

We are pleased to make available to our clients Online Group Administration (OGA), a service that enables you to administer your company's health plan online. Features include:

- Enrolling members (available to select groups)
- Terminating member coverage
- Viewing or modifying member information
- Transferring an employee to a new division
- Printing temporary ID cards
- Requesting replacement ID cards
- Viewing premium bills
- Viewing schedule of benefits

Getting Started

To access OGA, you will need your user ID and login password. If you do not have a user ID and password, please request one through our OGA Helpdesk (see Contact Information).

OGA is a secure website. Your login ID and password must be protected and used only by the individual to whom it was assigned. It is your responsibility to maintain and protect your login ID and password, and to contact our OGA Helpdesk if you forget or lose your password.

Logging In

The website address for OGA is <https://oga.hmaa.com/>, or you may access it from www.hmaa.com: from the 'Online Login' section, select **Group Administration**. You will be directed to the **Online Group Administration Login Page** (Figure 1.1).

Online Group Administration

User I.D.

Password

To use this resource, you must first register with HMAA. For more information, or if you need assistance, please contact HMAA's Customer Service Center at 808-941-4622 or toll-free at 1-888-941-4622.

This information is not a guarantee of benefits or eligibility, and is subject to change since members' or groups' coverage may change or terminate retroactively.

HMAA is pleased to make the information on this web site available to you. While HMAA makes every effort to ensure that the information contained on these pages is accurate, this information is subject to change without notice. Please call HMAA at 808-941-4622 or toll-free at 1-888-941-4622 for the most recent and complete information concerning any topics discussed on the web site. Consistent with our corporate mission of providing outstanding service and value, HMAA is dedicated to providing health-related information to the community. None of the information on this web site, however, is intended as medical or health care advice. You should always consult your physician or other health care provider before making any changes in your health treatment plan and to answer any questions you may have about your health.

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FIGURE 1.1: Online Group Administration Login Page.

Enter your User ID and password, then read and accept the Website Terms and Conditions.

All online requests submitted before 3 pm will be reflected in your group's records within two business days.

Add/Re-Enroll Employee (available to select groups)

This option enables you to enroll employees and their dependents (Figure 1.2) or add a dependent to an already covered employee (Figures 1.3 and 1.4).

Add/Re-Enroll Employee

Please enter the Social Security Number of the employee:

Social Security Number The SSN is 9 digits without spaces or dashes

FIGURE 1.2: Add/Re-Enroll Employee

When entering information on the online form, all fields designated with an asterisk (*) are required.

To add coverage for an employee's dependent, enter the employee's member ID or Social Security Number and indicate the ID type in the drop-down box (Figure 1.3).

Add/Re-Enroll Dependent

Insured ID

ID Type

FIGURE 1.3: Add/Re-Enroll Dependent.

Add/Re-Enroll Dependent(s)

DEMO, WILLIAM
Insured ID: 998400034

Division
Coverage Effective Date
Coverage Term Date
Street Address Line 1
Street Address Line 2
Zip Code
City
State
Date of Birth
Social Security Number
Sex
Phone
EMail
Marital Status
Life Insurance Beneficiary
Life Insurance Beneficiary Relationship

Click here to add a Dependent to an already covered employee

Dependents

Last Name	First Name	SSN	Relationship	Covg. Eff. Date	Coverage Status
DEMO	MARIANNE	123123123	Dependent Child	6/1/2007	Active

FIGURE 1.4: Add/Re-Enroll Dependent.

Terminate Member Coverage

You can also terminate an employee's or dependent's coverage. Enter the member's ID or Social Security Number (Figure 1.5), then enter the termination information (Figure 1.6).

Terminate Employee Coverage

Insured ID

ID Type

FIGURE 1.5: Terminate Employee Coverage

Enter Termination Date and Reason

JANE DOE

Insured ID

Effective Date of Coverage 4/1/2007

Coverage End Date

Reason -- choose a reason --

Dependents

Last Name	First Name	SSN	Relationship	Covg. Eff. Date	Covg. Term Date
DOE	JOHN		Spouse	4/1/2007	Active
DOE	CHILD2		Dependent Child	4/1/2007	Active
DOE	CHILD1		Dependent Child	4/1/2007	1/31/2007

FIGURE 1.6: Termination Date and Reason

View/Modify Member Information

You can view or modify information for any employee or dependent. Enter the member's ID or Social Security Number (Figure 1.7), then view or make any modifications to the information (Figure 1.8).

View/Modify Employee Information

Insured ID

ID Type Member ID

FIGURE 1.7: View/Modify Employee Information

View/Modify Employee or Dependent Information

DOE SR, JOHN A
Insured ID: 998400128

Division	1
Coverage Effective Date	5/1/2008
Coverage Term Date	Active
Street Address Line 1	123 TEST STREET
Street Address Line 2	
Zip Code	96818
City	HONOLULU
State	HI
Date of Birth	4/17/1970
Social Security Number	998877555
Sex	M
Phone	
E-Mail	
Marital Status	Married
Life Insurance Beneficiary	JANE DOE
Life Insurance Beneficiary Relationship	WIFE

Dependents

Last Name	First Name	SSN	Relationship	Covg. Eff. Date	Covg. Term Date	
DOE	JANE		Spouse	5/1/2008	Active	Select

CAUTION: You are about to modify the coverage of an employee and/or their dependents. To continue click "Submit Request".

FIGURE 1.8: View/Modify Employee or Dependent Information

Print Temporary ID Card

You can print a temporary ID card for a member at your convenience by selecting this option from the main menu.

Request Replacement ID Card

You can also request a replacement ID card for a member by selecting this option from the main menu. Replacement ID cards will be mailed within two business days from the date of your request.

View Premium Bill

A copy of your monthly premium bill can be viewed by selecting the desired month (Figure 1.9). Bills for the past 12 months are available.

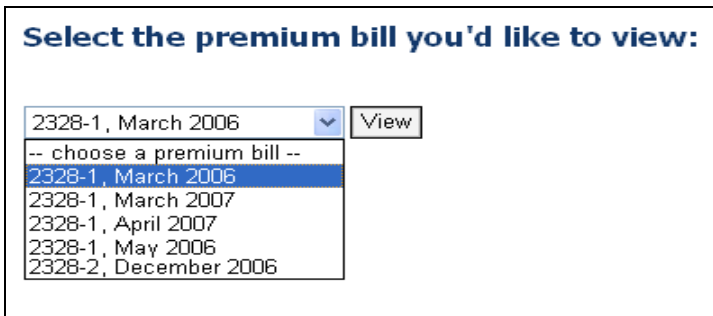


FIGURE 1.9: View Premium Bill

View Schedule of Benefits

A copy of your group's Schedule of Benefits which summarizes your benefits, co-pays and co-insurances, can be accessed by selecting the desired line of coverage and division in the drop-down box (Figure 1.10).

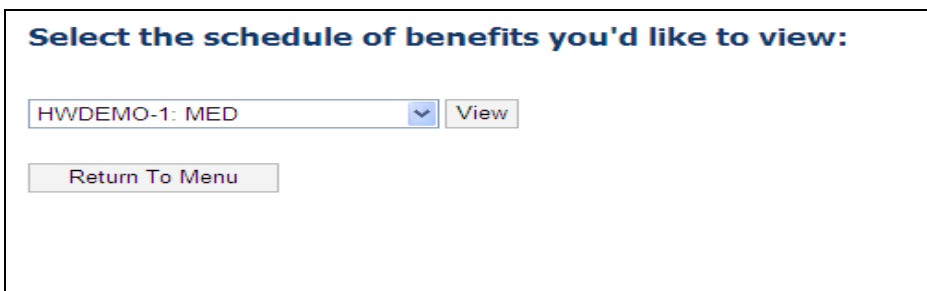


Figure 1.10 View Schedule of Benefits

View Request History

You may access a list of all your submitted online requests by selecting the desired date range (Figure 1.11).

Figure 1.11 View Request History

Manage Another Group

If you administer multiple groups or divisions, you can access them by selecting the desired group in the drop-down box (Figure 1.11).

FIGURE 1.11: Manage Another Group

Contact Information

Online Group Administration: <https://oga.hmaa.com/>

Or access through www.hmaa.com (under 'Online Login')

For Assistance:

On Oahu: (808) 591-0088

Toll-Free: (800) 621-6998

E-Mail: OGAHelpdesk@hmaa.com