

Employer Portal User Guide

2026



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Welcome!

Welcome to the Employer Portal User Guide, a tool you can use to quickly navigate the secure Employer Portal website for more efficient and accurate support and management of your group.

This manual also explains the many ways to use the website and maximize its functionality to strengthen your ability to support your employees.

Once you register and create an account, you can easily access information for your employer group.

We're confident this Employer Portal User Guide will act as a helpful reference you can turn to again and again for successful group management!

System Requirements

Access the secure employer website using Microsoft Edge, Firefox and/or Google Chrome.

Each browser should be updated to the most recent version available for optimal performance.

The portal is designed to be mobile-responsive and thus available to use on a mobile device such as a phone or tablet.



Overview of the Employer Portal

Introduction

Overview

Employer Portal is a web-based tool that Employer Groups use to manage their enrollments and billing. Membership reps will use the internal Support Portal to provide assistance to Employer Groups that use The Employer Portal and to view transactions processed within Employer Portal. The Employer tools are available via Healthnet.com.

This module provides an overview and instruction for navigating within the Employer Portal.

Employer Portal provides the following benefits:

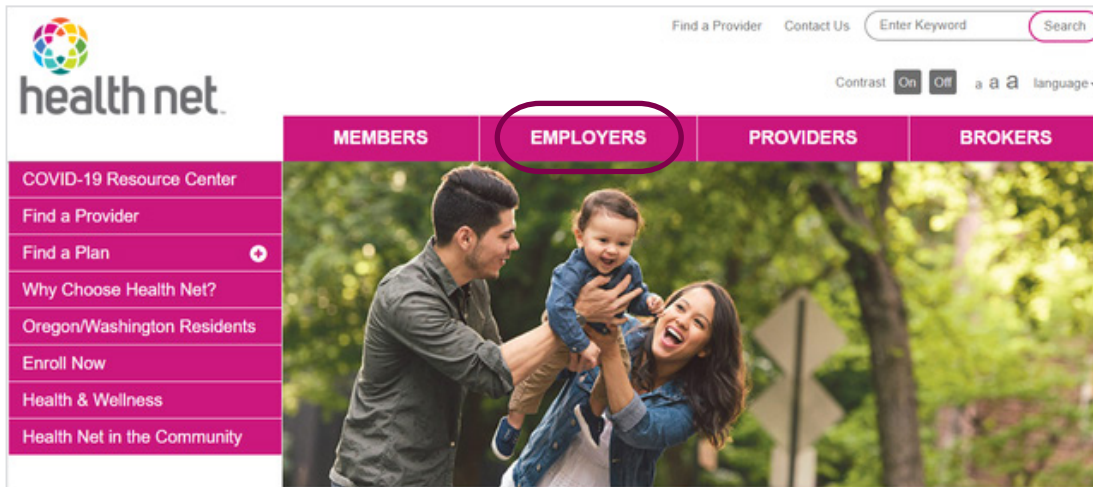
- Employer groups can view and pay their bill on-line, and process eligibility transactions.
- Provides self-service capabilities to our clients.
- Employer groups can delegate administrative functions to brokers.
- Increase in the number of transactions processed by the Paperless Enrollment System.

Access the Employer Portal

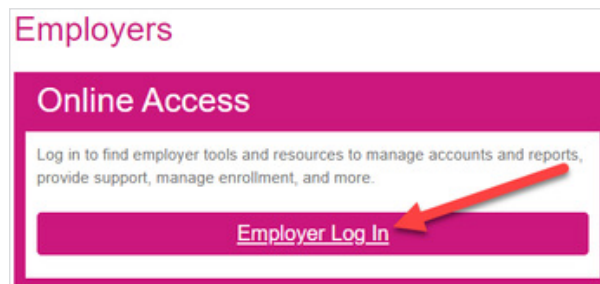
Log In to the Employer Portal

To access the Employer Portal:

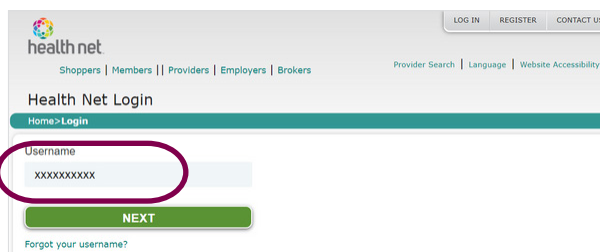
- Type the following address in the web browser to go to the home page:
https://www.healthnet.com
- Click on the **'Employers'** tab



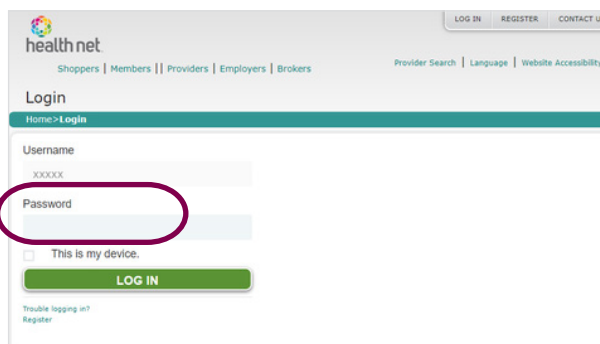
- In the **Online Access** box, click **'Employer Log In'**



- Type **'Username'**, click **'next'**
Note: Do not enter your email address. Enter your username



- Enter **'password'**, click **'LOG IN'**



Log In to the Employer Portal (continued)

Once signed in, you will be directed to the 'My Dashboard' home screen.

Sections on the Dashboard:

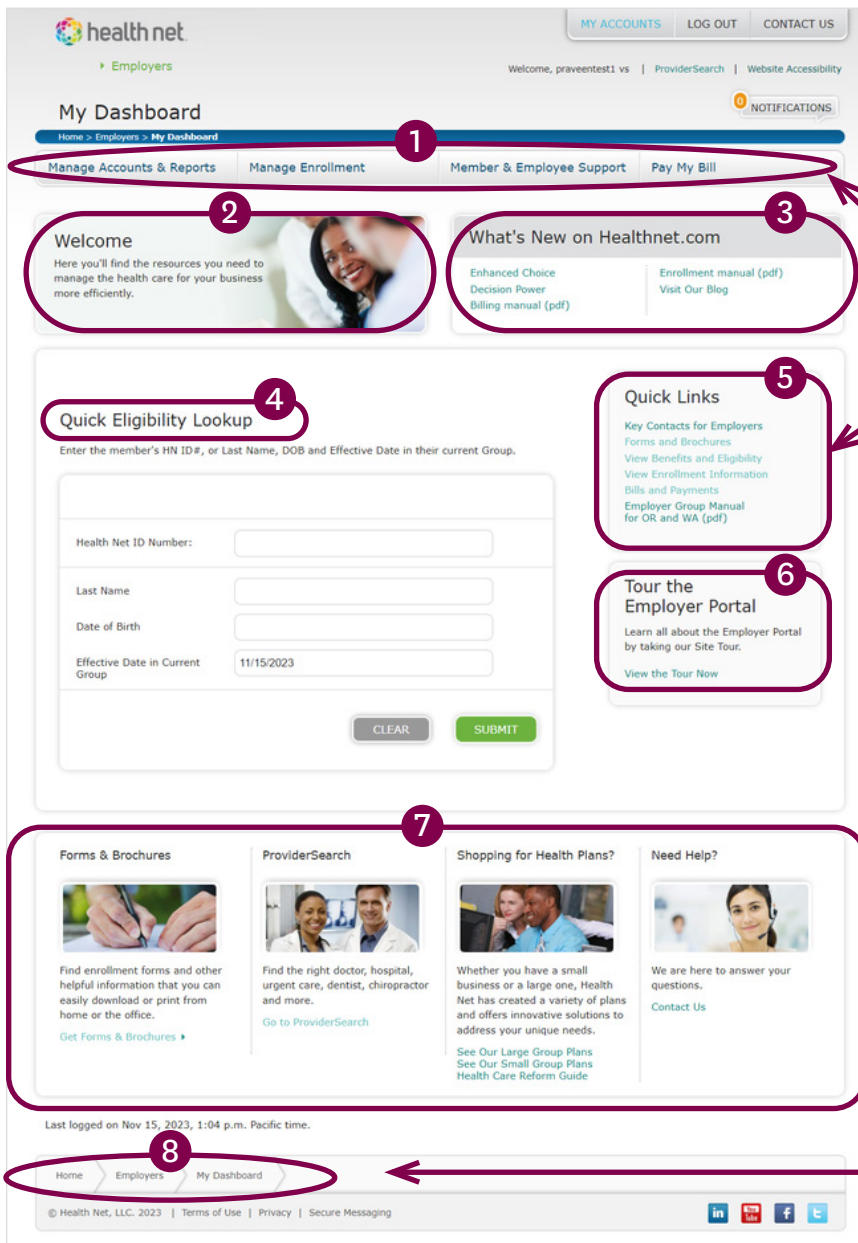
- 1 Functionality tabs across the top
- 2 Welcome
- 3 What's New on Healthnet.com
- 4 Quick Eligibility Lookup
- 5 Quick Links
- 6 Tour the Employer Portal
- 7 Banner of other Quick Links
- 8 Navigation path – shown at the bottom of the page which will be visible throughout the guide to facilitate navigation.



Navigation Bar locations

There are two locations on each page that will reflect the current navigation path:

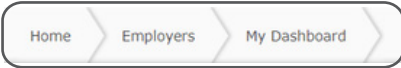
- At the top of the page (under 'My Dashboard')
- At the bottom of the page



You can use the quick hyperlinks provided on each page, OR clicking on the individual sub-tabs located on the page banners.

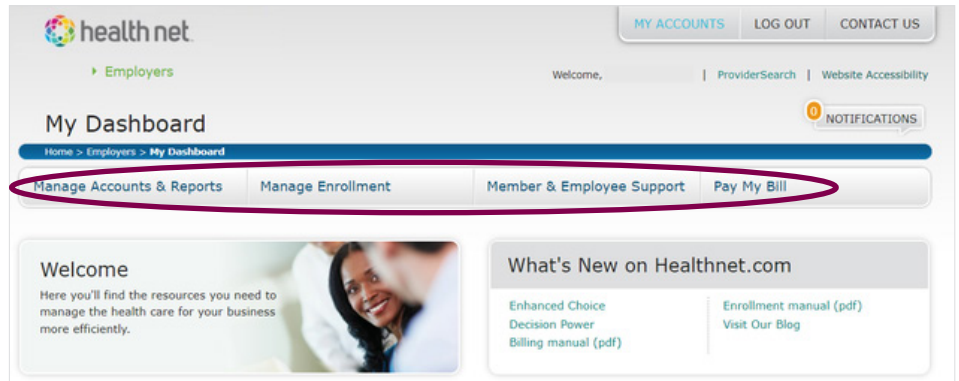
These navigation bars will be shown alongside topic headings to facilitate navigation.

My Dashboard



From the **Banner Tabs** across the top, you can navigate to the following sub tabs, from left to right:

- **Manage Accounts & Reports**
- **Manage Enrollment**
- **Member & Employee Support**
- **Pay My Bill**

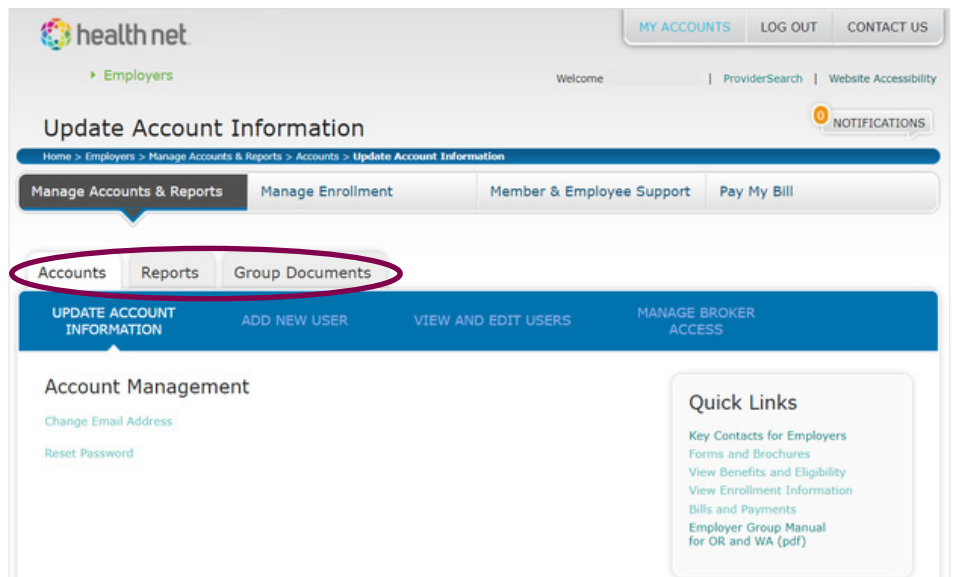


Manage Accounts & Reports

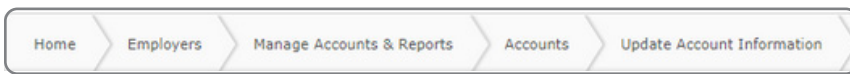
Under this section there are **3 folder choices**:

- **Accounts**
- **Reports**
- **Group Documents**

The Manage Accounts & Reports tab may not have all the navigation elements if the user is not an admin.

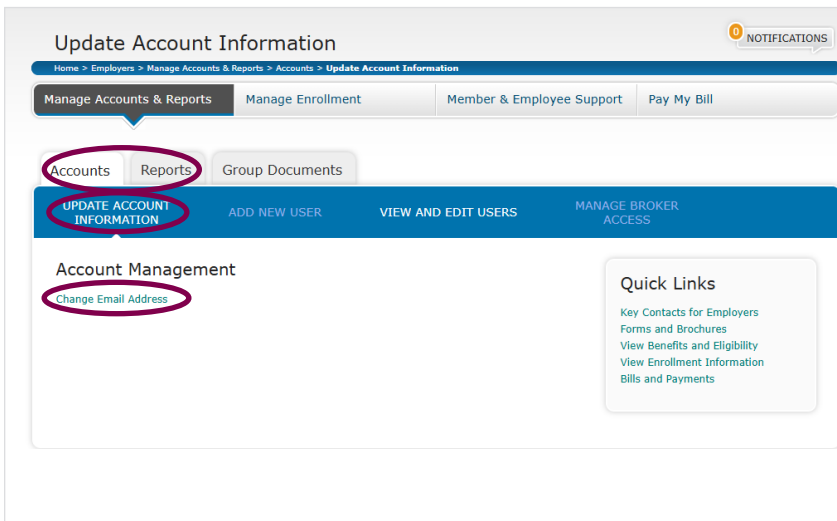


Update Account Information

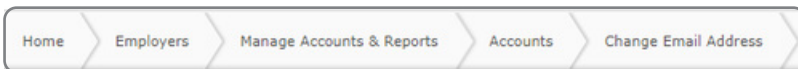


When the **'Manage Accounts & Reports'** tab is selected, it will automatically open to:

- **Accounts > Update Account Information**, you can
 - **Change Email Address**



Change Email Address



- Click on **"Change Email Address"** hyperlink, the following screen will open.

This feature is currently unavailable. No email communications will be sent if this option is checked.

(continued)

Change Email Address: (continued)

- Click on **“Change Email Address”** hyperlink, the following screen will open. The account’s current email will be displayed next to **“Current Email”**
 - **Enter** the new email
 - **Confirm** New email
 - **Click** Continue

Accounts Reports Group Documents

UPDATE ACCOUNT INFORMATION ADD NEW USER VIEW AND EDIT USERS MANAGE BROKER ACCESS

Change Email Address

1. Change Email 2. Change Email Confirmation

* Required Field

Current Email: current.email@CENTENE.COM

* New Email: newemail@xxx.com

* Confirm New Email: newemail@xxx.com

I would like to receive email communications from Health Net

CLEAR CONTINUE

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

Change Email Confirmation

- Enter new Email
- Confirm new Email

Accounts Reports Group Documents

UPDATE ACCOUNT INFORMATION ADD NEW USER VIEW AND EDIT USERS MANAGE BROKER ACCESS

Change Email Address

1. Change Email 2. Change Email Confirmation

* Required Field

Current Email: current.email@CENTENE.COM

* New Email: newemail@xxx.com

* Confirm New Email: newemail@xxx.com

I would like to receive email communications from Health Net

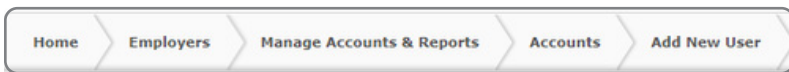
CLEAR CONTINUE

Quick Links

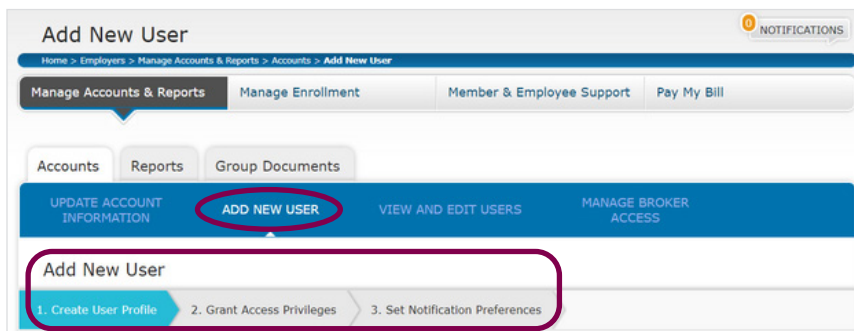
- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

This feature is currently unavailable. No email communications will be sent if this option is checked.

Add New User



From the Accounts tab, click on 'Add New User'. There are **3 steps** to complete when adding a new User:



1 Create User Profile

- **Enter** requested information.
- **Click** 'Next'

Note: ensure that you give the User Name to the person that you are creating a User profile for. This will be the username they need to register and Log In.

Client: 000141xxx - <Client Name>
Primary Client Administrator:
Secondary Client Administrator: <Client Administrator Name>

Instructions
Create a new user profile by entering the details below. When you are finished, click "Next" at the bottom of the page. **NOTE:** You can change these settings later.

Quick Links
Key Contacts for Employers
Forms and Brochures
View Benefits and Eligibility
View Enrollment Information
Bills and Payments
Employer Group Manual for OR and WA (pdf)

* First Name: <First Name>
* Last Name: <Last Name>
* User Name: <User Name>
* Email Address: <Email Address>
* Confirm Email Address: <Email Address>
Phone Number:

Designate this user as the Secondary Client Administrator

Only one Secondary Client Administrator may exist at a time. The Secondary Client Administrator has the same access privileges and preferences as the Primary Client Administrator, so steps 2 and 3 will be omitted in adding this new user.

NEXT

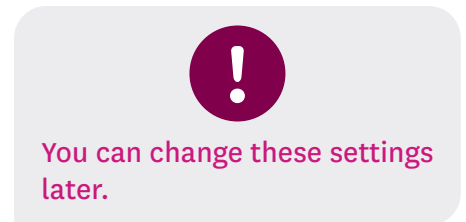
(continued)

Add New User (continued)

2 Grant Access Privileges (Portal, Billing, & Enrollment Functions).

There are **3 tabs** that must be completed in this step:

- Portal Functions
- Billing Functions
- Enrollment Functions



Grant Access Privileges > Portal Functions

- Select “enable” for each of the groups you would like to assign to this user.
- Then **select the checkbox** for the website access you would like to grant for each of the enabled groups
- When finished, **click ‘Next’**
- **Repeat the same steps** by clicking the Billing Functions tab and then the Enrollment Functions tab to grant access for these two functions.

Enable	Disable	View Member Eligibility		Change Member Address
<input type="button" value="ENABLE ALL"/>	<input type="button" value="DISABLE ALL"/>	<input type="button" value="CHECK ALL"/>	<input type="button" value="UNCHECK ALL"/>	<input type="button" value="CHECK ALL"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grant Access Privileges > Billing Notifications

- **Set notification preferences** for each group by selecting the checkbox for the email notifications you would like this user to receive.
- When you are finished, **click ‘Save’** at the bottom of the page

Bill Due Reminders	Payment Posted	Payment Not Processed	Payment Denied
<input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Description
<input type="button" value="CHECK ALL"/>	<input type="button" value="CHECK ALL"/>	<input type="button" value="CHECK ALL"/>	<input type="button" value="CHECK ALL"/>
<input type="button" value="UNCHECK ALL"/>	<input type="button" value="UNCHECK ALL"/>	<input type="button" value="UNCHECK ALL"/>	<input type="button" value="UNCHECK ALL"/>
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

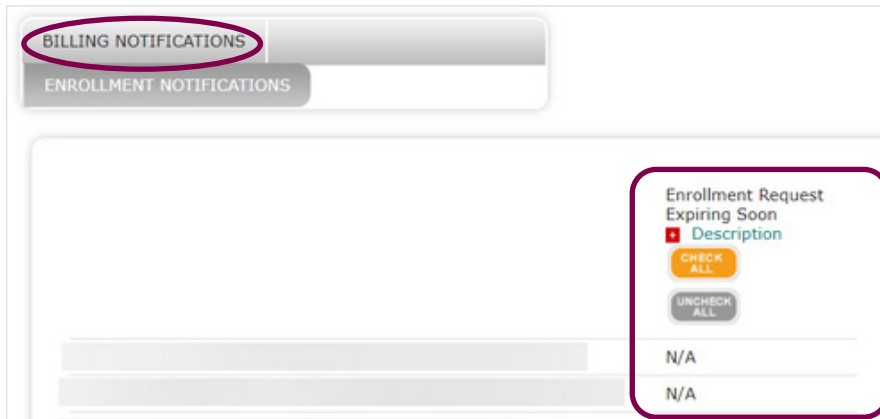
(continued)

Add New User (continued)

3 Set Notification Preferences (Billing & Enrollment Notifications)

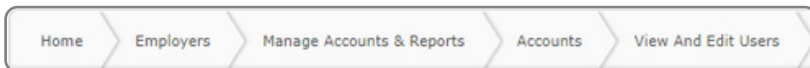
Grant Access Privileges > *Enrollment Notifications*

- **Set notification preferences** for each group by selecting the checkbox for the email notification you would like the user to receive.
- When you are finished, **click 'Save'** at the bottom of the page

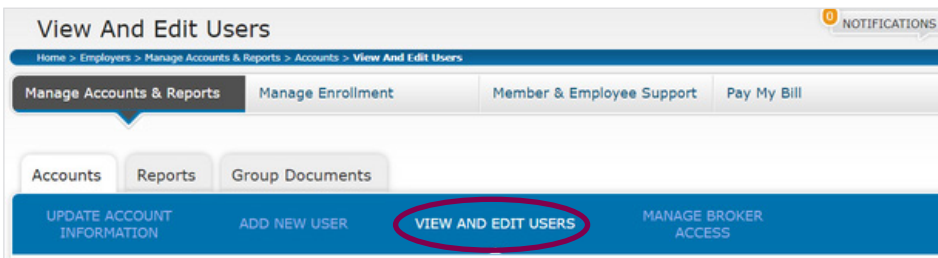


You can change these settings later.

View And Edit Users

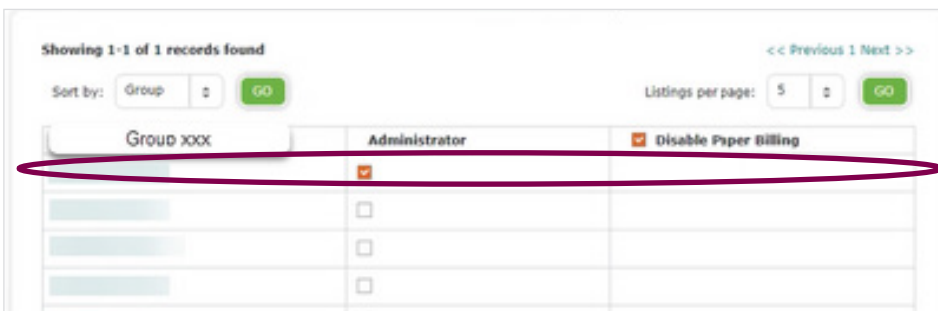


This page is a summary of all your groups and users with access privileges (sorted by group)



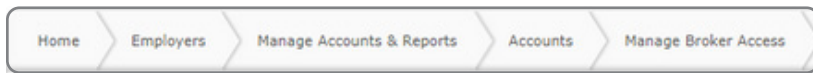
Click on a user's name to:

- **View & Edit** a user's Profile, Access Privileges and Notifications
- **Promote** a user to **Secondary Client Administrator** (by editing the user's profile)
- **Promote** a user to **Group Administrator**



(continued)

Manage Broker Access



Summary of Broker Access

- **Manage** your broker's access to your group's billing and enrollment tools.
- **Click** the hyperlink under the broker's name to begin

health net
Employers
Welcome, ProviderSearch | Website Accessibility
NOTIFICATIONS

Home > Employers > Manage Accounts & Reports > Accounts > Manage Broker Access

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support | Pay My Bill

Accounts | Reports | Group Documents

UPDATE ACCOUNT INFORMATION | ADD NEW USER | VIEW AND EDIT USERS | **MANAGE BROKER ACCESS**

Summary of Broker Access

Client: 000141xxx - Client Group Name

Manage your broker's access to your group's billing and enrollment tools. Click the link under the broker's name to begin. **Note:** you can change your broker's access at any time.

Showing 1-1 of 1 records found

Broker	Group(s)
BA000 - Broker Name	170xxxA OOS: Group Name
Manage access & preferences	170xxxB OOS: Group Name

Quick Links
Key Contacts for Employers
Forms and Brochures
View Benefits and Eligibility
View Enrollment Information
Bills and Payments
Employer Group Manual for OR and WA (pdf)

- This is where the group would designate what access the broker will have for:

- Billing functions

- By default, Brokers are able to View Enrollment but you can grant more access so they can make Enrollment transactions on your behalf.

- If they want to transact, edit, payments, etc. they have to be given access at the group level.

- **The group is the only one to grant this access.**

- Changes are real time. The group must maintain the access to the new groups, etc.

- **Note:** Anytime there are new group IDs added, the employer Admin must re-grant access to the Broker.

Access Privileges

Client: [Redacted]

[View/Edit Notification Preferences](#)

Click on tabs to view and set all website functions.

BILLING FUNCTIONS | ENROLLMENT FUNCTIONS


You can change your broker's access at any time.

Only the Group can grant access (at the group level) for transactions such as edit payments, etc.

Manage Broker Access (continued)

Summary of Broker Access

- To **change access privileges**, click 'Edit' at the bottom of the page



You can change your broker's access at any time.

RETURN TO BROKER ACCESS SUMMARY

Access Privileges

Client: 000141xxx - Client Name

BAxxx - Broker Name

[View/Edit Notification Preferences](#)

Click on tabs to view and set all website functions.

BILLING FUNCTIONS

ENROLLMENT FUNCTIONS

	View Enrollment	Perform Enrollment	Enrollment Notifications
170xxA - Group Name	✓		
170xxB - Group Name	✓		
171xxA - Group Name	✓		
171xxB - Group Name	✓		

EDIT

- Check or uncheck boxes** to give the desired functionality

BILLING FUNCTIONS

ENROLLMENT FUNCTIONS

	View Bills	Pay Bills	Billing Notifications
	<div style="background-color: #ff9900; color: white; padding: 2px 5px; border-radius: 3px;">CHECK ALL</div> <div style="background-color: #e0e0e0; color: #999; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">UNCHECK ALL</div>	<div style="background-color: #ff9900; color: white; padding: 2px 5px; border-radius: 3px;">CHECK ALL</div> <div style="background-color: #e0e0e0; color: #999; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">UNCHECK ALL</div>	<div style="background-color: #ff9900; color: white; padding: 2px 5px; border-radius: 3px;">CHECK ALL</div> <div style="background-color: #e0e0e0; color: #999; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">UNCHECK ALL</div>
170xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170xxB - Group Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
171xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
171xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
172xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANCEL

SAVE

(continued)

Manage Broker Access (continued)

To view Enrollment privileges, click **'Edit'** at the bottom of the page

Click on tabs to view and set all website functions.

BILLING FUNCTIONS ENROLLMENT FUNCTIONS

	View Enrollment	Perform Enrollment	Enrollment Notifications
170xxA - Group Name	✓		
170xxB - Group Name	✓		
171xxA - Group Name	✓		
171xxB - Group Name	✓		

EDIT



You can change your broker's access at any time.

- The following viewing screen will open. Click the **"Enrollment Functions"** gray tab and grant Broker access by adding checkmarks for those functions and groups. Click **"Save"** when done.

Click on tabs to view and set all website functions.

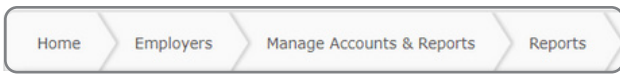
BILLING FUNCTIONS ENROLLMENT FUNCTIONS

	View Enrollment	Perform Enrollment	Enrollment Notifications
		<input type="checkbox"/> CHECK ALL <input type="checkbox"/> UNCHECK ALL	<input type="checkbox"/> CHECK ALL <input type="checkbox"/> UNCHECK ALL
170xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANCEL SAVE

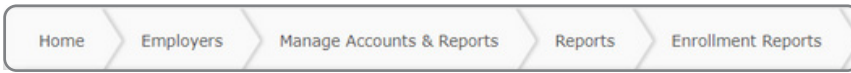
(continued)

Reports

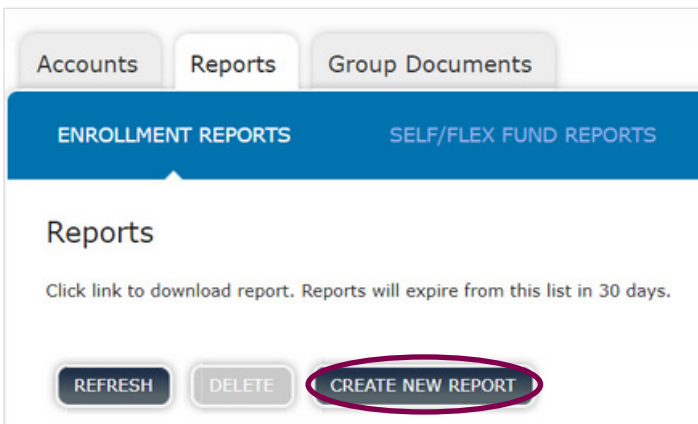


On the **Reports** tab there are **three options**:

Enrollment Reports



- Refresh
- Delete
- Create New Report
- Click on **'CREATE NEW REPORT'** to begin



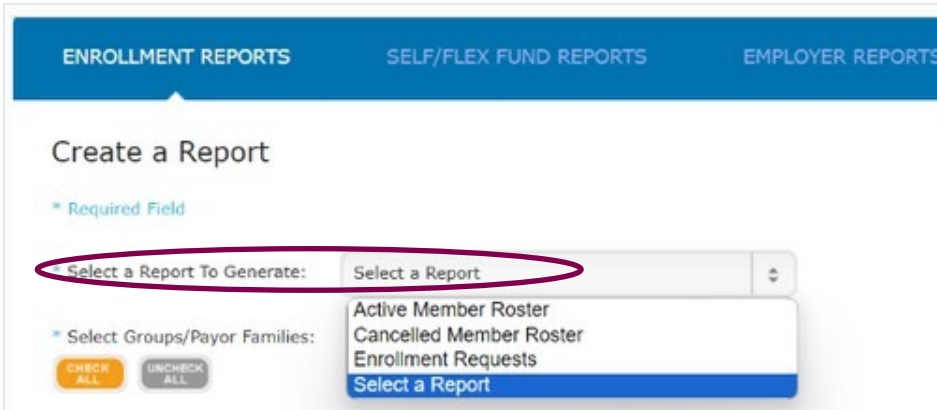
Enrollment reports won't be available if the user does not have some base level of manage enrollment access.

(continued)

Enrollment Reports (continued)

Create a Report

- **Select a Report** to generate from the drop down menu:
 - Once you select a **'Report to Generate'** a secondary box will open:



ENROLLMENT REPORTS SELF/FLEX FUND REPORTS EMPLOYER REPORTS

Create a Report

* Required Field

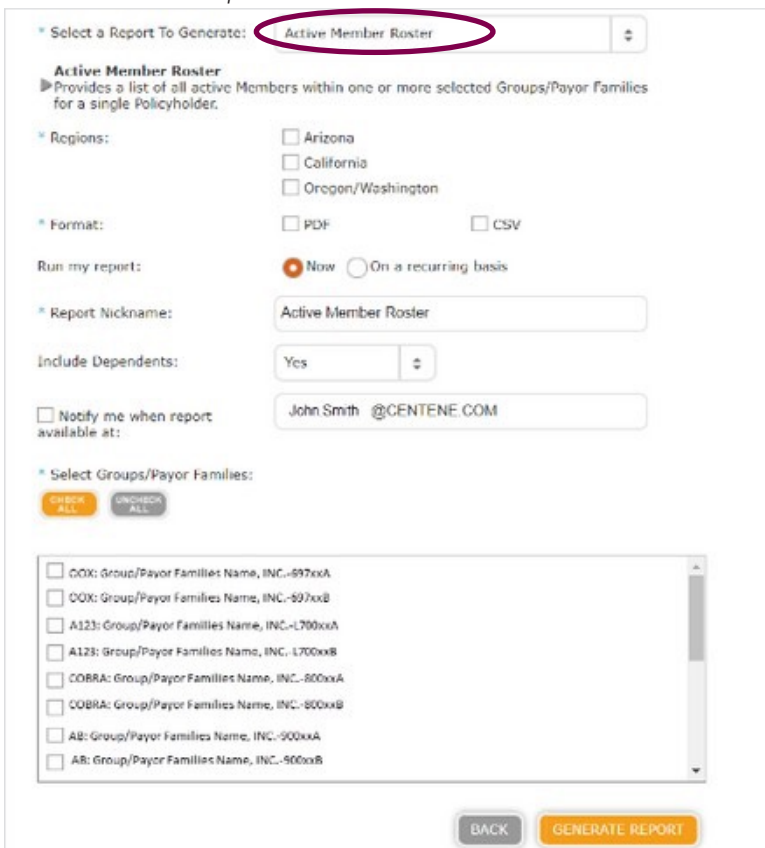
Select a Report To Generate: **Select a Report**

- Active Member Roster
- Cancelled Member Roster
- Enrollment Requests
- Select a Report**

CHECK ALL UNCHECK ALL

- Select desired criteria for your report
- Select Groups/Payor Families by checking desired boxes

Active Member Report Criteria



* Select a Report To Generate: **Active Member Roster**

Active Member Roster

Provides a list of all active Members within one or more selected Groups/Payor Families for a single Policyholder.

* Regions:

- Arizona
- California
- Oregon/Washington

* Format:

- PDF
- CSV

Run my report: Now On a recurring basis

* Report Nickname: Active Member Roster

Include Dependents: Yes

Notify me when report available at: John Smith @CENTENE.COM

* Select Groups/Payor Families:

CHECK ALL UNCHECK ALL

- COX: Group/Payor Families Name, INC.-897xxA
- COX: Group/Payor Families Name, INC.-897xxB
- A123: Group/Payor Families Name, INC.-L700xxA
- A123: Group/Payor Families Name, INC.-L700xxB
- COBRA: Group/Payor Families Name, INC.-800xxA
- COBRA: Group/Payor Families Name, INC.-800xxB
- AB: Group/Payor Families Name, INC.-900xxA
- AB: Group/Payor Families Name, INC.-900xxB

BACK GENERATE REPORT

(continued)

Create a Report (continued)

Cancelled Member Roster Criteria

* Select a Report To Generate: **Cancelled Member Roster**

Cancelled Member Roster
► Provides a list of all cancelled Subscribers/Dependents within one or more selected Groups/Payor Families for a single Policyholder based upon a given date range.

* Regions: Arizona
 California
 Oregon/Washington

* Format: PDF CSV

Run my report: Now On a recurring basis

* Reporting Period: From: To:

* Report Nickname:

Include Dependents:

Notify me when report available at:

- DOX: Group/Payor Families Name, INC.-697xxA
- DOX: Group/Payor Families Name, INC.-697xxB
- A123: Group/Payor Families Name, INC.-L700xxA
- A123: Group/Payor Families Name, INC.-L700xxB
- COBRA: Group/Payor Families Name, INC.-800xxA
- COBRA: Group/Payor Families Name, INC.-800xxB
- AB: Group/Payor Families Name, INC.-900xxA
- AB: Group/Payor Families Name, INC.-900xxB

(continued)

Create a Report (continued)

Enrollment Request Criteria

- Once desired report choices are selected, click **'GENERATE REPORT'** to complete

* Select a Report To Generate: **Enrollment Requests**

iBilling Enrollment Requests
Provides a list of any enrollment transactions submitted by the user within iBilling by type (add, cancel, update, reinstate) for a given date range

* Regions:
 Arizona
 California
 Oregon/Washington

* Format:
 PDF CSV

Run my report:
 Now On a recurring basis

* Date Range: From: To:

Transaction Type:

Last Name:

Middle Initial:

First Name:

Social Security Number: - -

R#/Member Type:

* Report Nickname:

Include Dependents:

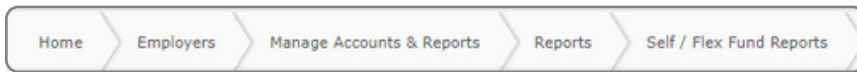
Notify me when report available at:

* Select Groups/Payor Families:

(continued)

Self/Flex Fund Reports

This only applies to certain Self/Flex Funded clients. If this applies to you, contact your account executive for more information.



Search Reports:

- Self/Flex funded reports
- Select a Report Type to see the list of reports of that type within / the last 30 months.
- To narrow your search, enter a date range.
- When completed, click 'SEARCH'

Accounts Reports Group Documents

ENROLLMENT REPORTS **SELF/FLEX FUND REPORTS** EMPLOYER REP

ASO/Flex Fund Reports

Download Recent Reports

No current reports found.

Search for Archived Reports

Select a Report Type to see a list of reports of that type within the last 30 months.
To narrow your search, enter a date range.

Report Type -- Select --

Date Range -- Select --

CLEAR SEARCH

Enrollment reports won't be available if the user does not have some base level of manage enrollment access.

-
- Select --
 - Medical Claims Analysis
 - Prescription Drug Analysis
 - Specific Stop Loss by Month
 - Aggregate Stop Loss
 - Accounting and Transfer
 - Reconciliation
 - Run Out Claims
 - Behavioral Health Claims Analysis
 - Payment Register
 - Monthly Cost Summary
 - Aggregate Limit
 - Aggregate Percentage Notification
 - Specific Limit Report
 - Specific Percentage Notification
 - Capitation Remittance Report
 - Capitation Summary Report
 - Behavioral Health Claims Analysis
 - Reconciliation
 - Specific Limit sReport

Employer Reports

- Current Reports & Statements (if any)
- Click **‘View Archived Reports’** hyperlink to see archived reports

Current Reports

Home > Employers > Manage Accounts & Reports > Reports > Current Reports

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support | Pay My Bill

Accounts | Reports | Group Documents

ENROLLMENT REPORTS | SELF/FLEX FUND REPORTS | **EMPLOYER REPORTS**

Employer Reports

Current Reports and Statements

We're sorry. No Current Reports have been found associated to your Group.

[View archived reports >](#)

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

Archived Reports Screen

Home > Employers > Manage Accounts & Reports > Reports > Archived Reports

Make desired selection criteria, click **‘SEARCH’**

Archived Reports

Home > Employers > Manage Accounts & Reports > Reports > Archived Reports

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support | Pay My Bill

Accounts | Reports | Group Documents

ENROLLMENT REPORTS | SELF/FLEX FUND REPORTS | **EMPLOYER REPORTS**

Annual Reports

Search Archived Reports

Select an Annual Report Type:

Select a Report Start Date:

Select a Report End Date:

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

Group Documents

Employer Group Search Results

- By clicking the **'Get Group Service Agreement'** link, you will see all of the available Group Service Agreement documents for the selected employer group.
- To **sort the results**, click on a column header

Group Documents

Home > Employers > Manage Accounts & Reports > Group Documents

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support | Pay My Bill

Accounts | Reports | Group Documents

Get Group Documents

Employer Group Search Results

By clicking the "Get Group Service Agreement" link, you will see all of the available Group Service Agreement documents for the selected employer group.

To sort your results, click on a column header.

Showing 1-10 of 19 Employer Groups Go to page 1 of 2

Group ID	Group Name	
R123xA	170xxA - Group Name	Get Group Service Agreement
R123xB	170xxB - Group Name	Get Group Service Agreement
R124xA	171xxA - Group Name	Get Group Service Agreement
R124xB	171xxB - Group Name	Get Group Service Agreement
R125xA	172xxA - Group Name	Get Group Service Agreement
R125xB	172xxB - Group Name	Get Group Service Agreement
R126xA	173xxA - Group Name	

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

You can view/print desired document

Archived Reports Screen

Get Group Service Agreement (GSA)

Download Group Service Agreement (GSA)

Click on the selected image to view the Group Service Agreement. If you cannot find the document you are looking for, please contact your **Health Net Account Representative**.

Policyholder Id: [Redacted]
Policyholder Name: [Redacted]
Group ID: [Redacted]
Group Name: [Redacted]

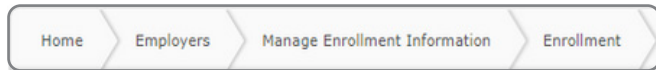
Showing 1 - 3 of 3 Available Documents

GSA Effective Date	
01/01/2022	View/Print
01/01/2020	View/Print
01/01/2018	View/Print

Don't see what you're looking for? Contact your Health Net account representative.

Manage Enrollment

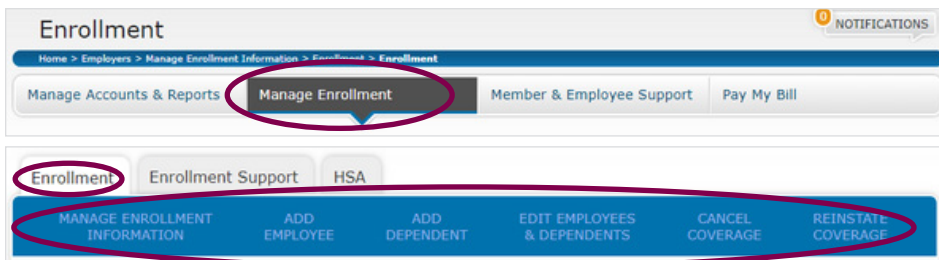
Enrollment



When the **Manage Enrollment** tab is selected, it will automatically open to **Enrollment**, where you have the following options available:

- **Manage/View Enrollment Information**
- **Add Employee**
- **Add Dependent**
- **Edit Employees & Dependents**
- **Cancel Coverage**
- **Reinstate Coverage**

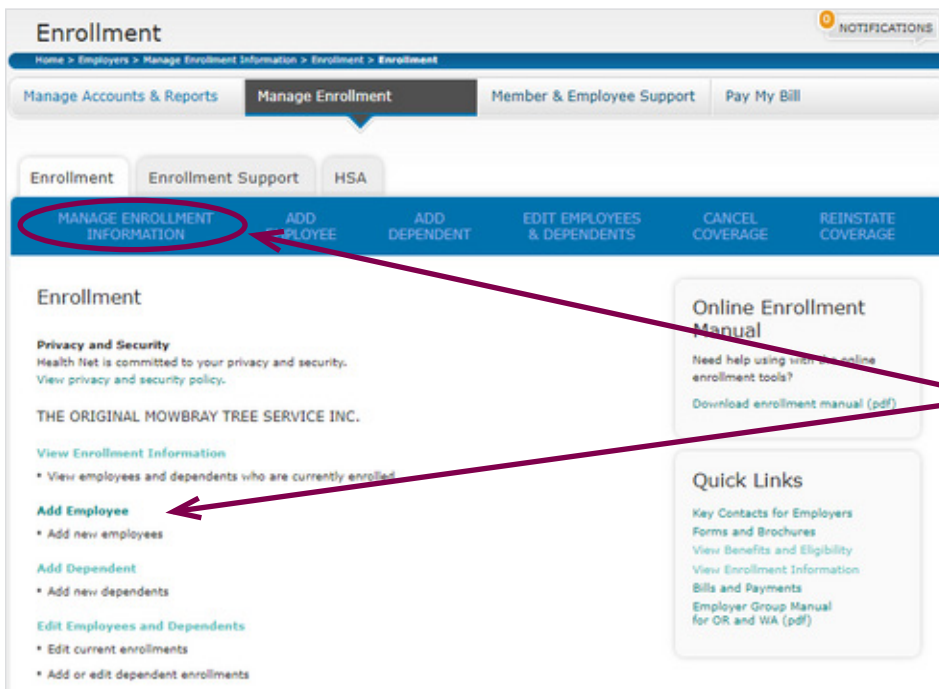
This menu reflects full and complete access. Some of the functionality might not be available, due to the access level granted by your administrator.



Manage Enrollment Information Tab

From the My Dashboard page, or any page,

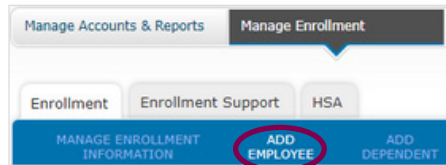
- **Click** on the Manage Enrollment Tab



The same functionality can be accessed on each page in multiple ways. (Hyperlinks or sub tabs on page banners)

Add Employee

When Add Employee subtab folder is selected, it will automatically open to “Arbitration Agreement”



Arbitration Agreement



When adding a new member/dependent:

- After reading the Arbitration Agreement, you must do the following
- in order to continue.
- Check the box to certify your understanding of the agreement
- Type your name to electronically sign your application
- Re-type your name to confirm
- Click the ‘I AGREE’ button


Copy of Arbitration Agreement



Fields with an asterisk are mandatory

BY CHECKING THE BOX AND ENTERING MY NAME BELOW, I AM INDICATING THAT I UNDERSTAND ALL AGREEMENTS, INCLUDING MY AGREEMENT TO SUBMIT DISPUTES TO BINDING ARBITRATION.

ELECTRONIC SIGNATURE

 Acknowledgement:

* By checking the box and entering my name below, I certify that I understand all agreements, including that I have received the enrollment application and verified that the member/applicant is eligible to enroll in coverage due to a qualifying event. In addition, I certify that I have the supporting document(s) which support the eligibility determination based on U.S. Department of Labor guidelines (see list of acceptable documents on the HealthCare Reform website). Further, I agree to submit the documents to Health Net upon request. Additional information about qualifying events is available here.

Please type your name in the spaces below to electronically sign your application:

* Last Name:

* First Name:

Please re-type your name in the spaces below to confirm your electronic signature:

* Last Name:

* First Name:

Date: 12/15/2023 ABOUT SSL CERTIFICATES

Once you click "I Agree", you will be able to continue enrolling your employee and any dependents they may have.

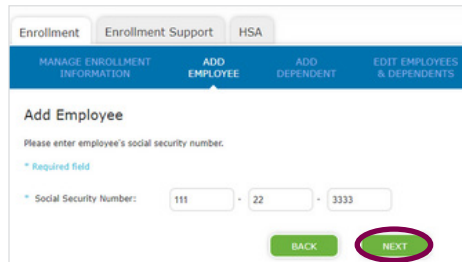
If you do not agree, click the "I Decline" button. Declining will prevent you from enrolling your employee.

Add Employee (continued)



After completing the Arbitration agreement acknowledgment, you will progress to the multiple screens to enter the employee information.

- Use the tab to navigate from field to field
- After completing, click ‘NEXT’ to go to next employee information screen



Add Employee

Please fill out the form below to add an employee.

NOTE: When adding an employee or dependent outside of an open enrollment event, the employee or dependent may be contacted for supporting paperwork.

* Required Field

Employee Details

Social Security Number: 111-22-3333

* First Name:

Middle Initial:

* Last Name:

* Date of Birth:
(mm/dd/yyyy)

* Gender: Male Female

* Address 1:

Address 2:

* City:

* State: Zip:

Home Phone Number:
(Format: 123-456-7890)

Work Phone Number:
(Format: 123-456-7890)

Primary Language:

Employment Information

* Hire Date:

Employee ID:

Department Number:

Coverage Information

* Qualifying Event:

* Qualifying Event Date:

* Employee Type:

* Coverage Election Indicator: Medical Dental Vision

In most cases, the system will assign the Coverage Effective Date according to the group’s contractual agreement

- ### New Employee Information
- Employee Social Security Number
 - First Name
 - Last Name
 - Date of Birth
 - Gender
 - Address
 - Home Phone Number
 - Work Phone Number
 - Primary Language
 - Employee Information
 - Hire Date
 - Employee ID
 - Department Number
 - Coverage Information
 - Qualifying event
 - Qualifying event date
 - Employee type
 - Type of Coverage
 - Primary Care Physician Info
 - May use Find a Provider feature
 - Group Name
 - Group Code
 - Physician Name
 - Physician Access Code
 - Other Coverage

(continued)

Add Employee (continued)



Continue to enter the employee information:

- Use the **'Find a Provider'** link to select Physician or let Health Net assign one of our participating providers as the Primary Care, click **'Next'**

Primary Care Physician Information
(Use [Doctor Search](#) to select a physician or let Health Net assign one of our participating providers as your Primary Care Physician.)

Participating Provider Group Name:

Participating Provider Group Code:

Physician Name:

Physician Access Code:

Other Coverage

Does employee have any other coverage? Yes No

If this information is left blank, it could lead to processing delays as auto assignments would need to be done.

New Employee Information

- Employee Social Security Number
- First Name
- Last Name
- Date of Birth
- Gender
- Address
- Home Phone Number
- Work Phone Number
- Primary Language
- Employee Information
 - Hire Date
 - Employee ID
 - Department Number
- Coverage Information
 - Qualifying event
 - Qualifying event date
 - Employee type
 - Type of Coverage
- Primary Care Physician Info
 - May use Dr. search feature
 - Group Name
 - Group Code
 - Physician Name
 - Physician Access Code
- Other Coverage

The system will display all of the information that was entered.

- Confirm the accuracy of the information on the screen.
- Once completed, click 'Submit' button

Add Employee Details

Home > Employers > Manage Enrollment Information > Enrollment > Add Employee Details

Manage Accounts & Reports | **Manage Enrollment** | Member & Employee Support

Enrollment | Enrollment Support | HSA

MANAGE ENROLLMENT INFORMATION | **ADD EMPLOYEE** | ADD DEPENDENT | EDIT EMPLOYEES & DEPENDENTS

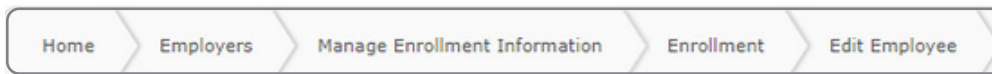
Add Employee Verify Information

Please verify that your entries are correct.

Employee Details

Name:	First Last
Social Security Number:	111-22-3333
Date of Birth:	01/01/1980
Gender:	Male

View Enrollment Records



- The system will now display a confirmation message.
- You can click on the **‘Print Icon’** to obtain a hard copy of this confirmation

MANAGE ENROLLMENT INFORMATION ADD EMPLOYEE ADD DEPENDENT EDIT EMPLOYEES & DEPENDENTS

Enrollment

Edit Employee

✔ Your request to add First Last has been successfully submitted on 12/18/2023, 03:47 PM CST.

[Return to "Enrollment"](#) | [Add a Dependent to this Employee](#)

Employee Details

Name:	First Last
Social Security Number:	111-22-3333
Reference Number - Member type:	-
Date of Birth:	01/01/1980
Gender:	Male
Address:	[REDACTED]
Home Phone Number:	[REDACTED]
Work Phone Number:	[REDACTED]
Primary Language:	ENGLISH

Employment Information

Hire Date:	12/01/2023
Employee ID:	123456
Department Number:	000

Coverage Information

Qualifying Event:	New Hire
Qualifying Event Date:	12/01/2023
Medical Status:	Pending
Medical Product/Plan Type:	- CA-STANDARD GROUP BUSINESS
Medical Classification:	[REDACTED]
Medical Coverage Effective Date:	02/01/2024

VERY IMPORTANT!!

If the employee is also covering a spouse and/or dependent(s)

- The user must click “Add a Dependent“ to this Employee’ button BEFORE navigating away from this screen.
- Failure to do so will lead to processing delays.
- The additional dependents can not be added for 2-7 business days.

- If you are adding a dependent, and click the **‘Add a Dependent to this Employee’** button
- You will be taken to the next steps on page 31 to enter the dependent information.
- You will skip the ‘search primary employer’ step as the employee details will carry over into the dependent information from this screen

Add Dependent

To add a dependent to an **EXISTING** employee, you will need to search for the Primary Subscriber's record.

Employee Search

- Perform the search by entering the employees, Social Security Number, Reference Number, or Last/First Name.

The 'Employee Search' function on this page, will be referenced throughout the guide and will apply to many functions.

- Then click the 'SUBMIT' Button
- This will show the Name, Social Security Number, Reference Number, Member Type, Status, and Coverage Plan Effective Period.
- Click on the 'View Details' button of the selected Employee.

Enrollment

Employee Search Results

Search Criteria: [edit](#) Reference Number:
 Include Dependents Yes
 Status All

Showing 1 - 1 of 1 records found

To make enrollment changes to existing employees or dependents, click on the corresponding View Details button.

Name	Social Security Number	Reference Number - Member Type	Status	Coverage Plan Effective Period	
			Active	11/01/2009-Current	View Details

Copy Employee Details Screen

Once the Primary Subscriber's record is identified

- Click on the 'Add Dependent' tab
- This will take you to the Arbitration Agreement, where you must complete and acknowledge before you can proceed.
- The Arbitration Agreement steps are explained in detail on page 25.

(continued)

Add Dependent (continued)



Once the Arbitration acknowledgement is completed:

- Click the 'Add Dependent' button
- The Employee Details screen will be displayed.
- Scroll down to the Dependent Details section, complete and click 'NEXT'

MANAGE ENROLLMENT INFORMATION ADD EMPLOYEE **ADD DEPENDENT** EDIT EMPLOYEE & DEPENDENT

Enrollment
Add Dependent
Please enter dependent's name and date of birth.

*Required Field

Employee Details

Name: First Last
Social Security Number: 111-22-3333
Reference Number - Member Type: -
Date of Birth: 01/01/1980
Address: [redacted]
Medical Group ID: 69728A
Medical Coverage Type: CA-STANDARD GROUP BUSINESS

Dependent Details

* First Name: John
Middle Initial: [empty]
* Last Name: Last
* Date of Birth: 01/01/2023
(mm/dd/yyyy)

BACK NEXT

(continued)

Dependent Information

- First Name
- Middle Initial (if applicable)
- Last Name
- Date of Birth
- Dependent's Social Security Number
- Gender
- Address
- Phone Number
- Disabled Status
- Relationship to Employee
- Primary Language
- Coverage Information:
 - Qualifying Event
 - Qualifying Event Date
 - Coverage Election Indicator
- Other Coverage

Add Dependent (continued)

- Continue entering required information for the new dependent, click **'Next'** when finished.

* Date of Birth:
(mm/dd/yyyy)

* Social Security Number: - -

* Gender: Male Female

* Address: Same as Employee (shown above)
 Different from Employee (shown above)

* Phone Number: Same as Employee (shown above)
 Different from Employee (shown above)

* Disabled Status: No Yes

* Relationship to Employee:

Primary Language:

Coverage Information

* Qualifying Event: New Hire

* Qualifying Event Date:

* Coverage Election Indicator: Medical
 Dental
 Vision

Primary Care Physician Information
(Use [Doctor Search](#) to select a physician or let Health Net assign one of our participating providers as your Primary Care Physician.)

Participating Provider Group Name:

Participating Provider Group Code:

Physician Name:

Physician Access Code:

Other Coverage

Does dependent have any other coverage? Yes No

Dependent Information

- First Name
- Middle Initial (if applicable)
- Last Name
- Date of Birth
- Dependent's Social Security Number
- Gender
- Address
- Phone Number
- Disabled Status
- Relationship to Employee
- Primary Language
- Coverage Information:
 - Qualifying Event
 - Qualifying Event Date
 - Coverage Election Indicator
- Other Coverage

Use the Doctor Search link to get the requested codes. If this information is left blank, it could lead to a processing delays as auto assignments would need to be done.

The system allows the form to be saved as incomplete if there is missing information. Simply click on the Save as Incomplete button

(continued)

Add Dependent (continued)

- **Verify** that all information is correct
- Click **'Submit'** to complete dependent enrollment

Enrollment
Add Dependent
Verify Information

Please verify that your entries are correct.

Employee Details

Name: First Last

Social Security Number: 111-22-3333

Reference Number - Member Type: -

Date of Birth: 01/01/1980

Address: [Redacted]

Medical Group ID: [Redacted]

Medical Coverage Type: CA-STANDARD GROUP BUSINESS

Medical Group Name: [Redacted]

Home Phone Number: [Redacted]

Dependent Details

Name: John Last

Social Security Number : 111- 22- 4444

Reference Number - Member Type: [Redacted]

Date of Birth: 01/01/2023

Gender: Male

Address: [Redacted]

Address same as Employee: Yes

Home Phone Number: [Redacted]

Home Phone same as Employee: Yes

Relationship to Employee: Child

Primary Language: ENGLISH

Disabled: No

Coverage Information

Status: [Redacted]

Qualifying Event: [Redacted]

Qualifying Event Date: 12/01/2023

Medical Group ID: [Redacted]

Medical Coverage Type: CA-STANDARD GROUP BUSINESS

Medical Group Name: [Redacted]

Medical Coverage Effective Date: 02/01/2024

Primary Care Physician Information
(if no physician is selected, Health Net will assign one)

Participating Provider Group Name: [Redacted]

Participating Provider Group Code: [Redacted]

Physician Name: [Redacted]

Physician Access Code: [Redacted]

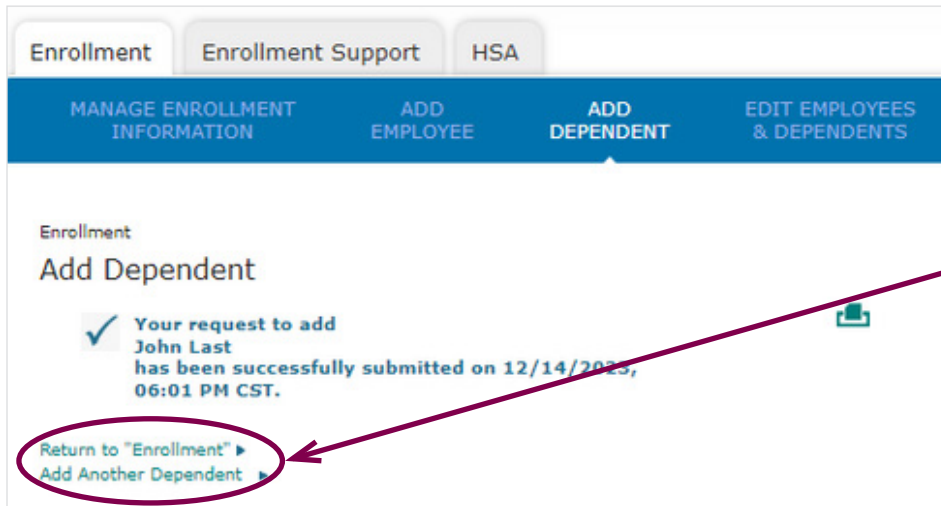
(continued)

Dependent Information

- First Name
- Middle Initial (if applicable)
- Last Name
- Date of Birth
- Dependent's Social Security Number
- Gender
- Address
- Phone Number
- Disabled Status
- Relationship to Employee
- Primary Language
- Coverage Information:
 - Qualifying Event
 - Qualifying Event Date
 - Coverage Election Indicator
- Other Coverage

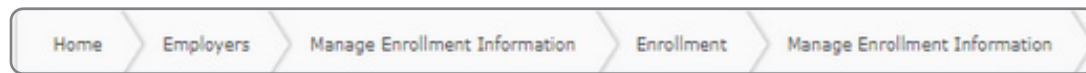
Add Dependent (continued)

- Once submitted, the System will display a confirmation message.
- You may click on the **'Print icon'** to obtain a hard-copy of this confirmation.



You may click to add another dependent to this employee (if applicable) or return to enrollment

Edit Employees & Dependents



To edit existing employee and/or dependent information, you must first:

- **'Search for Primary Subscriber Record'** (explained on page 29)

Once the employee record is identified, click the 'EDIT' button

- **Select** the field to be updated and enter the new information,
 - click **'Next'**.
- **Verify** the updated information.
 - Click **'Submit'**

- The system will display a confirmation message of success.



- You may click on the **'print icon'** to obtain a hard-copy of this confirmation.

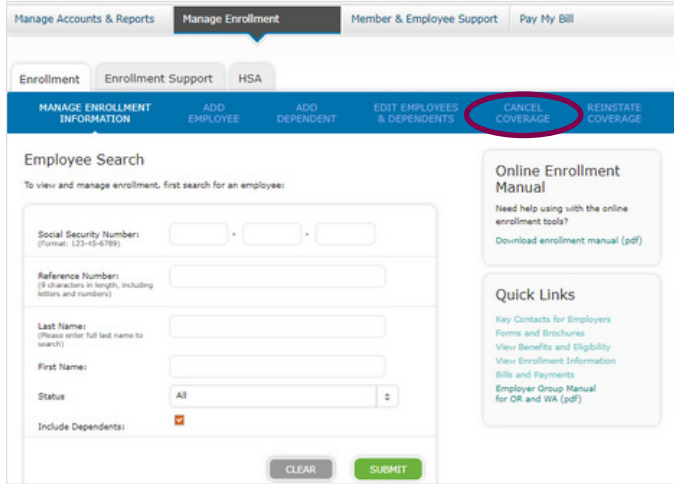
The Edit function allows users to change coverage, based on a qualifying event.

(continued)

Cancel Coverage



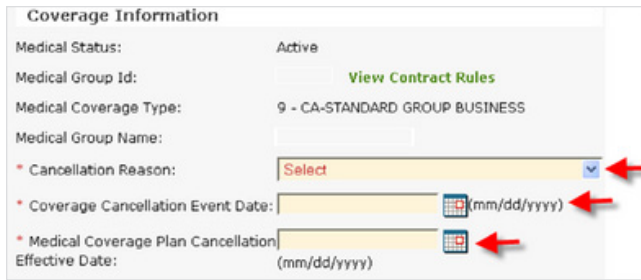
- When you click on the **'Cancel Coverage'** tab, you will need to complete the Primary Subscriber Search function first.
- The details of performing the search are covered on page 29.



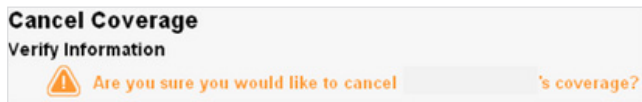
Canceling the subscriber will also cancel any active dependents

Once the record to be cancelled is identified:

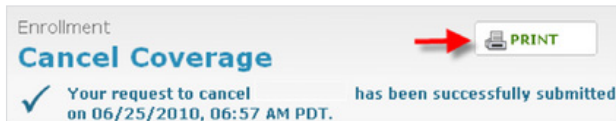
- **Scroll down** to the Coverage Information section.
- **Select** the Cancellation Reason & Coverage Cancellation Event Date.
 - The system will assign the cancellation effective date according to the contractual agreement.
 - Click **'Next'**



- The following cancellation message will be displayed:



- Review & verify the details, click 'Submit' when finished.
- The following cancellation confirmation message is displayed:

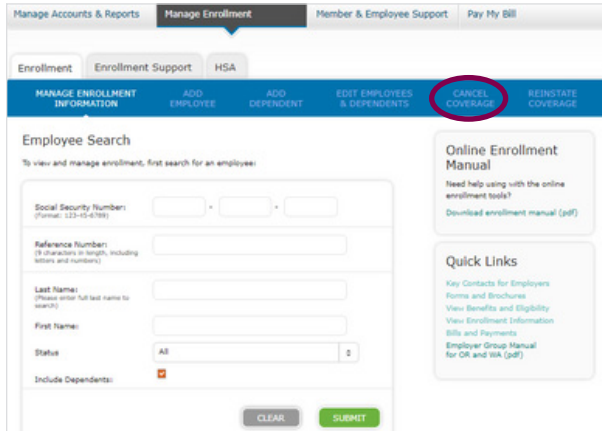


Click on the 'print icon' to get a hard copy of the cancelled coverage confirmation

Reinstate Coverage



- When you click on the **'Reinstate Coverage'** tab, you will need to complete the Primary Subscriber Search function first.
- The details of performing the search are covered on page 29.



- The Employee/subscriber details screen will appear indicating the Status and Effective date.
- Click on **'View Details'**

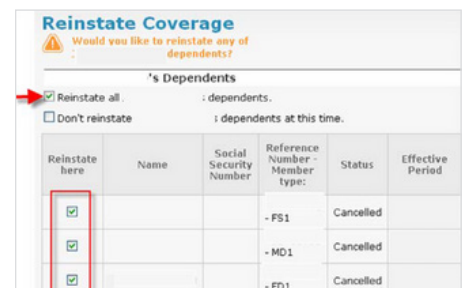
Name	Social Security Number	Reference Number - Member Type	Status	Coverage Plan Effective Period
			Cancelled	

[View Details](#)

- If you want to reinstate a **'DEPENDENT ONLY'**
- Select the desired dependent
- Click on 'View Details'

Name	Relationship	Date of Birth	Group Id	Coverage Type	Enrollment Status	Coverage Plan Effective Period
	Spouse			Medical	Active	01/01/2009-Current
	Child			Medical	Cancelled	01/01/2009-02/28/2010
	Child			Medical	Active	01/01/2009-Current
	Child			Medical	Cancelled	01/01/2009-01/31/2010

- Click on the **'Reinstate Coverage'** Button The Arbitration Agreement will be displayed.
- Follow the steps to acknowledge the Arbitration agreement as shown on page 27.
- Select if you would like to reinstate the dependents or not:
- Click **'Next'**

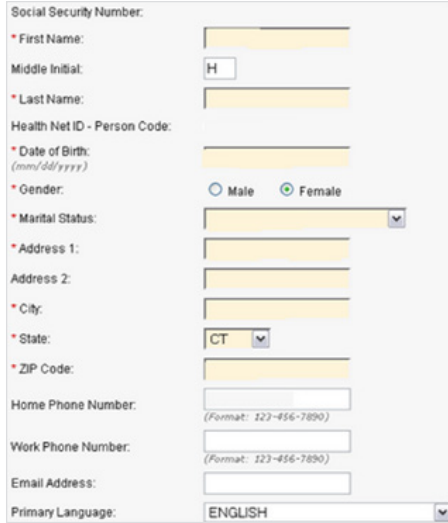


(continued)

Reinstate Coverage (continued)

The Employee Details Screen will be displayed.

- Review each field and update as needed.



In most cases, the system will assign the Medical Coverage Plan Effective Date according to the contractual agreement

- Confirm the Primary Care Physician information.
- Indicate if member has other health coverage.
- Click, 'Next'



The system will populate the physician information on record. This can be changed later. Also, you can indicate if the member is a prior patient of this physician.

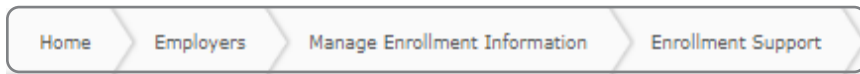
- The system will trigger a confirmation on dependent information (i.e. medical prior coverage and verification on other coverage).
- **Review** all the information entered and confirm accuracy.
- Click 'Submit'

The system will display the following confirmation message



Click on the 'print icon' to get a hard copy of the Reinstated coverage confirmation

Enrollment Support – Frequently Asked Questions (FAQs)



The Enrollment Support page is a list of ‘Frequently Asked Questions’ or FAQ’s.

- This page has questions and answers that have been grouped into **4 categories:**
 - General
 - Enrollment Transactions
 - Reports
 - Message Center
- Find the question you have, and **click** on the ‘+’ sign to expand the box and read the answer to the question.

Simply click on the ‘+’ sign to expand the text box for the answer to the frequently asked questions.

HSA – Frequently Asked Questions (FAQs)

Home > Employers > Manage Enrollment Information > HSA & HRA - FAQs

The HSA page is a list of ‘Frequently Asked Questions’ or FAQ’s.

- This page has questions and answers that have been grouped into **2 categories**:
 - HSA – General
 - HSA – Bank of America
- Find the question you have, and **click** on the ‘+’ sign to expand the box and read the answer to the question.

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support

Enrollment | Enrollment Support | HSA

HSA - General | HSA - Bank of America

HSA - General

+ HOW TO A "QUALIFIED MEDICAL EXPENSE"?

- HOW DO HSAS WORK?

There are two basic parts to HSA: a health plan policy, often referred to as an HSA-qualified High Deductible Health Plan (HDHP) and a tax-advantaged savings account.

- High Deductible Health Plan (HDHP) - One key element of HSAs is the requirement that an HSA-qualified HDHP be in place to cover the individual or family that would benefit under such account. Such a policy provides important health care benefits, but with relatively modest premiums.
- Health Savings Account (HSA) - An HSA is a tax-advantaged savings account (under Code Section 223) that an individual or an employee may establish and put money into on a tax-advantaged basis to save for current and future qualifying medical expenses and to help them take charge of how their health care dollars are spent. Designed to work together with an HSA-eligible health plan, an HSA can be used to pay for qualified medical expenses such as doctor visits, prescriptions, and even some over-the-counter medications. The HSA is often referred to as a "medical 401(k)", because the account is owned by the individual or employee (it is not a group plan), earns tax free interest, rolls over from year to year, and moves with the employee wherever they go: to a new job, a change in health plans, or even in retirement.

+ CAN HSA FUNDS BE USED FOR EXPENSES OTHER THAN QUALIFIED MEDICAL EXPENSES?

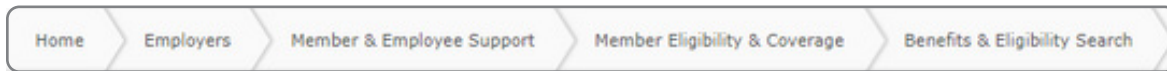
+ HOW MUCH MONEY CAN BE CONTRIBUTED TO AN HSA?

+ WHAT KIND OF TAX SAVINGS ARE POSSIBLE WITH AN HSA?

Simply click on the ‘+’ sign to expand the text box for the answer to the frequently asked questions.

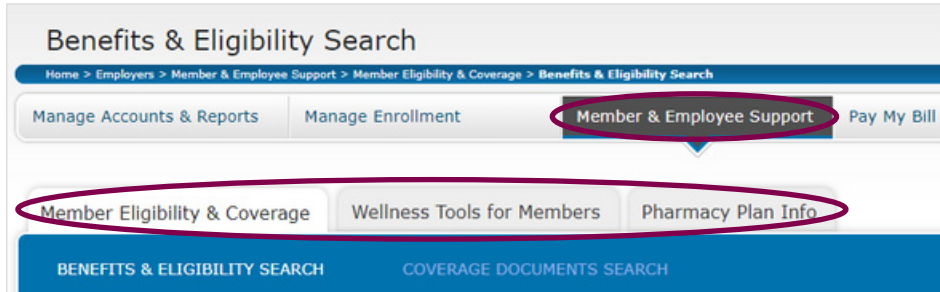
Member & Employee Support

Benefits & Eligibility Coverage



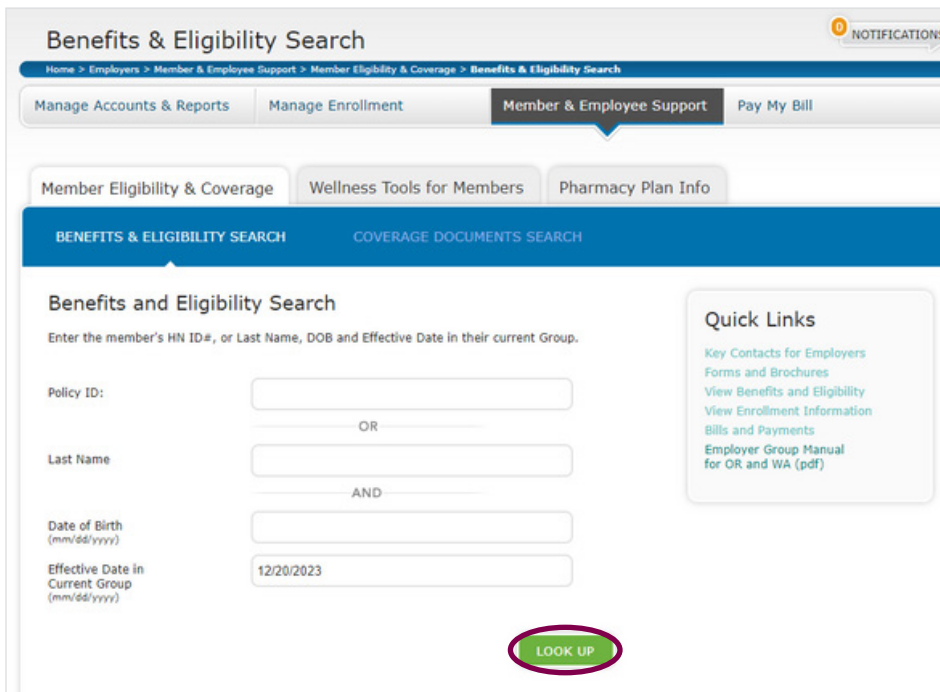
Under the ‘Member & Employee Support’ tab you will find 3 sub tabs:

- Member Eligibility & Coverage
- Wellness Tools for Members.
- Pharmacy Plan Info



When you select the ‘Member & Employee Support’ tab, it will automatically open to the ‘Member Eligibility & Coverage’ sub tab.

- Enter the member’s HN ID#, or Last Name and Effective Date in their current group.
- Click ‘Look up’ button



(continued)

Member & Employee Support

Benefits & Eligibility Coverage (continued)

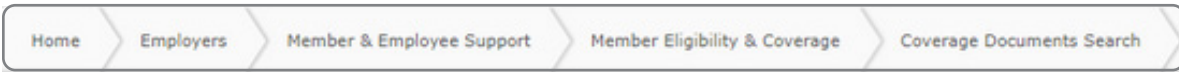
- After searching for a Subscriber, their results will appear.
- You have the ability to Order ID Cards for that Subscriber and dependents. Click on the **“Order ID Card”** hyperlink to begin the process.

Note: This can only order ID cards, you cannot view and download a soft copy. The member can do that in the Group Member portal.

The screenshot displays the 'Benefits & Eligibility Search' interface. At the top, there is a navigation bar with 'Home > Employers > Member & Employee Support > Member Eligibility & Coverage > Benefits & Eligibility Search'. Below this is a menu with 'Manage Accounts & Reports', 'Manage Enrollment', 'Member & Employee Support' (highlighted), and 'Pay My Bill'. Underneath, there are tabs for 'Member Eligibility & Coverage', 'Wellness Tools for Members', and 'Pharmacy Plan Info'. A 'SEARCH AGAIN' button is visible. The main content area is split into 'BENEFITS & ELIGIBILITY SEARCH' and 'COVERAGE DOCUMENTS SEARCH'. The 'Employee Eligibility' section shows '(Information current as of previous business day)' and a disclaimer: 'All information provided herein, including but not limited to benefit information, is subject to change at any time without notice. For the specific terms of coverage, please refer to the Health Net certificate of coverage.' Below this is a table with two columns: 'Subscriber' and 'Information'. The 'Subscriber' row shows 'Eligibility status as of 02/01/2026'. The 'Information' row shows '01 - Active'. On the right side, there is a box titled 'Order Member ID Card' with the text: 'You can order ID cards for members who are associated with your account. To order an ID card for a member listed on this page. Click the link below.' A red circle highlights the 'Order ID card' link.

Subscriber	Information
Eligibility status as of 02/01/2026	01 - Active

Coverage Documents Search



To find a member's coverage documents, including the Evidence of Coverage (EOC):

- Click on the 'Coverage Documents Search' heading.
- Search by the member's name or subscriber ID
- click 'Search'

Manage Accounts & Reports Manage Enrollment **Member & Employee Support**

Member Eligibility & Coverage Wellness Tools for Members Pharmacy Plan Info

BENEFITS & ELIGIBILITY SEARCH **COVERAGE DOCUMENTS SEARCH**

Coverage Documents Search

Here's where you can find a member's coverage documents and including Evidence of Coverage (EOC). Just search by the member's name or subscriber ID to get started.

Search for a Member

Please enter at least one of the following search criteria:

Subscriber Number:

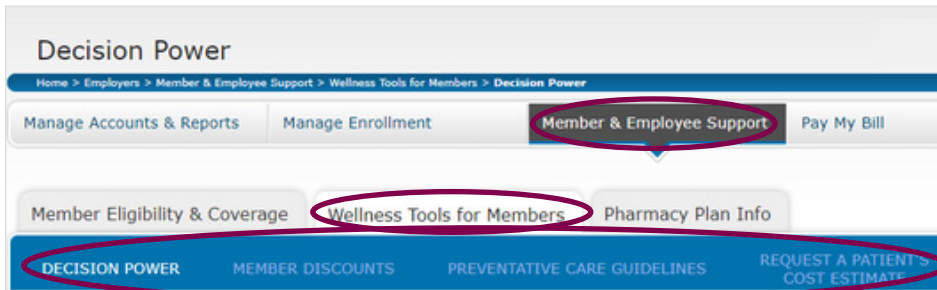
Last Name:

First Name:

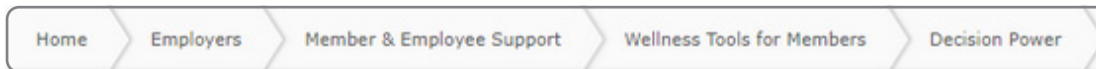
Wellness Tools for Members

When you click on the 'Wellness Tools for Members', **This category has 4 sub headings:**

- Decision Power
- Member Discounts
- Preventative Care Guidelines
- Request A Patient's Cost Estimate

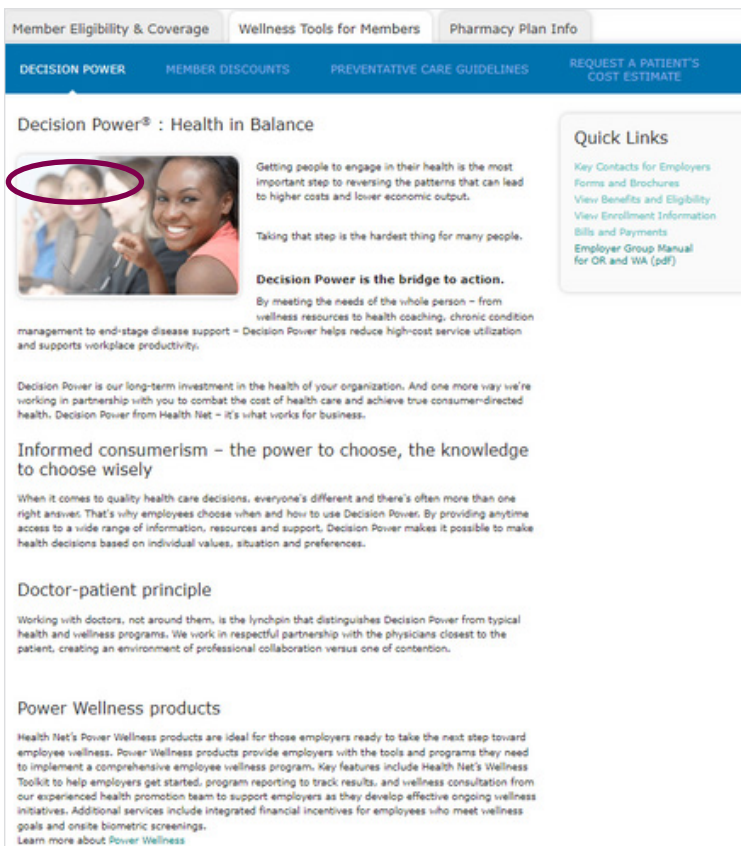


Decision Power



The system will automatically open to first sub heading or 'Decision Power' page.

- Here you will find wellness resources and information for your members.

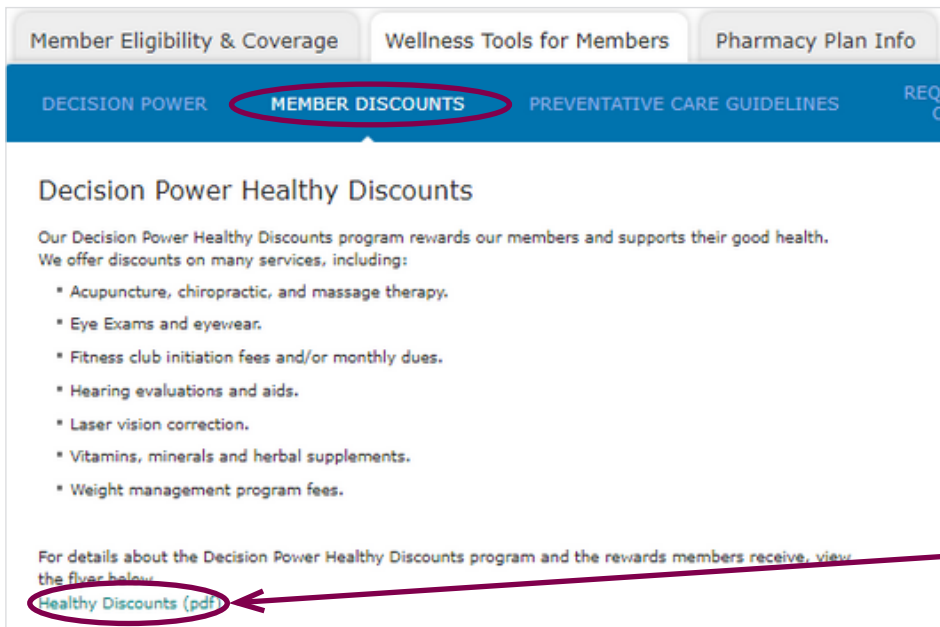


Member Discounts



Here you will find **Decision Power Healthy Discounts** program rewards for members and support their good health.

- We offer **discounts on many services**, including:
 - **Acupuncture, chiropractic, and massage therapy.**
 - **Eye Exams and eyewear.**
 - **Fitness club initiation fees and/or monthly dues.**
 - **Hearing evaluations and aids.**
 - **Laser vision correction.**
 - **Vitamins, minerals and herbal supplements.**
 - **Weight management program fees.**
- For details about these programs and services, click on the **'Healthy Discounts'** link on the bottom left to view the flyer.



Simply click on the 'Healthy Discounts' link to view the programs and services available.

Preventative Care Guidelines

On this page, you will find Health Net’s recommended health screening and immunizations. Use these documents to help plan visits with the doctor.

- Adult Preventative Health Guidelines (pdf)
- Recommendations for Preventative Pediatric Health Care (pdf)

The screenshot shows a web page with a navigation bar at the top containing 'Member Eligibility & Coverage', 'Wellness Tools for Members', and 'Pharmacy Plan Info'. Below this is a blue header with 'DECISION POWER', 'MEMBER DISCOUNTS', and 'PREVENTATIVE CARE GUIDELINES'. The main content area starts with a paragraph: 'Health Net wants to help you stay healthy. In these guides, you will find Health Net’s recommended health screenings and immunizations. Use these guides to help plan visits with the doctor.' Below this are two links: 'Adult Preventive Health Guidelines (pdf)' and 'Recommendations for Preventative Pediatric Health Care (pdf)'. A callout box on the right lists these two links. Further down is a section titled 'EPSDT (Early and Periodic, Screenings, Diagnostic and Treatment)' with a detailed paragraph and a contact number: 'If you need help making an EPSDT appointment, please call Health Net’s Customer Service Center, 1-800-555-2604 (TTY/TDD 1-888-747-2424) for assistance.' A callout box on the right points to this section.

- Adult Preventative Health Guidelines (pdf)
- Recommendations for Preventative Pediatric Health Care (pdf)

EPSTD (Early and Periodic, Screenings, Diagnostic and Treatment) Information

Request A Patient's Cost Estimate

Home

Employers

Member & Employee Support

Wellness Tools for Members

Request a Patient's Cost Estimate

This tool may be used to obtain an estimate of patient costs prior to receiving certain medical procedures from In-Network or Out-of-Network physicians.

- It will assist you by pre-populating information when possible and by ensuring all required information is gathered.
- Obtaining an estimate is optional and not required by Health Net or by law.
- If estimates are desired for more than one family member, please complete a separate form for each member.
- To continue, click on the **'I AGREE'** button

Member Eligibility & Coverage Wellness Tools for Members Pharmacy Plan Info

DECISION POWER MEMBER DISCOUNTS PREVENTATIVE CARE GUIDELINES **REQUEST A PATIENT'S COST ESTIMATE**

Request a Patient's Cost Estimate

This tool may be used to obtain an estimate of patient costs prior to receiving certain medical procedures from In-Network or Out-of-Network physicians. It will assist you by pre-populating information when possible and by ensuring all required information is gathered. Obtaining an estimate is optional and not required by Health Net or by law. If estimates are desired for more than one family member, please complete a separate form for each member. For benefit information, eligibility, general questions or to obtain an estimate by telephone, please contact our Customer Service Center at 1-888-802-7001, Monday - Friday, 7:30 a.m. - 5:00 p.m. (Pacific Standard Time).

Please read the following and click "I AGREE" to request a Patient's Cost Estimate.

The estimate Health Net will provide you is not a guarantee. Actual coverage, member costs, benefits and payment will be determined upon receipt of the claim and subject to various elements including but not limited to eligibility, benefits, payment policies, coding methodologies, specific diagnosis, any prior authorization requirements, the amount billed by the physician, etc.

In addition, other services that are medically necessary and appropriate as part of the common procedures may be provided as part of the overall diagnostic and/or treatment plan of which you or Health Net may not be aware at the time of this inquiry and for which the patient may have additional financial responsibility. The patient may also be responsible for costs of procedures or services not covered by their plan.

As a result, it is likely that the amount estimated will differ from the actual member cost if / when the procedures or services are performed.

If you have questions at any time or would like assistance with the estimate by telephone, please do not hesitate to contact our Customer Service Center at 1-888-802-7001, Monday-Friday, 7:30 a.m.-5:00 p.m. (Pacific Standard Time).

For treatment estimates related to Behavioral Health, please refer to the Cost Estimator tool offered on members.mhn.com

For OR users only

The toll-free telephone number of the consumer advocacy unit of the Department of Consumer and Business Services and the address for the department's consumer information and complaints website are noted below.

Department of Consumer & Business Services
Oregon Insurance Division
350 Winter Street NE, Room 440-2
Salem, OR 97301

1-888-877-4894

dcbs.mail@state.or.us or online at www.cbs.state.or.us/external/ins

I have read the disclaimer and understand the information provided by Health Net is an estimate only.

I AGREE

(continued)

Request A Patient's Cost Estimate (continued)

A secondary screen will open, where you must complete the following 4 steps:

- 1 Subscriber, Patient & Physician Information
- 2 Select Procedures
- 3 Expected Charge and Date
- 4 Confirmation

Complete the Subscriber, Patient & Physician Information

- Click 'Continue'
- Complete the subsequent information (2. Select Procedures, 3. Expected Charge and Date, 4. Confirmation) screens
- Click 'Continue' after each section to continue.
- Your estimated costs will be given when completed.

Member Eligibility & Coverage Wellness Tools for Members Pharmacy Plan Info

DECISION POWER MEMBER DISCOUNTS PREVENTATIVE CARE GUIDELINES REQUEST A PATIENT'S COST ESTIMATE

1. Subscriber, Patient & Physician Information 2. Select Procedures 3. Expected Charge and Date 4. Confirmation

Forms and Brochures

1. Subscriber, Patient & Physician Information 2. Select Procedures 3. Expected Charge and Date 4. Confirmation

Request a Patient's Cost Estimate

STEP 1 OF 3: Enter Subscriber, Patient, and Physician Information

* Required Field

Subscriber and Patient Information

* Subscriber ID#: ?

* Subscriber Name:

* Patient Name:

Contact Information

* Contact Email Address:

* Contact Phone Number: - -
(eg: 123-456-1234)

Physician Tax ID or Name

Provider Tax ID: - ?
(eg: 12-1234567)

* Physician's First Name:

Physician's Middle Initial:

* Physician's Last Name:

* Physician's Address:

* City:

* State: California ▼

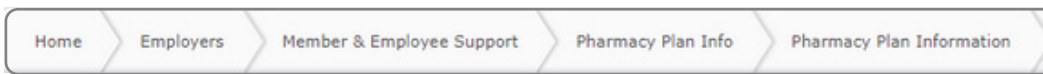
* ZIP:

* Physician's Phone Number: - -
(eg: 123-456-1234)

Physician's Email Address:

CONTINUE

Pharmacy Plan Info



Pharmacy benefits vary according to each Health Net plan.

- Click on the **'Pharmacy Plan Info'** tab
- This page has **4 interactive categories**:
 - **Drug Lists**
 - **Prior Authorizations**
 - **Pharmacy Resources**
 - **Making Prescriptions More Affordable**
- Click on the desired category and reference the information provided by clicking on the **'links'** provided for each section.
- These links will direct you to different screens, where you can find the desired information.

Manage Accounts & Reports Manage Enrollment **Member & Employee Support** Pay My Bill

Member Eligibility & Coverage Wellness Tools for Members **Pharmacy Plan Info**

Pharmacy benefits vary according to each Health Net plan. Use this section of the website to learn about the following:

- Drug Lists**
Individual, Family and Group plans
Medicare Part D plans
- Prior Authorizations**
Individual, Family and Group plans
Medicare Part D plans
- Pharmacy Resources**
Pharmacy forms and brochures
Find a Pharmacy –
Individual, Family and Group plans
Medicare Part D plans
- Making Prescriptions More Affordable**
Mail order program overview
Generic drugs: safe and effective

Creditable Coverage Notification
Oregon (pdf)
Washington (pdf)

Quick Links
Key Contacts for Employers
Forms and Brochures
View Benefits and Eligibility
View Enrollment Information
Bills and Payments
Employer Group Manual for OR and WA (pdf)

Pay My Bill / Online Billing



The system will allow you to perform billing transactions from the Online Billing application. Some of these transactions are used to:

- **Manage Payment Profile and Accounts**
- **View Bills and Payments**
- **Set up Recurring Payments**
- **View Billing History**

Manage Payment Profile

- Add, edit, or delete payment methods

Bills and Payments

- View a summary of all your Health Net bills in one convenient place
- Review and reconcile bill details
- Pay bills
- Schedule payments

Bill History

- See up to 24 months of bill history
- Download bills in PDF and CSV format

Recurring Payments

- Add, edit, or delete recurring payments

Manage Payment Profile

Add Payment Method

1. Click **Add Payment Method**
2. Type in **Account Nickname**
3. Select the **Type of Account**
4. Select the **Bank Account Type**
5. Type in the **Account Number**
6. Type in the **Routing Number**
7. Type in **Account Holder's Name**
8. Click **Continue**

Editing an Account

- Click **Edit**
- Type in the new Nickname
- Type in the new Account Holder's name

Deleting an Account

- Click **Delete**
- Confirm by clicking **Delete** again

View Bills and Payments

The Bills and Payments screen displays the following:

- **Invoice Number**
- **Date**
- **Due Date**
- **Premium Due**
- **Payment and Balance**
- **Total Due**

Invoice	Date	Due Date	Premium Due	Payment	Balance
VIEW INVOICE	06/13/2013	07/01/2013	\$598.81		
				\$598.81	Posted: 02/01/2023 Payment Method: test (...6234)
Group Subtotal:			\$598.81	\$598.81	\$0.00

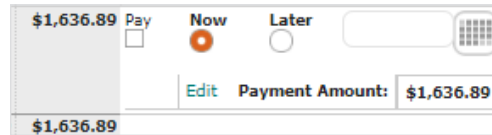
(continued)

View Bills and Payments (continued)

Bills can be paid immediately or scheduled

Pay Bill Now

- Select the **Now** option button



\$1,636.89 Pay Now Later Payment Amount: \$1,636.89

\$1,636.89

Schedule Payment

- Select the **Later** option button

Change Payment Amount

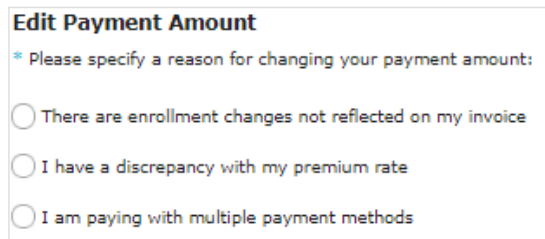
- Select the **Edit** option button
- You will be directed to the Edit Payment Amount Screen (Review Adjustment Payment Options)

For either option, please make sure that the box to the right of Pay is also checked. Also, no edits can be made within 48 hours of a scheduled payment.

Review Adjustment Payment Options

3 Adjusted Payment Options

- There are enrollment changes not reflected on the invoice
- There is a discrepancy with the premium rate
- You are paying with multiple payment methods



Edit Payment Amount

* Please specify a reason for changing your payment amount:

There are enrollment changes not reflected on my invoice

I have a discrepancy with my premium rate

I am paying with multiple payment methods

Payment amount adjustments do not effect premium due to balance until approved.



Contact your Account Representative for further information regarding billing adjustment policy and procedure.

Enrollment Changes Not Reflected On The Invoice

- Select **There are enrollment changed not reflected on my invoice on my invoice** option
- Click **Continue**
- Select member
- Type in a comment justifying the adjustment and enter the amount being adjusted
- Indicate if the amount needs to be deducted or added (drop down list)
- Result: The system will add or deduct the amounts selected and reflected on the line **Item Adjustments Total field**, which will be factored in the Payment Amount
- Click the **Save** button

(continued)

Review Adjustment Payment Options (continued)

Discrepancy With Premium Rate

- Select the **I have a discrepancy with my premium rate** option
- Click Continue
- Enter the **Adjusted Payment Amount** (this is the total premium amount that you want to pay for the current invoice)
- **Type** in the description of your adjustment in the Comments section (required)
- Click Save

Paying with Multiple Payment Methods

- Select the **I am paying with multiple payment methods** option
- Click Continue
- Enter the **Adjusted Payment Amount** (this is the total premium amount that you want to pay for the current invoice)
- **Type** in the description of your adjustment in the Comments section (required)
- Click Save

Viewing the Invoice

The left navigation tab allows for the following details to be viewed when viewing an invoice.

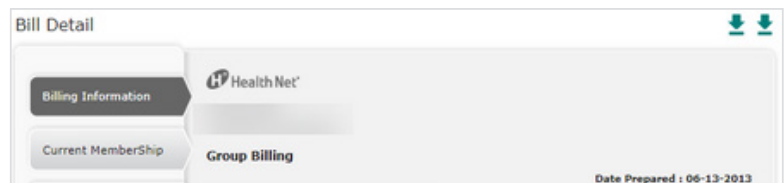
- Billing Information
- Current Membership
- Adjustment to Membership
- Billing Recap
- Membership Changes

Billing Information

- Click **View Invoice** to preview the invoice
 - Can be exported as a PDF file (left, green arrow) or a CSV file (right, green arrow).

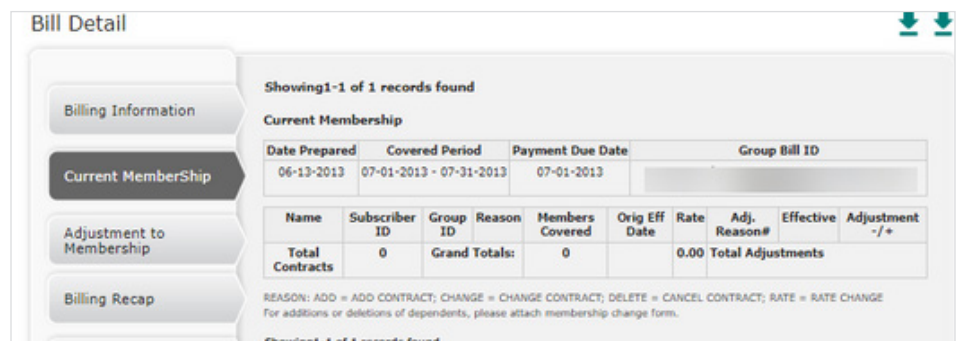
Note: invoices are available 48 hours after the Prepared Date.

You only have to click on either green arrow once to download all the info contained in the tabs to the left.



Current Membership

To view the Current Membership section, click on the tab located on the left of the screen.



(continued)

Viewing the Invoice (continued)

Adjustment to Membership

To view the **Adjustment to Membership** section, click on the tab located on the left of the screen.

Adjustments To Membership

DATE PREPARED	COVERED PERIOD	PAYMENT DUE DATE	GROUP BILL ID
06-13-2013	07-01-2013 - 07-31-2013	07-01-2013	

NAME	SUBSCRIBER ID	GROUP ID	REASON	MEMBERS COVERED	EFFECTIVE DATE	AMOUNT ADJUSTED	TOTALS
GRAND TOTALS							0.00

REASON: ADD = ADD CONTRACT; CHANGE = CHANGE CONTRACT; DELETE = CANCEL CONTRACT; RATE = RATE CHANGE
 The effective date of retroactive adjustments for additions or terminations will be in accordance with rules established by Health Net.
 In no event will the effective date be more than 90 days prior to the date of Health Net's receipt of the written request.
 Retroactive adjustments for Small Business Groups (AB-1672, business) are contractually limited to a

Billing Recap

To view the **Billing Recap** section, click on the tab located on the left of the screen.

Bill Detail

Billing Recap

DATE PREPARED	COVERED PERIOD	PAYMENT DUE DATE	GROUP BILL ID
06-13-2013	07-01-2013 - 07-31-2013	07-01-2013	

Membership Changes

To view the **Membership Changes** section, click on the tab located on the left of the screen.

Bill Detail

Membership Changes

DATE PREPARED	COVERED PERIOD	PAYMENT DUE DATE	GROUP BILL ID
06-13-2013	07-01-2013 - 07-31-2013	07-01-2013	

NAME	SUBSCRIBER ID	GROUP ID	EFFECTIVE DATE	REASON CODE	ADJUSTMENT
TOTAL ADJUSTMENTS					

REASON: ADD = ADD CONTRACT; CHANGE = CHANGE CONTRACT; DELETE = CANCEL CONTRACT; RATE = RATE CHANGE
 For additions or deletions of dependents, please attach membership change form.

Set Up Recurring Payments

To set up **Recurring Payments**, perform the following steps:

- **Select Recurring Payments**
- **Click Add Recurring Payment**
- **Select the Payment Method**
- **Select the Payment Date**
- Indicate if you would like to be notified (via e-mail) if the premium exceeds a particular amount, then select the amount
- **Select the groups to apply recurring payment for**
- **Click Continue**
- After verifying your information, **click Submit**
- The system will display a confirmation message



Payments cannot be edited within 24 hours of scheduled draft date.

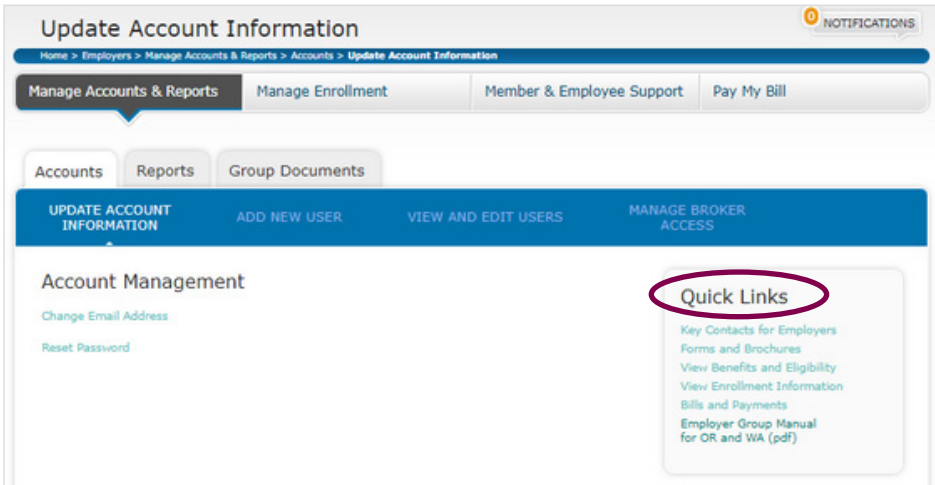
View Billing History

- **Click** on the **Bill History** option
- **Select the range**
- **Select the group number(s)**
- **Click Continue**
- **Result:** The system will display a listing of all the invoices within the date range you selected. The Group ID, Invoice Number, Due Date, Payment Amount, and Date Posted information will be displayed.
- **Click** the **Invoice Number** to retrieve the invoice

If N/A* is listed under the Date Posted column, this indicates that the payment was not made.

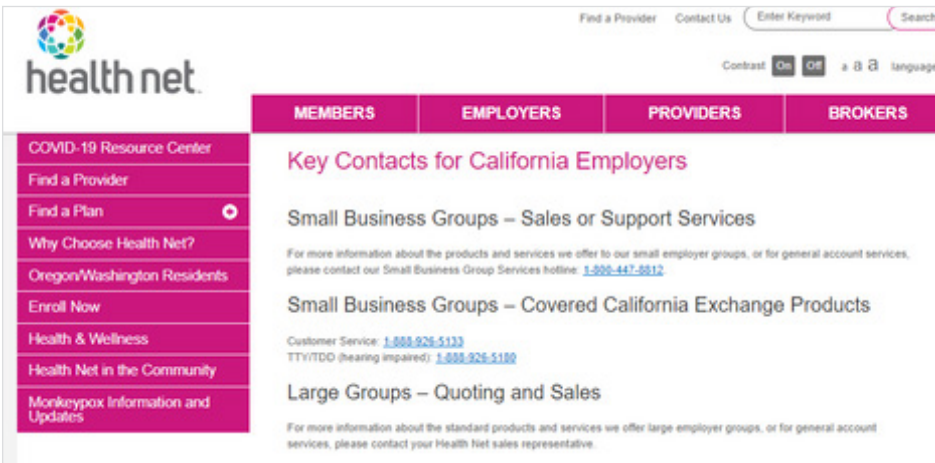
Quick Links

The Quick Links widget on the right side of each page can be used to navigate to commonly visited items.



Key Contacts for Employers

Directs to Key Contacts for California Employers on Health Net Employer website



Forms and Brochures

Variety of files, forms, and documents to download or email. Click the plus sign to expand each list of items.



Quick Links (continued)

View Benefits and Eligibility

Tool to view benefits and eligibility by using Policy ID or member's name.

Benefits and Eligibility Search

Enter the member's HN ID#, or Last Name, DOB and Effective Date in their current Group.

Policy ID:

OR

Last Name:

AND

Date of Birth (mm/dd/yyyy):

Effective Date in Current Group (mm/dd/yyyy):

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

View Enrollment Information

Manage Accounts & Reports | **Manage Enrollment** | Member & Employee Support | Pay My Bill

Enrollment | Enrollment Support | HSA

MANAGE ENROLLMENT INFORMATION | ADD EMPLOYEE | ADD DEPENDENT | EDIT EMPLOYEES & DEPENDENTS | CANCEL COVERAGE | REINSTATE COVERAGE

Employee Search

To view and manage enrollment, first search for an employee:

Social Security Number: (Format: 123-45-6789) - -

Reference Number: (9 characters in length, including letters and numbers)

Last Name: (Please enter full last name to search)

First Name:

Status:

Include Dependents:

Online Enrollment Manual

Need help using with the online enrollment tools?

[Download enrollment manual \(pdf\)](#)

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

Bills and Payments

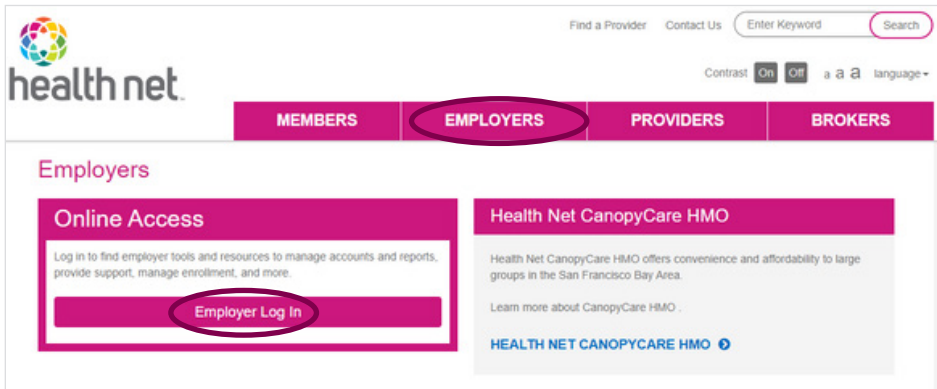
Refer to page 50.

Troubleshooting

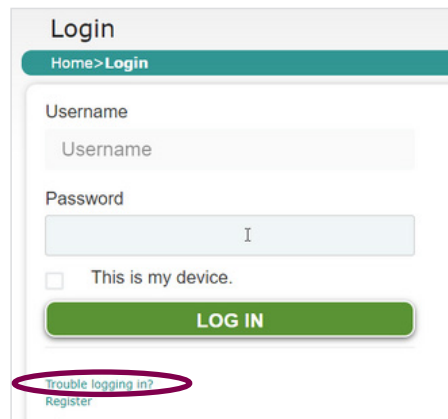
Reset Password or Unlock Account

If you are unable to log into your account and access the Employer portal, you will need to either reset your password or unlock your account.

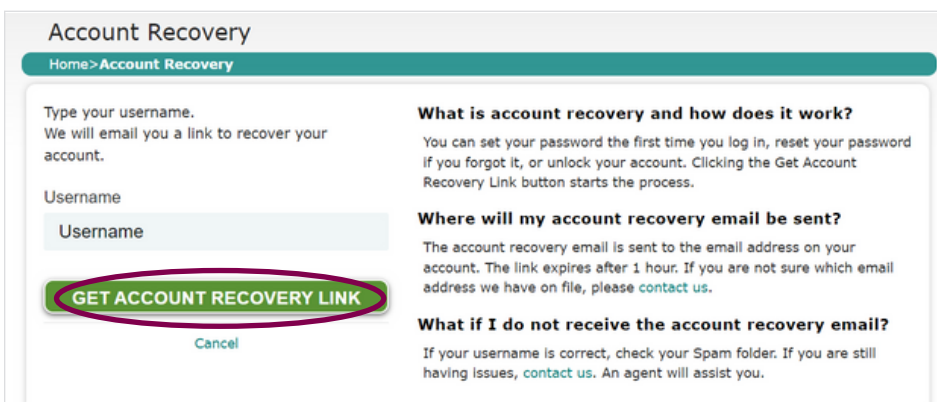
- Go to **healthnet.com**
- **Click** on the **Employer** tab
- **Click** on **Employer Log In**
- **Enter** your **username** and **click next**



- **Enter** your **username** and **click next**
- **Click** 'Trouble logging in?'



- On the next screen, confirm that your username is correct and click '**Get Account Recovery Link**'




(continued)

Reset Password or Unlock Account (continued)


You will receive an email from 'no-reply@ekid.healthnet.com'.

Click on the 'Recover Your Account' button located in the email to start the password creation or reset process.


Recover Your Account

 no-reply@ekid.healthnet.com
To: [Redacted]

Retention Policy: Centene - Retain 2 Years - All Other Folders (2 years) Expires: 1/30/2028

 You forwarded this message on 1/30/2026 9:49 AM.
If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Caution: External Email Do not click on links or open any attachments unless you recognize the sender and know the contents are safe. Think before you click!



Hello,

We received a request to recover your account. Click this button to reset your password or unlock your account.

[RECOVER YOUR ACCOUNT](#)

If you did not make this request, [contact us](#). Please do not respond to this email.

Once the password has been updated they will receive another email confirming the password reset was successful.

Hello,

The password for your account has been updated.

If you did not make this request, [contact us](#). Please do not respond to this email.



If you do not receive an email, check with your IT team to see if the company firewall blocked the email.