



Welcome to your Honeybee Benefits Portal

We know how much you do to provide the best work environment for your employees, and Employee Health Benefits are an essential part of it. Having helped over 150,000 Canadians use their employee benefits, we understand that Plan Administrators want to use their benefits portal as easily as possible. This guide will help you navigate the features of your Honeybee Benefits Administrator Portal.

Honeybee Benefits Portal allows you to:



View and Manage Group Coverage

Under "Group Information" on your navigation menu



Add, Edit or Terminate Plan Members

Under "Member Information" on your navigation menu



View and Track Reports and Billing

Under "Reporting" on your navigation menu

Get To Know Your Navigation Menu

GROUP INFORMATION

[View Group Coverage](#)

[View / Update Group Information](#)

[View / Update Contact Information](#)

Group Information

The Group Information section is where you can view and edit your group's Honeybee Benefits information.

Group Coverage will show you the details of the coverage that your group is currently enrolled in.

Contact Information is where you can see all of the Plan Administrators for your group and their contact information.

Member Information

The Member Information section is where Plan Administrators can add new Plan Members to your plan and view/edit information for existing Plan Members.

Plan Administrators can terminate employee coverage, add new dependents to their accounts and update contact details.

MEMBER INFORMATION

[Add New Member](#)

[View / Update Member Information](#)

REPORTING

[Reports & Billings](#)

[Standard Forms](#)

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Reporting

The Reporting section is where Plan Administrators can access a variety of resources for your group and Plan Members.

View monthly reports and invoices for your group by clicking on Reports & Billing.

Standard Forms to access the following forms such as Employee Change Form.



Honeybee Care Team
Monday to Friday 8:30 - 5:00 pm ET
1-866-626-6642
help@myhoneybee.com

How To: Plan Administrator Tasks



Adding a new member

Pro Tip: Add new members to your benefits plan as soon as they are hired! Our system will automatically process their waiting period and this will prevent them from becoming a late applicant (and requiring individual medical underwriter).

1. How to do

Select "Add New Enrolment", enter the employees information and submit. The employee will automatically be sent an email with instructions on how to complete their enrolment.

2. Timeline

Employee enrolment emails are sent 14 days before the member's effective date. E.g. Member is hired January 1st, entered into our system on January 2, group has a 3 month waiting period meaning the member's coverage is not effective until April 1. Member enrolment email will be sent to the member on March 18. Members will have 7 calendar days to complete their enrolment.

3. In case of Expiry

After 7 days the members coverage will default to single coverage, and the highest cost medical and dental plan (if applicable). Employees are sent a reminder email half-way through their enrolment period and again at the end if they have defaulted. Plan Administrators are also notified via email if a member does not complete their enrolment and is defaulted.

Employees who default coverage are still able to add dependents if they notify us within 31 days of their Effective Date – Members complete a manual Employee Enrolment form and submit it to us no later than 31 days after their coverage is effective.



Terminating a Member

STEP 1

Select "View/update Member Information" from the left-hand navigation menu.

STEP 2

Once you have found the applicable member, scroll to the far right-hand column and click the red x icon under Terminate Member heading.

STEP 3

Enter the termination date, reason for termination and click "Terminate".

STEP 4

The member will still show in your Member Listing table but will have the Status of "Terminated".



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Billing

Timeline

Billing statements are generated on the 23rd of each month (or the closest business day) for the month upcoming. E.g. the February billing statement is generated on January 23rd.

Pre-authorized payments are pulled from your account on the 1st of each month (or the closest business day).

Changes made to your account after the billing statement has been generated will be incorporated in the following billing cycle.

Example

- January 23rd – February billing statement is created
- January 27th – Administrator terminates a plan member
- February 1st – February payment is applied, the terminated member will still appear on the bill, and an adjustment for this member will be included on the March billing statement (which is generated on February 23rd)



Standard Forms

Employee Change Form

Member can update or add dependents. They can also use this form to indicate their desire to opt-in or opt-out of coverage, if applicable. Note: Change forms must be submitted to us within 31 days of the change.

Over-Age Dependent Form

Plan Members should complete this for dependents who are between 21 and 25 and registered full-time in a post-secondary institution.

Honeybee Enrollment Form

New Plan Members should complete this form, only use this form if plan member is unable to access the online enrolment.

Plan Administrator Online Access Form

Add new Plan Administrators to your group by completing this form.

Beneficiary Designation Change Form

Update beneficiary details using this form, only applicable for life insurance benefits.

Prior Authorization Drug Form

To pre-authorize prescription drugs, Plan Members and their doctor's should complete this form, only applicable for groups with medical plans.