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 [Home](#)

Welcome **Guest** Today is December 23rd 2015

Member Login

Please enter your login credentials to proceed.

After logging in you will be able to view claims and billing information, view and change coverage information, or change your personal details.

If you have not yet registered you can do so by viewing our [member registration](#) page and filling out your details there.

Username *

Password

LOGIN

[Forgot Password](#)

Notice: password is case-sensitive.

[Click to create a new account](#)



Language English

Contact Us

Home

Home > Registration

Welcome Guest Today is December 23rd 2015

Member Registration (Step 1)

You must enter valid information in order to complete this form. Please fill it out to the best of your knowledge.

Verify Your Username

Last 4 SSN Digits or Policy /
Certificate Number *

Date of Birth *

MM/DD/YYYY



Zip Code *

NEXT

If you already have a username and a password you may [log in here](#).

Information

After filling out the form you will be asked to provide a username and a password to access your account.

Call
1-855-586-6960

Hours
8 a.m. - 8 p.m. ET
Monday through
Saturday

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Member Registration (Step 2)

You have finished the first step of registration. To complete your registration, please enter your desired username, password, and security credentials and we will create your login.

Account Details

Username *

Password *

Confirm Password *

Password Hint *

Secret Question *

Secret Answer *

NEXT

If you already have a username and a password you may [log in here](#).

Information

Rules for Username

- Your new Username must be 8 to 15 characters long.
- Username must contain only alphabetic and numeric characters. User ID is not case sensitive.
- Username must not already be taken.

Rules for Password

- You must enter your current password before any changes can be made on your profile.
- Your new password must be from 8 to 12 characters long and contain at least one letter and one number.
- Your new password cannot contain %, <, >, \$, or spaces.

Password Hint

- The password hint must be 1 to 30 characters long. You cannot use any special characters in your password hint.
- The password hint must be different than your password.

Call

1-855-586-6960

Hours

8 a.m. - 8 p.m. ET
Monday through
Saturday

Schedule Binder Pay... x

https://service.healthplan.com

Apps Yahoo! Imported From IE

aetna | **innovation HEALTH**
Aetna | Innovation Health

Language: English

Profile Settings Contact Us

Schedule Payment **Complete Payment History** **Logout**

Schedule Payment Welcome [redacted] It's December 23rd 2015

You can make an electronic payment on the form below. You may choose to pay the total amount or another amount. You may also select a preferred account.

Schedule a Binder Payment

Payment Amount ☒ Pay Total Binder Amount [redacted]
☐ Pay Other Amount \$ 0.00

Payment Date 12/23/2015

Payment Account Select your Account [Create a new Account](#)

Notice to Change/Cancel Required One-Time Payments:
To cancel this payment authorization, or if there are changes to my account being debited/charged, I must contact Customer Service at 1-855-586-6960 at least 4 business days in. Aetna may cancel this authorization at any time upon notice to me.

SCHEDULE PAYMENT

NOTE: If your payment is overdue you may not be able to schedule a payment for a future date. Please Call 1-855-586-6960 for further assistance.

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Recently Scheduled Payments

Please review your recently scheduled payments below:
Your account currently has no pending payments.

How to pay online bills?
Simply select an available payment date and the bank or credit card account to use. A valid account is required.

Step 1:
Create an account to make a payment from

Step 2:
Once you have created an account to pay from click "Schedule Payment"

Schedule Binder Pay

https://service.healthplan.com/index.php?w1=BillingCTL/PayBillCTL&add_success=true&case_num=L57Q30&cim=40249909

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aetna innovation HEALTH

Language: English

Profile Settings Contact Us

Schedule Payment Complete Payment History Logout

Welcome AJOHNSON1018, it's December 23rd 2015

You can make an electronic payment on the form below. You may choose to pay the total amount or another amount. You may also select a preferred account.

Schedule a Binder Payment

Payment Amount

Payment Date

Payment Account

One Time premium

I authorize my plan

above. I understand

Notice to Change/C

To cancel this paym

must contact Custo

authorization at any

NOTE: If your payment is over

Please Call 1-855-586-6960 for

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Confirm One-Time Payment

Your Payment will be scheduled on your selected Payment Date of **12/23/2015 (Wednesday)**.

Since you selected to make your full binder payment, **#1** your future Payment Method:

☐ eBill ☐ Paper ☒ **EFT** ← **#1**

Account Holder Agreement:

By logging into my account and indicating in the checkbox below as my electronic signature, I assent that:

1. I am the account holder or that the account holder has agreed that premium may be deducted from the account and has authorized me to provide the account's routing and account numbers and submit this authorization to debit the account and
2. I agree to the terms and conditions of this authorization form and assent to this one time or recurring EFT. (Please print and save a copy for your records.)

☐ **#2** I agree to the Payment's Terms & Conditions

CANCEL OK

#3

I highly recommend that you select EFT to have reoccurring payments. They will pull around the 1st business day of each calendar month to pay for that month.