CoreLink II

Benefits at Your Fingertips

Employer Training Manual

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Introduction

CoreLink II offers enhanced access, improved design and expanded menu features while also retaining the information that was available on the original *CoreLink*. Our new website provides access to a secured Internet connection so that Employers and Members can be assured that their information is protected. *CoreLink II* also consolidates separate activities into one location. For example, from the main menu Members will be able to search Providers, access the Plan Documents, request ID cards, check claim status, etc.

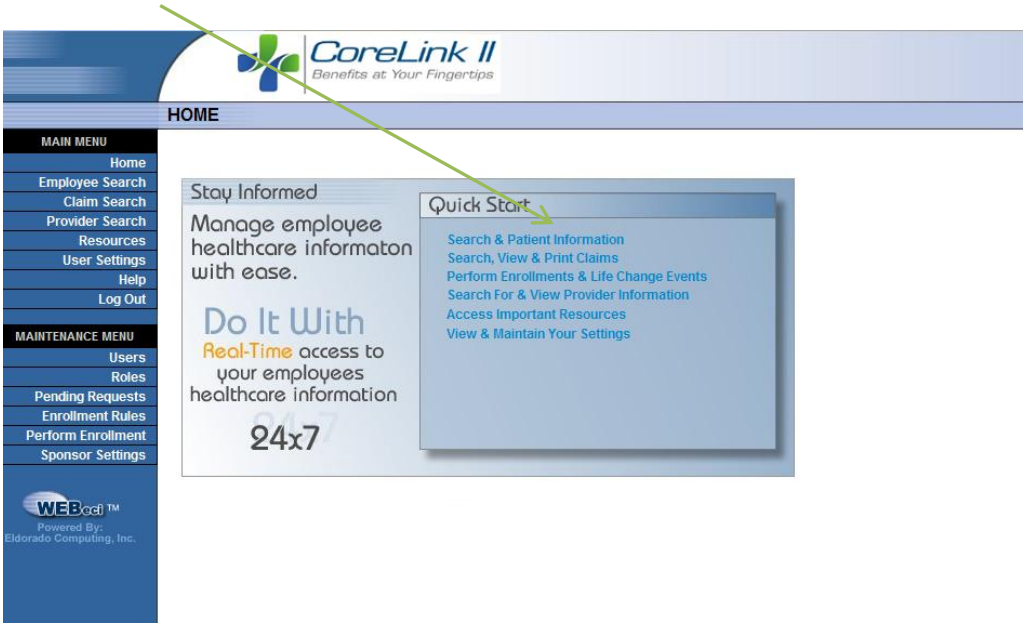
System Requirements

Internet Explorer is needed to be able to use the help feature.

Log On to CoreLink II

Log on to *CoreLink II* using the Website address, User ID, and Password provided by Core Management Resources.

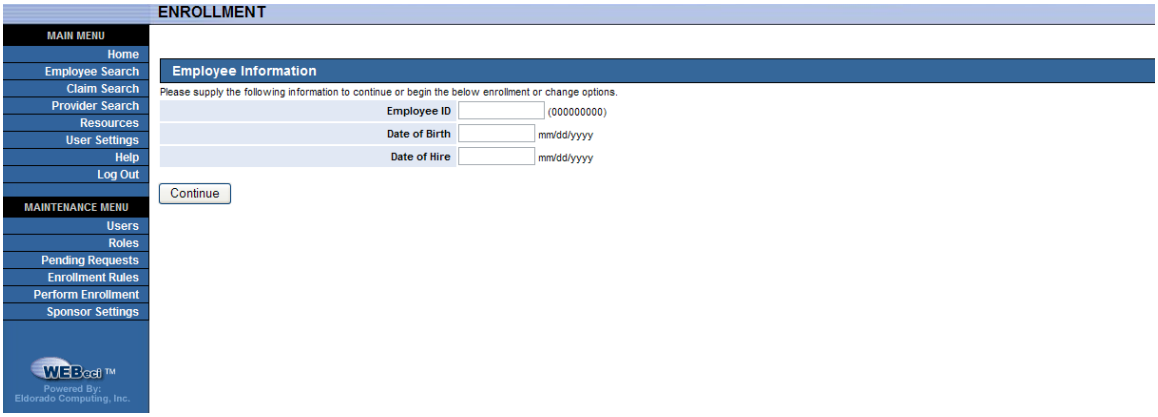
Quick Start Menu



- **Search & Patient (Employee) Information –** to conduct a search for an employee by either name, SSN or Certificate Number.

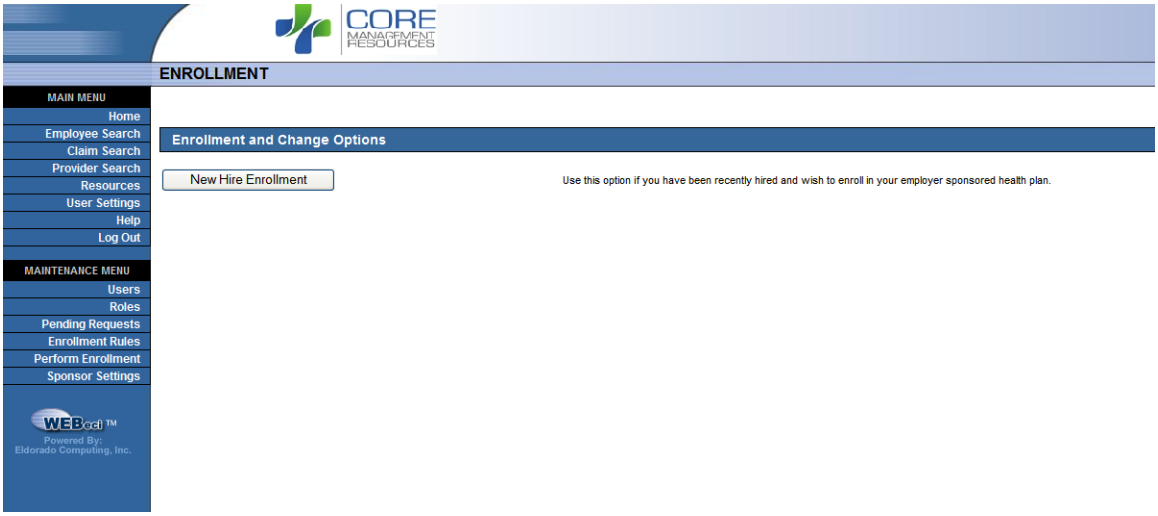
- **Search, View & Print Claims –** quick access to claims information.

- **Perform Enrollments & Life Change Events –** use this option to request changes to employee's health coverage. Changes include things like: Newborn child, divorce, marriage, court mandates, termination, address change, drop dependent coverage, change primary care physician etc. A date of change must be provided in order to begin the life event change process.
    - Enrollment Section (see page 9 for Perform Enrollment)
        - Enroll as a new hire
        - Enroll during open enrollment
        - Or to make a life event change, such as the birth of a child, divorce, change of address, name change.

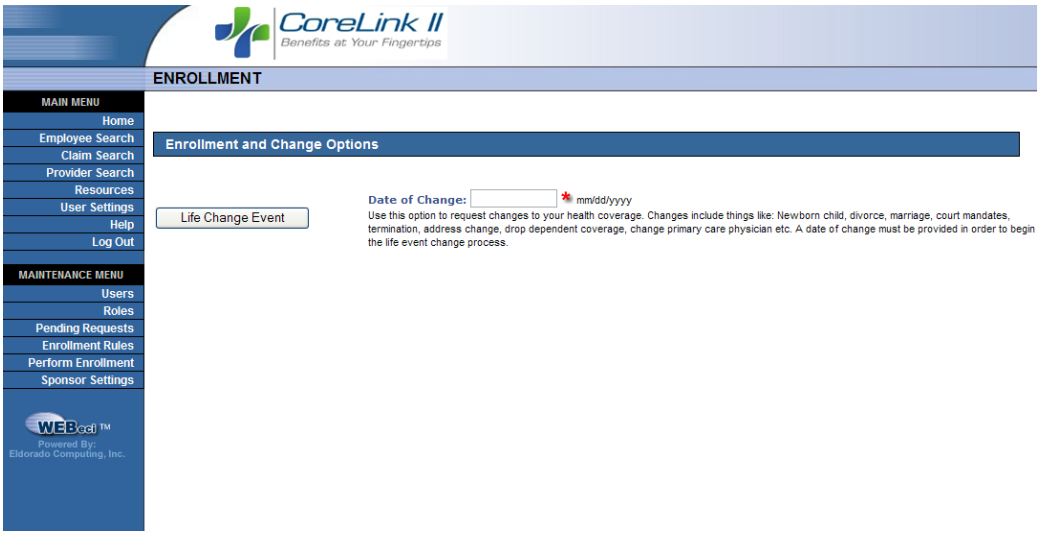


Although the Enrollment section provides all of the following options, you will have access to the options that only apply to you. For Example:

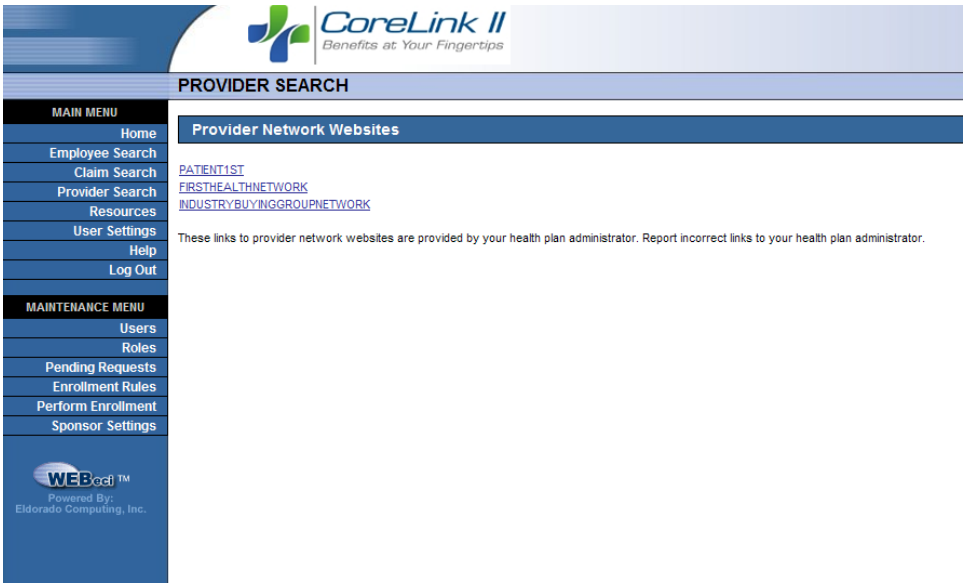
1. If you have a new hire, you will have access to enrollment thru the **New Hire Enrollment**. You will not have access to the **Life Event or Change Request** section.



2. If you have an existing enrollee, you will have access to **Life Event or Change Request** section. New enrollees will not have access to this option.

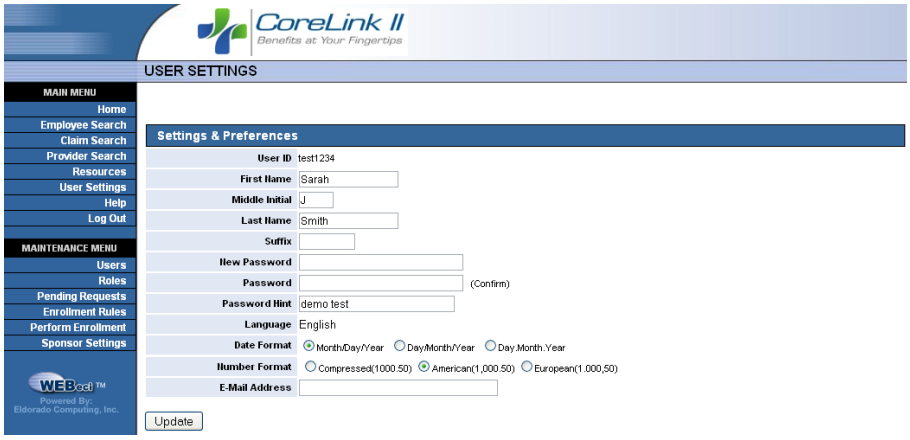


- **Search For & View Provider Information –** To conduct a search for participating providers in your health benefits plan. There are three search link websites which are Patient First Network, First Health Network and Industry Buying Group Network.

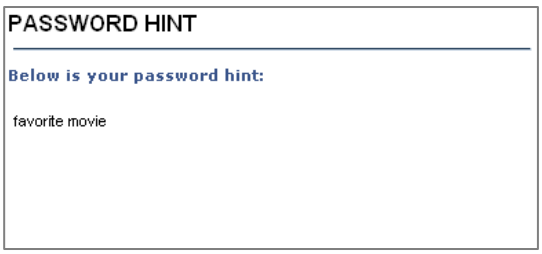


- **Access Important Resources –** this section allows you to submit request for new or replacement ID cards or to contact your health plan administrator for assistance with ***CoreLink II***.

- **View & Maintain Your Settings –** This option allows you to quickly access and update your user set-up information. Update such preferences as your password, password hint, date and number format, plus your e-mail address. To save any changes to the existing display, click the update button at the bottom on the screen.



If you forgot your password, click Forgot Your Password? on the log-in screen. This box will appear with your password hint:



Create New User

Employees will enter their Social Security Number as their User Name and Date of Birth as their Password. Upon their first login, they will be prompted to re-set their password. Employees will be able to view their own claims and claims for dependents under 18; however, due to Federal Privacy Laws, their Spouse and Dependents over 18 years of age will need to contact either the Human Resources Department or Core Management Resources to be assigned their own User Name and Password.

Go to **Maintenance > Users > Create New User**. Enter the employee's SSN in the Identifier field then click Dependent.

Create New User

Default Role Type	Identifier
Insured employee	
Dependent	987654321

Select the dependent's name

Family Listing

Name	Relation to Employee
Mary Smith	Spouse
Adam Smith	Son
Catherine Smith	Daughter

Select Limited Dependent Master then complete the Settings & Preferences

Sponsor ID	100500		
Member ID	100500-*****4321-01		
	Select	**Name**	**Description**
Default Role	○	Full Dependent Master	Full Dependent Master Role
	◉	Limited Dependent Master	Limited Dependent Master Role

Enrollment Types

Use the Enrollment section to enroll as a new hire, enroll during an open enrollment period, or make a life event change.

New Hire Enrollment

Use the New Hire Enrollment section to submit enrollment information for a new hire.

New Enrollment allows you to:

- enter demographic information
- enter dependent information
- select benefit elections
- perform open enrollment (if new hire is submitted during open enrollment period)

Note: A new hire will not have access to the life event option until your enrollment information is approved and accepted into the healthcare management system.

Open Enrollment

The Open Enrollment section allows you to modify your demographic information, dependent information, and plan elections. The Open Enrollment section is only available during an open enrollment period. You cannot access open enrollment outside of the open enrollment period.

Life Event/Change

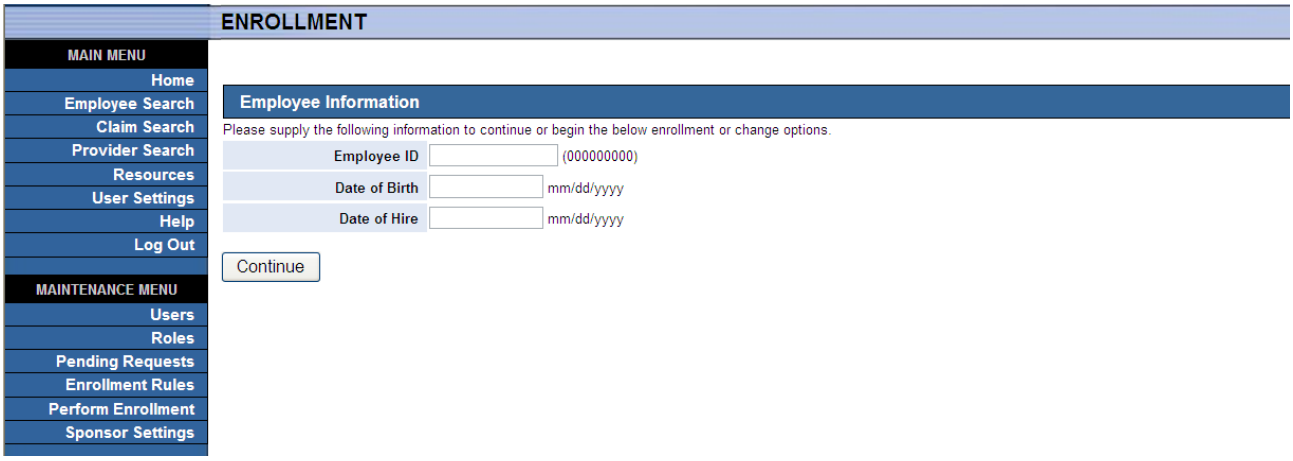
The Life Event/Change Request section allows you to make changes to your demographic, dependent or election information. Common life event/changes are:

- Newborn
- Marriage
- Divorce
- Change of address
- Court orders or mandates

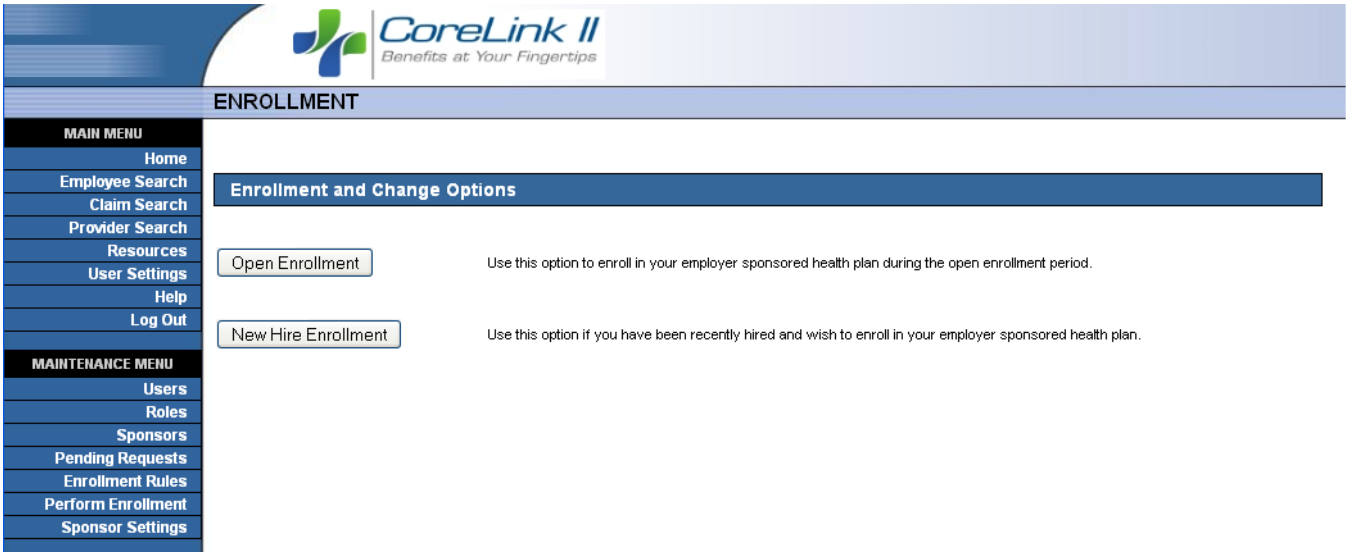
Note: You can access this section if you are currently enrolled. New enrollees **do not** have access to this section.

Perform Enrollment

Enrolling a new employee – go to **Maintenance > Perform Enrollment**.
Employee ID is their Social Security Number



The "Enrollment Rules" established by your Account Manager will determine the type(s) of enrollment option(s) available on this screen (i.e. New Hire/Open)



Enrollment – Employee Information (first screen)

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ENROLLMENT

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Provider Search
Resources
User Settings
Help
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MAINTENANCE MENU
Users
Roles
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Pending Requests
Enrollment Rules
Perform Enrollment
Sponsor Settings

988990

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Progress: Employee | Dependent | Elections | Supplemental | Summary | Complete

* = Required

Plan Period: 01/01/2011

Employee Information

First Name	Allison *
Middle Initial	
Last Name	Davis *
Suffix	
Employee ID	555987654 9 characters,no spaces or dashes
Secondary ID	up to 12 characters
Employee Status	Active *
Gender	Female *
Date of Birth	08/23/1962 * mm/dd/yyyy
Age	
Address 1	2415 Hatcher Road *
Address 2	
City	Dublin *
State	GA *
Zip	31021 *
County	
Home Phone	478-555-1234
Work Phone	
E-Mail Address	a.davis@email.net (Recommended)
Marital Status	Married
Hired Date	06/30/2010
Beneficiary	(Full name, relation)
Employment	Full-Time
Annual Earnings	34,000 (1,000.50)
Medicare Coverage Type	No Medicare *
Do You Have Other Health Coverage	NO

If YES, please indicate which types of coverage you have and if they are primary.

Major Medical	Is Primary Coverage
Dental	Is Primary Coverage
Vision	Is Primary Coverage
Prescription Drugs	Is Primary Coverage

<< Back | Save & Continue >> | Cancel Enrollment

Enrollment – Dependent Information (second screen)

CoreLink II
Benefits at Your Fingertips

ENROLLMENT

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MAINTENANCE MENU
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Enrollment Rules
Perform Enrollment
Sponsor Settings

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Progress: Employee | Dependent | Elections | Supplemental | Summary | Complete

* = Required

Plan Period: 01/01/2011

Dependent Information

First Name	Sarah *
Middle Initial	
Last Name	Lucas *
Suffix	
Dependent ID	555001122 9 characters,no spaces or dashes
Secondary ID	up to 12 characters
Status	Active
Date of Birth	12/04/1989 * mm/dd/yyyy
Gender	Female *
Relationship Code	Daughter *
Address 1	1800 Charles Park Drive
Address 2	APT 404
City	Atlanta
State	GA
Zip	30303
County	
Home Phone	478 555-1234
Work Phone	
E-Mail Address	
Full Time Student	YES *
School Name	
Semester Hours	
Has Other Health Coverage	YES *

If YES, please indicate which types of coverage.

- [x] Major Medical
- [ ] Dental
- [ ] Vision
- [ ] Prescription Drugs

<< Back | Save & Continue >> | Cancel Enrollment

If there is no dependent information you can skip this screen by placing a check in the "I do not wish to or need to cover any dependents" box

Dependent Summary:

CoreLink II
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ENROLLMENT

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MAINTENANCE MENU
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Sponsor Settings

Progress: Employee | Dependent | Elections | Supplemental | Summary | Complete

Click on the dependent name to view or edit the dependent information.

Plan Period: 01/01/2011

Dependent Information

Dependent Name	Relationship	Date of Birth
Michael Davis	Spouse	04/12/1959
Sarah Lucas	Daughter	12/04/1989

- [x] Use employee address information when adding a dependent.

Add Dependent

<< Back | Save & Continue >> | Cancel Enrollment

Enrollment – Plan Elections (third screen)

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ENROLLMENT

MAIN MENU
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Progress: Employee | Dependent | Elections | Supplemental | Summary | Complete

Choose the plan(s) that best fit you or your families' needs, by not selecting a plan it will be assumed that you are not electing coverage for that plan or "waiving" coverage. To view the plan details or description, click on the plan name link. The employee cost will be displayed by selecting a coverage option. Any individuals not checked or selected for coverage will be considered as not electing coverage or "waiving" coverage for that plan.

Plan Period: 01/01/2011

Plan Elections

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
☑	TEST PLAN MEDICAL View Details	Employee + Spouse	☑ Allison Davis ☐ Michael Davis ☐ Sarah Lucas	$60.00 Per Pay Period
☑	TEST DEMO DENTAL View Details	Family	☑ Allison Davis ☑ Michael Davis ☑ Sarah Lucas	$30.00 Per Pay Period
☑	TEST RX DEMO View Details	Employee + Spouse - None - Employee + Spouse Employee only Employee + Child Family	☑ Allison Davis ☑ Michael Davis ☐ Sarah Lucas	$0.00 Per Pay Period

<< Back | Save & Continue >> | Cancel Enrollment

Employee selected to have MM, DE and RX

Click "View Details" for a brief description of each selection:

Plan Elections

Select	Plan Name
☑	TEST PLAN MEDICAL View Details
☑	TEST DEMO DENTAL View Details

CoreLink II

Print Close

PLAN DESCRIPTION

Calendar Year maximum - $1000 per covered Individual

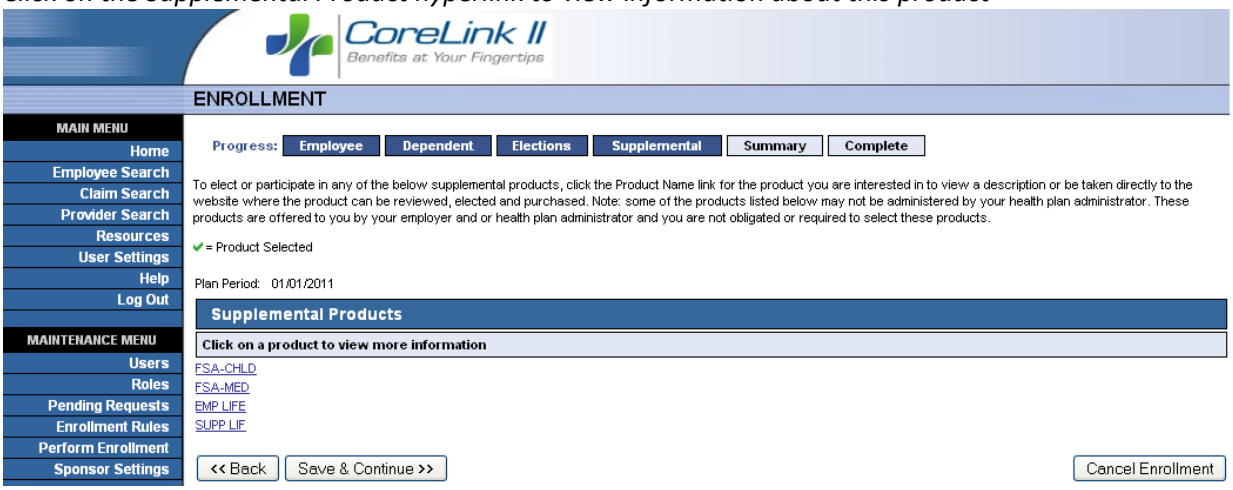
Lifetime Maximum Per Person for Orthodontic Services - $1000 per covered Individual

Calendar Year Deductible Per Covered Individual - $50 (Type B & C services)

Coinsurance:
Type A - 100% of Usual & Customary
Type B - 80% of Usual & Customary
Type C - 50% of Usual & Customary
Type D - 50% of Usual & Customary

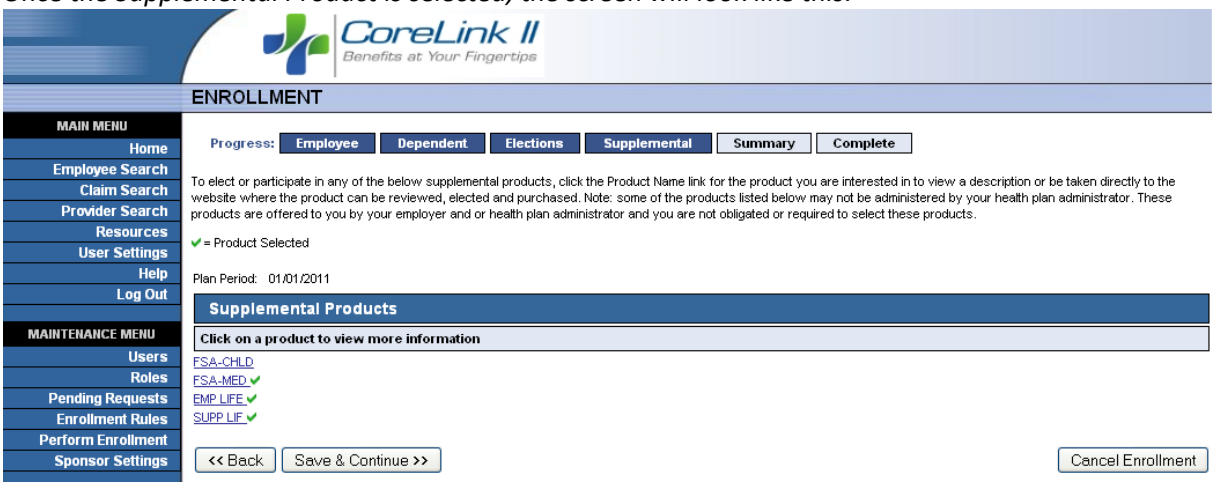
Enrollment – Supplemental Product (fourth screen)

Click on the Supplemental Product hyperlink to view information about this product



If the member has selected this product, place a check in the box.

Once the Supplemental Product is selected, the screen will look like this:



**If you don't have supplemental products to offer your members and you don't want to display the list your account manager at Core Management Resources will have to remove this selection.*

Enrollment – Summary/Confirmation (fifth screen)

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ENROLLMENT

MAIN MENU
- Home
- Employee Search
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- Provider Search
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- Help
- Log Out

MAINTENANCE MENU
- Users
- Roles
- Pending Requests
- Enrollment Rules
- Perform Enrollment
- Sponsor Settings

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Progress: Employee | Dependent | Elections | Supplemental | Summary | Complete

This is your benefit elections or changes summary statement, please review this information carefully and make sure all information is correct. Click the Submit Request button at the bottom of this page to submit this enrollment request to your employer for approval and review, once your review is complete and all remaining required fields are filled in. You will be provided with a printable version of your enrollment elections after you have submitted this form.

Plan Period: 01/01/2011

Insured Employee Information

Name	Allison Davis	Employee ID	555-98-7654
Address 1	2415 Hatcher Road	Secondary ID	
Address 2		Date of Birth	08/23/1962
City	Dublin	Age	47
State	GA	Marital Status	Married
Zip Code	31021	Gender	Female
County		Hired Date	06/30/2010
Home Phone	478 555-1234	Employment	Full-Time
Work Phone		Annual Earnings	$ 34,000.00
E-mail Address	a.davis@email.net		
Beneficiary		Medicare Coverage	No Medicare
		Employee Effective Date	* mm/dd/yyyy
		Status	Active

Dependent Information

Name	Relationship	Status	Address Information
Michael Davis	Spouse	Active	2415 Hatcher Road, Dublin, GA 31021
Sarah Lucas	Daughter	Active	1800 Charles Park Drive APT 404, Atlanta, GA 30303

Plan Elections

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
✔	TEST PLAN MEDICAL View Details	Employee + Spouse	✔ Allison Davis ✔ Michael Davis	$ 60.00 Per Pay Period
✔	TEST DEMO DENTAL View Details	Family	✔ Allison Davis ✔ Sarah Lucas ✔ Michael Davis	$ 30.00 Per Pay Period
✔	TEST RX DEMO View Details	Employee + Spouse	✔ Allison Davis ✔ Michael Davis	$ 0.00 Per Pay Period

Supplemental Product Options

Select	Product Name
✔	FSA-MED
✔	EMP LIFE
✔	SUPP LIF

* = Required

Electronic Authorization Signature

I affirm that the information I have provided on this form is true and complete to the best of my knowledge and belief. I understand that my employer may either refuse to renew coverage or terminate coverage, retroactive to the effective date, for any material misinformation (including omissions) contained in this form.

First and Last Name * Date * mm/dd/yyyy

Comments For Health Plan Administrator

<< Back | Submit Request | Cancel Enrollment

Once you have entered all of the information, you can review the enrollment information and submit your request. Verify all information on the Summary screen is accurate, then Submit Request to the Insurer for approval/denial. If a change is declined, you will be notified.

Complete the comments field with the reason for change (e.g., new hire, address, marriage, etc.)

Electronic Authorization Signature

I affirm that the information I have provided on this form is true and complete to the best of my knowledge and belief. I understand that my employer may either refuse to renew coverage or terminate coverage, retroactive to the effective date, for any material misinformation (including omissions) contained in this form.

First and Last Name Janna English * **Date** 07/01/2010 * mm/dd/yyyy

Comments For Health Plan Administrator

new hire - 06/30/2010

<< Back | Submit Request | Cancel Enrollment

Important! Review the information carefully. Once submitted, you cannot edit the information. Print your enrollment statement for your records.

If the member wants to know the status of his/her enrollment he can view it under the 'Enrollment' option in the Main Menu

Existing Requests

Type of Request	Action	Status	Plan Year
Open Enrollment	View	Submitted to Sponsor	09/01/2010

Enrollment and Change Options

To make changes to an employee's health coverage, enter the date of change and click "Life Change Event". Changes include things like: Newborn child, divorce, marriage, court mandates, termination, address change, drop dependent coverage, change primary care physician etc.

ENROLLMENT

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MAINTENANCE MENU
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- Enrollment Rules
- Perform Enrollment

Enrollment and Change Options

Life Change Event

Date of Change: * mm/dd/yyyy

Use this option to request changes to your health coverage. Changes include things like: Newborn child, divorce, marriage, court mandates, termination, address change, drop dependent coverage, change primary care physician etc. A date of change must be provided in order to begin the life event change process.

Existing Requests

Type of Request	Action	Status	Plan Year
Life Event or Change	View	Approved	01/01/2010
New Hire	View	Approved	01/01/2010

To change from Active to Terminated, Retired, etc. use the "Employee Status" drop-box.

Employee Information

First Name	MARK *
Middle Initial	
Last Name	PRESTON *
Suffix	
Employee ID	555123456 9 characters,no spaces or dashes
Secondary ID	16653P70368 up to 12 characters
Employee Status	Active *
Gender	
Date of Birth	/dd/yyyy
Age	
Address 1	RIVE *
Address 2	
City	*
State	GA *

- Select -
Active
Cobra
Terminated
Declined
Retired
Pended
Non-Cobra cont.
Medicare
Postponed

Before you click "Submit Request," enter the type of change/updated in the comments box:

Comments For Health Plan Administrator

Changes - address; married on 09/04/2010.

<< Back Submit Request

Terminations

When terminating a member, the date you indicate here is the date that coverage ends.

Electronic Authorization Signature

I affirm that the information I have provided on this form is true and complete to the best of my knowledge and belief. I understand that my employer may either refuse to renew coverage or terminate coverage, retroactive to the effective date, for any material misinformation (including omissions) contained in this form.

First and Last Name * **Date** * mm/dd/yyyy

Change Request Effective Date 09/30/2010 * mm/dd/yyyy

Comments For Health Plan Administrator

<< Back | Submit Request | Cancel Enrollment

Example:

If you indicate 9/30/2010 is the date of termination, coverage will end on 9/30/2010; all claims on or after that termination date will be denied.

If the member has paid for coverage through the end of the month, then you should indicate the 1st of the following month as the member's termination date.

Employee Self-Enrollment Option

Your plan has been set-up with a default login and password. The login and password is used when an employee is not in the healthcare management system. You can give the default login and password to all employees requiring access to the application in order to enroll. The default login and password allows the employee to login to the application and submit an enrollment request. You can then review the request, and if you approve the request, the employee will be enrolled. Once the employee is enrolled, the employee will login using employee specific credentials.

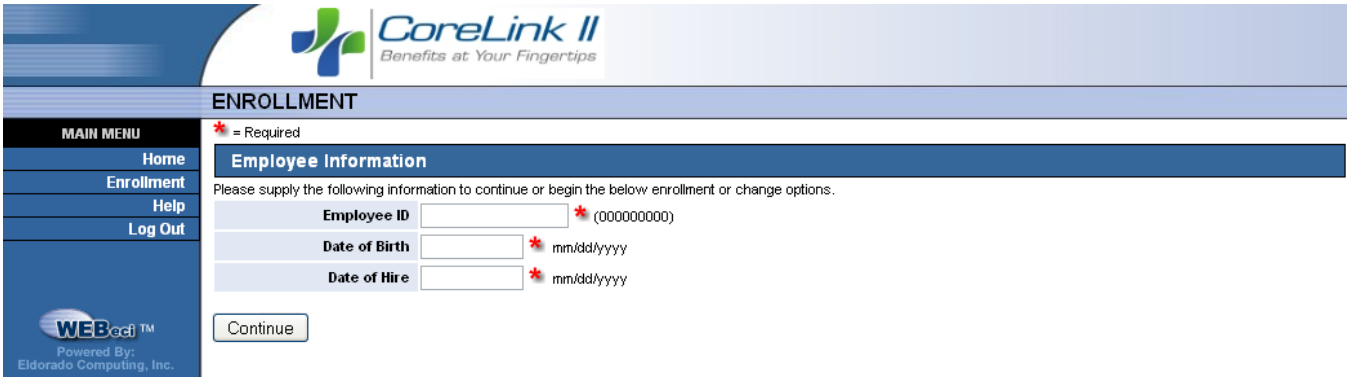
Contact your Account Manager at Core to turn on this function.

DEFAULT LOGIN

USER NAME: _____

PASSWORD: _____

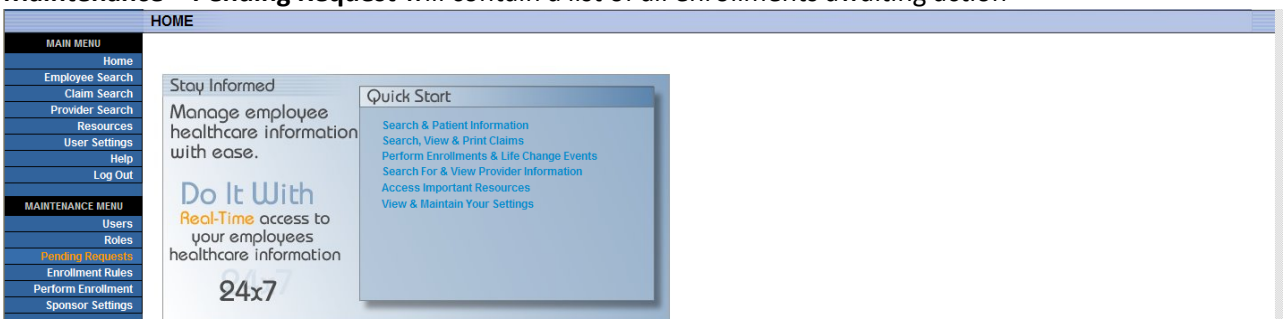
Once the employee has logged into the system and selected Enrollment, they will be taken to this screen:

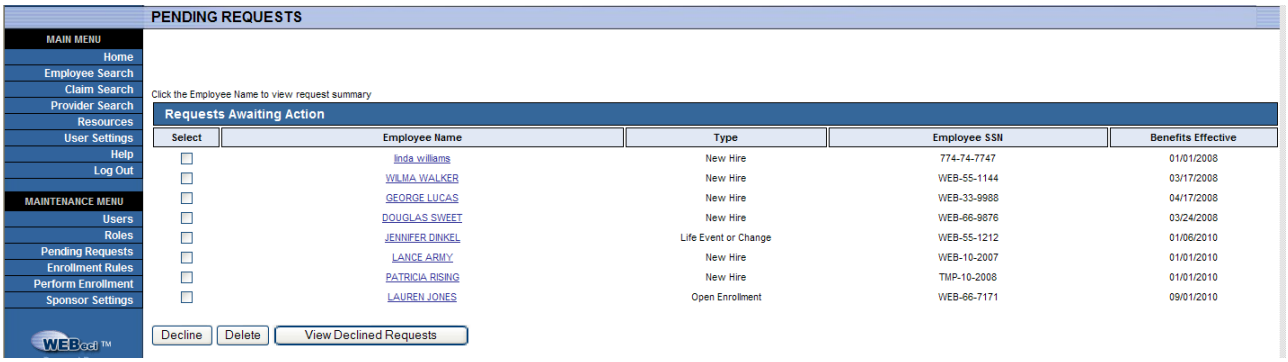


The Employee ID will be the employee's Social Security Number. They will then go through all the enrollment screens as previously shown in this manual beginning on page 12.

Review/Approve Enrollment

Maintenance > Pending Request will contain a list of all enrollments awaiting action





This section allows you to view and approve or decline enrollment requests.

1. You can either:
   - check the select button to choose a request. This option allows you to select, and perform the same action to several requests at one time..
   - or you can click on an employee name to access the employee's request summary, which includes demographic information, dependent, health benefits and supplemental benefits information. From this screen you can approve, decline, edit or delete the request.

   Once you have selected the request(s), you can:
   - **approve** the request: Click Approve to approve the request. The Approve These Requests screen will list all selected requests. You can enter user-defined notes, and send an email notification to the employee.
   - **decline** the request: Click Decline to decline the request. The Decline These Requests screen will list all selected requests. You can enter a reason for the decline in the user-defined notes section. You can send an email notification to the employee.
   - or **delete** the request: Click Delete to permanently delete a request from the system. If you complete the delete, you will no longer have the ability to access the request information.

2. You can select the View Declined Requests to view all requests that have been declined. From here, you can either choose to approve the request, or delete the request.

Sponsor has the ability to decline/edit/delete an enrollment from this screen

PENDING ENROLLMENT REQUEST

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MAINTENANCE MENU
Users
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Enrollment Rules
Perform Enrollment
Sponsor Settings

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Insured Employee Information

Name	LAUREN JONES	Employee ID	WEB667171
Address 1	PO BOX 7171	Secondary ID	213161E3131
Address 2		Date of Birth	01/02/1965 mm/dd/yyyy
City	Phoenix	Age	45
State	AZ	Marital Status	
Zip Code	85016	Gender	Female
County	Maricopa	Hired Date	01/01/2009
Home Phone		Employment	
Work Phone		Annual Earnings	$ 0.00
E-mail Address		Department	CC'S WEBeci DEPT
Beneficiary		Medicare Coverage	No Medicare
		Employee Effective Date	09/01/2010 mm/dd/yyyy
		Network Choice	None
		Status	Active

Dependent Information

Name	Relationship	Status	Address Information

Plan Elections

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
✓	RX PRESCRIPTIONS View Details	Employee only	✓ LAUREN JONES	$ 0.00 Per Pay Period
✓	CC'S MM PLAN View Details	Employee only	✓ LAUREN JONES	$ 0.00 Per Pay Period
✓	DENTAL WITH ORTHO View Details	Employee only	✓ LAUREN JONES	$ 0.00 Per Pay Period

Electronic Authorization Signature

This enrollment does not guarentee you or your dependents benefits. Your enrollment application will need to go through an approval process by the Health Plan before it's approved and cards are sent out. For questions please contact your HR department.

First and Last Name: ljones Date: 08/11/2010

Comments For Health Plan Administrator

Need coverage, please send me confirmatin once approved

Approve | Decline | Edit | Delete

Approved

PENDING REQUESTS

MAIN MENU
Home
Employee Search
Claim Search
Provider Search
Resources
User Settings
Help
Log Out

MAINTENANCE MENU
Users
Roles
Pending Requests
Enrollment Rules
Perform Enrollment
Sponsor Settings

WEBeci ™ Powered By: Eldorado Computing, Inc.

Approve These Requests?

Employee Name	Type	Employee SSN	Benefits Effective
LAUREN JONES	Open Enrollment	WEB-66-7171	09/01/2010

Enrollment information for the above employee(s) will be sent to the benefits management system when the Approve function is performed. If a record already exists in the system, it will be updated with any changed information, if it is a new record, it will be added to the benefits management system.

The employee will be notified of this approval via e-mail if an e-mail address is associated with the employee. Comments can be sent to the employee by typing them in the text area below. This approval may require a final approval by the health plan administrator before the employee information is added to the benefits management system.

☑ Save notice for future use

☑ Send notice to employee

Sponsor Enrollment Approval Message/Disclaimer

By enrolling this member, or approving the enrollment, it is not a guarentee of benefits. This enrollment will need to be approved first by the Health Plans Underwriting Department. At that time a decsion will be made and the employee and you as the Sponsor will be notified.

Approve | Cancel

Enrollment was approved by the Sponsor and sent to the Health Insurer for approval/denial

WEBeci Acknowledgment

Record Approved Successfully

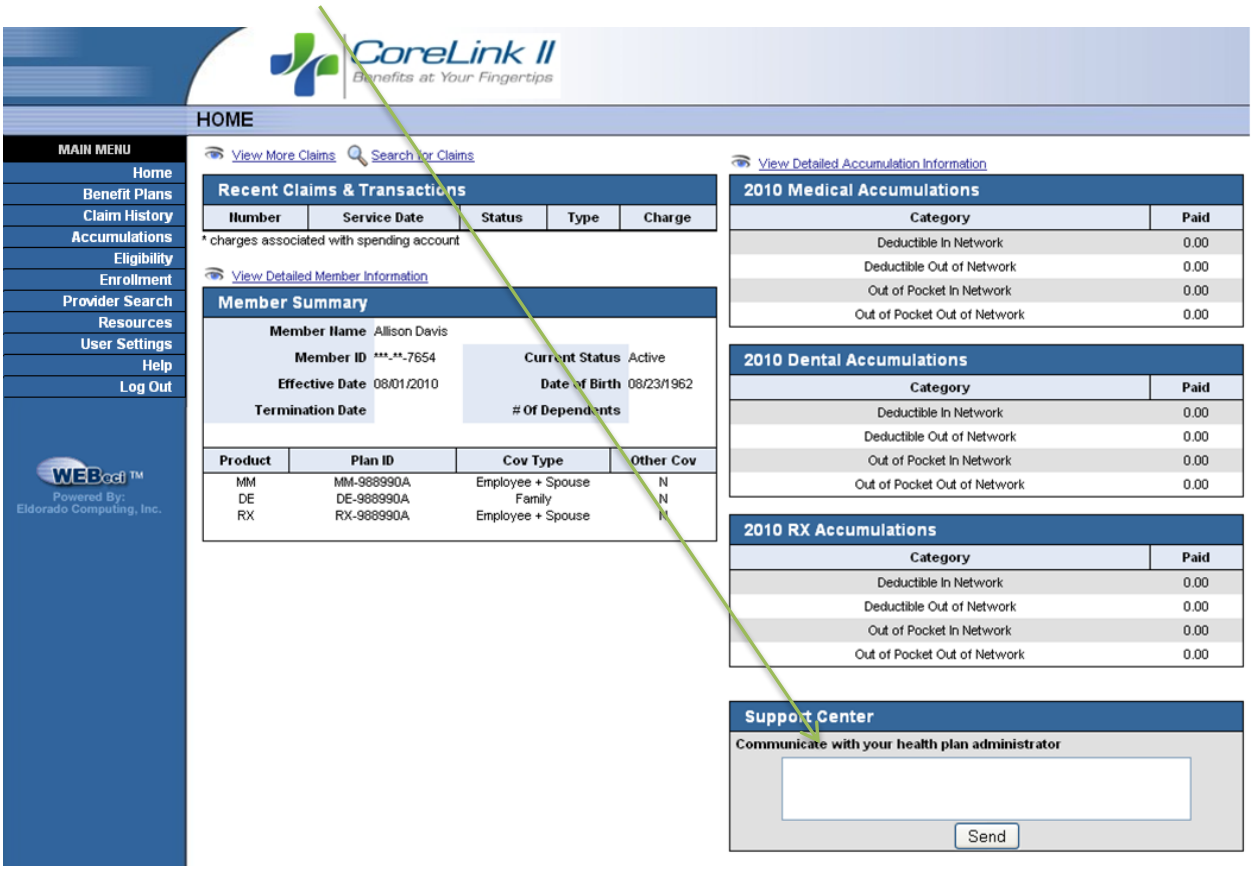
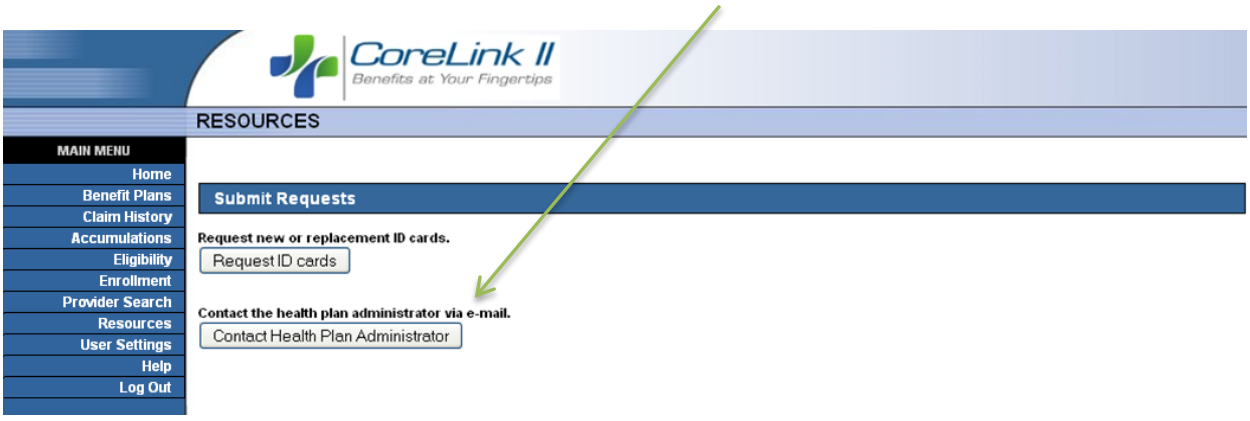
Return

Help & Member Requests in *CoreLink II*

If a member requests a Letter of Creditable Coverage, you need help setting up a User Name & Password for a Spouse or dependent, **–or–** any type of request that would be handled by Core, send the request to help@corehealthbenefits.com.

The subject line should state the type of request so that it is handled by the appropriate department. Client Services will handle User Name requests and Accounting/Eligibility will handle other inquiries.

The member can also send an email to us or make the request directly from the Home page in *CoreLink II* by typing a message here & clicking "Send"



Or they can contact us from the Resources page by clicking here