



BRI: an Inspira Financial Solution
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Benefit Continuation Client Guide

(COBRA, CONTINUATION, DIRECT BILLING)



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INTRODUCTION TO BENEFIT CONTINUATION ADMINISTRATION

Once Benefit Continuation implementation is completed by the BRI onboarding team, employers are introduced to their dedicated Account Manager for ongoing support. At this time, new clients should receive:

- Introduction email to/from their Account Manager
- Account Manager contact information
- Employer portal access/login instructions
 - Instructions on how to submit New Plan Members, Qualified Beneficiaries, Direct Bill Members
- Resources
 - Benefit Continuation Client Guide
 - COBRA Employer Portal demo
 - BRI Resource Center link
 - Open Enrollment link

BEST PRACTICE

It is best practice to review the following prior to the effective date of administration:

- Carrier contact information for eligibility
- Plan Account Structure
 - Plan Names
 - Benefit Settings
 - Plan Rates
- Legacy Records
 - Download the Generated Letters Detail report to ensure all QBs reported to BRI were sent a Takeover Notice.
 - Download a Member Status report to ensure accuracy for member records provided.

BENEFIT CONTINUATION PORTAL ACCESS

Employers, brokers, and members utilize their access to the COBRA/Direct Billing portal for use 24/7. The portal is important for transparency of data and shared information between all parties. Employers should use the COBRA portal to run reports as well as update/add member records and view communications. Within the portal all users have access to a Learning Central tool which allows for self-directed learning and detailed instructions for the site itself.

The COBRA/Direct Billing portal for Employers is accessed through BRIWEB using a single sign-on (SSO).

BRIWEB

EMPLOYER LOGIN REGISTRATION

- Go to the [BRIWEB Employer Portal](#)
- Click on **First-Time Login** under the yellow Login button
- Enter your Login ID
- You should receive an email from BRI within 5 to 10 minutes.
 - This can sometimes be routed to your junk/spam folder. Please check there first. If you have not received it within 1 hour, please let your Account Manager know.
- Click the link and create a secure password.
 - Please make sure to follow the security protocols of your company. Passwords should never be written down or shared. If another member needs a login, an additional login should be set up.
- Enter your Login ID and Password to enter the BRIWEB Employer Portal.

BRIWEB EMPLOYER LOGIN UPDATES

- Recovery Email Change
- Enter the email address that you would prefer to receive emails about password reset.

HOW TO CHANGE YOUR EMPLOYER PASSWORD

- Log in to your account
- Click on your company name in the left-hand navigation menu
- Select **User Profile**
- Enter your current Password
- Enter a New Password and enter again to confirm
- Select **Update Information**

HOW TO ADD ADDITIONAL EMPLOYER LOGINS

- Log in to the BRI Employer Portal
- Click on your company name in the left-hand navigation menu
- Click on **Manage Users** (it should be the middle option)
- On the right-hand side of the page click on Add New User
- Create a login ID and enter the user's email address
- Note: If you would like this user to be able to set up additional logins or disable current logins make sure the **Manger User** box is checked.
- Click **Submit**
- Make sure to provide the login ID to the user with the steps from above so that once login is created, they can register.
 - *For additional logins that need access to COBRA, please email your dedicated Account Manager.*

HOW TO DISABLE EMPLOYER LOGINS

Disabling a login will occur when a customer's employee either changes roles and no longer requires access to the COBRA/Direct Billing portal or leaves the organization (terminates employment).

- Log in to the BRI Employer Portal
- Click on your company name in the left-hand navigation menu
- Click on **Manager Users** (it should be the middle option)
- Select the user and then select **Disable**
- Click **Submit**

SECURE FILE TRANSFER

The secure file transfer tab can be accessed from the left-hand navigation menu and should be used to securely download COBRA data to BRI in pre-approved formats. Ex. New Plan Members, Qualifying Events. Once received, the file management team will import into the COBRA portal.

PLEASE DO NOT EMAIL PII/PHI DATA TO YOUR ACCOUNT MANAGER

COBRA/DIRECT BILLING TAB

Once SSO is enabled, the COBRA/Direct Billing tab will appear at BRIWEB. To access the COBRA Portal, please click on this tab. If this does not appear, please contact your COBRA Account Manager.

COBRA PORTAL USER ROLES & RIGHTS

If a group's account structure indicates the need for multiple remittance payments to be sent to different locations, it is possible that an employer contact may need access to the COBRA portal's "broker" site. While the web design is different, much of the functionality remains the same. If there is a need for this type of setup, a BRI team member will assist.

Please note that the member's record is locked after the employer adds and saves it. If further edits are needed, please reach out to the COBRA Account Manager. Ex. Demographics, SSN, Subsidy information, FSA premium rates.

BROKER ACCESS

Brokers must register for the COBRA broker portal if processing COBRA events and/or updating plans and rates on behalf of a mutual client. During open enrollment it is important that those who provide the new account structure to BRI can confirm that the system updates made are accurate for the new plan year. This is accomplished by logging in to the portal and viewing information in real-time. If discrepancies are found and BRI is notified timely, corrective action can be taken with minimal impact to individuals and their coverage.

Brokers must login directly to the site with a unique username: cobra.benefitresource.com.

QUALIFYING EVENTS, ENROLLMENT & REPORTS

New Plan Members, COBRA qualifying events, and new Direct Bill members are reported to BRI using standard methods within 30 days of the event.

- EDI file feed (tested and approved for production in BRI formats)
- Portal (employer/broker adding directly into the system)
- Upload of a BRI standard spreadsheet via BRIWEB Secure File Transfer

It is important to send data using secure methods, not via email sent directly to a BRI account manager.

EDI FILE FEEDS

Data Maintenance technicians test and approve NPM, QB and SPM files for production. Files are typically scheduled to be delivered weekly on a consistent day of the week. If errors are discovered within a live file feed, the employer will be notified and may need to work with their vendor to make the necessary changes. The most common types of file errors include incomplete member data, inaccurate plan names or illogical dates for coverage. Account Managers make every effort to work with employers to facilitate the necessary updates but clients may be asked to submit events manually if issues persist.

There are certain data fields and best practices that can avoid issues and save time:

- New Plan Member (NPM) – include Date of Hire DOH and Re-Hire dates.
- Remove duplicate records from appearing on subsequent files (only send 1x)
- If choosing to manually enter a record, remove it from passing on the file.
- Do not send blank files if no activity.

BENEFIT CONTINUATION NOTICES

Notices are generated from the record created in the COBRA portal.

- COBRA Specific Rights Notice (Qualifying Event)
- COBRA General Rights Notice (Initial Rights)
- Direct Bill Welcome

Other notices to members include payment coupons, open enrollment packets, plan changes, partial and late payment reminders and expiration letters. All notices are generated based on the system's plan design and action taken in real time to inform members of the activity on their account. This helps to keep plan sponsors compliant and individuals apprised of their healthcare.

NOTICE TIMING

All notices are generated overnight and mailed to members on the next business day. This is where all portal users will be able find a copy of the notice on the Communications tab of the member record in the system (QB, NPM, SPM). EDI files are typically imported within 24-48 hours and error handling and correction will occur thereafter with the employer, as needed. Errors can occur for several reasons including incomplete data, account structure discrepancies and formatting issues. During year end, file imports may take additional time due to increased files sent and challenges with plan updates and timing of updates between vendors.

ENROLLMENT

Once a member chooses to elect to continue coverage, they are instructed to send their election form and initial payment to BRI's PO Box or register online via the member portal or mobile app. Online elections will generate notification to BRI the next day whereas paper forms are first sorted and then manually processed from a file. Carrier Notification reports are generated by BRI daily and used to securely email or update carrier contacts through online access (as provided to BRI during implementation or at renewal). If the contact for a carrier update has changed, BRI must be notified to update our system. If an HRIS system requires updates, the appropriate email address must be given so the correct user for that system can make the same updates.

- Secure Email
- Carrier Portal Access
- Fax

ELIGIBILITY TIMING

BRI sends a carrier notification using whichever method is determined during implementation. The turnaround is typically 2-3 business days, depending on activity and volume. (Ex. ARPA activity). Actual enrollment thereafter depends on the carriers themselves. BRI is a record keeping portal, not an enrollment system. Please remember that COBRA lends itself to retroactivity and will oftentimes be in arrears. If a Qualified Beneficiary needs services in the interim of paperwork being processed, they will submit a claim to their insurance provider for reimbursement (found on the carrier websites). Another alternative is to work with providers on the timing of their billing practices.

ALTERNATIVES TO COBRA

Purchasing an individual health plan is an alternative to COBRA. This is a plan that individuals can buy from a broker, insurance carrier or through a state or federal Health Insurance Marketplace. To compare plan details and cost, individuals should visit [HealthCare.gov](https://www.healthcare.gov) for more information.

eHealth is a great resource for qualified beneficiaries to explore their options and this information is included in BRI's COBRA Specific Rights Notice. [ehealthinsurance.com](https://www.ehealthinsurance.com)

REPORTS

These are the 3 most used reports for employers. Various other standard and accounting reports are available to pull as .csv or .pdf in the COBRA portal 24/7 and are real time.

- **Generated Letters Detail** - serves as an audit to incoming record data if sorted by COBRA Specific Rights, COBRA General Rights or SPM Welcome. It is the evidence of what was mailed by BRI.
- **Member Status/QB Plan Member Detail** - lists all members and their status, which can be filtered by E for enrolled, P for pending and Active if enrolled in a direct bill plan.
- **Remittance** - can be pulled on the 1st of the month to display all payments collected in the month prior. This information should be used to reconcile carrier billings for membership. Any discrepancies should immediately be reported to BRI.

UNDERSTANDING MEMBER STATUS

Status is used in the portal to indicate the current state of a member's coverage under a plan in the COBRA system. Status is automatically changed by the system based on defined time periods, system actions, payment activity, and letter generation rules. If a member is covered under multiple plans (ex. Medical, dental, and vision), each plan can have a different status.

QUALIFIED BENEFICIARY (COBRA)		SPECIAL PLAN MEMBER (DIRECT BILL)
P (Pending)	E (Enrolled)	Active
PR (Elected coverage but not yet Paid)	TP (Never Elected)	Terminated
E45 (Enrolled and in 45 Day Grace Period)	TE (Terminated from COBRA)	

OPEN ENROLLMENT

BRI will reach out 30-60 days in advance of a renewal to obtain updated plan information. There is a link that provides all templates and forms required. Once received, BRI will adjust system account structures and customize the OE packet which includes a cover letter, rate sheet, election form, instructions, SBCs and applicable summaries. The OE notice will be mailed to anyone pending or enrolled in COBRA/Direct Billing. If a member chooses to change their benefits, they will do so by returning their forms to BRI who will in turn contact the carrier(s) associated. Please note that Open Enrollment windows do not have to align with the active employee benefits timeline.

OPEN ENROLLMENT RESOURCES

- Instructions: [COBRA Renewal & Open Enrollment Page](#)
- Overview Video: [BRI COBRA/Direct Bill Renewal Overview](#)

PLAN REVIEW BEST PRACTICES

At renewal, it is important to review all COBRA plan settings in the COBRA/Direct Billing Portal including:

- Carrier enrollment contacts – This ensures members are enrolled timely
- Plan Names – Each plan name needs to be exact between vendors (EDI, HRIS)
- Coverage Levels
- Benefit termination rules – End of Month, Date of termination
 - ACA Rates – BRI must be notified of when plans are renewed (anniversary date vs. birthday). All Qualified Beneficiaries offered an ACA rated plan MUST have all dependent information included with the record.

BRI requests these updates using a Carrier and Rate Information worksheet included in the renewal paperwork.

If renewal information is provided to BRI after the effective date of the renewal, BRI will update rates prospectively in the COBRA system for future premium payments due.

CUSTOM PACKET DISTRIBUTION LIST

BRI will send standard open enrollment materials to all COBRA Qualified Beneficiaries (QBs) who are either pending their election (in the 60-day window) as well as those who are current COBRA participants. For continuation and direct bill plans, all current participants should be notified.

CUSTOMIZATION

Standard templates are used for Open Enrollment packets and can only be edited for account structure complexities. (Ex. Different divisions require separate offerings). Please see your dedicated COBRA Account Manager for details.

MAILING

Due to increased year-end volume, open enrollment packets may be delayed if this information is not received by BRI according to this time frame. If we receive all the required information in its entirety, it may take BRI up to 5-7 business days to mail our customized packets once finalized. USPS mailing time can vary.

PRICING

Refer to your signed Sales Agreement for open enrollment pricing information and notify your Account Manager if you have any questions.

STATE CONTINUATION

Each state separately administers State Continuation laws and there are differences in comparison to Federal COBRA. Longer coverage periods may apply under state law and “mini-COBRA” rules. If applicable, an insert should be included in the COBRA Specific Rights Notice and coverage extended. Benefit Resource will work with insurance carriers and employers to coordinate continuation of coverage and premium collection. Details regarding state continuation should be discussed during the onboarding process and each subsequent benefit renewal.

NEW YORK

If a qualified beneficiary is eligible to continue health coverage under federal COBRA for 18 months, then they can continue coverage under state continuation for an additional 18 months. This allows for a total of 36 months of coverage when combining the COBRA and state continuation benefits.

CALIFORNIA CAL-COBRA

CAL-COBRA is administered directly by the insurance carriers who reach out to individuals upon their expiration of COBRA coverage. Cal-COBRA allows individuals to continue their group health plan coverage for an additional 18 months.

COVERED CALIFORNIA

Any COBRA eligible plans offered through Covered California (SHOP plans), will be set up into the COBRA portal as one plan with a Member Specific Rate (MSR) during the group’s implementation. It is the responsibility of the client and/or broker to provide the correct rate at the time of the qualifying event and at each rate renewal period. A Member Status Report can be downloaded at any time to review COBRA membership.

HIPP NOTICE

The HIPP Notice is intended for terminating employees that are residents of California and are included in the COBRA Specific Rights Notice.

EMPLOYER REPORTING

5500 REQUESTS

ERISA plans with more than 100 participants on the first day of the plan year must file a Form 5500 with the DOL each year. This includes medical, dental, vision, life, short term disability, long term disability and health FSA plans.

To access this information, download a QB and/or SPM Detail for ACA report from the COBRA Employer Portal and apply the necessary filters. **Reports - Standard Reports – QB/SPM Detail for ACA.**

1095-CS

The **QB Detail for ACA** report contains information that helps employers meet necessary reporting obligations under the Employer Reporting Mandate component of the Affordable Care Act (ACA). This mandate requires employers with 50 or more full-time equivalent employees to file 1094/1095 B & C forms annually. These forms are a tracking system for tax credits and tax penalties.

- Select the Insurance Types to include in the report.
- Enter the Start Date and End Date (calendar year). All members with a plan with a Start Date and Last Day of Coverage date within the selected time frame will be included in the report. The Last Day of Coverage date is the member's termination date if one exists.

To access this information, download a QB and/or SPM Detail for ACA report from the COBRA Employer Portal and apply the necessary filters. **Reports - Standard Reports – QB/SPM Detail for ACA.**

Please note that the COBRA portal is not a benefits enrollment platform but rather a system to send notices and collect payments. To view the actual membership of the COBRA/Direct bill group, employers must refer to the insurance invoices or reach out to the carrier directly.

MEMBER SUBSIDIES

If an employer chooses to subsidize all or a portion of a member's premium, they can apply this information using the COBRA portal directly under the **Subsidy Tab**.

- Subsidy schedule start and end dates
- Subsidy amount (the amount the employer is paying)
 - Flat vs. Percentage
- Insurance plan

Once added, a Subsidy Notice and updated coupon booklet will generate and mail to the member to advise them of their arrangement for premiums. Member subsidy schedules should be reviewed by the employer upon each renewal for next year's premium amounts.

Please be advised that a COBRA election is still required by law even if a QB is offered a subsidy. Once the election form is received, a reinstatement request is sent to the insurance carrier(s).

COBRA & CONSUMER DIRECTED BENEFITS (CDB)

Flexible Spending Accounts (FSA) and Health Reimbursement accounts (HRA) are ERISA plans subject to COBRA.

FLEXIBLE SPENDING ACCOUNTS

A health flexible spending arrangement (FSA) allows employees to make salary reduction elections and pay for unreimbursed medical expenses with pre-tax dollars. Generally, a health FSA is considered an ERISA-covered health plan and subject to COBRA.

UNDERSPENT ACCOUNTS

For those who have **underspent** accounts, COBRA must be offered, but it is terminated at the end of the plan year in which the qualifying event occurs.

OVERSPENT ACCOUNTS

COBRA coverage does not need to be offered to QBs who have **overspent** their accounts at the time of the qualifying event. An FSA Notice of Unavailability is provided.

BRI will send the FSA Notice of Unavailability notice to QBs via their Specific Rights Notice when we deem an FSA COBRA account to be overspent and thus ineligible for continuation coverage. There is also language that speaks to this scenario on the election form.

Employees who elect COBRA continuation coverage may only make after-tax contributions to the FSA account once they have ceased receiving a paycheck.

COBRA beneficiaries must be given the same carryover rights as current employees.

FSA COBRA PREMIUMS

Generally, COBRA FSA premiums are the annual election amount divided by 12 months.

As an example, an employee who makes an annual FSA election of \$2,400 and terminates employment on June 30 will have contributed \$1,200 (\$200/month) at the time of termination. For each month of continued coverage, the QB should send \$204 (102% of the applicable premium/contribution) to Benefit Resource. Funds will be remitted.

During implementation, the FSA plan will be established as a plan with a Member Specific Rate.

IF BRI IS NOT THE FSA ADMINISTRATOR

The plan sponsor is responsible for providing the COBRA monthly FSA premium to BRI. They can do this by using the Member Specific Rate field in the EDI file, by manually entering the rate in the COBRA Employer Portal (this must occur on the same day the record is entered in the system) or by emailing their dedicated COBRA account manager.

HEALTH REIMBURSEMENT ACCOUNTS

A Health Reimbursement Account (HRA) allows employees and/or dependents to continue their HRA coverage after termination if they pay the cost themselves. Qualified Beneficiaries (QBs) who elect HRA coverage are treated exactly like current, similarly situated employees. They continue to receive HRA allowances and can submit new claims (manually without a card).

Benefit Resource will work with employers to estimate the COBRA monthly premium cost using the past cost method for single and family coverage. This looks at the HRA utilization in the prior plan year. If the HRA is a brand-new plan, a 40% utilization is an industry standard that can be used to estimate premiums for year one.

HRA's administered by BRI are set up separately as unbundled plans so that COBRA qualified beneficiaries can elect medical without the HRA.

Please note that if Benefit Resource does not administer the employer's Health Reimbursement Account, we are unable to calculate the COBRA monthly premiums but can provide broad guidance. Employers are responsible for providing the HRA rates to Benefit Resource, as outlined in the open enrollment link.

VEBAS

A VEBA or Voluntary Employees' Beneficiary Association, is a health reimbursement account that provides individual, employer-funded accounts that can be used to help pay for medical expenses.

If covered under the VEBA plan and there is a positive balance when an employee leaves, participants can continue to use the account to pay for COBRA continuation.

If VEBA continuation is elected through COBRA, access to the VEBA is limited to 18 months.

MEDICARE & DISABILITY

MEDICARE LETTER FOR COBRA

A Qualified Beneficiary (QB) receives a Medicare letter when they reach age 65 and become eligible for Medicare benefits. Once a QB begins coverage under Medicare, they are no longer eligible for COBRA benefits. The Medicare letter includes contact information so that the QB can send confirmation of Medicare benefits to Benefit Resource.

DISABILITY EXTENSION CONFIRMATION NOTICE

A Qualified Beneficiary (QB) receives a Disability Extension Confirmation letter when they are declared disabled by the Social Security Administration within the first 60 days of their COBRA coverage. This letter also informs the QB of a possible premium increase during the 11-month extension period and what to do if they are no longer disabled.

Benefit Resource must receive the Social Security Administration's disability determination letter prior to the end of their COBRA period. If conditions are met, the QB is eligible for up to an additional 11 months of COBRA coverage. Extended coverage also applies to the QB's spouse and dependent children.

ACCOUNTING

BENEFIT CONTINUATION INVOICES

BRI typically charges a PIEPM fee (Per Insured Employee Per Month) for ongoing COBRA services and retains 2% of COBRA premiums as the administrative fee paid by COBRA participants.

METHOD

ACH - If BRI has a customer's debit information on file, automatic debits occur on/around the 15th and 30th of each month. **ACH is the preferred method.**

Check - Payments submitted to BRI by check should be made out to Benefit Resource/BRI COBRA and can be mailed to:

Benefit Resource, LLC
PO BOX 360995
Pittsburgh, PA 15251- 6995

Invoices payments can be sent to the bank account listed at the bottom of each invoice.

TIMING

Monthly administration invoices are generally sent at the end of the day on the last business day of the month.

Administration fees are invoiced in arrears (ex. April invoices are based on March information).

REMITTANCE

Remittance is a monthly process that identifies and returns all benefit continuation premiums due to the client or the carrier, minus any bookable admin fees. This is the payment that reimburses a customer for their payment to the insurance carrier for members held within the COBRA/Direct Billing portal. When remittance is posted, all premiums received during the month are returned to the employer via ACH or check. It is important the reconciliation occurs between carrier and TPA each month and that BRI is notified in a timely manner of any discrepancies. See: [Reconciliation section](#).

TIMING

Remittance is generally processed in the last week of each month, approximately 3-4 business days before the end of the month. ACH payments will be made before the end of the month. If BRI is mailing a check, it may take longer for the employer to receive payment.

REMITTANCE REPORT

The remittance report is available on the portal 24/7 and can be run as a PDF or a .csv. It is a detailed summary of all payments applied to premium months that are due to the client or in some instances, the carrier (minus bookable admin fees) through a specific date. **COBRA Portal – Reports – Accounting Reports – Remittance**. Reports must be pulled monthly and reconciled for accuracy against carrier billings. See: [Reconciliation section](#).

REMITTANCE EMAIL

Each month, a remittance email remainder is sent to contacts on file that includes:

- Report ID number
- Expected payment date
- Payment amount
- Payment method

This email may be forwarded to whomever at the employer is responsible for payment and benefit reconciliation processes. If there are any questions, please reach out to your COBRA account manager and copy cobra@benefitresource.com.

NEGATIVE REMITTANCE

Negative remittance can occur for several different reasons including:

- Subsidies
- Retroactive adjustments
- Retroactive terminations

If there is a negative remittance, a group will be invoiced separately to collect the amount due. If the invoice is not paid by the following remittance run, any return will be shortened to pay the invoice.

RECONCILIATION

The Remittance report must be used to reconcile against the group's carrier invoice(s) to ensure that the amounts remitted are in line with the amount paid to each carrier. It is important that employers verify that the members included on carrier invoices are accurate and up to date. Per the signed agreement with BRI, it is the plan sponsor's responsibility to review and communicate any discrepancies to BRI account managers timely. This allows any change requests to be approved by the carriers based on their timeline for correction.

MEMBER REFUNDS

If applicable, member refunds are processed weekly for the first 3 weeks of each month. If an active ACH is on file, the member will receive their refund directly to their account. The ACH should hit their bank account within 3-5 business days from the beginning of the following week.

Members should see their refunds via USPS within 2 weeks from the mail date.

SUPPORT TEAMS

ACCOUNT MANAGEMENT

All Benefit Continuation accounts have a dedicated Account Manager assigned for day-to-day support. This person acts as a resource and subject matter expert for any questions or concerns. Please visit BRIWEB for contact details. For additional open enrollment and out of office support, cobra@benefitresource.com is also available for use and is monitored daily.

MEMBER SUPPORT

BRI's participant services department is available for member questions. All contact information is included in the COBRA/Direct Bill notices sent. If members need assistance reactivating their insurance coverage, BRI will confirm that proper notification was sent to the appropriate carrier contacts in a timely manner. Members are prompted to call their insurance carriers for continued follow-up. If it has been beyond 10 business days and a member is still not appearing active, BRI will research and involve the necessary parties to resolve the issue.

CONTACT INFORMATION

- Email: participantservices@benefitresource.com
- Phone Number: 1-866-996-5200

MEMBER SELF SERVICE PORTAL

The member portal is designed to allow COBRA Qualified Beneficiaries and Direct Bill members to access their election and payment information 24/7. From the portal members can:

- Make an election
- Pay online via ACH or credit card (\$20 banking fee applied for one-time use)
- View payment information
- Review coverage information
- Download all copies of communications mailed

HOW TO REGISTER

Visit cobra.benefitresource.com and click NEW USER to follow the registration process. Members will be asked to provide their Social Security Number SSN as a second piece of identification along with a unique registration code contained in the New Member Login notice.

MOBILE APP

Visit Apple App store or Google Play to download the BRIMOBILE COBRA & Direct Billing App. The app delivers key payment dates and amounts, communications, setup recurring payment options and more!

APPENDIX

[RESOURCE CENTER | BRI | BENEFIT RESOURCE](#)