

Welcome to the Enrollee Inquiry tutorial. In this tutorial, you'll learn how to inquire about an enrollee's coverage using Employer eServices.



6/27/2007



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.



6/27/2007



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



6/27/2007



During the Inquire process, available information is "view only". That means you cannot make any changes using the Inquire function.





Also, keep in mind that an enrollee may be an employee or an employee's dependent.



Employer eServices®		
FiighligheBoxt ID Cards		Help Training Tutorials
Select Enrollment option]	Log Out
Welcome Guest,		
Employer eServices is your online, real-tin status, reporting, billing and much more.	ne gateway to review member eligibility,	make enrollment changes and review claim
Hot Topics! Click on one of the following legislative and industry news that could im Medica Resource Helps Members Navigate	links for news and information about Med pact you and your employees: <u>Through Cost and Quality Decisions</u>	ica products and services as well as
Resources Click here to access: <u>Contact Us</u> Health & Wellness Reporting HIPAA Internet Site Medica Employer Newsletters Medica.com MwWedica.com	Network Information Click here to access: <u>Pharmacy</u> <u>Provider Directory - Medica</u>	Programs & Services Click here to access: Disease Management Programs Medica CallLink Nurse Line Medica CallLink Nurse Line Program My Health Manager from Medica ⁵⁴ United Behavioral Health
Scheduled Direct Debit Form		
By using this web site you agree to our <u>Internet Servic</u> This is a private web site containing confidential infor of the web site and / or the data contained on the site	e Agreement Contact Us mation. Authorized site use may be grounds for penalt	m the Employer eServices home page. or over the Enrollment menu option.
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Let's begin from the Employer eServices home page. Roll your cursor over the Enrollment menu option.



Employer eServices®		
Enrollment ID Cards	_	Help Training Tutorials
Add Terminate Reinstate Change Inju	ire	Log Out
Welcome Guest,	Click Inquire option	
Employer eServices is your online, real-tin status, reporting, billing and much more. Hot Topics! Click on one of the following legislative and industry news that could im Medica Resource Helps Members Navigate	ne gateway to review member eligibility, links for news and information about Med pact you and your employees: Through Cost and Quality Decisions	make enrollment changes and review claim ica products and services as well as
Resources Click here to access: Contact Us Health & Wellness Reporting HIPAA Internet Site Medica Employer Newsletters Medica.com MyMedica.com Scheduled Direct Debit Form	<u>Network Information</u> Click here to access: <u>Pharmacy</u> <u>Provider Directory - Medica</u>	Programs & Services Click here to access: Disease Management Programs Medica CallLink Nurse Line Medica Optum Employee Assistance Program My Health Manager from Medica SM United Behavioral Health
By using this web site you agree to our <u>Internet Servic</u> This is a private web site containing confidential info of the web site and / or the data contained on the site <u>Privacy Policy</u> Copyright 1994-2009 UnitedHealth On	er Agreement Contact Us mation. Authorized site use may be grounds for penalt oup Inc. All Rights Reserved	nu bar appears. Click the Inquire menu nue.

A second menu bar appears. Click the Inquire menu option to continue.







To inquire about an enrollee, you first need to identify the group, the employee, and the enrollee. Start by verifying the group. Click the Select Group drop-down menu arrow.



Employer eServices®	
Enrollment ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire	Log Out Scroll Up-U Scroll Down-D
Select Group from list, enter Employee Search criteria a	nd select Search.
Select Group (Select Group)	
((Select Group) Employee Search REED'S/BUSIMMAG은 6531110 SAMPLE COMPANY 9990089	(SSN or Alternate ID)
By Last Name Select t	he Group First Initial Search
Select Enrollee	
Help Conti	nue
By using this web site you agree to our <u>Internet Service Agreement Contact Us</u>	
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalt	The Select Group drop-down menu appears with the list of groups currently available. Highlight the
Privacy Policy Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved	appropriate group with your cursor.
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The Select Group drop-down menu appears with the list of groups currently available. Highlight the appropriate group with your cursor.



Employer Services®	
Employer elservices	
Enrollment ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire	Log Out
	Scroll Up-U Scroll Down-D
Select Group from list, enter Employee Search criteria an	d select Search.
Select Group REED'S BUSINESS 0231110	
Employee Searchighlight BoxBy Employee ID (264 x 67)	SSN or Alternate ID)
(X:25;(*)182) By Last Name	First Initial Search
Select Enrollee	
Heip	ue
De unie e Minus haite sons anno de ann letere et Camine Anno mart Camtert II.	
By doing this web site you agree to our <u>internet Service Agreement Contact os</u>	
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalt	After you select the group, you will need to identify the employee. You may search for an employee by
Privacy Policy Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved	employee ID (SSN or alternate ID) or by last name.
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After you select the group, you will need to identify the employee. You may search for an employee by employee ID (SSN or alternate ID) or by last name.





In this example, we will search by employee last name.



Employer eServices®	
<u>Enrollment</u> ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire	Log Out Scroll Up-U Scroll Down-D
Select Group from list, enter Employee Search criteria a	nd select Search.
Select Group REED'S BUSINESS 0231110 💌	
Employee Search O By Employee ID	(SSN or Alternate ID)
⊕ By Last Nation Select Enrollee ▼ Help Cont	x First Initial Bearch Enter the Last Name nue
By using this web site you agree to our <u>Internet Service Agreement Contact Us</u>	
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalt	Enter the employee's Last Name. Note that you may do a wild card search by entering the first three
Privacy Policy Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved	characters of the last name, followed by an asterisk.
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Enter the employee's Last Name. Note that you may do a wild card search by entering the first three characters of the last name, followed by an asterisk.





Click the Search button.







Click the Select Enrollee drop-down menu to select the employee's name from a list of matching search results.





The Select Enrollee menu displays. Select the correct employee from the list.





The employee name you selected now appears in the Select Enrollee field. Click the Continue button.



Employer eServi	ces®			
Enrollment ID Cards				Help Training Tutorials
Add Terminate Reinstate	Change Inquire			Log Out
				Scroll Up-U Scroll Down-D
Enrollee: JON SM	ітн	Pol	icy: 00R1333	Insured ID: 365365365-00
Policy Status: A		Policy Anniverse	ary: 04/01	
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)
Employee Information	n			the second state
				* kequirea Hela
Date of Hire *	05/20/2007 Em	ployee ID (SSN) *	365365365	
Date of Retirement		Alternate ID	986748812	
	Print	Help	Continue	
By using this web site you agree	to our <u>Internet Service Agre</u>	ement Contact Us		
This is a private web site contain of the web site and / or the data	ing confidential information contained on the site may b	. Authorized site use The grounds for penalt	his is the Employee	e Information page. It displays only
Privacy Policy Convergent 1994-20	009 UnitedHealth Group Inc	All Rights Reserved th	the selected enroll is page, certain de	ee is an employee. Starting with tails appear automatically, such as
		th	e name, and the p	olicy and ID numbers.
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This is the Employee Information page. It displays only if the selected enrollee is an employee. Starting with this page, certain details appear automatically, such as the name, and the policy and ID numbers.



Employer eServi	ces®			
Enrollment ID Cards			Help Training Tuto	rials
Add Terminate Reinstate	Change Inquire		Log C Scroll Up-U Scroll Dow	Dut vn-D
Enrollee: JON SM Policy Status: A	ITH Polic	Policy: 00R133 cy Anniversary: 04/01	333 Insured ID: 365365365-00	
Employee Information	Demographic Produc Information Inform	t Highlight Box ati (Y17 × 47) (X:10; Y:191) Insuranc	nce (Optional)	
Employee Information Date of Hire * [Date of Retirement [n 05/20/2007 Employee II Alt Print Help	0 (SSN) * 365365365 ernate ID 986748812	* Required Field	
By using this web site you agree This is a private web site contain of the web site and / or the data <u>Privacy Policy</u> Copyright 1994-20 Employer eServices® is a registe	to our <u>Internet Service Agreement Cont</u> ing confidential information. Authorize contained on the site may be grounds f 2009 UnitedHealth Group Inc. All Rights red trademark and is used by permission	d site use or penalt Reserved n from Ur	available pages show up on all inquiry re we're inquiring about an employee, so are listed. On a dependent inquiry, the nformation page does not appear.	o all

The titles of available pages show up on all inquiry pages. Here we're inquiring about an employee, so all four pages are listed. On a dependent inquiry, the Employee Information page does not appear.





You can move through inquiry pages in order by clicking the Continue button. Or you can go directly to any page by clicking its title tab. You can also click the Print button to print any page for your records.





In this example, we will use the Continue button to move through the pages in order. Click the Continue button to go to the Demographic Information page.



Employer eServi	ces®			
Enrollment ID Cards			Help Training 1	Futorials
Add Terminate Reinstate	Change Inquire		Scroll Up-U Scrol	Log Out I Down-D
Enrollee: JON SM Policy Status: A	ITH Policy Policy Anniversary	/: 00R1333 /: 04/01	Insured ID: 365365365-	-00
Employee ID (SSN) Alternate ID Date of Birth* Last Name* First Name* Address 1* Address 2 City*	365365365 Date of Hire* 05/20/2007 986748812 07/20/1972 07/20/1972 MI JON MI 12 MAIN STREET	Preferred Language*	ENGLISH	
State* Home Phone Gender* Enrollment Reason*	MISSOURI Zip* 63146 314-111-2222 MALE TIMELY		~~~~	}¢
By using this web site you agree ' This is a private web site contain of the web site and / or the data '	Print Help The oo our <u>Internet Service Agreement Contact Us</u> that ng confidential information. Authorized site use Ref	Demographic Inforr rmation currently on you cannot change er to the Change tuto	mation page displays th file for the enrollee. Rei information on an inquir orial for changing inform	e member y. iation.

The Demographic Information page displays the information currently on file for the enrollee. Remember that you cannot change information on an inquiry. Refer to the Change tutorial for changing information.



Employer eServi	ces®				
Enrollment ID Cards			Help	Training Tuto	rials
Add Terminate Reinstate	Change Inquire			Log	Out
			Scro	oll Up-U Scroll Do	wn-D
Enrollee: JON SM	(TH Polic	(: 00R1333	Insured ID:	365365365-00	
Policy Status: A	Policy Anniversar	r: 04/01			
					~
Employee ID (SSN)	365365365 Date of Hire* 05/20/2007				
Alternate ID	986748812				
Date of Birth*	07/20/1972				
Last Name*	SMITH	Preferred Language*	ENGLISH		
First Name*	IM NOL				
Address 1*	12 MAIN STREET				
Address 2					
City*	NOWHERE				
State*	MISSOURI Zip* 63146				
Home Phone	314-111-2222				_
Gender*	MALE Click the Continue b	utton			
Enrollment Reason*	TIMELY				
	Print Help Hig	alidhic Bex			
	Set	oll down to the bottor	m of the nac	e and click the	
	Co	tinue button to move	on to the P	roduct Informat	tion
By using this web site you agree	o our Internet Service Agreement Contact Us pag	je.			
This is a private such site contain	ng confidential information. Authorized site use				
of the web site and / or the data	contained on the site may be grounds for penalt				

Scroll down to the bottom of the page and click the Continue button to move on to the Product Information page.



Employer eServ	ices®				
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Enrollment ID Cards				Help Trainir	ng Tutorials
	e Change Inquire				Log Out
				Scroll Up-U	Scroll Down-D
Enrollee: JON SM	ITH	Pol	icy: 00R1333	Insured ID: 365365	365-00
Policy Status: A		Policy Annivers	ary: 04/01		
			0.1		<u>^</u>
Employee Information	Demographic Information	Product Infoliation Apx	Other Insurance	Cobra (Optional)	
Decduct Information					
Produce information				* Required Fi	eld
				. Vedauea Lu	514
Coverage Line Covera	ge Description Req'd C	overage Select Covi Highlight Dox	erage Period Begin Da	ate Coverage Period End Da	ite
MEDICAL CHOICE	SELECT N	- X 06/0	1/2007		
	Status ACTIVE			Relationshin* EMPLOYEE	_
Dependent	t Coverage SPOUSE AN	ID CHILD(REN)	Me	edicare Eligible NO	
	Print	Help	Continue		
		TI	ne Product Informa	ation page displays. Cu	rrently
By using this web site you agree	to our <u>Internet Service Agre</u>	ement Contact Us Se	elected products s	how an X in the Covera	ge Sélect
This is a private web site contai	ning confidential information	. Authorized site use	olumn.		
of the web site and / or the data	i contained on the site may b	e grounds for penalt			

The Product Information page displays. Currently selected products show an X in the Coverage Select column.



Employer eSer	vices®			
Enrollment ID Cards				Help Training Tutorials
Add Terminate Reinst	ate Change Inquire			Log Out Scroll Up-U Scroll Down-D
Enrollee: JON 9 Policy Status: A	SMITH	Polic Policy Anniversar	y: 00R1333 y: 04/01	Insured ID: 365365365-00
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)
Product Information	n age Description Reg'd C DE SELECT N	overage Select Cover X 06/01/	age Period Begin Da High (2007	* Required Field te: Coverage Period End Date light Dox
Depende	Status ACTIVE nt Coverage SPOUSE AM Print	Highlight (635×5 ID CHILD(REN(X:87; Y:3 Help	30x 8) (69) Me	Relationship* EMPLOYEE dicare Eligible NO
By using this web site you agr This is a private web site cont of the web site and / or the da	ee to our <u>Internet Service Agre</u> aining confidential information ta contained on the site may b	ement Contact Us Authorized site use e grounds for penalt	ey also display the Coverage Perio ollee's coverage	e beginning and ending dates of d. Other information related to the appears below the list of products.

They also display the beginning and ending dates of the Coverage Period. Other information related to the enrollee's coverage appears below the list of products.



E	[*] ®				-
Employer es	ervices				
Enrollment ID Car	'ds			Help Training Tutorial	5
Add Terminate Rei	nstate Change Inquire			Log Out	1
				Scroll Up-U Scroll Down-D	5
Eprollee: 10	NEMITH	Policy	0.0001333	Incured ID: 365365365-00	
Policy Status: A	STATIN	Policy Anniversary	: 04/01	Instruct ID: 303303303 00	
					~
Employee	Demographic	Product	Other	Cobra	T
Information	Information	Information	Insurance	(Optional)	
Product Informa	tion				
				* Required Field	
Coverage Line Co	verage Description Req'd C	overage Select Covera	age Period Begin Date	Coverage Period End Date	
MEDICAL CH	OICE SELECT N	× 00/01/.	2007		
	Status ACTIVE				
Deper	ndent Coverage SPOUSE AN	ID CHILD(REN)	Click the C	continue button	
	Print	Help	Highlight@ex		
					٦
By using this web site you	agree to our Internet Service Agree	ement Contact Us	k the Continue but irance page	ton to move on the the Other	
-,, ,			l'unco pugo.		
This is a private web site of of the web site and / or the	containing confidential information e data contained on the site may b	. Authorized site use e grounds for penalt			

Click the Continue button to move on the Other Insurance page.



Employer eServi	ces®				
Enrollment ID Cards				Help Ti	raining Tutorials
Add Terminate Reinstate	Change Inquire				Log Out
				Scroll U	p-U Scroll Down-D
Enrollee: JON SM	Enrollee: JON SMITH		icy: 00R1333	Insured ID: 36	5365365-00
Policy Status: A		Policy Annivers	ary: 04/01		Canallalaum
					Scroll down
Employee	Demographic	Product	Other	Cobra	
Information	Information	Information	Insurance	(Optional)	
Any changes or updates	to the member's Other	Medical Health Insu	rance (Non-Medicare)	information cannot be	
completed on-line. Other eligibility remit address o	• Medical Health Insurar	nce information char the employee throu	ges or updates can be the member portal	e sent directly to your Any changes or	/ =
updates to the member's	Medicare information,	can be made on-lin	e or can be submitted	by the employee	/
through the member por	tal.				
Any changes or updates employee through the m	to the member's Medic ember portal.	are information, can	be made on-line or ca	an be submitted by the	Â
Other Insurance					<u>ب</u> ۲
		_			
Other Insurance	Unknown				
Other Insurance Eff	ective	Expiration			
Covered dependent	custody type:				
Type A: When this (married).	dependent is covered	under both employe	e and employee's spo	use's insurance plan	
Type B: If the employee is awarded custody of this deper for this dependent's medical expenses.			The Other Insurance page displays. The top section		
Type C: If this dependent is covered by another individue required to pay for this dependent's medical expenses.			spiays information overage. Scroll do	wn to view additior	aicare nal information.
Medicare					
Concilland in Mandianan					

The Other Insurance page displays. The top section displays information regarding Non-Medicare coverage. Scroll down to view additional information.



Employer eServices®	
Enrollment ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire	Log Out Scroll Up-U Scroll Down-D
Enrollee: JON SMITH Pol Policy Status: A Policy Anniversi	licy: 00R1333 Insured ID: 365365365-00 ary: 04/01
Medicare	
Enrolled in Medicare Unknown Medicare Part A: Enrolled in Medicare Part A: Effective Date Ineligible for Medicare Part A Medicare Part B: Enrolled in Medicare Part B: Effective Date Ineligible for Medicare Part B Not Enrolled in Medicare Part B	Expiration Date Scroll down
Medicare Part D: Enrolled in Medicare Part D: Effective Date Ineligible for Medicare Part D Not Enrolled in Medicare Part D Medicare Eligibility Unknown	Expiration Date

Any information regarding Medicare coverage displays through the remainder of this page. Again, scroll down to view the remaining information.



Employer eServices®	
Enrollment ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire	Log Out Scroll Up-U Scroll Down-D
Enrollee: JON SMITH Policy Status: A Policy Anniv	Policy: 00R1333 Insured ID: 365365365-00 ersary: 04/01
Enrolled in Medicare Part B: Effective Date Ineligible for Medicare Part B Not Enrolled in Medicare Part B Medicare Part D: Enrolled in Medicare Part D: Ineligible for Medicare Part D Not Enrolled in Medicare Part D Medicare Eligibility Unknown Click the Contin Print Help By using this web site you agree to our Internet Service Agreement Contact Us	Expiration Date
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalt <u>Privacy Policy</u> Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved Employer eServices® is a registered trademark and is used by permission from Ur	The remaining Medicare information displays. Click the Continue button to move on to the optional Cobra page.

The remaining Medicare information displays. Click the Continue button to move on to the optional Cobra page.



Employer eServices®					
· ·					
Enrollment ID Cards				Help Training Tutorials	
Add Terminate Reinstat	e Change Inquire			Log Out Scroll Up-U Scroll Down-D	
Enrollee: JON SM Policy Status: A	ПТН	Pol Policy Anniversa	icy: 00R1333 ary: 04/01	Insured ID: 365365365-00	
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)	
COBRA/State Continuance Information Benefit Continuation Effective Date Highlight Box Highlight Box Highlight Box Highlight Continuation Enrollee Type=17:308) Print Help					
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The Cobra page displays. In this example, the page is blank, which indicates that this employee is not enrolled for Cobra coverage.



Employer eServices®					
<u>Enrollment</u> ID Caro	IS			Help Training Tutorials	
	state change <u>Inquire</u>			Log Out Scroll Up-U Scroll Down-D	
Enrollee: JO) Policy Status: A	N SMITH	Policy Policy Anniversary	/: 00R1333 /: 04/01	Insured ID: 365365365-00	
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)	
COBRA/State Continuance Information Benefit Continuation Effective Date Benefit Continuation End Date Hight@sttBox Help					
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This is the last inquiry page for this enrollee. Remember, the inquire process lets you print from any Inquiry page. And you are not required to view every page when doing an inquiry.



Employer eServices®				
Enrollment ID (Highlight Box (289 × 55)				Help Training Tutorials
Add Terminate R (X10)tY	#4) Change Inquire			Log Out
Enrollee: JON SMITH Policy Status: A		Policy: 00R1333 Policy Anniversary: 04/01		Click the Log Out button
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)
COBRA/State Continuation Effective Date Benefit Continuation End Date Benefit Continuation Enrollee Type Print Help				
By using this web site you agree to our Internet Service Agreement Contact Us				
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalt <u>Privacy Policy</u> Copyright 1994-2009 United Health Group Inc. All Rights Reserved Employer a Section 1 is a particular to do a particular form Un				

When you're done with an inquiry, you can select any option form the menu. Or you can click the Log Out button to exit Employer eServices.





Congratulations! You've completed the Enrollee Inquiry tutorial. In this tutorial, you learned how to inquire about an enrollee's coverage using Employer eServices.

