

Plan Member Enrolment in Honeybee Benefits: Full guide in 14 easy steps



Welcome to your Honeybee Benefits Portal!
Let's go step by step to help get you started.

Step 1: Log in

To log into Honeybee for the first time, enter your email and the password emailed to you beforehand.

Step 2: Create a New Password

Replace the password with one of your choosing.

Do you have any questions?
Contact the Honeybee Care Team at 1-866-626-6642 or help@myhoneybee.com
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Step 3: Fill in information

Enter your information here.

The screenshot shows the 'Tell us a bit about yourself' form. On the left is a navigation menu with sections: ACCOUNT SETUP (Set New Password, Terms and Conditions, Your Information), YOUR PLAN, and PAPERWORK. Below the menu is a 'Plan Summary' section listing Medical Plan (Traditional), Dental Plan (Balanced), and Health Account (\$1788.00 annual). The main form area has a header 'Tell us a bit about yourself' with the subtext 'Getting to know you a little better will help us curate the right choices and options for your plan'. The 'Your Information' section includes fields for First Name (Jeremy), Last Name (McQuay), Gender (Male selected), Date of Birth (11 November, 1988), Email Language Preference (English selected), and Family Status (Single selected).

Setting up Your Plan: Medical, Dental, Health Account, and Additional Protection

Step 4: Medical

A deductible is the amount employees will have to pay out of pocket before their health coverage begins. For example, a drug deductible of \$250 means that a plan member must pay \$250 for prescription drugs before their coverage begins for the year.

Please choose your plan carefully as this will reflect your coverage for the upcoming benefit period. Once your selection is made, plan members are only able to alter their plans upon renewal i.e. once per benefit period.

The screenshot shows the 'Select One of the Following Plans' screen. The left navigation menu is identical to the previous screen, with 'Your Information' selected under 'ACCOUNT SETUP'. The main content area lists three plan options, each with a 'Select this plan' button:

- Plan 1: Traditional Medical (default choice)**
You anticipate needing regular prescription drugs.
\$0 drug deductible and 60 annual additional funds for Health Account
This option has no deductible on drug claims. To offset that it has a higher monthly insurance premium.
- Plan 2: Balanced Medical**
You do not anticipate needing regular prescription drugs but want to offset your out of pocket deductible cost.
\$250.00 drug deductible and \$1.25 annual additional funds for Health Account
Deductibles are the minimum cost you pay before coverage begins.
These Health Account dollars can also be used to pay for your out-of-pocket expenses before you reach your deductible.
- Plan 3: Full Flexibility Medical**
You do not anticipate needing regular prescription drugs but want to offset your out of pocket deductible cost.
\$500.00 drug deductible and \$2.33 annual additional funds for Health Account
Deductibles are the minimum cost you pay before coverage begins.
These Health Account dollars can also be used to pay for your out-of-pocket expenses before you reach your deductible.

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Step 5: Dental

Co-insurance is the amount (in percentage) that will be paid to cover a plan member's health care costs. If co-insurance is less than 100%, then the employee will have to cover the rest. For example, if a plan member opts for an 80% co-insurance level, then a \$200 dental visit would be covered under their dental plan for \$160 (\$200 x 80%). The plan member then pays the remainder out of pocket or using their Health Account dollars.

Jeremy McQuay
Log out
English

ACCOUNT SETUP
YOUR PLAN
Introduction
Medical Plan
Dental Plan
Additional Protection
Health Account
Allowance Account
Summary
PAPERWORK

Plan Summary
Medical Plan
Traditional
Dental Plan
Balanced
Health Account
\$1,788.00 annual
Allowance Account
\$50.00 monthly

Select One of the Following Plans

Plan 1: Traditional Dental (default choice)
You anticipate needing frequent or expensive dental work and/or you do not have any additional dental coverage.
100% Co-insurance and \$0 annual additional funds for Health Account
Your eligible dental claims will be completely covered by your insurance subject to any plan limitations.
[Select this plan](#)

Plan 2: Balanced Dental
You do not anticipate needing frequent or expensive dental work and therefore do not mind paying 20% of the cost.
80% Co-insurance and \$2,000 annual additional funds for Health Account
Your eligible dental claims will be covered by 80% subject to any plan limitations, as a result you will get an additional \$288.00 annual in your Health Account
These Health Account dollars can also be used to pay for your out-of-pocket dental expenses.
[Select this plan](#)

Plan 3: Full Flexibility Dental
You do not anticipate needing frequent or expensive dental work, or you are covered under an additional plan and are

Please choose your plan carefully as this will reflect your coverage for the term. Once the selection is made, plan members are only able to alter their plans upon renewal i.e. once per benefit period.

Step 6: Additional Protection

Products provided by your employer appear here. Plan members have automatic access to these products and can choose to upgrade their coverage, if applicable, at their own expense.

honeybee

Jeremy McQuay
Log out
English

ACCOUNT SETUP
YOUR PLAN
Introduction
Medical Plan
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PAPERWORK

Plan Summary
Medical Plan
Traditional
Dental Plan
Balanced
Health Account
\$1,788.00 annual

Additional Protection

These products can provide you with additional protection against some of the curve balls that life may throw at you.

Included In Your Plan

These products are provided by your employer, and you automatically have access to them. Some products below offer you the ability to upgrade your coverage. If you wish to do so, you will be responsible for paying the difference.

Life Insurance

Employee Assistance and Expert Medical Advice Bundle
Employee and Family Assistance Program by Shepell
An Employee and Family Assistance program can help you and your family families with a variety of life issues such as work-related stress, life crisis & bereavement, marital or family problems, financial & legal assistance and more.

Expert Medical Advice by Best Doctors
Best Doctors is a resource to help you and your family access information on a variety of health topics, giving you peace of mind knowing you are making well-informed decisions.

[Back: Dental Plan](#) [Next: Health Account](#)

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Step 7: Health Account

Health Account (Health Spending Account, or HSA) is a flexible spending account to be used for commonly incurred health expenses outside of your medical and dental coverage. Your Health Account is Honeybee's unique approach to paramedical benefits and beyond and can even act as a supplement to your existing medical and dental coverage; whatever your insurance does not cover (either due to deductible and/or co-insurance levels) can be submitted towards your Health Account.

Your HSA is funded by your employer and can be used towards a wide variety of medical expenses.

Step 8: Plan Summary

Based upon your previous selections, this page goes over the details of your Honeybee coverage and what is included in your plan. Please review what is included in your plan carefully; **this will be your last chance to switch your plan selection.**

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Paperwork

Step 9: Dependants

This section allows you to add any dependents. Your dependent(s) will also be covered under your plan.

Dependents must meet all of the following criteria:

- Your spouse, common-law partner, child, or child of your spouse or common-law partner
- Depend on you for financial support

Step 10: Beneficiaries

In the unlikely event of a life insurance claim, a beneficiary must be added to your plan. A beneficiary is a person or persons who will receive the death benefit from your life insurance policy when you die.

You can name your spouse, children, dependents, another family member, a friend or a charity as a beneficiary. If you name more than one beneficiary, the death benefit will be divided between them. You can assign percentages of the death benefit to each beneficiary, e.g. 50 percent to your spouse, 50 percent to your children.

Please note that a signed paper copy of the beneficiary form is also required in order to finalize your beneficiary.

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Step 11: Coordination of Benefits

Here you are able to add the details of any other plans you may be covered under, such as a spouse's plan.

If you are not covered under another plan, simply click "No" and go onto the next step. If you are covered under another health and/or dental plan, enter in the insurer details of the plan you are covered under.

Coordination of Benefits

Below you are able to add the details of any other plans that you might be covered under, such as a spouse's plan.

Coordination of Benefits

Are you covered under another health and/or dental plan, for example a spouse's plan?

No

Yes, please enter plan details below

Other Insurer Details

Name of the Insurer

Policy Number

Health Coverage of Other Plan

Health Single

Health Family

No Coverage

Dental Coverage of Other Plan

Dental Single

Dental Family

Step 12: Direct Deposit

Enter your banking information to allow claims to be reimbursed directly into your bank account.

- Transit number
- Institution number
- Account number

You will be able to make changes to your direct deposit information anytime via the Honeybee app.

Direct Deposit

With Honeybee your claims are reimbursed directly into your bank account. Enter your banking information below, this can be changed or updated anytime through the Honeybee app.

Banking Information

Transit #

Institution #

Account #

Cheque Reference

No physical cheques? You can also find this information in your online banking portal.

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Step 13: Summary

This page goes over the details of your paperwork. Please review what is included in your plan carefully.

Step 14: Confirm and Submit

You're almost done! Please note that once you submit your enrolment you will not be able to make any changes to your plan selections for one year, or until your company's re-enrolment period. If you are confident in your plan selection, click "Submit my Enrolment" to finalize your choices. Your benefits will become available for you to use as of your effective date.

Should you pause your enrolment and come back to it at a later time, please review each section carefully again to ensure that your selections were saved properly when you resume your enrolment selection.

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