

Plan Year Checklists

- ☐ Complete the Annual Certification process. A notification email will be sent to you with a link to the Participation form approximately 120 days prior to your anniversary date. If we don't have your current email address, please email updated information to AdministrationSB@trustmarkbenefits.com.

What should I do if my group is keeping the same plan design next year?

- ☐ Sign, date and return the New Plan Year Acceptance form. Your Administrative Service Agreement and Plan Document will be sent for your electronic signature.
- ☐ Fax or email the completed form to Client Management at 847.615.3813 or ClientManagementSB@trustmarkbenefits.com.

What else should I consider for my group's new plan year?

- ☐ Hold an annual open enrollment meeting with your employees. Employees who previously declined coverage for themselves or dependents may enroll by completing enrollment via Express Connect® paperless enrollment or with an Employee Eligibility Statement form. Open enrollment is the month prior to your anniversary.
- ☐ If adding employees to your self-funded health benefit plan, submit completed Employee Eligibility Statement forms for each employee via fax at 847.615.5885 or email AdministrationSB@trustmarkbenefits.com. Or, you can complete and submit the Employee Eligibility Statement online using Manage My Group.
- ☐ If you have dual plans and an employee is switching between plans, please submit a letter or list of employee(s) identifying who will be changing their plan.
- ☐ Review your Healthcare Utilization Report for indications where a possible plan change could be beneficial.
- ☐ If you haven't already reviewed your New Plan Year offer with your broker, you may access it online via the Document Center.

¹Except in the instance of organ transplants, where benefits are available when performed at a designated transplant facility, and specialty drugs, where benefits are available when provided by the designated specialty pharmacy as outlined in the plan document.

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How can a plan design change benefit my group?

Plan design change options are available to help lower your group's cost, improve benefits or offer a more complete benefit package, including:

- Changing deductible, coinsurance or out-of-pocket amounts
- Changing copay amounts and options
- Adding a qualified high-deductible health plan design with a health savings account (HSA)
- Multiple plan options
- Trustmark Healthy ChoicesSM self-funded reference-based pricing plan designs enable employers to offer freedom of provider choice, with few exceptions.¹
- Trustmark Preventive PlusSM self-funded plan designs provide affordable preventive-only healthcare benefits to help your employees stay healthy.
- Fully insured dental and Life/AD&D plans from Trustmark Life Insurance Company
- Optional Lifestyle Management health improvement program and CareChampion 24/7® health advocacy service
- Adding or changing a health reimbursement arrangement (HRA) plan design
- Adding the self-funded Enhanced Health Benefits Package and Infertility Health Benefits Package

What should I do to complete a plan design change?

- ☐ Have your broker request a proposal for the plan design you desire if one is not included in your New Plan Year offer.
- ☐ Sign and date the appropriate page(s) of the alternative plan design proposal where it requires the officer's signature. Have your broker return it to us for processing. Plan design changes must be received 15 days prior to the effective date for on-anniversary changes.
- ☐ Once we receive your signed offer, a revised Administrative Services Agreement and Plan Document will be provided for your signature and must be returned within 10 days. A new Summary of Benefits and Coverage (SBC) will be sent to you as well. New ID cards will be issued and mailed to your covered employees within 14 days after processing.
- ☐ Distribute the employee plan documents and SBCs to your covered employees.