

**INDIVIDUAL PAGE INSTRUCTIONS
FOR
THE SHBP PUBLIC WEB SITE
(*RETIREE OPTION CHANGE PERIOD*)**

NOTE: SURCHARGE WEB PAGES WILL NOT DISPLAY FOR ALL RETIREES.

WEB PAGE NAME	INSTRUCTIONS
Welcome	<p>Here you can:</p> <ul style="list-style-type: none"> ▪ Enroll for health insurance as a new hire ▪ Make your health election during annual Open Enrollment Period ▪ Learn about each plan option ▪ Locate a doctor, price a prescription drug <u>CIGNA</u> Or <u>UHC</u> ▪ Access on-line coaching <u>CIGNA</u> Or <u>UHC</u> ▪ Compare rates and benefits for each Option <u>RATES</u> <p>First time users click here: <u>REGISTER</u> Returning Users click here: <u>LOGIN</u></p>
REGISTER	
Enter Registration Information	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Enter your Policy Number (same as SSN with no dashes). 2. Enter your Date of Birth (mm/dd/yyyy). 3. Create and enter your Password (case-sensitive). New Password should be between 8 and 20 characters and have at least 3 of the following types of characters: <ul style="list-style-type: none"> - Uppercase Letter - Lowercase Letter - Number - Special Character (!, @, #, etc.) 4. Re-enter your newly created Password for confirmation (case-sensitive). 5. Select a Security Question from the dropdown list. 6. Enter your answer to the Security Question (not case-sensitive). 7. Click the REGISTER button.

LOGIN	
WEB PAGE NAME	INSTRUCTIONS
Enter Login Information	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Enter your Policy Number (same as SSN with no dashes). 2. Enter your Password (case-sensitive). 3. Click the LOGIN button. <p>If you don't remember your Password, click the FORGOT PASSWORD button.</p>
Public Home Page	<p>Instructions:</p> <p>Please select one of the tabs on the left navigation bar.</p>
FORGOT PASSWORD	
Forgot Password	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Enter your Policy Number (same as SSN with no dashes). 2. Click the CONTINUE button; or click the CANCEL button to return to the mySHBP Web Portal Welcome page with no change in Password.
Enter Password Recovery Information	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Review your previously selected pre-populated Security Question. 2. Enter your answer to the Security Question (not case-sensitive). 3. Click the SUBMIT button; or click the CANCEL button to return to the Enter Login Information page with no change in Password.

WEB PAGE NAME	INSTRUCTIONS
Enter New Password	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Create and enter your New Password (case-sensitive). New Password should be between 8 and 20 characters and have at least 3 of the following types of characters: <ol style="list-style-type: none"> a. Uppercase Letter b. Lowercase Letter c. Number d. Special Character (!, @, #, etc.) 2. Re-enter your newly created Password for confirmation (case-sensitive). 3. Click the CHANGE PASSWORD button and you will return to the mySHBP Web Portal Welcome page; a message will display above the top navigation bar stating, <i>'Password successfully changed. Please login'</i>. <p>Or, click the CANCEL button to return to the mySHBP Web Portal Welcome page with no change in Password.</p>
RETIREE OPTION CHANGE PERIOD	
Terms & Conditions Retiree Responsibilities	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Read the Retiree Responsibilities completely. 2. If you agree with the Retiree Responsibilities, click the ACCEPT button to continue. 3. If you disagree with the Retiree Responsibilities, click the DENY button to return to the mySHBP Web Portal Welcome page (Registration Information will be saved).

WEB PAGE NAME	INSTRUCTIONS
Contact Information	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Review your pre-populated Contact Information to assure it is accurate, please make any necessary changes; or 2. Enter your Address and City of residency. 3. Select your State of residency from the dropdown list. 4. Enter your Zip Code. 5. Enter your Daytime Phone Number (10 digits only). 6. Enter your Email Address. 7. Select a Primary Language by clicking on the ENGLISH or OTHER radial button. 8. If OTHER has been selected as the Primary Language, please enter the name of the Primary Language. 9. Select your Ethnicity from the dropdown list. 10. Select the Check Box to verify the above address is accurate and complete. 11. Click the CONTINUE button to go to the next page.
Tier Selection	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Review your pre-populated information to assure it is accurate. 2. Select the appropriate Tier from the list according to the dependent(s) that you plan to cover for the upcoming plan year. 3. Click the CONTINUE button to go to the next page. <p>If you need to change Tiers due to deletion of a dependent but the appropriate Tier is not displayed, please contact SHBP at 1-800-610-1863. If you elect not to continue coverage for your dependent(s) for the upcoming plan year, the dependent(s) will not be eligible for Continuation of Coverage through COBRA and will not be eligible to re-enroll unless a qualifying event occurs.</p>

WEB PAGE NAME	INSTRUCTIONS
Dependents <i>(previously Dependents Info)</i>	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Review your pre-populated information to assure it is accurate (including Coverage Tier for the upcoming plan year). 2. YES has been pre-populated to cover all displayed Existing Dependents for the upcoming plan year, review each existing dependent's information for accuracy. 3. Select NO for each Existing Dependent that you DO NOT wish to cover for the upcoming plan year. 4. The EDIT button is displayed only for the Spouse (if applicable). Click the EDIT button to edit THE DEPENDENT ETHNICITY for the spouse. 5. Click the CONTINUE button to go to the next page. <p>If you have received a message stating your Tier Selection is incorrect due to the deletion or discontinuation of coverage for a dependent but the Tier was not available on the Tier Selection screen, please contact SHBP at 1-800-610-1863.</p> <p>If you elect not to continue coverage for your dependent(s) for the upcoming plan year, the dependent(s) will not be eligible for Continuation of Coverage through COBRA and will not be eligible to re-enroll unless a qualifying event occurs.</p>
WEB PAGE NAME	INSTRUCTIONS
Edit Dependent Information	<p>Instructions:</p> <p><i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Review the pre-populated information to assure it is accuracy. 2. Select the Dependent Ethnicity from the dropdown list. 3. Click the UPDATE button to accept the added information; you will return to the Dependents page. 4. Click the CANCEL button to return to the Dependent page with making any edits to the dependent.

WEB PAGE NAME	INSTRUCTIONS
Tobacco Surcharge	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Select the appropriate answer to the Tobacco Surcharge question(s). 2. Click the CONTINUE button to go to the next page. <p>Once all Tobacco Surcharge questions have been displayed and answered, a message will appear at the bottom of the screen indication if a Tobacco Surcharge will be added to your premium.</p>
Spousal Surcharge	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Select the appropriate answer to the Spousal Surcharge question(s). 2. Click the CONTINUE button to go to the next page. <p>Once all Spousal Surcharge questions have been displayed and answered, a message will appear at the bottom of the screen indication if a Spousal Surcharge will be added to your premium.</p>
Option Selection	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Review the acronyms at the bottom of the page to ensure that you select the correct Plan Type. 2. Select the appropriate Option in which you wish to enroll for the upcoming plan year. 3. Click the CONTINUE button to go to the next page.
Considerations Before Confirming My Selections	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Review the Considerations. 2. Click the CONTINUE button to go to the next page.
Verify Selections	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Review all of your information and health coverage selections to be effective for the upcoming plan year.

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	<ol style="list-style-type: none"> 2. To edit your information and health coverage selection(s), select the appropriate tab on the top navigation bar. 3. Make any necessary changes; then navigate back to the Verify Selections page. 4. After you have verified your selections, click the CONFIRM button to receive your Confirmation Number. You must receive this number to finalize your information and health coverage selections.
Confirmation	<p>Instructions:</p> <ol style="list-style-type: none"> 1. The Confirmation Page is your enrollment verification document for coverage effective for the upcoming plan year. Your confirmation number is located in the Confirmation Number field on this page. <p>Please print this Confirmation page (using your browser's printer button) and save it for your records; or you may open a printer friendly Confirmation page in a PDF format by clicking the PRINTER FRIENDLY button to go to the next page.</p> <ol style="list-style-type: none"> 2. To logout of this session, select the Logout Tab on the left navigation bar.
Print Confirmation	<p>Instructions:</p> <p>Your confirmed selections are listed on this page. <i>Your most recent confirmation is on the top line and is the coverage you will have for the upcoming plan year.</i> Please print this printer friendly Print Confirmation page and save it for your records.</p> <ol style="list-style-type: none"> 1. Review your pre-populated information to assure it is accurate. 2. Click the OPEN PDF link on the Confirmation file line you want to open in a PDF Format. 3. Once opened, use your browser to Save and Print the file in a PDF Format. All information shown on the Confirmation page is included in the PDF File. 4. To logout of this session, close the OPEN PDF link; then select the Logout tab on the left navigation bar and you will return to the mySHBP Web Portal Welcome Page.

MODIFY LOGIN	
WEB PAGE NAME	INSTRUCTIONS
Modify Login Information	<p>Instructions: <i>All fields indicated with * are required.</i></p> <ol style="list-style-type: none"> 1. Enter your Current Password. 2. Create and enter your New Password (case-sensitive). New Password should be between 8 and 20 characters and have at least 3 of the following types of characters: <ul style="list-style-type: none"> - Uppercase Letter - Lowercase Letter - Number - Special Character (!, @, #, etc.) 3. Re-type your newly created Password for confirmation. 4. Your previously selected Security Question is pre-populated in the Security Question dropdown field. You may utilize the pre-populated Security Question or select a new Security Question from the from the dropdown list. 5. Your answer to the previously selected Security Question is pre-populated in the Your Answer field. If you did not change your pre-populated Security Question, you may utilize the pre-populated answer. If you selected a new Security Question from the dropdown list, enter your new answer to the Security Question in the Your Answer field (not case-sensitive). 6. Click the UPDATE button and you will return to the Public Home Page with a displayed message indicating 'Account successfully modified'.

PRINT CONFIRMATION	
WEB PAGE NAME	INSTRUCTIONS
Print Confirmation	<p>Instructions:</p> <p>Your confirmed selections are listed on this page. <i>Your most recent confirmation is on the top line and is the coverage you will have for the upcoming plan year.</i> Please print this printer friendly Print Confirmation page and save it for your records.</p> <ol style="list-style-type: none"> 1. Review your pre-populated information to assure it is accurate. 2. Click the OPEN PDF link on the Confirmation file line you want to open in a PDF Format. 3. Once opened, use your browser to Save and Print the file in a PDF Format. All information shown on the Confirmation page is included in the PDF File. 4. To logout of this session, close the OPEN PDF link; then select the Logout tab on the left navigation bar and you will return to the mySHBP Web Portal Welcome Page.