

# Meritain Employer Website



The screenshot shows the Meritain Health homepage. At the top is the Meritain Health logo with the tagline "An Aetna Company". A search bar is located in the top right. Below the logo is a navigation bar with links: Home, Products and Services, Health and Wellness, Regulatory Compliance, Resources, About Us, Contact Us, and Careers. The main content area features a large banner on the left with the text "Saving Money Changing Lives" and a photo of a smiling family. To the right of the banner is a "Healthcare Reform" section with a "click here to learn more" link. Below the banner is a login section with fields for Username and Password, a "Login" button, and links for "Forgot Username", "Retrieve Password", "Learn more about Meritain Health", and "Reporting User? Click Here to Login". The bottom section is divided into two columns: "ABOUT MERITAIN HEALTH" and "FEATURED VIDEOS". The "ABOUT" section describes Meritain Health as an independent subsidiary of Aetna and lists its services. The "FEATURED VIDEOS" section features a video of Dave Parker, Senior Vice President of Sales, with a "WHAT IS SELF-FUNDING?" title and a brief description of his role.

The Meritain Employer Website offers Employers a user-friendly web experience, including account information and various other tools in a secure environment. The following documentation will provide guidance on how to use the Employer Website and all its features.



The screenshot shows the Meritain Health Employer Website user interface. At the top is the Meritain Health logo. A navigation bar contains links: Eligibility, Reports, Online Activity, Benefits, Claims, Administration, Invoices, and Member Search. A welcome message "Welcome KEVIN! Last Login 6/22/2012" is displayed in the top right. Below the navigation bar is a large banner with the Meritain Health logo and the text "Welcome Kevin Of Abc INC! What would you like to do?". The main content area is divided into several sections: "Eligibility" (with links like Enroll A Member, Add New Dependent, Add or Change Coverages, Update Member Information, Terminate Coverage, View Membership, and Eligibility Advisor), "View Employer Reports" (with links like Self Service Reports and Static Reports), "Online Activity" (with link View My Online Activity), "Benefit Information" (with links like Request ID Cards, View Plan Information, Request Certificate Of Coverage, and Account Links), "Claims" (with links like View a Member's Claim History and View a Member's Claims In Process), "Invoices" (with link View Invoice Information), and "Web Site Administration" (with link Add Or Remove Employer User Accounts). At the bottom is a footer with links: Home, Privacy Statement, Terms and Conditions, Disclaimer, FAQ, Contact Us, User Documentation, Change User Profile, and Log Out.

## Table of Contents

Logging In .....	4
Forgot Username .....	5
Retrieve Password .....	7
Using the Quick Links .....	11
Home .....	11
Privacy Statement and Terms and Conditions .....	11
Viewing the Disclaimer .....	11
Viewing Frequently Asked Questions (FAQs) .....	12
Using the Contact Us Function .....	13
User Documentation .....	14
Change User Profile .....	14
Member Search.....	17
Eligibility .....	20
Enroll a Member.....	20
View Membership .....	38
Add New Dependent .....	40
Add or Change Coverages.....	45
Update Member Information.....	50
Terminate Coverage .....	55
Eligibility Advisor .....	60
Benefit Information .....	61
Request ID Cards .....	61
Generate Temporary ID Cards.....	65
View Plan Information.....	68
Request Certificate of Coverage.....	70
Request COBRA Event .....	73
Account Links.....	788
Website Administration .....	79
Add or Remove Employer User Accounts.....	79
Edit Employer User.....	79
Create Employer User .....	82
Administer Custom Dashboard Messages.....	84
Online Activity.....	86
Online Reports .....	87
Static Reports .....	87
Self Service Reports .....	89
Claims.....	90
View a Member's Claim History .....	90
View a Member's Claims In Process .....	92

Logging Out .....	95
Invoices .....	96
View Invoice Information .....	96

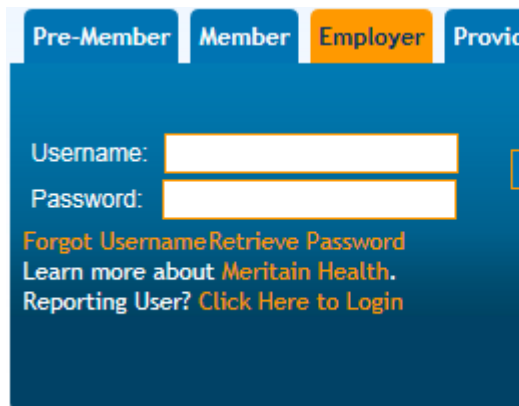
# Accessing the Employer Website

The Employer Website is available via the Internet. Use the following steps to access the site.

Login to the Employer Website from [www.meritain.com](http://www.meritain.com). If you have accessed another Employer Website in the past, you will need to have a new username and password generated for the new and improved Employer Website. Your Client Relationship Manager will initiate the primary master login from which other logins may be created with varying levels of access to Employer website functionality.

## Logging In

From the **Meritain** home page, enter your **Username** and **Password** in the section and click 'Login'.



The screenshot shows a login interface with a blue background. At the top, there are four tabs: 'Pre-Member', 'Member', 'Employer' (which is highlighted in orange), and 'Provider'. Below the tabs, there are two input fields: 'Username:' and 'Password:'. To the right of the 'Password:' field is a small yellow icon. Below the input fields, there is a link that says 'Forgot Username Retrieve Password' and another link that says 'Learn more about Meritain Health. Reporting User? Click Here to Login'.

The **Employer Website Home page** will open.

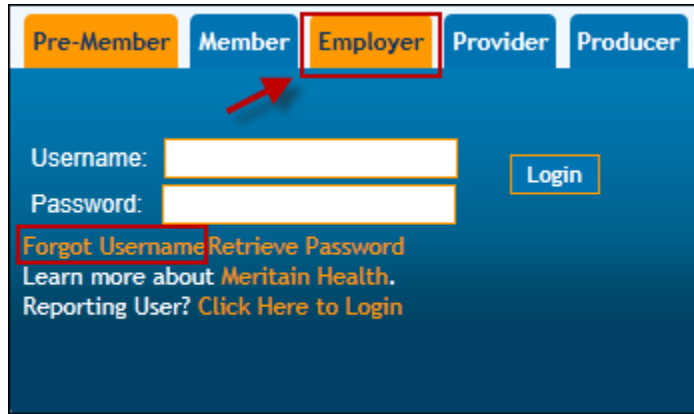


The screenshot shows the Meritain Health Employer Website Home page. At the top, there is a navigation bar with the Meritain Health logo on the left and a 'Welcome KEVIN!' message on the right, including a 'Log Out' link and the text 'Last Login 6/22/2012'. Below the navigation bar, there is a main content area with a large image of two women looking at a laptop. To the right of the image, there is a 'MERITAIN HEALTH' logo and the text 'Welcome Kevin Of Abc INC! What would you like to do?'. Below the image and logo, there is a grid of links organized into categories: 'Eligibility' (Enroll A Member, Add New Dependent, Add or Change Coverages, Update Member Information, Terminate Coverage, View Membership, Eligibility Advisor), 'Online Activity' (View My Online Activity), 'Claims' (View a Member's Claim History, View a Member's Claims In Process), 'Invoices' (View Invoice Information), 'View Employer Reports' (Self Service Reports, Static Reports), 'Benefit Information' (Request ID Cards, View Plan Information, Request Certificate Of Coverage, Account Links), and 'Web Site Administration' (Add Or Remove Employer User Accounts). At the bottom of the page, there is a footer with links for 'Home', 'Privacy Statement', 'Terms and Conditions', 'Disclaimer', 'FAQ', 'Contact Us', 'User Documentation', 'Change User Profile', and 'Log Out', followed by the copyright notice '©2012 Meritain Health'.

## Forgot Username

In the event that you don't have your username, use the following steps:

Click on the "**Forgot Username**" link.



The screenshot shows a login interface with a blue background. At the top, there are five tabs: 'Pre-Member' (orange), 'Member' (blue), 'Employer' (orange and highlighted with a red box), 'Provider' (white), and 'Producer' (white). Below the tabs, there are two input fields labeled 'Username:' and 'Password:'. To the right of the 'Password:' field is a 'Login' button. Below the input fields, there are three links: 'Forgot Username' (highlighted with a red box), 'Retrieve Password', and 'Reporting User? Click Here to Login'. A red arrow points from the 'Employer' tab to the 'Forgot Username' link.

The first **Forgot Username** page will open.



The screenshot shows a page titled 'Forgot username: step 1 of 3'. Below the title, it says 'Please enter First Name, Last Name and Email Address below. Click Next when done.' There are three input fields: 'First Name', 'Last Name', and 'E-mail Address'. At the bottom, there are two buttons: 'Cancel' and 'Next >'.

- Enter your *First Name that you used when you first registered on the Employer portal* in the **First Name** field.
- Enter your *Last Name that you used when you first registered on the Employer portal* in the **Last Name** field.
- Enter your *e-mail address* in the **E-mail Address** field.
- Click the 'Next' button.

The second **Forgot Username** page will open.

### Forgot username: step 2 of 3

Please input the answer to the following question. Click Next when done.

Security Question      qa  
Security Answer     

Cancel

< Previous

Next >

Input your security answer in the **Security Answer** field  
Click the 'Next' button.

The third **Forgot Username** page will open.

### Forgot username: step 3 of 3

Please confirm that you are :

DEMO ACCOUNT

By confirming that you are the above person, you are stating to be the authorized user of this account, and understand that the information provided herein is strictly confidential and cannot be viewed or modified by anyone other than the authorized user.

☒ Yes, I am   ☐ No, I am not

Cancel

< Previous

Submit

Read the confirmation statement and choose **Yes, I am** or **No, I am not**.  
Click the 'Submit' button and the following page will appear informing you that your Username will be e-mailed to you.

### Forgot username: complete

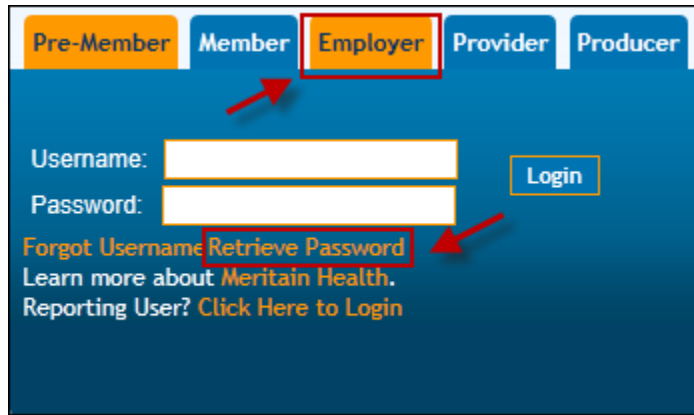
Please note that a Username reminder has been emailed to you.

Click [here](#) to go back home.

## Retrieve Password

In the event that you don't have your password, use the following steps:

Click on the "Retrieve Password" link.



The screenshot shows the Meritain Health login interface. At the top, there are five tabs: "Pre-Member", "Member", "Employer", "Provider", and "Producer". The "Employer" tab is highlighted with a red box, and a red arrow points to it from below. Below the tabs, there are two input fields labeled "Username:" and "Password:". To the right of these fields is a "Login" button. Below the "Password:" field, there are three links: "Forgot Username", "Retrieve Password", and "Reporting User? Click Here to Login". The "Retrieve Password" link is highlighted with a red box, and a red arrow points to it from the right.

The first **Forgot Password** page will open.



The screenshot shows the "Forgot password: step 1 of 5" page. The title is "Forgot password: step 1 of 5". Below the title, it says "Please enter First Name, Last Name and Email Address below. Click Next when done." There are three input fields: "First Name", "Last Name", and "E-mail Address". At the bottom, there are two buttons: "Cancel" and "Next >".

- Enter your *First Name* that you used when you first registered on the Employer portal in the **First Name** field.
- Enter your *Last Name* that you used when you first registered on the Employer portal in the **Last Name** field.
- Enter your e-mail address in the **E-mail Address** field.
- Click the 'Next' button.

The second **Forgot Password** page will open.



The screenshot shows the "Forgot password: step 2 of 5" page. The title is "Forgot password: step 2 of 5". Below the title, it says "Please enter your username". There is one input field labeled "Username". At the bottom, there are three buttons: "Cancel", "< Previous", and "Next >".

Enter your *username* in the **Username** field.

Click the 'Next' button.

The third **Forgot Password** page will open.

### Forgot password: step 3 of 5

Please input the answer to the following question. Click Next when done.

Security Question      qa  
Security Answer     

Input your security answer in the **Security Answer** field

Click the 'Next' button.

The fourth **Forgot Password** page will open.

### Forgot password: step 4 of 5

Please confirm that you are :

DEMO ACCOUNT

By confirming that you are the above person, you are stating to be the authorized user of this account, and understand that the information provided herein is strictly confidential and cannot be viewed or modified by anyone other than the authorized user.

☐ Yes, I am   ☐ No, I am not

Read the confirmation statement and choose **Yes, I am** or **No, I am not**.

Click the 'Next' button.

The fifth **Forgot Password** page will open.



## Forgot password: step 5 of 5

Please enter and confirm your new Password below. Click Submit when done.

Password

Please enter a password that contains 8-16 characters in total and has at least one uppercase letter (A, B, C...), at least one lowercase letter (a, b, c...), at least one number (1,2,3...), and at least one of the following symbols: (#\$!%^@&\*())=+-). Note that when changing your password, the new password cannot be the same as your old password.

Confirm  
Password

Cancel

< Previous

Submit

Enter a password in the **Password** field and re-enter your password in the **Confirm Password** field. Please be sure to create a Password that complies with the requirements listed on this page.

A password complete page will appear, which allows for you to log-in with your Username and your changed password.

# Using the Employer Website

The Employer Website offers employers the ability to access Account Balances, Claim Information, Physician and Hospital lookup tools, Health Coverage, Drug and Rx Information, and Health and Wellness Resources.

The **Employer Website Home page** is designed to provide users with easy access to all of the website tools.

Meritain Health Home

Welcome **KEVIN!**  
Last Login 6/22/2012

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

**MERITAIN<sup>SM</sup> HEALTH**  
Welcome Kevin Of Abc INC! What would you like to do?

**Eligibility**

- Enroll A Member
- Add New Dependent
- Add or Change Coverages
- Update Member Information
- Terminate Coverage
- View Membership
- Eligibility Advisor

**View Employer Reports**

- Self Service Reports
- Static Reports

**Online Activity**

- View My Online Activity

**Benefit Information**

- Request ID Cards
- View Plan Information
- Request Certificate Of Coverage
- Account Links

**Claims**

- View a Member's Claim History
- View a Member's Claims In Process

**Invoices**

- View Invoice Information

**Web Site Administration**

- Add Or Remove Employer User Accounts

Quick links provide easy access to key site features

[Home](#) | [Privacy Statement](#) | [Terms and Conditions](#) | [Disclaimer](#) | [FAQ](#) | [Contact Us](#) | [User Documentation](#) | [Change User Profile](#) | [Log Out](#)  
©2012 Meritain Health

Please note that the Employer Website features may vary depending on Employer's access rights.

## Using the Quick Links

The Quick Links are available on the footer of every page within the Meritain employer website:

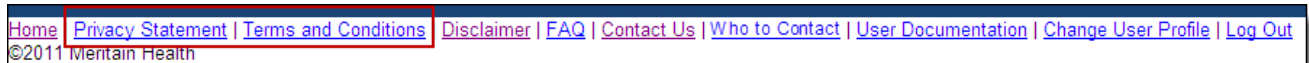
- [Home](#)
- [Privacy Statement](#)
- [Terms and Conditions](#)
- [Disclaimer](#)
- [FAQ](#)
- [Contact Us](#)
- [User Documentation](#)
- [Change User Profile](#)
- [Log Out](#)

### Home

The Home link brings you back to the dashboard.

### Privacy Statement and Terms and Conditions

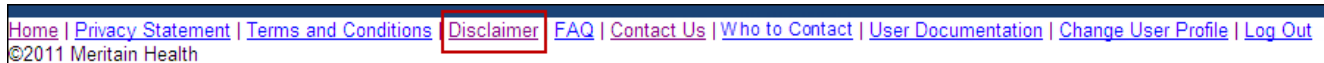
Access to both the Privacy Statement and the Site's Terms and Conditions are always available and accessible for viewing and printing from their respective links at the bottom of the page.



[Home](#) | [Privacy Statement](#) | [Terms and Conditions](#) | [Disclaimer](#) | [FAQ](#) | [Contact Us](#) | [Who to Contact](#) | [User Documentation](#) | [Change User Profile](#) | [Log Out](#)  
©2011 Meritain Health

### Viewing the Disclaimer

From the **Employer Website Home** page, click the **Disclaimer** link.



[Home](#) | [Privacy Statement](#) | [Terms and Conditions](#) | [Disclaimer](#) | [FAQ](#) | [Contact Us](#) | [Who to Contact](#) | [User Documentation](#) | [Change User Profile](#) | [Log Out](#)  
©2011 Meritain Health

The **Disclaimer** page will open.

## DISCLAIMERS FOR MEMBER WEB PORTAL

### Account Summary

Claim status is updated nightly. Once your claim has been reviewed and posted for payment, it will be registered in your online Account Summary. Posting for payment is inclusive of all claims subject to funding by an FSA, HRA, HSA, Traditional or Member Responsibility as applicable within the Member's Plan.

### Coverage - Summary of Benefits, Well Child, Adult Preventive Care

Information is updated frequently to reflect any updates to your health plan. However, this summary is not intended for use as a legal document or guarantee of benefits. Validation of benefits is conducted at time of payment, based on the date of services incurred. Please refer to the Summary Plan Description for complete details regarding Members' benefits and eligibility.

### Eligibility

Eligibility information is updated within forty-eight (48) hours of receipt of enrollment or change status materials by the Plan. Eligibility is subject to stipulation defined within the Plan, through the Summary Plan Description. Claim payment is contingent on the status of the Member's eligibility on the date of service incurred. Please refer to the Summary Plan Description for complete details regarding members' benefits and eligibility.

## Viewing Frequently Asked Questions (FAQs)

From the **Employer Website Home** page, click the **FAQ** link.

[Home](#) | [Privacy Statement](#) | [Terms and Conditions](#) | [Disclaimer](#) | [FAQ](#) | [Contact Us](#) | [Who to Contact](#) | [User Documentation](#) | [Change User Profile](#) | [Log Out](#)  
©2011 Meritain Health

The **FAQ** page will open.

Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Member Search
-------------	---------	-----------------	----------	--------	----------------	---------------

### Frequently-asked questions

Do you have a question about this Web site or your benefits? You're in the right place. If you don't find the answer you're looking for here, call customer service at the number on the back of your ID card.

#### Claims & accounts

- [How do I file a claim?](#)
- [What if I have a question about how a claim was processed?](#)
- [How can I verify all the claims paid for my family for the year?](#)
- [How can I get a copy of an Explanation of Benefits \(EOB\) or an Explanation of Payment \(EOP\)?](#)
- [I've already received my Explanation of Benefits \(EOB\) but my provider hasn't received payment yet. Why?](#)
- [I'm enrolled in a HealthDirect HSA plan. How can I check my account balance?](#)

#### Manage my coverage

- [Can I cover my dependents?](#)

## Using the Contact Us Function

If for any reason you need to contact Customer Service use the 'Contact Us' link.

From the **Employer Website Home** page, click the **Contact Us** link.

[Home](#) | [Privacy Statement](#) | [Terms and Conditions](#) | [Disclaimer](#) | [FAQ](#) | [Contact Us](#) | [Who to Contact](#) | [User Documentation](#) | [Change User Profile](#) | [Log Out](#)  
©2011 Meritain Health

The **Contact Us** page will open.

### Service Request

User Name	DEMO ACCOUNT
ID	<del>000-00000</del>
E-mail Address	<del>qa.portal.t.ostin.g@gmail.com</del>
Group ID	99980 MERITAIN - SAMPLE GROUP
Phone Number	<input type="text"/>
Area of Concern	I have a benefits question ▼
Request Details	<div><div></div></div>
<input type="button" value="Submit Request"/>	

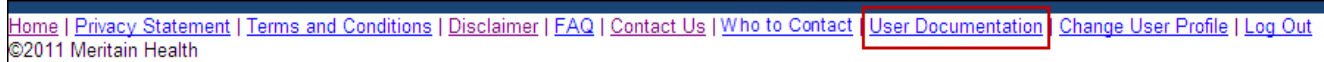
All email originating from Meritain Health may be encrypted in accordance with Protected Health Information (PHI) guidelines under the Health Insurance Portability and Accountability Act (HIPAA).

Choose your 'Area of Concern' from the drop down box and enter in the details of your concern in the **Request Details** section. Then click on the 'Submit Request' button to send your request for review.

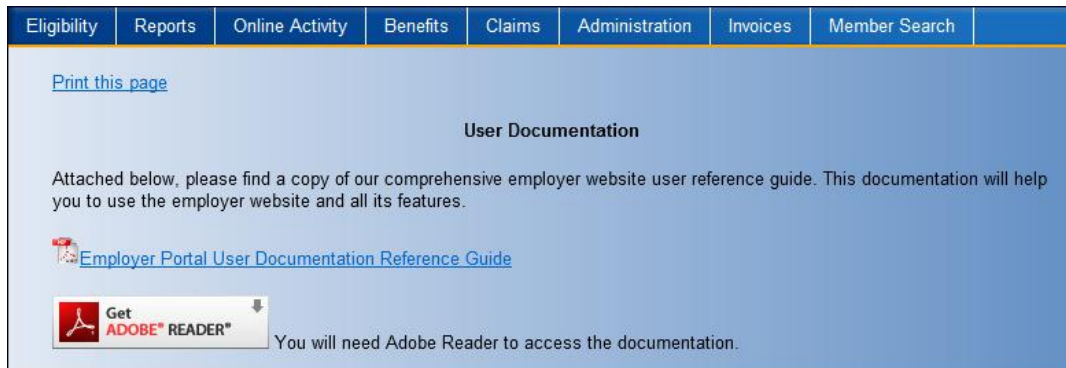
## User Documentation

The User Documentation feature provides employers access to documentation on what features are available and how to navigate throughout the site easily.

From the **Employer Website Home** page, click the '**User Documentation**' link and a page will open which provides access to a pdf version of the user document.



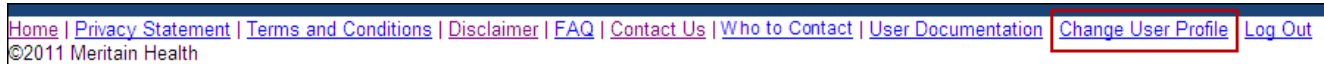
Click the '[Employer Portal User Documentation Reference Guide](#)' link and the user document will open in a new window in a pdf format.



## Change User Profile

The 'Change User Information' function allows employers to change their password, email address information, and the security question.

From the **Employer Website Home** page, click the **Change User Profile** link.



The **Change User Profile** page will open.



Change User Information	
<b>Change Password</b>	
New Password	<input type="text"/>
Confirm New Password	<input type="text"/>
Current Password	<input type="text"/>
Please enter a password that contains 8-16 characters in total and has at least one uppercase letter (A, B, C...), at least one lowercase letter (a, b, c...), at least one number (1,2,3...), and at least one of the following symbols: (#\$!%&@&*())=+-). Note that when changing your password, the new password cannot be the same as your old password.	
Save >	
<b>Change Email Address</b>	
Email Address	PORTALQATESTING@
New Email Address	<input type="text"/>
Current Password	<input type="text"/>
Save >	
<b>Change Security Question and Answer</b>	
Security Question	<input type="text"/>
Security Answer	<input type="text"/>
Current Password	<input type="text"/>
Save >	

### Changing Your Password

From the **Change User Information** page, use the following steps to change your password.

1. Enter your *new password* in the **New Password** and **Confirm New Password** fields.
2. Enter your *current password* in the **Current Password** field.
3. Click the 'Save' button.

A message will display that says: **Your password has been updated.**

The new password will be active the next time you login.

### Changing Your Email Information

From the **Change User Information** page, use the following steps to change your email address.

1. Enter your new email address in the **New Email Address** field.
2. Enter your *current password* in the **Current Password** field.
3. Click the 'Save' button.

A message will display that says "Your email address has been saved."

### Changing Your Security Question

From the **Change User Information** page, use the following steps to change your security question.

1. Enter a *security question* in the **Security Question** field.
2. Enter your *answer* in the **Security Answer** field.
3. Enter your *current password* in the **Current Password** field.
4. Click the 'Save' button.

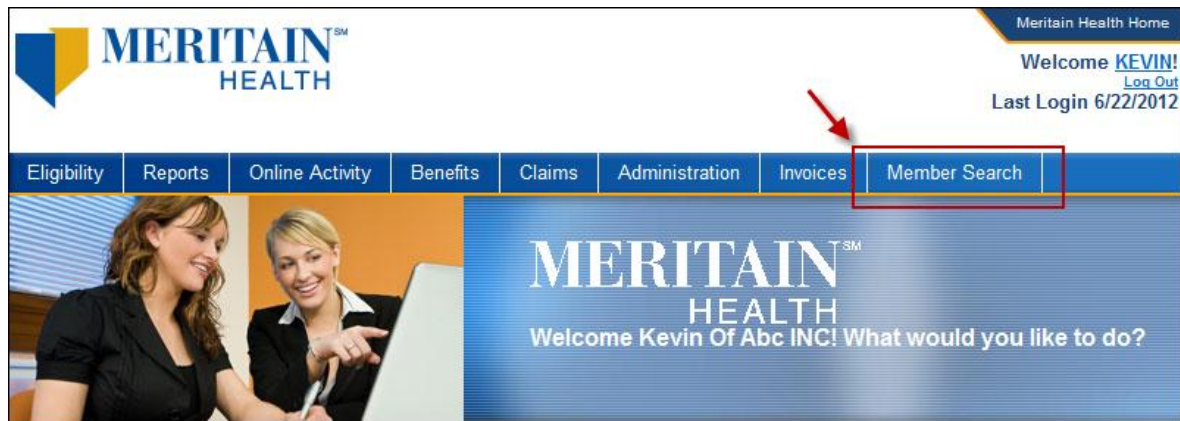
A message will display that says "**Your security answer has been saved.**"



## Member Search

You can quickly search for a member and bring up their information and perform transactions outlined in this document.

From the navigation bar, go to **Member Search**.



The **Member Search** page will open.

**Member Search**

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

After entering the parameters then clicking on the 'Search' button it will return all results that match.

**Member Search**

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

	Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
	<a href="#">Select</a>	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

Clicking the 'Select' link will bring up the detail for that member.

Once a member is selected, you are able to navigate between different transactions without having to return to the Member Search screen. Simply select from the dropdown the desired menu item you wish to navigate to, and whether you are in the middle of a transaction or you just completed one, you will be taken to the new page and the same member will still be selected. However, once you navigate back to the Member Search screen, you will need to again go through the process of selecting a member as the previously selected member will no longer be selected.

By clicking on any of the underlined links on the right you can perform those functions for the member.

Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Invoices	Member Search
-------------	---------	-----------------	----------	--------	----------------	----------	---------------

Listed below is the coverage summary for the member that you have selected. Please click on the Member Search option to view another member.

**KATIE JOHNSON**

Group Information		Benefit Information	
Group ID	001	<a href="#">Request Certificate Of Coverage</a> <a href="#">Request ID Cards</a>	
Contact Information		<a href="#">Claims</a> <a href="#">View a Member's Claim History</a> <a href="#">View a Member's Claims In Process</a>	
Member ID	888001DEMO	<a href="#">Eligibility</a> <a href="#">Add or Change Coverages</a> <a href="#">Add New Dependent</a> <a href="#">Enroll A Member</a> <a href="#">Terminate Coverage</a> <a href="#">Update Member Information</a> <a href="#">View Membership</a>	
Division / Department	10000000		
First Name	KATIE		
Last Name	JOHNSON		
Birth Date	9/25/1981		
Gender	Female		
Address 1	PO BOX 9501		
Address 2			
City	AMHERST		
State/Province	NY		
Postal Code	14226		
Coverage Dates			
Hire Date	1/1/2005		
Effective Date	1/1/2005		
Term Date			

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATIE JOHNSON	Medical - Family	1/1/2005	
Dependent-01	MARK JOHNSON	Medical - Family	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical - Family	1/1/2005	
Subscriber	KATIE JOHNSON	Dental - Family	10/1/2008	

[Click here to hide Coverage History.](#)

Department/Site Coverage History						
Division / Department	Name	Product	Level of Coverage	Plan	Effective Date	Term Date
10000000	KATIE JOHNSON	Medical	Family	888001	1/1/2005	10/1/2008
10000000	KATIE JOHNSON	Medical	Family	888001	10/1/2008	
10000000	KATIE JOHNSON	Dental	Family	888001	10/1/2008	
10000000	MARISSA JOHNSON	Medical	Family	888001	1/1/2005	10/1/2008
10000000	MARISSA JOHNSON	Medical	Family	888001	10/1/2008	
10000000	MARK JOHNSON	Medical	Family	888001	1/1/2005	10/1/2008
10000000	MARK JOHNSON	Medical	Family	888001	10/1/2008	

**Accumulator Information**

**Account Summary**  
**Dental: 1/1/2012 12:00:00 AM**  
**KATIE JOHNSON**

	Begin	Used	Remain	Maximum Satisfied
INDIVIDUAL DEDUCTIBLE	\$25.00	\$0.00	\$25.00	No

The Individual Remaining amounts may reflect the Family Remaining amounts if the Family Remaining amount is lower than the Individual Remaining amounts.

If the Family maximums are met the Individual Remaining amounts will be \$0.00.

**Dental: 1/1/2011 12:00:00 AM**  
**KATIE JOHNSON**

	Begin	Used	Remain	Maximum Satisfied
INDIVIDUAL DEDUCTIBLE	\$25.00	\$0.00	\$25.00	No

The Individual Remaining amounts may reflect the Family Remaining amounts if the Family Remaining amount is lower than the Individual Remaining amounts.

If the Family maximums are met the Individual Remaining amounts will be \$0.00.

**Medical: 1/1/2012 12:00:00 AM**  
**KATIE JOHNSON**

	Begin	Used	Remain	Maximum Satisfied
INDIVIDUAL DEDUCTIBLE IN NETWORK	\$500.00	\$0.00	\$500.00	No
INDIVIDUAL DEDUCTIBLE OUT OF NETWORK	\$1,000.00	\$0.00	\$1,000.00	No
INDIVIDUAL OUT OF POCKET IN NETWORK	\$1,000.00	\$0.00	\$1,000.00	No
INDIVIDUAL OUT OF POCKET OUT OF NETWORK	\$2,000.00	\$0.00	\$2,000.00	No

The Individual Remaining amounts may reflect the Family Remaining amounts if the Family Remaining amount is lower than the Individual Remaining amounts.

If the Family maximums are met the Individual Remaining amounts will be \$0.00.

**Medical: 1/1/2011 12:00:00 AM**  
**KATIE JOHNSON**

	Begin	Used	Remain	Maximum Satisfied
INDIVIDUAL DEDUCTIBLE IN NETWORK	\$500.00	\$0.00	\$500.00	No
INDIVIDUAL DEDUCTIBLE OUT OF NETWORK	\$1,000.00	\$0.00	\$1,000.00	No
INDIVIDUAL OUT OF POCKET IN NETWORK	\$1,000.00	\$0.00	\$1,000.00	No
INDIVIDUAL OUT OF POCKET OUT OF NETWORK	\$2,000.00	\$0.00	\$2,000.00	No

The Individual Remaining amounts may reflect the Family Remaining amounts if the Family Remaining amount is lower than the Individual Remaining amounts.

If the Family maximums are met the Individual Remaining amounts will be \$0.00.

# Eligibility

## Enroll a Member

From the **Employer Website Home** page, click the **Enroll a Member** link in the **Eligibility** section.

Eligibility	View Employer Reports
<ul style="list-style-type: none"><li>• <b>Enroll A Member</b></li><li>• Add New Dependent</li><li>• Add or Change Coverages</li><li>• Update Member Information</li><li>• Terminate Coverage</li><li>• View Membership</li></ul>	<ul style="list-style-type: none"><li>• Self Service Reports</li><li>• Static Reports</li></ul>
Online Activity	Benefit Information
<ul style="list-style-type: none"><li>• View My Online Activity</li></ul>	<ul style="list-style-type: none"><li>• Request ID Cards</li><li>• View Plan Information</li><li>• Request Certificate Of Coverage</li><li>• Account Links</li></ul>

OR

From the navigation bar, go to **Eligibility > Enroll a Member** link.

Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Invoices	Member Search
<ul style="list-style-type: none"><li><b>Enroll A Member</b></li><li>Add New Dependent</li><li>Add or Change Coverages</li><li>Update Member Information</li><li>Terminate Coverage</li><li>View Membership</li></ul>							

The **Online Enrollment** page will open and you will have four steps to enroll eligible Members (your Employees) and their Dependents that are new to your health plan.

1
2
3
4

**Member Information**      **Dependent Information**      **Plan Information**      **Summary**

**Meritain - Sample Group**

▼ **Member Information** (Hide)

\* Required

First Name*	<input type="text"/>	Social Security Number*	<input type="text"/> (xxx-xx-xxxx)
Middle Initial	<input type="text"/>	Date of Birth*	<input type="text"/>
Last Name*	<input type="text"/>	Gender*	<input type="text" value="Select"/>
Suffix	<input type="text"/>	Marital Status	<input type="text" value="Select"/>
Date of Hire*	<input type="text"/>	Annual Salary	<input type="text"/>

▼ **Contact Information** (Hide)

\* Required

Address 1*	<input type="text"/>	Home Phone	<input type="text"/>
Address 2	<input type="text"/>	Work Phone	<input type="text"/>
City*	<input type="text"/>	Email	<input type="text"/>
Country	<input type="text" value="United States"/>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>Would you like to add dependents?*</div> <div> <input type="radio"/> Yes           <input type="radio"/> No         </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div>Number of dependents</div> <div><input type="text" value="Select"/></div> </div>	
State/Province*	<input type="text" value="Select"/>		
Zip/Postal Code*	<input type="text"/>		

Please note that if you navigate away from this section or leave the web site before completing the entire enrollment process the enrollment information will not be saved.

## Member and Contact Information Step 1

Fill in all required fields to provide the demographic information of the member.

A red asterisk (\*) next to the field indicates that it is a required field.

If a required field is missed, the text box will turn red and a call out box will appear next to the required field that was missed.

The screenshot shows the 'Member Information' section of a form. The 'Last Name' field is highlighted in red, and a yellow callout box with a warning icon says 'Last Name is required'. A red arrow points to the 'Member Information' section header. The form includes fields for First Name\*, Middle Initial, Last Name\*, Suffix, Date of Birth\*, Date of Hire\*, Social Security Number\*, Gender, and Marital Status. The 'Required' label is in the top right corner.

Clicking anywhere on any one of the section bars (ex. Member Information) will hide the section from view so you can see more of the screen while you are working.

The screenshot shows the 'Member Information' and 'Contact Information' sections of the form. A yellow callout box with a red arrow pointing to the 'Member Information' section header says 'Click anywhere on the information bars to hide the information from view.' The 'Member Information' section is partially collapsed. The 'Contact Information' section is visible below it. The form includes fields for Address 1\*, Address 2, City\*, Country, State/Province\*, Zip/Postal Code\*, Home Phone, Work Phone, Email, and a section for dependents. The 'Required' label is in the top right corner.

Click again on any one of the section bars to unhide or show the information in that section again for viewing.

Fill in all required fields to provide the contact information of the new member.



## Dependent Information Step 2

In this section you will be asked for the demographic information for the dependents you wish to enroll for the member.

When the 'Next' button is clicked the **Dependent Information** page will appear. Please fill in all information for each Dependent.

Online Enrollment : Dependent Information

Please provide the below information...

1 Member Information 2 Dependent Information 3 Plan Information 4 Summary

**Dependent 1 Information** (Hide) \*Required

First Name\*  Social Security Number\*

Middle Initial  Date of Birth\*

Last Name\*  Gender\*

Reason Adding Dependent\*  Marital Status

Relationship to Member\*

Dependent Address ☒ Same as Member ☐ Different from Member

**Dependent 2 Information** (Hide) \*Required

First Name\*  Social Security Number\*

Middle Initial  Date of Birth\*

Last Name\*  Gender\*

Reason Adding Dependent\*  Marital Status

Relationship to Member\*

Dependent Address ☒ Same as Member ☐ Different from Member

If the dependent address is the same as the member choose 'Same as Member'. If not, choose 'Different from Member' and you will be prompted to enter the dependent's address information.

**Dependent 1 Information** (Hide) \*Required

First Name\*  Social Security Number\*

Middle Initial  Date of Birth\*

Last Name\*  Gender\*

Reason Adding Dependent\*  Marital Status

Relationship to Member\*

Dependent Address ☐ Same as Member ☒ Different from Member

Address 1\*  Home Phone

Address 2  Work Phone

City\*  Email

Country

State/Province\*

Zip/Postal Code\*

Choosing the Different from Member will open the Dependent Address fields.

Please note that if 'Other' is chosen for the 'Reason for Adding Dependent' a note field will appear where you can explain the reason.



Once you have completed entering all the required information for the dependents please click 'Next'. You will now be taken to the **Plan Information** section.

Page 25 of 96

## Plan Information Step 3

The Plan Information Step will allow you to choose the products you wish to enroll your members and their dependents in. It also collects information on Prior Coverage, Coordination of Benefits, Medicare/Medicaid and Pre-existing conditions. A Notes section is also provided for any special instructions you may want to provide about the enrollment.

Online Enrollment : Plan Information

Please provide the below information...

1 Member Information 2 Dependent Information 3 Plan Information 4 Summary

Abc Inc

**Plan Information** (Hide) \*Required

Select applicable products\*

☐ Medical ☐ Dental ☐ Vision ☐ Short Term Disability ☐ Long Term Disability ☐ Basic Spouse Life Insurance ☐ Basic Child Life Insurance ☐ Supplemental Life Insurance for spouse ☐ Supplemental Life Insurance for child (ren) ☐ Flexible Spending Account ☐ Vision ☐ Life Insurance ☐ Supplemental Life Insurance for employees ☐ Dependent Care Account

**Prior Coverage Information** (Hide) \*Required

Does the member have prior coverage? ☐ Yes ☐ No ☐ Unknown

**Ancillary Services** (Hide) \*Required

Is this member a participant of Indian Health Services? ☐ Yes ☐ No ☐ N/A

**Coordination of Benefits** (Hide) \*Required

Is the member covered by another plan? ☐ Yes ☐ No ☐ Unknown

**Medicare/Medicaid Information** (Hide) \*Required

Is the member covered by Medicare? ☐ Yes ☐ No ☐ Unknown

Is the member covered by Medicaid? ☐ Yes ☐ No ☐ Unknown

**Pre-existing Conditions** (Hide) \*Required

Does the member have any pre-existing conditions? ☐ Yes ☐ No ☐ N/A

**Miscellaneous Notes** (Hide) \*Required

Would you like to add notes? ☐ Yes ☐ No

Cancel Request << Previous Next >>

### Plan Information

Select the products from the available listing.

Please note that if you click on 'Cancel Request' none of the information will be saved.

**Plan Information** (Hide) \*Required

Select applicable products\*

☐ Medical ☐ Dental ☐ Vision ☐ Disability ☐ Life insurance

Will the listed dependents have the same coverage as the member? ☐ Yes ☐ No

For each Product selected choose the appropriate enrollment information from the choices provided.

**Plan Information** (Hide) \*Required

Select applicable products\* ☒ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Medical

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Dental

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Will the listed dependents have the same coverage as the member?\* ☒ Yes ☐ No

Select the Status, Division/Department, Level of Coverage, Plan & Effective Date of Coverage for each Product selected.

When selecting the Division/Department and Plan choices if you do not see the appropriate Division/Department choices or Plan choices please select 'Unknown' or 'Other'.

**Plan Information** (Hide) \*Required

Select applicable products\* ☒ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Medical

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Dental

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Will the listed dependents have the same coverage as the member?\* ☐ Yes ☐ No

Select from the list of Division/Department and Plan choices

If 'Other' is chosen you may enter in your own Division/Department or Plan choices in the space provided.

**Plan Information** (Hide) \*Required

Select applicable products\* ☒ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Medical

Status\*

Division/Department\*

If Other, Please Specify\*

Level of Coverage\*

Plan\*

If Other, Please Specify\*

Effective Date of Coverage\*

Dental

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Will the listed dependents have the same coverage as the member?\* ☐ Yes ☐ No

Please specify the Division/Department and/or Plan if Other is chosen in the space provided.

If the Dependents are to have the same Plan Information as the Member, please select 'Yes'.

**\*\*If the Level of Coverage is Employee Only for one or more products 'Yes' may still be selected as the Dependent would not be listed as having that product coverage in the Summary step.\*\***

**Plan Information** (Hide) \*Required

Select applicable products\* ☒ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Medical

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Dental

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Will the listed dependents have the same coverage as the member?\* ☒ Yes ☐ No

Select Yes for the Dependent coverage if they are the same as the Member

If one or more Dependents have different coverage than the Member, please select 'No'. A listing of the Dependents will display. Please select the Dependent(s) who's Plan Information will differ from the Member.

**\*\*Note: For dependents being selected, you must explicitly define all required plan information.\*\***

**Plan Information** (Hide) \*Required

Select applicable products\* ☒ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Medical

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Dental

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Will the listed dependents have the same coverage as the member?\* ☐ Yes ☒ No

*Note: For dependents being selected, you must explicitly define all required plan information.*

☐ Jane Doe

☒ George Doe

Select applicable products\* ☒ Medical ☐ Dental ☐ Vision ☐ Disability ☐ Life insurance

Medical

Status\*

Division/Department\*

Level of Coverage\*

Plan\*

Effective Date of Coverage\*

Choose the Dependent(s) that will have different coverage than the Member and complete the required information for each product selected.

## Prior Coverage Information

Please choose from the following selections – ‘Yes’, ‘No’ or ‘Unknown’ for any Member or any Dependent(s). If ‘Yes’ is chosen the dates of the Member’s or Dependent’s Prior Coverage may be entered if available for each one. Multiple dates may be entered or removed for each Member or Dependent.

**Prior Coverage Information** (Hide) \*Required

Does the member have prior coverage?\* ☒ Yes ☐ No ☐ Unknown

(Dates Optional)

To  [add additional dates](#)

Do any dependents have prior coverage?\* ☒ Yes ☐ No ☐ Unknown

Select the dependents who have prior coverage

☐ Jane Doe

☒ George Doe

(Dates Optional)

To  [add additional dates](#) [remove dates](#)

To  [add additional dates](#) [remove dates](#)

Choose the applicable Member and/or Dependent(s) and enter dates if they are known.

Please choose from the following selections – Yes, No or Unknown for any Member or Dependents. The **Ancillary Services** section will only appear if it is applicable to your group.

▼ Ancillary Services (Hide)

\* Required

Is this member a participant of Indian Health Services? ☐ Yes ☒ No ☐ N/A

### Coordination of Benefits

Please choose from the following selections – Yes, No or Unknown for any Member and/or Dependents. If 'Yes' is chosen you will be asked to provide information about their other coverage for each Member and Dependent if applicable. If the Carrier information is not available at the time of enrollment please enter Unknown in the Carrier Information fields.

▼ Coordination of Benefits (Hide)

Is the member covered by another plan?\*

☒ Yes ☐ No ☐ Unknown

Select applicable products\*

☐ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life Insurance

Dental

Carrier Name\*

Dental Plan of America

Employer Providing Coverage\*

Widgets Inc.

Carrier Address\*

1 Mill Lane Amherst, NY 14226

Effective Date of Coverage\*

06/01/2005

Are the dependents covered by another plan?\*

☒ Yes ☐ No ☐ Unknown

Select the dependents who have additional coverage

☒ Jane Doe

Select applicable products\*

☐ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life Insurance

Dental

Carrier Name\*

Dental Plan of America

Employer Providing Coverage\*

Widgets Inc.

Carrier Address\*

1 Mill Lane Amherst, NY 14226

Effective Date of Coverage\*

06/01/2005

☐ George Doe

Select the Member and/or Dependents and the applicable products.

### Medicare/Medicaid Information

Please choose from the following selections – Yes, No or Unknown for any Member or Dependents. If 'Yes' is chosen you will be asked to provide the effective date of their Medicare or Medicaid coverage for each Member and Dependent if applicable.

Page 30 of 96

**Medicare/Medicaid Information** (Hide) \*Required

Is the member covered by Medicare? ☒ Yes ☐ No ☐ Unknown

Effective Date of Coverage\*

Is the member covered by Medicaid? ☐ Yes ☒ No ☐ Unknown

Are the dependents covered by Medicare? ☐ Yes ☒ No ☐ Unknown

Are the dependents covered by Medicaid? ☒ Yes ☐ No ☐ Unknown

Select the dependents who have Medicaid

☐ Jane Doe

☒ George Doe

Effective Date of Coverage\*

Select the Member and/or Dependents and the applicable coverage and effective date.

### Pre-existing Conditions

Please choose from the following selections – ‘Yes’, ‘No’ or ‘Not Applicable’ for any Member or Dependents. If ‘Yes’ is chosen you will be asked to provide the Condition and Date of last treatment for the Condition for each Member and Dependent.

**Pre-existing Conditions** (Hide) \*Required

Does the member have any pre-existing conditions? ☒ Yes ☐ No ☐ Not Applicable

Condition 1\*  Last Treatment Date\*  [add conditions](#)

Do the dependents have any pre-existing conditions? ☒ Yes ☐ No ☐ Not Applicable

Select the dependents who have pre-existing conditions

☒ Jane Doe

Condition 1\*  Last Treatment Date\*  [add conditions](#) [remove conditions](#)

Condition 2\*  Last Treatment Date\*  [add conditions](#) [remove conditions](#)

☐ George Doe

Select the Member and/or Dependents. Click on the add or remove conditions as needed.

### Miscellaneous Notes

Please select to display the Miscellaneous Notes filed and enter any additional information about the enrollment for the Member and Dependents in this section.

**Miscellaneous Notes** (Hide) \*Required

Would you like to add notes? ☒ Yes ☐ No

Communicate any pertinent details related to this enrollment

Enter any notes here.

### Completing Plan Information

Please review all information that has been entered in the **Plan Information** section. Please remember you can use the Hide and Show function to view information more efficiently on the page.

**Online Enrollment : Plan Information**  
Please provide the below information ...

1 Member Information 2 Dependent Information 3 Plan Information 4 Summary

ABC INC

Information is hidden click Show to display information.

Plan Information (Show) \*Required

Prior Coverage Information (Show) \*Required

Coordination of Benefits (Hide) \*Required

Is the member covered by another plan? \* ☒ Yes ☐ No ☐ Unknown

Select applicable products \* ☐ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Dental

Carrier Name \* Dental Plan of America Employer Providing Coverage \* Widgets Inc.

Carrier Address \* 1 Mill Lane Amherst, NY 14226 Effective Date of Coverage \* 06/01/2005

Are the dependents covered by another plan? \* ☒ Yes ☐ No ☐ Unknown

Select the dependents who have additional coverage

☒ Jane Doe

Select applicable products \* ☐ Medical ☒ Dental ☐ Vision ☐ Disability ☐ Life insurance

Dental

Carrier Name \* Dental Plan of America Employer Providing Coverage \* Widgets Inc.

Carrier Address \* 1 Mill Lane Amherst, NY 14226 Effective Date of Coverage \* 06/01/2005

☐ George Doe

Medicare/Medicaid Information (Show) \*Required

Pre-existing Conditions (Hide) \*Required

Does the member have any pre-existing conditions? ☒ Yes ☐ No ☐ Not Applicable

Condition 1 \* Diabetes Last Treatment Date \* 05/01/2010 [add conditions](#)

Do the dependents have any pre-existing conditions? ☒ Yes ☐ No ☐ Not Applicable

Select the dependents who have pre-existing conditions

☒ Jane Doe

Condition 1 \* High blood pressure Last Treatment Date \* 04/01/2010 [add conditions](#)

☐ George Doe

Miscellaneous Notes (Hide) \*Required

Would you like to add notes? ☒ Yes ☐ No

Communicate any pertinent details related to this enrollment

Cancel Request << Previous Next >>

Click Next to go to the Summary step.

Click the 'Next' button to go the last Enrollment step – Summary.

## Summary Step 4

The Summary Step will allow you to view, print and submit the Enrollment for the Member and their Dependents.

Please note the Enrollment is not completed until the 'Submit' button has been clicked and the confirmation page has been displayed with the Enrollments transaction ID.



Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Member Search
-------------	---------	-----------------	----------	--------	----------------	---------------

### Online Enrollment : Summary

Please provide the below information...

#### ABC INC Enrollment Summary

Group Name	Group ID
ABC INC	001

Member Information	Contact Information
First Name: John	Address 1: 1 Main Street
Middle Initial:	Address 2:
Last Name: Doe	City: Amherst
Suffix:	State/Province: NY
Date of Hire: 6/1/2010	Zip/Postal Code: 14226
Social Security Number: 123-45-5789	Country: USA
Date of Birth: 1/1/1975	Home Phone:
Gender: Male	Work Phone:
Marital Status: Divorced	Email:

Medical	Dental
Status: Active	Status: Active
Division/Department: 10000000	Division/Department: 10000000
Level of Coverage: Family	Level of Coverage: Employee Only
Plan: 668001	Plan: 668001
Effective Date of Coverage: 6/1/2010	Effective Date of Coverage: 6/1/2010

## Review Enrollment

All information that has been entered in the Member Plan Information, Dependent Information and Plan Information sections will appear in this section.



ABC INC Enrollment Summary			
<b>Group Name</b> ABC INC		<b>Group ID</b> 001	
<b>Member Information</b>		<b>Contact Information</b>	
First Name	John	Address 1	1 Main Street
Middle Initial		Address 2	
Last Name	Doe	City	Amherst
Suffix		State/Province	NY
Date of Hire	6/1/2010	Zip/Postal Code	14226
Social Security Number	123-45-6789	Country	USA
Date of Birth	1/1/1975	Home Phone	
Gender	Male	Work Phone	
Marital Status	Divorced	Email	
<b>Coverages</b>			
<b>Medical</b>		<b>Dental</b>	
Status	Active	Status	Active
Division/Department	10000000	Division/Department	10000000
Level of Coverage	Family	Level of Coverage	Employee Only
Plan	888001	Plan	888001
Effective Date of Coverage	6/1/2010	Effective Date of Coverage	6/1/2010
<b>Coordination of Benefits</b>			
<b>Dental</b>			
Carrier Name	Dental Plan of America		
Carrier Address	1 Mill Lane Amherst, NY 14226		
Employer Name	Widgets Inc.		
Effective Date of Coverage	6/1/2005		
<b>Prior Coverage</b>		<b>Medicare/Medicaid Coverage</b>	
Prior Coverage	Yes	Medicare	Yes
		Effective Date	1/1/1990
		Medicaid	No
		Effective Date	
		<b>Pre-existing Conditions</b>	
		Condition 1	Diabetes
		Last Treatment Date	5/1/2010
<b>Miscellaneous Notes</b>			

- Page 1 -

## Dependent

ABC INC Enrollment Summary			
<b>Dependent 1 Information</b>		<b>Contact Information</b> <small>* Differs from subscriber address</small>	
First Name	Jane	Address 1	25 Oak Street
Middle Initial		Address 2	
Last Name	Doe	City	Eden
Social Security Number	987-65-4321	State/Province	NY
Date of Birth	2/1/1975	Zip/Postal Code	14057
Gender	Female	Country	USA
Marital Status	Divorced	Home Phone	
Dependent Reason	New enrollee	Work Phone	
Relationship to Member	Spouse	Email	
<b>Coverages</b>			
<b>Medical</b>		<b>Dental</b>	
Status	Active	Status	Active
Division/Department	10000000	Division/Department	10000000
Level of Coverage	Family	Level of Coverage	Employee Only
Plan	0	Plan	0
Effective Date of Coverage	6/1/2010	Effective Date of Coverage	6/1/2010
<b>Coordination of Benefits</b>			
<b>Dental</b>			
Carrier Name	Dental Plan of America		
Carrier Address	1 Mill Lane Amherst, NY 14226		
Employer Name	Widgets Inc.		
Effective Date of Coverage	6/1/2005		
<b>Prior Coverage</b>		<b>Medicare/Medicaid Coverage</b>	
Prior Coverage	No	Medicare	No
		Effective Date	
		Medicaid	Yes
		Effective Date	
		<b>Pre-existing Conditions</b>	
		Condition 1	High blood pressure
		Last Treatment Date	4/1/2010

- Page 2 -

The enrollment summary may be printed by clicking on the Print icon.

Click the 'Submit' button to complete the enrollment and submit the enrollment for processing.

After clicking 'Submit', you will be presented with a Confirmation page listing the Member and Dependents, a transaction ID, and transaction link, to view your completed enrollment information.

Name	Date of Birth (mm/dd/yyyy)	Type
John Doe	1/1/1975	Member
Jane Doe	2/1/1975	Dependent
George Doe	3/1/1993	Dependent

The completed enrollment transaction can also be viewed by clicking on the 'Transaction ID' link or by going to **View My Online Activity** section of your Meritain Employer portal.

View My Online Activity				
Transaction Number ▲▼	Group Number ▲▼	Transaction Date ▲▼	Transaction Type ▲▼	View ▲▼
365	001	4/2/2010	Online Enrollment	<a href="#">View</a>
366	001	4/2/2010	Online Enrollment	<a href="#">View</a>
448	001	4/6/2010	Online Enrollment	<a href="#">View</a>
526	001	4/7/2010	Online Enrollment Demographic Update	<a href="#">View</a>
527	001	4/7/2010	Online Enrollment Coverage Update	<a href="#">View</a>
723	001	4/13/2010	Online Enrollment Coverage Update	<a href="#">View</a>
749	001	4/14/2010	Online Enrollment Coverage Update	<a href="#">View</a>
927	001	4/19/2010	Online Enrollment Demographic Update	<a href="#">View</a>
1002	001	4/21/2010	Online Enrollment Demographic Update	<a href="#">View</a>
1003	001	4/21/2010	Online Enrollment Coverage Update	<a href="#">View</a>
1006	001	4/21/2010	Online Enrollment	<a href="#">View</a>
2098	001	5/26/2010	Online Enrollment Coverage Update	<a href="#">View</a>
2100	001	5/26/2010	Online Enrollment	<a href="#">View</a>
2102	001	5/26/2010	Online Enrollment	<a href="#">View</a>
2104	001	5/26/2010	Online Enrollment	<a href="#">View</a>
2337	001	6/2/2010	Online Enrollment Demographic Update	<a href="#">View</a>
2338	001	6/2/2010	Online Enrollment Demographic Update	<a href="#">View</a>
2420	001	6/3/2010	Online Enrollment	<a href="#">View</a>
2422	001	6/3/2010	Online Enrollment	<a href="#">View</a>
2423	001	6/3/2010	Online Enrollment	<a href="#">View</a>
1 2 3 4 5 6 7 8 9 10 ...				

You may also choose from the following buttons:

- Enroll A Member - Clicking this button will allow you to enter another enrollment.
- Go to Home Page – Clicking this button will take you to the Meritain Employer portal home page.
- Close – Clicking this button will also take you to the Meritain Employer portal home page.

1

2

3

End

Member Information

Dependent Information

Plan Information

Thank you!

Your enrollment request identifying the below individuals has been successfully submitted.

Note: Your confirmation number is #649. [Click here to view your transaction](#)

Name	Date of Birth (mm/dd/yyyy)	Type
John Doe	1/1/1975	Member
Jane Doe	2/1/1975	Dependent
George Doe	3/1/1993	Dependent

Enroll Employees

Return to Main Menu

Close

Click on the link to view the enrollment or one of the buttons.

## View Membership

With View Membership, employers can look up their members based on the parameters they choose.

From the **Employer Website Home** page, click on the '**View Membership**' link located in the **Eligibility** section.



OR

From the navigation bar, go to **Eligibility > View Membership**.



The following page will open allowing you to choose how the membership is viewed. Choose your parameters and click the 'Search' button.

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Type	Any	▼
Status	Any	▼
Coverage Type	Any	▼
Group	99980	▼
Division	Any	▼
Department	Any	▼
<input type="button" value="Search"/>		

Clicking the 'Search' button will list all members that match the parameters chosen.

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Type

Status

Coverage Type

Group

Division

Department

**Total Count: 13**

[Click Here To Export To PDF](#)

	Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
	<a href="#">Select</a>	0000999997	TRAINING	TRAINING	1/1/1955	Subscriber	7/1/2006	1/1/2010	99980.001		Termed
	<a href="#">Select</a>	0000999998	TRAINING	TRAINING	1/1/1955	Subscriber	7/1/2006	1/1/2010	99980.001		Termed
	<a href="#">Select</a>	3484595606	TESTING	TESTING	1/1/1951	Subscriber	1/1/2011		99980.001		Active

Clicking on the 'Select' link will bring up the detail for that member. By clicking on any of the underlined links on the right, you can perform those transactions for the member. You can also export a census of the group's membership using the link showing on the right side of the screen.

#### TRAINING TRAINING

Group Information	
Group ID	99980
Contact Information	
Member ID	0000999997
Division / Department	99980.001
First Name	TRAINING
Last Name	TRAINING
Birth Date	1/1/1955
Gender	Male
Address 1	
Address 2	
City	
State/Province	
Postal Code	
Coverage Dates	
Hire Date	
Effective Date	7/1/2006
Term Date	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	TRAINING TRAINING	Medical - Employee	7/1/2006	
Subscriber	TRAINING TRAINING	Vision	7/1/2006	1/1/2010

#### Benefit Information

[Request Certificate Of Coverage](#)

[Generate Temporary ID Card](#)

[Request ID Cards](#)

#### Claims

[View a Member's Claim History](#)

[View a Member's Claims In Process](#)

#### Eligibility

[Add or Change Coverages](#)

[Add New Dependent](#)

[Enroll A Member](#)

[Terminate Coverage](#)

[Update Member Information](#)

[View Membership](#)

## Add New Dependent

The Add New Dependent function allows employers to add dependents to an existing employee or change the current enrollment elections for an existing dependent.

From the **Employer Website Home** page, click on the 'Add New Dependent' link located in the **Eligibility** section.



OR

From the navigation bar, go to **Eligibility > Add New Dependent**.



From the **Add New Dependent screen: Step 1 of 4** page input one or more of the following information:

- Member ID –Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.
- The entire Last name of the individual. Please note it will not return partial matches.



Clicking on the 'Search' button will return any matches found as outlined below.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Add New Dependent : Select Member

1

2

3

4

Select Member

Dependent Information

Plan Information

Summary

ABC INC

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID:   
First Name:   
Last Name:

Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
<input checked="" type="radio"/>	888001DEMO	JEFFERSON	KATHRYN	9/25/1981	Subscriber	1/1/2005		10000000		Active
<input type="radio"/>	888001DEMO	JEFFERSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
<input type="radio"/>	888001DEMO	JEFFERSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

To choose the member you wish to add or change coverage for click on the 'Select' link. In order to add a new dependent you must choose the employee. The current contact (demographic) and coverage information will appear. If you want to choose another member, click on the 'Cancel Request' button.

Click on the 'Next' button to continue adding a new dependent and the **Dependent Information** page will appear in order to add the dependent's demographic information. You may choose to add 1 or more dependents in the same transaction by using the 'Select Number of Dependents' section.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Add New Dependent : Dependent Information

1

2

3

4

Select Member

Dependent Information

Plan Information

Summary

ABC INC

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

Select Number of Dependents<sup>(Hide)</sup>

Number of Dependents:

Dependent 1 Information<sup>(Hide)</sup> <sup>\*</sup> Required

First Name<sup>\*</sup>:  Social Security Number:

Middle Initial:

Date of Birth<sup>\*</sup>:

Last Name<sup>\*</sup>:  Gender<sup>\*</sup>:

Reason Adding Dependent<sup>\*</sup>:  Marital Status:

Relationship to Member<sup>\*</sup>:  Full Time Student: ☐ Yes ☒ No

Disabled / Handicapped: ☐ Yes ☒ No

Dependent Address: ☒ Same as Member ☐ Different from Member

Address 1:  Home Phone:

Address 2:

Work Phone:

City:  Email:

Country:

State/Province:

Zip/Postal Code:

When the 'Next' button is clicked the **Plan Information** page below will appear. Please make your selection for each of the required fields. Selecting Yes to the question – Will the dependent have the same coverages as the member?- will invoke a display of the member's current coverage.

Eligibility
Reports
Online Activity
Benefits
Claims
Administration
Invoices
Member Search

### Add New Dependent : Plan Information

Member: KATHRYN JEFFERSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Clicking the Eligibility Information link will show the Member's current coverages.  
The Select a different member link will allow you to perform the same transaction on a new member.

Please provide the below information...

1 Select Member
2 Dependent Information
3 Plan Information
4 Summary

ABC INC

Dependent Information (Hide)

First Name	Jim
Middle Initial	
Last Name	Jefferson
Social Security Number	111111111
Date of Birth	8/1/2011
Gender	Male
Marital Status	
Dependent Reason	New enrollee
Relationship to Member	Child
Full Time Student	No
Disabled / Handicapped	No

Plan Information (Hide)
Required

Will the dependent have the same coverage as the member? ☐ Yes ☐ No

Prior Coverage Information (Hide)
Required

Does the dependent have prior coverage? ☐ Yes ☐ No ☐ Unknown

Coordination of Benefits (Hide)
Required

Is the dependent covered by another plan? ☐ Yes ☐ No ☐ Unknown

Medicare/Medicaid Information (Hide)
Required

Is the dependent covered by Medicare? ☐ Yes ☐ No ☐ Unknown

Is the dependent covered by Medicaid? ☐ Yes ☐ No ☐ Unknown

Pre-existing Conditions (Hide)

Does the dependent have any pre-existing conditions? ☐ Yes ☐ No ☐ N/A

Select at least one coverage from the listing of available coverages to apply to the Dependent.

**Plan Information** (Hide) \* Required

Will the dependent have the same coverage as the member? ☒ Yes ☐ No

Note: The level of coverage selected should be reflective of the dependent coverages desired. For example, Single indicates that coverages are for the member only.

**Coverages**

Medical		Dental	
Status	Active	Status	Active
Division / Department	10000000	Division / Department	10000000
Level of Coverage	Family	Level of Coverage	Family
Plan	888001	Plan	888001
Effective Date of Coverage	1/1/2005	Effective Date of Coverage	10/1/2008

Identify member coverages that will apply to the dependent(s)

Medical: ☐ Yes ☒ No

Dental: ☐ Yes ☒ No

*Member's current coverage.*

*Select at least one of the coverages that will apply to the dependent.*

When Selecting 'No' to the question – “Will the dependent have the same coverages as the member?” - will invoke a display of the available products to enroll the dependent in.

**Plan Information** (Hide) \* Required

Will the dependent have the same coverage as the member? ☐ Yes ☒ No

Note: For dependents being selected, you must explicitly define all required plan information.

sddsff fsdf

Select applicable products \* ☐ Medical ☐ Dental ☐ Vision ☒ Life insurance

**Life insurance**

Life Amount	<input type="text"/>		
Primary Beneficiary	<input type="text"/>	Relationship	<input type="text"/>
Secondary Beneficiary	<input type="text"/>	Relationship	<input type="text"/>

Complete the remaining required questions on the **Plan Information** page. When the 'Next' button is clicked the Summary of the enrollment will appear. If any information needs to be revised please click on the 'Previous' button to update any information.

Please note that if you click on 'Cancel Request' none of the information will be saved. If all information is correct, click on the 'Submit' button.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Add New Dependent : Summary

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

1 — 2 — 3 — 4

Select Member    Dependent Information    Plan Information    Summary

#### ABC INC Enrollment Summary

Group Name	Group ID
ABC INC	001

Member Information	Contact Information
First Name: Mike	Address 1: PO BOX 9501
Middle Initial:	Address 2:
Last Name: Johnson	City: AMHERST
Social Security Number:	State/Province: NY
Date of Birth: 9/1/2006	Zip/Postal Code: 14226
Gender: Male	Country: USA
Marital Status:	Home Phone:
Dependent Reason: Late enrollee	Work Phone:
Relationship to Member: Child	Email:
Full Time Student: Unknown	
Disabled / Handicapped: Unknown	

#### Coverages

Medical	
Status	Active
Division / Department	10000000
Level of Coverage	Family
Plan	888001A
Effective Date of Coverage	9/2/2011

#### Coordination of Benefits

Unknown

Prior Coverage	Medicare/Medicaid Coverage	Pre-existing Conditions
Unknown	Medicare: Unknown	N/A
	Effective Date: Unknown	
	Medicaid: Unknown	
	Effective Date:	

- Page 1 -

When the 'Submit' button is clicked the following screen will appear confirming that your enrollment update has been submitted for processing.

A confirmation/transaction number will be assigned to each request you submit from your Employer website.

You will be able to view the transaction again by clicking on 'Click here' to view your transaction link or clicking on the 'Summary' button.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Add New Dependent : Confirmation

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

1 — 2 — 3 — 4

Select Member    Dependent Information    Plan Information    Summary

Thank you!

Your submission has been accepted.

Your confirmation number is #62975. [Click here to view your transaction](#)

## Add or Change Coverages

From the **Online Enrollment Coverage Update: Step 1 of 5** page input one or more of the following information:

### Add or Change Coverages : Select Member

1

2

3

Select MemberPlan InformationSummary

ABC INC

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

Search

- Member ID –Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.
- The entire Last name of the individual. Please note it will not return partial matches.

Clicking on the ‘Search’ button will return any matches found as outlined below. Included in the results are any family members associated with that member.

EligibilityReportsOnline ActivityBenefitsClaimsAdministrationInvoicesMember Search

### Add or Change Coverages : Select Member

1

2

3

Select MemberPlan InformationSummary

ABC INC

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

Johnson

Search

Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
Select	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

To choose the member you wish to add or change coverage for click on the ‘Select’ link. The current contact (demographic) and coverage information will appear. If you want to choose another member, click on the ‘Cancel Request’ button.

If you wish to continue, click on the ‘Next’ button to update the coverage information.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Add or Change Coverages : Select Member

1 — 2 — 3  
 Select Member Plan Information Summary

ABC INC

KATE JOHNSON

<b>Group Information</b>	
Group ID	001
<b>Contact Information</b>	
Member ID	888001DEMO
Division / Department	10000000
First Name	KATE
Last Name	JOHNSON
Birth Date	9/25/1981
Address 1	PO BOX 9501
Address 2	
City	AMHERST
State/Province	NY
Postal Code	14226
<b>Coverage Dates</b>	
Hire Date	1/1/2005
Effective Date	1/1/2005
Term Date	

<b>Dependents</b>						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

<b>Coverages</b>				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATE JOHNSON	Medical	1/1/2005	
Dependent-01	MARK JOHNSON	Medical	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical	1/1/2005	
Subscriber	KATE JOHNSON	Dental	10/1/2008	

[Click here to view Coverage History.](#)

When the 'Next' button is clicked the page below will appear. The current coverages for the member will appear. Please select which member or members the changes will apply to.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Add or Change Coverages : Plan Information

Member: KATE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information.

1 — 2 — 3  
 Select Member Plan Information Summary

ABC INC

**Plan Information** (hide) \* Required

**Coverages**

<b>Medical</b>	
Status	Active
Division / Department	10000000
Level of Coverage	Family
Plan	888001
Effective Date of Coverage	1/1/2005

<b>Dental</b>	
Status	Active
Division / Department	10000000
Level of Coverage	Family
Plan	888001
Effective Date of Coverage	10/1/2008

Who will the coverage changes apply to? ☐ Member Only ☐ Dependent(s) Only ☒ Both Member and Dependent(s) (coverage elections will be identical)

**Miscellaneous Notes** (hide)

Would you like to add notes? ☐ Yes ☒ No

When the selection of who the coverage changes will apply to is made you must select the applicable products.

Eligibility | Reports | Online Activity | Benefits | Claims | Administration | Invoices | Member Search

### Add or Change Coverages : Plan Information

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

1

2

3

Select Member      Plan Information      Summary

ABC INC

---

**Plan Information** (hide) \* Required

**Coverages**

<p><b>Medical</b></p> <p>Status: Active</p> <p>Division / Department: 10000000</p> <p>Level of Coverage: Family</p> <p>Plan: 888001</p> <p>Effective Date of Coverage: 1/1/2005</p>	<p><b>Dental</b></p> <p>Status: Active</p> <p>Division / Department: 10000000</p> <p>Level of Coverage: Family</p> <p>Plan: 888001</p> <p>Effective Date of Coverage: 10/1/2008</p>
---	---

Who will the coverage changes apply to? ☒ Member Only ☐ Dependent(s) Only ☐ Both Member and Dependent(s) (coverage elections will be identical)

Select Dependent(s):\* ☐ MARK JOHNSON ☐ MARISSA JOHNSON

Select applicable products: ☒ Medical ☐ Dental ☐ Vision ☐ Life insurance

---

**Prior Coverage Information** (hide) \* Required

Do any dependents have prior coverage? ☐ Yes ☐ No ☐ Unknown

---

**Coordination of Benefits** (hide) \* Required

Are the dependents covered by another plan? ☐ Yes ☐ No ☐ Unknown

---

**Medicare/Medicaid Information** (hide) \* Required

Are the dependents covered by Medicare? ☐ Yes ☐ No ☐ Unknown

Are the dependents covered by Medicaid? ☐ Yes ☐ No ☐ Unknown

---

**Pre-existing Conditions** (hide)

Do the dependents have any pre-existing conditions? ☐ Yes ☐ No ☐ N/A

---

**Miscellaneous Notes** (hide)

Would you like to add notes? ☐ Yes ☐ No

[Home](#) | [Privacy Statement](#) | [Terms and Conditions](#) | [Disclaimer](#) | [FAQ](#) | [Contact Us](#) | [User Documentation](#) | [Change User Profile](#) | [Log Out](#)  
 ©2011 Meritain Health

Complete the required fields for the product(s) selected. When finished click the 'Next' button to continue to the **Summary** page.



Eligibility
Reports
Online Activity
Benefits
Claims
Administration
Invoices
Member Search

### Add or Change Coverages : Plan Information

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

1

2

3

Select Member
Plan Information
Summary

ABC INC

Plan Information (hide)
\* Required

Medical

Status: Active  
Division / Department: 10000000  
Level of Coverage: Family  
Plan: 888001  
Effective Date of Coverage: 1/1/2005

Dental

Status: Active  
Division / Department: 10000000  
Level of Coverage: Family  
Plan: 888001  
Effective Date of Coverage: 10/1/2008

Who will the coverage changes apply to? ☐ Member Only ☐ Dependent(s) Only ☐ Both Member and Dependent(s) (coverage elections will be identical)

Select Dependent(s): ☒ MARK JOHNSON ☐ MARISSA JOHNSON

Select applicable products: ☒ Medical ☐ Dental ☐ Vision ☐ Life Insurance

Medical

Status: Active  
Division / Department: 10000000 - 10000000  
Level of Coverage: Family  
Plan: 888001  
Effective Date of Coverage: 09/01/2011

Prior Coverage Information (hide)

\* Required

Does the member have prior coverage? ☐ Yes ☐ No ☒ Unknown  
Do any dependents have prior coverage? ☐ Yes ☐ No ☒ Unknown

Coordination of Benefits (hide)

\* Required

Is the member covered by another plan? ☐ Yes ☐ No ☒ Unknown  
Are the dependents covered by another plan? ☐ Yes ☐ No ☒ Unknown

Medicare/Medicaid Information (hide)

\* Required

Is the member covered by Medicare? ☐ Yes ☐ No ☒ Unknown  
Is the member covered by Medicaid? ☐ Yes ☐ No ☒ Unknown  
Are the dependents covered by Medicare? ☐ Yes ☐ No ☒ Unknown  
Are the dependents covered by Medicaid? ☐ Yes ☐ No ☒ Unknown

Pre-existing Conditions (hide)

Does the member have any pre-existing conditions? ☐ Yes ☐ No ☒ N/A  
Do the dependents have any pre-existing conditions? ☐ Yes ☐ No ☒ N/A

Miscellaneous Notes (hide)

Would you like to add notes? ☐ Yes ☒ No

Cancel Request
<< Previous
Next >>

When the 'Next' button is clicked the **Coverage Summary** page will appear. Please review the information and if any changes are needed click the 'Previous' button to return to the **Plan Information** page. If no revisions are necessary, click on the 'Submit' button.



Eligibility | Reports | Online Activity | Benefits | Claims | Administration | Invoices | Member Search

### Add or Change Coverages : Summary

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

1 — 2 — 3

Select Member      Plan Information      **Summary**

#### ABC INC Enrollment Summary

<b>Group Name</b> ABC INC	<b>Group ID</b> 001
------------------------------	------------------------

**Member Information**

First Name	KATIE
Middle Initial	
Last Name	JOHNSON
Suffix	
Social Security Number	XXX-XX-XXXX

**Coverages**

<u>Medical</u>	
Status	Active
Division / Department	10000000
Level of Coverage	Family
Plan	888001
Effective Date of Coverage	9/1/2011

**Coordination of Benefits**

Unknown

<b>Prior Coverage</b>	<b>Medicare/Medicaid Coverage</b>	<b>Pre-existing Conditions</b>
Unknown	Medicare Effective Date: Unknown Medicaid Effective Date: Unknown	N/A

- Page 1 -

#### ABC INC Enrollment Summary

**Dependent 1 Information**

First Name	MARK
Middle Initial	
Last Name	JOHNSON
Suffix	
Social Security Number	XXX-XX-XXXX

**Coverages**

<u>Medical</u>	
Status	Active
Division / Department	10000000
Level of Coverage	Family
Plan	888001
Effective Date of Coverage	9/1/2011

**Coordination of Benefits**

Unknown

<b>Prior Coverage</b>	<b>Medicare/Medicaid Coverage</b>	<b>Pre-existing Conditions</b>
Unknown	Medicare Effective Date: Unknown Medicaid Effective Date: Unknown	N/A

- Page 2 -

When the 'Submit' button is clicked the following screen will appear confirming that your enrollment update has been submitted for processing. A confirmation/transaction number will be assigned to each request you submit from your Employer website. You will be able to view the transaction again by clicking on 'Click here' to view your transaction link or clicking on the 'Summary' button.

## Update Member Information

The Update Member Information tool allows employers to update the demographic information of an existing employee or dependent.

From the **Employer Website Home** page, click the **Update Member Information** link in the **Eligibility** section.



OR

From the navigation bar, go to **Eligibility > Update Member Information**.



The **Member Information** page will appear.

### Update Member Information : Select Member

1
2
3

Select Member
Member Information
Summary

Abc Inc

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

Search

From the **Select Member** page input one or more of the following information:

- Member ID –Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.
- The entire Last name of the individual. Please note it will not return partial matches.

Clicking on the 'Search' button will return any matches found as outlined below.

### Update Member Information : Select Member

1
2
3

Select Member
Member Information
Summary

Abc Inc

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

Search

>	Select	Member ID ▲▼	Last Name ▲▼	First Name ▲▼	Date of Birth ▲▼	Type ▲▼	Effective Date ▲▼	Term Date ▲▼	Division ▲▼	Department ▲▼	Member Status ▲▼
>	<a href="#">Select</a>	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

To choose the member you wish to add or change coverage for click on the 'Select' link. The current contact (demographic) and coverage information will appear. If you want to choose another member, click on the 'Cancel Request' button.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

**Update Member Information : Select Member**

1 Select Member 2 Member's Information 3 Summary

ABC INC

KATIE JOHNSON

Group Information	
Group ID	001

Contact Information	
Member ID	889001DEMO
Division / Department	10000000
First Name	KATIE
Last Name	JOHNSON
Birth Date	9/25/1981
Address 1	PO BOX 9501
Address 2	
City	AMHERST
State/Province	NY
Postal Code	14226

Coverage Dates	
Hire Date	1/1/2005
Effective Date	1/1/2005
Term Date	

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATIE JOHNSON	Medical	1/1/2005	
Dependent-01	MARK JOHNSON	Medical	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical	1/1/2005	
Subscriber	KATIE JOHNSON	Dental	10/1/2008	

[Click here to view Coverage History.](#)

Cancel Request Next >>

Click on the 'Next' button in order to update the demographics. Complete all the required fields and click the 'Next' button to proceed.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Update Member Information : Member's Information

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information.

1 — 2 — 3  
 Select Member — Member's Information — Summary

ABC INC

**Member Information** (hide) \* Required

First Name*	KATIE	Social Security Number*	888001888 <small>(999-99-9999)</small>
Middle Initial		Date of Birth*	9/25/1991
Last Name*	JOHNSON	Gender*	Female
Suffix		Marital Status	Select
Date of Hire*	1/1/2005	Annual Salary	

**Contact Information** (hide) \* Required

Address 1*	PO BOX 9501	Home Phone	
Address 2		Work Phone	
City*	AMHERST	Email	
Country	United States		
State/Province*	New York		
Zip/Postal Code*	14226		

Cancel Request    << Previous    Next >>

When the 'Next' button is clicked a summary of the demographic update will appear. If any information needs to be revised please click on the 'Previous' button to update any information.

Please note that if you click on 'Cancel Request' none of the information will be saved.

If all information is correct, click on the 'Submit' button.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Update Member Information : Summary

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information.

1 — 2 — 3  
 Select Member — Member's Information — Summary

**ABC INC**  
**Enrollment Summary**

Group Name	Group ID
ABC INC	001

<b>Member Information</b> First Name: KATIE Middle Initial: Last Name: JOHNSON Suffix: Date of Hire: 1/1/2005 Annual Salary: Social Security Number: 888001888 Date of Birth: 9/25/1991 Gender: Female Marital Status:	<b>Contact Information</b> Address 1: PO BOX 9501 Address 2: City: AMHERST State/Province: NY Zip/Postal Code: 14226 Country: United States Home Phone: Work Phone: Email:
--	---

- Page 1 -

Cancel Request    << Previous    Submit

When the 'Submit' button is clicked the following screen will appear confirming that your demographic update has been submitted for processing. A transaction number will be assigned to each request you submit from your Employer website. If you click on '[Click here to view your transaction](#)', you will be able to view the transaction as it appears on your **View Online Activity** section of your Employer website.

Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Invoices	Member Search
-------------	---------	-----------------	----------	--------	----------------	----------	---------------

Update Member Information : Confirmation

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

1

Select Member

2

Member's Information

3

Summary

Thank you!

Your submission has been accepted.

Note: Your confirmation number is #62977. [Click here to view your transaction](#)

Update Member Information

Return to Main Menu

Summary

## Terminate Coverage

The Terminate Coverage tool allows employers to terminate the coverages of an existing employee or dependent.

From the **Employer Website Home** page, click the **Terminate Coverage** link in the **Eligibility** section.

Eligibility	View Employer Reports
<ul style="list-style-type: none"><li>• Enroll A Member</li><li>• Add New Dependent</li><li>• Add or Change Coverages</li><li>• Update Member Information</li><li>• <b>Terminate Coverage</b></li><li>• View Membership</li></ul>	<ul style="list-style-type: none"><li>• Self Service Reports</li><li>• Static Reports</li></ul>
Online Activity	Benefit Information
<ul style="list-style-type: none"><li>• View My Online Activity</li></ul>	<ul style="list-style-type: none"><li>• Request ID Cards</li><li>• View Plan Information</li><li>• Request Certificate Of Coverage</li><li>• Account Links</li></ul>

OR

From the navigation bar, go to **Eligibility > Terminate Coverage**.

Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Invoices	Member Search
<ul style="list-style-type: none"><li>Enroll A Member</li><li>Add New Dependent</li><li>Add or Change Coverages</li><li>Update Member Information</li><li><b>Terminate Coverage</b></li><li>View Membership</li></ul>							

The **Terminate Coverage** page will appear.

Eligibility	Reports	Online Activity	Benefits	Claims	Administration	Invoices	Member Search
<b>Online Enrollment : Terminate Coverage : View Coverage</b>							
<div><div>1</div><div>2</div><div>3</div></div> <div><div>View Coverage</div><div>Manage Plan Terminations</div><div>Termination Summary</div></div> <p>Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)</p> <div><div>Member ID</div><div>First Name</div><div>Last Name</div><div>Johnson</div><div>Search</div></div>							

From the **Terminate Coverage: View Coverage** page input one or more of the following information:

- Member ID –Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The First name of the individual.
- The Last name of the individual.



Clicking on the 'Search' button will return any matches found as outlined below.

**Online Enrollment : Terminate Coverage : View Coverage**

1

2

3

View Coverage

Manage Plan Terminations

Termination Summary

Please enter the specific parameters for your query and click Search to filter the results by these parameters. (Note: Changes made to the member's information today will not be immediately reflected on this page.)

Member ID

First Name

Last Name

johnson

Search

	Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
	Select	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
	Select	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
	Select	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

To choose the member you wish to terminate coverage for click on the 'Select' link. The current contact (demographic) and coverage information will appear. If you want to choose another member, click on the 'Cancel Request' button.



## Online Enrollment : Terminate Coverage : View Coverage

**1**  
View  
Coverage

**2**  
Manage Plan  
Terminations

**3**  
Termination  
Summary

KATIE JOHNSON

Group Information	
Group ID	001
Contact Information	
Member ID	888001DEMO
Division / Department	10000000
First Name	KATIE
Last Name	JOHNSON
Birth Date	9/25/1981
Gender	Female
Address 1	PO BOX 9501
Address 2	
City	AMHERST
State/Province	NY
Postal Code	14228
Coverage Dates	
Hire Date	1/1/2005
Effective Date	1/1/2005
Term Date	

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATIE JOHNSON	Medical - Family	1/1/2005	
Dependent-01	MARK JOHNSON	Medical - Family	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical - Family	1/1/2005	
Subscriber	KATIE JOHNSON	Dental - Family	10/1/2008	

[Click here to view Coverage History.](#)

Cancel Request

Next >>

Click on the 'Next' button in order to continue to the **Manage Plan Terminations** section for the termination request.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Online Enrollment : Terminate Coverage : Manage Plan Terminations

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

1 View Coverage — 2 **Manage Plan Terminations** — 3 Termination Summary

☒ All Coverages ☐ Medical ☐ Dental

**All Coverages Termination:** (hide) \* Required

Coverages to be terminated: Medical, Dental

Coverages being terminated for: \*

Member: ☒ Katie Johnson

Dependents: ☒ Mark Johnson ☒ Marissa Johnson

Effective Date of Termination: \* 09/01/2011

Termination Reason: \* Lay-Off [remove note](#)

Termination Note:

- Choose the Type of coverage you wish to terminate,
- Choose the Member or Dependent(s) to the coverage is being terminated for.
- Choose the Effective Date of Termination
- Choose the Termination Reason.

The Termination Note field is provided for any additional information you may wish to provide regarding the termination.

You may also click on the [Eligibility Information](#) link in the upper left hand corner of the page to see the member's current coverage.

When the 'Next' button is clicked a summary of the termination request will appear. If any information needs to be revised please click on the 'Previous' button to update any information.

Please note that if you click on 'Cancel Request' none of the information will be saved. If all information is correct, click on the 'Submit' button.

Eligibility Reports Online Activity Benefits Claims Administration Invoices Member Search

### Online Enrollment : Terminate Coverage : Termination Summary

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

Please provide the below information...

1 View Coverage — 2 Manage Plan Terminations — 3 **Termination Summary**

**Coverage Termination Summary**

KATIE JOHNSON  
Member ID: 888001DEMO

Type of Coverage: Medical, Dental

Members: Katie Johnson

Effective Date of Termination: 9/1/2011

Termination Reason: Lay-Off

Termination Notes: Test note

Terminate Dependent(s): Yes

When the 'Submit' button is clicked the following screen will appear confirming that your termination request has been submitted for processing. A transaction number will be assigned to each request you submit from your Employer website. If you click on '[Click here to view your transaction](#)', you will be able to view the transaction as it appears on your **View Online Activity** section of your Employer website.

[Eligibility](#) | [Reports](#) | [Online Activity](#) | [Benefits](#) | [Claims](#) | [Administration](#) | [Invoices](#) | [Member Search](#)

**Online Enrollment : Terminate Coverage : Confirmation**

Member: KATIE JOHNSON 888001DEMO  
[Eligibility Information](#)  
[Select a different member](#)

1

View Coverage

2

Manage Plan Terminations

3

Termination Summary

Thank you!

Your termination request identifying the below individuals has been submitted.

Your confirmation number is #62978. [Click here to view your transaction.](#)

Name	Type	Effective Date of Termination	Coverage Terminated
Kate Johnson	Member	9/1/2011	Medical, Dental

Terminate Coverage

Return to Main Menu

Summary

## Eligibility Advisor

From the **Employer Website Home** page, click the **Eligibility Advisor** link in the **Eligibility** section.

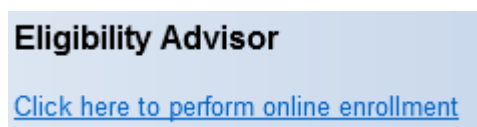


OR

From the navigation bar, go to **Eligibility > Eligibility Advisor**.



The **Eligibility Advisor** page will appear.

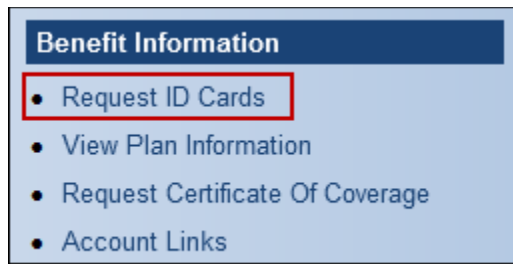


Click the **Click here to perform online enrollment** link to enroll.

## Benefit Information

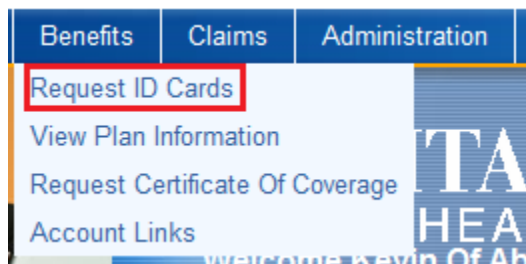
### Request ID Cards

From the **Employer Website Home** page, click the **Request ID Cards** link in the **Benefit Information** section.



OR

From the navigation bar, go to **Benefits > Request ID Cards**.



The **Request ID Cards** page will appear.

A screenshot of the 'Request ID Card : Step 1 of 5' page. The page has a light blue background. At the top, there is a heading 'Request ID Card : Step 1 of 5'. Below the heading, there is a paragraph of text: 'To search for the member record that you would like to submit an ID Card request for, please enter one of the following items, or any combination of them, then click Search. (Note: This request will only generate a card for your healthcare products. Contact your other providers to access any non-healthcare ID cards.)'. Below the text, there are three input fields: 'Member ID', 'First Name', and 'Last Name'. Each input field is a white box with a light blue border. Below the input fields, there is a 'Search' button with a light blue background and a white border.

From the **Request ID Card: Step 1 of 5** page input one or more of the following information:

- Member ID –Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.
- The entire Last name of the individual. Please note it will not return partial matches.

Clicking on the 'Search' button will return any matches found as outlined below.

**Request ID Card : Step 1 of 5**

To search for the member record that you would like to submit an ID Card request for, please enter one of the following items, or any combination of them, then click Search. (Note: *This request will only generate a card for your healthcare products. Contact your other providers to access any non-healthcare ID cards.*)

Member ID

First Name

Last Name

Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
<a href="#">Select</a>	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
<a href="#">Select</a>	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
<a href="#">Select</a>	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

To choose the member you wish to request an ID card for click on the 'Select' link. The current contact (demographic) and coverage information will appear. If you want to choose another member, click on the 'Cancel Request' button. If the contact information is not correct you can click on the 'Update Demographic' button to make any necessary changes. If no contact information changes are necessary click on the 'Next' button to continue the process of requesting an ID card.

## Request ID Card : Step 2 of 5

Before submitting this ID Card request, please confirm that all of the member's information is correct. If it is, please click Next at the bottom of the screen to continue.

Should any of the information require updating, please click on the Update Demographic button below to make the necessary changes before completing this ID.

KATIE JOHNSON

<b>Group Information</b>	
Group ID	001
<b>Contact Information</b>	
Member ID	888001DEMO
Division / Department	10000000
First Name	KATIE
Last Name	JOHNSON
Birth Date	9/25/1981
Address 1	PO BOX 9501
Address 2	
City	AMHERST
State/Province	NY
Postal Code	14226
<b>Coverage Dates</b>	
Hire Date	1/1/2005
Effective Date	1/1/2005
Term Date	

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATIE JOHNSON	Medical	1/1/2005	
Dependent-01	MARK JOHNSON	Medical	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical	1/1/2005	
Subscriber	KATIE JOHNSON	Dental	10/1/2008	

[Click here to view Coverage History.](#)

When the 'Next' button is clicked the following page will appear to allow for the number of cards to be chosen and where they will go to. Only 3 cards may be chosen at a time. There are 3 choices to where the cards may go:

1. The member's address that Meritain has on file.
2. The employer's address that Meritain has on file.
3. An address that the employer user inputs into the Other Address free form field.

Request ID Card : Step 3 of 5

Please specify the number of cards needed, as well as where you would like the Card(s) mailed to

Number of Cards

1

Send Cards to

Member's Address

Member's Address

Employer's Address

Other Address

Cancel Request

Previous

Next

When the 'Next' button is clicked a summary of the ID card request will appear. If any information needs to be revised please click on the 'Previous' button to update any information.

Please note that if you click on 'Cancel Request' none of the information will be saved.

If all of the information is correct, click on the 'Submit' button.

Request ID Card : Step 4 of 5

Please confirm that the following is correct before submitting your ID Card request.

Member ID

888001DEMO

Member Name

KATIE JOHNSON

Number of Cards

1

Send Cards to

Member's Address

Cancel Request

Previous

Submit

When the 'Submit' button is clicked the following screen will appear confirming that your ID card request has been submitted for processing.

A transaction number will be assigned to each request you submit from your Employer website.

You will be able to view the transaction as it appears on your **View Online Activity** section of your Employer website by clicking on the transaction number.

Request ID Card : Step 5 of 5

Thank you, your request has been submitted for processing.

Your transaction id is : [71629](#)

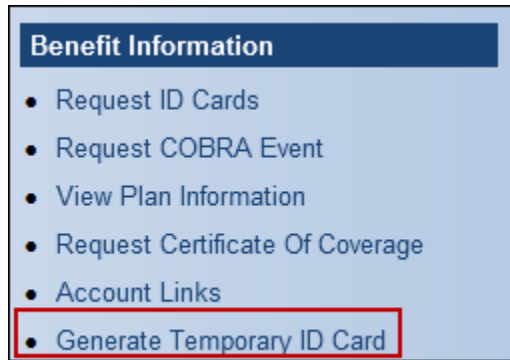
[Request another ID Card.](#)  
[Return to Main Menu](#)



## Generate Temporary ID Cards

The Generate Temporary Id Cards tool allows employers to display and print a temporary id card for one of their employees.

From the **Employer Website Home** page, click the 'Generate Temporary ID Cards' link in the **Benefit Information** section.



OR

From the navigation bar, go to **Benefits > Generate Temporary ID Cards**.



The **Generate Temporary ID Cards** page will appear.

A screenshot of a web form titled 'Generate Temporary ID Card : Step 1 of 2'. Below the title is a paragraph of instructions: 'To search for the member record that you would like to generate a temporary ID Card for, please enter one of the following items, or any combination of them, then click Search.' Below the instructions are three input fields labeled 'Member ID', 'First Name', and 'Last Name'. Each field is a white rectangle with a light blue border. Below the 'Last Name' field is a blue button with the word 'Search' in white text.

From the **Request ID Card: Step 1 of 2** page input one or more of the following information:

- Member ID –Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.

- The entire Last name of the individual. Please note it will not return partial matches.

Clicking on the 'Search' button will return any matches found as outlined below.

**Generate Temporary ID Card : Step 1 of 2**  
 To search for the member record that you would like to generate a temporary ID Card for, please enter one of the following items, or any combination of them, then click Search.

Member ID   
 First Name   
 Last Name

	Select	Member ID	Last Name	First Name	Date of Birth	Type	Effective Date	Term Date	Division	Department	Member Status
	<a href="#">Select</a>	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

To choose the member you wish to request an ID card for click on the 'Select' link. The current contact (demographic) and coverage information will appear.

The current contact (demographic) and coverage information will appear. If you want to choose another member, click on the 'Cancel Request' button.

## Request ID Card : Step 2 of 2

Please click the Generate Id Card at the bottom of the screen to create the temporary Id card. If you do not wish to continue please click the Cancel button.

KATIE JOHNSON

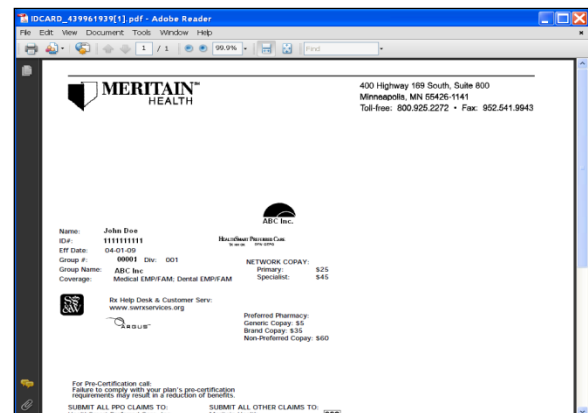
<b>Group Information</b>	
Group ID	001
<b>Contact Information</b>	
Member ID	888001DEMO
Division / Department	10000000
First Name	KATIE
Last Name	JOHNSON
Birth Date	9/25/1981
Gender	Female
Address 1	PO BOX 9501
Address 2	
City	AMHERST
State/Province	NY
Postal Code	14228
<b>Coverage Dates</b>	
Hire Date	1/1/2005
Effective Date	1/1/2005
Term Date	

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATIE JOHNSON	Medical - Family	1/1/2005	
Dependent-01	MARK JOHNSON	Medical - Family	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical - Family	1/1/2005	
Subscriber	KATIE JOHNSON	Dental - Family	10/1/2008	

[Click here to view Coverage History.](#)

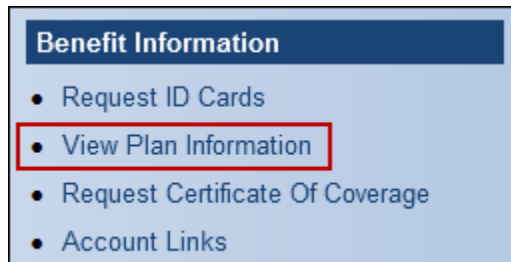
When the 'Generate ID Card' button is clicked the temporary ID card will open up in a new browser window in a PDF file. You may then choose to print the temporary ID Card.



## View Plan Information

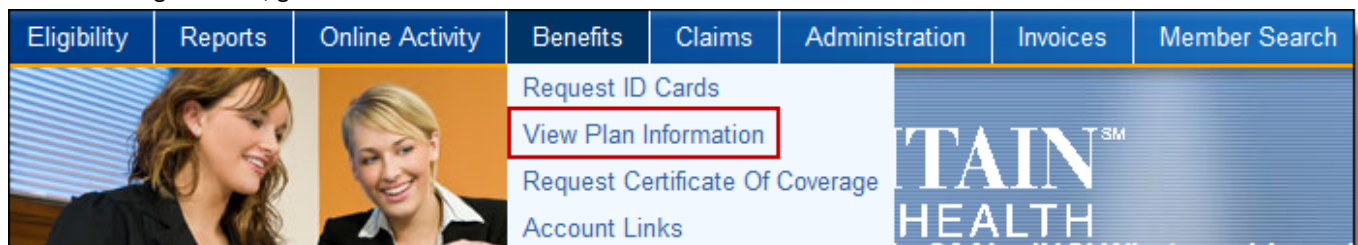
The View Plan Information tool allows employers to view any Plan Documents such as summary plan descriptions or PPO-Preferred Provider Organization website links or PBM-Pharmacy Benefit Manager- website links that are available for members on mymeritain.com.

From the **Employer Website Home** page, the **View Plan Information** link in the **Benefit Information** section.

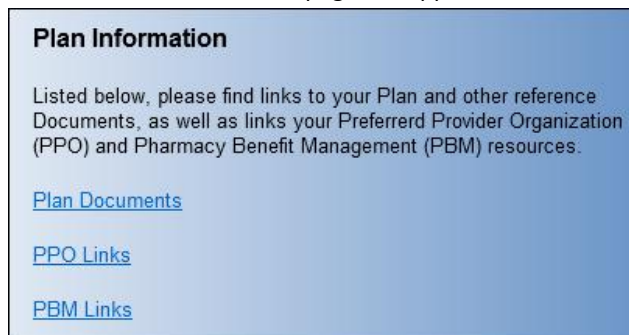


OR

From the navigation bar, go to **Benefits > View Plan Information**.



The **View Plan Information** page will appear:



From the **Plan Information** page input click on any one of the available links:

- Plan Documents
- PPO Links
- PBM Links

Please note that based on your plan design all 3 links may not be available.

When the 'Plan Documents' link is clicked any documents that are available will be viewable by clicking on the underlined link under the Document column.

## Plan Documents

Listed below are the plan documents that are currently available to your members through the myMERITAIN portal.

Plan Documents				
Group	Document Type	Document Attributes	Document	Date Posted
001	Health Plan Summary	Plan 888001	<a href="#">test1.pdf</a>	1/1/2011 12:00:00 AM
001	Health Plan Summary	Plan 888001A	<a href="#">TestGroup.pdf</a>	1/1/2011 12:00:00 AM
001	Plan Documents And Forms	Group 001	<a href="#">Medical Claim Form.pdf</a>	1/1/2010 12:00:00 AM
001	Plan Documents And Forms	Group 001	<a href="#">TestDocProd.doc</a>	10/12/2011 12:00:00 AM
001	Plan Documents And Forms	Plan 888001	<a href="#">TestPdfProd.pdf</a>	10/12/2011 12:00:00 AM

[Return to Plan Information Menu](#)

When the 'PPO Links' link is clicked any website links that are available will be viewable by clicking on the underlined link under the URL column. The coverage plan the PPOs are associated with are also available under the Plan column.

## PPO Links

Listed below are the links to the PPOs that are currently available to your members through the myMERITAIN portal.

PPO Links			
Group	Plan	PPO	URL
001	Medical_888001	AETNA	<a href="#">Click Here</a>

[Return to Plan Information Menu](#)

When the 'PBM Links' link is clicked any website links that are available will be viewable by clicking on the underlined link under the URL column.

## PBM Links

Listed below are the links to the PBM that are currently available to your members through the myMERITAIN portal.

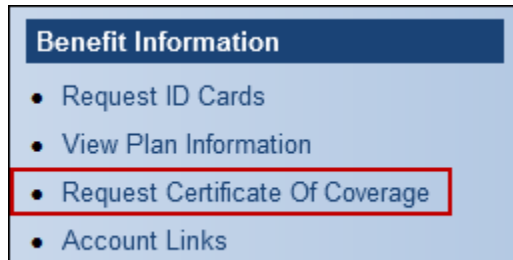
PBM Links		
Group	PBM	URL
001	ScripWorld/ESI	<a href="http://www.express-scripts.com/">http://www.express-scripts.com/</a>

[Return to Plan Information Menu](#)

## Request Certificate of Coverage

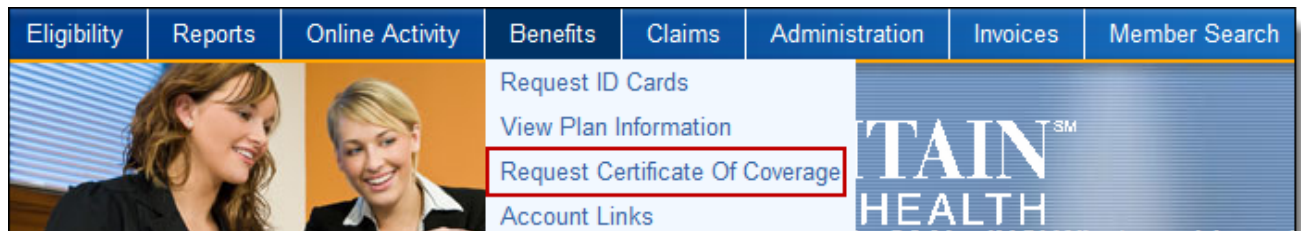
The Request Certificate of Coverage tool allows employers to request documentation of member's coverage, and receive a copy on the web in real-time.

From the **Employer Website Home** page, click the **Request Certificate of Coverage** link in the **Benefit Information** section.



OR

From the navigation bar, go to **Benefits > Request Certificate of Coverage**.



The **Request Certificate of Coverage** page will appear.

A screenshot of a web form titled 'Certificate Of Coverage : Step 1 of 2'. The form has a light blue background. Below the title, there is a paragraph of text: 'To search for the member record that you would like to submit a Certificate of Coverage request for, please enter one of the following items, or any combination of them, then click Search.' Below this text, there are three input fields: 'Member ID', 'First Name', and 'Last Name'. Each field is a white box with a light blue border. Below the 'Last Name' field, there is a 'Search' button with a light blue background and a white border.

From the **Request Certificate of Coverage: Step 1 of 2** page input one or more of the following information:

- Member ID – Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.
- The entire Last name of the individual. Please note it will not return partial matches.

Clicking on the 'Search' button will return any matches found as outlined below.

To search for the member record that you would like to submit a Certificate of Coverage request for, please enter one of the following items, or any combination of them, then click Search.

johnson

	Select	Member ID ▲▼	Last Name ▲▼	First Name ▲▼	Date of Birth ▲▼	Type ▲▼	Effective Date ▲▼	Term Date ▲▼	Division ▲▼	Department ▲▼	Member Status ▲▼
	<a href="#">Select</a>	888001DEMO	JOHNSON	KATIE	9/25/1981	Subscriber	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARK	7/3/1980	Dependent	1/1/2005		10000000		Active
	<a href="#">Select</a>	888001DEMO	JOHNSON	MARISSA	8/1/2002	Dependent	1/1/2005		10000000		Active

If you want to choose another member click on the 'Cancel Request' button.

If you want to choose another member click on the 'Cancel Request' button.



## Certificate Of Coverage : Step 2 of 2

Before submitting this Certificate of Coverage request, please confirm that all of the member's information is correct. If it is, please click Next at the bottom of the screen to continue.

Should any of the information require updating, please click on the Update Demographic button below to make the necessary changes before completing this ID.

KATIE JOHNSON

<b>Group Information</b>	
Group ID	001
<b>Contact Information</b>	
Member ID	888001DEMO
Division / Department	10000000
First Name	KATIE
Last Name	JOHNSON
Birth Date	9/25/1981
Gender	Female
Address 1	PO BOX 9501
Address 2	
City	AMHERST
State/Province	NY
Postal Code	14226
<b>Coverage Dates</b>	
Hire Date	1/1/2005
Effective Date	1/1/2005
Term Date	

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent-01	MARK	JOHNSON	7/3/1980	Spouse	1/1/2005	
Dependent-02	MARISSA	JOHNSON	8/1/2002	Child	1/1/2005	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	KATIE JOHNSON	Medical - Family	1/1/2005	
Dependent-01	MARK JOHNSON	Medical - Family	1/1/2005	
Dependent-02	MARISSA JOHNSON	Medical - Family	1/1/2005	
Subscriber	KATIE JOHNSON	Dental - Family	10/1/2008	

[Click here to view Coverage History.](#)

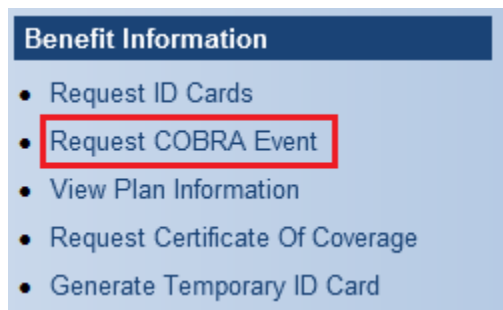
On click of the 'Submit' button, a copy of the requested Certificate of Coverage will be downloaded for you to view instantly, which you can print or save to your local machine.



## Request COBRA Event

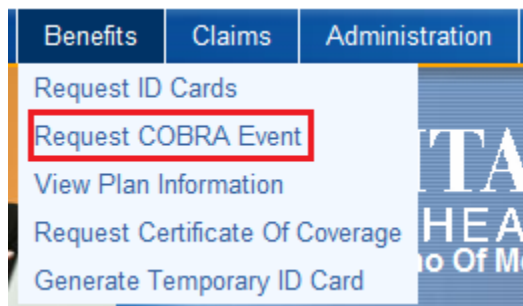
The Request COBRA Event tool allows employers to request COBRA events of member's coverage.

From the **Employer Website Home** page, click the **Request COBRA Event** link in the **Benefit Information** section.

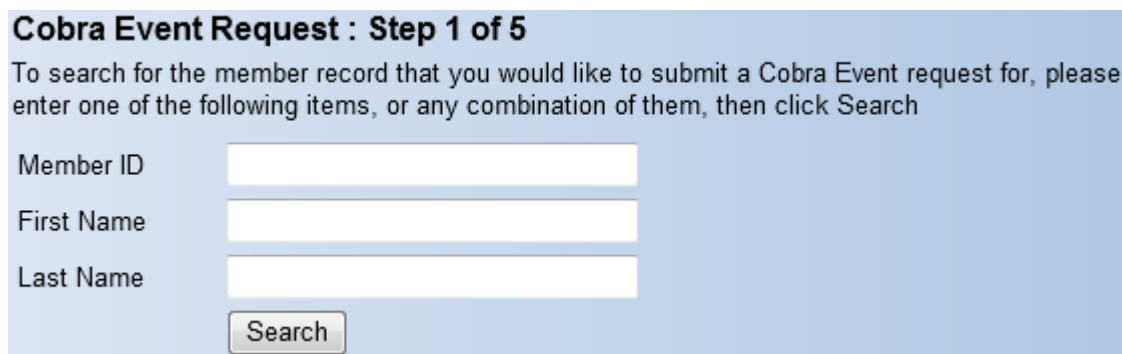


OR

From the navigation bar, go to **Benefits > Request COBRA Event**.



The **Request COBRA Event** page will appear.

A screenshot of the 'Cobra Event Request: Step 1 of 5' page. The page has a light blue background. At the top, it says 'Cobra Event Request : Step 1 of 5'. Below this, it says 'To search for the member record that you would like to submit a Cobra Event request for, please enter one of the following items, or any combination of them, then click Search'. There are three input fields: 'Member ID', 'First Name', and 'Last Name'. Below these fields is a 'Search' button.

From the **Cobra Event Request: Step 1 of 5** page input one or more of the following information:

- Member ID – Please enter the unique ID number as assigned by Meritain. The social security number cannot be used to search.
- The entire First name of the individual. Please note it will not return partial matches.
- The entire Last name of the individual. Please note it will not return partial matches.

Clicking on the 'Search' button will return any matches found as outlined below.

To choose the member you wish to request a COBRA Event for click on the 'Select' link. The current contact (demographic) and coverage information will appear.

If you want to choose another member click on the 'Cancel Request' button.

If the contact information is not correct you can click on the 'Update Demographic' button to make any necessary changes. If no contact information changes are necessary, click on the 'Next' button to continue the process of requesting a COBRA Event.

## Cobra Event Request : Step 2 of 5

Before submitting this Cobra Event request, please confirm that all of the member's information is correct. If it is, please click Next at the bottom of the screen to continue.

Should any of the information require updating, please click on the Update Demographic button below to make the necessary changes before completing this ID.

JOHN DOE

<b>Group Information</b>	
<b>Group ID</b>	99980
<b>Contact Information</b>	
<b>Member ID</b>	0000999999
<b>Division / Department</b>	99980.001
<b>First Name</b>	JOHN
<b>Last Name</b>	DOE
<b>Birth Date</b>	6/30/1968
<b>Gender</b>	Male
<b>Address 1</b>	400 INTERCHANGE SOUTH STE 800
<b>Address 2</b>	
<b>City</b>	MINNEAPOLIS
<b>State/Province</b>	MN
<b>Postal Code</b>	55426-1141
<b>Coverage Dates</b>	
<b>Hire Date</b>	3/1/1998
<b>Effective Date</b>	5/1/2008
<b>Term Date</b>	

Dependents						
ID	First Name	Last Name	Birth Date	Relationship	Effective Date	Term Date
Dependent2	JANE	DOE	8/4/1973	Spouse	5/1/2008	
Dependent3	MADELEINE	DOE	9/2/1999	Child	5/1/2008	
Dependent4	JOSEPH	DOE	8/1/1993	Child	5/1/2008	
Dependent5	SAMANTHA	DOE	8/4/1992	Child	5/1/2008	

Coverages				
ID	Name	Product	Effective Date	Term Date
Subscriber	JOHN DOE	Medical - Family	5/1/2008	
Dependent2	JANE DOE	Medical - Family	5/1/2008	
Dependent3	MADELEINE DOE	Medical - Family	5/1/2008	
Dependent4	JOSEPH DOE	Medical - Family	5/1/2008	
Dependent5	SAMANTHA DOE	Medical - Family	5/1/2008	
Subscriber	JOHN DOE	Vision	5/1/2008	1/1/2010
Dependent2	JANE DOE	Vision	5/1/2008	1/1/2010
Dependent3	MADELEINE DOE	Vision	5/1/2008	1/1/2010
Dependent4	JOSEPH DOE	Vision	5/1/2008	1/1/2010
Dependent5	SAMANTHA DOE	Vision	5/1/2008	1/1/2010

[Click here to view Coverage History.](#)

Plan Documents		
Document	Document Attributes	Date Posted

When the 'Next' button is clicked the following page will appear which will allow for selection of the COBRA effective date and reason for COBRA.

### Cobra Event Request : Step 3 of 5

Please complete the following. Click next when done.

Enter COBRA Event Effective Date: Month  Day  Year

Select a COBRA Event Reason from the list below:

- ☐ Voluntary termination of employment
- ☐ Involuntary termination of employment
- ☐ Involuntary termination of employment - gross misconduct
- ☐ Subscriber has retired
- ☐ Reduction in hours of employment
- ☐ Filing of a bankruptcy proceeding by the employer (retirees and certain dependents only)
- ☐ Subscriber is on military leave
- ☐ N/A

Cancel Request

Previous

Next

If you want to choose another member click on the 'Cancel Request' button.

When the 'Next' button is clicked a summary of the COBRA Event request will appear. If any information needs to be revised please click on the 'Previous' button to update any information.

Please note that if you click on 'Cancel Request' none of the information will be saved.

If all the information is correct, click on the 'Submit' button.

### Cobra Event Request : Step 4 of 5

Please confirm that the following is correct before submitting your COBRA Event request.

Member ID	0000999999
Member Name	JOHN DOE
Cobra Event Effective Date	8/1/2012
COBRA Event Reason	Voluntary termination of employment

Cancel Request

Previous

Submit

When the 'Submit' button is clicked the following screen will appear confirming that your COBRA Event request has been submitted for processing. A transaction number will be assigned to each request you submit from your Employer website. You will be able to view the transaction as it appears on your **View Online Activity** section of your Employer website by clicking on the transaction number.

### Cobra Event Request : Step 5 of 5

Thank you, your request has been submitted for processing.

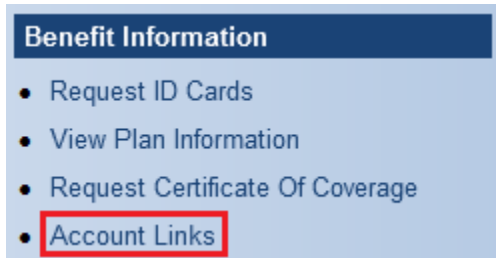
Your transaction id is : [63026](#)

[Request another COBRA Event](#)

[Return to Main Menu](#)

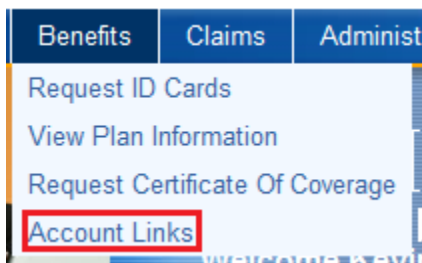
## Account Links

From the **Employer Website Home** page, click the '**Account Links**' link in the **Benefit Information** section.



OR

From the navigation bar, go to **Benefits > Account Links**.



The **Add or Remove Employer User Accounts** page will appear.



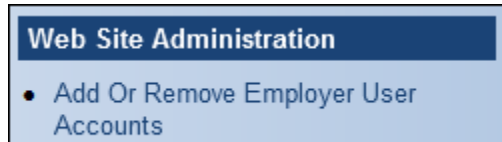
Click the link(s) provided to open a new window to the web site.

## Website Administration

### Add or Remove Employer User Accounts

The Add or Remove Employer User Accounts tool allows designated employer users to setup users of their choosing and grant them varying levels of access to the employer website.

From the **Employer Website Home** page, click the '**Add or Remove Employer User Accounts**' link in the **Web Site Administration** section.

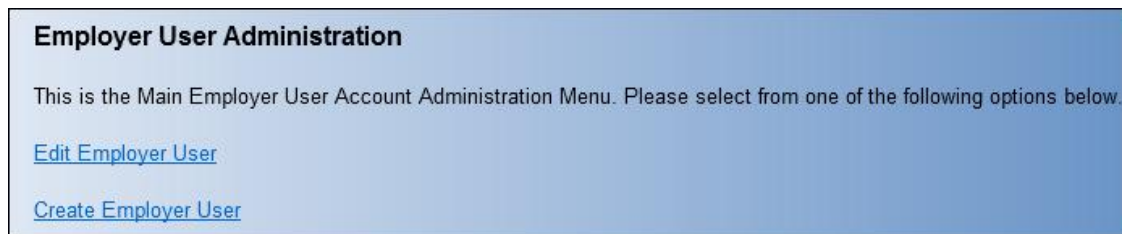


OR

From the navigation bar, go to **Administration > Administer Employer Accounts**.



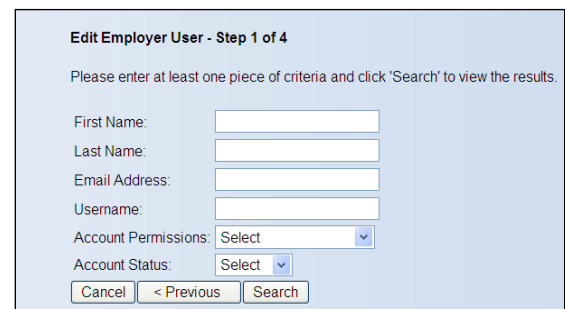
The **Add or Remove Employer User Accounts** page will appear.



From the **Employer User Administration** page choose Edit Employer User or Create Employer.

### Edit Employer User

Clicking on 'Edit Employer User' will allow the employer user to first search for a user that has already created a valid login to access the employer website and then edit that user's permissions on the employer website.

A screenshot of the 'Edit Employer User - Step 1 of 4' form. The form has a blue header with the title 'Edit Employer User - Step 1 of 4'. Below the header, there is a paragraph of text: 'Please enter at least one piece of criteria and click 'Search' to view the results.' Below the text, there are several input fields: 'First Name:', 'Last Name:', 'Email Address:', 'Username:', 'Account Permissions:' (with a dropdown menu), and 'Account Status:' (with a dropdown menu). At the bottom of the form, there are three buttons: 'Cancel', '< Previous', and 'Search'.

Upon entering at least one piece of criteria for the user(s) and clicking on 'Search' it will return all users along with their information and permissions that match the search criteria. Clicking on the 'EDIT' link will allow the updating of that user.

**Edit Employer User - Step 2 of 4**  
 Select an account from the below list and click Edit to make changes to it.

Username ▲▼	Email Address ▲▼	First Name ▲▼	Last Name ▲▼	Account Permissions ▲▼	PHI Static Reports ▲▼	Access to Divisions ▲▼	Account Status ▲▼	Edit ▲▼
demouser1	demouser1@meritain.com	John	Doe	claims eligibility	N/A	All Divisions	Active	<a href="#">EDIT</a>
demouser2	demouser2@meritain.com	Jane	Doe	claims eligibility invoices	N/A	10000000 20000000	Active	<a href="#">EDIT</a>

Cancel
 < Previous

When clicking on the 'Edit' link it will open the page below allowing you to Activate or Inactivate their portal account Status. When finished click 'Next'.

**Edit Employer User - Step 3 of 4**  
 Your search results are shown below. Use the radio buttons to change the status of the User.

First Name:   
 Last Name:   
 Business Email Address:   
 Status:  
☒ Active ☐ InActive

---

IMPORTANT NOTE: As an Employer User responsible for the initiation of other employer portal accounts under this group account, you will be able to determine the level of access that is granted to the users under this account. This access, at your discretion, will or will not include access to the Protected Health Information, (PHI) of the members under this plan. Anyone that is granted access to PHI maintained by the plan should have been approved by the plan sponsor identified in the plan documents by name or title and trained on your HIPAA Privacy and Security policies and procedures. For additional information on the requirements under the HIPAA Privacy and Security Rule please visit <http://www.hhs.gov/ocr/hipaa/> (for the Privacy Rule) or <http://www.cms.hhs.gov/HIPAAGenInfo/> (for the Security Rule).

Cancel
 < Previous
 Next >

The page where the user's permissions can be managed will appear. Click on the check box to each permission that should be applicable to the user.



**Edit Employer User - Step 4 of 4**

Please confirm that the information below is correct for the employee before continuing. Click the 'Save' button when finished.

First Name: John  
 Last Name: Doe  
 Group Information: 004 001 888  
 Business Email Address:  
 Is user active?: Active

**Account Permissions check boxes**

Please select the type of Account Permissions that should be assigned to this employer user's account.

Account Permissions:

- ☒ Claims - This permission enables access to view the member's claims history and explanation of benefits
- ☒ Eligibility - This permission enables access to view and update member eligibility
- ☐ Invoices - This permission enables access to view the group's invoices that are posted to the portal
- ☐ Self Service Reports - This permission enables access to view the group's reports that are posted to the portal
- ☐ Static Reports - This permission enables access to all standard reports
- ☐ User Administration - This permission enables access to create and edit additional Employer Users

Access to Divisions:

☒ All Divisions ☐ 10000000 ☐ 20000000 ☐ 30000000 ☐ 40000000

**Division check boxes**

**IMPORTANT NOTE:** As an Employer User responsible for the initiation of other employer portal accounts under this group account, you will be able to determine the level of access that is granted to the users under this account. This access, at your discretion, will or will not include access to the Protected Health Information, (PHI) of the members under this plan. Anyone that is granted access to PHI maintained by the plan should have been approved by the plan sponsor identified in the plan documents by name or title and trained on your HIPAA Privacy and Security policies and procedures. For additional information on the requirements under the HIPAA Privacy and Security Rule please visit <http://www.hhs.gov/ocr/hipaa/> (for the Privacy Rule) or <http://www.cms.hhs.gov/HIPAAGenInfo/> (for the Security Rule).

Cancel < Previous Save

## Access to Static Reports

Please note that depending on your group you may have the ability to grant access to individual Static Reports if applicable for employer users. Clicking on the 'Static Reports Account Permission' may invoke a display of applicable reports for your group that may be assigned on a report by report basis to the employer user being edited.

**Edit Employer User - Step 4 of 4**

Please confirm that the information below is correct for the employee before continuing. Click the 'Save' button when finished.

First Name: John  
 Last Name: Doe  
 Group Information: 004 001 888  
 Business Email Address:  
 Is user active?: Active

Please select the type of Account Permissions that should be assigned to this employer user's account.

Account Permissions:

- ☒ Claims - This permission enables access to view the member's claims history and explanation of benefits
- ☒ Eligibility - This permission enables access to view and update member eligibility
- ☒ Invoices - This permission enables access to view the group's invoices that are posted to the portal
- ☒ Self Service Reports - This permission enables access to view the group's reports that are posted to the portal
- ☐ User Administration - This permission enables access to create and edit additional Employer Users
- ☒ Static Reports - This permission enables access to all standard reports

**Listing of available Static Reports.**

☒ Click here to grant access to all available reports. ☐ Refund Report

☐ Void Report

Access to Divisions:

☐ All Divisions ☐ 12626 ☒ 12626.001 ☒ 12626.002

**If you want the user to have access to all available Static Reports click on this box.**

**IMPORTANT NOTE:** As an Employer User responsible for the initiation of other employer portal accounts under this group account, you will be able to determine the level of access that is granted to the users under this account. This access, at your discretion, will or will not include access to the Protected Health Information, (PHI) of the members under this plan. Anyone that is granted access to PHI maintained by the plan should have been approved by the plan sponsor identified in the plan documents by name or title and trained on your HIPAA Privacy and Security policies and procedures. For additional information on the requirements under the HIPAA Privacy and Security Rule please visit <http://www.hhs.gov/ocr/hipaa/> (for the Privacy Rule) or <http://www.cms.hhs.gov/HIPAAGenInfo/> (for the Security Rule).

Cancel < Previous Save

## Access to Divisions

1. Please note that you may grant access to only certain Divisions if applicable for employer users. If access to only certain Divisions is chosen that employer user will only be able to view member information that is displayed on the portal for members enrolled in those Divisions including Self Service Reports.

2. If access to only certain Divisions from the Access to Divisions list displayed is chosen that employer user will not have the following Account Permissions:
  - a. User Administration

These permissions will be automatically grayed out when access to only certain Divisions are chosen.

Please review the permissions and if they are correct on the 'Save' button to complete the process of editing the employer user. A confirmation page will appear stating that the employer user has been modified. The employer user's new permissions will now be in effect.

**Employer User Administration**  
  
The account for the following ABC INC employee has been modified:  
  
MERITAIN EMPLOYER  
  
Please [click here](#) to go back.

## Create Employer User

From the **Employer User Administration** page choose 'Create Employer User' link.

**Employer User Administration**  
  
This is the Main Employer User Account Administration Menu. Please select from one of the following options below.  
  
[Edit Employer User](#)  
  
[Create Employer User](#)

Clicking on 'Create Employer User' will allow the employer user to initiate new employer portal user accounts. Once the process is completed the person that is to be granted access to the employer portal will be sent an email from [noreply@meritain.com](mailto:noreply@meritain.com) with a registration token that will allow them to register an employer portal account.

Please enter the First Name, Last Name and Business Email Address of the person that is to be granted an employer portal user login.

**Create Employer User - Step 1 of 2**  
  
Please enter the information below to create an employer user account on the Meritain Health Portal:  
  
First Name:   
Last Name:   
Business Email Address:   
Using the radio buttons below, indicate if the user should be active or inactive:  
  
☒ Active ☐ InActive  
  

---

**IMPORTANT NOTE:** As an Employer User responsible for the initiation of other employer portal accounts under this group account, you will be able to determine the level of access that is granted to the users under this account. This access, at your discretion, will or will not include access to the Protected Health Information, (PHI) of the members under this plan. Anyone that is granted access to PHI maintained by the plan should have been approved by the plan sponsor identified in the plan documents by name or title and trained on your HIPAA Privacy and Security policies and procedures. For additional information on the requirements under the HIPAA Privacy and Security Rule please visit <http://www.hhs.gov/ocr/hipaa/> (for the Privacy Rule) or <http://www.cms.hhs.gov/HIPAAGenInfo/> (for the Security Rule).

The page where the user's permissions can be managed will appear. Click on the check box to each permission that should be applicable to the user.

**Account Permissions:**

- ☐ Claims - This permission enables access to view the member's claims history and explanation of benefits
- ☐ Eligibility - This permission enables access to view and update member eligibility
- ☐ Invoices - This permission enables access to view the group's invoices that are posted to the portal
- ☐ User Administration - This permission enables access to create and edit additional Employer Users
- ☐ Static Reports - This permission enables access to all standard reports

### Access to Static Reports

Please note that depending on your group you may have the ability to grant access to individual Static Reports if applicable for employer users. Clicking on the 'Static Reports' may invoke a display of applicable reports for your group that may be assigned on a report by report basis to the employer user being edited.

☒ Static Reports - This permission enables access to all standard reports

- ☒ Click here to grant access to all available group level reports.
- ☐ Group 99980 Aggregate Report \*
- ☐ Group 99980 Check Register \*
- ☐ Group 99980 FSA Check Register \*
- ☐ Group 99980 FSA Member Account Balances \*
- ☐ Group 99980 Incomplete Claim Report \*
- ☐ Group 99980 Refund Report \*
- ☐ Group 99980 Specific Report \*
- ☐ Group 99980 Void Report \*

\* Denotes the report contains Member Protected Health Information

### Access to Divisions

**Access to Divisions:**

☒ All Divisions ☐ 99980 ☐ 99980.001 ☐ 99980.002 ☐ 99980.003

☐ 99980.004 ☐ 99980.005 ☐ 99980.006 ☐ 99980.099 ☐ 99980.FL1

Please note that you may grant access to only certain Divisions if applicable for employer users. If you choose to grant the employer use to only certain divisions, that employer user will only be able to view member information that is displayed on the portal for members enrolled in those Divisions including Self Service Reports.

If the employer use does not have access to all divisions, that employer user will not have user administration permissions. The administration permissions will be automatically grayed out when they are granted access to certain divisions. Please review the permissions and if they are correct click on the 'Save' button to complete the process of creating the employer user registration. A confirmation page will appear stating that the employer user account has been initiated. The employer user's registration email will now be sent.

**Employer User Administration**

An account has been initiated for the following ABC INC employee:

John Doe

An e-mail has been sent to the employee with instructions on completing their account set-up.

Please [click here](#) to go back.

Below is an example of the email the newly created user would receive.

From: noreply@meritain.com [mailto:noreply@meritain.com]  
Sent: Friday, October 03, 2008 1:25 PM  
To: John Test  
Subject: Meritain Employer Portal Account Creation

\*\*\* This is an automated e-mail. Please do not reply. \*\*\*

This e-mail is being sent to inform you that a Meritain Employer Portal account registration has been started for you.

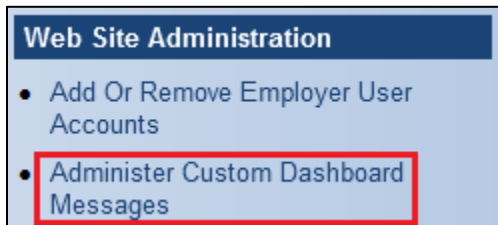
Please go to <https://portal.meritain.com/Pages/EmployerRegistration.aspx?userToken=59a61180-6f81-4a09-a7a9-7a2bce07e95a> to complete your registration.

Yours in good health,  
the Meritain Health team

**The registration link in the email is valid for 5 business days.**

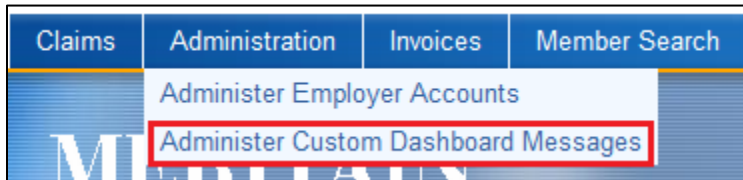
## Administer Custom Dashboard Messages

From the Employer Website Home page, click the 'Administer Custom Dashboard Messages' link in the **Administration** section.



OR

From the navigation bar, go to **Administration > Administer Custom Dashboard Messages**.







The **Administer Custom Dashboard Messages** page will display.

## Administer Custom Dashboard Messages

Please select a constituent type and then create or modify the custom dashboard message

▼

Subscriber Dashboard Message

**B** *I* U | A ▼ ab ▼ |   |   | [HTML](#)

Schedule Options:  
Start Date   
End Date

Remove Message

▶ Dependent Dashboard Message

▶ Employer Dashboard Message

Save Changes

Custom dashboard messages can be added for Subscriber, Dependent and Employer. To switch between constituent types click on the black triangle to the left of the constituent name.

To add a custom message:

- Type custom message in text box
- Format message using characteristics like bold, italics, bullets, html, etc.
- Set **Start Date**
- Set **End Date** if needed
- Click 'Save Changes' button

A preview of your custom message will be displayed to the right of the message editor.

**Preview:**

Test Dashboard Message

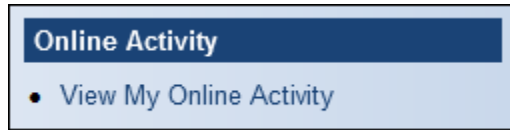
To remove a custom message:

- Click the 'Remove Message' button

## Online Activity

The **View My Online Activity** tool allows employers to view any of the transactions they have successfully submitted via the employer portal to Meritain.

From the Employer Website Home page, click the 'View My Online Activity' link in the **Online Activity** section.

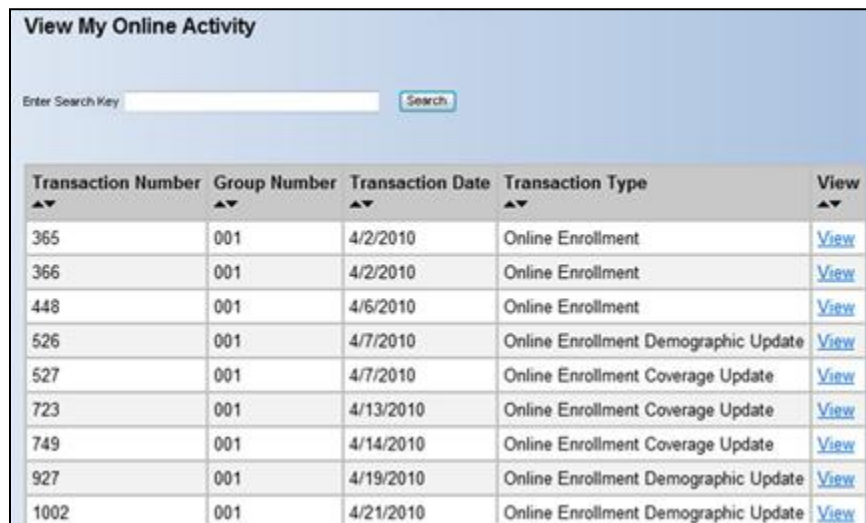


OR

From the navigation bar, go to **Online Activity > View My Online Activity**.



The **View My Online Activity** page will display.

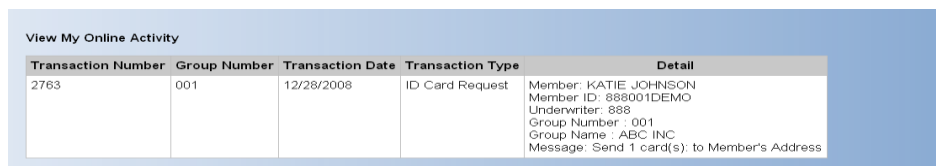
A screenshot of the 'View My Online Activity' page. It features a search bar at the top with the text 'Enter Search Key' and a 'Search' button. Below the search bar is a table with five columns: 'Transaction Number', 'Group Number', 'Transaction Date', 'Transaction Type', and 'View'. The table contains ten rows of transaction data, each with a 'View' link in the final column.

Enter Search Key <input type="text"/> <input type="button" value="Search"/>				
Transaction Number	Group Number	Transaction Date	Transaction Type	View
365	001	4/2/2010	Online Enrollment	<a href="#">View</a>
366	001	4/2/2010	Online Enrollment	<a href="#">View</a>
448	001	4/6/2010	Online Enrollment	<a href="#">View</a>
526	001	4/7/2010	Online Enrollment Demographic Update	<a href="#">View</a>
527	001	4/7/2010	Online Enrollment Coverage Update	<a href="#">View</a>
723	001	4/13/2010	Online Enrollment Coverage Update	<a href="#">View</a>
749	001	4/14/2010	Online Enrollment Coverage Update	<a href="#">View</a>
927	001	4/19/2010	Online Enrollment Demographic Update	<a href="#">View</a>
1002	001	4/21/2010	Online Enrollment Demographic Update	<a href="#">View</a>

Transactions may be sorted by clicking on any of the up and down arrows on each column.

Clicking on the [View](#) link will bring up further details of the transaction.

A search box allows you to search for an activity record based on any data field in the grid.

A screenshot of the 'View My Online Activity' page showing a detailed view of a transaction. The table has five columns: 'Transaction Number', 'Group Number', 'Transaction Date', 'Transaction Type', and 'Detail'. The 'Detail' column contains a list of member information and a message.

Transaction Number	Group Number	Transaction Date	Transaction Type	Detail
2763	001	12/28/2008	ID Card Request	Member: KATIE JOHNSON Member ID: 888001DEMO Underwriter: 888 Group Number: 001 Group Name: ABC INC Message: Send 1 card(s) to Member's Address



## Online Reports

The Online Reports tool allows employers to view reports of their health plan.

### Static Reports

From the **Employer Website Home** page, click the 'Static Reports' link in the **Online Reports** section.

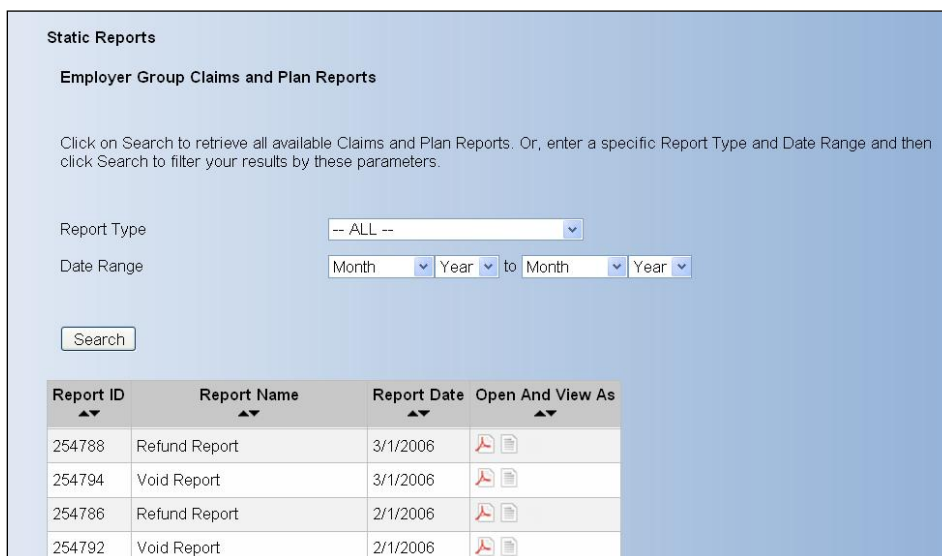










OR

From the navigation bar, go to **Reports > Static Reports**.



The **Static Reports** page will appear with the most recent reports available to view at the bottom of the page.

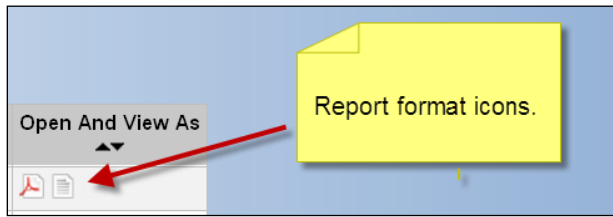
A screenshot of the "Static Reports" page. At the top, it says "Static Reports" and "Employer Group Claims and Plan Reports". Below this, there is a search instruction: "Click on Search to retrieve all available Claims and Plan Reports. Or, enter a specific Report Type and Date Range and then click Search to filter your results by these parameters." There are two dropdown menus: "Report Type" with "-- ALL --" selected, and "Date Range" with "Month" and "Year" selected, followed by "to" and another "Month" and "Year" dropdown. A "Search" button is below these. At the bottom, there is a table with four columns: "Report ID", "Report Name", "Report Date", and "Open And View As". The table contains four rows of data.

Report ID	Report Name	Report Date	Open And View As
254788	Refund Report	3/1/2006	 
254794	Void Report	3/1/2006	 
254786	Refund Report	2/1/2006	 
254792	Void Report	2/1/2006	 

To view all available reports click the 'Search' button or select from the 'Report Type' and 'Date Range' drop down boxes. Reports may be sorted by clicking on any of the up and down arrows on each column.

- Report ID - represents the internal id of report as assigned by Meritain.
- Report Name - represents the name of report.
- Report Date - represents the start date of the report.
- Open And View As - represents the available formats the report may be viewed in. (Ex. Adobe, Excel or Text file.)

Clicking on the icon for the report format in the 'Open and View As' column will open up the report in a separate window.





## Self Service Reports

From the Employer Website Home page, click the 'Self Service Reports' link in the **Online Reports** section.



OR

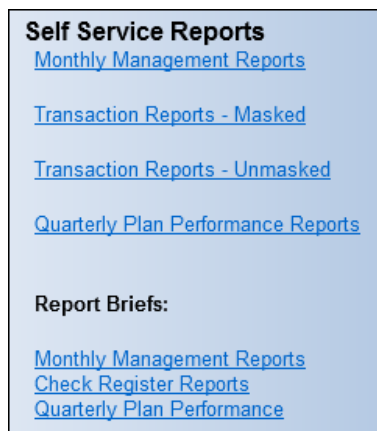
From the navigation bar, go to **Reports > Self Service Reports**.



The **Self Service Reports** page will appear with the available Self Service Report types and Report Briefs. Please click on any one of these links to access the specific Self Service Report or view one of the Report Briefs.

If the employer user has access to only certain Divisions it will also be indicated on this page.

Please contact your Meritain Client Relationship Manager if you have any questions regarding your Self Service Reports.

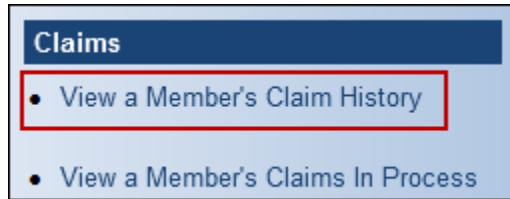


# Claims

## View a Member's Claim History

The Claim Information tools allow employers to view claims history information for their members. Use the following steps to access and view claim history information for your employees and dependents.

From the **Employer Website Home** page, click the 'View a Member's Claim History' link in the **Claims** section.



OR

From the navigation bar, go to **Claim Information > View a Member's Claim History**.



The **View a Member's Claim History** page will open.

Enter in information about the member you are looking to find claims for first, and then click the 'Search' button to show **all claims** in the Claim History.

OR

To filter your search, enter any known information in the given fields (see descriptions in the Additional Parameters).

Click the 'Search' button and the **Claim History** information will display.

### View a Member's Claim History

Enter one of the member attributes listed below and click on Search to review all claim information for that member. Or, enter specific claim information and click Search to filter your results.

At least one of the following is required for searching

Member ID:

First Name:

Last Name:

Claim Number:

Additional Search Parameters

Date of Service:  To

Provider Name:

Paid By: ☒ Health Plan

Check Number:

Check Date:  To

Paid To:

Claim Type:

Paid To: Any

Claim Type: All

Search

Get ADOBE® READER®

You will need Adobe Acrobat Reader to access the Explanation of Benefits.

Patient Name	Date of Service	Provider Name	Check Number	Claim Number	Billed Charges	Paid By Health Plan	Check Date	Paid To	Claim Type
KATIE JOHNSON	6/1/2008	TEST PROVIDER		208B3209400	\$35.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					
KATIE JOHNSON	6/1/2008	TEST PROVIDER		208B3218800	\$50.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					
KATIE JOHNSON	6/1/2008	TEST PROVIDER		208B3224000	\$50.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					
KATIE JOHNSON	5/1/2008	TEST PROVIDER		208B1732800	\$150.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					

NOTE: All columns can be sorted by clicking the arrow (▼ ▲) buttons under the column heading.

The **Claims History** page displays the following information.

- **Patient Name** – the name of the patient the claim was submitted for
- **Date of Service** – the date the patient received provider/Rx care
- **Provider** – the name of the provider that performed the service
- **Check Number** – the check number assigned to the claim
- **Claim Number** – the claim number associated with the service and a link to the Explanation of Benefits
- **Billed Charges** – the charges billed by the provider before any discounts/health plan payments are applied
- **Paid By Health Plan** – the dollar amount paid
- **Check Date** – the date the check was issued
- **Paid To** – who the check was paid to (employer or provider)
- **Claim Type** – the type of claim submitted (medical, vision, dental)

### Accessing Explanations of Benefits

Explanations of Benefits (EOBs) may be viewed online by following the steps outlined for Using the View a Member's Claims History.

The **Claim History** information will display. To see an individual EOB, click on 'Explanation of Benefits' where underlined, under the Claim Number. The EOB will open in Adobe Acrobat, and is printer-friendly.

Get ADOBE® READER®

You will need Adobe Acrobat Reader to access the Explanation of Benefits.

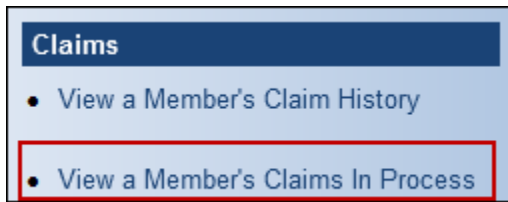
Click the Explanation of Benefits link

Patient Name	Date of Service	Provider Name	Check Number	Claim Number	Billed C	Paid By Health Plan	Check Date	Paid To	Claim Type
KATIE JOHNSON	6/1/2008	TEST PROVIDER		208B3209400	\$35			No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					
KATIE JOHNSON	6/1/2008	TEST PROVIDER		208B3218800	\$50.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					
KATIE JOHNSON	6/1/2008	TEST PROVIDER		208B3224000	\$50.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					
KATIE JOHNSON	5/1/2008	TEST PROVIDER		208B1732800	\$150.00	\$0.00	10/29/2008	No Payment	Medical
				<a href="#">Explanation Of Benefits</a>					

## View a Member's Claims In Process

The View a Member's Claims in Process tool allows for the employer to view claims for member's that are still open for processing. Use the following steps to access and view open claims for yourself or your dependents.

From the **Employer Website Home** page, click the 'View a Member's Claims in **Process**' link in the **Claims** section.



OR

From the navigation bar, go to **Claims > View a Member's Claims in Process**.



The **View a Member's Claims in Process** page will open.

Enter at least one search parameter and click on the 'Search' button to bring up all open claims for that parameter or enter in specific member information to narrow your search. It will return all claims in the same format and sort functions as the View a Member's Claims History the difference being there will be no EOBs to view.

If there are no open claims, a message will appear that says "**Currently, there are no claims that qualify.**"

## View a Member's Claims In Process

Enter one of the member attributes listed below and click on Search to review all claim information for that member. Or, enter specific claim information and click Search to filter your results.

At least one of the following is **required** for searching

Member ID:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text" value="doe"/>
<input type="button" value="Search"/>	

Patient Name ▲▼	Date of Service ▲▼	Provider Name ▲▼	Claim Number ▲▼	Billed Charges ▲▼	Paid By Health Plan ▲▼	Paid To ▲▼	Claim Type ▲▼
JANE DOE	8/15/2008	SUPPLIES	<a href="#">WB97402</a>	\$500.00	\$0.00	See EOB	Medical
JOHN DOE	8/1/2008	SUPPLIES	<a href="#">WB97401</a>	\$500.00	\$0.00	See EOB	Medical

To view specific claim details click on the claim number link in the **Claim Number** column.

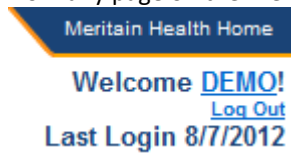
**Claim details for WB97402**

Claim Identifiers	
Group ID	99980
Subscriber	JANE
Patient Name	JANE
Provider	LE ANNE SANDBERG
Provider Address 1	
Provider Address 2	400 INTERCHANGE SOUTH
Provider City, State and ZIP	AMARILLO TX 79101
Patient account number	LRT
Claim Disposition Information	
Processed Date	8/26/2008
Paid Date	8/18/2008
Paid Amount	\$0.00
Check Number	MICR
Check Name	JOHN DOE
Check Address 1	
Check Address 2	400 INTERCHANGE SOUTH

## Logging Out

Remember to log out of the Employer Website to ensure confidentiality of your health care information.

From any page on the Meritain site, click on **Log Out** link, located in the upper right-hand corner of your screen.



OR

Click the 'Logout' link located in the footer of the website.



# Invoices

## View Invoice Information

From the Employer Website Home page, click the 'View Invoice Information' link in the **Invoices** section.



OR

From the navigation bar, go to **Invoices > Invoices**.



The **View Invoice Information** page will appear

### Employer Invoice

Listed below, please find a list of your monthly invoices. To view the details of an invoice, please click on the icon in the View Detail column.

Balance	Invoice Date	Due Date	Invoice Amount	View
				