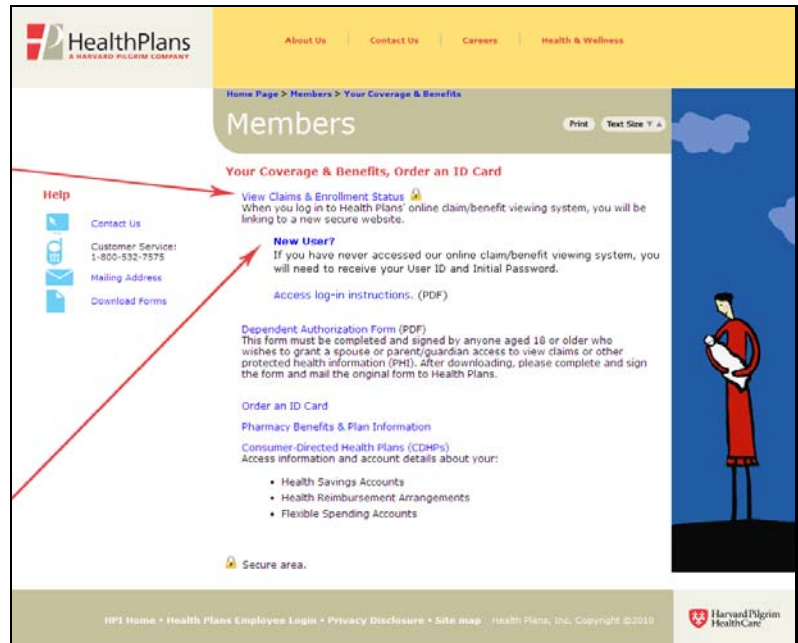


## Viewing Claims, Enrollment and Benefits Online

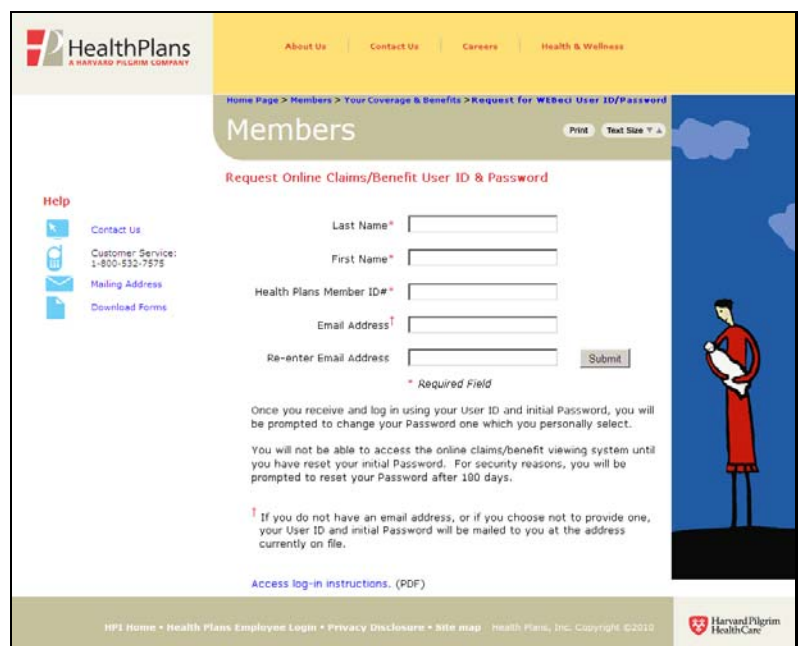
To view your claims, eligibility and benefits online, log onto the Health Plans website at [www.healthplansinc.com](http://www.healthplansinc.com) and select **Members**. On the Member page, click on the link under “Your Coverage & Benefits”.

- If you already have a User ID and Password for Health Plans’ claim/benefit viewing system (“WEBeci”), select the “**View Claims & Enrollment Status**” link. WEBeci will open in a new browser window. *(Skip to Step 1A on page 2.)*
- If you do not have a WEBeci User ID and Password, you will need to click on the “**New User?**” link first. This will enable you to request your WEBeci User ID and initial Password.



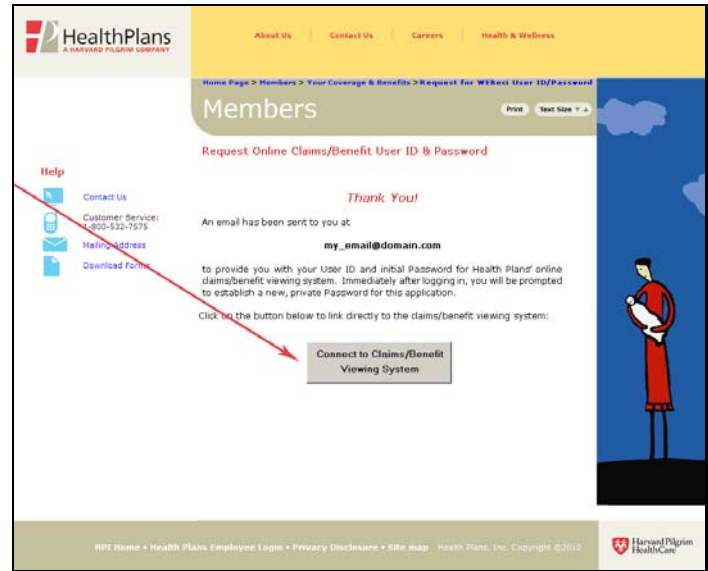
On the User ID/Password Request page, just complete the fields that ask for your First and Last Names, your Health Plans Member ID#, and your Email Address. Health Plans will send an email to you with your User ID and an initial Password, which will enable you to access WEBeci and establish a personal, unique Password. (Your personal Password must be 8-12 characters in length and include at least one letter, one number, **and** one special character.)

*(If you do not enter an email address, your User ID and initial Password will be sent to you via the US Postal Service.)*



Once you receive your User ID and initial Password, click on the **“Connect”** button on the Health Plans webpage. WEBeci will open in a new browser window.

*For security reasons, once you have logged in to WEBeci for the first time, you will be prompted to change your password to a personal, unique password of 8-12 characters, and including at least one letter, one number, **and** one special character. For added security, WEBeci will prompt you to select a new personal password every 180 days.*



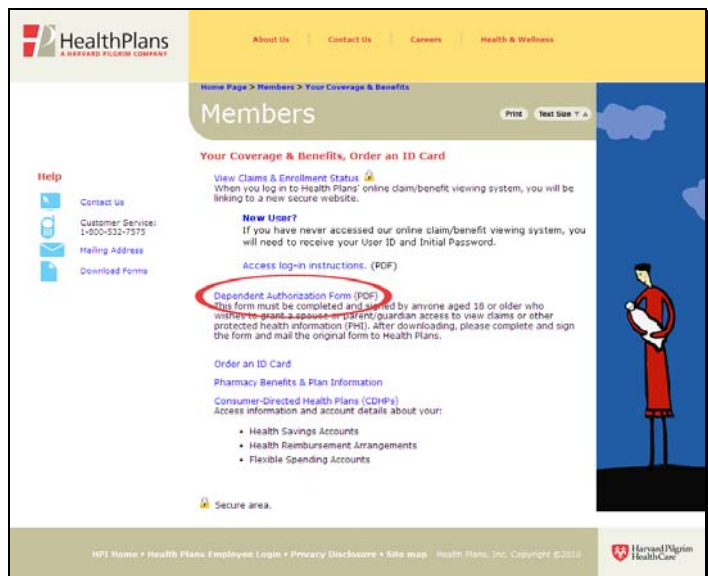
**1A. LOG IN – PLAN SUBSCRIBER (EMPLOYEE)**

Under “Log In Here”, enter your User ID and Password, then click the **Log In** button.



**1B. LOG IN –DEPENDENTS (AGE 18+)**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), each plan dependent age 18 and over must complete, sign, and submit an Authorization for Disclosure of Dependents’ Protected Health Information form in order to establish their individual User ID and password, and if they wish, to allow the plan subscriber to view their claims and eligibility information. This form can be found on the “Your Coverage & Benefits” page, under the **“Dependent Authorization Form”** link.



Once Health Plans provides you with a User ID and initial password, you can log in to the WEBeci system. Dependents will also be prompted to change their password to a personal, unique password through the “User Settings” screen.

## 2. YOUR WEBECI HOME PAGE

Your personal WEBeci home page includes the most recent claims that have been processed under your plan, as well as access to plan summary information. The Accumulations section shows you how much has been applied to your deductible and out-of-pocket charges (if applicable).

The screenshot shows the HealthPlans WEBeci Home Page. The main content area is divided into several sections:

- Recent Claims & Transactions:** A table with columns: Number, Service Date, Status, Type, Charge.
 

Number	Service Date	Status	Type	Charge
210-XXXXXX-00	10/20/2010	Paid	MD	145.00
210-XXXXXX-00	01/01/2011	Paid	MD	120.00
210-XXXXXX-00	03/04/2011	Paid	MD	145.00
210-XXXXXX-00	02/16/2010	Paid	DE	235.00
210-XXXXXX-00	10/20/2009	Paid	MD	145.00
210-XXXXXX-00	11/24/2009	Paid	MD	235.00
210-XXXXXX-00	11/11/2009	Paid	MD	120.00
210-XXXXXX-00	11/02/2009	Paid	MD	120.00
210-XXXXXX-00	10/26/2009	Paid	MD	120.00
210-XXXXXX-00	10/21/2009	Paid	MD	235.00
210-XXXXXX-00	09/19/2009	Paid	MD	98.00
- Member Summary:** Member Name: John Seavick Sr., Member ID: 999-05-0000, Current Status: Active, Effective Date: 01/04/2010, Date of Birth: 01/01/1980, Termination Date: # Of Dependents.
- Accumulations:**
  - 2010 Medical Accumulations:** 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:** 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:** 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.

## 3. VIEWING CLAIMS ONLINE

- To view the details of a claim, click on the Claim Number.
- To view all claims submitted under your current plan, click on **Claim History** in the left-side menu.
- To search for a claim by Date of Service (specific date or date range), Time Frame (up to the last year), Member, or Claim Number, click on **Search for Claims**.

This screenshot is identical to the previous one, showing the HealthPlans WEBeci Home Page. A red circle highlights the 'Search for Claims' link in the top right corner of the page.

#### 4. IDENTIFY THE SEARCH CRITERIA

- Select the appropriate plan member for the claim(s) you wish to review;

- Select and complete additional search criteria;
- Click on “Search”.

#### 5. CLAIMS

Claims that meet the specified criteria will be displayed. Click on the Claim Number that you wish to view in detail.

Number	Date of Service	Status	Patient	Claim Type	Provider	Total Charge
<a href="#">209-PPPPPP-00</a>	09/10/2009	Paid	John Sr.	DE	David Collins	103.00
<a href="#">209-000000-00</a>	09/14/2009	Paid	John Sr.	MM	Thomas Jones	125.00
<a href="#">209-PPPPPP-00</a>	09/02/2009	Paid	John Sr.	MM	Joanne Reilly	145.00
<a href="#">209-SSSSSS-00</a>	10/14/2009	Paid	John Sr.	MM	Thomas Jones	145.00
Claim Total Charges					Claim Total Payments	
518.00					229.00	

Claim Types  
DE Dental  
MM Major Medical

## 6. CLAIM DETAILS

The selected claim will be displayed in full detail, including itemized charges, payment amounts, service and payment explanations, and claim received/paid dates.

Claim Number	Dates of Service From - Through	Received	Group	Network	Member ID	Status and Date
209-000000-00	09/14/2009 - 09/14/2009	09/23/2009	001A00	HPHC	191A000000	Paid - 10/05/2009

Service Date	Service Code	Charge	Not Paid	Reason	Covered	Deductible	Co Ins %	Co Ins Dollars	Discount	Payment
09/14/2009	200	185.00	20.00	35	103.90	0.00	100	0.00	61.10	103.90
09/14/2009	300	50.00	21.93	HP	28.07	0.00	100	0.00	21.93	28.07
<b>Totals:</b>		<b>235.00</b>	<b>163.93</b>		<b>131.97</b>	<b>0.00</b>		<b>0.00</b>	<b>83.03</b>	<b>131.97</b>

Patient Responsibility: 20.00

Employee/Patient - Provider	Payment	Check Number
JOHN NEWHIRE, SR.	0.00	
Thomas Jones	131.97	00000

Service Code Description:  
 200 = PHYSICIAN VISIT - OFFICE  
 300 = DIAGNOSTIC LAB AND X-RAY

Reason Code Description:  
 35 = BENEFIT COPAYMENT APPLIED PER VISIT  
 HP = HARVARD PILGRIM DISCOUNT APPLIED

EDR Message:  
 PER HPHC AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PRICING DISCOUNTS

## 7. BENEFIT PLANS

On the Benefit Plans page, you can access a summary of your benefits, as well as information on your prescription drug benefit.

Plan/Product Type	Plan/Product Summary	Plan/Product Details	FAQ
MY COMPANY INC MED - N.E. EMPLOYEE	<a href="#">Summary Document</a>	None	None
MY COMPANY INC DENTAL	<a href="#">Summary Document</a>	None	None
MY COMPANY INC RX RX VENDOR	None	None	None

Documents

Summary of Benefits

My Company, Inc. Summary of Benefits

Annual Deductible: \$1,000 (Individual), \$2,000 (Family)  
 Annual Out of Pocket: \$500 (Individual), \$1,000 (Family)  
 Maximum Out of Pocket: \$5,000 (Individual), \$10,000 (Family)  
 Copayment: \$20 (Individual), \$40 (Family)  
 Coinsurance: 80% (Individual), 70% (Family)  
 Prescription Drug: \$10 (Individual), \$20 (Family)  
 Vision: \$100 (Individual), \$200 (Family)  
 Dental: \$1,000 (Individual), \$2,000 (Family)  
 Life Insurance: \$50,000 (Individual), \$100,000 (Family)  
 Accidental Death & Dismemberment: \$50,000 (Individual), \$100,000 (Family)

## 8. ELIGIBILITY

The Eligibility page displays your current plan information, including status and effective date, elected plan options, and coverage levels.

View Family Eligibility

Employee information as of: 02/01/2010

Name: John Newhire, Sr. Current Status: Active  
 Employee SSN: 191A-00-0000 Date of Birth: 01/01/1960  
 Effective Date: 01/04/2010 Termination Date:  
 Alternate ID 1: SSN-##-####  
 Alternate ID 2:

New Coverage Date: 02/01/2010 Refresh

Product Type	Plan ID/Description	Coverage Level	Other Coverage
Major Medical	MM-A00MEDE01	Family	N
Dental	DE-A00DEN001	Family	N
Prescription Drugs	RX-A00RX001	Family	N

Type	Amount
EMPLOYEE LIFE	100,000
ACCIDENTAL DEATH & DISMEMBERMENT	100,000
FLEXIBLE SPENDING BENEFIT	0

## 9. USER SETTINGS

The User Settings page enables you to set and change your WEBeci password and screen preferences and displays your demographic information, as well as other information that may apply to your plan.

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**USER SETTINGS**

View Dependents & Settings

**Demographics**

Name: John Newhira, Sr. Social Security Number: HHA-00-0000  
 Address 1: 10 SAMPLE ST Gender: Male  
 Address 2: Date of Birth: 01/04/2010  
 City: ANYTOWN Married/Single: Married  
 State: MA Number of Dependents:  
 Zip Code: 01000  
 Home Phone: 617-555-9876  
 Work Phone:

**Preferred Pharmacy Information**

Pharmacy Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Update

**Electronic Payments & Transfers**

Routing Number: 00000000  
 Account Number: 0000000000000000  
 Bank Tax ID: 000000000  
 Routing Number Check Digit: \_\_\_\_\_  
 Account Type:  Checking  Savings  
 Bank Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: 00000-0000  
 Bank Phone: 000-000-0000  
 Bank Fax: 000-000-0000  
 Pre-Note Status: \_\_\_\_\_  
 Pre-Note Date: \_\_\_\_\_  
 \* = Required  
 Update

**Settings & Preferences**

User ID: HHA000000  
 First Name: JOHN  
 Middle Initial: \_\_\_\_\_  
 Last Name: NEWHIRA, SR.  
 Suffix: \_\_\_\_\_  
 New Password: \_\_\_\_\_  
 Password: \_\_\_\_\_ (Confirm)  
 Password Hint: \_\_\_\_\_  
 Language: English  
 Date Format:  Month/Day/Year  Day/Month/Year  Day.Month.Year  
 Number Format:  Compressed(1,000.50)  American(1,000.50)  European(1.000,50)  
 E-Mail Address: jnewhira@mycompany.com  
 Update

Subscribers can also view basic demographic information pertaining to their covered dependents.

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**USER SETTINGS**

Dependent Listing

Dependent	Relation to Employee
Mary Newhira	Spouse
John Newhira, Jr.	Son

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**DEPENDENT SETTINGS**

**Demographics**

Name: Mary Newhira Social Security Number: \_\_\_\_\_  
 Address 1: 10 SAMPLE ST Gender: Female  
 Address 2: Relationship: Spouse  
 City: ANYTOWN  
 State: MA  
 Zip Code: 01000  
 Home Phone: 617-555-9876  
 Work Phone:

**Preferred Pharmacy Information**

Pharmacy Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Update

**Electronic Payments & Transfers**

Routing Number: 00000000  
 Account Number: 0000000000000000  
 Bank Tax ID: 000000000  
 Routing Number Check Digit: \_\_\_\_\_  
 Account Type:  Checking  Savings  
 Bank Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: 00000-0000  
 Bank Phone: 000-000-0000  
 Bank Fax: 000-000-0000  
 Pre-Note Status: \_\_\_\_\_  
 Pre-Note Date: \_\_\_\_\_  
 \* = Required  
 Update