Online Benefits Administration Guide

Humana.

Welcome to Online Benefits Administration

Online administration of your company's benefits will enable you to put the internet to work and allow you to manage changes more quickly and efficiently.

You're managing your benefits in real-time. If an employee leaves the company today, you can terminate their benefits today.

If you hire someone and benefits go into effect immediately, you can add them as a new hire today and they will be enrolled in 24—48 hours.

Imagine the time you will save at the end of the month when you're reconciling your bill. You won't have to track odd credits and debits for several months.

One person will register as the Primary Access Administrator for the employer portal and that person can assign rights to additional users for specific sections of the website. For example, if you want someone from Accounts Payable to have access to the Billing & Payments section, but not the Enrollment Maintenance, you can set it up that way. Online access is completely customizable!

And speaking of billing and payments—pay your bill online and have the option of entering several accounts that you can choose to pay the bill from.

Let's get started!

Have available:
- Group number
- Organization's ZIP code

Register your group online at **Humana.com**.

See more registration information on page 5.

If you need any assistance, please call Humana Business Web Support at **1-888-666-5733**, option 3.

Index

Contact us

		WHO CONTACTS	HOW WE CAN HELP
Humana Business Web Support	1-888-666-5733 8 a.m. – 7 p.m. Eastern time	Benefits administrator	-Help with registration -Online enrollment -Web functionality issues
Open Enrollment Hotline	1-888-393-6765	Employee	-Every group does not have Hotline access
Humana Business Services	1-800-592-3005 SBMarketSupport@humana.com	Employer and agents	-All service inquiries for medical (under 100 membership), dental, vision, disability, life and workplace voluntary benefits (WVB)
Single Point of Contact (SPOC)	Provided to employer and agents of 100+ medical groups	Employer and agents	-All service inquiries for 100+ medical groups
MyHumana questions	1-877-845-3480	Employee	-Reset passwords -Answer questions regarding the employee's benefits, deductibles, finding in-network physicians, etc. -Navigation through MyHumana

The secured employer's section of **Humana.com** is called the "Employer Self-Service Center." It makes administering your Humana plan easier. Once registered on our website, access is granted for the following resources:

What's New?	Find out about the latest enhancements to the Employer Self-Service Center
Communication center	Exchange private, secure email with Humana
Enrollment maintenance	Complete many of your daily enrollment maintenance tasks, including adding new employees, changing coverage and terminating an employee's benefits
Billing	View your monthly statement; make a premium payment
Administrative guides and tools	Explore features that can simplify plan administration such as links to eligibility information
Search tools	Use employer search tools and get answers to frequently asked questions
Reporting	Create, view and print a variety of online reports, including an employee roster and eligibility reports
Website security administration	Grant web access rights to qualified personnel and maintain web security information for individuals or for your entire organization
Additional savings	Find out about discounts like Humana's Life Style Discount Program https://www.humana.com/insurance-through-employer-support/benefits/group-health-resources/lifestyle-discounts

Overview

Primary Access Administrator (PAA)

The PAA is the point of contact for web access for the organization. This person performs day-to-day functions and can assign access for others in the organization.

The PAA will sign in to the Employer Self-Service Center to register new users and perform administrative tasks. An unlimited number of users can be added.

Have this information available before you register at Humana.com.
- Group number
- Organization's ZIP code

If you have questions or need help, please call **1-888-666-5733**, option 3.

Register

All users will register at **Humana.com**.

Begin by clicking the **Sign in** link in the top right corner.

You will enter your **username** and **password**.

If not already registered, select **Register now**.
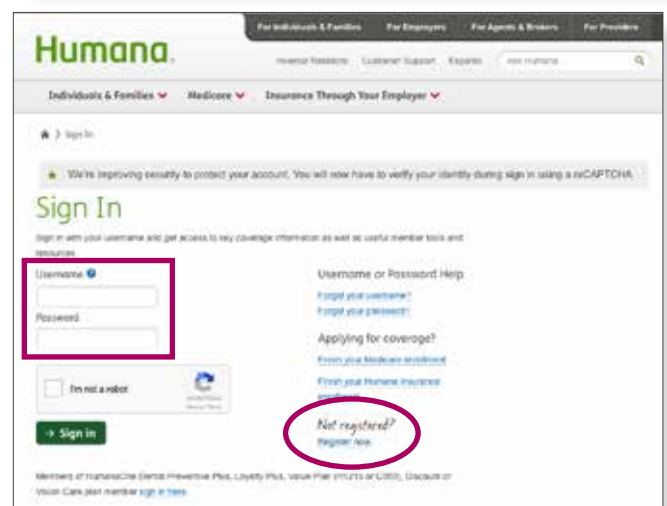
Registration continued

Select registration type of **Employer** then click the green **Get Started**.

Step 1: **Validate Group Information**. This information can be obtained from the plan documents or your Humana licensed sales agent. Click **Next**.

Review and confirm group information. If this information is not correct, you can reach out to Humana Business Web Support at **1-888-666-5733**, option 3.

Step 2: **Read and agree to the Online Services Agreement and Web Confidentiality Agreement.**
The person in agreement must be legally authorized to sign contracts on behalf of the organization.
You must scroll to the bottom and accept both agreements.

Each agreement includes a Print Agreement option which will open the printable version in a new tab.
Close when finished and navigate back to the original tab to continue registration.

Step 3: **Create username and password.** This will be the sign-in profile for the PAA only. The PAA will
create secondary users and provide each with an individual username.
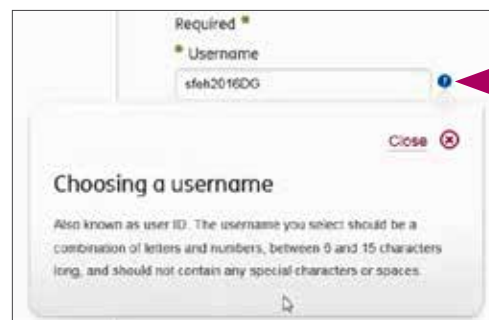
For more information on the formatting
requirements for a field, you can select
the blue question mark next to that field.

Once all fields are completed, click **Submit** to complete registration.

NOTE: The security answer must have at least four characters and contain no spaces.

Step 4: Registration confirmation.
Click **Go to dashboard** to enter the employer self-service portal. You also have the option to click on **Add user** to grant additional users access.

Employer self-service portal home

Adding additional users

If you select to add a new user from the registration confirmation, you will be taken to the **Manage Account** menu. You can access from the portal by clicking on **My Account** in the top right and selecting **Security Administration**.

Hello, Employer My Account ⌄ | 🔒 Sign out

Account settings
Company profile
Company contacts
Plan overview
Security administration ⌐

Your AKA Name: 17DemoGroup
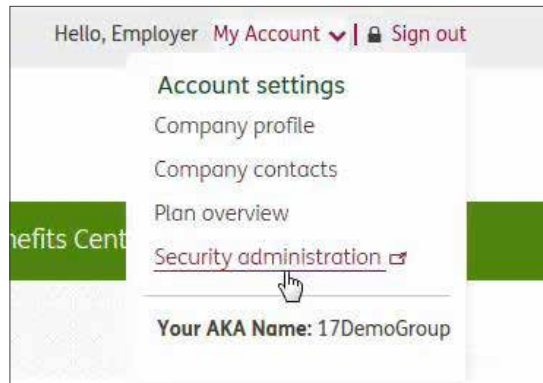
The **Manage Account** menu is where you can add and manage user access.

Adding new users

Managing access to business functions

Revoke or suspend user access

Update user demographic information **Username/Password cannot** be changed by access administrator

Update group demographic information **This will update web only** account
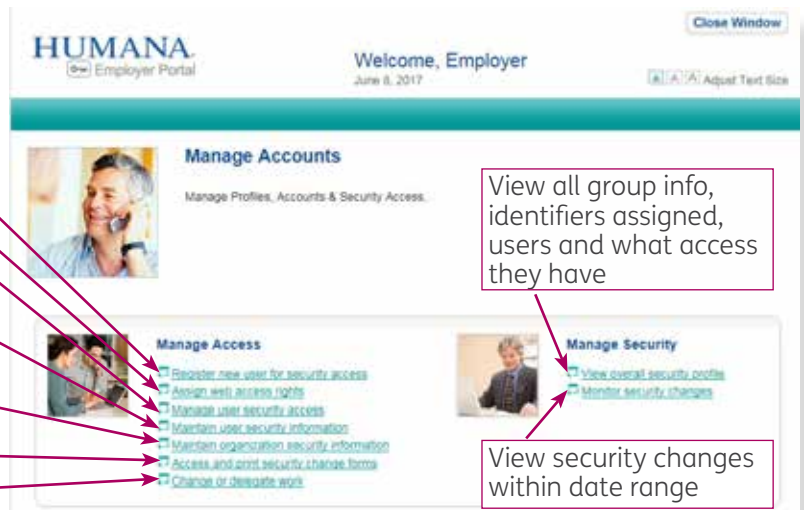
PCA/PAA change forms

No longer used

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Employer Portal

Welcome, Employer
June 8, 2017

Close Window

A A A Adjust Text Size

Manage Accounts

Manage Profiles, Accounts & Security Access.

Manage Access
Register new user for security access
Assign web access rights
Manage user security access
Maintain user security information
Maintain organization security information
Access and print security change forms
Change or delegate work

Manage Security
View overall security profile
Monitor security changes

View all group info, identifiers assigned, users and what access they have

View security changes within date range

To add a new user, select
Register new user for security access:

- Create a **User ID** for the user and fill in their information

- The **AKA name** is a secondary identification for security purposes and needs to be different than the user ID

- For effective date, check the **Now** box, **End Date** can be left blank

- If the address is not populated by checking the copy address box, it will need to be typed in manually

- Once all fields are complete, click **Next**

Register new user for security access
★ Indicates Required Field

Register new users to perform business functions on behalf of your organization.

User ID: MarySmith123   ★ (6 to 15 alphanumeric characters)
AKA Name: msmith321   ★ (6 to 15 alphanumeric characters)

Effective Date: Month / Day / Year ★ ☑ Now Calendar time

End Date: Month / Day / Year Calendar time

Work Title: Office Manager ★
First Name: Mary   ★ MI: S
Last Name: Smith ★

Work Address
☐ Check here to copy organization address into the fields below
Address: 123 Easy St ★
Address:
City: Louisville ★
State: Kentucky ★
Zip: 40215 ★   Zip+4:
Telephone Number: 502 555 6666 ★ Ext:
Fax Number:
E-mail Address: msmith@demo.com × ★
Comments:

Cancel   next   help

Confirmed: User Added

- It is recommended to print this page, take a screenshot or write down the user ID and password to provide to the user.
- **This is the ONLY time the temporary password is viewable;** the user will use the temporary password to sign in for the first time at **Humana.com**. They will immediately be prompted to change their password and set up a security question.
- Once user information is saved, click Next. An alert will pop up to ensure you have recorded the information. Click **Ok**.

Assign Web Access Rights:

- Click on the **Humana_Employer** folder with all of the business functions, or tools, the group has access to in the self-service portal. The **Primary Administrator** has access to all functions available to the group, so if the user should have the same access rights as the primary all boxes should be checked. This would make the user a **Secondary Administrator** with the ability to add and manage additional users. A secondary admin is not able to manage the access of the PAA or their own.
- The required functions for all users are **IDE Employer Portal** and **Commercial Group Default BF**. Access to each function can be further customized by expanding the box to assign only specific aspects. Checking the main box will assign all aspects for that function.
- Functions can be added or removed from a user at any time. If you have any questions about what functions are, or what a user might need, call **HB Web Support** for assistance.
- Once all business functions the user needs have been selected, click **Save**. An alert will pop up confirming changes, click **Ok** to confirm.

Assign Data to Business Function:

- This final step is only for billing users

- Assign billing profiles, check the
  Check/Uncheck here box

- To assign only certain profiles, expand the box
  and check profiles the user will need access to

Once all profiles are selected, click **Save**. An alert
will pop up confirming changes, click **Ok**. The user
has been added, you can provide them their user
ID and password.

My Account

My Account, located in the top right corner of
the employer portal, is where you can get plan
information, view company contacts, manage web
users and more.

My Account – Company profile

Company profile

Benefits Overview

Group name: Advanced Microwave Product   **Group number:**

Plan Type	Effective Date
→ Medical	
80/50,D2000,OP6500,OV40/75,10/	12/01/2016
80/50,D5000OP6350,24HR	12/01/2016
→ Dental	
NV PED DEN INFS SG PPO COPAY	12/01/2014
NV PED DEN INFS CR PPO EHDH	12/01/2016

Resources

Helpful Documents

Create a plan summary ↗

↗ Health plan guide (PDF) ↗

View certificate of coverage ↗

Benefits Administration

Security administration ↗

View detailed add on rates ↗

Wellness Resources

Improve wellness with Go365™

Wellness engagement incentive

Annotations:
- Create a plan summary PDF
- Your Humana Health Plan Guide shows you how your employees used their benefits. (small groups only)
- Download PDF of policies and certificates
- Manage web users
- Add on rate calculator (small groups only)
- Update company contacts (small groups only
- Agent of Record
- Information on Go365
- Incentive credits for participation in Go365 (small groups only)

Agents

Latourrette, John
Medical
Po Box 40308

jalatour@s

Phone:
Fax:

Company Contacts

+ Mcewen, Matt

➔ View and manage contacts

My Account – Plan overview

In **Plan overview** you can download PDFs of plan summaries. Plan summaries are usually loaded within 60 days of the coverage effective date. If a summary is not yet available, you can create one using the link in the **Company profile** section.

Hello, Employer My Account ∨ 🔒 Sign out

Account settings
Company profile
Company contacts
Plan overview
Security administration ↗

Your AKA Name: 17DemoGroup

Hello, Employer My Account ⌄| 🔒 Sign out

Humana.

Employer self-service

EM612273 ❓ | Change Group

🏠 Billing ⌄   Manage Employees ⌄   Reports   Support & Resources   Benefits Center ⌄   🛒 ✉️

🏠 Company profile 〉 Plan overview

⌄ Medical

❯ Dental

My Medical plan(s)

Download PDF of plan summary

80/50,D2000,OP6500,OV40/75,10/

Members can visit any in-network provider for covered services.
They also have the option to seek care from out-of-network
providers, but out-of-pocket costs will be higher.

Summary of benefits and coverage 🗗

80/50,D5000OP6350,24HR

Members can visit any in-network provider for covered services.
They also have the option to seek care from out-of-network
providers, but out-of-pocket costs will be higher.

Summary of benefits and coverage 🗗

Wellness engagement incentive

When your employees become engaged with Go365™, your business
can earn credits up to 15% on medical premiums with the wellness
engagement incentive program.

➔ View program details

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Do you have questions? Contact us

→ **Essential links**
View your company's plans
View invoice summary 🗗
Manage payment accounts 🗗

→ **Tools**
ID card center 🗗
Find providers 🗗
Create a plan summary 🗗

→ **Health & well-being**
Healthcare glossary 🗗
Insurance 101 videos 🗗
Healthy living tips 🗗

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⊙▬ Employer Portal

Welcome, Employer
February 16, 2017

Close Window

A A A Adjust Text Size

View Summary of Benefits and Coverage(SBC)

Group Nbr: [▾]   Find Coverage   Clear

Address: ADVANCED MICROWAVE PRODUCT
PO BOX 1437
VERDI NV 89439

Group#	SBC Document Coverages shown - click on View SBC link to view the document

Group Nbr	Product	Product Type	Effective Date	
	PPO	NV CR HUMANA PPO EHDHP 16 DED/	2016-12-01	View SBC
	PPO	NV CR HUMANAPPO16-SEP ACC&CPY	2016-12-01	View SBC
	PPO	NV SG HUMANA PPO HDHP 14 DED/C	2015-12-01	View SBC
	PPO	NV SG HUMANA PPO HDHP 14 DED/C	2015-06-01	View SBC
	PPO	NV SG HUMANAPPO14-SEP ACC&CPY	2015-12-01	View SBC
	PPO	NV SG HUMANAPPO14-SEP ACC&CPY	2014-12-01	View SBC
	PPO	NV SG HUMANA PPO 11 SEP ACC&CP	2013-12-01	View SBC
	PPO	NV SG HUMANA PPO 11 SEP ACC&CP	2013-05-01	View SBC

HUMANA INSURANCE COMPANY: CR HUMANA PPO EHDHP
16 DED/COINS OV,IP,OP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 12/01/2016

Coverage For: Individual + Family | Plan Type: PPO-HDHP

⚠ This is only a **summary**. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.groupcertificate.humana.com or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Network: $5,000 Individual / $10,000 Family Non-Network: $10,000 Individual / $20,000 Family Doesn't apply to network preventive services. Co-insurance and co-payments don't count toward the deductible	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses	Yes. For Network providers $6,350 individual / $12,700 family For Non-Network providers $12,700 individual / $25,400 family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, Balance-billing charges, Health care this plan doesn't cover, Penalties, Non-network transplant, non-network prescription drugs, non-network specialty drugs	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.

Questions: Call **1-866-4ASSIST** (427-7478) or visit us at **www.humana.com**.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view
the Glossary at **www.dol.gov/ebsa/healthreform** or call **1-866-4ASSIST** (427-7478) to request a copy.

1 of 10

14

Billing

Timely eligibility changes are the responsibility of the employer, so our suggested best practice is to submit changes as they occur.

Online submissions are typically processed within 24–48 hours, so any changes and/or credits will most likely be reflected on the next premium statement.

Payments submitted BEFORE 7 p.m., Eastern time, are credited to your account the SAME day.

Payments submitted AFTER 7 p.m., Eastern time, are credited to your account the NEXT day.

Invoices can be accessed by clicking the Billing tab at the top of the employer portal. Any link will open **Humana eBilling** in a new tab. You can also access eBilling by choosing the **Go to billing** button to the left of the invoice summary on the employer portal home page.

If you have access to multiple billing profiles, you will be prompted to select the profile you wish to work in, then click **Go**.

Invoice:

- **Invoice section** will allow you to view the summary for the selected month. The coverage month can be changed by choosing the desired month from the drop-down menu and clicking **Go**.

- **Show Details** will allow you to view the member level breakdown of your invoice online.

- **Download Details** will download the member details into an Excel file.

- **PDF Statement** will open as an image of your invoice.

Coverage Month	
January 2017	**Go ▸**
December 2016	
November 2016	ance As of Today
October 2016	
September 2016	elated Links
August 2016	
July 2016	Make a Payme
12/0 June 2016	Show Details
$5, May 2016	Download Det
April 2016	PDF Statemen
-$2, March 2016	
February 2016	
January 2016	
$2, December 2015	
November 2015	
$2, October 2015	
September 2015	

Close Window

HUMANA. Employer Portal

Welcome, Employer
December 19, 2016

A A A Adjust Text Size

Name: ADVANCED MICROWAVE PRODUCT

Billing ID: 612273-001

Invoice Summary

eBilling
› Invoice
Payment
Recent Activity
Wellness Engagement Incentive Details

Welcome to the Invoice Summary section of eBilling. Here you can check your account balance, review a summary of your charges and link to more detailed transactions.

Quick Links
Configuration
Billing Support
Change Billing ID

Coverage Month: December 2016 ▾ **Go ▸**

Summary

Balance As of Today : $5,455.08

Payment Due Date:	12/01/2016
Amount Due from Last Invoice:	$5,396.74
Total Payments Received:	-$2,698.37
Amount Past Due:	$2,698.37
Premiums this Period:	$2,727.54
Member Adjustments:	$0.00
Fees and Other Adjustments:	$0.00
-Wellness Engagement Incentive: *availability varies by state	$0.00
-Other:	$0.00
Total Amount Due:	$5,425.91

Related Links

- Make a Payment
- Show Details
- Download Details
- PDF Statement

16

Invoice Details:

Payment:

In the **Payment** section, you can choose the **Payment Accounts** tab to select a bank account to edit or delete. Monthly recurring payments or additional bank accounts can be set up here.

- Schedule a one-time payment at the **Make a Payment** tab.

- **Online Payment Activity** displays the payment history on the account. If you have recurring payments, it will show future scheduled payments.

Wellness Engagement Incentive Details:

- Select Wellness Engagement Incentive Details in the eBilling box to open the dashboard in a new tab.
- Displays incentives earned by members participating in the Go365 program.
- View group level incentives as well as the employee level breakdown.

Wellness Engagement Incentive by Employee:

Configuration:

- Add up to four email addresses that will receive eBilling notifications. The invoice itself will not come by email, so the recipient must be added as a web user and provided a username and password. The user will then be able to sign in
at **Humana.com** to access the invoice, make payments, etc.

- User can also choose the billing method. To save changes, select **Save Configuration**.

If access to a different billing profile is needed, choose the option of **Change Billing ID**, select the profile and click **Go**. **eBilling** will refresh to the new profile.

Manage Employees

The **Manage Employees** tab has all the tools needed to manage your membership.

Manage Employees – Humana member ID cards

- Tools for accessing Humana member ID cards are located under the **Manage Employees** tab, and also in the **Tools** section at the bottom of the home page.
- **ID Card Center** can be used to view, print and email Humana member ID cards.
- **View proof of coverage or order ID card** can be used to print letters of coverage and order new cards mailed to a member's address.
- Proof of Coverage (POC) should be available within 2–3 business days of coverage being active, ID card images within 5 business days. Physical cards should arrive within 7–10 business days.

ID Card Center

- If multiple policies are available in the portal, first choose the policy the member is enrolled in. This includes members enrolled in a medical health maintenance organization (HMO), as those products have their own group numbers.

- You can search for ID cards by member ID or Social Security number.

- Look up the ID cards for other members enrolled in benefits by choosing dependent name from associated members drop-down.

- Selecting **Print ID Card** will open a PDF of the letter that is mailed with the card to the member. The full PDF includes some coverage details and Humana contact information.

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Group selector

The page you requested provides content for a specific group. Please select the group you wish to view.

ADVANCED MICROWAVE PRODUCT EM612273
BEXAR APPRAISAL DISTRICT EM707254

→ Continue   Cancel

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Access member ID cards

To view and print or email a member ID card, enter a Humana member ID number or Social Security number (SSN) in the box below. Please note that if a member ID card is unavailable, proof of coverage can be viewed and printed.

Member ID   or   Social Security number

→ Go

SARAH

→ Find another member

Associated members

SARAH
AMELIA
JACOB
View all

→ Go

Your plans

- You can also email the PDF to the member or a provider.

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Email an ID card

A secure link to a member's ID card can be emailed to you or someone else (for example, a doctor). Please enter the recipient's email address below.

Enter the email address

Confirm the recipient's email address

→ Submit   Cancel

Proof of Coverage and Order ID Cards – Medical

- **Proof of Coverage** includes the policy information and effective dates.
- **Print or Order** cards using the buttons below.

Proof of Coverage - Print/Order ID Card

The information available here can serve as a Temporary ID Card until members receive their actual card. If an employee or covered dependent has not yet received their original or replacement ID Card and needs immediate access to care, click below to print important plan information for the Health Provider and/or a replacement ID Card.

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NPOS
To receive full PAR benefits, services must be provided by your Primary Care Physician or in-network provider.

Insured Name: SANDRA   **Insured Number:** 106
Date of Birth: 10/04/   **Relationship to Subscriber:** EMPLOYEE

Group: ORTHOPAEDIC & SPINE INSTI   **Group #:** 766
Coverage: EMPLOYEE AND CHILDREN   **Plan** Medical
Effective Date: 03/01/2016

Primary Care Physician:

Certificate of Coverage: For important information on how to use your medical plan, refer to your
Certificate or Summary Plan Document

Benefit Information:

Co-Payment Professional (Physician) Visit - Office LEVEL 1 $35.00 In plan network
Co-Payment Professional (Physician) Visit - Office LEVEL 2 $60.00 In plan network
Co-Payment Emergency Services FACILITY $400.00 In plan network

MEMBER: For Eligibility, Benefits, Provider Verification, and Claims, please go to: www.humana.com or call Humana Customer Service.

You are required to notify us of any inpatient admission, non-emergency surgeries.

Doctors and Hospitals are required to call for pre-admission review and/or admission notification.

HMO/POS Members: For any health care need, PLEASE call your Humana Plan Primary Care Physician. Your Humana Primary Care Physician must provide or arrange for any services in order to receive benefits (HMO) or full PAR Benefits (POS). Should an emergency require that you seek care, or be hospitalized without calling first, you must contact your Primary Care Physician within 48 hours.

| Print Temporary Proof of Coverage | Order Replacement ID Card | Print and Order ID Card |

Proof of Coverage and Order ID Cards – Dental

- Dental and Vision POC make take a few moments to load.

- Dental POC includes full coverage details.

- Order ID card option is at the bottom of the page.

- Humana Dental cards are digital, so dental providers do not need to see a physical card to verify coverage. Members also have access to view and print dental cards by registering for **MyHumana**, the member portal on **Humana.com**.

Proof of Coverage and Order ID Cards – Vision

- Vision cards are available on the vision website; it may take a few moments to load.

- Click on **View Your Benefits**, then **Print ID Card**. The vision policy will come up. Select **Print Card**.

MyHumana | Vision Care Plan

Welcome SANDRA | Close

Home | View Your Benefits | Locate a Provider | Vision Wellness | Help and Resources

View Your Benefits

> Benefit Details

> Understanding Your Benefits

> Laser Vision Discount

> Claim Status

> Print ID Card

> Locate a Provider

Home » View Your Benefits » Print ID Card

Print Replacement ID Card

You may have received an ID card after signing up for your vision care plan. Misplaced your card? You can print an additional card by clicking the Print Card button below.

Some documents on this page require Adobe® Acrobat® Reader. If you do not have Acrobat Reader, you can download it for free.

Plan

HumanaVision (   )

Print Card

- Instead of a vision proof of coverage, a copy of the vision ID card can be printed.
- This is the same as the card the member receives in the mail.
- Vision cards cannot be ordered online, only printed.

HUMANA

Member/Patient Services: 1-866-537-0229
VISION CARE PLAN (VCP)

HumanaVision

SANDRA
Member ID: 106
Group #: 9798307
Effective: 03/01/2016

IMPORTANT: Personalized cards are printed with the subscriber's name only; eligible dependents can use one of the cards above for identification purposes. Detach your member cards immediately. Carry the card with you at all times and protect it as you would any important piece of identification. Please verify the provider accepts your plan when scheduling your appointment.

Humana network Doctors / Providers:
Log into www.HumanaVisionCare.com to receive plan information and authorization online or call 1-866-537-0229

PRIVATE PRACTITIONERS   LENSCRAFTERS   PEARLE VISION   sears OPTICAL   OPTICAL   jcp optical

Managing your employee's benefits

Common issues and how to resolve

- Once an employee's benefits are terminated, their information remains in the system for up to 18 months.
- Members can see their own information, deductibles and usage by signing in to MyHumana. When entering their member ID, members do not need to add the suffix. For example, if the ID is 100000023-05, the -05 isn't necessary to sign in.
- Only one enrollment event can be submitted per member per 24-hour period.
- Enrollment sign date must be within 30 days of requested effective date and cannot be submitted more than 30 days prior to, or 60 days past, requested effective date.

Enrollment terms

Subscriber: Member or participant directly eligible for employer benefits due to employment

Dependent: Family or domestic partner eligible for employer benefits

Enrollment event: Enrollment change request submitted in Online Enrollment Center (HRBA)

HRBA: Human Resource Benefit Administration

Waive: To opt out of a specific benefit

Effective date: Date coverage changes go into effect

Manage Employees – Search employees

Search employees will allow a search for active members by full or partial Social Security number.
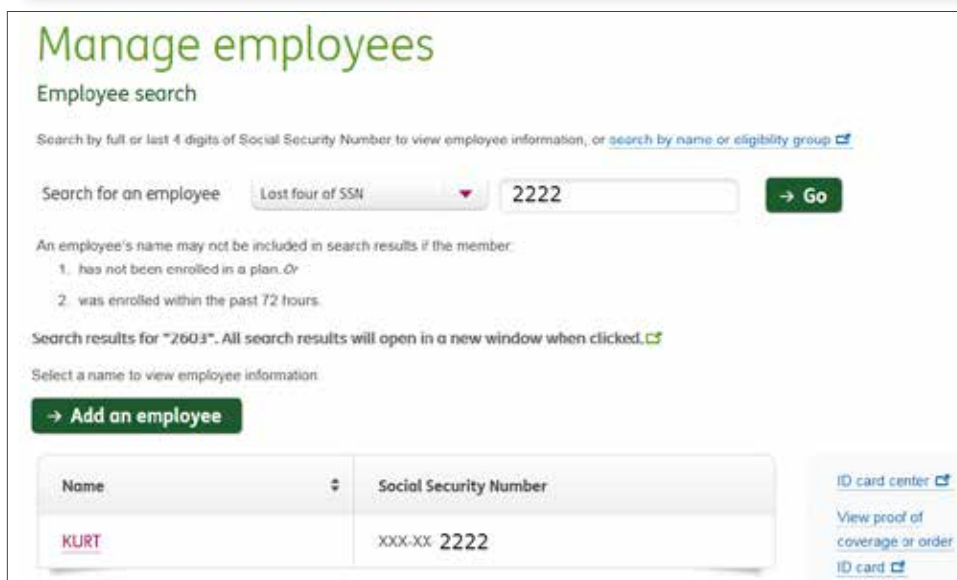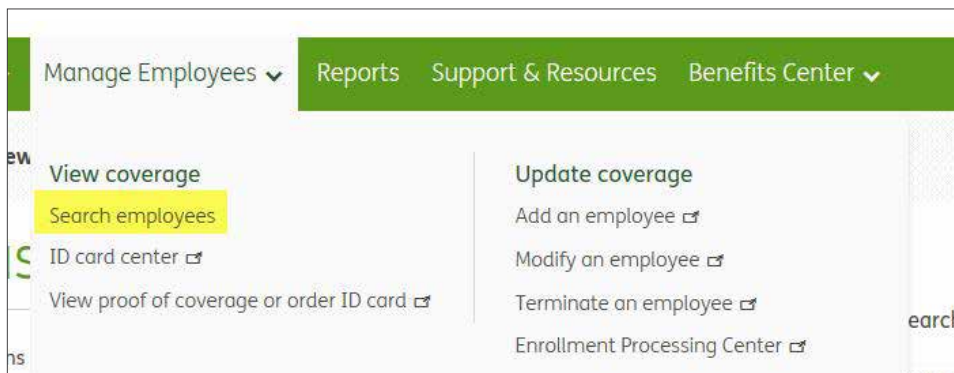
Click on the employee's name to open the subscriber summary page in the enrollment center.

Once enrollment center is open, navigate within the center to complete member changes.

Manage Employees – Web enrollment (HRBA)

Under **Update Coverage**, you can add, terminate and modify employees. Each link will open the enrollment center (HRBA) in a new tab.

The Human Resource Benefit Administration (HRBA) will require first-time users to register with their own Social Security number. This will tie the enrollment center access to the secure sign-in for the employer portal, so that any enrollments submitted will show under that name.

If you do not have, or do not wish, to use your own Social Security number, contact Humana Business Web Support and a dummy can be requested.

Enrollment Center (HRBA) Home

Whichever link is selected under **Manage Employees** opens the Enrollment Center Home tab at the top of page to the enrollment menu. Now choose the action needed or search for another member.

HRBA – Add a Subscriber

• To get started, select Add a Subscriber

- This same page will open if the **Add Employee** from the **Manage Employees** tab on the employer portal home page is chosen.
- Enter the employee's Social Security number twice and click **Next**.

Enter the subscriber's Personal Information

- Hire Date is an important field because that is what is going to determine eligibility based on the waiting period. If a part-time employee became full-time then, the full-time date of hire will be used to determine eligibility. To confirm what waiting periods may apply, you can call Humana Business Web, Customer Service or reach out to your Humana representative.
- The Eligibility Group is simply the class or division the employee belongs in.
- Once you have all of the employee's personal information filled out, click **Next**.

Enrollment Reason and Effective Date

- For this example, we are using **New Hire**.
- **Effective date** for new hires is calculated based on the **Hire Date** after any waiting periods have been applied. For example: A Hire Date of April 13, and a 30-day waiting period with first of month provision would be eligible for an effective date of June 1. It is important to note that should waiting period end on the first of a month, the employee is eligible on that date; they do not have to wait until the next first of the month.
- Other **Qualifying Events** may have different effective dates. The effective date should be the date you need the benefits changes to be in place.
- The **sign date** should match the employee's enrollment form or the date you are submitting online. Keep in mind the sign date needs to be within 30 days of your requested effective date. Click **Select and Continue**.

Dependents:

- This is only adding a dependent's personal information under the subscriber; coverage is added in the next step.

- Click **Add Dependent** and enter the information for that dependent record. A Social Security number is not required for dependents, but is recommended. Dependent Social Security numbers can be added later.

- Once the dependent's information is entered, click **Submit**. The dependent record is saved under the subscriber.

- To add another dependent, select **Add dependent** again. Select the **Modify** button to edit dependent's personal information. **Submit** to save changes.

- Delete dependents by selecting **Delete** on the dependent record and select an appropriate reason. Deleting dependents will permanently remove them from all benefits. If there is a chance they will need to reinstate coverage during renewal or with a qualifying event, leave the dependent record active and remove them from the benefits coverage.

- Once you have completed adding dependent records, click **Next**.

Coverage

- All benefits offered by the group will be listed. For each benefit offered, there will be a drop-down menu.
  Select the benefit the member has elected. If they do not want to be enrolled in the benefit, select **Waive**.

- If a benefit has been waived, it will not be processed without selecting a waive reason, which is required. Waive reasons will display as a pop-up, so if you are not prompted to select a waive reason make sure your pop-up blocker is disabled.

- Dependents are enrolled in the benefits by checking their name under each benefit. To remove a dependent from coverage, uncheck the name.

- Once you have finished your coverage elections, click **Next**.

Review and Finish

- You can confirm demographic information, dependent information and coverage elections. Once you have confirmed selections, click **Submit**.

- You should then see a confirmation page. If you do not see a confirmation page, you have not yet submitted your enrollment.

- A subscriber only has to be added to a group once; any future changes will be submitted as a **Modify** event. A member that was terminated and has returned does not need to be added again, but **Rehire** chosen as the reason for the **Modify** event.

Modify Subscriber

- To make a change to an existing subscriber, select **Modify Subscriber/Dependent Info and/or Coverage**. This same page will open if **Modify Employee** from the **Manage Employees** tab on the employer portal home page was chosen.

- Search for member by full Social Security number or full/partial name. Click on the subscriber's name to open the record.

- Open events will show any enrollment event from the last 30 days. The start date and end date are referring to the time frame in which a change can be submitted. Anytime an enrollment event is opened there are 30 days to submit. The date coverage is the effective date of the benefit change. The example shown on this new hire event that the status is complete means it has been successfully submitted to Humana. This does not indicate the enrollment request has been completed; enrollment changes are completed within 24–48 hours of submission.

- To open a new event, select a reason from the **Reason for Coverage Change** drop-down menu. For assistance with choosing the appropriate reason call Humana Business Web, customer service or reach out to your Humana representative. For this example, choose **Gain/Loss of other coverage** with an effective date of July 1, 2016, and a loss date of June 30, 2016. Click **Select and Continue**.

The first step of any enrollment event is **Personal Information**.

- The opportunity to update subscriber demographic information is available anytime an enrollment is submitted. If there are no personal information updates to make, click **Next**.

The second step is **Dependents**.
- Make demographic updates, add or delete dependent records. Once dependent changes have been completed, click **Next**.

The third step is **Coverage**.

- To enroll additional dependents, check the dependent name. Once coverage elections have been completed, click **Next**.

The fourth and final step is **Review and Finish**.

- Confirm demographic information, dependent information and coverage elections. Once selections are confirmed, click **Submit**.

Exiting and Resuming Enrollment Events

- Should there be a need to exit an enrollment, close it and save changes.

To resume, select **Modify Subscriber/Dependent Info and/or Coverage** from the main menu, search the subscriber and click on the name to open the record.

- By the example, see that in addition to the new hire event, there is now showing a Gain/Loss event with the status of "In Process." This indicates the event is in the process of being submitted, and has not yet been received by Humana.

- To resume an in-process event, select the event from open events, click **Select & Continue**. Disregard the Edit option.

The event will resume on the last page saved. Confirm selections, and submit the event. When you see the confirmation message, you know Humana has received the enrollment request.

Terminate Subscriber

Termination is a permanent end of all benefits, and should only be used when the subscriber is no longer eligible; typically when they have ended employment. If a member is opting out of only certain benefits, or removing a dependent from coverage, that would be submitted as a **modify** event with the appropriate reason selected for the qualifying event. This will keep the subscriber record active should they need to be reinstated with a qualifying event or during open enrollment. If a subscriber has been terminated in error, or eligibility changed before coverage termination date, contact Humana Business Web Support to make a correction on the web record. **Do not attempt to reinstate coverage using a rehire event unless the member left the group and was rehired**. Using rehire to reinstate will apply rehire waiting periods.

To get started, select **Terminate Subscriber**. This same page will open if **Terminate an Employee** from the **Manage Employees** tab on the Employer Portal home page was chosen.

- Search for the member, and click on their name to open the record.
- Select appropriate reason from the Termination Reason drop-down menu.

- The **Coverage Termination Date** is the last date the subscriber will be covered; coverage will end at midnight on coverage termination date. Depending on how the group is set, it may terminate at the end of the month, or immediately. To confirm termination provision, call Humana Business Web, Customer Service or reach out to your Humana representative.

- The **Loss of Eligibility** date is the last date the member was eligible; typically last date of employment.

- If the member wishes to enroll in **COBRA** or **State Continuation**, only select yes if you manage the group's COBRA enrollments and are prepared to complete the COBRA enrollment at the time the termination is being submitted.

- If a third-party administrator is used for Cobra, such as Conexis, select **No** and notify the TPA of any member terminations.

- If you do manage your own COBRA, but are unsure if the subscriber is interested, select **No**. The COBRA event can be submitted at a later date should the member wish to enroll. Click **Next**.

The final step is **Review and Confirm.**

Once selections have been confirmed, click **Submit**, making sure the confirmation that Humana has received the request has been received.

Terminate Subscriber

You have terminated coverage for Bob Smith (666-11-2221)
Please allow 24 to 48 hours for the changes to become effective in all our systems.

Reports

Employee and utilization reports

Depending on the benefits your organization offers, the following reports may be available under the **Reports** tab on the home page:

- Enrollment and Benefit reporting through HRBA reports
- Census files
- View claims information—**only available for ASO groups**

Additional benefits reports

Depending upon the benefits offered in your organization, you can access additional reporting separate from the utilization reports.

These reports may include:

- Flexible spending account reports
- Health savings account reports
- Personal care account reports
- Full-time student verification status reports
- ePlanCompass reports (note that ePlan Compass Reports are not available to all groups)
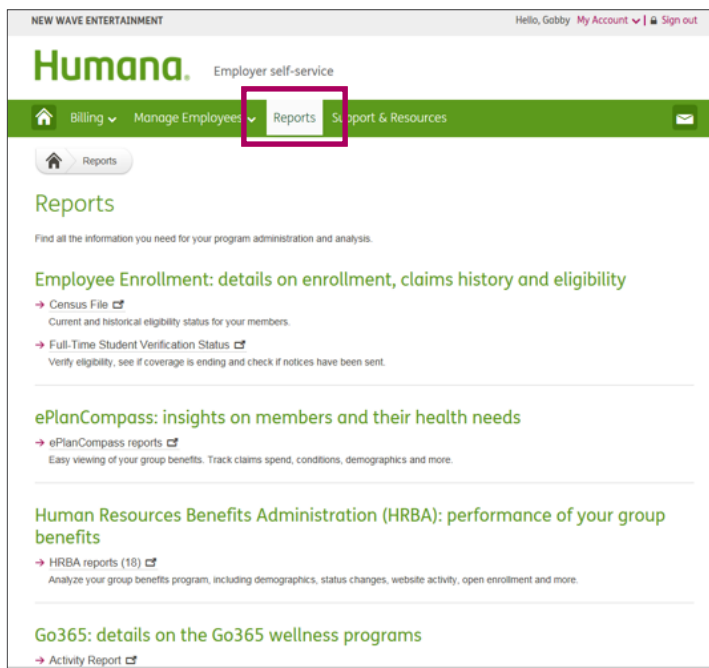
- Go365 reports are not available by default and must be requested after registration is complete. Once requested, the Go365 reporting section will be available within 48 hours. Requests can be submitted to Humana Business Web Support or your SPOC (Single Point of Contact).
- Once added, there will be a new section under the **Reports** tab for Go365.

Go365: details on the Go365 wellness programs

→ Activity Report

See your group's participation in Go365, including member activity, status and other information key to your wellness strategy.

→ Member Engagement Reports

Get details about your members' level of interaction with Go365.

→ Wellness and Health Promotions (WHP) report

See how your Go365 program is performing against industry standards.

Example **Member Engagement**

	A	B	D	E	F	G	H	J	L	M	N	O	R
1	Status Date	Group	Employee	Employee ID	Last Name	First Name	State	Go365 Covera	Health Assessment	Go365 Check	Go365 Status	Rewards Status	Earned Points YTD
2	4/18/2016	739	xxxxx9999	10100000001	DOE	BILL	KY	1/1/2016	2/26/2016	2/26/2016	Bronze	Bronze	4060
3	4/18/2016	739	xxxxx9999	10100000001	DOE	BENJAMIN	KY	1/1/2016			Bronze	Bronze	200
4	4/18/2016	739	xxxxx9999	10100000001	DOE	SARAH	KY	1/1/2016			Bronze	Bronze	
5	4/18/2016	739	xxxxx9999	10100000001	DOE	SHELIA	KY	1/1/2016			Bronze	Bronze	
6	4/18/2016	739	xxxxx9999	10100000001	DOE	MITZI	KY	1/1/2016			Bronze	Bronze	
7	4/18/2016	739	xxxxx9999	10100000001	DOE	DEANNA	KY	1/1/2016	2/26/2016	2/26/2016	Silver	Silver	5660
8	4/18/2016	739	xxxxx9999	10100000001	DOE	JENNIFER	KY	1/1/2016	2/26/2016	2/26/2016	Silver	Silver	5180
9	4/18/2016	739	xxxxx9999	10100000001	DOE	CYNTHIA	IN	1/1/2016	2/27/2016	2/26/2016	Bronze	Bronze	4110
10	4/18/2016	739	xxxxx9999	10100000001	DOE	JULIE	KY	1/1/2016		2/26/2016	Blue	Blue	4000
11	4/18/2016	739	xxxxx9999	10100000001	DOE	BRIAN	KY	1/1/2016		2/26/2016	Bronze	Bronze	4010
12	4/18/2016	739	xxxxx9999	10100000001	DOE	CLAYTON	KY	1/1/2016			Bronze	Bronze	
13	4/18/2016	739	xxxxx9999	10100000001	DOE	LIAM	KY	1/1/2016			Bronze	Bronze	
14	4/18/2016	739	xxxxx9999	10100000001	DOE	LILY	KY	1/1/2016			Bronze	Bronze	
15	4/18/2016	739	xxxxx9999	10100000001	DOE	BRITTNEY	KY	1/1/2016	2/7/2016		Bronze	Bronze	1250
16	4/18/2016	739	xxxxx9999	10100000001	DOE	CASSIE	KY	1/1/2016		2/26/2016	Blue	Blue	4010
17	4/18/2016	739	xxxxx9999	10100000001	DOE	RONALD	KY	1/1/2016			Blue	Blue	
18	4/18/2016	739	xxxxx9999	10100000001	DOE	SHEILA	IN	1/1/2016	3/12/2016	2/26/2016	Bronze	Bronze	4920
19	4/18/2016	739	xxxxx9999	10100000001	DOE	OLIVIA	IN	1/1/2016			Bronze	Bronze	

Human Resource Benefit Administration (HRBA) reports are also available in HRBA.

- **Note:** Groups that send enrollment changes via a file feed (EDI) may not see enrollment changes reflected in HRBA reporting. The best source for up-to-date benefits information for EDI is the file itself.
- To access web enrollment reports, select **Reports** tab, then click on the **Reporting** link.

Reports
Reporting
View the reports you currently have or create new reports.

- Click the **Create Report** tab. Here you will see a listing and description of all available reports. Select the report you would like to run.

Create Report - Select Report - Internet Explorer

Welcome: **Sarah Fehribach** Help | Close

HUMANA.
Guidance when you need it most **ADVANCED MICROWAVE PRODUCT**

View Reports | Create Report | Customize Report List | Customize Report | Schedule Report | View/Modify Schedule

Reporting: Create Report

Date: 05/23/16

Please choose the report that you would like to run:
NOTE:
Older Versions of Microsoft Excel may not display all rows in the report due to size limitations. If this occurs, please Customize your report to display only the needed fields.

Report	Description
● Beneficiary Changes Report	Lists changes to beneficiaries between 2 given dates
○ Employee Benefits Report	Lists benefit information for all eligible employees as of a specified date that are enrolled in at least one active benefit.
○ Employee Status Changes Report	List eligible employees whose benefits have changed between 2 dates.
○ Extended Family Registration Report	This report lists registration information about extended family members.
○ Login Report	Lists employee logins to the web enrollment system
○ Member Benefits Report	Lists benefit information for all eligible members as of a specified date that are enrolled in at least one active benefit.
○ Member Status Changes Report	Lists those employee and dependent records that have benefit change(s) between two dates.
○ OE Enrolled List Report	Lists eligible employees whose open enrollment elections were enrolled on the web.
○ OE Enrolled Products Report	Lists the number of employees enrolled in each benefit plan & coverage level using a web Open Enrollment event.
○ OE Non-Enrolled List Report	List employees who are eligible for Open Enrollment but have not enrolled.
○ OE Summary Report	List the number employees enrolled in each product using a web Open Enrollment event.
○ Waive Reason Report	Lists reasons for waiving benefits
○ Web Changes	List the subscribers who have made elections on the web during a specific period.

Next

• Enter the date that you want the report run by and click **Submit report request**.

Create Report - Enter Criteria - Internet Explorer

Welcome: **Sarah Fehribach** Help | Close

HUMANA.
Guidance when you need it most **ADVANCED MICROWAVE PRODUCT**

View Reports | Create Report | Customize Report List | Customize Report | Schedule Report | View/Modify Schedule

Reporting: Create Report

Date: 05/23/16

Report Name: Member Benefits Report
Choose Output Format: CSV ▾   Choose Sort Preference: SSN ▾

Input Parameters:

As of Date: 04/30/2016 × (mm/dd/yyyy)

Previous   Submit Report Request

- Click the **View Reports** tab; click **Refresh** until report turns blue. Click on the name to open. The report will download as an Excel file.

Example **Member Benefits Report**

Support and Resources

For Employer:

- Humana contact information
- Access to secure email
- Employer health guide/FAQs
- Order marketing materials
- Application and Enrollment Forms

- Go365 information for employers
- Wellness launch kit
- Industry insights
- Tutorials

Rockford Public Schools   Hello, Employer My Account ⌄ | 🔒 Sign out

Humana. Employer self-service   EM(❓| Change Group

🏠 Billing ⌄   Manage Employees ⌄   Reports   Support & Resources   Benefits Center ⌄   🛒 ✉️

🏠 Support & Resources

Support and Resources

For you	For your employees

Resources and support for plan administrators.

Ways to contact us

We're here to help.

- → Email us ☐
- → View secure email ☐
- → Update secure email ☐
- → Employer support contact information

Managing your plans

Get the most out of your plans and all of Humana's offerings.

- → Employer health plan guide ☐
- → FAQs for employers ☐
- → Humana's products and services ☐
- → Order marketing materials ☐
- → Application and enrollment forms ☐

Most popular

Voted "Most popular" by our employers and administrators

Sales office locations ☐

Healthcare reform timeline ☐

Healthcare reform education ☐

Go365 ☐

Wellness launch kit ☐

Health & well-being support

Help your employees get and stay healthier with wellness programs.

- → Go365™ information for employers ☐
- → Wellness launch kit ☐
- → Employee assistance program ☐
- → Health & wellness programs ☐

For employees (also available in member self-service portal):

- Member contact information
- Provider and pharmacy finders
- Cost comparison tool
- Go365 information for members
- Prescription tools and information
- Glossary of healthcare terms

Rockford Public Schools   Hello, Employer My Account ∨| 🔒 Sign out

Humana.   Employer self-service   EM: ❷ | Change Group

🏠 Billing ∨   Manage Employees ∨   Reports   **Support & Resources**   Benefits Center ∨   🛒 ✉

🏠 Support & Resources

Support and Resources

| For you | For your employees |

Humana provides resources and support for your member employees.

Ways for members to contact us

We're ready to support your employees.

→ Member contact information ☐

Managing health insurance

Employees can help themselves with these self-service tools.

→ Find a doctor tool ☐
→ Find a pharmacy tool ☐
→ Drug list search & printable drug lists ☐
→ Humana's products & services ☐
→ Virtual guidance tool ☐
→ Cost Comparison Tools ☐

Most popular

Voted "Most popular" by our employers and administrators

Sales office locations ☐

Healthcare reform timeline ☐

Healthcare reform education ☐

Go365 ☐

Wellness launch kit ☐

Health & well-being

These links help your employees access wellness programs and other features included with their health plan.

→ Go365™ information for members ☐
→ Healthy living tips ☐
→ Heatlh & wellness programs ☐
→ MyHumana condition centers ☐
→ Wellness discounts ☐

44

Members can register for **MyHumana** access at **Humana.com**, or by downloading the MyHumana Mobile app.

Call Member Support at
1-800-448-6262

How to Send and Retrieve Secure Messages

This feature in the employer self-service center allows you to send and receive secure messages while adhering to HIPPA regulations.

Send a secure message

For instance, if you need to send private information about a member, click on the small white envelope on the right side of the home page.

First-time users will need to activate an email address.
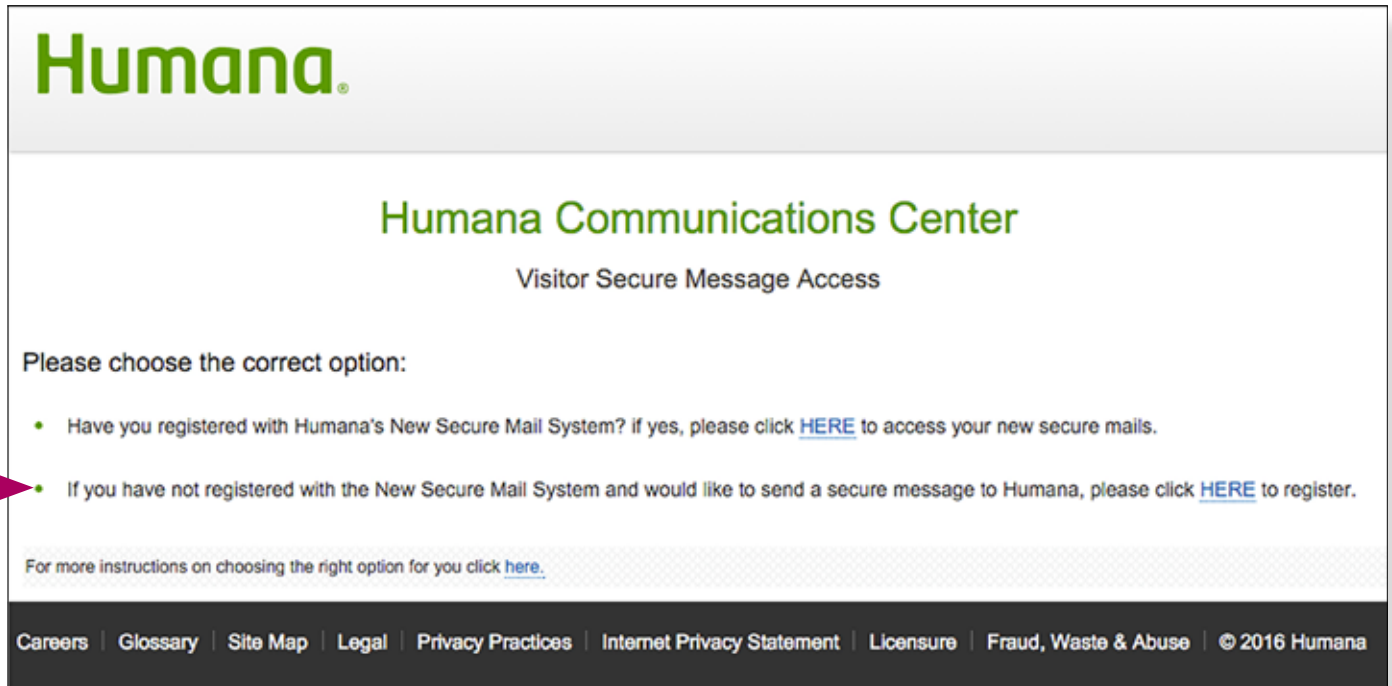
The Inbox screen will appear automatically. To read a message, just click on the blue subject line.

- To send a message, click on the **Compose Mail** link on the right side of the home page. The compose screen will appear. Enter a subject line, type the body of your message, add any attachments and click on **Send**.

- If you have e-access to an inbox for more than one group, use the **Select a Message Box** drop-down menu at the top of the page to choose the message center for a particular group. The drop-down menu displays all registered groups you can access.

Retrieve messages from Humana

- Enter this address in your browser: **www.Humanasecuremail.net**
- Click on the second bullet to start the registration process
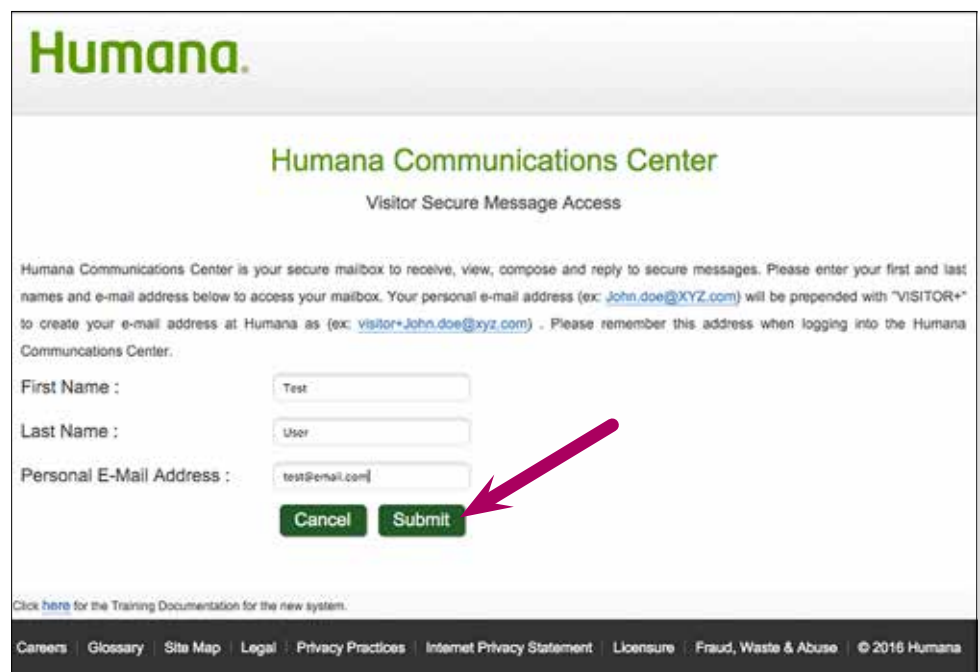
- Enter first name, last name and email address.
- Click **Submit.**
- Check your email and use the links within to activate the secure email process.
- Next, you will also receive a "Welcome" email and it will advise you to follow a link to set up a secure mail password and a password hint by clicking on **View Message** and gain access to the secure mail system.
- Anytime you receive a secure message from Humana, sign in through the link provided in the email or by going to **www.Humanasecuremail.net**.

Benefits Center – Small Groups Only

- Rates and pricing
- Current plan information
- Renewals

Additional Resources

Explanation of terms

Adoption/Legal Guardianship: Add a child due to adoption or the child has been placed with the subscriber under legal guardianship. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at **1–866–584–9140**.

Birth: Add newborn coverage. Upon delivery, the employee can call **1–800–872–7207** to ensure coverage.*

Additions must take place within 30 days of birth. The BA can also add the newborn, or specific details on the infant via HRBA. If details are not updated within 30 days of the birth, please call for assistance.

Change in Eligibility Group: Move the subscriber from one eligibility group to another.

Change prior/other coverage: Update subscriber's/member's coverage information.

Child Eligible Disable: Add a dependent that has been declared disabled.

Child Newly Eligible Student: Current dependent newly enrolled as a full-time student.

Court Ordered Coverage: Add dependent due to court order. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at **1–866–584–9140**.

Coverage Termination: The Coverage Termination date is the last date the employee is covered. This will depend on the group's provisions; it could be the last day of the month, or the date of termination.

Divorce/Legal separation: Remove a spouse from subscriber's plan due to divorce or legal separation. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at **1–866–584–9140**.

Gain/Loss other Coverage: Multiple reasons. Examples: The subscriber's spouse has coverage through her employer, and that coverage ends. The spouse would now be eligible for coverage under the subscriber's policy. Going from part-time to full-time or vice versa would also be considered a gain/loss event.

HSA Start/Change Contribution: Change to employee's HSA contribution.

Late Enrollee: The subscriber is enrolling outside of the Open Enrollement Period.

Loss of Eligibility: Loss of Eligibility relates to the date when an individual member is no longer eligible for benefits. This date can occur any day of the month—such as a birthday or wedding day—but the member's termination is actually effective on the Coverage Termination date.

Marriage: Add a new spouse to the existing subscribers' coverage. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at **1–866–584–9140**.

Move out of Service Area: A subscriber or member has moved out of service area.

New Hire: Add a person newly hired at the company.

Open Enrollment: The period of time when the employees choose benefits for the new plan year.

Rehire Pre-Enrollment: Add rehired subscribers demographic/coverage election. Once this is complete, the member would be allowed to complete their own enrollment in **MyHumana.**

ONLY AVAILABLE FOR SOME GROUPS

Eligibility waiting periods

If hire date is June 24, and benefits eligibility is immediately after …

If hire date is June 24, and benefits eligibility is the FIRST day of the month FOLLOWING

… 30 days July 24 … 30 days August 1

… 60 days August 23 … 60 days September 1

… 90 days September 22 … 90 days October 1

Relationship codes

Relationship codes

0 = Subscriber

1 = Children

3 = Spouse

21

Frequent events and materials needed

Any corrections due to system functionality require a call to the Employer Web Team

Social Security number correction

- The BA will send in a copy of the change form with the correct Social Security number or a copy of the subscriber Social Security card
- The correction will be made in the platform first; the web specialist will send enrollment a ticket to have the incorrect Social Security number corrected

Effective date correction

- Call the web team and they will assist the group in submitting another event, or by correcting the dates with enrollment if this can't be corrected during the call

Date of hire correction

- Provide web team with the correct date of hire. They will send a request to enrollment to correct the date of hire, and then correct online

Duplicated subscriber or dependent

- A web specialist will send an IT request to get a duplicate person removed

Changing the eligibility group

Possible reasons a BA would call in regarding the group eligibility:
- If a member is terminated and the group is going through OE and the eligibility group changes, then the BA would change the eligibility group first before the subscriber can be enrolled on the correct plan
- If the BA does not see the correct benefit listed under the coverage level drop-down menu, then the BA will change the eligibility group to get the correct benefit that is tied to it

Primary care physician (PCP)

Change/updates

- If the BA enrolls the subscriber online for coverage and puts a dummy PCP (9999 number due to the subscriber not having listed a PCP), then the BA can go back and correct/change the PCP within the event (that was created) to enroll the subscriber

How to correct a PCP within the open event:
1. The BA will select **Modify Subscriber/Dependent info**
2. Check the box next to the open event, hit **Select** and **Continue**
3. Keep hitting **Next** until you get to the PCP screen
4. Check the box and enter new PCP number, continue to **Review and Finish**

Newborns

- The BA will check View Subscriber Summary
- View dependent history to see if the newborn has been added for first 30 days coverage

If the newborn is showing coverage:

1. **Modify Subscriber/Dependent Info**
2. Create the event **Gain/Loss of Other Coverage** and make the effective date the day after the termination date listed on the **Dependent History** screen
3. Only make a change to the dependent demographic screen if the newborn name is listed as boy/girl, or if there is an end date for coverage on the **Dependent History** screen
4. Select coverage for the newborn on the **Coverage** screen
5. Continue to **Review and Finish** screen and **Submit**

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1. From **Humana.com**, click the link **Forgot your password**? Then choose **Select a user type** under **Other Registered User**. Select **Employer**, follow the prompts to reset your password.
2. If further assistance is needed, call the Employer Web Team at **1-888-666-5733**.

Retro termination date correction

IMPORTANT: The BA will need to call a web specialist to correct a retro termination date online, because the group billing invoice will be affected.

- If the termination is more than 60 days in the past, the group's billing rep will need to be contacted for approval.
- The billing representative then makes the retro termination in the system and that termination date should roll back to the web.

COBRA

- If the BA already submitted the termination event for the employee, go to **Modify Employee** and the option to add COBRA will be available.
- If the BA has not terminated coverage, then the BA will select **Terminate subscriber.**
- Enter the effective date and click **Continue**.
- Select **Launch COBRA/Continuation Event** for the subscriber after termination.
- Then, the BA will follow through with the Cobra enrollment.

Password recovery

NOTE: Employers cannot retrieve usernames from **Humana.com**. Please call Humana Business Web Support at **1-888-666-5733**, option 2, to confirm usernames.
From **Humana.com**, select **Forgot Password** link.

Click **Select a User Type** and choose **Employer** then **Continue**.

Password help

What type of user are you?

Choose the user type that best describes you.

Member

If you have Humana insurance, Medicare or Medicaid.

→ Continue

or

Other registered user

If you are a doctor, dentist, pharmacist, hospital, employer (plan sponsor or benefit administrator), Humana Pharmacy customer, Humana associate, or have another business relationship with Humana.

Select a user type

○ Agent or broker. If you are a broker or sales agent who assists Humana customers.

○ Healthcare provider. If you're a doctor, dentist, pharmacist, hospital or other facility

⦿ Employer. If you are a plan sponsor or benefit administrator.

Enter username to confirm and **Continue.**

Forgot your password?

Enter your username below or select the "Forgot your username?" link and we'll provide password assistance.

Also known as User ID

Username

SarahG43   ✕   Are you a Humana associate? ❓

Forgot your username?

→ Continue   Cancel

You will be prompted to answer your security question. Now, enter a new password. If assistance is needed with the security question or entering a new password, please call **HB Web Support**.

Password Help

Forgot your password?

Select the available option(s) and/or answer the question to confirm your identity and we will help you reset your password.

Security question

Don't know the answer? ❓

What is the name of the company where you had your first job?

→ Continue   Cancel

Change your password

Enter a new password in the fields below, making sure it meets our requirements:

* 8-15 characters long
* No spaces or punctuation
* No special characters except # * $ @
* At least one number and one letter
* Cannot reuse prior password
* Username and password cannot be the same
* Password must not contain the Username in any form (backward or forward)

Enter new password

Re-enter new password

→ Submit   Cancel

Browsers and encryption

To protect the privacy of our customers and members, Humana uses the most current, top-level technology. We currently support the following browsers, which can maintain a high level of security:
- Internet Explorer 5.5, 6.x, and 7.x
- Netscape 6.x

Browser security is closely linked to encryption code. For that reason, users can only access the secure sections of Humana's site using a browser equipped with 128-bit encryption or higher—which means your web activity is encrypted before it's transmitted over the internet using 128-bit secure socket layer (SSL) encryption technology. This technology works in tandem with the built-in security features of internet browsers such as Microsoft Internet Explorer or Netscape Navigator. This technology is the most secure form of encryption widely used on the internet today.

Humana.com

Humana medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License #00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License #00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Insurance Company, CompBenefits Dental, Inc., CompBenefits of Alabama, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits).

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc.

Humana life and supplemental plans are offered by Humana Insurance Company, Humana Insurance Company of Kentucky or Kanawha Insurance Company.

Humana long-term disability and short-term disability plans are offered by Kanawha Insurance Company or Humana Insurance Company.

Humana Workplace Voluntary Benefits are insured by Humana Insurance Company, Kanawha Insurance Company or Humana Insurance Company of New York.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent.