Enrollment Instructions for the High Deductible Health Plan (HDHP)

The Member would go to the link and register by filling out the registration form on the right

Member Portal		Home Register Sign In
Member Registration		
Why do I need to Register?	Registration Form	
We need to confirm your identity and create a unique login in order for you to access your information through the Member Portal.	Last Name	
How do I Register? This registration process can be done by completing the form on this	Last 6 of Social Security Number	
screen. This process can typically be completed in about one minute. If you need help with your registration, contact NCSHP at .	Date of Birth	MM/DD/YYYY
Already Registered?	Email Address	
If you have already registered you can click here to login.	Provincial	This will be used as your "username" when you login.
	Password	Password must be at least 8 characters in length. Passwords are case sensitive.
	Re-Type Password	
		Submit Registration

Once they register, they will need to sig in to the portal:

Member Portal	Home Register
Member Login	
	Not Yet Registered?
	To gain access to the Member Portal you will need to verify your identity by registering. If you have not already registered your account, please click here to register now.
Password	Trouble Logging In?
Sign in	If you are having trouble logging in, or have forgotten your username or password, you may re-register your account to gain access. Click here to register now.
Conviolation 2000 2018	

Once in the portal, the participant can edit personal information and upload any requested/required information from the main tab of the portal as well as sign up for SMS messages

Account Ove	rview					A	ccount Overview	Logo
Member & Family	Benefits En	nrollments & Events	Forms	Billing	Payment History			
Member & Add and Edit Fami	Family Info	rmation						
Family Member (clic	ck to view)	Relationship	On Repofito	Eligible	Kari - TEST ACCOUNT Cavar	naugh - TEST ACCOUNT		
			benefits		Employee ID	1	23456	
Kari - TEST ACCOUN TEST ACCOUNT	VT Cavanaugh -	Employee	No	Yes	Social Security Number	1	23-45-6789	
					Date of Birth	C	4/03/1977	
Add Family Member					Gender	F	emale	
					Marital Status	ξ	Single	
Contact Inf Manage Your Cont	ormation	el		Info	Marital Status	2	Actions	
Contact Inf Manage Your Cont Contact	Cormation lact Information	el		Info	Marital Status	5	Single Actions	
Contact Inf Manage Your Cont Contact Address	iormation act Information Lab Busi	el iness	Prefe	irred 123 Jack Any	Marital Status Contraction Any Street rsonville, Florida 32211 County US	3	Single Actions	
Contact Inf Manage Your Cont Contact Address Email Address	formation act Information Lab Busi	el iness	Prefe	Info srred 123 Jack Any srred kari	Marital Status Careford Control Contr	2	Single Actions	
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Contact Inf Manage Your Cont Contact Address Email Address Phone Add Contact	Cormation lact Information Busi	el iness ne	Prefe Prefe Prefe	Info Irred 123 Jack Any Irred kari	Marital Status Marital Status CEDIT County US Cavanaugh@cobraguard.net	Contact	Single Actions (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	

Document Upload Upload Documents to Attach to Your Membership Record

Please click on the "Browse" button to select documents from your computer than can be securely uploaded to your member record. Please only upload documents as requested by the North Carolina State Health Plan.

Multiple Documents: If you need to upload several documents you can select and upload them all at the same time or individually.

Only the following document types will be allowed. PDF, PNG, JPG, GIF, TIFF.

Browse	K
Upload Documents	

The benefits tab will show you any active benefits at the current time. This is pending enrollment so the benefits will not show listed until the administrator migrates the benefits over. Members have the availability to print this screen, as well.

	Account Overview							
	Member & Family Benefits Enrollments & Events Forms Billing Payment History							
	K							
	Benefits Information Your Currently Active Benefits	Print	<					
\rightarrow	No Active Benefits You currently do not have any active benefits with the North Carolina State Health Plan.							
	Copyright © 2009-2016							

To launch your enrollment:

Click on the enrollment and events tab and then click on launch enrollment. This tab will show you what type of enrollment you have and when your enrollment portal will be open and when it closes.

Member Portal				Account Overview	Logout
Account Overview					
Member & Family Benefits Enrollments & Even	nts Forms Billing	Payment History			
Enrollments Active Enroliments					
All enrollments available to you will appear in the	Enrollment	Opens	Closes	Action	
list to the right. You may change your elections at any time, and as often as needed, while the	Initial Enrollment	June 30th, 2016	July 30th, 2016	Launch Enrollment	5
enrollment period is open.	71	\uparrow			`
or the elections available to you, please contact the North Carolina State Health Plan at .	/				

The next screen will welcome you to your enrollment and you can this screen will allow you to make your initial enrollment or, if you come back into the portal during your enrollment period, it will allow you to make any changes you would like until the enrollment period is over. Currently the only choice showing is the pending elections so you would click continue. You can also leave without saving your enrollment.

Initial Enrollment		
Welcome		
Welcome		
Welcome to the North Carolina State Health Plan High Deductible Health Plan	Initial Enrollment	
enrollment.	Status	Not Yet Submitted
	Enrollment Begins	June 30th, 2016
	Enrollment Ends	July 30th, 2016
Current Benefits	Pending Elections	
	You have not yet made any e	lections for this enrollment.
````````````````````````````````	Continue	
Leave Without Saving		

The next screen will allow you to choose your election or waive the coverage. If there were dependents, you would see them listed on the right and would be able to choose each dependent you would like covered on the plan. You can also leave without saving your enrollment

Medical Election	
🗏 Waive Coverage	
Choose Your Desired Plan	Covered Dependents
Plan Selection	In addition to yourself, who would you like to cover under this plan?
High Deductible Health Plan	No Eligible Dependents
R	How do I add a Dependent that's not listed?

If you offer other plans, there would be subsequent pages after for each plan for you to either elect or waive.

The next screen is your review and submit screen. Again, you can also leave without saving your enrollments

	Initial Enrollment			
	Welcome > Medical Election > Review & Submit			
	Review & Submit			
	Elections			
>	Medical High Deductible Health Plan	Member Only Kari - TEST ACCOUNT Cavanaugh - TEST ACCOUNT (Employee)		
			Continue	
\longrightarrow	Leave Without Saving			

The next screen will pull up your PDF confirmation of election for your records. An e-mail will also be sent to the e-mail address listed for that m

Benefit Confirmation Statement

Kari - TEST ACCOUNT Cavanaugh - TEST ACCOUNT 123456

For Your Records Only

Please note that this statement is for your records only. You DO NOT need to mail-in this statement or take any further action.

Enrollment Complete

You have just completed your Initial Enrollment. Below is a summary of the benefit elections you made. Please remember that you may login at anytime between **June 30th** and **July 30th 2016** to change or update your benefit elections and coverage levels.

Enrollment Information

The elections and waivers, if any, displayed below will be effective as of July 1st, 2016

Benefit Elections

Benefit Plan Name		Coverage Level	l Who's Covered			
Medical	High Deductible Health Plan	Member Only	Kari - TEST ACCOUNT Cavanaugh - TEST ACCOUNT (Employee)			

Additional Information

Statement generated on June 30, 2016 at 12:29 pm.

Please note that the North Carolina State Health Plan (NCSHP) may, at its discretion, change the plans, covered individuals and rates as necessary to comply with government and departmental regulations, availability and access to the plans, and to provide a consistent and high quality service for all participants. If it is necessary for NCSHP to alter the benefit elections shown above, you will be contacted by NCSHP and informed of the changes and any actions you are required to take.

If you have questions about your benefits or elections please contact the North Carolina State Health Plan at 1-855-442-6272.

ember.

You would click continue to go back to the main screen

 Continue
Leave without saving

Once the administrator has migrated your benefits, you can see them under your Benefits tab

When you click on the benefits tab, it will show you what you elected, as well as your monthly rate and tells you who is coverage

Member Portal								Account Ove	erview Logout
Account Ove	view								
Member & Family	Benefits	Enrollments & Events	Forms	Billing	Payr	ment History			
	R								
Benefits Inf Your Currently Activ	ormation ve Benefits								🖨 Print
Benefit Type		Medical				Covered Family Mem	iber		Member Type
Plan		High Deductible Hea	alth Plan			Kari - TEST ACCOUNT	Cavanaugh - TEST ACC	OUNT	Employee
Coverage Level		Member Only							
Coverage Effective S	ince	June 1st, 2016							
Monthly Rate		\$93.16							

If you have uploaded any forms they would be located under the forms tab

		Account
Account Overview		
Member & Family Benefits Enrollments & Events	Forms Billing Payment History	
Forms Member Forms		
Tax Forms		
Tax Forms Click on the form description below to view or download the for	orm.	
Description	Created	File Type
No Forms Are Currently Available		

Once your billing is processed you will be able to see your invoices and the transactions as well as providing you with the two payment methods. Since this is newly elected, the transactions will not show until the premiums have been calculated.

Acco	ount Ove	rview	ı								
Mem	ber & Family	Benet	fits Enroll	ments & Ever	nts Forms	Billing	Payment His	tory			
> St	atement	S									
Title		Date		Download	d						
(No S	tatements Fo	und)									
Tr Ope	ansactio en Transactior	ns s									
Plan	Туре		Coverage		Coverage S	itart Date		Coverage E	nd Date	A	mount
(No C	pen Transact	ions)									
F	Payment	Meth	ods								
© M	ail-in Paymen	1									
	nine r aynion										
F	Payment	ent									
	\rightarrow	Payme	ent Method	Savings	/Checking Acco	ount					
		Payme	ent Amount	0.00							
				When aske	d, your PIN is the	last four digits	of your SSN				
	Pa	ayn	nent	Me	thoc	ls					
8	S Mail	in D	avmen	+							
8	s wall		aymen	ι +							
0	9 Onii	ne P	aymen	L							
	Pa	ayn	nent	Ad	dres	S					
	Mai	l In p	aymen	t							
->	lorth C	aroli	na Sta	te Plar	n						
Í.	PO Box	505	280								

On the payment history, once premiums have been received, the member will be able to see any payments posted and any payments that are pending

Account Over	/iew				
Member & Family	Benefits Enrollments & Ev	rents Forms	Billing	Payment History	
Completed F Payments that have	Payments				
Posted On		Amount			
Pending Pay Payment Request the	/ments at have not posted.				
Date	Amount	Stat	us		

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