

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.

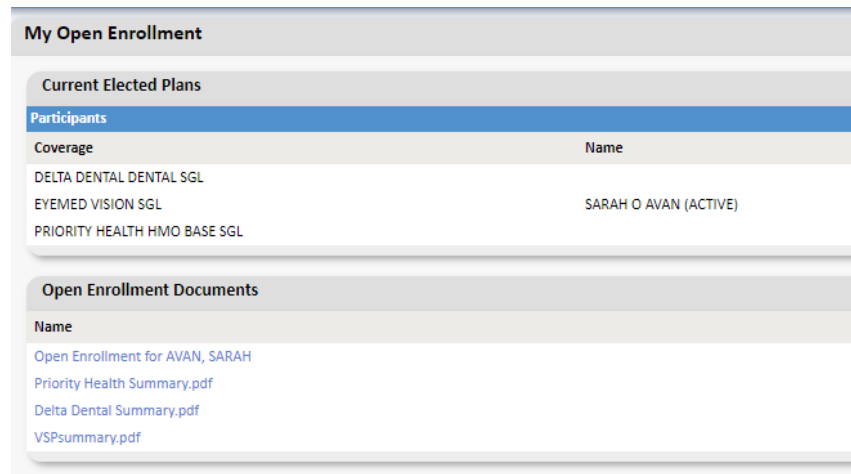
All your open enrollment changes will be saved in real-time. Please review the steps below to make those changes through your COBRA Online Portal.

Open Enrollment Changes

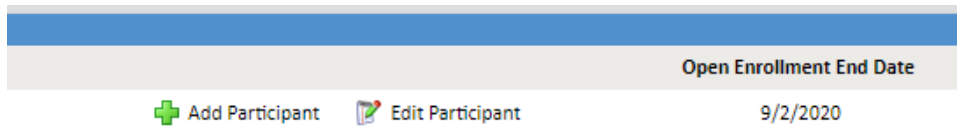


To make your open enrollment changes through your COBRA Online Portal, select “Open Enrollment” in the menu on the left.

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.



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



First Name: Initial:

Last Name:

Relationship: Gender:

DOB: SSN:

Phone: eMail:

Address 1:

Address 2:

Country: City:

State: Zip Code:

isolved Benefit Services

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

My Open Enrollment

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+SPS (Employee plus spouse), EE+DEP (Employee plus dependents) or FAM (family).

Current Elected Plans

Participants

Coverage	Name
METLIFE DENTAL HIGH EE ONLY	SAMPLE EMPLOYEE
UHC MED HDHP SGL	SAMPLE EMPLOYEE
UHC MED HIGH SGL	SAMPLE EMPLOYEE
UHC VISION UHC EE ONLY	SAMPLE EMPLOYEE

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 at qbmail@isolvedhcm.com.