



# COBRA and Direct Bill Services

## BeneDirect by WageWorks™ Website

*Participant User Reference Guide for COBRA and Direct Bill Benefits Continuation*

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## About This Guide

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## Introduction

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BeneDirect by WageWorks Participant website allows participants to perform tasks related to their COBRA and/or Direct Bill benefits continuation, including:

- Create an Online Account
- View a Summary of Your Current Coverage
- Manage Your Profile
- Make Elections
- Make Payments

## Audience for this Guide

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This guide is intended as a general reference for participants in COBRA or Direct Bill benefits continuation.

## What's in This Guide

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This guide covers the following topics:

“Creating an Account on the BeneDirect by WageWorks Website,” provides an overview of how to create a participant user account.

“Account Summary,” provides an overview of how to view your coverage summary for the current plan year.

“Participant Profile,” provides an overview of your personal profile and what information may and may not be changed.

“Making Elections,” provides an overview of how to make initial COBRA elections during the 60 day election period.

“Coverage Screen,” provides an overview of your coverage detail for the current year.

“Making Payments,” provides an overview of how to make payments and view current or historical payment information.



### What's Next

You have finished reviewing the introduction to the website participant view. The next section describes creating an online account.

## Introducing BeneDirect Participant Website

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## Website Overview

Through the BeneDirect website, you have instant access to your account information at any time, including:

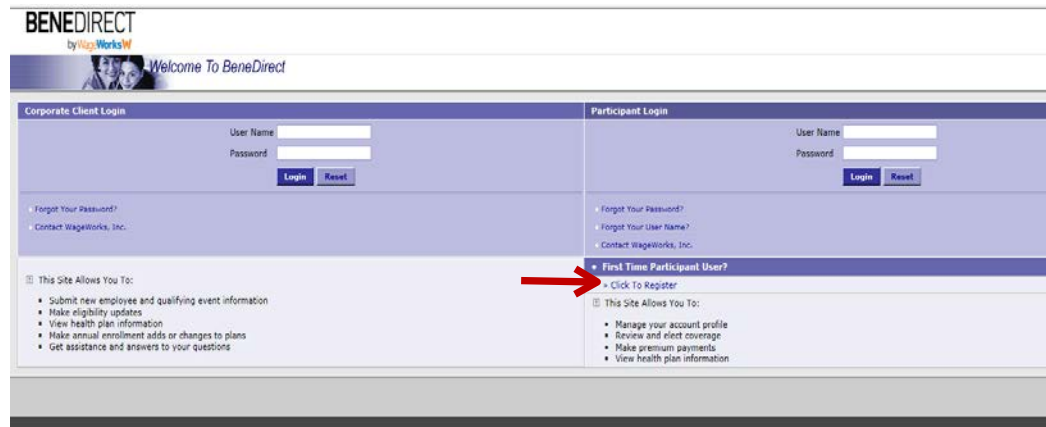
- Personal Information
- Coverage Details
- Payment Processing
- Support Functions

## Registering for an Online Account

The BeneDirect by WageWorks website is easily accessible through most web browsers at <https://benedirect.wageworks.com>.

To create your online account:

1. Go to <https://benedirect.wageworks.com>.
2. Select **Click to Register** on the right side of main page, under Participant Login.



You will be directed to the registration page (shown on the following page).

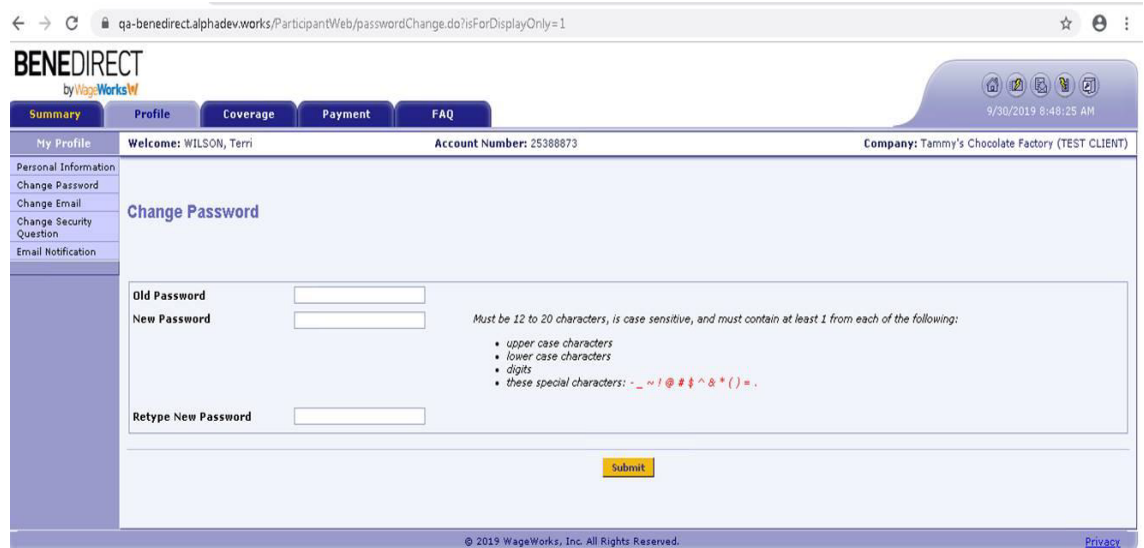
1. Enter your first name, last name, postal code (ZIP) and Social Security Number (SSN). Please note that this information must exactly match your employer's records.
2. Click **Submit**.

# Participant Reference Guide for the BeneDirect Website



The image shows the BeneDirect Registration Page. At the top left is the logo "BENEDIRECT by WageWorks". Below the logo, it says "Welcome to BeneDirect" and "Registration Page". A message reads: "Please enter the following information for validation of your account with WageWorks, Inc." The form contains fields for "First Name", "Last Name", "Postal Code", "SSN", and "Continue SSN". To the right of these fields, a note states: "Please enter first name, last name, postal code, and social security number exactly as it appears on your WageWorks, Inc. material." At the bottom of the form are three buttons: "Previous", "Submit", and "Next". The footer of the page includes the copyright notice "© 2017 WageWorks, Inc. All Rights Reserved." and a "Privacy" link.

3. When prompted, choose a username and password that you'll use to access the site.
4. After your username and password are accepted, you'll be returned to the main page.
5. Enter your new username and password under Participant Login to access the website. **NOTE: Your password will expire every 90 days and must be changed.**



The image shows the BeneDirect Change Password page. The browser address bar displays "qa-benedirect.alphadev.works/ParticipantWeb/passwordChange.do?isForDisplayOnly=1". The page header includes the "BENEDIRECT by WageWorks" logo, navigation tabs for "Summary", "Profile", "Coverage", "Payment", and "FAQ", and a date/time stamp "9/30/2019 8:48:25 AM". A user profile bar shows "Welcome: WILSON, Terri", "Account Number: 25388873", and "Company: Tammy's Chocolate Factory (TEST CLIENT)". A left sidebar lists menu items: "My Profile", "Personal Information", "Change Password", "Change Email", "Change Security Question", and "Email Notification". The main content area is titled "Change Password" and contains three input fields: "Old Password", "New Password", and "Retype New Password". A note specifies: "Must be 12 to 20 characters, is case sensitive, and must contain at least 1 from each of the following:" followed by a bulleted list: "upper case characters", "lower case characters", "digits", and "these special characters: - \_ ~ ! @ # \$ % ^ & \* ( ) = ,". A "Submit" button is located at the bottom of the form. The footer includes "© 2019 WageWorks, Inc. All Rights Reserved." and a "Privacy" link.

If you have questions about COBRA or the BeneDirect website, please contact BeneDirect by WageWorks Customer Service, toll-free, at 1-800-526-2720. Representatives are available Monday – Friday, 8 a.m. – 8 p.m., Eastern Time, excluding holidays.

## Two Factor Authentication - 2FA

Two Factor Authentication, also known as 2FA, is an extra layer of security requiring not only a username and password but additional information only the Participant would know. The additional information is a PIN number that is sent to the Participant via e-mail or phone.

The Participant will log into the BeneDirect Participant Website at <https://benedirect.wageworks.com> and enter the Username and Password under Participant Login:

The screenshot displays the BeneDirect website interface. At the top left is the logo "BENEDIRECT by WageWorks". The top right shows the date and time "12/19/2018 10:19:35 AM". Below the logo is a "Welcome To BeneDirect" banner with a photo of two people. The main content area is divided into two columns. The left column is titled "Corporate Client Login" and contains a form with "User Name" and "Password" input fields, "Login" and "Reset" buttons, and links for "Forgot Your Password?" and "Contact WageWorks, Inc.". Below this is a section titled "This Site Allows You To:" with a list of services: "Submit new employee and qualifying event information", "Make eligibility updates", "View health plan information", "Make annual enrollment adds or changes to plans", and "Get assistance and answers to your questions". The right column is titled "Participant Login" and contains a similar form with "User Name" and "Password" input fields, "Login" and "Reset" buttons, and links for "Forgot Your Password?", "Forgot Your User Name?", and "Contact WageWorks, Inc.". Below this is a section titled "First Time Participant User?" with a "Click To Register" link and a "This Site Allows You To:" section with a list of services: "Manage your account profile", "Review and elect coverage", "Make premium payments", and "View health plan information". At the bottom right of the page is a "PRIVACY" link.

Once the username and password are entered and "Login" clicked, the Participant will be prompted to go through the Two Factor Authentication process.

# Participant Reference Guide for the BeneDirect Website

If the Participant selects the e-mail address as the option to receive the PIN they will receive an e-mail with the below verbiage:

## **Welcome!**

Following is the information needed to access your account online.

This authentication process enables us to ensure the security of your online account.

## **To Access Your Account Online**

- 1) Enter this one-time PIN where requested on the Web Site: **73231644**
- 2) If this is your personal and secure computer or device, let us know if you want us to remember it so you can bypass this process whenever you log in from this particular computer or device.

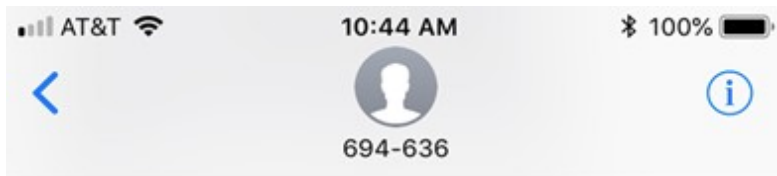
## **Important**

This PIN will be active for a very short period of time. If you do not use this PIN right away, you will need to repeat the process to request another PIN.

Program Sponsor Name / Plan Administrator: **WageWorks**

Third Party Administrator: **WageWorks**

If the Participant selects the Phone Number as the option to receive the PIN they will receive a text with the following verbiage:



Welcome!  
Enter this PIN on the Web Site  
to access your account online:  
83993296  
This PIN will be active for a  
very short period of time. If  
you do not use this PIN right  
away, you will need to repeat  
the process to request another  
PIN.

# Participant Reference Guide for the BeneDirect Website

After receiving the PIN by either e-mail address or phone number the “One Time PIN Request/Enter PIN” screen will be displayed. The Participant will enter the PIN and select “Yes” or “No” and click the “Submit” button before being taken to the Website’s homepage.

By selecting “Yes”, the next time the Participant logs into the BeneDirect Participant Website, the 2FA process will be bypassed and the Participant will be taken directly into the BeneDirect Participant Website.

By selecting “No”, the next time the Participant logs into the BeneDirect Participant Website, the Participant will be required to go through 2FA process. The Participant will continue to be required to go through 2FA process unless the “Yes” option is selected.

**BENEDIRECT**  
by VagaWorks

Welcome to BeneDirect

### One-Time Pin Request

To keep your account secure, we need to confirm your identity.

A pin was sent to 770-7\*\*-\*\*\*\*. Please enter that pin in the space below.

PIN:

#### Remember this Computer/Device?

Would you like this system to remember this computer or device, so that you will not need to request a one-time pin the next time you access your account from this same computer or device?

There is no limit to the number of computers or devices that can be remembered for your account.

To ensure the security of your account, all remembered devices will be forgotten any time your account is reset due to forgotten username or password, or if you change your password.

Yes, remember this device - it is mine and secure.

No, do NOT remember this device - it is public and/or may be used by others.

[Submit](#) [Request new PIN](#) [Send to different address](#)

No, do NOT remember this device - it is public and/or may be used by others.

To ensure the security of your account, you will be required to enter a new one-time pin the next time you access your account from this device.

The Participant does have the option to add/change phone numbers or change the e-mail address if needed.

## Summary Details

The Summary Details page shows a summary of your account information (as shown on the following page) including:

- Participant Name
- Account Number
- Benefits/Plans
- Tier Levels
- Payment Information

**BENEDIRECT**  
by WageWorks

Summary Profile Coverage Payment FAQ

Welcome: JOE Account Number: 2730 Company: Tammy's Chocolate Factory (TEST CLIENT)

Thursday, April 25, 2019 10:39:23 AM

### Summary Details

Thank you for making your elections. Your coverage will be active after you make your 1st payment. If you wish to make a ONE-TIME ONLY PAYMENT please click here. [Pay Premium](#)

Current Coverage Period	Current Payment Due Date	Grace Date
03/01/2019 - 03/31/2019	05/01/2019	05/31/2019
04/01/2019 - 04/30/2019	05/01/2019	05/31/2019
05/01/2019 - 05/31/2019	05/01/2019	05/31/2019

#### Active Plans

Plan Name	Start Date	End Date	Coverage Level	Monthly Rate (*)	Payment Amount (*)
A Medical Plan	03/01/2019	08/31/2020	Beneficiary and Family	\$1,294.21	\$1,294.21
Dental Plan	03/01/2019	08/31/2020	Beneficiary Only (*)	\$26.47	\$26.47
Vision Plan	03/01/2019	08/31/2020	Beneficiary and Spouse	\$17.71	\$17.71

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## Participant Profile

The Participant Profile shows your personal information. You can perform multiple functions from the profile page.

### Personal Information

You can update certain personal information, like:

- Email address
- Password
- Security questions

Note that you cannot change fields for Relationship, SSN, City\*, State\* or Postal Code (ZIP)\*.

- \* *The street address can only be changed online if the city, state and ZIP remains the same.*

## Email Notifications

You can update your email address and choose to automatically receive email notifications or cancel email notifications for:

- Payment reminders
- Changes to rates or plans
- Posted payments

## Printed Correspondence

You have the option to print correspondence that's been sent to you, including:

- Initial Election Form
- Current monthly billing coupon
- COBRA Rights Notification
- Extension request forms

The screenshot shows the BeneDirect website interface. At the top, there's a navigation bar with tabs for Summary, Profile, Coverage, Payment, and FAQ. Below this, the user's profile information is displayed, including a welcome message for JOHNSON, Mona and the account number. The main section is titled 'Personal Information' and contains a table with the following data:

Verify Information	First Name	MI	Last Name	Date of Birth	Relationship	Gender	SSN
<input type="checkbox"/>	Mona		JOHNSON	01/01/1951	Employee		XXX-XX-7777

Below the table, there are input fields for First Name, Last Name, Address, City, State, and Postal Code. To the right, there are input fields for SSN, Date of Birth, Relationship, Gender, Marital Status, Day Phone, and Evening Phone. An 'Edit' button is located at the bottom of the form.

## Elections

After registration is complete, the following screens will appear to allow you to make or modify\* initial COBRA elections directly through the website.

- \* *Modifications include changing tier levels and dropping offered plans. If you wish to drop a dependent over the age of 18, the dependent must give permission and the election changes must be submitted by mail or fax, by date indicated on bottom of election screen.*

NOTE: If your employer offers subsidized COBRA rates, the subsidy amounts will appear on the change elections screen (shown on the following page).

From the elections screen:

1. Review your current election information.

# Participant Reference Guide for the BeneDirect Website

2. If you want to continue with the same elections, select **I want to proceed with my election without making any changes**. This selection will take you directly to the certification in Step 7.
3. If you want to make changes to your current elections, select **I want to make changes to my current elections**.
4. Click **Next**.

**BENEDIRECT**  
by **WageWorks**

Summary | **FAQ**

Welcome: , Nicholas | Account Number: | Company:

### COBRA Online Enrollment

You have the right to continue your health benefits in accordance with plan rules and the details provided in your COBRA Qualifying Event notice. Under Federal law, you have 60 days\*\* after the date of the Qualifying Event notice to decide whether you want to elect COBRA continuation coverage under the Plan (s). You must elect by the date indicated below.

Qualifying Event Reason	End of Employment (18 months) (COBRA)	Date Election Package Mailed	02/15/2017
Qualifying Event Date	02/03/2017	Billing of Coverage Begins	02/04/2017
Date Coverage Was Lost	02/03/2017	Current Coverage Period	02/04/2017 - 08/03/2018
Last Date to Elect	04/17/2017		

#### Initial Election Summary

##### Name of Persons Qualified for Continuation of Coverage

Nicholas	Levi	Samuel
----------	------	--------

#### Coverage & Monthly Rates Based on Your Coverage at Qualifying Event.

Plan Name	Coverage Level	Employee	Spouse	Children	Monthly Rate (*)	Payment Amount (*)
Blue Shield HMO Medical Plan -	Beneficiary and Family	Nicholas	Levi	Samuel	\$1,850.28	\$1,850.28
Delta Dental PPO (w/Blue Shield HMO)	Beneficiary and Family	Nicholas	Levi	Samuel	\$120.09	\$120.09
Superior Vision Plan	Beneficiary and Spouse	Nicholas	Levi		\$13.70	\$13.70
Medical Flexible Spending Account	Monthly Rate	Nicholas			\$216.75	\$216.75

\*\*\* Based on the mail date of the notice, this date may be adjusted.  
\* Note: These rates are subject to change based upon plan rules.

#### Enrollment Options

I want to proceed with my election without making any changes.  
 I want to make changes to my current elections.

**Next >**

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5. If you chose to make changes to your election, you'll be shown all of the plans for which you are eligible to elect coverage and the rates for each plan.

# Participant Reference Guide for the BeneDirect Website

**BENEDIRECT**  
by WageWorks

Summary | **FAQ**

Welcome: Nicholas | Account Number: | Company: |

### Modify Election

You have elected to modify your original coverage. Please note:

- Your current coverage is highlighted in yellow. That is the plan and level of coverage provided by your H/W vendor.
- Please "uncheck" the box beside the dependent if you wish to cancel continuation coverage.
- Cancelling coverage for a spouse or dependent over age 18 requires a signed paper enrollment.
- Please select the coverage levels for each plan and then click on the Next button.

You qualify for COBRA continuation coverage under the following plans:

#### Blue Shield HMO Medical Plan

Coverage Plan	Monthly Rate (*)	Payment Amount (*)
Beneficiary and Spouse	\$1,400.94	\$1,400.94
Beneficiary and Family	\$1,800.28	\$1,800.28

Covered Dependents	Name	Relationship
<input checked="" type="checkbox"/>	Nicholas	Employee
<input checked="" type="checkbox"/>	Levi	Spouse
<input checked="" type="checkbox"/>	Samuel	Children

#### Delta Dental PPO (w/Blue Shield HMO)

Coverage Plan	Monthly Rate (*)	Payment Amount (*)
Beneficiary and Spouse	\$93.00	\$93.00
Beneficiary and Family	\$120.09	\$120.09

Covered Dependents	Name	Relationship
<input checked="" type="checkbox"/>	Nicholas	Employee
<input checked="" type="checkbox"/>	Levi	Spouse
<input checked="" type="checkbox"/>	Samuel	Children

#### Superior Vision Plan

Coverage Plan	Monthly Rate (*)	Payment Amount (*)
Beneficiary and Spouse	\$13.70	\$13.70

Covered Dependents	Name	Relationship
<input checked="" type="checkbox"/>	Nicholas	Employee
<input checked="" type="checkbox"/>	Levi	Spouse
<input type="checkbox"/>	Samuel	Children

#### Medical Flexible Spending Account

Coverage Plan	Employee	Monthly Rate (*)	Payment Amount (*)
<input checked="" type="radio"/> Monthly Rate	Nicholas	\$216.75	\$216.75
<input type="radio"/> Waived		\$0.00	\$0.00

\* Note: These rates are subject to change based upon plan rules.

To make any additional changes to the COBRA coverage as listed on your election form (including waiving\* COBRA coverage(s) or adding\*\* missing dependent), you must manually complete your election forms and mail them to WageWorks, Inc.. Your election form MUST be postmarked no later than 04/17/2017 and signed as indicated and required on the election form.

If you need a copy of the election form, please go to [Correspondence](#) and print.

If you want information about \* Waiving COBRA go to [FAQ](#).

If you want information about \*\* Adding Missing Dependents, please go to [FAQ](#). Please note - You may not add dependents that were not covered under the group health plan on the day before the qualifying event.

[< Previous](#) [Next >](#)

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- Once you've made your selections, click **Next**. You can also click Previous to go back to the previous page.
- You'll be asked to confirm your elections (see the image on the following page).
  - If your elections are correct, be sure to check the checkbox for **Agreement – Terms and Conditions** and click **Submit**.
  - If your elections are not correct, click **Previous** to return to the previous page.

# Participant Reference Guide for the BeneDirect Website

**Confirm Elections**  
You have elected to accept coverage for all plans listed below. Please confirm your elections.

**(A) Personal Information**

First Name	Nicholas	MI	
Last Name		Address	
Date of Birth		Relationship	Employee
Gender		SSN	XXX-XX-9004
City		State	
Postal Code		Marital Status	Unknown
Evening Phone		Day Phone	

Status	Plan Name	Coverage Level	Employee	Spouse	Children	Monthly Rate (*)	Payment Amount (*)
Elected	Blue Shield HMO Medical Plan	Beneficiary and Family	Nicholas	Levi	Samuel	\$1,850.28	\$1,850.28
Elected	Delta Dental PRO (w/Blue Shield HMO)	Beneficiary and Family	Nicholas	Levi	Samuel	\$120.09	\$120.09
Elected	Superior Vision Plan	Beneficiary and Spouse	Nicholas	Levi		\$13.70	\$13.70
Elected	Medical Flexible Spending Account	Monthly Rate	Nicholas			\$216.75	\$216.75

\* Note: These rates are subject to change based upon plan rules.

I certify that the information I have provided is true, accurate and complete.

Send me an email confirmation( )

[Previous](#) [Submit](#)

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- Once you have submitted your elections, you'll receive a confirmation page and a confirmation number. After receiving your confirmation, you can navigate to any other pages in the website.

**Congratulations**  
You have successfully completed the election process. Your confirmation number is 135833.  
You elected to accept the following coverages. Your coverage will be active after you make your 1st payment.  
Do you want to make your first payment for coverage continuation now? [Pay Premium](#)

**(A) Personal Information**

First Name	Nicholas	MI	
Last Name		Address	
Date of Birth		Relationship	Employee
Gender		SSN	XXX-XX-0804
City		State	Florida
Postal Code		Marital Status	Unknown
Evening Phone		Day Phone	

Status	Plan Name	Coverage Level	Employee	Spouse	Children	Monthly Rate (*)	Payment Amount (*)
Elected	Blue Shield HMO Medical Plan	Beneficiary and Family	Nicholas	Levi	Samuel	\$1,850.28	\$1,850.28
Elected	Delta Dental PRO (w/Blue Shield HMO)	Beneficiary and Family	Nicholas	Levi	Samuel	\$120.09	\$120.09
Elected	Superior Vision Plan	Beneficiary and Spouse	Nicholas	Levi		\$13.70	\$13.70
Elected	Medical Flexible Spending Account	Monthly Rate	Nicholas			\$216.75	\$216.75

\* Note: These rates are subject to change based upon plan rules.

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## Coverage

The coverage page provides a summary of the coverage period and elected plans/rates for the current plan year.

**BENEDIRECT**  
by WageWorks

Summary Profile Coverage Payment FAQ

Welcome: JOHNSON, Mona Account Number: Company: TEST CLIENT

Active Plans  
Inactive Plans

### Coverage Details

You are currently enrolled in the plans listed below. Please note in order to receive services you must be paid through the current month.

Coverage Type: Normal Retiree  
Coverage Period: 06/26/2010 - 06/25/2010

#### Active Plans

Covered Participants	Plan Name	Coverage Start Date	Coverage Level	Paid Thru Date	Monthly Rate (*)	Payment Amount (*)
View	ABC Medical	06/26/2010	Beneficiary Only (*)		\$100.00	\$100.00

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## Payments

The payment page provides a history of payments made on the account and allows you to make payments online.

From this page, you'll be able to:

- View current and/or historical payment information
- Make payments online\* for current and future coverage
- Choose to receive monthly payment reminders via email

\* *Online payments can only be made via EFT from a valid checking or savings account. WageWorks does not accept credit or debit card payments.*

# Participant Reference Guide for the BeneDirect Website

When making an online payment, you'll be transferred to the bank website.

The screenshot displays the BeneDirect website interface. At the top left is the logo "BENEDIRECT by WageWorks". A navigation bar contains tabs for "Summary", "Profile", "Coverage", "Payment", and "FAQ". The "Payment" tab is selected. The main content area shows a welcome message: "Welcome: JOHNSON, Mona" and "Account Number: ". On the right, it says "Company: ) TEST CLIENT". A left sidebar lists options: "Payment History", "Setup Recurring Payment", "Cancel Recurring Payment", and "Pay Premium". The main area is titled "Payment History" and includes the text: "Listed below is your payment information. You can view payment history by calendar year." Below this is a section "View Payment History By Year" with a dropdown menu. A table titled "Payments" has columns: "Date Payment Posted", "Check Number / Draft Number", "Payment Type", and "Amount Received". The table currently shows "No Payment History". The footer contains "© 2017 WageWorks, Inc. All Rights Reserved." and a "Privacy" link.