Overview.

CAVU

Regular: Lato (Regular)
Bold: Lato (Black)

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

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

Answer States

☑ **Selected State**

Inactive State

Active State

Navigation

EXPLORATION

Home

Employer

Plan Year

Medical

Dental

Life & Disability

Other Benifits

Dashboard

Welcome to CAVU
To edit your profile data, **click here**.

INVITE A FRIEND

Home

Employer

Plan Year

Medical **0 of 1**

Dental **2 of 2**

Life & Disability

Other Benifits

Dashboard

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

INVITE A FRIEND

Step Information

EXPLORATION

Basic Plan Year Info
Step 2 of 8

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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

Save Data

EIN: **128346279863|**

Employer Name:

▼ Select Entity Type...

Address:

City: State: Zip:

Employer Information

Save Data

EIN: **128346279863** ☑

Employer Name: **Kyle|**

▼ Select Entity Type...

Address:

City: State: Zip:

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 ✓	**SELECT**	Gotham City ✓	Central City ✓
Metropolis ✓	Riverdale ✓	Smallville ✓	

Add New Entity

Basic Medical Info
Step 2 of 8

Prev   Next

Please indicate the rate tier structure of this plan.

Two Tier
- Single (Employee Only)
- Employee + Family

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

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

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

Basic Medical Info

Step 2 of 8

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Next

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

☑ Yes ☐ No

Does employer allow coverage for domestic partners of:

☐ Same Sex   ☐ Opposite Sex

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

☐ Yes   ☐ No

HMO Plan
Step 4 of 8

Prev **Next**

Please fill out the following information about the tiers.

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

Tier	Enrollment	Monthly Premium	Monthly Employee Costs	Monthly Employer Contribution	
▼ Single (Employee Only)	120	$10.00	$3.00	$3.00	
▼ Employee + Family	120	$10.00	$3.00	$3.00	
▼ Select One...		$0.00	$0.00	$0.00	☒
▼ Select One...		$0.00	$0.00	$0.00	☒

Basic Plan Year Info
Step 2 of 8

Prev   Next

Please answer the following eligibility questions.

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

☐ Part-Time Employees   ☐ Retirees

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

Basic Plan Year Info
Step 1 of 16

Prev   Next

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

HMO Plans: **1|**

PPO Plans: 0

POS Plans: 0

Qualified high deductible health plans (HDHP): 0

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

Basic Medical Info

Step 2 of 16

Prev

Next

Does employer offer a health Savings Account (HSA)?

✓ Yes

☐ No

Does employer offer a limited purpose FSA?

☐ Yes

☐ No

Basic Medical Info

Step 2 of 8

Prev   Next

Please provide the plan year date information below.

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

▼ March 1, 2019

◄		Mar 2019				►
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Does this   pply to all group benifits plans?

☐ Yes   lo

Medical
Step 12 of 12

Prev   Next

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

Type of Coverage	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different than 0.2%	Copay, if applicable
Emergency Room Services	☐	☐		250.11
Urgent Care Visit	☑	☐	1	60.11
Inpatient Hospital Services	☐	☐		250.11
Impatient Physician Services	☑	☐	1	60.11