



Employer Training Manual

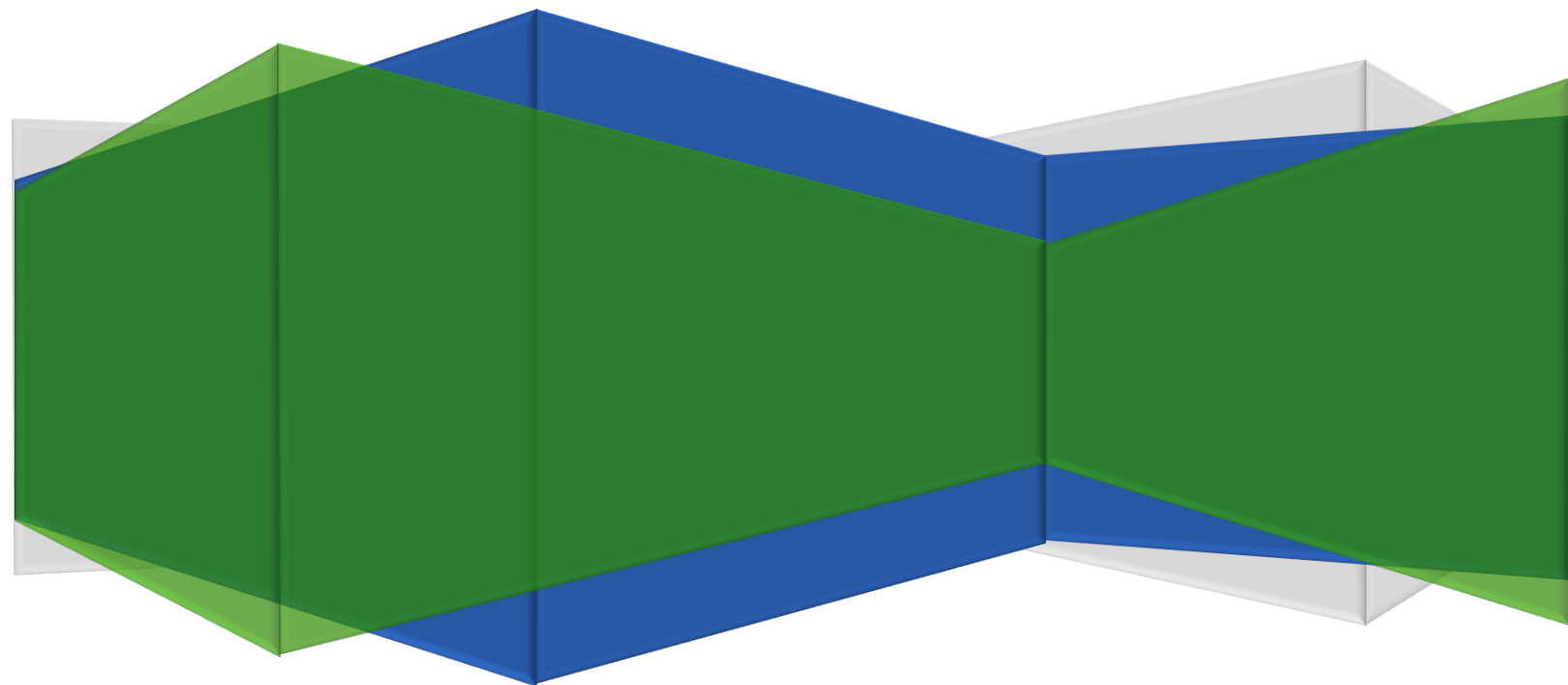


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Introduction

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.



The image shows the login interface for CoreLink II. At the top, it says "Now you can access your healthcare information QUICKLY and EASILY." Below this, the words "ANYWHERE..." and "ANYTIME..." are displayed in large, light blue letters. In the bottom right corner, there is a logo for "WEBecti™" with the text "Powered By: Eldorado Computing, Inc." below it. On the left side, there is a "LOG IN HERE" box. Inside this box, there are two input fields: "User ID:" and "Password:". Below these fields is a "Log In" button. A green arrow points from the text "Log on to CoreLink II" to the "LOG IN HERE" box.



Quick Start Menu

The screenshot shows the CoreLink II homepage. At the top is the CoreLink II logo with the tagline 'Benefits at Your Fingertips'. Below the logo is a 'HOME' button. On the left is a 'MAIN MENU' with links: Home, Employee Search, Claim Search, Provider Search, Resources, User Settings, Help, and Log Out. Below that is a 'MAINTENANCE MENU' with links: Users, Roles, Pending Requests, Enrollment Rules, Perform Enrollment, and Sponsor Settings. At the bottom left is the WEBact logo, powered by Eldorado Computing, Inc. The main content area has a 'Stay Informed' section with the text 'Manage employee healthcare information with ease.' and 'Do It With Real-Time access to your employees healthcare information 24x7'. A 'Quick Start' menu is highlighted with a green arrow, containing links: Search & Patient Information, Search, View & Print Claims, Perform Enrollments & Life Change Events, Search For & View Provider Information, Access Important Resources, and View & Maintain Your Settings.

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

The screenshot shows the 'Search Options' form. It has a blue header with the text 'Search Options'. Below the header are four input fields: 'Last Name' (with a red asterisk), 'Employee ID' (with a red asterisk and the text '(Employee SSN or Cert)' below it), 'Alternate ID' (with a red asterisk), and 'Eligibility Date' (with the value '09/14/2010'). There is also a 'First Name' input field. At the bottom are two buttons: 'Search' and 'View All'.

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

The screenshot shows the 'Search Options' form for claims. It has a blue header with the text 'Search Options'. Below the header are four input fields: 'Employee ID' (with a red asterisk), 'Show Me' (with a dropdown menu set to 'Last 10 Claims'), 'From - Through Service Dates' (with two date input fields labeled 'mm/dd/yyyy'), and 'Claim Number' (with the value '000-000000-00'). At the bottom is a 'Search' button.



- **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.

The screenshot shows the 'ENROLLMENT' section of a web application. On the left is a sidebar menu with 'MAIN MENU' (Home, Employee Search, Claim Search, Provider Search, Resources, User Settings, Help, Log Out) and 'MAINTENANCE MENU' (Users, Roles, Pending Requests, Enrollment Rules, Perform Enrollment, Sponsor Settings). The 'Perform Enrollment' option is highlighted. The main content area is titled 'Employee Information' and contains a form with fields for Employee ID (with a mask (00000000)), Date of Birth (mm/dd/yyyy), and Date of Hire (mm/dd/yyyy). A 'Continue' button is at the bottom of the form. The footer includes the 'WEBcdj' logo and 'Powered By: Eldorado Computing, Inc.'

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.

This screenshot shows the 'ENROLLMENT' section with the 'Enrollment and Change Options' sub-section active. The sidebar menu is identical to the previous screenshot. The main content area features a 'New Hire Enrollment' button. A note below the button states: 'Use this option if you have been recently hired and wish to enroll in your employer sponsored health plan.' The footer remains the same with the 'WEBcdj' logo and 'Powered By: Eldorado Computing, Inc.'



- 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.



CoreLink II
Benefits at Your Fingertips

ENROLLMENT

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

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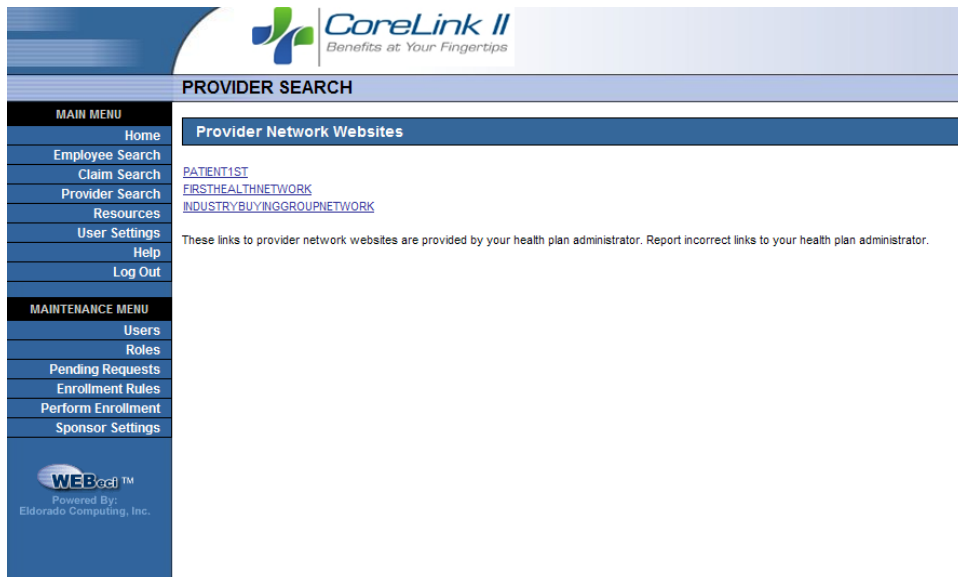
Enrollment and Change Options

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.

- 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.



CoreLink II
Benefits at Your Fingertips

PROVIDER SEARCH

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

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Provider Network Websites

[PATIENT1ST](#)

[FIRSTHEALTHNETWORK](#)

[INDUSTRYBUYINGGROUPNETWORK](#)

These links to provider network websites are provided by your health plan administrator. Report incorrect links to your health plan administrator.



- **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*.

Click here to enter employee ID# and click submit. Employee should receive their ID card within 10 days.

- **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:

PASSWORD HINT

Below is your password hint:

favorite movie



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
<input type="button" value="Insured employee"/>	<input type="text"/>
<input type="button" value="Dependent"/>	<input type="text" value="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									
Default Role	<table><thead><tr><th>Select</th><th>Name</th><th>Description</th></tr></thead><tbody><tr><td><input type="radio"/></td><td>Full Dependent Master</td><td>Full Dependent Master Role</td></tr><tr><td><input checked="" type="radio"/></td><td>Limited Dependent Master</td><td>Limited Dependent Master Role</td></tr></tbody></table>	Select	Name	Description	<input type="radio"/>	Full Dependent Master	Full Dependent Master Role	<input checked="" type="radio"/>	Limited Dependent Master	Limited Dependent Master Role
Select	Name	Description								
<input type="radio"/>	Full Dependent Master	Full Dependent Master Role								
<input checked="" type="radio"/>	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


ENROLLMENT	
MAIN MENU	Employee Information
Home	Please supply the following information to continue or begin the below enrollment or change options.
Employee Search	Employee ID <input type="text"/> (000000000)
Claim Search	Date of Birth <input type="text"/> mm/dd/yyyy
Provider Search	Date of Hire <input type="text"/> mm/dd/yyyy
Resources	<input type="button" value="Continue"/>
User Settings	
Help	
Log Out	
MAINTENANCE MENU	
Users	
Roles	
Pending Requests	
Enrollment Rules	
Perform Enrollment	
Sponsor Settings	

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	
MAIN MENU	Enrollment and Change Options
Home	<input type="button" value="Open Enrollment"/> Use this option to enroll in your employer sponsored health plan during the open enrollment period.
Employee Search	<input type="button" value="New Hire Enrollment"/> Use this option if you have been recently hired and wish to enroll in your employer sponsored health plan.
Claim Search	
Provider Search	
Resources	
User Settings	
Help	
Log Out	
MAINTENANCE MENU	
Users	
Roles	
Sponsors	
Pending Requests	
Enrollment Rules	
Perform Enrollment	
Sponsor Settings	



Enrollment – Employee Information (first screen)



CoreLink II
Benefits at Your Fingertips

ENROLLMENT

MAIN MENU

- Home
- Employee Search
- Claim Search
- Provider Search
- Resources
- User Settings
- Help
- Log Out

MAINTENANCE MENU

- Users
- Roles
- Sponsors
- Pending Requests
- Enrollment Rules
- Perform Enrollment
- Sponsor Settings

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.

<input type="checkbox"/> Major Medical	<input type="checkbox"/> Is Primary Coverage
<input type="checkbox"/> Dental	<input type="checkbox"/> Is Primary Coverage
<input type="checkbox"/> Vision	<input type="checkbox"/> Is Primary Coverage
<input type="checkbox"/> Prescription Drugs	<input type="checkbox"/> Is Primary Coverage

<< Back
Save & Continue >>
Cancel Enrollment



Enrollment – Dependent Information (second screen)



ENROLLMENT

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.

☒ 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:



ENROLLMENT

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

☒ Use employee address information when adding a dependent.

Add Dependent

<< Back Save & Continue >> Cancel Enrollment



Enrollment – Plan Elections (third screen)



ENROLLMENT

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

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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
<input checked="" type="checkbox"/>	TEST PLAN MEDICAL View Details	Employee + Spouse	<input checked="" type="checkbox"/> Allison Davis <input type="checkbox"/> Michael Davis <input type="checkbox"/> Sarah Lucas	\$60.00 Per Pay Period
<input checked="" type="checkbox"/>	TEST DEMO DENTAL View Details	Family	<input checked="" type="checkbox"/> Allison Davis <input checked="" type="checkbox"/> Michael Davis <input checked="" type="checkbox"/> Sarah Lucas	\$30.00 Per Pay Period
<input checked="" type="checkbox"/>	TEST RX DEMO View Details	Employee + Spouse - None - Employee + Spouse Employee only Employee + Child Family	<input checked="" type="checkbox"/> Allison Davis <input checked="" type="checkbox"/> Michael Davis <input type="checkbox"/> 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
<input checked="" type="checkbox"/>	TEST PLAN MEDICAL View Details
<input checked="" type="checkbox"/>	TEST DEMO DENTAL View Details



ENROLLMENT

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

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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)

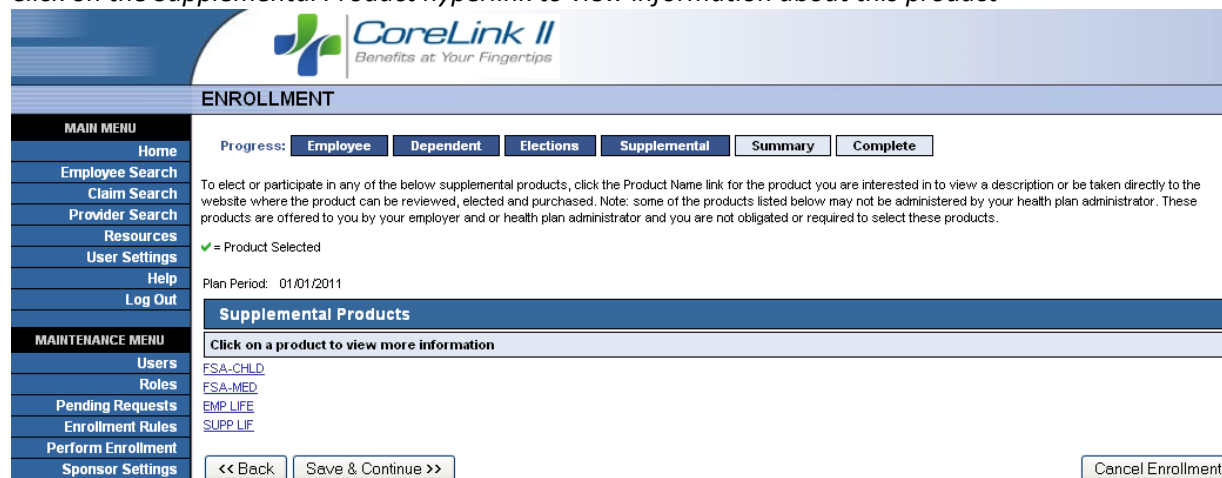
Coinurance:

- Type A - 100% of Usual & Customary
- Type B - 80% of Usual & Customary
- Type C - 60% of Usual & Customary
- Type D - 60% of Usual & Customary



Enrollment – Supplemental Product (fourth screen)

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



CoreLink II
Benefits at Your Fingertips

ENROLLMENT

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

To elect or participate in any of the below supplemental products, click the Product Name link for the product you are interested in to view a description or be taken directly to the website where the product can be reviewed, elected and purchased. Note: some of the products listed below may not be administered by your health plan administrator. These products are offered to you by your employer and or health plan administrator and you are not obligated or required to select these products.

✓ = Product Selected

Plan Period: 01/01/2011

Supplemental Products

Click on a product to view more information

[FSA-CHLD](#)
[FSA-MED](#)
[EMP LIFE](#)
[SUPP LIFE](#)

<< Back Save & Continue >> Cancel Enrollment

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



CoreLink II
Benefits at Your Fingertips

ENROLLMENT

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

To enroll, complete form in HR

Amount of Supplemental Life Insurance:

Class One:
Option 1: An amount equal to \$50,000

Class Two:
Option 2: An amount equal to \$25,000 or
Option 3: An amount equal to \$10,000

* = Required

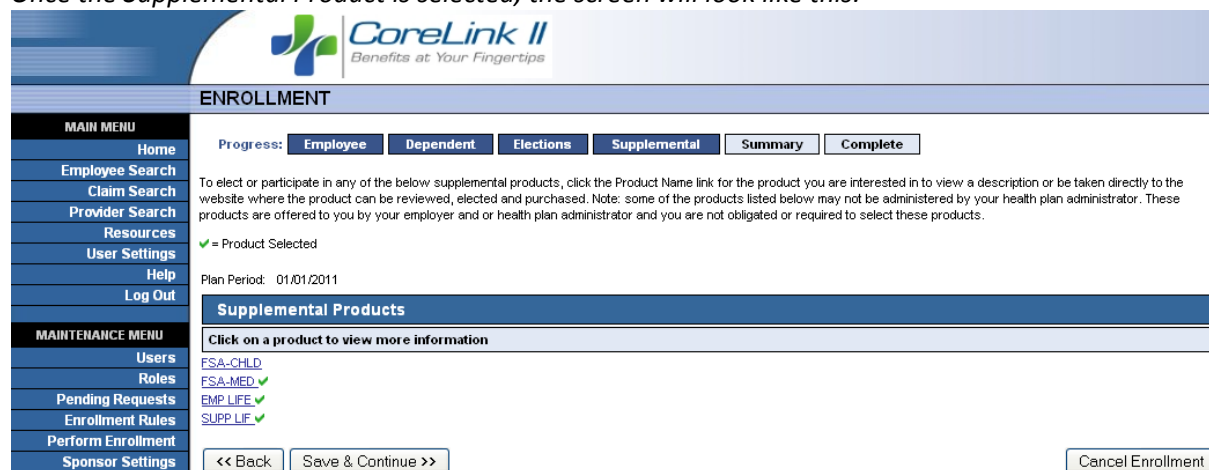
Plan Period: 01/01/2011

Select This Product ☒ (Check to select)

Annual Earnings 34000

To indicate the limit, document the amount in the "Comment For Health Plan Administrator" box on final screen.

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



CoreLink II
Benefits at Your Fingertips

ENROLLMENT

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

To elect or participate in any of the below supplemental products, click the Product Name link for the product you are interested in to view a description or be taken directly to the website where the product can be reviewed, elected and purchased. Note: some of the products listed below may not be administered by your health plan administrator. These products are offered to you by your employer and or health plan administrator and you are not obligated or required to select these products.

✓ = Product Selected

Plan Period: 01/01/2011

Supplemental Products

Click on a product to view more information


[FSA-CHLD](#)
[FSA-MED](#) ✓
[EMP LIFE](#) ✓
[SUPP LIFE](#) ✓

<< Back Save & Continue >> Cancel Enrollment

*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)



ENROLLMENT

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

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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	Medicare Coverage	No Medicare
Beneficiary		Employee Effective Date	<input type="text"/> * 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
<input checked="" type="checkbox"/>	TEST PLAN MEDICAL View Details	Employee + Spouse	<input checked="" type="checkbox"/> Allison Davis <input checked="" type="checkbox"/> Michael Davis	\$ 60.00 Per Pay Period
<input checked="" type="checkbox"/>	TEST DEMO DENTAL View Details	Family	<input checked="" type="checkbox"/> Allison Davis <input checked="" type="checkbox"/> Sarah Lucas <input checked="" type="checkbox"/> Michael Davis	\$ 30.00 Per Pay Period
<input checked="" type="checkbox"/>	TEST RX DEMO View Details	Employee + Spouse	<input checked="" type="checkbox"/> Allison Davis <input checked="" type="checkbox"/> Michael Davis	\$ 0.00 Per Pay Period

Supplemental Product Options

Select	Product Name
<input checked="" type="checkbox"/>	FSA-MED
<input checked="" type="checkbox"/>	EMP LIFE
<input checked="" type="checkbox"/>	SUPP LIFE

* = 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				
MAIN MENU Home Employee Search Claim Search Provider Search Resources User Settings Help Log Out	Enrollment and Change Options			
	Life Change Event	Date of Change: <input type="text"/> * 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
	MAINTENANCE MENU			
	Users			
	Roles			
	Sponsors			
Pending Requests				
Enrollment Rules				
Perform Enrollment				

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	- Select -
Date of Birth	Cobra /dd/yyyy
Age	Terminated
Address 1	Declined
Address 2	Retired
City	Pended
State	Non-Cobra cont.
	Medicare
	Postponed
	GA *

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.
<div> << Back Submit Request </div>



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 * mm/dd/yyyy

Comments For Health Plan Administrator

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:

CoreLink II
Benefits at Your Fingertips

ENROLLMENT

MAIN MENU

- Home
- Enrollment
- Help
- Log Out

Employee Information

Please supply the following information to continue or begin the below enrollment or change options.

Employee ID * (0000000000)

Date of Birth * mm/dd/yyyy

Date of Hire * mm/dd/yyyy

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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

HOME

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

Stay Informed

Manage employee healthcare information with ease.

Do It With Real-Time access to your employees healthcare information 24x7

Quick Start

- Search & Patient Information
- Search, View & Print Claims
- Perform Enrollments & Life Change Events
- Search For & View Provider Information
- Access Important Resources
- View & Maintain Your Settings

PENDING REQUESTS

Click the Employee Name to view request summary

Requests Awaiting Action

Select	Employee Name	Type	Employee SSN	Benefits Effective
<input type="checkbox"/>	Inda Williams	New Hire	774-74-7747	01/01/2008
<input type="checkbox"/>	WILMA WALKER	New Hire	WEB-55-1144	03/17/2008
<input type="checkbox"/>	GEORGE LUCAS	New Hire	WEB-33-9988	04/17/2008
<input type="checkbox"/>	DOUGLAS SWEET	New Hire	WEB-66-9876	03/24/2008
<input type="checkbox"/>	JENNIFER DINKEL	Life Event or Change	WEB-55-1212	01/06/2010
<input type="checkbox"/>	LANCE ARMY	New Hire	WEB-10-2007	01/01/2010
<input type="checkbox"/>	PATRICIA RISING	New Hire	TMP-10-2008	01/01/2010
<input type="checkbox"/>	LAUREN JONES	Open Enrollment	WEB-66-7171	09/01/2010

Decline Delete View Declined Requests

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
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[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
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 WEBEd DEPT
Beneficiary		Medicare Coverage	No Medicare
		Employee Effective Date	09/01/2010
		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
<input checked="" type="checkbox"/>	RX PRESCRIPTIONS View Details	Employee only	<input checked="" type="checkbox"/> LAUREN JONES	\$ 0.00 Per Pay Period
<input checked="" type="checkbox"/>	CC'S MM PLAN View Details	Employee only	<input checked="" type="checkbox"/> LAUREN JONES	\$ 0.00 Per Pay Period
<input checked="" type="checkbox"/>	DENTAL WITH ORTHO View Details	Employee only	<input checked="" type="checkbox"/> LAUREN JONES	\$ 0.00 Per Pay Period

Electronic Authorization Signature

This enrollment does not guarantee 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 Date


Comments For Health Plan Administrator

Need coverage, please send me confirmation once approved

Approved

PENDING REQUESTS

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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 guarantee of benefits. This enrollment will need to be approved first by the Health Plans Underwriting Department. At that time a decision will be made and the employee and you as the Sponsor will be notified.

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

WEBedi 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”

CoreLink II
Benefits at Your Fingertips

HOME

MAIN MENU

- Home
- Benefit Plans
- Claim History
- Accumulations
- Eligibility
- Enrollment
- Provider Search
- Resources
- User Settings
- Help
- Log Out

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Recent Claims & Transactions

Number	Service Date	Status	Type	Charge
* charges associated with spending account				

Member Summary

Member Name: Allison Davis
Member ID: ***-**-7654
Effective Date: 08/01/2010
Termination Date:
Current Status: Active
Date of Birth: 08/23/1962
Of Dependents:
Product: MM, DE, RX
Plan ID: MM-988990A, DE-988990A, RX-988990A
Cov Type: Employee + Spouse, Family, Employee + Spouse
Other Cov: N, N, Y

2010 Medical Accumulations

Category	Paid
Deductible In Network	0.00
Deductible Out of Network	0.00
Out of Pocket In Network	0.00
Out of Pocket Out of Network	0.00

2010 Dental Accumulations

Category	Paid
Deductible In Network	0.00
Deductible Out of Network	0.00
Out of Pocket In Network	0.00
Out of Pocket Out of Network	0.00

2010 RX Accumulations

Category	Paid
Deductible In Network	0.00
Deductible Out of Network	0.00
Out of Pocket In Network	0.00
Out of Pocket Out of Network	0.00

Support Center

Communicate with your health plan administrator

Or they can contact us from the Resources page by clicking [here](#)

CoreLink II
Benefits at Your Fingertips

RESOURCES

MAIN MENU

- Home
- Benefit Plans
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Submit Requests

Request new or replacement ID cards.

Contact the health plan administrator via e-mail.

