

Member Online Enrollment

Begin Enrollment

From the portal login screen, the member should click “Open Enrollment”.

Health Portal

Username

Password [Forgot Password?](#)

[Login](#)

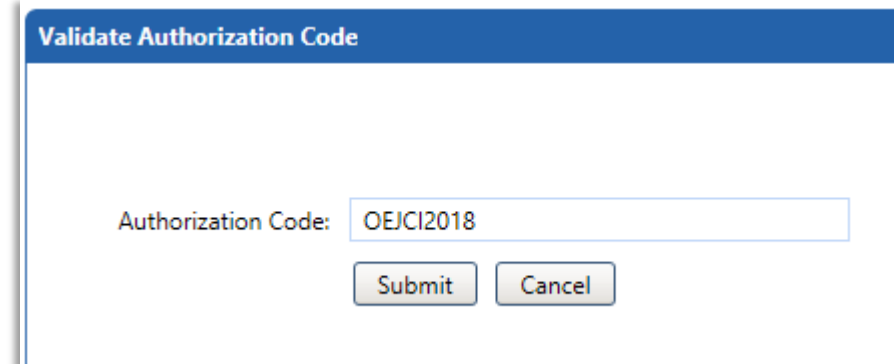
[Not Registered? Register Now](#)

[Open Enrollment](#)

Begin Enrollment

After clicking the “Open Enrollment” button, the member will be prompted to enter an authorization code.

Each employer will use a different authorization code that we assign and provide to them.



Validate Authorization Code

Authorization Code:

Begin Enrollment

Members will enter their demographic eligibility details to be submitted with the enrollment.

Member Search

* = Required

* First Name: Zachary

* Last Name: Byerly

* Gender: --Select One--

* Email: member@demo.com

* Member ID: 751656247

* Date of Birth: 8/21/1963

* Zip Code: 77344

b597g

[Generate new Security Code](#)

b597g

Continue Reset Cancel

Member Information

The member should complete their demographic details, and click “Continue.”

Member Information

* = Required

* Status:	Active
* First Name:	ZACHARY
Middle Initial:	
* Last Name:	BYERLY
Address	<input type="checkbox"/> Outside United States
* Address1:	2832 OGDEN FOREST DR
Address2:	
* City:	HOUSTON
* State:	Texas
* Zip Code:	77344
* Gender:	Male
* Effective Date:	05/01/2013
* Salary Amount:	
* Pay Frequency:	Select Pay Frequency...
Employment Date:	mm/dd/yyyy
Marital Status:	Select Marital Status...
Home Phone:	
Email:	Test@Yahoo.Com
* Member ID:	751656247

Continue Back Cancel Attach Documents

Dependent Information

If available, the dependents' information will display too. Members can add, change, or remove dependents from their enrollment.

The screenshot shows a web application interface for managing dependents. At the top, there is a navigation bar with links: Home, Eligibility, Provider Network, Documents, Mailbox, Enrollment, My Profile, and ID Card. Below the navigation bar, the breadcrumb trail reads "Enrollment > Dependents". The main content area is titled "Add/Edit Dependent" and contains three separate boxes, each representing a dependent. Each box has "Edit" and "Terminate" buttons at the top left. The dependent information is displayed in a key-value format. At the bottom of the page, there is a message: "If you do not wish to edit or add any dependents, please click 'Continue'." and a row of buttons: Continue, Add, Back, and Cancel.

Field	Value
First Name	: KATHY
Last Name	: BYERLY
Middle Initial	: N
Relationship	: Spouse
Birth Date	: 4/6/1969
Gender	: Female
Disabled?	:
Is Student?	:
Effective Date	: 5/1/2016

Field	Value
First Name	: CAITLYN
Last Name	: BYERLY
Middle Initial	: Y
Relationship	: Child
Birth Date	: 11/16/2005
Gender	: Female
Disabled?	:
Is Student?	:
Effective Date	: 5/1/2016

Field	Value
First Name	: FELICIA
Last Name	: BYERLY
Middle Initial	: F
Relationship	: Child
Birth Date	: 1/16/1994
Gender	: Female
Disabled?	:
Is Student?	:
Effective Date	: 5/1/2016

If you do not wish to edit or add any dependents, please click "Continue".

Continue Add Back Cancel

Coverage Selection

Based on their personal information, dependent details, and their employer’s authorization code, the plan member will see the coverage options specific to them.

Select Coverage

Medical

Employee Only \$46.15 Per Pay Period
 Employee and Children \$92.31 Per Pay Period
 Employee and Spouse \$115.38 Per Pay Period

Active: George Washington (MEMBER) Effective Date: 5/4/2015
 Active: Martha Washington (Spouse) Effective Date: 5/4/2015
 Employee and Family \$138.46 Per Pay Period
 Waive Medical

Dental

Employee Only \$23.06 Per Pay Period
 Employee and Family \$34.67 Per Pay Period
 Waive Dental

Vision

Employee Only \$11.54 Per Pay Period
 Employee and Family \$30.00 Per Pay Period
 Waive Vision

Life

Employee Only
 Coverage Level: \$160,000.00 \$18.46 Per Pay Period
 Active: George Washington (MEMBER) Effective Date: 5/4/2015

BENEFICIARY DESIGNATION (Dependent Insurance is Payable to the Employee)

Primary Beneficiary Full Name (Last, First)	Relationship	Date of Birth (mm/dd/yyyy)	Address	Share %
Washington Martha	Wife	5/4/1952	3200 Mount Vernon Memorial Highway, Mount Vernon, Virg	100.00

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL:100%

If the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies).

Contingent Beneficiary Full Name (Last, First)	Relationship	Date of Birth (mm/dd/yyyy)	Address	Share %
Adams John	Friend	5/5/1952	123 VP Street Somewhere, Virginia, 22022	100.00

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL:100%

Waive Life

Other Coverage

If the member or dependents are enrolled in other insurance plans, those should be indicated on this page.

Home Eligibility Provider Network Documents Mailbox Enrollment My Profile ID Card Health e-360 Control Panel Reports

Enrollment > Other Coverage

Other Coverage ?

Do you or your dependents have any other coverage? No Yes

Coverage 1

All Fields are required

Type of Coverage: Medical Dental Vision Other

Group Health Plan Name:

Primary Insured:

Policy Number:

Effective Date of Policy:

Medicare/Medicaid or any other federal, state, or governmental agency?

Does the plan cover dependents?

Do you or your dependents have any coverage other than the one(s) listed above? No Yes

Coverage 2

All Fields are required

Type of Coverage: Medical Dental Vision Other

Group Health Plan Name:

Primary Insured:

Policy Number:

Effective Date of Policy:

Medicare/Medicaid or any other federal, state, or governmental agency?

Does the plan cover dependents?

Final Review

Members can review of all the details submitted in the form and attach documents to submit with the enrollment (marriage certificate, birth certificate, etc.).

Once complete, members should click “I agree” and “Finalize”.

Enrollment Review

Please review your enrollment. Click Edit buttons to make changes and then click "Continue"

Member Information

Effective Date	: 5/1/2016
Member ID	: 751656247
Status	: Active
First Name	: ZACHARY
Middle Initial	:
Last Name	: BYERLY
Address	
Address1	: 2832 OGDEN FOREST DR
Address2	:
City	: HOUSTON
Zip Code	: 77344
State	: Texas
Gender	: Male
Marital Status	: Married
Home Phone	:
Email	: jdeptuch@hpsglobal.net
Employment Date	: 8/2/2018
Salary Amount	: \$40,000.00
Pay Frequency	: Bi-Monthly
Division	:

Agreement:

Read the following agreements and sign below.

Payroll Deduction/Pretax Premium/Billing Agreement: I authorize The Healthcare System to deduct from my earnings the amount required to cover my share of the premiums for these coverages. If I elect to participate in pretax health/dental/vision/AD&D premiums, I authorize the Healthcare System to make my taxable income lower amount equal to my

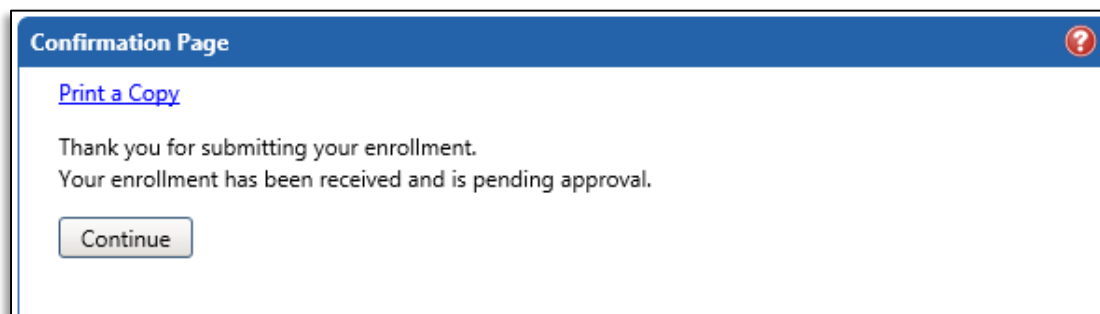
I do not agree I agree

Finalize Back Attach Coverage Documents

Finish Enrollment

After the enrollment is submitted, our team will review the new enrollment and respond.

Members can also print a copy of the enrollment application and log into the portal to check the status of the enrollment.





Questions? Contact us.