

This guide highlights the steps for managing group enrollment on the e3 web enrollment platform.

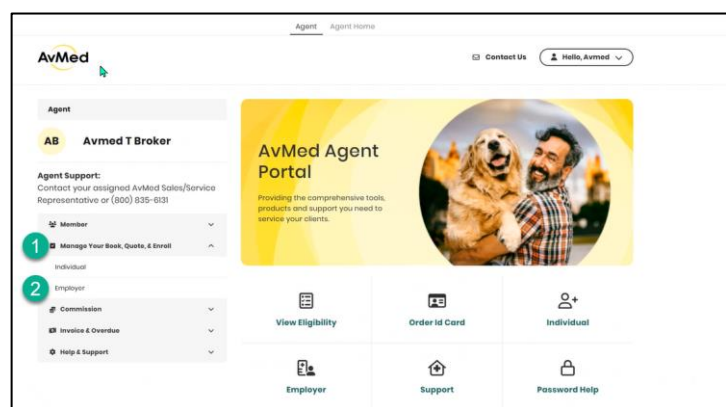
- View the group details, including group number and effective dates
- Add or remove subscribers and their dependents
- View member plan information
- Update member demographics
- Process life events
- Terminate members
- Make corrections
- Manage Open Enrollment

After logging into AveMed.org, the secure Agent Portal displays.

To access the e3 Web Enrollment portal:

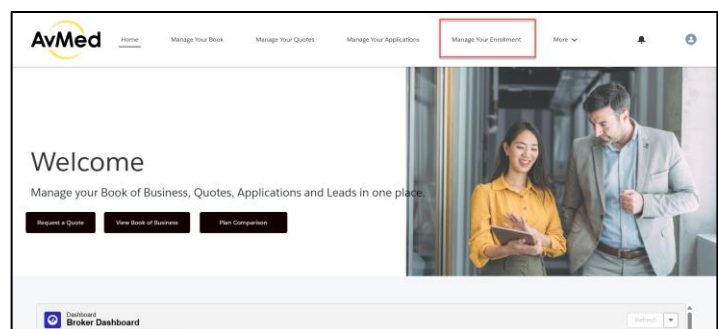
- Click **Manage Your Book, Quote, & Enroll**
- Click **Employer** (for commercial business)

Please note that access to the Quote and Enroll portal requires user set up. If you are not able to access the portal, please contact your Sales Representative.



The Quoting and Web Enrollment Home page is displayed.

- Click on **Manage Your Enrollment**





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The Accounts List view displays.

***IMPORTANT NOTE:** The Accounts list defaults to **Recently Viewed**.

To select a different list view click the arrow and search the list for more options (see the next section of this guide for more information)

For a full listing of Groups, click the arrow and select **Group – e3 Web Enrollment**.

This list displays all web enrolled groups in Alphabetical order.

Click on the Account Name to view the Group Enrollment Details Record/Page.

The screenshot shows the 'Accounts' section with a 'Recently Viewed' dropdown menu. The table below lists accounts with columns for Account Name, Account Site, Billing State/Province, Type, and Account Owner Alias.

Account Name	Account Site	Billing State/Province	Type	Account Owner Alias
1 SG- AvMed report		FL		
2 SG Test Broker		FL		
3 AvMed SG Test		FL		
4 SH AvMed Report 2		FL		moniz
5 MM AvMed report		FL		moniz

The dropdown menu shows 'Recent List Views' with 'Group - e3 Web Enrollment' selected. Other options include 'Recently Viewed', 'SHP Internal - Sub Agencies', and 'All Other Lists'.

Group Details Page

To view or edit a group:

- Click the dropdown arrow under the **Action** Header next to the group's name
- Select **View Group/Subgroup**

The screenshot shows the 'Group' section with a table of groups. The table has columns for GROUP/SUBGROUP NAME, TYPE, CONTRACT START DATE, CONTRACT END DATE, and ACTIONS. A dropdown menu is open under the ACTIONS column for the 'Acme group-MAIN' row, showing the option 'View Group/Subgroup'.

GROUP/SUBGROUP NAME	TYPE	CONTRACT START DATE	CONTRACT END DATE	ACTIONS
Acme group-MAIN	Group	05/01/2021	06/01/2023	[Dropdown Arrow]
Acme Sub Group (Has Sub Groups)	Subgroup	05/01/2021	06/01/2023	[Dropdown Arrow]



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The **Group Demographics** page is displayed. You can:

1. Group Name and group information including group number and Contract dates
2. View group demographics
3. *Engage in enrollment tasks
4. *Approve transactions
5. *View enrollment insights
 - **These tasks are usually only utilized when a group allows members to manage their enrollment*
6. View group contacts, including benefits administration, billing, and general contacts
7. View employee classes
8. View the members
9. Add a new subscriber
10. Actions - Modify existing subscriber information by clicking the **Actions** arrow at the far right of the row

Acme group-MAIN ¹

Group Number: 000258 Group Type: Group Contract Start Date: 05/01/2021 Contract End Date: 06/01/2023 Contract Renewal Date: 06/02/2023

Group Demographics ²

Address

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

Enrollment Tasks ³ ⁴ Approve All Transactions

Enrollment Tasks

Enrollment Insights ⁵

Current Election Benefit Detail

Benefit Summary Report

Pending Election Benefit Detail

Employee Census Report

Group Contact ⁶

Benefit Administrator

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

10 ▾ ¹ >

Billing

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

10 ▾ ¹ >

General

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Henry wilson			11974683683683	

10 ▾ ¹ >

Employee Class ⁷

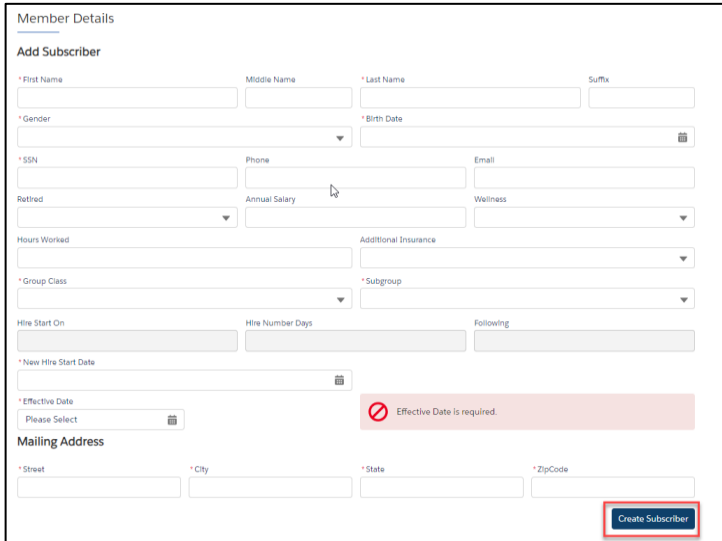
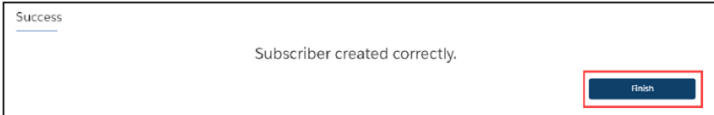
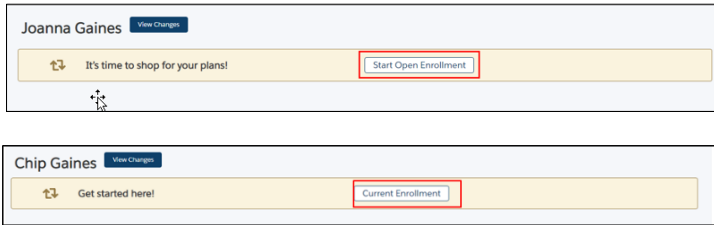
EMPLOYEE CLASS	NEW HIRE	FOLLOWING	NUMBER OF DAYS
Manager	1st day of Month following	Days of employment	30
Doctors/Nurse Practitioners	1st day of Month following	Date of hire	
Managers	1st day of Month following	Days of employment	30

10 ▾ ¹ >

Members ⁸ ⁹ Add Subscriber

MEMBER NAME	DOB	STATUS	ACTIONS
ABCD Willson	07/11/2002	Active	¹⁰ ▾
Adam Eve	04/01/2000	Active	¹⁰ ▾

10 ▾ ¹ 2 3 >

Add Subscriber	
To Add a new Subscriber: On the Group Details page scroll to the Members section (located at the very bottom of the page).	
In the Members section, click the Add Subscriber button.	
Enter the required details about the subscriber. Required information includes: - Demographic information: first and last name, gender, birthdate, phone number, and address - Group class - New hire start date Click Create Subscriber button when you are done entering the information.	
If the subscriber was successfully created, a confirmation message will display. Click Finish.	
The site auto directs you to the Member Details page. - Click Start Open Enrollment, or - Click Current Enrollment if the employer is not in the open enrollment period	



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Confirm that the information on the **Edit Member Demographics** screen is correct and click **Next**.

Note: Once the information has been saved, you cannot edit the SSN or Effective Date. You must send an email request to e3_inquiries@sentara.com to have these fields changed.

1

Edit Member Demographics:

*First Name: Darry, Middle Name: Wilson, *Last Name: Sr., Suffix: Sr.

*Gender: Male, *Date Of Birth: 03/25/1987, SSN: [Redacted]

*Phone Number: (757) 857-6859, Email Address: testing12356@gmail.com

Effective Date: 07-07-2021, Additional Insurance: [Redacted], Other Coverage: [Redacted]

Mailing Address

*Street: 134 Park, *City: Baker fields, *State: Testing123, *Zip Code: 56422

Previous Next

To add the Subscriber's dependents:

1. Click the box next to **"Do you want to add dependents?"** **If you don't want to add dependents, skip to step 4 by clicking **Next**.*
2. Provide the required information.
 - 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**
3. Click **Next**.

1

2

3

4

Add/Edit Dependents Demographic

☒ Do you want to add dependents?

Dependent

Please Confirm the information below is updated and accurate.

Relationship

*Relationship: [Redacted]

Dependent

*First Name: [Redacted], Middle Name: [Redacted], *Last Name: [Redacted], Suffix: [Redacted]

*Birth Date: [Redacted], *Gender: [Redacted], SSN: [Redacted]

Additional Insurance: [Redacted]

Address

*Street: [Redacted], *City: [Redacted], *State: [Redacted], *Zip: [Redacted]

☐ Address Same As Subscriber

Additional options

*Correspondence Preference: [Redacted]

Previous Next



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Select the plan by selecting **Add to Cart**.

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

Medical Plan Selection

Results

2 Available Plans

Plus 1000/20% ☐ Compare

Plan Details Benefit Summary

✓ 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% ☐ Compare

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

On the Summary page you will have the opportunity to review the plan selection.

- 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.
- You may also click **Previous** to return to the previous screen.

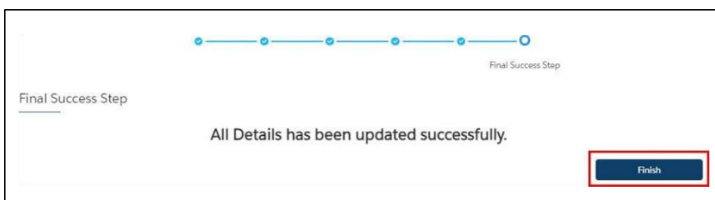
After reviewing, click **Enroll**.



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

Click **Finish**.

You are returned to the **Member Demographic** page.





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Member Details Page

The Member Details page will allow you to:

- View member plan information
- Order ID Cards
- Update member demographics
- Process life events
- Terminate members
- Make corrections

To view/edit Member Details

- Start on the Group Details page and scroll to the Members List at the bottom.

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

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 Williams	05/13/2021		
Tommy Will	05/14/2021		
Benefit Admin	05/10/1989		

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

1. Any pending changes that have been made
2. Pending plans
3. 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 [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	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED?
Plus 1000/20%	Medical	Employee + Children	08/09/2021	08/01/2022	\$280.00	\$0.00	Plinto Robin, Anne Jones, Raini

Demographics 4 [Update Member](#)

Member Details

Name: Bob Robin DOB: 08/06/1991 Gender: Male

Mailing address

Street Name: 1234 City: east main street State: Chicago Zip Code: 23456 Phone Number: (258) 743-2717 Email Address: bobrobin@rest.com

Dependents 5

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Plinto Robin	08/25/1998	1234, Chicago, east main street, 23456	Other Dependent	Female	
Anne Jones	08/10/2010	1234, Chicago, east main street, 23456	Child	Female	
Raini Robin	08/11/2021	1234, Chicago, east main street, 23456	Child	Male	
Anne Jones	08/12/2010	1234, Chicago, east main street, 23456	Child	Female	
Kelly Robin	08/07/1996	1234, Chicago, east main street, 23456	Disabled Child	Female	



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Update Member

The option to make any updates to member can be found on the Member Details page by selecting the **Update Member** button.

The Update Member button allows you to:

- update member demographics
- perform life events
- process terminations and corrections

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

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

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, select the **Update Member** button.

Sunshine Smith [View Changes](#)

Current Plans

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	HSA	CONTRIBUTIONS	ACTIONS
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	11/09/1999	Female

After clicking the **Update Member** button, a new window opens.

What would you like to do?

- Select **Update Member**
- Click **Next**

What would you like to do?

What would you like to do?

☒ Update Member

☐ Life Event

☐ Other Correction

[Next](#)



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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 to have these fields changed.

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

Life Events

Life events updates are made on the **Update Member** button on the Member Details page. Updates to **Life Events** will add or remove coverage for the member and/or their dependents, depending on the event selected.

Examples of life events are:

- Birth
- Adoption
- Divorce
- Termination of all coverage

On the **Member Demographics** page
Click the **Update Member** button.



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After clicking the **Update Member** button, a new window opens.

What would you like to do?

- Select **Life Event**
- Click **Next**

What would you like to do?

Update Member

☒ Life Event

☐ Other Correction

Next

Select the applicable **Life Event** from the dropdown

Enter the **Date of the Event**.

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

After the **Life Event** and **Event Date** are entered; 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

Birth

* Event Date

10/23/2023

* Effective Date

10/23/2023

Previous Next

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

Note: You cannot edit the SSN or the Effective Date. You must send an email request to e3_inquiries@sentara.com to have these fields changed.

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

Edit Member Demographics:

Edit Member Demographics:

* First Name: Shaven Middle Name: Last Name: Wilson Suffix:

* Gender: Female * Date Of Birth: 03/15/1983 SSN: 746-75-0745

* 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 Field * State: Texas * Zip Code: 87859

Previous Next



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Review and update any relevant dependent information and click **Next**.

- Select the desired plan
- Click **Add to Cart**.

Note: The member's current plan displays at the top above the other available plans.

Results

2 Available Plans

Current Plan: **Plus Platinum 15/30 Direct** ☐ Compare

Plan Details

Standout Features

ANNUAL DEDUCTIBLE	OUT-OF-POCKET LIMIT	PRIMARY DOCTOR COVERAGE
None	\$4000/\$8000	None
SPECIALIST COVERAGE	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA...
None		None
HOSPITAL STAY COVERAGE		
None		

☒ Add to Cart

POS Platinum 15/30 Direct (OOA) ☐ Compare

Plan Details

Standout Features

ANNUAL DEDUCTIBLE	OUT-OF-POCKET LIMIT	PRIMARY DOCTOR COVERAGE
None	\$4000/\$8000	None

- If changes are needed, click **Edit**.
- If the information and selections are correct, click **Enroll**.

Summary

Selected Coverages

☒ Edit

Medical Coverage Selected

Plans

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, Patrick Wilson	

Dates of Coverages

Coverage Start Date: 07/21/2021

Coverage End Date: 06/26/2023

Previous ☒ Enroll

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

You are returned to the **Member Demographic** page.

Final Success Step

All Details has been updated successfully.

☒ Finish

We are your partner in Quoting and Enrollment success!

If you need additional assistance or would like to schedule a 1:1 virtual training session to enhance your understanding of the quoting and web enrollment tools, email the Sales Operations Training Team at thelearninghub@sentara.com.