



HealthEquity®

# Member Portal User Guide

COBRA & Direct Bill Services

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## SECTION 1 – INTRODUCTION & LOG IN

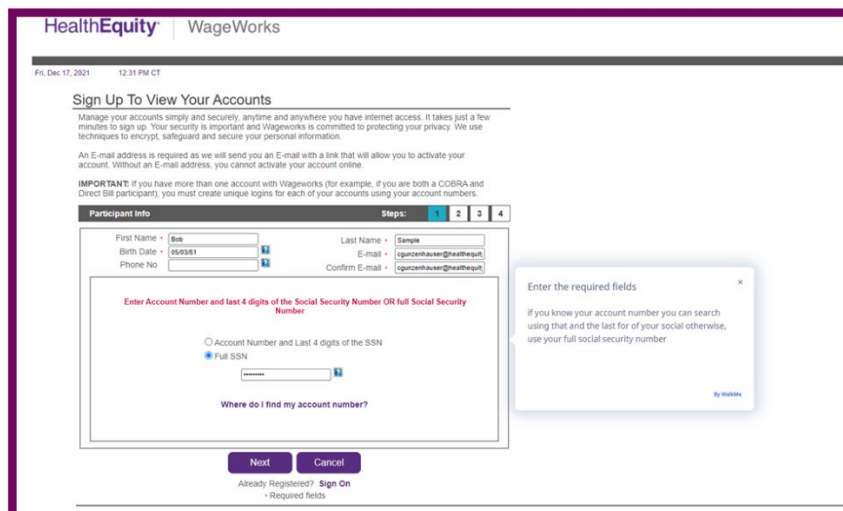
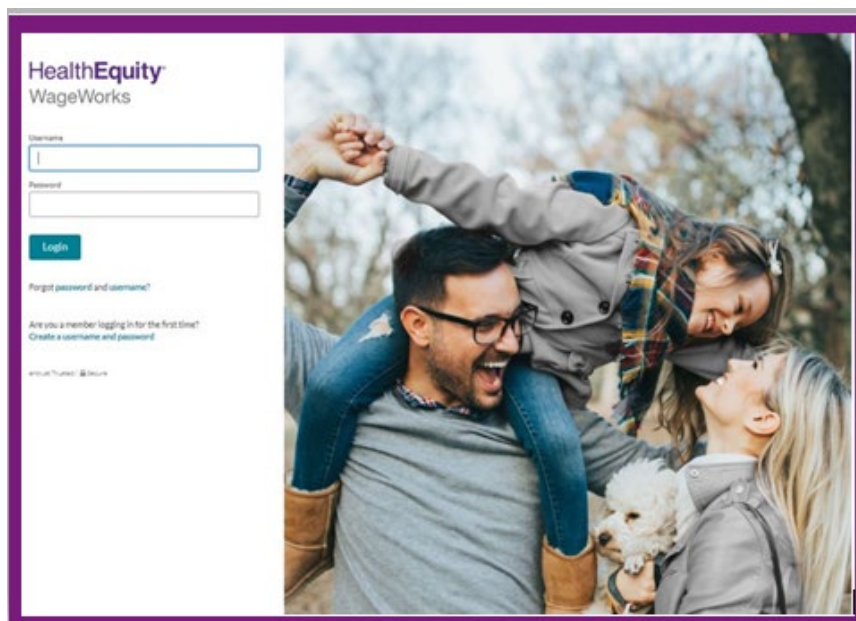
### Introduction

The Member portal allows you to access your COBRA or Direct Bill account information. You can view your payment status, election options and general account information. You can also make online payments and add/modify recurring payments.

Access your account information at <https://MyBenefits.WageWorks.com>.

### Register

For access to the Member portal, you will need to register and create a username and password.



## First Time Log In

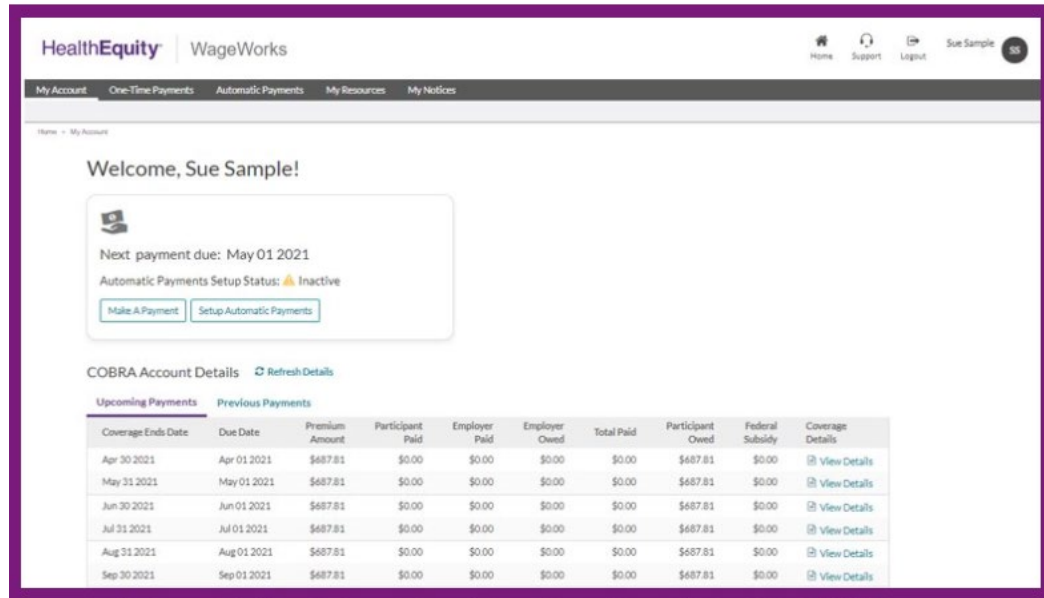
After you register and log in to the portal for the first time, you will need to verify or enter your email address and phone number as an additional security measure.

## Forgot Username or Password

If you forget your username and/or password, you can request an email with your username and/or an email to update your password.

## SECTION 2 – MEMBER HOME PAGE

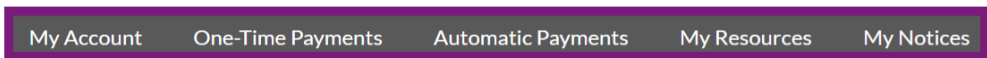
Once you log in to your account, you will see the Member home page with important information about your account and special instructions or actions that are needed.



## Top Navigation Options

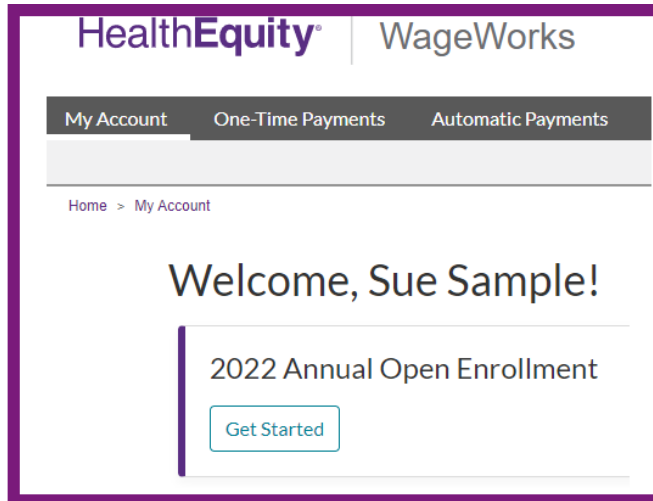
These options will appear at the top of the screen and include:

- **My Accounts** – View high level account summary information including coverage and billing details for the accounts you are enrolled in.
- **One Time-Payment** - Make a onetime payment
- **Automatic Payments** – Setup ACH
- **My Resources** – View frequently asked questions.
- **My Notices** – View all notices sent by HealthEquity/WageWorks.



## If Needing to Elect COBRA

- **Enroll in COBRA** – Ability to elect COBRA and select your benefit plans



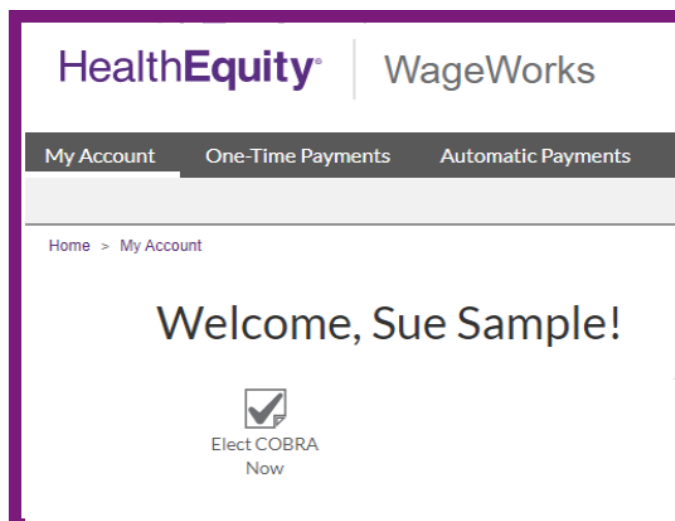
## SECTION 3 – ELECTING COBRA COVERAGE

If you have recently been offered COBRA but have not yet elected coverage, you can elect COBRA coverage when you log in to your account for the first time.

### COBRA Election Wizard

To enroll in COBRA, you need to complete the following steps:

- Step 1:** Select the “**Elect COBRA Now**” icon to begin the election process.



**Step 2:** Review the instructions / disclosure and check the acknowledgement box, then select **“Next”**.

My Account My Resources My Notices **Enroll in COBRA**

Home > Enroll in COBRA

## Online Election of COBRA Continuation Coverage

You may use this website to review your coverage options under COBRA and complete your COBRA election online.

INEOS Corporate has retained our services to notify you of your right to COBRA continuation coverage under its group health benefit plan(s) (the "Plan(s)"). Before continuing, please read the additional information included in the notice regarding your COBRA continuation coverage originally mailed to you. This document contains detailed information regarding your rights under COBRA. To view Frequently Asked Questions related to COBRA, [click here](#).

If you meet all applicable eligibility requirements and choose to elect COBRA continuation coverage, your coverage will begin on 02/01/2021.

If you wish to elect coverage, you may complete this online election process or you may complete and return the election form included in your mailed COBRA election notice. You must complete your online election or return your completed election form on or before the due date reflected above and on your election form. If your election is not completed or postmarked by this date, you will lose your right to elect COBRA coverage.

If you choose to elect COBRA coverage, you must make your initial COBRA coverage premium payment(s) within 45 days of the postmark date of your election (if mailed) or the date on which you finalize your election on this Web site (the "Election Date"). You should complete only one election option. If we receive your election online and via mail, your initial payment due date will be based on the earlier Election Date. To avoid cancellation, your initial payment(s) must include all premiums due for the period beginning with your loss of coverage through the last day of the monthly coverage period ending on or before the 45th day following your Election Date. Subsequent payments are due on the first day of each month and will be returned to you if not postmarked within 30 days of this due date. If your COBRA continuation coverage is canceled for any reason, including non-payment or late payment of premiums, it cannot be reinstated.

Upon your election, you may receive a courtesy invoice or coupons for the cost of COBRA coverage from the date on which you lost or will lose active coverage under the Plan(s) through the end of the current month. However, if you do not receive an invoice for any reason, you must still pay the required premium by the applicable due date. Premium payments are considered paid on the date you mail them (as evidenced by the postmark date). You must make full payment within the required time period, including a grace period, to prevent cancellation. If you submit any premium payment after the required deadline date, or if you submit any premium payment and are otherwise ineligible for coverage, those payments will be refunded to you. Our acceptance of premium payments is not an indication that coverage is in force. If you choose to elect COBRA online, you will have the opportunity to print your initial invoice immediately.

If you have any questions or need additional assistance please contact us at 1-877-722-2667.

\*The terms "you" and "your" refer equally to each qualified beneficiary identified in this online election process.

I have read and understand this section and I want to go to the online COBRA election form.

**Next**

**Step 3:** Review your options for coverage and your dependent information (if applicable) which were in place at the time of your loss of coverage (also known as your qualifying event). Select the benefits and coverage code (as applicable) that you would like to enroll into under COBRA and select the **“Next”**.

My Account My Resources My Notices **Enroll in COBRA**

Home > Enroll in COBRA

## Online Election of COBRA Continuation Coverage

### Coverage Details

Please review the tables below to confirm the eligible coverage and dependent information in place at the time of your coverage loss.

**IMPORTANT:** The monthly premium amounts listed on this page do not reflect any applicable subsidies or reductions. Please note that the amount due will not reflect any applicable subsidy or reduction until you complete the enrollment process.

	Plan Name	Coverage Code	Premium
<input type="checkbox"/>	Employee Assistance Program	Select an option	\$0.00
<input type="checkbox"/>	80% PPO Plan-COBRA	Select an option	\$0.00
<input type="checkbox"/>	Vision Plan - COBRA	Select an option	\$0.00
<input type="checkbox"/>	Dental Plan - COBRA	Select an option	\$0.00

### Dependent Information

Dependent Name	Birth Date	Relationship Type	Participant ID	Status
Savannah Sample	02/03/1954	Spouse		Active

If you believe there is an error with your coverage or dependents, please contact us before moving to the next step. You can reach us at CustomerDelivery@wageworks.com or 1-877-722-2667, Monday through Friday (excluding company holidays) from 7 a.m. to 7 p.m. CT.

You must select at least one plan to continue to the next step. Choose the plan(s) you would like to continue under COBRA and click Next.

**Previous** **Next**

**Step 4:** Select which individuals (including yourself) should be covered under each of the plans for the plan year and select “Next”.

My Account My Resources My Notices **Enroll in COBRA**

Home > Enroll in COBRA

### Online Election of COBRA Continuation Coverage

**Continuation Coverage**

Check the box beside each name to indicate which individual(s) should be covered under each Plan(s) component you are selecting. Please note that you must check your own name to elect coverage for yourself. You may not obtain coverage above that which was in effect on the date your coverage was lost. Premiums listed reflect the current full monthly cost of the Plan(s) components. (Note that these amounts will change in the future and will most likely be higher than they are now; you will be notified of COBRA premium changes.)

Plan Name	Coverage Type	Premium	Individual(s)
Employee Assistance Program	Employee Only	\$0.00	<input type="checkbox"/> John Sample
80% PPO Plan-COBRA	Employee + One	\$1,818.72	<input type="checkbox"/> John Sample <input type="checkbox"/> Savannah Sample
Vision Plan - COBRA	Employee + One	\$13.90	<input type="checkbox"/> John Sample <input type="checkbox"/> Savannah Sample
Dental Plan - COBRA	Employee + One	\$67.96	<input type="checkbox"/> John Sample <input type="checkbox"/> Savannah Sample
<b>Total Premium:</b>		<b>\$1,900.58</b>	

[Previous](#) [Next](#)

My Account My Resources My Notices **Enroll in COBRA**

Home > Enroll in COBRA

### Online Election of COBRA Continuation Coverage

**Election Authorization**

Plan Name	Coverage Type	Premium*	Individuals Covered
Employee Assistance Program	Employee Only	\$0.00	John Sample
80% PPO Plan-COBRA	Employee + One	\$1,818.72	John Sample Savannah Sample
Vision Plan - COBRA	Employee + One	\$13.90	John Sample Savannah Sample
Dental Plan - COBRA	Employee + One	\$67.96	John Sample Savannah Sample
<b>Total Premium:</b>		<b>\$1,900.58</b>	

\* Premiums listed reflect the total COBRA premium (which is the total cost to the plan plus any applicable administrative fees) for the Plan(s) component(s) you selected. Any adjustments to these amounts (e.g., extended benefits due to disability; employer- or federally-afforded premium reductions) will be reflected under "My Account" after electing.

To proceed, you must read and agree to the statements below and then click the "ELECT" button.

By clicking the "ELECT" button, you elect the coverage(s) reflected above and your first payment is due by 02/26/2022. Your first premium payment amount must include all premiums due for coverage from the date coverage would have otherwise terminated through the last day of the monthly coverage period ending on or before this date, which is 45 days after the date of your election. For example, if coverage ended on January 31 and an election to continue coverage was made March 15, premiums for February AND March must be paid by April 29, the 45th day after the date of the election. If coverage ended on January 22 instead of January 31, you would owe premiums for the nine remaining coverage days in January in addition to the premiums for February and March (premiums for April would be due no later than May 1). If your payment is not made by this date,

**Step 6:** Review your election choices and the election authorization. **Note:** If you need to make any changes, select the “**Previous**” button to go back a page. If everything is correct, select “**Elect**”.

Any adjustments to these amounts (e.g., extended benefits due to disability; employer- or federally-afforded premium reductions) will be reflected under 'My Account' after electing.

To proceed, you must read and agree to the statements below and then click the 'ELECT' button.

By clicking the 'ELECT' button, you elect the coverage(s) reflected above and your first payment is due by **02/03/2022**. Your first premium payment amount must include all premiums due for coverage from the date coverage would have otherwise terminated through the last day of the monthly coverage period ending on or before this date, which is 45 days after the date of your election. For example, if coverage ended on January 31 and an election to continue coverage was made March 15, premiums for February AND March must be paid by April 29, the 45th day after the date of the election. If coverage ended on January 22 instead of January 31, you would owe premiums for the nine remaining coverage days in January in addition to the premiums for February and March (premiums for April would be due no later than May 1). If your payment is not made by this date, you lose your right to COBRA continuation coverage. For a detailed overview of our legal requirements under COBRA, please review the additional information included in the COBRA election notice originally mailed to you.

I authorize the benefit election I have selected above. In addition, I agree to the following terms and conditions:

- I am not selecting coverage above that which was in effect at the time of my qualifying event.
- I understand that any COBRA election I make is assumed to include an election for all other qualified beneficiaries identified above except as specified otherwise above.
- I understand that COBRA coverage may terminate before the end of the maximum applicable coverage period if I become, after the date of my election, entitled to Medicare (under Part A, Part B, or both) or become covered under another group health plan (so long as that group health plan does not contain a pre-existing condition limitation or exclusion that can be applied to me).
- I agree to remit the full premium due on or before each specified payment deadline date. I understand that coverage will be canceled if payments are not remitted by the deadline. I further understand that if my coverage is canceled for non-payment or late payment of premiums, it cannot be reinstated.
- I understand that I may receive courtesy monthly invoices for my convenience only, and that I am responsible for timely payment regardless of whether or not I have received an invoice.
- I understand that claims may not be paid by the insurance carrier(s) until my initial premium payment has been received, processed, and applied.
- I understand that my coverage options and rates may change at any time, at the discretion of the plan sponsor.
- I agree to provide written notice of any change regarding address, eligibility, marital status, dependent status, or disability status.
- I agree to be bound by the terms and conditions of any applicable group health plan contracts.
- Finally, I certify that the above statements are complete and accurate to the best of my knowledge and that I have read the COBRA Election Notice mailed to me and the **additional information included in the COBRA FAQ.**

I hereby elect COBRA.

Select Elect to complete your enrollment

[Previous](#) [ELECT](#)

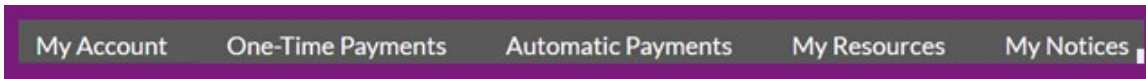


## SECTION 4 – USING YOUR ACCOUNT

### Top Level Navigation Menu

#### My Accounts

You can view a high-level overview of your account information including the coverage and billing details by selecting the “**My Accounts**” option from the top-level navigation menu.



Welcome, Sue Sample!

Next payment due: May 01 2021  
Automatic Payments Setup Status: 🔔 Inactive

[Make A Payment](#) [Setup Automatic Payments](#)

COBRA Account Details [Refresh Details](#)

Upcoming Payments		Previous Payments							
Coverage Ends Date	Due Date	Premium Amount	Participant Paid	Employer Paid	Employer Owed	Total Paid	Participant Owed	Federal Subsidy	Coverage Details
Apr 30 2021	Apr 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
May 31 2021	May 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Jun 30 2021	Jun 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Jul 31 2021	Jul 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>

COBRA Account Details [Refresh Details](#)

Upcoming Payments		Previous Payments							
Coverage Ends Date	Due Date	Premium Amount	Participant Paid	Employer Paid	Employer Owed	Total Paid	Participant Owed	Federal Subsidy	Coverage Details
Apr 30 2021	Apr 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
May 31 2021	May 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Jun 30 2021	Jun 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>

Welcome, Sue Sample!

Next payment due: May 01 2021  
Automatic Payments Setup Status: 🔔 Inactive

[Make A Payment](#) [Setup Automatic Payments](#)

COBRA Account Details [Refresh Details](#)

Upcoming Payments		Previous Payments							
Coverage Ends Date	Due Date	Premium Amount	Participant Paid	Employer Paid	Employer Owed	Total Paid	Participant Owed	Federal Subsidy	Coverage Details
Apr 30 2021	Apr 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
May 31 2021	May 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Jun 30 2021	Jun 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Jul 31 2021	Jul 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Aug 31 2021	Aug 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Sep 30 2021	Sep 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Oct 31 2021	Oct 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Nov 30 2021	Nov 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Dec 31 2021	Dec 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	<a href="#">View Details</a>
Jan 31 2022	Jan 01 2022	\$689.24	\$0.00	\$0.00	\$0.00	\$0.00	\$689.24	\$0.00	<a href="#">View Details</a>

**Billing and Payment Details**

Coverage Period 04/01/2021 - 04/30/2021

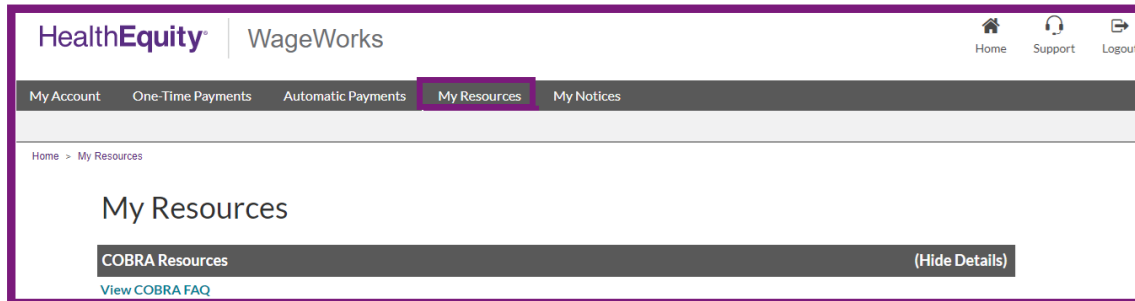
Select Coverage Date:

Plan Name	Plan Type	Coverage Code	Due Date	Monthly Premium
Medical PPO Silver	SelfFunded	Employee Only	01 Apr 2021	\$652.34
Vision Plan	Other	Employee Only	01 Apr 2021	\$7.20
Dental HMO Plan	Other	Employee Only	01 Apr 2021	\$26.47

Payment Details  
No Payment Details Available.

## View Resources

You can view any applicable resources that are available to you by selecting the “**My Resources**” option from the top-level navigation menu.

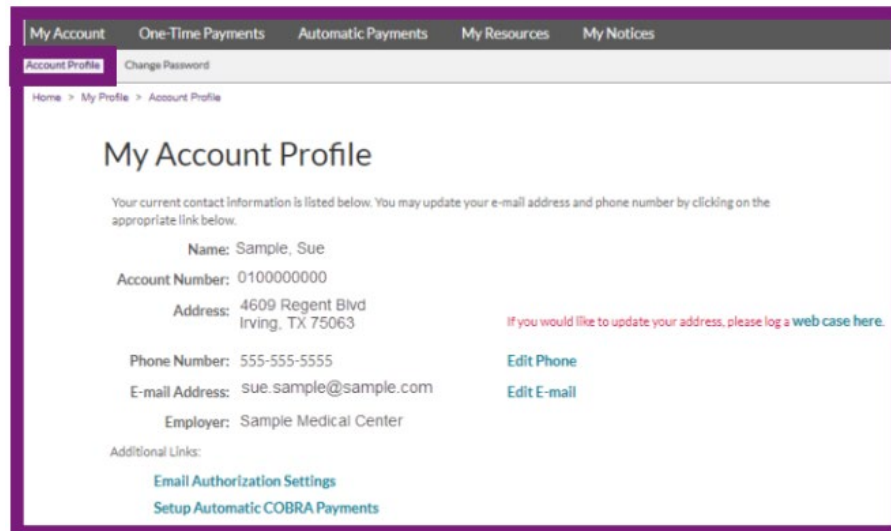


## View Your Profile

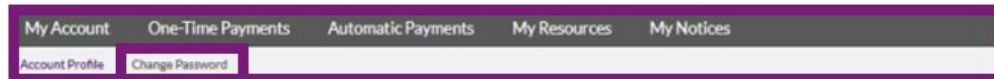
You can view the personal and demographic information that we have on file and update your profile as applicable by selecting the “**My Profile**” option from the top-level navigation menu.

Within the account profile section, you can:

- Update your address (provided this feature is enabled).
- Add/update your phone number and/or email address.
- Authorize the ability to email you regarding your account.
- Setup automatic payments.



## Change Password



Within the “**Change Password**” option you can update your password.

- Upper Case (A-Z)
- Lower case (A-Z)
- Number (0-9)
- Special character - non-alphanumeric

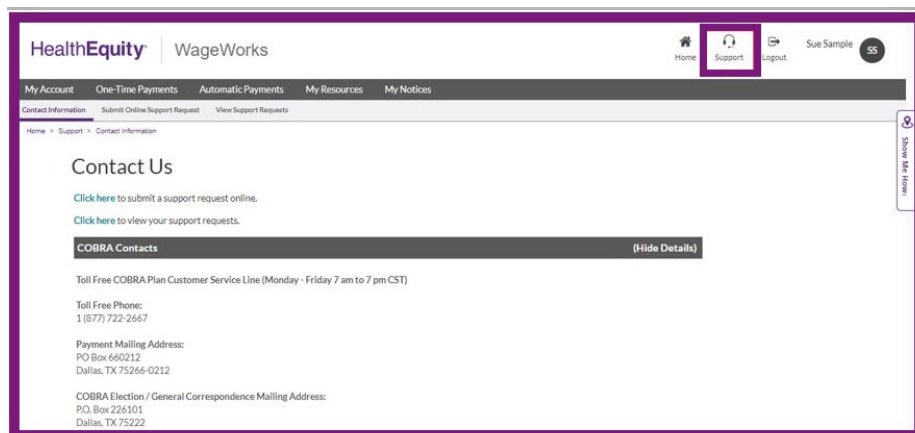
**Members cannot use any of their 12 previous passwords and must change their passwords every 90 days.**

## Message Center

You can see how to contact HealthEquity/WageWorks if you have any questions or need to provide items to HealthEquity/WageWorks. You can also submit a support request for any questions or view submitted support requests.

## Contact Information

The “**Contact Information**” option provides the contact information for HealthEquity/WageWorks. You can also submit a new support request and view previously submitted support request(s) or case(s).



## Submit Online Support Requests

The “**Submit Online Support Request**” option allows you to submit a support request on your account. Support requests can be used to ask a specific question or request assistance on your account.

HealthEquity WageWorks

Home Support Logout

My Account My Resources My Notices

Contact Information **Submit Online Support Request** View Support Requests

Home > Support > Submit Online Support Request

### Submit Online Support Request

Request

\*What can we help you with today?

[Proceed to Submit Request](#)

This allows the member to select the reason for the submission.

### Submit Online Support Request

Request

\*What can we help you with today?

\*How would you categorize your question?

- Select...
- Change Address**
- Request Cancellation
- Change Participant Name
- Add Coverage for Dependent
- Submit a Question

## Address Change

### Submit Online Support Request

Request

\*What can we help you with today?

\*How would you categorize your question?

#### Change Address

\*Country

\*Address Line 1

Address Line 2

\*Mailing City

\*Mailing State

\*Mailing Zip Code

[Proceed to Submit Request](#)

## Cancellation Request

**Submit Online Support Request**

**Request**

\*What can we help you with today? COBRA

\*How would you categorize your question? Request Cancellation

**Request Cancellation**

\*Coverage Type (select all applicable)  
Medical  
Dental  
Vision  
Other (please specify)

\*Individuals Cancelling  
All  
Specify Names Below

\*Effective Date  
mm/dd/yyyy

\*Describe your reason for cancellation  
Select...  
Other Coverage  
No Longer Needed  
Other  
Medicare  
Cost

Proceed to Submit Request

## Member Name Change

**Submit Online Support Request**

**Request**

\*What can we help you with today? COBRA

\*How would you categorize your question? Change Participant Name

**Change Participant Name**

\*First Name

Middle Initial

\*Last Name

Proceed to Submit Request

## Add Coverage for Dependent

**Submit Online Support Request**

**Request**

\*What can we help you with today? COBRA

\*How would you categorize your question? Add Coverage for Dependent

**Add Coverage for Dependent**

\*Coverage Type (select all applicable)  
Medical  
Dental  
Vision  
Other (please specify)

\*Effective Date  
mm/dd/yyyy

**Dependent(s)**  
DEPENDENT DETAILS

\*First Name

Middle Initial

\*Last Name

Social Security #

\*Date of Birth  
mm/dd/yyyy

\*Gender

\*Relationship

Remove From List

Add Dependent

Proceed to Submit Request

## Other

My Account My Resources My Notices

Contact Information Submit Online Support Request View Support Requests

Home > Support > Submit Online Support Request

### Submit Online Support Request

Request

\*What can we help you with today?

\*How would you categorize your question?

---

### Submit a Question

Please share relevant details regarding your question or request. Please avoid entering any personally identifiable or protected health information, such as Social Security Number or medical diagnosis.

\*Question

\*Details

## View Support Requests

HealthEquity® WageWorks

Home Support Logout

My Account My Resources My Notices

Contact Information Submit Online Support Request View Support Requests

Home > Support > View Support Requests

Case #	Date Opened ▼	Status	Category
▼ 13641833	12/28/2021 10:39 AM	Open	Plan/Benefit Discussion
<b>Problem Description</b> Subject: test Description: test			
▼ 13641832	12/28/2021 10:37 AM	Open	Plan/Benefit Discussion
<b>Problem Description</b> Subject: test Description: test			
▼ 13640081	12/16/2021 11:14 AM	Open	Plan/Benefit Discussion
<b>Problem Description</b> Subject: This is test. Description: This is test.			

## View Account Details

You can view your specific monthly benefit information when you select the **“My Accounts”** button from the left navigation menu.

To see specific billing details, including the applicable plans and coverage levels, select **“Billing/Payment Details.”**

Due Date	Deadline Date	Premium	Participant Paid	Employer Owed	Total Paid	Participant Owed	Federal Subsidy	Billing / Payment Details
10/01/2021	12/13/2021	\$582.43	\$0.00	\$582.43	\$582.43	\$0.00	\$0.00	<a href="#">Billing / Payment Details</a>
11/01/2021	12/13/2021	\$582.43	\$0.00	\$582.43	\$582.43	\$0.00	\$0.00	<a href="#">Billing / Payment Details</a>
12/01/2021	12/31/2021	\$582.43	\$0.00	\$582.43	\$582.43	\$0.00	\$0.00	<a href="#">Billing / Payment Details</a>

## Make a One-Time Payment

You can make a one-time benefits payment when you select the **“One-Time Payment”** navigation menu. This payment will be processed as an electronic check.

<input type="checkbox"/>	Due Date	Deadline Date	Premium	Participant Paid	Employer Paid	Total Paid	Participant Owed
<input type="checkbox"/>	04/01/2021	05/01/2021	\$687.81	\$0.00	\$0.00	\$0.00	\$687.81
<input type="checkbox"/>	05/01/2021	06/01/2021	\$687.81	\$0.00	\$0.00	\$0.00	\$687.81
<input type="checkbox"/>	06/01/2021	07/01/2021	\$687.81	\$0.00	\$0.00	\$0.00	\$687.81
<input type="checkbox"/>	07/01/2021	07/31/2021	\$687.81	\$0.00	\$0.00	\$0.00	\$687.81

To make a one-time payment, you need to complete the following steps:

- Step 1:** Select the month for the payment.
- Step 2:** Specify if the account is a checking or a savings account.
- Step 3:** Enter your check number, routing, and account number from a check
- Step 4:** Select **“Make Payment Now”** to process the payment.

Once your transaction is complete, you will see a confirmation page with the payment information. We recommend printing this page for your records.

## Establish an Automatic Payment

You can make an ongoing, automatic benefits payment when you select the “**Automatic Payment**” option from the left navigation menu.

To make an automatic payment, you need to complete the following steps:

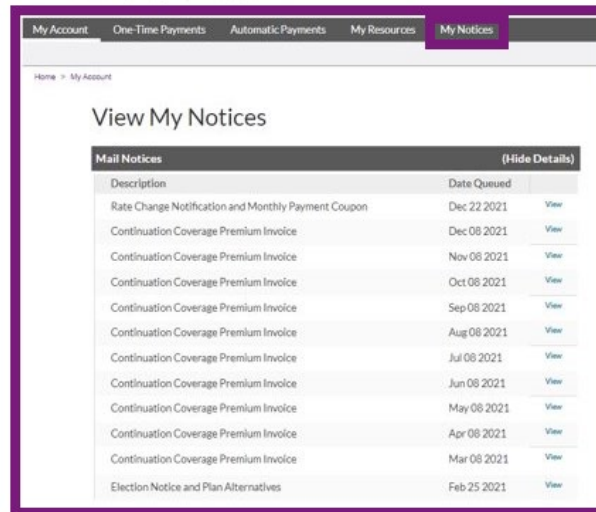
- Step 1:** Ensure the “Add/Modify” option is selected.
- Step 2:** Specify if the account is a checking or a savings account.
- Step 3:** Enter the routing and account number from a check. This is a double entry process to ensure accuracy.
- Step 4:** Select “**Next**” to process the payment.

Once your automatic payment has been created, you will see a confirmation page with the payment information. We recommend printing this page for your records by selecting the “**Print Page**” button.



## View Your Notices

You can view the generated notices that are sent to you when you select the “**Notice**” option from the left navigation menu.



If you would like to look at a copy of a specific notice, select the “**View**” option for the desired notice.