



Coastline Electric
HSRI for Employers customer

HealthSource RI for Employers

Small Business Employer Application User Guide

User Guide Objective

The goal of this user guide is to provide information and step-by-step instructions for employees who are invited to submit an application on the HealthSource RI SHOP Marketplace, or those completing the application on the employee's behalf.

This guide will show you step-by-step instructions on how to enroll or renew.



Did you know you can use the [HealthSource RI for Employers online portal](#) to handle many of your insurance needs, as well as renew your medical and dental insurance policy?



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First-Time Users



Create Log In & Access Online Account

The screenshot shows a web form titled "Create Employee Account for SA Test 5" from HealthSource RI FOR EMPLOYERS. It is divided into two main sections. Section 1, "Please confirm the following details provided by your employer:", includes a "Date of Birth" field (MM/DD/YYYY) and a "Last 4 SSN" field. Section 2, "Create a User Name and Password:", includes fields for "User Name", "Password", and "Re-Enter Password". Below these fields is a checkbox for "Yes I have read and agree to the User Acceptance Agreement and know how it explains how my personal information will remain private and secure *". A note below the checkbox says "Please review your details and make any corrections before confirming your account creation. Once reviewed, please proceed by hitting the submit button." At the bottom is a blue "Create Employee Account" button.

WHAT EMPLOYERS SHOULD KNOW

The employee will receive an invitation by email with a link to create a login. They will need to verify their date of birth and the last 4 digits of their SSN while creating the

username and password. Once completed, the employee may enter the newly-created credentials into the HSRI SHOP portal log-in screen and click the Login icon.

The screenshot shows the login page for HealthSource RI FOR EMPLOYERS. It features the logo at the top left and the text "Sign into your account below". There are two input fields: "User Name" and "Password". Below these is a blue "Log in" button. Underneath the button is a link for "Forgot password?". At the bottom is a button for "Create an Employer Account".

WHAT EMPLOYEES SHOULD KNOW

Once you're eligible to enroll and your demographic information has been submitted, you'll receive a link by email to

the email address you provided. This link will open a browser to the HealthSource RI for Employers website where you will be asked to verify your information and create a username and password. Once you've completed that part, you can login.

Review Membership

Review Membership

i Instructions: Review your employee and dependent membership details below and click Next when complete.

	First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
Emp.	John		Doe	▼	08/19/2000	+ Spouse/LP + Child

Employee #1-Details

SSN: Re-Ent SSN: Phone: Phone Type: Secondary Phone: Phone Type:

Add1: Add2: Zip: City: State:

Gender: Enrolling in Medical Insurance Enrolling in Dental Insurance

Waive Coverage
Next >
Edit Household Info

The first screen of the application is titled Review Membership. The employer has already entered some detailed information about employees and dependents on the group application. Therefore, the Employee Details section of the page will already be populated with employee information. Review this screen for accuracy.

If you need to change or edit any information, click the Edit Household Info button in the lower right-hand corner.

Additionally, the employer has selected if each employee will be receiving only medical coverage, or medical and dental coverage. Review these boxes before continuing, to make sure they look correct.

Review Membership: Household Info

Last Name	Suffix	Birth Date	Actions
Doe	▼	08/19/2000	+ Spouse/LP + Child

(401) 236-8013 Phone Type: Work ▼ Secondary Phone: () - - - -
 Phone Type: ▼

Once the employee’s personal information has been verified, you can, if applicable, add any spouse, life partner, or children that will be included in the employee’s application. To do this, select the **+Spouse/LP** and/or **+Child** icon.

Review Membership

i Instructions: Review your employee and dependent membership details below and click Next when complete.

First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
John		Doe	▼	08/19/2000	+ Spouse/LP + Child

Employee #1-Details

SSN: 656-57-9879 Re-Ent SSN: 656-57-9879 Phone: (401) 236-8013 Phone Type: Work ▼ Secondary Phone: () - - - -
 Phone Type: ▼

Add: 20 Newman Ave Add: Zip: 02916 City: Rumford State: Rhode Islar ▼

Gender: Male ▼ Contribution Group: Group 1 Enrolling in Medical Insurance Enrolling in Dental Insurance

Spouse MM/DD/YYYY Eligible to Enroll ▼ **x**

Dependent #1.1-Details

SSN: Re-Ent SSN: Gender: Enrolling in Medical Insurance Enrolling in Dental Insurance

Please fill all the required fields. **Save** **Cancel**

Adding a Spouse or Child will add a line item to the household configuration. After doing so, the employee will be asked to fill in their demographic information (First & Last Name, SSN), and what they are applying for (Medical, Dental).

NOTE: When the employee adds a member to the household, the system will default them as **“Eligible to Enroll.”** To mark a spouse or child as **Non-Eligible**, utilize the drop-down menu on the top right-hand corner to mark the individual in question as **“Not Eligible to Enroll.”**

Review and Save Household Info

Review Membership

i Instructions: Review your employee and dependent membership details below and click Next when complete.

First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
John		Doe		08/19/2000	+ Spouse/LP + Child
Employee #1-Details					
SSN: 656-57-9879	Re-Ent SSN: 656-57-9879	Phone: (401) 236-8013	Phone Type: Work	Secondary Phone: _____	Phone Type: _____
Addr: 20 Newman Ave		Addr2: _____	Zip: 02916	City: Rumford	State: Rhode Isla
Gender: Male	Contribution Group: Group 1	<input checked="" type="checkbox"/> Enrolling in Medical Insurance	<input checked="" type="checkbox"/> Enrolling in Dental Insurance		
Spouse					
Jane		Doe		10/11/2002	Not Eligible to Enroll
Dependent #1.1-Details					
SSN: 546-54-5413	Re-Ent SSN: 546-54-5413	Gender: Female	<input checked="" type="checkbox"/> Enrolling in Medical Insurance <input checked="" type="checkbox"/> Enrolling in Dental Insurance		
Child					
John		Doe	Jr.	05/11/2022	Eligible to Enroll
Dependent #1.2-Details					
SSN: 879-87-4654	Re-Ent SSN: 969-87-4654	Gender: Male	<input checked="" type="checkbox"/> Enrolling in Medical Insurance <input checked="" type="checkbox"/> Enrolling in Dental Insurance <input type="checkbox"/> Mark As Disabled		

Please fill all the required fields. [Save](#) [Cancel](#)

Jr. 05/14/2022 Eligible to Enroll

Medical Insurance Enrolling in Dental Insurance Mark As Disabled

[Waive Coverage](#) [Next](#) [Edit Household Info](#)

Once you have reviewed the information and ensured that it is up to date and accurate, click the **Save** icon and then **Next** to continue.

NOTE: The ineligible family member won't show in the display after saving, but they are still attached to the employee in the system in case they need to enroll at some point later on.

Plan Selection and Review

It is important to note that the plan selection page for the employees will change depending on what choice model the Employer group has selected. For example, it is additionally important to note that if the Employer group chose the “Employer Single Plan” choice model, only one plan will appear for the employee to choose from as seen below:

The screenshot displays the 'Plan Review' step of a benefit selection process. The page is titled 'Benefit Plans' and shows a single plan option: 'BlueSolutions for HSA 100/60 3000/6000' from Blue Cross Blue Shield of Rhode Island. The plan is a PPO. The cost breakdown shows 'You Owe' at \$135.77, 'Employer Owes' at \$135.77, and a 'Total / Month' of \$271.54. The deductible is \$3,000.00 / \$6,000.00 and the out-of-pocket maximum is \$6,350.00 / \$12,700.00. The page includes a 'Provider Search' sidebar, a 'Back' button, and a 'Next' button.

Category	Value
You Owe	\$135.77
Employer Owes	\$135.77
Total / Month	\$271.54
Deductible	\$3,000.00 / \$6,000.00
Out of Pocket Max	\$6,350.00 / \$12,700.00

However, for the purposes of this guide, we will assume the employer is giving the employees the choice to shop and select their own plan.

Using the Plan Decision Support Tool

Prior to reviewing plans, the [Plan Decision Support Tool](#) will appear in a pop-up box. It is a set of four questions to assist with the plan selection process. The employee's answers will develop a value score, and the plans will be sorted high to low by value score.

The user may bypass the Plan Decision Support Tool by selecting [Exit](#) at the top right-hand corner, or [Back To Options](#) at the bottom right. In this case, the plans will be sorted low to high by price. That can be changed by using the [Sort By](#) dropdown box. If the user changes their mind and would like to utilize the tool, they can click on the [Plan Decision Support Tool](#) button to the right (see image on next slide).

Exit x

Plan Decision Support Tool

Would you like to compare which medical plan has the best value for you?

The health plan selection tool calculates expected use of medical services and out-of-pocket plan expenses based on your responses. The tool does not forecast actual use for a user; rather it is an informational tool that supports the evaluation of various plan alternatives. Outcomes will vary. HealthSource RI for Employers does not store nor retain any of the information the user enters within this tool, and your answers have no affect on your eligibility or costs.

Tell us more about yourself and we'll help you select a plan.

1. Who will be covered by your medical insurance plan?

Self-Only
 Self and Spouse
 Self and One Child
 Self and Multiple Children
 Full Family

2. How much do you feel you (and others on the policy) use your health insurance?

Rarely; much less than other people. Ⓜ
 Not too much; less than average. Ⓜ
 Medium; about average. Ⓜ
 A Lot; more than average. Ⓜ
 I max it out; much more than average. Ⓜ

For questions 3 and 4, select all that apply, or none of the above.

3. In the coming year, do you expect one or more of the following to occur for you or someone else on the plan?

Birth of a Child
 An inpatient hospital stay
 Surgery
 5 or more drugs for any covered individual
 Kidney dialysis
 Seeing a doctor for difficulty becoming pregnant
 None of the above

4. In the coming year, do you expect one or more of the following conditions to affect you or someone else on the plan?

Cancer not in remission
 Heart condition requiring medication
 Narrowed arteries requiring 'blood thinners'
 Rheumatoid Arthritis (or any autoimmune disorder or immune system deficiency)
 Diabetes or other endocrine (hormonal) disorders
 Significant brain or spinal cord disorder
 Lung disorder; moderate-to-severe asthma, emphysema, COPD
 Other requiring multiple office visits (e.g. ongoing PT, mental health)
 Other requiring advanced diagnostics or imaging (e.g. MRI, CT)
 None of the above

Benefit Plan Selection

On the resulting Plan Review screen, here is some of the plan information that employees can see:

- Plan carrier
- Plan Type/Metal Status
- What the employee owes
- What the employer owes
- Monthly Premium

The screenshot displays the 'Benefit Plan Selection' screen with the following details:

- Navigation:** Review Membership (1), Plan Review (2), PCP Selection, Review / Confirm.
- Search:** Search By Provider(s), My Provider(s) 0, Add/Update.
- Shopping Filters:** Price Range (\$249 - \$599), Plan Type (PPO, HMO, POS), Metal Level (Gold, Silver, Bronze, Platinum).
- Displaying:** 17 Medical Plan(s), Sorted by Price (Low).
- Compare Selected Plans:**
 - BlueSolutions for HSA 100/60 7000/14000:** Blue Cross Blue Shield of Rhode Island, Bronze PPO. You Owe: \$0.00, Employer Owes: \$250.00, Total / Month: \$250.00. Deductible: \$7,000.00 / \$14,000.00, Out of Pocket Max: \$7,000.00 / \$14,000.00.
 - Neighborhood STANDARD:** Neighborhood Health Plan of Rhode Island, Bronze HMO. You Owe: \$0.00, Employer Owes: \$253.72, Total / Month: \$253.72. Deductible: \$6,350.00 / \$12,700.00, Out of Pocket Max: \$6,900.00 / \$13,800.00.
 - Neighborhood CHOICE:** Neighborhood Health Plan of Rhode Island, Silver HMO.
 - Neighborhood EDGE:** Neighborhood Health Plan of Rhode Island, Gold HMO.
- Other Plan Details:** Coinsurance (0.00% to 20.00%), Plan Summary, Providers.
- Buttons:** View Details/Print, Select Plan.

The employer is not paying for a percentage of *every* plan – they are paying for a percentage of the *reference* plan chosen on the group application. So the “Employer Owes” section of each plan (aka the employer contribution) will remain the same amount, regardless of plan chosen. The employee has the option to choose more expensive or less expensive plans, while the employer contribution remains constant.

Plan Shopping Filters

Shopping Filters

Price Range

\$597 \$1357

Range: \$760

Plan Type ?

PPO

HMO

Metal Level ?

Bronze

Silver

Gold

Platinum

To assist the employee in shopping for their best-suited coverage, the NFP system utilizes a variety of filters that can be used to refine your search, such as:

- Price Range
- Plan type
- Metal Level
- Insurance Company
- HSA Eligibility

These various shopping functions for plan selection only exist for employees when the single choice model is **not** selected.

Comparing Plans

Displaying **14** Medical Plan(s) Sorted by Price (Low) ▾

Compare Selected Plans Neighborhood STANDARD BlueSolutions for HSA 100/60 6550/13100 Clear All

Neighborhood STANDARD



You Owe ? **\$239.30**

Employer Owes ? **\$358.96**

Total / Month ? **\$598.26**

Compare

BlueSolutions for HSA 100/60 6550/13100



You Owe ? **\$261.17**

Employer Owes ? **\$358.96**

Total / Month ? **\$620.13**

Compare

Compare Plans		
Plan Overview		
Name	BlueSolutions for HSA 100/60 7000/14000	Neighborhood STANDARD
Carrier	 Blue Cross Blue Shield of Rhode Island	 Neighborhood Health Plan of Rhode Island
Monthly Premium	\$382.55	\$394.62
Your Cost	\$274.18	\$286.25
Plan Level (Metal Tier)	Bronze	Bronze
Health Savings Account Qualified	Yes	Yes
Certificate of Coverage / Benefit Summary	Link	Link

You can compare two to four plans at a time using the **Compare Plans** functionality. First, click the **Compare** icon on the two to four plans that you want to compare. Then scroll up to the top of the page and click the **Compare Selected Plans** button. This tool may be very useful when making final plan decisions.

Selecting a Plan

The screenshot displays the 'Neighborhood STANDARD' health plan selection interface. At the top, the plan name 'Neighborhood STANDARD' is shown in a green header. Below this, the Neighborhood Health Plan logo is visible, along with 'Bronze' and 'HMO' plan type indicators and a 'Compare' checkbox. The financial summary is presented in three columns: 'You Owe' at \$239.30, 'Employer Owes' at \$358.96, and 'Total / Month' at \$598.26. Below this, the 'Deductible' is listed as \$5,600.00 / \$11,200.00 and the 'Out of Pocket Max' as \$6,650.00 / \$13,300.00. The interface includes sections for 'Other Plan Details' (showing 'Coinsurance: 20.00%' and a 'View Details/Print' button) and 'More Information' (with links for 'Plan Summary' and 'Providers'). A large blue 'Select Plan' button with a right-pointing arrow is located at the bottom of the plan details section.

After reviewing the medical plans supported by the employer, click the **Select Plan** icon on the desired plan.

After selecting a medical plan, you will be directed to the **Dental Plan** selection screen. Here the user will be able to see which dental plan, if offered, is provided by the employer.

Dental Plan Selection

Blue Cross Dental Basic

BlueCrossDental Low PPO

You Owe ? \$10.38	Employer Owes ? \$10.39	Total / Month ? \$20.77
Deductible ? Not Applicable 19 and Over; \$150 Under 19 per person	Annual Benefit Max ? Individual:1000;Family:\$1,000 per person	

Other Plan Details View Details/Print

More Information

- Plan Summary
- Providers

After reviewing the dental plan(s) provided by the employer (if applicable), click on the **Select Plan** icon for the desired dental plan, to proceed with the employee application. If only one dental plan is offered by your employer, click the **Next** icon.

However, if the employee decides that they and their dependents do not wish to enroll in dental coverage, simply click the relevant check box at the bottom of the screen, then click **Next**.

Dental Plans

Dental Details

I changed my mind, I do not want dental insurance for myself or any of my dependents.

< Back Next >

PCP Selection

The screenshot shows a web interface titled "Select a Primary Care Physician (PCP)". It features two main sections, one for "John Doe - Employee" and one for "John Doe - Dependent". Each section has a green header with a person icon and the name. Below each header is a white box containing a person icon, the text "No PCP Selected", and a blue button labeled "Search for a PCP" with a magnifying glass icon. At the bottom of the screen, there are two blue buttons: "Back" on the left and "Next" on the right.

On the following step of the application, the employee will search for and select a primary care physician, if so desired. To begin, click the **Search for a PCP** icon. If the employee would like to submit their application without selecting a primary care physician, click the **Next** icon.

Some plan selections require the choice of a PCP to submit the employee application. If none is selected, a provider may be automatically assigned to the employee by the carrier.

Find a PCP

In the resulting mini-window that pops up, titled “Find a Doctor,” fill in some identifying information about the desired provider – including name and zip code.

Find A Doctor

<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="02804"/>	Within <input type="text" value="10 Miles"/>
			<input type="button" value="Search"/> <input type="button" value="Clear"/>
			<input type="button" value="OK"/>

4 Result(s) - Displaying Page 1 of 1

Locations	First Name	Last Name	Provider ID	Gender	Specialty
View Offices (2) >	Kathleen	Smith	1407193535	Female	PCP

Select a PCP & Save

Select a Primary Care Physician (PCP)

👤 John Doe - Employee

First Name	Last Name	NPI	Location
Kathleen	Smith	1407193535	E Providence,RI ✖

👤 John Doe - Dependent

First Name	Last Name	NPI	Location
Nancy	Jones	1184003436	Tiverton,RI ✖

If the desired doctor/provider has more than one office location, make sure to choose the correct one. Employees can view driving directions to each office location by clicking the **Directions** icon on each location. When ready, the employee will click the **Select** icon to save the doctor to their application. Repeat for any family members, then select **Next**.

Review & Sign

The final step to completing the employee application is to review and electronically sign the application. Carefully read over the legal information provided in the blue box. Make sure to check the appropriate icon, providing acknowledgement that the employee is submitting their electronic signature. Enter in the employee's name, and once reviewed, click the **Next** icon.

The system will then direct the user to a summary screen, where they will be asked to review all the information on the application (i.e. **Household, Plan, E-Signature**). Once verifying that all the information provided is accurate and up-to-date, click the **Finish** ✓ button in the bottom right-hand corner of the screen.

By checking this box and typing my name below I am electronically signing this application. *

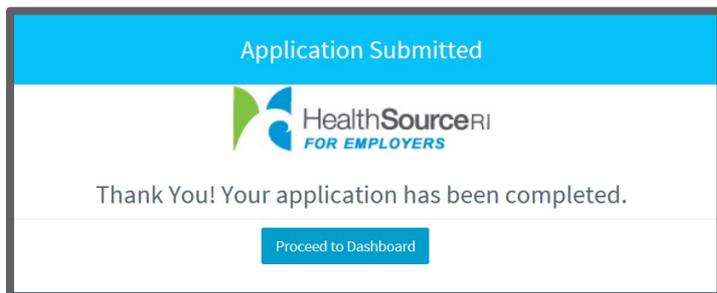
John	Middle Name	Doe
Title	03/07/2024	

[← Back](#) [Finish ✓](#)

Next Steps

After submitting the employee application, the employee will be directed to a page informing them that the application has been successfully received.

Click the **Proceed to Dashboard** icon to navigate to the employee dashboard homepage, where the employee can manage their account and application.



John Doe (SA Test 5)	
My Application	
Status:	Completed Edit Application
Coverage Effective Date:	07-01-2022
Open Enrollment End Date:	03-07-2024
Medical Plan:	VantageBlue 100/80 8550/17100
Employee Medical Cost:	\$ 373.26
Dental Plan:	Delta Dental Premier - Standard Plan DELTA DENTAL
Employee Dental Cost:	\$ 53.63
Employee Total Monthly Cost:	\$ 426.89



Troop PVD
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Returning Users

Renewals

Renewals happen once a year depending on the group's cycle.

Please contact your employer or administrator if you are unsure when your plan renews. During Open Enrollment (1st-15th of the month prior to the renewal date), you are allowed to make changes to your policy. If you decide not to make any changes for the renewal year, you will auto-renew with the new rate(s) and the same plan(s), or a matching medical plan if the current plan is no longer available.



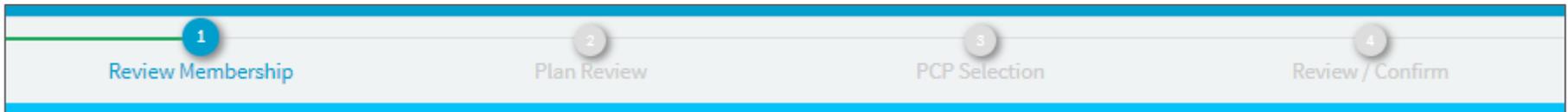
Wara Wara
HSRI for Employers customer

Enrolling in Coverage

To enroll, [login](#) and then from the employee dashboard, choose [Apply for Coverage](#).

***Please note** that if you need to make any changes to your family setup you should also contact your employer or administrator. Changes to your family setup could affect your payroll deductions so it's best to let the employer or administrator know right away.*

The application will take you through a series of 4 sections to complete the application. After completing the application, select [Finish](#) to submit.



By checking this box and typing my name below I am electronically signing this application. *

<input type="text" value="Mary"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Bell"/>
<input type="text" value="Title"/>	<input type="text" value="04/19/2022"/>	

[← Back](#) [Finish ✓](#)

Changing Plans

My Application	
Status:	Completed Edit Application
Coverage Effective Date:	08-01-2023
Open Enrollment End Date:	07-20-2023
Medical Plan:	BlueSolutions for HSA 100/60 3750/7500 
Employee Medical Cost:	\$ 563.18
Dental Plan:	Delta Dental Premier - Enhanced Plan 
Employee Dental Cost:	\$ 40.12
Employee Total Monthly Cost:	\$ 603.30

Update Employee Application

Are you sure you want to update your application? This action will void any of your employee application in progress!

I understand and want to proceed

[Edit](#) [Cancel](#)

To make changes, click on the **Edit Application** button and proceed.

A message will appear asking if you want to update your application.

!!! *NOTE: Checking the box and selecting **Edit** will void your renewal application. It is very important if you wish to continue coverage to complete the application even if you decide to keep the same plan.

Changing Plans (Continued)

Proceed through the four-part application to complete.



At the end, you will see a message confirming the completion of your application.
Select [Proceed to Dashboard](#).

Application Submitted

HealthSourceRI
FOR EMPLOYERS

Thank You! Your application has been completed.

[Proceed to Dashboard](#)

The new plan information will be displayed on the dashboard.

My Application	
Status:	Completed Edit Application
Coverage Effective Date:	08-01-2023
Open Enrollment End Date:	07-20-2023
Medical Plan:	Neighborhood PREMIER Elite
Employee Medical Cost:	\$ 592.27
Dental Plan:	Delta Dental Premier - Enhanced Plan
Employee Dental Cost:	\$ 40.12
Employee Total Monthly Cost:	\$ 632.39



Ky Michaels Salon
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Updating Your Account

Making Changes to Your Account Information

Contact Information Change

- After logging in, from your employee dashboard, select [Employee Profile](#) to make updates to your address, email address, or phone numbers.

Corrections for dates of birth, names, or Social Security numbers:

- Some changes to your information, such as dates of birth, names, or Social Security numbers, must go through your employer or administrator.

Changes to Enrollment

Employee Dashboard | Employee Policy History | Update Policy | Document | Employee Profile

John Doe (Test Group)

My Policy Details

Selected Medical Plan: VantageBlue 100/80 500/1000

Blue Cross Blue Shield of Rhode Island

[View Summary of Benefits](#)
[View Certificate of Coverage](#)

Total Monthly Cost	\$837.13
Employer pays	\$639.14
You pay	\$197.99

Effective 04/01/2023
[View Full History](#)

Selected Dental Plan: Delta Dental Premier - Enhanced Plan

DELTA DENTAL

[View Certificate of Coverage](#)

Total Monthly Cost	\$32.23
Employer pays	\$32.23
You pay	\$0.00

Effective 04/01/2023
[View Full History](#)

Total: \$197.99

[Update Enrollment](#)

A qualifying life event is when you or someone in your household experiences a significant change, such as a birth, marriage, or loss of coverage. A qualifying event creates a Special Enrollment Period (SEP) that allows you to make changes to your enrollment during the plan year. To do so, [log into](#) your account and select [Update Policy](#) or [Update Enrollment](#) on the Employee Dashboard.

Making Changes to Your Health Coverage

Update Enrollment

What update are you making?

Ending coverage for one or more members

Changing or adding coverage

[Cancel](#) [Next >](#)

Once you select to update your enrollment, you will choose one of two options, Ending or Changing/Adding coverage.

This will prompt a series of questions for why and when you are making a change in your policy.

Update Enrollment

Please Review

Type of event: Loss of Health Coverage
Date of event: 02/28/2022
Coverage takes effect: 03/01/2022
Event available for a special enrollment period: YES

New Estimated Costs Starting 03/01/2022

Plan Name: Blue Cross Dental Basic
BlueCrossDental
Employee Monthly Cost: \$25.10
Employer Monthly Cost: \$10.57
Total Monthly Cost: \$35.67

Estimated Grand Totals

Employee Monthly Cost: \$25.10
Employer Monthly Cost: \$10.57
Total Monthly Cost: \$35.67

[Redo](#) [Back](#) [Confirm & Finish](#)

On the [Please Review](#) screen, ensure that the type of event, date of event, and coverage effective date are all correct. Use the [Redo](#) or [Back](#) buttons to make any corrections. If correct, select [Confirm & Finish](#).

***Please note** that any changes you make need to be reported to your employer contact or administrator. Changes to your policy could affect your payroll deductions so it's best to let the employer or administrator know right away.*

Changes Due to Qualifying Life Events

 Special Enrollment Period

You are currently in a special enrollment period due to the following qualifying event: *Loss of Health Coverage*.

During this time, you can make additional changes to your members and benefit plans.
This enrollment period starts on **04/19/2022** and ends on **05/19/2022**.

[I want to report a different life event](#) [Change Plan](#)

After entering your qualifying life event, you will have a Special Enrollment Period that allows you to change your medical plan and/or enroll or remove dental (if applicable). To do so, go to your employee dashboard and select the **Change Plan** button. Proceed through the set of screens to complete a new application.

Otherwise, you will continue with the current plan and the process ends here. No further action is needed.



Wara Wara
HSRI for Employers customer

Waiving Employee Coverage

Waiving Coverage During a Special Enrollment Period

Go to the group's Employee Roster page and select **Update/View Employee Dashboard** for the employee who is choosing to waive coverage.

On the Employee Dashboard select **Apply for Coverage**. You will select the same option for the pop-up box.

The screenshot displays the Employee Dashboard for Lisa Simpson. At the top, there is a header with employee details: Name (Lisa Simpson), Birth Date (05/14/1978), SSN (***-**-6541), Phone (401) 236-8013, Person ID (105591), Email (shelly.andrade@nfp.com), Account (Not SetUp), and Account Invitation (Not Sent). There are buttons for 'Update / View Employee Dashboard' and 'View Details'. Below the header is a navigation bar with 'Employee Dashboard', 'Employee Policy History', 'Document', and 'Employee Profile'. The main content area shows 'Lisa Simpson (4Q2023Test)' and a 'Special Enrollment Period' warning. A message states: 'You have a pending application that needs to be submitted!' and 'You are currently in a special enrollment period due to the following qualifying event: *Newly Eligible Employee*. This enrollment period starts on 05/08/2024 and ends on 07/01/2024.' There is an 'Apply for Coverage' button. A pop-up window titled 'Add Employee Application' is shown, containing a table with the following data:

Policy Year	Status	Open App
06/01/2024 - 09/30/2024	In Progress	Apply for Coverage

There is also a 'Cancel' button at the bottom right of the pop-up.

Waiving Coverage During a Special Enrollment Period (Continued)

Review Membership

i Instructions: Review your employee and dependent membership details below and click Next when complete.

First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
Emp. Lisa		Simpson		05/14/1978	+ Spouse/LP + Child

Employee #1-Details

SSN: 265-41-6541 Re-Ent SSN: 265-41-6541 Phone: (401) 236-8013 Phone Type: Work Secondary Phone: Phone Type: Add1: 20 Newman Ave Add2: Zip: 02916 City: Rumford State: Rhode Island Gender: Female Contribution Group: Group 1 Enrolling in Medical Insurance Enrolling in Dental Insurance

[Save](#) [Cancel](#)

Enrolling in Medical Insurance Enrolling in Dental Insurance

[Waive Coverage](#) [Next >](#) [Edit Household Info](#)

Waive Coverage

Are you sure you want to waive all applicable medical and dental coverage?

[Confirm](#) [Cancel](#)

Thank you!

You have chosen to waive all medical and dental coverage and will not be eligible for coverage unless you have a qualifying event.

[Return to Dashboard](#)

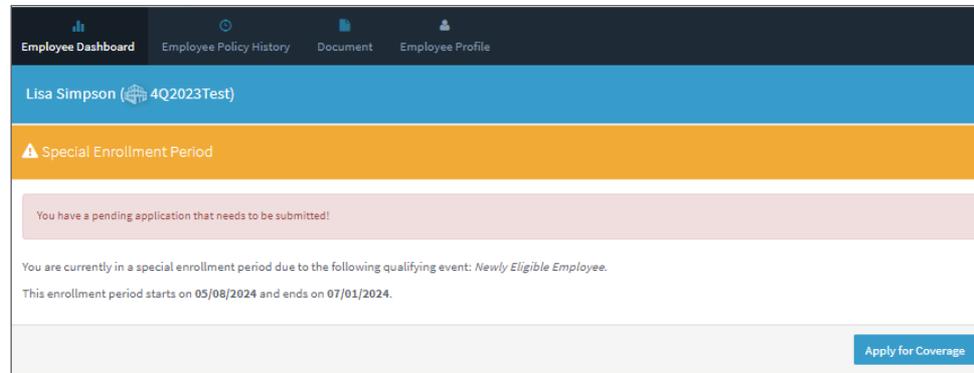
On the Review Membership page, select **Edit Household Info** and uncheck the medical and dental (if applicable) boxes and save.

Then select the **Waive Coverage** button.

A pop-up screen will ask you to confirm. Choose a reason for waiving coverage from the drop-down box and select **Confirm**. Then select **Return to Dashboard**.

Waiving Coverage During a Special Enrollment Period (Continued)

*Please note that the Employee Dashboard will remain in Special Enrollment Period status as the employee has a timeframe to enroll or make changes.



To verify that the selection went through, return to the Employer Roster page and make sure that the employee is eligible, has **Xs** for medical and dental, and shows **Waived Off** under application status.

Employee 	Status: Eligible Name: Lisa Simpson Person ID: 105591	Birth Date: 05/14/1978 SSN: ***-**-6541 Phone: (401) 236-8013	X X	Email: shelly.andrade@nfp.com Account: Not SetUp Account Invitation: Not Sent	In Progress  (Waived Off) Special Enrollment Period	Update / View Employee Dashboard View Details
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Waiving Coverage During Open Enrollment

Employee + (4) Dependents	Status: Eligible	Birth Date: 10/20/1966	✓	✓	Email: hello@me.com Account: Not Set Up Account Invitation: Not Sent	Completed ✓	Update / View Employee Dashboard View Details
	Name: Aaron North Person ID: 104948	SSN: ***-**-6428 Phone: (555) 555-5555					

Update Employee Application [X]

Are you sure you want to update your application? This action will void any of your employee application in progress!

I understand and want to proceed

[Edit](#) [Cancel](#)

Employee Dashboard | Employee Policy History | Update Policy | Document | Employee Profile

Aaron North (SA)

My Application

Status: **Completed** [Edit Application](#)

Coverage Effective Date: 06-01-2024

Open Enrollment End Date: 05-15-2024

Medical Plan: **Neighborhood PEAK**

Employee Medical Cost: \$ 2,139.71

Dental Plan: **Delta Dental Premier Enhanced Plan**

Employee Dental Cost: \$ 172.11

Employee Total Monthly Cost: \$ 2,311.82

Go to the group's Employee Roster page and select **Update/View Employee Dashboard** for the employee who is choosing to waive coverage.

Since the employee is enrolled in the current policy year, they've been auto-renewed in the enrollment system. Select **Edit Application** to waive coverage for the renewal.

A pop-up box will appear asking if you are sure you want to update the application. Check the box and select **Edit**. Please note that once this piece is submitted the application is voided. If the employee decides not to waive and wants to remain enrolled, they must complete the application process.

Waiving Coverage During Open Enrollment (Continued)

Review Membership

Instructions: Review your employee and dependent membership details below and click Next when complete.

Emp.	First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
Lisa			Simpson		05/14/1978	+ Spouse/LP + Child

Employee #1-Details

SSN: 265-41-6541 Re-Ent SSN: 265-41-6541 Phone: (401) 236-8013 Phone Type: Work Secondary Phone: Phone Type: Add1: 20 Newman Ave Add2: Zip: 02916 City: Rumford State: Rhode Island Gender: Female Contribution Group: Group 1 Enrolling in Medical Insurance Enrolling in Dental Insurance

Save Cancel

Enrolling in Medical Insurance Enrolling in Dental Insurance

Waive Coverage Next Edit Household Info

Waive Coverage

Are you sure you want to waive all applicable medical and dental coverage?

I certify that I have coverage elsewhere.

Confirm Cancel

Thank you!

You have chosen to waive all medical and dental coverage and will not be eligible for coverage unless you have a qualifying event.

Return to Dashboard

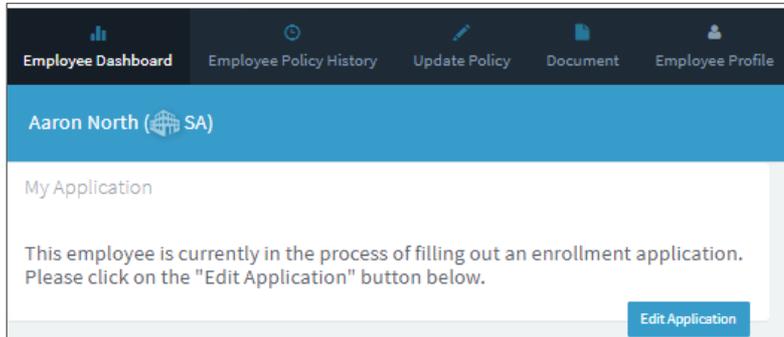
On the Review Membership page, select **Edit Household Info** and uncheck the medical and dental (if applicable) boxes and save.

Then select the **Waive Coverage** button.

A pop-up screen will ask you to confirm. Choose a reason for waiving coverage from the drop-down box and select **Confirm**. Then select **Return to Dashboard**.

Waiving Coverage During Open Enrollment (Continued)

On the Employee Dashboard, you'll see that the enrollment data from before no longer appears.



To verify that the selection went through, return to the Employer Roster page and make sure that the employee:

- 1) Is eligible
- 2) Has **Xs** for medical and dental
- 3) Shows **Waived Off** under application status

Employee  + (4) Dependents	Status: Eligible Name: Aaron North Person ID: 104948	Birth Date: 10/20/1966 SSN: ***-**-6428 Phone: (555) 555-5555	Email: hello@me.com Account: Not SetUp Account Invitation: Not Sent	In Progress ⊖ (Waived Off)	View Application Update / View Employee Dashboard View Details
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Cordtsen Design Architecture
HSRI for Employers customer

Additional Resources

Tips to Remember

You can access your account, enroll in coverage, and make most changes [online](#). Changes can take 48-72 hours to update at your insurance carrier.

Contact your employer or administrator when:

- You need to correct SSNs and DOBs
- You need to correct/change a name
- You need to make changes to your enrollment

Contact HSRI for Employers for:

- Help with enrolling or making changes
- Questions about available plans
- Help with logging in and navigating your account

Contact your carrier(s) for:

- Insurance ID numbers
- Questions about medical/dental claims and coverage specifics

Contact Information

Contact HealthSource RI for Employers

Our customer service representatives are available Monday through Friday, 8:30 A.M. to 5:00 P.M. at (855) 683-6757.

Insurance Carrier Contact Information

Blue Cross & Blue Shield of RI

(401) 459-5000 | www.bcbsri.com

Neighborhood Health Plan of RI

(855) 321-9244 | www.nhpri.org

Delta Dental of RI

(800) 843-3582 | www.deltadentalri.com

