

# Insurance Administrator of America Member Portal



Providers – Eligibility and Claim Status

Clients ▾

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Portal Login

# Start Taking Control of Your Healthcare Experience

Portal Login

Health Portal - Member Login

Health Portal - Client/Broker Login

Member Flex Portal

Employer/Broker Flex Portal

Member COBRA Portal

Employer COBRA Portal

Broker COBRA Portal

Retiree Direct Billing

The IAA web site provides members with secure access to their health information.

# Login or Register



Register Now



## Login

Please log in to continue. For first-time users, [Click to Register](#).

### Account Access

User Name\*

Password\*



[Forgot password?](#)

Login

### Need Help?

Can't remember your User Name? Need help logging in? Questions?



800-283-2524



[mis@iaatpa.com](mailto:mis@iaatpa.com)

**IMPORTANT:** If you registered on IAA's website prior to 12/31/2023, you must re-register in order to access your account. We are pleased to announce significant enhancements have been made to our website which we are confident will assist you in navigating your benefit plan coverage. For registration purposes, you can use your Member Id or Social Security Number (if you do not have your Member Id available) during the registration process.

**Everyone must register or re-register due to the portal enhancements.**



Already Registered?

## Register for Member Portal Access

Fill out the information below and click Submit.

### Registration for First-time Users

First Name\*

Last Name\*

Date of Birth\*



ID Number\* ⓘ

Submit

### Need Help?

Can't remember your User Name? Need help logging in? Questions?

 [800-283-2524](tel:800-283-2524)

 [mis@iaatpa.com](mailto:mis@iaatpa.com)

**If you do not know your IAA ID Number, you can use your Social Security Number without dashes.**

# Service Agreement



## End User License Agreement

Important: Please read carefully and accept the agreement by pressing the Agree button below.

### Terms of Service Agreement

#### 1. Your Use of the Member Portal Governed by this Agreement

Healthcare Interactive, Inc dba HClactive is a provider of technology solutions and services that are being offered under a licensing reseller agreement with Insurance Administrator of America (IAA), hereafter referenced to as "Licensor". Your use of the Licensor's Member Portal, powered by HClactive, is governed by this agreement. In all cases in this Agreement, "HCI" means HClactive, located at 6011 University Blvd, Suite 360, Ellicott City, MD 21043, United States, and includes its subsidiaries, affiliates, and licensors involved in providing HClactive data or services.

#### 2. The Member Portal does NOT offer medical advice

The Member Portal does not offer medical advice. Any content accessed through the Member Portal or HCI is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment or uses, directions, precautions, drug interactions, or adverse effects. This content should not be used as a substitute for medical advice from a doctor, or during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions or concerns about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through the Member Portal or HCI. Call 911 or your doctor for all medical emergencies.

You may only use the Member Portal if you reside in the United States

Reliance on any information provided by the Member Portal. HCI, HCI employees, or others accessed through the Member Portal is solely at your own risk.

By clicking Agree button, you expressly acknowledge that you have read this agreement and understand the rights, obligations, terms and conditions set forth herein, and grant to HClactive the rights set forth herein.

Agree

Disagree

# Notice of Privacy Practices



## Notice of Privacy Practices

Important: Please read carefully and accept the agreement by pressing the Agree button below.

### Privacy Notice

Healthcare Interactive, Inc dba HClactive values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you.

**Please note that the following terms will only apply based on the programs and services selected by the employer group.**

"Protected Health Information" or "PHI" is information about you, including demographic information such as your name, address and social security number, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of health care to you, or the payment for that care.

"Health information" means any information, whether oral or recorded in any form or medium, that—

(A) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(B) relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual."

"Individually identifiable health information" is information that is a subset of health information, including demographic information collected from an individual, and:

...

By clicking Agree button, you expressly acknowledge that you have read this agreement and understand the rights, obligations, terms and conditions set forth herein, and grant to HClactive the rights set forth herein.

Agree

Disagree

# Create Your Profile



## Create Profile

Create Username & Password

Email Address\* ⓘ

Enter Email Address

\* Your email address will be your username to log into the portal.  
[What if I don't have an email?](#)

Password\* ⓘ

Enter Password

👁

Re-type Password\*

Enter Re-type Password

👁

Security Question\* ⓘ

Enter Security Question

Answer\*

Enter Answer

Phone Number ⓘ

000-000-0000

Phone Type

▼

Clear

Submit

# Dashboard



English

- DASHBOARD
- MESSAGES & ACTIVITIES
- BENEFITS
- HEALTH
- MY NETWORKS
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DASHBOARD



## Welcome!

Our goal is to provide you with access to your health and benefits information from a single portal. The most commonly used features are highlighted below on the dashboard, and please also use the navigation menu at the left to access other tools and information.

If you are new and just getting started, we suggest:

1. Review your benefits [here](#).
2. View your ID card.
3. View the Contact Us page to find your carrier for claims.

## Questions & Support

Monday - Friday 8:30 AM to 8:00 PM EST

(856) 470-1200 or (800) 283-2524

[claims@iaatpa.com](mailto:claims@iaatpa.com)

## Messages & Activities

Name	Start Date	Progress
ID Card Request	10/30/2023	<div></div>

[View All](#)

## Claims

Recently Processed Claims

Date of Service	Type	Provider
-----------------	------	----------

No processed claims in the last 90 days. For additional claims history, please go to the claims tab.

- English
- English
  - Bengali
  - Burmese
  - Chinese (Traditional)
  - Chinese (Simplified)
  - French
  - German
  - Gujarati
  - Haitian Creole
  - Hindi
  - Hmong
  - Korean
  - Lao
  - Polish
  - Punjabi
  - Russian
  - Somali
  - Spanish
  - Urdu
  - Vietnamese

Select your preferred language, English is the default.



## ID Card

Did you lose your health insurance ID Card?





Need additional cards for family members?

Need a copy for your doctor or school?

Instantly view, then print or save a copy of your ID Card. This is a valid card and is exactly the same as the original card mailed to you. You may use it to access healthcare services and doctors.

[View ID Card](#)

## Forms, Documents, Links

Name	Type	Published	Size	
Dental Plan Flyer	Document	01/01/2023	25.59 KB	
Medical Plan1 Flyer	Document	01/01/2023	182.21 KB	
Vision Plan Flyer	Document	01/01/2023	659.48 KB	
<a href="#">IAA Portal</a>	Link	01/01/2023		

[View All](#)

Scroll down for quick access to ID Cards, Forms, Documents, and Links.

# Messages and Activities



  
1

ID







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MESSAGES & ACTIVITIES

English

In ProgressInactiveArchived Documents

Messages & Activities

In progress messages, activities, and their associated documents are posted in this section.

General Question


Ask a Question

Document

Info

Open

In Progress

Name	Start Date	Progress
 ID Card Request	10/30/2023	<div></div>

Secure communication with IAA.

# Benefits – Enroll & Manage Benefits



DASHBOARD

MESSAGES & ACTIVITIES

BENEFITS

Enroll & Manage Benefits

Forms, Documents, Links

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ENROLL & MANAGE BENEFITS

English

Manage Benefits

Current Benefits Summary

Your current benefit information is shown below. Recent changes made to your benefits will not show until they have been processed. Please note that Open Enrollment requests are not processed until the end of the Open Enrollment period. Please allow 2-4 business days to display New Hire and Change requests.

Subscriber

Please review all the below information. If any information is incorrect, please contact our Support team.

IAASales Demo

Address:123 Test, Test, TX 77459

Phone:

Email:

Status:

SSN:XXX-XX-6543

Gender:Male

Date of Birth:01/01/1990

Date of Hire:10/01/2023

Group Name:Demo Co IAA (IADemo001)

Dependent(s)

IAAHR Demo

Date of Birth:01/01/1992

Relationship:Spouse

Plans Enrolled:AmeriHealth Plan 1, Delta Dental Plan

IAAChild Demo

Date of Birth:01/01/2002

Relationship:Dependent

Plans Enrolled:AmeriHealth Plan 1, Delta Dental Plan, VSP Vision Plan

Plans

Benefits History

Plan Name	Coverage Level	Original Eff Date	Tier Effective Date	Documents
AmeriHealth Plan 1	Family	10/31/2023	10/31/2023	<div>View</div>
Delta Dental Plan	Family	10/31/2023	10/31/2023	<div>View</div>
VSP Vision Plan	Employee + Children	10/31/2023	10/31/2023	<div>View</div>

Download

# Benefits – Forms, Documents, Links



DASHBOARD

MESSAGES & ACTIVITIES

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Enroll & Manage Benefits

Forms, Documents, Links

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FORMS, DOCUMENTS, LINKS

English

Forms and Documents

Document Type

All

Action	My Plan	Document Name	Description	Published	Size
	✓	Dental Plan Flyer		01/01/2023	25.59 KB
	✓	Medical Plan1 Flyer		01/01/2023	182.21 KB
	✓	Vision Plan Flyer		01/01/2023	659.48 KB

Links

My Plan	Link Name	Description	Published
	<a href="#">IAA Portal</a>	Find a Provider	01/01/2023

Access to your Plan Forms and Documents.  
Schedule of Benefits, SBC, and Plan Document.

# Benefits – ID Card



English

DASHBOARD

MESSAGES & ACTIVITIES

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Enroll & Manage Benefits

Forms, Documents, Links

ID Card

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ID CARD

Did you lose your health insurance ID Card? Need additional cards for family members?

Is your doctor or is school asking for a copy of your insurance card?

Instantly view, then Print or Save your ID Card. This is a valid card and is exactly the same as the original card mailed to you. You may use it to access healthcare services and doctors.

Get ID Card Now

You may also request new ID cards by mail, but please allow 14 days.

Request ID Card By Mail

Submitted In Progress

## Request History

Date of Request	Reason	Requested By	Status of Request
10/30/2023		Demo, IAASales	

Previous 1 Next

## Request ID Card(s)

### Instructions

Please answer the following questions so that we can mail you new insurance ID Card(s)

How many cards do you need mailed? \*

Describe your request for replacement ID card \*

Please enter an alternate mailing address where you would like the cards shipped \*

Your request will be reviewed and upon approval, you should expect new cards within 7-10 days. Thank you!

Click 'Next' to continue.

Save



PPO Plan

### Medical Plan

To find a Cigna provider, please visit  
www.Cigna.com

Member and Provider Services: 1-800-283-2524  
24/7 Eligibility Fax Back: 1-866-933-6917

Providers Must Register @ [www.iaatpe.com](http://www.iaatpe.com) Or Contact  
IAA Directly At 1-800-283-2524 To Verify Members  
Benefits & Eligibility

Office Visit: \$35  
Specialist: \$70 / Urgent Care: \$35  
Routine: \$0 / TeleDoc (800-835-2362): \$0  
ER Visit: Covered 80% After Deductible  
In-Network:  
Deductible: Single: \$1,500 / Family: \$3,000  
Max out of pocket: Single: \$4,500 / Family: \$7,900  
Out of Network:  
Deductible: Single: \$3,000 / Family: \$6,000  
Max out of pocket: Single: \$9,000 / Family: \$18,000

**Member:** JANE DOE  
**IAA ID:** IAA123456  
**Employer:** ABC Company  
**Cigna Group #:** 1234567  
**Group #:** 1234  
**Effective Date:** 1/1/2024  
**Coverage:** Enrollee Only

### Pharmacy Plan

**Rx Bin:** 123456  
**PCN:** 01234567  
**Rx Group:** AA1234  
**RX Member Service:** 888-777-6666  
**Pharmacy Helpdesk:** 888-777-5555

# Health – Claims



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## CLAIMS English

Member  
IAASales Demo

Subscribers may view family member claims in addition to their own. To set up, and for more information, go to [Family Access Authorizations](#).

### Claims Summary

Date Range	Claim Count	Medical Incurred	Rx Incurred	Total Incurred	My Cost
Last 3 months	0	\$0.00	\$0.00	\$0.00	\$0.00
Last 6 months	269	\$17,771.55	\$15,859.85	\$33,631.40	\$9,833.23
Last 12 months	269	\$17,771.55	\$15,859.85	\$33,631.40	\$9,833.23

In-Process Claims

Processed Claims

### Processed Claims

Claims processed recently are shown below. To search, choose one or more Types of claims (e.g., Medical, Dental) and Time Frame that includes the Date of Service. If you do not see a claim listed, it may be In-Process still. Please call the number on your insurance card to inquire about the status of a claim.

Type\*

All selected (5)

Date Range

Recent Claims

Refresh

Claim #	Service Date	Type
---------	--------------	------

No claims were found that were processed during this time period for the selected member.

# Health – Accumulators



DASHBOARD

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## ACCUMULATORS

English

Listed below are accumulators related to current and past health plan enrollments.

Deductibles, Coinsurance, and other Accumulator amounts are subject to change as claims are processed.

Benefit Period\*

2023

Last Updated: 12/29/2023

### Medical Deductible (01/01/2023 - 12/31/2023)

	In Network	Out Network
DEMO, IAASALES (DOB: 01/01/1990)	Limit: \$1,000.00 Used: \$500.00 Remaining: \$500.00	Limit: \$2,000.00 Used: \$0.00 Remaining: \$2,000.00
DEMO, IAAHR (DOB: 01/01/1992)	Limit: \$1,000.00 Used: \$0.00 Remaining: \$1,000.00	Limit: \$2,000.00 Used: \$0.00 Remaining: \$2,000.00
DEMO, IAACHILD (DOB: 01/01/2002)	Limit: \$1,000.00 Used: \$0.00 Remaining: \$1,000.00	Limit: \$2,000.00 Used: \$0.00 Remaining: \$2,000.00

### Medical OOP Max (01/01/2023 - 12/31/2023)

	In Network	Out Network
DEMO, IAASALES (DOB: 01/01/1990)	Limit: \$2,000.00 Used: \$500.00 Remaining: \$1,500.00	Limit: \$4,000.00 Used: \$0.00 Remaining: \$4,000.00
DEMO, IAAHR (DOB: 01/01/1992)	Limit: \$2,000.00 Used: \$0.00 Remaining: \$2,000.00	Limit: \$4,000.00 Used: \$0.00 Remaining: \$4,000.00
DEMO, IAACHILD (DOB: 01/01/2002)	Limit: \$2,000.00 Used: \$0.00 Remaining: \$2,000.00	Limit: \$4,000.00 Used: \$0.00 Remaining: \$4,000.00




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  - Cigna Dental
  - Alliance
  - trueRx
  - Teladoc
  - Alegeus FSA/HSA
  - Alegeus COBRA
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CIGNA

English

Your primary network is Cigna and the logo below should match your ID Card. Click on the 'Find a Provider' button to be redirected to a search tool to find providers participating in this network.



Cigna PPO

Find a Provider



# Accounts – Family Access



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FAMILY ACCESS

Health Plan Subscribers, typically the employee, may view claims of other family members on the plan according to the following privacy rules:

Dependents under 14 years old – The Health Plan Subscriber may view these claims by toggling to ‘Yes’ within the Medical Claims Access table below and agreeing to the HIPAA Privacy Authorization form that follows.

Spouse and Dependents 14 years and older – The Health Plan Subscriber may view these claims by following a two-step process:

1. The Spouse or Dependent must log in to the Member Portal, Family Access page, and toggle to ‘Yes’ within the Medical Claims Access table to give the Health Plan Subscriber access to claims data. They must agree to the HIPAA Privacy Authorization form that follows.

2. After access has been granted, the Health Plan Subscriber can toggle to ‘Yes’ within the Medical Claims Access table below to accept access for that family member’s claims data.

Once access has been granted, the Health Plan Subscriber will be able to select the family member’s name on the Claims tab to view their claims.

Spouses and Dependents are only permitted to view their own claims.

Medical Claim

Accept Access To Family Data

Principal Name	Claim
IAAChild Demo Dependent	<div>NO</div>
IAAHR Demo Spouse	<div>YES</div>

**The Health Plan Subscriber may view claims for their Spouse and Dependents 14 years and older by following a two-step process:**

1. The Spouse or Dependent must log in to the Member Portal, Family Access page, and toggle to ‘Yes’ within the Medical Claims Access table to give the Health Plan Subscriber access to claims data. They must agree to the HIPAA Privacy Authorization form that follows.
2. After access has been granted, the Health Plan Subscriber can toggle to ‘Yes’ within the Medical Claims Access table below to accept access for that family member’s claims data.

**Once access has been granted, the Health Plan Subscriber will be able to select the family member’s name on the Claims tab to view their claims.**

**Spouses and Dependents are only permitted to view their own claims.**

# Account – Account Settings



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## ACCOUNT SETTINGS

English

Username: demoiaasales

### Change Password:

Important! Entries are case sensitive, meaning that you must match lowercase and capital letters exactly.

Old Password:

New Password: ⓘ

Confirm Password:

Save

### Security Question:

Important! Entries are case sensitive, meaning that you must match lowercase and capital letters exactly.

New Security Question:

Answer to New Security Question:

Save



English

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NOTIFICATIONS



We want to stay in touch!

Periodically, we will send you announcements and reminders about your program (benefits, rewards, challenges, and activities), and sometimes we may call you if there is an important alert that requires your attention. Please provide an email and phone number below so you can stay connected. If you provide a mobile phone number, you may choose to receive notifications by SMS text message. Standard message and data rates may apply from your service carrier.

Email Notifications

Notification email:

chris@iaatpa.com



ON

Send Sample Email

Text Messaging

Notification phone number:

000-000-0000

OFF

Send Sample SMS

Set your notification preferences.

# Contact Us



  
2

 ID

DASHBOARD

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Carrier	Department	Phone	Fax	Email
Insurance Administrator of America	Claims/Eligibility	Main Line: (856) 470-1200 Toll Free: (800) 283-2524	Claims: (856) 888-2836 Eligibility: (856) 528-2123	<a href="mailto:claims@iaatpa.com">claims@iaatpa.com</a>

## General IAA Contact Information