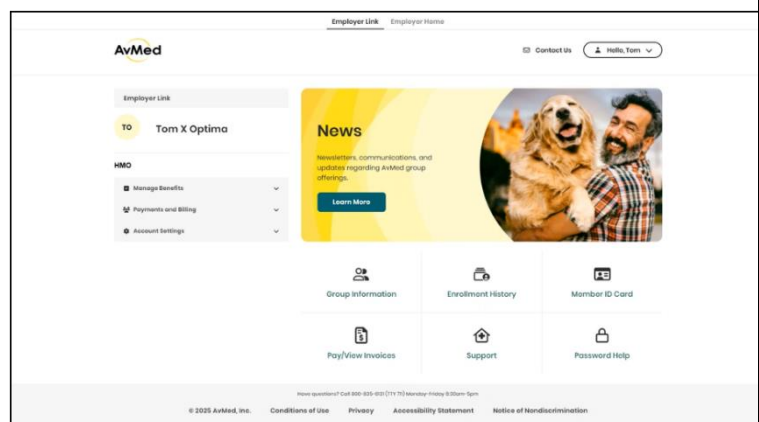


AvMed Employer e3 Web Enrollment User Guide

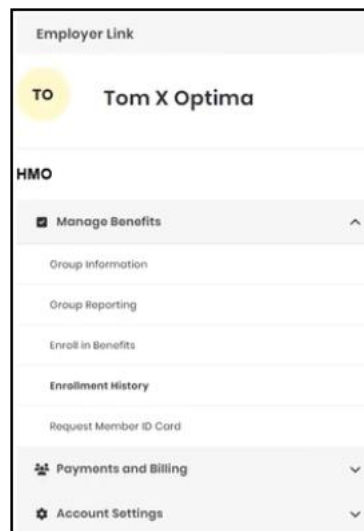
This guide highlights the steps for managing a group's enrollment on the e3 web enrollment platform.

- 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 Employer Portal is displayed.



- Click on Managed Benefits
- Then click Enroll in Benefits

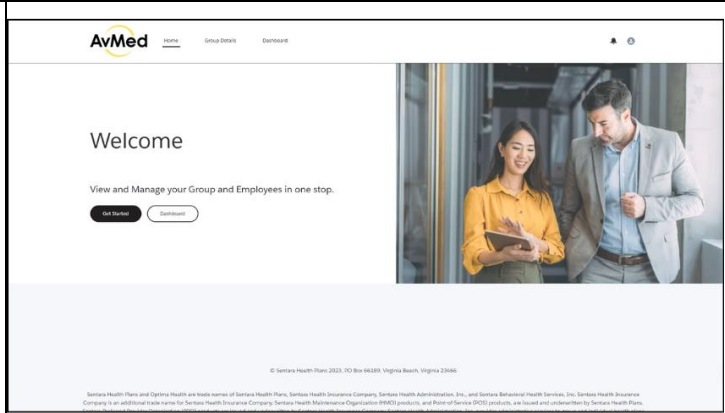




AvMed Employer e3 Web Enrollment User Guide

The Home page for the Web Enrollment Portal is displayed.

Click Group Details or Get Started to view the group details.



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**

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

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

Group Number: 000208

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

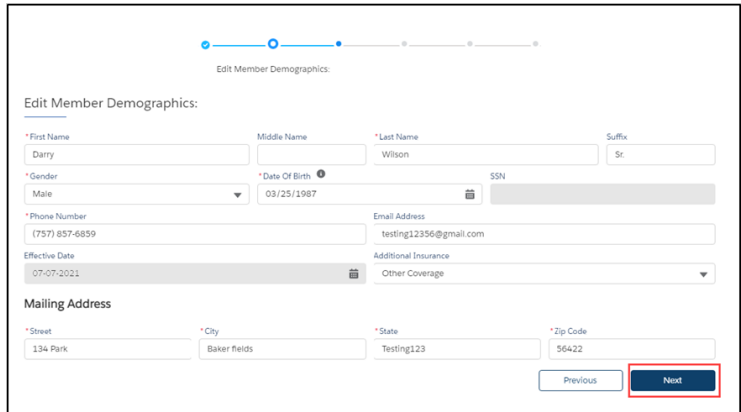
Add Subscriber

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

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.	Members Add Subscriber <table><thead><tr><th>MEMBER NAME</th><th>DOB</th><th>STATUS</th><th>ACTIONS</th></tr></thead><tbody><tr><td>Shawn Wilson Sr.</td><td>03/15/1983</td><td></td><td></td></tr><tr><td>Darry Wilson Sr.</td><td>03/25/1987</td><td></td><td></td></tr><tr><td>Jenny A Rowland sr</td><td></td><td>Enrolled</td><td></td></tr><tr><td>Adam Smith</td><td>05/07/2006</td><td></td><td></td></tr><tr><td>Ella Purnell</td><td>07/01/2021</td><td></td><td></td></tr><tr><td>Rio Willsane</td><td>05/13/2021</td><td></td><td></td></tr><tr><td>Tommy Will</td><td>05/14/2021</td><td></td><td></td></tr><tr><td>Benefit Admin</td><td>05/10/1989</td><td></td><td></td></tr></tbody></table>	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		
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																																				
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.	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 * ZipCode Create Subscriber																																				
If the subscriber was successfully created, a confirmation message will display. Click Finish.	Success Subscriber created correctly. 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	Joanna Gaines View Changes It's time to shop for your plans! Start Open Enrollment Chip Gaines View Changes Get started here! Current Enrollment																																				

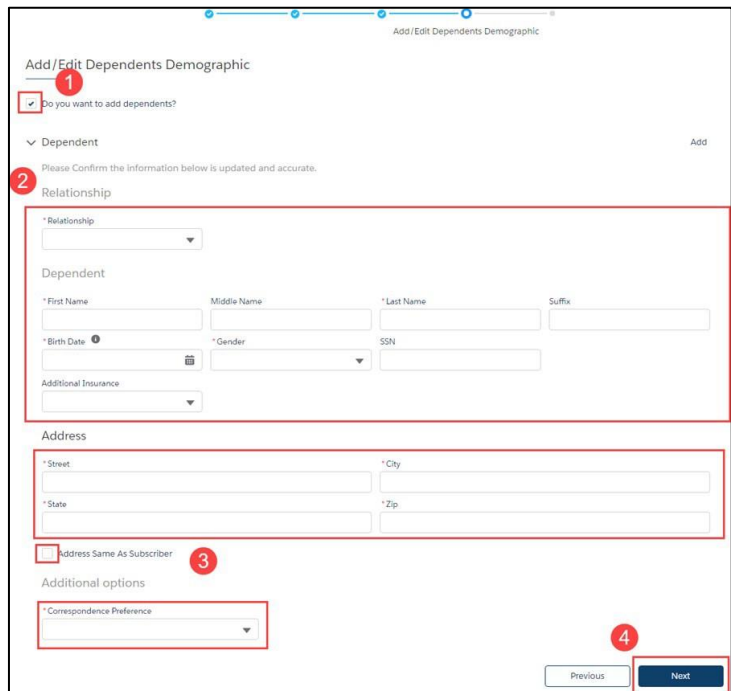
Confirm that the information on the **Edit Member Demographics** screen is correct and click **Next**.

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.



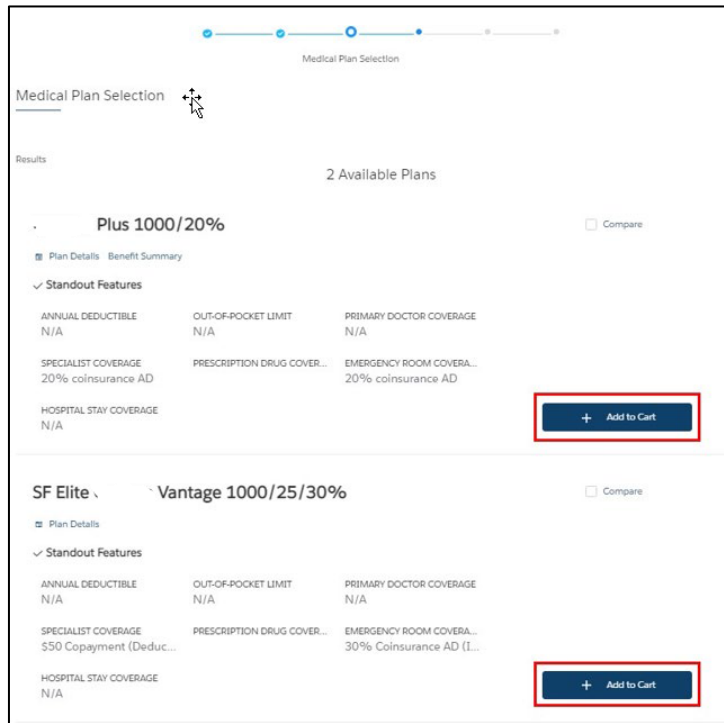
To add the Subscriber's dependents:

- 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**.*
- 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**
- Click **Next**.



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

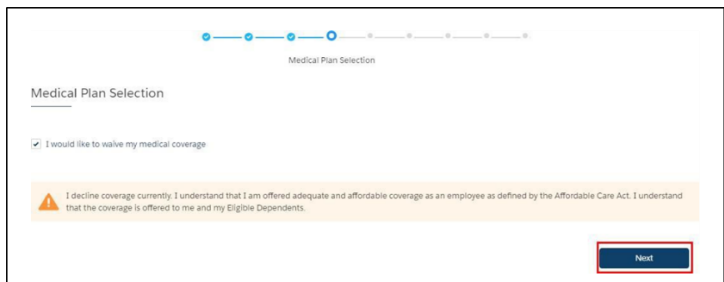
Plan Details

✓ 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 (L...
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

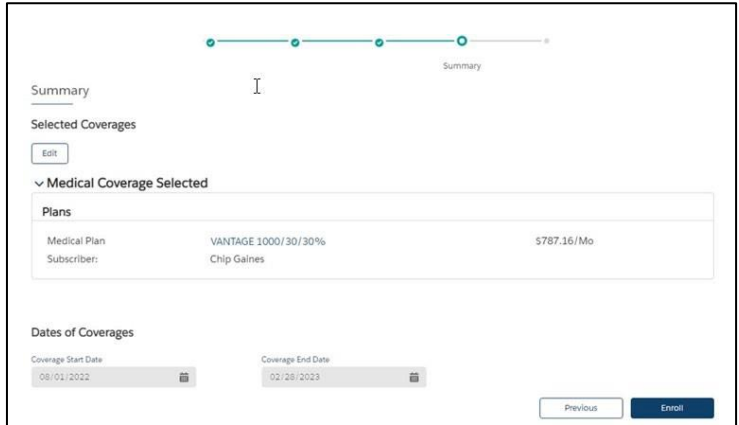
I decline coverage currently. I understand that I am offered adequate and affordable coverage as an employee as defined by the Affordable Care Act. I understand that the coverage is offered to me and my Eligible Dependents.

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.

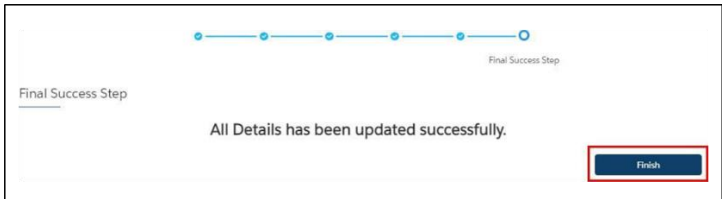
After reviewing, click **Enroll**.



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.





AvMed Employer e3 Web Enrollment User Guide

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**.

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 Wilsane	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	Pinto Robin, Anne Jones, Raipn

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: (256) 741-3717 Email Address: bobrobin@rest.com

Dependents 5

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Pinto 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	
Raipn 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	

Update Member

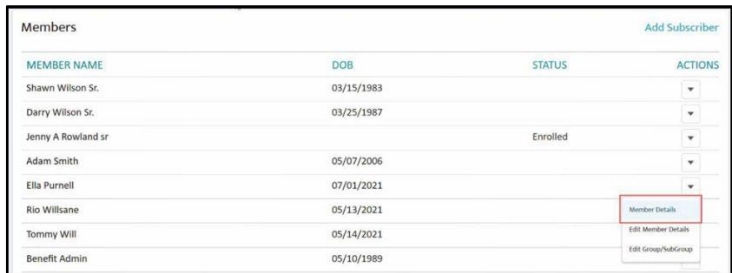
The option to make any updates to member can be found on the Member Details page by selecting the **Update Member** button.

The Update Member button allows you to:

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

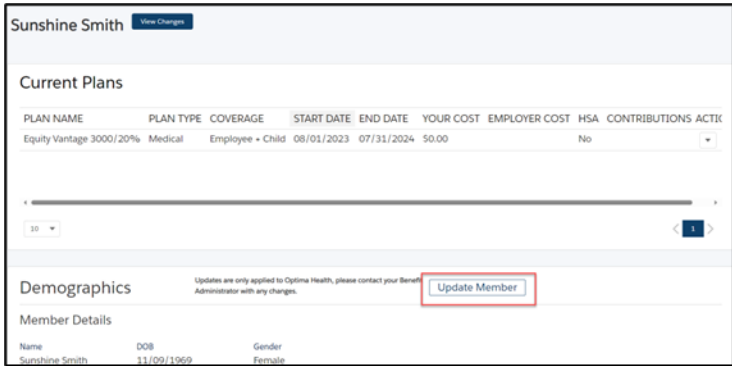
Start on the Group Details page and scroll to the **Members** section at the bottom.

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		▼
Rico 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	11/09/1989	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



AvMed Employer e3 Web Enrollment User Guide

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.

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

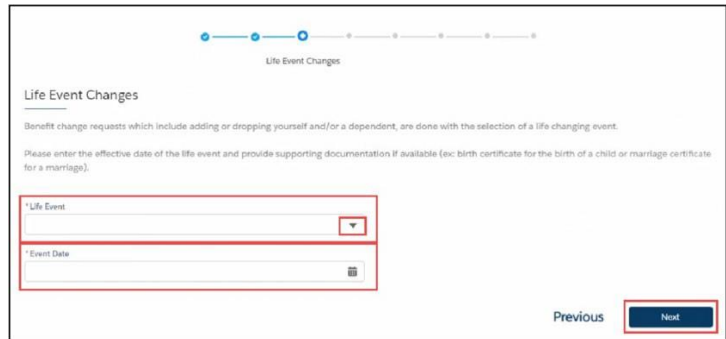
What would you like to do?

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

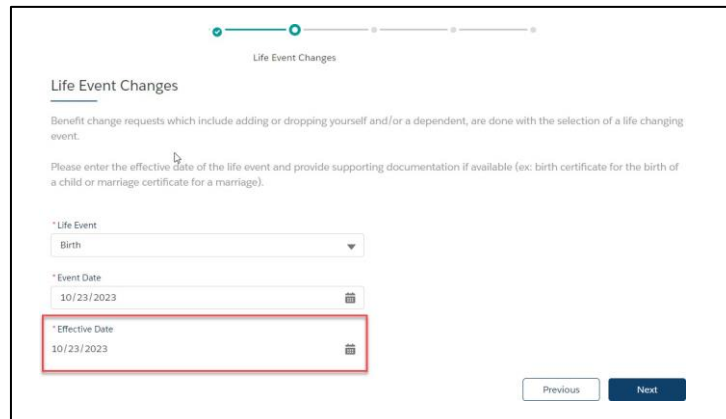


Select the applicable **Life Event** from the dropdown

Enter the **Date of the Event**.



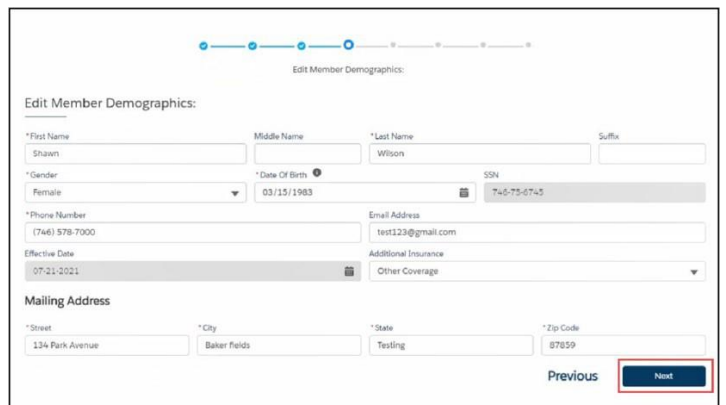
After the **Life Event** and **Event Date** are entered; the **Effective Date** auto-populates. Click **Next**.



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**.





AvMed Employer e3 Web Enrollment User Guide

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	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, Petrick 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

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