

# 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](http://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 May 31, 2026**

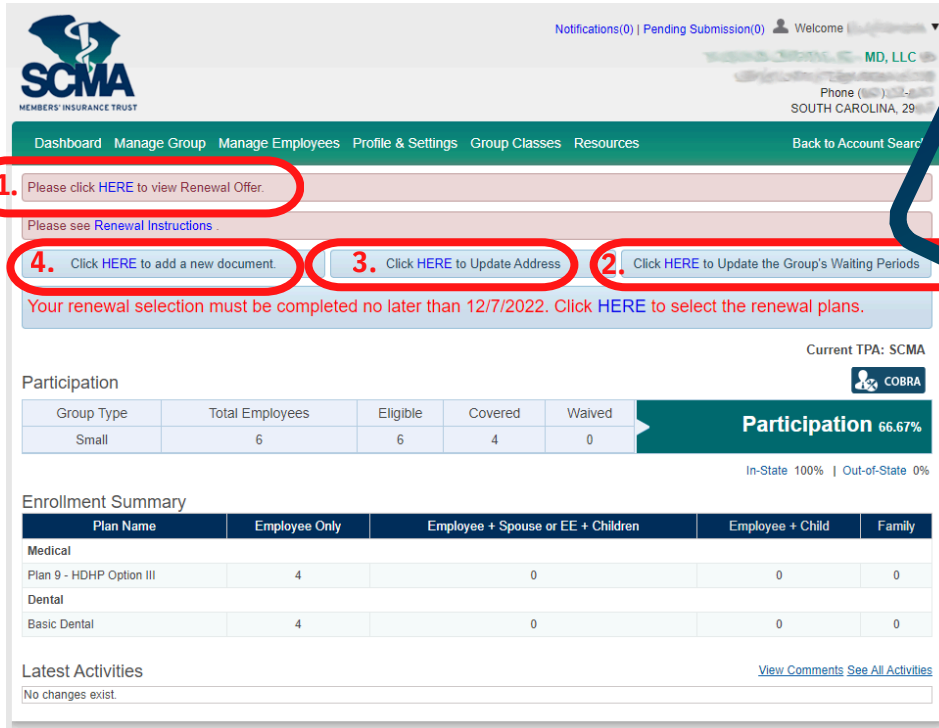
**Scroll for instructions**



# Benefits Enrollment Process

## Step 1 - Login and Review

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



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


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

Please see [Renewal Instructions](#).

4. Click [HERE](#) to add a new document. 3. Click [HERE](#) to Update Address 2. Click [HERE](#) to Update the Group's Waiting Periods

Your renewal selection must be completed no later than 12/7/2022. Click [HERE](#) to select the renewal plans.

Current TPA: SCMA

Participation 

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

Participation 66.67%

In-State 100% | Out-of-State 0%

Enrollment Summary

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

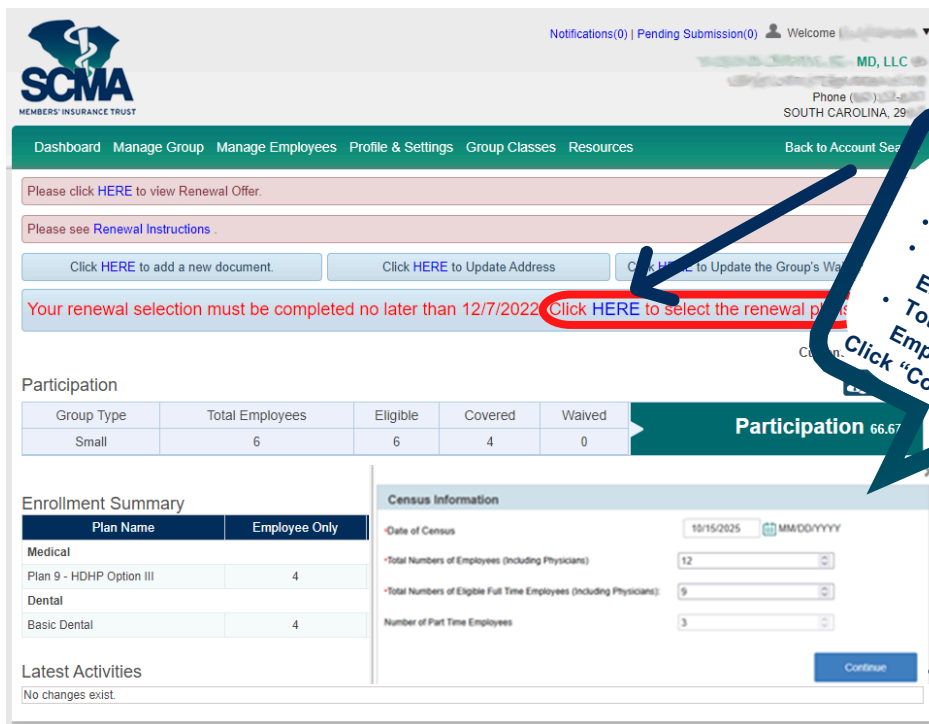
Latest Activities  
No changes exist. [View Comments](#) [See All Activities](#)

Click on [HERE](#) to:

1. View Renewal offer and rates.
2. Update Waiting periods.
3. Update Practice address and administrative information.
4. Upload 2026 1st 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.




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

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

Please see [Renewal Instructions](#).

Click [HERE](#) to add a new document. Click [HERE](#) to Update Address. Click [HERE](#) to Update the Group's Waiting Periods

Your renewal selection must be completed no later than 12/7/2022. Click [HERE](#) to select the renewal plans.

Participation 

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

Participation 66.67%

Enrollment Summary

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

Latest Activities  
No changes exist.

Census Information

Date of Census: 12/15/2025

Total Numbers of Employees (including Physicians): 12

Total Numbers of Eligible Full Time Employees (including Physicians): 9

Number of Part Time Employees: 3

Continue

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

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



MIT Dental

<input type="checkbox"/>	Plan	Employee Only	Employee + Spouse	Employee + Children	Family
<input type="checkbox"/>	Basic Dental	\$30.00	\$58.00	\$73.00	\$104.00
<input type="checkbox"/>	Enhanced Dental <input checked="" type="checkbox"/>	\$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' Members' 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.

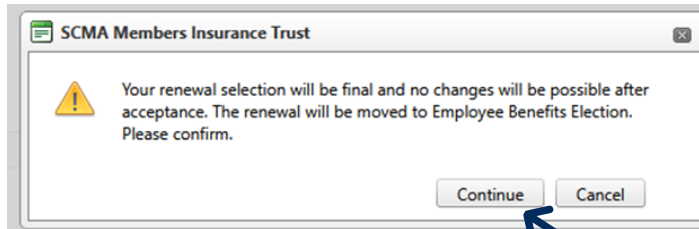
1. Read and review the offer terms.  
2. Click Accept.

Back View Offer Accept

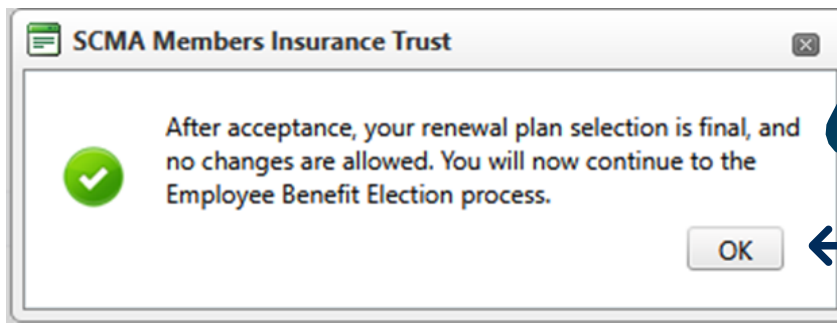
# Benefits Enrollment Process

## 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
<input type="checkbox"/> MEMBER NAME AN. 4253	Employee Only	Covered	Plan 12 - Value	
<input type="checkbox"/> yyy@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 Plan 12 - Value	Effective Date	Termination Date
1/1/2023	Covered	Employee Only		1/1/2023	N/A
Date of Birth	SSN	Marital Status	Gender	Email	
		Not Specified	Female	yyyy@.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
<input checked="" type="checkbox"/> No Medical		0   --	\$0.00
<input type="checkbox"/> HDHP Option I	\$1650   \$3,300	\$1,650/single   Unlimited	\$1,890.50
<input type="checkbox"/> MM 2000 Enhanced	\$2000   \$4000	\$4,000/person   Unlimited	\$1,733.03
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Enhanced Dental	\$96.00

Who is enrolling in this plan?

Back Next

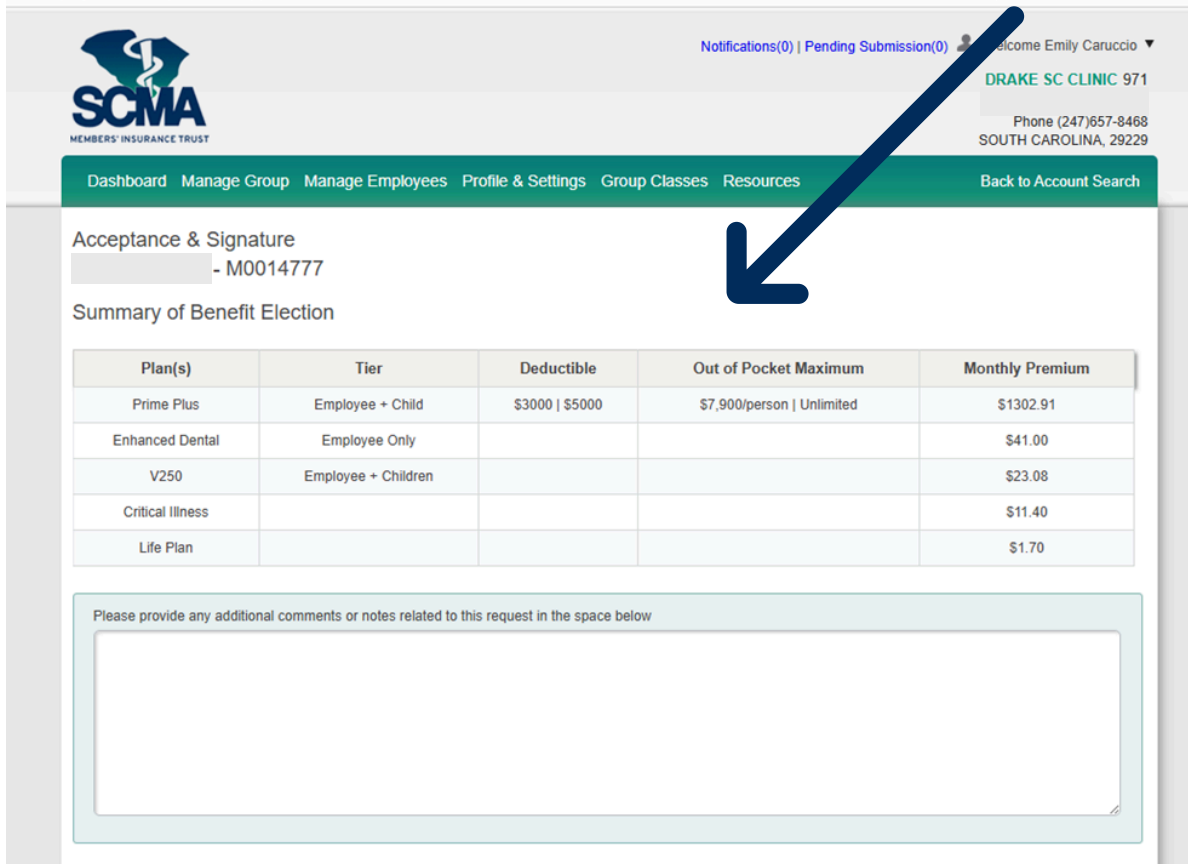
**Complete by May 31, 2026**

# Benefits Enrollment Process

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

### Member Plan Selections

- Verify the Member's plan selections.



SCMA MEMBERS' INSURANCE TRUST

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

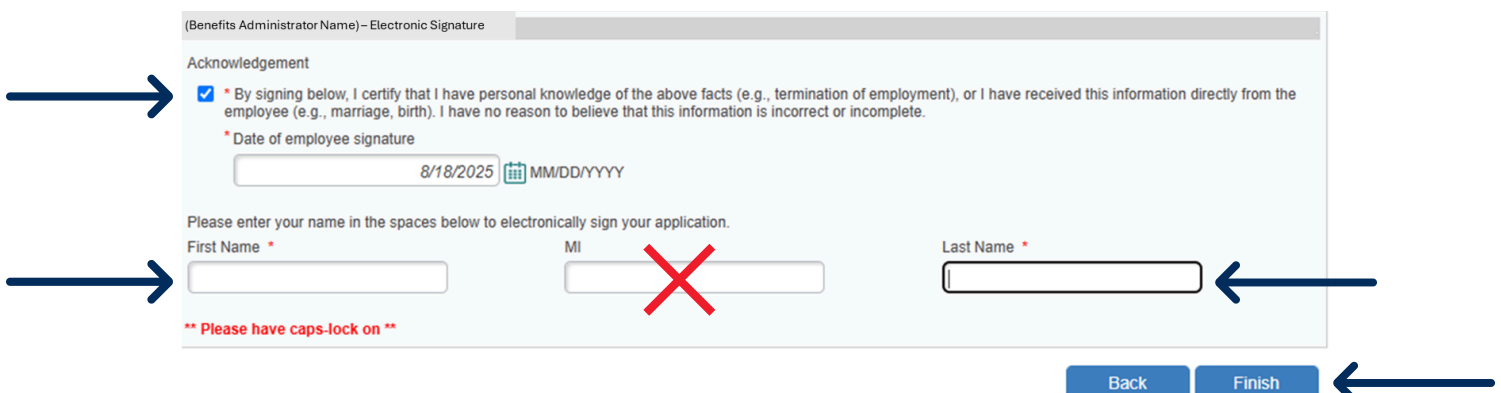
Acceptance & Signature  
- M0014777

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 May 31, 2026**




# 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	<input checked="" type="checkbox"/> Employee Only	Covered	Select Plus V250 Critical Illness	Select Plus Enhanced Dental V175 Critical Illness
	Edward @test.com @test.com	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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

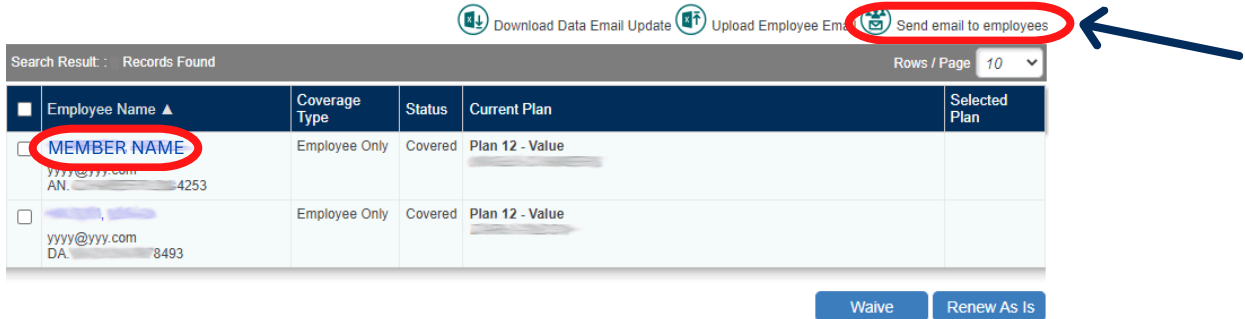
[Click HERE](#) to send an email to your employees inviting them to begin the Benefit Election Process

**Complete by May 31, 2026**

# 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**

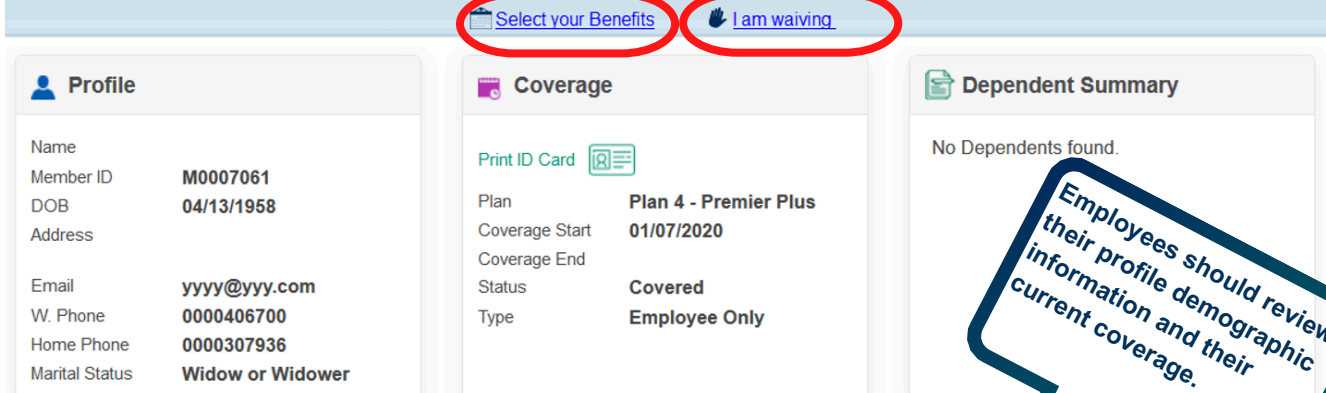
Employee Name	Coverage Type	Status	Current Plan	Selected Plan
<input type="checkbox"/> MEMBER NAME yyyy@yyy.com AN. 4253	Employee Only	Covered	Plan 12 - Value	
<input type="checkbox"/> yyyy@yyy.com DA. 8493	Employee Only	Covered	Plan 12 - Value	

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 May 31, 2026**

# 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

Medical					
	Plan	Deductible (In Out)	LifeTime Maximum (In Out)	Out-of-Pocket Maximum (In Out)	Benefit Plan Monthly Health Care Fee
<input type="checkbox"/>	Value - MM	\$4,500   \$9000	N/A   N/A	\$7,900/person   Unlimited	\$2335.91
<input type="checkbox"/>	HD5000 I - MM	\$5,000   \$10000	N/A   N/A	\$6,850/person   Unlimited	\$2442.07
<input type="checkbox"/>	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
<input type="checkbox"/>	My_Dental	Unlimited	\$80.00

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 May 31, 2026**

# 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.”

Electronic Signature

Acknowledgement

\* I understand that by checking here I am agreeing to the [terms and conditions](#) above

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

First Name \* MI Last Name \*

Please retype your name in the spaces below to confirm your electronic signature.

First Name \* MI Last Name \*

Signed On

7/14/2020 7:19:49 AM

I Disagree 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

Continue Cancel

## 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 May 31, 2026**