

Employer Portal

Step-by-step instructions

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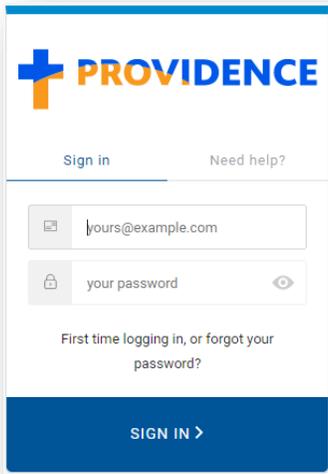
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Registration

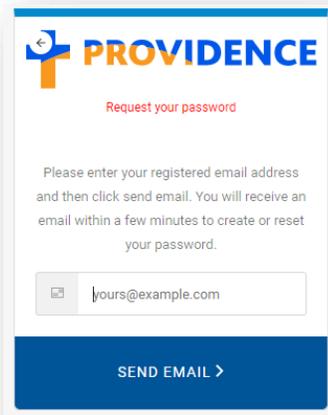
1. Send an email to phpgroupservice@providence.org to request access to the [employer portal](#). Please include the group name and number, first and last name, and email address(es) of the users who need to be registered.
2. Users will receive an email confirming that the registration is complete.

First time logging in

1. Visit the [employer portal](#) and click on “First time logging in, or forgot your password?”
 - a. Enter the registered e-mail address. From there, a password reset e-mail will be sent.
 - b. Click on the orange **confirm button** in the e-mail message and a pop-up window will appear to change your password. Change your password.
2. You will receive “your password has been reset successfully” email.
3. You’re all set! Log in using your e-mail and password.



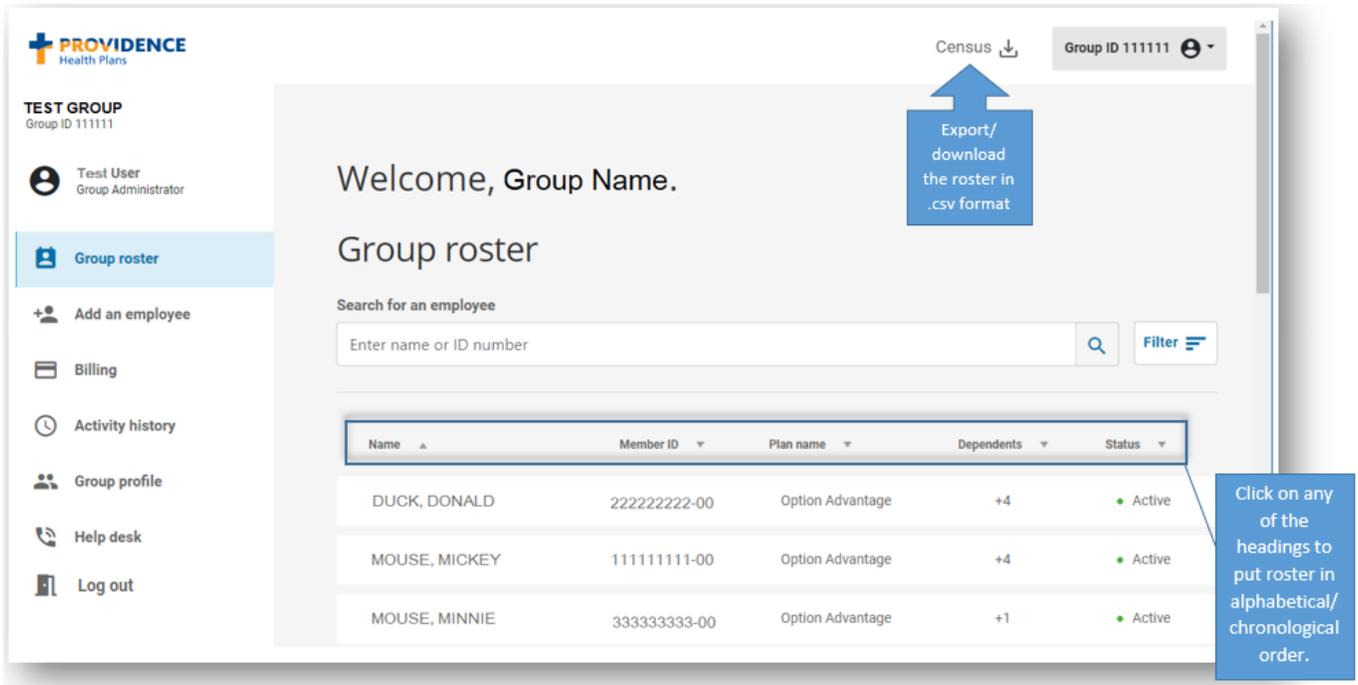
The screenshot shows the Providence Sign in page. At the top left is the Providence logo (a blue cross with an orange vertical bar) and the word "PROVIDENCE" in blue. Below the logo are two links: "Sign in" (underlined) and "Need help?". There are two input fields: the first is for an email address, containing "jyours@example.com", and the second is for a password, containing "your password" with a toggle icon. Below the fields is the text "First time logging in, or forgot your password?". At the bottom is a blue button with the text "SIGN IN >".



The screenshot shows the Providence "Request your password" page. At the top left is the Providence logo (a blue cross with an orange vertical bar and a left-pointing arrow) and the word "PROVIDENCE" in blue. Below the logo is the text "Request your password" in red. The main text reads: "Please enter your registered email address and then click send email. You will receive an email within a few minutes to create or reset your password." Below this text is an input field for an email address, containing "jyours@example.com". At the bottom is a blue button with the text "SEND EMAIL >".

Group Roster

Once you log in, you will be directed to the group roster landing page.



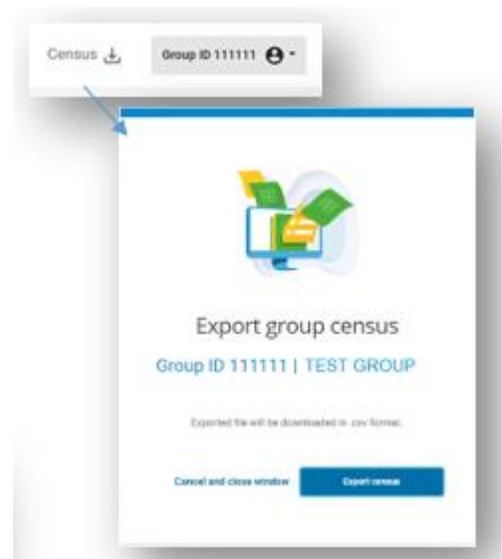
Name ▲	Member ID ▼	Plan name ▼	Dependents ▼	Status ▼
DUCK, DONALD	22222222-00	Option Advantage	+4	Active
MOUSE, MICKEY	11111111-00	Option Advantage	+4	Active
MOUSE, MINNIE	33333333-00	Option Advantage	+1	Active

The group roster will default to active and future effective member status, displayed in alphabetical order by last name. Current functionality will also display Cobra/State Continuation members listed as an active status. The roster will include all members on all subgroups.

Export/Download Roster

You may export the current group roster in an excel format. This will show all active and inactive subscribers and dependents, their ID numbers, and when they were originally enrolled. As noted on the previous page, this will include all members including Cobra/State Continuation.

1. In the top right corner of the page, click on **census**.
2. Then, a pop-up will appear, click on **export census**.
3. Open the excel file.





	A	B	C	D	E
1	Name	MemberId	Enrolled	Dependents	Status
2	MOUSE, MICKEY	111111111-00	6/1/2014	1	Active
3	MOUSE, MINNIE	111111111-01	6/1/2014	D	Inactive
4	DUCK, DONALD	222222222-00	6/1/2017	4	Active
5	DUCK, HUEY	222222222-01	6/1/2017	D	Active
6	DUCK, DEWEY	222222222-02	6/1/2017	D	Active
7	DUCK, LOUIE	222222222-03	6/1/2017	D	Active
8	DUCK, DAISY	222222222-04	6/1/2017	D	Inactive
9	MOUSE, MINNIE	111111111-00	6/1/2014	1	Active

Below are the column descriptions.

Column A: Name of each member.

Column B: ID number listed in numeric order.

Column C: Original effective date of each member.

Column D: On the same row of the subscriber, there will be a number of the corresponding dependents listed on the plan. Under each number, the “D” represents the member being a dependent.

Column E: Indicates if the member is active or inactive on the policy.

Filter Group Roster

To see all members that are both active and inactive:

1. Click on filter.
2. Select the status from the drop-down menu.
3. Click apply filters.
4. Clear filters will set back to the default of active status.

Note: By selecting active and future effective from the drop down, you can see the new employees who are on the roster, but not active yet.

Search for an employee

Enter name or ID number

Status: Active & Future Effective

Clear filters | Apply filters

Member ID	Plan name	Dependents	Status
[REDACTED]	Option Advantage	0	Active
[REDACTED]	Connect	-	Active

Search Group Roster

You can look for a specific member by typing their name or member ID in the search field, then clicking the magnifying glass or by pressing enter.

Search for an employee

Goofy

Click on Member ID, Plan Name, Dependents, or Status to view the numbered dependents listed

Name	Member ID	Plan name	Dependents	Status
GOOF, GOOFY	44444444-00	Option Advantage	+1	Active
GOOF, MAX	44444444-01	Option Advantage	06/01/2014	Inactive

Click on name to view Employee's information. See next page for details

Original Effective Date

1 - 1 of 1 items

Employee Information

To view employee and dependent information such as phone, e-mail, address, plan, subgroup, status, original effective date, termination date, date hired, marital status and gender, click on the name (as shown above). The ellipsis in the top right corner (shown below) gives the option to add a new dependent, remove employee, edit employee demographic information such as phone, e-mail, home/ mailing address, marital status, and change plans.

Note: Date of birth and SSN will not be reflected for any member. Please call your Providence Health Plan Membership Accounting Representative if verification of data is required.

Employee information



GOOFY GOOF
Employee ID 444444444-00

...

<p>Phone -</p> <p>Email -</p> <p>Home address 123 4TH ST Beaverton, OR, Washington, 97006</p>	<p>Plan Subgroup Status Original effective date Termination date Date hired Marital status Gender</p>	<p>Option Advantage S001 Active 06/01/2014 05/24/2010 Married Male</p>
---	---	---

...

- + Add dependent
- Remove employee
- ✎ Edit employee
- ✎ Change plan

Dependents (0 active)



MAX GOOFY
Employee ID 444444444-01

INACTIVE

<p>Phone -</p> <p>Email -</p> <p>Home address 123 4TH ST Beaverton, OR, Washington, 97006</p>	<p>Plan Original effective date Termination date Relationship to the employee Gender</p>	<p>Option Advantage 06/01/2014 10/31/2016 Son Male</p>
---	--	--

Editing Employee

All fields below can be edited (with the exception of gender) at any time. If gender information needs to be changed, contact your Providence Health Plan Membership Accounting representative. See [Help Desk](#) for contact information. The county cell will auto-populate as you enter data or enter the first letter of the county. From there you can scroll until you find the county you need. Once editing is complete, click on **save**.

 **GOOFY GOOF**
Employee ID 44444444-00

Phone number **Email address**

Home address

City **County**

State **Zip code**

Mailing address is the same as Home address

Marital status **Gender**

By clicking the "submit" button, you are attesting that the information you have provided is accurate and in accordance with the [user agreement](#) for this site

Qualifying Events and Coverage Effective Dates

Qualifying Event	Coverage Effective Date
Qualified Medical Support Order	Date of event: Issuance of order If no date is specified on the order, coverage begins first of the month following date of event
Adoption, Placement of Adoption, or Legal Guardianship	Date of event: Placement or assumption of financial responsibility OR First of the month following date of event
Birth of Subscriber's Child or Grandchild	Date of event: Child's birth
Involuntary Loss of Other Coverage	First day after the other coverage ended or if member chooses first of the month following loss of coverage
Marriage	Date of event: Marriage OR First of the month following date of event
New Hire	In accordance with the group's probationary period
Newly Acquired Domestic Partner	Date of Event: Date in which they were registered with the State of Oregon (same sex), or the date the affidavit is signed (opposite sex) OR First of the month following date of event
Open Enrollment	In accordance with the group's renewal date
Promotion or Job Change	First of the month following promotion or job change

Add Dependent(s)

To add a dependent, click on the ellipsis in the top right corner  or  from the employee information page.

Outside of the Open Enrollment Period, a qualified event is required to add dependents to the policy. If a dependent needs to be added retroactively over 90 days, you must reach out to your Providence Health Plan Membership Accounting Representative. See [Help Desk](#) for contact information.

Required Fields:

- First and last name (no special characters or numbers)
- Other insurance coverage (yes or no; if yes, you'll be asked for more information)
- Gender
- Relationship
- Reason for event (qualifying event)
- Qualifying event date
- Coverage effective date (to determine when coverage is to become effective, see previous page)
- Date of birth

Once all fields are completed, click **submit**.

Note: This transaction will appear as completed in the activity history once finished. Transactions may take up to 2 business days to complete.

Add dependent

Employee ID 444444444

First name	Middle initial	Last name
<input type="text" value="Geef"/>	<input type="text"/>	<input type="text" value="Goofy"/>

Does this dependent have other insurance coverage?

Yes, the same as the employee
 Yes, but it is different than the employee's
 No

Other coverage

Gender
 Female Male

Relationship to the employee

Reason for event

Date of event

When does the coverage become effective?
 First of the month following date of event
 On the date of event

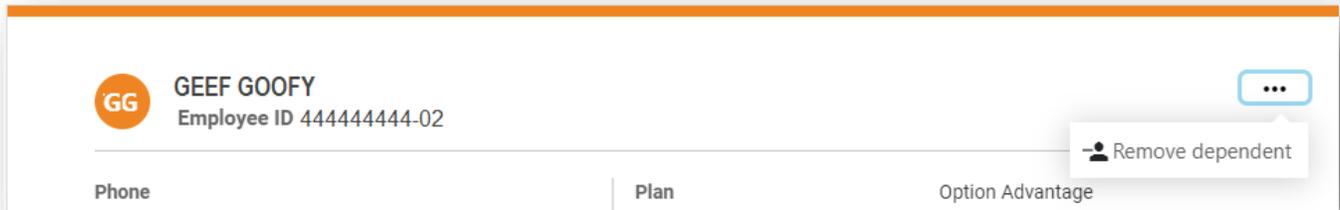
Date of birth

Social security number

By clicking the "submit" button, you are attesting that the information you have provided is accurate and in accordance with the [user agreement](#) for this site

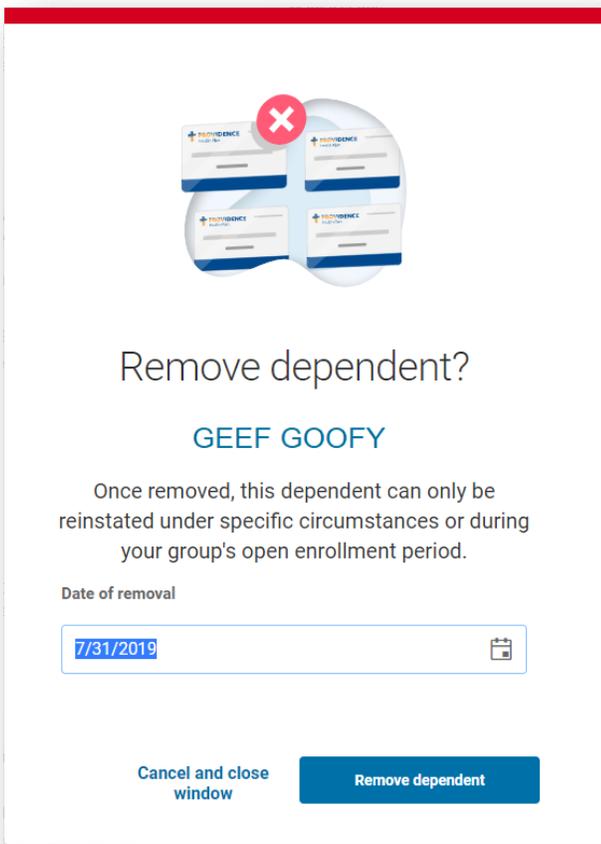
Terminating Dependents

Only active dependents can be terminated. There will be an ellipsis in the top right of the dependent section that gives the option to remove the dependent. If submitting a retroactive request, the date of removal cannot be older than 90 days.



The screenshot shows a dependent profile card for GEEF GOOFY with Employee ID 44444444-02. The card includes a 'Phone' field, a 'Plan' field set to 'Option Advantage', and a 'Remove dependent' button with a person icon. A three-dot menu icon is visible in the top right corner of the card.

A pop-up window will appear where the date of removal is required. Dependents should be removed based on the effective date. If the date entered is the first of the month, the termination date will automatically be pushed to the end of that month. For example, if you enter in the date of removal as 8/1, our system will reflect an 8/31 termination date.



The pop-up window is titled 'Remove dependent?' and features the Providence logo with a red 'X' over it. Below the title, the name 'GEEF GOOFY' is displayed. A message states: 'Once removed, this dependent can only be reinstated under specific circumstances or during your group's open enrollment period.' The 'Date of removal' field contains '7/31/2019'. At the bottom, there are two buttons: 'Cancel and close window' and 'Remove dependent'.

Terminating an Employee

Only active employees can be terminated. There will be an ellipsis in the top right of the employee section that gives the option to remove the employee. If submitting a retroactive request, the date of removal cannot be older than 90 days.

Employee information ⋮



MINNIE MOUSE
Employee ID 333333333-00

Phone	Plan	Option Advantage
-	Status	Active
Email	Original effective date	12/01/2018

- + Add dependent
- Remove employee
- ✎ Edit employee
- ✎ Change plan

A pop-up window will appear where the last day of employment is required. Cobra or state of continuation forms are available by clicking on the corresponding links.

Note: This transaction will appear as completed in the activity history once finished. Transactions may take up to 2 business days to complete.



Remove employee?

MINNIE MOUSE

Removing an employee also removes their dependents.

Last date of employment

📅

If the member is transitioning to COBRA or state continuation, follow the links below to access the enrollment/change of status forms. The link will open in a new window or tab. Please then click the "Remove subscriber" button below to complete your request.

[2018 Forms](#)

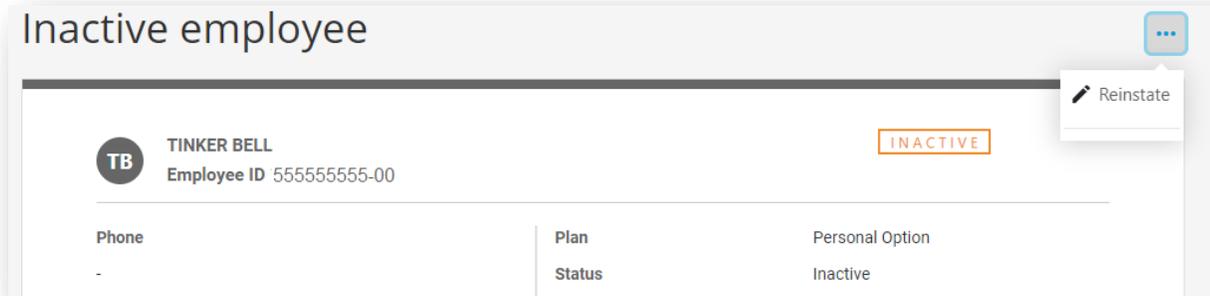
[2019 Forms](#)

Cancel and close window

Remove employee

Reinstate an Employee (Step 1 of 5)

Only inactive employees can be reinstated. There will be an ellipsis in the top right of the employee section that gives the option to reinstate. If submitting a retroactive request, the effective date cannot be older than 90 days.



Inactive employee

TINKER BELL
Employee ID 55555555-00

INACTIVE

Reinstate

Phone	Plan	Personal Option
-	Status	Inactive

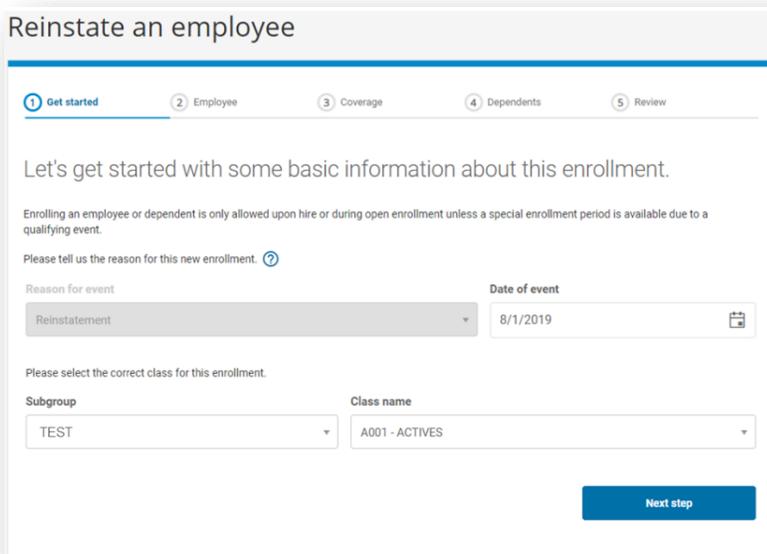
Required Fields to Process Reinstatement:

- Date of event

*Note: Future date of events will not be allowed. On step 3 you will be able to select **first of the month** following the date of event for coverage start date.*

- Subgroup selection from the drop down.
- Class name selection from the drop down.

Once all fields are complete, click **next step**.



Reinstate an employee

1 Get started 2 Employee 3 Coverage 4 Dependents 5 Review

Let's get started with some basic information about this enrollment.

Enrolling an employee or dependent is only allowed upon hire or during open enrollment unless a special enrollment period is available due to a qualifying event.

Please tell us the reason for this new enrollment. ?

Reason for event: Reinstatement Date of event: 8/1/2019

Please select the correct class for this enrollment.

Subgroup: TEST Class name: A001 - ACTIVES

Next step

Reinstate an Employee (Step 2 of 5)

Verify and/or change any demographic information for the employee.

First and last name and date of hire cannot be changed. If the employee's name needs to be changed, reach out to your Providence Health Plan Membership Accounting Representative. See [Help Desk](#) for contact information. *Note: County will auto-populate.*

The date of birth is required before moving forward. It is important the date of birth is entered correctly to ensure the policy is reinstated rather than creating a new, duplicate entry.

The SSN will remain hidden unless you click on 

Once all fields are complete, click **next step**.

Reinstate an employee

Get started **Employee** Coverage Dependents Review

Next, you'll need to provide some personal information about the employee.

First name: TINKER Middle initial: Last name: BELL

Home address: 123 DISNEY RD

City: Los angeles County: Orange

State: California Zip code: 90001

Mailing address is the same as Home address

Email address:

Phone number: ex. (555) 555-5555 Gender: Female Male

To ensure the privacy of our subscribers and the accuracy of subscriber information, we require re-entry of Date of Birth and Social security number for reinstatements.

Date of birth: month/day/year Social security number: ex. 555-55-5555

Date of birth is required

Marital status: Married Date of hire: 4/13/2019

[Go back](#) [Next step](#)

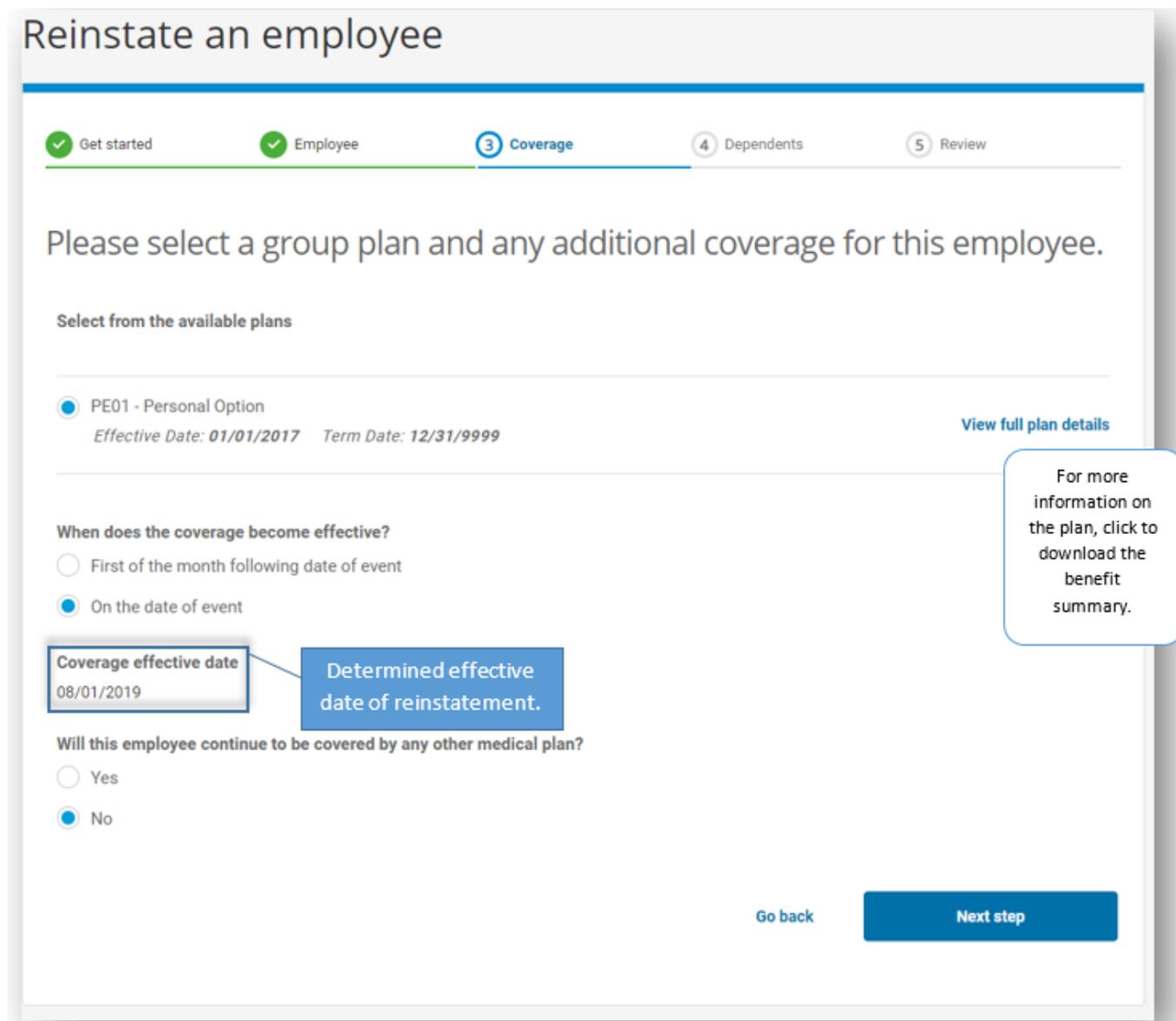
Reinstate an Employee (Step 3 of 5)

Select from the available plans.

Note: The 12/31/9999 date does not mean this plan is available on an ongoing basis. It is available until your next open enrollment.

To determine when coverage should become effective, see [Qualifying Events](#) page.

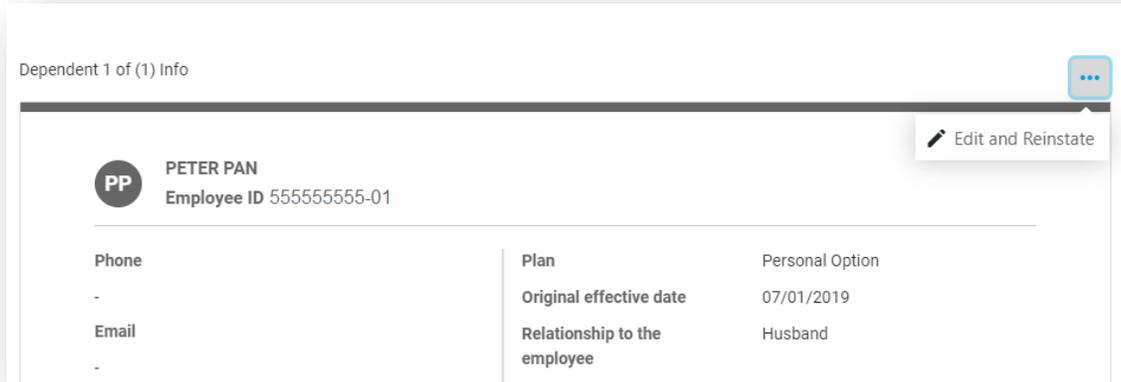
Once all fields are complete, click **next step**.



The screenshot shows a web form titled "Reinstate an employee" with a progress bar at the top. The progress bar has five steps: "Get started" (checked), "Employee" (checked), "Coverage" (active, circled in 3), "Dependents" (circled in 4), and "Review" (circled in 5). Below the progress bar, the main heading reads "Please select a group plan and any additional coverage for this employee." Underneath, it says "Select from the available plans". A single plan is listed: "PE01 - Personal Option" with "Effective Date: 01/01/2017" and "Term Date: 12/31/9999". A link "View full plan details" is to the right. Below the plan, the question "When does the coverage become effective?" has two radio button options: "First of the month following date of event" (unselected) and "On the date of event" (selected). A text box shows "Coverage effective date" as "08/01/2019", with a callout box stating "Determined effective date of reinstatement." Below this, the question "Will this employee continue to be covered by any other medical plan?" has two radio button options: "Yes" (unselected) and "No" (selected). At the bottom right, there are "Go back" and "Next step" buttons. A callout box on the right side of the form says: "For more information on the plan, click to download the benefit summary."

Reinstate an Employee (Step 4 of 5)

Dependent(s) that were on the policy can be reinstated, and new dependents can be added. To reinstate a dependent, click the ellipsis in the top right corner. To add a dependent that is not listed, click **add new dependent** at the bottom of the page. If no dependents need to be added, click **reinstate**.



Dependent 1 of (1) Info

PP PETER PAN
Employee ID 55555555-01

Plan Personal Option

Original effective date 07/01/2019

Relationship to the employee Husband

Phone -

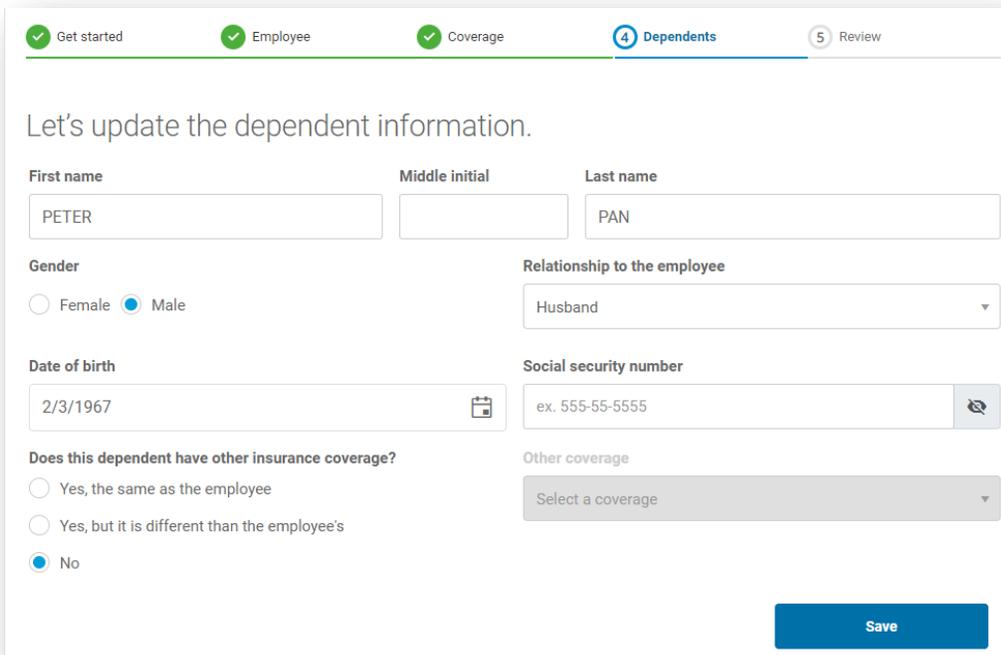
Email -

Edit and Reinstate

Validate dependent information such as name, gender, and relationship to employee. Please note that the date of birth and other coverage fields are required to move forward.

Once all fields are complete, click **save**. A confirmation will pop-up stating the dependent has been added and the color around the dependent will change from gray to orange.

Once all desired dependents are reinstated/added, click **reinstate**.



Get started Employee Coverage **4 Dependents** 5 Review

Let's update the dependent information.

First name Middle initial Last name

PETER PAN

Gender: Female Male

Relationship to the employee: Husband

Date of birth: 2/3/1967

Social security number: ex. 555-55-5555

Does this dependent have other insurance coverage?
 Yes, the same as the employee
 Yes, but it is different than the employee's
 No

Other coverage: Select a coverage

Save

Reinstate an Employee (Step 5 of 5)

Review the information for accuracy. The ellipsis in the top right corner of the employee information and dependent information will allow you to edit any fields entered in previous screens. If the plan chosen is an HSA with a Health Equity account, verify that the social security number is accurate. A social security number must be provided with this plan selection. Submit the application once the information is reviewed and ready for processing.

Note: This transaction will appear as completed in the activity history once finished. Transactions may take up to 2 business days to complete.

Reinstate an employee

✓ Get started
✓ Employee
✓ Coverage
✓ Dependents
5 Review

You're almost done!
Please review the information you've provided before you submit the application.

Please review all of the information you have entered and make any necessary edits. When everything is correct, submit the application.

Group ID 111111	Subgroup ID S002	Class ID A001
Group name TEST GROUP	Subgroup name TEST GROUP	Class name ACTIVES

This information is for review and cannot be edited.

TB

Employee Information

TINKER BELL

⋮

<p>Phone</p> <p>-</p> <p>Email</p> <p>-</p> <p>Home address</p> <p>123 DISNEY RD Los angeles, CA, Orange, 90001</p>	<p>Date of birth 02/01/1968</p> <p>SSN -</p> <p>Gender Female</p> <p>Marital status Married</p> <p>Date of hire 04/13/2019</p> <p>Reason event Reinstatement</p> <p>Date of event 08/01/2019</p> <p>Effective Date 08/01/2019</p> <p>Group plan PE01 - Personal Option</p> <p>Other coverage No</p>	
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PP

Dependent 1 Information

PETER PAN

⋮

<p>Phone</p> <p>-</p> <p>Home address</p> <p>123 DISNEY RD Los angeles, CA, Orange, 90001</p>	<p>Date of birth 02/03/1967</p> <p>SSN -</p> <p>Gender Male</p> <p>Relationship Husband</p> <p>Other coverage No</p>	
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By clicking the "submit" button, you are attesting that the information you have provided is accurate and in accordance with the [user agreement](#) for this site. For new hires the probationary period must be satisfied prior to effective date listed; if not satisfied effective date is subject to change.

Go back
Submit application

Updated 03/11/2026

Change Plans

Outside of open enrollment, a qualifying event is required to change plans. Click on the ellipsis in the top right corner from the employee information page and select **change plan**.

Please select the updated plan information

Employee ID 22222222

Choose event: Qualifying event | Date of event: 6/15/2019

Select class: A001 - ACTIVES

Select from the available plans

- OD01 - Option Advantage
Effective Date: 06/01/2019 | Term Date: 12/31/9999 | [View full plan details](#)
- OD02 - Option Advantage
Effective Date: 06/01/2019 | Term Date: 12/31/9999 | [View full plan details](#)

When does the coverage become effective?

- First of the month following date of event
- On the date of event

Coverage effective date: 07/01/2019

Buttons: Cancel, Submit

Annotations:

- A drop-down list will appear with available classes. A class must be selected to make a plan selection.
- For more information on the plan, click to download the benefit summary.
- Determined effective date of plan change based on all information.

These are the available plans and their effective dates.

Note: The 12/31/9999 date does not mean this plan is available on an ongoing basis. It is available until your next open enrollment.

To determine when coverage will become effective, see the [Qualifying Events](#) page. Once all fields are complete, click **submit**.

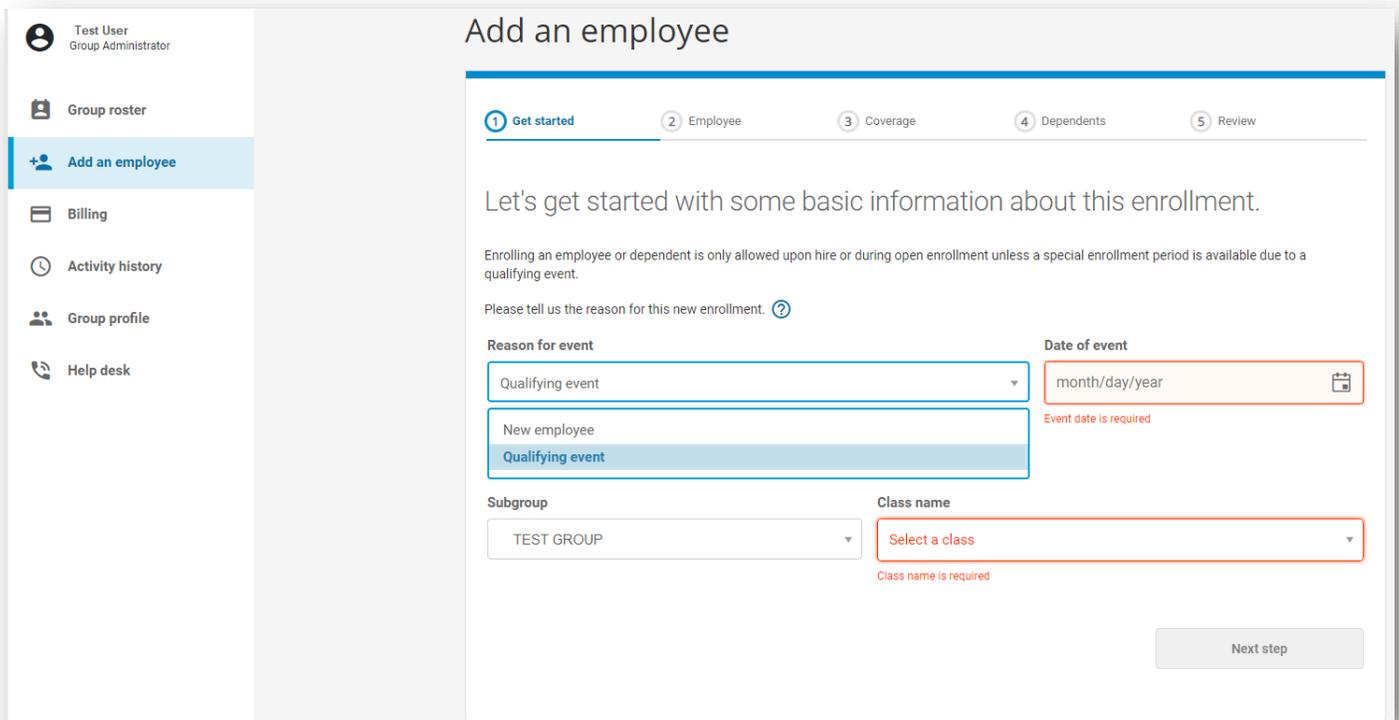
Add an Employee (Step 1 of 5)

Choose a reason from the drop-down menu for adding a new employee. An Open Enrollment event will be added once that date approaches. See the Open Enrollment page below for more information.

Ensure the required fields below are complete to proceed to the next step:

- Reason for event
- Date of event (if selecting a qualifying event)
- Class name

If submitting a retroactive request, the effective date cannot be older than 90 days.



Note: The reason for the event, date of event, (or hire date) will determine the employee's effective date of coverage.

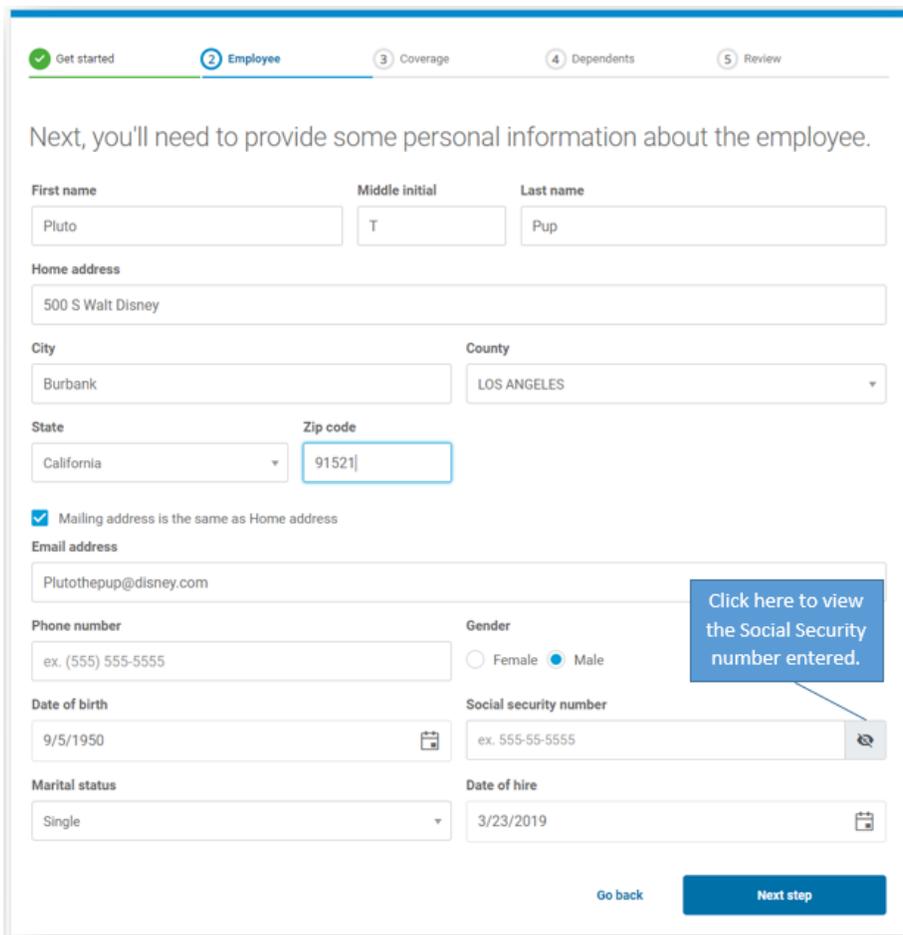
Add an Employee (Step 2 of 5)

To add an employee, make sure the required fields below are complete to proceed to the next step.

- First and last name (no special characters or numbers)
- Home address (if the mailing address is the same as the home address, check the box)
 - o Note: The county cell will auto-populate as you enter the data. You can also enter the first letter of the county and scroll until you find the correct one.
- Gender
- Date of birth
- SSN is not required unless the member is enrolling in an HSA plan with a Health Equity account
- Marital status
- Date of hire

Note: The date of hire will determine the employee's effective date of coverage based on the probationary period contracted with the group.

Once all fields are complete, click **next step**.



Next, you'll need to provide some personal information about the employee.

Home address

City: County:

State: Zip code:

Mailing address is the same as Home address

Email address

Phone number: Gender: Female Male

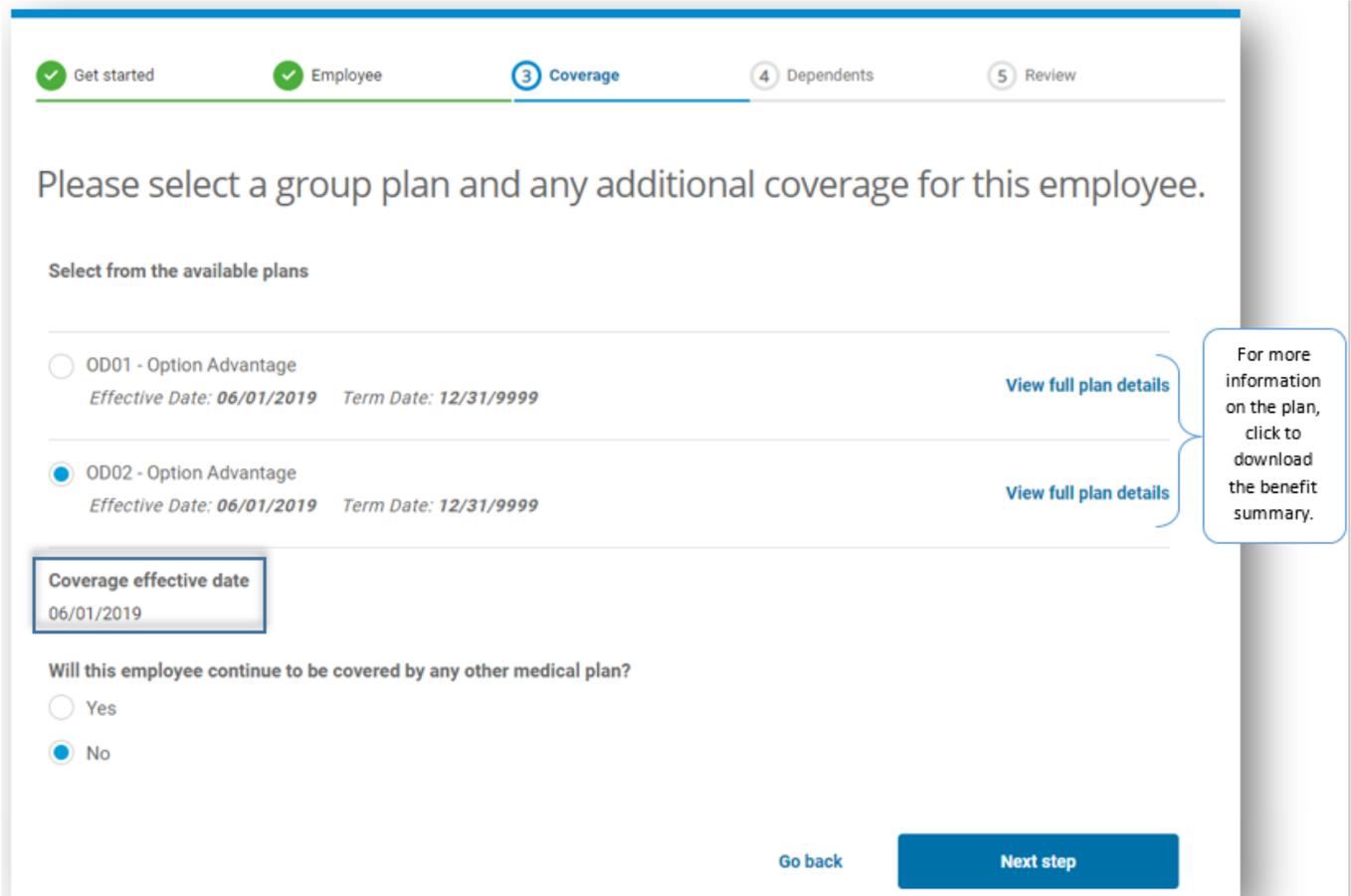
Date of birth: Social security number:

Marital status: Date of hire:

Go back

Add an Employee (Step 3 of 5)

Please select from the available plans. The effective date of the plan is when the plan became available. The determined effective date is based on all entered information.



Get started Employee **3 Coverage** 4 Dependents 5 Review

Please select a group plan and any additional coverage for this employee.

Select from the available plans

OD01 - Option Advantage
Effective Date: 06/01/2019 Term Date: 12/31/9999 [View full plan details](#)

OD02 - Option Advantage
Effective Date: 06/01/2019 Term Date: 12/31/9999 [View full plan details](#)

Coverage effective date
06/01/2019

Will this employee continue to be covered by any other medical plan?

Yes

No

[Go back](#) [Next step](#)

For more information on the plan, click to download the benefit summary.

Note: The 12/31/9999 date does not mean this plan is continuously available. It is available until your next open enrollment.

Once all fields are complete, click **next step**.



Add an Employee (Step 4 of 5)

If no dependents need to be added, select **no** and **review application**. Note: A dependent can be a spouse, life partner, child or grandchild.

If there are dependents, select **yes** and the number of dependents.

A screenshot of a web form titled "Add an Employee (Step 4 of 5)". The form has a progress bar at the top with five steps: "Get started", "Employee", "Coverage", "4 Dependents", and "5 Review". The "4 Dependents" step is currently active. Below the progress bar, the text reads "Please add any dependents to be covered under this employee." There are two main sections: "Does the employee have any dependents?" with radio buttons for "Yes" (selected) and "No"; and "How many dependents?" with a dropdown menu showing "1". A note next to the dropdown says "Don't worry if you're unsure; you can add or remove dependents at a later time." At the bottom right, there are two buttons: "Go back" and "Continue".

Make sure the required fields below are complete to proceed to the next step.

- First and last name (no special characters or numbers)
- Gender
- Relationship
- Date of birth
- Other insurance coverage (yes or no; if yes, you'll be asked for more information)

Once all fields are complete, click **review application**.

Let's add some basic information about the employee's dependents.

 **Dependent 1 (of 1)**

First name	Middle initial	Last name
<input type="text" value="Dinah"/>	<input type="text"/>	<input type="text" value="Dachshund"/>

Gender	Relationship to the employee
<input checked="" type="radio"/> Female <input type="radio"/> Male	<input type="text" value="Life Partner - Female"/>

Date of birth	Social security number
<input type="text" value="5/9/1960"/> 	<input type="text" value="ex. 555-55-5555"/> 

Does this dependent have other insurance coverage?	Other coverage
<input type="radio"/> Yes, the same as the employee	<input type="text" value="Select a coverage"/>
<input type="radio"/> Yes, but it is different than the employee's	
<input checked="" type="radio"/> No	

[Go back](#)

Add an Employee (Step 5 of 5)

Review the information for accuracy.

The ellipsis in the top right corner of the employee information and dependent information allows you to edit any fields entered in previous screens.

If the chosen plan is an HSA with a Health Equity account, verify the SSN is accurate. An SSN must be provided with this plan selection.

Submit the application once the information is reviewed and ready for processing.

✓ Get started
✓ Employee
✓ Coverage
✓ Dependents
5 Review

You're almost done!

Please review the information you've provided before you submit the application.

Please review all of the information you have entered and make any necessary edits. When everything is correct, submit the application.

Group ID 111111	Subgroup ID S001	Class ID A001
Group name TEST GROUP	Subgroup name TEST GROUP	Class name ACTIVES

This information is for review and cannot be edited.

PP

Employee Information

Pluto T. Pup

⋮

Phone	Date of birth	09/05/1950
-	SSN	-
Email	Gender	Male
Plutothepup@disney.com	Marital status	Single
Home address	Date of hire	03/23/2019
500 W Walt Disney Burbank, CA, LOS ANGELES, 91521	Reason event	New employee
	Effective Date	06/01/2019
	Group plan	OD02 - Option Advantage
	Other coverage	No

DD

Dependent 1 Information

Dinah Dachshund

⋮

Phone	Date of birth	05/09/1960
-	SSN	-
Home address	Gender	Female
500 W Walt Disney Burbank, CA, LOS ANGELES, 91521	Relationship	Life Partner - Female
	Other coverage	No

By clicking the "submit" button, you are attesting that the information you have provided is accurate and in accordance with the [user agreement](#) for this site

Go back

Submit application

Note: This transaction will appear as completed in the activity history once finished. Transactions may take up to 2 business days to complete.



Open Enrollment

An Open Enrollment banner will appear 45 days prior to the renewal date and will remain for 60 days after the renewal date. During Open Enrollment, new employees/dependents can be added and existing employees can change plans. To add a new employee, click on **enroll now** from the banner, or select **add an employee** from the left hand side.

Note: If your banner isn't available as expected, please contact your membership accounting representative and supply a screen shot of your display. Your representative may offer an alternative.

Welcome,

Open enrollment for your group begins on October 1, 2020

Use this site to update employee enrollment selections during your company's open enrollment period.

Enroll now!

When adding an employee/dependent or changing plans, select **Open Enrollment** from the **reason for event** drop down menu. Follow the previous steps to complete desired transactions.

Please tell us the reason for this new enrollment. ?

Reason for event

Open enrollment ▼

- New employee
- Qualifying event
- Open enrollment**

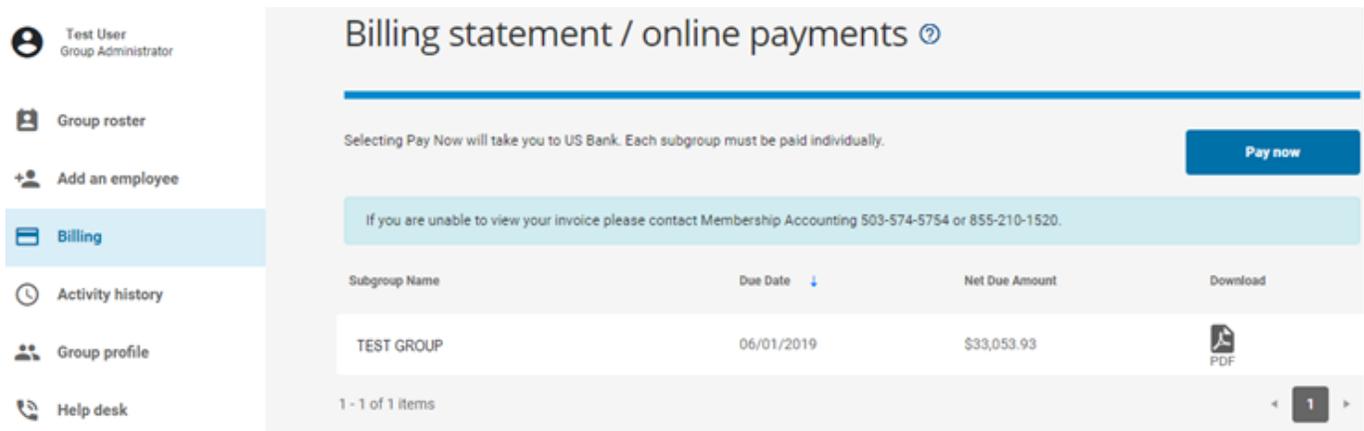
Note: The transaction will appear as completed in the activity history once finished. Transactions may take up to 2 business days to complete.

Billing

You can view the monthly billing statements and/or pay the amount due. The most recent due date will be at the top of the page along with net due amount. Click on the **PDF icon** to download the billing statement that corresponds with the due date month. When you're ready to pay, click the **pay now** button to be directed to the US Bank payment.

Note: Once your invoice is generated, it will be uploaded in approximately 2 business days for portal viewing.

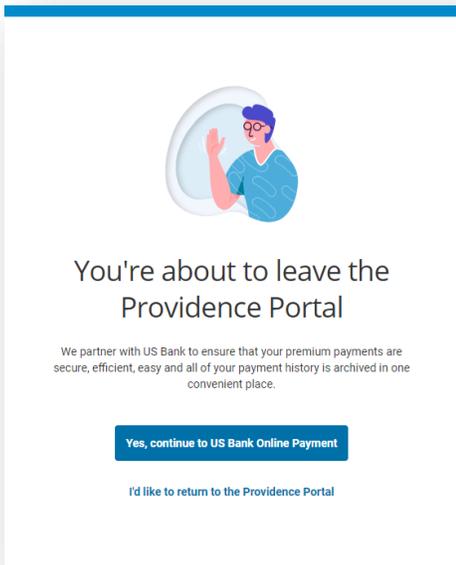
For support on how to use the US Bank online payment system, please refer to the [eBill user guide](#).



The screenshot shows the 'Billing statement / online payments' page. On the left is a navigation menu with options: Test User (Group Administrator), Group roster, Add an employee, Billing (selected), Activity history, Group profile, and Help desk. The main content area has a title 'Billing statement / online payments' and a sub-header 'Selecting Pay Now will take you to US Bank. Each subgroup must be paid individually.' A 'Pay now' button is visible. Below this is a message: 'If you are unable to view your invoice please contact Membership Accounting 503-574-5754 or 855-210-1520.' A table lists the following data:

Subgroup Name	Due Date ↓	Net Due Amount	Download
TEST GROUP	06/01/2019	\$33,053.93	PDF

At the bottom of the table, it says '1 - 1 of 1 items' and includes a page navigation control showing '1'.

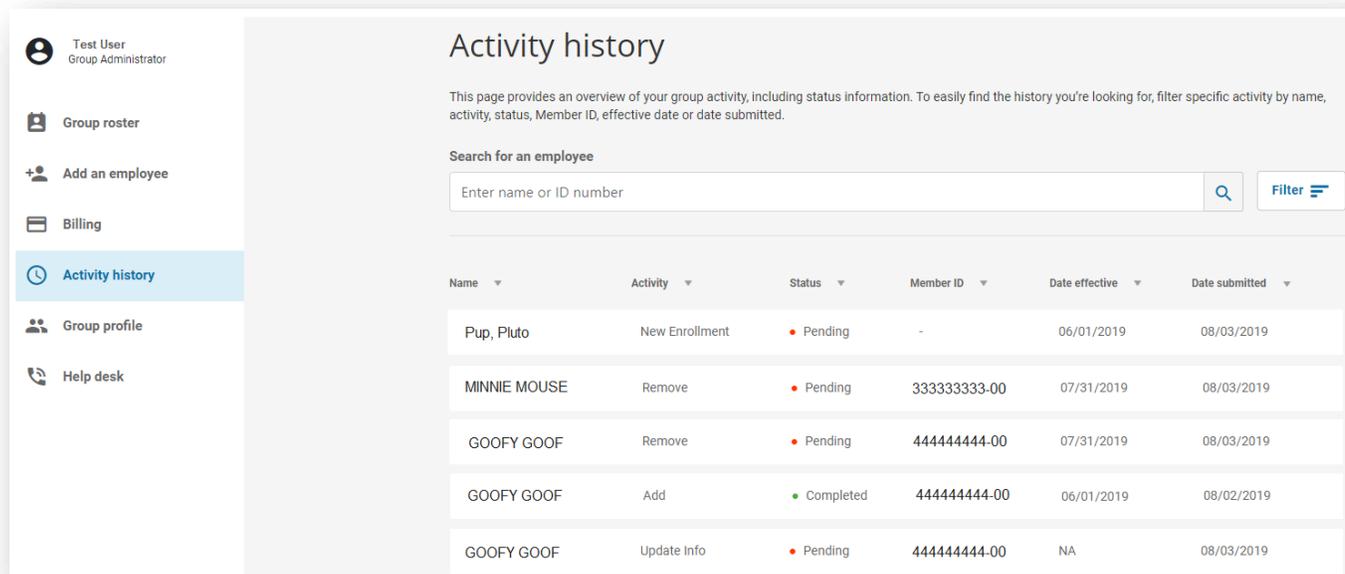


The dialog box features an illustration of a person with glasses and a blue shirt. The text reads: 'You're about to leave the Providence Portal'. Below this, it states: 'We partner with US Bank to ensure that your premium payments are secure, efficient, easy and all of your payment history is archived in one convenient place.' There are two buttons: 'Yes, continue to US Bank Online Payment' and 'I'd like to return to the Providence Portal'.

Activity History

Each row will represent a single transaction submitted through the portal only. Transactions processed outside of the portal (i.e: manual transactions done by Membership Accounting) will not appear in this activity history.

By default, the display is in descending order based on the date submitted with the most recent transactions at the top.



Activity history

This page provides an overview of your group activity, including status information. To easily find the history you're looking for, filter specific activity by name, activity, status, Member ID, effective date or date submitted.

Search for an employee

Enter name or ID number

Name	Activity	Status	Member ID	Date effective	Date submitted
Pup, Pluto	New Enrollment	Pending	-	06/01/2019	08/03/2019
MINNIE MOUSE	Remove	Pending	333333333-00	07/31/2019	08/03/2019
GOOFY GOOF	Remove	Pending	444444444-00	07/31/2019	08/03/2019
GOOFY GOOF	Add	Completed	444444444-00	06/01/2019	08/02/2019
GOOFY GOOF	Update Info	Pending	444444444-00	NA	08/03/2019

Type of Activity:

- New enrollment
- Update information (demographics/plan change)
- Remove (employee or dependents)
- Add (new dependent)
- Reinstate

Status:

- Pending – Transaction is under review by a Providence Health Plan Membership Accounting representative.
- Completed – Transaction went through the Providence Health Plan system successfully.
- Cancelled – Transaction was not completed. This is typically due to issues with the information received.

You may click on the filter to look for a specific activity within a date range:

Search for an employee

Filter

Activity

New Enrollment

Status

Completed

Date submitted

From date

To date

Clear filters
Apply filters

Group Profile

The group file contains the 6-digit group ID number, group name, phone number, physical address, and PCN# / BIN# for pharmacy (also located on every member's ID card).

Test User
Group Administrator

- Group roster
- Add an employee
- Billing
- Activity history
- Group profile
- Help desk

Group profile

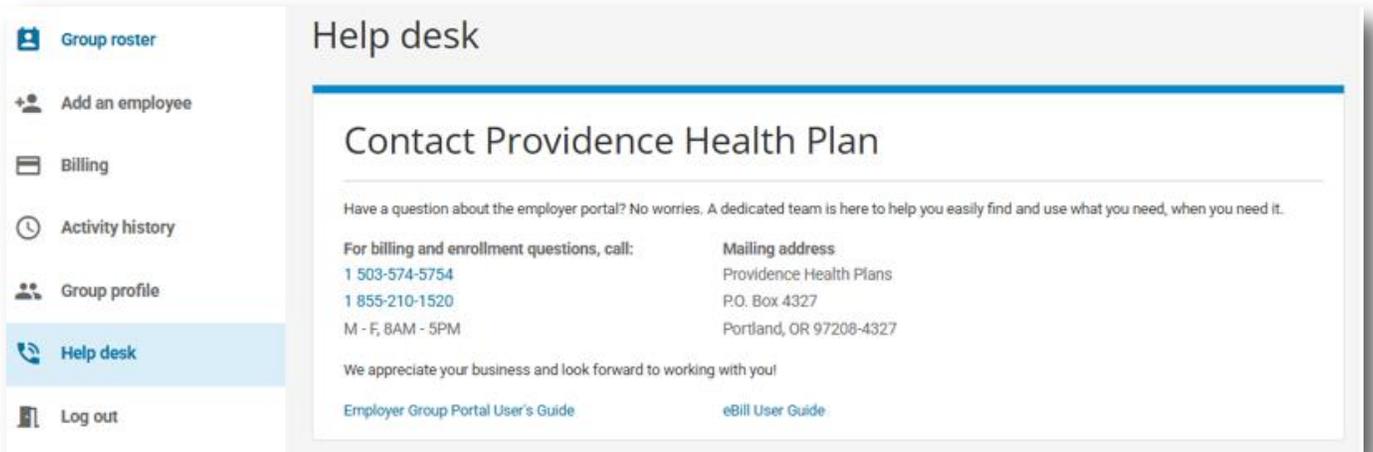
TEST GROUP

Group ID	111111	Rx PCN#	06680000
Group name	TEST GROUP	Rx BIN#	600428
Phone	(555) 555-5555	PHP rep.	MA GROUP SERVICE TEAM HOOD
Address	123 SW TESTING LN, BEAVERTON, OR 97008	Email	PHPHood@Providence.org

Updated 03/11/2026

Help Desk

If you have any questions or concerns navigating the portal, contact our dedicated team to get assistance at 503-574-5754 or 855-210-1520, Monday – Friday, 8 a.m. – 5 p.m. (Pacific Time).



The screenshot shows a web interface with a left-hand navigation menu and a main content area. The navigation menu includes: Group roster, Add an employee, Billing, Activity history, Group profile, Help desk (highlighted), and Log out. The main content area is titled "Help desk" and contains a section for "Contact Providence Health Plan". This section includes a reassuring message, contact information for billing and enrollment questions (phone numbers and hours), a mailing address, a thank-you note, and links to user guides.

Help desk

Contact Providence Health Plan

Have a question about the employer portal? No worries. A dedicated team is here to help you easily find and use what you need, when you need it.

For billing and enrollment questions, call:	Mailing address
1 503-574-5754	Providence Health Plans
1 855-210-1520	P.O. Box 4327
M - F, 8AM - 5PM	Portland, OR 97208-4327

We appreciate your business and look forward to working with you!

[Employer Group Portal User's Guide](#) [eBill User Guide](#)