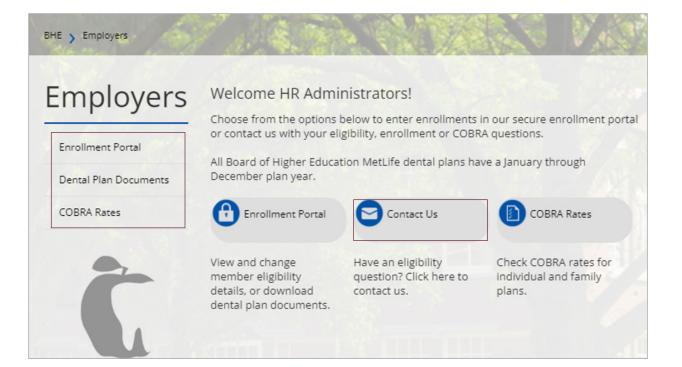
# Welcome to BHE Dental Microsite and Online Enrollment Portal

Add or remove dependents from your campus's dental plan and make important updates quickly and easily with HPI's online eligibility process.

## **Getting Started: Employer Screen Selection**

Look up Plan Documents, COBRA Rates, or access the Enrollment Portal from the BHE Employer screen.

Select:	То:
Enrollment Portal	Sign in to access the MESA Enrollment Portal
Dental Plan Documents	Review or download plan summaries and document, download an Enrollment Form or review common questions
COBRA Rate	View the current COBRA rates
Contact Us	Submit an Enrollment question





## BHE Member Enrollment Self Service Access (MESA) Enrollment Process

Managing your campus's dental plan roster is easy with HPI's online eligibility processing. Add or remove employees and dependents from the dental plan and provide important updates —quickly and securely.

## **Enrollment Portal**

### Log in using the following:

- Group number, enter 700HW
- Email: enter individual campus administrator's email address
- Password: HPI will assign an initial default password that you will change
- Select "I am not a Robot," then click **Submit**
- Select **Manage Enrollment** from the main menu, which will direct you to MESA

### Select either Enrollment or Member.

- Enrollment: add or update dependent(s)
- Member: perform a search on an employee and see existing dependents

Employers	Welcome HR Adr		
Enrollment Portal	<ul> <li>Choose from the option or contact us with your</li> </ul>	is below to enter enrollments i eligibility, enrollment or COBR	n our secure enrollme A questions.
Dental Plan Documents	All Board of Higher Edu December plan year.	cation MetLife dental plans ha	e a January through
COBRA Rates	Enrollment Portal	Contact Us	COBRA Rates
Ĉ	View and change member eligibility details.or download dental plan documents	Have an eligibility question? Click here to contact us.	Check COBRA rate Individual and fam plans.
Employers	Enrollment and Re	port Portal Login wing our online servicing to m . Let us know how we can bett	ake managing your p
> Enrollment and Report			
Portal	By logging in to the Empl     Download importan	oyer Portal, you may have acci	55 (0)
Helpful Information	Manage enrollment	and eligibility	
Dental Plan Documents	View your plan bene	fits	
COBRA Rates	Log In NEW - Change to Group	Number Login	
CODRA Rates	If you have a 6-character	group code: Enter the last thr	e characters of your
	code (ex. for group 00580	10, enter 800)	
	Group Number		
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	For added security, pleas	e complete the recaptcha belo	w.
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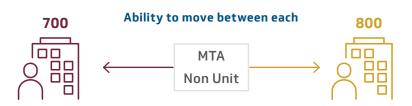
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## **Member Search**

You have access to the history of enrollment in the Non-Unit and MTA dental plans at your campus.



There are two **Group IDs** for the Board of Higher Education Dental plans:

- 1. Non-Unit Higher Education Health and Welfare Fund Dental Plan 700HW
- 2. MTA Higher Education Health and Welfare Fund Dental Plan 800HW

Each campus will have a unique **Location ID** associated with each of the MTA and Non-Unit groups.

#### Example:

Group ID	Group	Location ID	Location Name
700HW	Non-Unit Higher Education Health and Welfare Fund	707	Framingham State University
800HW	MTA Higher Education Health and Welfare Fund	807	Framingham State University

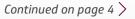
#### **Member Search Options**

• Click **Member** to access the Member Search.

### Note: *Red asterisk* denotes a required field, at least one of the required fields must be filled in to complete a search.

- Search Options
  - Default is both Employee and Dependents
  - Employees Only
  - Dependents Only
- Enter the employee's information; then click **Search**.
  - First Name
  - Middle Name
  - Last Name
  - Date of Birth
  - Patient ID (employee ID, dental policy ID that starts with 989, or SSN)

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Member Search Resu	Its
Search	
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Middle Name :	
Last Name * :	smith
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Patient ID * :	
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Middle Name :	Smith
Date of Birth :	
Patient ID * :	und l
	Search Clear Cancel



• In the example below, this member is associated to both **Non-Unit** and **MTA**. The user can view both records as they relate to this employee.

Member Sear	ch Results							
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Search Results								E
Show 10 v records p	er page					<< First	>   < Previous   1	lext >   Last >>
Member Name	Status	Effective Date	Date of Birth	Street	City	State	Zip Code	Location
John Smith	Active	09/01/2023	10/13/1975	123 Same Street	Framingham	MA	12345	807
John Smith	Terminated	07/01/2021	10/13/1975	123 Teachers Lane	Framingham	MA	12345	

• Users can click on the **Member Name** link to access each of the records.

(Note the fields for Status and Effective Date on the list view.)

## **Eligibility Screen**

• Top section contains member demographics.

• Bottom portion contains the coverage information for this timeframe.

• To view enrollment history dating back to 1/01/2023, click the **View Coverage History**. (Return to the Member Search by clicking on the Back button.)





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Status : Terminated		Effective Date: 07/01/2021	Coverage T	hru Date :	
Location : 807 Product	<b>6</b>	Plan	1	COB	Provide
Product	Coverage	Unit Dental Plan (MTA)	Level of Coverage Employee Only	No	Provide
verage					
Status : Active		Effective Date: 01/01/2021	Coverage T	hru Date :	06/30/202
Product	Coverage	Plan	Level of Coverage	COB	Provide



## Adding a Dependent

Important: The only way for HPI to receive a dependent enrollment is through this (MESA) online enrollment tool or via an enrollment form. Employee dental enrollment is passed on a data file after each payroll period.

- Click on **Perform Enrollment** from the Enrollment tab.
- Select employee's current active location.
  - Non-Unit Higher Education Health and Welfare Fund
  - MTA Higher Education Health and Welfare Fund

*In the previous example from the Member Search, the Active record was associated with location 807 (Unit).* 

- Select the correct location for the Employee's Active record to add the dependent. Then click **Assume Location**.
- Select Add Dependent from the Change Type dropdown.
- Add a Coverage Start Date
- Click Go.
- Enter the name of the employee or an ID; then click **Search**.

## Note: adding a first name initial will help to minimize your search results.

• Select the member by clicking on their name.

You'll move through a series of screens to perform enrollment. View where you are in the process by referencing the progress bar.

- The first tab, Employee Information, is not editable. Simply click
   Save & Continue to move to the next tab.
  - Employee Information- View only
  - Dependent Information- Add dependent details
  - Plan Elections- select the coverage for the dependent
  - Supplemental- this screen will be bypassed
  - Review review and edit data entered for dependent
  - Complete- provide sign off and submit the dependent addition

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	Home Enrollment Member
	Perform Enrollment
	Home Pending Requests Perform Enrollment
	Welcom Reports
Member Searc	:h Results
Search Search Results	- 
Show 10 v records p	er page <<< Pirst >   < Pirston   Next >   Lest >>
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John Smith	Terminated         07/01/2021         10/13/1975         123 Teachers Lane         Framingham         MA         12345         207
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	*Indicates required field.
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	Make and submit changes related
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	Change Type* : Select -
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John Smith	Terminated         07/01/2021         10/13/1975         123 Teachers Lane         Framingham         NA         12345         707
	Home Enrollment Member
	Home > Member Search > Member Search Results
	Member Search Results
	Search
	Search Options * : Both Employees and Dependents 🗸
	First Name : j
- I	Middle Name :
	Last Name * : smith
	Date of Birth :
	Patient ID * :
	Search Clear
Employee In	iformation ig an incomplete Life Event enrollment. If you wish to cancel it, you can cancel the enrollment and start over.
	ployee Information Dependent Information Plan Elections Supplemental Review Complete
* Indicates Mandal Employee Informatio	tory Fields / Sections in for Pair Period 1 12/31/2023
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	Middle Name : Last Name ': Smith
	Suffix : Emsil :
Other	nsurance
othern	
Do You	u Have Other Insurance? * : O Yes 🖲 No
Save	e & Continue Save & Exit Reset Back

## **Dependent Information**

• Enter all required Dependent Information fields.

Note: Residence Address will automatically fill from the member's data. If the dependent has a different address than the member, please make the appropriate update.

- Two additional fields are required for the dependent:
  - Medicare Coverage Type: Select the appropriate option from the dropdown
  - Do you have Other Insurance?
  - No is the Default
  - If **Yes**, Additional options will allow the User to complete the section as it pertains to the Dental Insurance
- To complete updates for the dependent, enter the user's (your) **First and Last** name. Then click **Save & Continue**.
- To add an additional dependent, click Add Dependent.
- If no other dependent(s) are needed, click **Save & Continue**.

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	New Dependent Information for Plan Period: 05	01/2023		
	First Name * :	Sally		
	Middle Name :	unity		
	Last Name * :	Smith		
	Suffix :			
	Email :			
	Gender * :	Female	*	
	Relationship Code * :	Child	~	
	Dependent Social Security Number :			
	Dependent Certificate Number :			
	Alternate ID 1 :			
	Date of Birth * :	01/31/2024		
		Select		
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		Residence Address		
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	Residence Address3 :			
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Save & Continue Save & Exit Reset Back

hpi

## **Plan Election**

- On the **Election** page, select the applicable coverage from the dropdown options based on the dependent.
- Click on the radial button of the newly added dependent.
- Click Save & Continue.

#### **Summary Page**

- Review and make applicable edits as needed.
- Click **Edit** under the Dependent Information section to make changes or add another dependent.
- If nothing else needs to be added, click Save to return to the Review page.

#### Acceptance

• To complete, sign and add any notes HPI would need concerning the added dependent.

#### Note: Once submitted there is no ability to edit further.

- Click Submit Request.
- The Confirmation screen can be printed for records.
- View any submitted requests awaiting HPI's approval by clicking the **Back** button to return to the Enrollment Screen.

		Record saved successfully		
<ul> <li>Employee Information</li> </ul>	🔪 🗸 Dependent Infr	ormation Plan Elections Sup	plemental Revi	ew Complete
Plan Elections for Plan Period : 0101/2004				
Dental Plans		I do not wish to elect any of the pl	ans offered in the belo	w section (Walve Coverage)
Plan Name Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
Unit     Dental	Employee Only	Sally Smith	Active	Child
Plan (MTA)	Select	John Smith	Active	self
Save & Continue Save & Ex	Employee and Children Employee Only Employee and Spouse	tion Plan Elections Supp	lemental Revi	iew Complete
Employee Information     Elections for Plan Period : 01/31/2024	Employee Only Employee and Spouse			
Employee Information     Electors for Plan Period : 01/0/0204     ntal Plans	Employee Only Employee and Spouse	I do not wish to elect any of the plan		
Employee Information     Excloses for Plan Period (60310034     ntal Plans     Plan Name Network Choice Co     Unit	Employee Only Employee and Spouse	I do not wish to elect any of the plan Individuals To Be Covered	ns offered in the belo	ow section (Walve Covera
Employee Information     Excloses for Plan Period (60310034     ntal Plans     Plan Name Network Choice Co     Unit	Employee Only Employee and Spouse	I do not wish to elect any of the pla	ns offered in the belo Status	ow section (Walve Covera Relationship

			Ed
Dependent(s) Information			
Dependent Name	Relationship	Dependent Status	Date of Birth
ally Smith	Child	Active	01/31/2024
icole Combs	Spouse	Active	06/01/1997
ex Combs	Child	Active	02/03/2024
ental Plans	hoice Coverage Options Indiv	iduals To Be Covered Relationship	
ental Plans Plan Name Network C	hoice Coverage Options Indiv	iduals To Be Covered Relationship	
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ental Plans Plan Name Network C dit Summary Indicates Mandatory Fields / Section wpender(1) Information	15		Status Employee Co
Edit Summary Indicates Mandatory Fields / Section Oppendent Name Dependent Name	Relationship	Dependent Status	

Acceptance					
First and Last Name * :	Elaine Stout		Date : 02/02/2024	Date of Change :	
	New baby to add.		02/02/2024	oute of entities :	01/31/2024
	ten only to mee.				
Comments :					
✓ Employee Information	n 🔪 🗸 Dependent Information	🔪 🗸 Plan Electic	ns 🔪 🗸 Supplemental 🔪	🗸 Review 🔪 🤇	omplete
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	ing this enrollment process, you will			mation for your re	
					Print
Employee Informat	ion				
Client	Name : MTA Higher Education Hea	Ith and Welfare Fund	Client ID :	800HW	
	Name : John		Employee Social Security Number :	123123123	
	Name :		Employee Certificate Number :		
Last	Name : Smith Suffix :		Date of Birth :		
	Suffix : iender : Male		Alternate ID 1 :	11176	
	Age: 48		Employee Status :	Active	
	-14-1 40		Coverage Start Date :		
Enrollment					
Indicates required field.					
A-Change	9				
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to existing en					
dependents.					
Change Type *					
Coverage Start Date •					
	GO				
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Existing Requests ExcertAl					
Show 10 👻 records per page				<< First   < Previou	s   Next >   Last >>
Name	Modified Date	Type	Submitted By	Status	Action
Smith, John	01/31/2024	Life Event	Training Staff	Submitted	View



#### **View Pending Requests**

- Click **Pending Requests** under the Enrollment tab to view any other pending requests.
- Select the location for the employee's active record to add the dependent; then click **Assume Location**.
- Any submissions that have not been approved by HPI will display.

#### **Other Miscellaneous Change**

- To make changes to a dependent who is already in the system, select **Other Miscellaneous Change** from the dropdown list.
  - Allowable changes include:
  - Correction to name or date of birth
  - Update to mailing address
  - Update to coverage, such as dependent termination of coverage

### **Updating an Existing Dependent Record**

- Search the employee's active record.
  - Select the location
  - Select Other Miscellaneous Change from the dropdown
  - Enter Date

## Note: In the case of a Termination, the Coverage Start Date needs to be the first day NOT covered.

- Access the dependent's record using either the dependent's or member's information. (Be sure to enter the required fields.)
- Once in the Member record, click **Save and Continue** to access Dependent Information.

	hpi			
	Home	Enrollment	Member	
	Home	Perform Enro	llment	
		Pending Requ	iests	
	Welcom	Reports		
Home Enrollment Member				
Assume Location				
Block of Busin	less	Client	Location(s)	Address
005, Board of Higher Ed / Ma Health/Welfare	A Teachers Assoc 700HW, 700 Trust	0HW, Non-Unit Higher Education Healt Welfare Fund	and 707, Framingham State University	
005, Board of Higher Ed / Ma Health/Welfare		800HW, MTA Higher Education Health a Welfare Fund	nd 807, Framingham State University	

Cancel								
Home Enr	ollment Men	nber						
iome > Pending F	lequests							
Pending F		d	✓ View By Re	rview Queue : [	Any	▼ Search		
Show 10 👻 re	cords per page						<< First   < Previous   N	od >   Last >>
Emp	loyee Name	Client	Location	Type	Status	Submitted By	Submitted On	Queue
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Nora Jor	85	800HW	807	Life Event Add Dependent(s)	Submitted	Elaine Stout	02/08/2024	00- LifeEvents
John Sm	ith	800HW	807	Life Event Add	Submitted	Training Staff	02/02/2024	00- LifeEvents

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Tex Combs Child Active 02/03/2024	Indicates Mandatory File Search Option First Na Middle Na Last Nan Date of Bi Patient  ependent(s) Information  I Experse Information  pendent(s) Inf	ns * : ame : ame : irth : ID * :	Sections Empto N jones Jones Control Record and a formation Pi	ayees Only ch Clear nation matical in Electron Supplemental	Cancel Review Complet Date of	Birth
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- Click the dependent's name.
- When accessing the dependent's record, please make sure to **enter all updates needed for the dependent prior to saving the changes.**
- Click **Save and Continu**e to continue through the screens.
- Be sure to add a note about your change before submitting.

Nicole Combs Information for Plan Period: 05/	01/2023		
First Name * :	Nicole		
Middle Name :			
Last Name * :	Combs		
Suffix :			
Email :			
Gender :	Female		
Relationship Code * :	Spouse	~	
ependent Social Security Number :			
Dependent Certificate Number :	800HW0003		
Alternate ID 1 :	65465		
Date of Birth * :	06/01/1997	::::	
butte of birth 1			
Language : Dependent Status * : Dependent(s) Information	Record save	nfirmation!	
Language : Dependent Status * : Dependent(s) Information	Terminated	nfirmation!	rview Complete
Language : Dependent Status * : Dependent(s) Information	Terminated	nfirmation!	Complete Date of Birth 02/13/2024
Language : Dependent Status * : Dependent(s) Information	Terminated	rimation Mination Prior Electron Supplementat In Prior Electron Status	Date of Birth

## **Termination of Coverage**

## Note: In the case of a Termination, the Coverage Start Date needs to be the first day NOT covered.

- Select Location and search member to work through the Changes.
- Select the dependent that will be terminated.
- Select **Terminated** from the Dependent Status dropdown; then click **Save**.
- The Dependent Status should now say "Terminated."
- Click **Save & Continue** to continue through the screens.
- Be sure to note the reason for termination before submitting to facilitate the correct COBRA administration.

	Change	S	
	Make and subr to existing em	nit changes related	
	dependents.		
Chan	ge Type * :	Other Miscellaneous C	hange 🗙
Coverage Sta		2/13/2024	
Coverage sta			
		GO	
✓ Employee Information	Dependent Information	Plan Elections Supplemental Re	riew Complete
Dependent(s) Information			
Dependent Name	Relationship	Dependent Status	Date of Bi
Nicole Combs	Spouse	Active	06/01/199
Tex Combs	Child	Active	02/03/202
Add Dependent Delete Depe			
* Indicates Nandatory Fields / Sections			Save Renet Close
Nicole Combs Information for Plan Period: 02/12	1/2024		
First Name * : Middle Name :	Nicole		
Last Name * :	Combs		
Suffix :			
Gender : Relationship Code * :	Female Source V		
Dependent Social Security Number :			
Dependent Certificate Number : Alternate ID 1	800HfW0003		
Date of Birth * :	06/01/1997		
Language : Dependent Status * 1	English (American) * Active *		
	Select Active COBRA		
	COBRA		
Dependent(s) Information			
		firmation! d successfully	
✓ Employee Information		Plan Elections Supplemental Rev	iew Complete
Dependent(s) Information			
Dependent Name     Nicole Combs	Relationship	Dependent Status Terminated	Date of Birt 06/01/1997
Tex Combs	Child	Active	02/03/2024
Add Dependent Delete Depen	dent		
Nuo oependenti oenete oepen			
Save & Continue Save & Exit	Reset Back		
Acceptance			
	Date: 02/15/2024		
		ated as she has other coverage.	
	speaks (drilling		



### Have questions? *We're happy to help.*

For assistance with:

The Enrollment Portal tool, email EmployerPortalHelp@healthplansinc.com Enrollment or eligibility questions, email MTABHEdental@healthplansinc.com

