

### Fonts

# Regular: Lato (Regular) **Bold: Lato (Black)**

Colors

Highlight: #5FC4D6 Main: #2782C5 Dark: #0A2040 Inactive: #EDEEEF Success: #6DE51F Error: #E52815

CSS Gradient: linear-gradient(to right, #5FC4D6, #2782C5);

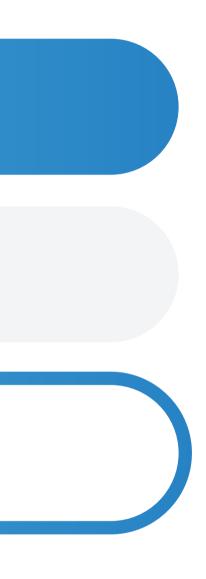
**Answer States** 



**Inactive State** 

Active State





# Navigation EXPLORATION



Welcome, User

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- Employer
- 🗰 Plan Year
- **V** Medical
- 🗑 Dental
- لife & Disability لج
- Other Benifits
- C Dashboard



# Welcome to CAVU To edit your profile data, <u>click here</u>.

**INVITE A FRIEND** 





Welcome, User

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**INVITE A FRIEND** 



# Step Information EXPLORATION

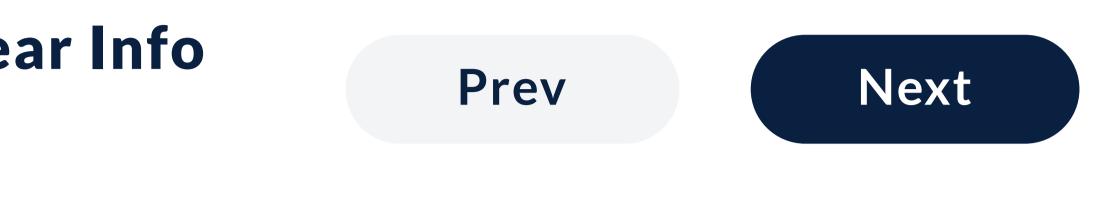


# **Basic Plan Year Info** Step 2 of 8

In addition to full time employees, who else is eligible to enroll in the employer-sponsored group benefits program?

Part-time Employees

Retirees





# **Employer Information**

# EIN: 128346279863

**Employer Name:** 

Select Entity Type...

Address:

City:





Zip:





# **Employer Information**

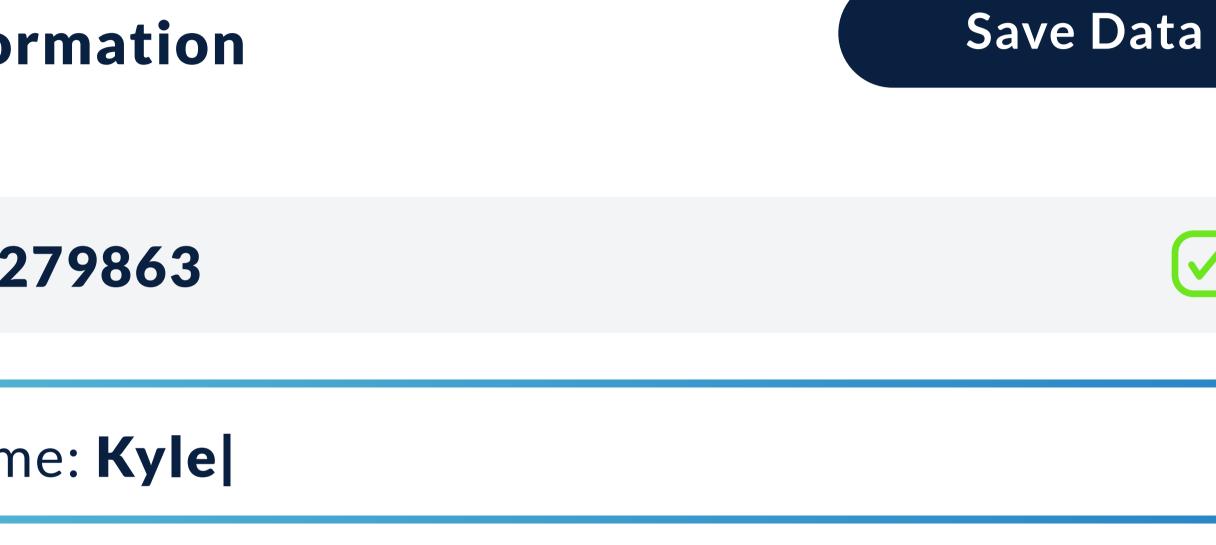
EIN: 128346279863

Employer Name: Kyle

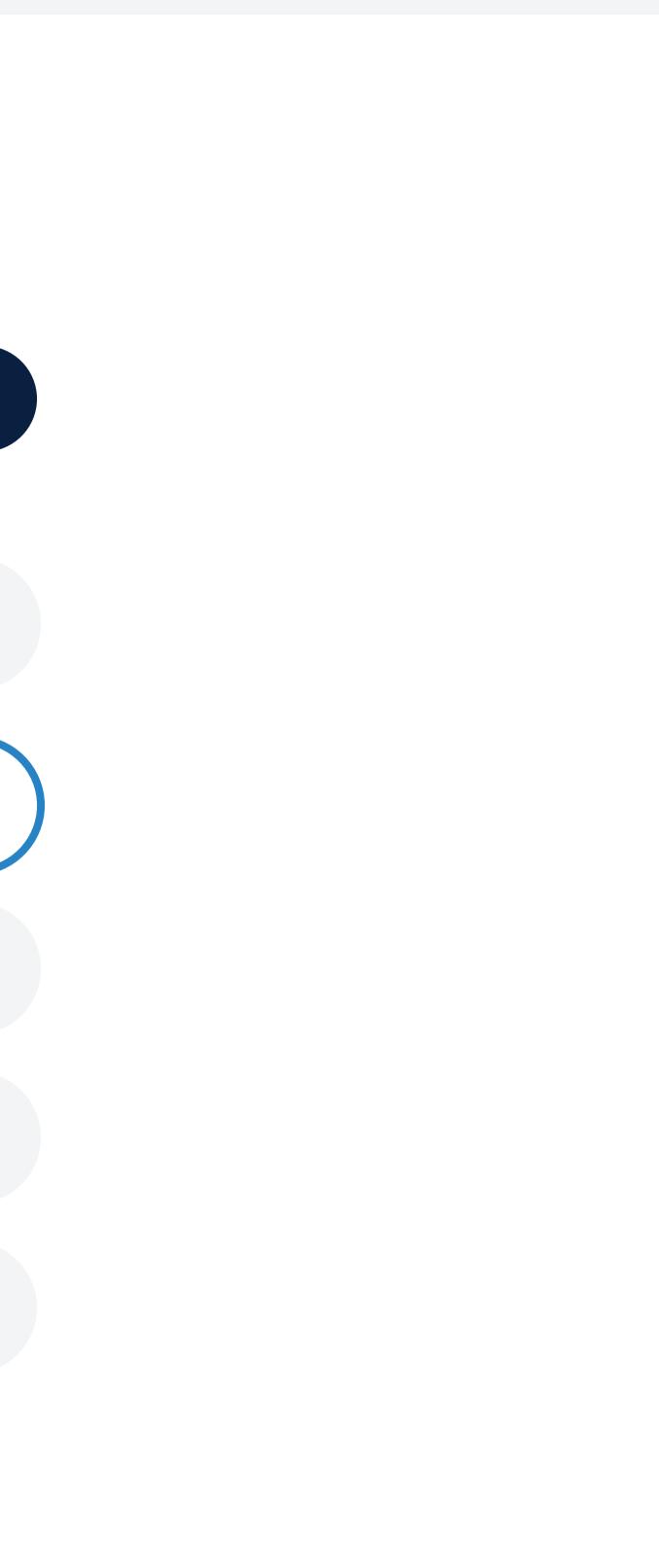
Select Entity Type...

Address:

City:









# **Employer Information** Please correct or fill in missing information.

The entity for that EIN is already in the system. Please contact CAVU support to obtain access to the entity.

EIN: 128346279863



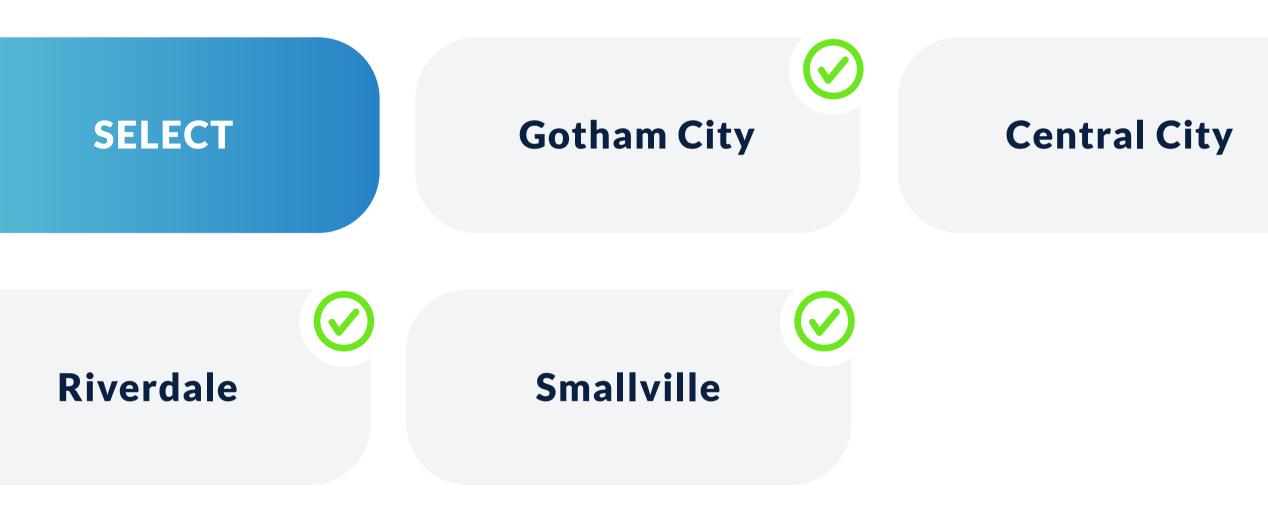




# Select an Employer Only verified employers can contribute.

Martin County School District Metropolis

Add New Entity





# Please indicate the rate tier structure of this plan.

### **Two Tier**

- Single (Employee Only)
- Employee + Family

### **Four Tier**

- Single (Employee Only)
- Employee + 1
- Employee + 2
- Employee + 3 or More



Prev

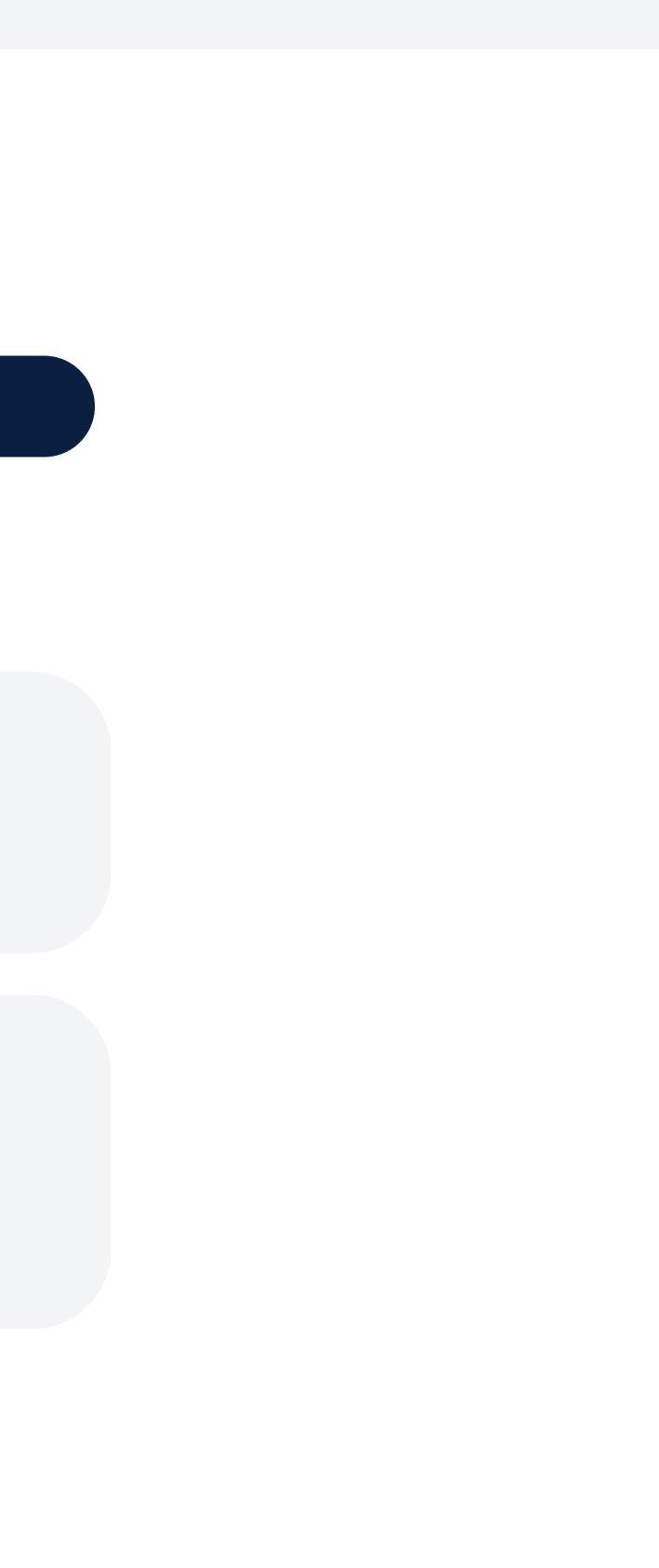


## **Three Tier**

- Single (Employee Only)
- Employee + 1
- Employee + 2 or More

## **Four Tier**

- Single (Employee Only)
- Employee + Spouse/DP
- Employee + Child(ren)
- Employee + Family



Does employer allow employees to cover Domestic Partners under the group medical plan?



**Does employer allow coverage for domestic partners of:** 

Same Sex

**Does employer subsidize coverage for domestic partners in the same** manner as spouse?

Yes

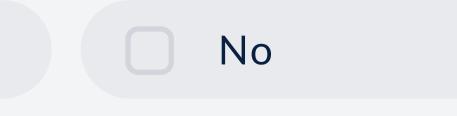


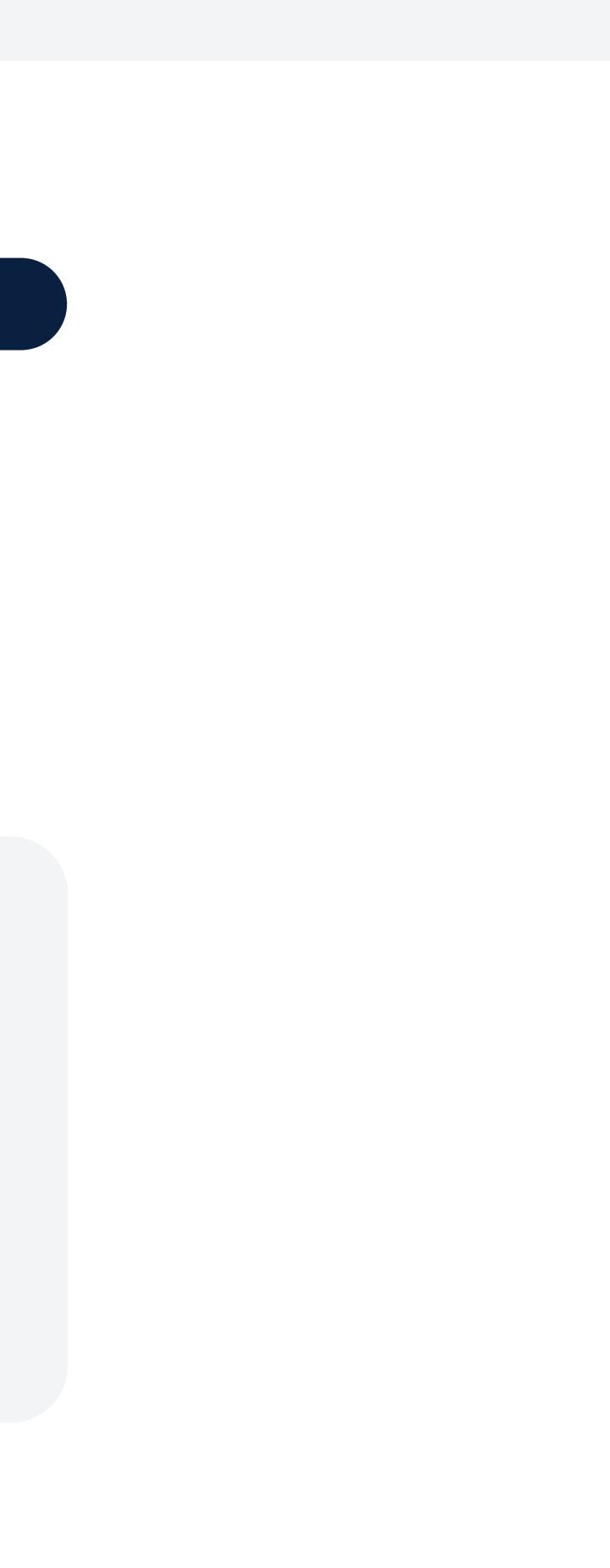


Prev

No

Opposite Sex



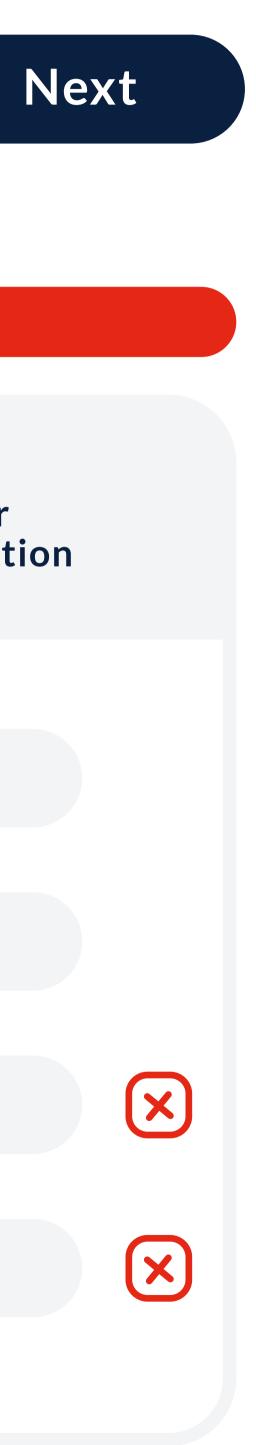


## **HMO Plan** Prev Step 4 of 8 Please fill out the following information about the tiers.

Please correct the contributions to match the premium for the teir 'Single (Employee Only)'.







Enrollment	Monthly Premium	Monthly Employee Costs	Monthly Employer Contributior
120	\$10.00	\$3.00	\$3.00
120	\$10.00	\$3.00	\$3.00
	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00

# **Basic Plan Year Info** Step 2 of 8

In addition to full time employees, who else is eligible to enroll in the employer-sponsored group benifits program?

Part-Time Employees

When do full time employees become eligible for coverage under the employer sponsored group medical plan?

▼ 1st of the month following 30 days

How many full-time and full-time equivalent, benifit eligible employees does employer have?

#7777



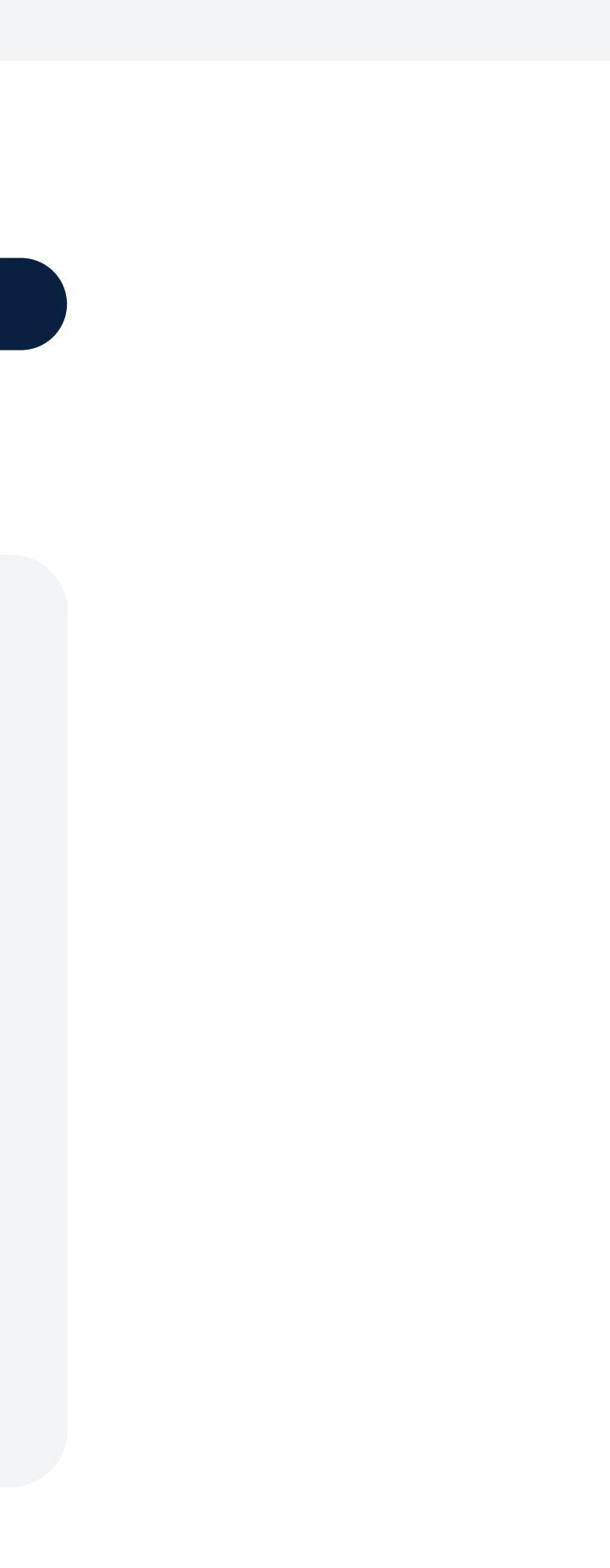
50%

Prev



# Please answer the following eligibility questions.

Retirees





# **Basic Plan Year Info** Step 1 of 16

HMO Plans: 1

PPO Plans: 0

POS Plans: 0

Qualified high deductible health plans (HDHP): 0

Non-Qualified high deductible health plans (HDHP): 0

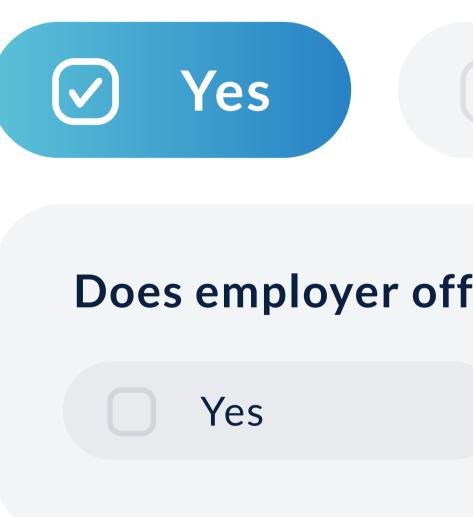
Prev



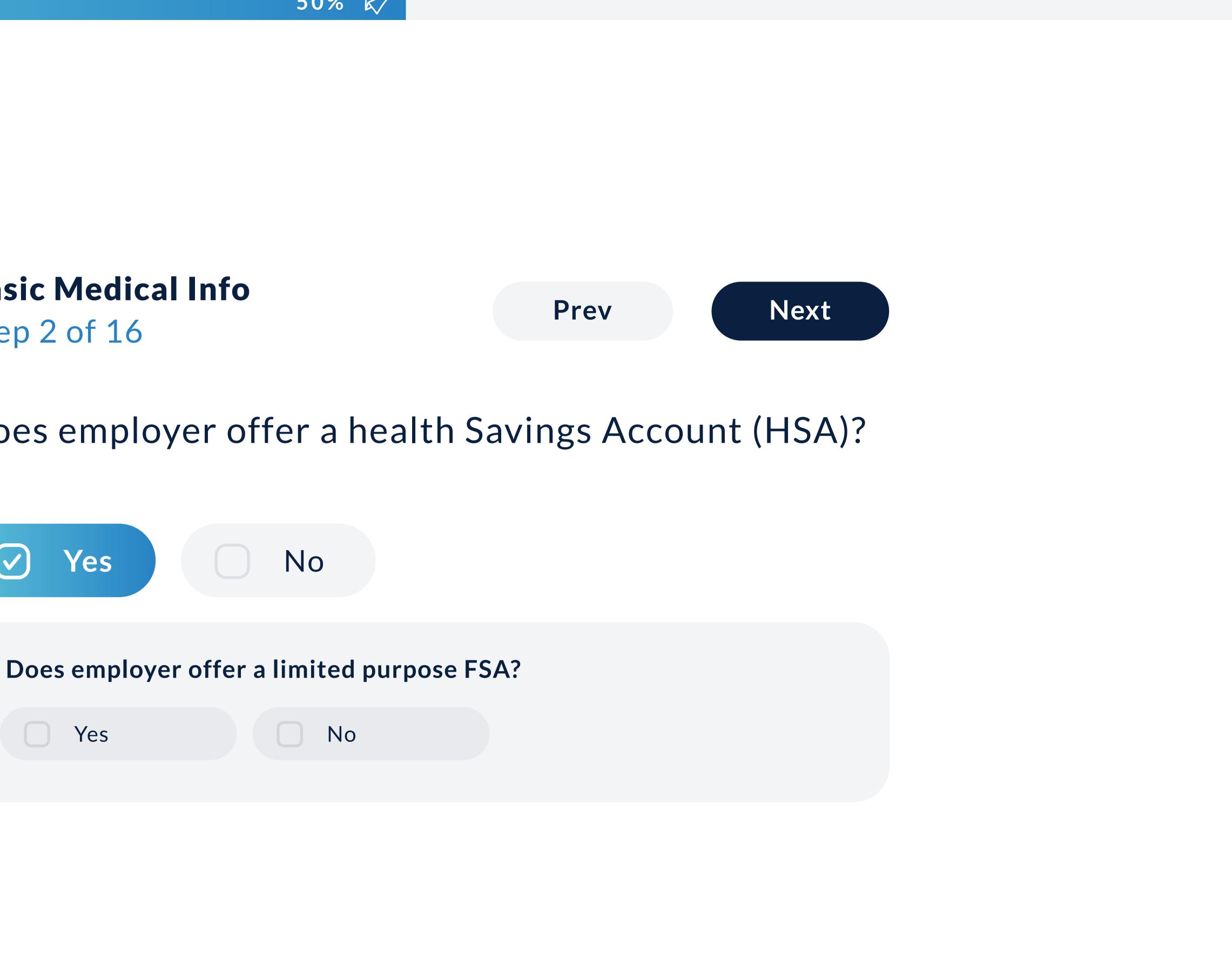
## How many of each type of plan is offered to the employees?



# Does employer offer a health Savings Account (HSA)?

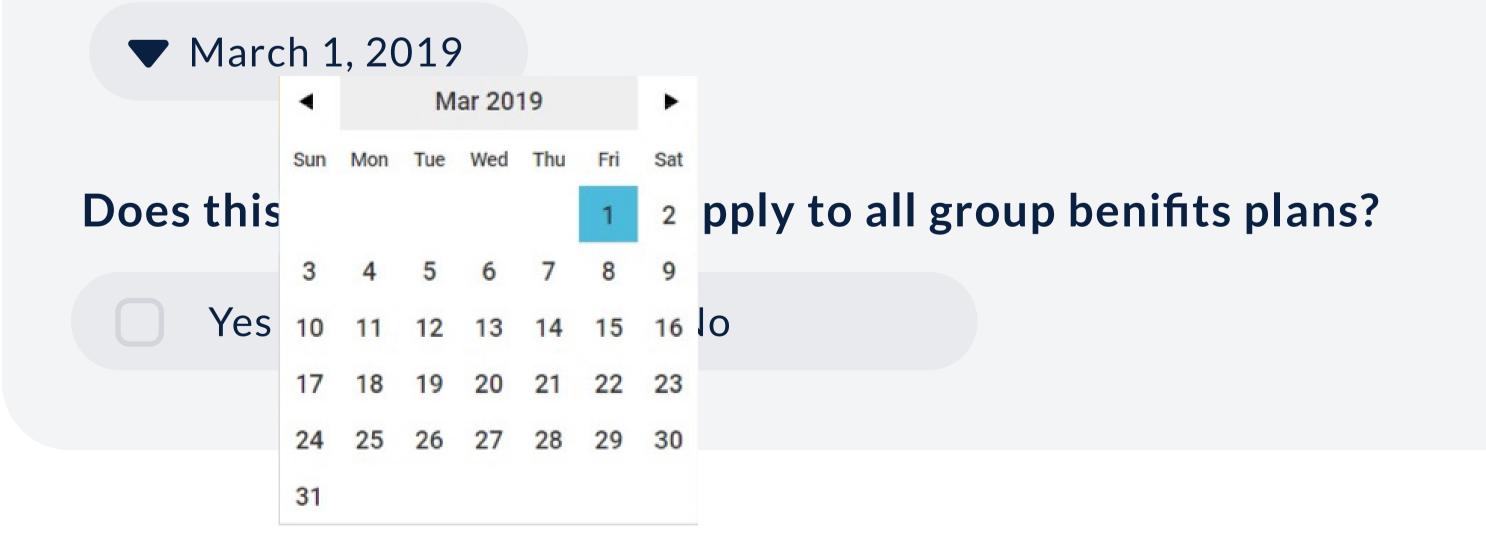








# Please provide the plan year date information below.

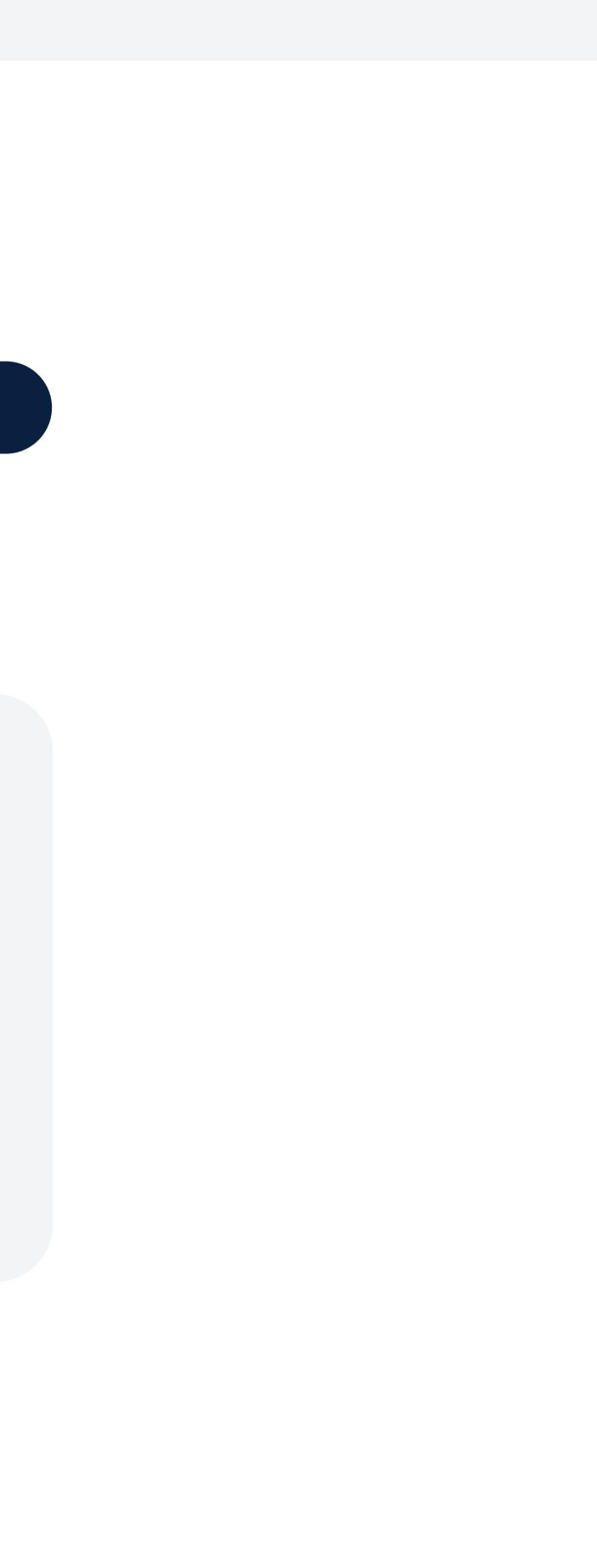




Prev



Whats is your plan year effective date (anniversery date/renewal date) for employee benifits coverage?



# Medical Step 12 of 12

# Please indicate the following regarding your schedule of benifits for in-network coverage:

Type of Coverage

Emergency Room Services

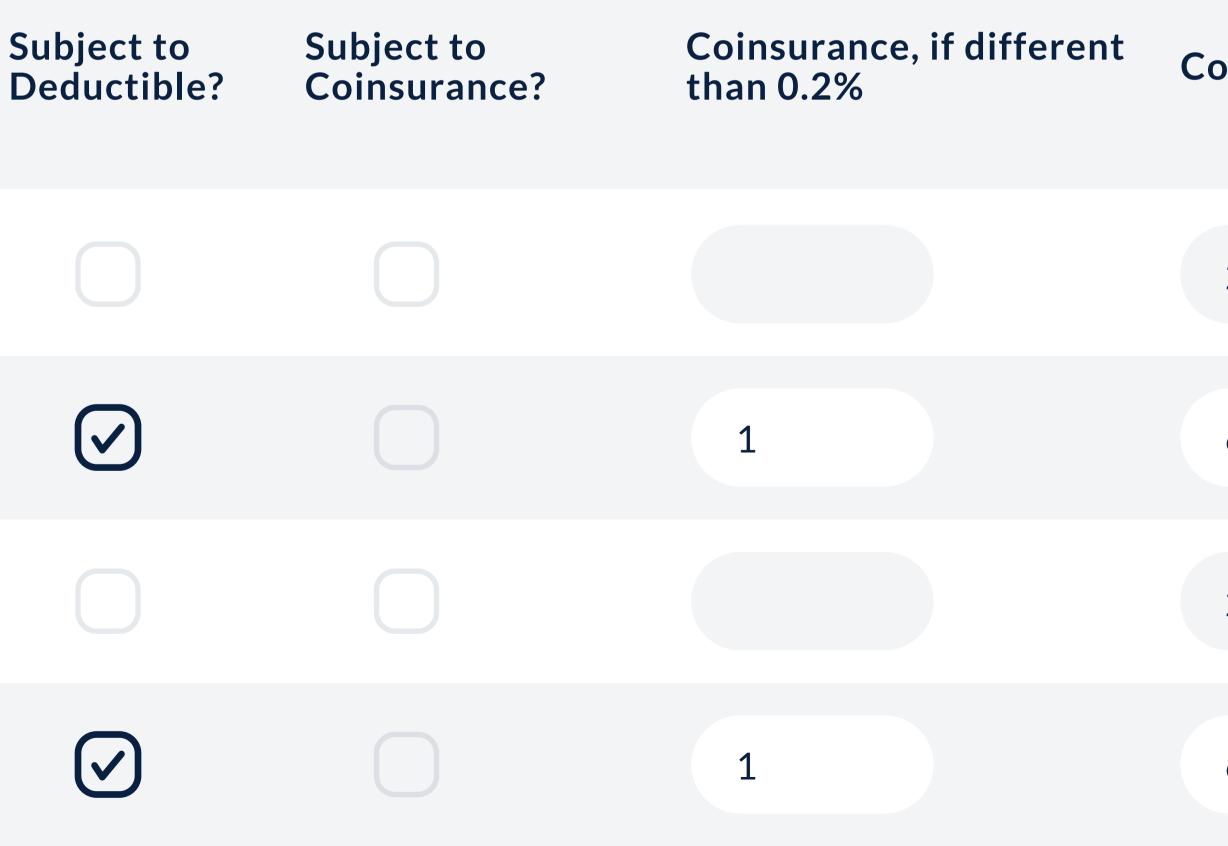
Urgent Care Visit

Inpatient Hospital Services

Impatient Physician Services



Prev



# Next

opay, if applicable				
250.11				
60.11				
250.11				
60.11				