Dear Health Plan Participant,

HealthComp is excited to provide you with access to the HCOntline platform, a digital experience that streamlines how you manage your health benefits.

On HCOntline, you can:

- View simple visuals illustrating your deductible and out-of-pocket statuses
- Access a full history of claims for all plan members
- View EOBs with easy-to-understand summary charts and tables
- Access a digital ID card and request replacement cards
- View coverage information for all plan members
- Submit claims inquiries to our Customer Service department
- Submit forms online and track the status of submitted forms
- Receive email notifications when a new EOB has been posted to your account
- Manage your flexible spending account (if applicable)

HCOntline is available 24/7 and completely mobile-responsive, so you can access your benefits from your computer, smartphone, or tablet.

This guide includes information on how to set up your HCOntline account and use its main features. If you require further assistance, please contact HealthComp’s Customer Service team at: (800) 442-7247 or hconline@healthcomp.com.
Registering on HConline

1. In a web browser, navigate to HConline (https://hconline.healthcomp.com/).
2. On the Home Page, click Log in to HConline or Login. This will open the HConline Login page.
3. In the upper-right corner, click Sign Up. From the dropdown menu, click Member. This will open the New User Registration wizard.
4. In the Verification step of the New User Registration wizard, enter your Social Security Number (omitting dashes), Date of Birth (MM/DD/YYYY) and Home Zip Code (#####). Click the ‘I'm not a robot’ checkbox. Click Next.
5. In the User Account step of the New User Registration wizard, enter your email account, username, password, security question, and security question answer. Click Create New User.
8. To complete registration, HConline will send a confirmation to your email address. Access your email and click the link within the email confirmation. This completes the registration process.

We recommend adding hconline@healthcomp.com to your address book to ensure you receive all HConline email notifications. You can also access HConline on your smartphone or tablet. To access HConline, simply scan the QR code with your mobile device.

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Once you’ve logged in to HCONline, you will be directed to the **Home** page. The Home page provides you with a ‘snapshot’ view of your health plan.

**Announcements**
Shows the latest announcements that have been posted by your Human Resources (HR) department.

**Quick Access Buttons**
- **ID Cards** – Access digital ID cards and request replacement cards
- **Forms** – Complete and submit electronic forms
- **Go Paperless** – Opt to receive electronic EOBs only
- **Online enrollment** (if applicable) – Enroll in a new health plan. This option is only available if your employer uses HCONline for enrollment and if the enrollment period is open.

**Plan Status**
Shows the status of deductibles and out-of-pocket maximums. Use the drop-down menu to view the plan status for different members covered under your plan.

**Coverage Summary**
Shows the current health coverage for all members on your plan. It shows the name of your plan, who is covered under that plan and the effective date for coverage.

**Recent Claims**
Shows the latest claims that were incurred on your plan and a running total of your total patient responsibility for the calendar year. Click on a claim to view more details *. To access a full history of your claims, click **View All Claims**.

*Claims details are not available for Rx claims.

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Health Plan

Clicking the Health Plan tab will display a sub-menu of items designed to help you manage your health plan.

Coverage

View a simple summary of your benefits.

Claims

View a full history of your claims.

Resources

Access supplementary materials (e.g. plan documents, helpful links).

ID Cards

Access digital ID cards and order replacement cards.

Forms

Complete online forms and check the status of submitted forms.

Coverage

The Coverage page shows the current coverage status for the employee and all associated dependents. To view past coverage information, select a Coverage Date from the dropdown menu.

Claims - Overview

The Claims page displays a full history of claims that have been incurred by members on your plan. It also includes a Plan Summary that illustrates your health plan spending.

The Claims page includes a number of search and filtering options to help you find what you are looking for:

- To view claims for a specific member on your plan: Select the member's name from the ‘Claims for:' dropdown menu.

- To sort claims by Date, Description, Responsibility or Status: Click the heading of the column that you would like to sort by. Click the heading again to reverse the sorting order.

- To search for claims: Click Search . You can search by Claim Type, Start and End Date, or Provider/RX Name. Once you've entered your search criteria, click Apply Filter. To clear your search filters, click Clear Search .

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Claims – Overview (cont’d)

- To download an Excel file of your claims: Click the Download button (      ) to download an Excel (.xlsx) file with a list of your claims.

- To access more information on a claim: Click on a claim in the Claims table to access the Claims Detail page. Note: Details are not available for Rx claims.

Claims Detail - Overview

The Claims Detail page breaks down the health services that you received, what your provider charged for these services, what your health plan covered and what you owe (i.e. your responsibility.)

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Claims Detail – Overview (cont’d)

Claim Summary - Breaks down the total charge for all services listed in the claim into three categories:

- **Your Plan Paid** – This is the amount that your health benefits covered
- **Your Responsibility** – This is the amount that you owe. It may include copays that you already paid to your provider.
- **Other** – Other sources may have reduced or covered a portion of the total charge (e.g. network discounts, other credits or adjustments).

Claims Detail Table – Shows information related to the health services that were received. See “Claims Detail Table”

**View Claim** – Access the Explanation of Benefits (EOB) associated with this claim (see “Claims Detail – View Claim”).

**Ask a Question** – Send a claim inquiry to our Customer Service department (see “Claims Detail - Ask a Question”).

Claims Detail – View Claim

To view and print the Explanation of Benefits (EOB) associated with a claim by clicking the **View Claim** button on the **Claims Detail** page.

Claims Detail - Ask a Question

To ask a question about a specific claim, click the **Ask a Question** button located below the Claims Detail table. This will open the **Claim Inquiry** interface. Type your question into the Inquiry field. Click **Submit**. Your question will be sent directly to our Customer Service department. You will receive an email notification when a response is posted.

To access a response to an inquiry, click the Envelope icon (✉️) on the Claims table or click the **View Response** button on the **Claims Detail** page.
# Claims Detail Table

The Claims Detail table provides information on the health services that you received, what the provider charged for these services and what was covered by your health plan.

<table>
<thead>
<tr>
<th>SERVICE DATES</th>
<th>SERVICE DESCRIPTION</th>
<th>CHARGED AMOUNT</th>
<th>PLAN RATE</th>
<th>PLAN PAID</th>
<th>YOUR RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/2018 - 03/15/2018</td>
<td>PREADMISSION TESTING HCFA</td>
<td>$37.00</td>
<td>$17.16</td>
<td>$13.73</td>
<td>$3.43</td>
</tr>
</tbody>
</table>

**A. Service Dates:** Corresponds to the date(s) of treatment.

**B. Service Description:** This is the health service that was received.

**C. Charged Amount:** This is the amount that the provider charged for the service received.

**D. Plan Rate:** This is the Charged Amount minus any network discounts (if available).

**E. Plan Paid:** This is the amount that was covered by your health benefits.

**F. Your Responsibility:** This is the amount that is owed to the provider. This may include copays that you already paid.

**G. Your Total Responsibility:** This is the total amount that is owed for all health services on the claim.

# ID Cards

To access your digital ID card, navigate to the Health Plan > ID Cards page. Click View Your ID Card. HConline will generate a digital version of your ID card with the following options:

- **Flip** – Displays the other side of the ID card
- **Email** – Sends a PDF version of your ID card to a specified email address.
- **Print** – Downloads a PDF version of your ID card
- **Access a family member’s ID card by clicking the corresponding name in the dropdown menu.**

You can also request a replacement ID card for you or a family member.

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Resources

You can find supplementary materials such as summary plan documents and helpful links on the Health Plan > Resources page.

Forms

On the Health Plan > Forms page, you can complete online forms (such as medical claims) and check the status of submitted forms.

To submit a form, click on the desired form in the Online Forms list. Complete all required fields, add attachments (if applicable), and click Submit Form. You can also return to the main page by clicking More Forms.

User Profile

You can access your User Profile by clicking your username in the upper-right corner of the Home page and clicking Profile.

On the User Profile page, you can:

- Update your username, password, and email address.
- Change your Protected Health Information (PHI) Settings - This setting allows you to choose what benefits information to share with other members of the family.
- Go Paperless - You can opt to go paperless and receive an email notification when a new EOB is posted to your HCOnline account.

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