



# Online Benefits Administration Guide

**Humana**®

[Humana.com](https://www.humana.com)



## 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 .....	4
Primary Access Administrator (PAA) .....	5
Registration .....	5
Employer self-service portal home .....	8
Adding additional users .....	9
Assign Web Access Rights .....	10
My Account .....	11
Billing .....	15
Invoice .....	16
Payment .....	17
Wellness Engagement Incentive Details .....	19
Configuration .....	20
Manage Employees .....	21
ID Card Center .....	22
ID cards and Proof of Coverage .....	23
Managing your employee's benefits .....	26
Common issues and how to resolve .....	26
Manage Employees .....	26
Manage Employees – Web enrollment .....	27
Enrollment Center (HRBA) Home .....	28
Add an Employee .....	28
Add a Dependent .....	30
Coverage .....	31
Changing an employee's benefits .....	33
Add, edit or terminate dependents' coverage .....	34
Terminate an employee's coverage .....	37
Reports .....	39
Employee and utilization reports .....	39
Additional benefits reports .....	39
Support and Resources .....	43
For Employer .....	43
For Employees .....	44
How to Send and Retrieve Secure Messages .....	46
Benefits Center – Small Groups Only .....	48
Additional Resources .....	
Explanation of terms .....	49
Eligibility waiting periods .....	49
Relationship codes .....	50
Frequent events and materials needed .....	50
Password help .....	52
Browsers and encryption .....	53

# Contact us



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

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

# 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.

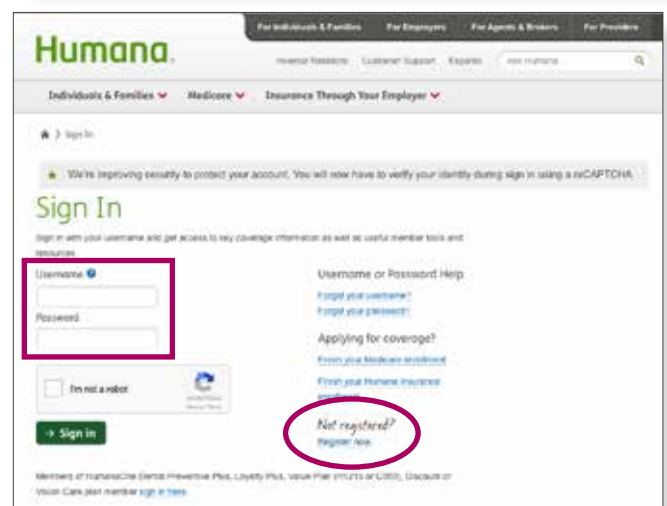
## Register

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**.



The screenshot shows the 'Registration' page with the heading 'Select your registration type'. On the left, there is a list of registration types: Member, Provider, Dentist, Pharmaceutical, **Employer**, and Agent/Endorser or agency. A red arrow points to the 'Employer' option. On the right, under 'It's Easy', it says 'Registering your company takes just a couple minutes and a few easy steps.' Below this, it lists 'What you'll need' (Your group number, Your company ZIP code, Your company TAX ID) and 'What you'll do' (Enter and validate your company's group information, Set up your username, password and security question, Complete the online agreements). At the bottom right, there is a green button labeled 'Get Started'. Another red arrow points to this button.

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

The screenshot shows 'Step 1: Validate Group Information' with the subheading 'Enter Group Information'. It states 'Your group information is in the letter you received from Humana. Required \*'. There are three input fields: '\* Group Number', '\* Zip Code', and '\* Tax ID' (with a note 'No hyphens or spaces, ex: 123456789'). At the bottom, there are two green buttons: 'Back' and 'Next'. A red arrow points to the 'Next' button. A 'Cancel' link is visible at the bottom right.

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.

The screenshot shows 'Step 1: Validate Group Information' with the subheading 'Review and Confirm Group Information'. It states 'If any of this information is incorrect or outdated, please call 1-888-666-5733.' Below this is a table with the following information:

Employer Name	Demo Group
Address	123 Easy St.
Contact Name	Sarah Petrosich

Below the table, there is a checkbox with the text '\* I certify I am the person listed above.' At the bottom, there are two green buttons: 'Back' and 'Next'. The 'Next' button is circled in red. A 'Cancel' link is visible at the bottom right.



## 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.



Step 2: Confirm Agreements

Please confirm your agreement with our online service and confidentiality privacy agreements.

 By accepting these agreements, you are providing your legal signature. To proceed, you must be legally authorized to sign contracts on behalf of your organization.



Online services agreement

**2.9 No Retroactive Upgrade**

Upgrades in benefits tied to a Humana/Vitality Status are effective on the date of upgrade to that Status.

A member's Humana/Vitality Status cannot be retroactively upgraded.

Benefits correspond to a member's Humana/Vitality Status at the time of redemption, without any retrospective adjustment for subsequent Humana/Vitality Status upgrade.

**2.10 Tax Information**

Humana/Vitality does not provide tax reporting to the Internal Revenue Service, other agencies, or members. It is the responsibility of the member to determine tax responsibilities, if any, for rewards, rebates or other benefits received under Humana/Vitality.

☒ I have read and accept the online services agreement

 Print agreement



Web confidentiality agreement

Humana/Vitality and its affiliates do not intend to collect, use, disclose, or otherwise make available any information that is not intended to be made available to the public.

with any of said parties or otherwise prohibited from transmitting the information to party by a contractual, legal or fiduciary obligation.

**NOW THEREFORE**, Without the written prior consent of the party, party will not, and will direct your directors, agents and employees who have access to the Confidential Materials, not to, disclose to any of the Confidential Materials. The term "person" as used in this Agreement shall be broadly interpreted to include, without limitation, any corporation, company, partnership, trust, or individual.

Both parties shall maintain the confidentiality of information of members/patients, insurers or other persons or entities to whom the Confidential Material may pertain. The Parties agree to prevent the disclosure of such information to third parties except in connection with its obligations hereunder and as may be required by law.

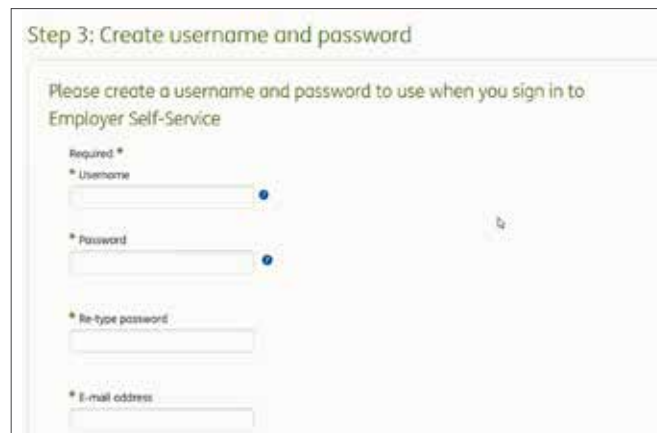
You and your subsidiaries, agents, or employees, will not, and you will direct your directors, officers, employees and representatives not to, use any of the Confidential Material for any reason or purpose other than to provide the services.

☒ I have read and accept the online services agreement

 Print agreement

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.



Step 3: Create username and password

Please create a username and password to use when you sign in to Employer Self-Service

Required \*

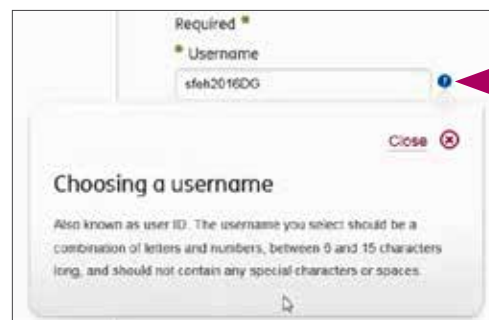
\* Username

\* Password

\* Re-type password

\* E-mail address


For more information on the formatting requirements for a field, you can select the blue question mark next to that field.



Required \*

\* Username

sfeh2016DG

 Close

**Choosing a username**

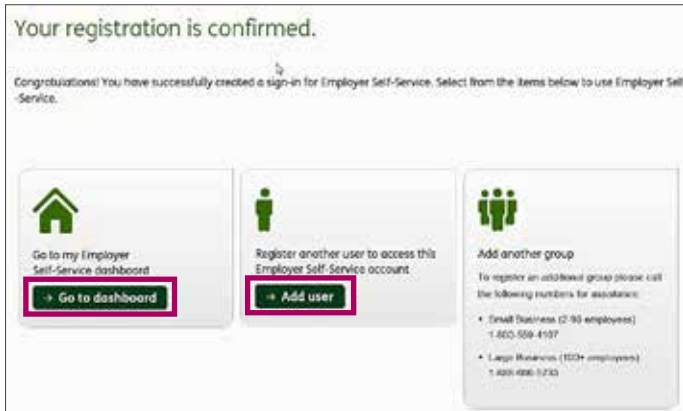
Also known as user ID. The username you select should be a combination of letters and numbers, between 5 and 15 characters long, and should not contain any special characters or spaces.

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.



Required \*

\* Username  
stn2018DG

\* Password  
\*\*\*\*\*

\* Re-type password  
\*\*\*\*\*

\* E-mail address  
stndemo@hemaqp.com

\* Security question  
What was the name of your first grade teacher?

\* Answer to security question  
Barbara

\* Re-type answer to security question  
Barbara

Back Submit Cancel

## Employer self-service portal home



Rockford Public Schools Hello, Employer My Account Sign out

**Humana** Employer self-service Change Group

Billing Manage Employees Reports Support & Resources Benefits Center

Use the "View proof of coverage or order ID card" link to order cards online.

### My Dashboard

Company plans & products Primary Access Administrator Agents

8060.D5000P6350.24HR 8060.D500.OP2500.OV20.10/005  
8060.D500.OP1000.OV15.10/005 NVRED DEN INF'S CR PPO EHDH  
8060.D1000.OP3000.OV25.10/005 View your company's plans

Search for an employee  
Full SSN Enter Full SSN Go  
Search by name of

### Billing and payments

Invoice summary Select Profile:

Coverage months: Mar 2017  
Billing profile:

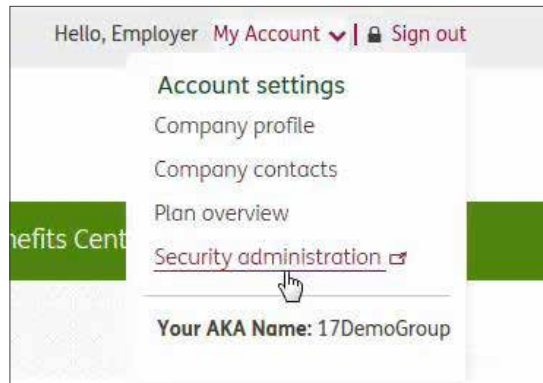
Total amount billed	\$6,456.80
Balance as of today	\$3,727.26

Go to Billing



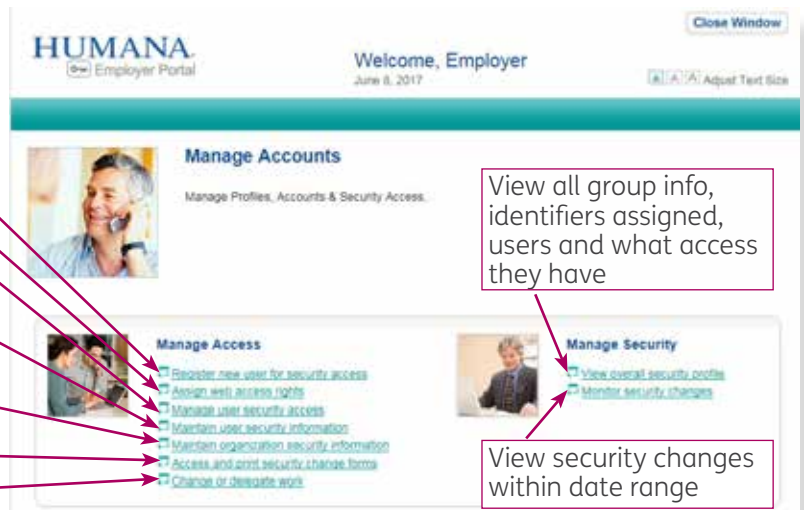
## Adding additional users

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**.



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 <b>Username/Password cannot</b> be changed by access administrator
Update group demographic information <b>This will update web only</b> account
PCA/PAA change forms
No longer used



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**

## 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**.

**Confirmed: User Added**

**Selected Organization Information:**  
Rockford Public Schools  
301 W. Main St.  
Louisville, KY 40202  
Controlling Authority: Dona Reed

**New User Information:**  
User ID: MarySmith1231  
AKA Name: msmith3212  
Effective Date: \*\*\*Now\*\*\*  
End Date:  
Work Title: Office Manager  
Name: Mary S Smith  
Address: 123 Easy St  
Louisville, KY 40215  
Telephone: (502) 555-6666  
Fax:  
Email: msmith@demo.com  
Comments:

Record the Password and communicate it to the new user, along with the User ID and AKA Name.  
**YOU WILL NOT HAVE ACCESS TO THE Password AGAIN.**  
User ID: MarySmith1231  
Password: 16522805  
AKA Name: msmith3212

[Next](#) [Help](#)

## 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 Web Access Rights**

Functions you would like this person to access. When the selections have been made, select "save."

**Mary S Smith at Rockford Public Schools (Employer)**

- ☒ **Humana\_Employer**
  - ☐ A. Humana Employer Communications Center
  - ☐ B. Enrollment
    - ☐ Enrollment Center Overview
    - ☐ Enrollment Center Simulation
    - ☐ Enrollment Maintenance
    - ☐ Group Set Up
    - ☐ Print enrollment / change forms
    - ☐ Submit changes by e-mail
    - ☐ Tools for employee assistance
    - ☐ Update Group Information
    - ☐ View Certificate/Benefit Plan Document
    - ☐ View Dental Group Administration Guide
    - ☐ View medical group administration guide
  - ☐ C. Billing
  - ☒ **Commercial Group Default BF**
  - ☐ CoverageDetailDocsViewer
  - ☐ E. Plan Details
  - ☐ EBC
  - ☐ F. Finders and Tools
  - ☐ G. Employee and Utilization Reports
  - ☐ Grp Medical Membership Snapshot
  - ☐ H. Additional Benefit Reports
  - ☐ I. Wellness
  - ☒ **IDE Employer Portal**
  - ☐ J. Manage Account
  - ☐ K. EPICC
  - ☐ View Dental Proof Of Coverage
  - ☐ View Member ID Card

[cancel](#) [back](#) [save](#) [delete](#) [help](#)

### 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.

**Assign Data to Business Functions**

Sally Smith at Rockford Public Schools (Employer)

C. Billing

Billing Access-REQUIRED FOR LINKS BELOW

☒ Check/Uncheck here to select/unselect all Access Identifiers.

- ☒ (BP) 612273001
- ☒ (BP) 707254001 (Billing Profile)
- ☒ (EM) 1000
- ☒ (EM) 612273
- ☒ (EM) 707254
- ☒ (MB) NA

**Access Profile Changed**

The access profile has been updated.

[Add Another User to this Organization](#)

### 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

Hello, Employer **My Account** **Sign out**

**Account settings**

**Company profile**

Company contacts

Plan overview

Security administration

---

**Your AKA Name: 17DemoGroup**



[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](#)

**Latourrette, John**  
Medical  
Po Box 40308

[jalatour@](#)

Phone:  
Fax:

Update company contacts (small groups only)

Agent of Record

## Company Contacts

+ Mcewen, Matt

View and manage contacts

Information on Go365

Incentive credits for participation in Go365 (small groups only)

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)

### 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



Employer self-service

EM612273  | [Change Group](#)[Billing](#) [Manage Employees](#) [Reports](#)[Support & Resources](#)[Benefits Center](#) [Company profile](#)[Plan overview](#) [Medical](#) [Dental](#)

## My Medical plan(s)

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.



Download PDF of plan summary

[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](#)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](#) 

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	<a href="#">View SBC</a>
	PPO	NV CR HUMANAPPO16-SEP ACC&CPY	2016-12-01	<a href="#">View SBC</a>
	PPO	NV SG HUMANA PPO HDHP 14 DED/C	2015-12-01	<a href="#">View SBC</a>
	PPO	NV SG HUMANA PPO HDHP 14 DED/C	2015-06-01	<a href="#">View SBC</a>
	PPO	NV SG HUMANAPPO14-SEP ACC&CPY	2015-12-01	<a href="#">View SBC</a>
	PPO	NV SG HUMANAPPO14-SEP ACC&CPY	2014-12-01	<a href="#">View SBC</a>
	PPO	NV SG HUMANA PPO 11 SEP ACC&CP	2013-12-01	<a href="#">View SBC</a>
	PPO	NV SG HUMANA PPO 11 SEP ACC&CP	2013-05-01	<a href="#">View SBC</a>

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](http://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 <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> 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 <u>deductible</u> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses	Yes. For Network providers \$6,350 individual / \$12,700 family For Non-Network providers \$12,700 individual / \$25,400 family	The <u>out-of-pocket limit</u> 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 <u>out-of-pocket limit</u> ?	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 <u>out-of-pocket limit</u> .
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 <u>specific</u> covered services, such as office visits.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at [www.humana.com](http://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](http://www.dol.gov/ebsa/healthreform) or call 1-866-4ASSIST (427-7478) to request a copy.



## 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**.

The screenshot displays the Humana Employer self-service portal for Rockford Public Schools. The top navigation bar includes the Humana logo, 'Employer self-service', and user information (Hello, Employer, My Account, Sign out). The main navigation menu has tabs for Billing, Manage Employees, Reports, Support & Resources, and Benefits Center. The Billing tab is selected, and its dropdown menu is open, showing options: View invoice summary, Make a one-time payment, and Manage recurring payments. Below the navigation bar, there are sections for 'Company plans & products' (listing various plan options like 80/50, D2000, OP6500, OV40/75, 10/30/5) and 'Primary Access Administrator' (listing agents). A search bar for employees is also present. The 'Billing and payments' section is highlighted with a green header. It shows the 'Invoice summary' for profile 612273-001, with coverage for Dec 2016. The 'Total amount billed' is \$5,425.91, and the 'Balance as of today' is \$5,455.08. A green button labeled 'Go to Billing' is located at the bottom right of the invoice summary section.

Rockford Public Schools Hello, Employer My Account Sign out

**Humana** Employer self-service EM612273 | Change Group

Billing Manage Employees Reports Support & Resources Benefits Center

View invoice summary  
Make a one-time payment  
Manage recurring payments

Company plans & products Primary Access Administrator Agents

80/50, D2000, OP6500, OV40/75, 10/30/5  
80/50, D5000, OP6350, 24HR  
80/60, D500, OP1000, OV15, 10/30/5

80/60, D1000, OP3000, OV25, 10/30/5  
80/60, D500, OP2500, OV20, 10/30/5  
View all company plans

Search for an employee  
Full SSN  
Enter Full SSN Go  
Search by name

**Billing and payments**

Select Profile: 612273-001

**Invoice summary**

Coverage month: Dec 2016  
Billing profile: 612273-001

Total amount billed \$5,425.91  
Balance as of today \$5,455.08

Go to Billing

## 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: **December 2016** **Go**

Balance As of Today

Related Links

- [Make a Payment](#)
- [Show Details](#)
- [Download Details](#)
- [PDF Statement](#)

**HUMANA** Employer Portal  
Welcome, Employer  
December 19, 2016  
Adjust Text Size

Name: ADVANCED MICROWAVE PRODUCT Billing ID: 612273-001

**Invoice Summary**

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**

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

Balance As of Today : \$5,455.08

**Related Links**

- [Make a Payment](#)
- [Show Details](#)
- [Download Details](#)
- [PDF Statement](#)

## Invoice Details:

EXAMPLE InvoiceDetails.xlsx - Microsoft Excel

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	APEX CABINETRY INC																	
2	716354001																	
3	Apr-16																	
4	4/1/2016																	
5	4/1/2016																	
6	MEMBER FIRST NAME	MEMBER ID	SSN	DOB	COVERAGE TYPE	PRODUCT	PLAN	GROUP NUMBER	BENEFIT	CLASS/DIVISION	TRANSACTION DESCRIPTION	COVERAGE PERIOD	COVERAGE END	AMOUNT				
7	WILLIAM	111111111	7726	8/7/1969	ESP	DENTAL	DPO	716354	KY3V0406	1	TERMINATION	3/1/2016	3/31/2016	-69.52				
8	WILLIAM	111111111	7726	8/7/1969	ESP	DENTAL	DPO	716354	KY3V0406	1	TERMINATION	2/1/2016	2/29/2016	-69.52				
9	WILLIAM	111111111	7726	8/7/1969	ESP	DENTAL	DPO	716354	KY3V0406	1	PRICING ADJUSTMENT	1/1/2016	1/31/2016	-4.48				
10	WILLIAM	111111111	7726	8/7/1969	ESP	SPECIALTY	VIS	716354	KY6V0000	1	TERMINATION	3/1/2016	3/31/2016	-19.2				
11	WILLIAM	111111111	7726	8/7/1969	ESP	SPECIALTY	VIS	716354	KY6V0000	1	TERMINATION	2/1/2016	2/29/2016	-19.2				
12	WILLIAM	111111111	7726	8/7/1969	ESP	SPECIALTY	VIS	716354	KY6V0000	1	PRICING ADJUSTMENT	1/1/2016	1/31/2016	-1.24				
13	DARRIN	111111111	6820	5/23/1965	EMP	DENTAL	DPO	716354	KY3V0406	1	PREMIUM	4/1/2016	4/30/2016	30.49				
14	JOHN	111111111	3414	1/30/1979	EMP	DENTAL	DPO	716354	KY3V0406	1	PREMIUM	4/1/2016	4/30/2016	30.49				
15	JOHN	111111111	3414	1/30/1979	EMP	SPECIALTY	VIS	716354	KY6V0000	1	PREMIUM	4/1/2016	4/30/2016	9.6				
16	GREG	111111111	268	4/6/1967	EMP	SPECIALTY	VIS	716354	KY6V0000	1	PREMIUM	4/1/2016	4/30/2016	9.6				
17	DAVID	111111111	1074	3/10/1970	FAM	DENTAL	DPO	716354	KY3V0406	1	PREMIUM	4/1/2016	4/30/2016	109.79				
18	DARRELL	111111111	9259	6/28/1965	EMP	DENTAL	DPO	716354	KY3V0406	1	PREMIUM	4/1/2016	4/30/2016	30.49				

## 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.

Close Window

**Employer Portal**

**Welcome, Employer**  
 December 19, 2016

A A A Adjust Text Size

---

**Name:** ADVANCED MICROWAVE PRODUCT
 **Billing ID:** 612273-001

**eBilling**  
[Invoice](#)  

[Payment](#)

[Recent Activity](#)  
[Wellness Engagement Incentive Details](#)

### Payment

Welcome to the Payment section of eBilling. Here you can enroll an account to be used for payment, schedule payments or view payment information.

**Quick Links**  
[Configuration](#)  
[Billing Support](#)  
[Change Billing ID](#)

Payment Accounts

Make a Payment

Online Payment Activity

**Bank Accounts**

	Bank Name	Account Holder Name	Routing Number Last 4 Digits	Account Number Last 4 Digits	Account Type	Recurring Setup / Debit Day	Future One-time Payment
<input checked="" type="radio"/>	Hertiage	Advanced Microwave Products	1814	0873	Checking	No	No

[Schedule One-time Payment](#)
[Setup Recurring Monthly Payment](#)

[Edit](#)
[Delete](#)

Add Bank Account >

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

Name: ADVANCED MICROWAVE PRODUCT

**eBilling**

Invoice  
**Payment**  
 Recent Activity  
 Wellness Engagement  
 Incentive Details

Welcome to the Payment section of eBilling. Here you can enroll an account to be used for payment, schedule payments or view payment information.

**Payment**

Payment Accounts    Make a Payment    Online Payment Activity

**Make a Payment**

One-time Payment    **Recurring Payment**

\* Required fields

\* Select Account:    Heritage - 0873

\* Payment Amount:

☒ Amount Due for Dec 2016 Invoice:    \$5,425.91

☐ Adjusted Amount Due for Dec 2016 Invoice:    \$2,727.54

Amount Due for Dec 2016 Invoice    \$5,425.91  
[Recent Payments & Other Adj.](#)    -\$2,698.37  
 Total Adjusted Amount:    \$2,727.54

☐ Other Amount:    \$

\* Payment Date:    12/20/2016

Payments submitted after 7.00 p.m. (Eastern) may be credited to your account on the following day.

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

HUMANA  
 Employer Portal

Welcome, Employer  
 December 19, 2016

Name: ADVANCED MICROWAVE PRODUCT    Billing ID: 612273-001

**eBilling**

Invoice  
**Payment**  
 Recent Activity  
 Wellness Engagement  
 Incentive Details

Quick Links  
[Configuration](#)  
[Billing Support](#)  
[Change Billing ID](#)

Payment Accounts    **Make a Payment**    Online Payment Activity

**Scheduled Payments**  
 No Scheduled Payments exist.

**Processed Payments**

Payment Date	Payment Type	Payment Amount	Payment Account	Account Type	Payment User	Payment Confirmation Number	Payment Status
11/08/2016	One-time	\$2,698.37	Heritage - 0873	Checking	Payment by Phone	ACH-290257757	PROCESSED
10/08/2016	One-time	\$2,698.37	Heritage - 0873	Checking	Payment by Phone	ACH-290257756	PROCESSED
09/08/2016	One-time	\$2,698.37	Heritage - 0873	Checking	Payment by Phone	ACH-290257755	PROCESSED
08/01/2016	One-time	\$2,698.37	Heritage - 0873	Checking	Payment by Phone	ACH-290257754	PROCESSED
07/09/2016	One-time	\$2,698.37	Heritage - 0873	Checking	Payment by Phone	ACH-290257753	PROCESSED
06/29/2016	One-time	\$3,365.55	Heritage - 0873	Checking	Kathleen G - Humana CSR	ACH-290257752	PROCESSED
05/27/2016	One-time	\$3,129.14	Heritage - 0873	Checking	Denise B - Humana CSR	ACH-290257751	PROCESSED
04/29/2016	One-time	\$3,042.90	Heritage - 0873	Checking	Payment by Phone	ACH-290257750	PROCESSED
04/01/2016	One-time	\$3,041.92	Heritage - 0873	Checking	Alice B - Humana CSR	ACH-290257749	PROCESSED
02/29/2016	One-time	\$3,041.90	Heritage - 0873	Checking	Payment by Phone	ACH-290257748	PROCESSED
01/06/2016	One-time	\$3,041.90	Heritage - 0873	Checking	Payment by Phone	ACH-290257747	PROCESSED



## 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:

Incentive Details by Employee						
Track your company's monthly savings by employees' participation in Go365, achieving a Go365 Status™ of Silver or above.						
Mar 2016-Oct 2015						
<a href="#">Download Full Report to Excel</a>						
Employee: Last Name, First Name	03/31/2016	02/29/2016	01/31/2016	12/31/2015	11/30/2015	10/31/2015
(All Employees) Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ANDREN,	n/a	n/a	n/a	n/a	n/a	n/a
ELLSWORTH,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ENDRES,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## 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**.

**HUMANA**  
Employer Portal

Welcome, Employer  
August 17, 2016

Close Window

Adjust Text Size

Name: ADVANCED MICROWAVE PRODUCT Billing ID: 612273-001

### Configuration Settings

Welcome to the Configuration section of eBilling. Here you can maintain email contact information and personalize functionality that is relevant to you and your communications.

**eBilling**

- Invoice
- Payment
- Recent Activity
- Wellness Engagement
- Incentive Details

**Quick Links**

- Configuration
- Billing Support
- Change Billing ID

#### Email Address Maintenance

Email Address	
sdemo@demo.com	<a href="#">Edit</a> <a href="#">Delete</a>
<input type="text" value="Enter your Email Address Here"/>	<a href="#">Add E-Mail Address</a>

#### Email Notifications Preference

Events	sdemo@demo.com
New Invoice Available Notification	<input checked="" type="checkbox"/>
Scheduled Payment Reminder Notification	<input checked="" type="checkbox"/>
Payment Received Notification	<input checked="" type="checkbox"/>
Returned Payment Notification	<input checked="" type="checkbox"/>

#### Billing Statement

Choose Delivery Method

☐ Online Only  
☐ Summary Paper Bill  
☒ Detail Paper Bill

[Save Configuration](#)

Copyright © 2013 Humana Inc

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.

**Humana** Employer Self-Service

Can search by employee full or last four of SSN

Click on employer name will open subscriber summary in Enrollment Center

Use the "View proof of coverage" link

Print or email member ID cards and Proof of Coverage

For groups that submit enrollments via file feed

Add, Modify, or Terminate employee will open the Enrollment Center in a new tab

Company plans & products

Primary Access Administrator

Agents

80/50,D4000,OP6350,24HR ?

80/50,D2000,OP6350,OV30/75,10/ ?

80/60,D500,OP1000,OV15,10/30/5 ?

80/60,D1000,OP3000,OV25,10/30/ ?

80/60,D500,OP2500,OV20,10/30/5 ?

View all company plans

Search for an employee

Full SSN

Enter Full SSN

Go

Search by name

### 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.

Manage Employees ▾

View coverage

Search employees

ID card center

View proof of coverage or order ID card

Update coverage

Add an employee

Modify an employee

Terminate an employee

Enrollment Processing Center

**Humana** Do you have questions? Contact us

Essential links

View your company's plans

View invoice summary

Manage payment accounts

Add or remove employees

Change and enrollment forms

Healthcare reform materials

Tools

ID card center

Find providers

Create a plan summary

View proof of coverage or order ID card

Health & well-being

Healthcare glossary

Insurance 101 videos

Healthy living tips

Employer support

Contact us

Help and FAQs

Security administration

## 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.

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



**Humana.**

### 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.

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

<b>Insured Name:</b> SANDRA <b>Date of Birth:</b> 10/04/	<b>Insured Number:</b> 106 <b>Relationship to Subscriber:</b> EMPLOYEE
<b>Group:</b> ORTHOPAEDIC & SPINE INSTI <b>Coverage:</b> EMPLOYEE AND CHILDREN <b>Effective Date:</b> 03/01/2016	<b>Group #:</b> 766 <b>Plan Medical</b>

**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](http://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**.

**HUMANA**  
Guidance when you need it most

### Proof of Coverage

If an employee or covered dependent does not have a member ID card and needs immediate care, print this plan information and use the page as temporary proof of coverage. Order a replacement ID card below.

Subscriber Information	
Member name	SANDRA
Member ID	106
Date of birth	1/30/41
Relationship to subscriber	EMPLOYEE
Subscriber name	SANDRA
Subscriber ID	106

**Download and Print**

**Coverage Details**  
For coverage details, download this printable document, which is Portable Document Format (PDF).

[Download PDF](#)

Plan Information			
Group name	ORTHOPAEDIC & SPINE INSTI	Group ID	766
Coverage type	EMPLOYEE AND CHILDREN	Plan description	DENTAL PPO
Plan effective date	03/01/2016	Plan end date	NONE
Network	HUMANADENTAL PPO/TRADITIONAL PREFERRED		

**Order a Replacement ID Card**  
Order your card here and we'll mail it to you.  
[Order ID Card](#)

Order link is located at very bottom of Proof of Coverage page

## 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](#)

## Vision Benefits That Fit Your Lifestyle

We provide the tools and education to support your vision wellness needs while complementing your overall health care objectives. Get convenient access to quality providers with affordable costs.

- Thousands of private practitioners
- Access to the nation's top optical chains
- Evening and weekend hours available
- Save up to 40% off eye exams and eyewear
- Savings on replacement contact lenses by mail
- Laser vision correction discount



## View Your Benefits

&gt; Benefit Details

&gt; Understanding Your Benefits

&gt; Laser Vision Discount

&gt; Claim Status

&gt; Print ID Card

&gt; 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](http://www.HumanaVisionCare.com) to receive plan information and authorization online or call 1-866-537-0229


## 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)

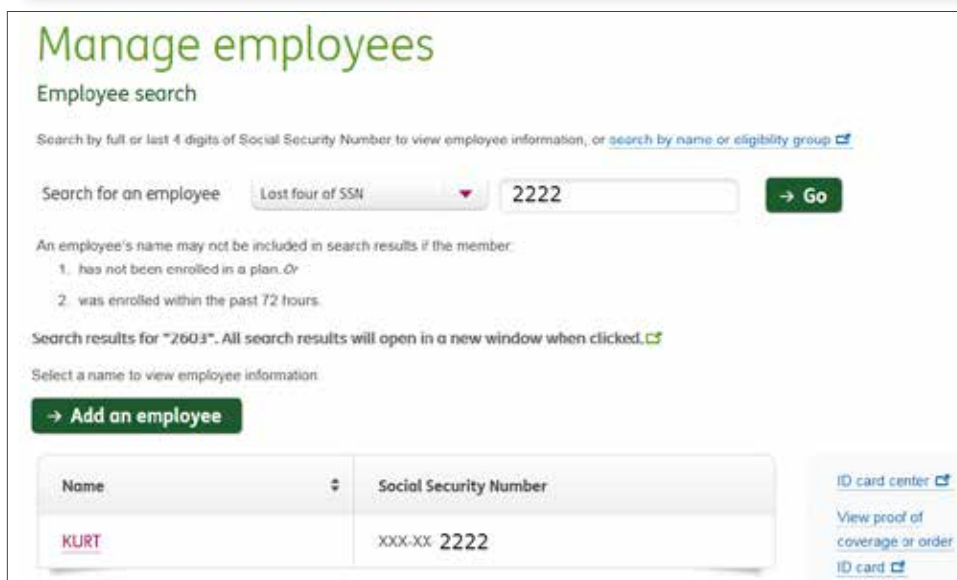
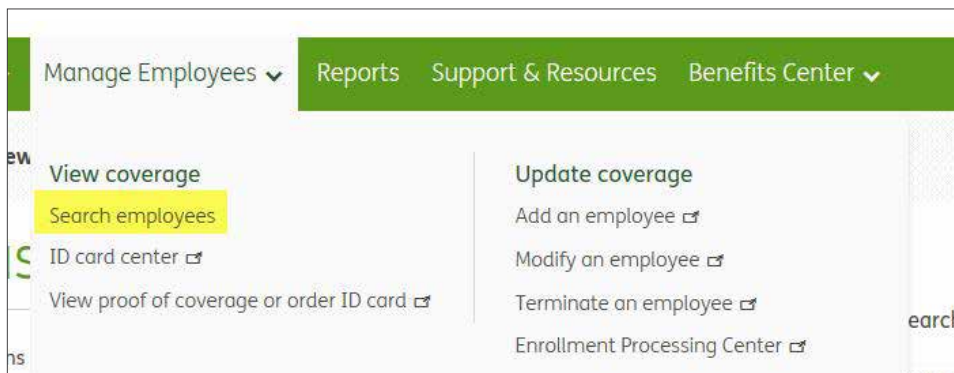
**HRBA:** Human Resource Benefit Administration

**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.

**Subscriber Summary**

Subscriber name: Kurt J.  
Subscriber SSN: [REDACTED]

This page will print as displayed. To print specific sections (e.g. Subscriber Information, Dependents, etc.) expand the details by clicking the + icon, or you may expand all or collapse all sections.

**Subscriber Information**

Date of birth:	Male	Date of birth:	8/12/2015
Gender:	Male	Work phone:	
Mailing Address:	5 E. Patrick Blvd. Blaine, NV	Disability Group:	Advanced Microwave Product
Home:		Basic life class:	
E-mail:		Subscriber status:	Full Time Employee
Disability:	No	Occupation:	
Communication Disabled:	No	Work Location:	
Hours worked weekly:	No		

**Dependents**

**Open Events**

No open events exist for this subscriber.

**Current Coverage as on 8/31/2015**

Subscriber	Plan	Network	Coverage level	Effective Date	Pre-Tax
Kurt Endres	PPO Humana, ChoiceCare and CareHealth NV00015	Humana, ChoiceCare and CareHealth	Employee + Child(ren)	8/1/2015	No
Nathan Endres	PPO Humana, ChoiceCare and CareHealth NV00015	Humana, ChoiceCare and CareHealth	Employee + Child(ren)	8/1/2015	No

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.

**Manage Employees** ▾

**Reports** **Support & Resources** **Benefits Center** ▾

**View coverage**

- Search employees
- ID card center
- View proof of coverage or order ID card

**Update coverage**

- Add an employee
- Modify an employee
- Terminate an employee
- Enrollment Processing Center

Search

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

[Return to Agent](#) | [Employer Home](#) | [Manage Account](#) [Log out](#)

**HUMANA**  
Employer Portal

Welcome, Sarah  
April 7, 2016 [Adjust Text Size](#)

[Employers »](#) [Billing & Enrollment](#) [Reports](#) [Tools & Education](#) [Contact Us](#)

[Employer Home »](#) [Billing & Enrollment »](#) [View enrollment status](#)

You are not registered with the Web Enrollment system.  
For verification, Please Enter your SSN with no dashes.

Enter your SSN:

Reenter your SSN:

[Contact Us](#) | [FAQs](#) | [Glossary](#) | [ADVANCED MICROWAVE PRODUCT](#) | [Change CV](#)

**HUMANA**  
Challenge what you eat & how

[Home](#) [Subscriber Maintenance](#) [Reports](#)

welcome, Employer Group3

**Subscriber Maintenance**  
[View Subscriber Summary](#)  
View a subscriber's personal information, dependents, coverage and open events.

**Add a Subscriber**

- Add a new subscriber
- Create an event
- Add coverage for the subscriber


**Terminate a Subscriber**

- Terminate a subscriber
- Remove coverage
- Create a Cobra or State Continuation event

**Modify Subscriber/Dependent Info and/or Coverage**

- Edit subscriber demographic information
- Edit eligibility group and employment information
- Add or edit their coverage
- Add, edit or terminate dependent(s)

**Web Enrollment Updates**  
[Change Social Security Number](#)  
Change subscriber Social Security Number



**Reports**  
[Reporting](#)  
View the reports you currently have or create new reports.  
[Audit Report](#)  
Track subscribers use of the online enrollment application  
[Enrollment E-mail Address Audit Report](#)  
Track e-mail address changes

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

#### Add a Subscriber

- Add a new subscriber
- Create an event
- Add coverage for the 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**.

**HUMANA**  
Guidance when you need it most

Home      Subscriber Maintenance

[View Subscriber Summary](#) | **Add Subscriber** | [Terminate Subscriber](#)

**Add Subscriber**  
Enter the following information:

• Social Security number: 999-99-9999

• Social Security number: 999-99-9999

Is this subscriber being added for Cobra or State continuation? ☐ Yes ☒ No

**Next>**

\* Actual effective date should match the provisions of your contract and may be reviewed by Humana for accuracy.

### 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**.

**Add Subscriber**  
Enter the following information:

Social Security number: **666-11-2221**

Prefix:

• Last Name:

• First Name:

Middle Initial:

Suffix:

• Date of Birth:

• Gender:

• Mailing Address:

• City:

• State:

• Zip Code:  -

Home Phone: (ex: 555-555-5555)

Work Phone: (ex: 555-555-5555)

E-mail Address:

• Hire Date:

• Eligibility Group:

• Subscriber Status:

Hours Worked Weekly:  x

Does the subscriber have a disability? ☐ Yes ☒ No

<<Previous      **Next>>**

## Enrollment Reason and Effective Date

**Add a Subscriber - Select an Event**

Name: Bob Smith  
SSN: 666-11-2221

You must select a reason for adding coverage to this subscriber. For example, if the subscriber is a new employee, select "new hire" and enter the effective date.

Existing Events Reason for Coverage Change	Event Type	Start Date	End Date	Date coverage is effective*
<input checked="" type="radio"/> New Hire	Enter effective Date* Date form is signed/ submitted online*			06/01/2016 05/20/2016 X

<<Previous **Select & Continue**

\* Actual effective date should match the provisions of your contract and may be reviewed by Humana for accuracy.

- 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.

**Modify Information/Coverage**

Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221

Reason for coverage change: New Hire      Effective: 6/1/2016      Comments: [Edit](#)

Progress: Personal info → **Dependents** → Coverage → Review and Finish

**Dependents:**

No dependents exist for this subscriber.  
You will need to add any dependents that will be covered under benefits.

[Add Dependents](#)

<<Previous **Next>>**

**Add/Modify Dependent**

First Name: Mary  
Middle Initial:   
Last Name: Smith  
Suffix: Select  
Social security number: 666-11-2222  
Date of birth: 06/01/1990  
Gender: Female  
Relationship: Spouse  
Email:   
Disability:   
Is the dependent a full-time student under the age of 19?   
Address same as employee: ☒  
Address line 1: 425 Elm St  
Address line 2:   
City: Louisville  
Home phone:   
State: Kentucky  
Zip code: 40214

Date of marriage:   
Yes ☒ No ☐  
Yes ☒ No ☐

<<Previous **Submit**

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

**Dependents:**

The following dependents exist for this subscriber:  
You will need to add any dependents that will be covered under benefits.

Name	SSN	Relationship	Date of Birth	Gender	Disability	Full-time student
Mary Smith 173 Hwy 50 Louisville, KY 40214	*****	Spouse	9/26/1992	Female		No

Buttons: **Modify** **Delete** **Add Dependents**

- 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**.

**Delete dependent confirmation**

If you delete this dependent, they will be removed from all benefits.

Select the reason for deleting Billy Smith

- ☐ Continuation Terminated
- ☐ Deceased
- ☐ Divorced
- ☐ Medicare as Primary
- ☐ Member Request
- ☐ Moved out of Coverage Area
- ☐ No longer a dependent
- ☐ No longer a student
- ☐ Other
- ☐ Retirement

## 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.

**Waive of Coverage - Vision**

Please select the subscriber's reason for waiving VISION

- ☐ Coverage through spouse
- ☐ Individual coverage
- ☐ Coverage through another carrier
- ☐ Coverage through Medicare
- ☐ Other reasons

**Submit**

**Modify Information/Coverage**

Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221

Reason for coverage change: New Hire Effective: 6/1/2016

Progress: Personal Info → Dependents → **Coverage** → Review and Finish

**Coverage**

**Medical Benefits**

Select plan: **WAIVE**  
PPO Humana, ChoiceCare and Corphhealth NVD0018  
PPO Humana, ChoiceCare and Corphhealth NVD80238

Coverage start date:

From the family members listed below, select the ones you want to cover with this medical plan.

☒ Marilyn Smith **Dependent** **Spouse**

**Add Dependent**

Has this subscriber or any of their dependents had other medical insurance in the past 18 months?  
Will this subscriber or any of their dependents have other medical coverage at the time the plan is effective?  
Are you or any of your covered dependents enrolled in Medicare at the time this plan will be effective?

- 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

**Modify Information/Coverage**

Subscriber name: Bob Smith  
Subscriber SSN: (66-11-2221)

Reason for coverage change: New Hire  
Effective: 6/1/2016  
Comments: [Edit](#)

Personal info: [Review and Finish](#)

**Review and Finish - Confirm selections**

**Personal Information**

Date of birth: 4/3/1969  
Gender: Male  
Mailing Address: 123 Easy St  
Louisville, KY 40214  
Home:   
E-mail:   
Disability: No  
Hours worked weekly: 40  
[Modify](#)

Hire date: 6/1/2016  
Work phone:   
Eligibility Group: Advanced Microwave Product  
Subscriber status: Full Time Employee  
Occupation:   
Work Location:   
[Modify](#)

**Dependent(s)**

Marilyn Smith SSN:   
Relationship: Spouse  
Date of birth: 8/26/1962  
Gender: Female  
Disability: No  
123 Easy St  
Louisville, KY 40214  
Removed dependent(s)  
Billy Smith (Child) - Other  
[Modify](#)

**Coverage**

NOTE: Please review the coverage termination dates. The system has made any necessary adjustments to the coverage termination dates in accordance with your contract provisions.

Plan	Network	Coverage level	Effective	Pre-Tax
PPO Humana, ChoiceCare and Corphhealth NVD0018	Humana, ChoiceCare and Corphhealth	Employee + One Adult	6/1/2016	No

- 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.

**Coverage**

NOTE: Please review the coverage termination dates.

**Plan**  
PPO Humana, ChoiceCare and Corphhealth NVD0018

**Covered Members**  
Bob Smith  
Marilyn Smith (Spouse)  
[View previous/other coverage](#)

[Modify](#)

[<<Previous](#) [Submit](#)

**Modify Information/Coverage**

You have completed the enrollment for Bob Smith.  
Please allow 24 to 48 hours for the changes to become effective in all our systems.

[Print Page](#)

Bob Smith (66-11-2221)  
Date of birth: 4/3/1969  
Gender: Male  
Mailing Address: 123 Easy St  
Louisville, KY 40214  
Home:   
Work:   
E-mail:   
Occupation:   
Hours worked weekly: 40

**Plan**

Plan	Network	Coverage level	Effective	Pre-Tax
PPO Humana, ChoiceCare and Corphhealth NVD0018	Humana, ChoiceCare and Corphhealth	Employee + One Adult	6/1/2016	No

**Network of doctors/physicians:**

**Coverage level**  
Covered members as of 6/1/2016

Covered Members	Primary Care Physician (PCP)	PCP ID	Current Patient	OB/GYN Name	OB/GYN Current Patient
Bob Smith					No
Marilyn Smith (Spouse)					No

MAO - Offered by Humana Health Plan, Inc.  
PPO - Insured by Humana Health Plan, Inc.  
MAO FULS - Offered by Humana Health Plan, Inc.  
The above listed offering company(ies), severally or collectively as the context may require, are referred to in the Employee Application/Enrollment/Change Form as "Humana".

**Eligible for Medicare:** No

[Print Page](#) [Modify](#)



## 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.

### Modify Subscriber/Dependent Info and/or Coverage

- Edit subscriber demographic information
- Edit eligibility group and employment information
- Add or edit their coverage
- Add, edit or terminate dependent(s)

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

**Modify Information/Coverage**  
To find a subscriber to create/edit an event, enter a full or partial name and/or social security number:

Last name:   
And/Or  
First name:   
Or  
Social security number:

Click on the name of the subscriber you want to select:

Name	SSN	Date of Birth	Eligibility Group
Smith, Bob	666-11-2221	04/03/1989	Advanced Microwave Product

1 found 1-1

- 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**.

**Modify Information/Coverage**

Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221

Select the reason for the coverage change:

Open Events

Reason for Coverage Change	Event Type	Start Date	End Date	Date coverage is effective*	Status
New Hire	Individual	05/20/2016	06/20/2016	06/01/2016	Complete

☐ **Select a new reason**

Enter effective Date\*:   
date form is signed/submitted online\*:

☐ **Open Enrollment**

☐ **New Hire**

☐ **Rehire (Full Enrollment)**

☐ **Gain/Loss of Other Coverage**

☐ **Late Enrollee**

☐ **Terminate Dependent**

☐ **Change in Eligibility Group**

☐ **Update Personal Info**

☐ **Birth**

☐ **Marriage**

☐ **Divorce/Legal Separation**

☐ **Child Newly Eligible - Student**

☐ **Adoption/Guardianship**

☐ **Court Ordered Coverage**

☐ **Child Eligible - Disabled**

☐ **Moved out of Svc Area**

☐ **Change Prior/Other Coverage**

☐ **Reinstate Dependent**

☐ **Rehire (Pre-Enrollment)**

\* Actual contract and may be reviewed by Humana for accuracy.

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 screenshot shows the 'Personal Information' step of an enrollment process. At the top, a progress bar indicates four steps: 'Personal Info' (active), 'Dependents', 'Coverage', and 'Review and Finish'. The main heading is 'Personal Information' with a sub-instruction: 'Verify the following information and make any changes.' The form contains various input fields for personal data, including a dropdown for 'Prefix', text boxes for 'Last name' (Smith), 'First Name' (Bob), 'Middle Initial', 'Suffix' (dropdown), 'Date of birth' (4/3/1989), 'Gender' (Male dropdown), 'Mailing Address' (123 Easy St), 'City' (Louisville), 'State' (Kentucky dropdown), 'Zip Code' (40214), 'Home phone', 'Work phone', 'E-mail address', 'Hire date' (4/13/2016), 'Eligibility Group' (Advanced Microwave Product dropdown), and 'Subscriber status' (Full-Time Employee dropdown). There is also a 'Hours worked weekly' field with the value 40. To the right, the 'Hours Worked Calculator' section prompts the user to 'Enter hours worked, select the frequency, and click the calculate button to update the Hours Worked Weekly.' It includes fields for 'Hours worked' and 'Frequency' (Weekly dropdown), along with a calculator icon. At the bottom left, there is a question 'Does this subscriber have a disability?' with radio buttons for 'Yes' and 'No' (selected). A note states '\*NOTE: Changes may cause benefit changes.' At the bottom, there are '<<Previous' and 'Next>>' buttons.

Personal Information  
Verify the following information and make any changes.

Prefix: Select  
Last name: Smith  
First Name: Bob  
Middle Initial:  
Suffix: Select  
Date of birth: 4/3/1989  
Gender: Male  
Mailing Address: 123 Easy St  
City: Louisville  
State: Kentucky  
Zip Code: 40214  
Home phone:  
Work phone:  
E-mail address:  
Hire date: 4/13/2016  
Eligibility Group: Advanced Microwave Product  
Subscriber status: Full-Time Employee  
Hours worked weekly: 40  
Does this subscriber have a disability? Yes No  
\*NOTE: Changes may cause benefit changes.

Hours Worked Calculator  
Enter hours worked, select the frequency, and click the calculate button to update the Hours Worked Weekly.  
Hours worked:  
Frequency: Weekly

<<Previous Next>>

The second step is **Dependents**.

- Make demographic updates, add or delete dependent records. Once dependent changes have been completed, click **Next**.

The screenshot shows the 'Modify Information/Coverage' form. At the top, it displays 'Subscriber name: Bob Smith' and 'Subscriber SSN: 666-11-2221'. Below this, a table shows 'Reason for coverage change: Gain/Loss of Other Coverage', 'Effective: 7/1/2016', and 'Comments: Edit'. A progress bar at the top indicates four steps: 'Personal Info', 'Dependents' (active), 'Coverage', and 'Review and Finish'. The 'Dependents' section has a heading 'Dependents:' followed by a note: 'The following dependents exist for this subscriber. You will need to add any dependents that will be covered under benefits.' Below this is a table listing dependents. The first dependent is 'Marilyn Smith', with address '123 Easy St, Louisville, KY 40214, Home'. The table includes columns for 'SSN', 'Relationship', 'Date of Birth', 'Gender', 'Spouse', 'Disability', and 'Full-time student'. For Marilyn Smith, the values are: SSN (blank), Relationship (blank), Date of Birth (5/25/1992), Gender (Female), Spouse (blank), Disability (blank), and Full-time student (No). There are 'Modify' and 'Delete' buttons for each dependent. An 'Add Dependent' button is at the top right. At the bottom, there are '<<Previous' and 'Next>>' buttons.

Modify Information/Coverage  
Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221  
Reason for coverage change: Gain/Loss of Other Coverage  
Effective: 7/1/2016  
Comments: Edit  
Dependents:  
The following dependents exist for this subscriber. You will need to add any dependents that will be covered under benefits.  
Marilyn Smith  
123 Easy St  
Louisville, KY 40214  
Home  
SSN:  
Relationship:  
Date of Birth:  
Gender:  
Spouse:  
Disability:  
Full-time student:  
Add Dependent  
Modify Delete  
No  
No  
<<Previous Next>>

The third step is **Coverage**.

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

**Modify Information/Coverage**

Subscriber name: Bob Smith

Subscriber SSN: 666-11-2221

Reason for coverage change: Gain/Loss of Other Coverage

Effective: 7/1/2016

Comments: [Edit](#)

Personal Info

Dependents

Coverage

Review and Finish

Coverage

**Medical Benefits**

Select plan: PPO Humana, ChoiceCare and Corphealth NVD0018

Coverage start date: 5/1/2016

Coverage end date:

Select pretax or after-tax deductions: ☐ Pretax ☒ After-tax

From the family members listed below, select the ones you want to cover with this medical plan.

☒ Marilyn Smith

☒ Billy Smith

[Add Dependent](#)

Dependent

Relationship

Date of Birth

Spouse

Child

8/26/1992

11/18/2012

Has this subscriber or any of their dependents had other medical insurance in the past 18 months?

Will this subscriber or any of their dependents have other medical coverage at the time the plan is effective?

Are you or any of your covered dependents enrolled in Medicare at the time this plan will be effective?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

<<Previous

Next>>

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

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

**Modify Information/Coverage**

Subscriber name: Bob Smith

Subscriber SSN: 666-11-2221

Sarah G Fehribach  
Updated: 5/20/2016

Reason for coverage change: Gain/Loss of Other Coverage

Effective: 7/1/2016

Comments: [Edit](#)

Personal Info

Dependents

Coverage

Review and Finish

**Review and Finish - Confirm selections**

**Personal Information**

Date of birth: 4/31/1989

Gender: Male

Mailing Address: 123 Easy St  
Louisville, KY 40214

Home:

E-mail:

Disability: No

Hours worked weekly: 40

[Modify](#)

Hire date: 4/13/2016

Work phone:

Eligibility Group: Advanced Microwave Product

Subscriber status: Full-Time Employee

Occupation:

Work Location:

**Dependent(s)**

Marilyn Smith

SSN: \*\*\*\*\*

Relationship: Spouse

Date of birth: 8/26/1992

Gender: Female

Disability: No

[Modify](#)

Billy Smith

SSN: \*\*\*\*\*

Relationship: Child

Date of birth: 11/18/2012

Gender: Male

Disability: No

[Modify](#)

**Coverage**

NOTE: Please review the coverage termination dates. The system has made any necessary adjustments to the coverage termination dates in accordance with your contract provisions.

Plan: PPO Humana, ChoiceCare and Corphealth NVD0018

Network: Humana, ChoiceCare and Corphealth

Coverage level: Employee + Family

Pre-Tax: No

Covered Members: Bob Smith  
Marilyn Smith (Spouse)

Primary Care Physician(PCP):

PCP ID:

Current Patient: No

OBGYN Name:

OBGYN Current Patient: No

## 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.

**Modify Information/Coverage**

Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221

Select the reason for the coverage change:

Open Events

Reason for Coverage Change	Event Type	Start Date	End Date	Date coverage is effective*	Status	
<input checked="" type="radio"/> Gain/Loss of Other Coverage	Individual	05/20/2016	06/20/2016	07/01/2016	InProcess	<a href="#">Edit</a>   <a href="#">Close event</a>
<input type="radio"/> New Hire	Individual	05/20/2016	06/20/2016	06/01/2016	Complete	<a href="#">Edit</a>   <a href="#">Close event</a>

☐ Select a new reason ▼

Enter effective Date\*:

date form is signed/submitted online\*:

[<<Previous](#) [Select & Continue](#)

\* Actual effective date should match the provisions of your contract and may be reviewed by Humana for accuracy.

- 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.

### Terminate a Subscriber

- Terminate a subscriber
- Remove coverage
- Create a Cobra or State Continuation event

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

### Terminate a Subscriber

Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221

To terminate this subscriber, fill out the following information:

- Reason for termination of coverage:
- Coverage termination date:  
(ex: mm/dd/yyyy)
- Loss of eligibility date:

Do you want to enroll the employee in Cobra or State Continuation? If utilizing Conexus or a services, do not enroll the member on Humana's website. Contact your Third Party Adminis

<<Previous

Next>>

Select a reason

Benefit Change  
Continuation Termed  
Coverage/Contract Type Changed  
Deceased  
Discharged/Cause (Misconduct)  
Divorced  
Effective Date Change  
Eligibility Group Change  
Laid Off  
Mass Transfer  
Medicare as Primary  
Member Request  
Moved out of Coverage Area  
Other  
Retirement  
Subscriber Loss of Eligibility  
Termination of Employment - Involuntary  
Termination of Employment - Voluntary  
Waive Coverage

☒ No ☐ Yes

ersion=1.16.4.136

37

- 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**.

**Terminate a Subscriber**

Subscriber name: Bob Smith  
Subscriber SSN: 666-11-2221

To terminate this subscriber, fill out the following information:

Reason for termination of coverage:

Coverage termination date: (ex. mm/dd/yyyy)

Loss of eligibility date:

Do you want to enroll the employee in Cobra or State Continuation? If utilizing Conexis or another Third Party Administrator for COBRA services, do not enroll the member on Humana's website. Contact your Third Party Administrator. ☐ No ☒ Yes, enter the following

Type: ☒ State Continuation  
Cobra/continuation qualifying date:   
Coverage Start date\*:

[<Previous](#) [Next>](#)

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

**Review and Finish - Confirm selections**

**Personal Information**

Date of birth: 4/3/1989  
Gender: Male  
Mailing Address: 123 Easy St  
Louisville, KY 40214  
Home:  
E-mail:  
Disability: No  
Hours worked weekly: 40

Hire date: 4/13/2016  
Work phone:  
Eligibility Group: Advanced Microwave Product  
Subscriber status: Full Time Employee  
Occupation:  
Work Location:

**Dependent(s)**

Marilyn Smith	SSN: *****	Relationship: Spouse	Date of birth: 8/26/1992	Gender: Female	Disability: No
123 Easy St Louisville, KY 40214					

Billy Smith	SSN: *****	Relationship: Child	Date of birth: 11/16/2012	Gender: Male	Disability: No
123 Easy St Louisville, KY 40214					

**Termination Information**

Reason for Termination: Subscriber Loss of Eligibility  
Effective date: 6/30/2016  
Loss of eligibility date: 6/11/2016  
Enroll in Cobra/continuation: No

**Coverage**

NOTE: Please review the coverage termination dates. The system has made any necessary adjustments to the coverage termination dates in accordance with your contract provisions.

Plan	Network	Coverage level	Effective date	Pre-Tax:
PPO Humana, ChoiceCare and Corhealth NVD0018	Humana, ChoiceCare and Corhealth	Employee + One Adult	6/1/2016 - 6/30/2016	No

**Covered Members**

Primary Care Physician(PCP)	PCP ID	Current Patient	OB/GYN Name	OB/GYN Current Patient
Bob Smith		No		No
Marilyn Smith (Spouse)		No		No

[<Previous](#) [Submit](#)

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:

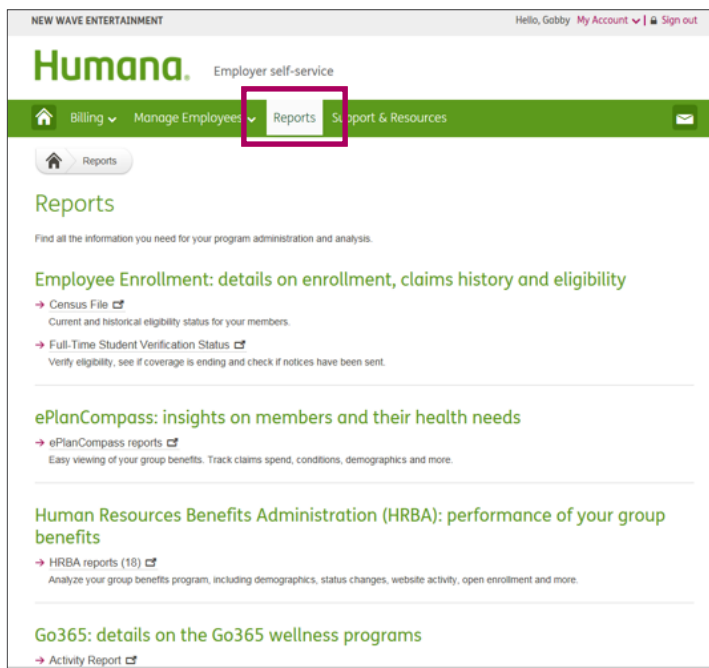
- Enrollment and Benefit reporting through HRBA reports
- Census files
- View claims information—**only available for ASO groups**

## 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**

EXAMPLE MemberEngagementReport.csv - Microsoft Excel

FileHomeInsertPage LayoutFormulasDataReviewView

CutCopyFormat Painter

Paste

Clipboard

Calibri11

### 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.

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

- 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.

View Reports - Internet Explorer

Welcome: Sarah Fehribach

Help | Close

**HUMANa**  
Guidance when you need it most

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

**Reporting: View Reports**

Date: 05/23/16

Report(s) 1-10 of 19 [Next](#)

Delete	Report	Format	User	Submit Date	Purge Date	Status	File Size
	Member Benefits Report	CSV	SF	05/23/16 11:11 AM		Submitted	
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	05/17/16 11:45 AM	07/16/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	05/11/16 03:49 PM	07/10/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	05/11/16 02:53 PM	07/10/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	04/27/16 03:42 PM	06/26/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	04/27/16 02:42 PM	06/26/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Employee Benefits Report</a>	CSV	EG	04/18/16 11:11 AM	06/17/16	Available	9.3 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	04/13/16 03:52 PM	06/12/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	04/13/16 02:50 PM	06/12/16	Available	18.7 K
<input type="checkbox"/>	<a href="#">Member Benefits Report</a>	CSV	EG	04/12/16 02:42 PM	06/11/16	Available	18.7 K

Delete Report Refresh

### Example Member Benefits Report

EXAMPLE Member Benefits.xlsx - Microsoft Excel

File	Home	Insert	Page Layout	Formulas	Data	Review	View																																													
<div><div><div>Cut</div><div>Copy</div><div>Format Painter</div></div><div><div>Clipboard</div><div>Font</div><div>Alignment</div><div>Numbering</div></div></div> <div><div>Calibri</div><div>11</div><div>A</div><div>Wrap Text</div></div> <div><div>General</div><div>Conditional Formatting</div><div>Normal</div><div>Bad</div><div>Good</div><div>Neutral</div></div> <div><div>Insert</div><div>Delete</div><div>Format</div><div>AutoSum</div><div>Fill</div><div>Clear</div><div>Sort &amp; Filter</div><div>Find &amp; Select</div></div>																																																				
BA30																																																				
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA
1 Report Run Date: 04/06/2016 01:47:13; As of Date: 04/06/2016;																																																				
2																																																				
3	SSN	First Name	Last Name	Sex	Birth Date	Address	Li Eligibility	C Date of Hi	Relationship	Member S	Member ID	Dental ID	Dental Des	Dental Pla	Dental Sta	Vision ID	Vision Desc	Vision Start	Vision Cov	Vision Elec	Vision Cos	Basic																														
4	1.11E+08	BARBARA	DOE	F	000000	300 MAIN	716354-71	1-Jun-14	1	UNKNOWN	1463164	KY3V0406	716354-71	9/1/2014																																						
5	1.11E+08	JOHN	DOE	M	000000	10567 LYN	716354-71	000000	0	1.41E+08	1463164	KY3V0406	716354-71	000000	1463163	KY6V0020	1/10/2016	1			0																															
6	1.11E+08	GREG	DOE	M	4/6/1967	4412 LAFA	716354-71635401:AP		0	2.72E+08	1041700	WAIVE	IX-WAIVEF	6/1/2009	1463163	KY6V0020	5/2/2010	1			0																															
7	1.11E+08	MAXWELL	DOE	M	000000	2327 GLEN	716354-71635401:AP		1	UNKNOWN	1041699	OH3V0311	716354-71	6/1/2008																																						
8	1.11E+08	MAXWELL	DOE	M	000000	2327 GLEN	716354-71635401:AP		1	UNKNOWN	1041699	OH3V0311	716354-71	6/1/2008								104																														
9	1.11E+08	MICHAEL	DOE	M	000000	2327 GLEN	716354-71635401:AP		0	2.73E+08	1041699	OH3V0311	716354-71	6/1/2008								104																														
10	1.11E+08	GARY	DOE	M	000000	7364 HUN	716354-71635401:AP		0	2.73E+08												104																														
11	1.11E+08	THOMAS	DOE	M	3/5/1988	75 LORETTI	716354-71635401:AP		1	UNKNOWN												104																														
12	1.11E+08	DARRELL	DOE	M	000000	3344 QUEI	716354-71	8-Oct-10	0	2.79E+08	1463164	KY3V0406	716354-71	2/1/2014	1216623	WAIVE	2/1/2014	99	0		104																															
13	1.11E+08	NATHAN	DOE	M	000000	5601 NEPI	716354-71635401:AP		3	UNKNOWN	1041699	OH3V0311	716354-71	6/1/2008								104																														
14	1.11E+08	CAITLYN	DOE	F	000000	5601 NEPI	716354-71635401:AP		1	UNKNOWN												104																														
15	1.11E+08	DUSTIN	DOE	M	000000	3730 FELD	716354-71	000000	0	2.84E+08	1463164	KY3V0406	716354-71	000000	1463163	KY6V0020	000000	1		0	104																															
16	1.11E+08	DARRIN	DOE	M	000000	1297 KOM	716354-71635401:AP		1	UNKNOWN												104																														
17	1.11E+08	ALEXIS	DOE	F	000000	1297 KOM	716354-71635401:AP		1	UNKNOWN												104																														
18	1.11E+08	KIMIKI	DOE	F	9/3/1963	1297 KOM	716354-71635401:AP		3	UNKNOWN												104																														
19	1.11E+08	DARRIN	DOE	M	000000	1297 KOM	716354-71	2-Feb-09	0	2.87E+08	1463164	KY3V0406	716354-71	4/1/2014								104																														
20	1.11E+08	MAKAYLA	DOE	F	000000	1297 KOM	716354-71635401:AP		1	UNKNOWN												104																														
21	1.11E+08	DENISE	DOE	F	3/3/1964	651 WIND	716354-71635401:AP		0	2.97E+08	1041700	WAIVE	IX-WAIVEF	6/1/2009	1216623	WAIVE	1/1/2011	99	0		104																															
22	1.11E+08	MARK	DOE	M	000000	2504 EVER	716354-71	000000	0	2.97E+08	1463164	KY3V0406	716354-71	9/1/2013	1463163	KY6V0020	9/1/2013	3		0	104																															
23	1.11E+08	ISIAH	DOE	M	000000	2504 EVER	716354-71	000000	1	UNKNOWN	1463164	KY3V0406	716354-71	9/1/2013	1463163	KY6V0020	9/1/2013				104																															
24	1.11E+08	MAGGIE	DOE	F	000000	2504 EVER	716354-71	000000	1	UNKNOWN	1463164	KY3V0406	716354-71	9/1/2013	1463163	KY6V0020	9/1/2013				104																															
25	1.11E+08	DEANN	DOE	F	000000	651 WIND	716354-71635401:AP		1	UNKNOWN	1463164	KY3V0406	716354-71	5/1/2010								104																														
26	1.11E+08	JENNIFER	DOE	F	000000	651 WIND	716354-71	1-Jun-97	1	UNKNOWN	1463164	KY3V0406	716354-71	5/1/2010								104																														
27	1.11E+08	DAVID	DOE	M	000000	651 WIND	716354-71635401:AP		0	2.99E+08	1463164	KY3V0406	716354-71	5/1/2010								104																														
28	1.11E+08	DENISE	DOE	F	3/3/1964	651 WIND	716354-71635401:AP		3	UNKNOWN	1041699	OH3V0311	716354-71	2/1/2010	1216622	OH6V0018	2/1/2010					104																														
29	1.11E+08	DENISE	DOE	F	3/3/1964	651 WIND	716354-71635401:AP		3	2.97E+08	1463164	KY3V0406	716354-71	5/1/2010								104																														

## 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 EMI Change Group

Home 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](#)

### 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](#)

#### Most popular

Voted "Most popular" by our employers and administrators

- [Sales office locations](#)
- [Healthcare reform timeline](#)
- [Healthcare reform education](#)
- [Go365](#)
- [Wellness launch kit](#)



## 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 EMI [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](#)

---

### 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](#)
- [Health & wellness programs](#)
- [MyHumana condition centers](#)
- [Wellness discounts](#)

#### Most popular

Voted "Most popular" by our employers and administrators

- [Sales office locations](#)
- [Healthcare reform timeline](#)
- [Healthcare reform education](#)
- [Go365](#)
- [Wellness launch kit](#)



Humana®

[For Individuals & Families](#)
[For Employers](#)
[For Agents & Brokers](#)
[For Providers](#)

[Investor Relations](#)
[Customer Support](#)
[Español](#)

Ask Humana

Individuals & Families ▼

Medicare ▼

Insurance Through Your Employer ▼

# Registration

Start here to register for access.

Select your registration type

Member

Provider

Dentist

Pharmacist

Employer

Agent/broker or agency

## Why use MyHumana?

Once you've registered, you can:

- Choose how you want to receive information from Humana: Online or in Print
- View your coverage and benefits details
- Check the status of your claims
- Find in-network doctors, hospitals, pharmacies and urgent care centers
- Update your contact information

HumanaOne Dental Preventive Plus, Loyalty Plus, Value Plan(h1214 or C550), Discount, Vision Care Plan, or Humana Vision only members [register here](#).

→ Get Started

Already registered? [Sign in](#)

[Not a member?](#)

New Go365™ by Humana member? [Sign in to Go365](#)

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.



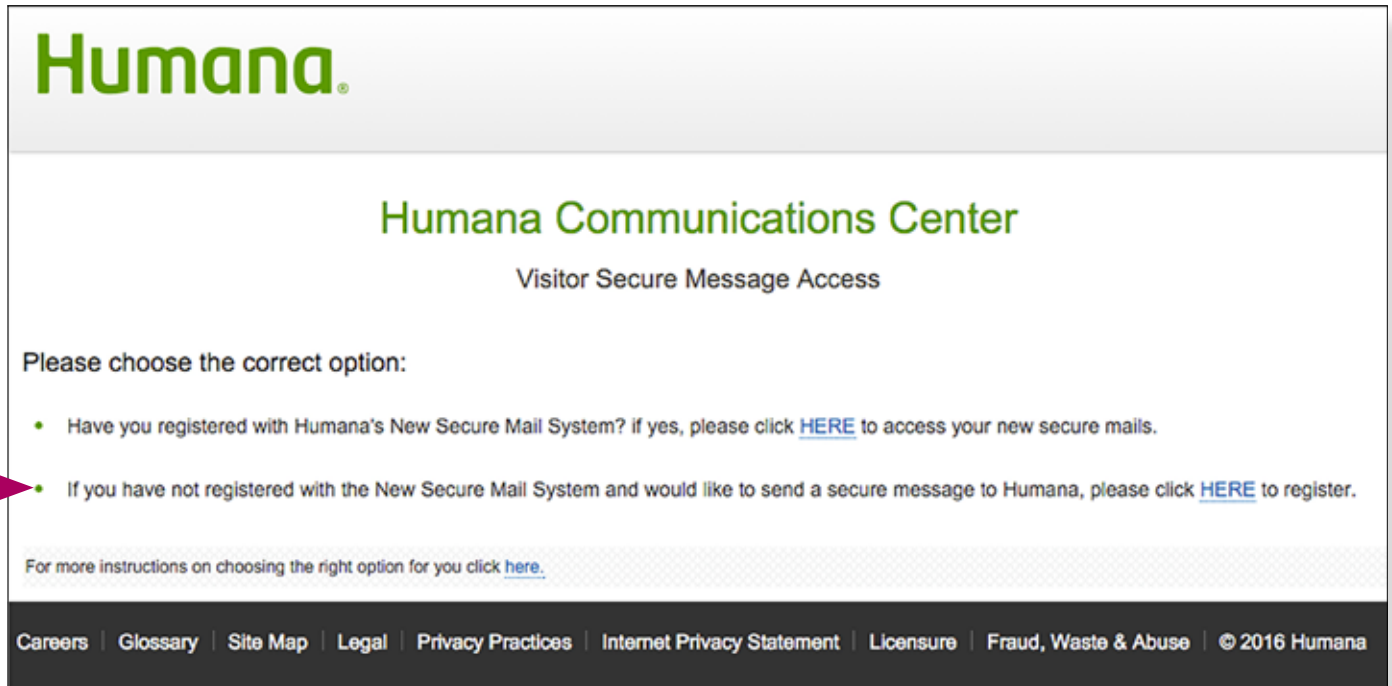
The Inbox screen will appear automatically. To read a message, just click on the blue subject line.

- 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



**Humana.**

### Humana Communications Center

Visitor Secure Message Access

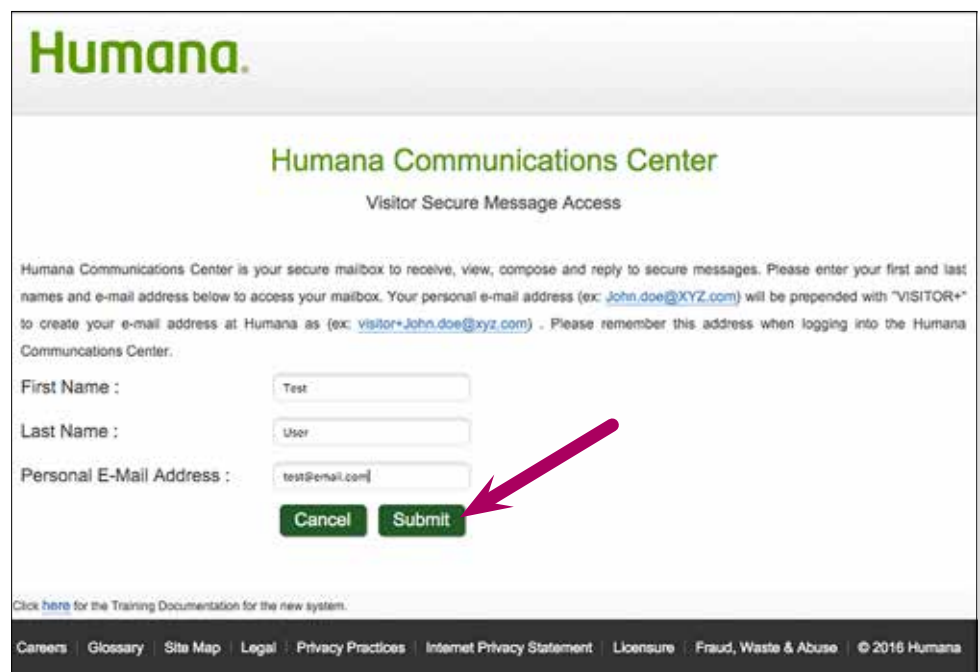
Please choose the correct option:

- Have you registered with Humana's New Secure Mail System? If yes, please click [HERE](#) to access your new secure mails.
- If you have not registered with the New Secure Mail System and would like to send a secure message to Humana, please click [HERE](#) to register.

For more instructions on choosing the right option for you click [here](#).

Careers | Glossary | Site Map | Legal | Privacy Practices | Internet Privacy Statement | Licensure | Fraud, Waste & Abuse | © 2016 Humana

- 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**.



**Humana.**

### Humana Communications Center

Visitor Secure Message Access

Humana Communications Center is your secure mailbox to receive, view, compose and reply to secure messages. Please enter your first and last names and e-mail address below to access your mailbox. Your personal e-mail address (ex: [John.doe@XYZ.com](#)) will be prepended with "VISITOR+" to create your e-mail address at Humana as (ex: [visitor+John.doe@xyz.com](#)). Please remember this address when logging into the Humana Communications Center.

First Name :

Last Name :

Personal E-Mail Address :

Click [here](#) for the Training Documentation for the new system.

Careers | Glossary | Site Map | Legal | Privacy Practices | Internet Privacy Statement | Licensure | Fraud, Waste & Abuse | © 2016 Humana

## Benefits Center – Small Groups Only

Rockford Public Schools Hello, Employer My Account Sign out

Humana Employer self-service EMI Change Group


Home Billing Manage Employees Reports Support & Resources Benefits Center

Welcome My Plans

My Plans  
View current census  
View rates and pricing summary  
Learn more about renewals

### Welcome to the Employer Benefits Center

At the Employer Benefits Center, Humana makes finding the right solutions for your employees a little easier. You can select benefit coverage that fits your needs. You can also find sensible ways to manage your healthcare costs. Our goal is to help you build a healthier company – one employee at a time. Here you can:



- Review your current plans and print plan summaries or benefit information for your employees
- Learn about ways to help keep your employees healthy
- At renewal time, you can review your current plans, review plans we suggest for you, or browse for plans on your own
- View benefit premium information online 24/7

Your benefit information is protected by Humana and is available to both you and your agent. To get the help you need when you renew your benefits, remember to give your agent access to the Employer Benefit

- 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 Enrollment 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**

- 
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 [X] [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**

What is the name of the company where you had your first job?  
[Don't know the answer?](#)

**→ 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  
[Text Field]

Re-enter new password  
[Text Field]

**→ 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.