



# EMPLOYERACCESS

Online User Manual for Large Groups



UNICARE®

A Healthy Dose of Innovation™

# Table of Contents

<b>Introduction to EmployerAccess .....</b>	<b>page 2</b>
<b>Name Match .....</b>	<b>page 5</b>
<b>New Enrollment .....</b>	<b>page 6</b>
Selecting Probation Types .....	page 7
Add Dependents .....	page 8
Select Coverage .....	page 9
Assign Coverage .....	page 10
Other Coverage .....	page 12
Enrollment Verification .....	page 13
<b>Existing Member Maintenance .....</b>	<b>page 14</b>
Add Dependents .....	page 15
Add Coverage .....	page 17
Change Coverage .....	page 18
Cancel Coverage .....	page 19
Re-enrollment .....	page 20
Reinstate .....	page 21
Edit Personal Information .....	page 22
Request ID Card .....	page 23
Life and Disability .....	page 24
<b>Group Function .....</b>	<b>page 26</b>
<b>Pending Activity .....</b>	<b>page 27</b>
<b>Group Billing .....</b>	<b>page 28</b>
<b>Invoice Details .....</b>	<b>page 29</b>
<b>Pay Online .....</b>	<b>page 31</b>
<b>Frequently Asked Questions .....</b>	<b>page 32</b>

# Introducing EmployerAccess

EmployerAccess at [www.unicare.com](http://www.unicare.com) -- your one-stop health management web portal.

UniCare is making it easier for you to do business with us. In addition to the helpful resources already available on our Web site, [www.unicare.com](http://www.unicare.com), EmployerAccess, our on-line transaction service, has been updated to provide:

- Enhanced content
- Improved availability
- Faster response times
- And a brand new look!

We've added Life & Disability management, allowing you to manage more at your convenience.

The new EmployerAccess offers you even more control: control over employee information, claim information and accuracy. Error messages signal missing or incomplete information, and electronic prompts guide you from one step to the next.

This manual offers step-by-step instruction on how to use EmployerAccess effectively. If you have specific questions, refer to the Frequently Asked Questions page in the back of the manual.

## Getting Started:

- 1 Visit [www.unicare.com](http://www.unicare.com) and click the “Employers” tab.
- 2 Look for the “Login” box. Select “Large Group” from the drop down menu, then click “Login”
- 3 You’re taken to the login page. Enter your User ID and Pass. click “Login.” Now you’re ready to begin using EmployerAccess.

The screenshot shows the UniCare website interface. At the top left, the UniCare logo is displayed with the tagline "A Healthy Dose of Innovation". Below the logo is a vertical navigation menu with links for Visitors, Members, Agents/Brokers, Providers, and Employers. The Employers link is highlighted with an orange bar and a circled '1'. To the right of the menu is a large banner area. The banner features a photo of two women and the text "WELCOME TO UNICARE". Below this text is a form with the label "To enter site, click here:" and a dropdown menu labeled "Select a State". An orange "Enter" button is positioned below the dropdown. To the right of the banner is a section titled "Tour the Employer Access System" with a brief description and an orange "Site Tour" button. Below the banner is a "Register Now" section for groups of 2-50, with a "Register" button. Next to it is a "Login" section with the text "Access your personalized employer services." and a dropdown menu labeled "Group Options". The "Login" button is highlighted with an orange box and a circled '2'. To the right of the login section is a "Find a Doctor" section with links for Discounts & Savings, Healthy Living, Medicare Part D, and Contact Us. Further right is a section titled "Need to find a Doctor or Hospital? Check the Online Provider Directory." with a photo of a woman. Below these sections is a "Learn More" section with links for Find an Agent, HIPAA for Employers, Frequently Asked Questions, Glossary, and Pharmacy. To the right of the learn more section is an "Employers | Spotlight" section with updated company news and a link to "UniCare offers BasicChoice benefit plans for large groups". At the bottom of the page is a footer with links for About Us, Privacy Statement, Terms of Use, Careers, and Press Room. Below the footer is a copyright notice: "© 2006 UniCare".

# Membership

**Tip** You can navigate EmployerAccess using tabs or “breadcrumbs.” What are breadcrumbs? Hansel and Gretel used the real thing to mark their trail. EmployerAccess marks your trail using an electronic version. Below the tabs are titles of pages you’ve visited, which appear as links. These are called breadcrumbs and they show you where you’ve been. If you want to get back to any one of them, just click the link.

The “Membership” main page is called “EmployerAccess Overview.” Think of it as home base. Here, you can start the enrollment process for new employees (subscribers), access pending activity, perform a search for a current subscriber, or navigate easily using the tabs at the top.

1 Tabs to Employer Details, Billing, Forms, Reports, and Profile are embedded at the top. They give you quick access to any of these screens.

2 EmployerAccess Overview displays all your pending activity. To access your pending activity, click the green “View All” on the right. Resume or delete pending activity using the hyperlinks to the right of the specific activity. All incomplete work is automatically saved in Pending Activity and always appears in EmployerAccess Overview (see page 27.)

Note: You can also access Pending Activity from the “Reports” tab.

3 To access benefit information or make changes to a current employee’s benefits, enter the member ID number (typically the Social Security number) in the blank box, then click “Search.”

The screenshot shows the EmployerAccess Overview page. At the top, there are navigation tabs: Membership, Employer, Billing, Forms, Reports, and Profile. Callout 1 points to these tabs. Below the tabs is a header section with a welcome message and a group summary: Group Name: ABC CO, Group Number: 123456. Callout 2 points to the 'Pending Activity' table. The table has columns for Member ID, Subscriber Name, Type, User ID, and Actions. It lists four pending activities for JOHNS SMITH. Callout 3 points to the 'View / Change Member Information' section, which includes a search box for Member ID and a 'Search' button. Callout 4 points to the 'Add New Subscriber' section, which also has a search box for Member ID and a 'Submit' button. At the bottom, there is a 'Billing Entities' table showing a total amount due of \$8,599.86.

Member ID	Subscriber Name	Type	User ID	Actions
123456789	JOHNS SMITH	Add Coverage	JSMITH123	Resume Delete
123456789	JOHNS SMITH	Add Coverage	JSMITH123	Resume Delete
123456789	JOHNS SMITH	Re-Enrollment	JSMITH123	Resume Delete
123456789	JOHNS SMITH	Change Coverage	JSMITH123	Resume Delete

Billing Entity Number	Amount Due
123456	\$8,599.86
<b>Total Amount Due</b>	<b>\$8,599.86</b>

4 To add a new employee, enter the Member ID number (typically the Social Security number) in the blank box under “Add New Subscriber,” then click “Submit.” The first page in the new enrollment process, “Member Information,” will appear.



## Name Match

If the person you entered has had prior coverage with UniCare, even with a previous employer, you will see this screen. This screen is meant to verify the name and social security number you entered.

**1** Enter the employees' information in the fields provided.

**2** Click the "Search" button.

EmployerAccess  
Welcome UNISG UI [Provider Finder](#) [Log out](#)

Membership Employer Billing Forms Reports Profile

Membership / Name Match

### Name Match

Enter verification information for this ID No.:

First Name

Last Name

Birth Date (mm/dd/yyyy)

[Search](#) [Cancel](#)

# New Enrollment

**Tip** “Steps” are numbered to tell you where you are in the enrollment process. All steps must be completed before an employee is enrolled. If at any time you click “Save and Exit,” your work will be saved in “Pending Activity”. Please note that the new enrollment is not complete until you have clicked “Confirm” on the Enrollment Verification Screen.

## Step 1. Member Information

This is the beginning page to start the enrollment process.

To enroll an employee:

- 1 Enter the requested information into each blank box, or field. Fields with a red arrows (>>) beside them indicate required information.
- 2 If the employee has dependents to enroll, click “Add Dependent.”
- 3 If there are no dependents to enroll, click “Continue.”

October 3, 2006 05:53:57 PM | Prototype | UNI SG

EmployerAccess

Welcome UPI Administrator

Provider Finder Help Log out

Membership Employer Billing Forms Reports Profile

Member ship / Member information

Member Information for Enrollment

Step 1 Member Information Step 2 Select Coverage Step 3 (optional) Life Coverage Step 4 Assign Coverage Step 5 Other Coverage

Member ID: 123456789 Group Name: ABC CO  
Change Member ID Group Number: 123456

Subscriber Information

Last Name \* First Name \* Middle Initial  
Gender \* ☐ Male ☐ Female  
Care Of  
Street \* City State Zip Code \* Birth Date (mm/dd/yyyy) \*  
Signature Date (mm/dd/yyyy) \* Hire Date (mm/dd/yyyy) \* Social Security Number \* Phone Number \* Email \* Probation Type \* (Select One)

\* Indicates a Required Field  
▶ Actual City and State names are determined by US Postal Zip Code

Add Dependent Save and Exit Cancel Transaction Continue

Provider Finder Help Contact Us Log out

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**Tip** If you did not complete all required information, an error message will appear telling you which field needs to be completed. You won't be able to continue to the next screen until completing the required fields.

- I** If you have multiple probationary periods (i.e., an exempt employee is eligible for coverage on the first day of the month following their date of hire and a non-exempt employee is eligible for coverage on the first day of the month following the date they complete three months of continuous employment – see note below), click the drop down box for “Probation Type” and select the appropriate type. The employee’s effective date of coverage will be calculated based on the “Hire Date” and the “Probation Type.”

Note: Employees must meet eligibility requirements and satisfy their “waiting” period (referred to as probationary period) as defined in your Group Administrator Manual.

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**EmployerAccess**  
Welcome UPI Administrator [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Member Information](#)

### Member Information for Enrollment

Step 1: Member Information Step 2: Select Coverage Step 3 (optional): Life Coverage Step 4: Assign Coverage Step 5: Other Coverage

Member ID: 123456789 [Change Member ID](#) Group Name: ABC CO Group Number: 123456

#### Subscriber Information

Last Name *	<input type="text"/>	Signature Date (mm/dd/yyyy) *	<input type="text"/>
First Name *	<input type="text"/>	Hire Date (mm/dd/yyyy) *	<input type="text"/>
Middle Initial	<input type="text"/>	Social Security Number	<input type="text"/>
Gender *	<input type="radio"/> Male <input type="radio"/> Female	Phone Number	<input type="text"/>
Care Of	<input type="text"/>	Email	<input type="text"/>
Street *	<input type="text"/>	Probation Type *	<input type="text" value="(Select One)"/>
City *	<input type="text"/>		
State *	<input type="text"/>		
Zip Code *	<input type="text"/>		
Birth Date (mm/dd/yyyy) *	<input type="text"/>		

\* Indicates a Required Field  
▶ Actual City and State names are determined by US Postal Zip Code

[Add Dependent](#) [Save and Exit](#) [Cancel Transaction](#) [Continue »](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

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# New Enrollment (cont.)

## Step 1a. Members (Dependents)

This step is applicable only if you want to add dependents or add coverage to existing dependents. You may add dependent coverage during open enrollment or for new enrollees. You can also add a dependent if there is a newborn or marriage. **ADDING DEPENDENTS DUE TO LOSS OF COVERAGE CAN NOT BE DONE ONLINE** (See page 16.)

- 1 Complete the employee's information and click "Add Dependent" if the employee has more dependents to enroll. Fields requesting dependent information appear below the employee information.
- 2 Complete the information and click "add Another Dependent" for each dependent to enroll. Otherwise, click "Continue."

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EmployerAccess

Welcome UH Administrator | Provider Finder | Help | Log out

Membership | Employer | Billing

Forms | Reports | Profile

Member Info / Member Information

### Member Information for Enrollment

Step 1 Member Information | Step 2 Select Coverage | Step 3 (optional) Life Coverage | Step 4 Assign Coverage | Step 5 Other Coverage

Member ID: 123456789 | Group Name: ABC CO | Group Number: 123456

[Change Member ID](#)

#### Subscriber Information

Last Name \* | First Name \* | Middle Initial | Gender \* ☐ Male ☐ Female | Signature Date (mm/dd/yyyy) \* | Hire Date (mm/dd/yyyy) \* | Social Security Number | Phone Number | Email | Probation Type \* (Select One)

Care Of | Street \* | City \* | State \* | Zip Code \* | Birth Date (mm/dd/yyyy) \*

\* Indicates a Required Field  
▶ Actual City and State names are determined by US Postal Zip Code

[Add Dependent](#) | [Save and Exit](#) | [Cancel Transaction](#) | [Continue](#)

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## Step 2. Select Coverage

Use this screen to select the applicable products for your group, for example: medical, life and/or dental coverage for employees (subscribers) and, if applicable, dependents.

- 1 To complete this step, simply click the drop-down arrow and select the appropriate medical or dental coverage.
- 2 If your group offers life & disability products, please select here.
- 3 When finished, click “Continue.”

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Welcome UFI Administrator [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Member Information](#) / [Select Coverage](#)

### Select Coverage for Enrollment

Step 1 Member Information → **Step 2 Select Coverage** → Step 3 (optional) Life Coverage → Step 4 Assign Coverage → Step 5 Other Coverage

Subscriber Name: JOHN SMITH      Group Name: ABC CO  
Member ID: 123456789      Group Number: 123456

**Coverage Information**

Effective Date: 11/01/2006  
Signature Date: 11/01/2006

**Select Coverage**

Medical Coverage  
(Select One)

Dental Coverage  
(Select One)

Short Term Disability  
(Select One)

Basic Life Coverage  
(Select One)

Indicates a Required Field

< Previous   Save and Exit   Cancel Transaction   **Continue >**

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## Step 5. Assign Coverage

This screen appears if an HMO medical plan is selected.

You have two action items when enrolling an employee's dependents:

- 1 A. Check the box to enroll subscriber and all dependents in selected coverage.

or

B. Check the box to enroll individual dependents in each coverage type.

- 2 A. Check the box to enroll subscriber and all dependents with the same medical primary care physician. You will need to enter a provider number in the PMG/IPA box provided.

or

B. Indicate that no members have selected a medical PCP. (For Texas HMO enter "99Z" or for Illinois enter "89Y" in the PMG/IPA box provided.)

or

C. If all enrollees choose different medical PCP's you will need to enter a provider number for each enrollee.

- 3 Click "Continue."

January 26, 2007 12:53:23 PM | Prototype | Unicare LG » Contact Us

### EmployerAccess

Welcome John Smith » Provider Finder » Help » Log out

**Membership** **Employer** **Billing** Forms Reports Profile

Membership / Member Information / Select Coverage / Life Coverage / Assign Coverage

## Assign Coverage for Enrollment

Step 1 Member Information → Step 2 Select Coverage → Step 4 (optional) Life Coverage → **Step 5 Assign Coverage** → Step 6 Other Coverage

Subscriber Name: JOHN SMITH Case Name: ABC CO  
ID Number: 123456789 Case Number: 123456

**Coverage Assignment Options**

☐ Enroll all members in coverage selected **1 A**  
☐ Same Medical PMG/IPA for all members **2 A**  
☒ PMG/IPA **»**  [Provider Finder](#)  
☐ No members selected PMG/IPA **2 B**

**Medical Coverage**

UNICARE LG MEDICAL (123456H001)						
Name	Relationship	Gender	Birth Date	Effective Date	Provider	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/06	<input type="radio"/> PMG/IPA <b>2 C</b>	<input checked="" type="checkbox"/> <b>1 B</b>
JANE SMITH	Spouse	Female	02/02/1971	04/06/06	<input type="radio"/> PMG/IPA	<input type="checkbox"/>
					OB/GYN ID <input type="text"/>	

» Indicates a Required Field

[« Previous](#) [Save and Exit](#) [Cancel Transaction](#) [Continue »](#) **3**

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

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### Step 5. Assign Coverage (cont.)

This screen appears if a PPO medical plan is selected.

You have two action items when enrolling:

- I A.** Check this box to enroll subscriber and all dependents in selected coverage.

or

- B.** Check the box to enroll individual dependents in each coverage type.

- 2** Select your Medical Network using the drop down box. Or, check the box to allow the system to automatically pick a Medical Network for all members, based on your Zip Code.

- 3** If you missed something or selected the wrong benefit plan, you can go back by clicking on the “Previous” button.

- 4** If everything looks right, click “Continue.”

**EmployerAccess**  
Welcome UPI Administrator | Provider Finder | Help | Log out

Admin | Membership | Employer | Billing | Forms | Reports | Profile

Membership / Member Information / Select Coverage / Dept & Check Information / Life Coverage / Assign Coverage

### Assign Coverage for Enrollment

Step 1 Member Information | Step 2 Select Coverage | Step 3 Optional Dept & Check Information | Step 4 Optional Life Coverage | **Step 5 Assign Coverage** | Step 6 Other Coverage

Subscriber Name: JOHN SMITH | Case Name: ABC CO  
ID Number: 123456789 | Case Number: 123456

**Coverage Assignment Options**

☐ Enroll all members in coverage selected (I A)  
Select the Medical Network: (Select one)  
☐ Auto-pick a Medical Network (2)

**Medical Coverage**  
UNICARE PPO (123456H001)

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="checkbox"/>

**Dental Coverage**  
UNICARE DENTAL (123456D001)

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>

**Vision Coverage**  
UNICARE VISION (123456V001)

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>

**Life Coverage**

Type	Plan	Effective Date
Basic/Dependent	BASIC LIFE TERM (1234560017)	04/06/2006
Accidental Death and Dismemberment	ADD (1234560018)	04/06/2006
Supplemental	SUPP LIFE TERM (1234560023)	04/06/2006
Supplemental Accidental Death and Dismemberment	SUPP ADD (1234560024)	04/06/2006

\* Indicates a Required Field

Continue to (4) | Previous (3) | Save and Exit | Cancel Transaction

Provider Finder | Help | Contact Us | Log out

## Step 4. Other Coverage

This is the final screen in the new enrollment process.

- 1 Indicate “Yes” or “No” by clicking the corresponding circle.

Clicking “No” to these questions will automatically activate “No” in the corresponding check boxes below.

Clicking “Yes” to these questions prompts you to complete the necessary information below.

- 2 If you clicked “Yes” above, enter the appropriate begin date for each member who had prior coverage. If no prior coverage information is provided, enter the hire date as the prior coverage begin date.

Note: Pre-existing data cannot be changed in EmployerAccess after a member has been added. Please submit pre-existing data verification, such as a certificate of creditable coverage, to UniCare Large Group for processing.

## Step 5. Submit Changes

- 3 This is the last “step” in the enrollment process. Click “Continue” to see the verification screen.

October 3, 2006 08:30:04 PM | Prototype | UNI 50 | [Contact Us](#)

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Welcome UPI Administrator | [Provider Finder](#) | [Help](#) | [Log out](#)

**Membership** | **Employer** | **Billing** | [Forms](#) | [Reports](#) | [Profile](#)

[Membership](#) / [Member Information](#) / [Select Coverage](#) / [Life Coverage](#) / [Assign Coverage](#) / [Other Coverage](#)

#### Other Coverage for Enrollment

Step 1: Member Information | Step 2: Select Coverage | Step 3: Update Life Coverage | Step 4: Assign Coverage | **Step 5: Other Coverage**

Subscriber Name: **JOHN SMITH** | Group Name: **ABC CO**  
Member ID: **123456789** | Group Number: **123456**

##### Other Coverage

Does any member being added have other coverage?  
• ☐ Yes ☐ No

Does any member being added have prior coverage?  
• ☐ Yes ☐ No

Does any member being added have Medicare coverage?  
• ☐ Yes ☐ No

• Indicates a Required Field

##### Subscriber Information

Name	JOHN SMITH	Gender	Male
Relationship	Subscriber	Birth Date	01/01/1970

**This member has prior coverage**  
• ☐ Yes ☐ No  
If Yes, enter the information below:

Begin Date (mm/dd/yyyy)  • ☐ Yes ☐ No

End Date (mm/dd/yyyy)

Prior Carrier Name

**This member has other coverage**  
• ☐ Yes ☐ No  
If Yes, enter the information below:

Group ID

Carrier Name

Policy ID

Effective Date (mm/dd/yyyy)

• Indicates a Required Field

**This member has Medicare coverage**  
• ☐ Yes ☐ No  
If Yes, please check the following:

Part A • ☐ Yes ☐ No  
Effective Date (mm/dd/yyyy)

Part B • ☐ Yes ☐ No  
Effective Date (mm/dd/yyyy)

Medicare Identification Number

If Yes, enter the information below:

Begin Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Prior Carrier Name

**This member has other coverage**  
• ☐ Yes ☐ No  
If Yes, enter the information below:

Group ID

Carrier Name

Policy ID

Effective Date (mm/dd/yyyy)

• Indicates a Required Field

If Yes, please check the following:

Part A • ☐ Yes ☐ No  
Effective Date (mm/dd/yyyy)

Part B • ☐ Yes ☐ No  
Effective Date (mm/dd/yyyy)

Medicare Identification Number

[Previous](#) | [Save and Exit](#) | [Cancel Transaction](#) | **Continue**



After you click “Continue,” the “Verification” page appears and asks you to check the information you entered for accuracy.

- 1 If correct, click “Submit.”
- 2 If not, click “Previous” and make changes.

Once the information is verified and submitted, a feedback page will confirm whether the employee has been successfully enrolled.

If the data was not successfully transmitted to UniCare, you will receive an error message.

October 3, 2006 08:30:51 PM | Prototype | UNI SG
> Contact Us

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Welcome **UPI Administrator**
[Provider Finder](#)
[Help](#)
[Log out](#)

**Membership**
**Employer**
**Billing**

Forms
Reports
Profile

[Membership](#) / [Member Information](#) / [Select Coverage](#) / [Life Coverage](#) / [Assign Coverage](#) / [Other Coverage](#) / Enrollment Verification

## Enrollment Verification

Subscriber Name: **JOHN SMITH**  
Member ID: **123456789**

Group Name: **ABC CO**  
Group Number: **123456**

! Please review the information below. If the information is correct, please click Submit to complete the transaction. If the information is not correct, please click the Previous button to make changes before completing the transaction.

**Medical Coverage**

TX UNICARE 1000 HIGH DED (T759)				
Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006
JESSE SMITH	Child	Male	03/03/2000	04/01/2006

**Dental Coverage**

UNICARE GOLDPREMIUM (25+) (PD89)				
Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006
JESSE SMITH	Child	Male	03/03/2000	04/01/2006

**Life Coverage**

Type	Plan	Effective Date
Basic	TX SMALL GROUP LIFE PRODUCT (NM67)	04/01/2006
Supplemental	TX SMALL GRP SUPP LIFE PRODUCT (PD78)	04/01/2006

2
<< Previous
Save and Exit
Cancel Transaction
Submit
1

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# Member Maintenance

## Access Member Information & Open Enrollment Options

To perform maintenance on a specific employee and/or dependent, first search for the employee in EmployerAccess

- 1 Enter the employee's member ID or social security number. Click "Search."

The screenshot displays the EmployerAccess web application. At the top, there's a navigation bar with 'Membership', 'Employer', and 'Billing' tabs. The 'Employer' tab is active. Below the navigation bar, there's a 'Quick Links' section with a link to 'Change Login Information'. The main content area is divided into two columns. The left column contains an 'EmployerAccess Overview' section with a welcome message and a photo of three people. Below this is a 'Pending Activity' table with columns for Member ID, Subscriber Name, Type, User ID, and Actions. The right column contains a 'View / Change Member Information' section with a search form for Member ID and a 'Search' button. Below the search form is an 'Add New Subscriber' section with a form for Member ID and a 'Submit' button. The bottom of the page features a footer with links for 'Provider Finder', 'Help', 'Contact Us', and 'Log out'.

EmployerAccess  
Welcome UPI Administrator [Provider Finder](#) [Help](#) [Log out](#)

Membership **Employer** Billing [Forms](#) [Reports](#) [Profile](#)

Group Name: ABC CO  
Group Number: 123456

**EmployerAccess Overview**  
Welcome to EmployerAccess, our state-of-the-art, benefits management system.

**Pending Activity** [View All](#)

Member ID	Subscriber Name	Type	User ID	Actions
123456789	JOHN SMITH	Add Coverage	JSMITH123	<a href="#">Resume</a> <a href="#">Delete</a>
123456789	JOHN SMITH	Add Coverage	JSMITH123	<a href="#">Resume</a> <a href="#">Delete</a>
123456789	JOHN SMITH	Re-Enrollment	JSMITH123	<a href="#">Resume</a> <a href="#">Delete</a>
123456789	JOHN SMITH	Change Coverage	JSMITH123	<a href="#">Resume</a> <a href="#">Delete</a>

**Billing Entities**

Billing Entity Number	Amount Due
123456	\$8,599.86
<b>Total Amount Due</b>	<b>\$8,599.86</b>

**Quick Links**  
[Change Login Information](#)

**View / Change Member Information**

Member ID  [Search](#)

**Add New Subscriber**

Member ID  [Submit](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

Your search will bring up an “Employee/Dependent Details” page from which you can view specific information about an employee, and easily access different benefit options by using the buttons displayed.

## Add Dependent(s)

- I Simply click the button “Add Dependent” in Employee/Dependent Details to add or re-enroll dependents to an enrolled employee’s (subscriber’s) coverage. Newborns and new spouses are eligible for coverage on the event date (i.e., birth date or date of marriage).

New spouses and newborn dependents may be added through EmployerAccess within 31 days of marriage or birth. A dependent spouse and/or child(ren) may only be added during the group’s open enrollment period. Loss of dependent’s coverage cannot be completed online. For more information on the addition of dependents, please consult your UniCare group administrator manual or call UniCare customer service at the number listed on your UniCare premium invoice.

October 3, 2006 05:57:01 PM | Prototype | UNI SG Contact Us

## EmployerAccess

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Membership
Employer
Billing
Forms
Reports
Profile

Member's tab / Employee/Dependent Details

### Employee/Dependent Details

Subscriber Name: **JOHN SMITH**      Group Name: **ABC CO**  
 Member ID: **123456789**      Group Number: **123456**  
 HCID: **123456789**

**Subscriber Information**

Gender: <b>Male</b>	Add Coverage	Add Personal Information
Birth Date: <b>05/19/1949</b>	Change Coverage	Add Dependent
Address: <b>100 MAIN ST BARRINGTON, IL 60019</b>	Cancel Coverage	Request ID Cards
Phone Number: <b>847-437-9999</b>		Re-Enroll

**Medical Coverage**

TX PERFORMANCE CHO200-80 (T16900)								
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Network ID	Provider
JOHN SMITH <a href="#">Prior Enrollment Information</a>	Active	Male	Subscriber	05/19/1949	12/01/2005		UNPLS21	
JANE SMITH <a href="#">Prior Enrollment Information</a>	Active	Female	Spouse	03/11/1952	12/01/2005		UNPLS21	
JOHN SMITH <a href="#">Prior Enrollment Information</a>	Active	Male	Child	06/10/1993	12/01/2005		UNPLS21	
JOAN SMITH <a href="#">Prior Enrollment Information</a>	Active	Female	Child	06/10/1993	12/01/2005		UNPLS21	

**Dental Coverage**

UNICARE GOLD PREMIUM (25+) (POB900)							
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Network ID
JOHN SMITH <a href="#">Prior Enrollment Information</a>	Active	Male	Subscriber	05/19/1949	12/01/2005		UNPLS21
JANE SMITH <a href="#">Prior Enrollment Information</a>	Active	Female	Spouse	03/11/1952	12/01/2005		UNPLS21

**Vision Coverage**

IL SG Vision						
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
JOHN SMITH <a href="#">Prior Enrollment Information</a>	Active	Male	Subscriber	05/19/1949	12/01/2005	

**Disability Coverage**


Plan Type	
Short Term Disability	IL SG UNICARE HSA COMP A MAT (V20100)

## Add Dependent(s) (cont.)

- 1 Here you can re-enroll a dependent who has previously been cancelled and has no active coverage. The required fields will be pre-populated.
- 2 Click the check box next to “Include this Dependent”. (Uncheck “Include this Dependent” if you do not want to cover this dependent.)
- 3 Here you can add a new dependent.
- 4 Click the check box next to “Include this Dependent.”
- 5 Click the “Continue” button.

Note: This option is only available during open enrollment.

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Membership **Employer** Billing Forms Reports Profile

[Membership](#) / [Employee/Dependent Details](#) / Add Dependents

### Add Dependents

Step 1 Add Dependents Step 2 Assign Coverage Step 3 Other Coverage

Subscriber Name: JANE SMITH Group Name: ABC CO  
Member ID: 123456789 Group Number: 123456

**Event Information**

Event Reason » (Select One) Event Date (mm/dd/yyyy) »

» Indicates a Required Field

**Current Members**

Name	Relationship	Gender	Birth Date
JANE SMITH	Subscriber	Female	10/02/1970
JOHN SMITH	Spouse	Male	10/02/1970

**Inactive Dependent Information**

Last Name » SMITH Birth Date (mm/dd/yyyy) » 12/20/1988  
First Name » JOE Relationship » Child  
Middle Initial  Social Security Number   
Gender » ☒ Male ☐ Female

2 ☒ Include Dependent ☐ Totally Disabled ☐ Full Time Student

**New Dependent Information**

Last Name » SMITH Birth Date (mm/dd/yyyy) »   
First Name »  Relationship » (Select One)  
Middle Initial  Social Security Number   
Gender » ☐ Male ☐ Female

4 ☐ Include Dependent ☐ Totally Disabled ☐ Full Time Student

» Indicates a Required Field

Add Another Dependent Save and Exit Cancel Transaction Continue >> 5

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## Add Coverage

Simply click the button “Add Coverage” in Employee/Dependent Details to add coverage to enrolled employees and dependents.

- 1 Confirm the effective date.
- 2 Select the new coverage from the drop-down menu.
- 3 Click “Continue.”

October 3, 2006 01:28:45 PM | Prototype | UNI SG [Contact Us](#)

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**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Member Information](#) / [Select Coverage](#)

## Select Coverage for Enrollment

Step 1: Member information → **Step 2: Select Coverage** → Step 3 (optional): Life Coverage → Step 4: Assign Coverage → Step 5: Other Coverage

Subscriber Name:	JOHN SMITH	Group Name:	ABC CO
Member ID:	123456789	Group Number:	123456

**Coverage Information**

Effective Date	04/01/2006
Signature Date	03/07/2006

**Select Coverage**

Medical Coverage (Select One)	Dental Coverage (Select One)
Life and Disability: <input checked="" type="checkbox"/>	

[< Previous](#) [Save and Exit](#) [Cancel Transaction](#) [Continue >](#)

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## Change Coverage

Simply click the button to access “Change Coverage” to make changes to existing benefit coverage.

Click “Continue” to go to the “Change Plans” screen. There you can select a new subgroup along with the effective date of the change. Complete the “Change Plans” and “Assign Coverage” screens (steps two and three) and click “Submit”.

Note: You can only change coverage during open enrollment, within the first 90 days of the initial enrollment, or when switching from active to COBRA or retire. You cannot change from one active group to another active group any other time during the year.

October 20, 2006 02:51:00 PM | Prototype | UH SG » Contact Us

# EmployerAccess

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**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Employee/Dependent Details](#) / [Change Coverage](#)

## Change Coverage

Step 1: **Change Coverage** Step 2: Change Plans Step 3: Assign Coverage

### Open Enrollment Mode

Subscriber Name:	JOHN SMITH	Group Name:	ABC CO
Member ID:	123456789	Group Number:	123456

Type of Change

☒ Change Current Coverage

[Save and Exit](#) [Cancel Transaction](#) [Continue »](#)

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## Cancel Coverage

In Employee/Dependent Details, find the “Cancel Coverage” button and click it. This page appears.

- 1 Key in the cancellation effective date here
- 2 Click the drop-down under the “Cancellation Reason” then choose a reason from the drop-down menu.
- 3 Be sure you click the box next to all affected benefits and/or dependents.

Note: The cancellation effective date is the first day that the employee will no longer be covered by the employer-sponsored plan. For example, if the employee’s last day of employment is March 31, the cancellation effective date would be April 1. If the employee’s last day of employment is March 13 and you cover employees through the end of the month in which they terminate employment, the cancellation effective date should be April 1.

October 3, 2006 06:11:02 PM | Prototype | UNI SO » Contact Us

### EmployerAccess

Welcome UPI Administrator » Provider Finder » Help » Log out

Membership **Employer** Billing Forms Reports Profile

Membership / Employee/Dependent Details / Cancel Coverage

## Cancel Coverage

Subscriber Name:	JOHN SMITH	Group Name:	ABC CO
Member ID:	123456789	Group Number:	123456

**Cancellation Information**

Qualification Date 1

Cancellation Reason 2

(yyyy/mm/dd)  
Actual effective date will be the first of the month following this date.

• Indicates a Required Field

**Medical Coverage**

TX PERF ORMANCE CH1000-80 (T165)				
Name	Relationship	Status	Effective Date	Cancel Coverage
JOHN SMITH	Subscriber	Active	08/01/2005	<input type="checkbox"/>
JANE SMITH	Spouse	Active	08/01/2005	<input type="checkbox"/>
JOAN SMITH	Child	Active	08/01/2005	<input type="checkbox"/>

**Dental Coverage**

IL SG Vision CH1000-80 (T165)				
Name	Relationship	Status	Effective Date	Cancel Coverage
JOHN SMITH	Subscriber	Active	08/01/2005	<input type="checkbox"/>

**Vision Coverage**

IL SG Vision CH1000-80 (T165)				
Name	Relationship	Status	Effective Date	Cancel Coverage
JOHN SMITH	Subscriber	Active	08/01/2005	<input type="checkbox"/>

**Disability Coverage**

## Re-enroll

- I From Employee/Dependent Details you can also Re-enroll an employee.

To re-enroll a member whose coverage has been cancelled, enter the NEW hire date and confirm the employee's group number. Be sure to click the check box "Include Dependent" for each member to be re-enrolled. When you are finished, click "Continue". Select the coverage form the drop down menu and click "Continue." Complete the "Assign Coverage" and "Other Coverage" screens and click "Submit." Please refer to the Enrollment Section for details.

October 3, 2006 05:57:01 PM | Prototype | UNH SG Contact Us

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Welcome UPT Administrator Provider Finder Help Log out

**Membership** **Employer** **Billing** Forms Reports Profile

**Membership** / Employee/Dependent Details

### Employee/Dependent Details

Subscriber Name: **JOHN SMITH** Group Name: **ABC CO**  
 Member ID: **123456789** Group Number: **123456**  
 HCID: **123456789**

**Subscriber Information**

Gender: **Male** Add Coverage Edit Personal Information  
 Birth Date: **05/19/1949** Change Coverage Add Dependent  
 Address: **100 MAIN ST** Cancel Coverage Re-enroll Account ID Cards  
 Phone Number: **847-437-9999**

**Medical Coverage**

**TX PERFORMANCE CIG2000 80 (T16000)**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Network ID	Provider
<b>JOHN SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Male	Subscriber	05/19/1949	12/01/2005		UNPLS21	
<b>JANE SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Female	Spouse	03/11/1952	12/01/2005		UNPLS21	
<b>JOHN SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Male	Child	06/10/1993	12/01/2005		UNPLS21	
<b>JOAN SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Female	Child	06/10/1993	12/01/2005		UNPLS21	

**Dental Coverage**

**UNICARE GOLDPREMIUM (25+) (POB900)**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Network ID
<b>JOHN SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Male	Subscriber	05/19/1949	12/01/2005		UNPLS21
<b>JANE SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Female	Spouse	03/11/1952	12/01/2005		UNPLS21

**Vision Coverage**

**IL SG Vision**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
<b>JOHN SMITH</b> <a href="#">Prior Enrollment Information</a>	Active	Male	Subscriber	05/19/1949	12/01/2005	

**Disability Coverage**

**Plan Type**

**Short Term Disability** IL SG UNICARE HSA COMP A MAT (V28100)

## Reinstate

Click on the button in Employee/Dependent Details to access the option to reinstate an employee with no lapse in coverage. Before reinstating, please remember:

- No dependents can be reinstated on cancelled contracts unless the employee (subscriber) is reinstated.\*
- Only dependents with the same termination date as the employee (subscriber) will be reinstated on cancelled contracts.
- To reinstate employee and dependents, simply click the blank box next to “Reinstate Member.” Be sure to click all applicable benefits and/or dependents.

\*Please contact your account service representative for information on how to enroll dependents under a Qualified Medical Child Support Order.

February 15, 2007 12:14:13 PM | [Provider Finder](#) | [UNILQ](#) [Contact Us](#)

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**EmployerAccess**  
Welcome **John Smith** [Provider Finder](#) [Log out](#)

**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

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**Employee/Dependent Details / Reinstate Member**  
**Reinstate Member**

Subscriber Name: **JOHN SMITH**  
ID Number: **123456789**

Case Name: **ABC CO**  
Case Number: **123456**

**Medical Plan**

**UNI LG MEDICAL (123456H008)**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Not Active	Male	Subscriber	01/01/1970	12/01/2005	03/01/2006	<input type="checkbox"/>
JANE SMITH	Not Active	Female	Child	02/02/1999	02/01/2006	03/01/2006	<input type="checkbox"/>
AMY SMITH	Not Active	Female	Child	03/03/2000	05/01/2005	12/01/2005	<input type="checkbox"/>

**Dental Plan**

**UNI LG DENTAL (123456D006)**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Not Active	Male	Subscriber	01/01/1970	12/01/2005	03/01/2006	<input type="checkbox"/>
JANE SMITH	Not Active	Female	Child	02/02/1999	05/01/2005	03/01/2006	<input type="checkbox"/>
AMY SMITH	Not Active	Female	Child	03/03/2000	05/01/2005	12/01/2005	<input type="checkbox"/>

**Vision Plan**

**UNI LG VISION (123456V001)**

Name	Status	Gender	Relationship	Date Of Birth	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Not Active	Male	Subscriber	01/01/1970	05/01/2005	12/01/2005	<input type="checkbox"/>
AMY SMITH	Not Active	Female	Child	03/03/2000	05/01/2005	12/01/2005	<input type="checkbox"/>

**Flexible Spending**

Type	Plan	Cancel Date	Reinstate Coverage
Flexible Spending Account	FLEXIBLE HEALTH SPENDING ACCOUNT (1234560016)	03/01/2006	<input type="checkbox"/>
Dependent Care Spending Account	FLEXIBLE DEPENDENT SPENDING ACCOUNT (123456001)	03/01/2006	<input type="checkbox"/>

**Life Coverage**

Type	Plan	Cancel Date	Reinstate Coverage
Basic/Dependent Life	BASIC LIFE TERM (1234560017)	03/01/2006	<input type="checkbox"/>
Accidental Death and Dismemberment	ACCIDENTAL DEATH+DISMEMBERMENT (1234560018)	03/01/2006	<input type="checkbox"/>

[Save and Exit](#) [Cancel Transaction](#) [Submit](#)

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## Edit Personal Information

- Simply click the button in Employee/Dependent Details to access the option to change employee (subscriber) and dependent personal information, such as address, phone number, etc.

Note: Be sure to verify your changes before submitting the new information.

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Welcome UNISG UI [Provider Finder](#) [Log out](#)

[Membership](#) [Employer](#) [Billing](#) [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Employee/Dependent Details](#) / Edit Personal Information

### Edit Personal Information

Subscriber Name: **JOE SMITH** Group Name: **TEST GROUP A3**  
Member ID: **123456789** Group Number: **123456789**

#### Subscriber Information

Last Name:  Birth Date (mm/dd/yyyy):   
First Name:  Hire Date:   
Middle Initial:   
Gender: ☒ Male ☐ Female Social Security Number:   
Care Of:  Home Phone Number:   
Street:   
City:   
State:   
Zip Code:

Indicates a Required Field  
Actual City and State names are determined by US Postal Zip Code

#### Dependent Information

Last Name:  Relationship:   
First Name:  Social Security Number:   
Middle Initial:   
Gender: ☒ Male ☐ Female  
Birth Date:

Totally Disabled: ☒ Yes ☐ No  
Full Time Student: ☒ Yes ☐ No  
IRS Dependent Child: ☒ Yes ☐ No

Indicates a Required Field  
Actual City and State names are determined by US Postal Zip Code

[Save and Exit](#) [Cancel Transaction](#) [Continue >>](#)

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## Request ID Card

Simply click the “Request ID Cards” button on the Employee/Dependent Details page to access this screen and order ID cards for an individual member.

- 1 Choose the address you would like it mailed to.
- 2 Select individual members you would like to order ID cards for.
- 3 Click “Submit” to order the card(s).

February 14, 2007 09:57:44 AM | [Prototype](#) | UNI LG > Contact Us

**EmployerAccess**  
Welcome **John Smith** [Provider Finder](#) [Log out](#)

**Membership** **Employer** **Billing** **Forms** **Reports** **Profile**

[Membership](#) / [Employee/Dependent Details](#) / Request ID Card

### Request ID Card

Subscriber Name:	<b>JOHN SMITH</b>	Case Name:	<b>ABC CO</b>
ID Number:	<b>123456789</b>	Case Number:	<b>123456</b>

**Delivery Information**

**Mail To Address**  
☒ Subscriber Address **1**  
☐ Group Bill Address

**Select Members**

Select	Member Name
<input type="checkbox"/>	Entire Family
<input type="checkbox"/>	JOHN SMITH <b>2</b>
<input type="checkbox"/>	JANE SMITH
<input type="checkbox"/>	JOE SMITH

[Cancel](#) [Submit](#) **3**

**Tip** For all claims other than Short Term Disability, once you have completed your online entries, you will be able to print the claims form for signature and completion.

## Life and Disability

To initiate a claim, or view a claim's status, click the "Life and Disability" button in Employee/Dependent Details.

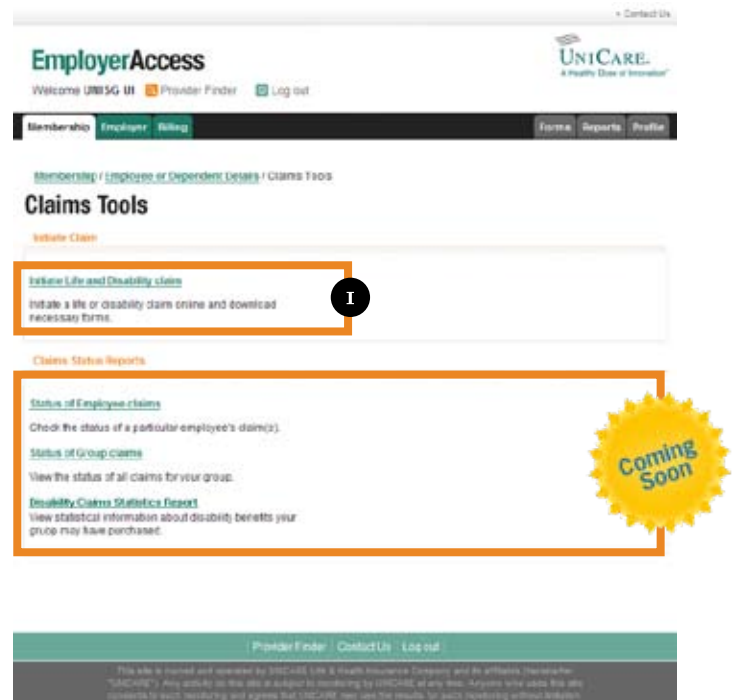
## Initiate a Claim

- 1 Click the "Initiate Life & Disability Claims" link on the "Claims Tools" page.

There are several different kinds of claims you can initiate which are listed on the next page.

Note: You can find additional Life and Disability tools within the Reports tab of Employer Access. These Life and Disability Tools will allow you to:

- Calculate Imputed Income for an employee.
- Calculate Life or Disability insurance needs for an employee.
- Access Conversion and Portability information and forms.
- Access Self-Billed Premium Worksheets and for your group.



## Initiate Claim

You can initiate a Life and/or Disability Claim for your employees here. Fill in the required information and select a claim at the bottom.

### 1 Life Claims

Life or Dependent Claim  
Accelerated Death  
Accidental Death  
Life – Waiver of Premium

### 2 Disability Claims

Short Term Disability  
Long Term Disability  
Loss of Sight/Dismemberment

Once you have completed your on-line entries, you will be able to print the claims form for signature and completion.

February 14, 2007 09:53:10 AM | [Prototype](#) | [UMELQ](#) [Contact Us](#)

## EmployerAccess

Welcome **John Smith** [Provider Finder](#) [Logout](#)

[Membership](#) [Employer](#) [Billing](#) [Forms](#) [Reports](#) [Profile](#)

[Life & Disability](#) / [Claims Tools](#) / [Initiate Claim](#)

### Initiate Claim

As the Group Administrator, you can initiate Life and/or Disability Claims for your employees here. For all claims other than Short Term Disability, once you have completed your on-line entries, you will be able to print the claims form for signature and completion.

- You will need to print the claims form for signature and completion.
- It will still be necessary for you or the member to submit a completed and signed paper form and all documentation for the claim to be paid.

For Short Term Disability claims your entries will be submitted to our claims department for processing and follow-up. Now we'll walk you through the claim by asking you a series of questions.

#### Group Information

Case Number:	123456	Case Name:	ABC CO
--------------	--------	------------	--------

#### Employee Information

First Name *	JOHN
Last Name *	SMITH
Member ID *	123456789

\* Indicates a Required Field

#### Type of Claim

What type of claim is this?

##### Life Claims

- ☐ Life or Dependent Life
- ☐ Accelerated Death
- ☐ Accidental Death
- ☐ Life - Waiver of Premium

##### Disability Claims

- ☐ Short Term Disability
- ☐ Long Term Disability
- ☐ Loss of Sight/Dismemberment

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# Group Function

## 1 Employer Details

Review preferences and general group information here.

## 2 Billing

This tab allows you to view summary information for all open invoices. Additionally, this functionality provides details on monthly activity, invoice number and total amount due.

## 3 Reports

You can use this tab to view Employee Rosters, Generate Activity Reports, and help employees find physicians using our on-line Provider Directory.

## 4 Profile

Use this tab to change your e-mail address, password, and/or your secret question.

The screenshot shows the EmployerAccess web application. At the top, there's a header with the UniCare logo and a 'Contact Us' link. Below the header, a navigation bar contains tabs: Membership, Employer (highlighted with a red box and callout 1), Billing (highlighted with a red box and callout 2), Forms, Reports (highlighted with a red box and callout 3), and Profile (highlighted with a red box and callout 4). The main content area is titled 'EmployerAccess Overview' and includes a welcome message. To the right, there's a box showing 'Group Name: ABC CO' and 'Group Number: 123456'. Below the overview, there's a 'Billing Entities' table with columns for 'Billing Entity Number' and 'Amount Due'. The table shows a single entry for '123456' with an amount of '\$8,599.86'. A summary row shows 'Total Amount Due' as '\$8,599.86'. Below this is a 'Pending Activity' table with columns for 'Member ID', 'Subscriber Name', 'Type', 'User ID', and 'Actions'. It lists four activities for 'JOHN SMITH' with actions like 'Resume' and 'Delete'. On the right side, there are 'Quick Links' (including 'Change Login Information'), a 'View / Change Member Information' section with a 'Member ID' search box, and an 'Add New Subscriber' section with a 'Member ID' input box and a 'Submit' button. The footer contains links for 'Provider Finder', 'Help', 'Contact Us', and 'Log out'.

EmployerAccess

Welcome UPI A

Provider Finder Help Log out

Membership **Employer** Billing Forms Reports Profile

Group Name: ABC CO  
Group Number: 123456

**Billing Entities**

Billing Entity Number	Amount Due
123456	\$8,599.86
<b>Total Amount Due</b>	<b>\$8,599.86</b>

**Pending Activity** View All

Member ID	Subscriber Name	Type	User ID	Actions
123456789	JOHN SMITH	Add Coverage	JSMITH123	Resume Delete
123456789	JOHN SMITH	Add Coverage	JSMITH123	Resume Delete
123456789	JOHN SMITH	Re-Enrollment	JSMITH123	Resume Delete
123456789	JOHN SMITH	Change Coverage	JSMITH123	Resume Delete

**Quick Links**

> [Change Login Information](#)

**View / Change Member Information**

Member ID  Search

**Add New Subscriber**

Member ID  Submit

Provider Finder Help Contact Us Log out

## Pending Activity

This example shows how your pending activity folder might look.

- I** Clicking Delete on this screen only removes the action from Pending Activity, it does not cancel the subscriber's coverage. Cancel Coverage can be accessed from the Employee/Details page.

Note: Subscriber info cannot be accessed if that subscriber's ID Number is listed in any user's Pending Activity. To ensure full access to all subscriber info, please keep pending activity up to date and to a minimum.

February 14, 2007 09:56:44 AM | Prototypes | UNI.LQ

EmployerAccess

Welcome John Smith | Provider Finder | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Reports / Pending Activity

**Pending Activity**

Case Name: ABC CO  
Case Number: 123456

Pending Activity							1-4 View All Results
	ID Number	Subscriber Name	Type	User ID	Date	Time	Actions
<input type="checkbox"/>	123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/07/2006	10:21:31 AM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/10/2006	01:05:10 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/11/2006	10:01:53 AM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	123456789	SMITH, JOHN	Add Coverage	JSMITH123	04/11/2006	11:06:32 PM	<a href="#">Resume</a> <a href="#">Delete</a>

Select All | Deselect All | Delete

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# Group Billing

**Tip** “Billing Entities” also provides access to invoices and their details.

## Group Billing Transaction Selection

- 1 Select the group number from the “Billing Entities” page (Billing home page) to access a number of transactions on the “Open Invoices” page.
- 2 **Invoices**  
Choose the invoice number to review. You can click on an invoice number to view details of the invoice
- 3 Using the links on the left side of the screen, you can pay your bills online, schedule payments, view past invoices and more.
- 4 You can also access some of the above functions using the buttons on the screen.

EmployerAccess  
Welcome John Smith  
Provider Finder Help Log out

Membership Employer **Billing** Forms Reports Profile

Activities  
Pay Online Now  
Preferences  
Manage Billing Email Addresses

**Billing Entities** Pay Online Now

Group Number: 123456  
Group Name: ABC CO

Period	Invoice #	Amount Due
June 2006	000123456A	\$38,401.18
May 2006	000123456B	\$23,523.13
<b>Total Amount Due</b>		<b>\$150,022.33</b>

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Membership Employer **Billing** Forms Reports Profile

Activities  
Pay Online Now  
Schedule Payments  
View Scheduled Payments  
Past Activities  
View Past Invoices  
View Past Payments  
Preferences  
Manage Employer's Bank Account(s)  
Manage Billing Email Addresses

**Billing Entities/ Open Invoices** Pay Online Now

**Open Invoices**

Billing Entity Number: 123456  
Billing Entity Name: EMPLOYER ACCESS MARIBEL

Period	Invoice #	Amount Due
June 2006	000123456A	\$38,401.18
May 2006	000123456B	\$23,523.13
<b>Total Amount Due</b>		<b>\$150,022.33</b>

View Past Invoices View Past Payments

## Invoice Details

After selecting an invoice number to review, a number of options are available. This screen displays your current invoices and the total amount due. All the information on this page appears on your statement.

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[Billing Entities](#) / [Open Invoices](#) / Invoice Details

### Invoice Details

[Pay Online Now](#) [Print Bill](#) [Download Bill](#)

Select Billing Period / Invoice: July 2005 - 1234567891011

Billing Entity Number:	123456	Invoice #	1234567891011
Billing Entity Name:	ABC CO	Billing Period:	07/01/2005 - 07/31/2005
		Date Billed:	06/21/2005
		Payment Due Date:	07/01/2005

[Bill Summary](#) [Membership Details](#) [Billed Adjustments](#) [CORRA](#) [Overdue Dependents](#) [Eligibility Changes](#)

**UNICARE Life & Health Insurance Company**  
P.O. Box 0000  
City Name, ST 00000-0000

	Amount Due	Amount Paid	Balance
<b>Prior Billing</b>			
Plan Name	\$776,538.59	\$766,538.00	\$10,000.59
Plan Name	\$778,453.13	\$769,253.13	\$9,200.00
<b>Subtotal</b>	<b>\$1,554,991.72</b>	<b>\$1,535,791.13</b>	<b>\$19,200.59</b>
<b>Current Billing</b>			
Plan Name	\$776,538.59		\$10,000.59
Plan Name	\$778,453.13		\$9,200.00
<b>Subtotal</b>	<b>\$1,554,991.72</b>		<b>\$19,200.59</b>
<b>Total Amount Due</b>			<b>\$38,401.18</b>

**Payments Policy**

Payments are due and payable in full upon receipt. Payments received after the first day of the month for which coverage is in effect are deemed "late" and penalties may apply.

Premiums must be paid in full by the end of the grace period in order for coverage to continue. Reinstatement is at the absolute and sole discretion of UNICARE Life & Health Insurance Company and reinstatement fee will apply.

Please note that the depositing of a check does not constitute acceptance of premium or a guarantee of coverage.

For UNICARE Life & Health Insurance Company billing questions call 1-800-627-8797.

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## Invoice/Membership Details

Here you can view each employee and dependent within your group.

- I To view any billed adjustments for your group made by your UniCare representative, click the Billed Adjustments link.

Oct 20, 2006 | 09:19:48 AM Release\_7\_3 [Contact Us](#)

### EmployerAccess

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[Billing Entities / Open Invoices / Invoice Details](#)

## Invoice Details

[Pay Online Now](#) [Print Bill](#) [Download Bill](#)

Select Billing Period / Invoice: **November 2006 - 1234567891011**

Billing Entity Number:	123456	Invoice #:	1234567891011
Billing Entity Name:	EMPLOYER ACCESS MARIBEL	Billing Period:	11/01/2006 - 12/01/2006
		Date Billed:	07/10/2006
		Payment Due Date:	11/01/2006

[Bill Summary](#) | [Membership Details](#) | [Billed Adjustments](#) | [COBRA](#) | [Overage Dependents](#) | [Eligibility Changes](#)

### Membership Details

Member ID Number	Subscriber Name	Product	Contract Type	Number Covered	Rate Chg*	Subscriber Amount	Dependent Amount	Premium Amount
123456789	SMITH, JOHN	ILSG30CP	FAM	5		\$225.29	\$0.00	\$225.29
123456789	SMITH, JOHN	ILFFSDNH	FAM	5		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	ILPPODNH	EE/CH	2		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	LIFE150K	EE	1		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	ILSG30CP	EE	1		\$225.29	\$0.00	\$225.29
123456789	SMITH, JOHN	ILFFSDNH	EE	1		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	ILSG30CP	EE	1		\$225.29	\$0.00	\$225.29
123456789	SMITH, JOHN	ILPPODNH	EE/CH	2		\$19.50	\$0.00	\$19.50
123456789	SMITH, JOHN	HMOINFER	EE	1		\$253.99	\$0.00	\$253.99
123456789	SMITH, JOHN	LIFE150K	EE	1		\$37.50	\$0.00	\$37.50
123456789	SMITH, JOHN	ILSG30CP	EE/CH	2		\$207.10	\$0.00	\$207.10
123456789	SMITH, JOHN	ILPPODNH	EE/CH	2		\$19.50	\$0.00	\$19.50
123456789	SMITH, JOHN	LIFE150K	EE	1		\$37.50	\$0.00	\$37.50
123456789	SMITH, JOHN	ILSG30CP	EE	1		\$225.29	\$0.00	\$225.29
123456789	SMITH, JOHN	ILFFSDNH	EE	1		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	HMOINFER	EE	1		\$643.50	\$0.00	\$643.50
123456789	SMITH, JOHN	ILPPODNH	EE	1		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	LIFE150K	EE	1		\$229.50	\$0.00	\$229.50
123456789	SMITH, JOHN	ILSG500	EE	1		\$261.92	\$0.00	\$261.92
123456789	SMITH, JOHN	ILFFSDNH	EE	1		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	HMOINFER	EE	1		\$442.89	\$0.00	\$442.89
123456789	SMITH, JOHN	LIFE150K	EE	1		\$37.50	\$0.00	\$37.50
123456789	SMITH, JOHN	HMOINFER	FAM	3		\$513.81	\$0.00	\$513.81
123456789	SMITH, JOHN	ILFFSDNH	FAM	3		\$30.00	\$0.00	\$30.00
123456789	SMITH, JOHN	LIFE150K	EE	1		\$129.00	\$0.00	\$129.00
Subtotal						\$3,974.37	\$0.00	\$3,974.37

\*Rate Change Legend:

B - New Age Rate	E - Next Bill Reflects new Age Rate
C - New Area Category	F - New Area Category & Next Bill Reflects New Age Rate
D - New Age Rate & Age Category	

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**Tip** You have the option to pay online from almost any screen in Billing. Look for a green button that says “Pay Online Now.”

## Pay Online

EmployerAccess offers you the convenience and flexibility of paying your monthly bill(s) online. You have the option to pay multiple invoices at one time.

- 1 Enter the amount you would like to pay in the Payment Amount Selected box.
- 2 Choose to pay using a single account or multiple accounts.
- 3 Click Continue.

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**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Billing Entities / Open Invoices](#) / Select Payment Amount

## Select Payment Amount

Step 1 Select Payment Step 2 Select Accounts Step 3 Authorize Payment

Group Number: **123456**  
Group Name: **ABC CO**

Billing Entity	Current Period	Current Invoice	Amount
123456	June 2006	1234567891	\$3,232.54 Billed Amount \$3,232.54 Amount Due
	May 2006	1234567891	\$3,232.54 Billed Amount \$3,232.54 Amount Due
			<b>\$ 4,233.04 Payment Amount Selected</b>

☒ Pay using a Single Account **2**  
☐ Pay using Multiple Accounts

[Continue >](#) [Cancel](#) **3**

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# Frequently Asked Questions

## **Can there be more than one administrator at a group who can process eligibility on EmployerAccess?**

- Yes. Each administrator requesting access to EmployerAccess needs to complete the Username Policy and Usage Agreement. Each group administrator will receive their own user ID and PIN allowing them to access EmployerAccess.

## **Can a group's third party administrator process the eligibility?**

- Yes. We require a written request from the group if they use the services of a third party on their behalf. UniCare will need to approve the use of this third party administrator. The Internet Eligibility Agreement, as well as the Third Party Agreement, will need to be signed by the group.

## **What is the turnaround time once a group administrator has processed activity through EmployerAccess?**

- Once the group administrator receives the message that the requested action was "successfully completed," the information is in the UniCare system immediately.



**Are groups required to submit membership forms (i.e., enrollment, change) once activities are processed through EmployerAccess?**

- No. The group is responsible for maintaining the eligibility documentation. This is noted in the Internet Eligibility Agreement, under Section IV, Part A – Establishment and Retention of Membership Information.

**Should I select “Schedule Payments” as an option if my group has a lot of monthly eligibility maintenance?**

- No. “Pay Online Now” is probably a more reliable option to avoid risking the scheduled payment not being enough to cover your monthly premium.

**Does UniCare have a minimum browser requirement?**

- Yes, Internet Explorer 6.0 or higher.

**Does UniCare use passwords?**

- Yes. A user ID and PIN are assigned for each of our customers as they register to use the website.

**What is your encryption process?**

- UniCare uses 128-bit encryption starting at the login page. This means that no usernames or passwords pass across the Internet in clear text.

**Do you use Secure Socket Layer (SSL)?**

- Yes. 128-bit SSL certificates are installed on the server supporting the website, ensuring an encrypted channel is established between a customer's browser and our website. The vendor we use is Verisign.

Note: If the member's health plan is insured or health maintenance organization coverage, the coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN and IL only), UniCare Health Plans of the Midwest, Inc. (HMO in IN and IL only), UniCare Health Insurance Company of Texas (TX only) or UniCare Health Plans of Texas, Inc. (HMO in TX only). ®Registered Mark of WellPoint, Inc.