



How to Access Online Health Plan Services Group Administrators, Ltd.

LOCATE A PROVIDER

Step-1: go to www.groupadministrators.com

Step-2: click on the "Networks" icon on the upper right-hand corner to check if a provider is participating in the network. Scroll down to find your network then click on the network icon to be linked to their website.

LOG-IN INSTRUCTIONS

Step-1: go to www.groupadministrators.com

Step-2: click on "HUMAN RESOURCES". Click on "Human Resources Login".

Step-3: enter your **original FACTS ID** and **Password** issued to you during initial set-up

Step-4: read the **Privacy Statement** and click on "I Accept" to continue

Step-5: enter the **Insured ID** number from the participant's health plan ID card and click submit
(NOTE – you need not perform step 4 to access Eligibility, Password or Forms options)

HR SERVICES

- click on the "Eligibility" icon on the left navigation bar to access the eligibility menu and select the task to perform
- click on the "Password Maintenance" icon on the left navigation bar to change your password
- click on the "Forms" icon to print/download claim forms in PDF format

NEED TO PERFORM Step-5 TO ACCESS THE FOLLOWING OPTIONS:

ELIGIBILITY INFORMATION

- after logging in, select the person you want to inquire about
- coverage information is available along with an optional summary of your health benefits

CLAIM INFORMATION

- click on the "Claim Information" icon on the left navigation bar to display the claims for the selected person
- select the claim number you want to view and click on it to display greater detail. You can also print an Explanation of Benefits (EOB)

FOR ASSISTANCE - Call Group Administrators at 1-800-323-1683

Group Administrators, Ltd.

Online Menu >>>> Employee : Human Resources : Provider : Reports

Home
Logoff
Contact Us
Forms
Privacy and Security

HR Representative Login

HR Rep. ID

Password

To log into the system, please enter your HR Rep. ID and Password above and read the Privacy Statement and Conditions. Need help logging in?

Please acknowledge that you have read and understand the following conditions. To enter the system, you must agree to the following conditions.

I Accept

Website:

General Information:

This is the website of Group Administrators, Ltd. We understand that our customers are concerned about the privacy of their personal information. We have established policies and procedures to protect the collection, use and security of your personal information. We will help protect your privacy.

Group Administrators, Ltd.

Online Menu >>>> Employee : Human Resources : Provider : Reports

Select Family Member

You have selected to review information for the following insured:

Insured ID Name	Insured Address	Group ID Name
123456789	915 NATIONAL PARKWAY DEMO	SAMPLE EMPLOYEE
	SCHAUMBURG, IL 60173	YOUR COMPANY NAME

Please select the dependent you would like to review:

Action	Name	DOB	Relationship
Select	SAMPLE EMPLOYEE	01/01/1950	INSURED
Select	SAMPLE DEPENDENT	03/24/1951	Spouse
Select	CHILD EMPLOYEE	05/27/1990	Child

Left Navigation Bar