

How to Enroll

Important Note: You will need to have an email address to access confirmation of your registration in the following steps.

To Register: Go to www.hfbenefits.vbagateway.com.

1. Select [CLICK HERE TO REGISTER AND/OR ENROLL](#) on the Welcome screen.
2. From the dropdown, select **MEMBER**.
3. Enter last 4 digits of your SSN and birthdate.
4. Your Gateway **REGISTRATION CODE** is your birthdate in MMDDYYYY format plus the last 4 digits of your SSN.
5. Create a username and password, enter your email address, and select **SUBMIT**.
6. You will receive an email confirming your registration. Click on the link embedded in the email. This will open a popup window.
7. Select [CLICK HERE TO ACTIVATE ACCOUNT](#). The page will refresh. Select [CLICK HERE TO LOGIN](#).
8. The login page appears. Enter your username and password from Step 5 and **LOG IN**.

To Enroll:

1. Upon logging in, your current employee information and election will be displayed. Select **OPEN ENROLLMENT** on the left side bar.
2. Confirm information on next screen is correct. If not, [EDIT INFORMATION](#). Select **NEXT**.
3. If you are adding dependents, select [+ADD DEPENDENTS](#) and complete required fields. You will need **SSN**, **DOB**, and **ADDRESS**. Upon completion, hit **UPDATE**. To remove dependents, select **DELETE** on right side of screen, next to dependent information. Repeat appropriate steps for each dependent. If no dependents, hit **NEXT**.
4. Select the Medical Plan you want to enroll in by clicking [SELECT THIS PLAN](#). If you are waiving coverage, select [WAIVE MEDICAL COVERAGE](#) at the top right. Follow prompts to apply [Coverage Level](#) and click [APPLY](#). Repeat this step for each benefit coverage available.

If electing FSA or Short Term Disability, you will need to know the dollar amounts for both elections to complete the elections for these benefits.

5. After all elections are completed, select **NEXT**.
6. If you have other insurance/coverage, select [+ADD OTHER INSURANCE](#) and complete required fields. Upon completion, hit **UPDATE**. If no other insurance, hit **NEXT**.
7. Review the **CONFIRMATION** page for accuracy of information and elections. If corrections are needed, select the **BACK** button to get to the appropriate page to make changes. If information is correct, check the **I AGREE** box and then **SUBMIT**. This page can also be printed for your records.

HealthFIRST

Welcome to HealthFirst Gateway

Register & Enroll

Click here to register and/or enroll.

Supported Browsers

HealthFIRST

Thank you for registering

To complete the registration process, please

<https://hfbenefits.vbagateway.com/index>

Activating Your Gateway Account

Please click the "Activate" button to activate your Gateway account.

CLICK HERE TO ACTIVATE ACCOUNT

HealthFIRST

Member Portal

Open Enrollment

Employee Information

Family Information

Plans

Wood County

CASEY ABELL

Occupation: Not Found

Hire Date: Not Found

Pay Rate: Not Found

Wood County Basic AD&D (Employee)

Wood County Dental Plan (Employee)

Wood County Optional Life Plan (Employee)

Welcome CASEY ABELL

HealthFIRST

Member Portal

Add Coverage

MEDICAL

Wood County Medical Plan (WoodCountyMedical)

PLAN DETAILS

Member Portal

Confirm

Vision

Wood County Vision Plan

Other Insurance

I confirm that I have made these enrollment changes in accordance with the plan, on behalf of myself, the employee, and/or eligible dependents. I have provided all required documents, and if requested I will forward any necessary documentation to the administrator.

I Agree

PRINT THIS

BACK

SEARCH