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Dear Benefits Managers:

Welcome to Avēsis and to the Benefits Manager portal, where you can manage every aspect of your company's vision insurance administration.

Our website was designed to be intuitive, but just in case you have questions about the many things you can do from www.avesis.com, this manual has all the answers. It's divided into two parts: Getting Started and Benefits Manager Tools. In each section, you'll learn how to do everything from setting security questions to terminating members. Screen grabs show everything you'll see.

Benefits management with Avēsis truly is a breeze.

Thank you for bringing our vision to your employees.



Sign Up for Online Billing

- 1. Navigate to https://www.avesis.com/Commercial/BenefitsManagers/index.aspx.
- 2. Scroll down to the following, and click **Sign up to Manage Group**.

Benefits Managers
USEFUL LINKS
Provider Search
Sign up to Manage Group
Eligibility Online
Forms
FAQ

- 3. Fill in the fields highlighted below:
 - a. Select the date that you would like to begin services.
 - b. Click Submit.

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Your request is then delivered to the Account Management Team. Please allow up to 72 hours for activation. Within that time, your account manager will send an email similar to the one below:

Greetin	ngs!	
GROUP	NAME	
I have s follows:	et your group up for web access. Your username and password a	are as
Userna	me: XXXXXX	
Passwo	rd: 3000000	
https:// rememi in the e They ca above o have an	you log into our site, <u>/www.avesis.com/Commercial/BenefitsManagers/index.aspx</u> , pi ber to set your security questions. This will allow you to reset you went that you get locked out of your account or if you forget you in be found toward the top of the screen when you are logged in credentials. Please see below for an image of the message. If you wy questions once you are logged in, please contact us and we will ppy to walk you through the site.	ur password r password. with the u should
~	You have successfully logged in.	0

4. Log in at https://www.avesis.com/Commercial/BenefitsManagers/index.aspx.

Set Security Questions

Setting security questions will allow us to reset your password in the event that you forget it or are locked out of your account.

- 1. Log into the benefits manager portal.
- 2. Find the green box at the top of the page, and click the **Click Here** link, which will take you to the Security Questions page.





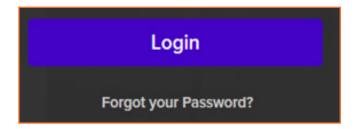
3. Select your three questions and fill in their corresponding answers.

Security Questions	
Please select and answer 3 security questions	
Select A Question	~
Answer 1	
Select A Question	~
Answer 2	
Select A Question	~
Answer 3	
Set Security Questions	

- 4. Click Set Security Questions. A popup message will thank you for setting them.
- 5. Click **Continue to Dashboard**.

Recover Lost Password

- 1. Navigate to https://www.avesis.com/Commercial/BenefitsManagers/index.aspx.
- 2. Click Forgot your Password, directly below the Login button.



3. Enter the username that is normally used to log into the benefits manager portal and the first and last names of the web administrator.

Your Account Information
User name
First Name
Last Name
Locate Account

4. Click **Locate Account**. You will then be directed to your security questions.

Your Security Questions
What is the name of the High School you graduated from?
What was the name of your first pet?
In what city did you get married?
Check Answers

- 5. Fill in all three answers and click **Check Answers**.
- 6. Create a new password.

New Password	
Confirm Password	
Password strength	
Password not entered	

- a. Passwords must be between 8 and 20 characters and include at least one capital letter and one number. Special characters are not allowed.
- b. Fill in the new password and confirm it.
- c. Click Add New Password.

You will then be redirected.

Create Subgroups

When companies have large numbers of members, subgroups play an important role. They allow for separate billing for different locations and for there to be multiple benefits managers maintaining the groups' eligibility updates.

If your organization has been implemented with subgroups, you will notice subtle differences in your benefits management.

Once you log in, you'll see the subgroup selection page, shown below, where you can select the subgroup that you would like to view or modify.

roup Selection		
t the Applicable Sub-Group Below:		
Group Name:123-01-01	Select	
Group Name: 123-01-02 Apple Site 2	Select	
Group Name:123-01-03	Select	
Group Name: 123-01-04	Select	

Give your subgroup any name you wish, using location, store number, or other identifying detail. After selecting one subgroup, you will have the ability to view the current bill, see member information, or modify member information within that subgroup.

To return to the subgroup selection page, click **Group Select**, as shown below. Then select the next subgroup you'd like to view or modify.



Benefits Manager **Tools**

Manage Plan Members

Add a New Member

As new employees are hired or open enrollment attracts new vision plan members, it will be necessary to add them to the Avēsis eligibility database. This is the first option listed on the Electronic Billing and Eligibility menu. The steps for adding a new member follow:

- 1. Select Manage Plan Members.
- 2. Select Add a New Member.

👫 ABOUT US PROVI	DER SEARCH CONTA	CT US CAREERS		
≿avēsis		Programs	Members	Providers
Home » Group Selection »	Dashboard » Manage Emp	loyee Benefits		
Manage Employe	e Benefits			
Member Search F	ind a Member from the Group	os Below		
Member ID	First Name	Last Name (P	olicy Holder)	
Locate Member	•			
Select a Different Group				
Add New Member Reinstat	e a Member Member Rost	er Change a Member's Su	bgroup	

3. Enter the member's information, including effective date (date coverage will begin) and primary address.

Member Informatio	'n
Please note an asterisk(*) nex	t to a field name denotes a mandatory data field.
* Effective Date:	
Prefix	Select A Prefix •
* First name	
Middle name	
* Last name	
Suffix	Select A Suffix •
Email	
Phone	
Marital Status	Select A Status
* Gender	Select A Gender •
* Date of birth	
* Hire date	
Salary	
* Emp Status	Select A Type •
* Employment Status	Select A Status
SSN:	
Cobra Coverage?:	

Zip Code		
City		
Country	UNITED STATES	¥
County		
State	Select A State ▼	
Address 1		
Address 2		

- 4. If a member has dependents, enter the information for each, one at a time.
 - a. After selecting the Add Dependent button, you will be able to add another.
 - b. You must select Add Dependent before hitting Submit.
 - c. Select the dependent type from the drop-down menu.
 - d. Complete the dependent information form.
 - e. Select Add Dependent, and you will see the name you just entered in the box below it.
 - f. Add another dependent, if necessary.

Dependent Inform	ation:	
added all necessary depende	ents. Each dependent added will sho re necessary for this member, please	ndent. Only click on the SUBMIT button after you have w up in a grid below the add dependent button. skip this portion of the form and just press the submit
*Dependent Type:	Select A Dependent Type 🔻	Dependent Address:
Address Same as member	✓	*Zip Code:
Prefix:	Select A Prefix V	*City:
* First Name:		Country:
Middle Name:		County:
* Last Name:		*State:
Suffix:	Select A Suffix •	*Address 1:
* Gender:	Select A Gender ▼	Address 2:
* Date Of Birth: (mm/dd/yyyy)		
Email:		
Add Dependent Cance	 I	
Submit 💽		

5. When finished adding dependents, select **Submit**.

F 08/01/	F	08/01/1981	4 Privet Drive	US	2111
M 09/31/	м	09/31/2005	4 Privet Drive	US	2111
M 09/31/	М	09/31/2005	4 Privet Drive	US	



6. Select Close or Add Another Member to continue.

			08/01/1981		y Potter
US	4 Privet Drive		09/31/2005	M	s Potter
us	4 Privet Drive	8	09/31/2005	м	s Potter

Edit an Existing Member/Dependent

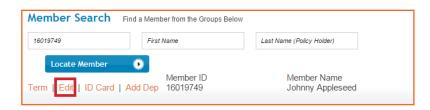
Editing a member or dependent is required when some aspect of that member's information has changed. It could be for a new address or a name change, or the member may have changed coverage, or perhaps you are correcting an error. Two options for editing an existing member or dependent follow:

Option 1

- 1. Select Manage Plan Members.
- 2. In the Member Search, search for the member you wish to edit (by one or all fields)

Member Search	Find a Member from the Groups	Below
Member ID	First Name	Last Name (Policy Holder)
Locate Member	0	

- 3. Select Locate Member.
- 4. Select Edit.



5. Make changes to the member in the form.

Benefits Ma	nager-Edit Member	
Member Inform	nation	
Prefix	Select A Prefix 🔻	
MemberID	[16019749	
First Name	Johnny	
Middle Name		
Last Name	Appleseed	
Suffix	Select A Suffix 🔻	
Gender	Male	
Birth Date	10/01/1980	
Marital Status	Select A Status	•
Employee Status	Full Time 🔻	
Employment Statu	s Active	
Ethnicity		¥
Language 1	•	
Language 2	•	

6. Select Save.

Phone	00000000	
Email		
	Save	Cancel

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Option 2

- 1. Select Manage Plan Members.
- 2. Scroll through the list of members at the bottom to find the member you wish to edit.

۸aı	nage Emp	oloyee Bene	fits			
Mei	mber Sear	rch Find a Member	r from the Groups Belo	w		
Men	nber ID	First No	ame	Last Name (Poli	ty Holder)	
	Locate Memi	ber 💽				
Sele	ct a Different Gr	roup				
Δd	d New Member	Reinstate a Member	Member Roster	Change a Member's Sub	group	
1	/iew Selected	•				
	Last Name	First Name	Effective Da	te ID Number	Cov.	ID Card
	Appleseed	Johnny	10/01/2015	16019749	EMP	ID Card
	Bueller	Ferris	10/01/2015	16019754	EMP	ID Card
	Gruber	Hans	10/01/2015	16019764	EMP	ID Card
	Hammond	John	10/01/2015	16019755	EMP	ID Card
	Ketivich	Sloan	10/01/2015	16019750	EMP	ID Card
	McClain	John	10/01/2015	16019761	EMP	ID Card
	Quinn	Harley	10/01/2015	16019760	EMP	ID Card

3. Select the check box next to the member's name.

	Appleseed	Johnny	10/01/2015	16019749	EMP	ID Card
--	-----------	--------	------------	----------	-----	---------

4. Select **View Selected**, located above the list of members.

View Selected	0 🔶				
Last Name	First Name	Effective Date	ID Number	Cov.	ID Card
Appleseed	Johnny	10/01/2015	16019749	EMP	ID Card

5. Select Edit.



6. Make your changes.

Member Details	
Member ID	16019749
Prefix	Select A Prefix 🔻
First Name	Johnny
Middle Name	
Last Name	Appleseed
Suffix	Select A Suffix 🔻
Gender	Male
Birth Date	(10/01/1980 (MM/DD/YYYY)
Marital Status	Select A Status
Employee Status	Full Time 🔻
Ethnicity	
Language 1	
Language 2	
Employment Status	Active

(((())))

7. Select **Save**.

Ethnicity		Î
Language 1	•	
Language 2	T	
Employment Status	Active	
Employment Status	Attive	
Member Address I	nformation	
Address	10324 S. Dolfield Road	
Add ress 2		
City	Owings Mills	
,		
State	MD T	
Zip	21117	
County		
Country	UNITED STATES	
Phone	(000) 000-0000	
Email		
	Save	
	Close	

Terminate an Existing Member/Dependent

When a member's employment is terminated, or the member has decided to no longer participate in the vision plan, you can remove him or her from the Avēsis eligibility database. Termination of a cardholder will automatically terminate the dependents attached to that cardholder, too. A member may also elect to no longer cover dependents but keep individual coverage. The two options for terminating a member or a dependent follow:

Option 1

- 1. Select Manage Plan Members.
- 2. In the **Member Search**, search by one or all fields for the member you wish to term.

	1610	
Member ID	Albus	Dumbledore

- 3. Select Locate Member.
- 4. Select Term.

Member Search	Find a Member from the Groups Be	elow
Member ID	Albus	Dumbledore
Locate Member	•	
Term Edit	Member ID 16019771	Member Name Albus Dumbledore

5. Complete the term screen with the termination date and reason. The date entered will be the last date of coverage.

Benefits Ma	nager		
Terminate	Member		
Albus Dumbledore			
Termination as of			
Term Reason	COBRA Ended	V	
	Terminate Member		Cancel

6. Select Terminate Member.



Option 2

- 1. Select Manage Plan Members.
- 2. Scroll through the list of members at the bottom to find the member you wish to term.

Man	nage Emp	oloyee Bene;	fits			
Mer	nber Sear	rch Find a Member	from the Groups Below			
Mem	ber ID	First Nar	200	Last Name (Polic)	(Holder)	
	Locate Memi	ber 💽				
Sele	ct a Different Gr	roup				
Add New Member Reinstate a Member Member Roster Change a Member's Subgroup						
v	'iew Selected	•				
	Last Name	First Name	Effective Date	ID Number	Cov.	ID Card
	Appleseed	Johnny	10/01/2015	16019749	EMP	ID Card
	Bueller	Ferris	10/01/2015	16019754	EMP	ID Card
	Gruber	Hans	10/01/2015	16019764	EMP	ID Card
•	Hammond	John	10/01/2015	16019755	EMP	ID Card
	Ketivich	Sloan	10/01/2015	16019750	EMP	ID Card
	McClain	John	10/01/2015	16019761	EMP	ID Card
	Quinn	Harley	10/01/2015	16019760	EMP	ID Card

3. Select the check box next to the member's name.

	Appleseed	Johnny	10/01/2015	16019749	EMP	ID Card
--	-----------	--------	------------	----------	-----	---------

4. Select **View Selected**, located above the list of members.

View Selected	0 🔶				
Last Name	First Name	Effective Date	ID Number	Cov.	ID Card
Appleseed	Johnny	10/01/2015	16019749	EMP	ID Card

5. Select Term.

Benefits Manager Selected Member List
After making changes, please reload or refresh page to see those changes. Johnny Appleseed Member ID: 16019749
EDIT TERM ADD DEPENDENT

the full

6. Enter termination information—the date and reason.

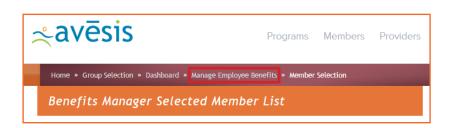
Termination In	formation
Johnny Appleseed 16019749	
Termination as of	10/28/2015
Term Reason	Employment Termed 🔻
	Terminate Member
	Close

7. Close the window.





8. Select Manage Employee Benefits from the top menu to return to the dashboard.



Reinstate a Terminated Member

If a former employee is re-hired, or a former member wishes to participate in the Avēsis program again, it may be necessary to reinstate the member's status in the Avēsis eligibility database. The process of reinstating a member is as follows:

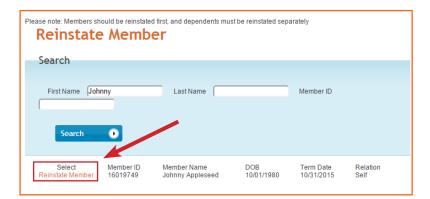
- 1. Select Manage Plan Members.
- 2. Select **Reinstate a Member**.

ember Sea	rch Find a Member from the Groups	s Below
lember ID	First Name	Last Name (Policy Holder)
Locate Mem	ber 💽	
Locate Merri		

3. Search for the member, and select **Search**.

Benefit	s Manage	r.				
Reinsta	ers should be reit ate Men		dependents must	be reinstated sep	parately	
Search						
First Name	drace	× Lest	Name	_	Member ID	
Search	•	-				

4. Select Reinstate Member.



5. Enter the new effective date and coverage code.

Original Effective Date	10/1/2015		
New Effective Date			
(mm/dd/yyyy)			
Termination Date	10/31/2015		
New Termination Date	12/31/9999		
Cobra Coverage?			
Coverage			
Employee + 1 Dependent	•		

6. Select Submit.

Reinstate M	ember	
pleseed		
10/1/2015		
11/30/2015		
10/31/2015		
12/31/9999		
•		
]	Close	
	pleseed 10/1/2015 11/30/2015 10/31/2015 12/31/9999	10/1/2015 11/30/2015 10/31/2015 12/31/9999

6. Select Close.

Manage Groups -	Reinstate Member
Member Johnny Ap	pleseed
Original Effective Date	10/1/2015
New Effective Date (mm/dd/yyyy)	11/30/2015
Termination Date	10/31/2015
New Termination Date	12/31/9999
Cobra Coverage?	
Coverage Employee Only	
-	Close
Reinstatement succeeded.	

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Add a New Dependent

Adding a new dependent allows you to attach a dependent to a cardholder already in the Avēsis eligibility database. Here are the steps for adding a new dependent:

- 1. Select Manage Plan Members.
- 2. Scroll through the list at the bottom to find the member.

vei	mber Sear	ch Find a Member fro	m the Groups Below			
Men	nber ID	First Name		Last Name (Policy	Holder)	
	Locate Memb	per 💽				
	ect a Different Gr		Member Roster Cha	nge a Member's Subgr		
				nge a memoer 5 oabg.		
	/iew Selected Last Name	First Name	Effective Date	ID Number	Cov.	ID Card
)			Effective Date	ID Number 16019754	Cov.	ID Card ID Card
)	Last Name	First Name				
	Last Name Bueller	First Name Ferris	10/01/2015	16019754	EMP	ID Card
	Last Name Bueller Gruber	First Name Ferris Hans	10/01/2015 10/01/2015	16019754 16019764	EMP EMP	ID Card ID Card
	Last Name Bueller Gruber Hammond	First Name Ferris Hans John	10/01/2015 10/01/2015 10/01/2015	16019754 16019764 16019755	EMP EMP EMP	ID Card ID Card ID Card
	Last Name Bueller Gruber Hammond Ketivich	First Name Ferris Hans John Sloan	10/01/2015 10/01/2015 10/01/2015 10/01/2015	16019754 16019764 16019755 16019750	EMP EMP EMP EMP	ID Card ID Card ID Card ID Card
	Last Name Bueller Gruber Hammond Ketivich McClain	First Name Ferris Hans John Sloan John	10/01/2015 10/01/2015 10/01/2015 10/01/2015 10/01/2015	16019754 16019764 16019755 16019750 16019761	EMP EMP EMP EMP EMP	ID Card ID Card ID Card ID Card ID Card

3. Select the check box next to the member's name.

Quinn	Harley	10/01/2015	16019760	EMP	ID Card
Tester	Test	10/01/2015	16023540	EMP	ID Card
Wayne	Bruce	10/01/2015	16019756	E1D	ID Card

4. Select View Selected from above the list.

Last Name	First Name	Effective Date	ID Number	Coverage Code
Dumbledore	Albus	10/01/2015	16019771	EMP
Granger	Hermoine	10/01/2015	16019767	EMP

5. Select Add a Dependent.

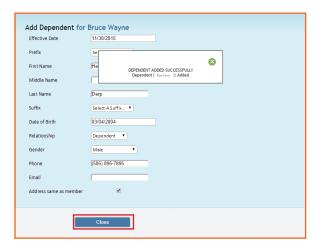


6. Complete the form.

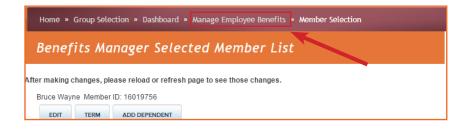
)	for Harry Potter	0	t for Harry Potter
flective Date		Effective Date	10/01/2015
efix	Select A Prefix	Prefa	Select A Prefix
st Name		First Name	Abus
dde Name		Middle Name	
est Name		Last Name	Poter
m.	Select A Suffix.	Suffix	Select A Suffix.
ate of Birth		Date of Birth	09/31/2005
lationship	Please select v	Relationship	Dependent V
ender	Select & Gender_	Gender	Male
lone		Phone	
nat	ter R	Email	
ódress same as mem	ser at	Address same as men	nber 🗹
	Save C	ose	

=) ()) -

- 7. Select Save.
- 8. Close the window.



9. Select Manage Employee Benefits from the top menu to return



((((C)

Change a Member's Subgroup

- 1. Select Manage Plan Members.
- 2. Select Change a Member's Subgroup.

	nage Empl	oyee Benefi	its		
٨e	mber Searc	Find a Member fro	om the Groups Below		
Mer	nber ID	First Name		Last Name (Polic	y Holder)
	Locate Member	•			
Sele	ect a Different Grou	P			
Ad	d New Member	Reinstate a Member	Edit Sub-Group Contact Inf	Member Rost	w
_					
0	hance a Member's Subr	GLOOM D			
0	hange a Member's Sub	group			
0	hange a Member's Sub	acomb			
	hange a Member's Sub /low/ Selected	prop.			
			Effective Date	ID Number	Coverage Code
	/iew Selected	•	Effective Date	ID Number 16019771	Coverage Code
	/low Solocted	• First Name			- Le comes
•	Now Solocted Last Name Dumbledore	First Name Albus	10/01/2015	16019771	ЕМР

3. Search for a member.

Search				
First Name	Leef	Nere	Menter ID	
	_			

- 4. Select Search.
- 5. Select Change Subgroup.

Change a Mer	mber's	Subgroup		
Search				
First Name Bruce	La	st Name	Member	ID
Change Subgroup	Member ID 16019756	Member Name Bruce Wayne	DOB 10/01/1965	Current Group 123-01-01



6. Select a **New Subgroup** from the dropdown menu.

Benefits Manag	er
Change a Me	mber's Subgroup
Member ID	(16019756
Full Name	Bruce Wayne
Current Group ID	(123-01-01
Current Group Name	Apple
New Group	123-01-01 123-01
New Effective Date	123-01 123-01-01 123-01-02
Cobra Coverage?	123-01-03 123-01-04
Submit	Close

7. Select **Submit**.

View or Print Member Roster

- 1. Select Manage Plan Members.
- 2. Select Member Roster.
- 3. Active Members: Select **Exclude Inactive Members**. (Inactive members include future-dated active members or currently termed members.)

Benefits	Managers				
Member F	loster for App	ble			
Exclude	Inactive Members				
12 Group:	Member ID	Name:	Status:	DOB:	ID Card:
123-01-01	16019749	Johnny Appleseed	inactive	10/01/1980	n/a
123-01-01	16019754	Ferris Bueller	active	09/01/2015	ID Card
123-01-01	16019756	Rachel Dawes	active	10/01/1966	ID Card
123-01-01	16019756	Tom Ford	inactive	03/04/2004	n/a

4. Select the Excel icon to export to Excel.

Member F	loster for App	ole			
Exclude	Inactive Members				
2					
Group:	Member ID	Name:	Status:	DOB:	ID Card:
123-01-01	16019749	Johnny Appleseed	inactive	10/01/1980	n/a
123-01-01	16019754	Ferris Bueller	active	09/01/2015	ID Card
123-01-01	16019756	Rachel Dawes	active	10/01/1966	ID Card
	16019756	Tom Ford	inactive	03/04/2004	n/a

View Member Benefits

As a benefits manager, you will be able to view your employees' benefits. Once you have logged into your account, click on **View Member Benefits** on the home page.



To view an active member's eligibility:

1. Enter the member's date of birth and either the member's ID or the member's full name.

Member ID	Date of Birth (MM/DD/YYYY)
- OR -	
full Name	Date of Birth (MM/DD/YYYY)



a. When using the member's ID number, enter the information as shown.

Member ID	Date of Birth (MM/DD/YYYY)
16019730	10/01/2000

b. To select by member's full name, enter the information as shown.

Full Name		Date of Birth (MM/DD/YYYY)
John	Doe	10/01/2000

2. Click **Search Now**, and you'll see the screen below.



3. Click on **View Detail** to view this member's benefits. You will then be able to view the following information: member's relationship to the employee, employer group, line of business, plan number, and effective date.

Benefits		
Relationship	Self	
Group	Apple Site 2	
LOB	Vision	
Plan Number	976	
Plan Name	976-Advantage Enhanced	
Effective Date	10/1/2015 12:00:00 AM	

You may also view any other members on this plan by selecting **View Members on this Plan**, which will then prompt some options.

View Members on this Plan

Select John Doe Self Select Jane Doe Spouse Select John Smith Child

4. Click **Select** to view the member of your choice. The member's profile will then appear.



5. Search for another member by clicking on **View Another Member**, and you will be taken back to the original screen.

View Another Member

Perform Other Management Tasks

COBRA

Our COBRA tool is in progress.

Print ID Cards

Our ID card printing tool is in progress.

Download a Vision Claim Form

Members who receive out-of-network care (from a non-participating provider) must file a claim form. The member is responsible for payment in full to the provider at the time of the visit and should complete the Out-of-Network Vision Claim form soon after services have been rendered. It must be mailed, along with a receipt from the provider, to:

Avesis

Vision Claims Department P.O. Box 7777 Phoenix, AZ 85011-7777

To download the form, follow the instructions below.

1. Select **Forms** on the right side of the dashboard.

Provider Search
Forms
FAQ

14] •

((((

2. Select Download Form.

Avesis Out-of-Network Claim Form

Members are only responsible for filing a claim if they receive vision care services from a provider that is not currently participating in the Avesis network. At point of service, the member would be responsible for making payment-in-full of all charges to the non-Avesis provider. Afterwards, to receive reimbursement up to the plan specified schedule of allowances, members must fill out the attached form and mail it along with their receipts to:

Avesis Third Party Administrators, Inc. Vision Claims Department PO Box 7777 Phoenix, AZ 85011-7777

Download Form