



Online Employer Guide

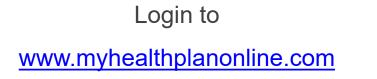
www.myhealthplanonline.com

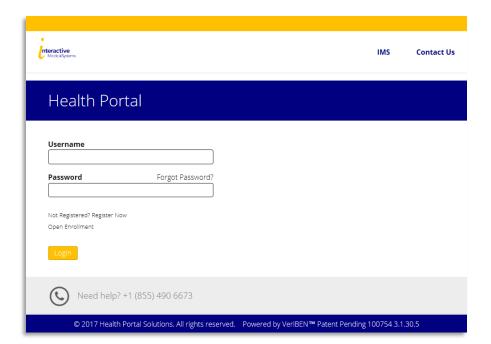


Portal Login

The IMS Portal is available to:

- Maintain Eligibility
- View Plan Documents
- Print or Order ID Cards







Employer Portal



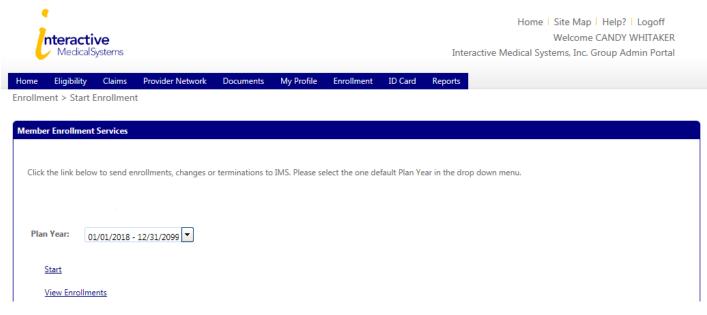




Click the "Enrollment" tab to get started.

Plan Year

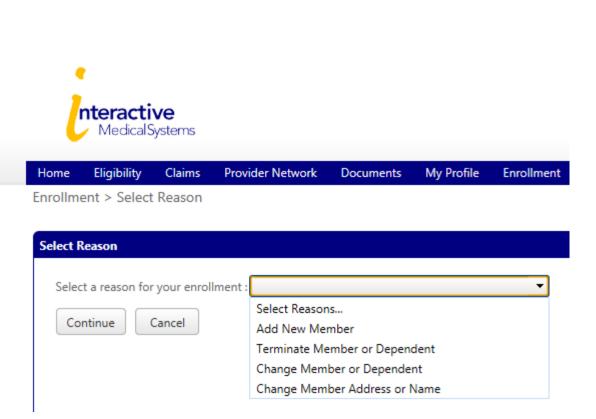
From the Enrollment Page, select the only plan year listed and click "Start".





Enrollment Reason

Select a Reason and select "Continue"





Member Information

Complete the online enrollment form with the employee information.

Then click "Continue".

Enrollment > Member Information

* = Required		
* Social Security Number:	11111111	(123456789)
* Last Name:	O'honey	
* First Name:	Bit	
Middle Initial:		
Address	Outside United State	s
* Address1:	123 Butterscotch Way	
Address2:		
* City:	Hershey	
* State:	North Carolina	•
* Zip Code:	25708	
Phone:	555-555-0102	
Email:		
* Gender:	Female	•
Marital Status:	Single	-
* Birth Date:	1/1/2000	
* Employment Date:	10/1/2019	
* Effective Date:	11/1/2019	
Division:		•
* Enrollment Reason:	New Hire	•
Note1:	I	



Add Dependents

To add dependents, click the "Add" button and fill out the dependent details. This should be done for each dependent. Otherwise, select "Continue"

Interacti Medical S	ystems					
Home Eligibility Enrollment > Depender	Provider Network	Documents	Mailbox	My Profile	Enrollment	
chronnent > Depender	1105					
Add/Edit Dependent						
No Dependants w	ere found					
If you wish to add	Add a [Dependent				
-	* =	Required				
If you do not wish		ial Security Numl	ber:	77777777	7	(12345678
Continue	Add	st Name:		Washingto	on	
	* Fir	rst Name:		Martha		
	* Re	ationship:		Spouse		•
	* Ge	ender:		Female		•
	* Bi	rth Date:		2/1/1976		
	* Ef	fective Date:		7/31/2017	7	
	Hor	ne Phone:				
	Disa	abled?:		No		•
	Curi	rently have Medi	care?:	No		•
	Co	ntinue Bac	k Attac	h Documents)	_



Encolles out

ID C-

Add Dependents

Once dependents have been added, click "Continue".

ome	Eligibility	Claims	Provider Network	Documents	wy Profile	Enrollment	IU.
rollme	ent > Depen	Idents					
dd/Ed	it Dependent						
	Edit Te	erminate					
		minate					
	Social Securit	ty Number	r :1	11111111			
- I	Last Name		: 0)'Henry			
- I	First Name		: 0	huckles			
- I	Relationship		: S	pouse			
	Gender		: N	lale			
1	Birth Date		:1	/1/2000			
	Effective Dat	e	:1	1/1/2019			
	Phone						

Documente

Max Dead

If you do not wish to edit or add any dependents, please click "Continue".





Select Coverage

Select the desired coverage and effective date.

lome	Eligibility	Claims	Provider Network	Documents	My Prof	ile Enrollment	ID Card
nrollm	ent > Select	Coverage	2				
Select (Coverage						
						IMS Dental F	Plan
Den	tal Plan						
0	Employee Onl	у					
۰	Employee + S	pouse					
	Activ	e	Bit O'honey (MI	EMBER) Effec	ctive Date:	11/1/2019	
Ac	tive		Chuckles O'Henry	(Spouse) Effec	tive Date:	11/1/2019	=
0	Employee + C	hildren					
0	Family						
0	Waive IMS D	ental Plan					
_							
C	Continue	Back	Cancel				



Enrollment Review

nteractive

Medical Systems

Do a final review of the enrollee details, coverage selections, and agreement.

You can go back and make edits.

When finished, click "Finalize".

1	
nteractive Medical Systems	Vision: Vision Premier Plan Employee and Family George Washington (MEMBER) Effective Date: 07/31/2017 Martha Washington (Spouse) Effective Date: 07/31/2017
Home Eligibility Provider Networ Enrollment > Enrollment Review Enrollment Review	Totals for Benefits: Total Pre-Tax =\$0.00 Total Post-Tax =\$0.00
Please review your enrollment. Clic Member Information Social Security Number Last Name First Name Middle Initial Address Address1 Address2 City Zip Code State Gender Marital Status Email Home_Phone Birth Date Employment Date Effective Date Division Note1	Your Total Payroll Deduction=\$0.00 OtherCoverage Group Health Plan Name Primary Insured Policy Number Effective Date of Policy Type of Coverage Does the plan cover dependents? Dependents covered under the policy. Medicare/Medicaid or any other federal, state, or governmental agency? Edit Other Coverage Agreement: Read the following agreements and sign I Payroll Deduction/Pretax Premium/Billin deduct from my earnings the amount required coverages. If Lologt to participate in pretax he intervention agreement in pretax he intervention agreement in the status of the participate in pretax he intervention.
Edit Member Information Dependents Dependent 1 Social Security Number Last Name First Name Relationship	M Edit Delete Marriage Cert
	Finalize ack Attach Coverage Documents

Group Health Plan Name	: Presidential Dental
Primary Insured	: George Washington
Policy Number	: 11111
Effective Date of Policy	: 7/10/2017
Type of Coverage	: Dental
Does the plan cover dependents?	: Yes
Dependents covered under the policy.	: Martha Washington, John Washingto
Medicare/Medicaid or any other federal, state, or	: No
governmental agency?	

s and sign below.

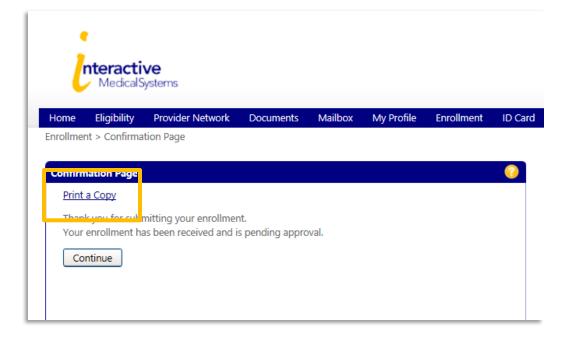
nium/Billing Agreement: I authorize The ount required to cover my share of the prer in pretax health/dental/vision/AD&D prem numble income bu on amount equal to

Edit	Delete	Member Documents Description	
1	×	Marriage Certificate	Te



Print Enrollment

The enrollment has now been submitted to IMS for review. IMS reviews every enrollment and will contact you with questions. You can print a copy of the enrollment application for your records.





Enrollment Status

To check the statu	s of a	
submitted enrollme	ent,	
go to the Enrollme	nt	
Page and click "Vie	ew	
Enrollments"	nteractive Medical Systems	Home Site Map Help? Logoff Welcome CANDY WHITAKER Interactive Medical Systems, Inc. Group Admin Portal
		Reports
	Enrollment > Start Enrollment	
	Member Enrollment Services	
	Click the link below to send enrollments, changes or terminations to IMS. Please select the one default Plan Year	r in the drop down menu.
	Plan Year: 01/01/2018 - 12/31/2099 💌	
	Start	
	View Enrollments	



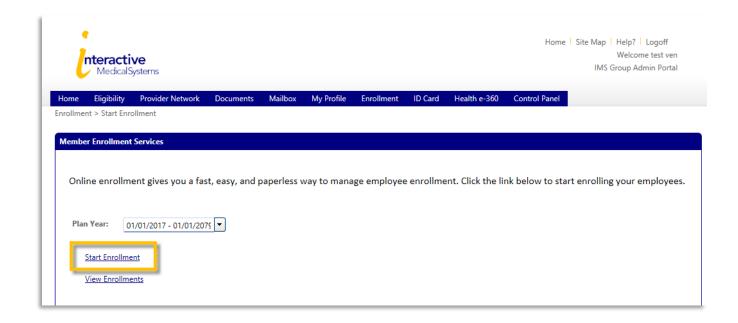
Change / Terminate Enrollment



Click the "Enrollment" tab to get started.

Plan Year

From the Enrollment Page, select the only plan year listed and click "Start".





Enrollment Reason

Select the reason that best matches the change and continue to the next page.

Select a reason for your enrollment	:
	Select Reasons
Continue Cancel	Add New Member
	Terminate Member (Including Dependents)
	Other Change(s) Member or Dependent
	Change Member Address or Name
	Terminate Dependent(s) Only
	Add Dependent to Existing Member's Coverag



Member Search

Search for your member and then select from the search results.

i	nteract Medical	ive Systems				
Home	Eligibility	Provider Network	Documents	Mailbox	My Profile	Enrollment
Enrollme	nt > Start En	rollment > Member Sea	irch			
Membe	er Search					
M	ember ID:					
Fir	rst Name:					
La	st Name:	Washington				
Bi	rth Date:	mm/dd/yyyy				
	Search	Cancel				
	Last Nar		Name	Effect	ive Date	Term
L	WASHING	TON GEORGE				



Member Information

Make any necessary changes on the enrollment form, click "Continue", and follow through the applicable steps.

me Eligibility Provide	er Network	Documents	Mailbox	My Profile	Enrollmer
simence member mornia	511				
ember Information					
* = Required					
* Social Security Number:	88	8888886		(123456789)	
* Last Name:	w	ASHINGTON			
* First Name:	G	EORGE			
Middle Initial:]	
Gender:	M	ale	•]	
Birth Date:	7/	4/1954			
Employment Date:	m	m/dd/yyyy			
Address		Outside United S	States		
* Address1:	10	0 PRESIDENTS A	VE		
Address2:					
* City:	W	ASHINGTON			
* State:	D	-	•	J	
* Zip Code:	_	0011			
Marital Status:	Se	lect Marital Statu	IS •	J	
Home_Phone:					
Effective Date:		1/2006		III	
Division:	Se	lect Divisions	•	J	
Email:		24/2017			
* Status Effective Date:		31/2017	111		
Marriage Date:	m	m/dd/yyyy			



Enrollment Review

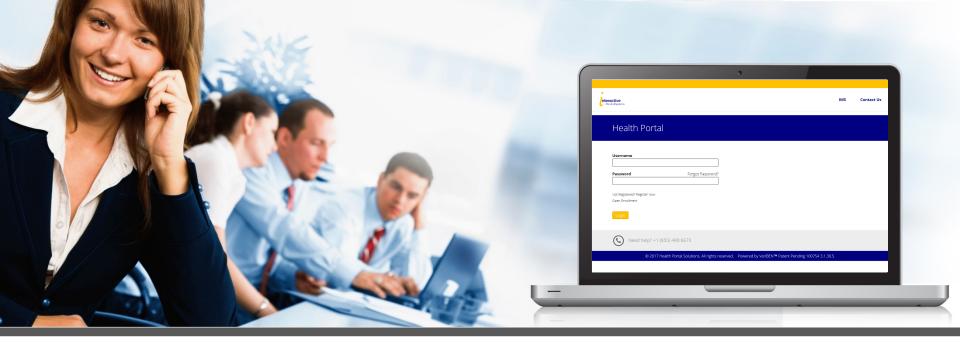
Do a final review.

You can go back and make edits or attach more documents.

When finished, click "Finalize".

You can print a copy of the enrollment application for your records.

ntera	otive
	lical Systems lity Provider Network Documents Mailbox My Profile Enrollment ID
Enrollment Rev Please review	iew v your enrollment. Click Edit buttons to make changes and then click "Continue"
Member Info Social Sec Last Name First Name Middle Ini Address Address Address	urity Number : 88888888 : : Washington : : George
City Zip Code State Gender Marital S Email	Medical: Medical Premier Plan Employee + Spouse GEORGE WASHINGTON (MEMBER) Effective Date: 07/31/2017 MARTHA WASHINGTON (Spouse) Effective Date: 07/31/2017 Vision: Waived
Home_Pi Birth Dat Employn Effective Division Note1	Totals for Benefits: Total Pre-Tax =\$0.00 Total Post-Tax =\$0.00 Your Total Payroll Deduction=\$0.00
Edit Memi Dependent De Social Se	Agreement: Read the following agreements and sign below. Payroll Deduction/Pretax Premium/Billing Agreement: I authorize The Healthcare System to deduct from my earnings the amount required to cover my share of the premiums for these
Last Nam First Nan Relations	coverages. The least is positicipate in pretax health/dental/vision/AD&D premiums, I authorize the Use the second to not a cree O I agree
L	Finalize Attach Coverage Documents





For more information, contact IMS.