

ASR Health Benefits Website

Complete Instructional Guide for Members

www.asrhealthbenefits.com

ASR HEALTH BENEFITS WEBSITE

COMPLETE INSTRUCTIONAL GUIDE FOR MEMBERS

ASR Health Benefits thanks you for your interest in our Website. Your personalized member Web page will give you 24-hour access to information about your health benefit plan. This instructional guide will help you access and navigate your Web page.

Some features currently available on the site include the following:

- Benefit coverage information
- Claims status and accumulated benefits information
- ID card requests
- Downloadable claim and reimbursement forms
- Links to provider network Websites and the Physicians Care, HAP, and Assurant Health provider directories

Accessing the Member Website

Please follow these steps to connect to ASR's member Website:

1. Access ASR's Website at www.asrhealthbenefits.com.
2. Click on the **I'm a Member** login link (see Figure 1).

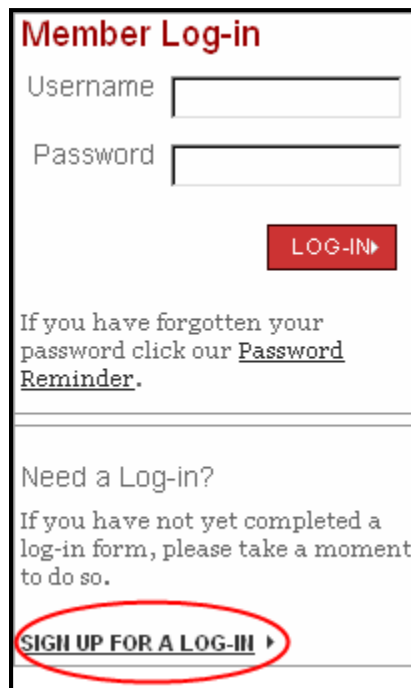


Figure 1. Member Login to asrhealthbenefits.com

3. Complete the First-Time User Account Sign-up.

NOTE: You must complete this brief account sign-up process before accessing and using the Website to protect your health information, in accordance with the Standards for Privacy of Individually Identifiable Health Information.

- a. Click on the **SIGN UP FOR A LOG-IN** link under **Need a Log-in?** (see Figure 2).



Member Log-in

Username

Password

LOG-IN

If you have forgotten your password click our [Password Reminder](#).

Need a Log-in?

If you have not yet completed a log-in form, please take a moment to do so.

SIGN UP FOR A LOG-IN

Figure 2. Member Log-in and Need a Log-in? Screen

- b. Enter the requested information where indicated and verify that this information is correct. Read the disclaimer at the end of the form, click on the button next to **I AGREE**, and then click on **Begin Sign-up** (see Figure 3). **NOTE:** If you click on the button next to **I DISAGREE**, you will not be permitted to access and use the Website.

First-Time User Account Sign-up

IMPORTANT NOTICE TO ALL WEBSITE USERS: The U.S. Department of Health and Human Services has recently issued regulations protecting your individually identifiable health information, and we have enhanced our Website to comply with these regulations and protect your information. Therefore, all users must complete this brief account sign-up process before accessing and using the Website.

Please enter the **Employee's** Social Security Number:

Please provide the following information about **yourself**:

Relationship to Employee: I am the Employee
 I am a dependent of the Employee

Your Social Security Number:

Your Last Name:

Your First Name:

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

Your Home Zip Code:

Your Email Address: (recommended)

I hereby certify that I am the person named in the First-Time User Account Sign-up section and that the information I provide is accurate to the best of my knowledge. I understand that my coverage in the plan may be terminated for fraud or misrepresentation, in accordance with the plan language.

I AGREE I DISAGREE

Figure 3. First-Time User Account Sign-up Form

- c. Create a username and a password of at least seven characters (a mixture of letters, numbers, and at least one non-alphanumeric character) at the prompt that appears. Click on **Update Account** (see Figure 4).

User Account Update

We have located your information. You must select a unique username and password for your account to be activated.

The quality of your password is very important to the security of your personal health information. The password must be at least seven characters long and contain a mix of letters, numbers, and at least one non-alphanumeric character.

New Username:

New Password:

Confirm Password:

Please provide your first and last name to personalize your account.

First Name:

Last Name:

Figure 4. Username and Password Creation Prompt

- d. Authorize any family member 18 years of age or older whom you desire to access your health information.
 - i. Click on the box next to your family member's name if you would like to authorize ASR to disclose your health information to that person.
 - ii. If you would like to authorize a family member who is not enrolled as a participant or dependent in your health plan, click on the box next to the statement "Any other family members 18 years of age and older, living in my household."
 - iii. Read the accompanying authorization text and click on **Submit** (see Figure 5). (If you do not wish to authorize any family members, leave the boxes blank and click on **Submit**.)

Personal Healthcare Information

The following Authorization will allow you, as a covered person in your health plan, to approve access and disclosure of your health information. Click the desired boxes below to authorize your family members to view your information, then read the Authorization carefully and follow the directions to submit it.

Authorize	ID	First Name	Last Name	Date of Birth	Relation	Age
<input type="checkbox"/>	01	ELIZABETH	EMPLOYEE	6/21/1966	Spouse Female	38
<input type="checkbox"/>	02	JENNIFER	EMPLOYEE	4/10/1986	Daughter	18

Any other family members 18 years of age and older, living in my household.*

* You have the option to authorize family members not covered under this benefit plan.

Figure 5. Healthcare Authorization Screen (Partial View)

NOTE: Every covered person 18 years of age or older can authorize family members to access his or her health information via the First-Time User Account Sign-up if desired. A minor child under the age of 18 does not need to authorize access because the minor child's parent or legal guardian is automatically authorized to view his or her health information, unless ASR is notified otherwise in writing.

4. Once you have completed the First-Time User Account Sign-up, the member Website main page will appear. For more information on how to navigate through the Website features that are accessible from the member main page, refer to the pertinent sections below.

Tips on Navigating the Website

The following tips will assist you in navigating ASR's Website:

- A menu with the main features available on this Website is continuously displayed across the top of the screen. Click on **MY PLAN COVERAGE**,

CHANGE MY INFO, and **RESOURCES** to see the entire list of features available (see Figure 6). Click on the desired item to access it.

HOME	MY PLAN COVERAGE	CHANGE MY INFO	RESOURCES
	View Benefits and Claims	Benefits	Forms ▶
	My Claim Status	Name/ Mailing Address	Documents ▶
	Flexible Spending	E-mail Address	Help ▶
	PCN Provider Directory	PHI Authorizations	Links
	Plan Documents	Member Request ID Card	PCN Provider Directory
			Contact Us

Figure 6. Website Features

- The **Back**, **Forward**, **Stop**, **Refresh**, and **Print** buttons are located on the toolbar at the top of your screen (see Figure 7). Use the **Back** button to access previously viewed pages and, after you have backed up, use the **Forward** button to reverse direction and proceed to the more recently viewed pages. The **Stop** button will discontinue the linking process to a page you have selected, and the **Refresh** button will resume this linking process. You may print a copy of the page you are viewing at any time by clicking on the **Print** button.



Figure 7. Website Toolbar

Explanation of Website Features

The following is a list of the ASR Website features and a brief description of each item:

□ HOME

This feature allows you to access the member Website main page, which appears after you have logged in and displays Website announcements and, if you are enrolled in a self-funded benefits plan, your Recent Enrollment Activity list. Two links, **My Account** and **Logout**, are listed in the upper right-hand corner of the screen (see Figure 8). Click on the desired feature to access it.

[My Account](#) | [Logout](#)

Figure 8. My Account and Logout Features

- **My Account:** This feature allows you to change your name, e-mail address, and password. Enter the information you desire to change and then click on **Save** (see Figure 9). **NOTE: In order to safeguard your confidential health information, please do not disclose your password to anyone.**

Figure 9. My Account Profile and Change Password Screen

- **Logout:** This feature allows you to properly log out of the ASR Website. **Always click on Logout to exit the ASR Website.** The Website contains a security feature that automatically logs you out if it detects no Website activity for a period of five minutes.

□ **MY PLAN COVERAGE**

- **View Benefits and Claims:** This feature allows you to view the benefit coverage information pertaining to you and your dependents, such as coverage type, eligibility status, and eligibility dates.
- **My Claim Status:** This feature allows you to check the claim status and accumulated benefits information for you (see Figure 10) and your dependents (see Figure 11).

Figure 10. Member Claims Information Screen

Dependents:					
SSN	Name	Date of Birth	Relation	Claims Information	
456-78-9123	JULIE SMITH	01-01-1988	Spouse	claims ▶	accumulators ▶
234-56-7891	JANE SMITH	09-17-1965	Spouse	claims ▶	accumulators ▶
345-67-8912	JIMMY SMITH	01-01-1998	Son	claims ▶	accumulators ▶
567-89-1234	JILL SMITH	01-02-1996	Daughter	claims ▶	accumulators ▶

Figure 11. Dependent Claims Information Screen

To view the remaining deductible and out-of-pocket dollar amounts, click on the [accumulators](#) ▶ link (see Figure 12).

NOTE: If a covered person 18 years of age or older has not authorized access to his or her health information, no links will appear next to that covered person's name.

Individual Plan Design Limits					
		Current Year Amounts		Last Year Amounts	
Type	Description	PPO	Non-PPO	PPO	Non-PPO
Dental	Deductible	N/A	\$25.00	N/A	\$25.00
Medical	Deductible	\$0.00	\$100.00	\$0.00	\$100.00
Medical	Out Of Pocket	\$0.00	\$1,650.00	\$0.00	\$1,650.00
Family Plan Design Limits					
		Current Year Amounts		Last Year Amounts	
Type	Description	PPO	Non-PPO	PPO	Non-PPO
Dental	Deductible	N/A	\$25.00	N/A	\$25.00
Medical	Deductible	\$0.00	\$200.00	\$0.00	\$200.00
Medical	Out Of Pocket	\$0.00	\$1,800.00	\$0.00	\$1,800.00
Your Deductible & Out of Pocket Amounts Remaining					
		Current Year Amounts		Last Year Amounts	
Type	Description	PPO	Non-PPO	PPO	Non-PPO
Dental	Individual Deductible	N/A	\$25.00	N/A	\$25.00
Dental	Family Deductible	N/A	\$25.00	N/A	\$0.00
Medical	Individual Deductible	\$0.00	\$100.00	\$0.00	\$100.00
Medical	Individual Out Of Pocket	\$0.00	\$1,650.00	\$0.00	\$1,650.00
Medical	Family Deductible	\$0.00	\$200.00	\$0.00	\$100.00
Medical	Family Out Of Pocket	\$0.00	\$1,800.00	\$0.00	\$1,676.00

Figure 12. Accumulated Benefits Information Screen

To display claims, click on the [claims](#) ▶ link (see Figures 10 and 11). Then, to view details of a specific claim, click on the [view](#) ▶ link in the **Details** column (see Figure 13).

Processed Claims					
Claim Number	Claim Type	Provider Name	Incurred Date	Total Charges	Details
01234567-01	MEDICAL	PATICA VAN SAMPLE MD	1-01-2001	\$339.00	view ▶
12345678-01	MEDICAL	ZACHERY DEMO MD	1-01-2001	\$75.00	view ▶
23456789-01	MEDICAL	SAINT MARYS HOSPITAL	1-01-2001	\$117.00	view ▶
45678901-01	MEDICAL	RUPERT TESTER MD	1-02-2001	\$145.00	view ▶
56789012-01	MEDICAL	PATICA VAN SAMPLE MD	1-02-2001	\$145.00	view ▶
67890123-01	MEDICAL	ZACHERY DEMO MD	1-02-2001	\$52.00	view ▶
78901234-01	MEDICAL	SAINT MARYS HOSPITAL	1-02-2001	\$153.00	view ▶
89012345-01	MEDICAL	SAINT MARYS HOSPITAL	1-02-2001	\$44.00	view ▶
Total Processed Claims: 8					

Figure 13. Detailed Claim Information Screen

- Flexible Spending: This feature allows you to check the status of your flexible spending claims and balances, if applicable.
- PCN Provider Directory: This feature allows you to access the Provider Directories for the Physicians Care, HAP, and Assurant Health Networks and to search for participating providers by selecting specific criteria.
- Plan Documents: This feature allows you to view your current plan document online when available.

□ CHANGE MY INFO

- Benefits (applicable only to self-funded members): This feature allows you to elect benefit changes (e.g., add a dependent or spouse, terminate coverage, or change a beneficiary designation). Select the desired option and enter the appropriate information (see Figure 14).

Select from the following options:	
I have a new child (add a dependent)	select
I have a new spouse (add a dependent)	select
I need to terminate all of my coverage	select
I need to change my beneficiary designation	select
I need to enroll for this plan year	select

Figure 14. Benefit Change Screen

You can view a description of all recent benefit changes you have requested in the **Recent Enrollment Activity** box on the member Website main page. This feature will display a description of your benefit requests, the dates you made the requests, and the status of your requests (i.e., whether your employer has approved or declined the requests, or whether the requests are still pending review.)

- Name / Mailing Address (applicable only to self-funded members): This feature allows you to submit a change of name, mailing address, and marital status to ASR. Update your information in the space provided and click on **Submit**.
- E-mail Address (applicable only to self-funded members): This feature allows you to submit a change of e-mail address to ASR. Type your new e-mail address where indicated and click on **Save**. You can also change your password on this page.
- PHI Authorizations: This feature allows you to revise your authorization for the use or disclosure of your individually identifiable health information, as follows:
 1. Revise the authorization of family members enrolled in your health plan.
 - a. Click on the box next to your family member's name to authorize ASR to disclose health information to that person.

- b. Click on a previously selected box next to your family member's name to withdraw the authorization for ASR to disclose health information to that person.
 2. Revise the authorization of family members not enrolled in your health plan.
 - a. Click on the box next to the statement "Any other family members 18 years of age and older, living in my household" to authorize ASR to disclose health information to a family member who is not enrolled as a participant or dependent in your health plan.
 - b. Click on the previously selected box next to the statement "Any other family members 18 years of age and older, living in my household" to withdraw the authorization for ASR to disclose health information to a family member who is not enrolled as a participant or dependent in your health plan.
 3. Click on **Submit** (see Figure 15).

Revision of Authorization

Your family members currently authorized to access and disclose your health information are identified below by a check mark under the Authorize column. If no check appears in the column, that family member is not authorized to access and disclose your information. The following Revision of Authorization will allow you to revise your previous authorization for any family member to access and disclose your health information. Click the box under the Authorize column to select or deselect the desired family member, then read the Revision of Authorization carefully and follow the directions to submit it.

REVISION OF AUTHORIZATION
FOR RELEASE OF PROTECTED HEALTH INFORMATION TO FAMILY MEMBERS

I hereby revise my authorization for the use or disclosure of my individually identifiable health information by or to the following family members:

Authorize	ID	First Name	Last Name	Date of Birth	Relation	Age
<input type="checkbox"/>	01	ELIZABETH	EMPLOYEE	6/21/1966	Spouse Female	38
<input type="checkbox"/>	02	JENNIFER	EMPLOYEE	4/10/1986	Daughter	18

Any family members 18 years of age and older, living in my household.*

* You have the option to authorize family members not covered under this benefit plan.

I am revising my previous authorization before its expiration date. I understand that this revision does not have any effect on any actions the Plan has taken before it receives the revision. *I further understand that this revision only applies to the family members above and not to any health care provider, the Plan Sponsor, the insurer/TPA of the plan, or any other entity providing services in connection with the Plan that I have previously authorized to use or disclose my health information.*

If you click on the **SUBMIT** button below, you hereby implicitly agree to all of the statements contained in the above Revision of Authorization.

Submit

Figure 15. Authorization Revision Screen

- Member Request ID Card (applicable only to self-funded members): This feature allows you to request an ID card.

□ RESOURCES

- Forms: This feature allows you to download certain forms (e.g., the Group Health Claim Form) to your computer for printing.
- Documents: This feature allows you to view your current plan documents when available and ASR's Notice of Privacy Practices, which describes how the Plan and any third party assisting in the administration of claims may use and disclose your health information.
- Help: This feature allows you to access the Complete Instructional Guide for Members, which will help you access and navigate this Website.
- Links: This feature allows you to view a list of Website links for various Preferred Provider Organization (PPO) networks. Click on a network name to access its Website.
- PCN Provider Directory: This feature allows you to access the provider directories for the Physicians Care, HAP, and Assurant Health networks and to search for participating providers by selecting specific criteria.
- Contact Us: This feature allows you to communicate any problems you may experience on our Website or to recommend enhancements.

Helpful Hints

Please note the following points:

- You may print a display page as it appears on the screen by right-mouse clicking on the page and choosing **Print**. Select the **As laid out on screen** option before printing.
- ASR will process requests for changes and ID cards and update the system within 24-48 hours.
- If you suspend activity on the Website for more than five minutes, the system will automatically log you off to prevent unauthorized access.
- You must always click on **Logout** before leaving the site.