

Welcome to your isolved Benefit Services Continuation Coverage Online Portal. This portal gives you anytime access to view your information, manage your profile, review notices and letters, review payments and make online payments.

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Login

To login to your home page, follow these steps:

1. Navigate to the [isolved Benefit Services login page](#).
2. Enter your login/email and password. First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password. (e.g.: Your name is John Doe, last four digits of your Social Security Number is 1234. You would enter jdoe1234 as both your Username and Password, the first time.)
3. New users will then be prompted to create a profile with an email address, password and a security question.

Note: Your email will be used as your username at the time of login into QB website as well as for password restoration. Please use a valid email address.

Password should contain one letter, one digit, and one special symbol and be at least 8 characters.

We will, by default, use the email address that you entered as your username and to provide you with further COBRA information.

Two Factor Authentication

Why Two-Factor Authentication?*

Two-Factor Authentication has been added for a more secure environment to ensure that you are the only person who can access your account. Two-Factor Authentication uses your phone number, an e-mail address, or a smart phone app to provide a second way to validate logins.* This protects you against hackers who may have accessed your username and password.

*After your first login, two-factor authentication is necessary only if you haven't logged into your account for 30 days or more, or you are logging in from a different IP address or device.

[Two-Factor Help Guide](#)
[Two-Factor Tutorial](#)

ENABLE TWO-FACTOR AUTHENTICATION

The final step to access the COBRA Online Portal is setting up your Two-Factor Authentication code. Depending on the option you select, you will be sent a validation code in one of three ways:

- **Email:** You receive your verification code via email
- **SMS:** You receive our verification code via text message to the phone number you enter
- **Google Authenticator:** You receive your verification code via the Google Authenticator app. Scan or key in the code from the screen.

Two-factor authentication is an extra layer of security for your isolved Benefit Services COBRA Online Portal designed to ensure that you are the only person who can access your account, even if someone knows your password.

My Profile

Here you can change your email address used for your login, update your login password and password hint. You can change how you received your Two-Factor Authentication code here as well.

Participants

The participants section allows you to view your event information, including event date, type of event, address and offered coverages.

If you need to update your address, DOB, SSN or phone number, you will click on "Edit" and you can do that here.

From here you will also click on "Confirm" to confirm your email address with isolved.

JESSICA JONES

Event Date: 08/09/2022 Event Type: Termination of Employment Received: 08/05/2022
 Relationship: Employee DOB: 05/01/1978 Gender: FEMALE
 Address: 96120 E. NATIONAL HWY City, State, Zip: WEST EATON MT 88022 Email: jones@test.com [confirm](#)

Plan	Loss Of Coverage	Last Date To Elect	Expires	Premium
ANTHEM BC MEDICAL/RX HDHP EE+1	08/31/2022	3/1/2023	02/29/2024	\$2,127.65
ANTHEM BC MEDICAL/RX HDHP SGL	08/31/2022	3/1/2023	02/29/2024	\$1,014.27
GUARDIAN DENTAL EE+1	08/31/2022	3/1/2023	02/29/2024	\$110.43
GUARDIAN DENTAL SGL	08/31/2022	3/1/2023	02/29/2024	\$64.96
MHN EAP MONTHLY PREMIUM	08/09/2022	3/1/2023	02/29/2024	\$2.18
SPRING HEALTH SPRING HEALTH MONTHLY PREMIUM	08/09/2022	3/1/2023	02/09/2024	\$10.71

[Edit](#)

Notices/Letters

This section provides information COBRA notices that have been sent to you. You can view them at any time by clicking on "View" to the right of the notice type.

Notices: 1				
Type	Due	Mailed	Returned	View
Qualifying Event	8/18/2022	8/10/2022	No	View

Elected Plans

This section provides an overview of each plan you elected along with your status (active, inactive), event date, loss of coverage, elected date, continuation coverage expires date and the date we received your election. If you requested to be removed from the coverage the removal reason and date will appear here as well.

Elected Plans

[ANTHEM BC][MEDICAL/RX HDHP][SGL]

Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
JESSICA JONES	INACTIVE	8/9/2022	8/31/2022	2/23/2023		2/29/2024			2/23/2023

[GUARDIAN][DENTAL][SGL]

Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
JESSICA JONES	INACTIVE	8/9/2022	8/31/2022	2/23/2023		2/29/2024			2/23/2023

[OPEN PLAN REVIEW](#)

- Notices/Letters
- Elected Plans
- Invoices**
- Make a Payment
- My Documents

Invoices

You may set up your invoices to be received either by email or US Mail.

Click on "Invoices" in the left menu bar within the isolved Benefit Services Online Portal.

Here you have the option to choose between US Mail or email for your invoices.

GO PAPERLESS

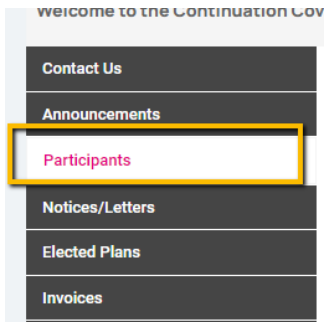
You can choose from two delivery methods to receive your monthly Continuation Coverage Invoices.

- US Mail
- Email - your monthly Continuation Coverage Invoice(s) will be sent via email as an attachment.*

You will have access to download all of your monthly Continuation Coverage Invoice(s) via the COBRA Employee site under Invoices Sent.

US Mail
 Email - your monthly Continuation Coverage Invoice(s) will be sent via email as an attachment.

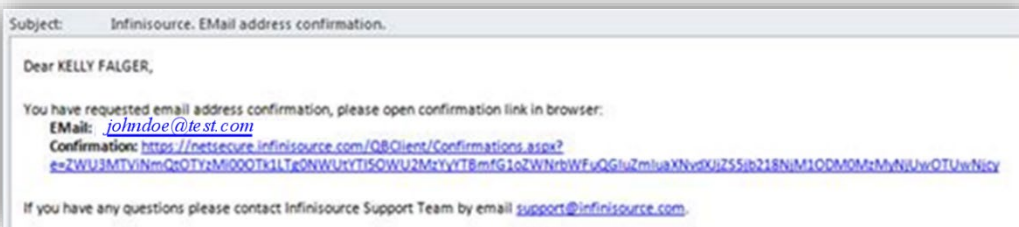
[UPDATE](#)



***Note:** You must first confirm your email address with isolated Benefit Services before you can set up to receive invoices via email. You can do that under “Participants” and click on “Confirm”.

JOHN J DOE			
Event Date:	07/18/2022	Event Type:	Involuntary Termination of Employment
Relationship:	Employee	DOB:	09/16/1960
Address:	4651 SW ALPHA ST PORT	City, State, Zip:	CAPSHAW WA 72838
		Received:	07/25/2022
		Gender:	FEMALE
		Email:	jdoe@test.com Confirm

You will receive an email to confirm that we have the correct email address listed for you.



When you click on the confirmation link, it will open a browser window with a statement that your email address has been confirmed successfully with isolated Benefit Services.

When your invoices begin arriving to you via email, they will be an attachment.

You may view your invoices from within the Online Portal by selecting “Invoices” from the left menu and then clicking **Download** next to the invoice you would like to view.

Invoices Sent: 4

Invoice Date	Invoice No	Payor	Download
2/6/2023	DOEJ75A5	JOHN J DOE	Download
1/27/2023	DOEJ8A10	JOHN J DOE	Download
9/16/2022	TIMMC3523	JOHN J DOE	Download
8/17/2022	TIMMCF68D	JOHN J DOE	Download

Make a Monthly Payment

This section provides an overview of each pay schedule that you are invoiced and when payment was received for the coverage. This is an important area if you want confirmation of payment being received at isolated Benefit Services.

Note: If you have not yet submitted your COBRA Election Form, we cannot accept an online payment to your account. You will need to submit your completed form before making online payments.

If you are beyond a period to pay for coverage (beyond your grace date), you will also see this noted within this section.

November

**[CAREFIRST] [BCBS ADVAN 750]
[EE+SPOUSE]**

Period Start: 11/1/2022
Period End: 11/30/2022

Due: 11/1/2022 **\$1,463.54**

Grace: 12/1/2022

[Invoice](#)

Payments not permitted after grace date

Realtime Payments

Periods All Paid Invoiced Future Periods

2023

March

[CAREFIRST] [BCBS ADVAN 750] [EE+SPOUSE]

Period Start: 3/1/2023
Period End: 3/31/2023
Due: 3/1/2023 **\$1,492.81**
Grace: 3/31/2023
[Invoice](#)
Invoiced

[VSP] [VISION] [EE+SPOUSE]

Period Start: 3/1/2023
Period End: 3/31/2023
Due: 3/1/2023 **\$16.90**
Grace: 3/31/2023
[Invoice](#)
Invoiced

When you have been invoiced for a coverage period, you will see those coverages in the grid with “check boxes” available. This is where you will check what coverages you would like to pay for online.

Once you check the coverages you are paying for, you will see a note stating “Your payment is processing. Please wait.” Do not click on anything during this process.

You may also view your invoice within this section by clicking on the icon next to “Invoice”.

Once you have checked the coverages you are paying go to the top of the page and click on “Pay for Selected”. You may only select periods that you have been invoiced.

[CAREFIRST] [BCBS ADVAN 750] [EE+SPOUSE]

Period Start: 3/1/2023
Period End: 3/31/2023
Due: 3/1/2023 **\$1,492.81**
Grace: 3/31/2023
[Invoice](#)
Invoiced

Realtime Payments

Periods All Paid Invoiced Future Periods

2023

March

[CAREFIRST] [BCBS ADVAN 750] [EE+SPOUSE]

Period Start: 3/1/2023
Period End: 3/31/2023
Due: 3/1/2023 **\$1,492.81**
Grace: 3/31/2023
[Invoice](#)
Invoiced

[VSP] [VISION] [EE+SPOUSE]

Period Start: 3/1/2023
Period End: 3/31/2023
Due: 3/1/2023 **\$16.90**
Grace: 3/31/2023
[Invoice](#)
Invoiced

PAY FOR SELECTED

Please enter all of the information below and click Continue.

Contact Information

* First name:

Middle name:

* Last name:

* ZIP code:

* Daytime phone number: () - ext.

* Email address:

Please provide an e-mail address so that we may send you a confirmation of payment or to notify you of any payment problems. Your e-mail address will not be used for any other purpose.

* Retype email address:

This will then open a new window and take you to our Online Payment Center (Powered by Paymentus). Here you will enter your information, including phone number and email address, for your payment confirmation. Once you have entered all the information (* indicates a required field), click on “Continue”.

The next screen walks you through setting up your monthly payment. The only type of online payment allowed is e-Check, pulling funds from either a checking or savings account. You will need to have your bank name, account number and bank transit/routing number to set up your payment.

Please enter all of the information below and click Continue.

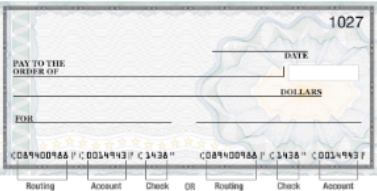
Account Information

* Payment type: FC Accounts
 Please enter your Policy Account Number, including all letters and numbers.
 * Policy number: 7e395ebaa85242b0b2a69babc90ed31

Payment Information

Coverage Reference Number: ca2ead7b-ce2a-4f57-94bd-21a59fbae3f6
 Coverage Start Date: 20140701
 Coverage End Date: 20140731
 Coverage Name: BCBS MI HDHP MID/V 1000 EE 1
 Coverage Description: BCBS MI HDHP MID/V 1000 EE 1 20140701-20140731 1623.34

Payment method: E-Check
 * Account type: Checking Account
 * Routing number: 021000021
 * Account number: 100014584
 Bank name: SMB&T
 * Account holder name: Jim Winn
 Date due: Jul 1, 2014
 * Payment amount: \$1623.34



A service fee charged by Paymentus will be added to your payment.

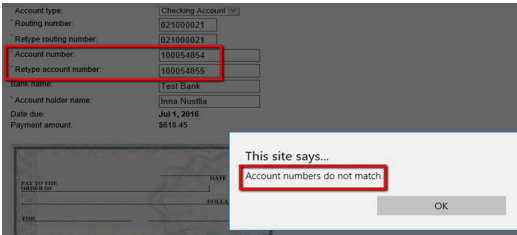
[View Authorization Agreement for direct payment \(ACH Debit\).](#)
 I agree to the authorization agreement for direct payment (ACH Debit).

Continue Cancel

Note: There is a \$1.45 convenience fee for each payment made online.

All fields listed with * are required fields. You must also agree to allow the payment by checking the box next to "I agree to the authorization agreement for direct payment (ACH Debit)."

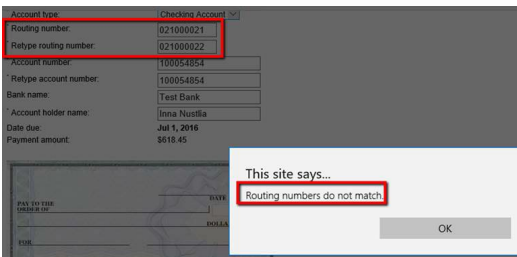
You will be asked to enter your account number and routing number twice, to assist you with making sure you type the correct numbers. If the entries do not match, you will see the following errors.



Account type: Checking Account
 * Routing number: 021000021
 * Retype routing number: 021000021
 * Account number: 100054854
 * Retype account number: 100054855
 Bank name: Test Bank
 * Account holder name: Inna Nustlia
 Date due: Jul 1, 2016
 Payment amount: \$618.45

This site says...
 Account numbers do not match.

OK



Account type: Checking Account
 * Routing number: 021000021
 * Retype routing number: 021000022
 * Account number: 100054854
 * Retype account number: 100054854
 Bank name: Test Bank
 * Account holder name: Inna Nustlia
 Date due: Jul 1, 2016
 Payment amount: \$618.45

This site says...
 Routing numbers do not match.

OK

Once all fields listed with * are entered you must agree to allow the payment by checking the box next to "I agree to the authorization agreement for direct payment (ACH Debit)."

Please confirm all of the information below and click Make Payment.

Contact Information

Change
 First name: SAMPLE
 Middle name:
 Last name: PERSON
 ZIP code: 50261
 Daytime phone number: (555) 555-5555
 Email address: todd@test.com

Account Information

Change
 Payment type: Insurance Coverage
 Payment method: E-Check
 Date due: Feb 1, 2020
 Payment amount: \$3,189.12
 Paymentus Fee: \$1.45
 I agree to the service fee charged by Paymentus to be added to this payment

Total amount charged: \$3,190.57

Payment Information

Change
 Account type: Checking Account
 Account holder name: SAMPLE PERSON
 Account number: ****4584
 Routing number: ****0021
 Bank Name: SMB&T

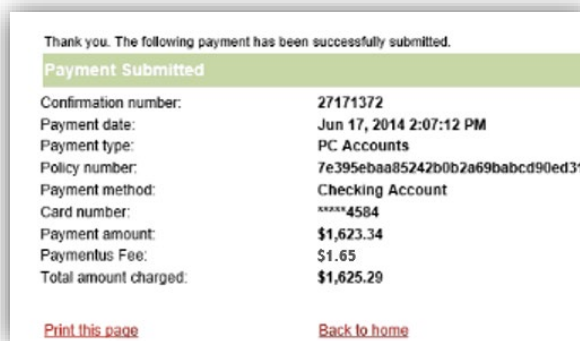
[Click to read the Terms and Conditions.](#)
 I agree to the Terms and Conditions.

Make Payment Cancel

You will then be on the confirmation payment page where you can review all information entered and make any necessary changes.

Note: You must agree to both the \$1.45 convenience fee and the *Terms and Conditions* before you can click **Make Payment**. Payments are cut off daily at 11:59 p.m. ET. Any payment made after that time will be dated for the following business day.

After you click **Make Payment**, you will be taken to a confirmation page. You will also receive an email confirmation of your payment.

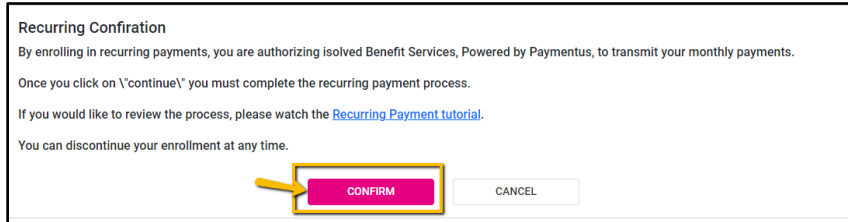
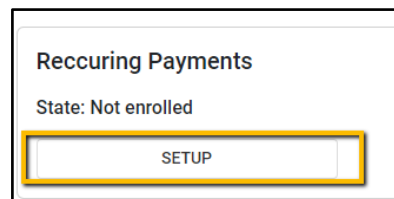


Once you have submitted your payment through the Paymentus site you will be directed back to the isolved Benefit Services COBRA Online Portal. There you will see the coverages you are paying; you will see a notice stating *“Your payment is processing. Please wait.”* Do not click on anything during this process.

Make a Recurring Payment Online

To set up recurring payments, click on the “Setup Recurring Payments” link instead of choosing an invoiced period. This will take you to a page to enroll and set up your banking information.

Note: You must be paid through the current month to schedule recurring payments to begin for the following month.

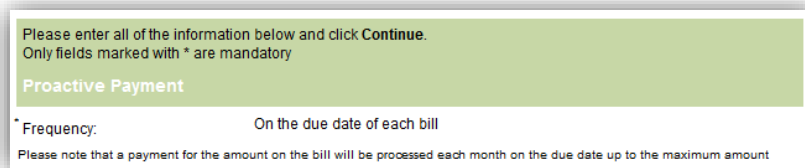


If we do not have complete information, you will be directed to complete your employee information on our site before entering payment information.

You will then receive a request to fill out the form for recurring payments.

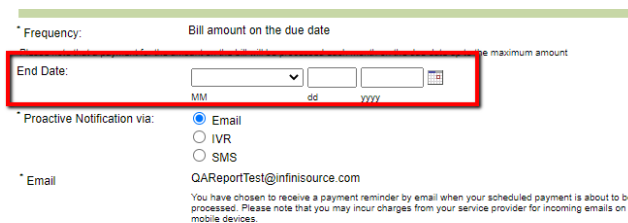
The required fields are as follows:

- Frequency (date payment will be made each month)
 - On the due date of each bill, in most cases this is the first of the month



Note: Please note that a payment for the amount on the bill will be processed each month on the specified schedule day; if schedule day is greater than the last day of the schedule month then the last day of the month is used for the schedule day.

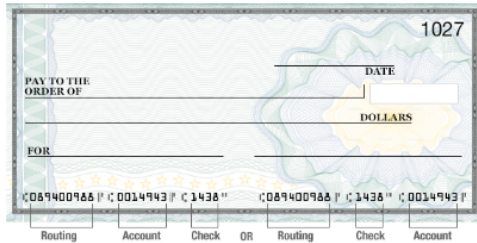
- End Date (Last period to pull premium for their COBRA Coverage.)
 - Examples:
 - COBRA Ends 12/31/2020 – use this date if you want to pay through COBRA expires date
 - Only require COBRA through 1/1/31/2021, COBRA expires 6/30/2022. Use the 1/31/2021 date, that is the last month COBRA payment will be pulled



Payment Information

Payment Method: E-Check 21
 Account Type: --SELECT--
 Routing Number:
 Retype routing number:
 Account Number:
 Retype account number:
 Bank Name:
 Account Holder Name:

The next screen walks you through setting up your monthly payment. The only type of online payment allowed is e-Check, which pulls funds from either a checking or savings account. You will need to have your bank name, account number and bank transit/routing number to set up your payment.



[View Authorization Agreement for direct debit payment \(ACH Debit\).](#)

I authorize ACH direct debit payment (ACH Debit).

Continue **Cancel**

Please review all of the information below and click **Submit**.

Contact Information

First name: SAMPLE
 Last name: PERSON
 Email address: sample@test.com

Account Information [Change](#)

Payment type: Continuation Coverage
 Suspended: No
 Payment method: E-Check
 Proactive Notification via: EMAIL
 Contact me at: sample@test.com
 Notify me: 0 days in advance
 Start date: Feb 19, 2020
 End date: N/A
 Frequency: Bill amount on the due date
 Maximum payment amount: N/A
 Processing fee: N/A
 I agree to the convenience fee of \$1.45 to be charged by Paymentus and added to each payment transaction.
 Total amount charged: N/A

Payment Method Information [Change](#)

Account type: Checking Account
 Account holder name: Sample Person
 Account number: ****4584
 Routing number: ****0021
 Bank name: SMB&T

[Click to read the Terms and Conditions](#)

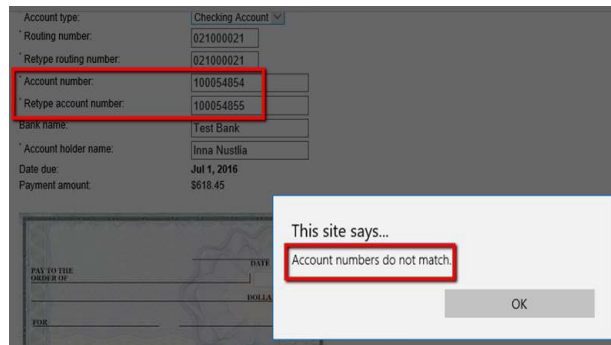
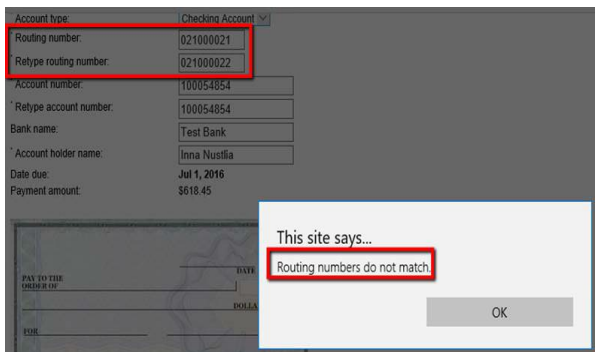
I agree to the Terms and Conditions.

Submit **Cancel**

Note: You must check the box to authorize the ACH direct debit payment (ACH debit).

You will then be on the confirmation payment page where you can review all information entered and make any necessary changes.

You are required to enter your routing number and account number twice to reduce incorrect data. If you enter in once incorrectly you will see the following error and will need to correct before allowed to complete the payment process.



Note: Once you have completed all the required fields, you must check *I agree to the Terms and Conditions* before you click **Submit**. Payments are cut off daily at 11:59 p.m. ET. Any payment made after that time will be dated for the following business day.

Proactive Payment Details

Confirmation number: **11642**
 Start date: **Sep 8, 2014**
 End date: **Dec 31, 2014**
 Frequency: **Monthly - bill amount**
 Schedule day: **20**
 Next payment date: **Sep 20, 2014**
 Proactive Notification via: **EMAIL**
 Contact me at: **KANE@TEST.COM**
 Notify me: **7 days in advance**
 Payment type: **Insurance Coverage**
 Payment method: **Checking Account**
 Account number: *******2654**
 Routing number: ******0001**
 Bank name: **SMB&T**
 Payment amount: **N/A**
 Total amount: **N/A**

[Schedule Another Payment](#) [Print this page](#)

Proactive Payment Details

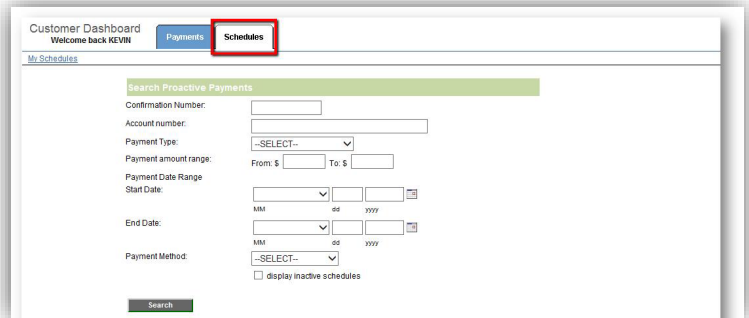
This page provides you with all of the details of your recurring payment. You may print this page for your records or schedule a payment to be applied prior to the next scheduled payment.

Note: Only the full premium due will be pulled for recurring payment. Anything outside the full amount invoiced will be required to be paid through the monthly payment option. You will receive an email notification the morning the payment is processed each month. If reoccurring payments are being set up please note an invoice will no longer be sent via mail or email, but they can be viewed online under the invoices tab.

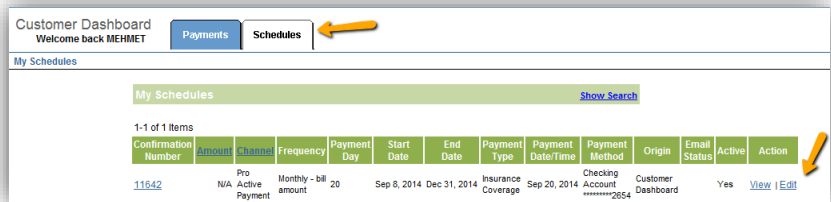
Update/Change Information for Recurring Payment

You can update your information for recurring payment including banking account information, end date, etc. by following the below steps.

1. Navigate to the [isolved Benefit Services login page](#).
2. Under “Make a Payment”, click on “Paymentus Customer Dashboard”
3. The Paymentus Customer Dashboard will open on the “Payment” tab. Click on the “Schedule” tab.
4. You will see “My Schedules”, click on “Edit” to open the existing schedule
5. You will be able to update your banking information or end date here. You will be prompted to agree to the Terms and Conditions for ACH payments again, click continue. You will agree to the \$1.65 processing fee here as well. Click continue and submit.



Note: Do not cancel your existing Recurring Payment and open a new Recurring payment.



Cancel Recurring Payment

If you would like to cancel your recurring payments, please follow these steps.

Recurring Payments

State: Enrolled

[PAYMENTUS CUSTOMER DASHBOARD](#)

[CANCEL](#)

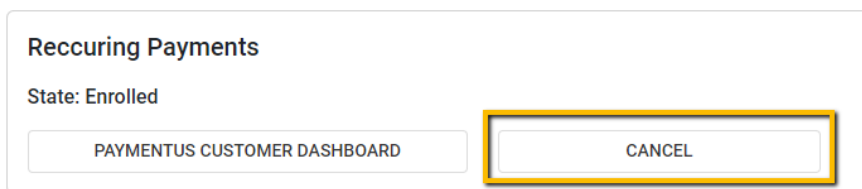
Once your recurring payments are set up, your Dashboard on the isolved Benefit Services COBRA Online Portal will contain the following options:

- Paymentus Customer Dashboard
- Cancel

Click on the **Paymentus Customer Dashboard** will take you to the website (Paymentus) where all your banking information was entered. Please see information above if you need to make any changes.

Cancel Paymentus Payments allows you to cancel your recurring payments set up through the Paymentus website. Please follow these steps to complete this process.

Click on “Cancel Paymentus Payments” from the isolved Benefit Services COBRA Online Portal



The screenshot shows a web interface titled "Recurring Payments". Below the title, it says "State: Enrolled". There are two buttons: "PAYMENTUS CUSTOMER DASHBOARD" and "CANCEL". The "CANCEL" button is highlighted with a yellow border.

Paymentus Customer Dashboard

Here you can view your scheduled payments and any payments that have been deducted from your checking or savings account.

Cancel Paymentus Payments

Here you can cancel your recurring payments that you have scheduled. Please review detailed instructions above on cancelling recurring payments.

Payment Help

Documents to assist you with making online payments with isolved Benefit Services.

Payments

This offers you a view of all payments received by isolved Benefit Services. It will provide information on payment type, check number, how much was paid and allocated, if there was any refund, the post mark date on the payment, and when it was received by isolved Benefit Services and deposited.

COBRA FAQ

This document provides you with frequently asked questions regarding COBRA coverage.

If you need additional assistance, please reach out to our support team at 800-594-6957 or via email at QBmail@isolvedhcm.com.