

**Group and Member Enrollment Maintenance User
Guide For Benefit Administrators**

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Purpose

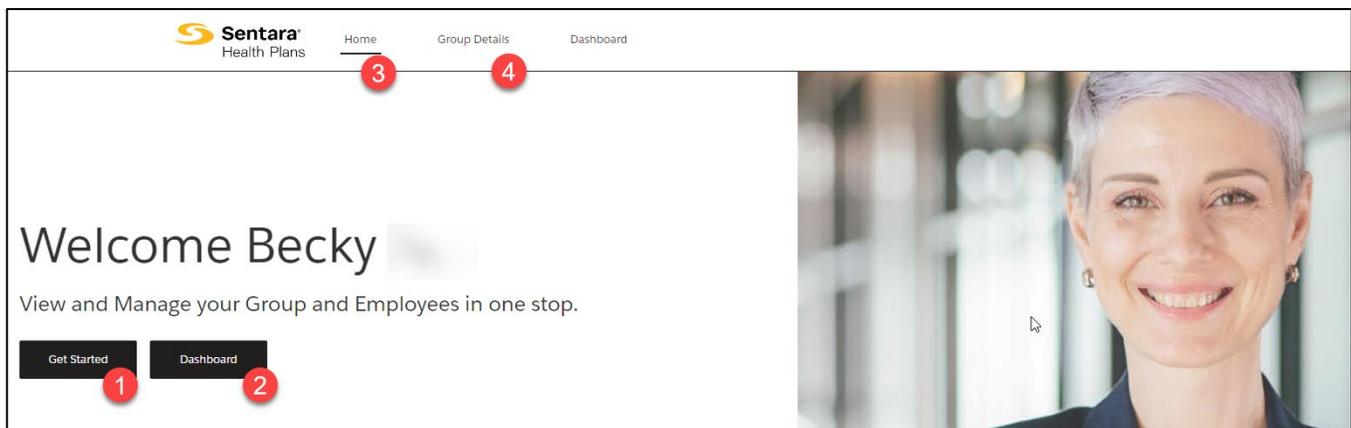
The purpose of this user guide is to outline the functionality available to Benefit Administrators for member maintenance. This user guide includes how to:

- use your dashboards as a work queue
- view group details
- view member information
- make modifications to member information
- update dependent information
- approve member-generated changes

Homepage Overview

From your homepage, you can:

1. **Get Started** to view your group's details
2. view your **Dashboards**



On the top toolbar, which will be present on any page of the site, you can also:

3. return to your **Home** screen
4. view **Group Details**

Dashboards

After clicking on **Dashboard** from your homepage or the top navigation bar, you will be led to a page that contains multiple dashboards with insights regarding key processes, including:

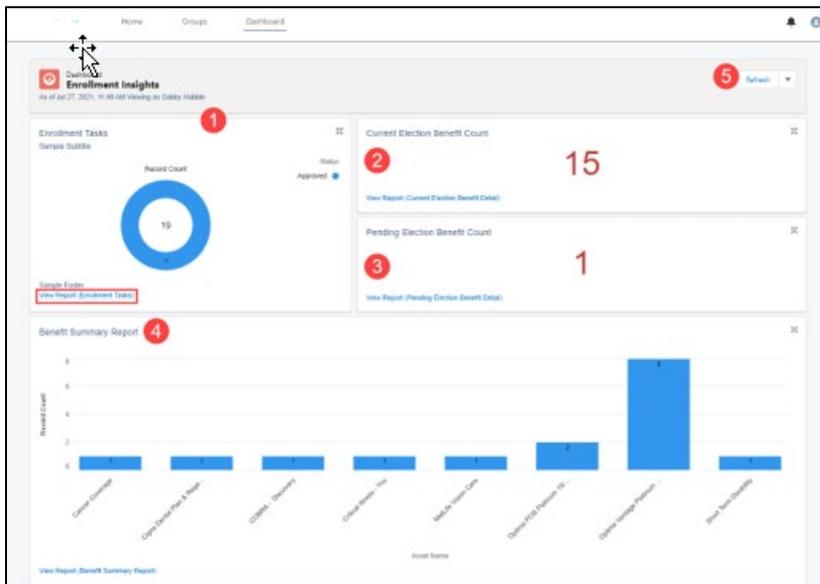
1. enrollment tasks: pending and approved
2. current election benefit count
3. pending election benefit count
4. a summary of elected benefits
5. refresh button

and more!

Dashboards can serve as your work queues, helping identify key tasks on which to focus your attention. For example, clicking into the **Enrollment Tasks** report will provide insights into pending enrollment related tasks, while viewing the **Pending Election Benefit Report** will guide you to benefit election tasks.

Each dashboard'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 below, you can click on the circle graph or bar graph to view details and engage in specific tasks. For the metrics contained in items 2 and 3, click on **View Report** to view details and engage in tasks.

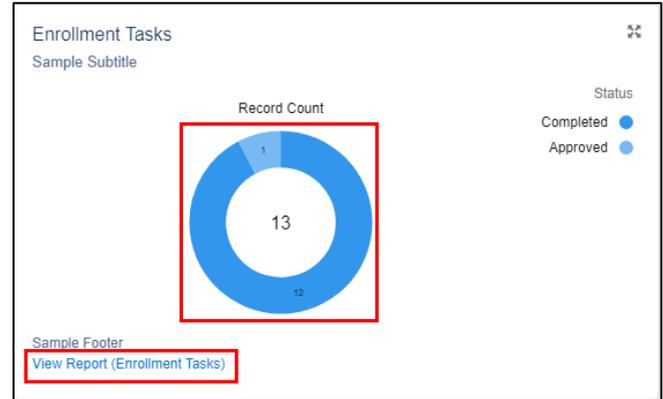


Dashboard 1 – Enrollment Tasks

Clicking on the circle graph in the **Enrollment Tasks (number 1 in the image above)** dashboard will lead you to the detailed data that's summarized in that dashboard.

You can also click **View Report** to view all the details of enrollment tasks.

The image below is an example of the **View Report**. Click on the blue information on each row to view, approve, or make changes to that record functionality.



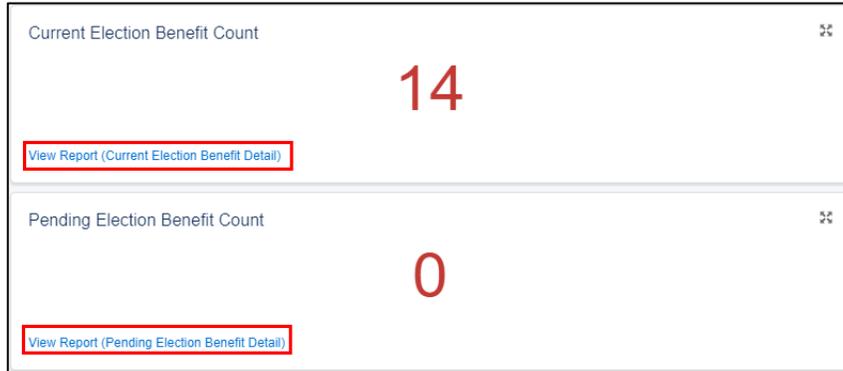
1. The **Status** column communicates the status of each task. You can sort results in this column by clicking the dropdown arrow to the right of **Status**.
2. The **Group/Subgroup** column allows you to see what group or subgroup each member who has pending approvals/tasks belongs to.
 - Sorting the report by this column is the best way to view all pending approvals and transactions for a group.
 - Clicking on the name of the group or subgroup directs you to the group details page.
3. The **First Name**, **Middle Name**, and **Last Name** columns provide the member details related to the request. Click on the member's name to view, approve, or make changes to that record.

Report: Activities with Contacts
Enrollment Tasks

Total Records: 6

Status	Subject	OID	Group/Subgroup	First Name	Middle Name	Last Name	Suffix	Social Security Number	Participation Period Name	Task SubType	Task Description
Not Started (6)	Benefit	-	Acme Sub Group (Has Sub Groups)	Darry	-	Wilson	Sr.	XXX-XX-6789	-	CHANGES NEED REVIEW	Life Event Typ
	Personal	-	Acme Sub Group (Has Sub Groups)	Shawn	IAN	Wilson	Jr	XXX-XX-6745	2021-08-08 -	CHANGES NEED REVIEW	Life Event Typ
	Personal	-	Acme Sub Group (Has Sub Groups)	Shawn	IAN	Wilson	Jr	XXX-XX-6745	2021-08-08 -	CHANGES NEED REVIEW	Life Event Typ
	Benefit	-	Acme Sub Group (Has Sub Groups)	Darry	-	Wilson	Sr.	XXX-XX-6789	-	CHANGES NEED REVIEW	Life Event Typ
	Benefit	-	Acme Sub Group (Has Sub Groups)	Shawn	IAN	Wilson	Jr	XXX-XX-6745	2021-08-08 -	CHANGES NEED REVIEW	Life Event Typ
	Personal	-	Acme Sub Group (Has Sub Groups)	Shawn	IAN	Wilson	Jr	XXX-XX-6745	2021-08-08 -	CHANGES NEED REVIEW	Life Event Typ

Dashboards 2 and 3 – Election Benefit Counts



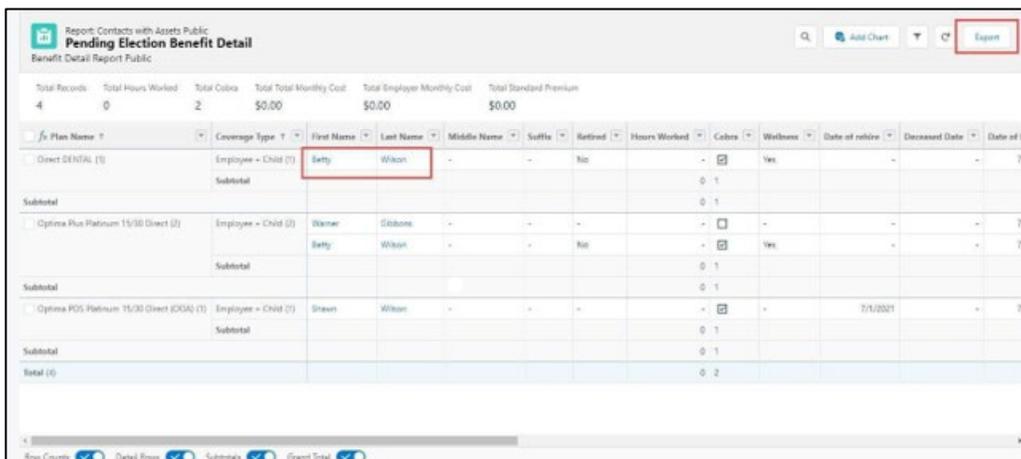
To view employees who have pending or completed benefit elections (i.e., they have selected plans and you need to approve them), click on **View Report** on the either dashboard.

From the **Current Election Benefit Count** report, you can view each member’s benefit election.

From the **Pending Election Benefit Count**, you can view a list of employees who have changes for you to review and approve. You can click on column titles to sort by category.

Click on the blue information on each row to view, approve, or make changes to that record.

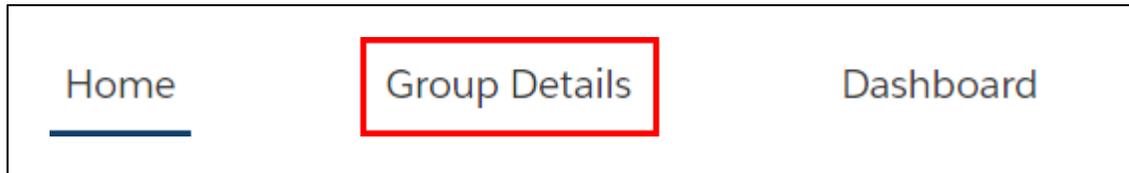
You can export a report by clicking on the **Export** button at the top right of the page.



Plan Name	Coverage Type	First Name	Last Name	Middle Name	Suffix	Retired	Hours Worked	Cobra	Wellness	Date of retire	Deceased Date	Date of h
Direct DENTAL (S)	Employee + Child (2)	Betty	Wilson			No			Yes			/
Subtotal							0.1					
Subtotal							0.1					
Optima Plus Platinum 15/30 Direct (S)	Employee + Child (2)	Warner	Gibbons									/
		Betty	Wilson			No			Yes			/
Subtotal							0.1					
Subtotal							0.1					
Optima POS Platinum 15/30 Direct (DGA) (S)	Employee + Child (2)	Shawn	Wilson							7/1/2021		/
Subtotal							0.1					
Subtotal							0.1					
Total (S)							0.2					

Group Details Page Overview and Navigation

From the homepage (or any page) of your portal, click on **Group Details** on the top navigation bar.



The **Group Details** page provides high-level information about all the groups to which you have access. You can view each group's name, number, type of group, and contract start or end date.

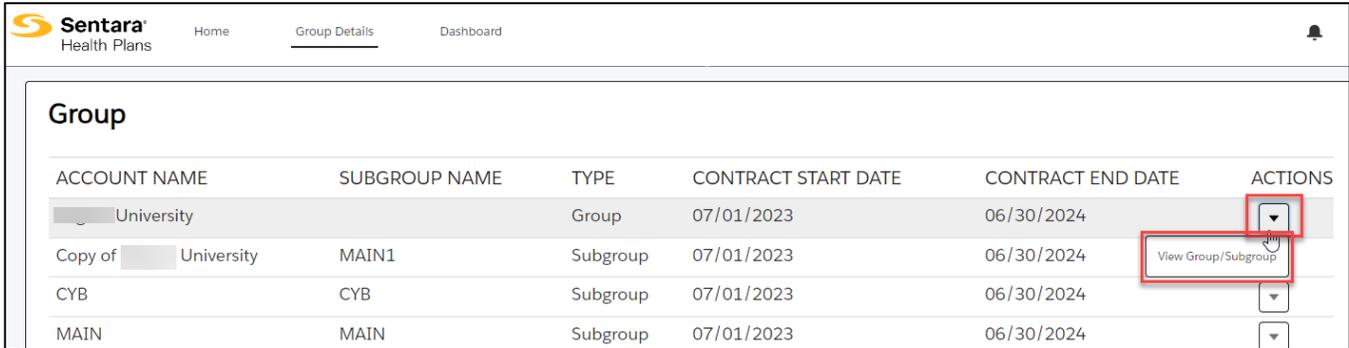
You can also:

1. change the number of groups you can view on this page
2. view more groups by scrolling through listings

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

10 ▼ 1 2 3 >

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



The screenshot shows the 'Group Details' page in the Sentara Health Plans system. It features a table with the following columns: ACCOUNT NAME, SUBGROUP NAME, TYPE, CONTRACT START DATE, CONTRACT END DATE, and ACTIONS. The first row is highlighted in grey and shows 'University' as the account name, 'Group' as the type, and dates from 07/01/2023 to 06/30/2024. The 'Actions' column for this row has a dropdown arrow that is open, showing the option 'View Group/Subgroup'. Red boxes highlight the dropdown arrow and the 'View Group/Subgroup' option. The table also lists 'Copy of University' (Subgroup), 'CYB' (Subgroup), and 'MAIN' (Subgroup) with similar contract dates.

ACCOUNT NAME	SUBGROUP NAME	TYPE	CONTRACT START DATE	CONTRACT END DATE	ACTIONS
University		Group	07/01/2023	06/30/2024	View Group/Subgroup
Copy of University	MAIN1	Subgroup	07/01/2023	06/30/2024	
CYB	CYB	Subgroup	07/01/2023	06/30/2024	
MAIN	MAIN	Subgroup	07/01/2023	06/30/2024	

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. View enrollment insights
5. View group contacts, including benefits administration, billing, and general contacts
6. View employee classes
7. View a list of members
8. Add a new subscriber
9. Mmodify existing subscriber information (by clicking the **Actions** arrow at the far right of the row)

Acme group-MAIN 1

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 2

Address

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

Enrollment Tasks 3 4 Approve All Transactions

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 Hubble	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 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

Members 8 9 Add Subscriber

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

Add a New Member/Subscriber

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

Members				Add Subscriber
<input type="text" value="Search"/>				
MEMBER NAME	DOB	STATUS	ACTIONS	
Aaron [REDACTED]	06/15/1973	Active	<input type="button" value="v"/>	
Aaron [REDACTED]	11/14/1985	Active	<input type="button" value="v"/>	
Abigail [REDACTED]	10/27/1995	Active	<input type="button" value="v"/>	

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

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

Member Details

Member Details

Add Subscriber

[*] First Name	[*] Middle Name	[*] Last Name	[*] Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Required</small>		<small>Required</small>	
[*] Gender		[*] Birth Date	
<input type="text"/>		<input type="text"/>	
<small>Required</small>		<small>Required</small>	
SSN		[*] Phone	
<input type="text"/>		<input type="text"/>	
		<small>Required</small>	
Email		Retired	
<input type="text"/>		<input type="text"/>	
Wellness		Hours Worked	
<input type="text"/>		<input type="text"/>	
[*] Group Class		Additional Insurance	
<input type="text"/>		<input type="text"/>	
<small>Required</small>			
Hire Start On	Hire Number Days	Following	
[*] New Hire Start Date			
<input type="text"/>			
<small>Required</small>			
[*] Effective Date		Effective Date is required.	
Please Select			

Mailing Address

[*] Street	[*] City	[*] State	[*] ZipCode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Required</small>	<small>Required</small>	<small>Required</small>	<small>Required</small>

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

Success

Subscriber created correctly.

Finish

Enroll New Member

Once you have successfully created the new subscriber, the site will auto-direct you to the member's detail page.

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

Sentara Health Plans Home Group Details Dashboard

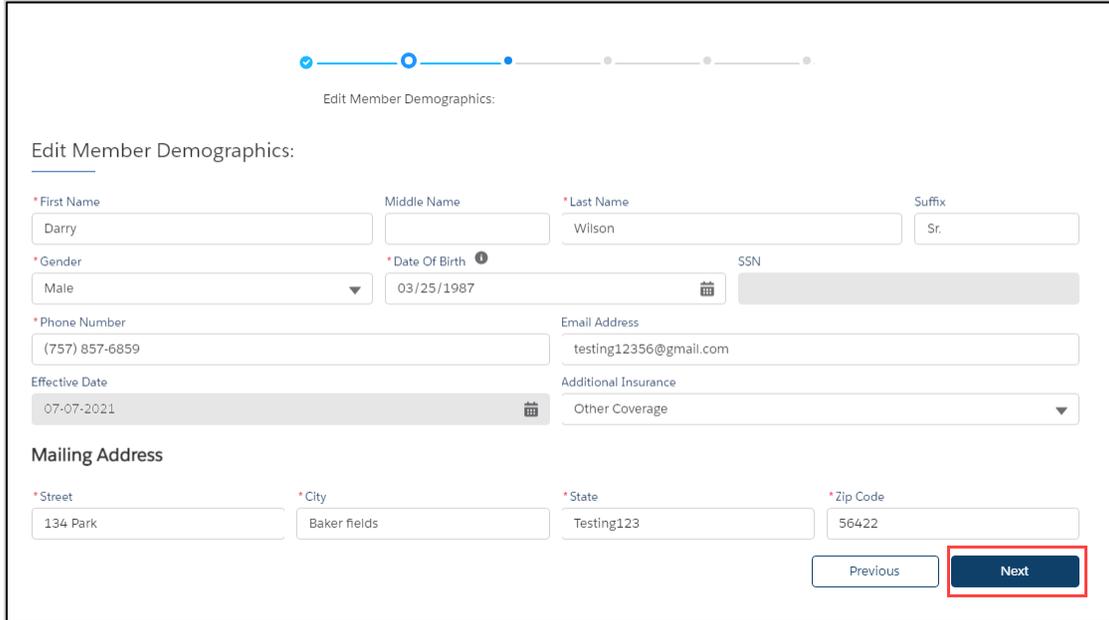
Jack Frost View Changes

↻ Get started here! Current 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**.



Progress indicator: 1 of 5 steps completed.

Edit Member Demographics:

Edit Member Demographics:

* First Name: Darry Middle Name: * Last Name: Wilson 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: Other Coverage

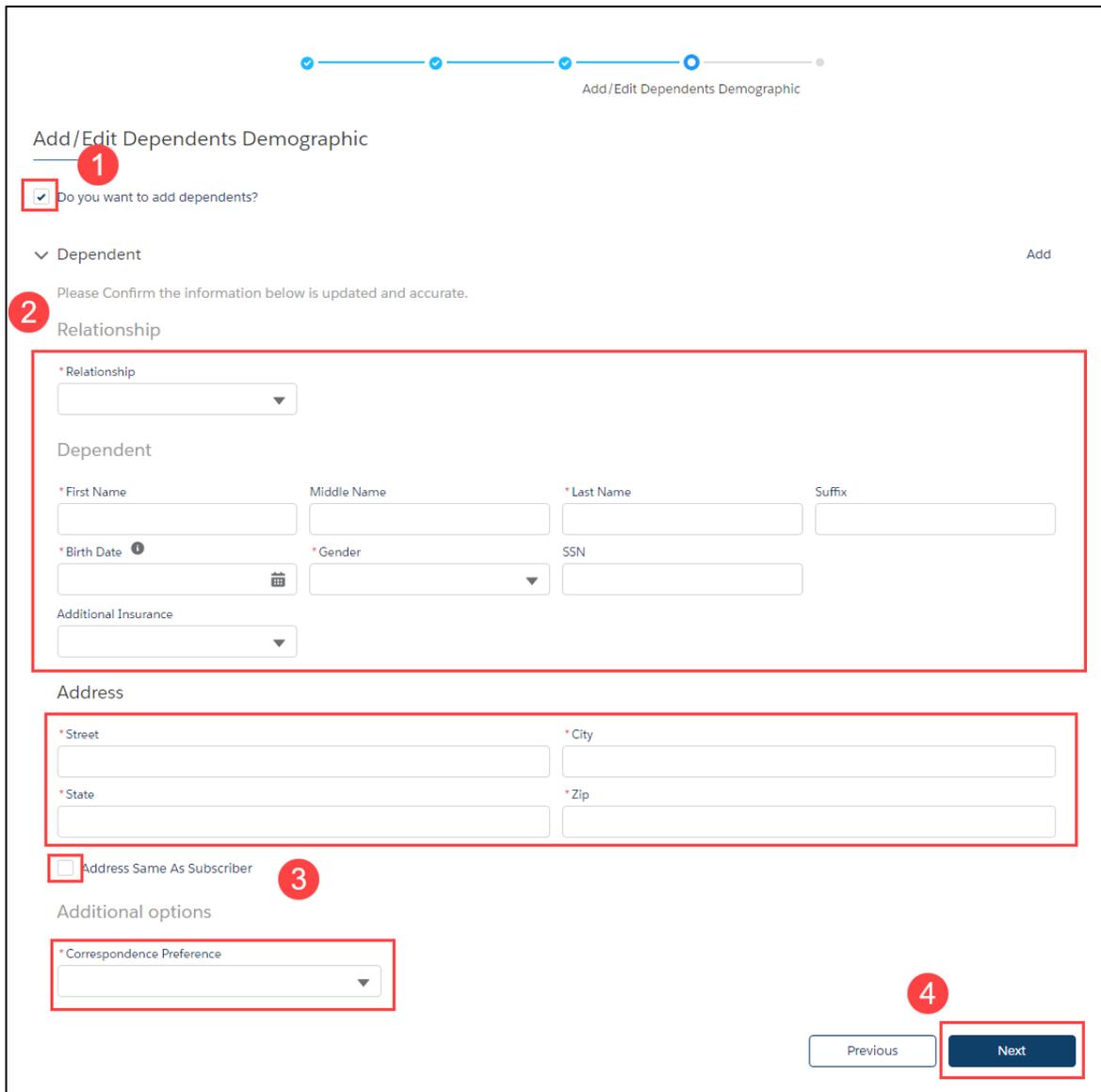
Mailing Address

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

Buttons: Previous, Next

On the next screen, you can:

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**.

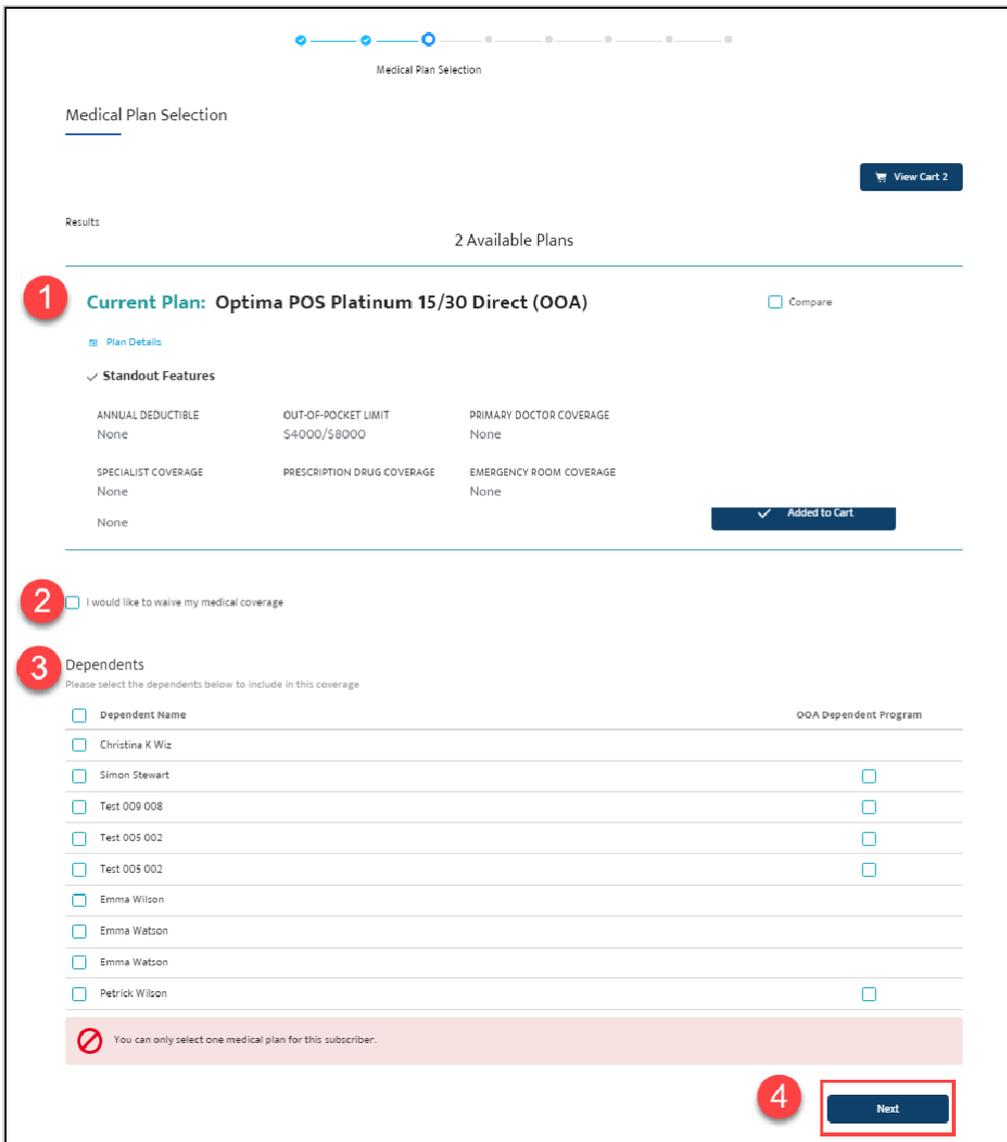


The screenshot shows the 'Add/Edit Dependents Demographic' form. At the top, a progress bar indicates the current step. The form title is 'Add/Edit Dependents Demographic'. Step 1: A checkbox labeled 'Do you want to add dependents?' is checked. Step 2: A 'Dependent' section is expanded, showing a confirmation message: 'Please Confirm the information below is updated and accurate.' Below this are fields for 'Relationship', 'First Name', 'Middle Name', 'Last Name', 'Suffix', 'Birth Date', 'Gender', and 'SSN'. Step 3: An 'Address' section contains fields for 'Street', 'City', 'State', and 'Zip'. Below these is a checkbox labeled 'Address Same As Subscriber'. Step 4: An 'Additional options' section contains a dropdown menu for 'Correspondence Preference'. At the bottom right, there are 'Previous' and 'Next' buttons.

Next, you'll see the insurance coverage options.

On each of these screens, you can:

1. select from a menu of plans
2. elect to waive coverage
3. elect which dependents to include in coverage. Click on the box to the left of **Dependent Name** to select all names or select the box next to each dependent to include in coverage individually.
4. After completing these steps on each screen, click **Next**.



The screenshot shows the 'Medical Plan Selection' interface. At the top, a progress bar indicates the current step. Below the title, there is a 'View Cart 2' button. The main content area shows '2 Available Plans'. The first plan is highlighted with a red circle '1' and is 'Current Plan: Optima POS Platinum 15/30 Direct (OOA)'. Below this, there is a 'Plan Details' link and a 'Standout Features' section with a table of benefits. A red circle '2' points to a checkbox 'I would like to waive my medical coverage'. A red circle '3' points to the 'Dependents' section, which includes a table of dependent names and checkboxes for selection. A red circle '4' points to a 'Next' button at the bottom right. A red circle '4' also points to a 'Next' button at the bottom right of the screen. A red circle '4' also points to a 'Next' button at the bottom right of the screen.

Medical Plan Selection

Results

2 Available Plans

1 **Current Plan: Optima POS Platinum 15/30 Direct (OOA)** Compare

[Plan Details](#)

✓ **Standout Features**

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

Added to Cart

2 I would like to waive my medical coverage

3 **Dependents**
Please select the dependents below to include in this coverage

<input type="checkbox"/> Dependent Name	OOA Dependent Program
<input type="checkbox"/> Christina K Wiz	
<input type="checkbox"/> Simon Stewart	<input type="checkbox"/>
<input type="checkbox"/> Test 009 008	<input type="checkbox"/>
<input type="checkbox"/> Test 005 002	<input type="checkbox"/>
<input type="checkbox"/> Test 005 002	<input type="checkbox"/>
<input type="checkbox"/> Emma Wilson	
<input type="checkbox"/> Emma Watson	
<input type="checkbox"/> Emma Watson	
<input type="checkbox"/> Petrick Wilson	<input type="checkbox"/>

You can only select one medical plan for this subscriber.

4 **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

<input checked="" type="checkbox"/> Dependent Name	Relationship	OOA Dependent Program
<input checked="" type="checkbox"/> Rhonda Test	Spouse	
<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**.

Medical Plan Selection

Results

2 Available Plans

Optima 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 Optima Vantage 1000/25/30% Compare

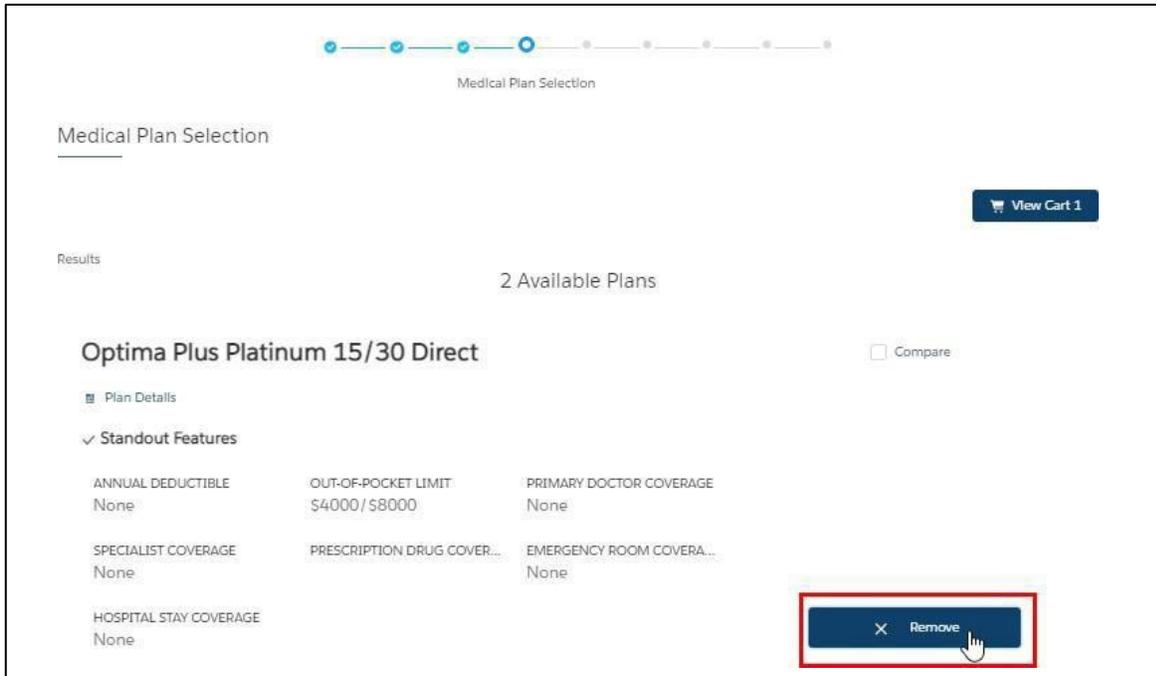
[Plan Details](#)

✓ **Standout Features**

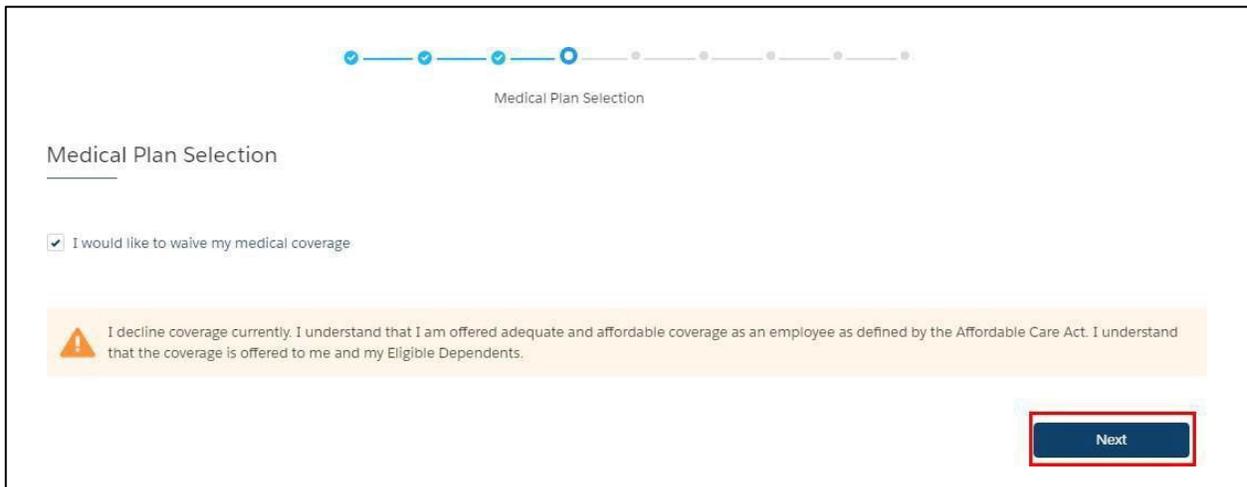
ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$50 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 30% Coinsurance AD (L...
HOSPITAL STAY COVERAGE N/A		

+ Add to Cart

To remove a plan from your cart, hover over **Add to Cart** button and click again, selecting **Remove**.



If the member has elected to waive coverage, review and accept the confirmation statement by clicking **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. When your selection and review is complete, click **Enroll**.



Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans		
Medical Plan	VANTAGE 1000/30/30%	\$787.16/Mo
Subscriber:	Chip Gaines	

Dates of Coverages

Coverage Start Date

08/01/2022 

Coverage End Date

02/28/2023 

Previous

Enroll

Congratulations! You have successfully completed enrollment for the new member. Click **Finish**.



The image shows a confirmation screen for a 'Final Success Step'. At the top, there is a horizontal progress bar with six circular markers. The first five markers are filled with a blue checkmark, and the sixth marker is an empty circle. Below the progress bar, the text 'Final Success Step' is displayed on the right side. On the left side, the text 'Final Success Step' is also present, with a horizontal line underneath it. In the center of the screen, the message 'All Details has been updated successfully.' is displayed. On the right side, there is a dark blue rectangular button with the word 'Finish' written in white text. The button is highlighted with a red rectangular border.

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
<input type="text" value="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	<div style="border: 1px solid red; padding: 2px;">Member Details</div> Edit Member Details Edit Group/Subgroup	
Test1 TestLast2	08/12/1981	Active		
Test1 TestLast2	10/28/1981	Active		

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
[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
Optima 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?
Optima Plus 1000/20%	Medical	Employee + Children	08/09/2021	08/01/2022	\$280.00	\$0.00	Plnto Robln, Anne Jones, Ralph I

Demographics
4
Update Member

Member Details

Name	DOB	Gender
Bob Robln	08/06/1991	Male

Mailing address

Street Name	City	State	Zip Code	Phone Number	Email Address
1234	east main street	Chlcago	23456	(258) 741-3717	bobrob@test.com

Dependents
5

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Plnto Robln	08/25/1998	1234, Chlcago, east main street, 23456	Other Dependent	Female	▼
Anne Jones	08/10/2010	1234, Chlcago, east main street, 23456	Child	Female	▼
Ralph Robln	08/11/2021	1234, Chlcago, east main street, 23456	Child	Male	▼
Anne Jones	08/12/2010	1234, Chlcago, east main street, 23456	Child	Female	▼
Kelly Robln	08/07/1996	1234, Chlcago, east main street, 23456	Disabied Child	Female	▼

Revised 11/2023

21

Modify Member Information

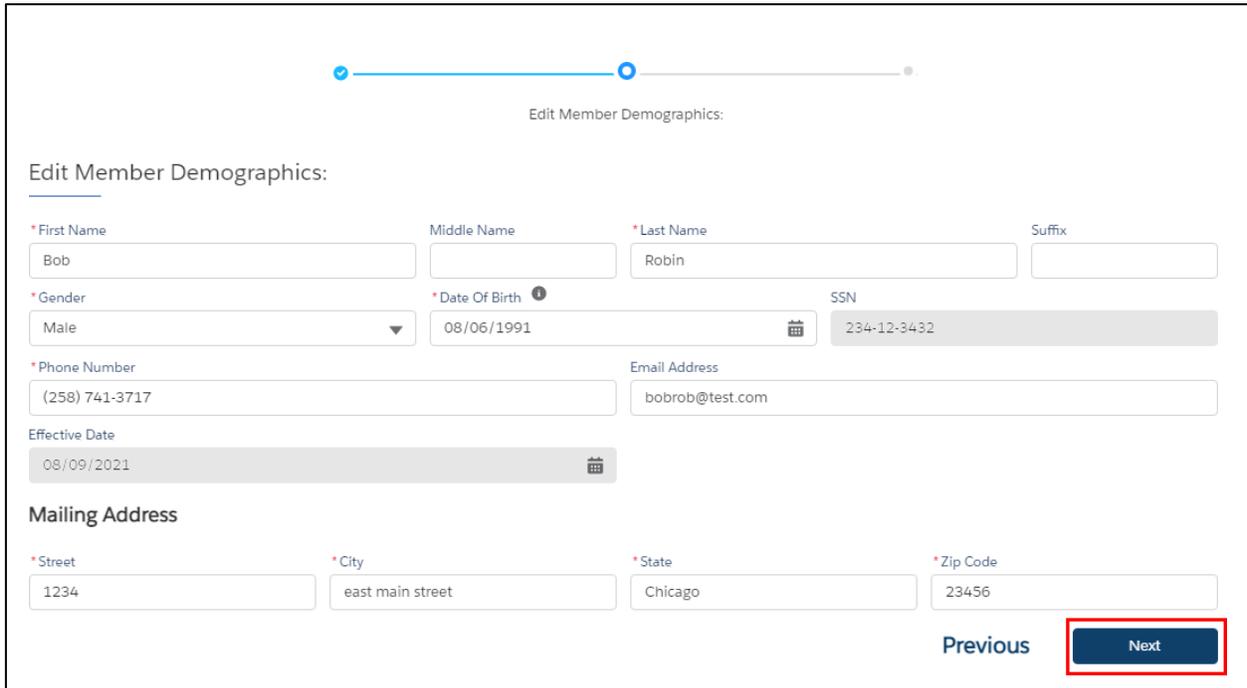
After clicking **Update Member**, a pop-up window will appear. Select **Update Member** to make edits and then click **Next**.



The screenshot shows a pop-up window with a progress indicator at the top consisting of three dots on a horizontal line, with the first dot highlighted in blue. Below the progress indicator is the text "What would you like to do?". Underneath, there is a heading "What would you like to do?" followed by three radio button options: "Update Member" (which is selected), "Life Event", and "Other Correction". In the bottom right corner of the window, there is a dark blue button labeled "Next" which is highlighted with a red rectangular border.

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**.



Progress indicator: 1 of 2 steps completed.

Edit Member Demographics:

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: (258) 741-3717 | Email Address: bobrob@test.com

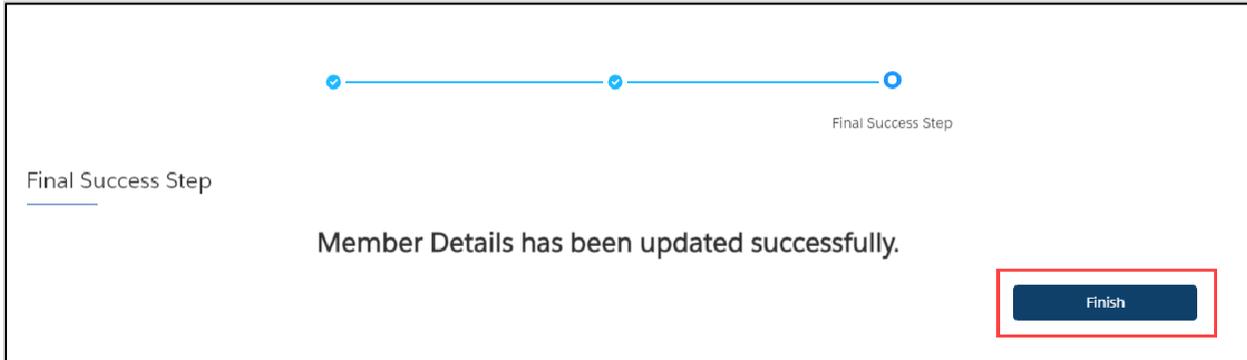
Effective Date: 08/09/2021

Mailing Address

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

Previous **Next**

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



The screenshot shows a progress bar with three steps. The first two steps are marked with checkmarks, and the third step is marked with a circle and labeled "Final Success Step". Below the progress bar, the text "Final Success Step" is underlined. The main message reads "Member Details has been updated successfully." A blue button labeled "Finish" is located in the bottom right corner, highlighted with a red box.

Update Life Event

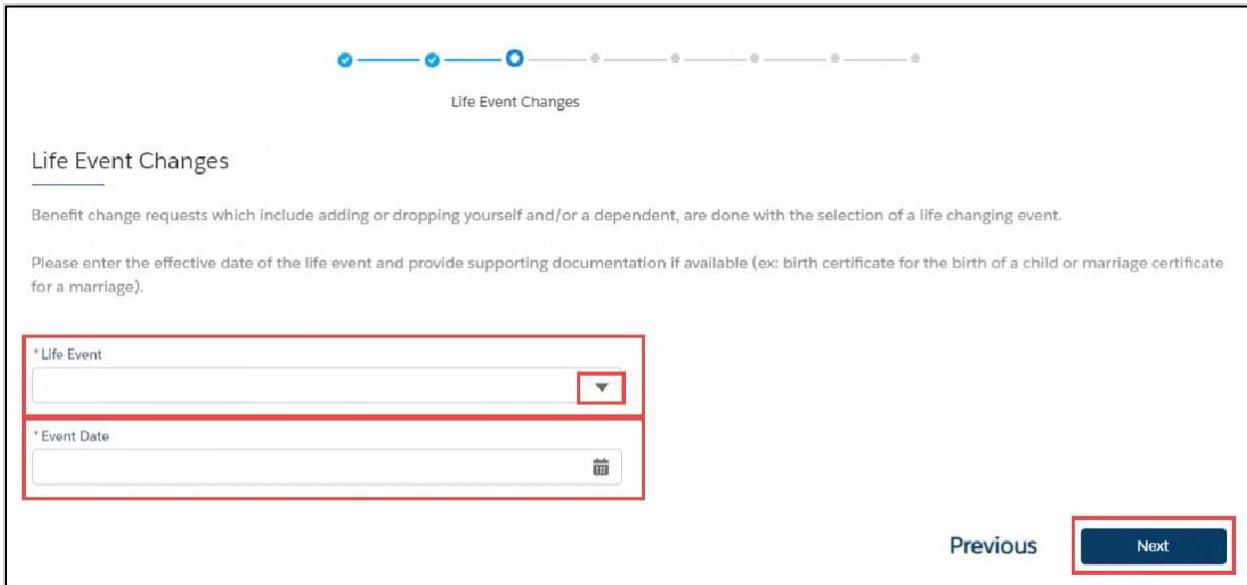
After clicking **Update Member**, a pop-up window will appear. Select **Life Event** to make edits and then click **Next**.



The screenshot shows a selection screen with a progress bar at the top. The first step is selected and labeled "What would you like to do?". Below the progress bar, the text "What would you like to do?" is underlined. There are three radio button options: "Update Member", "Life Event", and "Other Correction". The "Life Event" option is selected and highlighted with a red box. A blue button labeled "Next" is located in the bottom right corner, also highlighted with a red box.

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.



The screenshot shows a multi-step process for 'Life Event Changes'. At the top, a progress bar indicates the current step. Below the title, there is explanatory text and a required date field. The 'Life Event' dropdown menu and the 'Event Date' field are highlighted with red boxes. The 'Next' button is also highlighted with a red box.

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).

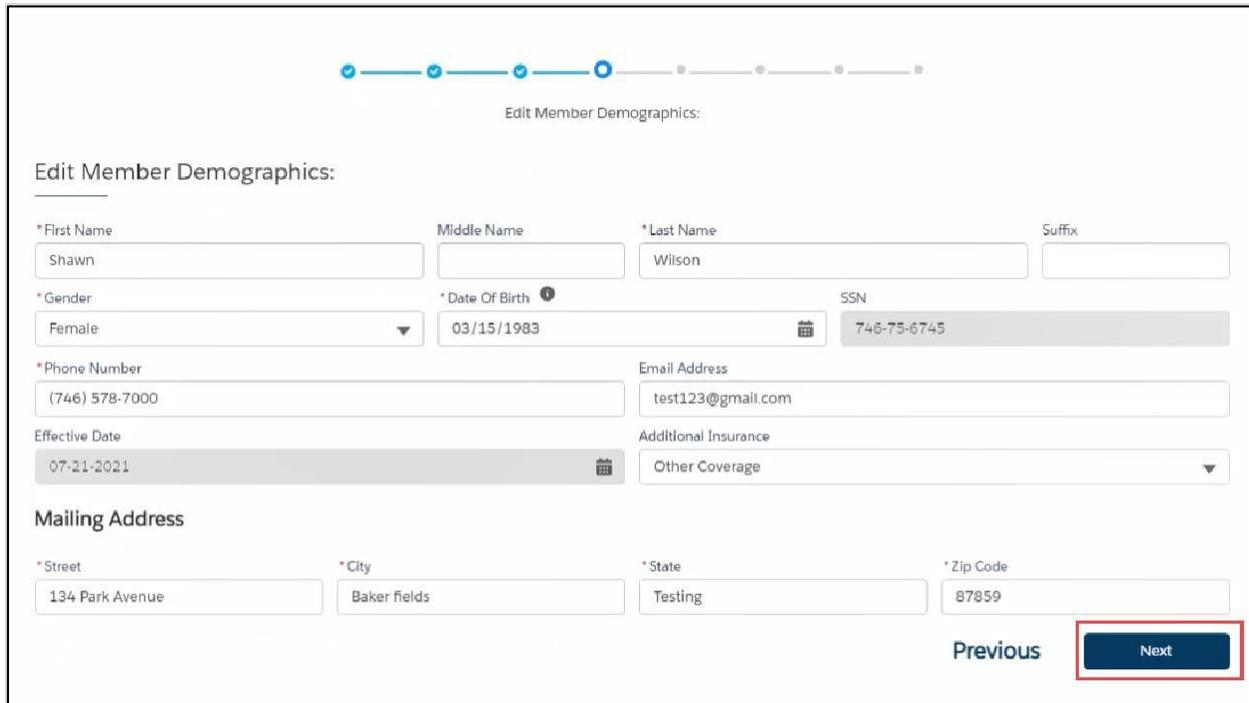
* Life Event

* Event Date

Previous **Next**

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**.



Progress indicator: 1 of 7 steps completed.

Edit Member Demographics:

Edit Member Demographics:

* First Name	Middle Name	* Last Name	Suffix
Shawn		Wilson	
* Gender	* Date Of Birth	SSN	
Female	03/15/1983	746-75-6745	
* Phone Number	Email Address		
(746) 578-7000	test123@gmail.com		
Effective Date	Additional Insurance		
07-21-2021	Other Coverage		

Mailing Address

* Street	* City	* State	* Zip Code
134 Park Avenue	Baker fields	Testing	87859

Previous **Next**

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 [here](#).

Then, select plans. Refer to the process flow [here](#) for more details.

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

Results 2 Available Plans

Current Plan: Optima Plus Platinum 15/30 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...
HOSPITAL STAY COVERAGE None		

✓ Added to Cart

Optima POS Platinum 15/30 Direct (OOA) Compare

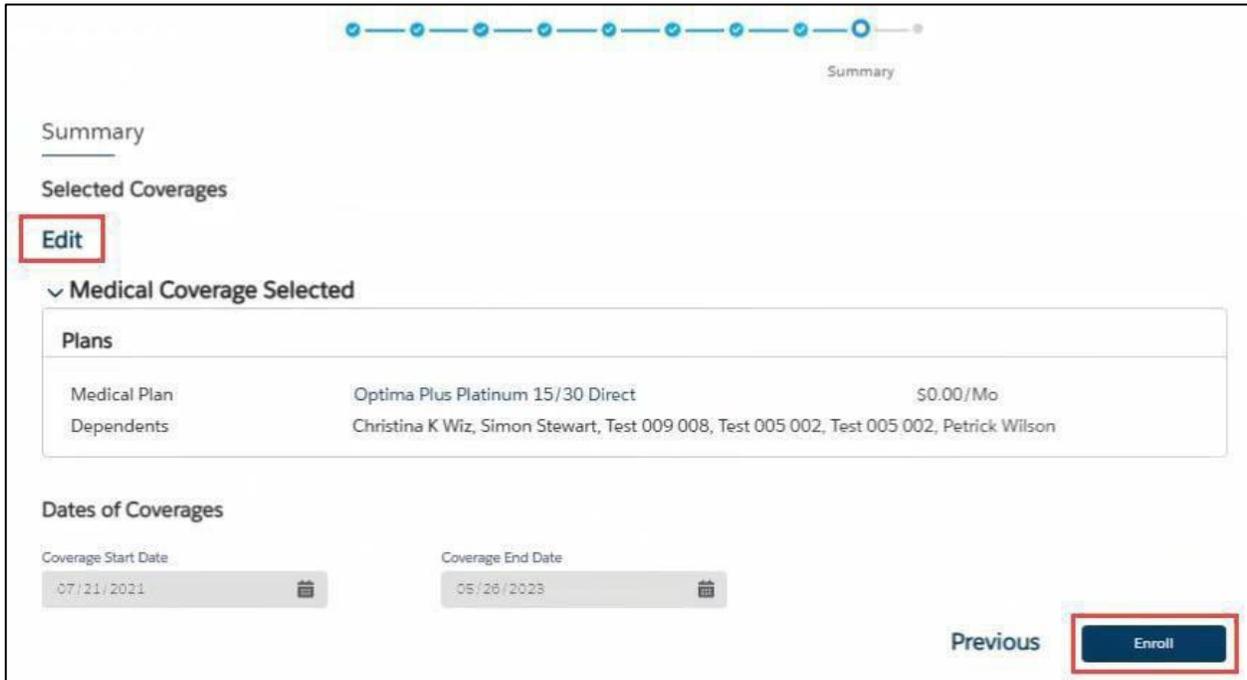
Plan Details

✓ **Standout Features**

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

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**.



Summary

Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans		
Medical Plan	Optima 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: 05/26/2023

Previous **Enroll**

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



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**.

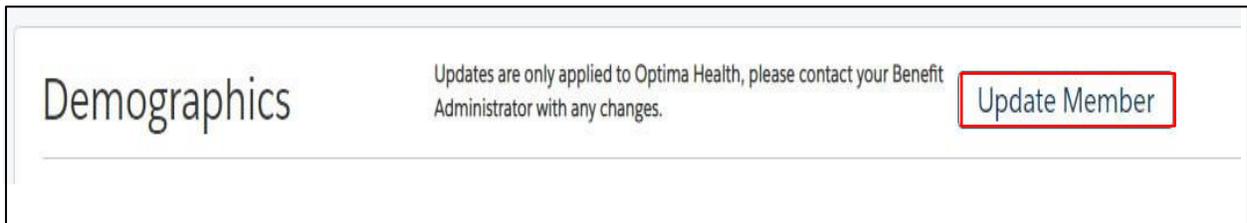


The screenshot shows a progress indicator at the top with a blue dot on the first step. Below it, the text "What would you like to do?" is displayed. The form contains three radio button options: "Update Member", "Life Event", and "Other Correction". The "Other Correction" option is selected and highlighted with a red box. Below the radio buttons is a text input field labeled "* Event Date" with a calendar icon on the right. The word "Required" is written in red below the input field. A blue "Next" button is located at the bottom right of the form, also highlighted with a red box.

From here, the process mirrors that of a life event update. Please refer to that process [here](#) if you have questions.

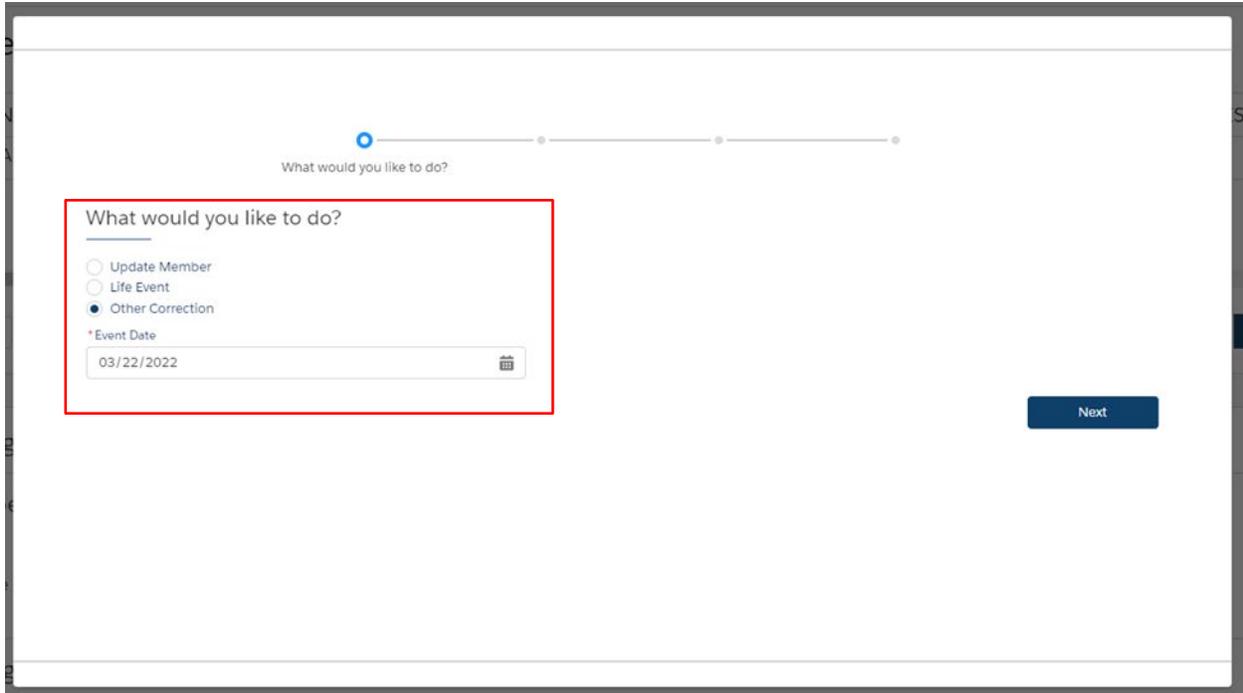
Update HSA Election and/ or Contribution

To update the HSA election, click **Update Member** from the member details page.



The screenshot shows a section titled "Demographics". To the right of the title, there is a note: "Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes." A blue "Update Member" button is located to the right of the note and is highlighted with a red box.

Select **Other Correction**, fill out **Event Date** and then click **Next**.



What would you like to do?

What would you like to do?

Update Member

Life Event

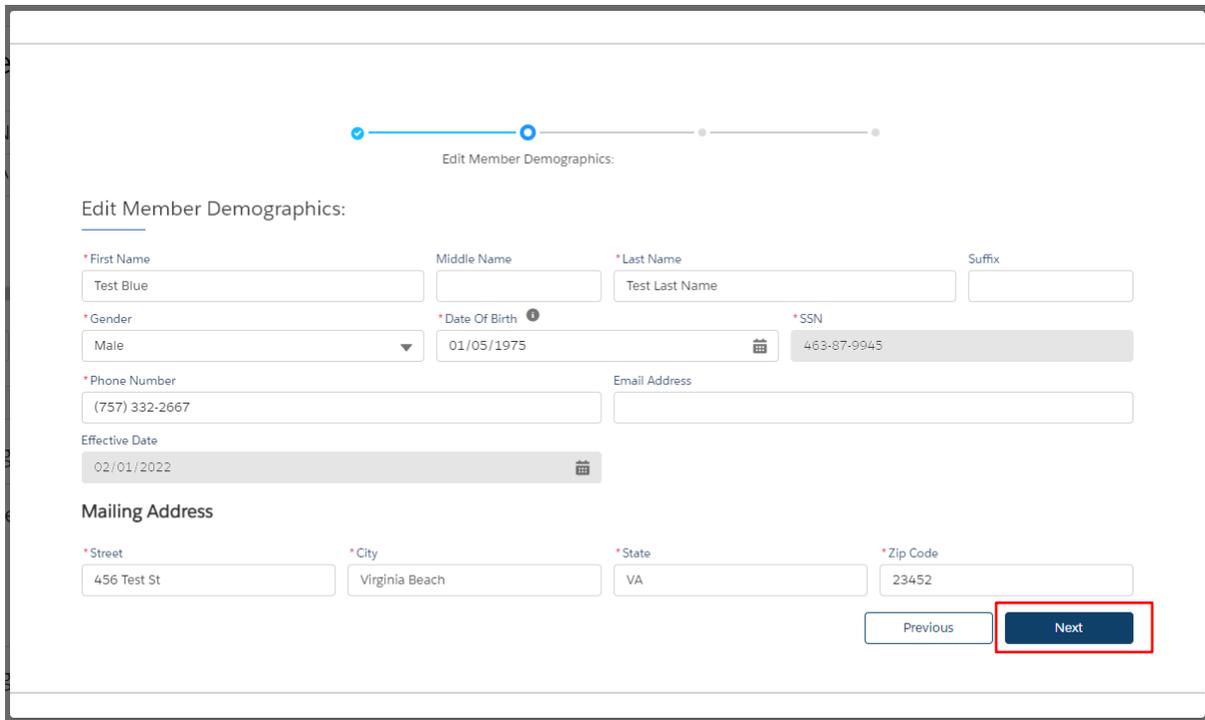
Other Correction

*Event Date

03/22/2022

Next

Review member information and make edits as needed. Once you have completed your edits, click **Next**.



Edit Member Demographics:

Edit Member Demographics:

* First Name: Test Blue

Middle Name:

* Last Name: Test Last Name

Suffix:

* Gender: Male

* Date Of Birth: 01/05/1975

* SSN: 463-87-9945

* Phone Number: (757) 332-2667

Email Address:

Effective Date: 02/01/2022

Mailing Address

* Street: 456 Test St

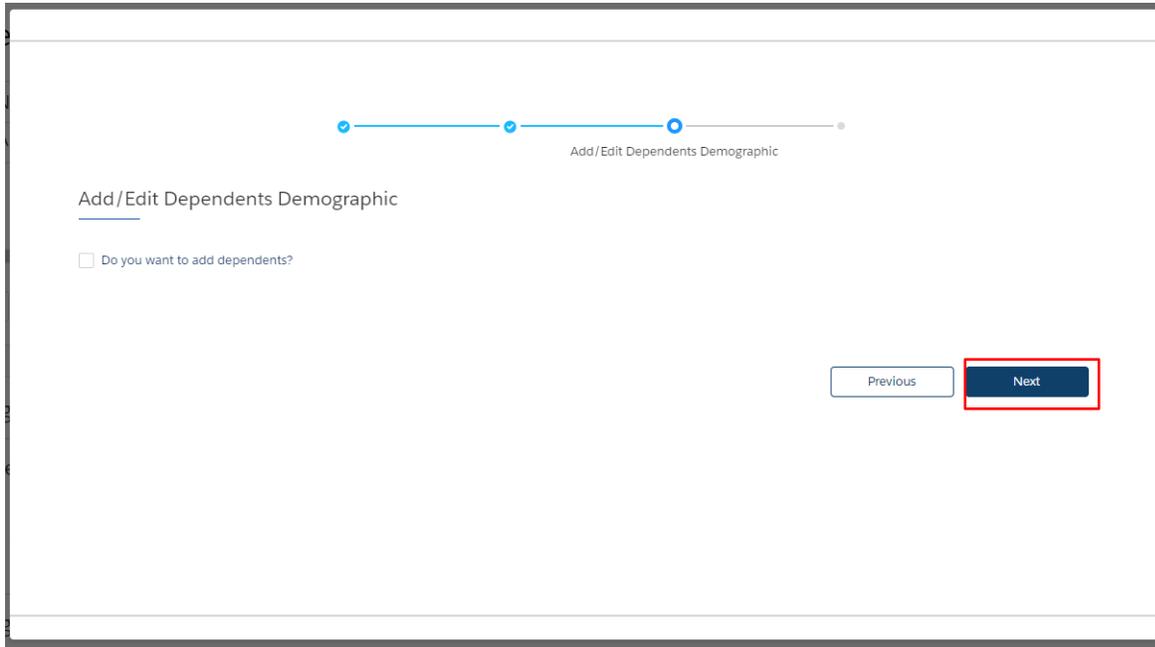
* City: Virginia Beach

* State: VA

* Zip Code: 23452

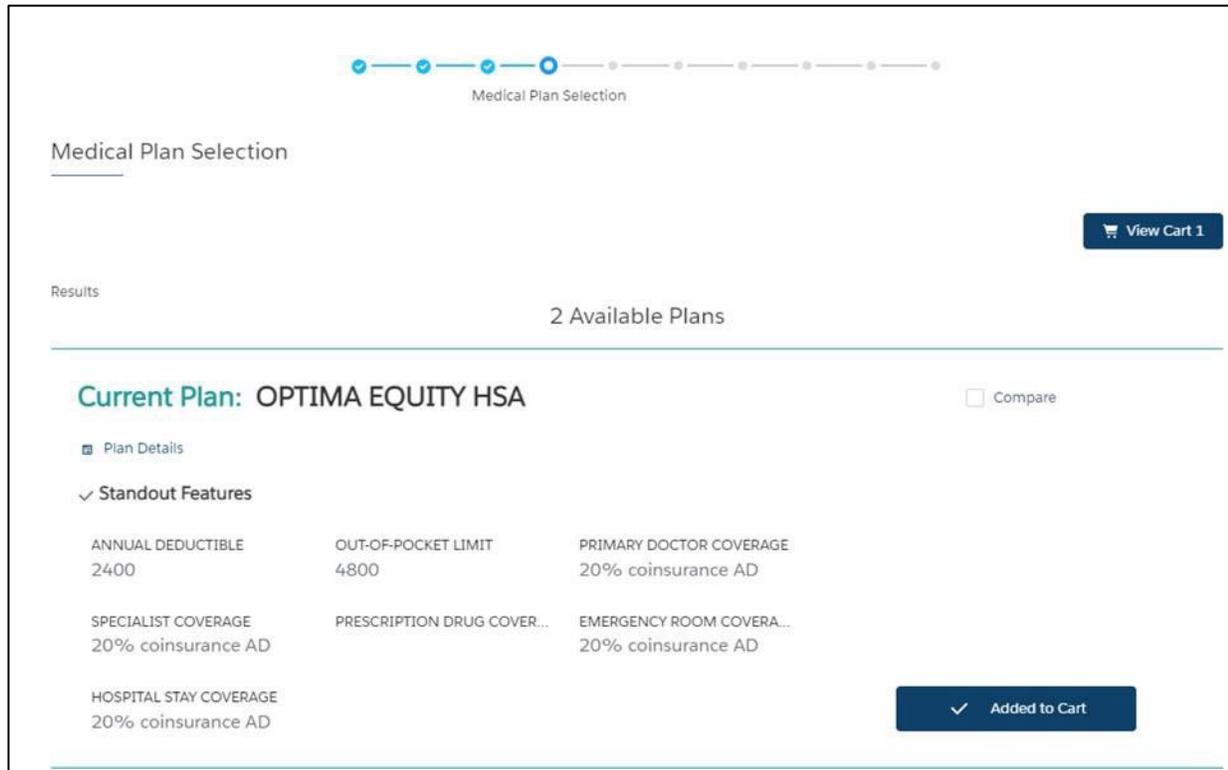
Previous Next

Add / Edit Dependents Demographics, click **Next**.



The screenshot shows a progress bar at the top with four steps. The third step, 'Add/Edit Dependents Demographic', is the current step and is highlighted with a blue circle. Below the progress bar, the title 'Add/Edit Dependents Demographic' is underlined. A checkbox labeled 'Do you want to add dependents?' is present and unchecked. At the bottom right, there are two buttons: 'Previous' and 'Next'. The 'Next' button is highlighted with a red rectangular border.

Equity Plan will already be in your cart, click **Next**.



The screenshot displays the 'Medical Plan Selection' page. At the top, a progress bar shows five steps, with the fourth step, 'Medical Plan Selection', highlighted. Below the progress bar, the title 'Medical Plan Selection' is underlined. In the top right corner, there is a 'View Cart 1' button with a shopping cart icon. The main content area shows 'Results' and '2 Available Plans'. The 'Current Plan' is 'OPTIMA EQUITY HSA', with a 'Compare' checkbox to its right. Under 'Plan Details', there is a 'Standout Features' section. The features are listed in a grid:

ANNUAL DEDUCTIBLE 2400	OUT-OF-POCKET LIMIT 4800	PRIMARY DOCTOR COVERAGE 20% coinsurance AD
SPECIALIST COVERAGE 20% coinsurance AD	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 20% coinsurance AD
HOSPITAL STAY COVERAGE 20% coinsurance AD		

At the bottom right of the plan details, there is a blue button with a checkmark and the text 'Added to Cart'.

Update HSA Election and/or Contribution, click **Next**.



The screenshot shows a web form titled "HSA Election". At the top, a progress bar indicates the current step. Below the title, there is a question: "You have chosen a medical plan that is HSA eligible, please specify if you would like to have an HSA account created". Two radio buttons are present: "Yes" (selected) and "No". Below this is a text input field for "HSA Monthly Contribution" with the value "\$50.00". At the bottom right, there are two buttons: "Previous" and "Next".

After completing the process, review your changes. If changes are needed, click **Edit**.
If the information and selections are correct, click **Enroll**.

Progress indicator: 12 steps, 11th step active, 12th step (Summary) highlighted.

Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans		
Medical Plan	OPTIMA EQUITY HSA	\$48.00/Mo
Subscriber:	Test Blue Test Last Name	\$50.00/Mo Contribution

Coverages Waived

Type

Dental

Cancer

Critical Illness

Voluntary Accident/Accident Plus

Dates of Coverages

Coverage Start Date: 02/01/2022

Coverage End Date: 06/30/2022

Previous Enroll

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

Progress indicator: 12 steps, 12th step (Final Success Step) active and highlighted.

Final Success Step

All Details has been updated successfully.

Finish

Current Plans will now reflect updates.

Note: you may need to refresh your screen if updates do not appear

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	HSA AMOUNT	EMPLOYER COST
EQUITY PLUS/OOA 4000/20%	Medical	Yes	Employee Only	08/01/2022	02/28/2023	\$812.62	\$60.00	

Edit Dependent Information

To update a member’s dependents, navigate to the member’s details page, and scroll down to the **Dependents** section. Click on the arrow at the far right of the row and select **Update Dependent**.

Dependents					
DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Rhonda Test	01/01/2001	134 Park, Testing123, Baker fields, 56422	Spouse	Female	▼
test 009	08/01/2021	134 Park, Testing123, Baker fields, 5648995	Child	Ma	Update Dependent
test 009	08/01/2021	134 Park, Testing123, Baker fields, 5648995	Child	Male	▼

10 ▼ < 1 >

A pop-up window will appear with demographic information that is editable.

You can edit all fields but the dependent's social security number.

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

Edit Dependent Information

Please Confirm the information below is updated and accurate.

Relationship

* Relationship To Subscriber
Child

Dependent

* First Name: Robert Middle Name: Last Name: Cavill

* Birth Date: 08/04/2005 * Gender: Male SSN: 555-55-5555

Additional Insurance

Mailing Address

Address Same As Subscriber

* Street: 10196 Noriega Ln * City: Pensacola * State: Florida Zip Code: 32514

Additional Options

* Correspondence Preference

Next

Congratulations! You have successfully edited a dependent.

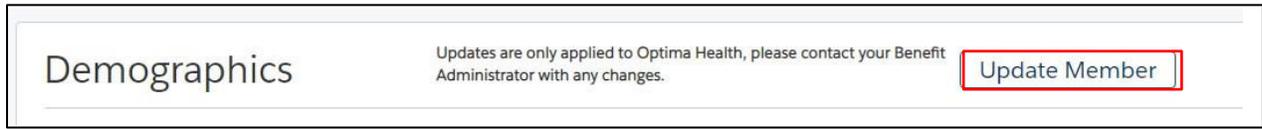
Dependent Updated

Dependent is successfully updated.

Finish

Terminate/Remove a Dependent's Coverage

To remove coverage for a dependent, click **Update Member** from the member details page.

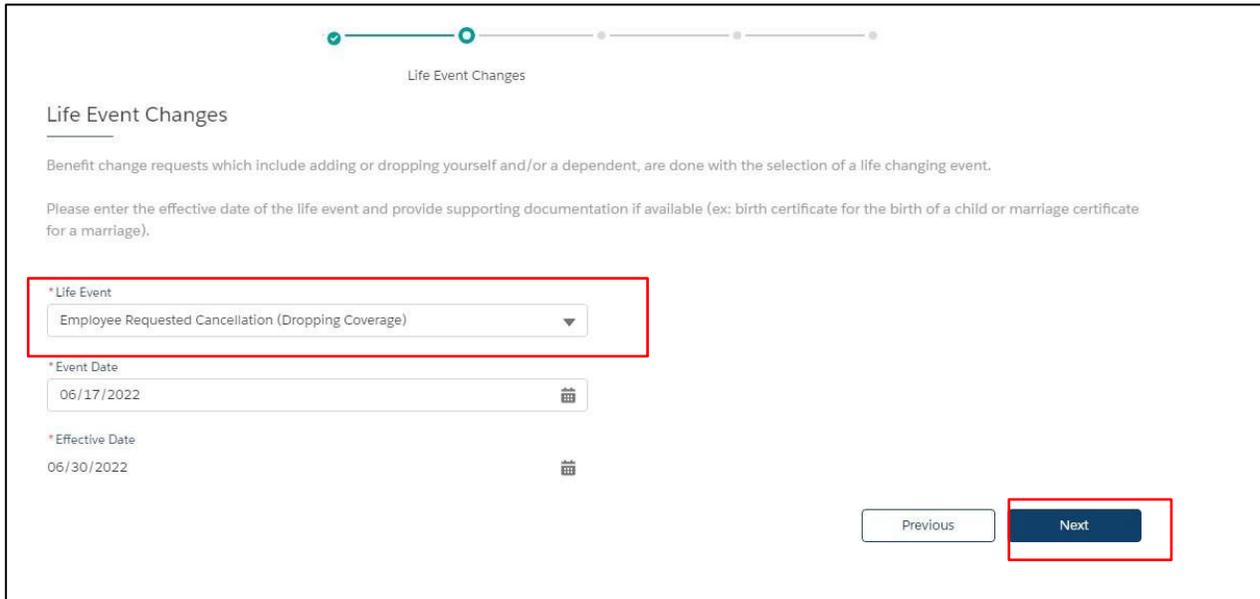


Demographics

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

Update Member

Select **Life Event** to make edits and then 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).

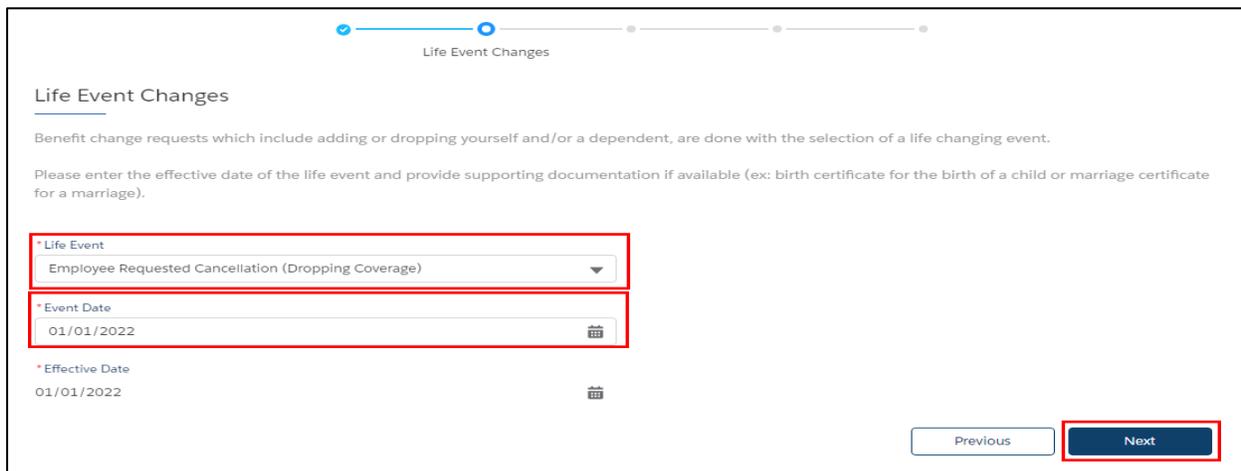
* Life Event
Employee Requested Cancellation (Dropping Coverage)

* Event Date
06/17/2022

* Effective Date
06/30/2022

Previous **Next**

Select **Employee Requested Cancellation (Dropping Coverage)** from the dropdown menu, provide the date of the event, and 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
Employee Requested Cancellation (Dropping Coverage)

* Event Date
01/01/2022

* Effective Date
01/01/2022

Previous **Next**

Review member information and make edits as needed. Once you have completed your edits, click **Next**.



Edit Member Demographics:

Edit Member Demographics:

* First Name	Middle Name	* Last Name	Suffix
<input type="text" value="Shawn"/>	<input type="text"/>	<input type="text" value="Wilson"/>	<input type="text"/>
* Gender	* Date Of Birth	SSN	
<input type="text" value="Female"/>	<input type="text" value="03/15/1983"/>	<input type="text" value="746-75-6745"/>	
* Phone Number	Email Address		
<input type="text" value="(746) 578-7000"/>	<input type="text" value="test123@gmail.com"/>		
Effective Date	Additional Insurance		
<input type="text" value="07-21-2021"/>	<input type="text" value="Other Coverage"/>		

Mailing Address

* Street	* City	* State	* Zip Code
<input type="text" value="134 Park Avenue"/>	<input type="text" value="Baker fields"/>	<input type="text" value="Testing"/>	<input type="text" value="87859"/>

[Previous](#)

On the following screens, uncheck the dependent's name for which you need to remove coverage in the **Dependents** section, then click **Next**.

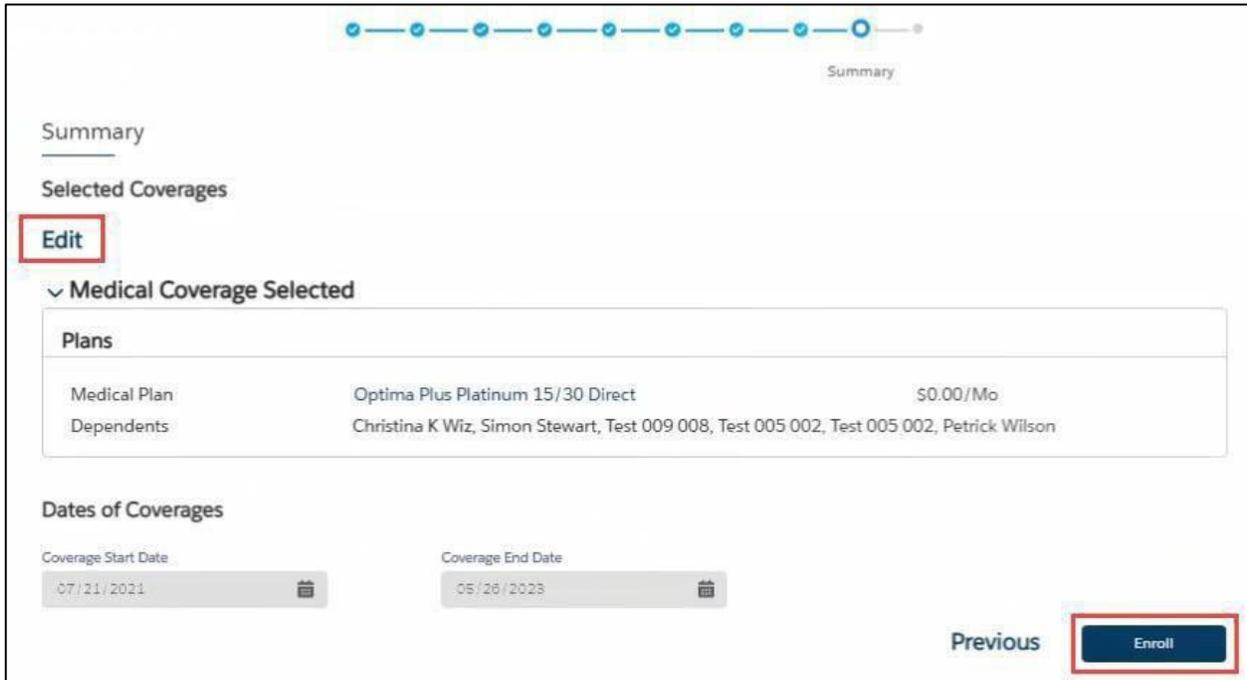
Dependents

Please select the dependents below to include in this coverage

<input type="checkbox"/> Dependent Name	Relationship
<input type="checkbox"/> Joshua R Birch	Child
<input checked="" type="checkbox"/> BLAKE CHODOROV	Child

After completing the process of removing the dependent from applicable plans, review your changes. If changes are needed, click **Edit**.

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



A progress bar at the top shows 10 steps, with the 10th step labeled 'Summary' highlighted. Below the progress bar, the page title 'Summary' is underlined. Under 'Selected Coverages', there is a red-bordered 'Edit' button. A dropdown menu 'Medical Coverage Selected' is expanded to show a table of plans. The table has columns for 'Medical Plan', 'Dependents', and 'Cost'. The 'Medical Plan' is 'Optima Plus Platinum 15/30 Direct' with a cost of '\$0.00/Mo'. The 'Dependents' listed are 'Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson'. Below the table, 'Dates of Coverages' are shown with 'Coverage Start Date' as '07/21/2021' and 'Coverage End Date' as '05/26/2023'. At the bottom right, there are 'Previous' and 'Enroll' buttons, with the 'Enroll' button highlighted with a red border.

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

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



A progress bar at the top shows 10 steps, with the 10th step labeled 'Final Success Step' highlighted. Below the progress bar, the page title 'Final Success Step' is underlined. The main text reads 'All Details has been updated successfully.' At the bottom right, there is a red-bordered 'Finish' button.

Edit Employee Subgroup

To change a member's subgroup, click on the arrow at the far right of the row under Actions and select **Edit Group/subgroup**.

Members				Add Subscriber
Search				
MEMBER NAME	DOB	STATUS	ACTIONS	
Abhijit Vaidya	02/03/1981	Active		
Adam Braverman	11/04/1965	Active	Member Details Edit Member Details Edit Group/Subgroup	
Adnan Sami	01/28/1985	Active		
Andrew Cook	04/22/2000	Active		
Archana Gill	12/24/1980	Active		
Badra Reddy	03/04/1986	Active		
Brad Gill	03/06/1995	Active		
Chanda Man	03/04/1985	Active		
Chanda Man	03/29/1982	Active		
Eshwar P	06/10/2009	Active		

Select the new **Subgroup** and select an **Event Date** and then click **Next**.

Group/Subgroup Selection

Name

Main
 COBRA

* Event Date

Next

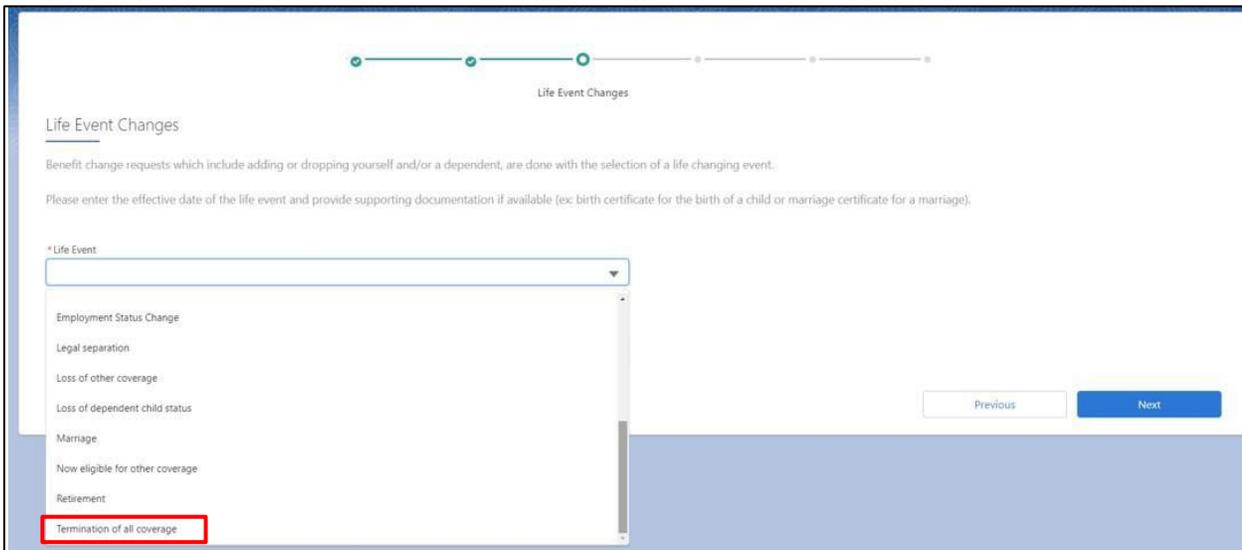
A confirmation screen will appear. Click **Finish**.



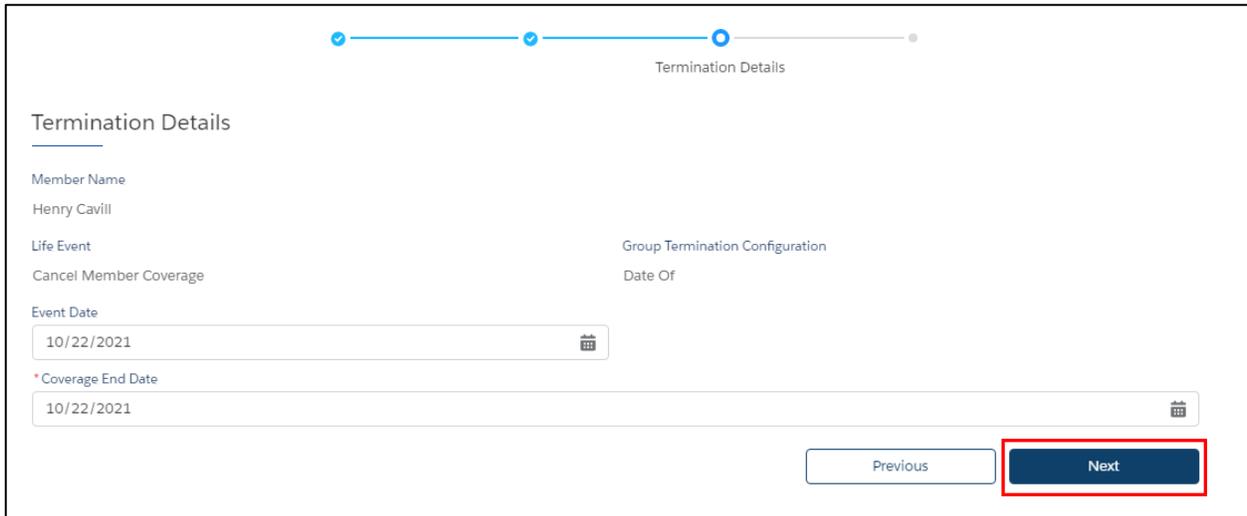
IMPORTANT NOTE: If you have already terminated the member, you will need to follow the **Rehire** process before you are able to complete the Subgroup change.

Terminate Employee

To cancel member coverage, follow the process flow for *Update Life Event*, select **Termination of all Coverage** from the dropdown menu and enter the event date. Click **Next**.



Validate the information on the following screen and click **Next**.



Termination Details

Member Name
Henry Cavill

Life Event
Cancel Member Coverage

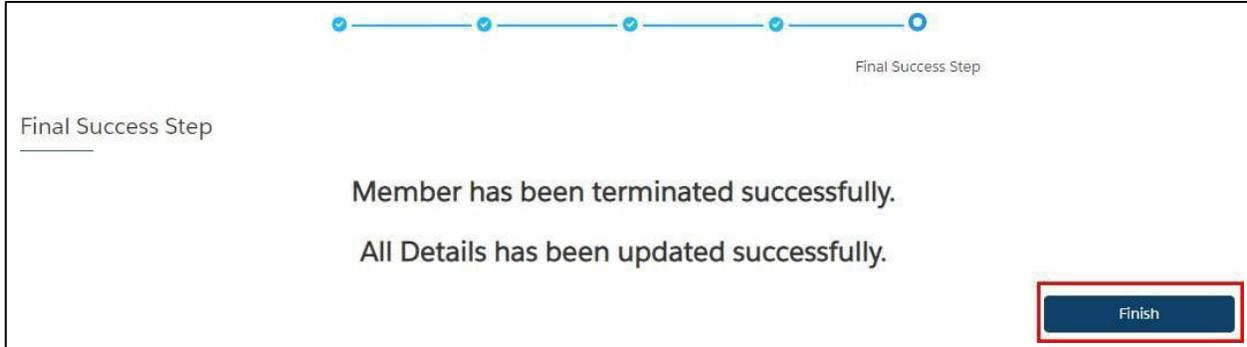
Event Date
10/22/2021

* Coverage End Date
10/22/2021

Group Termination Configuration
Date Of

Previous Next

You will receive confirmation that the member has been terminated. Click **Finish**.



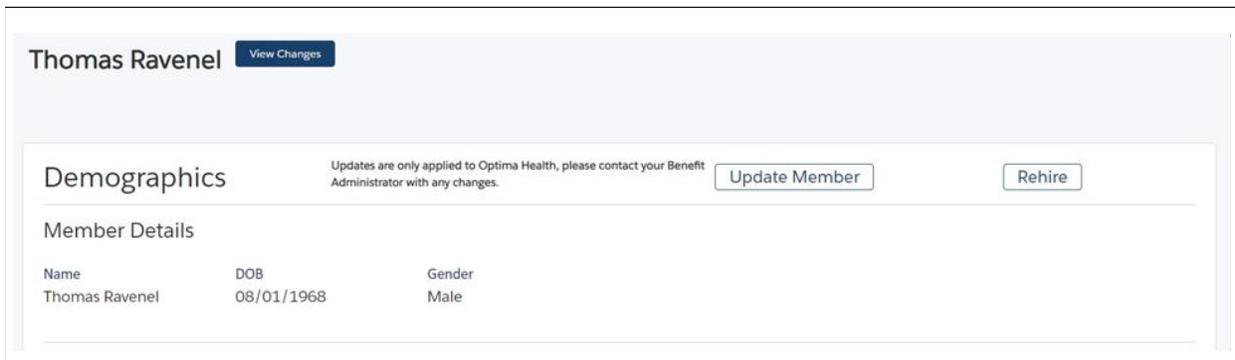
Final Success Step

Member has been terminated successfully.
All Details has been updated successfully.

Finish

Rehire Employee

To rehire an employee, navigate to their member record and click **Rehire**.



Thomas Ravenel [View Changes](#)

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

Member Details

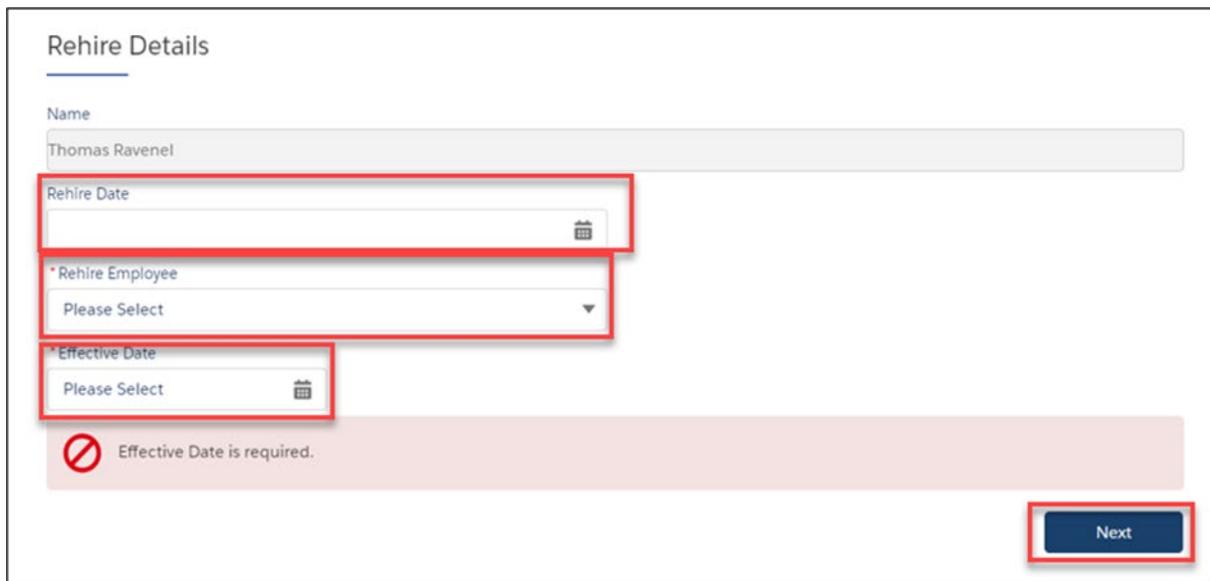
Name	DOB	Gender
Thomas Ravenel	08/01/1968	Male

Provide the date of rehire and select the method of rehire from the dropdown. Your choices include:

- with a wait period: Requires employee to satisfy group’s waiting period after rehire date.
- without a wait period: Does not require employee to satisfy group’s waiting period after rehire date. This will re-enroll the employee in their previous benefit plan(s).

Your selection on this dropdown menu will auto populate the **Effective Date** field.

Click **Next**.



Rehire Details

Name
Thomas Ravenel

Rehire Date

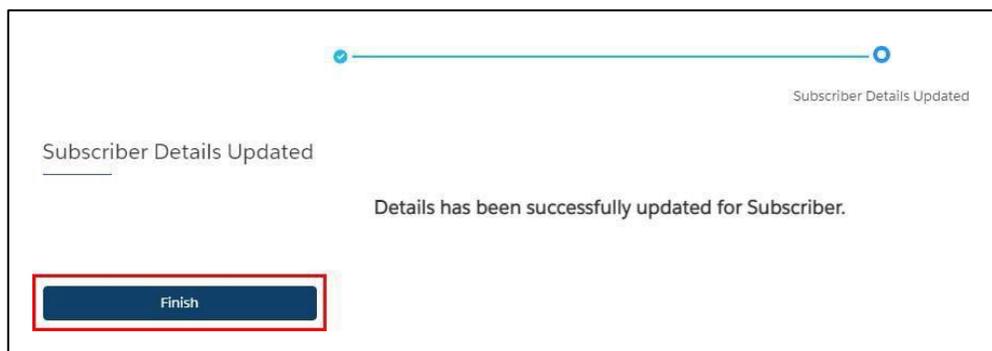
* Rehire Employee
Please Select

* Effective Date
Please Select

Effective Date is required.

Next

You will receive confirmation that the member’s details have been updated. Click **Finish**.



Subscriber Details Updated

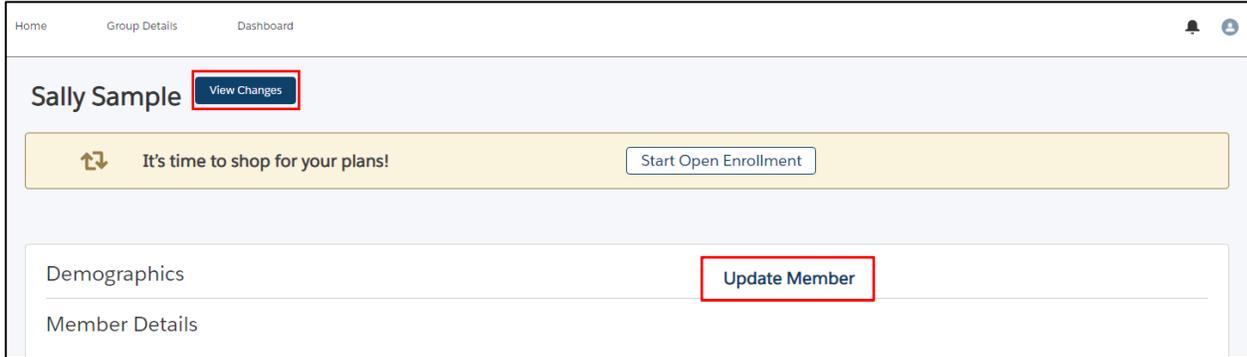
Subscriber Details Updated

Details has been successfully updated for Subscriber.

Finish

View/Accept Member Changes

To view the employee's pending changes, click **Update Member**, click **View Changes**.



The screenshot shows a web interface for managing a member named Sally Sample. At the top, there are navigation links for Home, Group Details, and Dashboard, along with a notification bell and a user profile icon. Below the navigation, the member's name "Sally Sample" is displayed next to a blue "View Changes" button, which is highlighted with a red box. A yellow banner below the name contains a refresh icon, the text "It's time to shop for your plans!", and a "Start Open Enrollment" button. Underneath the banner, there are two sections: "Demographics" and "Member Details". The "Update Member" button is located to the right of the "Demographics" section and is also highlighted with a red box.

A pop-up window will appear that contains a history of the changes to the employee's record. You can view specific changes by clicking the arrow to the left of the change date or record title. After reviewing the changes, close out of the window.

✕

Employee History of Changes

Sally Sample:
MAIN

▼ 07-29-2021 to 08-04-2021

Subscriber Personal Information:

Sally Sample	Old Value	New Value	Changed By	Changed Date
MailingPostalCode	32555	325589	Gabby Habble	08-04-2021 14:41:38
created			Stephanie Striepeck	07-29-2021 10:55:37

Dependent Personal Information:

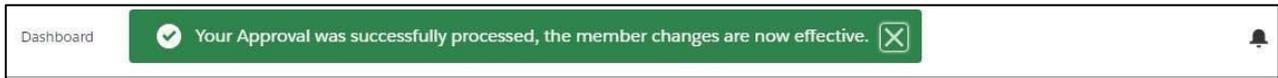
Charlotte Sample	Old Value	New Value	Changed By	Changed Date
created			Stephanie Striepeck	07-29-2021 20:13:35

After reviewing the changes, a banner will display on the employee's member details page, prompting you to **Accept** or **Reject** changes. Select **Accept** or **Reject**.



Darry Wilson Sr. has pending task Approve Reject

A confirmation will appear at the top of your screen if the transaction was completed successfully.



Dashboard ✓ Your Approval was successfully processed, the member changes are now effective. ✕ 

Approve All Transactions

Note: to view Group or Subgroup transactions prior to approval, please refer to the step 2 on the **Dashboard 1 – Enrollment Tasks** section of this guide.

On the **Group Details** page, you can select **Approve All Transactions** to approve all member updates. Prior to approving transactions, you can view them by clicking **Enrollment Tasks**.

Diverse Lynx LLC

Group Number: 000013	Group Type: Group	Contract Start Date: 08/01/2021	Contract End Date: 08/01/2022	Contract Renewal Date: 08/02/2022
-------------------------	----------------------	------------------------------------	----------------------------------	--------------------------------------

Group Demographics

Address					
Street Address: 321 Cheyenne Street	City: Coffeyville	State: KS	Zip Code: 20101	Phone Number: (315) 362-1344	Fax Number:

Enrollment Tasks

[Enrollment Tasks](#)

[Approve All Transactions](#)

On the pop-up window, select **Yes** or **No**, then click **Finish**.

Do you want to approve all transactions?

Yes
 No

[Next](#)

Congratulations! All pending transactions have been approved. Click **Close**.

All the Pending tasks are Approved.

Previous

Close