

Employer Portal Reference Guide

This reference guide illustrates how to register and use Security Health Plan’s Employer Portal for groups who are insured by Security Health Plan.

Registration

To register for the Employer Portal click one of the following links and complete the **Employer Group Access Request** form:

[Employer Group Access Request - Large Group](#) - Large Group – for employers with 51 employees or more

[Employer Group Access Request - Small Group](#) - for employers with 2 to 50 employees

Or go to www.securityhealth.org,


1. Scroll to the bottom of the page.
2. Select **Employers**.
3. Select **Register for Security Health Online - Employer Portal**.

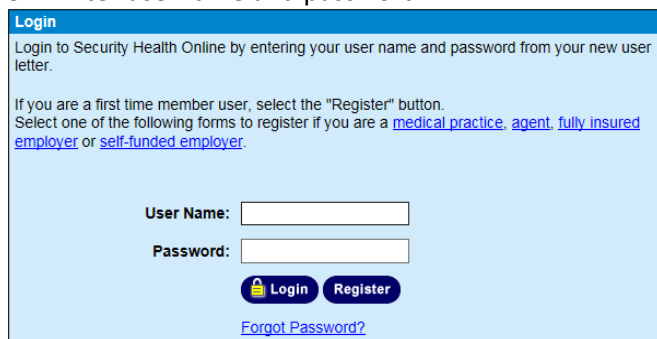
Other Documents/Links

Insert link for electronic change from sales

Logging In

Once registered and information is received, log in to the employer portal.

1. Go to www.securityhealthplan.org
2. Click 
3. Enter username and password:





Login
Login to Security Health Online by entering your user name and password from your new user letter.

If you are a first time member user, select the "Register" button. Select one of the following forms to register if you are a [medical practice](#), [agent](#), [fully insured employer](#) or [self-funded employer](#).

User Name:

Password:

[Forgot Password?](#)

Enter requested number from your access card:



Access Card

Enter the requested number from your access card.


If your card is lost, please call customer service at 1-800-472-2363.

Customer service is available Monday, Wednesday, Thursday, and Friday from 7:00 a.m. to 5:30 p.m. and Tuesday from 8:00 a.m. to 5:30 p.m.



Access Card

ID: *****							
1st *****	4th *****	7th *****					
2nd *****	5th *****	8th *****					
3rd *****	6th <input type="text"/>	9th *****					

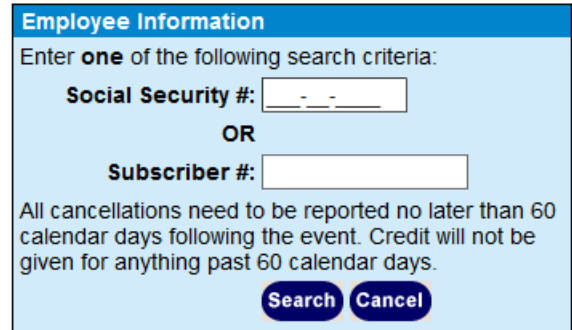
 

My Employees

Changes to employee demographics can be made here.

1. From **My Employees** tab, click **Select Employee**
2. Enter Social Security or subscriber (12 digits) number:

Select Employee



Employee Information



Enter **one** of the following search criteria:

Social Security #:

OR

Subscriber #:


All cancellations need to be reported no later than 60 calendar days following the event. Credit will not be given for anything past 60 calendar days.


➤ Changes/Requests include:

- Order new ID Card
- Name Change
- New Address/Phone
- New Family Member
- Remove Subscriber or Family Member
- Eligibility History
- Demographic History
- Certificate of Coverage


Order New ID Card

1. To order a new ID card, enter employee social security or subscriber number.
2. Select [New ID Card](#).
3. Enter number of card(s) requested.
4. Click 

Name Change

1. Select [Name Change](#).
2. Radio button name of employee or dependent.
3. Populate required fields, indicated by an *.
4. Select number of cards.
5. Populate required fields, indicated by an *.
6. Click 

New Family Member

1. Select [New Family Member](#).
2. Populate required fields, indicated by an *.
3. Click 

- **Relationship** refers to the relationship the new family member has with respect to the policy holder.
- **Effective Date** indicates when you would like to add the new family member to your plan. Requested effective date will be reviewed.
- **Reason** selected for adding the new family member.

Note: If the reason is adoption, mail placement papers to Security Health Plan. If the reason is loss of coverage, mail proof of loss papers to Security Health Plan.

Remove Subscriber or Family Member

1. Select [Remove Subscriber or Family Member](#).
2. Radio button family member to be removed.
3. Select reason for removal.
4. Enter the effective date for removal, the first date of ineligibility.
5. Enter Comments and click [Submit](#).
6. Click [Yes](#) to confirm.
7. If additional family members need to be removed, click yes to question #5 and complete steps above.

Note: All cancellations need to be reported no later than 60 calendar days following the event. Credit will not be given for anything past 60 calendar days.

Note: A Certificate of Coverage and ID cards will be mailed after removal of a family member.

Eligibility History

To view eligibility additions, cancellations or deletions:

1. Select [Eligibility History](#).

Demographic History

The Demographic History displays demographic information associated with each employee.

Certificate of Coverage

To receive a certificate of coverage, select the radio button in front of employee/dependent(s) name requesting the certificate. If the subscriber is selected, a Certificate of Coverage will be sent for all family members.

My Group

From **My Group** employers can make changes to the group’s demographics and view various reports.

1. Click [My Group](#)

2. Navigate to the option needed by clicking on one of the following items:
 - New Subscriber Family
 - View Statements
 - Roster
 - Form 5500 – for groups over 100 Employees
 - Employee Requests

New Subscriber Family

1. Complete form listed below:

2. Click [Next](#).
3. Enter required fields for spouse and/or dependents.

New Subscriber Family

New Subscriber			
test girl tester	Date of Birth:07/16/1991	Social Security #:111-11-1111	
123 test In	Phone:(715)111-1111	New Hire:03/10/2016	
marshfield, WI 54449			

Family Members	Date of Birth	Gender	Relationship
tester, test girl	07/16/1991	Female	Subscriber

New Family Member Step 2 of 4

You have 1 of 2 new family members left to enter.

Prefix:

First Name: *

Middle Name:

Last Name: *

Former Last Name:

Suffix:

Gender: *

Date of Birth: *

Social Security #: *

Relationship: *

Comments:

New Subscriber Family

New Subscriber			
test girl tester	Date of Birth:07/16/1991	Social Security #:111-11-1111	
123 test In	Phone:(715)101-0111	New Hire:03/10/2016	
marshfield, WI 54449			

Family Members	Date of Birth	Gender	Relationship
tester, test girl	07/16/1991	Female	Subscriber
tester, testie	03/10/1992	Male	Spouse

New Subscriber Family - Terminated Insurance Step 4 of 4

Send Security Health Plan a Certificate of Coverage for the family member(s) whose insurance was terminated.

OR

Complete the following fields. If you choose to enter the following information, all fields are required.

Health Plan Name:

First Date of Coverage: (approximately)

Last Date of Coverage: (approximately)

Comments:

7. Click .

4. Complete fields below:

New Subscriber Family

New Subscriber			
test girl tester	Date of Birth:07/16/1991	Social Security #:111-11-1111	
123 test In	Phone:(715)111-1111	New Hire:03/10/2016	
marshfield, WI 54449			

Family Members	Date of Birth	Gender	Relationship
tester, test girl	07/16/1991	Female	Subscriber
tester, testie	03/10/1992	Male	Spouse

New Subscriber Family Step 3 of 4

Enter the fields below to complete the new subscriber family.

Individual Policy: Will this replace coverage for anyone currently insured on an INDIVIDUAL Policy (not through an employer) through Security Health Plan?

Yes No

Medicare: Is anyone in this subscriber family currently enrolled in Medicare?

Yes No

Termed Coverage: Were any family members covered under a health plan within the past 63 days?

Yes No

Other Coverage: Are any family members covered by any other GROUP health insurance?

Yes No

5. Click .

6. Complete questions in form and mail any requested documentation.

Note: Request(s) will vary depending on previous coverage(s).

New Subscriber Family

Review the information below and click "Yes" at the bottom of the page to submit your request to add this new subscriber.

Group: 703920

Reason for Adding: New Hire

New Hire Date: 03/10/2016

Prefix:

First Name: test girl

Middle Name:

Last Name: tester

Former Last Name:

Suffix:

Gender: Female

Date of Birth: 07/16/1991

Social Security #: 111-11-1111

Street 1: 123 test ln

Street 2:

City: marshfield

State: WI

ZIP: 54449

Phone: (715)101-0111

Coverage Desired: Subscriber and Spouse

Comments:

[Edit](#)

Number of family members: 1

Prefix:

First Name: testie

Middle Name:

Last Name: tester

Former Last Name:

Suffix:

Gender: Male

Date of Birth: 03/10/1992

Social Security #: 111-11-1111

Relationship: Spouse

Comments:

[Edit](#)

Individual Policy: Will this replace coverage for anyone currently insured on an INDIVIDUAL Policy: Policy (not through an employer) through Security Health Plan?
No.

Medicare: Is anyone in this subscriber family currently enrolled in Medicare?
No.

Termed Coverage: Were any family members covered under a health plan within the past 63 days?
Yes.

Health Plan Name: WPS

First Date of Coverage: 1/1/2006

Last Date of Coverage : 3/1/2016

Other Coverage: Are any family members covered by any other GROUP health insurance?
No.

[Edit](#)

Are you sure you want to add this subscriber family?

[Yes](#) [No](#)

[Edit](#)

1. Review form for accuracy. Click [Edit](#) to edit forms/fields.
2. When complete, click [Yes](#).

View Statements

The View Statement section allows you to view your billing statements. To view additional statements, click [View previous statements](#) at the bottom of the form.

View Statements

View Statements

Billing Period: 9/24/2015 through 3/24/2016

Click a line to view the bill.

Group	Date	Coverage Month	Coverage Billed	Adjustments	Statement Amount	Payment
	03/01/16	03/2016	\$10,438.20	\$0.00	\$10,438.20	\$N/A
	03/01/16	03/2016	\$67,500.36	\$19,484.64	\$48,015.72	\$N/A
	02/01/16	02/2016	\$10,438.20	\$0.00	\$10,438.20	\$N/A
	02/01/16	02/2016	\$56,366.28	\$0.00	\$56,366.28	\$N/A
	01/01/16	01/2016	\$12,525.84	\$0.00	\$12,525.84	\$N/A
	01/01/16	01/2016	\$56,366.28	\$0.00	\$56,366.28	\$N/A
	12/01/15	12/2015	\$13,221.72	\$4,175.28	\$9,046.44	\$N/A
	12/01/15	12/2015	\$57,062.16	\$0.00	\$57,062.16	\$N/A
	11/01/15	11/2015	\$22,964.04	\$25,051.68	-\$2,087.64	\$N/A
	11/01/15	11/2015	\$48,711.60	-\$1,039,644.72	\$1,088,356.32	\$N/A

[View previous statements](#)

1. To view a specific statement, hover over a line for hyperlink and click.

View Statements

View Statements - Summary

Group: [] **Payment(s):** \$N/A

Statement Date: 03/01/2016 **Adjustment(s):** \$19,484.64

Coverage for: 03/01/2016 **Balance Forward:** \$0.00

Due Date: 03/01/2016 **Coverage Billed for 03/01/2016:** \$77,938.56

Billing Contact: 715-387-3702 **Statement Amount:** \$58,453.92

[Search for an employee](#)

Roster

2. To view member(s) of the group, specific group number, or the entire group, select one of the following options in the Roster form:

Employee Roster

Employee Roster - Search

1. Enter a social security number or last name to limit the employee roster search.

Social Security #: []

OR

Last Name: [] (you may use the first few letters)

2. Select a group to limit the search further or you may select all groups.

Group: All

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

[View Entire Roster](#)

[Show pending eligibility changes](#)

3. Click [Search](#).

Note: Additional options include [View Entire Roster](#) and [Show pending eligibility changes](#). These links are located at the bottom of the Employee Roster search form.

My Account Profile

My Account Profile allows you to make changes to your administrative account for the group.

1. Click [My Account Profile](#).
2. Select an option. Options include:
 - Change Password
 - Activity Log

- Change Email Address

Change Password

1. Click [Change Password](#).

Note: Password must be at least 7 characters long and must contain 2 letters and 2 numbers or symbols.

Change Password

Your password must be at least seven characters long, and it must contain at least two letters and two numbers or symbols.

Current Password:

New Password: (minimum of 7 characters)

Confirm New Password:

[Submit](#) [Cancel](#)

Activity Log

1. Select a Start and End date.
2. Select an Activity option.
3. Click [Submit](#) to view activity log.

Activities - Search

Fill in the fields below to retrieve the activity log.

Start Date:

End Date:

Activity:

[Submit](#) [Cancel](#)

Change Email Address

1. Click [Change Email Address](#).
2. Enter new email address.
3. Retype new email address to confirm.

Account Profile - Email Address

Enter fields below to change email address.

Old Email Address:

New Email Address:

Confirm Email Address:

[Submit](#) [Cancel](#)

Help

For more information about Security Health Online, call our Sales Department at 1-800-622-7790.

For Help, click [Contact Us](#) in the upper left-hand corner.