Non-Payroll Enrollment System (NPES)

User Manual

Updated June 2006

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1. Introduction

The OMB Benefits Office has a web based program for ALL Non-Payroll Groups to enter enrollment information. This system is called the Non-Payroll Enrollment System (NPES).

This system allows Non-Payroll Groups to enter enrollment information, reconcile the account with the carriers and provide necessary documentation for payment submission.

This manual shows step-by-step instructions on how to use the system. If you are having any problems, please feel free to contact Gail Hudson at 302-739-8331.

2. Step by Step Instructions

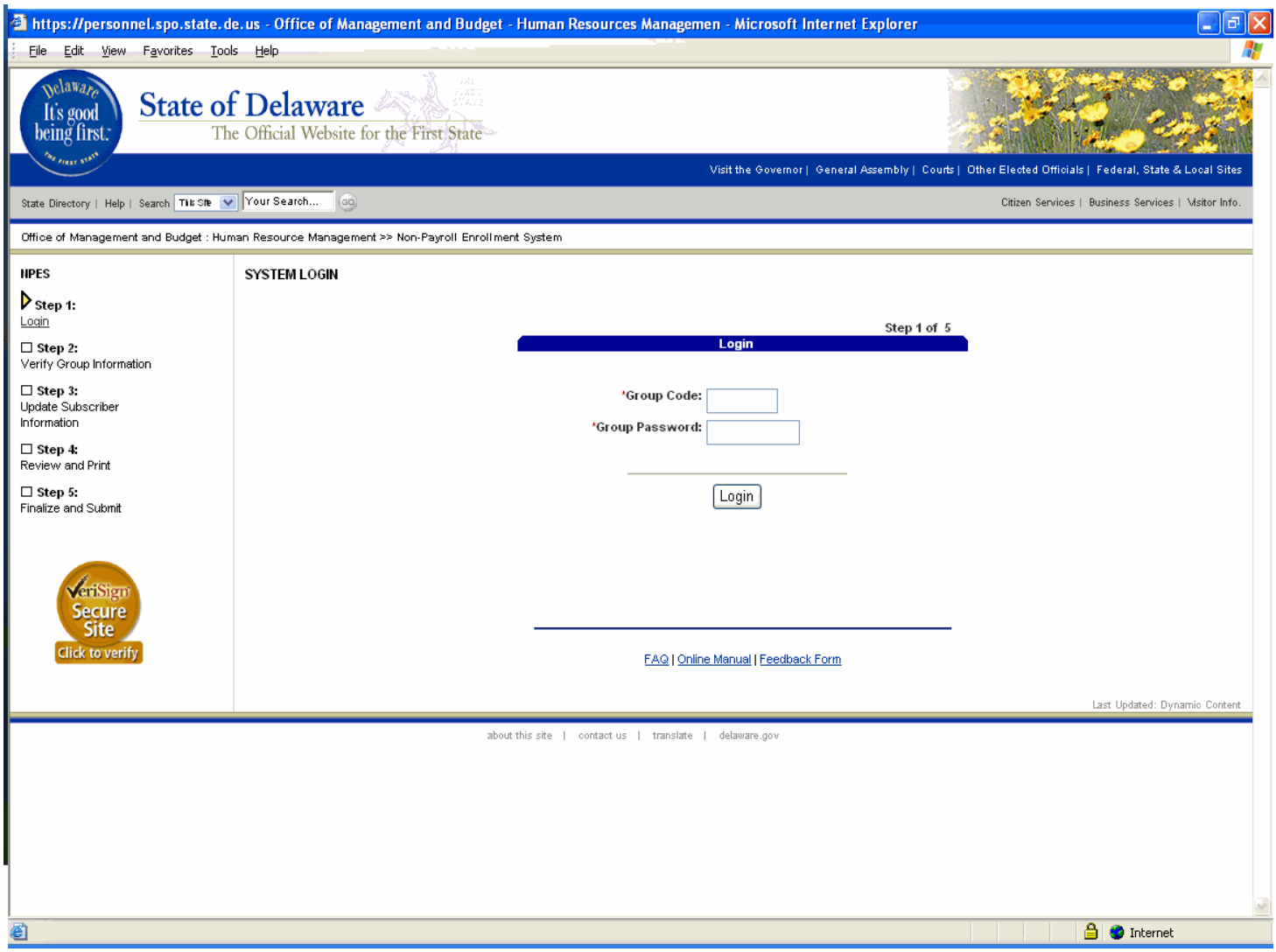
The **Non-Payroll Enrollment System (NPES)** can be accessed by the following link.

http://ben.omb.delaware.gov/NonPayroll/index.shtml

Login

On click of the NPES Login link, the following page will be displayed.

Enter your **Group Code** and **Group Password**. Click Login button after you enter your Group Code and Group Password.

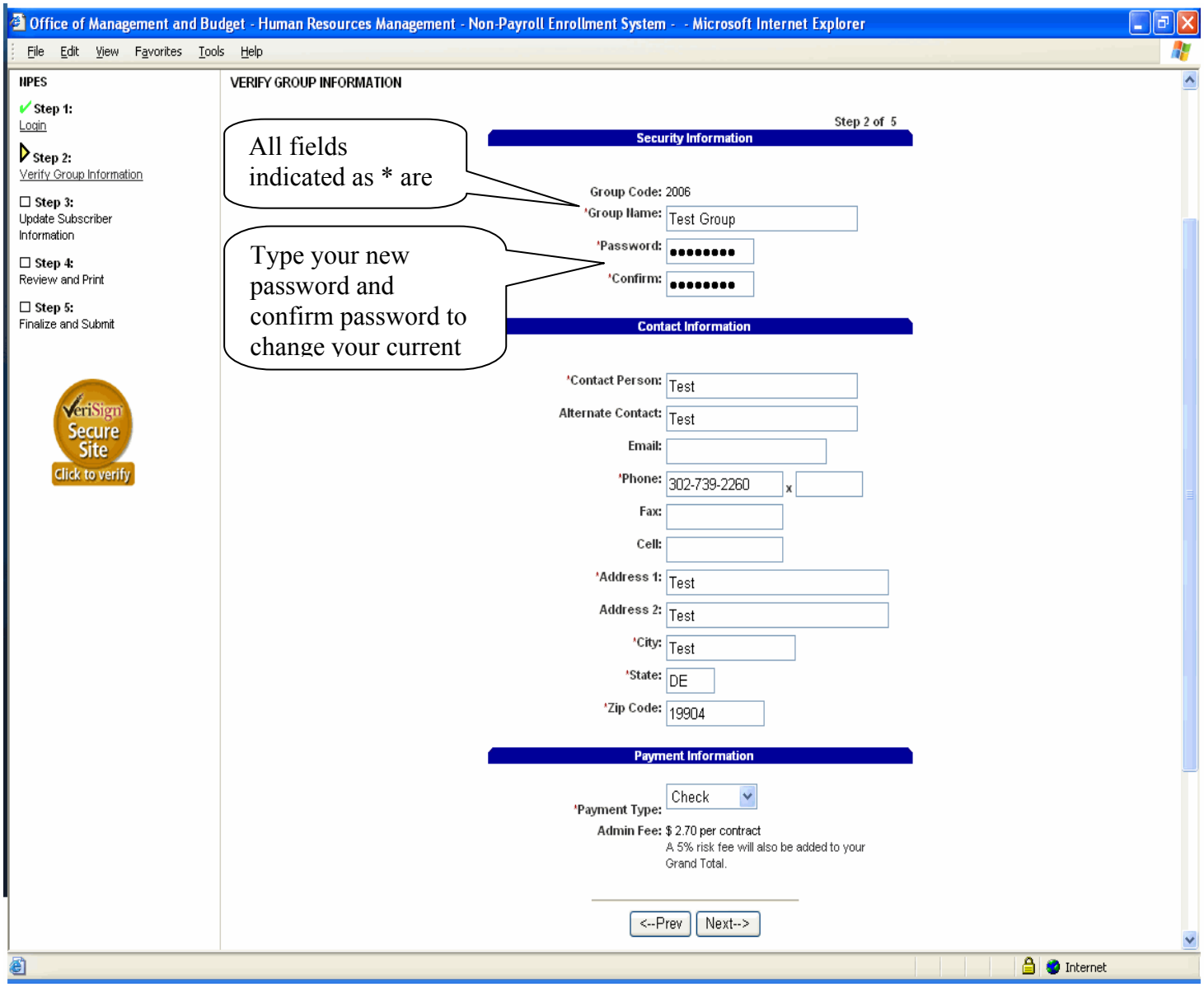


Group Information

On successful login, your Group Information page is displayed.

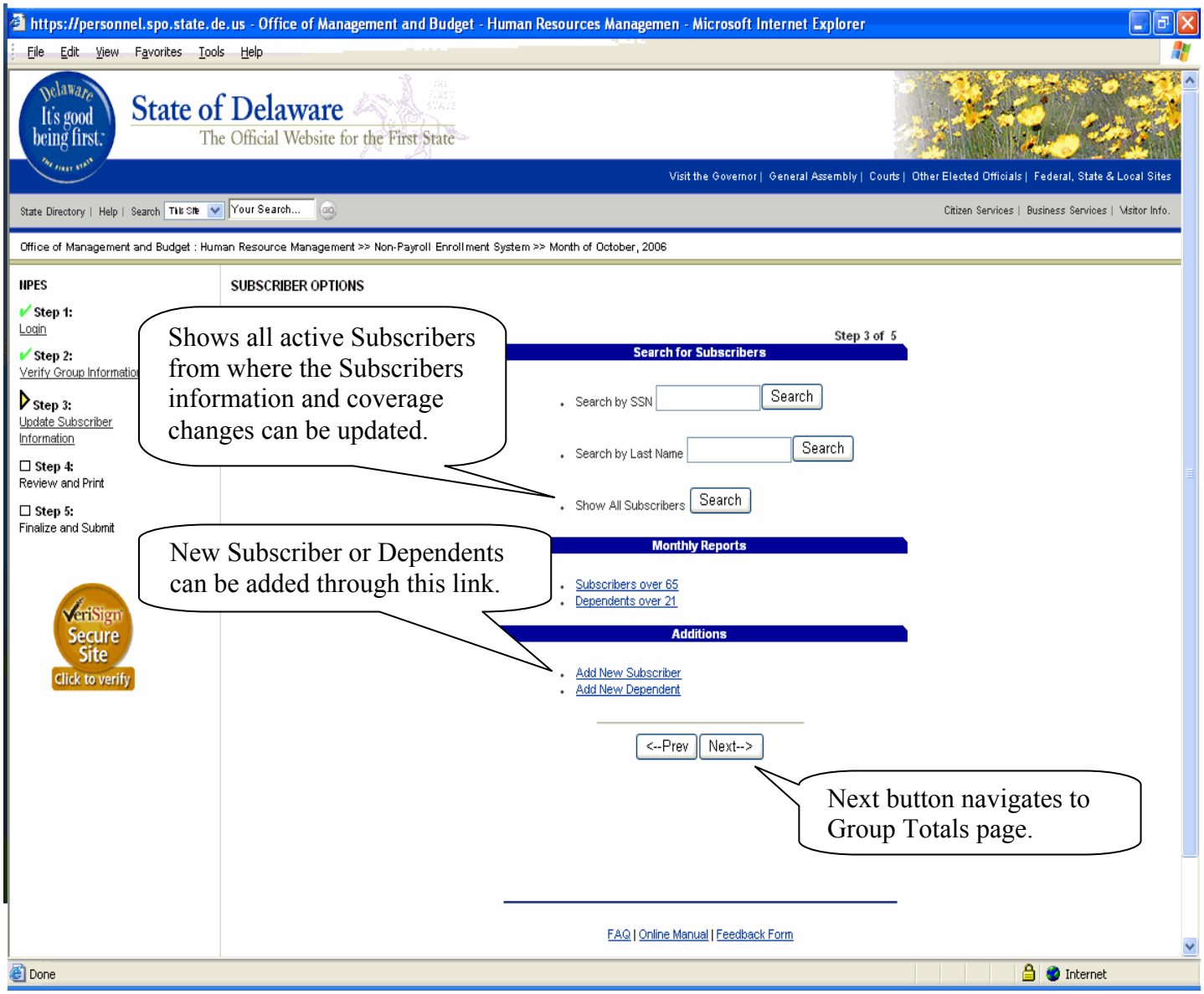
Check to see if all the group information is correct. Make changes as needed.

Select the payment type you will be using to make payment.



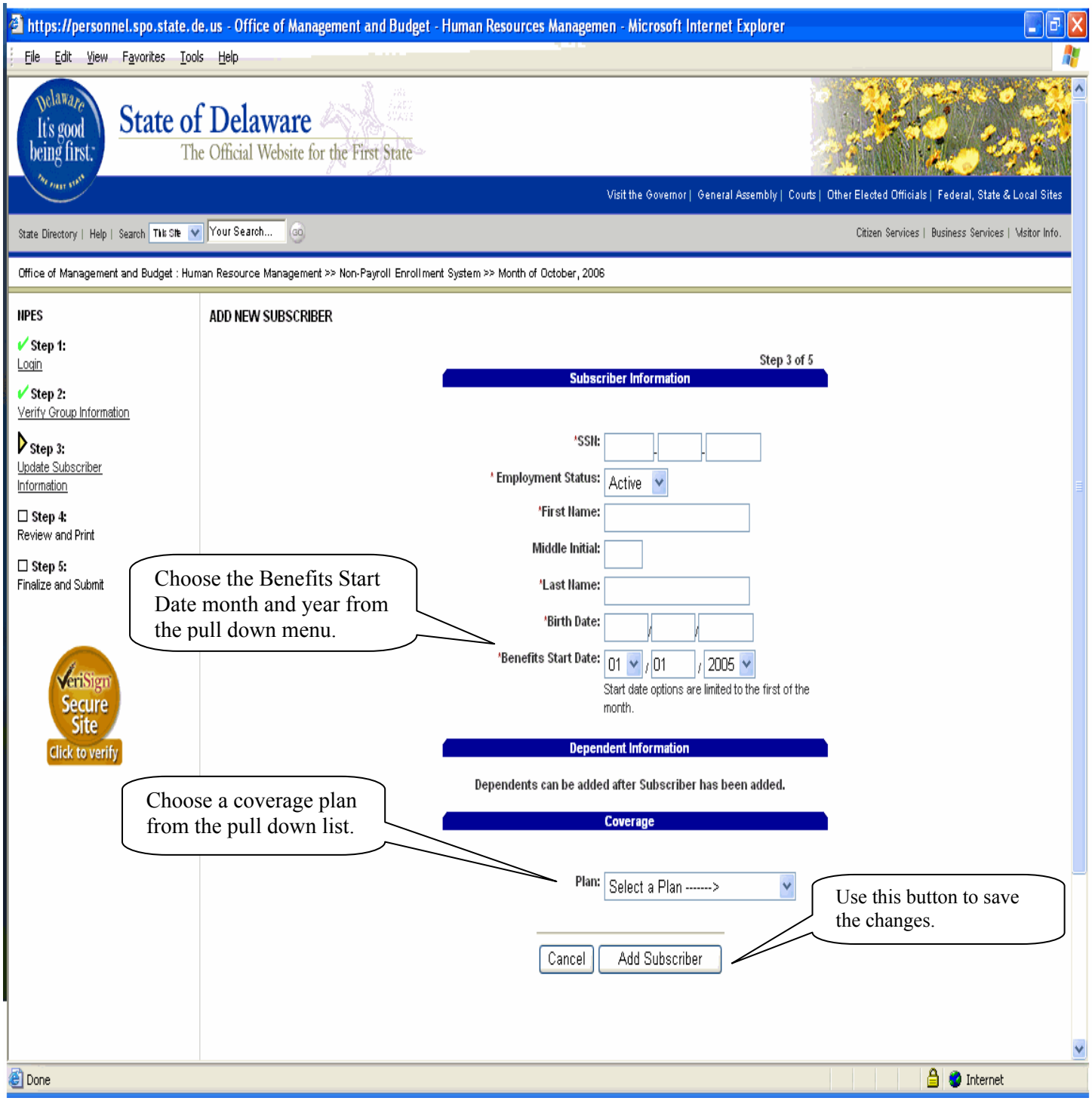
Navigate to the Subscriber Options page by clicking **"Next→"** button.

Subscriber Options



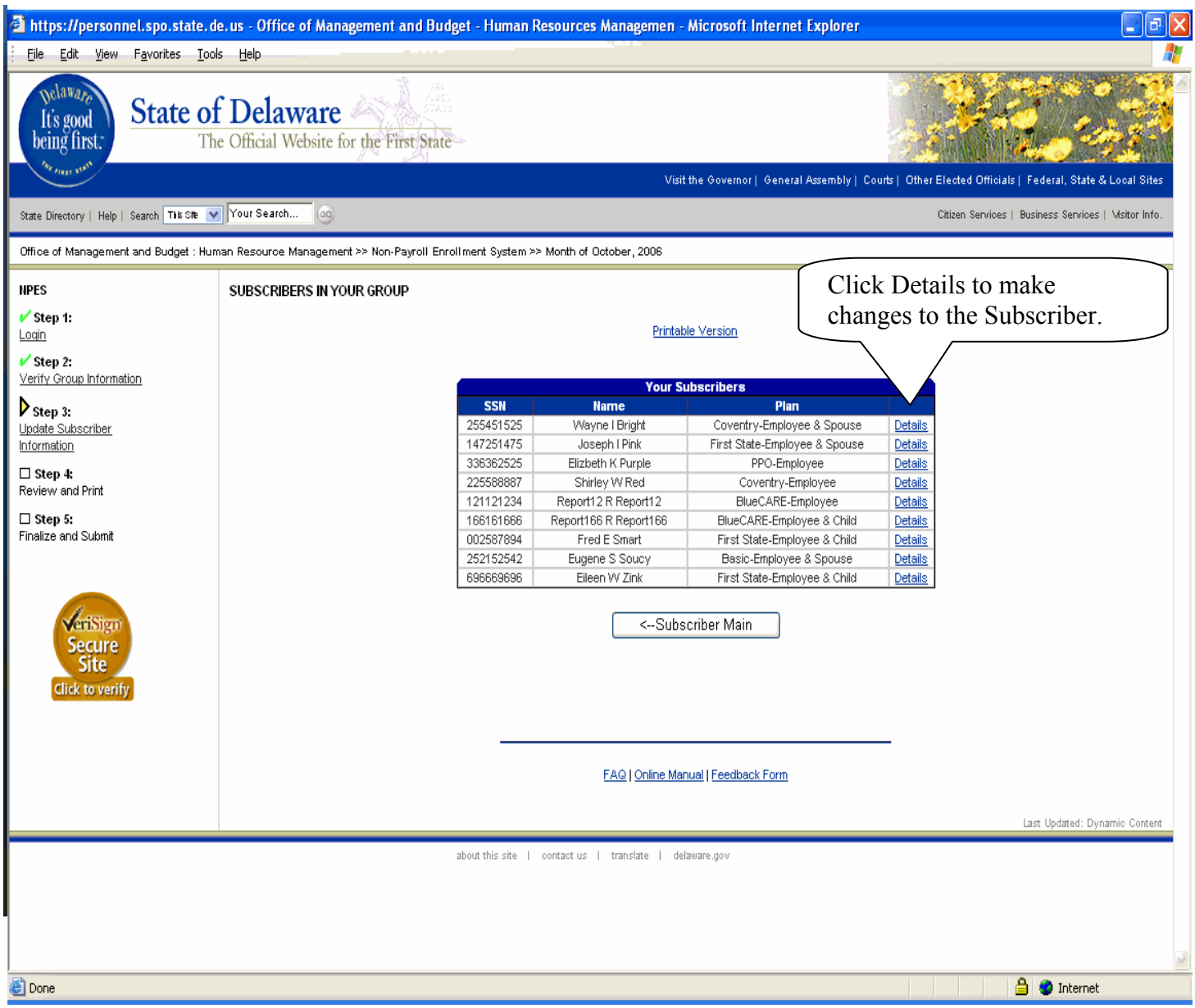
New Subscriber

How to Add a Subscriber?
By clicking the "Add New Subscriber" link, it navigates to the following page.



All Subscribers in the group

This page displays all the Active Subscribers and the current coverage plans. Click **"Details"** link to Update Subscriber's information, Coverage information or to make any Subscriber as Inactive.



Subscriber Details

Update Subscriber Information.

This page displays all the details of the Subscriber, the dependent list and the current coverage. Always use the button **"Update Subscriber"** to save your changes.

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HPES

✔ Step 1: Login

✔ Step 2: Verify Group Information

▶ Step 3: Update Subscriber Information

☐ Step 4: Review and Print

☐ Step 5: Finalize and Submit

SUBSCRIBER DETAILS

Step 3 of 5

Subscriber Information

SSN: 255-45-1525

*Employment Status: Active

*First Name: Wayne

Middle Initial: I

*Last Name: Bright

*Birth Date: 9 / 22 / 1948

Benefits Start Date: 7/1/2006

Coverage Active: ◉ Coverage InActive: ○

By default Coverage Active will be selected.

Use this link to change the dependent details

Dependent Information

Rel	SSN	Full Name	Birth Date	
SP	225557852	Steven S Bright	1/15/74	Edit
D	225847517	Jill R Bright	5/8/96	Edit

- Add New Dependent
- Dependents over 21 will be highlighted in yellow.
- Dependents that are not active will be highlighted in gray.
- Relationship Codes: SP-Spouse, S-Son, D-Daughter, O-Other

Current Coverage

Subscribers that are not active will be designated as Not Assigned.

Carrier: Coventry

Plan Name: Coventry

Plan Tier: Employee & Spouse - $889.44

To save changes that are made, click this button.

Cancel | Update Subscriber

Done | Internet

New Dependent

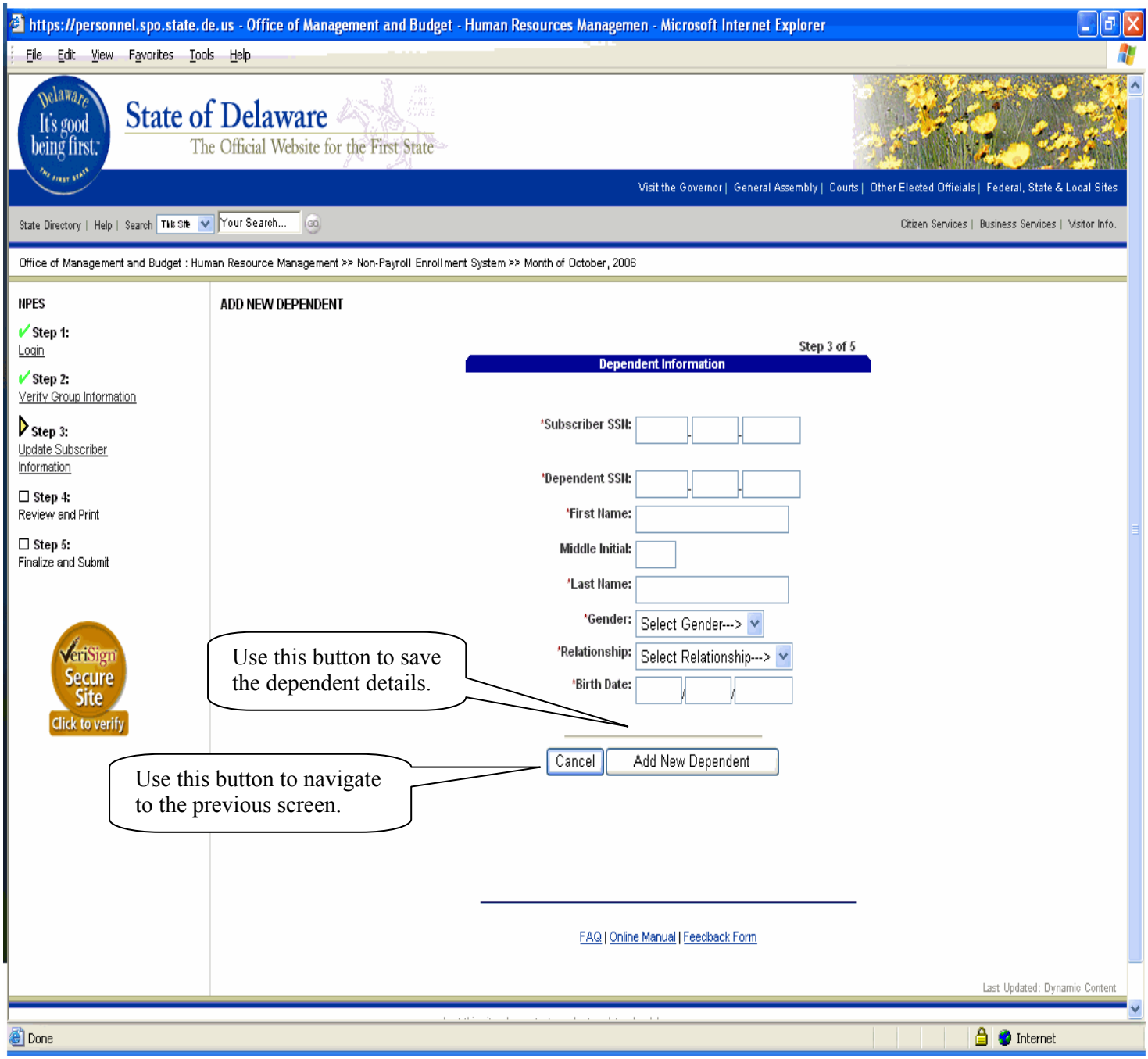
How to add new dependent to the Subscriber?

Dependents can be added in two ways:

1. Dependent can be added from the Subscriber Options page by clicking the **"Add New Dependent"** link.
2. Dependents can also be added from the Subscriber Details page.

You can also edit and update dependent's information from Subscriber Details page. Use the **"Edit"** link.

On clicking of the **"Add New Dependent"** link, it navigates to the following page.



Deactivate a Subscriber

If the Subscriber is no longer active in the group, you should make the coverage inactive. This can be done in the Subscriber Details page.

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Subscriber Information

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*Employment Status: Active

*First Name: Wayne

Middle Initial: I

*Last Name: Bright

*Birth Date: 9 / 22 / 1948

Benefits Start Date: 7/1/2006

Coverage Active: ○ Coverage InActive: ◉

Terminate subscriber for the end of

Current Month ○ Last Month ◉

Benefits End Date: 9 / 30 / 2006

Dependent Information

Rel	SSN	Full Name	Birth Date	
SP	225557852	Steven S Bright	1/15/74	Edit
D	225847517	Jill R Bright	5/8/96	Edit

- Dependents over 21 will be highlighted in yellow.
- Dependents that are not active will be highlighted in gray.
- Relationship Codes: SP-Spouse, S-Son, D-Daughter, O-Other

Current Coverage

Subscribers that are not active will be designated as Not Assigned.

Carrier: Coventry

Plan Name: Coventry

Plan Tier: Not Assigned

Cancel | Update Subscriber

Done | Internet

Select Coverage Inactive to deactivate the subscriber.

On selecting Coverage Inactive this section is displayed.

On choosing the Current Month and Last Month, the Benefits End Date is calculated automatically.

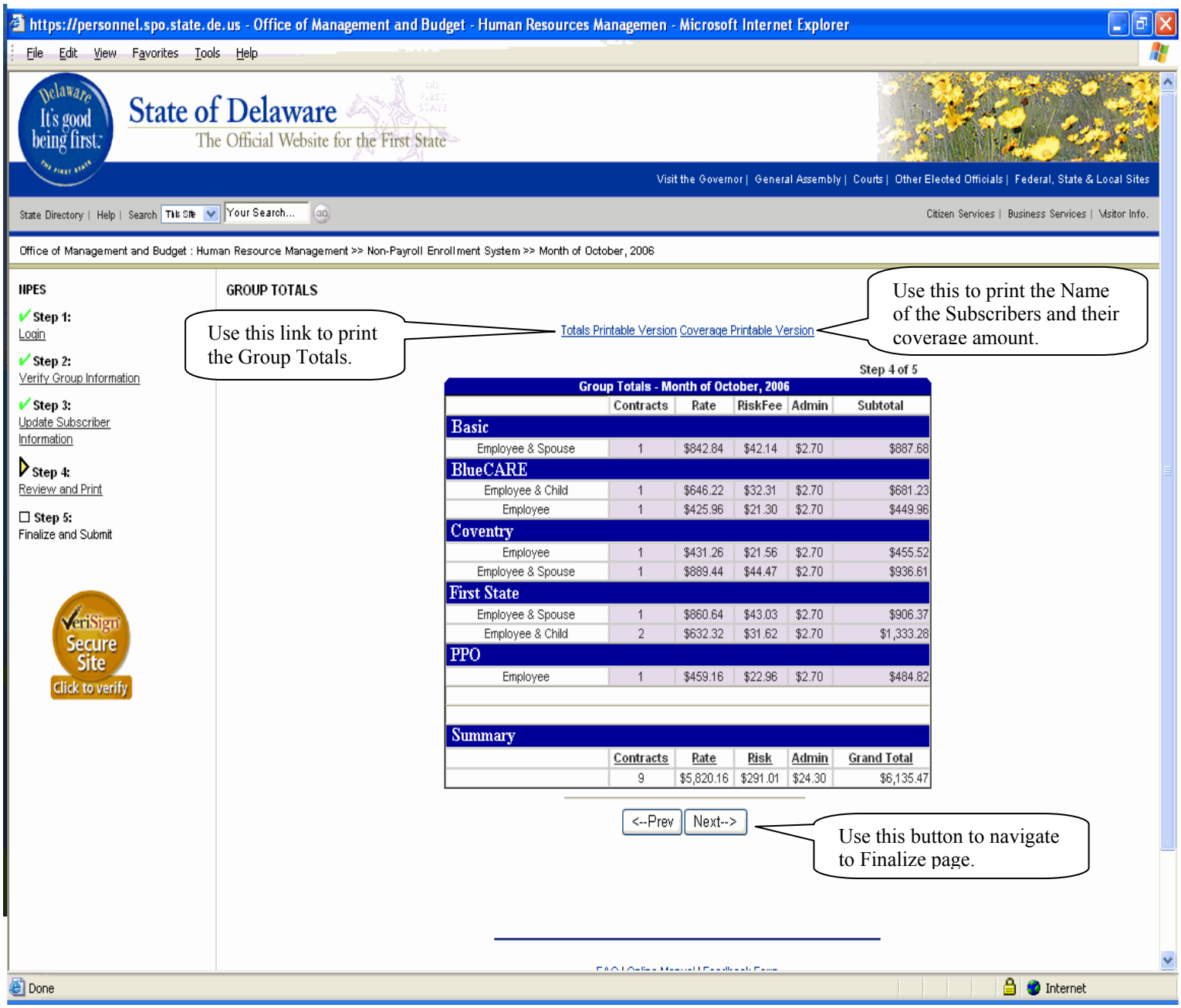
If the Coverage is Inactive, Plan Tier will be reset to "Not Assigned".

Always use this button to save the changes.

Group Totals

To view Group Totals, use the **"Next →"** button in the Subscriber Options page.

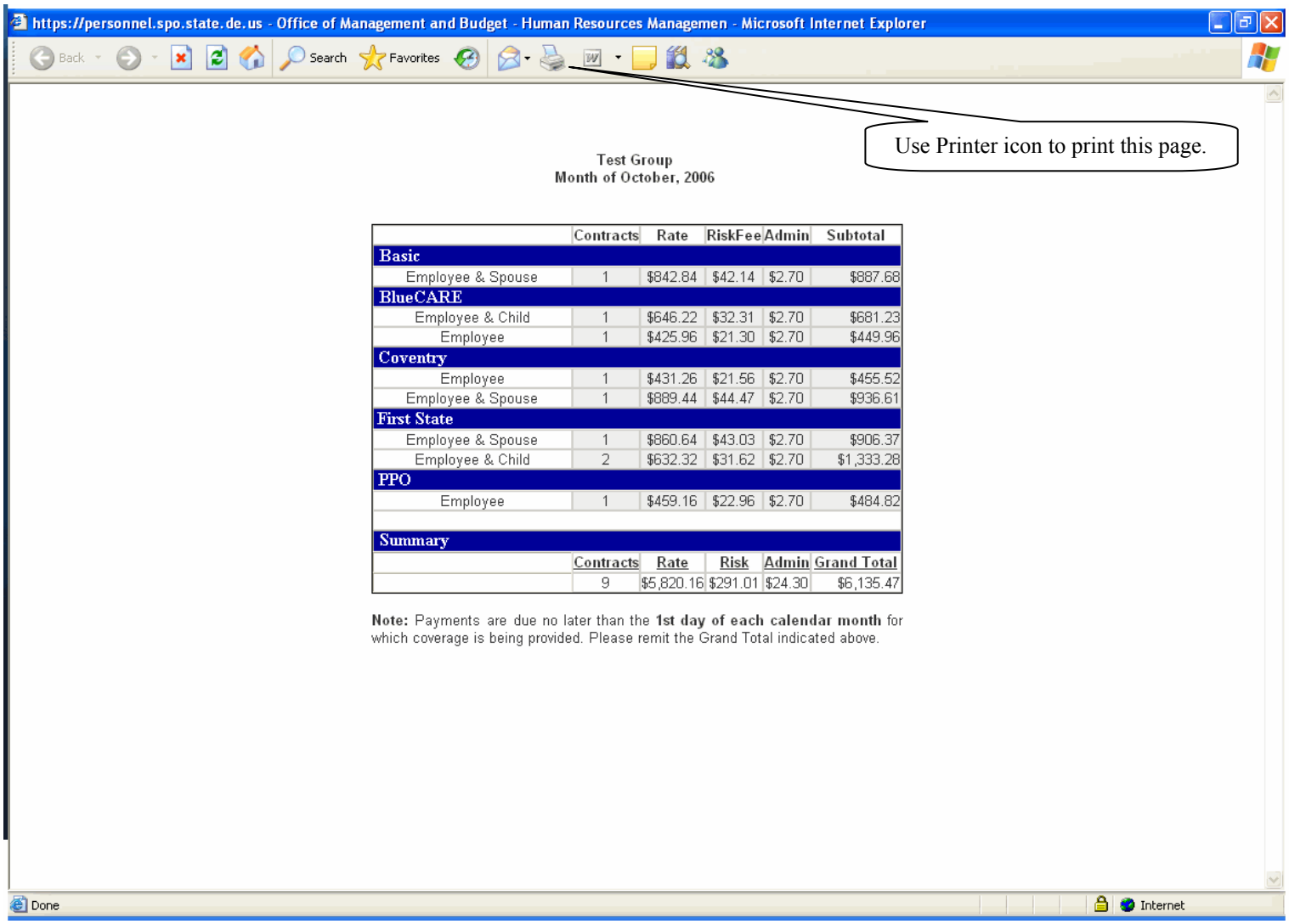
Group Totals are displayed for the corresponding months.



Totals Printable Version

Copy of this page must be submitted with your payment.

If payment is by wire, write on the top of this page the date the wire was sent, sign the page and mail to OMB/Benefits.



	Contracts	Rate	RiskFee	Admin	Subtotal
Basic					
Employee & Spouse	1	$842.84	$42.14	$2.70	$887.68
BlueCARE					
Employee & Child	1	$646.22	$32.31	$2.70	$681.23
Employee	1	$425.96	$21.30	$2.70	$449.96
Coventry					
Employee	1	$431.26	$21.56	$2.70	$455.52
Employee & Spouse	1	$889.44	$44.47	$2.70	$936.61
First State					
Employee & Spouse	1	$860.64	$43.03	$2.70	$906.37
Employee & Child	2	$632.32	$31.62	$2.70	$1,333.28
PPO					
Employee	1	$459.16	$22.96	$2.70	$484.82

Summary

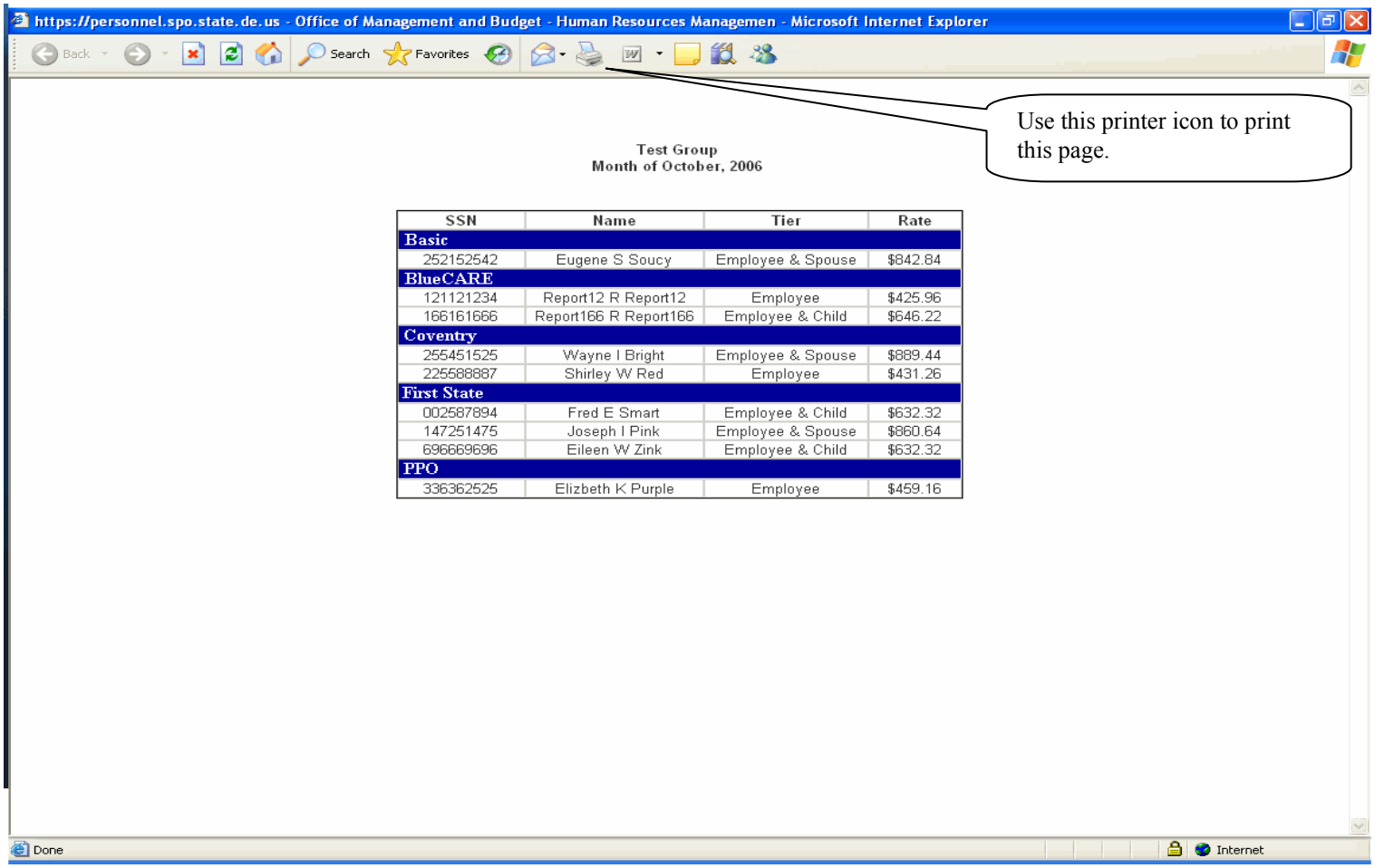
Contracts	Rate	Risk	Admin	Grand Total
9	$5,820.16	$291.01	$24.30	$6,135.47

Note: Payments are due no later than the **1st day of each calendar month** for which coverage is being provided. Please remit the Grand Total indicated above.

Coverage Printable Version

Copy of this page must be submitted with your payment.

If payment is by wire, write on the top of this page the date the wire was sent, sign the page and mail to OMB/Benefits.



SSN	Name	Tier	Rate
Basic			
252152542	Eugene S Soucy	Employee & Spouse	$842.84
BlueCARE			
121121234	Report12 R Report12	Employee	$425.96
166161666	Report166 R Report166	Employee & Child	$646.22
Coventry			
255451525	Wayne I Bright	Employee & Spouse	$889.44
225588887	Shirley W Red	Employee	$431.26
First State			
002587894	Fred E Smart	Employee & Child	$632.32
147251475	Joseph I Pink	Employee & Spouse	$860.64
696669696	Eileen W Zink	Employee & Child	$632.32
PPO			
336362525	Elizbeth K Purple	Employee	$459.16

Finalize and Submit

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HPES

✔ **Step 1:** Login

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✔ **Step 4:** Review and Print

▶ **Step 5:** Finalize and Submit

Check each box and submit your report.

FINALIZE AND SUBMIT

Step 5 of 5

Finalize and Submit

☑ I certify that I am authorized to submit this Monthly Enrollment Report on behalf of the **Test Group**.

☑ I agree the totals on the previous screen are correct for the month of **October, 2006**, to the best of my knowledge.

☑ I agree to send to the Office of Management and Budget, Human Resources Management on the first day of the month covered the amount of: **$6,135.47**

<--Prev | Submit to OMB

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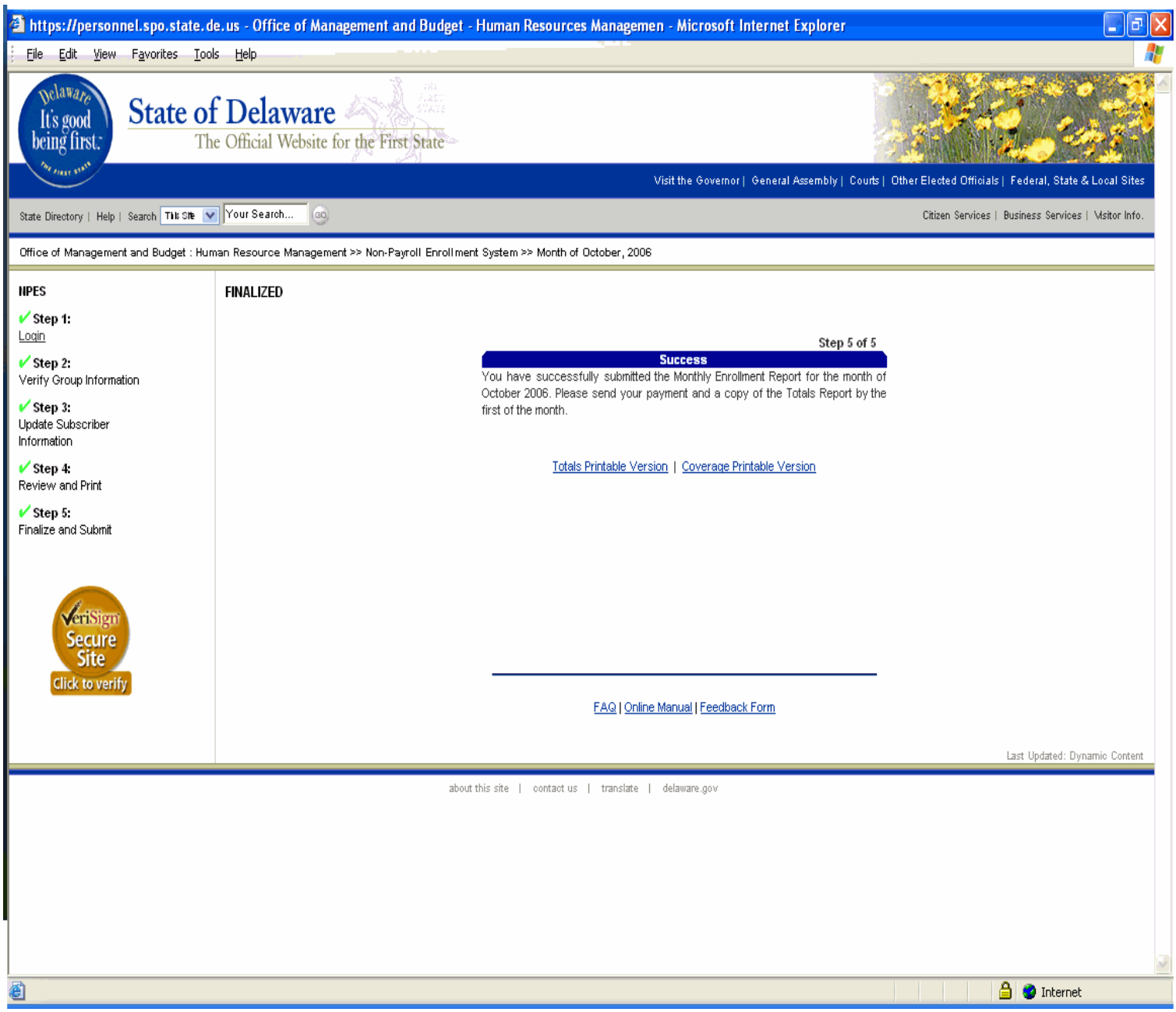
Internet

Finalized

After a successful submission, you should be seeing a confirmation page. This will be the end of the process.



3. Payment Instructions

Checks

1st. Print out the printable version of the Group Totals Report and the Coverage Report.

2nd. Cut the check for the Grand Totals Amount. Make check payable to OMB/Benefits.

3rd. Attach the Group Totals Report, Coverage Report and the check together.

4th. Send check, Group Totals Report and Coverage Report to:
State of Delaware
Statewide Benefits Office
Blue Hen Corporate Center
655 South Bay Road, Suite 202
Dover, DE 19901

5th. All payments are due the 1st day of the month which coverage is being provided.

6th. Remember—you cannot change the monthly enrollment after you hit the Submit button. If changes are needed, please refer to the Retro Policy, which is attached.

Wires

1st. Print out the printable version of the Group Totals Report and the Coverage Report.

2nd. On the top of the report, please state that you are sending a wire, the date it was sent, and sign the report.

3rd. Send the Grand Totals Report and Coverage Report to:
State of Delaware
Statewide Benefits Office
Blue Hen Corporate Center
655 South Bay Road, Suite 202
Dover, DE 19901

4. RETRO POLICY
NON-PAYROLL GROUPS

<u>NO</u> prior month change can be entered on the system!

1st. Fill out the Retro Form for the appropriate carrier.

2nd. Figure out the amount of premium that is due or the amount of refund due from the change in coverage.

3rd. Make the check payable to OMB/Benefits. This check MUST be a completely separate check from your monthly premium check. If the check does not match the paperwork we will not accept it. It will be returned to you.

4th. Make copies for your file.

5th. Send the retro form, check and appropriate paperwork to: State of Delaware, Statewide Benefits Office, Blue Hen Corporate Center, 655 South Bay Road, Suite 202, Dover, DE 19901.

OMB/Benefits and carrier must approve <u>ALL</u> prior month changes!

- ❖ OMB/Benefits will make all prior month changes on the system after the carrier confirms the change.
- ❖ The change will be reflected on the next month's Enrollment Report.

<u>Things to Remember:</u>

- No changes can be made in tiers unless there is a qualifying event.
- Open Enrollment is the only time a carrier change can be made.
- Any change adding a spouse for the first time – a Spousal Coordination Form must be filled out and sent to the carrier. At every Open Enrollment period, a new Spousal Coordination Form must be completed for anyone carrying Employee/Spouse or Family coverage.
- Termination date is always the last day of the month. Start date is always the first day of the month.