

How to Enroll

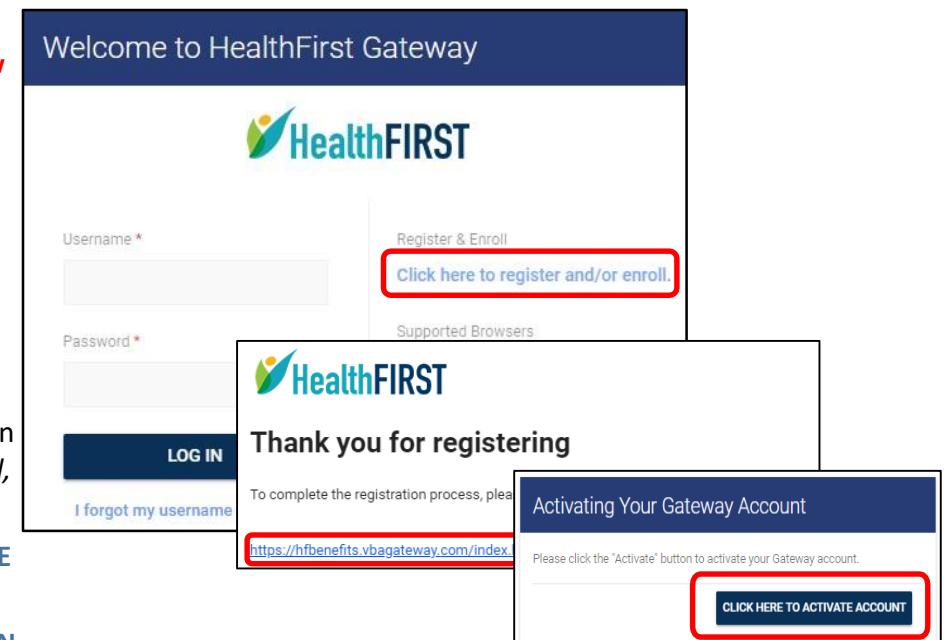
Important Note: Already have an account? Skip to the **To Enroll** section. Otherwise, follow the steps under **To Register**. You will need to have an email address to access confirmation of your registration in the following steps.

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 your SSN and birthdate along with your first and last name.
4. Create a username and password, enter your email address, and select **SUBMIT**.
5. You will receive an email confirming your registration. Click on the link embedded in the email. This will open a popup window. (*If you do not receive an activation email, please email communications@hfbenefits.com. We will activate your account.*)
6. Select **CLICK HERE TO ACTIVATE ACCOUNT**. The page will refresh. Select **CLICK HERE TO LOGIN**.
7. The login page appears. Enter your username and password from Step 4 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 the required fields. You will need **SSN**, **DOB**, and **ADDRESS**. Upon completion, hit **UPDATE**.
4. If you are removing dependents, select **DELETE** on right side of screen, next to dependent information.
5. Repeat appropriate steps for each dependent. If no dependents, hit **NEXT**.
6. Select the Medical Plan you wish to enroll in by clicking **SELECT THIS PLAN**. Follow prompts to apply/select **COVERAGE LEVEL** and click **APPLY**. Repeat this step for each benefit election. If you are waiving coverage, select **WAIVE COVERAGE** at the top right.
7. After all elections are completed, select **NEXT**.
8. Review the **CONFIRMATION** page for accuracy of information and elections. If corrections are needed, select the **BACK** button in the bottom right corner to get to the appropriate page to make changes.
9. This page can also be **saved and/or printed** for your records. **Complete this step prior to hitting submit.**
10. Once your information is correct, check the **I AGREE** box and then hit **SUBMIT**.



Welcome to HealthFirst Gateway

HealthFIRST

Register & Enroll

Click here to register and/or enroll.

Supported Browsers

HealthFIRST

Thank you for registering

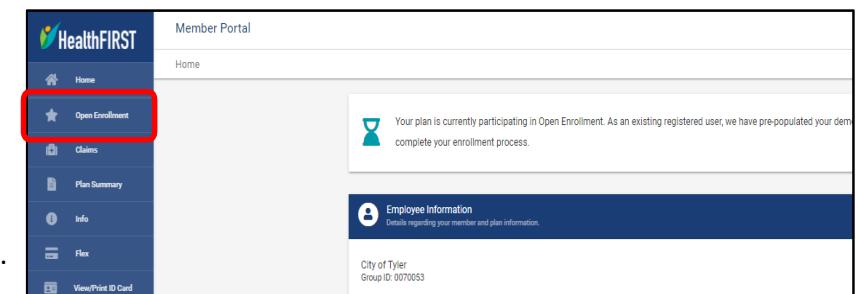
To complete the registration process, please

<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

Home

Open Enrollment

Claims

Plan Summary

Info

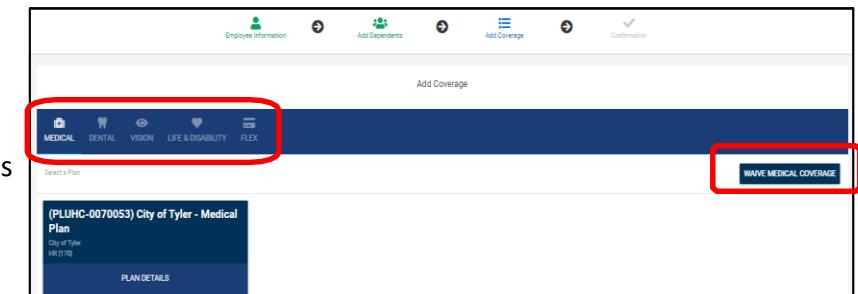
Flex

View/Print ID Card

Your plan is currently participating in Open Enrollment. As an existing registered user, we have pre-populated your demographic information to help you complete your enrollment process.

Employee Information

City of Tyler Group ID: 0070053



Employee Information

Add Dependents

Add Coverage

MEDICAL DENTAL VISION LIFE & DISABILITY FLEX

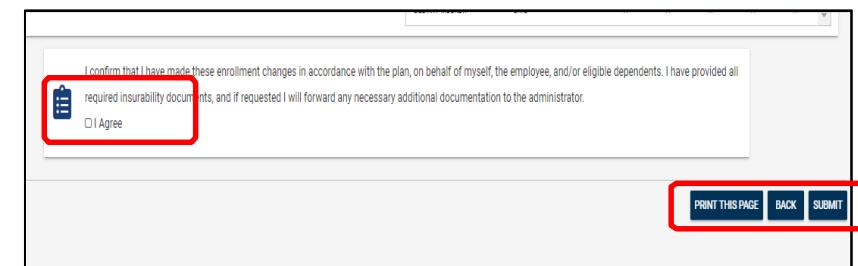
WAVE MEDICAL COVERAGE

Select Plan

(PLUHC-0070053) City of Tyler - Medical Plan

City of Tyler

PLAN DETAILS



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 insurability documents, and if requested I will forward any necessary additional documentation to the administrator.

I Agree

PRINT THIS PAGE

BACK

SUBMIT