

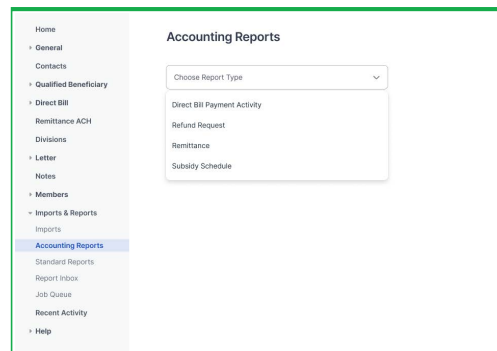


# GUIDE TO RUNNING COBRA REPORTS

## Running COBRA Reports

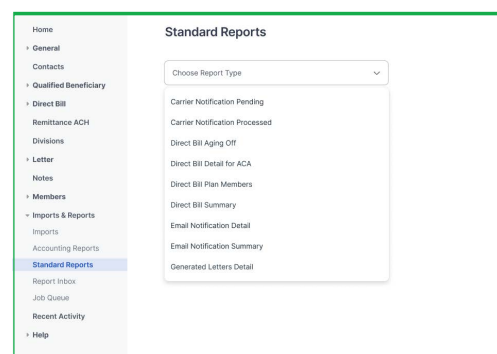
In the Reports tab, choose which type of report you would like to process.

- **Standard Reports** — contain non-financial information related to entities, members, plans, rates and letters.
- **Accounting Reports** — contain information related to payments, refunds, cash activity and remittances.



Follow the instructions given for that specific report, choose the format in which you would like to run the report and click “Queue Report.”

If applicable, choose a division and input desired dates for pulling data.



You will then be directed to the Job Queue to wait for your report to complete. This may take a few minutes to complete. You can either click the “Refresh” button a few times until the report completes or return to the Job Queue later. An automated email will be sent to you when the report has completed. When complete, select “Download Results” to open the report.

## COBRA Reports

There are a number of reports available to assist with items like reconciliation or overall awareness of account status. Log in to LEAP and select the COBRA icon under Administration. Click on the Reports tab to select the report you would like to run. The complete list of reports available is below:

- Carrier Notification Report (Pending)
- Carrier Notification Report (Processed)
- Direct Bill Aging Off Report
- Direct Bill Detail for ACA Report
- Direct Bill Payment Activity Report
- Direct Bill Plan Members Report
- Direct Bill Summary Report
- Generated Letters Detail Report
- Generated Letters Summary Report
- Member By Postal Code Report
- Member Status Report
- Members Without Plans Report
- New Hire Report
- Paid Through Report
- Plan Rate Renewal Report
- Proof of Mail Report
- Qualified Beneficiary Detail for ACA Report
- Qualified Beneficiary Plan Members Report
- Qualified Beneficiary Summary Report
- Remittance Report
- Subsidies Schedule

## Setting Favorites

The employer online account allows you to choose a favorite record, or records that you access on a regular basis.

**Step 1:** Search for the qualified beneficiary, new plan member or special plan member record you would like to add with the search option on the left-hand side of the home screen. Enter the individual’s last name and/or social security number and select “Search.” The member’s account will then be displayed.

**Step 2:** Once in the record, select the General tab and then select Add to Favorites.

**Step 3:** Access the favorites list by proceeding to the Favorites tab and selecting the Favorites Page.

## Carrier Notifications Report (Pending)

This report displays all unprocessed carrier notifications or those that will be generated the next business day. Listed under each notification is the date and time that it was generated. All notifications are sent to the appropriate carrier contact within two business days (method of carrier eligibility transmission may vary by carrier and by client).

The following types of notifications will display:

- Reinstatement (election)
- Termination
- Termination, dependent(s) only
- Disregard termination
- Address/Name Change
- Status (coverage level) change
- Plan added
- Plan add, dependent(s) only
- Disability extension
- Month-End Update

Carrier Notifications Report					
<b>Client Name:</b>	Benefits Plus 98765				
<b>Division Name:</b>	Benefits Plus				
<b>Carrier Contact:</b>	Janice Bing, 053189	<b>Phone:</b>	(888) 274-1234 Ext: 117	<b>Email:</b>	Janice@aetna.com
	Email Update .AA 00000	<b>Fax:</b>	(888) 274-1235	<b>Web Link:</b>	
<b>Plan Name:</b>	Aetna Medical HDHP	<b>Carrier Plan</b>	456789	<b>Carrier Name:</b>	Aetna
<b>Member Type:</b>	Qualified Beneficiary		<b>Carrier Notification Type:</b>	Reinstatement (election)	
<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Sex</b>	<b>Effective Date</b>	
Green, Julia	777-77-7777	1/1/1985	F	4/18/2017	

## Carrier Notifications Report (Processed)

This report displays all processed carrier notifications. Listed under each notification is the date and time that it was generated. All notifications are sent to the appropriate carrier contact within two business days (method of carrier eligibility transmission may vary by carrier and by client).

The following notification types will display:

- Reinstatement (election)
- Termination
- Termination, dependent(s) only
- Disregard termination
- Address/Name Change
- Status (coverage level) change
- Plan added
- Plan add, dependent(s) only
- Disability extension
- Month-End Update
- Proof

Processed Carrier Notifications Report					
<b>Client Name:</b>	Benefits Plus 98765				
<b>Division Name:</b>	Benefits Plus				
<b>Carrier Contact:</b>	Janice Bing, 053189	<b>Phone:</b>	(888) 274-1234 Ext: 117	<b>Email:</b>	Janice@aetna.com
	Email Update .00000	<b>Fax:</b>	(888) 274-1235	<b>Web Link:</b>	
<b>Plan Name:</b>	Aetna Medical HDHP	<b>Carrier Plan</b>	456789	<b>Carrier Name:</b>	Aetna
<b>Generated Date Time:</b> 6/7/2017 12:00 AM					
<b>Carrier Notification Type:</b> Name change					
<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Sex</b>	<b>Effective Date</b>	
Doe, John	444-44-4444	1/1/1975	M	6/6/2017	Changed From Data: Doe, John Changed To Data: Doe, John
<b>Carrier Notification Type:</b> Reinstatement (election)					
<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Sex</b>	<b>Effective Date</b>	
Doe, John	444-44-4444	1/1/1975	M	5/28/2017	
<b>Plan Name:</b>	Aetna PPO	<b>Carrier Plan</b>	654789	<b>Carrier Name:</b>	Aetna
<b>Generated Date Time:</b> 6/7/2017 12:00 AM					
<b>Carrier Notification Type:</b> Reinstatement (election)					
<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Sex</b>	<b>Effective Date</b>	
Sample, Joe	666-66-6666	1/1/1975	M	6/1/2017	

## Direct Bill Aging Off Report

The Direct Bill Aging Off Report identifies Direct Bill members who turn 65 years old within the time period specified. This report is useful in identifying Direct Bill members who are now eligible for Medicare.

SPM Aging Off Report						
7/16/2016 4:51:20 PM						
Client Group: N/A						
Broker: N/A						
Starting Generated Date: 1/1/2016 12:00 AM						
Ending Generated Date: 1/31/2016 12:00 AM						
Client Name: Discovery Studios 23365						
Division Name: Discovery Studios						
Name	Member Type	Member ID	SSN	Gender	Date Of Birth	Carrier Name
Boom, Billy	Member	77082	413-25-8001	M	1/27/1951	Discovery Benefits
Mel, Norm	Member	77078	582-11-0230	M	1/2/1951	Discovery Benefits

## Direct Bill Detail for ACA Report

This report provides ACA data in a specified format for Direct Bill member information.

**Important Note:** A specific date range for the report will need to be entered for accurate processing. Enter a start date of the report that is several months (or years) prior to the start date you are looking for.

- For example, if a member's coverage was active from October 1, 2016 — June 30, 2017 and the report is run with dates of January 1, 2017 — December 2017, the member will not show on the report as the plan start date is before January 1, 2017.
- The recommended dates for running a report for this example would be from January 1, 2015 — December 31, 2017 to ensure all members who had coverage in 2017 appear on the report.

ACA Special Plan Member Report		
Client Name: Benefits Plus 98765		
Division Name: Benefits Plus		
SPM Information		
Name: Sample, Joel	SSN: 222-22-2222	EIN: 657832146
Address: 123 Sample Rd Fargo, ND 58103	DOB: 01/01/1975	IND ID:
Tobacco Use: UNKNOWN	Gender: M	Employee Status: UNKNOWN
Billing Type: RETIREE		
Insurance Type: MEDICAL	Plan Name: Retiree Medical	
Plan Tier: EE+SPOUSE	Carrier: Aetna	
Plan Start Date: 05/01/2017	Plan End Date:	
First Day Of Coverage : 05/01/2017	Last Day Of Coverage :	
Status : ACTIVE	Termination Date:	
Insurance Type: DENTAL	Plan Name: Retiree Dental	
Plan Tier: EE	Carrier: Delta Dental	
Plan Start Date: 05/01/2017	Plan End Date:	
First Day Of Coverage : 05/01/2017	Last Day Of Coverage :	
Status : ACTIVE	Termination Date:	

## Direct Bill Payment Activity Report

This report will provide a snapshot of member premium payments received and outstanding within the premium start and end dates specified.

Direct Bill Payment Activity Report												
7/18/2018 4:52 PM												
<b>Premium Start Date:</b> 1/1/2018 <b>Premium End Date:</b> 12/31/2018 <b>Client Group:</b> N/A												
<b>Client Name:</b> Discovery Studios 23365 <b>Division Name:</b> Discovery Studios												
Full Name	Member ID	SSN	Member Status	Billing Type	Billing Frequency	Premium Period	Amount Due	Member Paid	Unallocated Amount	Member Owes	Premium Satisfied	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	1/1/2018 - 1/31/2018	500.00	0.00	0.00	500.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	2/1/2018 - 2/28/2018	500.00	0.00	0.00	1000.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	3/1/2018 - 3/31/2018	500.00	0.00	0.00	1500.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	4/1/2018 - 4/30/2018	500.00	0.00	0.00	2000.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	5/1/2018 - 5/31/2018	500.00	0.00	0.00	2500.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	6/1/2018 - 6/30/2018	500.00	0.00	0.00	3000.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	7/1/2018 - 7/31/2018	500.00	0.00	0.00	3500.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	8/1/2018 - 8/31/2018	500.00	0.00	0.00	4000.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	9/1/2018 - 9/30/2018	500.00	0.00	0.00	4500.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	10/1/2018 - 10/31/2018	500.00	0.00	0.00	5000.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	11/1/2018 - 11/30/2018	500.00	0.00	0.00	5500.00	No	
Boom, Billy	77082	413-25-8001	E	Retiree	Monthly	12/1/2018 - 12/31/2018	500.00	0.00	0.00	6000.00	No	

## Direct Bill Plan Members Report

This report is run based on a specific plan and provides a list of Direct Bill members enrolled in the plan and their start/end date information, along with their plan status.

SPM Plan Members Report							
<b>Broker:</b>							
<b>Client:</b> Discovery Studios 23365							
<b>Client Division:</b> Discovery Studios							
<b>Plan:</b> ALL							
<b>Include Member PlanEnd Dates After:</b> 7/18/2018							
<b>Plan:</b> Medical				<b>Carrier:</b> Discovery Benefits			
<b>Carrier ID:</b> 835							
Name	SSN	Address	Start	End	Paid Thru	Status	
Mel, Norm	582-11-0230	1,1, 1 1	7/1/2016		4/30/2017	E	
Tune, Tony	540-01-0012	1,1, 1 1	11/1/2016		8/31/2017	E	
Boom, Billy	413-25-8001	1,1, 1 1	11/1/2016		8/31/2017	E	
O'Rielly, Bubba	456-78-9123	789 Hudson Drive, Ottawa, NY 45678	6/1/2018	6/14/2020		P	
<b>Plan:</b> Dental				<b>Carrier:</b> Aetna			
<b>Carrier ID:</b> 853							
Name	SSN	Address	Start	End	Paid Thru	Status	
Test, SPM	538-45-8843	123 Sample Street, Fargo, ND 58104	7/1/2018	8/31/2018		P	

## Direct Bill Summary Report

This report is a large comprehensive report and provides a snapshot of each Direct Bill member's profile information.

<b>Client Name:</b> Benefits Plus 98765	<b>Benefit Group:</b>
<b>Division Name:</b> Benefits Plus	<b>Account Structure:</b>
	<b>Client Custom Data:</b>
<b>SPM Information</b>	
<b>Name:</b> Samples, Nick	<b>SSN:</b> 555-55-5555 <b>Individual ID:</b>
<b>Address:</b> 123 Sample Rd Fargo, ND 58103	<b>DOB:</b> 1/1/1975 <b>Member ID:</b> 75260
	<b>Gender:</b> M
	<b>Email:</b>
	<b>Phone:</b>
<b>SPM Billing Information</b>	
<b>Billing Start Date:</b> 6/1/2017	<b>SPM Additional Information</b>
<b>Billing End Date:</b>	
<b>Billing Frequency:</b> Monthly	
<b>Billing Type:</b> Retiree	
<b>Original Enrollment Date:</b> 1/1/2017	
	<b>At Least 1 Dependent on QMCSO:</b> <input type="checkbox"/>
	<b>Last Subsidy Due Date:</b> 7/1/2017
	<b>Registration Code:</b>
	<b>Registration Date/Time:</b>
	<b>Username:</b>
<b>Last Payment</b>	
<b>Postmark Date:</b> 6/1/2017	<b>Next Payment</b>
<b>Entered Date:</b> 6/6/2017	
<b>Amount:</b> \$550.00	
<b>Payment Method:</b> Check	
<b>Check #:</b> 5555	
	<b>Premium Date:</b> 7/1/2017
	<b>Amount Due:</b> \$550.00
	<b>Latest PMD:</b> 7/31/2017
<b>Plan Information as of:</b> 6/6/2017	
<b>Insurance Type:</b> Medical	<b>First Day of Coverage:</b> 06/01/2017
<b>Plan Name:</b> Retiree Medical	<b>Last Day of Coverage:</b>
<b>Carrier:</b> Aetna	<b>Plan Start Date:</b> 6/1/2017
<b>Customer Svc. :</b> (888)270-2500	<b>Plan End Date:</b>
<b>Coverage Level:</b> EE Only	<b>Status:</b> Active
	<b>Event First Day of Coverage:</b>

## Generated Letters Detail Report

This report shows the detail of each system-generated letter for a specific date or date range. Copies of these letters are located under the qualified beneficiary's, new hire's or Direct Bill member's Communication tab.

Generated Letters Detail Report		
<b>Client Name:</b>	Benefits Plus 98765	
<b>Client Division Name:</b>	Benefits Plus	
<b>Letters</b>		
<b>Letter Type:</b>	COBRA General Rights Notice	
<b>Addressee</b>	<b>Member Type</b>	<b>Date Generated</b>
Julia Doe & Family	New Plan Member	6/6/2017 12:44 PM
Henry Samples & Family	New Plan Member	6/6/2017 12:45 PM
<b>COBRA General Rights Notice</b>		<b>Letter Type Total:</b> 2
<b>Letter Type:</b>	COBRA Specific Rights Notice Letter	
<b>Addressee</b>	<b>Member Type</b>	<b>Date Generated</b>
John Does & Family	Qualified Beneficiary	6/6/2017 12:58 PM
<b>COBRA Specific Rights Notice Letter</b>		<b>Letter Type Total:</b> 1
<b>Letters</b>		<b>Total:</b> 3

## Generated Letters Summary Report

This report shows a summary total of each type of system-generated letter for a specific date or date range.

Generated Letters Summary Report	
<b>Client Name:</b>	Sample Group
<b>Division Name:</b>	Sample Group
Letters	
Description	Qty
45 Day Notice With 1st Premium Month Paid	2
45 Day Notice With No Payment	3
45 Day Notice With Partial Payment	1
AEI 2009 Notification With Subsidy	1
AEI 2009 Specific Rights	252
COBRA General Rights Notice	32
COBRA Specific Rights Notice Letter	18
COBRA Termination Notice	27
Conversion Option Notice	4
Disability Extension Confirmation Notice	1
Enrollment Confirmation Notice	10
HIPAA Certificate	4

## Member By Postal Code Report

The data in this report is sorted by member type and postal code. It displays the member's full name, address, social security number, qualifying event date and status. This report is useful when sending out notices to individuals.

Member By Postal Code Report				
<b>Client Name:</b>	Benefits Plus 98765			
<b>Division Name:</b>	Benefits Plus			
<b>Member Type:</b>	Qualified Beneficiary			
<b>Postal Code:</b>	58103			
Full Name	Address	SSN	Qualifying Event Date	Status
Doe, John	123 Sample Rd Fargo, ND 58103	444-44-4444	05/27/2017	Enrolled
Green, Julia	123 Sample Rd Fargo, ND 58103	777-77-7777	04/17/2017	Pending
Sample, Joe	123 Sample Rd Fargo, ND 58103	666-66-6666	05/31/2017	Enrolled
Sample, Sammy	123 sample rd Fargo, ND 58103	666-66-6666	05/05/2017	Enrolled

## Member Status Report

The Member Status Report is a summary of the status of each qualified beneficiary or Direct Bill member that is eligible to continue coverage.

**Important note:** A specific date range for the report will need to be entered for accurate processing. The dates listed refer to the date the member's status changed from pending or enrolled to terminated. For example, to find qualified beneficiaries that terminated for January 2020, you would enter 01/01/2020 as the start date and 01/31/2020 as the end date.

Member Status						
<b>Client Name:</b> Benefits Plus 98765						
<b>Division Name:</b> Benefits Plus						
<b>Plan Name:</b> Aetna Medical HDHP						
<b>Carrier Name:</b> Aetna						
<b>Status:</b> E						
Full Name	Type	SSN	Coverage Description	Event First Day of Coverage	Termination Date	
Doe, John	QB	444-44-4444	EE + Spouse	5/28/2017		
Sample, Sammy	QB	666-66-6666	EE + Spouse	5/6/2017		
<b>Status:</b> P						
Full Name	Type	SSN	Coverage Description	Event First Day of Coverage	Termination Date	
Green, Julia	QB	777-77-7777	EE Only	4/18/2017		
<b>Plan Name:</b> Aetna PPO						
<b>Carrier Name:</b> Aetna						
<b>Status:</b> E						
Full Name	Type	SSN	Coverage Description	Event First Day of Coverage	Termination Date	
Sample, Joe	QB	666-66-6666	EE + Spouse	6/1/2017		

## Members Without Plans Report

The Members Without Plans Report pulls information for any qualified beneficiary or Direct Bill member that has not been assigned at least one benefit plan. This report may be used as a means to ensure that all qualified beneficiaries or Direct Bill members receive complete benefit information. **Please note:** If no plans are added, paperwork is not mailed out.

Members Without Plans Report				
<b>Client:</b> Benefits Plus 98765				
<b>Client Division:</b> Benefits Plus				
<b>MemberType:</b> Qualified Beneficiary				
Event Date	Last Name	First Name	SSN	Member ID
05/27/2017	Does	Jane	555-55-5555	75261

## New Hire Report

This report provides the member's full name, social security number, coverage level and print date of the General Rights Notice that was sent to each individual.

New Plan Member (NPM) Report				
<b>Client:</b> Benefits Plus 98765				
<b>Client Division:</b> Benefits Plus				
Name	Address	SSN	Coverage Level	General Rights Print Date
Doe, Julia	123 Sample Rd Fargo ND 58103	666-66-6666	Family	6/6/2017 12:44 PM
Samples, Henry	123 Sample Rd Fargo ND 58103	555-55-5555	Family	6/6/2017 12:45 PM
<b>Benefits Plus Division Total:</b>				2
<b>Benefits Plus 98765 Client Total:</b>				2
<b>Grand Total:</b>				2



## Paid Through Report

This report shows the paid through date of all currently enrolled qualified beneficiaries and/or Direct Bill members.

Paid Through Report			
6/6/2017 1:07 PM			
<b>Client Name:</b> Benefits Plus 98765			
<b>Division Name:</b> Benefits Plus			
<b>Member Type:</b> Qualified Beneficiary			
Name	SSN	Qualifying Event Date	Paid Through Date
Doe, John	444-44-4444	05/27/2017	5/31/2017
Sample, Joe	666-66-6666	05/31/2017	6/30/2017
<b>Qualified Beneficiary Total:</b>			<b>2</b>

## Plan Rate Renewal Report

This report shows the plans that Aptia currently has in the system for your account that may have been renewed in the last 30, 60 or 90 days or will renew in the next 30, 60 or 90 days.

Plan Rate Renewal Report						
<b>Client Name:</b> Sample Group 1515 Ave S Fargo, ND 85454						
<b>Division Name:</b> Sample Group 1515 Ave S Fargo, ND 85454						
<b>Expired Plans</b>						
Plan	Carrier Plan	Carrier	Effective Date	End Date	Renewal Date	
Dental 2	565	ABC Insurance Co.	1/1/2007	12/31/2008	12/31/2008	
					<b>Expired Plans</b>	<b>Total:</b>
						<b>1</b>
<b>Renewal Dates That Occurred Within the Previous 60 Days</b>						
Plan	Carrier Plan	Carrier	Effective Date	End Date	Renewal Date	
Age rated	985451	ABC Insurance Co.	1/1/2008		1/1/2010	
Dental	54545	ABC Insurance Co.	1/1/2009		1/1/2010	
HRA		United HealthCare	1/1/1980		1/1/2010	
Medical AGE	1235	United HealthCare	1/1/2009		1/1/2010	
Medical Open Access Choice	K 00735	Blue Cross Blue Shield of ND	1/1/2009		1/1/2010	
PPO						

## Proof of Mail Report

This report is run by a specific date and provides a list of letters that have been generated and mailed. **Tip:** The downloadable record of the generated letters that were mailed to the qualified beneficiaries and Direct Bill members are saved in the individual's account under the Communications tab.

Proof Of Mail Report						
<b>Client:</b> Benefits Plus 98765						
<b>Client Division:</b> Benefits Plus						
<b>File Name:</b> Manually Generated						
Letter Name	Addressee	Address	City	ST	Postal Code	Country
COBRA General Rights Notice	Henry Samples & Family	123 Sample Rd	Fargo	ND	58103	
COBRA General Rights Notice	Julia Doe & Family	123 Sample Rd	Fargo	ND	58103	
COBRA Specific Rights Notice Letter	John Does & Family	123 Sample Rd	Fargo	ND	58103	
COBRA Specific Rights Notice Letter	Joe Sample & Family	123 Sample Rd	Fargo	ND	58103	
<b>Total Number of Manual Mailings Requiring "Proof of Mail":</b>						<b>4</b>
<b>Grand Total Number of Mailings Requiring "Proof of Mail":</b>						<b>4</b>

## Qualified Beneficiary Detail for ACA Report

This report provides ACA data in a specified format for Qualified Beneficiary information. **Important Note:** A specific date range for the report will need to be entered for accurate processing. Enter a start date of the report that is several months (or years) prior to the start date you are looking for.

For example, if a member's coverage was active from October 1, 2019 – June 30, 2020 and the report is run with dates of January 1, 2020 – December 2020, the member will not show on the report as the plan start date is before January 1, 2020. The recommended dates for running a report for this example would be from January 1, 2018 – December 31, 2020 to ensure all members who had coverage in 2020 appear on the report.

ACA Qualified Beneficiary Report		
<b>Client Name:</b> Benefits Plus 98765		
<b>Division Name:</b> Benefits Plus		
<hr/>		
<b>QB Information</b>		
<hr/>		
<b>Name:</b> Green, Julia	<b>SSN:</b> 777-77-7777	<b>EIN:</b> 657832146
<b>Address:</b> 123 Sample Rd Fargo, ND 58103	<b>DOB:</b> 01/01/1985	<b>IND ID:</b>
	<b>Gender:</b> F	
<b>Tobacco Use:</b> UNKNOWN	<b>Employee Status:</b> UNKNOWN	
<b>SR Printed Date:</b> 04/17/2017	<b>EventType :</b> TERMINATION	
<b>Event Category :</b> EMPLOYEE	<b>UsesHealthCoverageTaxCredit :</b> False	
<b>Qualifying Event Date :</b> 04/17/2017		
<hr/>		
<b>Insurance Type:</b> MEDICAL	<b>Plan Name:</b> Aetna Medical HDHP	
<b>Plan Tier:</b> QB Only	<b>Carrier:</b> Aetna	
<b>Plan Start Date:</b> 04/18/2017	<b>Plan End Date:</b> 10/17/2018	
<b>First Day Of Cobra :</b> 04/18/2017	<b>Last Day Of Cobra :</b> 10/17/2018	
<b>Status :</b> P	<b>Termination Date:</b>	

### Tips for running the report in an CSV format:

- Sort or filter by status and keep any members with the following:
  - Enrolled (E)
  - Terminated Enrolled (TE)
  - Enrolled in 45 Day Grace Period (E45)
- To determine the date coverage was offered, sort by the Specific Rights Processed date.
- Sort or filter by insurance type and keep all medical insurance types. This is the coverage that is specifically required to be reported.
- Sort by MemberID to keep dependent information tied to the member. Dependents are identified by the member's MemberID.

SPM Information												
ClientDivisionID	ClientID	MemberID	ClientName	DivisionName	FirstName	LastName	MiddleInitial	DOB	SSN	IndividualIdentifier		
Gender	Address	Address2	City	Country	PostalCode	StateOrProvince	CurrentDate	EIN	PlanName	StartDate	EndDate	TobaccoUse
CarrierName	InsuranceType	CoverageLevelType	EmployeeType	RelationShipName	SPMInsuranceTypePlanID	IsDependent	RelationshipID					
BillingTypeName	EnrollmentDate	Status	FirstDayOfCoverage	LastDayOfCoverage								

## Qualified Beneficiary Plan Members Report

This report is run based on a specific plan and provides a list of qualified beneficiaries enrolled in the plan and their qualifying event information.

QB Plan Members Report						
Broker:						
Client: Benefits Plus 98765						
Client Division: Benefits Plus						
Plan: ALL						
Include Member Plan End Dates After: 6/9/2017						
Plan: Aetna PPO			Carrier: Aetna Carrier ID: 853			
Name	SSN	Address	Start	End	Paid Thru	Status
Sample, Joe	666-66-6666	123 Sample Rd Fargo, ND 58103	6/1/2017	11/30/2018	6/30/2017	E
Plan: Aetna Medical HDHP			Carrier: Aetna Carrier ID: 853			
Name	SSN	Address	Start	End	Paid Thru	Status
Green, Julia	777-77-7777	123 Sample Rd Fargo, ND 58103	4/18/2017	10/17/2018		P
Doe, John	444-44-4444	123 Sample Rd Fargo, ND 58103	5/28/2017	11/27/2018	5/31/2017	E
Sample, Sammy	666-66-6666	123 sample rd Fargo, ND 58103	5/6/2017	11/5/2018	5/31/2017	E

## Qualified Beneficiary Summary Report

This report is a large comprehensive report and provides a snapshot of each qualified beneficiary's profile information.

Client Name: Benefits Plus 98765	Benefit Group:
Division Name: Benefits Plus	Account Structure:
	Client Custom Data:
<b>QB Information</b>	
Name: Doe, John	SSN: 444-44-4444 Individual ID:
Address: 123 Sample Rd Fargo, ND 58103	DOB: 1/1/1975 Member ID: 75336
	Gender: M
	Email:
	Phone:
<b>QB Event Information</b>	<b>QB Additional Information</b>
Event Category: Employee	Disability Extension Approved: <input type="checkbox"/>
Event Type: Termination	Uses Health Coverage Tax Credit: <input type="checkbox"/>
Qualifying Event Date: 5/27/2017	Conversion Letter Processed: <input type="checkbox"/>
Original Enrollment Date: 1/1/2016	At Least One Dependent on QMCSO: <input type="checkbox"/>
Specific Rights Processed Date: 6/6/2017	Last Subsidy Month:
2nd Event: <input type="checkbox"/>	Registration Code:
Legacy: <input type="checkbox"/>	Registration Date/Time:
	Username:
<b>AEI 2009 Information</b>	<b>AEI 2009 Legacy Information</b>
Status:	Legacy: False
Notification Printed Date:	Subsidy Start Date:
Subsidy Waiver PMD:	
Subsidy Eligible Attestation PMD:	
2nd Election Printed Date:	
Latest 2nd Election PMD:	
2nd Election 1st Payment Latest PMD:	
<b>Last Payment</b>	<b>Next Payment</b>
Postmark Date: 6/6/2017	Premium Month: 6/1/2017
Entered Date: 6/6/2017	Amount Due: \$612.00
Amount: \$78.97	Latest PMD: 7/21/2017
Payment Method: Check	
Check #: 66666	

# Guide to Running COBRA Reports — Employer, continued

## Remittance Report

The Remittance Report is used for reconciliation purposes. A new report is available to download each month on the employer online account and should be run once your company receives the monthly remittance payment from Aptia (which will be in the form of either paper check or direct deposit). The monthly Remittance Report will be posted to the employer online account around the 10<sup>th</sup> of each month.

- To run the report, select “Remittance,” which is found under the Accounting Reports in the Reports tab. A menu of Remittance Reports will display, with the most recent report listed on top.
- Select the [Report](#) link on the right-hand side, choose the report format and queue the report.

Report ID	Through Premium Due Date	Through Deposit Date	Posted	
> 35	10/31/2017	10/31/2017	✓	<a href="#">Report</a>
> 34	09/30/2017	09/30/2017	✓	<a href="#">Report</a>
> 33	08/31/2017	08/28/2017	✓	<a href="#">Report</a>
> 31	06/28/2017		✓	<a href="#">Report</a>

**Important note:** Reconciliation of each carrier and administrator bill is the sole responsibility of the employer and is the only way to ensure that each carrier has the appropriate accounts active in their systems and rates matching Aptia’s system. Any discrepancies between the Remittance Report and the carrier invoices should be reported to Aptia immediately.

Client Remittance Report											
Client DBA Name: <b>Benefits Plus</b>						Remittance Period Beginning: 12/5/2014 11:35:53 AM					
Client Name: <b>Benefits Plus 98765</b>						Ending: 6/9/2017 9:30:54 AM					
Client Alternate:						Includes Through Premium Due Date: 06/09/2017					
Division Name: <b>Benefits Plus</b>											
Remit To: Client											
Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 6 / 2017											
Plan: Aetna PPO Carrier: Aetna											
Policy Number: 654789											
Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	Admin Fee Paid by		Member Paid Premium To Remit	Member Paid Admin Fee To Remit	Total To Carrier	Total To Client
Sample, Joe	666-66-6666	\$375.00	\$7.50	\$382.50	\$0.00	Member	Subsidy	\$375.00	\$0.00	\$0.00	\$375.00
Plan Total:		<b>\$375.00</b>	<b>\$7.50</b>	<b>\$382.50</b>	<b>\$0.00</b>	<b>\$7.50</b>	<b>\$0.00</b>	<b>\$375.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$375.00</b>
Plan: Retiree Medical Carrier: Aetna											
Policy Number: 654789											
Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	Admin Fee Paid by		Member Paid Premium To Remit	Member Paid Admin Fee To Remit	Total To Carrier	Total To Client
Samples, Nick	555-55-5555	\$550.00	\$0.00	\$550.00	\$0.00	Member	Subsidy	\$550.00	\$0.00	\$0.00	\$550.00
Plan Total:		<b>\$550.00</b>	<b>\$0.00</b>	<b>\$550.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$550.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$550.00</b>
Premium Month Total:		<b>\$925.00</b>	<b>\$7.50</b>	<b>\$932.50</b>	<b>\$0.00</b>	<b>\$7.50</b>	<b>\$0.00</b>	<b>\$925.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$925.00</b>

## Subsidy Schedule

This report provides a list of members with subsidies applied to their accounts within the subsidy start date and subsidy end date specified.

Subsidy Schedule Report									
Client Group: N/A									
Broker: N/A									
Starting Date: 1/1/2018									
Ending Date: 12/31/2018									
Client Name: Discovery Studios 23365									
Division Name: Discovery Studios									
Member Type: QB									
Start Date	End Date	Name	SSN	Insurance Type	Member Status	Subsidy Type	Amount Type	Subsidized Portion	
5/1/2018	6/30/2018	Fool, April	156-74-8789	Medical	TP	EMP	Pct	100.00%	
6/1/2018	6/30/2018	Allen, Mark	654-78-3156	Medical	TP	EMP	Pct	100.00%	
6/1/2018	6/30/2018	Lightbulb, Flash	222-25-2222	Dental	P	EMP	Flat	\$50.00	
6/16/2018	6/30/2018	Test, Sample	555-67-8986	Medical	P	EMP	Flat	\$10.00	
6/27/2018	6/27/2018	Larson, Janet	564-75-1222	Dental	P	EMP	Pct	33.00%	
6/27/2018	12/31/2019	Man, Muffin	903-01-0930	Medical	P	EMP	Pct	100.00%	
6/27/2018	12/31/2019	Man, Muffin	903-01-0930	Dental	P	EMP	Pct	100.00%	
6/27/2018	12/31/2019	Man, Muffin	903-01-0930	Vision	P	EMP	Pct	100.00%	
6/29/2018	6/30/2018	smith, lisa	123-45-6789	Medical	P	EMP	Pct	100.00%	
7/1/2018	7/31/2018	Abernathy, Haymitch	666-68-7142	Medical	TP	EMP	Pct	100.00%	
7/1/2018	7/31/2018	Abernathy, Haymitch	666-68-7142	Dental	TP	EMP	Pct	100.00%	
7/1/2018	7/31/2018	Bishoff, Katie	123-45-6456	Medical	P	EMP	Pct	100.00%	
7/1/2018	7/31/2018	Bishoff, Katie	123-45-6456	Dental	P	EMP	Pct	100.00%	
7/1/2018	7/31/2018	Deer, John	123-45-9867	Dental	P	EMP	Pct	100.00%	
7/1/2018	8/31/2018	Iwer, John B	993-76-5000	Dental	P	EMP	Pct	100.00%	
7/1/2018	7/31/2018	payette, katie	369-25-8555	Medical	P	EMP	Pct	100.00%	
7/12/2018	7/12/2018	Snail, Gary	444-55-6666	Dental	P	EMP	Pct	50.00%	
7/13/2018	7/31/2018	Pyle, Gomer	451-22-1111	Medical	P	EMP	Pct	100.00%	

### Tips for running the report in an CSV format:

- Sort or filter by status and keep any members with the following:
  - Enrolled (E)
  - Terminated Enrolled (TE)
  - Enrolled within Grace Period set up for the client (EI)
- Sort or filter by insurance type and keep all medical insurance types. This is the coverage that is specifically required to be reported.
- Sort by member ID to keep dependent information tied to the member. Dependents are identified by the member's ID.

SPM Information										
ClientDivisionID	ClientID	MemberID	ClientName	DivisionName	FirstName	LastName	MiddleInitial	DOB	SSN	IndividualIdentifier
Gender	Address	Address2	City	Country	PostalCode	StateOrProvince	CurrentDate	EIN	PlanName	StartDate EndDate TobaccoUse
CarrierName	InsuranceType	CoverageLevelType	EmployeeType	RelationshipName	SPMInsuranceTypePlanID	IsDependent	RelationshipID			
BillingTypeName	EnrollmentDate	Status	FirstDayOfCoverage	LastDayOfCoverage						

### Questions? Contact us.

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