

Broker User Guide – Manage Your Enrollment

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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

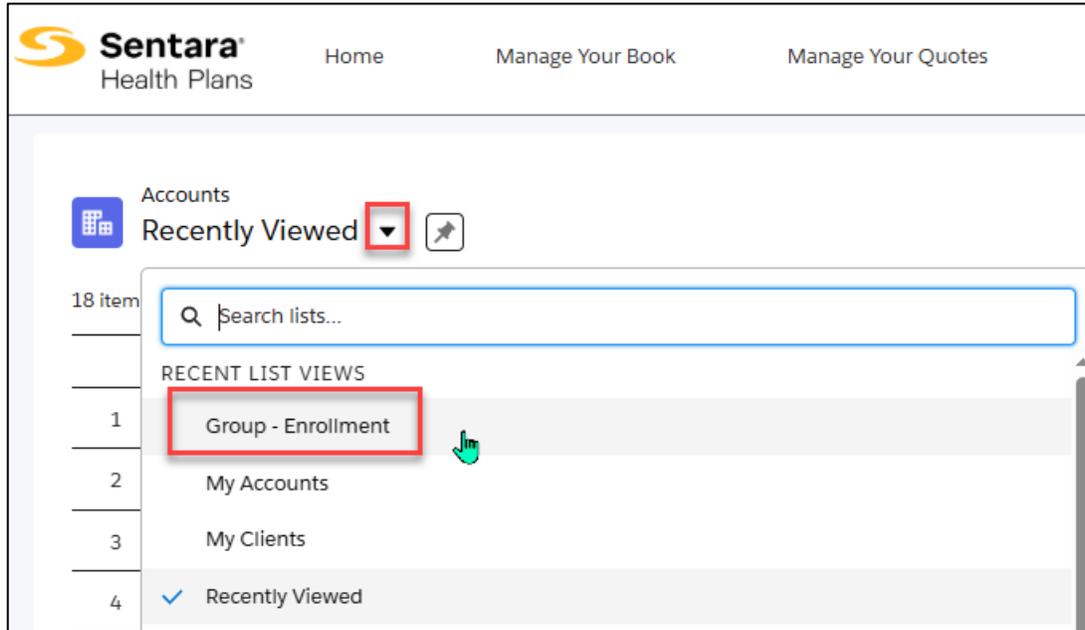
Resources

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

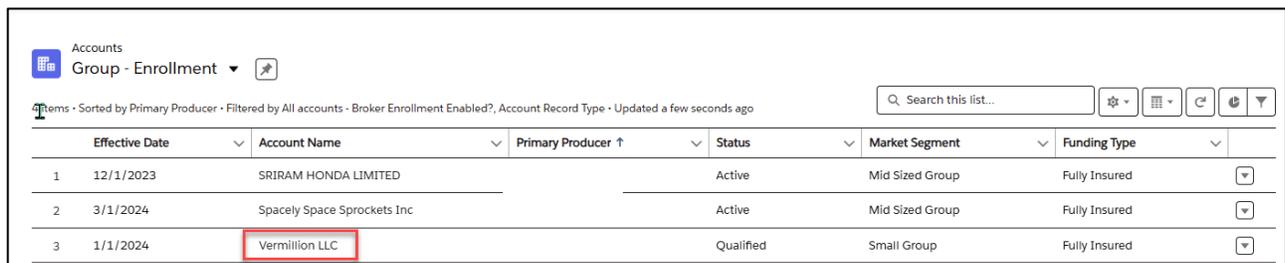
Questions About Training? Contact thelearninghub@sentara.com and receive a response within one business day.

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.



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



Effective Date	Account Name	Primary Producer	Status	Market Segment	Funding Type
12/1/2023	SRIRAM HONDA LIMITED		Active	Mid Sized Group	Fully Insured
3/1/2024	Spacely Space Sprockets Inc		Active	Mid Sized Group	Fully Insured
1/1/2024	Vermilion 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

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

Acme group-MAIN 1

Group Number: 000208 Group Type: Group Contract Start Date: 05/01/2021 Contract End Date: 05/01/2023 Contract Renewal Date: 06/01/2023

Group Demographics 2

Address

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

Enrollment Tasks 3

4 Approve All Transactions

Enrollment Task:

Enrollment Insights 5

Current Election Details

Benefit Summary Report

Pending Election Benefit Detail

Employee Census Report

Group Contact 6

Benefit Administrator

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Gabby Habbie	true		(455) 577-6599	
Ryan Benefit Admin	false		(312) 212-6706	

1

Billing

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

1

General

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Henry Wilson			1197468363683	

1

Employee Class 7

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

1

Members 8

9 Add Subscriber

MEMBER NAME	DOB	STATUS	ACTIONS
ABCO Wilson	07/11/2002	Active	10
Adam Ewe	04/01/2000	Active	

1 2 3

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	▼	
Tammy Smith	06/06/2002	Active	▼	
Tom T Brady	09/04/1979	Active	▼	
EMPLOYEE BA1	11/29/1988	Inactive	▼	
EMPLOYEE BROKER1	12/04/1985	Inactive	▼	
EMPLOYEE SA1	05/11/1980	Inactive	▼	

Member Details

Edit Member Details

Edit Group/Subgroup

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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	▼
Test1 TestLast2	08/12/1981	Active	▼
Test1 TestLast2	10/28/1981	Active	▼

Member Details
 Edit Member Details
 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.
 - **Other Correction** - Add or Edit Dependents Demographic and Enroll

← Back to Group Details

LESLIE

[View Changes](#)

Current Plans

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	HSA	CONT
Sentara Direct Vantage Platinum 0 Ded 200 Rx Ded CLS BD: 10/AD: 40/20: \$350 max;	Medical	Employee Only			No	

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Demographics

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

[Update Member](#)

Member Details

Name	DOB	Gender
LESLIE		Female

Mailing address

Street Name	City	State	Zip Code	Phone Number	Email Address
	NORFOLK	VA			

Categories

[Manage Categories](#)

There are no current categories assigned, please select "Manage Categories" to get started.

Dependents

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
					<input type="button" value="v"/>

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ID Card

<input type="checkbox"/> Full Name	Member Type
<input type="checkbox"/> LESLIE	Subscriber

[View/Print](#)

[Order Card](#)

Plan History

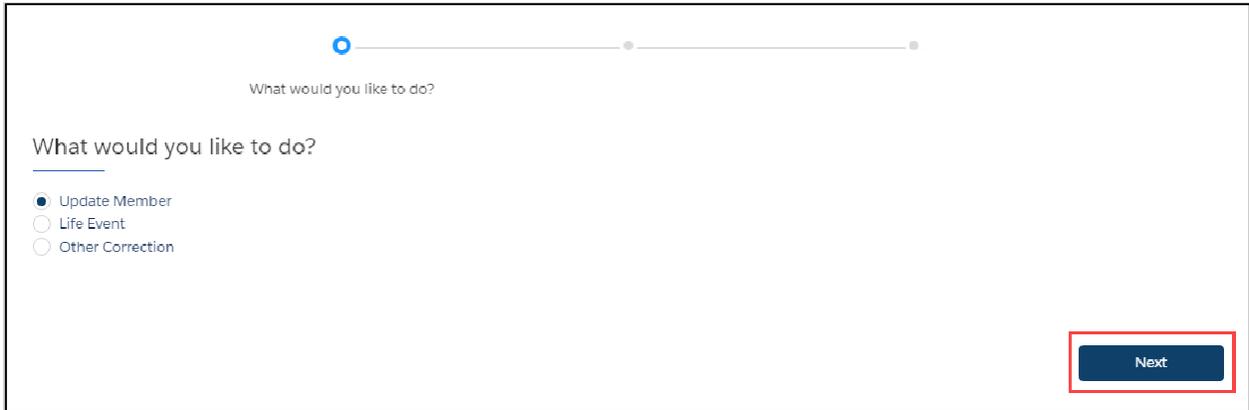
PLAN NAME	PLAN TYPE	START DATE	END DATE	ACTIONS
Optima Vantage Gold 1500/25/20% Rx Ded Direct	Medical			<input type="button" value="v"/>
Optima Vantage Platinum 25/50 Rx Ded Direct	Medical			<input type="button" value="v"/>
Optima Vantage Platinum 25/50 Rx Ded Direct	Medical			<input type="button" value="v"/>
Optima Vantage Gold 1500/25/20% Rx Ded Direct	Medical			<input type="button" value="v"/>
Optima Vantage Gold 1500/25/20% RxDed Direct	Medical			<input type="button" value="v"/>
Optima Vantage Gold 1500/25/20% RxDed	Medical			<input type="button" value="v"/>

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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**.



What would you like to do?

What would you like to do?

Update Member
 Life Event
 Other Correction

Next

- **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:
 - Adoption
 - Birth
 - COBRA
 - Court Order
 - Death of Dependent
 - Death of Subscriber
 - Divorce
 - 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
 - Retirement
 - Termination of all coverage
- **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.

Progress bar: [Step 1 of 2] (Step 1 is active)

Edit Member Demographics:

Edit Member Demographics:

* First Name: Bob
Middle Name: [Empty]
* Last Name: Robin
Suffix: [Empty]

* 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**

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

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

Progress bar: [Step 1 of 2] (Step 2 is active)

Final Success Step

Final Success Step

Member Details has been updated successfully.

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.



What would you like to do?

What would you like to do?

Update Member

Life Event

Other Correction

Next

Select the appropriate **Life Event** from the drop down menu:

- Adoption
- Birth
- COBRA
- Court Order
- Death of Dependent
- Death of Subscriber
- Divorce
- 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
- 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.


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).

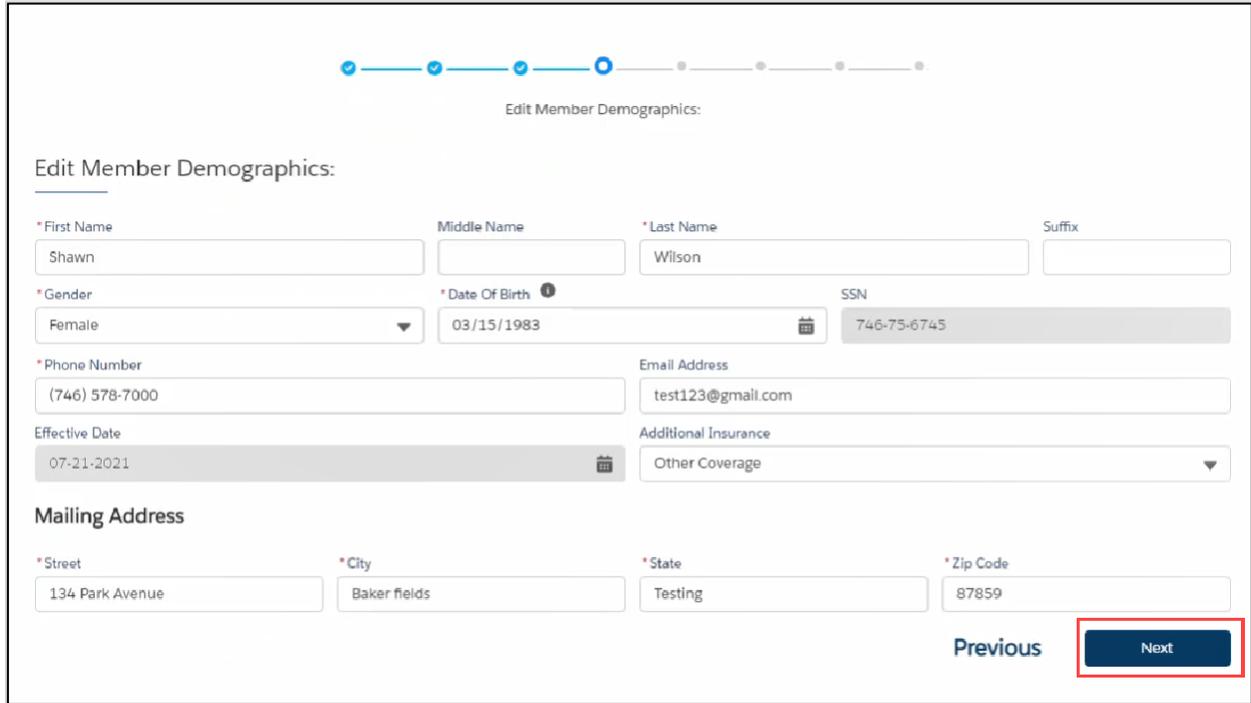
* Life Event

* Event Date

[Previous](#) 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**.

Select the plan, if applicable.

Results

2 Available Plans

Current Plan:  **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... None	EMERGENCY ROOM COVERA... None
HOSPITAL STAY COVERAGE None		

Added to Cart

 **POS Platinum 15/30 Direct (OOA)** Compare

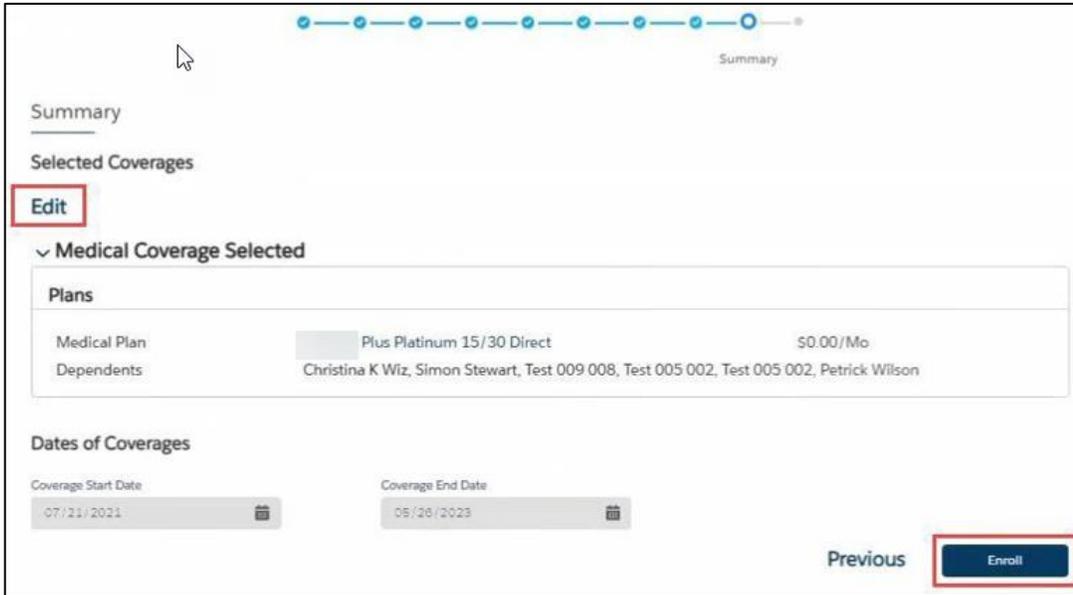
Plan Details

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

Selected Coverages

Edit

Medical Coverage Selected

Plans	Medical Plan	Dependents
	Plus Platinum 15/30 Direct	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**.



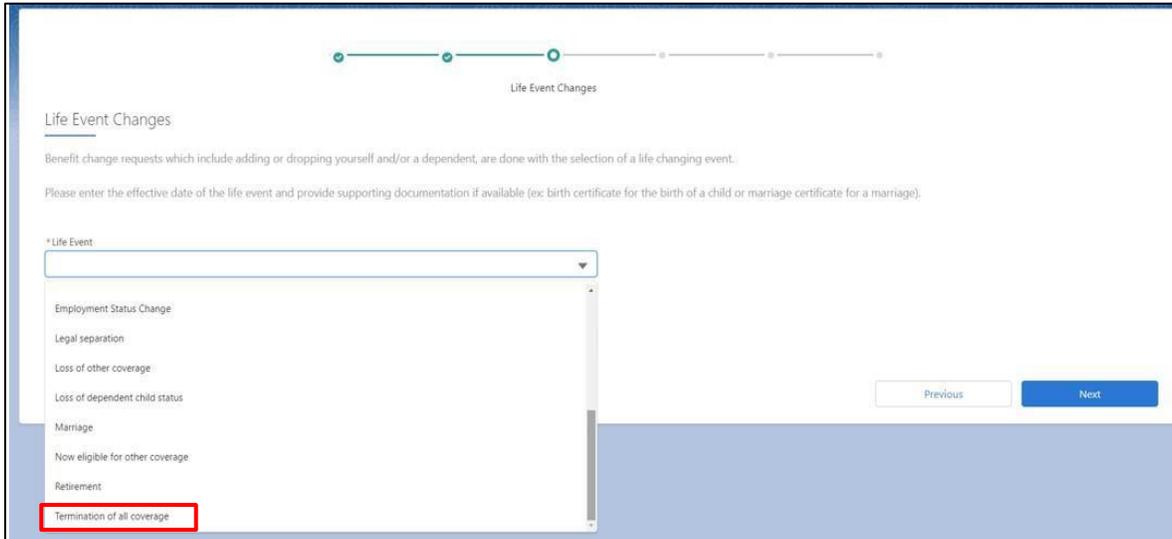
Final Success Step

All Details has been updated successfully.

Finish

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**.



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.

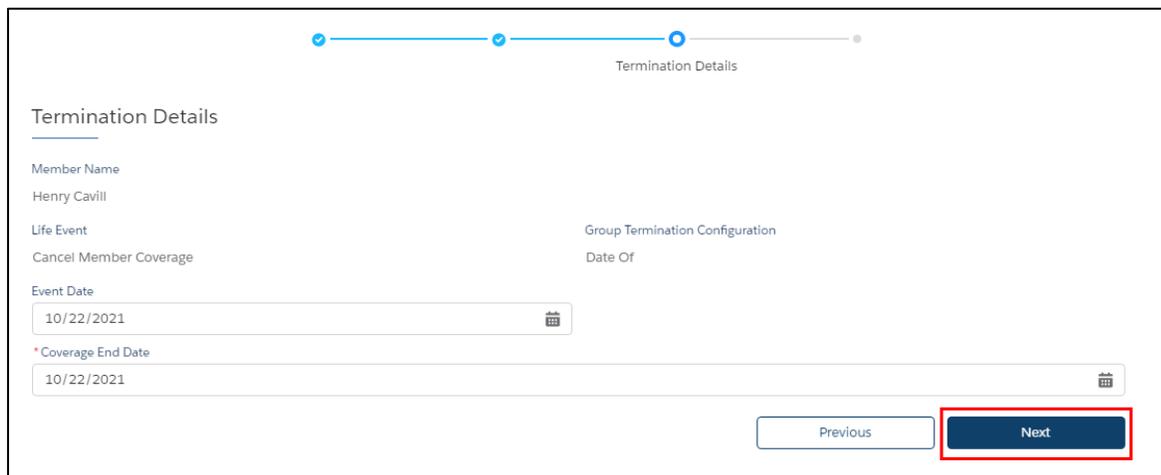
Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

* Life Event:

- Employment Status Change
- Legal separation
- Loss of other coverage
- Loss of dependent child status
- Marriage
- Now eligible for other coverage
- Retirement
- Termination of all coverage**

Previous Next

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



Termination Details

Member Name
Henry Cavill

Life Event
Cancel Member Coverage

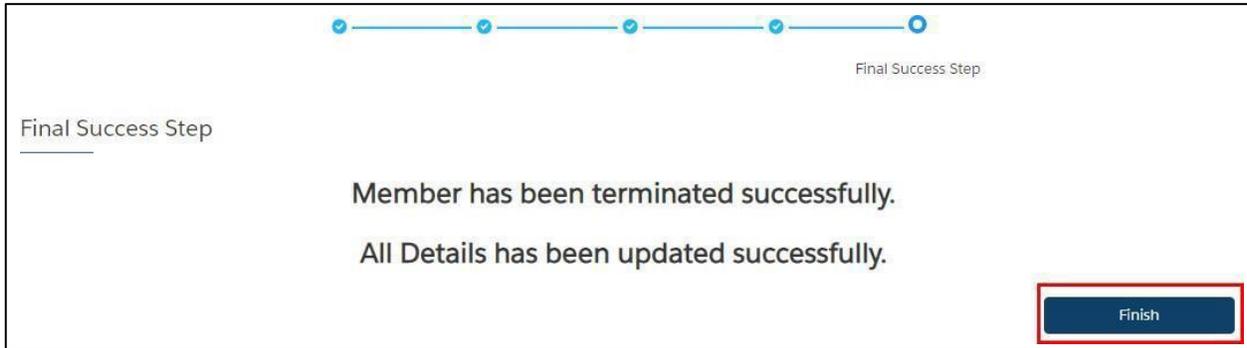
Group Termination Configuration
Date Of

Event Date
10/22/2021

* Coverage End Date
10/22/2021

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

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

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

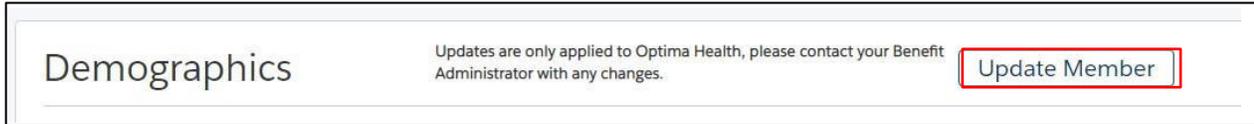
Dependents

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	<div style="border: 1px solid red; padding: 2px;">Update Dependent</div>
test 009	08/01/2021	134 Park, Testing123, Baker fields, 5648995	Child	Male	▼

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Terminate/Remove a Dependent's Coverage

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

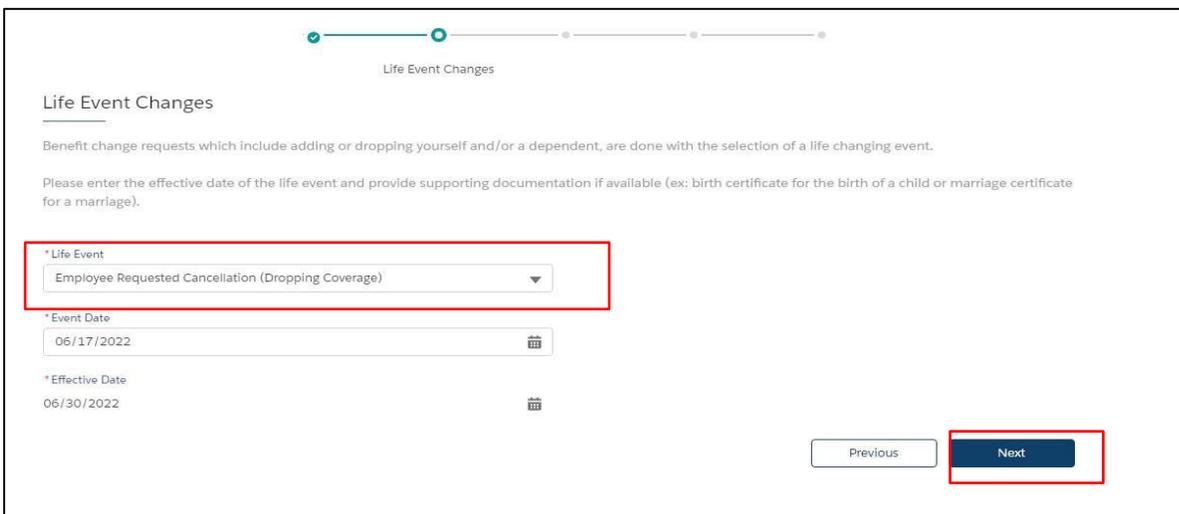


Demographics

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).

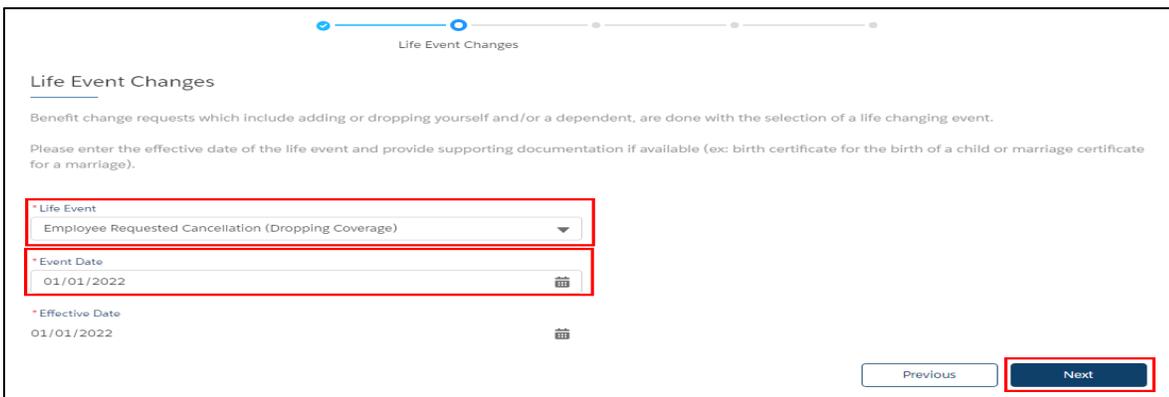
* Life Event
Employee Requested Cancellation (Dropping Coverage)

* 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).

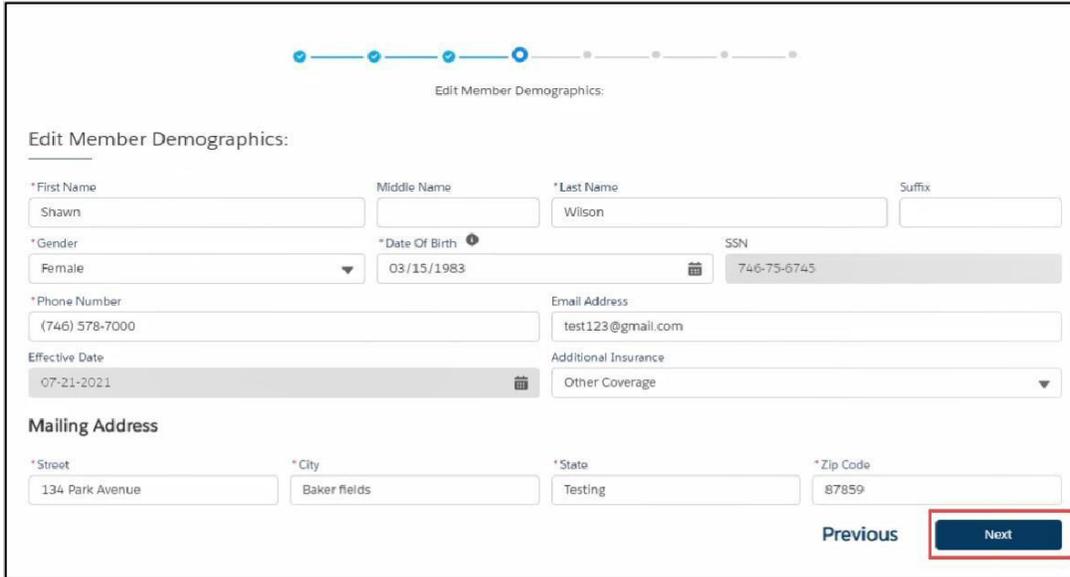
* Life Event
Employee Requested Cancellation (Dropping Coverage)

* 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**.



Progress indicator: 4 of 7 steps completed.

Edit Member Demographics:

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

*Gender: Female *Date Of Birth: 03/15/1983 SSN: 746-75-6745

*Phone Number: (746) 578-7000 Email Address: test123@gmail.com

Effective Date: 07-21-2021 Additional Insurance: Other Coverage

Mailing Address

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

Previous **Next**

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



Dependents

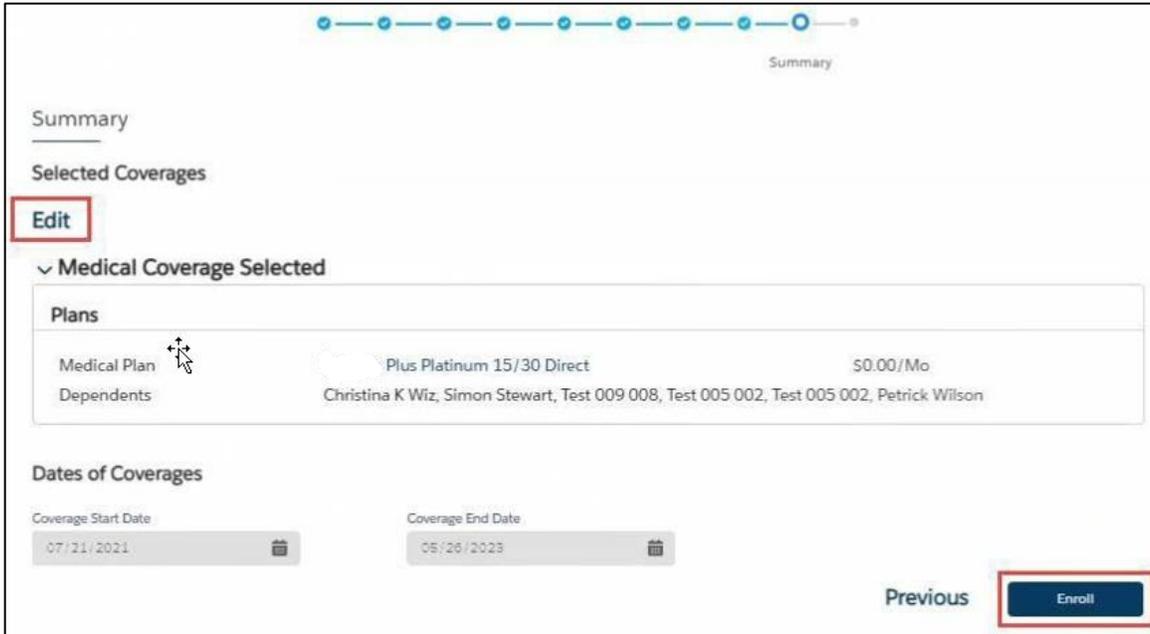
Please select the dependents below to include in this coverage

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



Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans	Dependents
Plus Platinum 15/30 Direct \$0.00/Mo	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**.



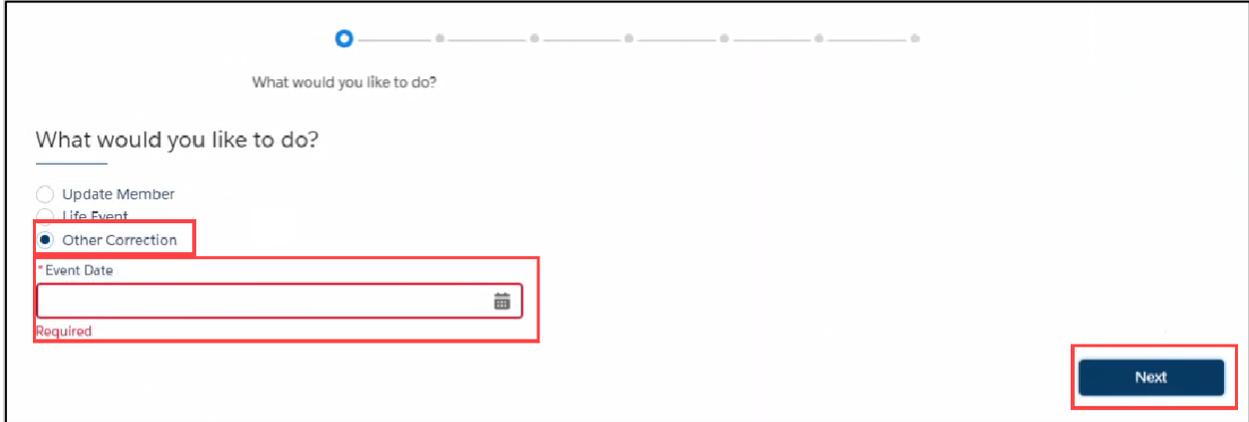
Final Success Step

All Details has been updated successfully.

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**.



What would you like to do?

What would you like to do?

Update Member
 Life Event
 Other Correction

*Event Date

Required

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
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

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

Updated Group/Subgroup

 Subgroup has been successfully updated.

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.