

benefix

**Signing Up for  
Health Benefits  
on Benefix**





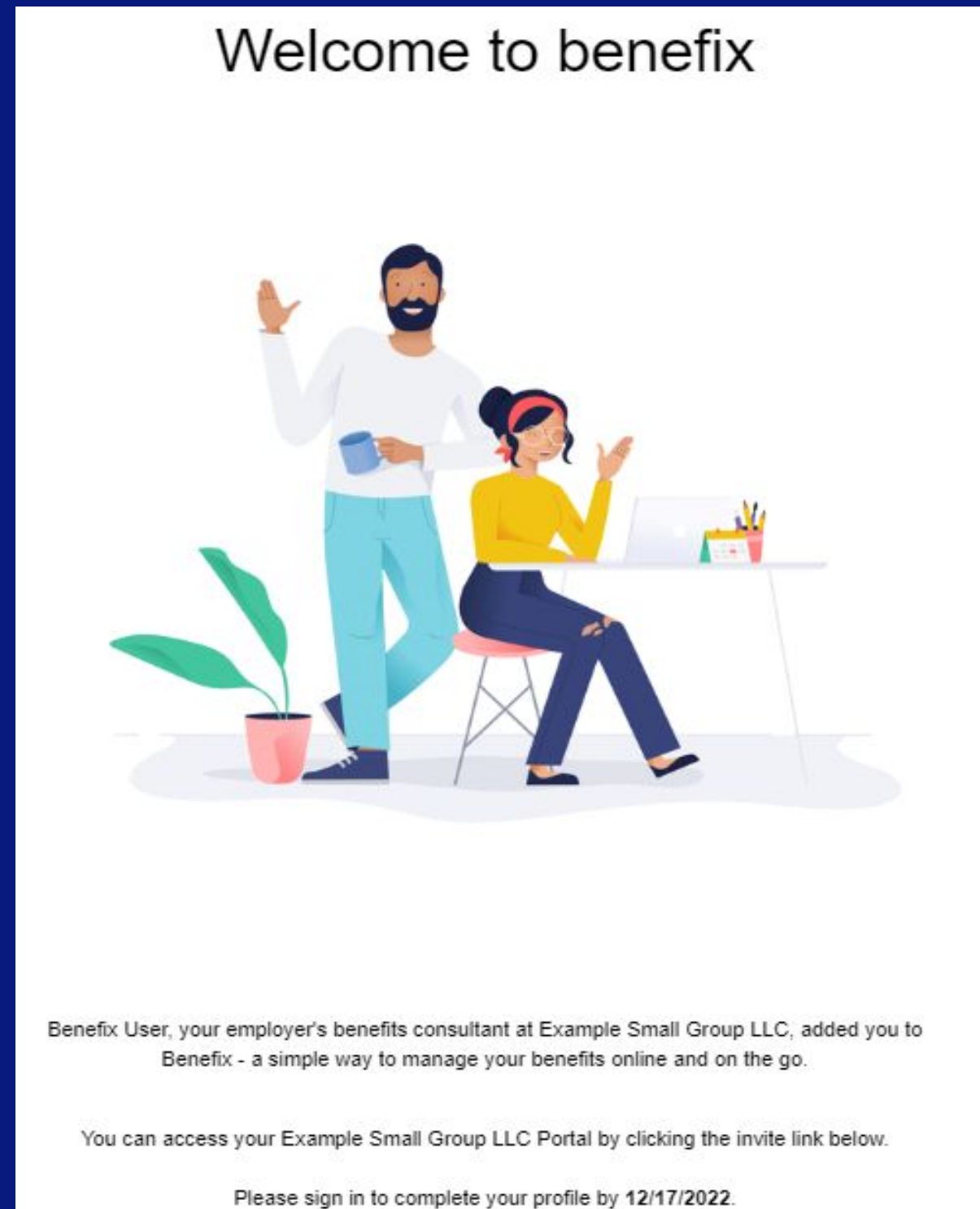
# Welcome to the Benefix Platform! 🙌

Your employer is now using Benefix to digitize your enrollment process. **This means no more filling out paper applications!** 🌱🌍

This guide will show you how to navigate your online enrollment portal and get your application submitted quickly and pain-free.

# Accessing Your Application

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## Invitation Email

- You will receive an email inviting you to access your application, click “Sign in” to confirm your account and set a password
- Be sure to complete your application by the deadline in your email invitation

Welcome to benefix! It's nice to meet you!

Email  
employeeone@gmail.com

Password  
.....  
Password must be at least 8 characters long and include at least 1 lowercase letter, 1 uppercase letter, 1 number and 1 special character (E.g. @\_&! ? etc).

Confirm Password  
.....

I agree to the [Terms of Service](#)

let's get started!

## Employee Application Flow

- In your application, you'll answer a few questions about yourself then choose to waive or enroll in coverage
- Click [here](#) to log back in if you weren't able to complete your application in one sitting or would like to make changes

# Your Application Flow

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**Welcome to  
Benefix** 🙌

Enrolling with Benefix is quick and easy!

The following steps are a short visual summary of what you're going to see as you determine your benefits.

1.

## Let's get to know your family!

We use this information to accurately calculate your contributions on the following pages.

(Note: These are not your elections)

Relationship	Name & Date of Birth	
<i>self</i>	First Name	Last Name
	<input type="text" value="Employee"/>	<input type="text" value="One"/>
	Date of Birth	
	<input type="text" value="11/12/1988"/>	
	Do you use tobacco?	Are you disabled?
	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
<input type="text" value="Spouse"/>	First Name	Last Name
	<input type="text" value="Spouse"/>	<input type="text" value="One"/>
	Date of Birth	
<input type="button" value="— remove"/>	<input type="text" value="04/12/1982"/>	
	Does Spouse use tobacco?	Is Spouse disabled?
	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>

# Your Application Flow (contd.)

## 2. Where are you located?

We use this information to determine your geographic eligibility

### Home Address

Physical Street Line 1

123 Main Street

Physical Street Line 2

Physical Zipcode

17601

Physical City

Lancaster

Physical County

Lancaster

Physical State

PA

← previous

save and next →

## 3.

### Let's pick a medical plan!

Browse plans below and toggle family member enrollment statuses to preview the cost.



#### Choice Blue PPO 6650Q Embedded

##### Benefit Snapshot

Deductible	Individual: <b>\$6,650</b> / Family: <b>\$13,300</b>
Max Out-of-Pocket:	Individual: <b>\$6,900</b> / Family: <b>\$13,800</b>
Coinsurance:	<b>Enhanced: 0%, Standard: 30%</b>
Doctor Copay:	<b>Enhanced: \$0 after deductible, Standard: 30% after deductible</b>

[\(see all benefits\)](#)

selected

#### Selected Plan: Choice Blue PPO 6650Q Embedded

First	Last	Enroll
Employee	One	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	One	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

# Your Application Flow (contd.)

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4.

## All about you!

We just need a little more info about you to complete your application

### Personal

First Name

Employee

Middle Name

Middle Name

Last Name

One

Date of Birth

11/12/1988

*If the above doesn't look right - return to the first page to update*

Social Security Number

123-45-6789

Sex assigned at birth

Male

Female

Gender identity

Male

Female

Nonbinary /  
Nonconforming

X

Transgender

Choose  
not to  
respond

Other

5.

## Does this look right?

Take a look at what we collected and confirm everything looks good!

Line of Coverage	What did I select?	What am I paying?	Download
Medical	Choice Blue PPO 6650Q Embedded	\$0.00	<a href="#">↓</a>

### Name & Date of Birth

### Enrollments

#### Employee One

11/12/1988

[\(edit info\)](#)

- ✔ Medical

#### Spouse One

04/12/1982

[\(edit info\)](#)

- ✔ Medical

[← previous](#)

[save and next →](#)

# Your Application Flow (contd.)

6.

## All we need is your signature!

Sign below and you are all set!



undo

### Employee Application Signature - Employee

REVIEW THE FORM

I understand that this form enrolls those eligible persons listed above in the Products as described in the agreement between Highmark and my employer. I authorize any payroll deductions required for the coverage and recognize that I must formally enroll my dependents on this form or they will not be covered. To the best of my knowledge and belief, the information provided on this application is true and correct. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I acknowledge and agree that any personally identifiable health information about me or my enrolled dependents ("Protected Health Information") is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, and that, in accordance with those laws, Highmark may use and disclose Protected Health Information for payment, treatment and health care operations as described in its Notice

I have reviewed and accept the terms & conditions of this application

Yes No

← previous

save and next →

7.

## All Done!

Line of Coverage	What did I select?	What am I paying?	Download
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Medical	Choice Blue PPO 6650Q Embedded	\$0.00	<a href="#">↓</a>
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Name & Date of Birth	Enrollments
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<b>Employee One</b> 11/12/1988	• <input checked="" type="checkbox"/> Medical
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<b>Spouse One</b> 04/12/1982	• <input checked="" type="checkbox"/> Medical
---------------------------------	---

Want to go back and make changes?

Unlock Application

**Finish by downloading the digitally completed form for your records. Happy enrolling!**

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**Thanks for Enrolling  
through Benefix!**

Please reach out to your employer  
with any questions!

