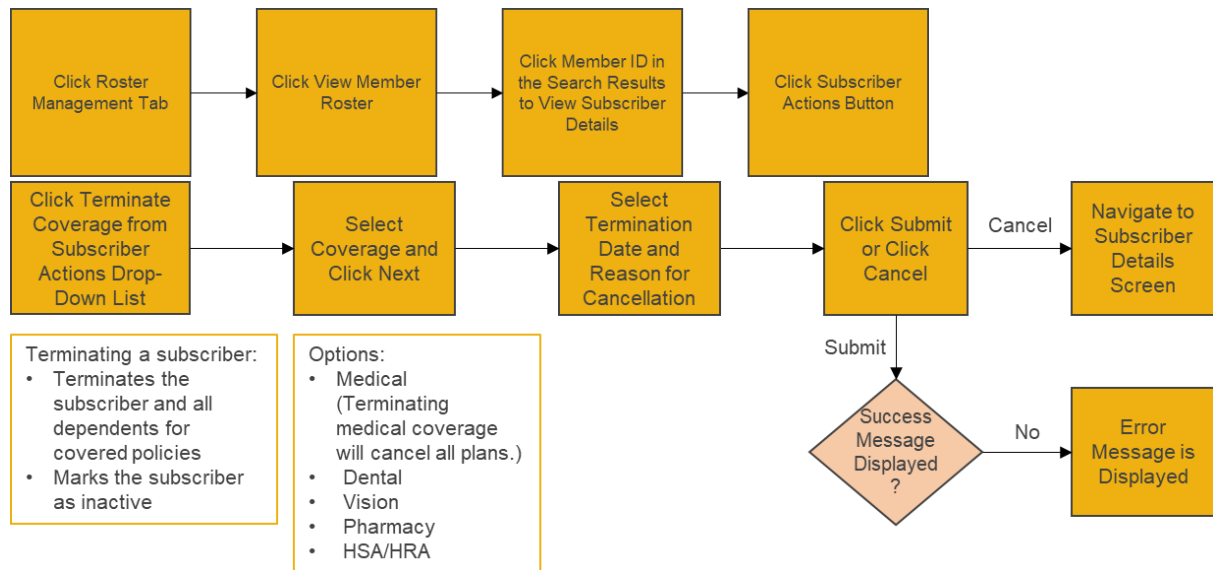# Roster Management – Terminate and Reinstate Coverage

Quick Reference Guide (QRG)

Roster Management – Terminate Coverage

This Quick Reference Guide (QRG) will provide an overview of the process for terminating coverage:

```
Click Roster          →  Click View Member  →  Click Member ID in   →  Click Subscriber
Management Tab           Roster                 the Search Results       Actions Button
                                                to View Subscriber
                                                Details

Click Terminate       →  Select             →  Select               →  Click Submit   Cancel →  Navigate to
Coverage from            Coverage and           Termination             or Click                Subscriber
Subscriber               Click Next             Date and                Cancel                  Details
Actions Drop-                                   Reason for                                      Screen
Down List                                       Cancellation

                                                                        Submit ↓

                                                                        Success        No →     Error
                                                                        Message                 Message is
                                                                        Displayed               Displayed
                                                                        ?
```

Terminating a subscriber:	Options:
• Terminates the subscriber and all dependents for covered policies • Marks the subscriber as inactive	• Medical (Terminating medical coverage will cancel all plans.) • Dental • Vision • Pharmacy • HSA/HRA

Let us look at the steps in detail for Terminating coverage:

Purpose: Terminate Coverage. **Please note your screen may look different depending on the plans for which you and your dependents (if any) are enrolled.**	
Step 1:	1. From the **EmblemHealth Home** page, select the **Roster Management** tab. 2. From the drop-down menu, select **View Member Roster**.
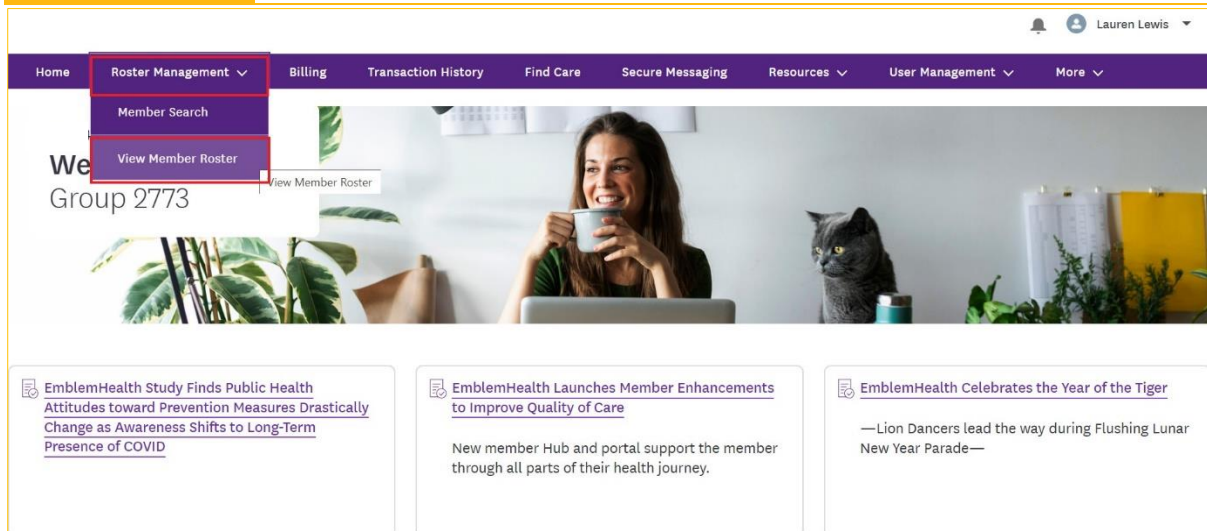
Step 2:

1. Select the **Member ID** of the subscriber for whom coverage is to be terminated from the Member ID column**.**

Subgroup ID	Class ID	Member ID	Member Name	Date of Birth	SSN	Gender	Relationship to Subscriber	Coverage Start Date	Termination Date	Original Effective Date	Status
1001	1001	K8049400001	ALEX, LAWREN HAROLD	01/31/1954	XXX-XX-7785	Male	Subscriber	01/01/2020	-	01/01/2019	Active
1001	1001	K8049400002	ALEX -, MARC	11/30/2021	XXX-XX-4267	Female	Daughter	01/01/2020	-	01/01/2019	Active
1001	1001	K8011129502	BARRY, JULIE	03/10/1994	XXX-XX-8343	Male	Son	01/01/2020	12/31/2020	01/01/2019	Inactive
1001	1001	K8011129501	BARRY, KELLY	08/20/1974	XXX-XX-6481	Female	Subscriber	01/01/2020	-	01/01/2019	Active
1001	1001	K8011129503	BARRY, NORA	04/24/2001	XXX-XX-8110	Female	Daughter	01/01/2020	-	01/01/2019	Active
1001	1001	K8050233301	BECKY, AARON-	07/10/1992	XXX-XX-6331	Female	Subscriber	01/01/2020	-	01/01/2019	Active
1001	4001	K5501104301	BENTONLY, ANTONY	02/03/1989	XXX-XX-1763	Male	Subscriber	01/01/2021	-	01/01/2021	Active
1001	1001	K8052269503	BRUCE, DEAN	05/17/2009	XXX-XX-8506	Male	Son	01/01/2020	-	01/01/2019	Active

Step 3:

Subscriber Details screen displays.
1. From the **Subscriber Actions** drop-down, click **Terminate Coverage**.

- GROUP 2773

Subscriber Details

1001 - GROUP 2773

Subscriber Actions ∨

Status Active	Add Dependent
Termination Date -	Change Name
Member Name AARON- BECKY	Change Marital Status
Member ID K8050233301	Change Subscriber Address
Address 642 Eaton Ter, Yonkers, NY, 10710	Change Date of Birth
Email -	Change Plan
Mobile Phone Number -	Terminate Subscriber
DOB 07/10/1992	Terminate Coverage
Marital Status Single	Change Language / Ethnicity / R
SSN XXX-XX-6331	
Gender Female	
Referral Requir No	

Member Information

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Step 4:

1. Select the Coverage Plan to be terminated from the **Select Coverage** drop-down menu.
2. Click **Next**.

Home > Terminate Coverage

Select Coverage to Terminate

Select Coverage to Terminate

Select Coverage*
Medical

*Required information

Next

Cancel

Step 5:

Terminate Coverage screen displays.

1. Fill in the desired fields (i.e., **First Name, Middle Name, Last Name, Suffix, Termination Date** and **Reason for Cancelation)**.
   Note: Termination Date and **Reason for Cancelation** are required fields.
2. Click **Submit.**

Terminate Coverage

Terminate Coverage

First Name
AARON-

Middle Name
T

Last Name
BECKY

Suffix

Termination Date*

Reason for Cancellation*

⚠ Please note, canceling coverage for a subscriber will cancel coverage for all of the subscriber's dependents.

*Required information

Submit

Cancel

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Step 6:	Confirmation screen displays. 1. Click **OK.**

Confirmation

Thank you for your submission. Your case number is 07528954. You can check the status of your request in your Transaction History. It may take up to 24 business hours for your request to be reflected online.

There may be times when technical issues could prevent tasks from being completed. We thank you for your patience in these instances. Please see the transaction history page to confirm the initiation and status of your portal transactions. EmblemHealth is not responsible for the portal being temporarily unavailable due to technical issues.

OK

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Step 1:

This is the **Reinstate Coverage** process.

1. From the **Subscriber Actions** drop-down Menu, select **Reinstate Coverage**.

- GROUP 2773

Subscriber Details

1001 - GROUP 2773

Subscriber Actions ⌄

Reinstate Coverage

Status Inactive	**Termination Date** 01/05/2021	**Member Name** Mark Hieden	**Member ID** K5501073701
Address 08 East Street, Washington, DC, 20415	**Email** -	**Mobile Phone Number** -	**DOB** 08/06/1976
Marital Status Married	**SSN** XXX-XX-6433	**Gender** Male	**Referral Required** No

Step 2:

The **Reinstate an employee's coverage** screen displays.

1. Enter the **Coverage Start Date**.
   Note: Coverage Start Date is also the effective date. Irrespective of when the subscriber is reinstated, the effective date is the chosen coverage start date.
2. Click **Next.**

Home > Subscriber Reinstate

○
Get Started

Reinstate an employee's coverage

Name
Mark Hieden

Address
08 East Street,Washington,DC,20415

Coverage Start Date*
03/02/2022

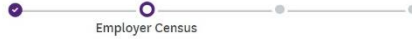*Required information

Next

Cancel

Step 3:

The Employer Census screen displays.

1. Choose an option from the **Available Subgroups** drop-down menu.

Home > Subscriber Reinstate

Employer Census

Employer Census

Use the table below to confirm the plans you want reinstated for the employee and their dependents.

Existing Class

Existing Medical Plan
MP001090 - EMBLEMHEALTH PPO

Existing Subgroup
1001 - Group 2773

Available Subgroups*

This field is required.

Step 4:

The Class drop-down field appears.
1. Select an option from the **Class*** drop-down menu.
2. Click **Next**.

Employer Census

< Employer Census

Use the table below to confirm the plans you want reinstated for the employee and their dependents.

Existing Class
_____

Existing Medical Plan
MP001090 - EMBLEMHEALTH PPO

Existing Subgroup
1001 - Group 2773

Available Subgroups*
1001 - Group 2773   ⌄

Class*
                                                                                                            ⌄

⌄ Employee

First Name	Last Name	Gender	Birth Date
Mark	Hieden	Male	08/06/1976

Marital Status	Relationship
Married	Employee

Street Address	Zip Code	State	City
08 East Street	20415	DC	Washington

Home Phone Number	Mobile Phone Number		SSN
3434354655	-	Personal Email	XXX-XX-6433

Race	Ethnicity	Language
-	Not Assigned	

Status
Active

Medical Plans
MP001090 - EMBLEMHEALTH PPO   ▾

Coverage Start Date
03/02/2022

*Required information

Next

Cancel

Step 5:

The **Review Application** screen appears.

1. Verify the application details are correct and click **Next**.

Please review and confirm the details of your application below. You can click on a step in the progress bar to make any changes.

∨ Review Application

First Name
Mark

Last Name
Hieden

Zip Code
20415

City
Washington

State
DC

County
District Of Columbia

∨ Qualifying Life Event Information

Qualifying Event
Reinstate Subscriber

∨ Employee information and Plan Selection

Existing Class

Existing Medical Plan
MP001090 - EMBLEMHEALTH PPO

Existing Subgroup
1001 - Group 2773

Available Subgroups
1001 - Group 2773

Class

∨ Employee

First Name	Last Name	Gender	Birth Date
Mark	Hieden	Male	08/06/1976

Marital Status	Relationship
Married	Employee

Street Address	Zip Code	State	City
08 East Street	20415	DC	Washington

Home Phone Number	Mobile Phone Number	Personal Email	SSN
3434354655	-		XXX-XX-6433

Race	Ethnicity	Language
-	Not Assigned	

Status
Active

Medical Plans
MP001090 - EMBLEMHEALTH PPO

Coverage Start Date
03/02/2022

Step 6:

The Confirmation screen appears.

1. Click **OK**.

Confirmation

Thank you for your submission. Your case number is 02420952. You can check the status of your request in the Transaction History. It may take up to three (3) business days for your request to be reflected online.

[OK]

Thank You