

# **New Member Guide**

How to add a new member on the Flex Direct Bill Employer Portal

## Step 1:

Select +Add Member on the Home Page or from the Add Member option in the Main Menu.

Welc Thank you for	come Flex Demo using the self-service portal offered by Picable Benefit Service Corp	veration		
Home  Contacts  Contacts  Coulified Beneficiary  Direct Bill  Divisions	Home Messages A You Have No New Messages			View All Messages
Members     Add Member     Find Member     In ports & Reports     Recent Activity     Help	Members Fruit Name  Industrial ID	Last Name	55N Materia	+ Ad Mender

## Step 2:

Click the **Select** button under the Direct Bill box to begin processing the qualifying event.

me	Add Member	
ntacts alified Beneficiary	Select a member type to add:	
irect Bill	Qualified Beneficiary (QB)	
dembers	Individual who has lost group health plan coverage due to a qualifying event such as termination or retirement. The individual must be a covered employee, spouse or dependent child of the covered employee	Select
ind Member		
Imports & Reports     Recent Activity     Hep	Direct Bill Individual who is billed on a regular schedule for one or more plans or benefits. The billing frequency and specific types of plans or benefits are not associated with any laws or regulations. Therefore, a Direct Bill record can be used differently for specific needs and business processes.	Select
	New Hire An individual who is a current employee and not yet receiving COBRA benefits.	Select

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#### Step 3:

Select a **Division** under the Employer Name. Default is Main Division "Employer Name". Complete the required fields marked with a red asterisk and click **Continue**.

K FLEX	Add Direct Bill Member Step 1 of 8	(8) shreadjónna ann -
<ul> <li>Marches</li> <li>General Contacts</li> <li>Quartied Beerficiary</li> <li>Direct Bill</li> <li>Direct Bill</li> <li>Direct Bill</li> <li>Maporta Alegoria</li> <li>Maccell Activity</li> <li>Image</li> </ul>	Profile information  Property that  Proceeding  Procee	Primary Address
	Phone 2	
.ast login: 10/20/2024   8:46 AM	Enal	
257	G WEX Health Inc. 2004-21	24 ALL ROHTS RESERVED   Powered by WEX Health

# Step 4:

Enter the employee information and event category. Tobacco Use can remain at the default **Unknown**. Premium Coupon Type should always be **Coupon Book**. Click **Save and Continue** when completed.

Add Direct Bill Member			
Step 2 of 8			
Employee Information			
Tobacco Use * Unknown	Envolment Date * 10/01/2024	Ē	
Years of Service	Premium Coupon Type* Coupon Book	٠	
Has this member already been set up for Direct Bill continuation?	Currently has COBRA rights Will have COBRA rights on termination		
Cancel			Previous

# Step 5:

Add applicable Event information for the Direct Bill Member. Click **Save and Continue**.

Add Direct Bill Member				
Step 3 of 8				
Events				
Date of Event* 10/01/2024		Billing Event Type *		
Billing Start Date * 10/01/2024	۲	Employee Type * Full-Time Employee		
Billing End Date	Ð	Payout type * Salary	•	
Billing Frequency* Monthly	•			
Cancel			Previo	Save and Continue

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## Step 6:

Add applicable employee benefit plans for the member. You must add each eligible benefit one at a time by clicking **+Add Plan**.

Ad	ld Direct Bill Member					
Ste	p 4 of 8					
Pla Pla	ans & Bundles ns					+ Add Plan
	PLAN NAME †	START DATE	END DATE	COVERAGE LEVEL	RATE	

#### Step 7:

Select the applicable **Plan** and **Coverage Level** from the drop-down menu. Your Direct Bill Member's monthly rate will show in green. Click **Add Plan** when complete.

Add Plan					
Plan O Bundle					
Plat*					
SPM Medical Plan					
EE a Stroube					
Plan rate for the selected	coverage level is: \$	700.00			
Plan Coverage Informatio	n				
Days to Days					
60					
Days to Make 1st Payment					
45					
Coverage Period					
First Day of Coverage		Last Day of Coverses	<b>65</b>		
10/01/2024	0	case only or coverage	<u> </u>		
Admin Fees					
Add Direct Bill Plan Admin F	ee Override				
frat	Parte	End Parts			
		0.0.000			
	No data	a available			

#### Step 8:

Once all applicable plans have been added, click **Continue**.

Add D	Direct Bill Member					
Step 4 of	of 8					
Plans	& Bundles					+ Add Plan
Diana	a buildies					
Plans						
Medical						
	PLAN NAME †	START DATE	END DATE	COVERAGE LEVEL	RATE	
>	SPM.Medical Plan	10/01/2024	C	EE + Spouse	\$700.00	e 😑
Bundle	is .					
	BUNDLE NAME 1	START DATE	END DATE	COVERAGE LEVEL	RATE	
			Ne dete eu	allabla		
			NO Gata av	aliable		
Cancel						Previous

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# Step 9:

Review the defaulted grace period and number of coupons, then click **Continue**.

Add Direct Bill Member		
Step 5 of 8		
Enter Billing Attributes		
- Subsequent Grace Period *		
Ignore Subsequent Grace Period Number of Coupons* 12		
Day to Send Late Payment Raminder 10 Day of the Month		
Cancel	Previous	Continue

# **Step 10**:

If the Direct Bill Member has dependents that need to be added, add dependent information by clicking **+Add Dependent** and follow steps 11 through 13. You much add one dependent at a time. If there are no dependents, click **Continue**.

Add Direct Bill Me	mber				
Step 6 of 8					
Dependents					+ Add Dependent
NAME	RELATIONSHIP	DATE OF BIRTH	SSN	GENDER	
		No data available			
Cancel					Previous

## **Step 11**:

If adding a dependent, complete the required fields marked with a red asterisk, choose available dependent plan(s) by checking the box(s).

	Add Dependent						
	<ul> <li>Add Dependent</li> </ul>						
	Dependent Information			Primary Address			
Beneficiary	( historia 1			Address same as Direct	B-R		
	Spouse	•		Annual			
				258 Street			
Reports	Solution	•					
revery	Feathers*			Address 2			
	Jerry			01	244	24	
	Jones .			Overage	κ.	60436	
	Female + Dote	of Berls		Country			
	5N			Contact Information			
	Evolowers Date	8		Phone			
	Par bar bar 1			Phone 2			
	10/01/2024	10					
	Ovalified Medical Child Support Order	I IDMCSOI		Enai			
	Disabled Dependent     Avail.ABLE DEPENDENT PLAN(5)						
	PLANMARE	ETHEF DATE		END DATE	P.J	IN TYPE	
	O SPM Medical Plan	10/01/2024			Me	deal	
	Add Selected Dependent Plan(s)						
	ADDED DEPENDENT PLAN(S)						
	PLAN NAME		START DATE	0403478		PLAN TYPE	
2024   8-46-4M							Add Dependent

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# Step 12:

First click Add Selected Dependent Plan(s). Then click Add Dependent to save.

AVAILABLE DEPENDENT PLAN(S)							
PLAN NAME	START DATE	END DATE F	PLAN TYPE				
✤ Add Selected Dependent Plan(s)							
ADDED DEPENDENT PLAN(S)	-						
PLAN NAME	START DATE	END DATE	PLAN TYPE				
BluePrint PPO	03/01/2023	08/31/2024	Medical	C (1)			
			Add	Dependent			

#### **Step 13**:

You will receive a green confirmation pop up that your dependent has been added. Click **Continue** when all the dependents have been added.

Add Direct Bill Member									
Step 6	of 8								
Dependents + Add Dependent									
	NAME	RELATIONSHIP	DATE OF BIRTH	SSN	GENDER				
>	Jones, Jenny	Spouse			F	6 8			
Cano	el					Previous			

# Step 14:

Add any applicable subsidies and click **Continue**.

Add Direct Bill Mer	mber					
Step 7 of 8						
Subsidies						+ Add Subsidy Schedule
START DATE	END DATE	PLAN TYPE	SUBSIDY TYPE	SUBSIDY AMOUNT TYPE	AMOUNT	
			No data av	ailable		
Cancel						Previous

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# Step 15:

Letter inserts should not apply. Click **Add Member** to skip this step.

Add Direct Bill Member		
Step 8 of 8		
Letter Attachments		
Attach Name		
	No data available	
Cancel		Previous Add Member

You will receive a pop-up message confirmation that your **Direct Bill Member** has been successfully added.

Click **here** to download the **Direct Bill Employer Website Guide** for additional information on how to view or access member information.

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