



Online benefits administration

Welcome

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

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

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

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

Humana®

GCHKHRFEN 0322

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Contact us

		Who contacts	How we can help
Humana Business Web Support	888-666-5733 8 a.m. – 7 p.m. Eastern time	Benefits administrator	<ul style="list-style-type: none"> • Help with activation • Online enrollment • Web functionality issues
Open enrollment hotline	888-393-6765	Employee	<ul style="list-style-type: none"> • Every group does not have hotline access
Humana Business Services	800-592-3005 SBMarketSupport@humana.com	Employer and agents	<ul style="list-style-type: none"> • All service inquiries for medical (under 100 membership), dental, vision and life
Single point of contact (SPOC)	Provided to employer and agents of 100+ medical groups	Employer and agents	<ul style="list-style-type: none"> • All service inquiries for 100+ medical groups
MyHumana questions	877-845-3480	Employee	<ul style="list-style-type: none"> • Reset passwords • Answer questions regarding the employee's benefits, deductibles, finding in-network physicians, etc. • Navigation through MyHumana
Group level changes	Phone: 800-232-2006 Fax: 877-369-5615 beclericals@humana.com	Employer and agents	Update addresses, probationary periods and contact information



Enrollment basics

ID cards

- We mail most ID cards to the employees' home address 10 days after coverage is issued.
- If an employee selected a spending account (PCA, HSA), we provide a separate Humana Access® card or combined medical ID/Humana Access card. We will mail these cards to employees' home address 10 to 15 days after coverage is issued.
- If services are needed before ID cards are received, proof of insurance information can be accessed online by activating or signing in to **Humana.com**.
- Once ID cards are available, they can be viewed at any time by signing in to **Humana.com** and accessing the **ID Card Center** on the **Manage Employees** tab of the Employer Self-Service homepage.



COBRA and State Continuation

State continuation services

Most states have state continuation laws that require employers to offer former employees and their dependents continuation of health coverage when they no longer are active under the employer's health plan. State continuation is an employer/employee relationship for employers with fewer than 20 employees. States may have different eligibility requirements that employees will need to meet.

For details, call **800-579-8040** or go to **Humana.com** and search for "COBRA."

COBRA options

Employees may need guidance on what options are available after they or a dependent lose coverage.

COBRA enables the member to temporarily continue their current health coverage for up to 18 months (dependents can qualify for up to 36 months). The rate includes the employee's premium, the employer's share of the premium and a small administrative fee.

Employees with questions about COBRA can call our Billing and Enrollment department at **800-232-2006**. For more information, go to **Humana.com** and search for "COBRA."

COBRA administration

Submit these changes via the following methods:

- Fax to **866-584-9140**
- Mail to Humana Commercial Enrollment P.O. Box 14330 Lexington, KY 40512
- Email to commandspecenroll@humana.com (via Humana's secure Employer Self-Service site)

For employers

Since you have access to Humana Employer Self-Service, you have the ability to email applications securely through CommAndSpecEnroll@humana.com.

Do you self-administer your COBRA Coverage? If so, you have the added benefit of being able to process your COBRA enrollments and changes via the Online Enrollment tool in Humana Employer Self-Service.

For third-party administrators

You can register for a Secure Mail Portal at www.humanasecuremail.com. Once registered, you will have the ability to email applications securely through CommAndSpecEnroll@humana.com.



Timely applicant

Employees and dependents must enroll for coverage within 31 days of a qualifying event, or 60 days before or 31 days after their eligibility date.



Premiums

Humana sends premium statements about the 15th of the month. To ensure your invoice reflects timely adjustments, submit changes before the 10th of the month. Payments are due the first of each month.



Employee eligibility changes

Submit enrollment changes within 31 days of the qualifying event.

You are responsible for notifying Humana of a change in a covered employee's eligibility within 31 days of the change, or as otherwise stated in your group policy. A request to us to terminate coverage retroactively is your certification that the member did not pay any premium for coverage past the requested termination date.



Enrollment basics: Explanation of terms

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

Birth: Add newborn coverage. Upon delivery, the employee can call **800-872-7207** to ensure coverage. Additions must take place within 30 days of birth. The BA can also add the newborn, or specific details on the infant via HRBA. If details are not updated within 30 days of the birth, please call for assistance.

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

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

Child eligible disable: Add a dependent that has been declared disabled.

Child newly eligible student: Current dependent newly enrolled as a full-time student.

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

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

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

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

HSA start/change contribution: Change to employee's HSA contribution.

Late enrollee: The subscriber is enrolling outside of the Open Enrollment Period.

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

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

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

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

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

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

ONLY AVAILABLE FOR SOME GROUPS



Enrollment basics: Eligibility waiting periods

New-hire enrollments may be subject to waiting periods and eligibility. Depending on group setup, new hires may be eligible immediately upon meeting the waiting period, or on the first day of the next month. (If a waiting period is met on the first of a month, the new hire is eligible on that date.)

If hire date is June 24 and waiting period is:

Waiting period immediate first of month

None June 24 July 1

30 days July 24 August 1

60 days August 23 September 1

90 days September 22 October 1



Enrollment basics: Frequent events and materials needed

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

Social Security number correction

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

Effective date correction

- Call the web team and they will assist the group in submitting another event, or by correcting the dates with enrollment if this can’t be corrected during the call date of hire correction.
- Provide web team with the correct date of hire. They will send a request to enrollment to correct the date of hire, and then correct online.

Duplicated subscriber or dependent

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

Changing the eligibility group

Possible reasons a BA would call in regarding the group eligibility:

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



Primary care physician (PCP)

Change/updates

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

How to correct a PCP within the open event:

1. The BA will select [Modify Subscriber/Dependent info](#)
2. Check the box next to the open event, choose [Select](#) and [Continue](#)
3. Keep selecting [Next](#) until you get to the PCP screen
4. Check the box and enter new PCP number, continue to [Review and Finish](#)

Newborns

- The BA will check [View Subscriber Summary](#)
- [View dependent history](#) to see if the newborn has been added for first 30 days or more of coverage

If the newborn is showing coverage:

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

Retro termination date correction

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

- Retro termination requests are allowed up to 60 days
- The billing representative then makes the retro termination in the system and that termination date should roll back to the web

COBRA

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



Manage Employees: Search employees

Select **Search Employees** in the **Manage Employees** drop down on the Employer Self-Service home page. The Enrollment Center (HRBA) will open in a new tab.

Search Employees will allow a search for active members by **Last Name, First Name** or by full **Social Security number**.

- Select the employee's name to open the subscriber summary page in the enrollment center.
- Once on the subscriber summary page, navigate within the enrollment center to complete member changes.

Note: EDI groups only have access to the Search Employees feature and are not authorized for maintenance functions.



Manage Employees: Web enrollment (HRBA)

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



Enrollment Center: Home

The Human Resource Benefit Administration (HRBA) will require first-time users to activate their account with their own Social Security number. This will tie the enrollment center access to the secure sign-in for Employer Self-Service so that any enrollments submitted will show under that name. If you do not have, or do not wish, to use your own Social Security number, contact Humana Business Web Support at 888-666-5733 and a dummy social security number can be requested.

Humana Welcome, William Baker [Log Out](#)

• = Required Information

Let's activate your Humana Enrollment Center account

Please enter your personal SSN below

• Enter your own SSN:

• Reenter your own SSN:

Sign In →

Humana

Home Subscriber Maintenance Reports

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

Add a Subscriber

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

Terminate a Subscriber

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

Modify Subscriber/Dependent Info and/or Coverage

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

Recent Enrollment Status
 View the Subscriber Enrollment Status

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

Reports
[Reporting](#)
 View the reports you currently have or create new reports.

[Audit Report](#)
 Track subscribers use of the online enrollment application.

[Enrollment E-mail Address Audit Report](#)
 Track e-mail address changes

Upload Evidence Of Insurability Form
[Upload Document](#)
 Please upload the filled in Application

Whichever link is selected under **Manage Employee** will open the Enrollment Center in a new tab. The link selected will determine the page that displays. To get back to the **Home** page of the Enrollment Center, select Home in the tool bar at the top of the page to choose a new action.



Enrollment Center: Add a subscriber

- To get started, select **Add a Subscriber**.
- This same page will open if the **Add Employee** from the **Manage Employees** tab on the Employer Self-Service home page is chosen.
- All new employees should be added as a new subscriber even if coverage is being waived. This creates a profile for the employee so coverage can be added at a later date. Coverage can be waived on the modify info/coverage screen during the new hire event.

Add a Subscriber

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

- Enter the employee's Social Security number twice and select **Next**.

Humana

Home | Subscriber Maintenance

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

Add Subscriber

Enter the following information:

- Social Security Number: 000-00-0000
- Social Security Number: 000-00-0000

Is this subscriber being added for COBRA or State continuation? Yes No

Next >>



Enrollment Center: Add a subscriber

Enter the subscriber's Personal Information

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

Add Subscriber

Enter the following information:

Social Security Number:	XXX-XX- <input type="text"/>	<input type="checkbox"/>
Prefix:	<input type="text" value="Select"/>	
• Last Name:	<input type="text"/>	
• First Name:	<input type="text"/>	
Middle Initial:	<input type="text"/>	
Suffix:	<input type="text" value="Select"/>	
• Date Of Birth:	<input type="text"/>	
• Gender:	<input type="text" value="Select"/>	
• Mailing Address:	<input type="text"/>	
• City:	<input type="text"/>	
• State:	<input type="text" value="State"/>	<input type="text"/>
• Zip Code:	<input type="text"/>	<input type="text"/>
Home Phone: (ex: 555-555-5555)	<input type="text"/>	
Work Phone: (ex: 555-555-5555)	<input type="text"/>	
E-mail Address:	<input type="text"/>	
• Hire Date:	<input type="text"/>	
• Eligibility Group:	<input type="text" value="Select Eligibility Group"/>	<input type="text"/>
• Subscriber Status:	<input type="text" value="Select"/>	
• Occupation:	<input type="text"/>	
Annual Salary Amount (\$):	<input type="text"/>	
• Hours Worked Weekly:	<input type="text"/>	

Does this subscriber have a disability? Yes No



Enrollment Center: Dependents

- To add another dependent, select **Add dependent** again. Select the **Modify (1)** button to edit dependent's personal information. **Submit** to save changes.

Dependents:

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

Mary Smith 222 North Ave Kaukauna, WI 54130 Home:	SSN: *****	Spouse 8/26/1992 Female	Disability: Full-Time Student:	No No
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Buttons: << Previous, Next >>, Add Dependent, Modify (1), Delete (2)

- Delete (2)** dependents by selecting Delete on the dependent record and select an appropriate reason. Deleting dependents will permanently remove them from all benefits. If there is a chance they will need to reinstate coverage during renewal or with a qualifying event, leave the dependent record active and remove them from the benefits coverage.
- Once you have completed adding dependent records, select **Next**.

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

Select The Reason For Deleting **Mary Smith**

Please select

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

Buttons: Submit, Cancel



Enrollment Center: Coverage

- All benefits offered by the group will be listed. For each benefit offered, there will be a drop-down menu. Select the benefit the member has elected. If they do not want to be enrolled in the benefit, select **Waive**.
- If a benefit has been waived, it will not be processed without selecting a waive reason, which is required. Waive reasons will display as a pop-up (3), so if you are not prompted to select a waive reason make sure your pop-up blocker is disabled.
- Dependents are enrolled in the benefits by checking their name under each benefit. To remove a dependent from coverage, uncheck the name.
- Once you have finished your coverage elections, select **Next**.

Modify Information/Coverage

Subscriber Name: Doe John
Subscriber SSN: XXX-XX-XXXX

Reason For Coverage Change: New Hire
Effective Date: 1/1/2022

I would like to receive an email confirmation that the requested transaction has been processed

Progress: Personal info, Dependents, Coverage, Review and Finish

Medical Benefits

Select Plan: Medical is not available to you and/or working in the state of Hawaii. Hawaii can never be waived.

Coverage Start Date: Select pretax or after-tax deduction for this dependent. From the family members listed, select the ones you want to cover with this medical plan.

Dependent: Mary Smith
Relationship: Pretax After-Tax
 Spouse

Buttons: Add Dependent, Select plan

3 I'm waiving coverage because I have:

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

Button: Submit



Enrollment Center: Review and finish

Modify Information/Coverage [Online Benefit Administration Guide](#)

Subscriber Name: Doe John
Subscriber SSN: XXX-XX-XXXX

Reason For Coverage Change: New Hire Effective Date: 1/1/2022 Comments: [Edit](#)

I would like to receive an email confirmation that the requested transaction has been processed. Please enter a valid address. [Enter](#)

Personal info Dependents Coverage **Review and Finish**

Review and Finish - Confirm selections

Personal Information

Date Of Birth:	8/8/1991	Hire Date:	12/1/2021
Gender:	Male	Work Phone:	
Mailing Address:	222 North Ave Kaukauna, WI 54130-	Eligibility Group:	
Home:		Subscriber Status:	Full Time Employee
E-mail:		Occupation:	
Disability:	No	Work Location:	
Hours Worked Weekly:	0		

[Modify](#)

Dependent(s)

Mary Smith	SSN:	XXX-XX-XXXX
	Relationship:	Spouse
222 North Ave	Date Of Birth:	8/26/1992
Kaukauna, WI 54130-	Gender:	Female
	Disability:	No

[Modify](#)

Coverage

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

Plan	Network	Coverage Level	Effective Date
NPOS 5000	National POS Choicecare w/Corphealth	Employee + One Adult	1/1/2022 -



Review

- You can confirm demographic information, dependent information and coverage elections. Once you have confirmed selections, choose **Submit**.
- A subscriber only has to be added to a group once; any future changes will be submitted as a **Modify** event. A member that was terminated and has returned does not need to be added again, but **Rehire** chosen as the reason for the **Modify** event.
- Only one enrollment event can be submitted per member per 24-hour period.

Coverage

NOTE: Please review the coverage termination dates

Plan
NPOS 5000

Covered Members
Doe John
Mary Smith (Spouse)
[View previous/other coverage](#)

[Modify](#)

<< Previous **Submit** ←



Enrollment Center: Review and finish

You should see a confirmation page after selecting **Submit**. If you do not see a confirmation page, you have not yet submitted your enrollment. The effective date of applications entered with an event of “New Hire” will be validated according to the group new hire provisions. If the effective date entered does not match the calculated effective date, the application will be updated to reflect the correct effective date.

Print page

Notifications

Context	Affected Field	Message
Group	Effective Date (FM/D)	In accordance with the group provisions, the effective date has been updated to 2/1/2022.

Submit
Version=1.21.12.12

Modify Information/Coverage

You have completed the enrollment for Doe John.
Please allow 2 - 3 business days for the changes to become effective in all of our systems.
If you elected to receive a confirmation when changes were completed the Benefit Administrator will receive that communication within this timeframe.

Doe John (XXX-XX-XXXX)

Date Of Birth: 8/8/1991
Gender: Male
Mailing Address: 222 North Ave
Kaukauna, WI 54130-

Home:
Work:
E-mail:
Occupation:
Hours Worked Weekly: 0

Plan

Plan:	NPOS 5000	Network:	National POS Choicecare w/Corphealth	Effective Date:	2/1/2022 -	Pre-Tax:	Yes
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Network Of Doctors/Hospitals:

Coverage Level: Employee + One Adult
Covered members as of 2/1/2022

Covered Members	Primary Care Physician(PCP)	PCP ID	Current Patient	OB/GYN Name	OB/GYN Current Patient
Doe John					No
Mary Smith (Spouse)					No

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

Eligible For Medicare: No

Print page Modify



Enrollment Center: Modify info and/or coverage

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

Modify Subscriber/Dependent Info and/or Coverage

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

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

Modify Information/Coverage

To find a subscriber to create/edit an event, enter a full or partial name and/or social security number. ● = Required Information

Last Name:

And/Or

First Name:

Or

Social Security Number:

Click on the name of the subscriber you want to select. 1 found 1 - 1

Name	SSN	Date of Birth	Eligibility Group
Doe, John	XXX-XX-XXXX	08/08/1991	

1 found 1 - 1

- Open events will show any enrollment event from the last 30 days. The start date and end date are referring to the time frame in which a change can be submitted. Anytime an enrollment event is opened there are 30 days to submit. The coverage date is the effective date of the benefit change. The example shown on this new hire event that the status is complete means it has been successfully submitted to Humana. This does not indicate the enrollment request has been completed; enrollment changes are completed within 24–48 hours of submission.
- To open a new event, select a reason from the **Reason for Coverage Change** drop-down menu. For assistance with choosing the appropriate reason, call Humana Business Web customer service or reach out to your Humana representative. For this example, select **Gain/Loss of other coverage** with an effective date of July 1, 2016, and a loss date of June 30, 2016. Choose **Select and Continue**.

Modify Information/Coverage

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

Select an Open Event to resume

Open Events
Reason for Coverage Change
 New Hire

ATTENTION: For members who reside in Hawaii, please hover over the

Select a new reason

Select a new reason

Ent: Open Enrollment Is Signed/Submitted Online*

New Hire

Rehire (Full Enrollment)

Gain/Loss of Other Coverage

Late Enrollee

Terminate Dependent

Change in Eligibility Group

Update Personal Info

Birth

Marriage

Divorce/Legal Separation

Child Newly Eligible - Student

Adoption/Guardianship

Court Ordered Coverage

Child Eligible - Disabled

Moved out of Svc Area

Change Prior/Other Coverage

Reinstate Dependent

Rehire (Pre-Enrollment)

Modify Information/Coverage

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

Select an Open Event to resume

Open Events
Reason for Coverage Change
 New Hire

ATTENTION: For members who reside in Hawaii, please hover over the

Select a new reason

Enter Effective Date*: Date Form Is Signed/Submitted Online*:

Jan 2022

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



Enrollment Center: Modify info and/or coverage

The first step of any enrollment event is Personal Information

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

Reason For Coverage Change: Gain/Loss of Other Coverage
Effective Date: 1/27/2022
Comments: [Edit](#)

I would like to receive an email confirmation that the requested transaction has been processed. Please enter a valid address. [Enter](#)

Personal info
Dependents
Coverage
Review and Finish

Personal Information

Verify the following information and make any changes.

Prefix:

Last Name:

First Name:

Middle Initial:

Suffix:

Date Of Birth:
(ex: mm/dd/yyyy)

Gender:

Mailing Address:

City:

State:

Zip Code:

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

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

E-mail Address:

Hire Date:
(ex: mm/dd/yyyy)

Eligibility Group:

Subscriber Status:

Hours Worked Weekly:

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

Hours Worked:

Frequency:

Does this subscriber have a disability? Yes No

*NOTE: Changes may cause benefit changes.

<< Previous
Next >>

The second step is Dependents

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

Modify Information/Coverage
[Online Benefit Administration Guide](#)

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

Reason For Coverage Change: Gain/Loss of Other Coverage
Effective Date: 1/27/2022
Comments: [Edit](#)

I would like to receive an email confirmation that the requested transaction has been processed. Please enter a valid address. [Enter](#)

Personal info
Dependents
Coverage
Review and Finish

Dependents:

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

Add Dependent

Mary Smith 222 North Ave Kaukauna, WI 54130 Home:	SSN: ***** Relationship: Spouse Date Of Birth: 8/26/1992 Gender: Female	Disability: Full-Time Student: No No	Modify Delete
---	--	---	---

<< Previous
Next >>



Enrollment Center: Modify info and/or coverage

The third step is Coverage

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

Modify Information/Coverage

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

Reason For Coverage Change: Gain/Loss of Other Coverage Effective Date: 1/27/2022 Comments: [Edit](#)

I would like to receive an email confirmation that the requested transaction has been processed. Please enter a valid address. [Enter](#)

Personal info Dependents **Coverage** Review and Finish

Coverage

Medical Benefits

Select Plan:
Medical is not available to employees living and/or working in the state of Hawaii. Hawaii can never be the main or working location for any group; employees are not eligible for medical coverage.

Coverage Start Date:

Select pretax or after-tax deductions: Pretax After-Tax

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

Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/> Mary Smith	Spouse	8/26/1992

[Add Dependent](#)

Has this subscriber or any of their dependents had other medical insurance in the past 18 months? Yes No

Will this subscriber or any of their dependents have other medical coverage at the time the plan is effective? Yes No

Are you or any of your covered dependents enrolled in Medicare at the time this plan will be effective? Yes No

[<< Previous](#) [Next >>](#) ←



Enrollment Center: Modify info and/or coverage

The fourth and final step is Review and Finish

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

Modify Information/Coverage [Online Benefit Administration Guide](#)

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

Reason For Coverage Change: Gain/Loss of Other Coverage Effective Date: 1/27/2022 Comments: [Edit](#)

I would like to receive an email confirmation that the requested transaction has been processed. Please enter a valid address. [Enter](#)

Personal Info
Dependents
Coverage
Review and Finish

Review and Finish - Confirm selections

Personal Information

Date Of Birth:	8/8/1991	Hire Date:	12/1/2021
Gender:	Male	Work Phone:	
Mailing Address:	222 North Ave Kaukauna, WI 54130-	Eligibility Group:	
Home:		Subscriber Status:	Full-Time Employee
E-mail:		Occupation:	
Disability:	No	Work Location:	
Hours Worked Weekly:	0		

[Modify](#)

Dependent(s)

Mary Smith	SSN:	XXX-XX-XXXX
	Relationship:	Spouse
222 North Ave	Date Of Birth:	8/26/1992
Kaukauna, WI 54130-	Gender:	Female
	Disability:	No

[Modify](#)

Coverage

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

Plan	Network	Coverage Level	Effective Date		
NPOS 5000	National POS Choicecare w/Corphealth	Employee + One Adult	1/27/2022 -		
Covered Members	Primary Care Physician(PCP)	PCP ID	Current Patient	OB/GYN Name	OB/GYN Current Patient
John Doe					No
Mary Smith (Spouse)					No

[View previous/other coverage](#)



Enrollment Center: Exiting and resuming

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

You have selected to exit enrollment.
Would you like to save your progress?

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

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

Modify Information/Coverage [Online Benefit Adm](#)

● = Required

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

Select an Open Event to resume

Open Events

Reason for Coverage Change	Event Type	Start Date	End Date	Date Coverage is Effective	Status	
<input checked="" type="radio"/> New Hire	Individual	01/27/2022	02/27/2022	02/01/2022	Complete	Close event
<input type="radio"/> Gain/Loss of Other Coverage	Individual	01/27/2022	02/27/2022	01/27/2022	InProcess	Close event

ATTENTION: For members who reside in Hawaii, please hover over the "i" icon for additional information

Enter Effective Date*: Date Form Is Signed/Submitted Online*:

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

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



Enrollment Center: Terminate coverage

Termination is a permanent end of any and all lines of coverage for the member and any enrolled dependents. **Please submit a Modify event with the appropriate reason selected if a member is opting out of only a single line of coverage, or removing a dependent from coverage.** For example: If a dependent is no longer eligible for coverage, a Modify event of **Terminate Dependent** is selected and the box next to the dependent name is unselected on the Modify Info/Coverage screen.

Benefits will end at 11:59 p.m. on the **Coverage Termination Date**. This date may be end of month or immediate. To confirm group setup, please reach out to Humana customer service.

The **Loss of Eligibility** date is the last date the member is eligible for coverage. For example, the reason of Termination of Employment; this date equals the employee's last date of employment.

Select **Yes** if COBRA/State Continuation is managed online and has been requested by the member. If a third-party administrator is used, select **No** and notify the third-party administrator of any member terminations.

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

Terminate a Subscriber

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

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

Terminate a Subscriber ● Required Information

Termination is a permanent end of any and all lines of coverage for the member and any enrolled dependents. Please submit a **Modify** event with the appropriate reason selected if a member is opting out of only a single line of coverage, or removing a dependent from coverage.

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

To terminate this subscriber, fill out the following information:

- Reason For Termination Of Coverage:
- Coverage Termination Date: (ex: mm/dd/yyyy)
- Loss Of Eligibility Date: (ex: mm/dd/yyyy)
- Do you want to enroll the member in COBRA or State Continuation? If utilizing services, do not enroll the member on Humana's website. Contact your Third Party Administrator for more information.

Select a reason

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

No Yes

<< Previous Next >>
 *Actual coverage termination date should match the provisions of your contract and may be revised.
 Version=1.21.12.12



Enrollment Center: Terminate subscriber

- The **Coverage Termination Date** is the last date the subscriber will be covered; coverage will end at midnight on coverage termination date. Depending on how the group is set, it may terminate at the end of the month, or immediately. Dependent coverage may end on the date eligibility ends, such as date of divorce and not end of month. To confirm termination provision, call Humana Business Web Customer Service or reach out to your Humana representative.
- The **Loss of Eligibility** date is the last date the member was eligible; typically last date of employment.
- If the member wishes to enroll in **COBRA or State Continuation**, only select yes if you manage the group's COBRA enrollments and are prepared to complete the COBRA enrollment at the time the termination is being submitted.
- If a third-party administrator is used for COBRA, select **No** and notify the TPA of any member terminations.
- If you do manage your own COBRA, but are unsure if the subscriber is interested, select **No**. The COBRA event can be submitted at a later date should the member wish to enroll. Select **Next**.
- Additional Resources: Frequent events and materials needed – Cobra

Terminate a Subscriber

Termination is a permanent end of any and all lines of coverage for the member and any enrolled dependents. Please submit a **Modify** event with the appropriate reason selected if a member is opting out of coverage, or removing a dependent from coverage.

Subscriber Name: John Doe
Subscriber SSN: XXX-XX-XXXX

To terminate this subscriber, fill out the following information:

- Reason For Termination Of Coverage:
- Coverage Termination Date:
- Loss Of Eligibility Date:
- Do you want to enroll the member in COBRA or State Continuation? If utilizing a Third Party Administrator for COBRA services, do not enroll the member on Humana's website. Contact your Third Party Administrator: No Yes

<< Previous Next >>

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

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

Review and Finish

Review and Finish - Confirm selections

Personal Information

Date Of Birth:	8/8/1991	Hire Date:	12/1/2021
Gender:	Male	Work Phone:	
Mailing Address:	222 North Ave Kaukauna, WI 54130-	Eligibility Group:	
Home:		Subscriber Status:	Full Time Employee
E-mail:		Occupation:	
Disability:	No	Work Location:	
Hours Worked Weekly:	0		

Dependent(s)

Mary Smith	SSN:	XXX-XX-XXXX
	Relationship:	Spouse
222 North Ave	Date Of Birth:	8/26/1992
Kaukauna, WI 54130-	Gender:	Female
	Disability:	No

Termination Information

Reason For Termination:	Subscriber Loss of Eligibility
Effective Date:	1/27/2022
Loss Of Eligibility Date:	1/27/2022
Enroll in COBRA/Continuation:	No

Coverage

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

<< Previous Submit

Version=1.21.12.12

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

Terminate Subscriber

You have terminated coverage for John Doe (XXX-XX-XXXX)

Please allow 24 to 48 hours for the changes to become effective in all our systems.