SINGLE] Covered Members AUSTIN BERLIOZ Employee
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Each COBRA Qualified Beneficiary has the same rights as similarly situated non-COBRA beneficiaries (in other words, active employees). Selections made during open enrollment are subject to the same eligibility rules that apply to active employees.

For assistance with making Open Enrollment changes/elections, please reach out to our Participant Support Team at 800-594-6957 or via email QBmail@isolvedhcm.com.