

# Broker User Guide – Mid-Market Quotes



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# Purpose

The purpose of this user guide is to outline the mid-market quote process. The process includes how to:

- create a new quote
- perform quote actions
- initiate group application process

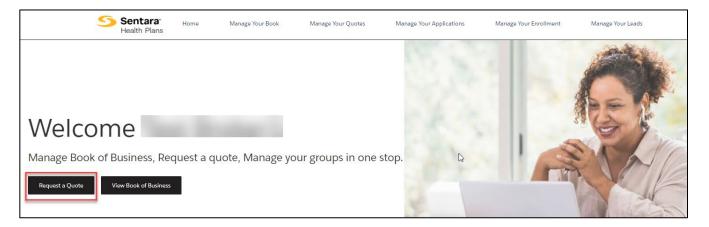
As a reminder, the parameters for group size are as follows:

	Small Group	Mid-Market Group	Large Group
Funding Type		Fully Insured	
Total # of Employees	<u>&lt;</u> 50	>50	>50
Eligible # of Employees		<u>&lt;</u> 150	<u>&gt;</u> 151
Funding Type		Level Funded	
# of Enrolled Employees		10 - 150	



# **Create New Quote**

Click Request a Quote on your home screen.



Select the primary broker of record for the quote. You can choose yourself or you can select **On Behalf of another broker**. If you choose another broker, please enter the primary broker name. Once the primary broker is chosen, click **Next**.

	O000000 .
Broker	Information
Broker Information     Who is the primary Broker of Record for this quote?     MySelf     On Behalf of another broker	
	Next



Enter group information on the *Group Information* screen, ensuring the fields outlined in red are filled out. Click **Next** once the following information is filled out:

- effective date (dropdown options)
- group name
- street address
- city
- state
- zip code
- total number of employees
- eligible number of employees
- number of enrolled employees
- funding and plan type
- enter incumbent carrier information or click no current carrier

Please end your group information below.	Group Information						
* Effective Date * Croup Name * Search Address * Search Address * Street * Comment Carrier * Total Number of Employees * Eligible Number of Employees * Total Number of Employees * County * Cou	Please enter your group informati	on below.					
Search Address  Search Address							
Search Address  Search Address							
*Street	* Group Name		_				
*Street							
*City *State  *Zip Code County Eigible Number of Employees *Total Number of Employees Incumbent Carrier Defended Carrier	Search Address 0						
*City *State 2/p Code County -Total Number of Employees *Eligible Number of Employees Number of Enrolled Employees Incumbent Carrier							
*Zip Code       County         *Total Number of Employees       *Eligible Number of Employees         *Total Number of Employees       *Number of Enrolled Employees         Incumbent Carrier       Other Incumbent Carrier	* Street 🕕		<b>-</b>				
*Zip Code       County         *Total Number of Employees       *Eligible Number of Employees         *Total Number of Employees       *Number of Enrolled Employees         Incumbent Carrier       Other Incumbent Carrier	* City	1 State					
Total Number of Employees     * Eligible Number of Employees     *Number of Employees     incumbent Carrier	city						
* Total Number of Employees * Eligible Number of Employees * Number of Enrolled Employees	*Zip Code	County	-				
Incumbent Carrier							
Other Iorumheat Carrier	* Total Number of Employees	Eligible Number of Employees		* Number of Enrolled Employees			
Other Insumbent Carrier							
No Current Carrier Other Incumbent Carrier	Incumbent Carrier						
Other Incumbent Carrier							
	No Current Carrier	Other Incombent Carrier					
Industry Type SIC Code	Industry Type	SIC Code					
* Funding Type * Plan Type							
Level Funded     Calendar       Fully Insured     © Contract							
					_		
Previous Next						Previous	Next



Enter employer contact information and click Next.

	oooo	
	Employer Contact Information	
Freedom Constant Inform	, time	
Employer Contact Inform	nation	
Please enter your group information b	elow.	
First Name	Last Name	
Email	Phone Number	
Save for later		Previous Next

**Note:** If you ever need to go back to the previous step, click on the check box on the blue line at the top

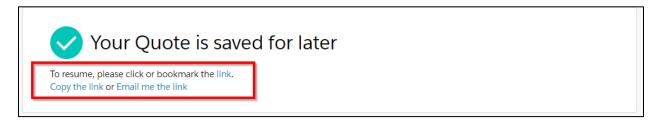
	ø	••	••	<b>—</b> •-	
		Employer Contact Information			
Employer Contact Inform	ation				
Disco antonio manini information ha	leur				
Please enter your group information be	IOW.				
First Name		Last Name			
First Name		Last Name			
First Name		Last Name Phone Number			

You can also save for later at any point during the quoting process by clicking **Save for later** located in the bottom left corner. This button is located on each screen (shown below is where the button is on the Employer Contact Information screen)

		• • • •	
	Employer Contact Information		
Employer Contact Information			
Please enter your group information below.			
First Name	Last Name		
Email	Phone Number		
Email	Phone Number		



When you click **Save for later**, a pop-up box will display asking **Are you sure you want to save it for later?** You can choose **Cancel** or **Ok**. If you click **Cancel**, you will be brought to the screen where you left off and you can continue your work. If you choose **Ok**, you will come to a new screen that indicates your quote is saved for later. You can resume by clicking or bookmarking the link or you can also copy or email the link.



#### How to Upload a Census

You can upload a census on the **Census Information** screen.

Click **Download Excel Template.** An Excel file will download, and you can update the census information. Save the Excel file to your computer. Click **Upload Employees**, find the saved census file you want to upload, and click **Next** when the field mapping pop up displays.

and a second control of the second						
The number of eligible employ			must match the Total nu	mber of Members.		
Please upload the employee ir	nformation spreadshee	t file.				
Download Excel Template						
	Total Emp	Emp	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Total Members				0	0	0
Total Members O	0	0	0	0	0	0
	0	0	0	0	0	0



Map the fields on the Census Da	a Mappings screen and click Save.
---------------------------------	-----------------------------------

		Census Data M 24 Record(s) iden			
ntify File Mappings		Le recordy reci	LITEN.		
Social Security Number		Last Name		First Name	
Social Security Number	*	Last Name	*	First Name	*
Address		City		State	
Address	•	City	*	State	w.
Postal Code	Shin .	Home Phone		Work Phone	
Postal Code	*	Home Phone	Ψ.	Work Phone	*
Cell Phone		Email		Group Class	
Cell Phone	•	Email	•	Group Class	v
Sub Group		Effective Date		Hire Date	
Sub Group	*	Effective Date	Ŧ	Hire Date	•
Birthdate		Gender		Relationship	
Birthdate	•	Gender	v	Relationship	Ŧ
PCP Number		HSA		HSA Begin Date	
PCP Number	*	HSA	v	HSA Begin Date	*
Process Date		Term Date		Out of Area	
Process Date	•	Term Date	*	Out of Area	•
Disabled Dep					
Disabled Dep	*				

You can also click Add Employee to add employee information manually.

Click the arrow next to **Employee 1** to add the employee information.

Down	load .CSV Template				
	Total Members 1	Employees 1	Employee+Child(s) O	Employee+Spouse O	Employee+Family O
			▲ Upload Members Add E	mployee	Ľ
>	Employee 1	0 dep	endents	Missing Information	÷



Fill out the employee information.

John T	iyee 1 Fest	0 dependents	A Missin	ng Information	Ê
/ Details					
First Name	Last Name	Gender	Birthdate	Age	
John	Test	Male 🔻	Jul 10, 1956 🛛 🛗		
Cobra	Out of Area	Primary Member Identifier	Member Identifier	Postal Code	
Cobra No	Out of Area No	Primary Member Identifier • M88F89	Member Identifier M88F89	Postal Code 12345	

To add a dependent, click **Add Dependent**.

,	Employee 1 John Test	0 d	ependents			â
√Details	s					_
First Nam	e	Last Name	Gender	Birthdate	Age	
John		Test	Male 🔻	Jul 10, 1956 🛗		
Cobra No	▼	Out of Area	Primary Member Identifier M88F89	Member Identifier M88F89	Postal Code 12345	
Product Li	ine	Number of Children	Relationship			
Medica	al	1	Employee 🔹			
Add	Dependent					

Once you've entered all the information, click Next.



### **Required Fields for Mid-Market Quote**

- First Name
- Last Name
- Gender
- Birthdate
- COBRA
- Out of Area
- Postal Code
- Relationship
- HasSpouse
- Number of Children
- Product Line

## **Plan Selection Features**

On the **Plan Selection** page, you will be able to utilize filters to look for relevant plans, compare plans, view the plan details benefit summary, and add plans to the cart. Rates will not display for mid-market groups.

**Note:** 4 plans per quote is optimal as that is how many plans can be viewed on the side-by-side comparison. Additional plans will go to another page on the proposal and will slow down the time to process the quote.

To filter plans, use the drop-down arrow to choose your filter options from Product Type, Product Lines, and Deductible, then click **Apply**.

Plan Selection			
Product Type	Product Lines	Deductible	
None 🔻	None 🔻	None 🔻	Apply



For Mid-Market level-funded quotes you can select if you would like to include a Chiropractic Rider (CHIRO) or Morbid Obesity Rider (MOR) by **checking the boxes** beside the appropriate Rider during the Plan Selection.

0)		Morbid Obesity Rider (MOR)
uct Lines	Deductible	
None 🔻	None	Apply
	uct Lines	uct Lines Deductible

To compare plans, click the check box next to **Compare** of the plan you want to compare.

Optima Vantage Desig	gn 3000/30%		Compare
🗉 Plan Details Benefit Summary			
✓ Standout Features			
ANNUAL DEDUCTIBLE \$3,000 /\$6,000	OUT-OF-POCKET LIMIT \$5,000 / \$10,000	PRIMARY DOCTOR COVERAGE 30% Coinsurance AD	
SPECIALIST COVERAGE 30% Coinsurance AD	PRESCRIPTION DRUG COVERAGE CLS 10/40/60/20%	EMERGENCY ROOM COVERAGE 30% Coinsurance AD (In or O	
HOSPITAL STAY COVERAGE 30% Coinsurance AD			Select Prescription Drug

Once displayed, click **Compare** at the top of the screen, next to Review Cart.

Chiropractic Ride	r (CHIRO)	)					
Morbid Obesity R	lider (MC	DR)					
Product Type		Product Lines	Deductible				
None		None	None	•	Apply		Compare Review Cart
						37 Available Plans	



A separate window displays information you can view for each plan.

	Optima Vantage 20/40	Optima Vantage 20/20%		
Annual Deductible	N/A	N/A		
Dut-of-Pocket Limit*	\$2,500 / \$5,000	\$4,000 /\$8,000		
Primary Doctor Coverage	\$20 Copayment	\$20 Copayment		
Specialist Coverage	\$40 Copayment	\$40 Copayment		
Emergency Room Coverage*	\$250 Copayment (In or Out-of-Network)	20% Coinsurance (In or Out-of-Network		
Hospital Stay Coverage*	\$250 Copayment per day/max \$1,250	20% Coinsurance		
Prescription Drug Coverage	CLS 10 BD; 45/75/20% AD; 150 RX DED	CLS 10 BD; 45/75/20% AD; 150 RX DED		
In Network				

To choose a plan, click **Select Prescription Drug**, then choose the Prescription Drug Coverage, click **Add to Cart**.

SF Optima Vantage 20	0/40		Compare
Plan Details Benefit Summary			
✓ Standout Features			
ANNUAL DEDUCTIBLE None	OUT-OF-POCKET LIMIT \$2,500/\$5,000	PRIMARY DOCTOR COVERAGE S20 Copay	
specialist coverage \$40 Copay	PRESCRIPTION DRUG COVERAGE OPN AD 10/40/25% \$250 ma	EMERGENCY ROOM COVERAGE \$350 Copay (In or Out-of-Netw	
HOSPITAL STAY COVERAGE \$200 Copay/day/\$1,000 max			Select Prescription Drug



Once the Prescription Drug Coverage has been added, click **Add to Cart** and then the **X** to return to the Plan Selection page.

	×
Edit SF Optima Vantage 20/40	
Family: Optima Vantage	
Line of Business: Group Health	
configure Item Attributes	t ( 1
Prescription Drug Coverage OPN AD 10/40/25% \$250 max /25% \$400 max \$150 RX DED OPN 10/30/25% \$250 max/25% \$400 max	
F	
AI N	
si S	
H S	
Add to Ca	art

Click **Review Cart** once you have added the plans.

Plan Sele	ction	2					
Chiropract	ic Rider	(CHIRO)			C	Morbid Obesity Rider (MOR)	
Product Type		Product Lines		Deductible			
None	•	None	•	None	•	Apply	Review Cart ( 2 )



### **Review Cart**

Review your selected plan(s) on the next screen and click **Next**. To delete a plan from your quote, you can hover over the check mark and click the **X**.

Review Selected	d Plans								
Medical Plans Edit Sele	ections								
Optima Vantage 200 Prescription Drug Covera									×
Optima Plus 1000/2 Annual Deductible 1000/2000 Prescription Data Covera	Out-of-Pocket Limit 4000/8000	Primary Doctor Cove \$25 copay 75 AD/20% AD; 150 Rx DED	Specialist Coverage \$40 copay (dedu	Prescription Drug Co 104575_CAC13Z	Emergency Room Co 20% coinsuranc	Hospital Stay Covera 20% coinsuranc			~
Save for later		, , , , , , , , , , , , , , , , , , ,					Previous	Next	



# **Document Upload**

To upload documentation for the quote, click **Upload Files** on the next screen and then click **Next**.

**Note:** You will see what necessary documentation should be uploaded for Mid-Market quotes on this screen.

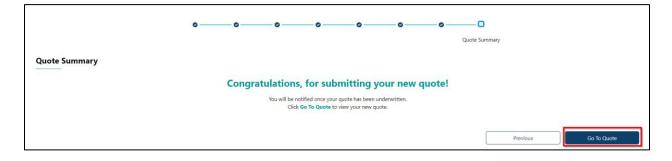
Document Upload		
Quote Document Upload           ①         Upload Files         Or drop files		
MM Fully Insured Documents to Upload:		
<ul> <li>Monthly claims and premiums for 24 months with large claimants for the same two periods:</li> <li>24 months of claims and premiums by line of business with employee or member counts by month. Provide list of large claimants (over \$25,000) occurring during the same date: any gaps in the experience.</li> </ul>	s as the experience periods and status o	of each large claimant. Explain
<ul> <li>If claims are not available, please provide current and past two years of renewal exhibits – Total of 3 renewals</li> <li>Current Carrier Medical and Rx Plan SBCs</li> </ul>		
Current Carrier Medical and KK Plan SBCS     Renewal Exhibits		
<ul> <li>Provide all pages of the carrier exhibits for the last and current renewal, if available</li> </ul>		
<ul> <li>Rate History</li> <li>Provide billing rates by coverage for same time period as claims data. Provide effective dates of rate changes along with any plan changes that have been made during the experi</li> </ul>	ance period	
<ul> <li>Frome uning taxes of vortege to its and unit period as claims data. From elective dates of rate changes arong with any pain changes that have been made during the experi- Employer Group Health Questionnaire (EGHQ)</li> </ul>	ence penda.	
Employer Contribution & Waiting Period		
<ul> <li>Amounts and/or percentages contributed by employer for each employee tier and plan.</li> <li>What is waiting period for new hires?</li> </ul>		
Accumulators		
Are current plans Calendar year or Contract year?		
Save for later	Previous	Next
Upload Files		
Receipt_Structube.pdf		
1 of 1 file uploaded Done		

Once documentation has been uploaded and you click **Done**.



#### Congratulations, for submitting your new quote!

The next screen will display a message indicating you have successfully submitted your new quote. You will be notified once your quote has been underwritten. Click **Go to Quote**.



# **Quote Actions**

From the Quote Detail screen, you can do the following actions:

- generate a proposal (once quote has been underwritten)
- submit for a relook
- clone a quote
- edit a quote
- close a quote



#### **Generate a Proposal**

Once a quote is underwritten, you will receive an email from the Sentara Health Plans Sales team. When you navigate to the quote, you can generate a proposal for mid-market. You can click **Generate Proposal** or if your Sentara Health Plans Sales team has already generated the proposal for you, it will be located in the **file section** of the quote.

Quote Test Mi	d-Market Fully-Ir	nsured Group 5/1/2023 Test A I	Accept Quote	Generate Proposal	Calculate Rate	Clone Quote	•		
Quote Number 00077210	Expiration Date 4/30/2024	Opportunity ID Test Mid-Market Fully-Insured Group	Status Underwritten	Type New Business					
		Underwritten		inal Review	CI		So		

On the next screen, a message will appear indicating your proposal generated successfully and the button to the righthand corner is updated to **Download PDF**. Your proposal is now complete and located in the '**File section of the Quote**'.

Generating Proposal	roposal available on File section of the Quote'		
Proposal Document.pd	f	G	🛃 Download PDF
	120% ~ 🕞 🕀 🛄		
	<b>Sentara</b> Health Plans	Proposal for: Tracy's Treats Plan effective date: 2024-01-01 Quote Number:00081398	
	12/6/2023		
	Tracy Treat Tracy's Treats 1200 Independence Boulevard Virginia Beach, VA 23455		



Scroll down to the bottom of the screen and click **Back to Quote** to return to your quote.

	в	ack To Quote

# Accept a Quote

To accept the quote, click **Accept Quote**, from the quote detail screen.

Quote Diverse	e Lynx LLC 07/31	1/2021 Broker3 Broker3				Accept Quote	Generate Proposal	Clone Quote	•
Quote Number 00000002	Expiration Date 8/1/2022	Opportunity ID Diverse Lynx LLC 07/31/2021	Status Underwritten	Type New Business					
	~	Underwritten		Final Review	Closed		Sold		

Select the plan(s) that were sold by clicking the + button to add plans, and then click Submit.

Select Plans		
	1 Available Plan	
Optima Plus 1000/20% \$1,311.76/Mo Prescription Drug Coverage: CLS \$10 (BD)/\$45 AD/\$75 AD/20% AD; 150 Rx DED		+
Select Plans		
		🛒 View Cart 1
	1 Available Plan	
Optima Plus 1000/20% \$1,311.76/Mo Prescription Drug Coverage: CLS \$10 (BD)/\$45 AD/\$75 AD/20% AD; 150 Rx DED		~
		Submit

Your Sentara Health Plans Sales Team will be notified that you accepted your quote, and you will start the group application process.



### Submit for a Relook

If you need to submit the quote for the Sentara Health Plans Sales Team to review or negotiate rates, click the **Down Arrow** then click **Submit Quote**.

	Quote <mark>/</mark> id-Marke	et Fully Insured	d Test Group 6/1/2023 Test A B	roker1 (Test 123 Agency)		Accept Quote	Generate Proposal	Calculate Rate	Clone Quote	•
Quote Nur 00077212		Expiration Date 5/31/2024	Opportunity ID Mid-Market Fully Insured Test Group Test	t A Broker1 (Test 123 Agency)	Status Underwritte	Type en New Busir	ness			Edit Quote Submit Quote Close Quote
	~	<b>k</b> .	Underwritten	Final Review		Ci	osed	Sc	old	

Enter any applicable comments and click Next.

/ ID		Status	Type	J
tF	Submit Quote for Review			
	Comments			
			Next	
y ID				

Your Sentara Health Plans Sales Team will be notified, and the quote status will go back to In Review.



### **Clone a Quote**

The purpose of cloning a quote is so you can have multiple quotes under one opportunity. Cloning a quote allows you to apply different plans and funding types. Cloning will keep all the quotes grouped together under one opportunity.

A quote can be cloned from any status by clicking **Clone Quote**. Enter the **Effective Date** and **Plans** from the **Plan Selection** page to proceed with cloning the quote. The remaining fields such as group information, contact details and census information are carried over from the original quote, however you have the flexibility to change any details as necessary. Once the quote is cloned, the quote status is set to **In Review** if underwriting is required.

Quote Acme (	Group 9/1/2021	John Broker					Clone Quote Close Quot
Quote Number 00000863	Expiration Date 8/31/2022	Opportunity ID Acme Group 9/1/2021	Status In Review	Total Price \$0.00	Type New Business		
	In Review	Underwritte	n	Fi	nal Review	Closed	Sold

#### Edit a Quote

The purpose of editing a quote is to change plans on the quote. You cannot make any changes to the quote that will impact the rates.

Edit the quote by clicking the **Down Arrow** then select **Edit Quote**.

Mid-Ma	arket Fully Insure	d Test Group 6/1/2023 Test A Broke	r1 (Test 123 Agency	()	Accept Quote	Generate Proposal	Calculate Rate	Clone Quote	•
Quote Number 00077212	Expiration Date 5/31/2024	Opportunity ID Mid-Market Fully Insured Test Group Test A Bro	ker1 (Test 123 Agency)	Status Underwritter	Type n New Busin	iess			Edit Quot Submit Q Close Quo
2			Final Review						



After you select your new plans and complete the quote process, calculate rates for your new plans, by clicking **Calculate Rate**.

Quote Number 00077212	Expiration Date 5/31/2024	Opportunity ID Mid-Market Fully Insured Test Group Test A E	Status Iroker1 (Test 123 Agency) Under	Type rwritten New Bu	siness			
			Please Calculate Rates					
	~	Underwritten	Final Review		Closed	Sc	old	
<b>d</b> Details	V	Underwritten	Final Review		Closed	Sc	əld	
	ve Items (3)	Underwritten	Final Review		Closed	Sc	old	C
		Underwritten	Final Review	Product Type	Closed	Sc Total Price	old Alternate Plan	
Quote Lin	e Items (3)	Underwritten						
Quote Lin Product Optima Vantage	e Items (3)	D; 45/75/20% AD; 150 RX DED	Pharmacy Code	Product Type	Product Sub Type	Total Price	Alternate Plan	

You can now generate a new proposal with your new selected plans and rates.



## Close a Quote

If a proposal is not selected, you can close the quote by clicking **Close Quote**.

Quote     Diverse	e Lynx LLC 07/31	/2021 Broker3 Broker3			Generate Proposal	Clone Quote	Close Quote
Quote Number	Expiration Date	Opportunity ID	Status	Туре			
-	8/1/2022	Diverse Lynx LLC 07/31/2021	Final Review	New Business			
00000002							

Select a Status Reason from the drop down and then click Done.

Close Quote		
* Status Closed	-	
*StatusReason	·	
Clear	<b>▼</b>	
Employer Preference Financial Offer		
Network		Done
Product Submission Incomplete / Withdrawn		
Does not meet Underwriting Criteria Other		
· · · • • ·	•	

The quote will be closed.



# **Group Application Process**

Once you've accepted your quote, the application screen displays, and you will see the **Guidance for Success** instructions.

alr7f000001FxCZ					Submit Application	Add Group Classes	Import Membership
V In Progress	Application Uploaded	Rejected	Submitted	Membership Uploaded	Membership App	roved	
Key Fields Mode of Eligibility			1. Select 2. Go to 3. Once 4. Option	e for Success Mode of Eligibility required application documents complete, click the "Submit Appl al before submitting the Applic Specify the group class by clickin	ication" button for you ition:	r group's application to b	e processed

# Mode of Eligibility

Select Mode of Eligibility, by clicking Edit, next to the Guidance for Success.

Key Fields	
hey herds	Edit Guidance for Success
Mode of Eligibility●	<ol> <li>Select Mode of Eligibility</li> <li>Go to required application documents tab and submit the required documents</li> <li>Once complete, click the "Submit Application" button for your group's application to be processed</li> <li>Optional before submitting the Application:         <ol> <li>Specify the group class by clicking the "Add Group Class" button</li> </ol> </li> </ol>

Select Web (Import or hand pick) / Spreadsheet or Paper / Manual, then click Save.

Edit Application	
Mode of Eligibility	
None	•
✓None	
Web (Import or hand pick) / Spreadsheet	
Paper / Manual	
	Cancel
	Cancer



# **Required Application Documents**

Go to **Required Application Documents** tab and submit the required documents.

Details Required Application Documents			
Application Name		tatus	
a1r0r000001f3j4		n Progress	
Account		roker Account est 15	
Test 15			
Opportunity Test 15 9/1/2021 Barbara Penn		Tracye Watts	
Quote		ales Rep	
Test 15 9/1/2021 Barbara Penn		Tracye Watts	
Census		rimary Applicant Contact	
		arbara Penn	
Contract		lode of Eligibility	
	8	34	
VEC Report	Employer Group Application	Binder Check 🔹	Member Application
	Due:	Due:	Due:
	Due.	Due.	Due.
Due:			
No Files Yet	No Files Yet	No Files Yet	No Files Yet
Waivers	Extra Files in Application		
	Documents		
Due:			
	Due:		
	Due:		

Once the steps are completed, click Submit Application

a1r7f000001FxCZ					Submit Application Ad	d Group Classes	Import Membership
V In Progress	Application Uploaded	Rejected	Submitted	Membership Uploaded	Membership Approved		
Mode of Eligibility			1. Select M 2. Go to rec 3. Once cor 4. Optional	ode of Eligibility uired application documents ta nplete, click the "Submit Applic before submitting the Applicati ecify the group class by clicking	ation" button for your group on:	p's application to be p	rocessed



A message displays indicating your application was submitted and will notify your Sentara Health Plans Sales Team.

Submit Application								
Click Submit Application to submit your Group Application.								
Upon submission, your required application documents will be reviewed. An Optima Health representative will be in touch shortly.								
Thank you for choosing Optima Health!								
Next								



# **Add Group Class**

Prior to submitting your application, you can add a group class, however it is not required to submit the application, your Sentara Health Plans Sales Team can complete this step on your behalf.

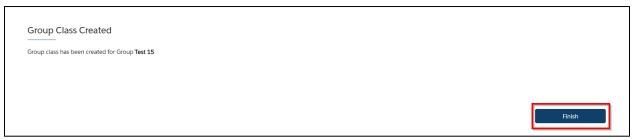
Specify the group class by clicking Add Group Class

Application a1r7f000001FxCZ	Submit Application Add Group Classes Import Membership
In Progress     Application Uploaded Key Fields	Rejected Submitted Membership Uploaded Membership Approved Edit Guidance for Success
Mode of Eligibility●	<ol> <li>Select Mode of Eligibility</li> <li>Go to required application documents tab and submit the required documents</li> <li>Once complete, click the "Submit Application" button for your group's application to be processed</li> <li>Optional before submitting the Application:</li> <li>Specify the group class by clicking the "Add Group Class" button</li> </ol>

Fill out the Group Class Information and click Next

* Employee Class	* New Hire	
	•	<b>•</b>
* Following	Number of Day	/5
	Clear	•
Student Dependent Age	Non - Student I	Dependent Age
26	26	
Employer & Member Contribution? Please select your mode of con Percentage Amount Employer Contribution % 0-100	10ution: 50	
Employer %		
50		

You will receive a message indicating your group class has been created. Click Finish.





### **Import Membership**

Once your group application is in the submitted stage, you can import membership by clicking **Import Membership or** if you provided your group's member application or enrollment spreadsheet in your Required Documents, then your **Sentara Health Plans Sales team can import your membership on your behalf.** 

Application a1r7f000001Fy0G							Submit Application	Add Group Classes	Import Membership
Guidance for Success	<b>b</b> ership by clic	✓ King the "Imp	ort Membersh	✓ ip" button.	Submitted	Membership Uploaded	Membership Appro	oved	

Download the enrollment spreadsheet by clicking the Download .CSV Template and clicking **Upload Employees**, then click **Next**.

	Membership				
	Total Members 17	Employees 1	Employee+Child(s) 1	Employee+Spouse 3	Employee+Family 1
			Delete All Data	loyees	Ľ
>	Employee 1 Mary Brown	1 dep	pendent		â
>	Employee 2 George Jones	1 de;	pendent		â
>	Employee 3 Stephanie Davis	1 dep	pendent		ŵ
>	Employee 4 Mike Lopez	1 dep	pendent		â
>	Employee 5 Mary Martin	5 dep	pendents		â
>	Employee 6 Anne Anderson	0 deț	pendents		± Next



The final step to import membership is to click **Finish**.

Final Step		
	Membership Uploaded	
		Finish

The status of your group application updates to Membership Uploaded.

Application a1r7f000001Fy0G							Submit Application	Add Group Classes	Import Membership
Guidance for Success	embership. I	✓ t is now under r	eview.	~	~	Membership Uploade	Membership App	roved	

Your Sentara Health Plans Sales team will be notified and once your membership has been reviewed and approved your application status updates to **Membership Approved**.

Application a1r7f000001Fy0G									Submit Application	Add Group Classes	Import Membership
Guidance for Success		~		~		~		~	Membership Appr	roved	
Congratulations! Your membership has been approved!											

Congratulations you've completed your group's member enrollment!