

**Member Enrollment
Guide**

Demographic Updates, Recording Life Events,
and Open Enrollment

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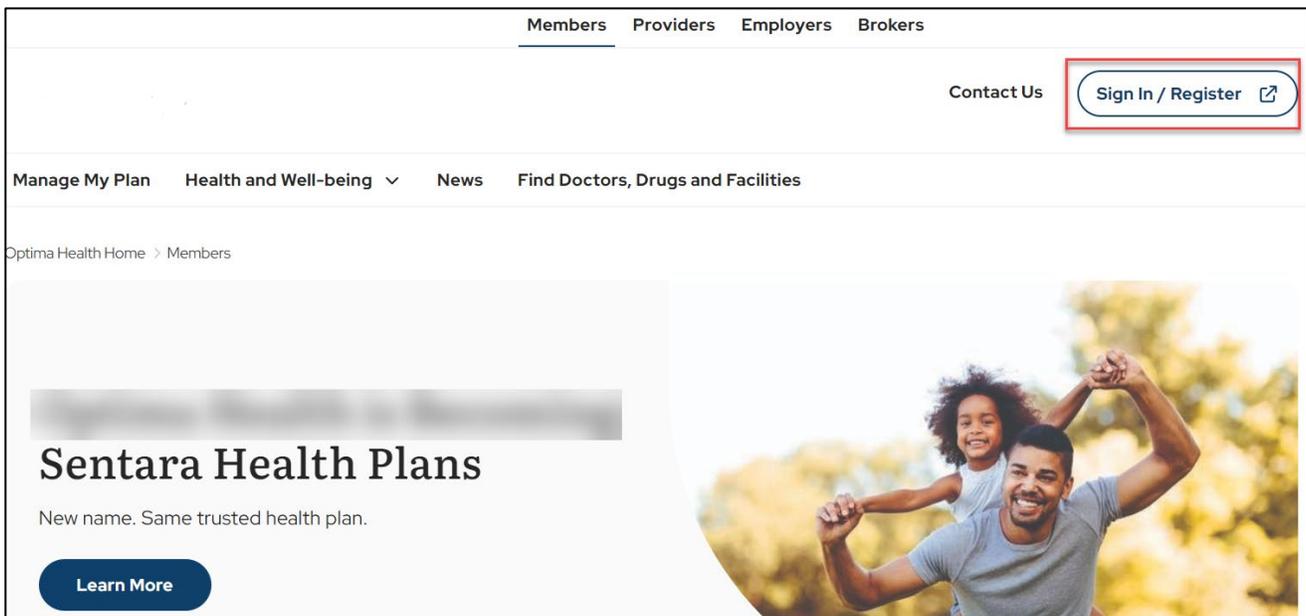
Purpose

The purpose of this user guide is to outline the process to:

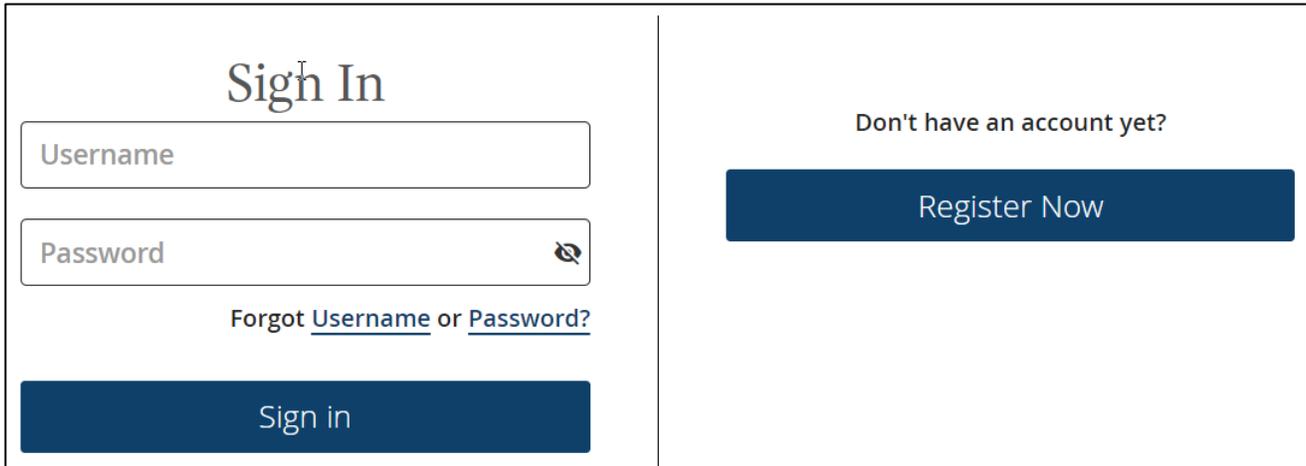
- access the member enrollment portal
- modify your member demographic information
- enroll a new member/dependent – life event
- open enrollment

Access the Portal

From sentarahealthplans.com, click **Sign In/Register** at the top right of the screen.



Put in Username and Password to sign in.



The image shows a sign-in form with the following elements:

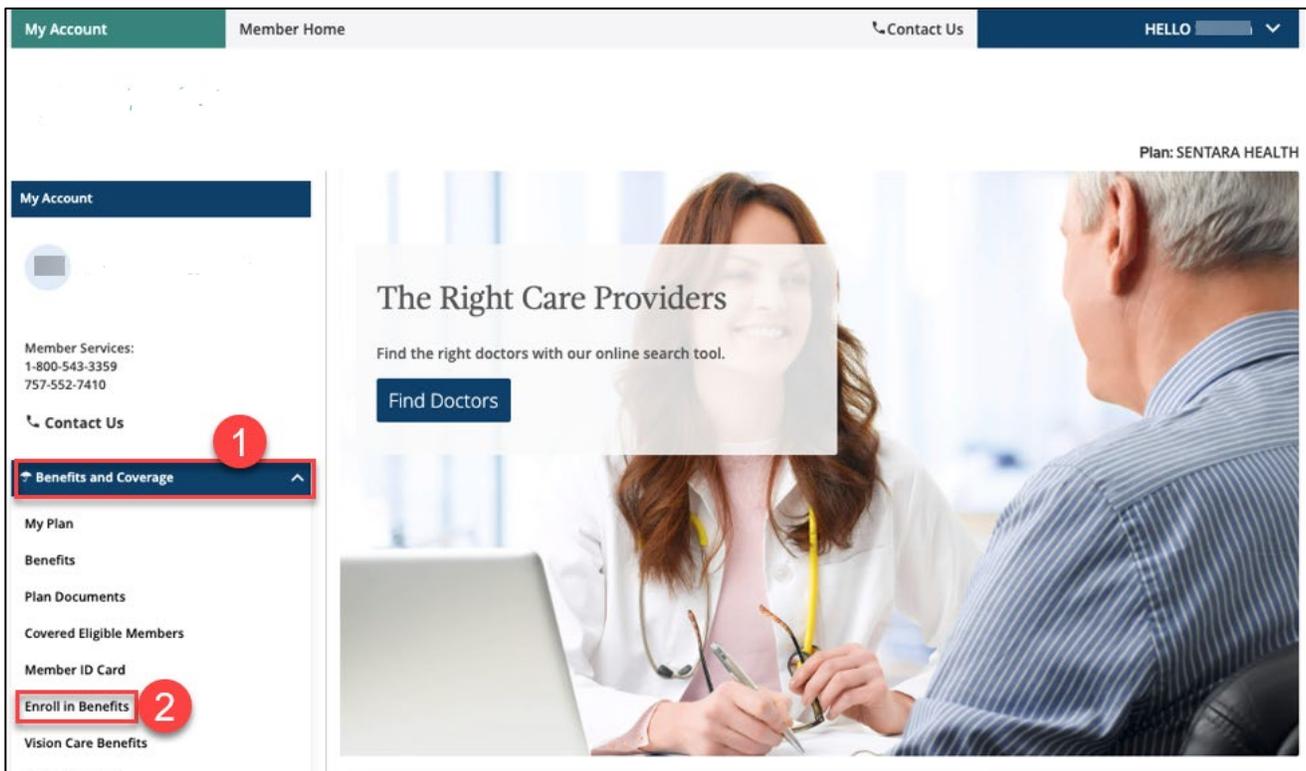
- Sign In** header
- Username** input field
- Password** input field with a toggle icon
- Link: [Forgot Username](#) or [Password?](#)
- Sign in** button

On the right side of the form:

- Text: **Don't have an account yet?**
- Register Now** button

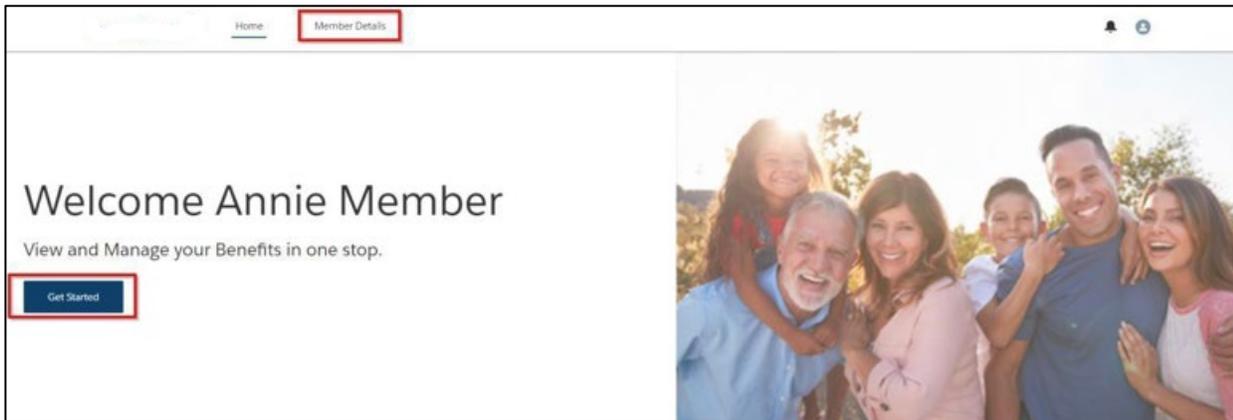
On your Member Account page:

- expand the **Benefits and Coverage** section on the left menu, and
- click on **Enroll in Benefits**. This will lead you to your benefits homepage.



Member Homepage

From the member homepage, you can access your account details by clicking the blue **Get Started** button beneath the welcome message or the **Member Details** on the top toolbar.



Member Details Overview and Navigation

From the member details page, there are a variety of actions you may take and information available for review. For example, you can:

1. review your current plans
2. review your member details
3. view your dependents
4. update member details
5. calculate treatment costs (selecting this option will lead you to a calculator on sentarahealthplans.com)

Current Plans 1

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	CONTRIBUTIONS	EMPLOYER COS
Delta Dental Enhanced Dental Plan	Dental	No	Employee + Family	01/01/2022	12/31/2022	\$83.47		\$0.00
MetLife Vision Care	Vision	No	Employee + Family	01/01/2022	12/31/2022	\$16.12		\$0.00
Equity Point of Service 1500/20%	Medical	Yes	Employee + Family	01/01/2022	12/31/2022	\$203.68		\$1,648.40

Demographics

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

5
Update Member 4

Member Details 2

Name	DOB	Gender	Phone Number	Email Address
Joe Jackson	12/28/1976	Male	(111) 111-1111	-

Mailing address

Street Name	City	State	Zip Code
2682 Smith Rd	Norfolk	VA	23508

Dependents 3

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Test TestLastt	08/25/1982	4417 Corporation Ln, Virginia Beach, VA 23462, USA, Virginia Beach, VA, 23456	Spouse	Female	▼

How to Modify Your Member Demographic Information

From the Member Details screen, click **Update Member**.

Demographics		Calculate Treatment Costs		Update Member	
Member Details					
Name	DOB	Gender	Phone Number	Email Address	
Shawn Wilson	03/11/2027	Male	(746) 578-7099	shawn.wilson@gmail.com	
Mailing address					
Street Name	City	State	Zip Code		
140 Park Avenue	Baker fields	VA	23456		

Choose **Update Member** under options and click **Next**.

What would you like to do?

What would you like to do?

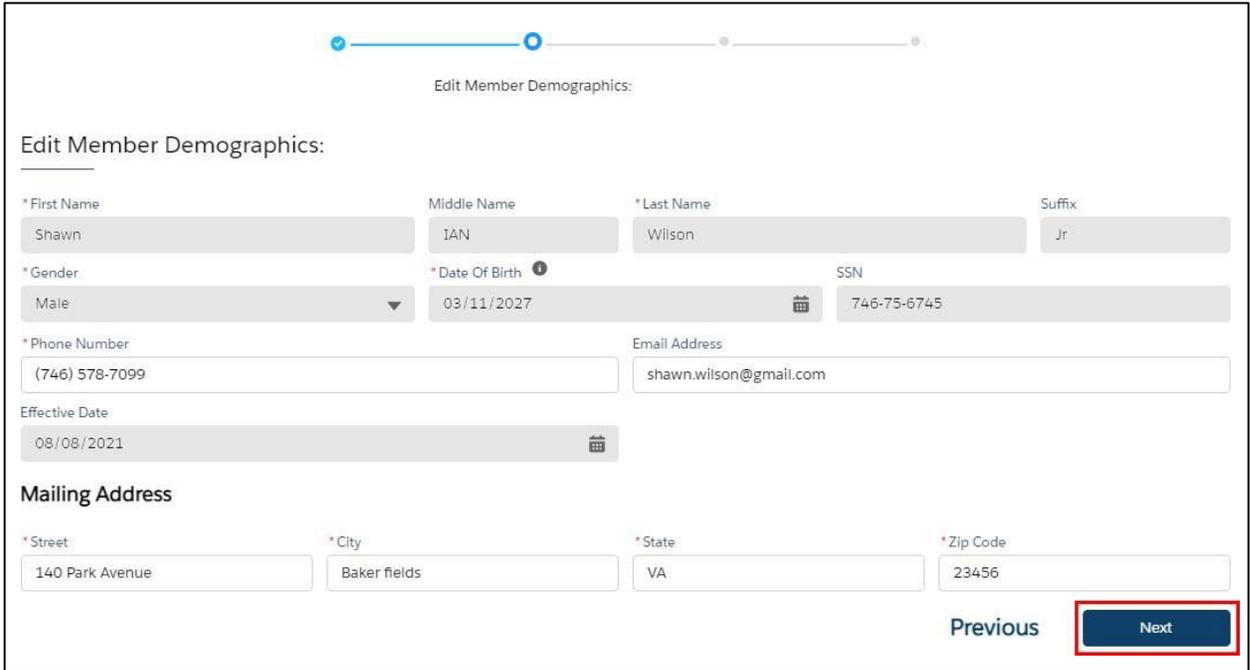
Update Member

Life Event

Next

From this window, you can edit your phone number, email address, and mailing address. If any other information needs to be updated, please contact your Employer's benefits team.

Note: Updates are only applied to Sentara Health Plans, please contact your Employer's benefits team with any changes.



Progress bar: 1 of 4 steps completed.

Edit Member Demographics:

Edit Member Demographics:

* First Name	Middle Name	* Last Name	Suffix
Shawn	IAN	Wilson	Jr

* Gender	* Date Of Birth	SSN
Male	03/11/2027	746-75-6745

* Phone Number	Email Address
(746) 578-7099	shawn.wilson@gmail.com

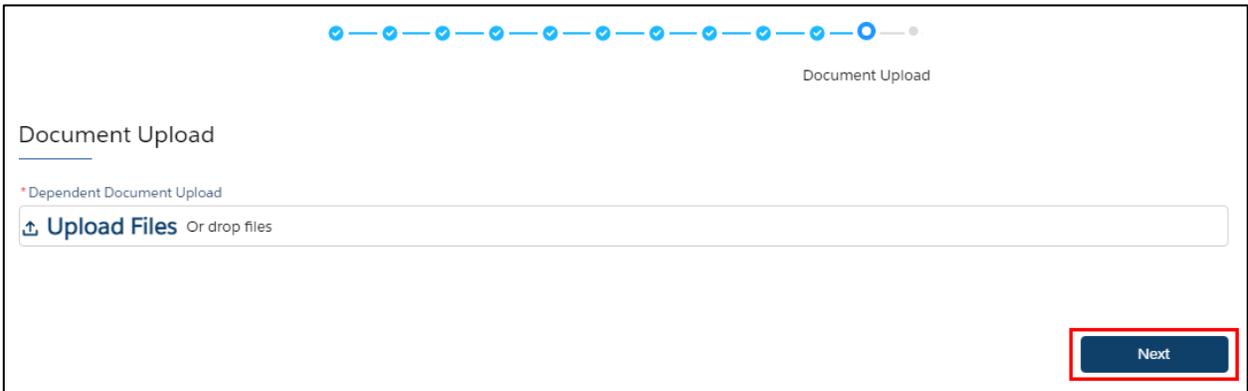
Effective Date: 08/08/2021

Mailing Address

* Street	* City	* State	* Zip Code
140 Park Avenue	Baker fields	VA	23456

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

To upload any applicable documentation, click **Upload Files** or drop any files into the space and click **Next**.



Progress bar: 2 of 4 steps completed.

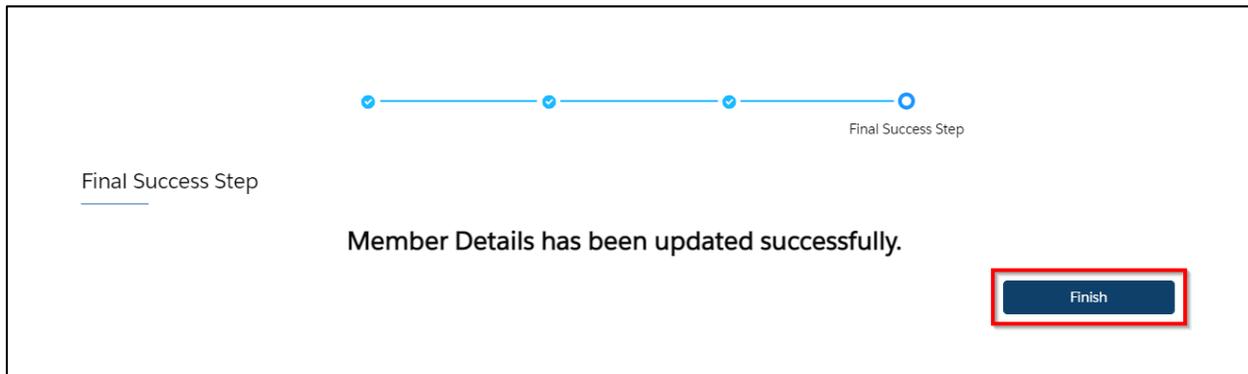
Document Upload

* Dependent Document Upload

[Upload Files](#) Or drop files

[Next](#)

Click **Finish** on the Final Success Step screen.



On the Member Details screen, you will see a message indicating your member updates are pending Employer's benefits team's approval.



How to Enroll New Member/Dependent – Life Event

From the Member Details screen, click **Update Member**.

Demographics		Calculate Treatment Costs		Update Member	
Member Details					
Name	DOB	Gender	Phone Number	Email Address	
Shawn Wilson	03/11/2027	Male	(746) 578-7099	shawn.wilson@gmail.com	
Mailing address					
Street Name	City	State	Zip Code		
140 Park Avenue	Baker fields	VA	23456		

Choose **Life Event** under options and click **Next**.

Progress indicator: 1 of 7 steps active

What would you like to do?

What would you like to do?

- Update Member
- Life Event**

Next

Review the disclaimer and click **Next**. Only applies during Open Enrollment.

Progress indicator: 2 of 7 steps active

Disclaimer

Disclaimer

Your policy is currently in the open enrollment period. Changes made via a life event will be applied to your current policy. If you do not want these changes as part of your current policy, but for your open enrollment policy, please click the "START OPEN ENROLLMENT" located at the top of the page.

Previous **Next**

Complete the Life Event and Event Date information and click **Next**.



Life Event Changes

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

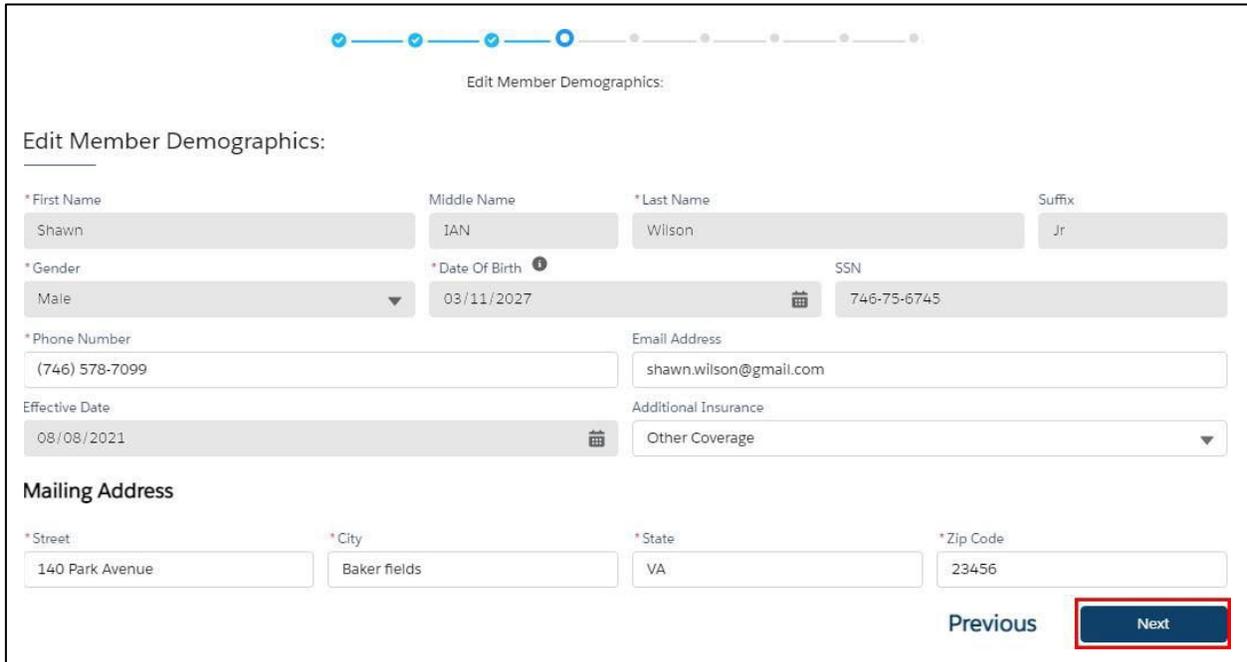
* Event Date

[Previous](#)

Definition of each Life Event in the chart below:

Life Event	Definition of Addition/Termination
Adoption	Addition of dependent(s)
Birth	Addition of dependent(s)
Court Order	Addition of dependent(s)
Death of Dependent	Termination of dependent(s)
Death of Subscriber	Termination of Subscriber and all dependents for all products
Divorce	Termination of spouse/dependents
Employee Requested Cancellation (Dropping Coverage)	Termination of Dependent Coverage. Terminate spouse/dependent(s) from selected coverages/products.
Employment Status Change	Employee qualified for benefits, but no longer qualifies Terminates all coverage for Subscriber and dependents
Legal separation	Termination of spouse/dependent(s)
Loss of dependent child status	Dependent child has reached maximum age for coverage
Loss of other coverage	Addition of Subscriber/dependents due to losing previous coverage
Marriage	Addition of spouse/dependent(s)
Now eligible for other coverage	Term dependent(s) due to obtaining other coverage
Retirement	Terminates all Coverages for Employee
Termination of all coverage	Terminates all Coverages for Employee

On the Edit Member Demographics screen, make any applicable edits and click **Next**.



Progress indicator: 1 of 7 steps completed.

Edit Member Demographics:

* First Name: Shawn | Middle Name: IAN | * Last Name: Wilson | Suffix: Jr

* Gender: Male | * Date Of Birth: 03/11/2027 | SSN: 746-75-6745

* Phone Number: (746) 578-7099 | Email Address: shawn.wilson@gmail.com

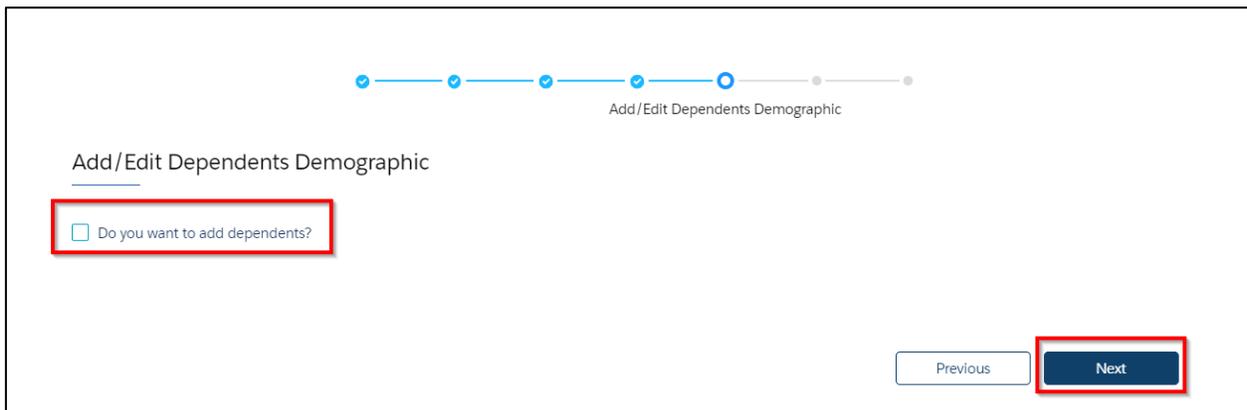
Effective Date: 08/08/2021 | Additional Insurance: Other Coverage

Mailing Address

* Street: 140 Park Avenue | * City: Baker fields | * State: VA | * Zip Code: 23456

Buttons: Previous, **Next**

On the next screen, select if you want to add dependents. If you do not, click **Next**.



Progress indicator: 4 of 7 steps completed.

Add/Edit Dependents Demographic

Do you want to add dependents?

Buttons: Previous, **Next**

If you selected 'Do you want to add dependents', add member information on the Add/Edit Dependents Demographic screen and then click **Next**.

Add/Edit Dependents Demographic

Add/Edit Dependents Demographic

▼ Dependent 1

Please Confirm the information below is updated and accurate.

Relationship

*Relationship
Child ▼

Dependent

* First Name Arnie	Middle Name	* Last Name Wilson
* Birth Date 05-01-2020	* Gender Male ▼	SSN 244-24-4234

OOA Dependent Program

Review your current plan will be displayed, if selecting a new plan click Added to Cart, select new plan and click **Add to Cart**.

Medical Plan Selection

[View Cart 6](#)

Results

4 Available Plans

Current Plan: Point of Service 1500/25/20% Compare

[Plan Details](#)

✓ **Standout Features**

ANNUAL DEDUCTIBLE 1500/3000	OUT-OF-POCKET LIMIT 6000/12000	PRIMARY DOCTOR COVERAGE 25
SPECIALIST COVERAGE 50	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... AD 200 and 20%
HOSPITAL STAY COVERAGE 20% coinsurance AD		✓ Added to Cart

Scroll down and choose the member(s) you want added to the plan. You can select multiple dependents to add to the plan.

1. You can select all dependents by clicking on the box next to **Dependent Name**.
2. You can select dependents by clicking on the box next to **their name**.

Once you have added all dependents, click **Next**.

Dependents

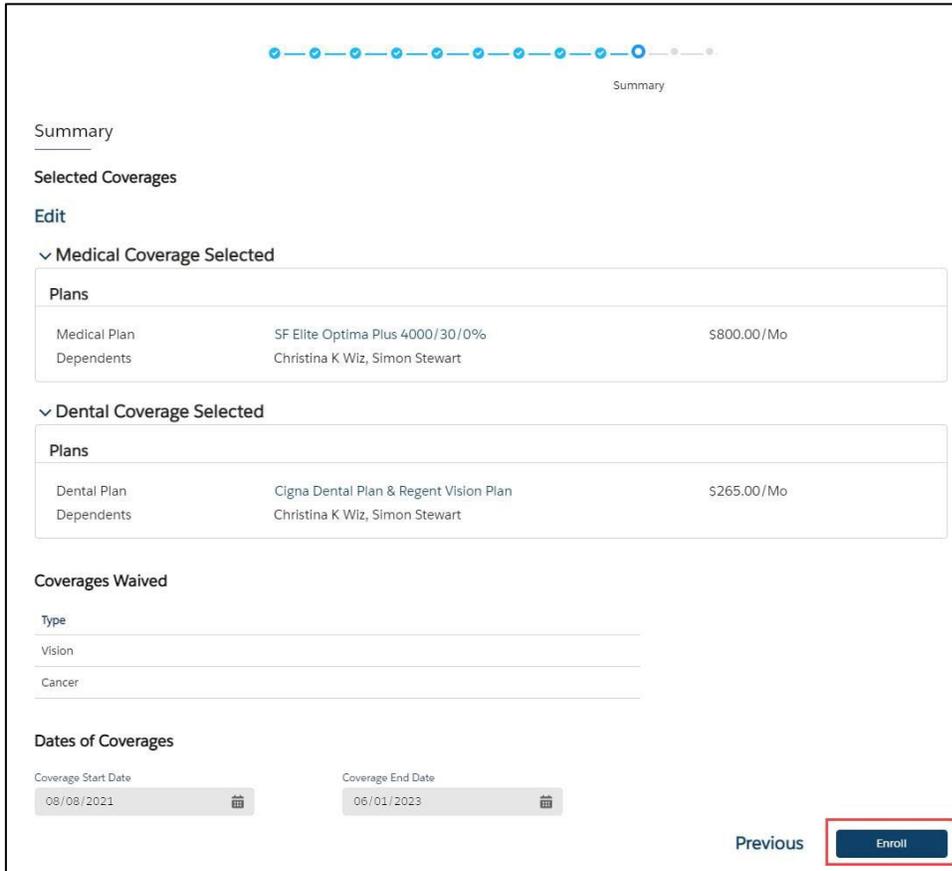
Please **1** select the dependents below to include in this coverage

<input type="checkbox"/> Dependent Name	Relationship
<input type="checkbox"/> Christina K Wiz	Spouse
<input type="checkbox"/> Simon Stewart	Child
<input checked="" type="checkbox"/> Test 009 008	Disabled Child

[Next](#)

You will follow the above steps for each type of coverage.

Review the selected coverages on the Summary screen and click **Enroll**.



Summary

Selected Coverages

[Edit](#)

Medical Coverage Selected

Plans		
Medical Plan	SF Elite Optima Plus 4000/30/0%	\$800.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Dental Coverage Selected

Plans		
Dental Plan	Cigna Dental Plan & Regent Vision Plan	\$265.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Coverages Waived

Type

Vision

Cancer

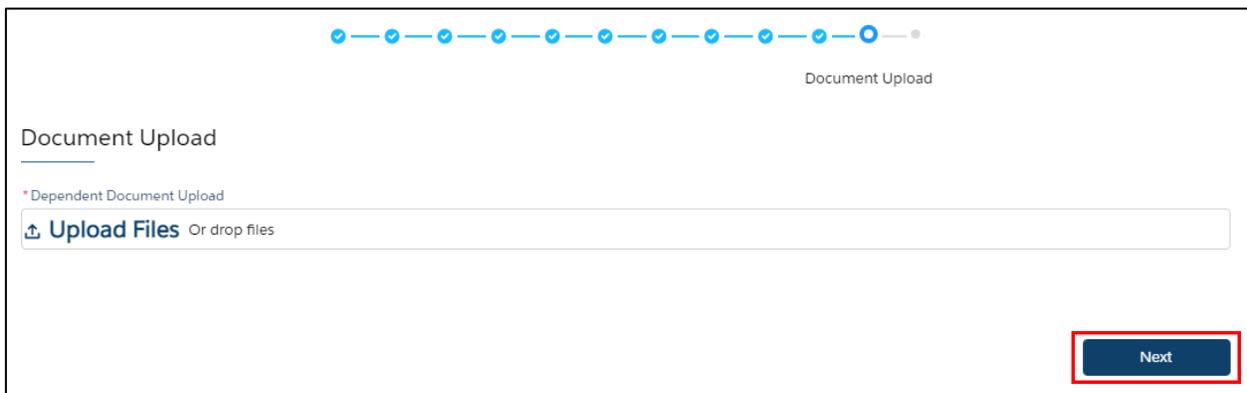
Dates of Coverages

Coverage Start Date: 08/08/2021

Coverage End Date: 06/01/2023

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

Attach any applicable documentation on the next screen by clicking **Upload Files** or dropping the files into the space provided. Click **Next**.



Document Upload

* Dependent Document Upload

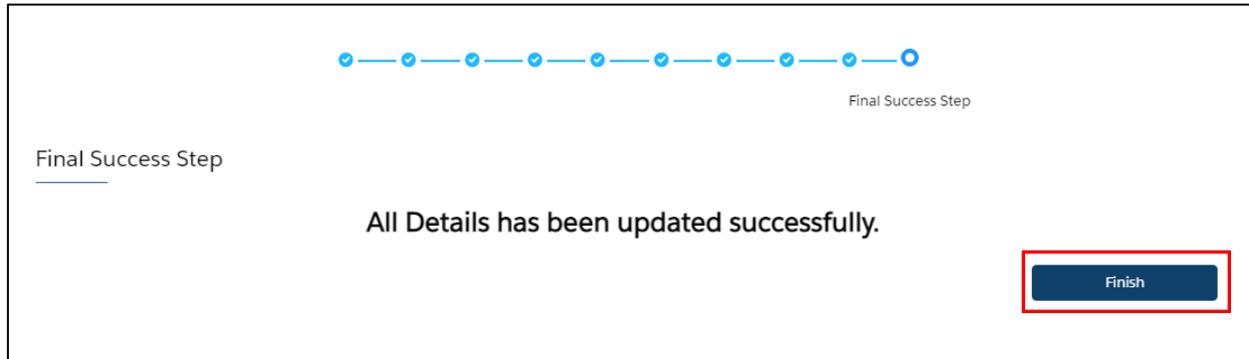
[Upload Files](#) Or drop files

[Next](#)

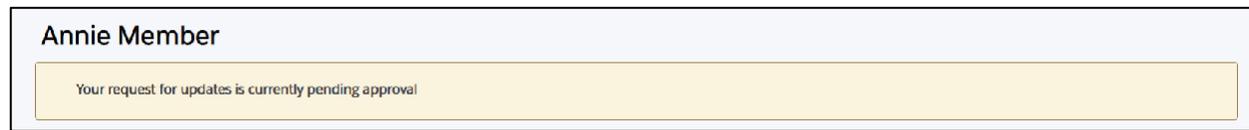
Click **Finish** on the Final Success *Step* screen.

Note: The message will indicate the changes you've made on the plan.

Congratulations! You've completed your enrollment process!



On the Member Details screen, you will see a message indicating your member updates are pending approval from your Employer's benefits team.



Open Enrollment

During Open Enrollment, your current elections will automatically roll over to the next plan year. Your Employer’s Benefits Team will advise you which plans you are **required** to enter your annual elections. Examples could include: Health Savings Account (HSA), Flex Spending **Account** (FSA) and Dependent Care FSA (DCFSA).

You can review your next plan year’s plan in the **Pending Plans** section. If you need to make updates, click the **Update Plans**.

Pending Plans

Update Plans

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	CONTRIBUTIONS	EMPLC
MetLife Vision Care	Vision	No	Employee + Spouse	01/01/2023	12/31/2023			\$0.00
Equity Point of Service 3000/20%-Renewal	Medical	Yes	Employee + Family	01/01/2023	12/31/2023			\$0.00
Delta Dental Enhanced Dental Plan	Dental	No	Employee + Family	01/01/2023	12/31/2023			\$0.00

10 ▾
< 1 >

Current Plans

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	CONTRIBUTIONS	EMPLOYER CC
Delta Dental Enhanced Dental Plan	Dental	No	Employee + Family	01/01/2022	12/31/2022	\$83.47		\$0.00
MetLife Vision Care	Vision	No	Employee + Spouse	01/01/2022	12/31/2022	\$11.80		\$0.00
Equity Point of Service 3000/20%	Medical	Yes	Employee + Family	01/01/2022	12/31/2022	\$105.79		\$1,459.21

If you previously did not elect benefits, to shop for plans during open enrollment, click **Start Open Enrollment**.

Simon Cowel

View Changes

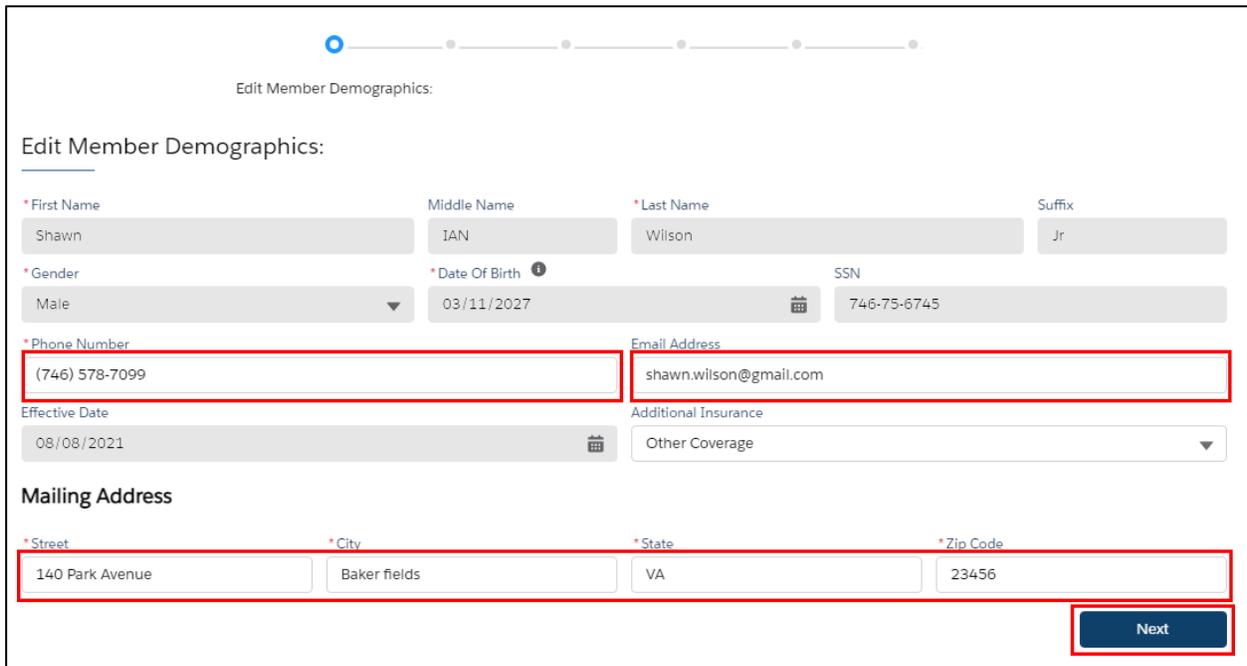
It's time to shop for your plans!

Start Open Enrollment

On the Edit Member Demographics screen, you can edit your phone number, email address, and mailing address.

Note: If any other information needs to be updated or updates are made, please contact your Employer's Benefits Team because any changes only apply to Sentara Health Plans.

After reviewing and editing any necessary information, click **Next**.



The screenshot shows the 'Edit Member Demographics' form. At the top, there is a progress indicator with five dots, the first of which is blue. Below it, the text 'Edit Member Demographics:' is centered. The form itself is titled 'Edit Member Demographics:' and contains several input fields. The fields for 'Phone Number' and 'Email Address' are highlighted with red boxes. The 'Mailing Address' section, which includes fields for 'Street', 'City', 'State', and 'Zip Code', is also highlighted with a red box. A 'Next' button is located at the bottom right of the form, also highlighted with a red box. Other visible fields include 'First Name' (Shawn), 'Middle Name' (IAN), 'Last Name' (Wilson), 'Suffix' (Jr), 'Gender' (Male), 'Date Of Birth' (03/11/2027), 'SSN' (746-75-6745), 'Effective Date' (08/08/2021), and 'Additional Insurance' (Other Coverage).

The only information that can be edited on existing dependents is their mailing address. If additional information needs to be edited, please use the **Life Events** feature from the **Member Details** page or contact your Employer's Benefits Team.

You may also add a dependent from this page. Please note that additional documentation may be required by your Employer's Benefits Team.

Progress indicator: 1 of 5 steps completed.

Add/Edit Dependents Demographic

> Dependent 1
> Dependent 2
▼ Dependent 3

Please Confirm the information below is updated and accurate.

Relationship

* Relationship
Disabled Child ▼

Dependent

* First Name Test 009	Middle Name 	* Last Name 008
* Birth Date 07/08/2009	* Gender Male ▼	SSN 121-23-3221

Additional Insurance
▼

Address

* Street 134 Park Avenue	* City Baker fields
* State Testing222	* Zip 757751

Address Same As Subscriber

Additional options

* Correspondence Preference
ID Card Only ▼

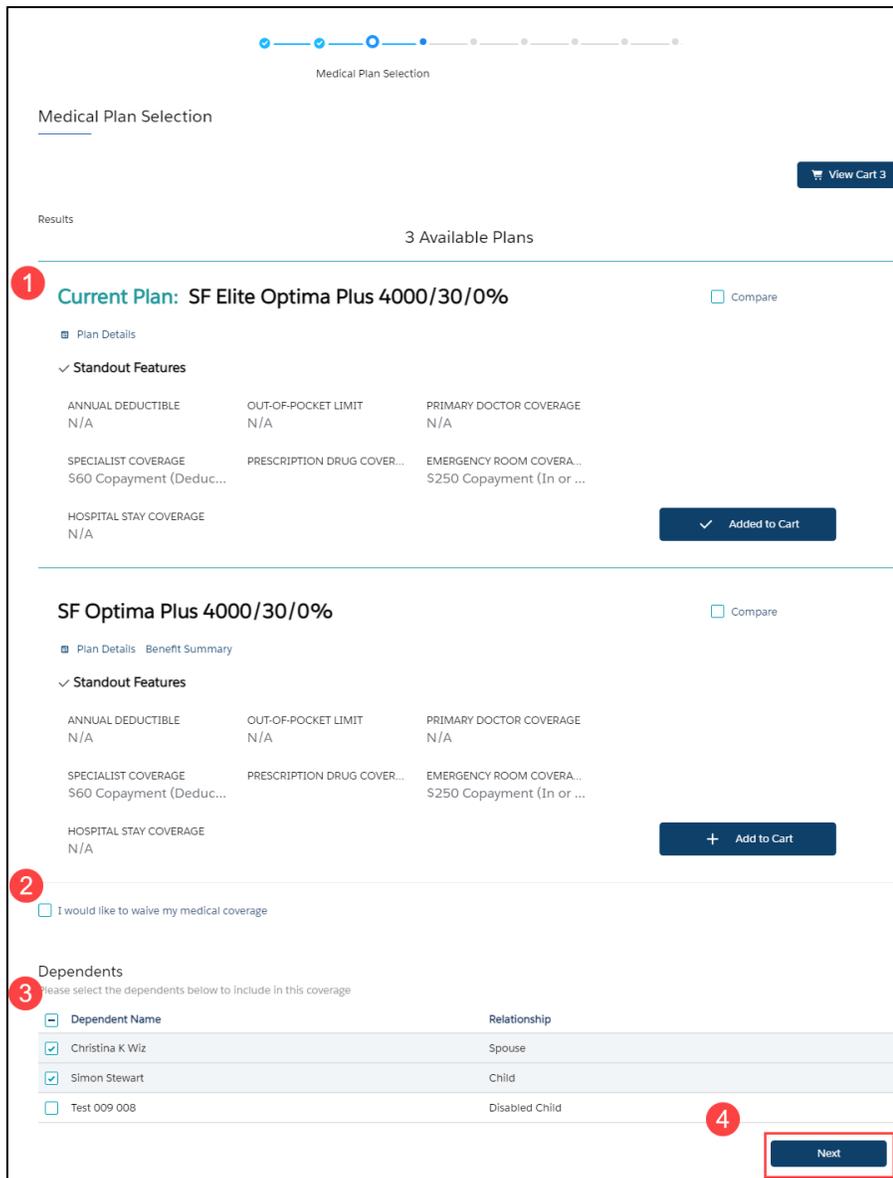
Do you want to add dependents?

Previous **Next**

Next, you'll see your insurance coverage options.

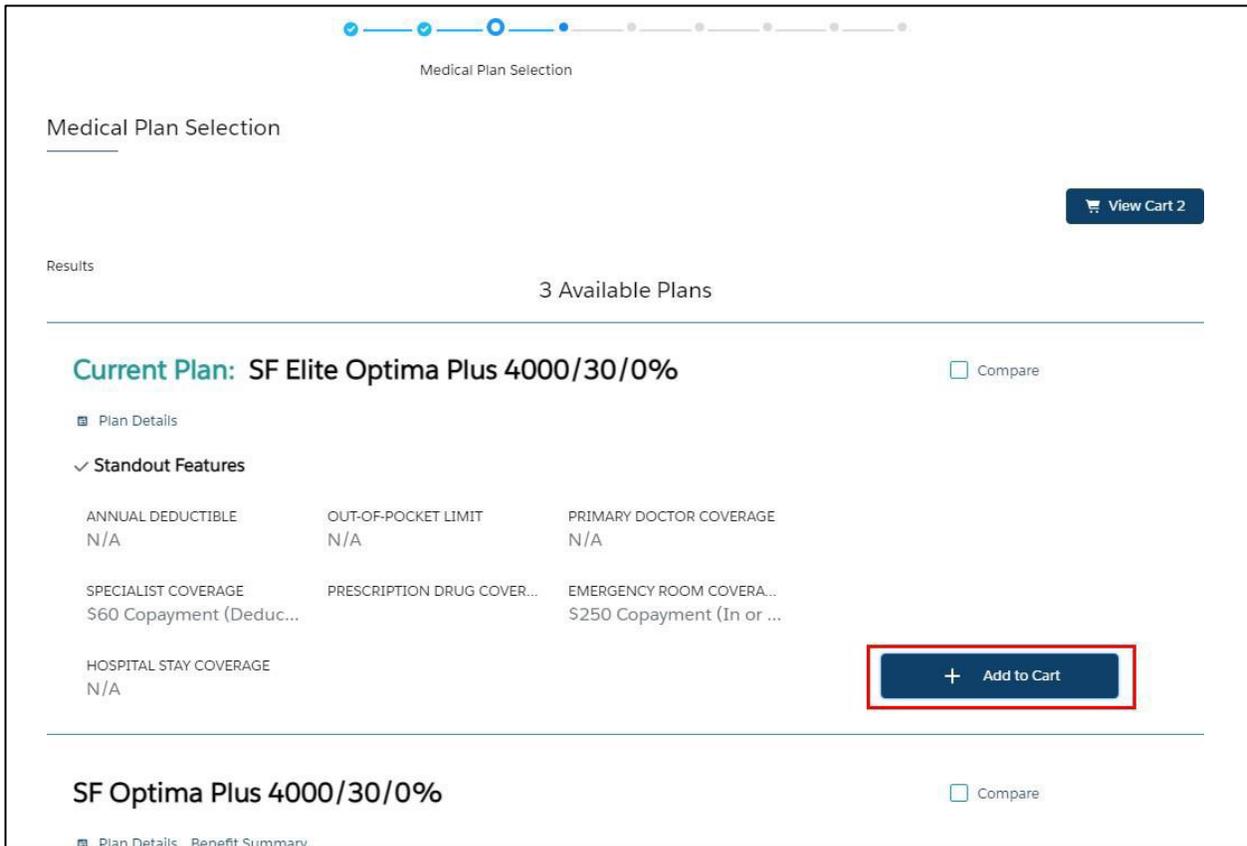
On each of these screens, you can:

1. select from a menu of plans
2. elect to waive your coverage
3. elect which dependents to include in coverage. Click on the box to the left of **Dependents** to select all names or select dependents 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. The main heading is 'Medical Plan Selection' with a 'View Cart 3' button on the right. Below this, it states 'Results' and '3 Available Plans'. The first plan, 'Current Plan: SF Elite Optima Plus 4000/30/0%', is highlighted with a red circle '1'. It includes a 'Compare' checkbox and a table of 'Standout Features' with columns for Annual Deductible, Out-of-Pocket Limit, Primary Doctor Coverage, Specialist Coverage, Prescription Drug Coverage, and Emergency Room Coverage. A 'Hospital Stay Coverage' section is also present. A blue 'Added to Cart' button is visible. The second plan, 'SF Optima Plus 4000/30/0%', is shown below with a red circle '2' next to a checkbox labeled 'I would like to waive my medical coverage'. The 'Dependents' section, marked with a red circle '3', contains a table with columns for 'Dependent Name' and 'Relationship'. It lists three dependents: Christina K Wiz (Spouse), Simon Stewart (Child), and Test 009 008 (Disabled Child). A red circle '4' is placed next to a blue 'Next' button at the bottom right of the screen.

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



Medical Plan Selection

Medical Plan Selection

Results

3 Available Plans

Current Plan: SF Elite Optima Plus 4000/30/0% Compare

Plan Details

✓ **Standout Features**

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$60 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... \$250 Copayment (In or ...
HOSPITAL STAY COVERAGE N/A		

+ Add to Cart

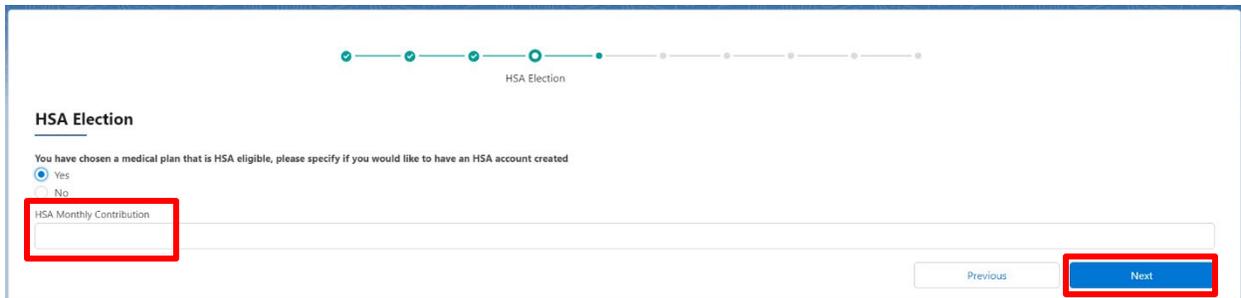
SF Optima Plus 4000/30/0% Compare

Plan Details Benefit Summary

If you've selected an Equity Plan, you have the option to add a Health Savings Account (HSA). If you select yes, you will need to enter your annual elections in the **HSA monthly contributions**.

Note: Entering your annual elections for your HSA maybe required during open enrollment.

After completing these steps on each screen, click **Next**.



HSA Election

You have chosen a medical plan that is HSA eligible, please specify if you would like to have an HSA account created

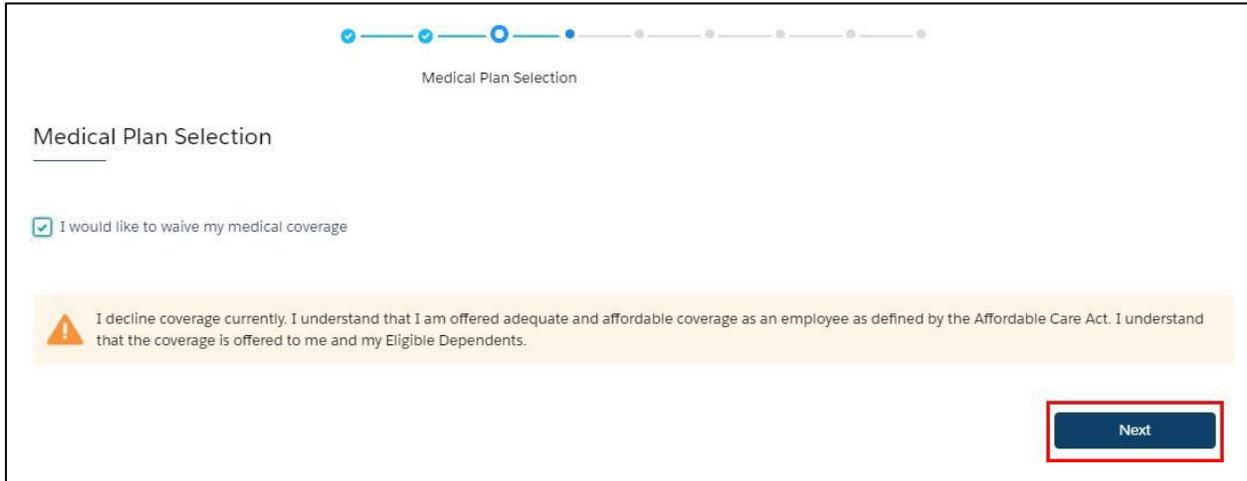
Yes

No

HSA Monthly Contribution

Previous

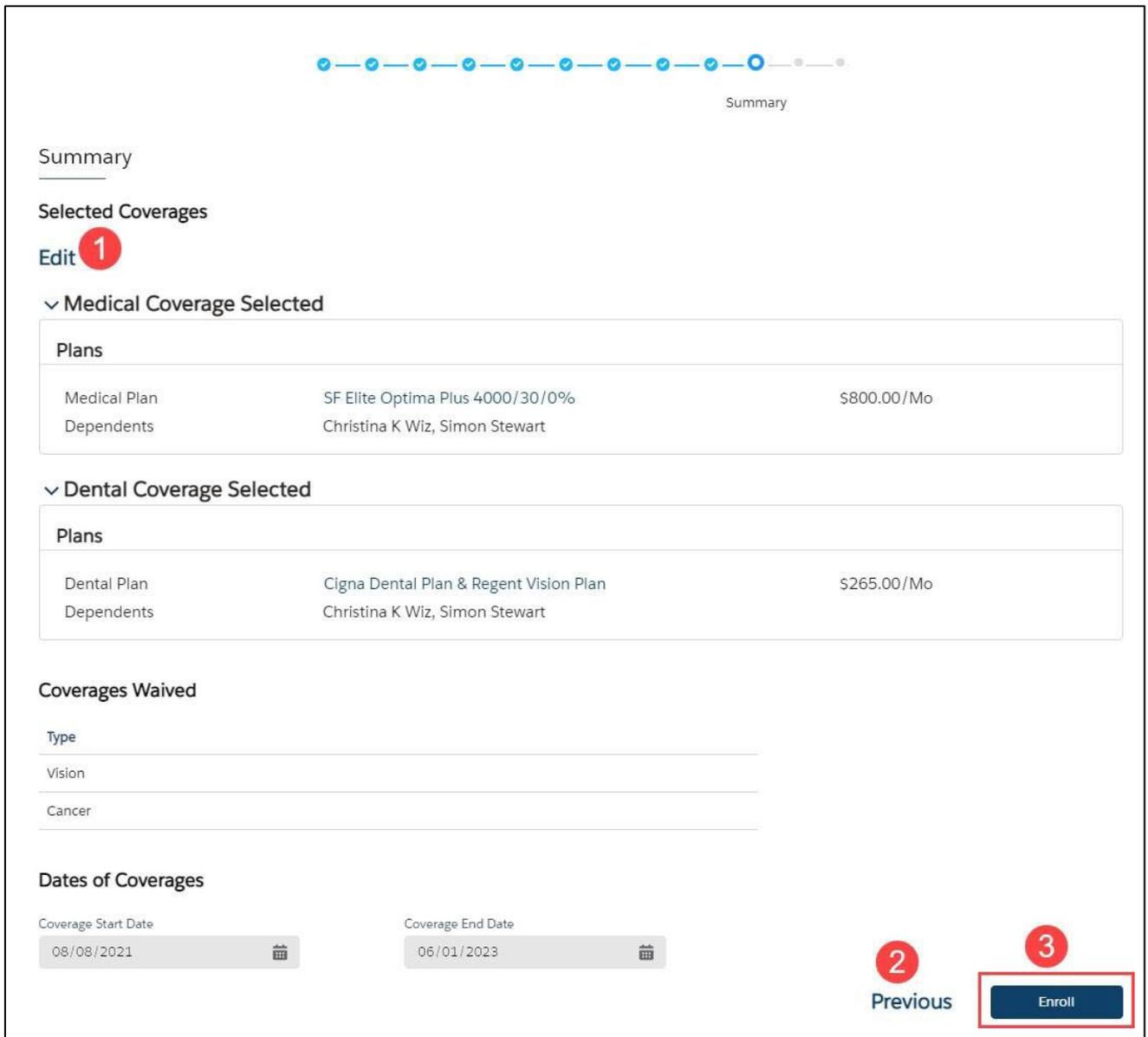
If you elect to waive your coverage, review, and accept the confirmation statement by clicking **Next**.



The screenshot shows a web form titled "Medical Plan Selection". At the top, there is a progress indicator with seven steps; the first three are completed (indicated by blue checkmarks), and the fourth is the current step (indicated by a blue circle). Below the progress bar, the title "Medical Plan Selection" is displayed. A checkbox labeled "I would like to waive my medical coverage" is checked. Below this, a yellow warning box contains the text: "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." In the bottom right corner, there is a blue button labeled "Next" which is highlighted with a red rectangular border.

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

1. if you'd like to edit your selections, click **Edit** at the top of the screen. Please
Note: selecting this option will lead you to the first selection opportunity.
2. you may also click the **Previous** button to return to the previous screen
3. when your selection and review is complete, click **Enroll**



Summary

Summary

Selected Coverages

Edit **1**

Medical Coverage Selected

Plans		
Medical Plan	SF Elite Optima Plus 4000/30/0%	\$800.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Dental Coverage Selected

Plans		
Dental Plan	Cigna Dental Plan & Regent Vision Plan	\$265.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Coverages Waived

Type

Vision

Cancer

Dates of Coverages

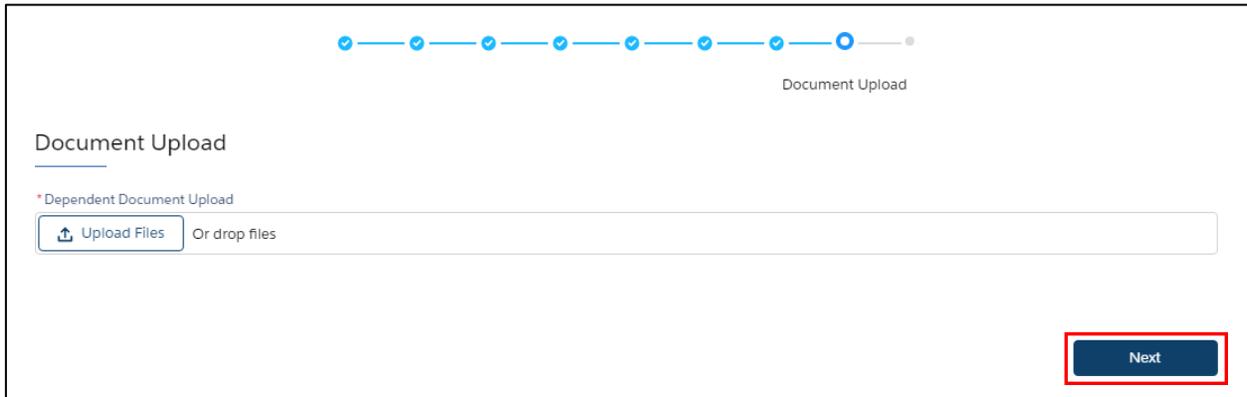
Coverage Start Date: 08/08/2021

Coverage End Date: 06/01/2023

Previous **2**

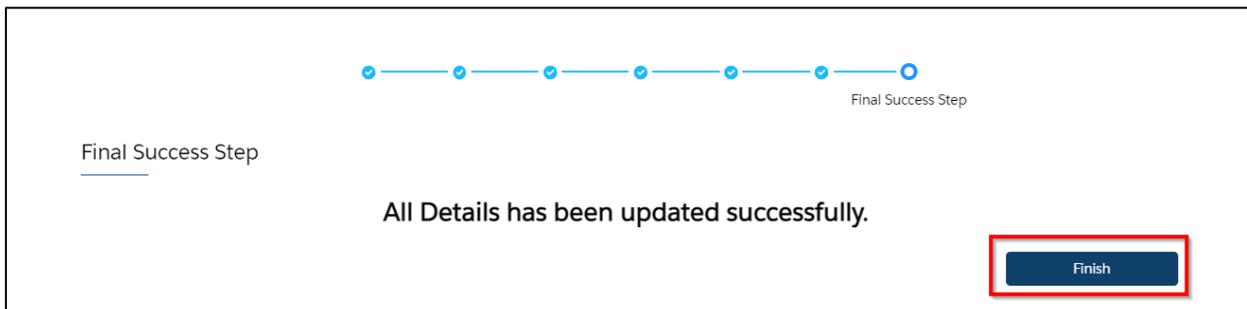
Enroll **3**

If you need to upload a document, you can do so on the following screen, then click **Next**.



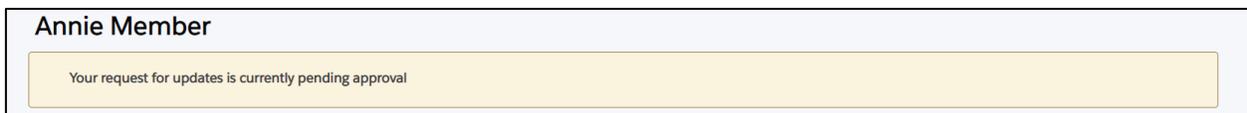
The screenshot shows a progress bar at the top with 10 steps. The 10th step is highlighted in blue and labeled "Document Upload". Below the progress bar, the heading "Document Upload" is underlined. A sub-heading reads "* Dependent Document Upload". There is a text input field with a blue "Upload Files" button and the text "Or drop files". A dark blue "Next" button is located in the bottom right corner, highlighted with a red border.

Congratulations! You have completed the Open Enrollment process.



The screenshot shows a progress bar at the top with 10 steps. The 10th step is highlighted in blue and labeled "Final Success Step". Below the progress bar, the heading "Final Success Step" is underlined. The main text reads "All Details has been updated successfully." A dark blue "Finish" button is located in the bottom right corner, highlighted with a red border.

On the Member Details screen, you will see a message indicating your member updates are pending approval from your Employer's benefits team.



The screenshot shows the heading "Annie Member" at the top. Below it is a yellow message box containing the text "Your request for updates is currently pending approval".