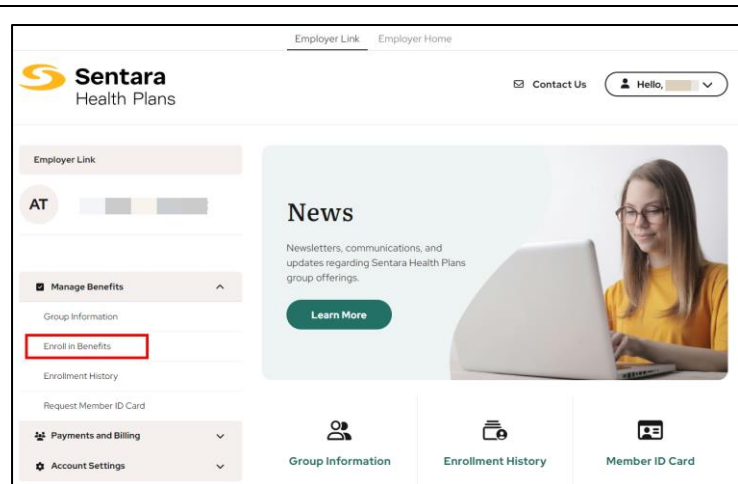


**Purpose:** To outline the functionality available to Employers and Benefit Administrators when accessing the e3 Web Enrollment portal to manage members.

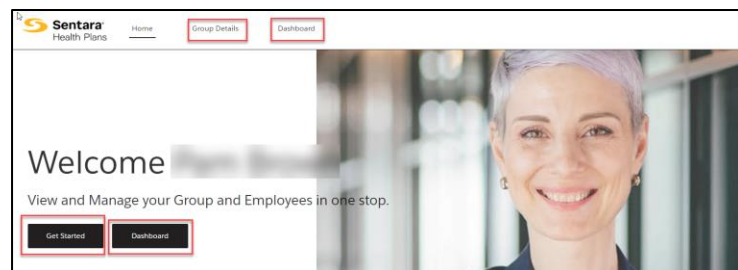
Group Details Page .....	<a href="#">Page 2</a>
Add Subscriber.....	<a href="#">Page 3</a>
Member Details Page.....	<a href="#">Page 7</a>
Member Updates.....	<a href="#">Page 8</a>
Processing Life Events.....	<a href="#">Page 9</a>
Other Corrections.....	<a href="#">Page 10</a>

After you login, the Sentara Health Plans landing page displays. Under the **Manage Benefits** Section on the left, click on **Enroll in Benefits** to take you to the e3 Web Enrollment homepage.



Click on **Dashboard** at the top or in the middle of the page to be taken to the Dashboard with all the reports.

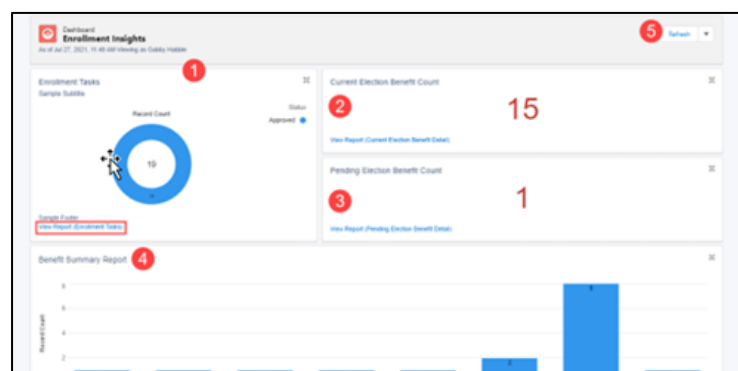
Click on **Get Started** or **Group Details** to be taken to the **Groups Details** page.



The **Dashboard** serves as the work queue.

Each section's metrics are viewable as a report format by clicking **View Report** at the bottom left of each dashboard.

For the metrics contained in items 1 and 4, click on the circle graph or bar graph to view details and engage in specific tasks.



## Group Details Page

The group details page provides high-level information about Accounts. The Members section at the bottom of the Group Details page has actionable options for managing enrollment.

To view or edit a group, click **View Group/Subgroup** on the **Actions** dropdown arrow to the right of each Group's row.

Group				
GROUP/SUBGROUP NAME	TYPE	CONTRACT START DATE	CONTRACT END DATE	ACTIONS
Acme group-MAIN	Group	05/01/2021	06/01/2023	<a href="#">View Group/Subgroup</a>
Acme Sub Group (Has Sub Groups)	Subgroup	05/01/2021	06/01/2023	<a href="#">View Group/Subgroup</a>

You will be taken to the **Group Demographics** page where you can:

1. View high level group information
2. View group demographics
3. Engage in enrollment tasks
4. Approve transactions
5. View enrollment insights
6. View group contacts, including benefits administration, billing, and general contacts
7. View employee classes
8. View a list of members
9. Add a new subscriber
10. Modify existing subscriber information (by clicking the **Actions** arrow at the far right of the row)

### Acme group-MAIN

Group Number: 000268 Group Type: Group Contract Start Date: 05/01/2021 Contract End Date: 06/01/2023 Contract Renewal Date: 06/02/2023

#### Group Demographics

Address

Street Address: U.S. Route 66 City: Albuquerque State: NM Zip Code: Phone Number: (242) 342-4241 Fax Number:

#### Enrollment Tasks

Enrollment Tasks: [Approve All Transactions](#)

#### Enrollment Insights

Current Election Benefit Detail: Benefit Summary Report: Pending Election Benefit Detail: Employee Census Report:

#### Group Contact

Benefit Administrator

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Gabby Habbie	true		(456) 577-6599	
Ryan Benefit Admin	false		(312) 212-6706	

#### Billing

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
No data to show				

#### General

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Henry Wilson			11974683683683	

#### Employee Class

EMPLOYEE CLASS	NEW HIRE	FOLLOWING	NUMBER OF DAYS
Manager	1st day of Month following	Days of employment	30
Doctors/Nurse Practitioners	1st day of Month following	Date of hire	
Managers	1st day of Month following	Days of employment	30

#### Members

[Add Subscriber](#)

MEMBER NAME	DOB	STATUS	ACTIONS
ABCD Wilson	07/11/2002	Active	<a href="#">View Member</a>
Adam Eve	04/01/2000	Active	<a href="#">View Member</a>

## Add Subscriber

To Add a new Subscriber, start on the Group Details page and scroll to the bottom section labeled “Members”. The members section will allow you to view current membership, add new subscribers, and manage individual member details.

To add a new subscriber to a Group, click **Add Subscriber**.

Members				<a href="#">Add Subscriber</a>
MEMBER NAME	DOB	STATUS	ACTIONS	
Shawn Wilson Sr.	03/15/1983		▼	
Darry Wilson Sr.	03/25/1987		▼	
Jenny A Rowland sr		Enrolled	▼	
Adam Smith	05/07/2006		▼	
Ella Purnell	07/01/2021		▼	
Rio Willane	05/11/2021		▼	
Tommy Will	05/14/2021		▼	
Benefit Admin	05/10/1989		▼	

Provide the required details about the member. Required information includes:

- Demographic information: first and last name, gender, birthdate, phone number, and address
- Group class
- New hire start date

Note: These fields are starred.

Click **Create Subscriber** when you are done entering the information.

Member Details

Add Subscriber

\* First Name
Middle Name
\* Last Name
Suffix

\* Gender
\* Birth Date

\* SSN
Phone
Email

Retired
Annual Salary
Wellness

Hours Worked
Additional Insurance

\* Group Class
\* Subgroup

Hire Start On
Hire Number Days
Following

\* New Hire Start Date

\* Effective Date
Please Select
Effective Date is required.

Mailing Address

\* Street
\* City
\* State
\* Zip Code

Create Subscriber

If the subscriber was created successfully, you will receive a confirmation message on the next screen.

Success

Subscriber created correctly.

Finish

Once you have successfully created the new subscriber, the site will auto direct you to the **Member Details** page.

On the **Member Details** page, click **Start Open Enrollment** (or **Current Enrollment** if the employer is not in the open enrollment period during hire).

Joanna Gaines
View Changes

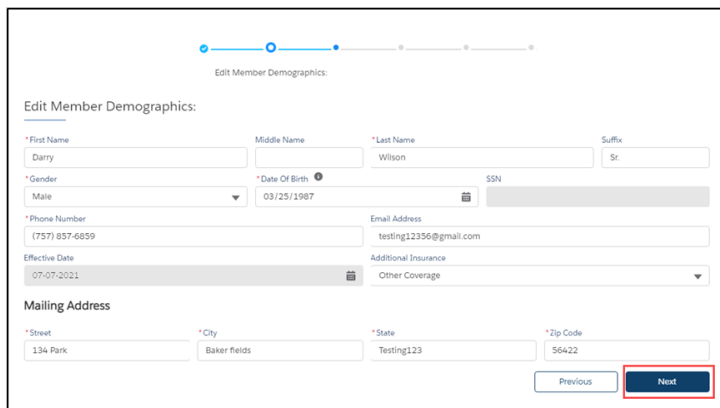
It's time to shop for your plans!
Start Open Enrollment

Chip Gaines
View Changes

Get started here!
Current Enrollment

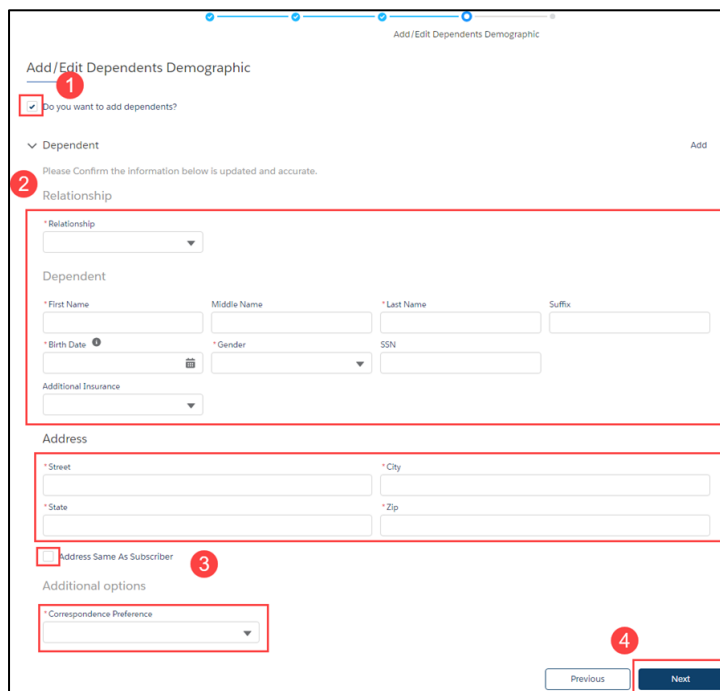
Confirm that the information on the **Edit Member Demographics** screen is correct, make any necessary edits, and click **Next**.

Note: You cannot edit the SSN and Effective Date. You must send an email request to [e3\\_inquiries@sentara.com](mailto:e3_inquiries@sentara.com) to have these fields changed.



On this screen:

1. To add dependents, click the box next to “Do you want to add dependents?”. If you don’t want to add dependents, skip to step 4 (click **Next**).
2. Provide the required information.
3. Provide the dependent’s address.
  - If different from the primary subscriber, please type in the address and select their correspondence preference from the dropdown menu (either **ID Card Only** or **All Correspondence**).
  - If the address is the same as the primary subscriber, click the box by **Address Same As Subscriber** (below the address fields).
4. Click **Next**.



Note: The **OOA Dependent Program** will only populate when an eligible plan is selected. If clicked for an eligible dependent, a hyperlink to an overview/FAQ will populate.

Dependents  
Please select the dependents below to include in this coverage

Dependent Name	Relationship	OOA Dependent Program
<input checked="" type="checkbox"/> Rhonda Test	Spouse	<input type="checkbox"/>
<input checked="" type="checkbox"/> First Child	Child	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Second Child	Child	<input type="checkbox"/>

[OOA Dependent Program](#)

When multiple plans are available, select your plan by clicking **Add to Cart**.

To remove a plan from your cart, hover over **Add to Cart**, and select **Remove**.

Medical Plan Selection

Results

2 Available Plans

**Plus 1000/20%**

[Plan Details](#) [Benefit Summary](#)

☐ Compare

✓ **Standout Features**

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE 20% coinsurance AD	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 20% coinsurance AD
HOSPITAL STAY COVERAGE N/A		

[+ Add to Cart](#)

**SF Elite** **Vantage 1000/25/30%**

[Plan Details](#)

✓ **Standout Features**


ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$50 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 30% Coinsurance AD (I...
HOSPITAL STAY COVERAGE N/A		

[+ Add to Cart](#)

If the member has elected to waive coverage, click the box accepting the confirmation statement and click **Next**.

Medical Plan Selection

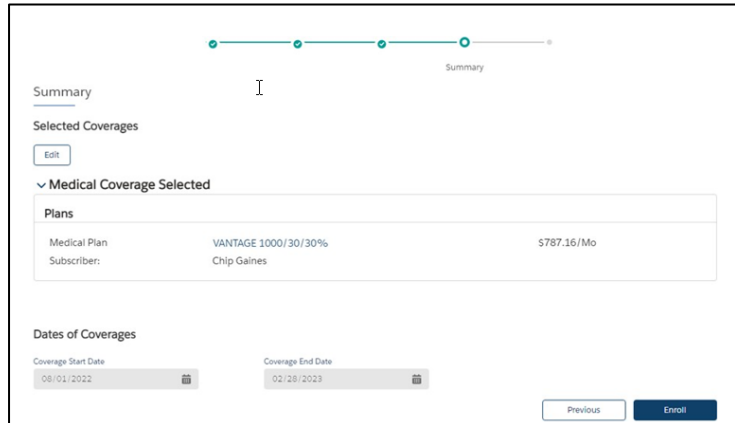
☒ I would like to waive my medical coverage

 I decline coverage currently. I understand that I am offered adequate and affordable coverage as an employee as defined by the Affordable Care Act. I understand that the coverage is offered to me and my Eligible Dependents.

[Next](#)

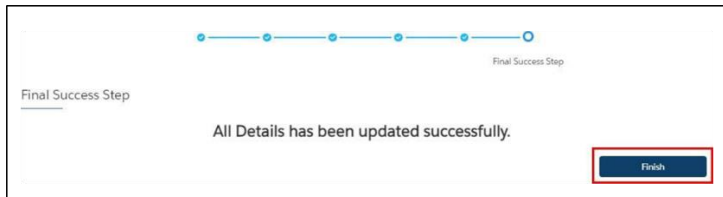
After completing all selections, you will have the opportunity to review your selections.

1. If you'd like to edit selections, click **Edit** at the top of the screen. Please note that selecting this option will lead you to the first election opportunity.
2. You may also click **Previous** to return to the previous screen.
3. After reviewing, click **Enroll**.



If all details have been updated successfully, you will receive a confirmation message on the next screen.

Click **Finish**.



## Member Details Page

To view/edit Member Details, start on the group details page and scroll to the Members List at the bottom. The Member Details page will allow you to view member plan information, order ID Cards, update member demographics, process life events, terminate members, and make corrections.

To view a member's information, click on the arrow at the far right of the row under **Actions** and select **Member Details**.

Members				<a href="#">Add Subscriber</a>
MEMBER NAME	DOB	STATUS	ACTIONS	
Shawn Wilson Sr.	03/15/1983			▼
Darry Wilson Sr.	03/25/1987			▼
Jenny A Rowland sr		Enrolled		▼
Adam Smith	05/07/2006			▼
Ella Purnell	07/01/2021			▼
Rio Willane	05/13/2021			▼
Tommy Will	05/14/2021			▼
Benefit Admin	05/10/1989			▼

On the **Member Details** page, you can view:

1. A history of changes that have been made to a member's record.
2. Pending plans
3. Current plans/enrollment information
4. Demographic information and the **"Update Member"** option to process Member Updates, Life Events, Corrections and Terminations.
5. Information about dependents
6. View/Order ID Cards
7. A historical record of enrollment information.

**Bob Robin** [View Changes](#) 1

**Pending Plans** 2 [Update Plans](#)

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED?	ACTIONS
Plus 1000/20%	Medical	Employee + Child	08/02/2022	08/01/2023	\$0.00			▼

**Current Plans** 3

PLAN NAME	GROUP#	PLAN TYPE	COVERAGE	START DA
Sentara Vantage Bronze 7200 Ded CLS AD: 25/55/40%/40%: \$350 max	01537*MAIN	Medical	Employee + Spouse	01/01/20:

**Demographics** 4 Updates are only applied to Sentara Health Plans, please contact your Benefit Administrator with any changes. [Update Member](#)

**Member Details**

Name	DOB	Gender	Member ID	Group #
EMPLOYEE BROKER1	12/04/1985	Female	1236589*01	01537*MAIN

**Dependents** 5

DEPENDENT NAME	DOB	ADDRESS	MEMBER ID	RELATIONSHIP	GENDER	ACTION
SPOUSE BROKER1	07/09/1985	124 MAIN ST, VIRGINIA BEACH, VA, 34567	1236589*02	Spouse	Male	▼

**ID Card** 6

<input type="checkbox"/> Full Name	Member Type
<input type="checkbox"/> EMPLOYEE BROKER1	Subscriber
<input type="checkbox"/> SPOUSE BROKER1	Dependent

[View/Print](#) [Order Card](#)

**Plan History** 7

PLAN NAME	GROUP#	PLAN TYPE	START DATE	END DATE	YOUR COST	ACTIONS
Sentara Direct Vantage Gold 500 Ded 200 Rx Ded	01535*MAIN	Medical	01/21/2024	10/01/2024	\$198.70	▼
Sentara Direct Vantage Gold 500 Ded 200 Rx Ded	01535*MAIN	Medical	01/01/2024	01/20/2024	\$397.39	▼

## Update Member

The option to make any updates to member can be found on the Member Details page by selecting “Update Member”. The Update Member option will allow you to update member demographics, perform life events, and process terminations and corrections.

Start on the Group Details page and scroll to the **Members** section at the bottom.

Open a specific member page by using the drop down arrow under “actions” to the right of the member name. Select “**member details**” to navigate to the member details page.

Members				Add Subscriber
MEMBER NAME	DOB	STATUS	ACTIONS	
Shawn Wilson Sr.	03/15/1983			
Darry Wilson Sr.	03/25/1987			
Jenny A Rowland sr		Enrolled		
Adam Smith	05/07/2006			
Ella Purnell	07/01/2021			
Rio Willsane	05/13/2021			
Tommy Will	05/14/2021			
Benefit Admin	05/10/1989			

On the Member Details page, select the option for “Update Member”.

Sunshine Smith [View Changes](#)

Current Plans

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	HSA	CONTRIBUTIONS	ACTI
Equity Vantage 3000/20%	Medical	Employee + Child	08/01/2023	07/31/2024	50.00		No		

Demographics

Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes.

[Update Member](#)

Member Details

Name	DOB	Gender
Sunshine Smith	11/09/1969	Female

After clicking **Update Member**, a new window opens. Select **Update Member** to update the member demographics. Click **Next**.

What would you like to do?

What would you like to do?

☒ Update Member

☐ Life Event

☐ Other Correction

[Next](#)

The **Edit Member Demographics** page displays.

Editable member information is featured in white blocks on the screen. Grayed out blocks of information are not editable.

Note: You cannot edit the SSN nor the Effective Date. You must send an email request to [e3\\_inquiries@sentara.com](mailto:e3_inquiries@sentara.com) to have these fields changed.

Once you have completed your edits, click **Next**.

Edit Member Demographics:

First Name: Bob Middle Name: Last Name: Robin Suffix:

Gender: Male Date Of Birth: 08/06/1991 SSN: 234-12-3432

Phone Number: (256) 741-3717 Email Address: bobrob@test.com

Effective Date: 08/09/2021

Mailing Address

Street: 1234 City: east main street State: Chicago Zip Code: 23456

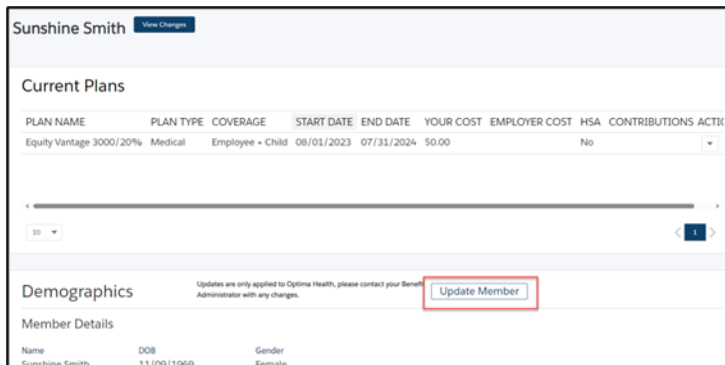
[Previous](#) [Next](#)



## Life Events

Life events can be made through the “update member” option on the Member Details page. Examples of life events are birth, adoption, divorce, and termination of all coverage.

On the **Member Demographics** page, to make edits due to a **Life Event**, click **Update Member**.



Sunshine Smith [View Changes](#)

Current Plans

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	HSA	CONTRIBUTIONS ACTI
Equity Vantage 3000/20%	Medical	Employee + Child	08/01/2023	07/31/2024	50.00		No	

Demographics

Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes.

[Update Member](#)

Member Details

Name	DOB	Gender
Sunshine Smith	11/09/1969	Female

After clicking **Update Member**, a pop-up window appears.

Select **Life Event** to make edits and then click **Next**.



What would you like to do?

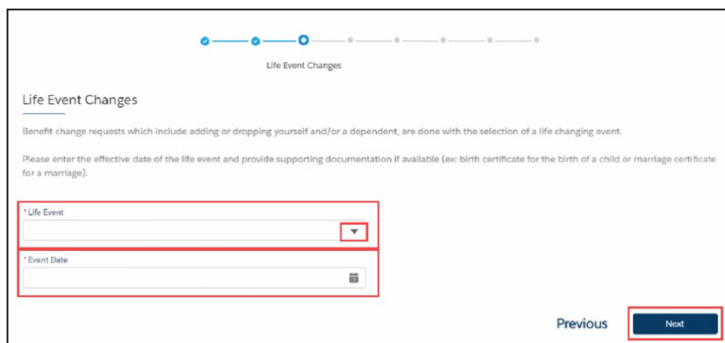
What would you like to do?

- ☐ Update Member
- ☒ Life Event
- ☐ Other Correction

[Next](#)

Select the applicable **Life Event** from the dropdown menu, provide the **Date of the Event**.

Note: **Life Events** can add and remove coverage for the member or their dependents, depending on the event selected.



Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

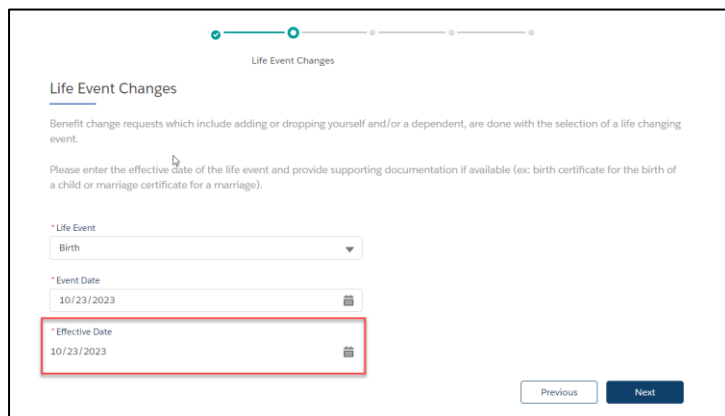
Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

\* Life Event:

\* Event Date:

[Previous](#) [Next](#)

Once you choose the **Life Event** and the **Date of the Event**, the **Effective Date** auto-populates. Click **Next**.



Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

\* Life Event:

\* Event Date:

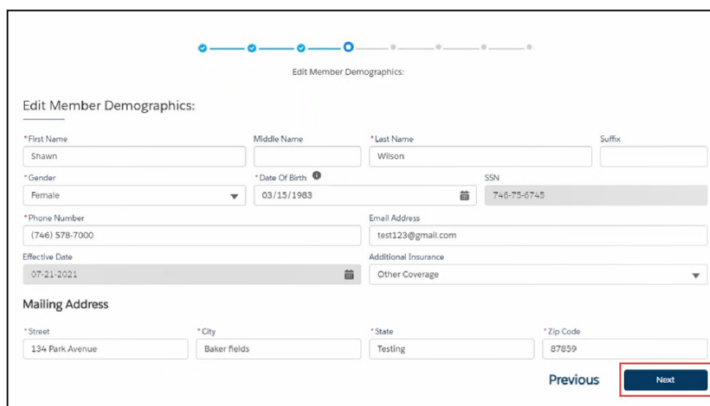
\* Effective Date:

[Previous](#) [Next](#)

Review member information and make edits as needed. Editable member information is featured in white blocks on the screen.

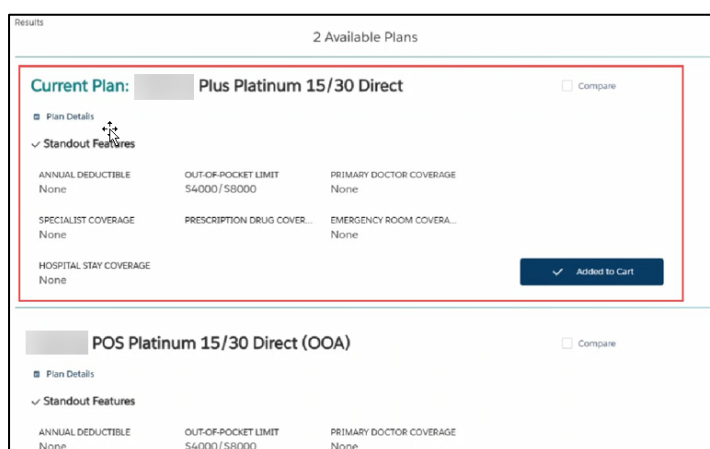
Note: To make changes to the grayed-out blocks, please send an email request to [e3\\_inquiries@sentara.com](mailto:e3_inquiries@sentara.com).

Once you have completed your edits, click **Next**.




Review and update any relevant dependent information and click **Next**. Then, select the plan by clicking **Add to Cart**.

Note: The only difference with this experience is that you will see the member's current plan above the other available plans.



After completing the process of plan selection, review the plans. If changes are needed, click **Edit**.

If the information and selections are correct, click **Enroll**.



If details have been updated successfully, a confirmation screen will appear. Click **Finish**.

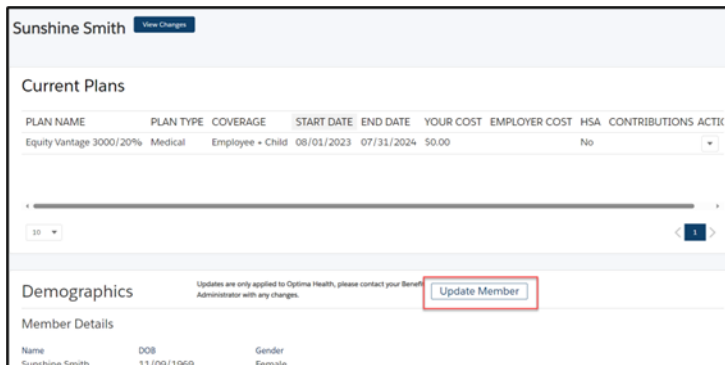
You then return back to the **Member Demographic** page.



## Other Correction

Other corrections to membership include updates to add/edit dependent information, update OOA Dependent elections, and make open enrollment corrections.

On the **Member Demographics** page, to make edits due to a **Life Event**, click **Update Member**.



Sunshine Smith [View Changes](#)

**Current Plans**

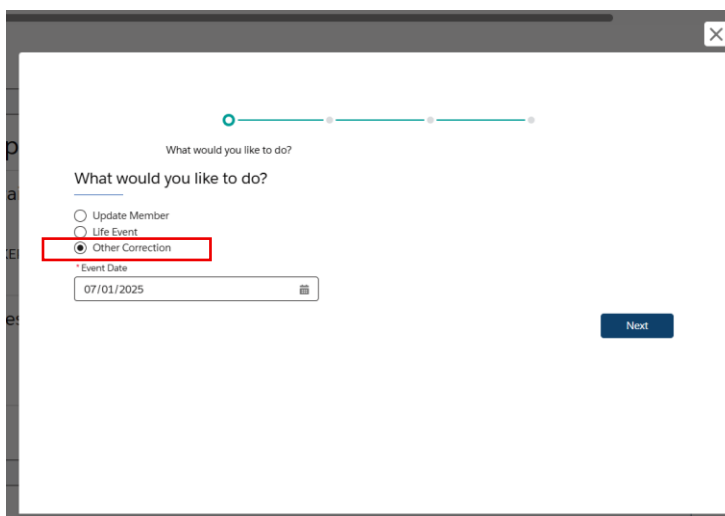
PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	HSA	CONTRIBUTIONS ACTI
Equity Vantage 3000/20%	Medical	Employee + Child	08/01/2023	07/31/2024	50.00		No	

**Demographics** Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes. [Update Member](#)

**Member Details**

Name	DOB	Gender
Sunshine Smith	11/09/1969	Female

Select the option for Other Correction and enter the event date for the action.



What would you like to do?

☐ Update Member  
☐ Life Event  
☒ **Other Correction**

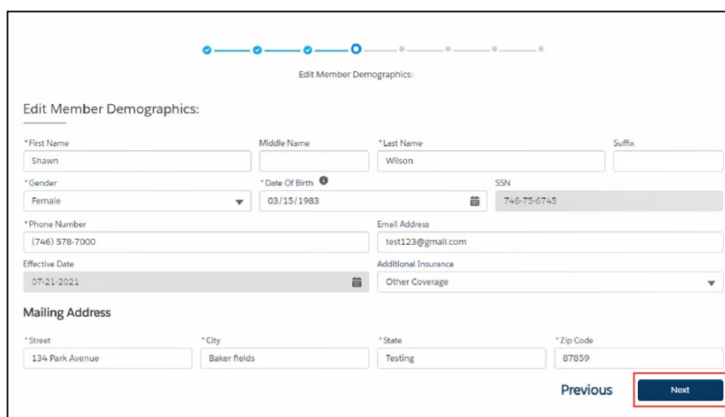
\*Event Date  
07/01/2025

[Next](#)

Review member information and make edits as needed. Editable member information is featured in white blocks on the screen.

Note: To make changes to the grayed-out blocks, please send an email request to [e3\\_inquiries@sentara.com](mailto:e3_inquiries@sentara.com).

Once you have completed your edits, click **Next**.



**Edit Member Demographics:**

\*First Name: Sharen Middle Name: Last Name: Wilson Suffix:

\*Gender: Female \*Date Of Birth: 03/15/1983 SSN: 746-75-6745

\*Phone Number: (746) 578-7000 Email Address: test123@gmail.com

Effective Date: 07-21-2021 Additional Insurance: Other Coverage

**Mailing Address**

\*Street: 134 Park Avenue \*City: Baker Fields \*State: Testing \*Zip Code: 87859

[Previous](#) [Next](#)

On the **Add/Edit Dependent Demographic** page, you can:

1. Make an update to dependent demographic information.
2. Use the check box to Add dependents
3. Make OOA Dependent selections
4. Add additional dependents
5. Make correspondence elections for dependents.

- ID Card Only
- All Correspondence

Select **Next** to move forward to plan verifications.

#### Add/Edit Dependents Demographic

##### Dependent 1

Please Confirm the information below is updated and accurate.

Relationship

\* Relationship  
Spouse

Dependent

\* First Name SPOUSE Middle Name Last Name BROKER1 Suffix

\* Birth Date 07/09/1985 \* Gender Male \* SSN 555-55-5282

Address

\* Street 124 MAIN ST \* City VIRGINIA BEACH

\* State VA \* Zip 34567

☐ Address Same As Subscriber

☒ Do you want to add dependents? 2

Add 4

##### Dependent

Please Confirm the information below is updated and accurate.

Relationship

\* Relationship  
Child

Dependent

\* First Name Test Middle Name Last Name Child Suffix

\* Birth Date 06/04/2025 \* Gender \* SSN

☐ OOA Dependent Program 3

Address

\* Street \* City

\* State \* Zip

☐ Address Same As Subscriber

Additional options

\* Correspondence Preference 5

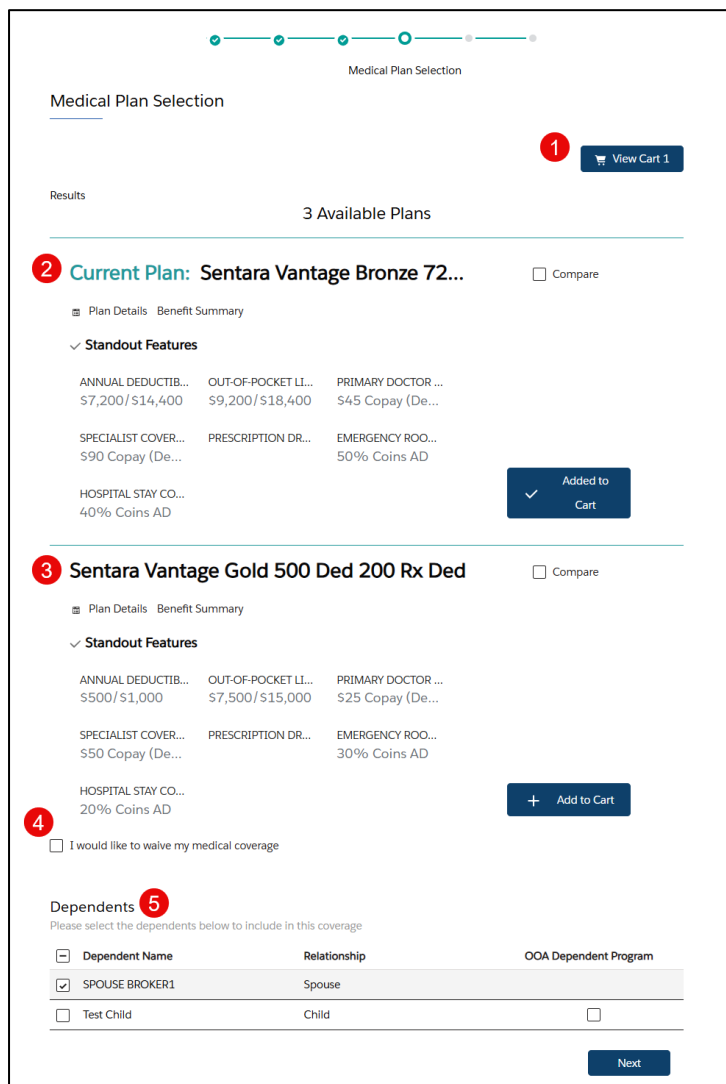
Previous

Next

On the **Medical Plan Selection** page, you can:

1. View cart
2. View current plan selection
3. Compare/correct a plan selection
4. Waive Coverage
5. Update coverage for dependents

Select **Next** to move forward to a summary of updates.



Medical Plan Selection

Results

3 Available Plans

**2** Current Plan: Sentara Vantage Bronze 72... ☐ Compare

Plan Details Benefit Summary

✓ Standout Features

ANNUAL DEDUCTIB... \$7,200/\$14,400	OUT-OF-POCKET LI... \$9,200/\$18,400	PRIMARY DOCTOR ... \$45 Copay (De...
SPECIALIST COVER... \$90 Copay (De...	PRESCRIPTION DR... 50% Coins AD	EMERGENCY ROO... 50% Coins AD
HOSPITAL STAY CO... 40% Coins AD		

Added to Cart

**3** Sentara Vantage Gold 500 Ded 200 Rx Ded ☐ Compare

Plan Details Benefit Summary

✓ Standout Features

ANNUAL DEDUCTIB... \$500/\$1,000	OUT-OF-POCKET LI... \$7,500/\$15,000	PRIMARY DOCTOR ... \$25 Copay (De...
SPECIALIST COVER... \$50 Copay (De...	PRESCRIPTION DR... 30% Coins AD	EMERGENCY ROO... 30% Coins AD
HOSPITAL STAY CO... 20% Coins AD		

+ Add to Cart

**4** ☐ I would like to waive my medical coverage

**5** Dependents

Please select the dependents below to include in this coverage

Dependent Name	Relationship	OQA Dependent Program
<input checked="" type="checkbox"/> SPOUSE BROKER1	Spouse	
<input type="checkbox"/> Test Child	Child	<input type="checkbox"/>

Next

After completing the process of plan selection, review the plans. If changes are needed, click **Edit**.

If the information and selections are correct, click **Enroll**.



Summary

Selected Coverages

**Edit**

Medical Coverage Selected

Plans						
<table border="1"> <tr> <td>Medical Plan</td> <td>Plus Platinum 15/30 Direct</td> <td>\$0.00/Mo</td> </tr> <tr> <td>Dependents</td> <td colspan="2">Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson</td> </tr> </table>	Medical Plan	Plus Platinum 15/30 Direct	\$0.00/Mo	Dependents	Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson	
Medical Plan	Plus Platinum 15/30 Direct	\$0.00/Mo				
Dependents	Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson					

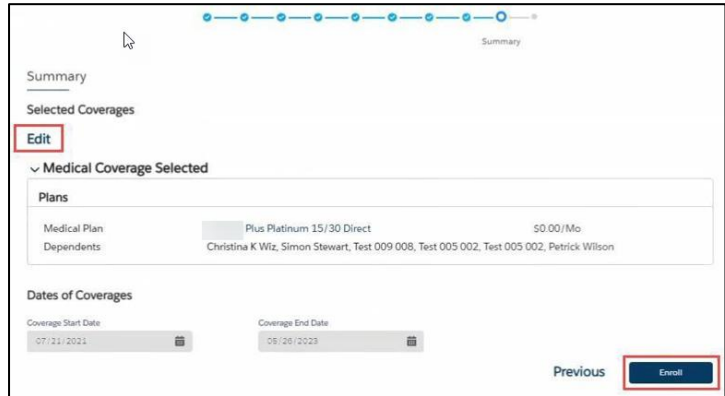
Dates of Coverages

Coverage Start Date	Coverage End Date
07/21/2021	06/26/2023

Previous **Enroll**

If details have been updated successfully, a confirmation screen will appear. Click **Finish**.

You then return back to the **Member Demographic** page.



Summary

Selected Coverages

[Edit](#)

Medical Coverage Selected

Plans		
Medical Plan	Plus Platinum 15/30 Direct	\$0.00/Mo
Dependents	Christina K. Witz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson	

Dates of Coverages

Coverage Start Date	Coverage End Date
07/21/2021	06/20/2023

[Previous](#) [Enroll](#)