

HealthEquity[®]

Member Portal User Guide

COBRA & Direct Bill Services

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SECTION 1 – INTRODUCTION & LOG IN

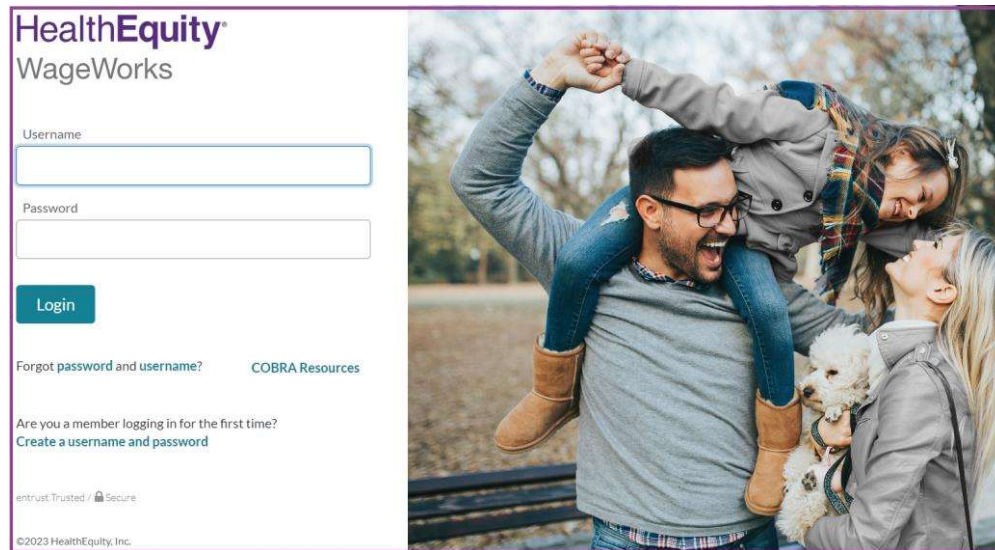
Introduction

The Member portal lets you 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

To access the Member Portal, register and **create a username and password**.



Sign Up To View Your Accounts

Manage your accounts simply and securely, anytime and anywhere you have internet access. It takes just a few minutes to sign up. Your security is important and Wageworks is committed to protecting your privacy. We use techniques to encrypt, safeguard and secure your personal information.

An E-mail address is required as we will send you an E-mail with a link that will allow you to activate your account. Without an E-mail address, you cannot activate your account online.

IMPORTANT: If you have more than one account with Wageworks (for example, if you are both a COBRA and Direct Bill participant), you must create unique logins for each of your accounts using your account numbers.

Read the important information carefully and click next when ready.

Next

Sign Up To View Your Accounts

Manage your accounts simply and securely, anytime and anywhere you have internet access. It takes just a few minutes to sign up. Your security is important and Wageworks is committed to protecting your privacy. We use techniques to encrypt, safeguard and secure your personal information.

An E-mail address is required as we will send you an E-mail with a link that will allow you to activate your account. Without an E-mail address, you cannot activate your account online.

IMPORTANT: If you have more than one account with Wageworks (for example, if you are both a COBRA and Direct Bill participant), you must create unique logins for each of your accounts using your account numbers.

Enter the required personal information. You should select your full SSN or Account number and the last four. Once you have made your selection, you will select next.

First Name - Member Services S Last Name - Sam

Birth Date - 02/2/2001 E-mail - MemberServices@healthequity.com

Phone No - 214 555 0339 Confirm E-mail - MemberServices@healthequity.com

Enter Account Number and last 4 digits of the Social Security Number OR full Social Security Number

Account Number and Last 4 digits of the SSN
 Full SSN

Account # [.....] and Last 4 digits of SSN XXX-XX- [8462]

[Where do I find my account number?](#)

Next Cancel

Already Registered? [Sign On](#)

*Required fields

Enter the required fields
 If you know your account number you can search using that and the last 4 of your social otherwise, use your full social security number

Enter Account Number and last 4 digits of the Social Security Number OR full Social Security Number

Account Number and Last 4 digits of the SSN
 Full SSN

Account # [.....] and Last 4 digits of SSN XXX-XX- [8462]

[Where do I find my account number?](#)

Create a username and password.

Sign Up To View Your Accounts

Manage your accounts simply and securely, anytime and anywhere you have internet access. It takes just a few minutes to sign up. Your security is important and Wageworks is committed to protecting your privacy. We use techniques to encrypt, safeguard and secure your personal information.

An E-mail address is required as we will send you an E-mail with a link that will allow you to activate your account. Without an E-mail address, you cannot activate your account online.

IMPORTANT: If you have more than one account with Wageworks (for example, if you are both a COBRA and Direct Bill participant), you must create unique logins for each of your accounts using your account numbers.

Security Info Steps: 1 2 3 4

Password - [.....]
 Username - JSnow1
 Confirm Password - [.....]

Create a password that's at least 8 characters in length. It must include each of these characters:
 *Lowercase letter
 *Uppercase letter
 *Number
 *Special character (!@#\$ etc.)

Select the first security question and add the answers. The second question will populate and add the answers. The third question will populate and add the answer, then select next.

Password Questions

Question 1 - Favorite fictional character
 Answer 1 - me
 Question 2 - Favorite person from history
 Answer 2 - me
 Question 3 - Your two best childhood friends
 Answer 3 - me

Select your Password Questions and select Next when finished.

Previous Next

Already Registered? [Sign On](#)

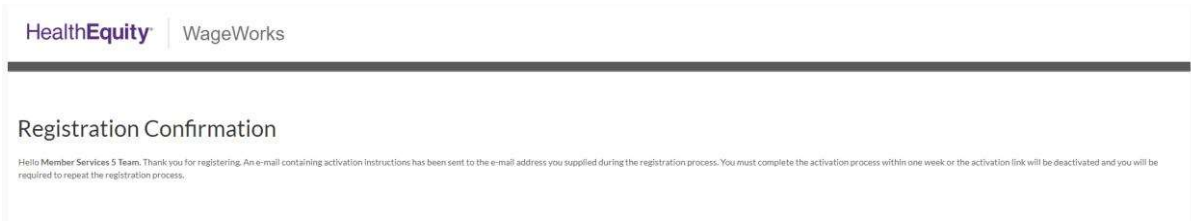
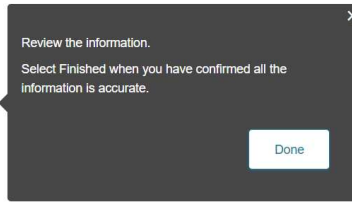
*Required fields

Review the information that you have entered for correctness. Once you have completed your review, select finish.

Name: Member Services 5 Team
 Email: memberservices5@healthequity.com
 Phone Number: 214-555-5555
 Birth Date: 10/03/2001
 UserName: MemberService5
 Account Number / SSN: *****4411
 Password Question 1: Favorite fictional character
 Password Answer 1: me
 Password Question 2: Favorite TV show that isn't on anymore
 Password Answer 2: Me
 Password Question 3: Favorite book/story from childhood
 Password Answer 3: Me

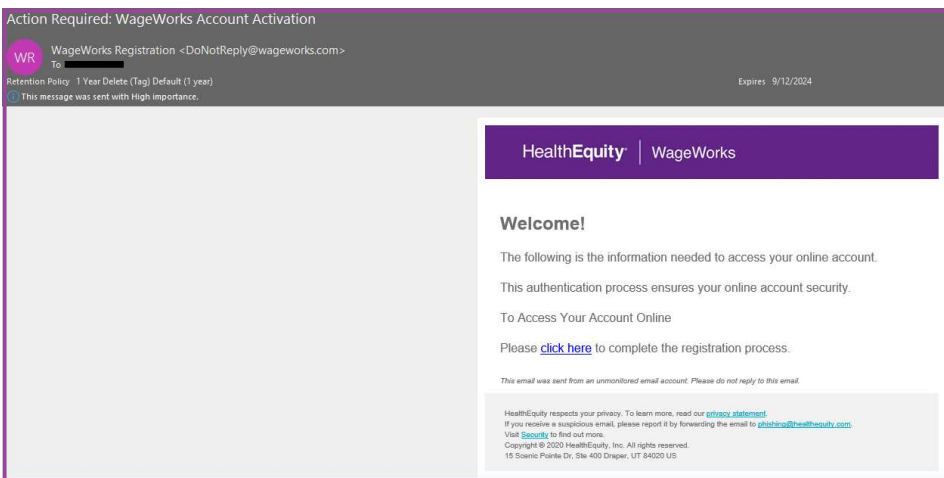
Previous Finish Cancel

Already Registered? [Sign On](#)
 * Required fields



First Time Log In

After registering and logging in to the portal for the first time, you will receive a welcome email where you will need to complete the registration process by logging in.



Multi-Factor Authentication

What is Multi-factor Authentication (MFA)? MFA is an authentication method that requires the member to provide a one-time PIN to gain access to their online account. MFAs PINS are system-generated and sent to the member's email or ten-digit cell phone number on file **only**.

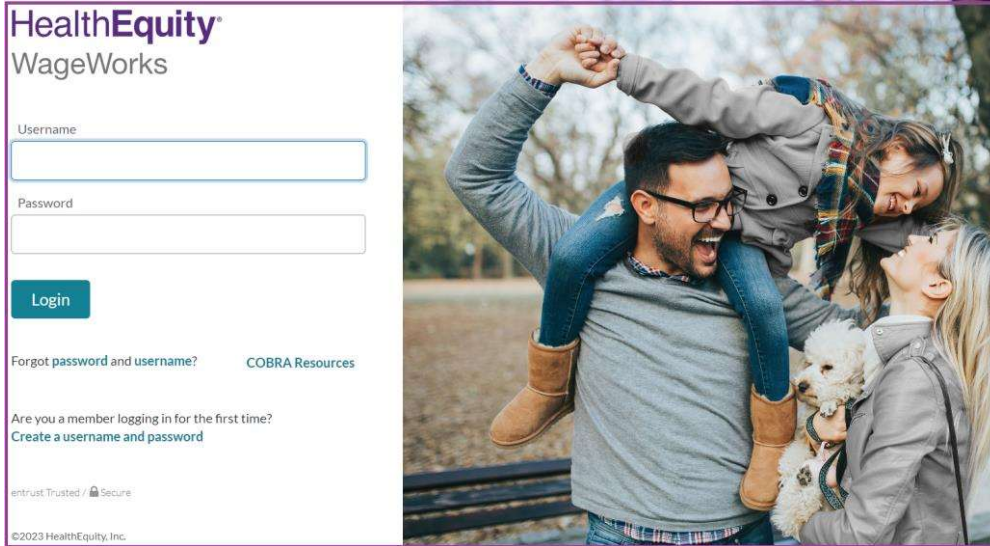
When will the member be prompted to use MFA?

- First-time login
- Password resets
- Existing passwords expire after 180 days

Steps: These are steps for the members to complete. A Team member cannot complete these steps for a member but can walk them through the process.


Step 1. Enter username and password or First-time login.

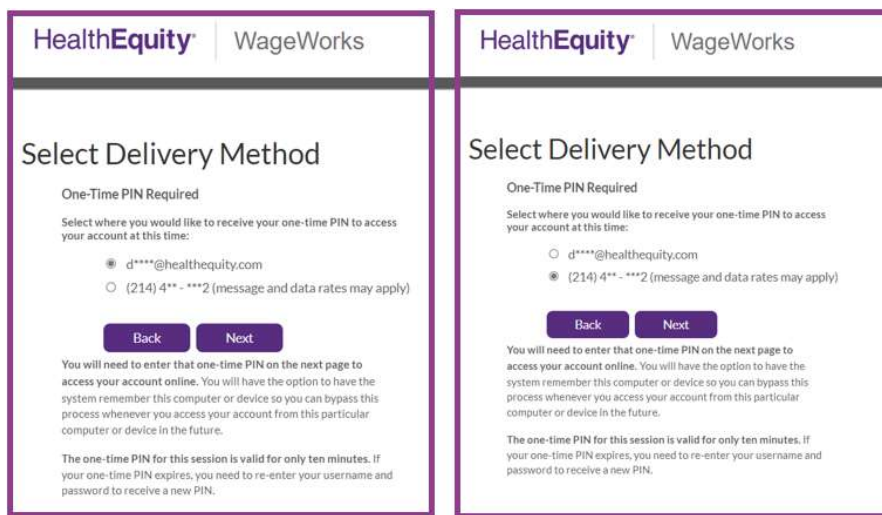
- If the member has entered their username and password incorrectly multiple times, they may be locked out. Click forgot password and an email will be sent to reset the password.



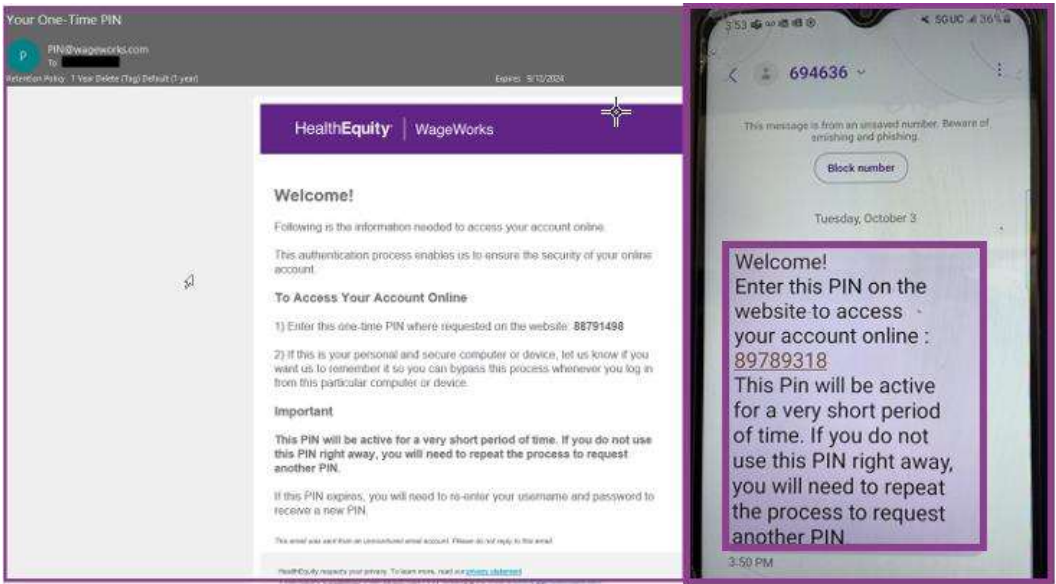
Step 2. Member verifies that their account's email or phone number is correct.

To help us verify your identity and protect your private information, a verification code will be sent to your email address at j****@outlook.com' or your phone number at XXX-XXX-XXXX.

 Please remember that if the member has a Gmail email address there might be a delay in getting an MFA PIN sent. Ask the member for another email address and make the changes in the member account.



Step 3. If this email or phone number is correct, click next. Member will receive an email or text with a one-time pin.



Step 4. Enter the PIN and check. **Remember this device** (not recommended for public or shared devices).

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One-Time PIN Required

Enter the one-time PIN that was sent to the following email address, which is masked for security: d****@healthequity.com

PIN

Remember this device (not recommended for public or shared devices)

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Computer/Device Not Remembered

To ensure the security of your account, you will be required to enter a one-time PIN each time you enter your username and password from this particular computer or device.

Forgot Username or Password

Click the **forget your username or password** to request a forgotten password or username. **Forgot username or Password.** lick the link in the email using a Laptop or Desktop. **No mobile devices**

Forget Username

Confirmation

Thank you for requesting your UserName. An E-mail has been sent with your UserName to the E-mail address we have on file for you.

Your WageWorks Username

We have received your request to provide your username for access to mybenefits.wageworks.com.

Your username is: **Member1**

If you did not submit this request, please forward this email to CustomerDelivery@wageworks.com.

Sincerely,

Your WageWorks Team

Please do not reply to this email. If you have questions regarding your WageWorks account, please contact Participant Services at CustomerDelivery@wageworks.com.

HealthEquity respects your privacy. To learn more, read our [privacy statement](#).
If you receive a suspicious email, please report it by forwarding the email to phishina@healthequity.com.
Visit [Security](#) to find out more.
Copyright © 2020 HealthEquity, Inc. All rights reserved.
15 Scenic Pointe Dr, Ste 400 Draper, UT 84020 US

Forget Password

Forgot Your Password?

Please enter the UserName and E-mail address you provided when you registered. You will receive an E-mail containing a link to a secure password update page. Please check your incoming and junk E-mail folders for this E-mail.

UserName

E-mail

Password Confirmation.

Your password reset request has been received and an e-mail containing instructions for completing the password reset process has been sent to the e-mail address associated with your WageWorks account. If you do not receive this email, please check your junk mail folder or contact us at customerdelivery@wageworks.com for assistance.

Click the **link in the email** using a Laptop or Desktop within **24 hours** of receiving the email.



Password Reset

We received your request to reset your account password for <https://mybenefits.wageworks.com>.

[Click here](#) to reset your password within the next 24 hours.

If you did not submit this request, please forward this email to CustomerDelivery@wageworks.com.

Sincerely,

Your WageWorks Team

Please do not reply to this email. If you have questions regarding your WageWorks account, please contact Participant Services at CustomerDelivery@wageworks.com

HealthEquity respects your privacy. To learn more, read our [privacy statement](#).
If you receive a suspicious email, please report it by forwarding the email to ghisling@healthequity.com.
Visit [Security](#) to find out more.
Copyright © 2020 HealthEquity, Inc. All rights reserved.
15 Scenic Pointe Dr, Ste 400 Draper, UT 84020 US

Forgot Your Password?

Please answer the Security Question:

Security Question: Favorite fictional character

Answer:

Submit

Change Your Password

Please enter the Password:

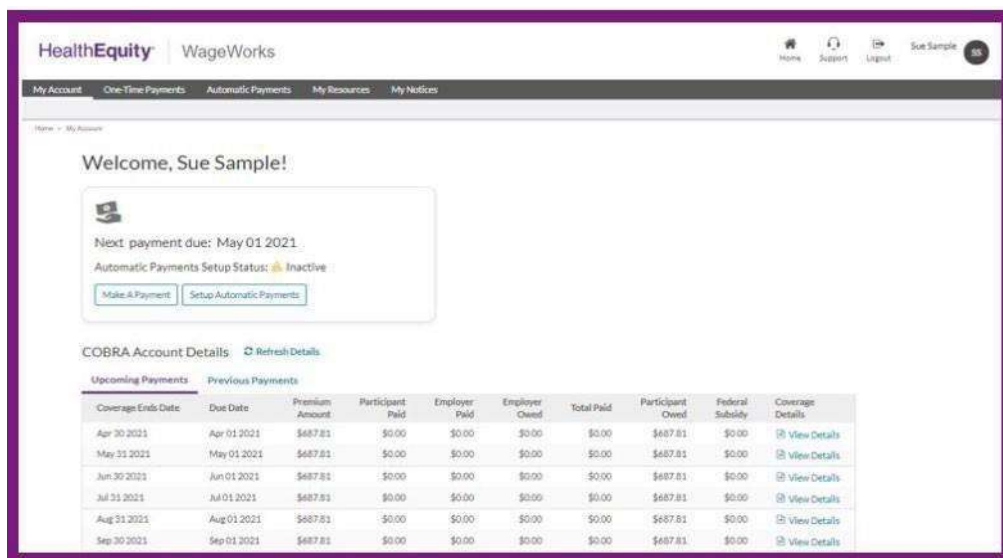
New Password: 

Confirm New Password: 

Change Password

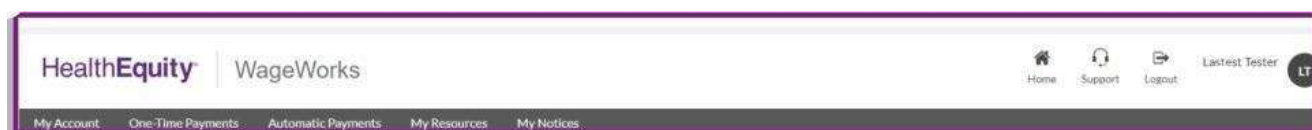
SECTION 2 – MEMBER HOME PAGE

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



Top Navigation Options

These options will appear at the top-level navigation menu of the screen and include:



- **Home** - Landing Page
- **Support** - Submit an Online support request
- **Logout** - Exit the account
- **My Accounts** – View high-level account summary information, including coverage and billing details for your enrolled accounts.
- **One Time-Payment** - Make a one-time payment
- **Automatic Payments** – Setup ACH
- **My Resources** – View frequently asked questions.
- **My Notices** – View all notices sent by HealthEquity/WageWorks.

SECTION 3 – ELECTING COBRA COVERAGE

If Needing to Elect COBRA

If you have recently been offered COBRA but have yet to elect coverage, you can elect COBRA coverage when you log in to your account for the first time.

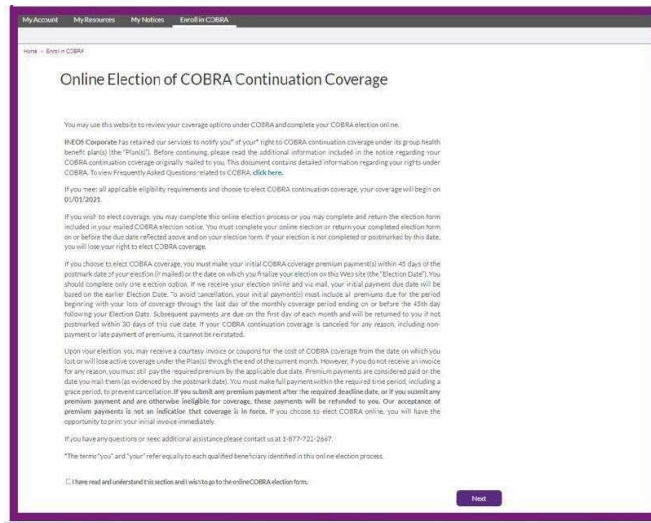
Note: If you need to make any changes, select the “**Previous**” button to go back to a page COBRA Election Wizard

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, check the acknowledgment box, and select “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 type (as applicable) that you would like to enroll in under COBRA and select “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: Customer/Delivery@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 plan year's plans 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 individuals 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. Please note 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
Total Premium:		\$1,900.58	

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

Step 5: Review your election choices and the election authorization. **Note:** If you need to make any changes, select the "Previous" button to go back to a page. If everything is correct, choose "Elect."

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
Total Premium:		\$1,900.58	

* 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 25, 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,

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 25, 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

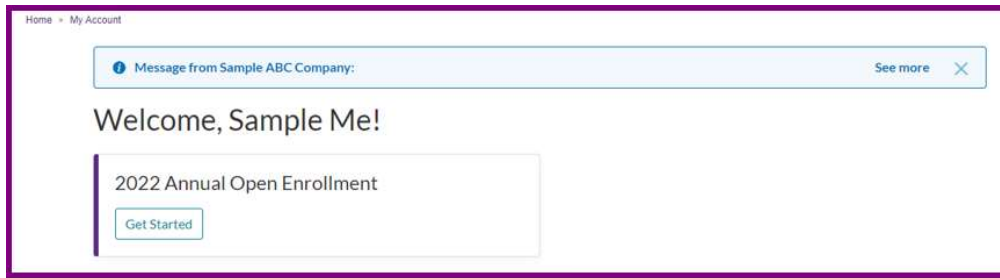
Previous ELECT

Annual Open Enrollment Election

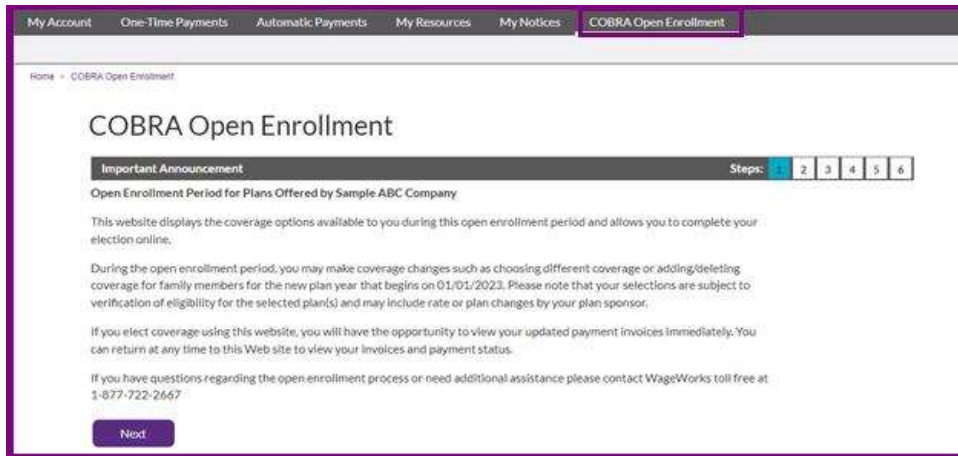
To make your Open Enrollment selection, you need to complete the following steps:

Note: If you need to make any changes, select the “Previous” button to go back to a page

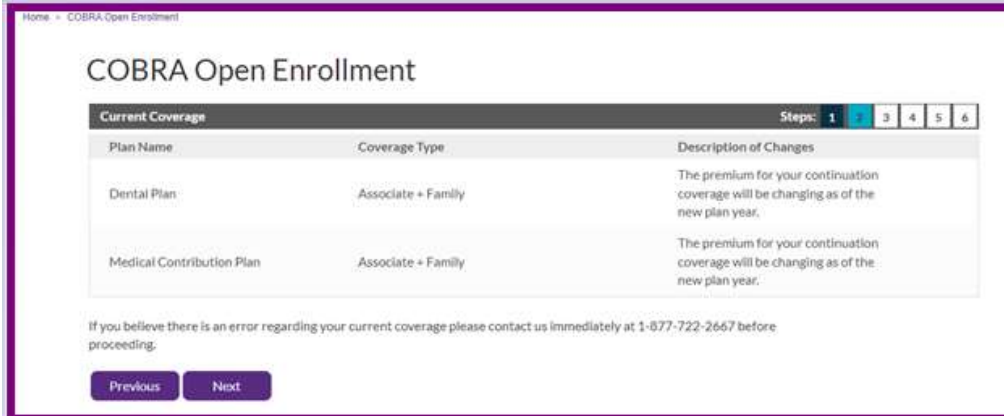
Step 1: Select the “Get Started” icon to begin the election process.



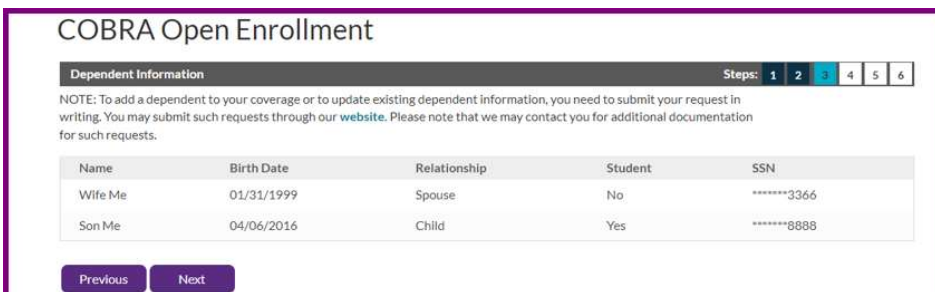
Step 2: Review the instructions/disclosure and select “Next.”



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). “Next.”



Step 4: Review your dependent information (as applicable) that is enrolled in COBRA coverage and select “Next.”



Step 5: Review your options for coverage. Make your selection of coverage for the new plan year and coverage type (as applicable), and select **“Next.”**

COBRA Open Enrollment

Coverage Selection Steps: 1 2 3 4 5 6

You may use the forms below to choose the coverage(s) you would like to elect for the new plan year. When you have finished making your selections, press the "Next" button to indicate which individuals should be covered under each plan. Your selections will not be processed until you have completed this open enrollment process in its entirety.

NOTE: You need to select your coverage for the upcoming plan year in the table below – even if you intend to re-enroll in your current coverage options (if available). If you fail to select the appropriate coverage for the upcoming plan year, you will not be enrolled in any coverage. If you choose to enroll in new or different coverage for the upcoming plan year, coverage under your current plans will be canceled automatically on the appropriate date.

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 open enrollment process.

Bundled Plans:
Please select from the list of available bundled plans that may include medical, dental, and vision.

No Bundled Plans available.

Individual Plans:
Please select from the list of individual plans that are not included in any bundled plans listed above.

Plan Name	Coverage Type	Premium
<input checked="" type="checkbox"/> Vision Plan	Select an option Associate Only Associate + Family Select an option	0.00
<input type="checkbox"/> Medical Saver Plan	Select an option	0.00
<input type="checkbox"/> Medical Contribution Plan	Select an option	0.00
<input type="checkbox"/> Medical Premier Plan	Select an option	0.00
<input type="checkbox"/> Dental Plan	Select an option	0.00

Previous Next

Step 6: Review the plan name, coverage type, and premium amount per plan, and select **“Next.”**

Individual Plans:
Please select from the list of individual plans that are not included in any bundled plans listed above.

Plan Name	Coverage Type	Premium
<input checked="" type="checkbox"/> Vision Plan	Associate + Family	\$16.62
<input type="checkbox"/> Medical Saver Plan	Select an option	0.00
<input checked="" type="checkbox"/> Medical Contribution Plan	Associate + Family	\$3,485.34
<input type="checkbox"/> Medical Premier Plan	Select an option	0.00
<input type="checkbox"/> Dental Plan	Select an option	0.00

Previous Next

Step 7: Check the boxes next to each dependent (if applicable) for the new plan. **Note:** You must check your name also. If everything is correct, choose **“Next.”**

COBRA Open Enrollment

Continuation Coverage Steps: 1 2 3 4 5 6

Check the box beside each name to indicate which individuals should be covered under each plan component for the new plan year. Please note that you must check your own name to elect coverage for yourself.

Please Note: If one or more of the below conditions apply please fax to 877-775-9399 or mail your completed Open Enrollment Form to WageWorks to ensure your enrollment option(s) are processed appropriately.

- If you wish to enroll an individual other than yourself as the primary insured. This condition applies to group health plans with individual type coverage tiers (e.g. Individual only, Individual + one) only.
- If you wish to enroll more than one child in a group health plan with a per child coverage tier.
- If you wish to enroll a domestic partner.

Plan Name	Coverage Type	Premium	Individual(s)
Vision Plan	Associate + Family	\$16.62	<input checked="" type="checkbox"/> Sample Me <input checked="" type="checkbox"/> Wife Me <input checked="" type="checkbox"/> Son Me
Medical Contribution Plan	Associate + Family	\$3,485.34	<input checked="" type="checkbox"/> Sample Me <input checked="" type="checkbox"/> Wife Me <input checked="" type="checkbox"/> Son Me
Total Premium:		\$3,501.96	

Previous Next

Step 8: Review your election choices and the election authorization. **Note:** If you need to make any changes, select the **“Previous”** button to go back to a page. If everything is correct, choose **“Elect.”**

COBRA Open Enrollment

Open Enrollment Confirmation Steps: 1 2 3 4 5

Plan Name	Coverage Type	Premium	Individuals Covered	Effective Date
Vision Plan	Associate + Family	\$16.62	Sample Me Wife Me Son Me	1/1/2023
Medical Contribution Plan	Associate + Family	\$3,485.34	Sample Me Wife Me Son Me	1/1/2023
Total Premium:		\$3,501.96		

The table above reflects the coverage you have selected for the upcoming plan year. If any of this information is incorrect, please use the 'PREV' button below to return to the previous screens and make any necessary corrections. Please review the important information below and confirm your acceptance by checking the box below. Click the 'ELECT' button to complete the open enrollment process. Please note that your open enrollment is not complete until you have confirmed your acceptance of the terms and conditions and click the 'ELECT' button. Failure to complete this process may result in a loss of coverage.

It is very important that the premium payments for your current coverage are paid through the end of the current plan year or you may not be eligible for COBRA continuation coverage in the upcoming plan year. Premium payments must be made even if you do not receive an invoice. All premiums are due on the first day of each month and will be returned if not postmarked within 30 days of this due 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 a premium payment and are otherwise ineligible for coverage, these payments will be refunded to you. Our acceptance of premium payments to not an indication that coverage is in force. Claims and prescriptions cannot be paid until your payment is received.

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 open enrollment process.

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

- I agree to remit the full current premium due on or before each specified payment deadline date. I understand that coverage will be cancelled if premiums are not remitted by the deadline.
- I further 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 my coverage options and rates may change at any time, at the discretion of my former employer.
- I agree to provide written notice of any change regarding address, eligibility, 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.

I have read and understand the information provided above. By checking this box, I hereby accept the terms and conditions and submit my open enrollment selections for the upcoming plan year.

[Previous](#) [Elect](#) [Cancel](#)

Step 9: You have now completed the steps for Open Enrollment. Print this page for your records.

COBRA Open Enrollment

Your open enrollment election has been processed and a summary of the coverage(s) you elected is provided below. You may print this page for your records by clicking the 'Print Page' button.

Plan Name	Coverage Type	Individuals Covered	Effective Date	Premium
Vision Plan	Associate + Family	Sample Me Wife Me Son Me	1/1/2023	\$16.62
Medical Contribution Plan	Associate + Family	Sample Me Wife Me Son Me	1/1/2023	\$3,485.34
Total Premium:				\$3,501.96

[Print Page](#)

[Pay Online](#)
[SignUp ACH](#)

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	View Details
May 31 2021	May 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	View Details
Jun 30 2021	Jun 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	View Details
Jul 31 2021	Jul 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	View Details

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	View Details
May 31 2021	May 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	View Details
Jun 30 2021	Jun 01 2021	\$687.81	\$0.00	\$0.00	\$0.00	\$0.00	\$687.81	\$0.00	View Details

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
Apr 30 2021	Apr 01 2021	\$687.81	\$0.00
May 31 2021	May 01 2021	\$687.81	\$0.00
Jun 30 2021	Jun 01 2021	\$687.81	\$0.00
Jul 31 2021	Jul 01 2021	\$687.81	\$0.00
Aug 31 2021	Aug 01 2021	\$687.81	\$0.00
Sep 30 2021	Sep 01 2021	\$687.81	\$0.00
Oct 31 2021	Oct 01 2021	\$687.81	\$0.00
Nov 30 2021	Nov 01 2021	\$687.81	\$0.00
Dec 31 2021	Dec 01 2021	\$687.81	\$0.00
Jan 31 2022	Jan 01 2022	\$689.24	\$0.00

Billing and Payment Details
Coverage Period: 04/01/2021 - 04/30/2021

Select Coverage Date: 01 Apr 2021 - 30 Apr 2021

Plan Name	Plan Type	Coverage Code	Due Date	Monthly Premium
Medical PPO Silver	Self-Funded	Employee Only	01 Apr 2021	\$622.14
Vision Plan	Other	Employee Only	01 Apr 2021	\$7.20
Dental HMO Plan	Other	Employee Only	01 Apr 2021	\$28.47

Payment Details
No Payment Details Available.

View Resources

You can view any available resources by selecting the “My Resources” option from the top-level navigation menu.

HealthEquity | WageWorks

Home Support Logout

My Account One-Time Payments Automatic Payments **My Resources** My Notices

Home > My Resources

My Resources

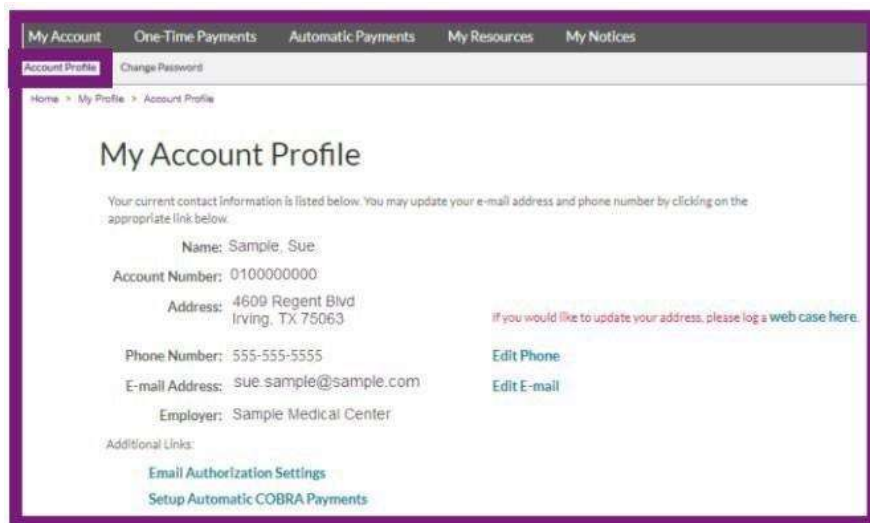
COBRA Resources [View COBRA FAQ](#) [\(Hide Details\)](#)

View Your Profile

You can view the personal and demographic information 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:

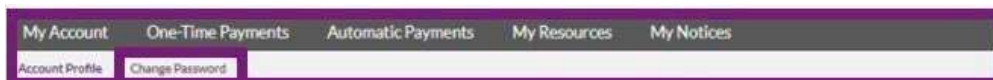
- Update your address (provided this feature is enabled).
- Add/update your phone number and/or email address.
- Authorize the ability to email you regarding your account.
- Set up automatic payments.



Change Password

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

Members cannot use their 12 previous passwords and must change them every 90 days.



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

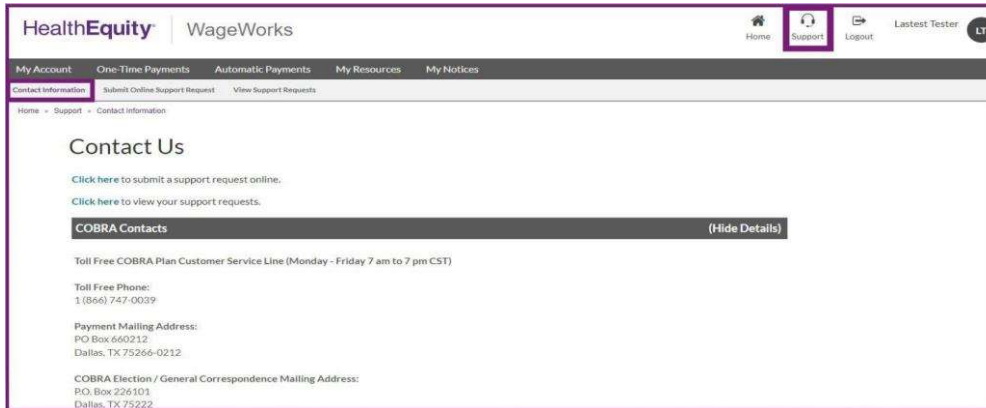
Support

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

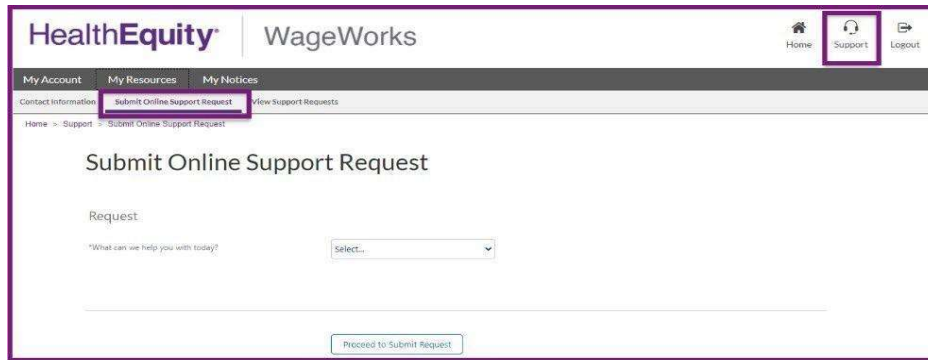
The “**Contact Information**” option provides the contact information for

HealthEquity/WageWorks. You can also submit a new support request and view previously submitted support request(s) or case(s).

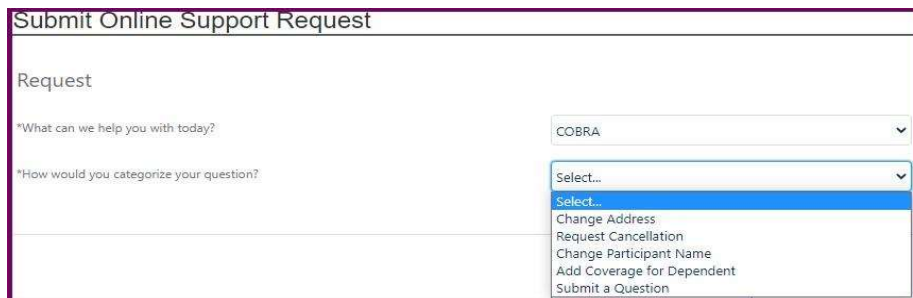


Online Support Requests

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.



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



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

International address

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?

Change Address

*Country

*Other Address

Cancellation Request- Attach supporting documents

Submit Online Support Request

Request

*What can we help you with today?

*How would you categorize your question?

Request Cancellation

*Coverage Type (Select all applicable)

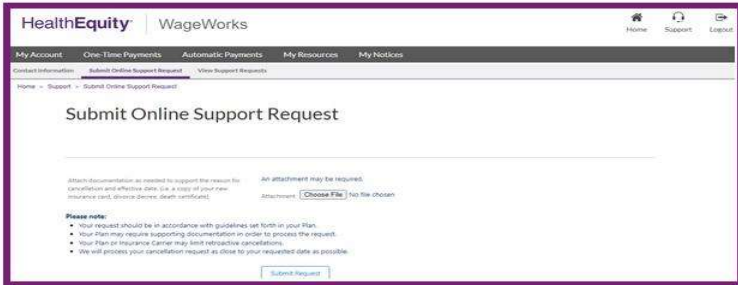
Medical
 Dental
 Vision
 Other (please specify)

*Individuals Cancelling:
 Specify names below

*Effective Date:

*Describe your reason for cancellation:

Select...
 Other Coverage
 No Longer Needed
 Other
 Medicare
 Cost



Member Name Change- Attach supporting documents

Submit Online Support Request

Request

*What can we help you with today?

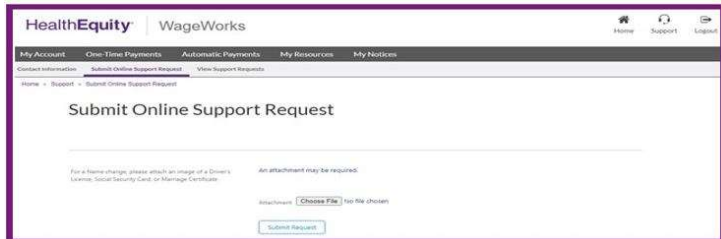
*How would you categorize your question?

Change Participant Name

*First Name

*Middle Initial

*Last Name



Add Coverage for Dependent

Submit Online Support Request

Request

*What can we help you with today?

*How would you categorize your question?

Add Coverage for Dependent

*Coverage Type (select all that apply)

Medical
Dental
Vision
Other (please specify)

*Effective Date

DEPENDENT DETAILS

*First Name

*Middle Initial

*Last Name

*Social Security #

*Date of Birth

*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

[Proceed to Submit Request](#)

View Support Requests

Click [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
Problem Description Subject: test Description: test			
▼ 13641832	12/28/2021 10:37 AM	Open	Plan/Benefit Discussion
Problem Description Subject: test Description: test			
▼ 13640081	12/16/2021 11:14 AM	Open	Plan/Benefit Discussion
Problem Description Subject: This is test. Description: This is test.			

View Account Details

View specific monthly benefit information when selecting the “**My Accounts**” button from the top-level navigation menu.



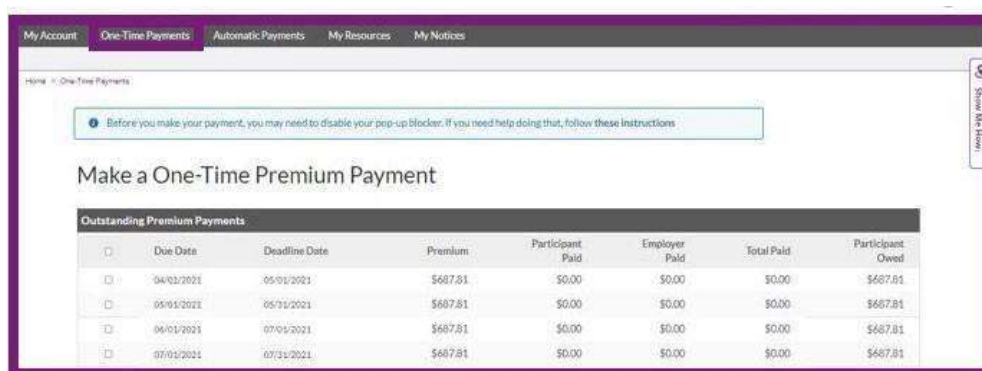
The screenshot shows the 'COBRA Account Details' page. At the top, there is a breadcrumb 'Home > My Accounts'. Below the title, there is a dark header for 'Account Details'. A message states: 'You can click on Billing / Payment Details to display details.' Below this is a table with columns: Due Date, Deadline Date, Premium, Participant Paid, Employer Owed, Total Paid, Participant Owed, Federal Subsidy, and Billing / Payment Details. The table contains three rows of data, each with a 'Billing / Payment Details' link.

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	Billing / Payment Details
11/01/2021	12/13/2021	\$582.43	\$0.00	\$582.43	\$582.43	\$0.00	\$0.00	Billing / Payment Details
12/01/2021	12/31/2021	\$582.43	\$0.00	\$582.43	\$582.43	\$0.00	\$0.00	Billing / Payment Details

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

Make a One-Time Payment

When selecting the “**One-Time Payment**” top-level navigation menu, you can make a one-time benefits payment. This payment will be processed as an electronic check.



The screenshot shows the 'Make a One-Time Premium Payment' page. At the top, there is a navigation bar with 'My Account', 'One-Time Payments', 'Automatic Payments', 'My Resources', and 'My Notices'. Below the navigation bar, there is a message: 'Before you make your payment, you may need to disable your pop-up blocker. If you need help doing that, follow these instructions.' Below this is the title 'Make a One-Time Premium Payment'. Below the title is a table with columns: Due Date, Deadline Date, Premium, Participant Paid, Employer Paid, Total Paid, and Participant Owed. The table contains four rows of data, each with a checkbox in the first column.

	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	05/01/2021	\$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

Selecting the “Automatic Payments” option from the top-level navigation menu allows you to make an ongoing, automatic benefits payment.

ACH Setup

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

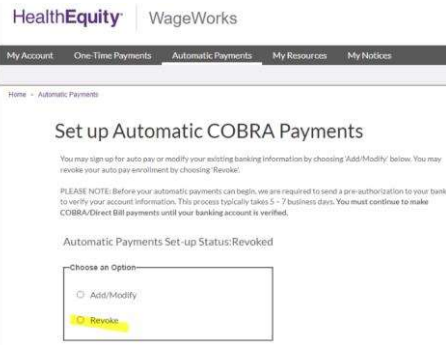
- Step 1:** Ensure the “Add/Modify” option is selected.
- Step 2:** Specify if the account is a checking or a savings account.
- Step 3:** Enter the routing and account number from a check. This is a double-entry process to ensure accuracy.
- Step 4:** Select “Next” to process the payment.

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.

Revoking ACH

Selecting the “Automatic Payments to Revoke the current ACH setup.

- Step 1:** Ensure the “Add/Modify” option is selected.
- Step 2:** Choose the option for **Revoke** and hit next.

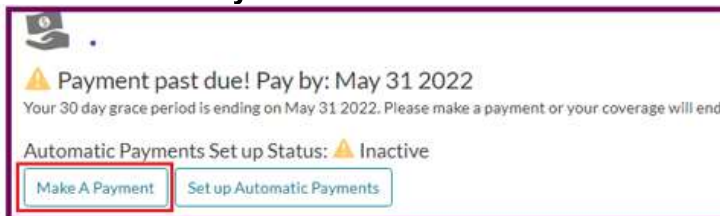


Credit Card Payment

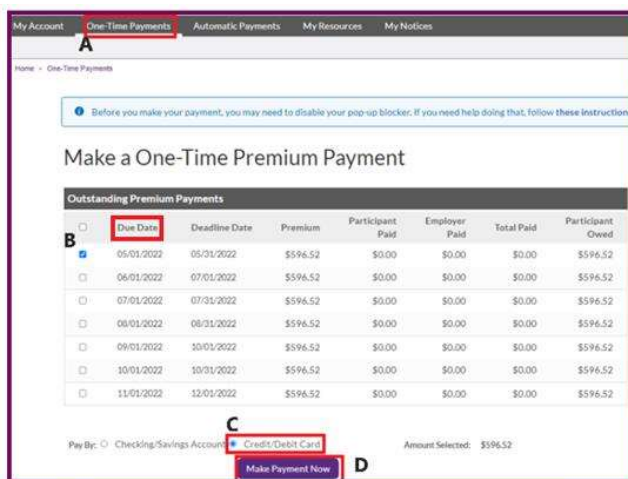
Some employers' groups allow members to pay premiums by credit card. The only time the credit card payment option will appear is if the employer group has been set up to accept credit card payments.

Below are steps members will need to follow when making premium payments by credit card.

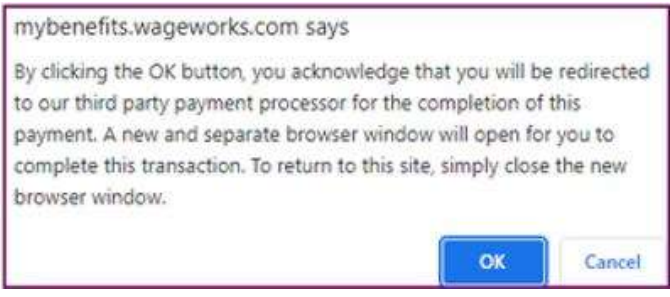
Select Make A Payment



- A. Select **One-Time Payment**
- B. Select the correct **Due Date**
- C. Select **Credit Card**
- D. Click **Make Payment Now**



Click **OK** to continue to be redirected.



Complete the Customer information and select **Enter Card Information**.

Customer Information

Is Business Account

First Name *

Last Name *

Address *

Suite/APT#

City *

State/Region *

Postal Code *

Country *

Email Address *

Confirm Email Address *

ENTER CARD INFORMATION ▶

Enter the **Payment Details** and click **Continue**.

Payment Details


Amount * \$596.52

Payment Type *

Account Type *

Name On Account *

Card Number *



Expires On

CVV Code *

CONTINUE ▶

Confirm the information is correct here and click **Agree and Submit**.

SUBMIT PAYMENT

To submit the payment please verify all information below is correct and then click the **Agree and Submit** button. Otherwise please press your browser back button to make corrections.

Amount: \$596.52
 Name On Account: Sample Hill
 Card Number: XXXX-XXXX-XXXX-1000
 Expires On: May 2024
 Name: Sample Hill
 Billing Address: 123 Main Street, Irving, TX 75063
 Email: SampleHill@healthequity.com

Authorization Agreement

I, **Sample Hill**, authorize **WageWorks, Inc.**, to electronically charge my credit card account for the amount indicated above.
 My entry of the information above and the checking of my acceptance of this agreement shall be my signature to execute this transaction.

AGREE AND SUBMIT

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View Your Notices

You can view the notices that were generated and sent to you by selecting the **“My Notice”** option from the top-level navigation menu.

My Account One-Time Payments Automatic Payments My Resources **My Notices**

Home > My Notices

E-mail Authorization

To receive e-mail notifications from WageWorks, you must agree to the following:

1. I authorize WageWorks to notify me of all future correspondence and notices posted to my account via e-mail using the e-mail address I provide.
2. I agree to notify WageWorks immediately of any change to my e-mail address.
3. I understand that WageWorks cannot guarantee the receipt of notifications sent by e-mail. I further understand that it is my responsibility to adjust any filters or spam blocking software I use that may prevent me from receiving e-mail messages sent by WageWorks.

I agree. Please notify me of any correspondence sent or notices posted to my account.
 I disagree. Please DO NOT notify me of any correspondence sent or notices posted to my account.

Note: WageWorks provides notification of direct deposits via e-mail only. If you choose "I disagree" above, you will not receive notification of direct deposits made to your bank account.

Enter your initials as your electronic signature:

Continue

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

My Account One-Time Payments Automatic Payments My Resources **My Notices**

Home > My Account

View My Notices

Mail Notices		(Hide Details)
Description	Date Queued	
Rate Change Notification and Monthly Payment Coupon	Dec 22 2021	View
Continuation Coverage Premium Invoice	Dec 08 2021	View
Continuation Coverage Premium Invoice	Nov 08 2021	View
Continuation Coverage Premium Invoice	Oct 08 2021	View
Continuation Coverage Premium Invoice	Sep 08 2021	View
Continuation Coverage Premium Invoice	Aug 08 2021	View
Continuation Coverage Premium Invoice	Jul 06 2021	View
Continuation Coverage Premium Invoice	Jun 08 2021	View
Continuation Coverage Premium Invoice	May 06 2021	View
Continuation Coverage Premium Invoice	Apr 08 2021	View
Continuation Coverage Premium Invoice	Mar 08 2021	View
Election Notice and Plan Alternatives	Feb 25 2021	View

Trouble Shooting Tips

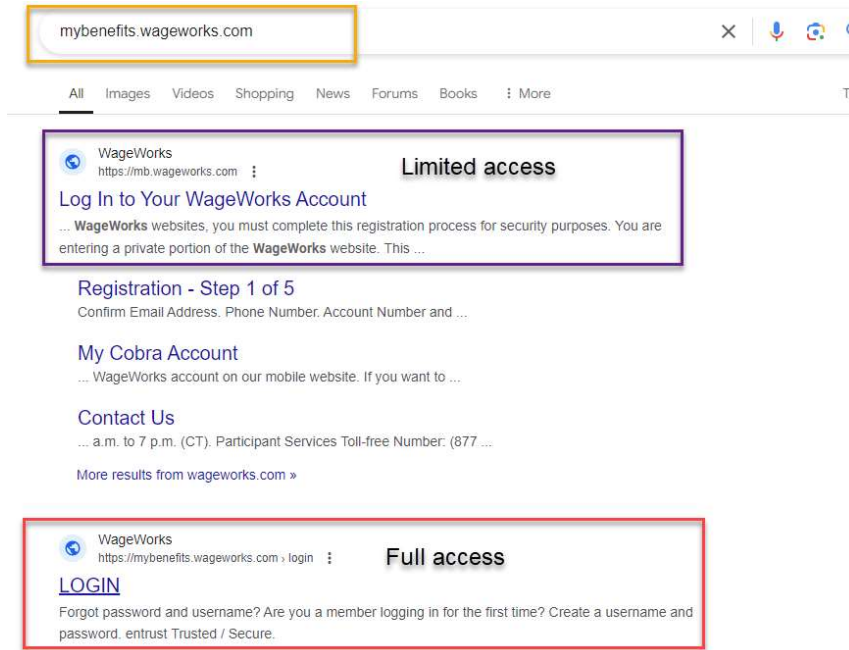
Here are some troubleshooting tip ideas:

Website Tips:

HealthEquity does not offer a mobile app for COBRA. We do provide a friendly mobile version mybenefits website.

Have the member do a Google search for mybenefits.wageworks.com. The search should produce the sites below. Ensure the member uses **Full access**, which is the same as Full Desktop.

- The Full desktop site (**Full access**) is required for these activities:
 - COBRA election and Open Enrollment
 - Viewing COBRA Notices and Messages from Employers (including SBCs)
 - Setting up ACH and paying by credit/debit card
 - Submitting and viewing an online Support Request



- Mobile site (**Limited access**): <https://mb.wageworks.com/Index.aspx>
 - The mobile site is optimized so that Elected Continuants can pay monthly premiums by check.
 - Mobile users (cellphones, tablets) are automatically redirected to our mobile site, mb.wageworks.com
 - Mobile users can return to the full desktop by clicking the “Full Desktop Site” link.
 - Forgot username or Password. Click the link in the email using a Laptop or Desktop.

Web Status:

To help identify what type of device the member is using please check the Participant Activities in CEI.

Participant Activities:

Full access

Participant Activities

Timestamp	Activity	Application	Severity
Oct 21 2024 4:49PM	User viewed COBRA Account Summary Details	ParticipantWeb	Information

Limited access

Participant Activities

Timestamp	Activity	Application	Severity
Apr 7 2022 7:48PM	User visited page User visited page	MobileWebUI	Information

MFA PINs: MFAs PINs are system-generated and sent to the member's email or ten-digit cell phone number on file only.

- **Text message:** Please verify the member's account to ensure the phone number on file does not start with a one. If the phone number is incorrect, please update it.
 - Incorrect example: 1-214-555-0000 or 12145550000
 - Correct example: 214-555-0000 or 2145550000 or (214) 555-0000
- **Emails:** Please verify the member's account to ensure the correct email address. If you update the email address, check the web status to ensure the email has been updated there, too. The updates might take a few minutes. Once any updates have been made, refresh the member account to see the email update.

Unblocked: The member's phone number must be blocked free of 800/866/877 numbers.

Card payment: For employers with credit/debit card payments enabled, members are redirected to a secure third-party site, <https://smartpay.profitstars.com>

Browser & Device recommendation: Safari is typically used for MAC and Apple devices.

- Member will need to update the default browser to Chrome or Edge.



Show me How to:

