Employer Self-Service Portal Guide
Welcome to online benefits administration!

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

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

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

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

One person will register as the primary access administrator for the employer portal and that person can assign rights to additional users for specific sections of the website. For example, if you want someone from Accounts Payable to have access to the Billing & Payments section, but not the Enrollment Maintenance, you can set it up that way.

Online access is completely customizable!

And speaking of billing and payments—pay your bill online and have the option of entering several accounts that you can choose to pay the bill from.

Let’s get started!

Have available:
• Group number
• Organization’s ZIP code
• Organization’s Tax ID number

Register your group online at Humana.com.

See more registration information on page 5.

If you need any assistance, please call Humana Business Web Support at 1-888-666-5733, option 3.
The secured employer’s section of Humana.com is called the “Employer Self-Service Center.” It makes administering your Humana plan easier. Once registered on our website, access is granted for the following resources:

<table>
<thead>
<tr>
<th>WHO CONTACTS</th>
<th>HOW WE CAN HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits administrator</td>
<td>- Help with registration</td>
</tr>
<tr>
<td>- Online enrollment</td>
<td></td>
</tr>
<tr>
<td>- Web functionality issues</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>- Every group does not have hotline access</td>
</tr>
<tr>
<td>Employer and agents</td>
<td>- All service inquiries for medical (under 100 membership), dental, vision and life</td>
</tr>
<tr>
<td>Employer and agents</td>
<td>- All service inquiries for 100+ medical groups</td>
</tr>
<tr>
<td>Employee</td>
<td>- Reset passwords</td>
</tr>
<tr>
<td>- Answer questions regarding the employee’s benefits, deductibles, finding in-network physicians, etc.</td>
<td></td>
</tr>
<tr>
<td>- Navigation through MyHumana</td>
<td></td>
</tr>
</tbody>
</table>

The secured employer’s section of Humana.com is called the “Employer Self-Service Center.” It makes administering your Humana plan easier. Once registered on our website, access is granted for the following resources:

- **What’s new?**
  - Find out about the latest enhancements to the Employer Self-Service Center

- **Communication center**
  - Exchange private, secure email with Humana

- **Enrollment maintenance**
  - Complete many of your daily enrollment maintenance tasks, including adding new employees, changing coverage and terminating an employee’s benefits

- **Billing**
  - View your monthly statement; make a premium payment

- **Administrative guides and tools**
  - Explore features that can simplify plan administration such as links to eligibility information

- **Search tools**
  - Use employer search tools and get answers to frequently asked questions

- **Reporting**
  - Create, view and print a variety of online reports, including an employee roster and eligibility reports

- **Website security administration**
  - Grant web access rights to qualified personnel and maintain web security information for individuals or for your entire organization

- **Additional savings**
  - Find out about discounts like Humana’s LifeStyle Discount Program

  Humana.com/insurance-through-employer-support/benefits/group-health-resources/lifestyle-discounts
Primary access administrator (PAA)

The PAA is the point of contact for web access for the organization. This person performs day-to-day functions and can assign access for others in the organization.

The PAA will sign in to the Employer Self-Service Center to register new users and perform administrative tasks. An unlimited number of users can be added.

Have this information available before you register at Humana.com.
- Group number
- Organization’s ZIP code
- Organization’s Tax ID number

If you have questions or need help, please call 1-888-666-5733, option 3.

REGISTRATION

Register

All users will register at Humana.com.

Begin by selecting the Sign in link in the top right corner.

You will enter your username and password. If not already registered, select Register now.
Select registration type of **Employer** then select the green **Get Started**.

**Step 1: Validate group information.**

This information can be obtained from the plan documents or your Humana licensed sales agent. Select **Next**.

Review and confirm group information. If this information is not correct, you can reach out to Humana Business Web Support at **1-888-666-5733**, option 3.
Step 2: Read and agree to the Online Services Agreement and Web Confidentiality Agreement.

The person in agreement must be legally authorized to sign contracts on behalf of the organization. You must scroll to the bottom and accept both agreements.

Each agreement includes a Print Agreement option which will open the printable version in a new tab. Close when finished and navigate back to the original tab to continue registration.

Step 3: Create username and password.

This will be the sign-in profile for the PAA only. The PAA will create secondary users and provide each with an individual username.

For more information on the formatting requirements for a field, you can select the BLUE question mark next to that field.
Once all fields are completed, select Submit to complete registration.

NOTE: The security answer must have at least four characters and contain no spaces.

Step 4: Registration confirmation.
Select Go to dashboard to enter the employer self-service portal. You also have the option to select Add user to grant additional users access.

Employer self-service: Portal home
If you select add a new user from the registration confirmation, you will be taken to the Manage Account menu. You can access from the portal by selecting on My Account in the top right and selecting Security administration.

The Manage Account menu is where you can add and manage user access.

(1) Adding new users
(2) Managing access to business functions
(3) Revoke or suspend user access and reset secondary password
(4) Update user demographic information
   Username/Password cannot be changed by access administrator
(5) Update group demographic information; this will update web only account
(6) PCA/PAA change forms
(7) No longer used
(8) View all group info, identifiers assigned, users and what access they have
(9) View security changes within date range
To add a new user, select **Register new user for security access:**

- Create a **User ID** for the user and fill in their information
- The **AKA name** is a secondary identification for security purposes and needs to be different than the user ID
- For effective date, check the **Now box**, **End Date** can be left blank
- If the address is not populated by checking the copy address box, it will need to be typed in manually
- Once all fields are complete, select **Next**

### Confirmed: User Added

- It is recommended to print this page, take a screenshot or write down the user ID and password to provide to the user.

### New User Information

```
User ID:             President33
Effective Date:     8/20/2018 12:56:00 PM
Name:               Harry Truman
Address:            2011 N SOUTHPORT AVE, CSRF, CHICAGO, IL 60614
Telephone:          1234567894

AKA Name:           harryTruman
End Date:           
Work Title:         president
Email:              hTruman33@Hum1.com
Fax:                
Comments:           
```

- **This is the ONLY time the temporary password is viewable;** the user will use the temporary password to sign in for the first time at **Humana.com**. They will immediately be prompted to change their password and set up a security question.
- Once user information is saved, select **Next**. An alert will pop up to ensure you have recorded the information. Select **Ok**.
Select the Humana_Employer folder with all of the business functions, or tools, the group has access to in the self-service portal. The Primary Administrator has access to all functions available to the group, so if the user should have the same access rights as the primary all boxes should be checked. This would make the user a Secondary Administrator with the ability to add and manage additional users. A secondary admin is not able to manage the access of the PAA or their own.

The required functions for all users are IDE Employer Portal and Commercial Group Default BF. Access to each function can be further customized by expanding the box to assign only specific aspects. Checking the main box will assign all aspects for that function.

Functions can be added or removed from a user at any time. If you have any questions about what functions are, or what a user might need, call HB Web Support for assistance.

Once all business functions the user needs have been selected, select Save. An alert will pop up confirming changes, select Ok to confirm.

Assign Data to Business Functions:

- This final step is only for billing users
- Assign billing profiles, check the Check/Uncheck here box
- To assign only certain profiles, expand the box and check profiles the user will need access to

Once all profiles are selected, choose Save. An alert will pop up confirming changes, select Ok. The user has been added, and you can provide them their user ID and password.
My account: Company profile

My Account, located in the top right corner of the employer portal, is where you can get plan information, view company contacts, manage web users and more.

(1) Create a plan summary PDF
(2) Download PDF of policies and certificates
(3) Manage web users
(4) Add on rate calculator (small groups only)
(5) Edit FSA/PCA/HSA contributions
(6) Information on Go365
(7) Incentive credits for participation in Go365 (small groups only)
In **Plan overview** you can download PDFs of plan summaries. Plan summaries are usually loaded within 60 days of the coverage effective date. If a summary is not yet available, you can create one using the link in the **Company profile** section.

Download PDF of plan summary by selecting the **Summary of benefits and coverage** link (see below).
My account: Plan overview

View Summary of Benefits and Coverage (SBC)

Group Nbr: [Dropdown]

Find Coverage  Clear

Address: ADVANCED MICROWAVE PRODUCT
PO BOX 1437
VERDI NV 89439

Group#  SBC Document Coverages shown - click on View SBC link to view the document

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HUMANA INSURANCE COMPANY: CR HUMANA PPO EHDHP
16 DED/COINS OV, IP, OP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 12/01/2016
Coverage For: Individual + Family Plan Type: PPO-HDHP

Important Questions

<table>
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<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why this Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>Network: $5,000 Individual, $10,000 Family, Non-Network: $10,000 Individual, $20,000 Family</td>
<td>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my expenses</td>
<td>Yes. For Network providers: $6,350 individual, $12,700 family. For Non-Network providers: $12,700 individual, $25,400 family</td>
<td>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, Balance-billing charges, Health care this plan doesn’t cover, Penalties, Non-network transplant, non-network prescription drugs, non-network specialty drugs</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No.</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</td>
</tr>
</tbody>
</table>

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com. If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.
My account: Billing

Using Humana’s online billing, groups can view and pay bill, download details, set up recurring payments, view payment history and more. Clearing cached files can improve performance of online billing, Humana Business Web Support can always be reached for assistance.
Selecting **Go to Billing** will open the Invoice section of **Billing** in a new tab. Users can navigate between the sections of Billing, making selections in the bar menu located at the top of each page.

Within the **Invoice** section, users can review member level details, download details as an Excel file, download a copy of the invoice PDF, and access the **Wellness Engagement Incentive** dashboard (small groups only).

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**Show Details (search):**

---

**Invoice Details**

Welcome to the invoice details section of Billing. Here you can review your detailed member level transactions.

**Details for April 2018**

**Payments, fees and other adjustments**

- 03/29/2018: ADMINISTRATIVE FEE $29.00
- 12/29/2017: AUTO LOCK BOX $1,013.92

**Charges and member adjustments**
### My account: Invoice

**Show Details (list):**

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**Excel Details:**

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### Return to Index
My account: Wellness Engagement Incentive reports

Selecting Wellness Engagement Incentive Details from the Invoice Summary Page will open the Wellness Engagement Incentive Dashboard in a new tab. This report displays incentives earned by members participating in the Go365® program. Group level incentives as well as employee level reports are available. (Small Group only)

Reports

Monthly incentive details

Use this report to view monthly incentive details for your entire company.

View incentive details by month →

Incentive details by employee

Use this report to view your premium savings details by employee.

View earned Incentives by employee →

Incentive Details by Employee

Track your company’s monthly savings by employees’ participation in Go365, achieving a Go365 Status™ of Silver or above.

Download Full Report to Excel

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<th>01/31/2016</th>
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<th>11/30/2015</th>
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<td>ENDRON</td>
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<td>$0.00</td>
</tr>
</tbody>
</table>
My account: Payment

In the Payment section, users can manage bank accounts, set up payments, and review payment activity.

Payment Accounts

![Payment Accounts](image)

Make a Payment

Schedule a one-time payment or manage recurring payments.

![Make a Payment](image)
Online Payment Activity displays the history of online payments, including payments made by phone. Future recurring payments will also display.

Payment Activity will show any payments received by paper check.
In the **Recent Account Activity**, users can review payments or changes that impact billing balance:

In the **Billing Preferences** section, users can set up to four email addresses per billing profile for billing notifications. NOTE: Communications regarding billing are notifications only. In order to view invoices or make payments, users will need a secure logon to the **Employer Portal**.
**My account: Payment**

In the **Billing Support** section, users will find contact information and FAQs:

**Contact Billing Support**

- **Phone numbers**
  - Customer service number: 1-800-232-2006
  - Hearing impaired number: 1-800-833-3301

- **Send payment and payment coupon to:**
  - HUMANA EMP HLTH PLN GA
  - P.O. BOX 3291
  - MILWAUKEE, WI 53201-3291

**Questions & Answers**

**My account: Questions and answers**

- How secure is my information?
- Why can’t I submit a payment?
- Why can’t I submit a termination or modification?
- What can I see on the Recent Account Activity page?
- Why doesn’t the Recent Account Activity page display an adjustment amount for my online enrollment transaction?
- What are the different invoice options available to me?
  - Following are the options available:
    - Detail paper bill
    - Summary paper bill
    - Online only
- How soon are online payments reflected in my account balance?
  - Payments submitted before 7:00 p.m. Eastern time will be credited to your account the same day. Payments submitted after 7:00 p.m. Eastern time will be credited to your account the next day.
- Why am I limited to how far in advance a one-time payment can be scheduled?
- Why is my account information stored?
- Why can’t I select a recurring payment date outside of the dates listed?
- Why aren’t all of my payments displayed on the Online Payment Activity page?
- Where can I view my payment history?
- How much will be deducted if I select a recurring payment?
- What happens if I stop the recurring payment?
- What happens if I delete a payment account?
- Is there a way to eliminate the monthly administrative fee?
- When will my terminations be processed?
Manage Employees

The Manage Employees tab has all the tools needed to manage your membership.

1. Can search by employee full or last four of SSN. Selecting employee name will open subscriber summary in Enrollment Center.

2. Print or email member ID cards.

3. Add, modify or terminate employee will open the Enrollment Center in a new tab.

4. For groups that submit enrollments via file feed.

Manage Employees: Humana member ID cards

- Tools for accessing Humana member ID cards are located under the Manage Employees tab, and also in the Tools section at the bottom of the home page.
- ID Card Center can be used to view, print and email Humana member ID cards.
- Physical cards should arrive within 7–10 business days.
Manage Employees: ID card center

- If multiple policies are available in the portal, first choose the policy the member is enrolled in. This includes members enrolled in a medical health maintenance organization (HMO), as those products have their own group numbers.

- You can search for ID cards by member ID or Social Security number.

- Look up the ID cards for other members enrolled in benefits by choosing dependent name from the associated members drop-down menu.

- Selecting Print ID Card will open a PDF of the letter that is mailed with the card to the member. The full PDF includes some coverage details and Humana contact information.
Manage Employees: ID card center

**Order ID cards**
- Select the order ID card link to have the hard copy mailed to the members home address on file within 7-10 business days.
- You can also email the PDF to the member or a provider.

**Vision**
- Vision cards are available on the vision website; it may take a few moments to load.
- Select View Your Benefits, then Print ID Card. The vision policy will come up. Select Print Card.
Manage Employees: Proof of coverage and order ID cards

- Instead of a vision proof of coverage, a copy of the vision ID card can be printed.
- This is the same as the card the member receives in the mail.
- Vision cards cannot be ordered online, only printed.

Humana.com
Member/Patient Services: (877) 398-2980
HUMANA INSIGHT NETWORK
Humana Vision Plan
CR000000
JANE DOE
Group #: 000000
Effective: 01/01/2019

NOTE: Cards are printed with the subscriber’s name only. All eligible dependents can also use one of the attached cards. Please keep your member card with you and verify the provider accepts your plan when scheduling an appointment.

Humana network doctors/providers:
Visit eyemed.com, or call 1-877-398-2682 to receive plan information and verification.
Manage Employees: Benefits

Common issues and how to resolve them
• Once an employee's benefits are terminated, their information remains in the system for up to 18 months.
• Members can see their own information, deductibles and usage by signing in to MyHumana. When entering their member ID, members do not need to add the suffix. For example, if the ID is 100000023-05, the -05 isn't necessary to sign in.
• Only one enrollment event can be submitted per member per 24-hour period.
• Enrollment sign date must be within 30 days of requested effective date and cannot be submitted more than 30 days prior to, or 60 days past, requested effective date.

Enrollment terms
Subscriber: Member or participant directly eligible for employer benefits due to employment
Dependent: Family or domestic partner eligible for employer benefits
Enrollment event: Enrollment change request submitted in Online Enrollment Center (HRBA)
HRBA: Human Resource Benefit Administration
Waive: To opt out of a specific benefit
Effective date: Date coverage changes go into effect

Manage Employees: Search employees

Search employees will allow a search for active members by full or partial Social Security number.
Select the employee's name to open the subscriber summary page in the enrollment center.

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

The Human Resource Benefit Administration (HRBA) will require first-time users to register with their own Social Security number. This will tie the enrollment center access to the secure sign-in for the employer portal, so that any enrollments submitted will show under that name.

If you do not have, or do not wish, to use your own Social Security number, contact Humana Business Web Support and a dummy can be requested.
Whichever link is selected under **Manage Employees** opens the Enrollment Center Home tab at the top of page to the enrollment menu. Now choose the action needed or search for another member.

**Enrollment Center (HRBA): Add a subscriber**

- To get started, select **Add a Subscriber**
- This same page will open if the **Add Employee** from the **Manage Employees** tab on the employer portal home page is chosen.
**Enrollment Center (HRBA): Add a subscriber**

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

**Enter the subscriber’s Personal Information**

- Hire Date is an important field because that is what is going to determine eligibility based on the waiting period. If a part-time employee became full-time, then the full-time date of hire will be used to determine eligibility. To confirm what waiting periods may apply, you can call Humana Business Web, Customer Service or reach out to your Humana representative.

- The Eligibility Group is simply the class or division the employee belongs in.

- Once you have all of the employee’s personal information filled out, select **Next**.
Enrollment Center (HRBA): Add a subscriber

Add a Subscriber - Select an Event

<table>
<thead>
<tr>
<th>Reason for Coverage Change</th>
<th>Event Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>Date coverage is effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select a new reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must select a reason for adding coverage to this subscriber. For example, if the subscriber is a new employee, select “new hire” and enter the effective date.

Enrollment reason and effective date

- For this example, we are using **New Hire**.

  - **Effective date** for new hires is calculated based on the **Hire Date** after any waiting periods have been applied. For example: A Hire Date of April 13, and a 30-day waiting period with first of month provision would be eligible for an effective date of June 1. It is important to note that should waiting period end on the first of a month, the employee is eligible on that date; they do not have to wait until the next first of the month.

- Other **Qualifying Events** may have different effective dates. The effective date should be the date you need the benefits changes to be in place.

- The **sign date** should match the employee’s enrollment form or the date you are submitting online. Keep in mind the sign date needs to be within 30 days of your requested effective date. Choose **Select and Continue**.

Enrollment Center (HRBA): Dependents

- This is only adding a dependent’s personal information under the subscriber; coverage is added in the next step.

- Select **Add Dependent** and enter the information for that dependent record. A Social Security number is not required for dependents, but is recommended. Dependent Social Security numbers can be added later.

- Once the dependent’s information is entered, select **Submit**. The dependent record is saved under the subscriber.
Enrollment Center (HRBA): Dependents

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

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

Enrollment Center (HRBA): Coverage

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

• You should then see a confirmation page. If you do not see a confirmation page, you have not yet submitted your enrollment.

• A subscriber only has to be added to a group once; any future changes will be submitted as a Modify event. A member that was terminated and has returned does not need to be added again, but Rehire chosen as the reason for the Modify event.
Enrollment Center (HRBA): Review and finish

The effective date of applications entered with an event of “New Hire” will be validated according to the group new hire provisions. If the effective date entered does not match the calculated effective date, the application will be updated to reflect the correct effective date.
• To make a change to an existing subscriber, select Modify Subscriber/Dependent Info and/or Coverage. This same page will open if Modify Employee from the Manage Employees tab on the employer portal home page was chosen.

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

• Open events will show any enrollment event from the last 30 days. The start date and end date are referring to the time frame in which a change can be submitted. Anytime an enrollment event is opened there are 30 days to submit. The coverage date is the effective date of the benefit change. The example shown on this new hire event that the status is complete means it has been successfully submitted to Humana. This does not indicate the enrollment request has been completed; enrollment changes are completed within 24–48 hours of submission.

• To open a new event, select a reason from the Reason for Coverage Change drop-down menu. For assistance with choosing the appropriate reason, call Humana Business Web customer service or reach out to your Humana representative. For this example, select Gain/Loss of other coverage with an effective date of July 1, 2016, and a loss date of June 30, 2016. Choose Select and Continue.
Enrollment Center (HRBA): Modify info and/or coverage

The first step of any enrollment event is Personal Information.

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

![Personal Information](image1)

**NOTE:** Changes may cause benefit changes.

The second step is Dependents.

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

![Modify Information/Coverage](image2)
The third step is Coverage.

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

Note for groups that carry an HSA plan: Please be sure you are reselecting the HSA plan when making changes to a member’s policy. This will ensure the member does not lose or have a gap in HSA coverage.

The fourth and final step is Review and Finish.

• Confirm demographic information, dependent information and coverage elections. Once selections are confirmed, select Submit.
Enrollment Center (HRBA): Exiting and resuming

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

![Image of exit enrollment message]

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

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

![Table of open events]

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

The event will resume on the last page saved. Confirm selections, and submit the event. When you see the confirmation message, you know Humana has received the enrollment request.
Termination is a permanent end of any and all lines of coverage for the member and any enrolled dependents. Please submit a Modify event with the appropriate reason selected if a member is opting out of only a single line of coverage, or removing a dependent from coverage.

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

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

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

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

- Search for the member, and select their name to open the record.
- Select appropriate reason from the Termination Reason drop-down menu.
**Enrollment Center (HRBA):** Terminate subscriber

- **The Coverage Termination Date** is the last date the subscriber will be covered; coverage will end at midnight on coverage termination date. Depending on how the group is set, it may terminate at the end of the month, or immediately. Dependent coverage may end on the date eligibility ends, such as date of divorce and not end of month. To confirm termination provision, call Humana Business Web Customer Service or reach out to your Humana representative.

- **The Loss of Eligibility** date is the last date the member was eligible; typically last date of employment.

- If the member wishes to enroll in COBRA or State Continuation, only select yes if you manage the group’s COBRA enrollments and are prepared to complete the COBRA enrollment at the time the termination is being submitted.

- If a third-party administrator is used for Cobra, select **No** and notify the TPA of any member terminations.

- If you do manage your own COBRA, but are unsure if the subscriber is interested, select **No**. The COBRA event can be submitted at a later date should the member wish to enroll. Select **Next**.

---

**Terminate a Subscriber**

Termination is a permanent end of any and all lines of coverage for the member and any enrolled dependents. Please submit a **Modify** event with the above fields set to **No** if you wish to remove coverage from the subscriber.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber name:</td>
<td>Sally Test</td>
</tr>
<tr>
<td>Subscriber SSN:</td>
<td>123-45-6789</td>
</tr>
<tr>
<td>Reason for termination of coverage</td>
<td>Subscriber Loss of Eligibility</td>
</tr>
<tr>
<td>Coverage termination date (mm/dd/yyyy)</td>
<td>04/01/2023</td>
</tr>
<tr>
<td>Loss of eligibility date (mm/dd/yyyy)</td>
<td>03/31/2020</td>
</tr>
</tbody>
</table>

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

Once selections have been confirmed, select **Submit**, making sure the confirmation that Humana has received the request has been received.
Reports: Employee and utilization reports

Depending on the benefits your organization offers, the following reports may be available under the Reports tab on the home page:

- Enrollment and benefit reporting through HRBA reports
- Census files
- View claims information—only available for ASO groups

Reports: Additional benefits reports

Depending upon the benefits offered in your organization, you can access additional reporting separate from the utilization reports.

These reports may include:

- Flexible spending account reports
- Health savings account reports
- Personal care account reports
- Full-time student verification status reports
- ePlanCompass reports (note that ePlanCompass reports are not available to all groups)
Reports: Additional benefits reports

- Go365 reports are not available by default and must be requested after registration is complete. Once requested, the Go365 reporting section will be available within 48 hours. Requests can be submitted to Humana Business Web Support or your SPOC (Single Point of Contact).
- Once added, there will be a new section under the Reports tab for Go365.

Example Member Engagement

Human Resource Benefit Administration (HRBA) reports are also available in HRBA.
- Note: Groups that send enrollment changes via a file feed (EDI) may not see enrollment changes reflected in HRBA reporting. The best source for up-to-date benefits information for EDI is the file itself.
- To access web enrollment reports, select Reports tab, then select the Reporting link.
Status Report

This report is available on the HRBA home page. The Status Report will allow you to check the status of transactions entered within the last 30 days. There are three possible statuses which may be displayed:

In-Process – This indicates that the transaction has not yet reached Humana.

Completed – This indicates that the transaction has reached Humana and is completed successfully.

Denied – This indicates that the transaction was not acceptable. Generally, this status means that an enrollment was attempted outside of the open enrollment period.
Reports

• Select the Create Report tab. Here you will see a listing and description of all available reports. Select the report you would like to run.

• Enter the date that you want the report run by and select Submit report request.
Reports

- Select the **View Reports** tab; select **Refresh** until report turns blue. Select the name to open. The report will download as an Excel file.

**Example member benefits report**
Support and Resources: Employers

- Humana contact information
- Employer health guide/FAQs
- Order marketing materials
- Application and enrollment forms

- Go365 information for employers
- Wellness launch kit
- Industry insights
- Tutorials
Support and Resources: Employees

- Member contact information
- Provider and pharmacy finders
- Cost comparison tool
- Go365 information for members
- Prescription tools and information
- Glossary of healthcare terms
Members can register for MyHumana access at Humana.com, or by downloading the MyHumana Mobile app.

**MEMBER SUPPORT**

Call Member Support at **1-800-448-6262**
Benefits Center: Small groups only

- Rates and pricing
- Current plan information
- Renewals
Go365 Engagement Source website

Sign up for the Go365 Engagement Source website

Go365 Engagement Source is an exclusive website for program administrators that offers support with the planning, promotion and administration of the Go365 wellness program. Available free of charge, this valuable resource includes:

• Wellness administration tools, including an admin dashboard (see visual)
• Employer-sponsored events platform so you can tailor Go365 to your organization’s worksite events
• Challenge platform to administer your own company challenges
• Access to monthly educational webinars
• Strategic planning tools, including the Healthy Company Questionnaire and annual wellness calendar
• Toolkits and guides on various wellness program components
• Shareable Go365 materials and health content
• Initiative ideas with supplemental materials
• Wellness insight and expertise, and more

Administrator dashboard on Go365 Engagement Source

Engagement Source is open to all employees who help administer your company’s wellness program, however, you may want to limit which features they have access to. Through our dashboard feature, you, as the administrator, can:

• Control what other users from your company see when they sign in to the Go365 Engagement Source website.
• Easily add, change and remove users from the system

Watch this short video to see how it works [https://vimeo.com/246986018](https://vimeo.com/246986018)

Get signed up for Go365 Engagement Source [https://engagementsource.go365.com](https://engagementsource.go365.com)
Another channel for you to quickly get the information you need
• Help without picking up the phone
• All responses are provided quickly
• Conversations can be saved for future use
• Opportunity to shape your future experience
• Your input will be used for continuous improvement
• Located in the bottom right of your screen

Use Humana’s secure chat assistant for:
• Check member/group eligibility
• Obtain patient benefits (copay, deductible, coinsurance and maximum out-of-pocket)
• Web navigation and COVID-19 assistance
• Benefits for specific services, such as DME, imaging, maternity, physical therapy visits, skilled nursing, home health or hospital services
• ID cards
• Claims (9/1/2020)

Your first chat
Beginning the chat:
• To start, the chat assistant will ask, How can I help you...start by typing:
  – Eligibility
  – Benefits
  – Web navigation
• You’ll already be authenticated based on your portal login
• The chat will request the needed info to research your query:
  – Humana member ID or SSN
  – Date of birth
Humana’s Secure Chat Assistant

Continued

Tips and helpful suggestions for your first chat

• At any time, you can type “Opt out,” “Agent,” or “Representative” to provide the Customer Service number.
• Less is more. DO NOT TYPE full sentences or paragraphs. All you need to enter are one or two words like Enrollment, ID Cards, benefits...then simply follow the prompts.
• You can save your chat conversation for convenience and feedback.
• Available to assist 24/7.
• Technical difficulties? Please default to your usual method of contacting Humana for service resolution.

Secure chat feedback

• You’ll get a quick survey and reference number at the end of the chat.
• Use the Humana chat assistant email address to leave feedback any time it’s convenient for you. WatsonChat@Humana.com
• Do not include protected health information (PHI).
Adoption/Legal Guardianship: Add a child due to adoption or the child has been placed with the subscriber under legal guardianship. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at 1-866-584-9140.

Birth: Add newborn coverage. Upon delivery, the employee can call 1-800-872-7207 to ensure coverage. Additions must take place within 30 days of birth. The BA can also add the newborn, or specific details on the infant via HRBA. If details are not updated within 30 days of the birth, please call for assistance.

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

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

Child Eligible Disable: Add a dependent that has been declared disabled.

Child Newly Eligible Student: Current dependent newly enrolled as a full-time student.

Court Ordered Coverage: Add dependent due to court order. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at 1-866-584-9140.

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

Divorce/Legal separation: Remove a spouse from subscriber’s plan due to divorce or legal separation. Coverage ends on date of divorce or legal separation. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at 1-866-584-9140.

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

HSA Start/Change Contribution: Change to employee’s HSA contribution.

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

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

Marriage: Add a new spouse to the existing subscribers’ coverage. If submitting an online enrollment for this reason, fax legal documentation to our enrollment department at 1-866-584-9140.

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

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

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

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

ONLY AVAILABLE FOR SOME GROUPS

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

If hire date is June 24 and waiting period is:

<table>
<thead>
<tr>
<th>Waiting period</th>
<th>Immediate</th>
<th>First of month</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>June 24</td>
<td>July 1</td>
</tr>
<tr>
<td>30 days</td>
<td>July 24</td>
<td>August 1</td>
</tr>
<tr>
<td>60 days</td>
<td>August 23</td>
<td>September 1</td>
</tr>
<tr>
<td>90 days</td>
<td>September 22</td>
<td>October 1</td>
</tr>
</tbody>
</table>

Additional Resources: Eligibility waiting periods

Additional Resources: Relationship codes

0 = Subscriber
1 = Children
3 = Spouse

Additional Resources: Frequent events and materials needed

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

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

Effective date correction
- Call the web team and they will assist the group in submitting another event, or by correcting the dates with enrollment if this can’t be corrected during the call

Date of hire correction
- Provide web team with the correct date of hire. They will send a request to enrollment to correct the date of hire, and then correct online

Duplicated subscriber or dependent
- A web specialist will send an IT request to get a duplicate person removed

Changing the eligibility group
Possible reasons a BA would call in regarding the group eligibility:
- If a member is terminated and the group is going through OE and the eligibility group changes, then the BA would change the eligibility group first before the subscriber can be enrolled on the correct plan
- If the BA does not see the correct benefit listed under the coverage level drop-down menu, then the BA will change the eligibility group to get the correct benefit that is tied to it
PRIMARY CARE PHYSICIAN (PCP)

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

How to correct a PCP within the open event:
1. The BA will select Modify Subscriber/Dependent info
2. Check the box next to the open event, hit Select and Continue
3. Keep hitting Next until you get to the PCP screen
4. Check the box and enter new PCP number, continue to Review and Finish

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

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

1. From Humana.com, select the link Forgot your password? Then choose Select a user type under Other Registered User. Select Employer, follow the prompts to reset your password.
2. If further assistance is needed, call the Employer Web Team at 1-888-666-5733.

Retro termination date correction
IMPORTANT: The BA will need to call a web specialist to correct a retro termination date online, because the group billing invoice will be affected.
- Retro termination requests are allowed up to 60 days
- The billing representative then makes the retro termination in the system and that termination date should roll back to the web

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

From Humana.com, select Forgot Password link.

Choose Select a User Type and select Employer, then Continue.

Enter username to confirm and Continue.
To protect the privacy of our customers and members, Humana uses the most current, top-level technology. Browser security is closely linked to encryption code. For that reason, users can only access the secure sections of Humana’s site using a browser equipped with 128-bit encryption or higher—which means your web activity is encrypted before it’s transmitted over the internet using 128-bit secure socket layer (SSL) encryption technology. This technology works in tandem with the built-in security features of internet browsers such as Microsoft Internet Explorer. This technology is the most secure form of encryption widely used on the internet today.

You will be prompted to answer your security question. Now, enter a new password. If assistance is needed with the security question or entering a new password, please call HB Web Support.

Additional Resources: Browsers and encryption