

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);

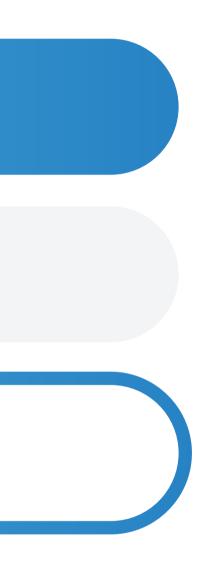
Answer States



Inactive State

Active State





Navigation EXPLORATION



Welcome, User

- **分** Home
- 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

- **分** Home
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- C Dashboard



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

INVITE A FRIEND



Step Information EXPLORATION

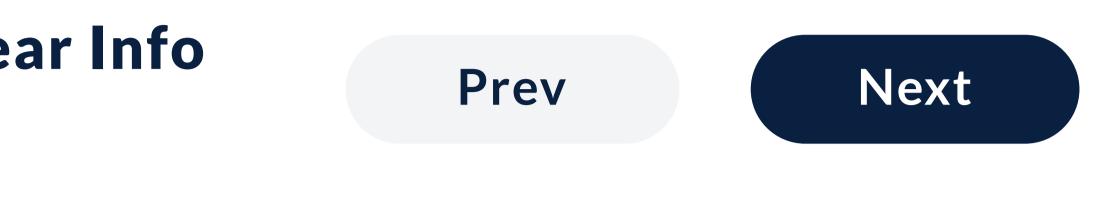


Basic Plan Year Info Step 2 of 8

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

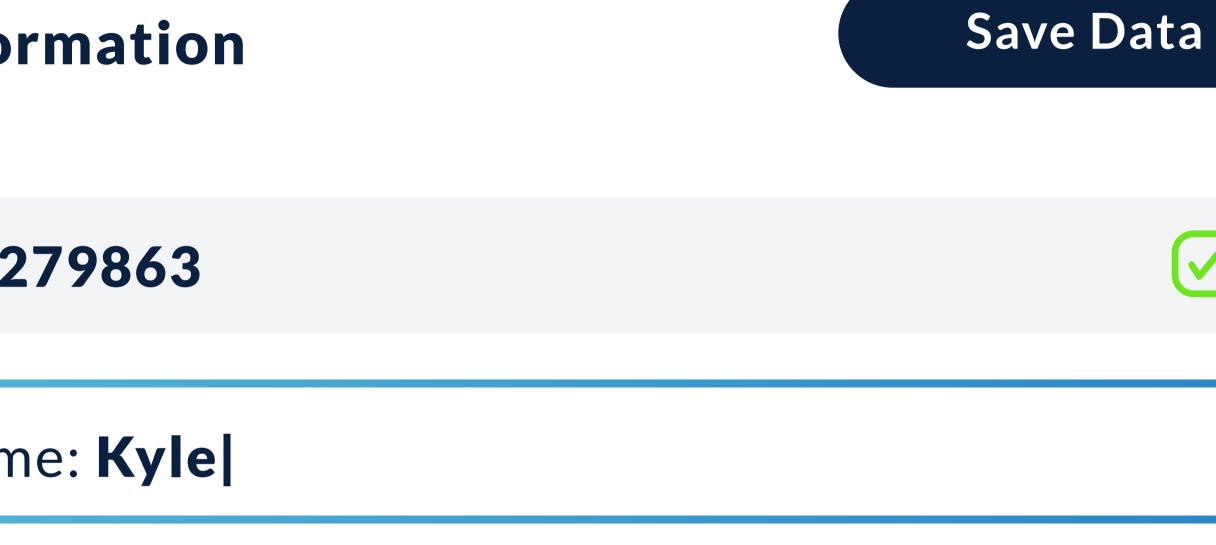
EIN: 128346279863

Employer Name: Kyle

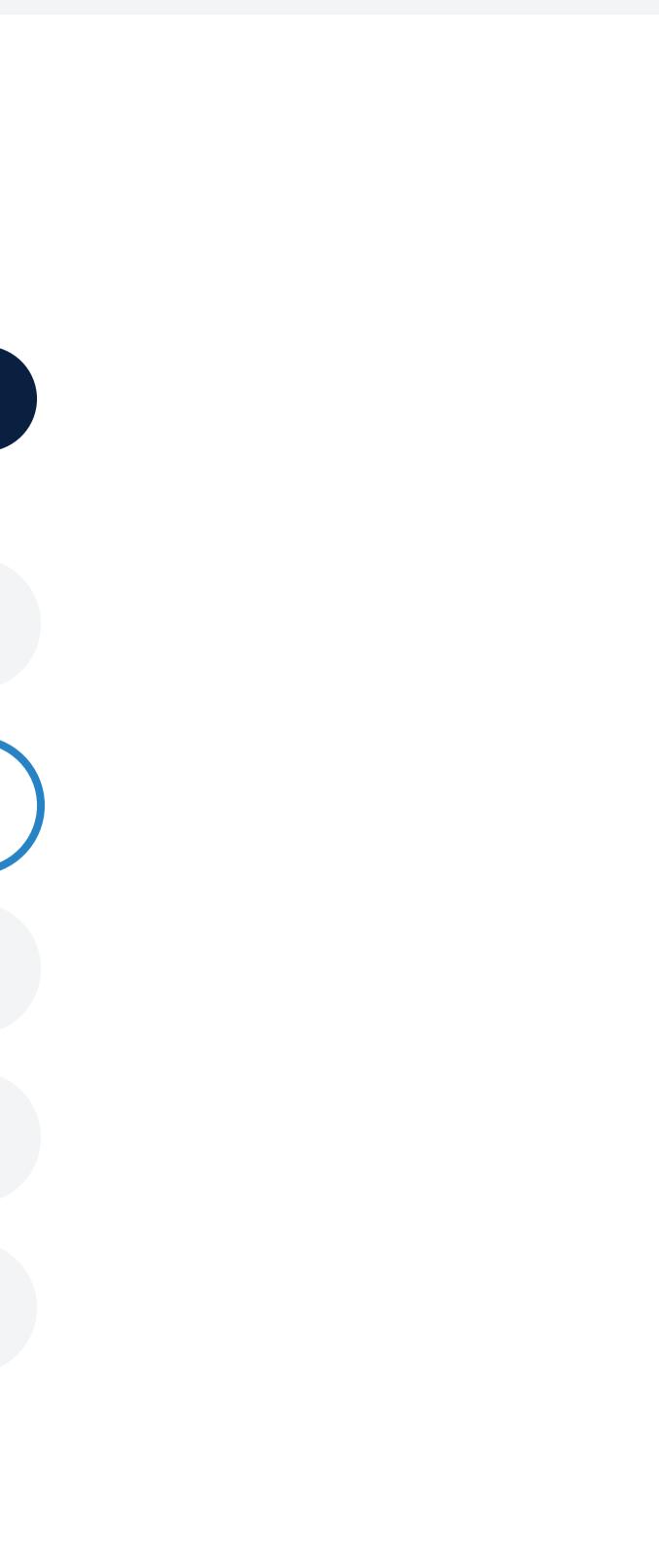
Select Entity Type...

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



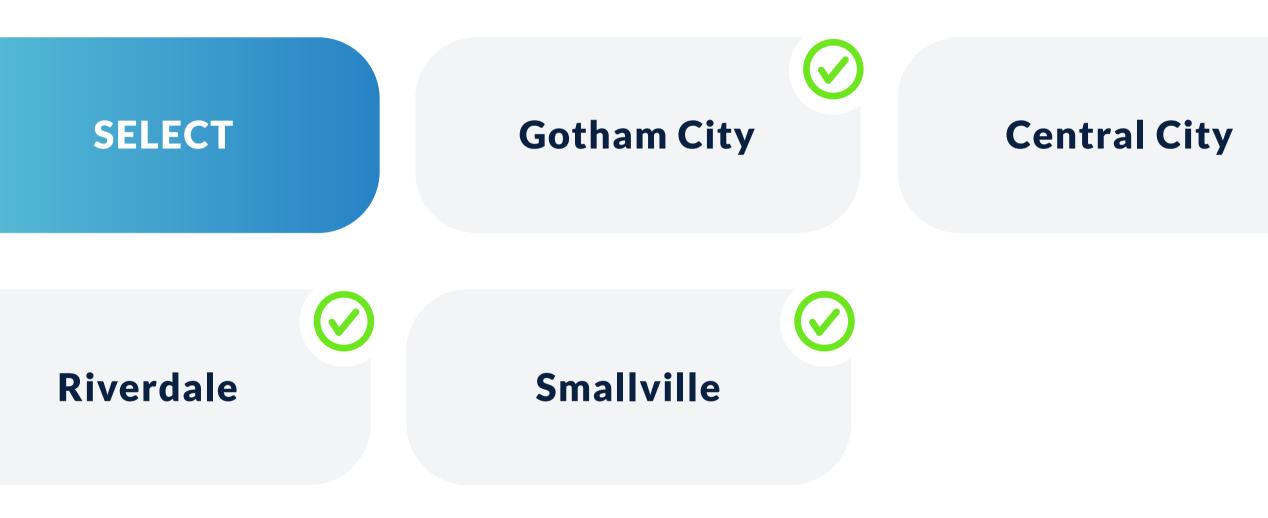




Select an Employer Only verified employers can contribute.

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

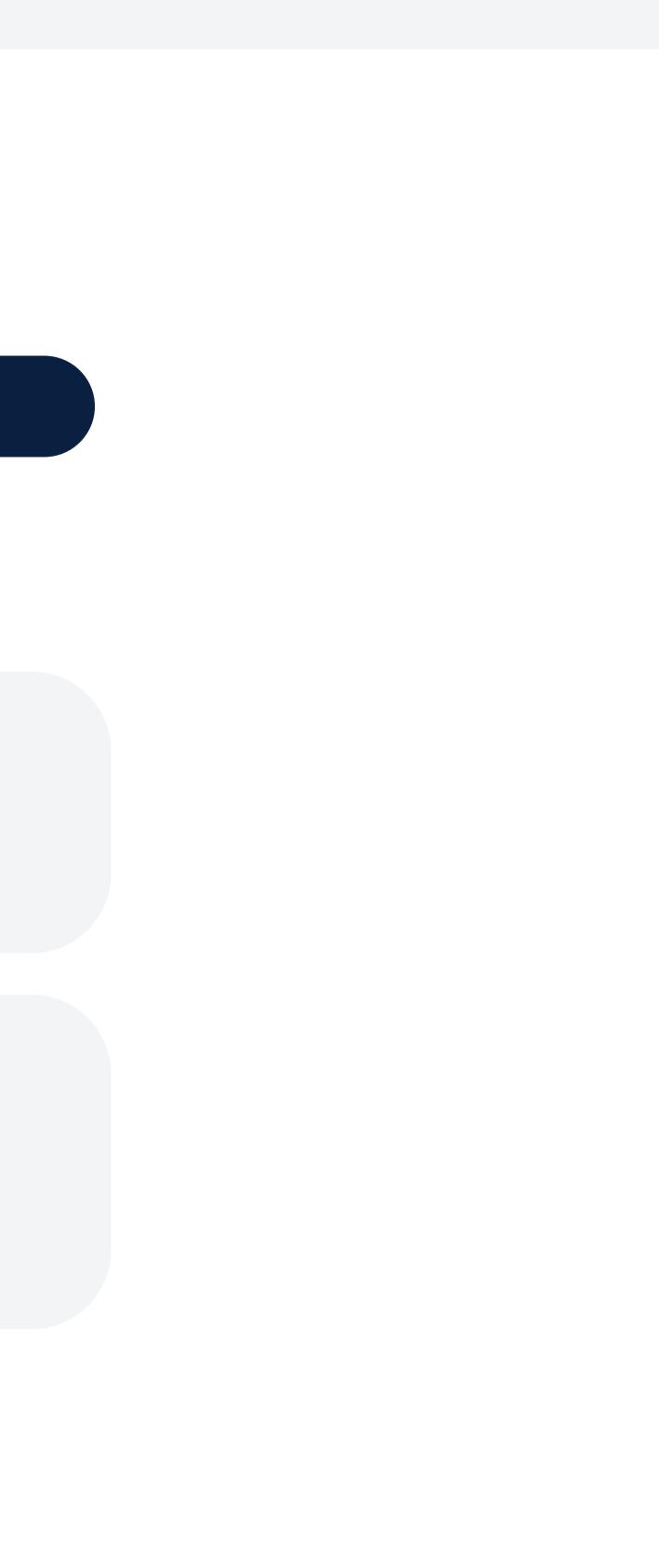


Three Tier

- 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

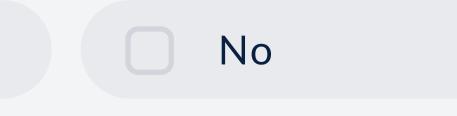


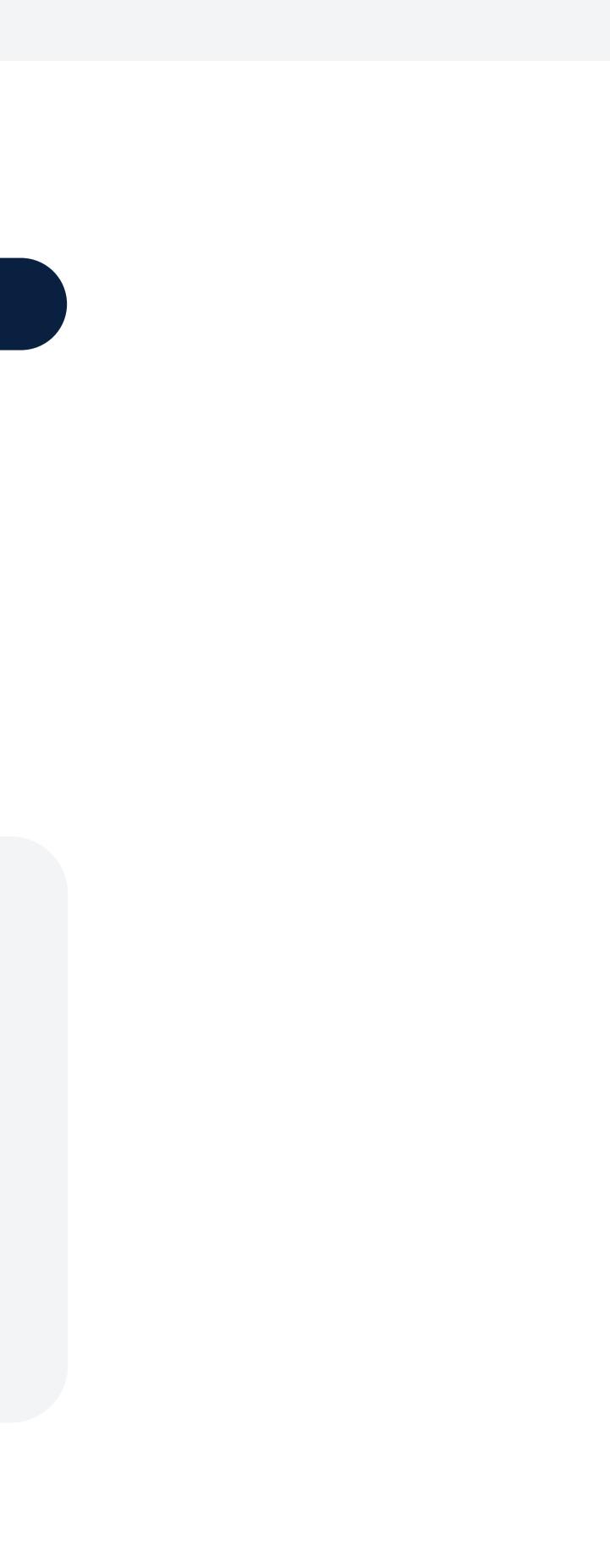


Prev

No

Opposite Sex



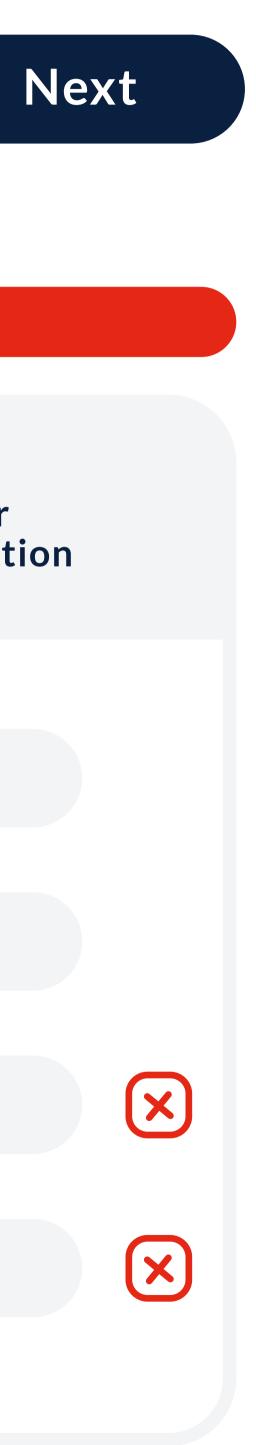


HMO Plan Prev Step 4 of 8 Please fill out the following information about the tiers.

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



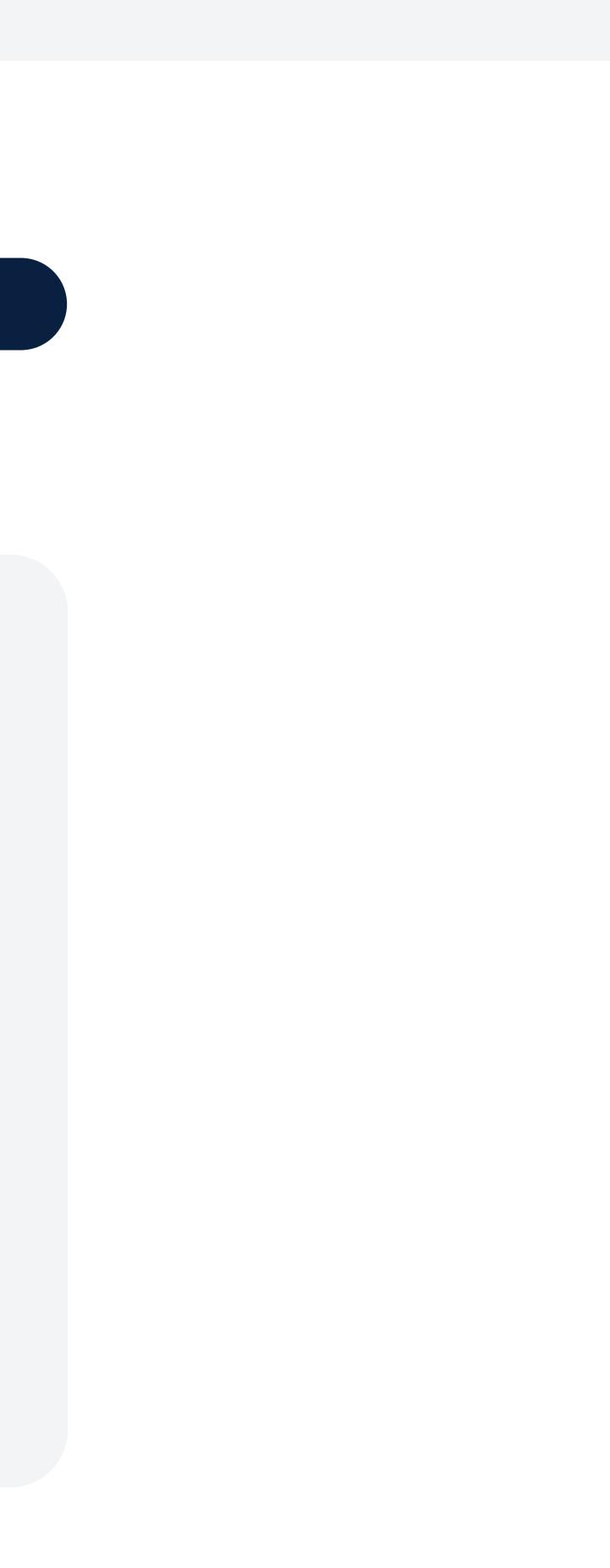
50%

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

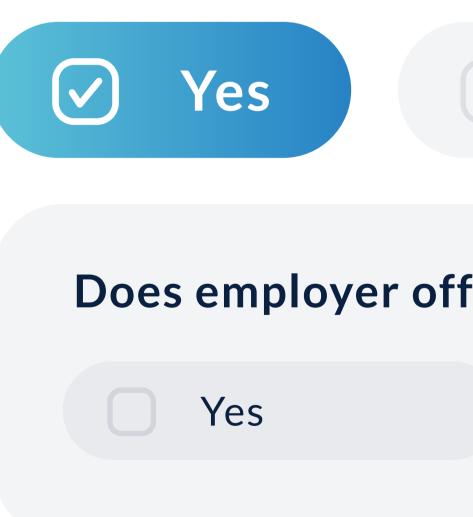
Prev



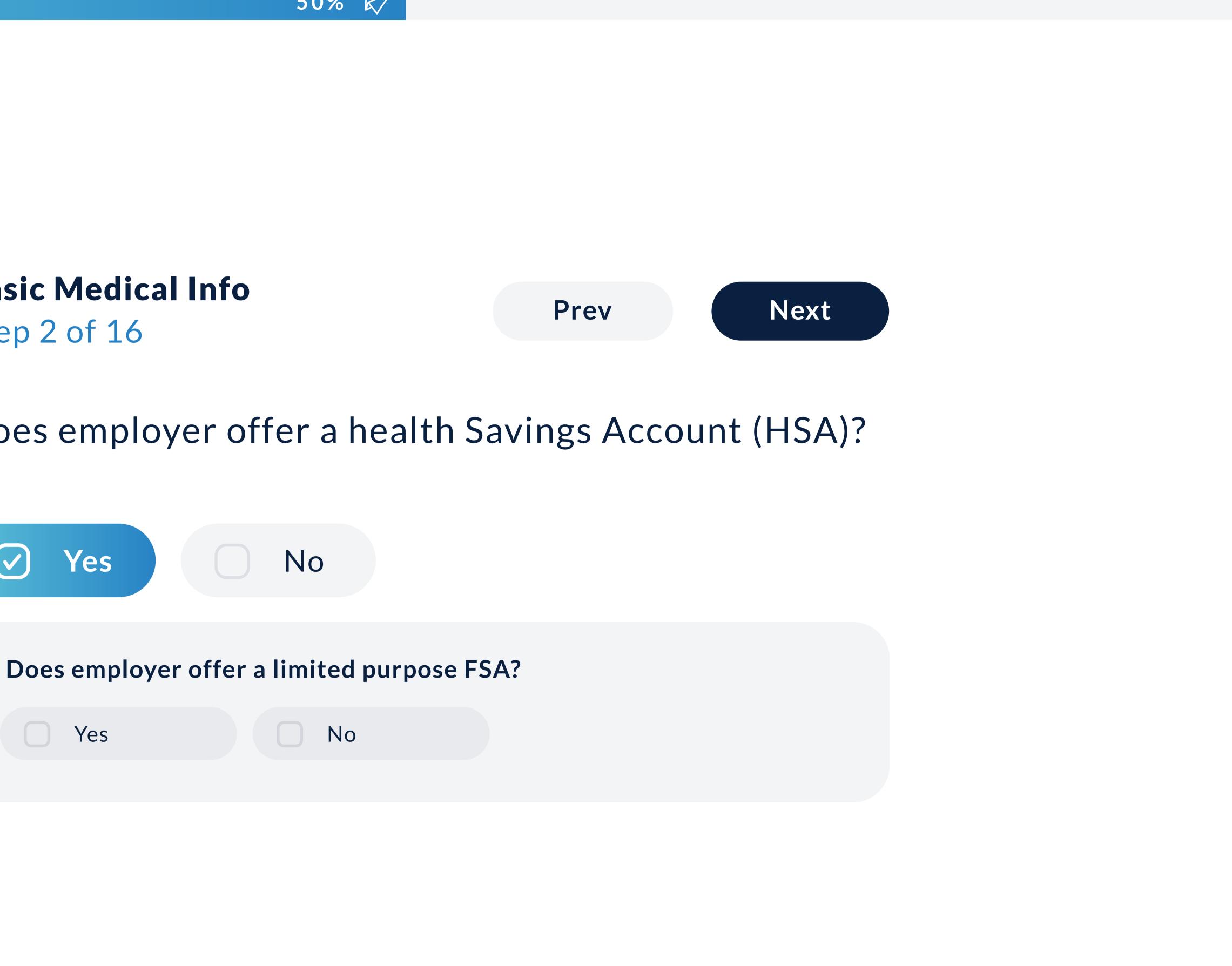
How many of each type of plan is offered to the employees?



Does employer offer a health Savings Account (HSA)?

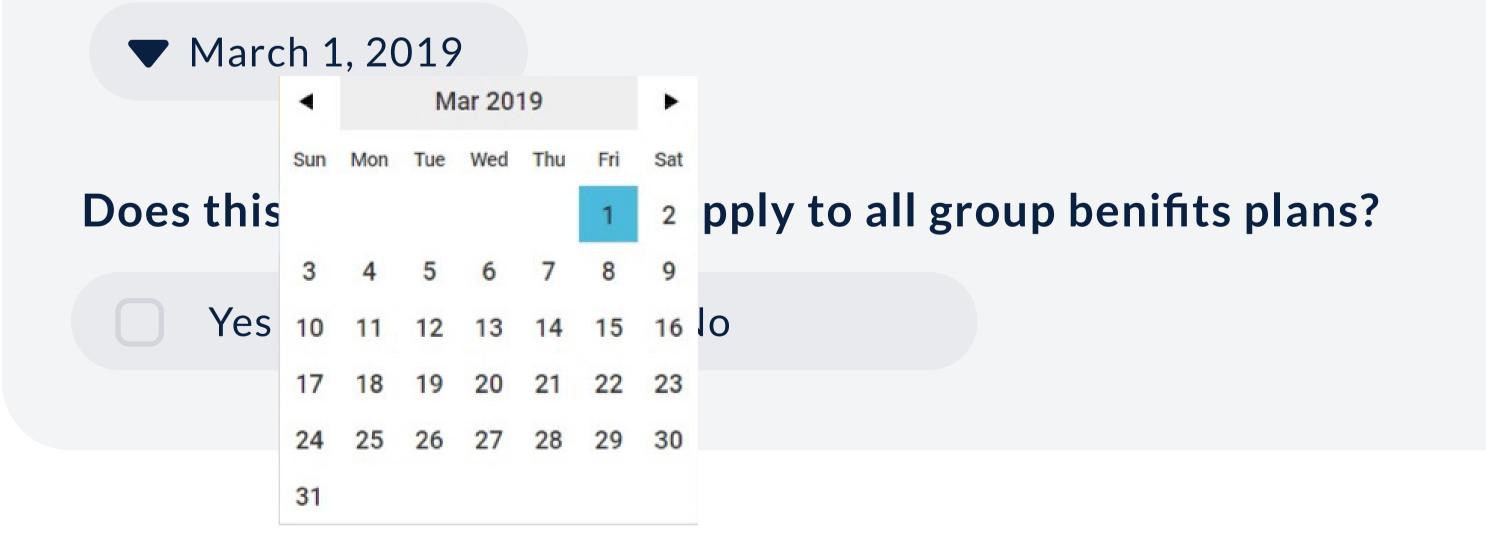








Please provide the plan year date information below.

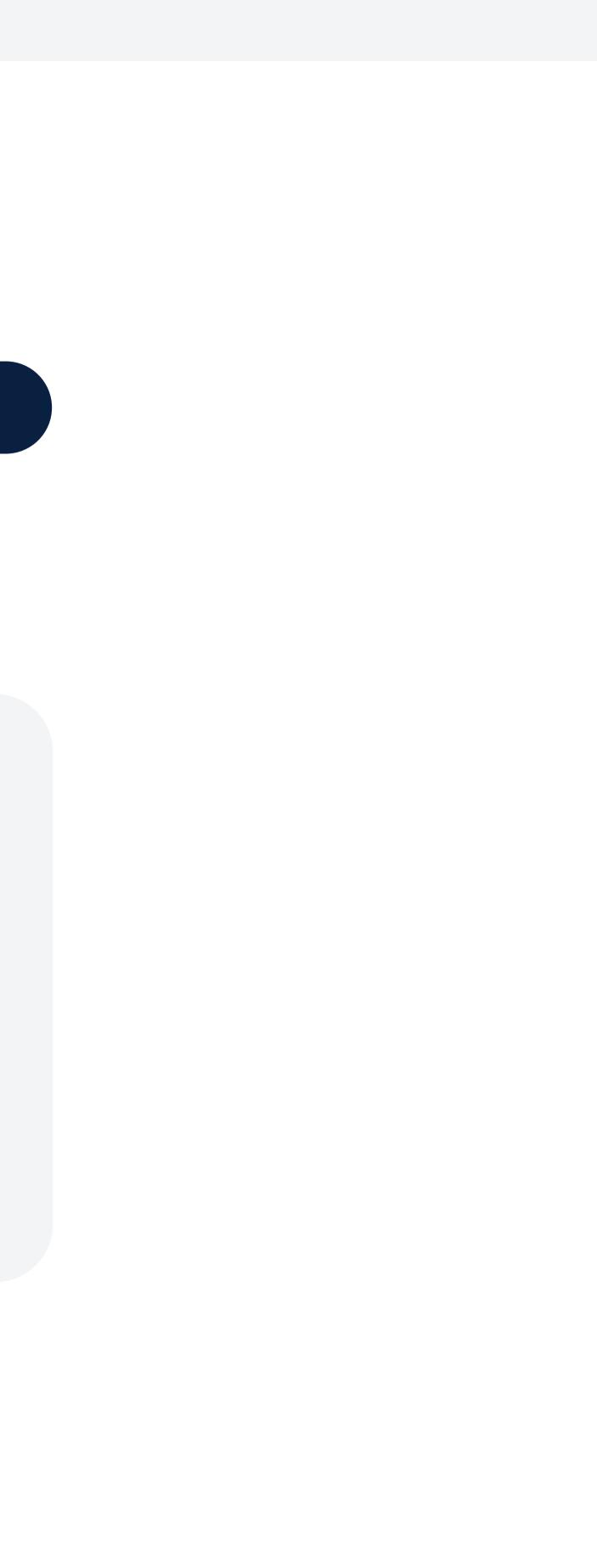




Prev



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

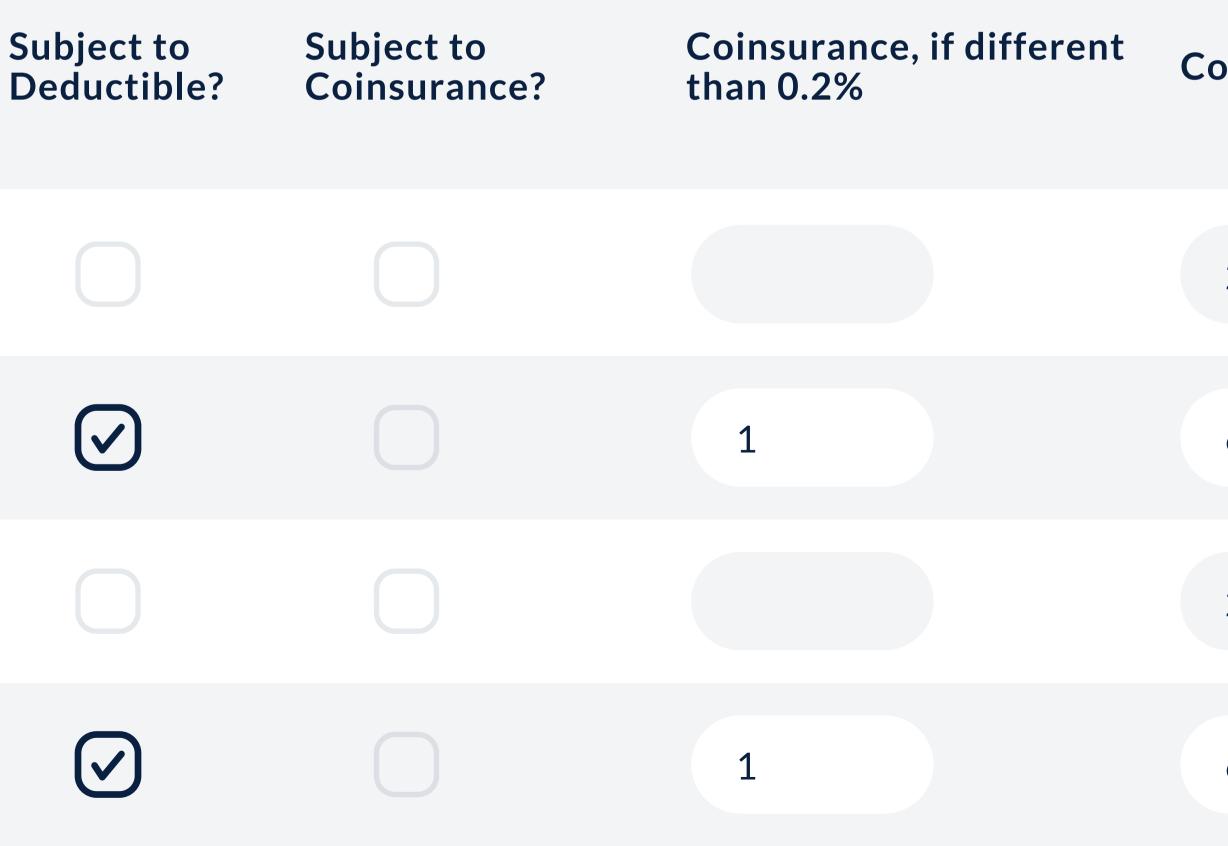
Urgent Care Visit

Inpatient Hospital Services

Impatient Physician Services



Prev



Next

opay, if applicable				
250.11				
60.11				
250.11				
60.11				