

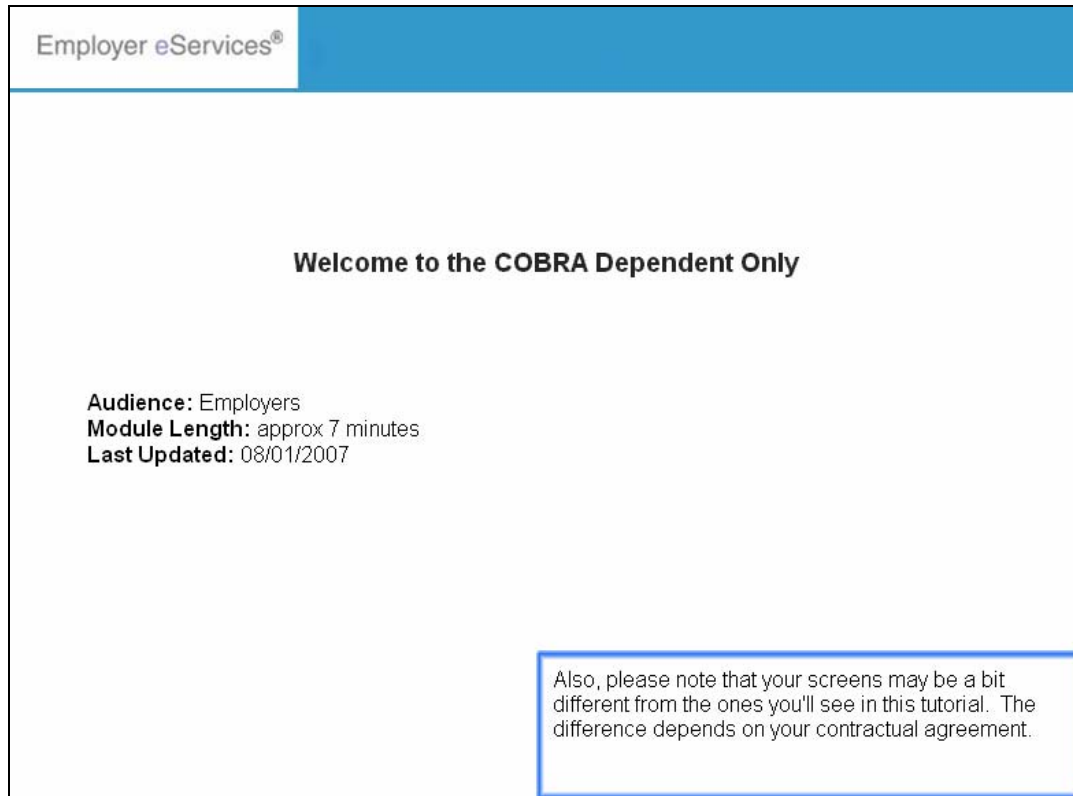
The screenshot shows a web interface with a blue header bar on the left containing the text "Employer eServices®". The main content area is white and contains the following text:

**Welcome to the COBRA Dependent Only**

**Audience:** Employers  
**Module Length:** approx 7 minutes  
**Last Updated:** 08/01/2007

A blue-bordered box in the bottom right corner contains the text: "Welcome to the COBRA Dependent Only tutorial. In this tutorial, you'll learn how to enroll a dependent of an existing employee in COBRA coverage."

Welcome to the COBRA Dependent Only tutorial. In this tutorial, you'll learn how to enroll a dependent of an existing employee in COBRA coverage.



Employer eServices®

**Welcome to the COBRA Dependent Only**

**Audience:** Employers  
**Module Length:** approx 7 minutes  
**Last Updated:** 08/01/2007

Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your contractual agreement.

Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your contractual agreement.

The screenshot shows a web interface for 'Employer eServices®'. At the top left, the text 'Employer eServices®' is displayed in a light blue box. To its right is a solid blue horizontal bar. Below this, the main content area is white and contains the following text:

**Welcome to the COBRA Dependent Only**

**Audience:** Employers  
**Module Length:** approx 7 minutes  
**Last Updated:** 08/01/2007

In the bottom right corner of the main content area, there is a blue-bordered box containing the text: 'Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.'

Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.

**Employer eServices®**

Enrollment ID Cards Help Training Tutorials

Log Out

**Welcome Guest,**

Employer eServices is your online, real-time gateway to review member eligibility, make enrollment changes and review claim status, reporting, billing and much more.

**Hot Topics!** Click on one of the following links for news and information about Medica products and services as well as legislative and industry news that could impact you and your employees:  
[Alert - New Online Billing Enhancement](#)  
[Medica Resource Helps Members Navigate Through Cost and Quality Decisions](#)

<p><b>Resources</b> Click here to access:</p> <ul style="list-style-type: none"> <li><a href="#">Contact Us</a></li> <li><a href="#">Health &amp; Wellness Reporting</a></li> <li><a href="#">HIPAA Internet Site</a></li> <li><a href="#">Medica Employer Newsletters</a></li> <li><a href="#">Medica.com</a></li> <li><a href="#">MyMedica.com</a></li> <li><a href="#">Scheduled Direct Debit Form</a></li> </ul>	<p><b>Network Information</b> Click here to access:</p> <ul style="list-style-type: none"> <li><a href="#">Pharmacy</a></li> <li><a href="#">Provider Directory - Medica</a></li> </ul>	<p><b>Programs &amp; Services</b> Click here to access:</p> <ul style="list-style-type: none"> <li><a href="#">Disease Management Programs</a></li> <li><a href="#">Medica CallLink Nurse Line</a></li> <li><a href="#">Medica Optum Employee Assistance Program</a></li> <li><a href="#">My Health Manager from Medica™</a></li> <li><a href="#">United Behavioral Health</a></li> </ul>
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**In some cases, there is a need to enroll only a dependent with COBRA coverage. To do this, you must first terminate coverage for the dependent. Refer to the Terminate tutorials for more information.**

In some cases, there is a need to enroll only a dependent with COBRA coverage. To do this, you must first terminate coverage for the dependent. Refer to the Terminate tutorials for more information.

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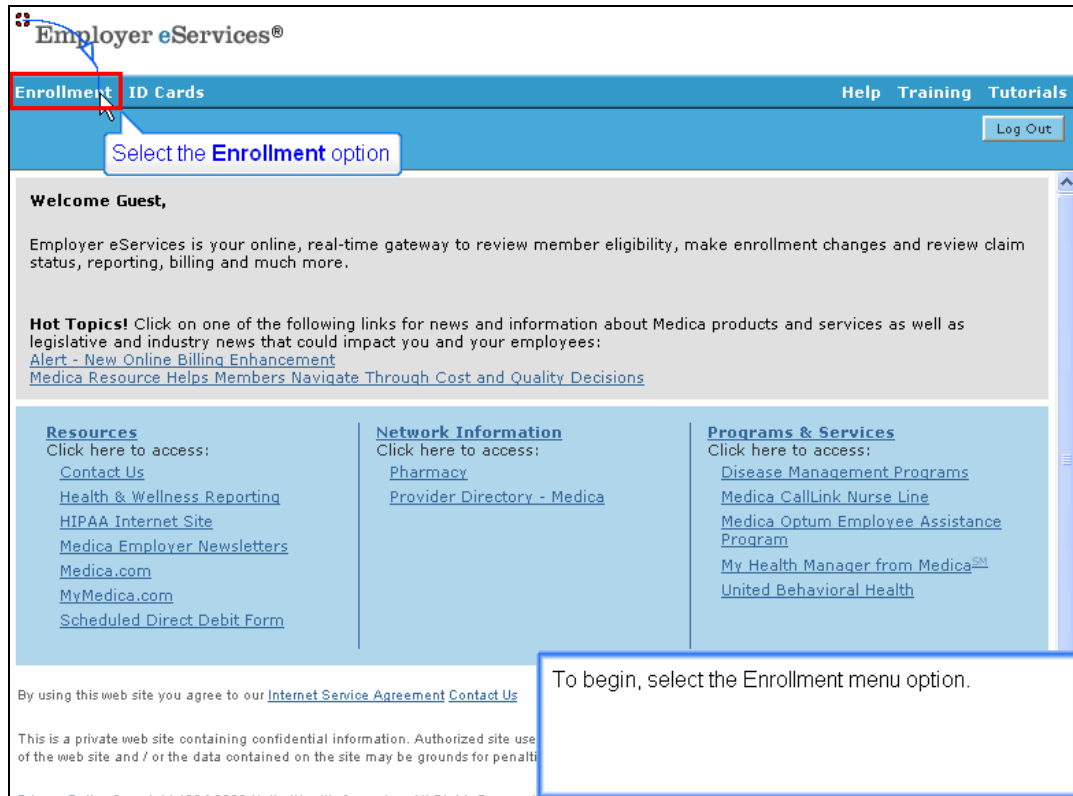
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After the dependent's regular coverage is terminated, you then enroll the dependent in COBRA as an employee, similar to adding a new employee. Refer to the Add Employee tutorial for more information.

After the dependent's regular coverage is terminated, you then enroll the dependent in COBRA as an employee, similar to adding a new employee. Refer to the Add Employee tutorial for more information.



To begin, select the Enrollment menu option.

**Employer eServices®**

**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinstate Change Inquire Log Out

Select the **Add** option

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A second menu bar appears. Select the Add menu option.

A second menu bar appears. Select the Add menu option.

**Employer eServices®**

**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

**Employee** Dependent Scroll Up-U Scroll Down-D

We **Select the Employee option**

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**Hot Topics!** Click on one of the following links for news and information about Medica products and services as well as legislative and industry news that could impact you and your employees:  
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**A final menu bar appears. Click the Employee menu option.**

A final menu bar appears. Click the Employee menu option.



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**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

**Select Group**  
Select a Group and Continue.

Select Group (Select Group)  
(Select Group)  
ABC Company 00R1333  
ACME (USA) UT23456

Select Group Name

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The Select Group drop-down menu appears. This menu displays the list of groups currently available. Roll your cursor down the list, and highlight the appropriate group.

The Select Group drop-down menu appears. This menu displays the list of groups currently available. Roll your cursor down the list, and highlight the appropriate group.

The group you selected now appears in the Select Group field. After selecting the group, click the Continue button to go to the Add Employee page.

Employer eServices®

**Enrollment ID Cards** Help Training Tutorials

[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

**Employee** Dependent [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\*  /  /

COBRA

Continuation Enrollee Type

[Help](#) [Continue](#)

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The Add Employee screen displays.

The Add Employee screen displays.

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**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

**Employee** Dependent Scroll Up-U Scroll Down-D

---

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

---

**Add Employee**

Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* MM / DD / CCYY

COBRA

Continuation Enrollee Type

---

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In the appropriate fields, enter the month, day, and year that COBRA coverage will begin as the Original Effective Date. You can press the tab key to move to the next field.

In the appropriate fields, enter the month, day, and year that COBRA coverage will begin as the Original Effective Date. You can press the tab key to move to the next field.

Employer eServices®

**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

---

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

---

**Add Employee**

Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* MM / DD / CCYY

COBRA

Continuation Enrollee Type

---

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The Original Effective Date must be the same as the dependent's termination date. In this example, the dependent's Termination Date is 7/1/07. Therefore you will enter 7/1/07 for the Original Effective Date.

The Original Effective Date must be the same as the dependent's termination date. In this example, the dependent's Termination Date is 7/1/07. Therefore you will enter 7/1/07 for the Original Effective Date.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: 00R1333 Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
\*Required fields

Original Effective Date\* 07 / 01 / 2007

COBRA

Continuation Enrollee Type

Help Continue

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Be sure to check the COBRA box to properly enroll the dependent in COBRA coverage.

Be sure to check the COBRA box to properly enroll the dependent in COBRA coverage.

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**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinstater Change Inquire

**Employee** Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
\*Required fields

Original Effective Date\* 07 / 01 / 2007  
COBRA

Continuation Enrollee Type

Click the **Continuation Enrollee Type** menu arrow

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Click the Continuation Enrollee Type drop-down menu.

Click the Continuation Enrollee Type drop-down menu.

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[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

**Employee** Dependent [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* 07 / 01 / 2007  
COBRA   
Continuation Enrollee Type   

- EMPLOYEE CONTINUING AS EMPLOYEE
- SPOUSE CONTINUING AS EMPLOYEE
- CHILD CONTINUING AS EMPLOYEE

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The Continuation Enrollee Type drop-down menu appears. The second and third options are the ones that apply to dependents. Let's look more closely at these two options.

The Continuation Enrollee Type drop-down menu appears. The second and third options are the ones that apply to dependents. Let's look more closely at these two options.



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**Enrollment ID Cards** Help Training Tutorials

[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

**Employee** Dependent [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* 07 / 01 / 2007

COBRA

Continuation Enrollee Type

Help

- EMPLOYEE CONTINUING AS EMPLOYEE
- SPOUSE CONTINUING AS EMPLOYEE**
- CHILD CONTINUING AS EMPLOYEE

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Use the highlighted option if the dependent spouse enrolls in COBRA without the employee. To add dependent children, enroll the spouse first, then refer to the Add Dependent tutorial for adding dependents.

Use the highlighted option if the dependent spouse enrolls in COBRA without the employee. To add dependent children, enroll the spouse first, then refer to the Add Dependent tutorial for adding dependents.

**Employer eServices®**

**Enrollment ID Cards** Help Training Tutorials

[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

**Employee** Dependent [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* 07 / 01 / 2007

COBRA

Continuation Enrollee Type

Help

- EMPLOYEE CONTINUING AS EMPLOYEE
- SPOUSE CONTINUING AS EMPLOYEE
- CHILD CONTINUING AS EMPLOYEE**

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Use the highlighted option for a child or children enrolling in COBRA without the employee, parent or guardian.

Use the highlighted option for a child or children enrolling in COBRA without the employee, parent or guardian.

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**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinstate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

---

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**

Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* 07 / 01 / 2007

COBRA

Continuation Enrollee Type Help

- EMPLOYEE CONTINUING AS EMPLOYEE
- SPOUSE CONTINUING AS EMPLOYEE
- CHILD CONTINUING AS EMPLOYEE**

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If there is a need to enroll more than one child with COBRA, enroll the oldest child first using this option. Then enroll the other children as dependents. Refer to the Add Dependent tutorial.

If there is a need to enroll more than one child with COBRA, enroll the oldest child first using this option. Then enroll the other children as dependents. Refer to the Add Dependent tutorial.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: 00R1333 Insured ID:  
Policy Status: Policy Anniversary:

**Add Employee**  
Step 1 Enter Information and select Continue.  
*\*Required fields*

Original Effective Date\* 07 / 01 / 2007  
COBRA   
Continuation Enrollee Type SPOUSE CONTINUING AS EMPLOYEE

Help Continue

Click the Continue button

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In this example, we will enroll the spouse continuing as the employee. Upon selecting that option, click on the Continue button.

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[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

**Employee** Dependent [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: **A** Policy Anniversary: **04/01**

<b>Employee Information</b>	Demographic Information	Product Information	Other Insurance	Cobra (Optional)
-----------------------------	-------------------------	---------------------	-----------------	------------------

**Step 2 Employee Information** \* Required Field

Employee ID (SSN) \*   
Alternate ID

[Help](#) [Continue](#)

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The Employee Information tab displays. Enter the dependent's Social Security Number in the SSN field.

The Employee Information tab displays. Enter the dependent's Social Security Number in the SSN field.

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**Enrollment ID Cards** Help Training Tutorials

Add Terminate Reinstater Change Inquire

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: **A** Policy Anniversary: **04/01**

<b>Employee Information</b>	Demographic Information	Product Information	Other Insurance	Cobra (Optional)
-----------------------------	-------------------------	---------------------	-----------------	------------------

**Step 2 Employee Information** \* Required Field

Employee ID (SSN) \*   
Alternate ID

Click the **Continue** button

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Click the Continue button.

Click the Continue button.

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Add Terminate Reinstater Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: **A** Policy Anniversary: **04/01**

Employee Information **Demographic Information** Product Information Other Insurance Cobra (Optional)

**Step 3 Enter Demographic Information and select Continue.**

\* Required Field

Original Effective 07/01/2007

Employee ID (SSN) 951951951 Date of Hire \*

Alternate ID

Date of Birth \* MM / DD / CCYY

Last Name \* Preferred Language \* ENGLISH

First Name \* MI

Address 1 \*

Address 2

City \*

State \*

The Demographic Information tab displays. Required fields are marked with an asterisk. Scroll down to display all fields.

The Demographic Information tab displays. Required fields are marked with an asterisk. Scroll down to display all fields.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: 00R1333 Insured ID:  
Policy Status: A Policy Anniversary: 04/01

First Name \* JOSEPH MI  
Address 1 \* 55 HOME STREET  
Address 2  
City \* ANYTOWN  
State \* MISSOURI Zip \* -  
Home Phone - -  
Gender \* MALE  
Enrollment Reason \* TIMELY

TIMELY  
LATE  
OPEN  
SPECIAL

Select the SPECIAL menu item

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Select "Special" as the Enrollment Reason when enrolling a member in COBRA coverage.

Select "Special" as the Enrollment Reason when enrolling a member in COBRA coverage.



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[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

**Employee** Dependent [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: **A** Policy Anniversary: **04/01**

First Name \*  MI

Address 1 \*

Address 2

City \*

State \*  Zip \*  -

Home Phone  -  -

Gender \*

Enrollment Reason \*

[Help](#) [Continue](#)

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Once all of the required fields are entered, click on the Continue button.

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**Enrollment** ID Cards Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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Enrollee: Policy: **00R1333** Insured ID:  
 Policy Status: **A** Policy Anniversary: **04/01**

---

Employee Information Demographic Information **Product Information** Other Insurance Cobra (Optional)

**Step 4 Enter Product Information and select Continue.** \* Required Field

Coverage Line	Coverage Description	Req'd	Coverage Select	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	Choice	N	<input type="checkbox"/>	07/01/2007	

Status:  Relationship\*: EMPLOYEE  
 Dependent Coverage:  Medicare Eligible:

The Product Information tab displays a list of available products and related information. Use the Coverage Select check box to select the desired products.

The Product Information tab displays a list of available products and related information. Use the Coverage Select check box to select the desired products.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinststate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Policy: **00R1333** Insured ID:  
 Policy Status: **A** Policy Anniversary: **04/01**

Employee Information Demographic Information **Product Information** Other Insurance Cobra (Optional)

**Step 4 Enter Product Information and select Continue.**

\* Required Field

Coverage Line	Coverage Description	Req'd	Coverage Select	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	Choice	N	<input checked="" type="checkbox"/>	07/01/2007	

Status: ACTIVE Relationship\*: EMPLOYEE  
 Dependent Coverage: Eligible

Click the **Continue** button

Help Continue

Also, if the Assign Physician button displays, you must assign a primary physician. Refer to the Add Employee tutorial for more information. Click the Continue button after you have verified the products.

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Ineligible for Medicare Part B  
 Not Enrolled in Medicare Part B

Medicare Part D: Can only be enrolled in Part D, if enrolled in part A and/or Part B

Enrolled in Medicare Part D: Effective Date [ ] / [ ] / [ ] Expiration Date [ ] / [ ] / [ ]  
 Ineligible for Medicare Part D  
 Not Enrolled in Medicare Part D

Medicare Eligibility [ ]

Click the **Continue** button

Help Continue Submit

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The Other Insurance tab displays. Scroll down to complete all required fields and click the Continue button.

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Enrollee: Policy: **00R1333** Insured ID:  
Policy Status: **A** Policy Anniversary: **04/01**

Employee Information	Demographic Information	Product Information	Other Insurance	<b>Cobra (Optional)</b>
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**COBRA/State Continuance Information**

Benefit Continuation Effective Date   
Benefit Continuation End Date   
Benefit Continuation Enrollee Type

Click the **Submit** button

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The optional COBRA Information tab displays. This page is view-only and displays so that you can verify the COBRA Effective Date and Enrollee Type. Click the Submit button to save the data.

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Scroll Up-U Scroll Down-D

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Enrollee: **JO SMITH** Policy: **00R1333** Insured ID: **951951951-00**  
Policy Status: **A** Policy Anniversary: **04/01**

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<b>Employee Information</b>	Demographic Information	Product Information	Other Insurance	Cobra (Optional)
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**Employee Information**

**Transaction Successful.** \* Required Field

Date of Hire \*  Employee ID (SSN) \*   
Date of Retirement  Alternate ID

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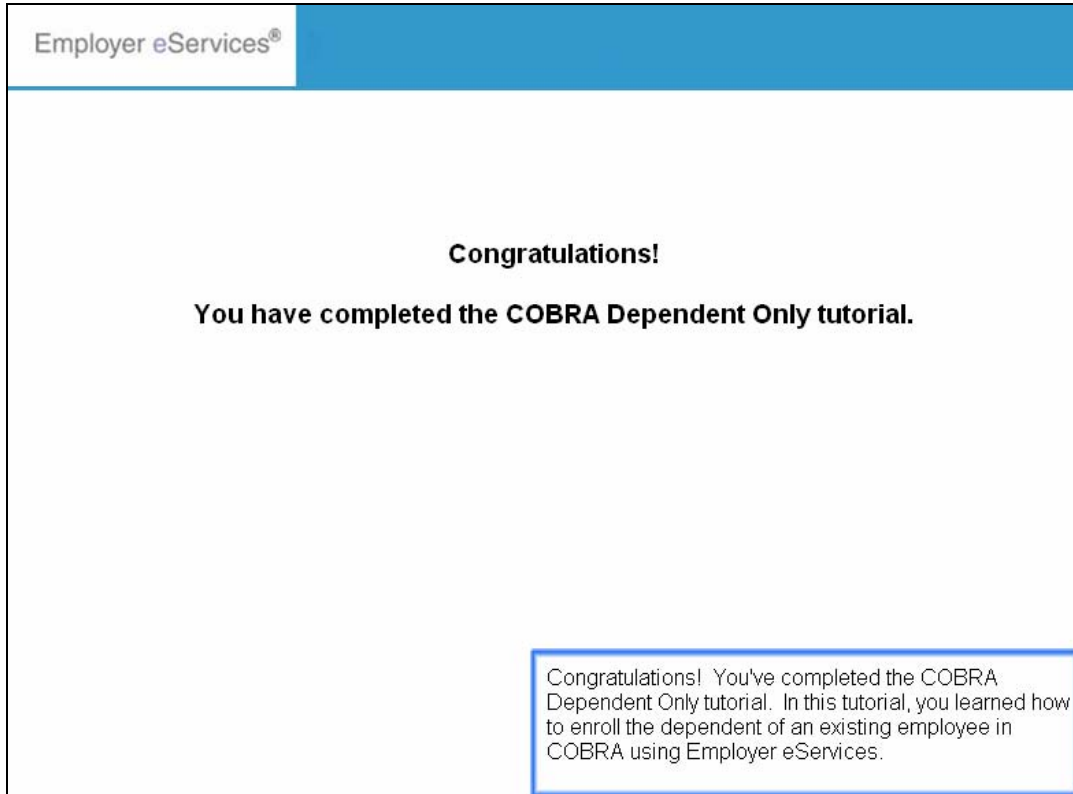
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After you click the Submit button you should see a message like this one. It confirms the transaction was successful. However, if you receive an error message, follow the instructions to correct the error.

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Employer eServices®

**Congratulations!**

**You have completed the COBRA Dependent Only tutorial.**

Congratulations! You've completed the COBRA Dependent Only tutorial. In this tutorial, you learned how to enroll the dependent of an existing employee in COBRA using Employer eServices.

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