![DavisVision logo]

DAVIS VISION DIRECT (X06)

BENEFIT MANAGER

USER MANUAL

DAVIS VISION

BENEFIT MANAGER

711 Troy Schenectady Road
Latham, NY 12110
Benefit Manager Help Line: 888-343-3460
Select Option: 2

CONTENTS

Introduction

The instructions in this document detail how to use the Benefit Manager online system to manage your enrollment.

Assumptions

The intent of this manual is as follows:

- To provide a general introduction to Benefit Manager.
- To provide instructions on entering enrollment records into Benefit Manager.

This manual assumes:

- You have access to appropriate browsers such as Internet Explorer (IE) and Mozilla Firefox on your Desktop. We recommend Microsoft Internet Explorer Version 5 or higher.
- You have access to the Benefit Manager application on your desktop.
- You have a valid username and password to access the Benefit Manager application.
- You have appropriate permissions to add enrollment records into Benefit Manager.

Accessing Benefit Manager

The following section describes the method to access Benefit Manager via the Davis Vision website.
To access Benefit Manager:

1. Go to www.davisvision.com in your web browser

2. Click on the **CLIENTS** link at the top of the page

3. Enter the assigned Username and Password and click on the **Submit** button

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(!) IMPORTANT
Upon first login, the Terms of Service and Agreement screen is displayed. Press the Accept button to proceed. Decline button will disallow access to the Benefit Manager application.

After clicking the Accept button, the Benefit Manager home page will be displayed:

Using Benefit Manager

This section details the process to check enrollment, request ID cards, print or save temp ID cards, and add/change/reinstate or terminate Subscriber(s) Enrollment records via Benefit Manager.

> **Note:** References to Employee and Subscriber are used interchangeably and refer to the main Policyholder. Member refers to employee and/or dependent.

Check Enrollment

This section illustrates the method to check a Subscriber's enrollment and eligibility status:

1. Click the Check Enrollment / Request ID Cards link on the left menu bar.
2. Enter the Social Security Number (SSN) in the ID field or enter the Subscriber's first and last name and press the Go button. (If SSN is incorrect or name is spelled incorrectly, you will not be able to locate an employee. Refer to your monthly invoice to confirm enrollment / spelling of employee name.)
3. This screen will display the selected Subscriber, including any covered Dependent(s), with eligibility status and downloadable forms.
4. From this screen, you can confirm current and future eligibility dates.

Group : Davis Vision Small Group Product
Subgroup : 001
Member Name : Joe Test (789000000000)   Order Member ID Cards

Member Eligibility

Name	Relationship	Eligibility Status	Currently Eligible Services	Effective Date	Termination Date	Future Eligibility*
Joe Test	MEMBER	Currently Eligible	Examination, Contact Lens Evaluation and Fitting, 1 pair spectacle lenses or contacts --- Benefit provides $130 Material Allowance Benefit toward the purchase of in-network provider-supplied contact lenses.	1/1/2018		Frame: 02/15/2022

* (Materials allowance varies by plan. Please see your benefit summary.)

> **Note:** **The effective date** is the date a member was enrolled in the vision plan.
> **The eligibility date** indicates when a member is eligible to utilize services under the vision plan. All benefits refresh based on the last date of service.
> **Open Authorization** means a provider has obtained approval to provide care.

Request ID Cards

This section illustrates the method to request an ID card:

1. Click the **Check Enrollment / Request ID Cards** link on the left menu bar.
2. Enter the Employee's Social Security Number (SSN) in the ID field or enter the subscriber's first and last name then press the **Go** button.
3. The selected Subscriber, including Dependent(s) covered, will appear with eligibility status and downloadable benefit-specific forms.
4. Click on Order Member ID Cards.

5. Select the number of cards requested and click on the **Submit** button.

Print or Save Temp ID Cards

This section illustrates the method to request, print or save a temp ID card:

1. Click the Check Enrollment / Request ID Cards link on the left menu bar.

2. Enter the Employee's Social Security Number (SSN) in the ID field or enter the subscriber's first and last name then press the Go button.

3. The selected Subscriber, including Dependent(s) covered, will appear with eligibility status and downloadable benefit-specific forms.

4. In the forms section, click on the View Form link on Membership Card line.

Member Forms		
Name	**Type**	**Action**
Vision Plan Benefit Description	Adobe (.pdf)	View Form
Out of Network Claim Form	Adobe (.pdf)	View Form
Warranty Information	Adobe (.pdf)	View Form
Membership Card	Adobe (.pdf)	View Form
Out of Network Claim Form - HMIG Insured	Adobe (.pdf)	View Form

5. You can either print the ID card or save the file as a pdf to your computer.

Note: You may also download a Vision Plan Benefit Description (Benefit Summary Flyer), Out of Network Claim Form or Warranty Information from this screen by clicking on the View Form link on the appropriate line of the item you wish to download.

Add an Enrollment record

This section illustrates the method to add new Subscriber Enrollment records using the web-based enrollment form for users with Full access. This option is not available for those with View Only access.

1. Before performing any enrollment transaction, use the Check Enrollment feature on page 6 to verify current enrollment status. This will ensure you are choosing the proper "Reason" code for your transaction.

2. Click the **Enrollment Form** link from the left menu bar.

   a. If you have access to more than one Group (GP) Number, you will need to select the group to which the member should be added by using the drop-down menu:

   Otherwise, you will be taken directly to the enrollment form:

3. Enter all the required (red) and any desired optional (blue) fields following the steps below:
   ▪ Select [Add New Enrollment ⌄] from the Reason drop-down menu.
   ▪ Enter the date **coverage begins** in the Effective Date field.
   ▪ Enter the Subscriber/Employee's enrollment data.
   ▪ Select the appropriate tier according to the client's tier structure.
     (If you are unsure, please reach out to the Group Billing team for guidance.)
   ▪ Select the Category Information from the drop-down menu.
   ▪ If there are no Dependents, proceed to **Step 4** below. Otherwise, complete the Dependent Information section for each dependent:
     ○ Select [Addition ⌄] from the Reason drop-down menu.
     ○ Enter the Dependent's enrollment data.
     ○ Repeat the above steps until all Dependents have been added.
4. Press [Save Changes] button to submit the enrollment data to the Group Billing Team.
5. You will receive an onscreen confirmation confirming your transaction has been submitted.
   Please print this page for your records.

The enrollment information entered has been successfully saved.

Please note that it may take up to 4 business days before the enrollment information is available in our system.

[Print this Page]

Reason: Add New Enrollment
Effective Date: 1/1/2022
Social Security Number: 999999999
Last Name: Test
First Name: Joe
Middle Initial:
Gender: Male
Date of Birth: 1/1/1900
Address: 123 Main Street
Address #2:
City: Disney
State: FL
Zip: 12345
Enrollment Tier: Employee Only

GP: 1234560010
Plan Funding (Voluntary) and Class Code: V01
Rate Region: 1
Group Situs: AR

Reason	First Name	MI	Last Name	Relationship	Gender	Date of Birth

No Dependents Entered

> **Note:** All required fields must be completed to save changes; a prompt is displayed when a required field is blank.
> To confirm an enrollment request has been processed, **please use the Check Enrollment feature on page 6 after the 4 business day turnaround time quoted for Benefit Manager transactions.**
> **If your request is urgent, please see page 15 for detailed instructions.**

Modify Existing Enrollment record

This section illustrates the method to modify an existing Subscriber Enrollment record. E.G.: changes to address, class code/subgroup, add a dependent, reinstate benefits or termination of coverage using the web-based enrollment form for users with Full access. This option is not available for those with View Only access.

1. Before performing any enrollment transactions, use the Check Enrollment feature on page 6 to verify current enrollment status. This will ensure you are choosing the proper "Reason" code for your transaction.
2. Click the **Enrollment Form** link from the left menu bar.

   a. If you have access to more than one Group (GP) Number, you will need to select the group to which the member should be added by using the drop-down menu:

   Otherwise, you will be taken directly to the enrollment form:

3. Enter all the required (red fields) and optional (blue fields) on the enrollment form.
   - Select the appropriate Reason from the drop-down menu.
     (Please see the Benefit Manager Reason Legend Addendum on page 15 for proper use of reason codes.)

   - Enter the date **coverage begins** in the Effective Date field.
   - Enter the Subscriber/Employee's enrollment data.
   - Select the appropriate tier according to the client's tier structure.
     (If you are unsure, please reach out to the Group Billing team for guidance.)
   - Select the Category Information from the drop-down menu.
   - **Not all transactions require you to enter dependent data. Please check the Benefit Manager Reason Legend Addendum on page 15 to confirm if you need to enter this data.** If not, you may skip to **Step 4**. Otherwise, complete the Dependent information section for each dependent:
     - Select the appropriate Reason from the drop-down menu.

     - Enter the Dependent's enrollment data.
     - Repeat the above steps until all Dependents have been added.

4. Press the [Save Changes] button to submit the enrollment data to the Group Billing Team.

5. You will receive an onscreen confirmation that your transaction has been submitted. Please print this page for your records.

(!) **Note:** All required fields must be completed to save changes; a prompt is displayed when a required field is blank.

To confirm an enrollment request has been processed, **please use the Check Enrollment feature on page 6 <u>after the 4 business day turnaround time</u> quoted for Benefit Manager transactions.**

If your request is urgent, please see page 15 for detailed instructions.

Additional Information

Provider search

To locate an in-network vision provider, you can quickly perform a search by zip code from the Find a Provider box on the Benefit Manager home page or by clicking on the Find a Provider link from the left menu bar.

Emergency / Urgent Enrollment Requests

We understand emergency requests sometimes occur, but please limit requests to members who require same or next day vision care. Emergency requests should _**not**_ be transmitted through the Benefit Manager system. Please email the enrollment information and follow-up immediately with a phone call to our Group Billing Team.

Urgent requests include situations where a member needs to seek care sooner than the 4 business day turnaround time quoted for Benefit Manager transactions. We ask you enter urgent requests into the Benefit Manager system, and use the Check Enrollment feature **2 business days later**. If the enrollment is not viewable in the system at that time, please email your confirmation page and follow-up with a phone call the Group Billing Team.

Please note, for both emergency and urgent requests:
1. You will need to provide the date/time of the email, and the date of the member's appointment at the time of your phone call.
    a. We will not perform emergency/urgent updates to the system if there is no scheduled appointment unless a provider has refused to schedule the appointment without confirmation of enrollment.
2. Emergency enrollment updates are only valid for the **date of the appointment**.
    a. If the member reschedules their appointment, please use the Check Enrollment feature on page 6 to confirm the enrollment is still active.
3. These services are available during regular business hours

Contact Information

Emergency and urgent enrollment updates, questions about the processing of a specific Benefit Manager transactions, and any billing / enrollment related inquiries:

Group Billing Team
Phone: (888) 543-6553
groupbilling@hminsurancegroup.com
Hours: 8:00 am – 5:00 pm **EST**

Benefit Manager training, technical support & password resets:

Benefit Manager Team
Phone: (888) 343-3460; Prompt (2)

User Management

To add or remove users, contact your assigned Client Manager via email.

For new users, include the employee's full name, email address, telephone number and requested access level (Full – add, change and term enrollment; View Only) in your email.

BENEFIT MANAGER REASON CODE LEGEND ADDENDUM

REASON	When to Use this Reason Code	Dependent info required
Add New Enrollment	This is selected when the client is requesting to add a new employee for the first time regardless of coverage tier.	Yes, if dependents are to be enrolled
Add Dependent(s) to Existing Enrollment	This is selected when the client is requesting to add a dependent to an existing subscriber on file. Please enter only the dependent(s) which are to be added.	Yes
Terminate Member Enrollment	This is selected when the client is requesting to terminate the entire existing employee's record regardless of coverage tier.	No
Terminate Dependent(s) Only	This is selected when the client is requesting to terminate one or more dependents on an existing member record. Please enter only the dependents which should be termed.	Yes
Reinstate Member Enrollment	This is selected when the client is requesting to reinstate the entire family on an existing member record regardless of coverage tier.	Yes
Reinstate Member Only	This is selected when the client is requesting to reinstate the subscriber only on an existing member record and not the dependent(s) who were previously on file.	No
Reinstate Dependent Only	This is selected when the client is requesting to reinstate a dependent(s) who previously had coverage on an existing active member record. Please enter only the dependent(s) whose coverage should be reinstated.	Yes
Change Member Name	This is selected when the client is requesting to change the name on an existing member's record.	No
Change Dependent Name	This is selected when the client is requesting to change the name of a dependent on an existing member's record.	Yes
Change Member Address	This is selected when the client is requesting to change the address on an existing member's record.	No
Change Class Code / Subgroup	This is selected when the client is requesting to change the class code or subgroup on an existing member's record.	Yes

Transaction Limitations

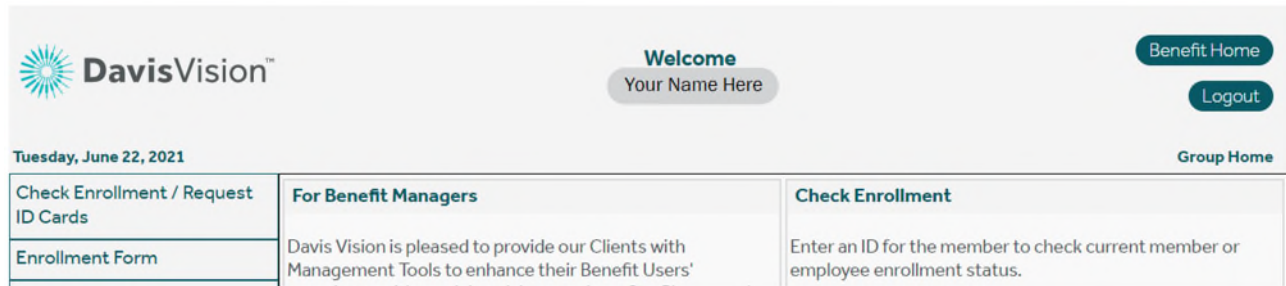There are some transactions which cannot be performed using the web-based enrollment form option. Transactions include, but are not limited to:

- Changes in effective date.
- Changes in termination date.
- Changes to a Social Security Number.
- Changes to a Date of Birth.

These transactions should be reported directly to the Group Billing Team via email (see contact information on page 13).
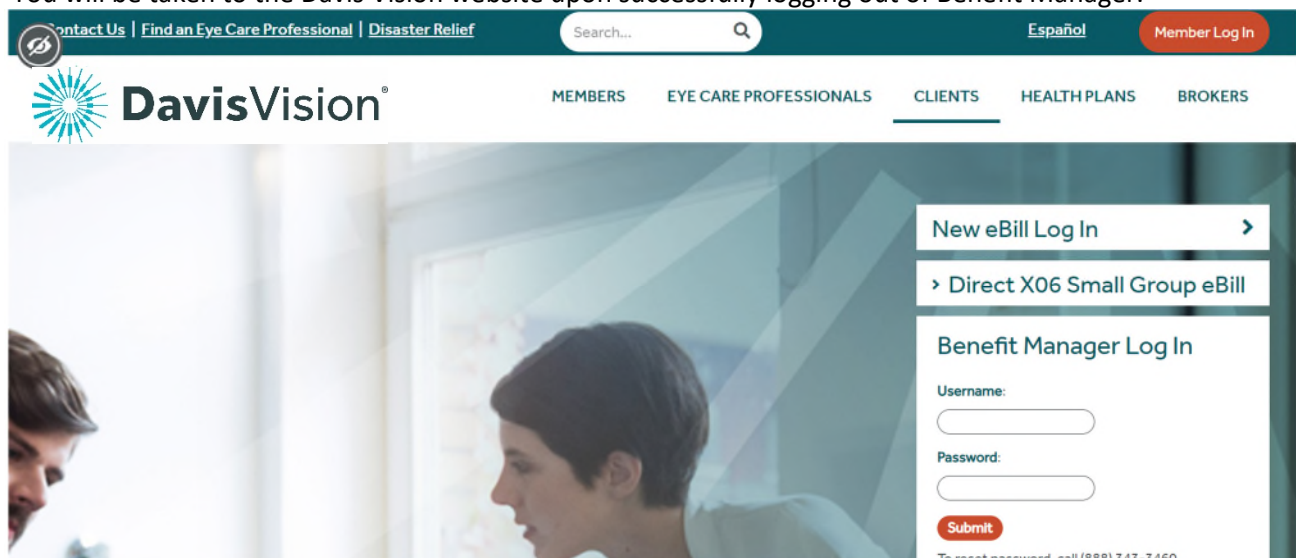
Logout of Benefit Manager

Log out at any time during your session by clicking on the [Logout] button located in the top right of any screen:

You will be taken to the Davis Vision website upon successfully logging out of Benefit Manager.