

WealthCare COBRA Participant Guide

This guide will help you get set up with online access to your COBRA account and help with making online payments.

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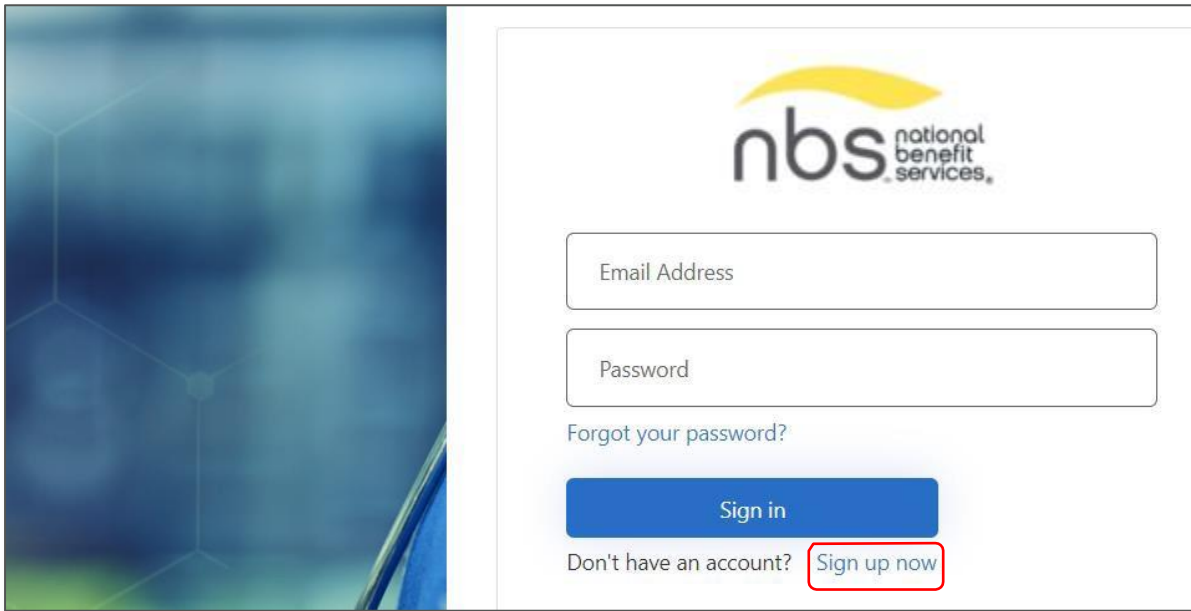
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nbs.wealthcarecobra.com

Please contact us with any questions at (800) 274-0503, option 4 or by email at cobra@nbsbenefits.com

Logging into the Consumer Portal for the First Time

1. Access your Consumer Portal link – nbs.wealthcarecobra.com. Click **Sign up now**.

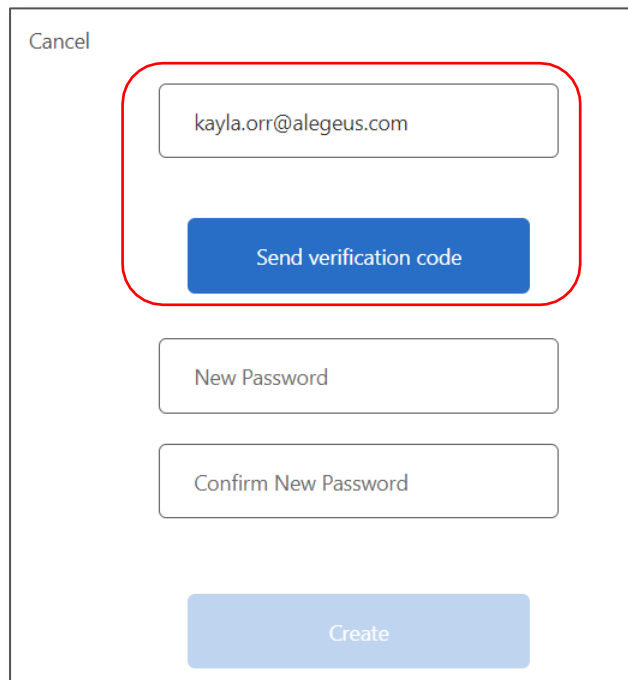


Cancel

Forgot your password?

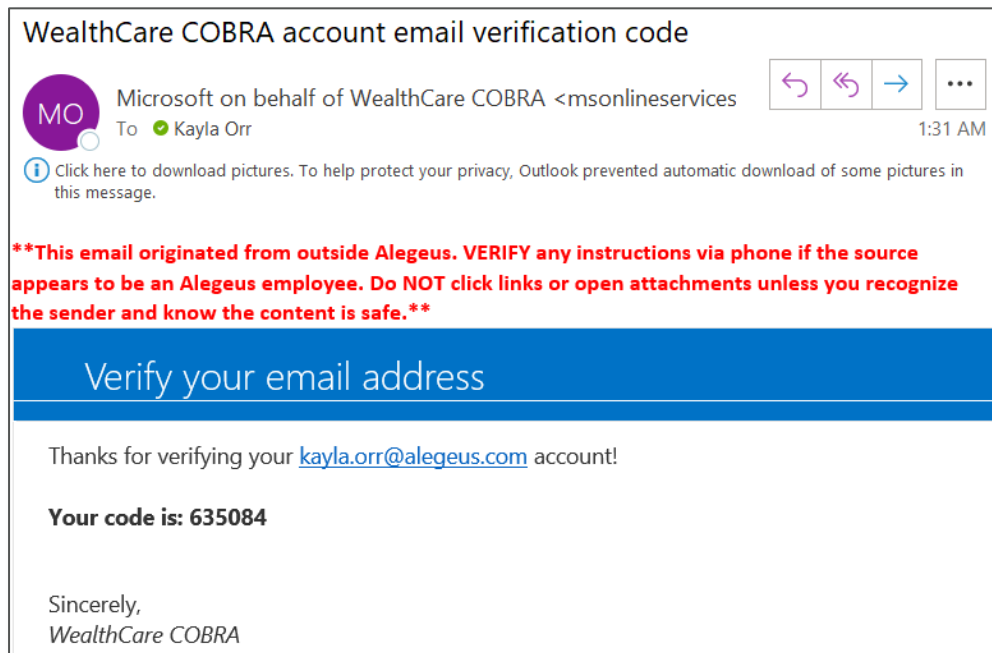
Don't have an account?

2. Enter a valid email address and click **Send Verification Code**.



Cancel

3. Check the email provided for an invitation email from Microsoft.



- Back in the Consumer Portal, enter the code and click **Verify Code**.

Verification code has been sent to your inbox. Please copy it to the input box below.

kayla.orr@alegeus.com

635084

Verify code **Send new code**

- Once the email is verified, create and confirm a password. A password must be between 8 and 64 characters and must have at least 3 of the following characteristics:
 - A lower case letter
 - An uppercase letter
 - A digit
 - A symbol

Click **Create** to be taken to your COBRA account.

- Click **+ Connect to New Account**.

Accounts

You have not been connected to any accounts yet

+ Connect to New Account

- Enter the following information:

- Zip Code or Postal Code: If you have recently changed addresses, enter the zip code that your Employer would have had on record for your account.
- Date of Birth
- Social Security Number


Connect to your account

In order to connect to your account we need some information about the Primary Qualified Beneficiary of the account.

Zip Code or Postal Code

23789 5/20

Date of Birth
MM/DD/YYYY

9/13/1996 

Social Security Number

9/9

8. Click **Submit**. The system will match your information to your COBRA Qualifying Event record. Click **View Account** to be taken to your account.

Accounts

Connected to account ×

Click "View Account" below to manage your account.

Employer	Qualifying Event Date	
COBRA Team	October 13, 2021	View Account

Electing Coverage

1. Sign into the Consumer Portal. You will see your last day to elect benefits. Click [Elect Plans](#).

Benefits

Last Day to Elect: December 14, 2021

Benefit plans have not been elected yet. Click **Elect Plans** to get started.

Elect Plans


2. From the [Primary Participant](#) section, you will see your demographic information. If applicable, update any incorrect information and click [Next](#).

Review or complete the details for the Primary Participant.

First Name
Kayla 5/100

Last Name
Orr 3/100

Social Security Number
XXX-XX-1111

Date of Birth
MM/DD/YYYY
9/13/1996 

Primary Participant's Address
 US Address
 Non-US Address

Address

2731 Euston Rd 14/50

+ Add Address Line

Postal Code **City** **State**

32789 5/20 WINTER PARK 11/80 FL 2/50

Primary Phone Number
4079123616 10/14

Secondary Phone Number (Optional)
0/14

Next

3. From the [Dependents](#) section, you will see your dependents or will be informed that there were no dependents found for your account. If there is a missing dependent(s), you will see your benefit's Third Party Administrator's support number to contact. If applicable, update any incorrect information and click [Next](#).

Review or complete the details for the Primary Participant's dependents.

There are no dependents. If this is incorrect, please contact support at 414-803-6713.

Back

Next

4. If a subsidy was added for this record, you will see the **Subsidy** section. If a subsidy was not entered, this section will not display. If applicable, click **Next**.

Review the Subsidies before proceeding to the next step.

COBRA Team has supplied the below subsidies for you. On the next step, we do not show the cost with subsidies so that you can plan the cost of each month after the subsidies finished.

You can come back to this screen at anytime to see the subsidies again without losing any work done on the next step.

Benefit Type	Subsidy	Starts	Ends
Dental	50%	1st month of Coverage	6th month of Coverage

Back

Next

5. From the **Benefits** section, you will see each benefit plan type you are eligible for (Ex: Medical, Dental, etc.) as well as the list of people who can be covered under each Plan (if you had dependents listed). If a Plan is bundled with another, you will see a '!' icon to indicate that you must be on the X Plan to be on the Y Plan. Once a Plan(s) is selected, the **Benefits Summary** section will display the premium due. The costs on this screen do not include subsidies. Once all desired Plans and people are selected, click **Next**.

Select who is covered under each benefit plan.

Medical Cigna CDHP \$102.00 ^

Covered People

Primary Participant
Chelsea Wharin

Covered People	Cost ** (Monthly)
Primary Participant Only	\$102.00

** Costs may change annually.


Benefits Summary

Medical \$102.00

Dental \$51.00

Total \$153.00 (Monthly)

Dental Anthem Inc. CDHP \$51.00 ^

 • To continue your Medical at least one family member must be on Dental

Covered People

Primary Participant
Chelsea Wharin

Covered People	Cost ** (Monthly)
Primary Participant Only	\$51.00

** Costs may change annually.

6. From the **Review** section, you will see the plan(s), enrolled participant(s), and cost. Either click **Back** to make changes or click the **I agree to the Terms and Conditions** box and the click **Submit Election**.

I agree to the [Terms and Conditions](#)

Back

Submit Election

7. You will be taken to the *Benefits* screen. If desired, click *Edit Elections* to make any changes by the *Last Day to Edit Elections* date.

Elections Submitted
Your elections have been submitted successfully. ✕

Benefits

Last Day to Edit Elections: December 14, 2021 Edit Elections

This information is your benefits coverage as of the date below. Select a different date to view other coverage.

11/1/2021 📅

Paying Your Premium Online

1. Sign into the Consumer Portal. Click [View Account](#).

Accounts

Employer	Qualifying Event Date	
COBRA Team	October 13, 2021	View Account

[+ Connect to New Account](#)

2. To make a one-time payment, click [Make a Payment](#) in the upper-right corner. To set up recurring auto payments click on [Setup Recurring Auto Payments](#) (circled below).

Payments

[Make Payment](#)

Next Payment Due

Coverage for January 1, 2022	\$510.00 due by March 6, 2022 (45 Days)
Coverage for February 1, 2022	\$510.00 due by March 6, 2022 (45 Days)
Coverage for March 1, 2022	\$510.00 due by March 31, 2022 (70 Days)

Recurring Auto Payments

There are no scheduled payments.
Click [Setup Recurring Auto Payments](#) to schedule auto payments.

[Setup Recurring Auto Payments](#)

One-Time Payments:

- A. Select either [Total Amount Due](#) or [Other Amount](#). If you select [Other Amount](#), enter the amount you wish to pay toward your next premium. Select your [Payment Method](#), either 'Bank Account' or 'Credit Card'.
- B. Check the 'I agree to pay the convenience fee' box. There is a \$25.00 convenience fee for all one-time payments.

Select payment amount and method for a one time payment.

Next Payment Due

Coverage for November 1, 2021	\$0.25 due by December 1, 2021 (43 Days)
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Payment Amount

Total Amount Due: \$0.25
 Other Amount

Payment Method

Bank Account
 Credit Card

There is a \$25.00 convenience fee for one time payments.

I agree to pay the convenience fee

[Next](#)

Note: When using a bank account as the payment method, the convenience fee may show as a separate transaction on your bank statement.

- C. Click **Next**.
- D. Enter either your bank account or credit/debit card information (depending on which **Payment Method** was selected from above).

Bank Account:

Account Type <input checked="" type="radio"/> Checking <input type="radio"/> Savings	
Account Holder's Name Kayla Orr	
Routing Number	9/100
Account Number	9/9
Re-Enter Account Number	12/17
<input type="radio"/> Save payment information for future use	12/17
Back Make Payment	

Credit Card:

Enter your payment details.	
Card Holder Name	
Kayla Orr	
Card Number	
Expiration Month	Expiration Year
April	2025
Security Code	Postal Code
	32789
	Pay \$25.25

- E. Click **Make Payment** if you are making a Bank Account payment or click **Pay [XXX]** (replace [XXX] with your payment amount) if you were making a Credit Card payment.
- F. You will be taken to the **Payment Confirmation** screen. If desired, click **Go to Payments Summary** to go back to the **Payments** tab.

Recurring Payments:

Note: If there are any payments needed for previous months you must pay for them at the time you set up the recurring payment. You will be asked to set up this payment first then set up the recurring payment. Fill out the Account Type, Account Holder's Name, Routing Number, Account Number and re-enter the Account Number to ensure you have entered it correctly. Then click "Make Payment" and agree to the payment authorization by clicking "Make Payment" again.

Setup Recurring Auto Payments

- A. You have two options for when the recurring payment date of the 15th before the billing period is due or the 8th after the billing period due date.

Setup Recurring Auto Payments

1 Setup Recurring Auto Payments

Enter payment details for recurring auto payments.

Recurring Payment Date ?

15th before the billing period's due date
 8th after the billing period's due date

Payment Amount
Amount due for coverage

Payment Method
Bank Account

- B. Enter your bank account information and click **Setup Recurring Auto Payments**.

Account Type

Checking
 Savings

Account Holder's Name

0/100

Routing Number

0/9

Account Number

0/17

Re-Enter Account Number

0/17

Setup Recurring Auto Payments

- C. You will be taken to the **Payment Confirmation** screen. Click on "Make Payment". If desired, click **Go to Payments Summary** to go back to the **Payments** tab.