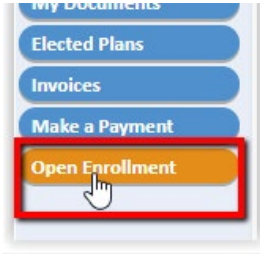


As a COBRA Participant you will be sent an open enrollment notification to provide you with information about your time to review coverage changes for the upcoming plan year. Your open enrollment period allows you to select different plans and includes the ability to add or drop participants from your COBRA coverage. Infinisource 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.

My Open Enrollment

Current Elected Plans

Participants	
Coverage	Name
DELTA DENTAL DENTAL SGL	
EYEMED VISION SGL	SARAH O AVAN (ACTIVE)
PRIORITY HEALTH HMO BASE SGL	

Open Enrollment Documents

Name

- [Open Enrollment for AVAN, SARAH](#)
- [Priority Health Summary.pdf](#)
- [Delta Dental Summary.pdf](#)
- [VSPsummary.pdf](#)

The next section is where you will select the 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.

Plans Available During Open Enrollment

[Submit](#)

DELTA DENTAL DENTAL

Participants	
Option Code - Select One	Name - Select those to continue on coverage
<input type="radio"/> NONE	<input checked="" type="checkbox"/> SARAH AVAN O
<input checked="" type="radio"/> SGL \$29.18	
<input type="radio"/> DOUBLE \$67.67	
<input type="radio"/> FAMILY \$101.85	

PRIORITY HEALTH HMO BASE

Participants	
Option Code - Select One	Name - Select those to continue on coverage
<input type="radio"/> NONE	<input checked="" type="checkbox"/> SARAH AVAN O
<input checked="" type="radio"/> SGL \$363.83	
<input type="radio"/> DOUBLE \$717.54	
<input type="radio"/> FAMILY \$1,071.21	

Once you have completed your selections, click on “Submit”.

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@infinisource.com.