

View Member Information

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

Members			Add Subscriber
test			
MEMBER NAME	DOB	STATUS	ACTIONS
Dina Test	04/26/1998	Active	-
Dina Test	05/01/1994	Active	-
Ten Test	04/26/1998	Active	-
Test Blue Test Last Name	01/05/1975	Active	
Test Red T	01/18/1990	Active	1ember Details
Test1 TestLast2	08/12/1981	Active	dit Member Details
Test1 TestLast2	10/28/1981	Active	dit Group/Subgroup



On the Member Details page, you can view:

- 1. any pending changes the member has made
- 2. pending plans
- 3. their current plans/enrollment information
- 4. demographic information
- 5. information about dependents

You can also update member details from this page by clicking **Update Member**.

Bob Robin Maw Char	ngez 🚺								
Pending Plans	2							U	pdate Plans
PLAN NAME	PLAN TYPE	COVERAG	E S	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED	? ACTIONS
Optima Plus 1000/20%	Medical	Employee	Chlid (08/02/2022	08/01/2023	\$0.00			•
4									b.
10 👻									< 1 >
Current Plans	3								
PLAN NAME	PLAN TYPE	COVERAGE		START DATE	E END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERE	D?
Optima Pius 1000/20%	Medical	Employee +	Chlidren	08/09/2021	08/01/2022	2 \$280.00	\$0.00	Pinto Robin, Anne .	Jones, Ralph I
•									۱.
									< 1 5
10 🔻									· · ·
Demographics 4						Update Me	mber		
Member Details									
Name	DOB		Gender						
Bob Robin	08/06/1991		Male						
Mailing address									
Street Name 1234	City east main stre	et	State Chlcago		Zip Code 23456		Phone Number (258) 741-3717	Email Address bobrob@test.	com
Dependents 5									
DEPENDENT NAME	DOB		ADDRES	is			RELATIONSHIP	GENDER	ACTIONS
Pinto Robin	08/25/	1998	1234, Ch	ilcago, east ma	aln street, 2345	6	Other Dependent	Female	•
Anne Jones	08/10/	2010	1234, Ch	ilcago, east ma	aln street, 2345	6	Chlid	Female	•
Raiph Robin	08/11/	2021	1234, Ch	ilcago, east ma	aln street, 2345	6	Chlid	Male	•
Anne Jones	08/12/	2010	1234, Ch	ilcago, east ma	aln street, 2345	6	Chlid	Female	-
Kelly Robin	08/07/	1996	1234, Ch	ilcago, east ma	aln street, 2345	6	Disabled Chlid	Female	*
10 💌									< 1 >



Modify Member Information

After clicking **Update Member**, a pop-up window will appear. Select **Update Member** to make edits and then click **Next**.

o		0	
What would you like to d	o?		
What would you like to do?			
 Update Member Life Event Other Correction 			
			Next

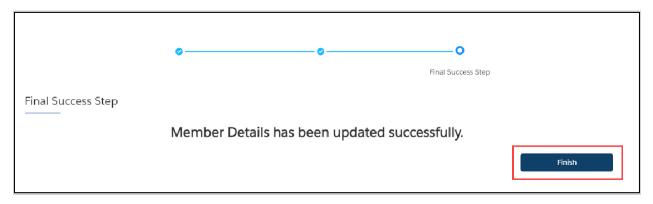
Editable member information is featured in white blocks on the screen. Grayed out blocks of information are not editable.

Once you have completed your edits, click Next.

	ø		0		_ 0.	
		Edit Mer	mber Demographics:			
Edit Member Dem	nographics:					
* First Name		Middle Name	*Last Name			Suffix
Bob			Robin			
*Gender		*Date Of Birth 🕚		SSN		
Male	•	08/06/1991		234-12-	-3432	
* Phone Number			Email Address			
(258) 741-3717			bobrob@test.cor	n		
Effective Date						
08/09/2021			苗			
Mailing Address						
* Street	* City		* State		*Zip Code	
1234	east main s	street	Chicago		23456	
					Previous	Next



Congratulations! You have successfully updated the member's details. Click **Finish** to complete the process.



Update Life Event

After clicking **Update Member**, a pop-up window will appear. Select **Life Event** to make edits and then click **Next**.

0 000000	
What would you like to do?	
What would you like to do?	
	Next



Select the applicable **Life Event** from the dropdown menu, provide the date of the event, and click **Next**.

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

Life Event Changes	
Life Event Changes	
Benefit change requests which include adding or dropping yourself and/or a dependent	nt, are done with the selection of a life changing event.
Please enter the effective date of the life event and provide supporting documentation for a marriage).) if available (ex: birth certificate for the birth of a child or marriage certificate
* Life Event	
The Lyen T	
* Event Date	
	Previous



Review member information and make edits as needed. Editable member information is featured in white blocks on the screen. Grayed out blocks of information are not editable.

Once you have completed your edits, click Next .

	Edit Member Dem	nographics:		
dit Member Demographics:				
*First Name	Middle Name	*Last Name Wilson		Suffix
"Gender	* Date Of Birth	WISOI	SSN	
Female	▼ 03/15/1983	曲	746-75-6745	
Phone Number		Email Address		
(746) 578-7000		test123@gmail.com		
ffective Date		Additional Insurance		
07-21-2021	曲	Other Coverage		
Mailing Address		* State	* Zip Code	
134 Park Avenue Baker	fields	Testing	87859	

Review and update any relevant dependent information and click Next.

For guidance on adding and editing information about dependents, refer to the previously mentioned steps <u>here</u>.



Then, select plans. Refer to the process flow <u>here</u> for more details.

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

	2	2 Available Plans	
Current Plan: Op	tima Plus Platinum 1	5/30 Direct	Compare
Plan Details			
Standout Features			
ANNUAL DEDUCTIBLE None	OUT-OF-POCKET LIMIT \$4000/\$8000	PRIMARY DOCTOR COVERAGE None	
SPECIALIST COVERAGE None	PRESCRIPTION DRUG COVER	EMERGENCY ROOM COVERA None	
HOSPITAL STAY COVERAGE None			✓ Added to Cart
optima POS Plati	inum 15/30 Direct (O	OA)	Compare
Plan Details			
Standout Features			
ANNUAL DEDUCTIBLE	OUT-OF-POCKET LIMIT \$4000/\$8000	PRIMARY DOCTOR COVERAGE	



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

If the information and selections are correct, click Enroll.

	0		_00	0-0-
				Summary
Summary				
Selected Coverages				
Selected Coverages				
Edit				
✓ Medical Coverage	Selected			
Plans				
Medical Plan	0	ptima Plus Platinum 15/30 Direct		\$0.00/Mo
Dependents	C	nristina K Wiz, Simon Stewart, Test	009 008, Test 005 0	002, Test 005 002, Petrick Wilson
Dates of Coverages				
Coverage Start Date		Coverage End Date		
07/21/2021	首	05/26/2023	苗	
				Previous Enroll

Other Correction

After clicking **Update Member**, a pop-up window will appear. Select **Other Correction**, enter the date of the correction, and then click **Next**.

	o•	0 0	 	
What w	vould you like to do?			
What would you like to do	p?			
Coner Correction "Event Date Required	ä	I		
		_		Next

From here, the process mirrors that of a life event update. Please refer to that process <u>here</u> if you have questions.

Revised 11/2023