

Broker User Guide – Manage Your Enrollment

Created 03/31/2025



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Introduction

The purpose of this user guide is to outline the functionality available for Brokers to view and manage a group's enrollment. This function is only available if the group utilizes e3 web enrollment. If a group enrolls utilizing other enrollment methods, the function to Manage Enrollment through eBroker is not available for those groups.

From the Manage Your Enrollments function you can perform the following tasks:

- view group details
- view member information
- make modifications to member information
- update dependent information
- add subscribers and dependents
- terminate coverage
- make plan changes during open enrollment

Resources

Questions About e3 Web Enrollment? Contact <u>e3_inquiries@sentara.com</u> and receive a response within one business day.

Questions About Training? Contact <u>thelearninghub@sentara.com</u> and receive a response within one business day.



Manage Your Enrollment

On the home screen click the **Manage Your Enrollment** button. The list defaults to Recently Viewed. To view a list of all groups enrolled in e3 Web Enrollment, click the arrow and then select **Group – Enrollment** from the dropdown list.

Se Se Hea	e ntara " alth Plans	Home	Manage Your Book	Manage Your Quotes	
T	Accounts Recently Vie	ewed 🔽 🕽	•		
18 item	Q Search I	ists			
	RECENT LIST	VIEWS			-
1	Group - E	nrollment	Jim		l
2	Μу Αссоι	unts	V		
3	My Client	ts			
4	 Recently 	Viewed			ų

From the display list, click on the desired group's name listed under the Account Name Column.

T	Ac Gi tems • S	counts roup - Enrollment 💌 orted by Primary Producer • Filte	If accounts - Broker Enrollment Enabled?	?, Acc	count Record Type • Updated a few s	eco	inds ago	Q Search this list	¢ - (Ⅲ ·	
		Effective Date V	Account Name	\sim	Primary Producer 1	~	Status \lor	Market Segment \sim	Funding Type	\sim
	1	12/1/2023	SRIRAM HONDA LIMITED				Active	Mid Sized Group	Fully Insured	
	2	3/1/2024	Spacely Space Sprockets Inc				Active	Mid Sized Group	Fully Insured	
_	3	1/1/2024	Vermillion LLC				Qualified	Small Group	Fully Insured	

Group Demographics

On the Group Demographics page 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

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- 8. Add a new subscriber
- 9. Modify existing subscriber information (by clicking the **Actions** arrow at the far right of the row)

Acme group-M	AIN 🜖				
Group Number: 000268	Group Type: Group	Contract Start Ealer 05/01/2021	Contract End Date: 05/01/2023	Contract Renewal Date 06/02/2023	
Group Demogr	aphics				
Address	-				
Street Address U.S. Route 66	City Albuquerque	Statur NM	Zg-Code	Phone Number (242) 342-4241	Fax Number
Enrollment Tasks	3	4 Approv	e All Transactions		
Exolution Table					
Enrollment Insig	nts 👩				
Converting Tax Tax Resort Decay					
Denote Summary Report					
People English Banefi Debal					
Employee Censul Report					
	-				
Group Contact	6				
Benefit Administr	ator				
CONTACT NAME	PH	L ADDRESS	PHONE NUMBER	19	UK NUMBER
Gabby Habble Russ Broth Admin	510 510	e	(456) 577-6599		
ayan ocone search		<i>n</i>	1000 212-0100		_
30 · •					< > >
Billing					
CONTACT NAME	PH	ADDRESS	PHONE NUMBER	5	X NUMBER
		Ne	o data to show		
20 W					<
General					
CONTACT NAME	PH	a ADDRESS	PHONE NUMBER	FI	X NUMBER
Henrywilson			11974683683683		
20 w					< •
Employee Class	0				
EMPLOYEE CLASS		NEW HIRE	FOLLOWIN	15 N	UMBER OF DAYS
Manager		1st day of Month following	Days of emp	ployment 3	0
Doctors/Nurse Practitie	oners	2st day of Month following	Date of hire		
Managars		2st day of Month following	Days of emp	ployment 3	
					< <u> </u>
Members (8)					Add Subscriber
MEMBER NAME			DOB	STATU	5 ACTIONS
ABCD Wilson			07/11/2002	Active	10 °
Adam Eve			04/01/2000	Active	•
20 W					< 1 2 3 >

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Member Actions

Next to each existing member's name is an **Actions** button. Select the arrow to access the following options:

- Member Details From the Member Details screen you can:
 - View any pending changes the member has made, pending plans, their current plans/enrollment information, demographic information, information about dependents, and print or order ID cards
 - Update Member button
 - Update Member -Edit Subscriber Details (same as the Edit Member Details)
 - **Update Life Events** Add or delete coverage due to a life event such Marriage, Divorce, Termination, and enroll or delete subscribers.
 - Other Correction Add or Edit Dependents Demographic and Enroll
- Edit Member Details From the Edit Member Details screen you can quickly edit the Subscriber's demographic information.
- Edit Group/Subgroup From the Edit Group/Subgroup screen you can change the Subscriber's subgroup information.

NOTE: The feature to edit subscriber/member demographics is available in both the Member Details and Edit Member Details options.

Members			Add Subscriber
Search			
MEMBER NAME	DOB	STATUS	ACTIONS
EMPLOYEE BA2	12/18/1990	Active	•
EMPLOYEE BROKER2	08/21/1979	Active	•
EMPLOYEE SA2	08/21/1985	Active	•
EMPLOYEE SALES2	01/25/1980	Active	•
Manny Test	01/22/1980	Active	1
Tammy Smith	06/06/2002	Active	Member Details
Tom T Brady	09/04/1979	Active	Edit Member Details
EMPLOYEE BA1	11/29/1988	Inactive	Edit Group/Subgroup
EMPLOYEE BROKER1	12/04/1985	Inactive	
EMPLOYEE SA1	05/11/1980	Inactive	•
10 •			< 1 2 >



Member Details

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

Member Details – From the Member Details screen you can:

- View any pending changes the member has made, pending plans, their current plans/enrollment information, demographic information, information about dependents, and print or order ID cards
- Update Member button
 - Update Member -Edit Subscriber Details (same as the Edit Member Details)
 - **Update Life Events** Add or delete coverage due to a life event such Marriage, Divorce, Termination, and enroll or delete subscribers.
 - o Other Correction Add or Edit Dependents Demographic and Enroll



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Street Name City State Zip Code Phone Number Email Address NORFOLK VA - - - - Categories Manage Categories* Manage Categories* Manage Categories* There are no current categories assigned, please select "Manage Categories* to get started.
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DEPENDENT NAME DOB ADDRESS RELATIONSHIP GENDER ACTIONS
DEPENDENT NAME DOB ADDRESS RELATIONSHIP GENDER ACTIONS
ID Card
Guil Same Mambur Tana
LESUIF Subscriber
View Print Order Card
Plan History
PLAN NAME PLAN TYPE START DATE END DATE ACTIONS
Optima Vantage Gold 1500/25/20% Rx Ded Direct Medical
Optima Vantage Platinum 25/50 Rx Ded Direct Medical
Optima Vantage Platinum 25/50 Rx Ded Direct Medical
Optime Ventere Cold 1500/25/2006 By Ded Direct
Opuma vantage Gold 1500/25/20/96 KX Ded Direct Miedical
Optimile Varitage Gold 1500/25/20% RxDed Direct Medical Optima Varitage Gold 1500/25/20% RxDed Direct Medical
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Update Member button

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

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

- o Update Member -Edit Subscriber Details (same as the Edit Member Details)
- Update Life Events to include one of the following events, and add or delete subscribers:
 - o Adoption
 - o Birth
 - COBRA
 - o Court Order
 - o Death of Dependent
 - Death of Subscriber
 - o Divorce
 - o Employee Requested Cancellation (Dropping Coverage)
 - Employment Status Change
 - Legal Separation
 - Loss of other coverage
 - Loss of dependent child status
 - Marriage
 - Now eligible for other coverage
 - o Retirement
 - Termination of all coverage
- o Other Correction Add or Edit Dependents Demographic and Enroll

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



	0		0	•.		
		Edit Membe	r Demographics:			
Edit Member Demograp	hics:					
* First Name		Middle Name	*Last Name			Suffix
Bob			Robin			
*Gender		* Date Of Birth		SSN		
Male	•	08/06/1991		234-12-343	2	
* Phone Number			Email Address			
(258) 741-3717			bobrob@test.com			
Effective Date						
08/09/2021		苗				
Mailing Address						
*Street	* City		* State		*Zip Code	
1234	east main s	street	Chicago		23456	
					Previou	S Next

Once you have completed your edits, click Next.

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

	0		• • • • • • • • • • • • • • • • • • •	
Final Success Step 	Member Details ha	s been updated su	ccessfully.	
				Finish



Life Event

After clicking **Update Member**, a pop-up window will appear. To make one of the changes listed above, select the **Life Event** button.

O 0000000	
What would you like to do?	
What would you like to do?	
	Next

Select the appropriate Life Event from the drop down menu:

- Adoption
- ∘ Birth
- COBRA
- Court Order
- Death of Dependent
- o Death of Subscriber
- \circ Divorce
- Employee Requested Cancellation (Dropping Coverage)
- Employment Status Change
- o Legal Separation
- Loss of other coverage
- o Loss of dependent child status
- Marriage
- Now eligible for other coverage
- o Retirement
- Termination of all coverage

Provide the date of the event and click Next.

Life Events might add or remove coverage for the member or their dependents, depending on the event selected.



ooo	- 0 0 0
Life Event Changes	
Life Event Changes	
Benefit change requests which include adding or dropping yourself and/or a dependence	dent, are done with the selection of a life changing event.
Please enter the effective date of the life event and provide supporting documentation for a marriage).	ion if available (ex: birth certificate for the birth of a child or marriage certificate
* Life Event	
* Event Date	
	Previous



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

Once you have completed your edits, click Next.

	o—	ooo			
		Edit Member Den	nographics:		
Edit Member Demogra	phics:				
*First Name		Middle Name	*Last Name		Suffix
Shawn			Wilson		
* Gender		* Date Of Birth		SSN	
Female	-	03/15/1983	苗	746-75-674	45
*Phone Number			Email Address		
(746) 578-7000			test123@gmail.com		
Effective Date			Additional Insurance		
07-21-2021		Ê	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.



Select the plan, if applicable.

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

6				Summary
Summary				
alastad Caramana				
elected Coverages				
idit				
Medical Coverage	Selected			
r meanear corringe	Juicetta			
Plans				
Medical Plan		Plus Platinum 15/30 Direct		\$0.00/Mo
		detine KMIs Classe Chauset Test Of	9 008 Test 005 002	Tart 005 002 Dateick Wilcon
Dependents	Ch	nstina k wiz, simon stewart, test oc	/ 000, 1831 000 001	c, test 003 002, Petrick Wilson
Dependents Dates of Coverages	Ch	nsuna k wiz, oimon otewart, rest ou	5 000, lest 005 001	, rest 000 002, Petrick Wilson
Dependents Dates of Coverages	Ch	isuna k wiz, simon stewart, test ut		, rest 000 002, Petrick Wilson
Dependents Dates of Coverages overage Start Date	Ch	Coverage End Date		, rest 003 002, Petrick Wilson
Dependents Dates of Coverages overage Start Date 07/21/2021	Ch	Coverage End Date		, rest 000 002, Petitikk Wildon

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

	<u> </u>
	Final Success Step
Final Success Step	All Details has been updated successfully.



Terminate Employee Coverage

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**.

	0	0	0	2			
		Life Eve	ent Changes				
ife Event Changes							
enefit change requests which include add	ng or dropping yourself and	Vor a dependent, are done with	h the selection of a life	changing event			
erent ernerge reductes miner network onte	ng an anapping process and	the second second second second second		soundersh exerce.			
ease enter the effective date of the life ev	ent and provide supporting	documentation if available (ex	birth certificate for the	e birth of a child or marr	iage certificate for a	a marriage).	
Life Event							
			•				
Employment Status Change			•				
Employment Status Change Legal separation			•				
Employment Status Change Legal separation Loss of other coverage			•				
Employment Status Change Legal separation Loss of other coverage			•			Previous	Next
Employment Status Change Legal separation Loss of other coverage Loss of dependent child status			v			Previous	Next
Employment Status Change Legal separation Loss of other coverage Loss of dependent child status Marriage			•			Previous	Next
Employment Status Change Legal separation Loss of other coverage Loss of dependent child status Marriage Now eligible for other coverage			•			Previous	Next

Validate the information on the following screen and click Next.

	00	9	O Termination Details		
Termination Details					
Member Name					
Henry Cavill					
Life Event			Group Termination Configuration		
Cancel Member Coverage			Date Of		
Event Date					
10/22/2021		苗			
* Coverage End Date					
10/22/2021					苗
				Previous	Next



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



Edit Dependent Information

To update a member's dependents, select the Member Details option.

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

On the Member Details page, scroll down to the **Dependents** section. Click on the arrow by the dependent's name and select **Update Dependent**.

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 De	ependent
test 009	08/01/2021	134 Park, Testing123, Baker fields, 5648995	Child	Male	•



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
Demographics	Administrator with any changes.	opuate member

Select Life Event to make edits and then click Next.

00-	0		- 0
Life Event Ch	nanges		
Life Event Changes			
Benefit change requests which include adding or dropping yourse	If and/or a dependent, ar	e done with the sel	ection of a life changing event.
Please enter the effective date of the life event and provide suppo for a marriage).	rting documentation if av	ailable (ex: birth ce	rtificate for the birth of a child or marriage certificate
* Life Event			
Employee Requested Cancellation (Dropping Coverage)	•		
* Event Date			
06/17/2022	苗		
* Effective Date			
06/30/2022	曲		
			Previous Next

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

ø0		
Life Event Changes		
Life Event Changes		
Benefit change requests which include adding or dropping yourself and	or a depe	endent, are done with the selection of a life changing event.
Please enter the effective date of the life event and provide supporting of for a marriage).	locument	tation if available (ex: birth certificate for the birth of a child or marriage certificate
* Life Event		7
Employee Requested Cancellation (Dropping Coverage)	-	
* Event Date		
01/01/2022	苗	
* 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 Den	ographics:		
Edit Member Demog	raphics:				
First Name		Middle Name	*Last Name		Suffix
Shawn			Wilson		
*Gender * Date Of f		* Date Of Birth		SSN	
Female	•	03/15/1983	苗	746-75-6745	
Phone Number			Email Address		
(746) 578-7000			test123@gmail.com		
ffective Date			Additional Insurance		
07-21-2021		苗	Other Coverage		
Aailing Address					
addiess					
Street	* City		* State	* Zip Code	e .
134 Park Avenue Baker fields			Testing	87859	

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		
Dependent Name	Relationship	
Joshua R Birch	Child	
BLAKE CHODOROV	Child	
		Next



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.

	0-	_0_0_0_0_	-0-0-	• <u> </u>
				Summary
Summary				
Selected Coverages				
Edit				
 Medical Coverage S 	Selected			
Plans				
Medical Plan		Plus Platinum 15/30 Direct		\$0.00/Mo
Dependents	Ch	ristina K Wiz, Simon Stewart, Test 0	09 008, Test 005	002, Test 005 002, Petrick Wilson
Dates of Coverages				
Coverage Start Date		Coverage End Date		
07/21/2021		05/26/2023	節	
				Previous

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**.

O •	0 0	 0	
What would you like to do?			
What would you like to do?			
*Event Date			
kadanan			Next

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	J
Adam Braverman	11/04/1965	Active	Member Details
Adnan Sami	01/28/1985	Active	Edit Member Details
Andrew Cook	04/22/2000	Active	Edit Group/Subgroup
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 Sele	tion	
Name		~
O Main		
• COBRA		
* Event Date		
08/01/2023	曲	
		Next

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

Updated Group/Subgroup	Subgroup has been successfully updated.	
		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.