Instructions for Submitting High Deductible Health Plan (HDHP) Member Issues

For specific member issues, HBRs should send a request through the system on the member's account by following the instructions below.

For general plan questions or for issues on a member who isn't set up in the system yet, please continue to contact the HBR Support Line at 855-552-6272 or <u>hbrsupport@cobraguard.net</u>

Access members' account

	Search Q						
	Dashboard	EMPLOYEE					
	🛓 Members 📃	Membership -					
E.	> Search Members	Member & Family Employment Benefits Details Enrollments Requests					
	 Create Member Census Upload 		Family				
	III Reports	Employee ID 113664	FAMILY MEMBER				
	Compliance	Member Type Employee					
	<u>ய</u> Billing	Active On Benefits No	Add Family Member				
	Forms	Gender Female					
		Date of Birth					

Click on the benefits tab

Search	۹				
Bashboard		EMPLOYEE			
A Members	-	Membership >			
 Search Members Create Member 		Member & Family	mployment Benefits Details	Enrollments Requests	
 Census Upload 			l		Family
III Reports		Employee ID		113664	FAMILY MEMBER
Description Compliance		Member Type		Employee	
ull Billing		Active On Benefits		No	Add Family Member
Forms		Gender		Female	
		Date of Birth			

Click edit benefits

Member & Family E	Employment	Benefits	Details	Enrollr	nents	Requests			
 Active Benefits									
BENEFIT TYPE	PLAN	COVERAG	GE LEVEL		COVERA	GE START	COVERAGE EN	D	EMPLOYER CONTRI
Edit Benefits									
Pending Benefits									
BENEFIT TYPE	PLAN					COVERAGE LEVEL		COVERAGE	START
Medical	HDHP - High	Deductible	Health Plan			Member and Childre	n	03/01/2016	

Choose type of request/change and check the T&A box then click submit

Choose a Request Type

Member Requests	Enrollment for New Employee (or) Newly Eligible Employee
	Cancellation Due to Disability
	Change in Status 'Full Time to Part Time' (or) 'Part Time to Full Time'
	Change Tax Status (After to Before)
	Death of Employee
	Member Waive Coverage (Mid-Year)
	Retirement
~	Termination of Employee (Voluntary / Involuntary / Ineligible))
	Communication Form
Demendent Persuente	Add/Drap a Dapandant due to a Change in Coverage
Dependent Requests	Add/Drop a Dependent due to a Change in Coverage Dependent a Dependent
	Death of Spouse or Dependent Newty Finite Dependent
	Newly Eligible Dependent Perseu Institute Dependent
	Remove Ineligible Dependent
Leave Without Pay	Leave Without Pay
	Return from Leave Without Pay
	Cancellation Due to Non-Payment
	I have read and agree to the User Agreement and Attestation
\rightarrow	Continue

Once submitted then it will hit our dashboard for processing

If you select Communication Form, this screen will pop up for you to type your question and then click Submit Request

Communication Form		
Your M	lessage	Type your question here
		Please use this area to ask questions or express concern to the North Carolina State Health Plan.
		Submit Request What happens when I submit a request?