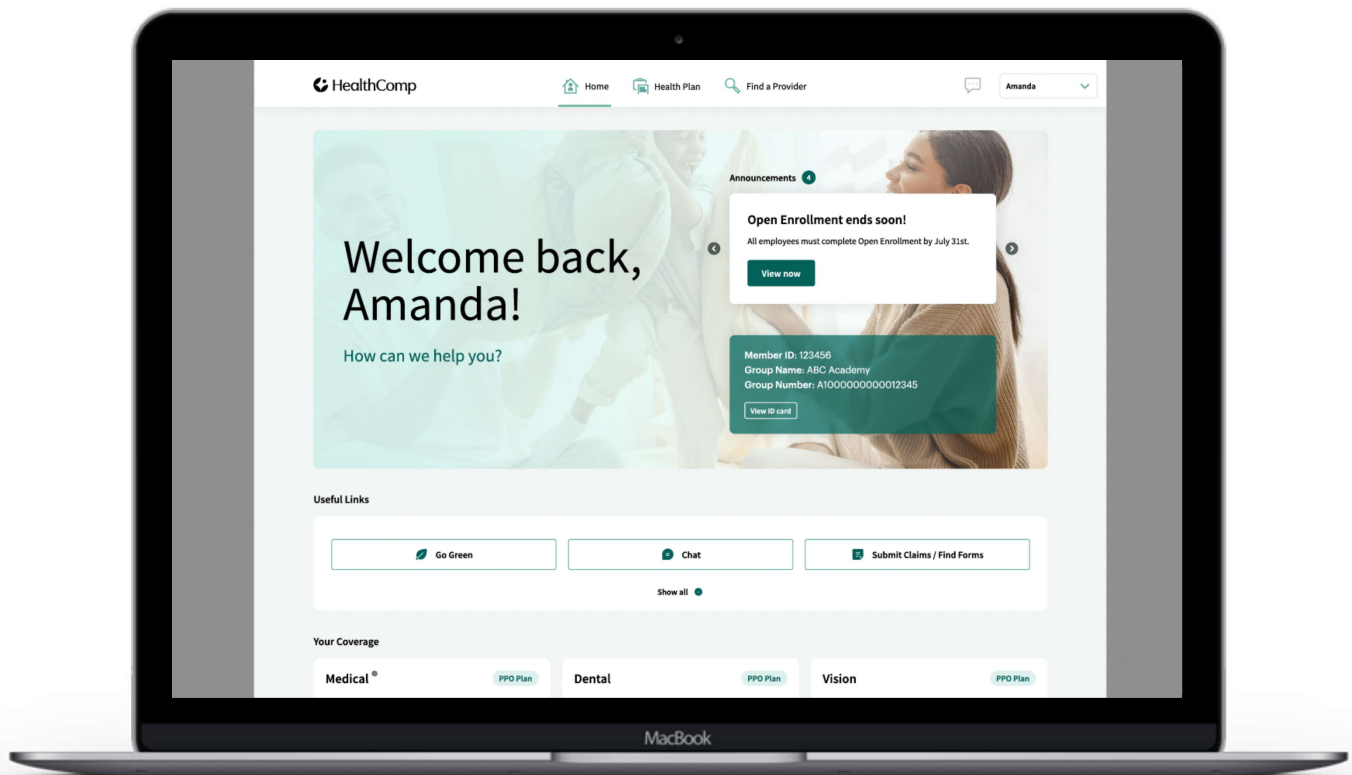


# HCOonline Platform User Guide



**Dear Health Plan Participant,**

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

On **HCOonline**, you can:

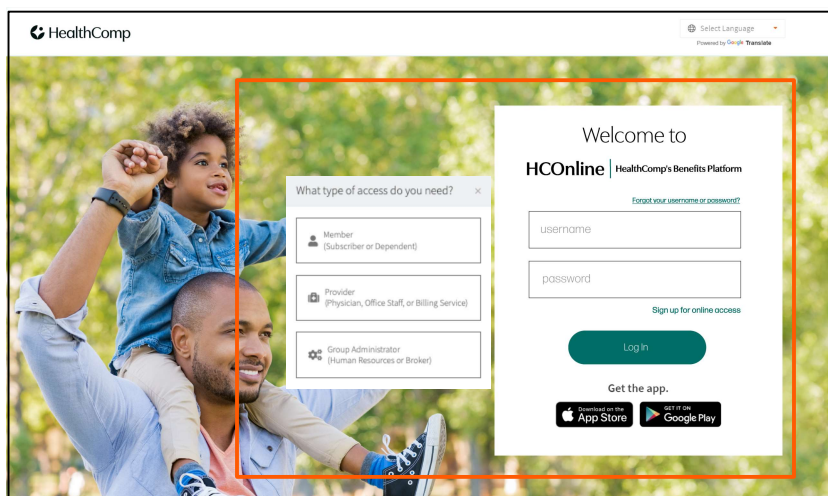
- View simple visuals illustrating your deductible and out-of-pocket statuses
- Access a full history of claims for all plan members
- View EOBs with easy-to-understand summary charts and tables
- Access a digital ID card and request replacement cards
- View coverage information for all plan members
- 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)

**HCOonline** 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 **HCOonline** account and use its main features. If you require further assistance, please contact **Customer Service** at the phone number on the back of your ID card.

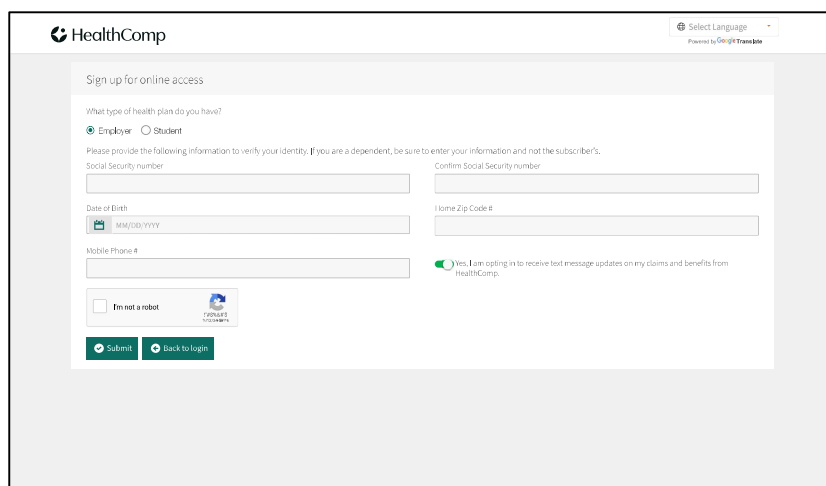
# Registering on HCOOnline

1. In a web browser, navigate to **HCOOnline** ([hconline.healthcomp.com](http://hconline.healthcomp.com)).
2. Above the login button, click **Sign Up**. In the menu, click **Member**. This will open the **New User Registration** wizard.
3. If your health plan is provided by your employer, select **Employer**. If your health plan is provided by the university that you are attending, select **Student**.



HCOOnline Login Page

4. For **Employer** health plans:  
Enter your Social Security Number, Date of Birth, and Home Zip Code. Click the **"I'm not a robot"** checkbox. Click **Submit**.
- For Student health plans:  
Enter your Student ID and Date of Birth. Click the **"I'm not a robot"** checkbox. Click **Submit**.
5. Enter your email account, username, password, security question, and security question answer. Click **Create New User**.

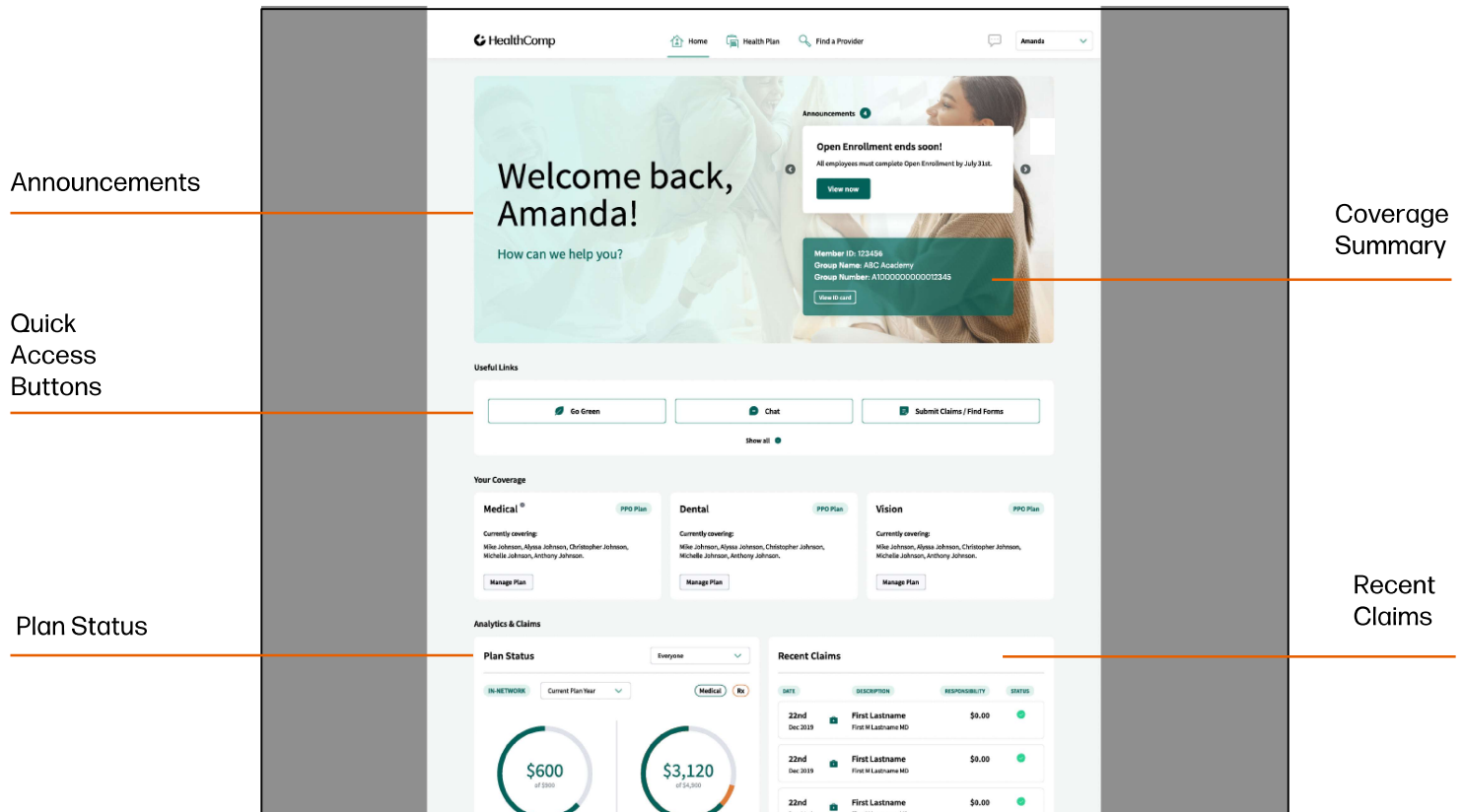


New User Registration Wizard

6. To complete registration, **HCOOnline** 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](mailto:hconline@healthcomp.com)** to your address book to ensure you receive all **HCOOnline** email notifications.

Once you've logged in to HCOOnline, 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 forms
- **Go green** - Opt-in to receive your Explanation of Benefits digitally instead of by mail.
- **Online enrollment** (if applicable) – Enroll in a new health plan. This option is only available if your employer uses **HCOOnline** 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

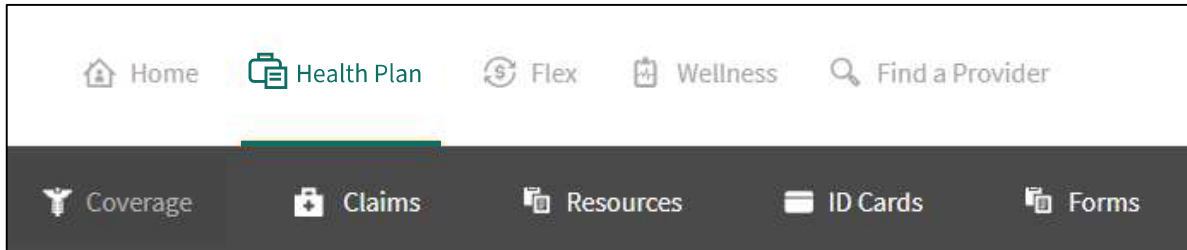
Shows the current health coverage for all members on your plan. It shows the name of your plan, who is covered under that plan and the effective date for coverage.

## 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.

# 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

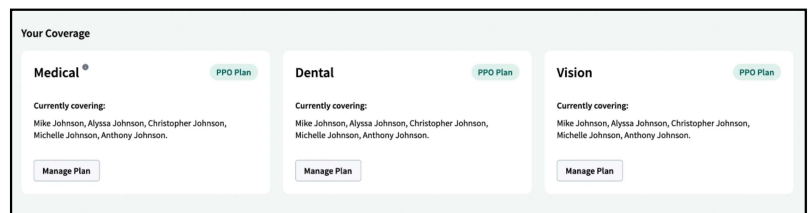
Access digital ID cards and order replacement cards.

## Forms

Find and submit 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 drop down menu.



Coverage Page

## 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** .

## 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.

Filter claims by member

Plan Summary

Search Clear Search

Download

Sort claims by column header

Claims Table

| Date        | Description                                   | Responsibility | Status    |
|-------------|---|----------------|-----------|
| 08 AUG 2019 | Amanda Forester<br>Kelly E Burke DO           | \$0.00         | Processed |
| 19 MAY 2019 | Susan Forester<br>Lance T Tomooka MD          | \$0.00         | Processed |
| 03 MAY 2019 | Amanda Forester<br>Karen Hughes DO            | \$0.00         | Processed |
| 05 APR 2019 | Kevin Forester<br>Rod S Kraft MD              | \$0.00         | Processed |
| 05 APR 2019 | Amanda Forester<br>Angela Sabry MD            | \$0.00         | Processed |
| 03 JAN 2019 | Amanda Forester<br>Sodium Fluoride Paste 1.1% | \$11.17        | Processed |
| 13 DEC 2018 | Amanda Forester<br>Varun Mallela DDS          | \$104.40       | Processed |

## 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.)

Claim Summary

Claims Detail Table

View Claim (EOB) Send a question to Customer Service

| Service Dates           | Service Description    | Charged Amount  | Plan Rate     | Plan Paid     | Your Responsibility |
|-------------------------|------------------------|-----------------|---------------|---------------|---------------------|
| 08/08/2019 - 08/08/2019 | Physician-office Visit | \$100.00        | \$0.00        | \$0.00        | \$0.00              |
| <b>Totals:</b>          |                        | <b>\$100.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b>       |

## 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)

**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 – 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.

**Explanation of Benefits**

Amanda Forester  
 1314 Executive  
 Suite, CA 95811  
 Provider:  
 Kelly E. Bane DO  
 7600 2020  
 Sacramento, CA 95805

Claim #:  
 Group:  
 Patient:  
 2146982200  
 M020 (1) (1) (1)  
 Amanda Forester

Your plan paid: \$0.00  
 Your Responsibility: \$0.00

| Service Details             | Covered By Your Plan |               |               |                         | Your Responsibility |                     |                     |               | PCT | Reason Code | Service Code |
|-----------------------------|----------------------|---------------|---------------|-------------------------|---------------------|---------------------|---------------------|---------------|-----|-------------|--------------|
|                             | Total Charge         | Plan Rate     | Plan Paid     | Paid by other insurance | Not Covered         | For Your Deductible | Copay / Coinsurance | Total         |     |             |              |
| Date: 08/08/2019-08/08/2019 | \$100.00             | \$0.00        | \$0.00        | \$0.00                  | \$0.00              | \$0.00              | \$0.00 / \$0.00     | \$0.00        | 0%  | JA          | 410          |
| Physician/other fee         | \$100.00             | \$0.00        | \$0.00        | \$0.00                  | \$0.00              | \$0.00              | \$0.00              | \$0.00        |     |             |              |
| <b>Totals</b>               | <b>\$100.00</b>      | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b>           | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b> |     |             |              |

Other Credits or Adjustments: \$0.00  
Your Total Responsibility: \$0.00

Reason Code: D011 (RMS)  
 J1 - Blue Cross Discount, Patient Not Liable.

Payment Distribution:  
 Code Paid To Check No Amount  
 A Subj: Medical Foundation  
 \$0.00  
 S13 Amanda Forester \$0.00

Message: You May Have Been Covered by Other Insurance (BIL) For Benefits of Local Blue Cross

View Claim (EOB) 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.

**Claim Inquiry**

**Patient Information**

Patient Name: AMANDA FORESTER  
 Provider Name: CAROLYN MIDDOR SARAUHE MD  
 Claim #: 2146982200  
 First Date of Service: 03/20/2018  
 Charge Amount: \$113.00

**Requester Information**

FIRST NAME\*  
 AMANDA  
 LAST NAME\*  
 FORESTER  
 PHONE NUMBER  
 (US) 000-0000  
 INQUIRY\*  
 \*Please describe your inquiry...

**Submit**

Claim Inquiry Interface

## 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.

| SERVICE DATES           | A | B | SERVICE DESCRIPTION       | C | CHARGED AMOUNT | D | PLAN RATE      | E | PLAN PAID      | F | YOUR RESPONSIBILITY |
|-------------------------|---|---|---------------------------|---|----------------|---|----------------|---|----------------|---|---------------------|
| 03/15/2018 - 03/15/2018 |   |   | PREADMISSION TESTING HCFA |   | \$37.00        |   | \$17.16        |   | \$13.73        |   | \$3.43              |
| <b>TOTALS</b>           |   |   |                           |   | <b>\$37.00</b> |   | <b>\$17.16</b> |   | <b>\$13.73</b> |   | <b>\$3.43</b>       |

**G** Your Total Responsibility

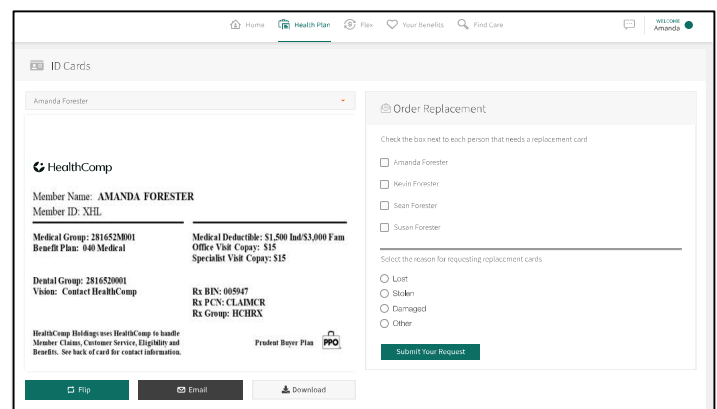
- A.** Service Dates: Corresponds to the date(s) of treatment.
- B.** Service Description: This is the health service that was received.
- C.** Charged Amount: This is the amount that the provider charged for the service received.
- D.** Plan Rate: This is the Charged Amount minus any network discounts (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**. HCOOnline 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 drop down menu.



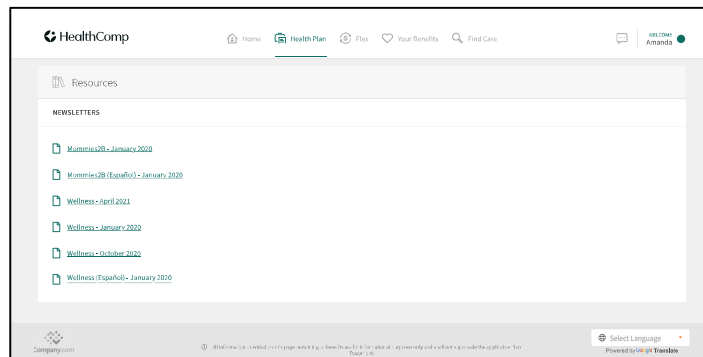
ID Cards Page

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



## Resources

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



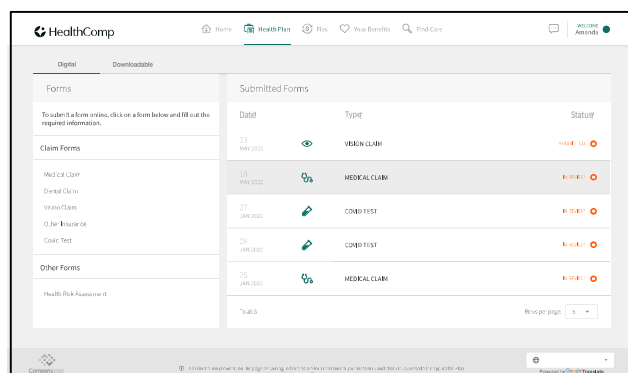
Resources Page

## Forms

On the **Health Plan > Resources** page, you can find and submit 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**.



Forms Page

## 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 HCOOnline account.

