Employer Wrap SPD and Plan Document Data Collection Booklet

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# Employer Information

## Plan Sponsor Information

Employer Name: Cojo's Shell Shack

Address 1: 8000 Cockle Road

Address 2: Suite 500

City: Harrisburg

State: PA

Zip Code: 17111

Phone: 717-560-4587

## Business Entity Information

Federal Tax ID: 80-1234532

Governing State Law: PA

## Primary Contact at Employer

First Name: Elyse

Last Name: Frey

Job Title / Department: Owner

Email: Efrey@cojosshell.com

Phone: 717-560-4587

Ext: 1

# General Plan Information

## Plan Information

Plan Name: Cojo's Shell Shack Health and Welfare Benefit Plan

(e.g., [ Company Name ] Welfare Benefit Plan)

This is:  A New Plan

An Amendment and Restatement of an Existing Plan

Plan Number: 501

Effective Date of Plan: 10/01/2022

Is this:  a short plan year followed by the 12 month regular period.

Short Plan Years: Starts On:

Ends On:

a single regular 12 month period.

Plan Year dates: Starts On: 10/01/2022

Ends On: 10/31/2023

## Plan Administrator

Who Administers the Plan:  Employer

Other

Name: Same as Above--- if different than above contact, this section needs to be entered.

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

## Agent for Service of Process

Who is Agent of Service:  Employer

Other

Name: If the Agent wants the group to be contacting them with questions their information goes here w/ other checked

Address 1: If the group is to be contacting their employer, just check Employer

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

## Types of Benefit Plans Offered

Which benefits do you wish to include in the SPD/Plan Document? (Check ALL Benefit Plans that apply)

Medical Plan  Fully Insured

Self-Insured

Adoption Assistance

Dental Plan  Fully Insured

Self-Insured

Dependent Care Reimbursement Account (DCRA) Plan

Health Care Flexible Spending Account

Health Reimbursement Account (HRA)

Health Savings Account (HSA) Contributions

Life Insurance Plan  Fully Insured

Self-Insured

Long-Term Disability Plan  Fully Insured

Self-Insured

Prescription Drug Plan  Fully Insured

Self-Insured

Short-Term Disability Plan  Fully Insured

Self-Insured

Vision Plan  Fully Insured

Self-Insured

Premium Conversion Plan / Pre-Tax Contributions

|  |  |  |
| --- | --- | --- |
| Other |  | Fully Insured  Self-Insured |
| Other |  | Fully Insured  Self-Insured |
| Other |  | Fully Insured  Self-Insured |
| Other |  | Fully Insured  Self-Insured |

## Other Participating Employers

Are other Employers participating in this plan?  Yes (Employer Name)

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this Employer are contained in the benefit booklets, certificates, provider contracts and benefit descriptions.

I need to enter the eligibility requirements for this Employer.

**Note**: You can enter specific eligibility requirements under each component benefit plan.

How many hours per week must an Employee work to be eligible for coverage? 30

For employers subject to the "pay or play" provisions under Health Care Reform, do you want to specify the measurement method for determining full-time status (i.e., monthly vs. look-back)?

No (basic language regarding compliance with the Affordable Care Act will be included in the wrap documents)

Yes - The look-back measurement method is used for the following categories of Employees:

**Important Note**: Employers are not permitted to develop their own customized categories.

All Employees

Salaried Employees

Hourly Employees

Employees whose primary place of employment is in

Collectively bargained Employees that are covered by the same collective bargaining agreement

Collectively bargained Employees that are covered by separate collective bargaining agreement(s) named

Non-collectively bargained Employees

Yes - The monthly measurement method is used for the following categories of Employees:

**Important Note**: Employers are not permitted to develop their own customized categories.

All Employees

Salaried Employees

Hourly Employees

Employees whose primary place of employment is in

Collectively bargained Employees that are covered by the same collective bargaining agreement

Collectively bargained Employees that are covered by separate collective bargaining agreement(s) named

Non-collectively bargained Employees

Not applicable - The employer is not subject to "pay or play"

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others: Full Time Employees working 30 hours or more per week

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other: PA Act 4 Dependents

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas) Part Time Employees working less than 30 hours per week.

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days: 60

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 1 (For a Medical Plan)

Plan Name: Gold PPO 2000/0/25 Rx0

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Carrier

Contract #: 00510223

Name: Capital Blue Cross

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Grandfathered Plan

Is the health insurance plan a "grandfathered plan" under PPACA?  Yes  No / Not Applicable

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars?  Yes

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other:

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days:

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 2

Plan Name: P10Wo

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Carrier

Contract #: A125489

Name: United Concordia

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars?  Yes

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage? 20

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other:

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days: 60

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 3

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars?  Yes

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other:

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days:

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 4

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars?  Yes

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other:

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days:

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 5

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars?  Yes

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other:

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days:

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 6

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars?  Yes

No

## Eligibility

Please select one of the following choices:

The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage?  Yes       Days  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

All Employees

Salaried Employees Only

Hourly Employees Only

Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

Spouse

Dependent/Child

Domestic Partner

Other:

Are there any classes of Employees that are excluded?

Not applicable

Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

No waiting period requirements

Days:

Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

On the date of hire

On the day after the end of the orientation period

On the day after the end of the waiting period

On the first day of the calendar month after the end of the waiting period

Other: Plan coverage begins      .

When does coverage terminate?

The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

Other: Plan coverage will terminate      .

# Premium Conversion Plan - 7

## Plan Administrator Information

Plan Administered by:

Employer / Plan Sponsor

Third Party Administrator

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## PCP Plan Display Settings

Optional Display Settings:

1. Include the words “Premium Conversion Plan” in the Wrap SPD and Wrap Plan Document.

2. Remove the words “Premium Conversion Plan” from the Wrap SPD and Wrap Plan Document.

Important Note: Selecting option 2 will not affect other pre-tax benefits contained in the Wrap SPD and Wrap Plan Document, and will not prevent the Premium Conversion SPD and Premium Conversion Plan Document from generating.

## PCP Plan Dates

Effective Date of Plan: 10/01/2022

Is this:  a short plan year followed by the 12 month regular period.

Short Plan Years: Starts On:

Ends On:

Then the plan year will start on       and end on

a single regular 12 month period.

Plan Year dates: Starts On: 10/01/2022

Ends On: 10/31/2023