

JET Insure Benefits Enrollment Process

Step 1 - Login and Review

Login to Benefit Portal: <https://scmamit.jet-insure.com/>

Review offer/renewal rates by clicking the blue [HERE](#) in the welcome banner.

Please click [HERE](#) to view Renewal Offer.

Review waiting periods. Waiting periods may be modified 1 time per benefit plan year.

Click [HERE](#) to Update the Group's Waiting Periods

Review the business address and administrative information.

Click [HERE](#) to Update Address

Step 2 - Select the Participating Employer Plan(s)

Begin plan selection for group - "Click [HERE](#) to select the renewal plans."

Click [HERE](#) to select the renewal plans.

Enter the "Census Information." Indicate the date of submission and the TOTAL number of employees as well as the employee status i.e. full time, part-time and physicians.

Select up to 3 medical plans, 1 dental plan, vision, and any supplemental plans being offered.

To review new plan designs, access scmamit.com/tables. Carefully read and accept the acknowledgement.

Step 3 - Employee Enrollment - 2 Options

Begin individual plan selection by clicking [HERE](#) in welcome banner.

please click [HERE](#) in order to proceed with the Employee Benefit Election Process

a) Employee Benefit Plan Selections by Administrator (Recommended)

- ✦ Select employee's Name to review employee demographics and current coverage. While in the employee's profile, click [HERE](#) for Employee Benefits Election.

b) Employee Plan Selections by Employee

- ✦ Select the option to email employees and initiate their benefit election process. Employees make their benefit selections by activating their JET account.

Step 4 - Monitor and Verify

Monitor and verify all benefit eligible employees progress compared to the entity's benefit eligible employee roster. All benefit eligible employees should have a benefit election(s) or indicator waiving their coverage.

Complete by December 5, 2025

Scroll for instructions





Benefits Enrollment Process

Step 1 - Login and Review

- Login to the JET Benefit Portal: <https://scmamit.jet-insure.com/>.

The screenshot shows the JET Benefit Portal dashboard. At the top, there's a navigation bar with links: Dashboard, Manage Group, Manage Employees, Profile & Settings, Group Classes, Resources, and Back to Account Search. Below this, a red banner contains a link to view the Renewal Offer. Below the banner, there are three buttons: 'Click HERE to add a new document.', 'Click HERE to Update Address', and 'Click HERE to Update the Group's Waiting Periods'. A red box highlights the 'Click HERE to Update the Group's Waiting Periods' button. Below the buttons, there's a table for Participation and an Enrollment Summary table.

Group Type	Total Employees	Eligible	Covered	Waived
Small	6	6	4	0

Participation 66.67%

Plan Name	Employee Only	Employee + Spouse or EE + Children	Employee + Child	Family
Medical				
Plan 9 - HDHP Option III	4	0	0	0
Dental				
Basic Dental	4	0	0	0

Click on [HERE](#) to:
1. View Renewal offer and rates.
2. Update Waiting periods.
3. Update Practice Address and administrative information.
4. Upload 3rd Quarter Tax and Wage Reports with salaries.

Step 2 - Select the Participating Employer Plan(s)

- Start the enrollment process by selecting [HERE](#) within the red circled banner.

The screenshot shows the JET Benefit Portal dashboard. A red banner contains a link to view the Renewal Offer. Below the banner, there are three buttons: 'Click HERE to add a new document.', 'Click HERE to Update Address', and 'Click HERE to Update the Group's Waiting Periods'. A red box highlights the 'Click HERE to Update the Group's Waiting Periods' button. Below the buttons, there's a table for Participation and an Enrollment Summary table.

Group Type	Total Employees	Eligible	Covered	Waived
Small	6	6	4	0

Participation 66.67%

Plan Name	Employee Only
Medical	
Plan 9 - HDHP Option III	4
Dental	
Basic Dental	4

Click on [HERE](#) to enter "Census Information" including:
• Date of Census remittance
• TOTAL number of employees
• Total number of eligible Full-time Employees (including Physicians)
• Total number of Part-time Employees
Click "Continue."

Benefits Enrollment Process

● Step 2 - Select the Participating Employer Plan(s)

- Select up to three (3) medical plans, one (1) dental plan, one (1) vision plan, and any additional supplemental plans to offer your benefit eligible employees.

MIT Medical

☐	Plan	Employee Only	Employee + Spouse or EE + Child(ren)	Employee + Child	Family
☐	No Medical ☒	\$0.00	\$0.00	\$0.00	\$0.00
☐	MM Choice	\$1,016.76	\$2,297.89	\$1,562.77	\$2,644.60
☐	HDHP Option I ☒	\$910.43	\$2,057.57	\$1,399.33	\$2,368.03
☐	Premier Plus	\$712.99	\$1,611.35	\$1,095.86	\$1,854.48
☐	MM 2000 Enhanced	\$834.60	\$1,886.20	\$1,282.78	\$2,170.80
☐	HDHP Option VI	\$621.09	\$1,403.66	\$954.61	\$1,615.45
☐	HDHP Option II	\$775.91	\$1,753.56	\$1,192.58	\$2,018.15
☐	Prime Plus	\$643.59	\$1,454.51	\$989.20	\$1,673.97
☐	Select Plus	\$630.35	\$1,424.59	\$968.85	\$1,639.54
☐	HDHP Option VII ☒	\$610.17	\$1,378.98	\$937.83	\$1,587.05
☐	HDHP Option VIII	\$524.47	\$1,185.31	\$806.12	\$1,364.16

MIT Dental

☐	Plan	Employee Only	Employee + Spouse	Employee + Children	Family
☐	Basic Dental	\$30.00	\$58.00	\$73.00	\$104.00
☐	Enhanced Dental ☒	\$41.00	\$82.00	\$96.00	\$138.00

PLEASE READ CAREFULLY BEFORE ACCEPTING THE OFFER

The Employer, by accepting this offer and executing Participating Employer Agreement, elects to become a Participating Employer in the South Carolina Medical Association Voluntary Employees' Association Welfare Benefit Plan and Trust (MIT) subject to the conditions listed above and in MIT's Summary Plan Description, including but not limited to:

- I agree to notify MIT in writing in advance of my termination as a Participating Employer in MIT (which may only take effect on the last day of a calendar month) or within 31 days after any individual covered employee or physician terminates employment with me, otherwise becomes ineligible to participate in MIT, or becomes entitled to Medicare.
- I agree to reimburse the MIT any amounts paid for claims incurred and/or prescriptions purchased after the date coverage ends. Upon my termination in MIT, I will pay all outstanding invoices within 90 days.
- I agree that by becoming a Participating Employer in MIT, I will be required to comply with all Employer responsibilities under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). These duties include my duty to timely notify MIT of certain COBRA qualifying events affecting my employees and physicians, such as termination of employment, reduction of hours, death, or entitlement to Medicare; the duty to collect and timely deliver COBRA premiums to MIT, and the duty to assist MIT in delivering required notices.
- I understand that MIT will not reimburse my employees or physicians directly for care provided by my practice or business, but rather any such claim must be submitted with payment assigned to my practice/business.
- I understand that if MIT deems it necessary to avoid discrimination under the Internal Revenue Code, ERISA or applicable law, it may limit my participation as a Participating Employer and/or may limit the participation or benefits of certain employees or physicians under MIT.
- I understand that additional information may be requested in order to verify eligibility and that MIT reserves the right to routinely audit employer groups to ensure they are compliant with MIT's participation guidelines, and my failure to comply with any such request may result in termination of my status as a Participating Employer and loss of MIT coverage for my employees and physicians.

☒ By accepting this offer, I acknowledge the information provided is accurate and complete.

1. Read and review the offer terms.
2. Click Accept.

Back

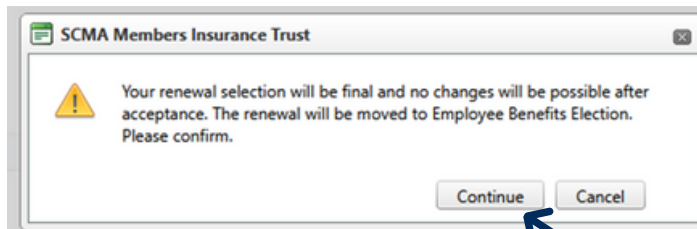
View Offer

Accept

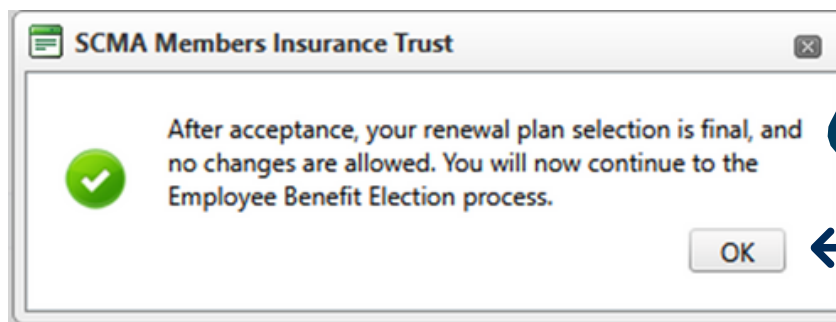
Benefits Enrollment Process

● Step 2 - Select the Participating Employer Plan(s)

- After clicking on “Accept”, the following pop-up message will be displayed:



- After clicking on “Continue”, the following pop-up message will be displayed:



Clicking on “OK” finalizes your acceptance of your 2026 renewal plan(s) selection.

● Step 3 - Employee Benefit Elections Completed By The Benefit Administrator (Recommended)

- Begin the employee benefit plan elections process by clicking [HERE](#).

Please see [Renewal Instructions](#).

Your renewal plan selection has been processed, please click [HERE](#) in order to proceed with the Employee Benefit Election Process

Click [HERE](#) to send an email to your employees inviting them to begin the Benefit Election Process

- Proceed with the employee benefit plan elections for the employee + dependents.

Download Data Email Update Upload Employee Email Send email to employees

Search Result: Records Found Rows / Page 10

	Employee Name ▲	Coverage Type	Status	Current Plan	Selected Plan
☐	MEMBER NAME AN. 4253	Employee Only	Covered	Plan 12 - Value	
☐	yyyy@yyy.com DA 8493	Employee Only	Covered	Plan 12 - Value	

Waive Renew As Is

Select the Member's name to review their demographic information and current benefit coverage.

Benefits Enrollment Process

Step 3 - Employee Benefit Elections Completed By The Benefit Administrator (Recommended)

- While in the Member's profile, ensure all contact information is current and correct including a current email address (work or personal). Select "Click Here for Employee Benefits Election" to review and select the Member's 2026 benefit plan elections.

Employee Profile

Coverage Start Date	Coverage Status	Coverage Type	Health Plan	Effective Date	Termination Date
1/1/2023	Covered	Employee Only	Plan 12 - Value	1/1/2023	N/A
Date of Birth	SSN	Marital Status	Gender	Email	
		Not Specified	Female	yyyyy@.com	
Contact Information & Mailing Address					
Address	City	State	Zip Code	County	
		SC	29		

[Click Here for Employee Benefits Election](#)

Member Plan Selections

- Indicate the Member's 2026 plan selections. Once all plans have been selected, click "Next."

Select Coverage

M0005149 - 11112758

Current Plan	Enhanced Dental	Coverage Start	9/1/2008	Current Premium	\$0.00
Coverage Type	Employee + Child	Member ID		Status	Covered
* Class	SALARIED				

NOTE: If adding or deleting an eligible dependent during open enrollment, ensure there is a blue check indicator by the name. ("Who is enrolling in this plan?")

MIT Medical

Please Note: If you are covering a dependent, please check the box beside his/her name.

Plan	Deductible (In/Out)	Out-of-Pocket Maximum (In/Out)	Benefit Plan Monthly Health Care Fee
☒ No Medical	0 --	0 --	\$0.00
☐ HDHP Option I	\$1650 \$3,300	\$1,650/single Unlimited	\$1,890.50
☐ MM 2000 Enhanced	\$2000 \$4000	\$4,000/person Unlimited	\$1,733.03
☐ Select Plus	\$3500 \$6500	\$7,900/person Unlimited	\$1,308.91

Who is enrolling in this plan?

☒ ☐

MIT Dental

Please Note: If you are covering a dependent, please check the box beside his/her name.

Plan	Benefit Plan Monthly Health Care Fee
☒ Enhanced Dental	\$96.00

Who is enrolling in this plan?

☒ ☐

Back

Next

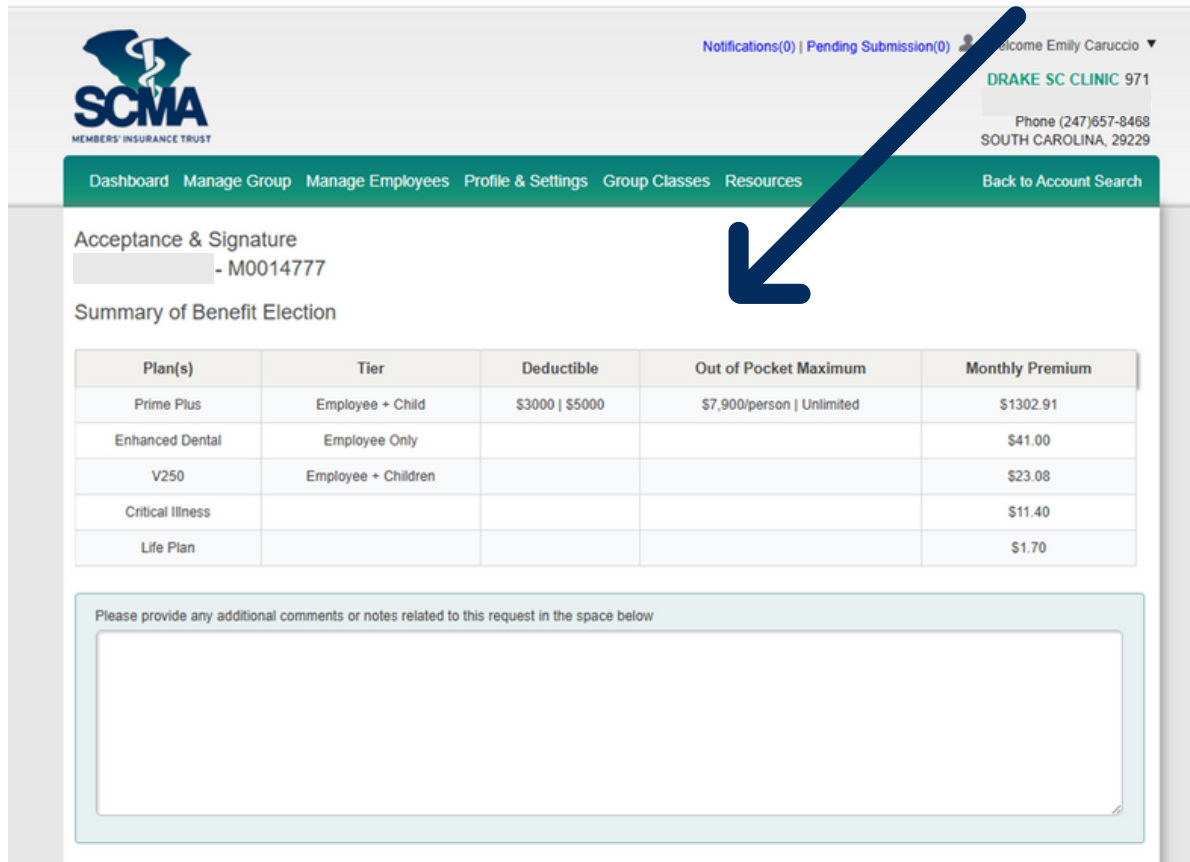
Complete by December 5, 2025

Benefits Enrollment Process

● Step 3 - Employee Benefit Elections Completed By The Benefit Administrator (Recommended)

Member Plan Selections

- Verify the Member's plan selections.



Notifications(0) | Pending Submission(0) | Welcome Emily Caruccio ▾

DRAKE SC CLINIC 971
Phone (247)657-8468
SOUTH CAROLINA, 29229

Dashboard Manage Group Manage Employees Profile & Settings Group Classes Resources Back to Account Search

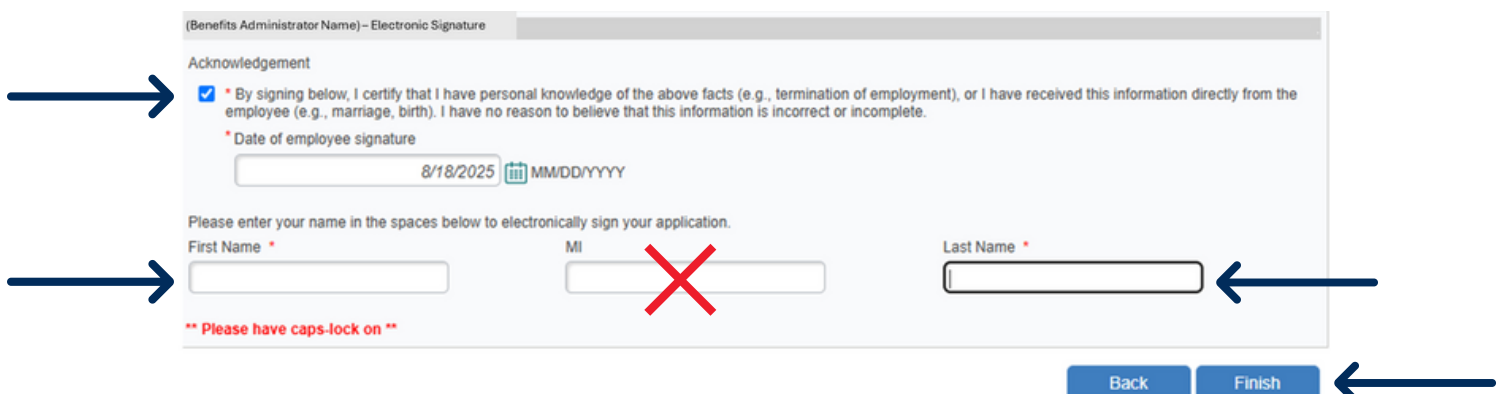
Acceptance & Signature
- M0014777

Summary of Benefit Election

Plan(s)	Tier	Deductible	Out of Pocket Maximum	Monthly Premium
Prime Plus	Employee + Child	\$3000 \$5000	\$7,900/person Unlimited	\$1302.91
Enhanced Dental	Employee Only			\$41.00
V250	Employee + Children			\$23.08
Critical Illness				\$11.40
Life Plan				\$1.70

Please provide any additional comments or notes related to this request in the space below

- Check the acknowledgment button. Indicate the date completed. In all CAPS, type your first name and last name ONLY. Then, click "Finish."



(Benefits Administrator Name) – Electronic Signature

Acknowledgement

☒ * By signing below, I certify that I have personal knowledge of the above facts (e.g., termination of employment), or I have received this information directly from the employee (e.g., marriage, birth). I have no reason to believe that this information is incorrect or incomplete.

* Date of employee signature
8/18/2025 MM/DD/YYYY

Please enter your name in the spaces below to electronically sign your application.

First Name * MI * Last Name *

** Please have caps-lock on **

Back Finish

Complete by December 5, 2025

Benefits Enrollment Process

● Step 3 - Employee Benefit Elections Completed By The Benefit Administrator (Recommended)

- The Member's 2026 plan selections are completed when a green check is indicated by their name. 

 Download Data Email Update
  Upload Employee Email
  Send email to employees

Search Result : 10 Records Found Rows / Page 10

	Employee Name ▲	Coverage Type	Status	Current Plan	Selected Plan
	Tina @test.com @test.com	 Employee Only	Covered	Select Plus V250 Critical Illness	Select Plus Enhanced Dental V175 Critical Illness
	Edward @test.com @test.com	 Employee + Spouse or EE + Children	COBRA	HDHP Option VI Basic Dental Life Plan V250 Enhanced Hospital Indemnity Critical Illness	Prime Plus Enhanced Dental Life Plan V250 Critical Illness
	EMILY No email on file. 449343@JTTP.com	 Employee + Child	Covered	HDHP Option VI	Prime Plus Enhanced Dental V250 Critical Illness

● Step 3 - Employee Selections by Employee

- Ensure and verify ALL employee email addresses in the Member's profile. Select the link [HERE](#) contained within "send an email to your employees inviting them to begin the Benefit Election Process".

Please see [Renewal Instructions](#) .

Your renewal plan selection has been processed, please click [HERE](#) in order to proceed with the Employee Benefit Election Process

[Click HERE](#) to send an email to your employees inviting them to begin the Benefit Election Process

Complete by December 5, 2025

Benefits Enrollment Process

Step 3 - Employee Selections by Employee

- Once email addresses are verified, click “Send email to employees”.

Download Data Email Update Upload Employee Em **Send email to employees**

Search Result : Records Found Rows / Page 10

Employee Name ▲	Coverage Type	Status	Current Plan	Selected Plan
MEMBER NAME yyyy@yyy.com AN. 4253	Employee Only	Covered	Plan 12 - Value	
yyyy@yyy.com DA. 8493	Employee Only	Covered	Plan 12 - Value	

Waive Renew As Is

- The employee(s) will receive an email invitation through JET Insure requesting their completion of their 2026 benefit plan elections. Once the employee receives their benefit election “invite” email, they can activate their JET Insure User Account. *NOTE: The employee should also check their email SPAM or JUNK folders for the JET “Invite” email.*

OR

Discover your options and make your benefit election for the next plan year. If you do not submit your benefit election or waive by <open enrollment end date> you will be automatically enrolled in plan with the similar coverage levels.

Select your Benefits **I am waiving**

Profile

Name

Member ID **M0007061**

DOB **04/13/1958**

Address

Email **yyyy@yyy.com**

W. Phone **0000406700**

Home Phone **0000307936**

Marital Status **Widow or Widower**

Coverage

Print ID Card

Plan **Plan 4 - Premier Plus**

Coverage Start **01/07/2020**

Coverage End

Status **Covered**

Type **Employee Only**

Dependent Summary

No Dependents found.

Employees should review their profile demographic information and their current coverage.

- Once the employee has reviewed their account information, the employee should click on “**Select your Benefits**” OR “**I am waiving.**”

Complete by December 5, 2025

Benefits Enrollment Process

Step 3 - Employee Selections by Employee

If the employee clicks on **"Select your Benefits"**, the employee can select their 2026 benefit elections.

Current Plan

HDHP Plan III - HD3FP

Coverage Start

1/1/2007

Current Premium

\$1,671.67

Coverage Type

Employee & Spouse

Member ID

M0130129

Status

Covered

Class

PHYSICIAN

Medical

	Plan	Deductible (In/Out)	LifeTime Maximum (In/Out)	Out-of-Pocket Maximum (In/Out)	Benefit Plan Monthly Health Care Fee
☐	Value - MM	\$4,500 \$9000	N/A N/A	\$7,900/person Unlimited	\$2335.91
☐	HD5000 I - MM	\$5,000 \$10000	N/A N/A	\$6,850/person Unlimited	\$2442.07
☐	Value Plus - MM	\$7,900 \$10,000	N/A N/A	\$7,900/person Unlimited	\$2237.10

Dental

	Plan	Dental Coverage	Benefit Plan Monthly Health Care Fee
☐	My_Dental	Unlimited	\$90.00

Back

Next

Click "Next."

- The employee should review the Terms and Conditions.

Terms and Conditions

By clicking "I Agree" below, I acknowledge and agree that in the event that information has been intentionally omitted or misrepresented, by me or my employer, MIT may deny or limit coverage, MIT may terminate my or my employer's participation in the Plan for breach, and/or MIT may change my insurance premiums. I certify that the information that I have provided and the statements I have made on my Personal Health Questionnaire (PHQ) are true and correct to the best of my knowledge. I understand that my PHQ must be completed in full. Incomplete responses may result in rejection of my PHQ and may prevent my employer from obtaining approval for participation in the Plan or prevent me from enrolling in coverage under the Plan.

I understand that MIT gathers this information for statistical and actuarial use only in connection with my employer's application for participation in the Plan. This information will not be used in connection with any decisions or actions regarding your employment. In compliance with requirements for GINA, MIT does not request genetic information.

I understand that MIT's HIPAA Notice of Privacy Practices provides more detailed information about how MIT may use and disclose my protected health information (PHI). I have a legal right to review MIT's Notice of Privacy Practices before I click "I Agree" below and I am encouraged to read it in full. I have a right to request restrictions on how my PHI is used and disclosed. MIT is not required by law to grant my request, but if my request is granted, MIT is bound by its agreement. I will notify MIT of any health or enrollment related changes that occur after I agree to this consent and up to the effective date of coverage by the Plan.

Authorization for Release of PHI I also hereby authorize any physician, medical practitioner, hospital, clinic, Veterans Administration facility, other medical or medically-related facility, insurance or reinsurance company, pharmacy, pharmacy benefit manager, health plan, or Consumer Reporting Agency having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition, including drug or alcohol abuse, and/or treatment of me or my minor dependents, and other non-medical information of me or my minor dependents, to release to MIT or an excess loss insurance carrier designated by MIT or any legal representative of either of them, any and all such information as required for determination of my or my minor dependent's eligibility for benefits. I also understand that my dependents who are age 18 or older, in order to be eligible for benefits, may be required to agree to a similar release of medical records for the purpose of determining the accuracy of statements made by me on my PHQ and for the ultimate determination of their eligibility for benefits under the Plan. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may request a copy of this authorization at any time. I agree that a photographic copy of this authorization shall be as valid as the original, and that this authorization shall be valid for 2 ½ years from the date I click "I agree" below. Any information obtained pursuant to this authorization will not be released to any person or organization, except to reinsuring companies or other persons or organizations performing business or legal services in connection with my enrollment for Plan coverage, for any claim, for medical management purposes, or as may be otherwise lawfully required or as I may further authorize. I understand that I have a right to revoke this authorization in writing at any time by contacting MIT's HIPAA Privacy Officer at P.O. Box 11188, Columbia, SC 29211 or by fax to (803) 731-4021 or email: MITinfo@scmedical.org, except to the extent information has been released in reliance upon this authorization or to the extent applicable law gives MIT the right to contest a claim or Plan coverage. I may refuse to provide this authorization, however should I refuse to provide this

Complete by December 5, 2025

Benefits Enrollment Process

Step 3 - Employee Selections by Employee

The employee should complete **ONLY** the * fields for their Electronic Signature acknowledgement and click **"I Agree."**

Step 3 - Employee Selections by Employee

- If the employee clicks on **"I am waiving"**, they are electing to waive their MIT plan coverage for the 2026 Benefits Plan Year. The employee will need to indicate the **"Medical Waive Reason"** and click **"Continue."**

SCMA Member Insurance Trust

Medical Waive Reason

- ☐ I have medical coverage through my spouse.
- ☐ I have medical coverage through the exchange.
- ☐ I have other group medical coverage.
- ☐ I have other individual medical coverage.
- ☐ I have Medicare.
- ☐ I have Medicaid.
- ☐ I have Tricare.
- ☐ Other

Step 4 - Monitor and Verify - Benefit Administrators

Monitor and verify all benefit eligible employees progress compared to the entity's benefit eligible employee roster. All current benefit eligible employees should have a benefit election(s) or indicator waiving their coverage for the 2026 benefit plan year.

Complete by December 5, 2025