

# Broker User Guide – Mid-Market Quotes



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| Congratulations, for submitting your new quote!  |                              |
| Quote Actions                                    | Error! Bookmark not defined. |
| Generate a Proposal                              | Error! Bookmark not defined. |
| Accept a Quote                                   |                              |
| Submit for a Relook                              |                              |
| Clone a Quote                                    |                              |
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| Group Application Process                        |                              |
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# Purpose

The purpose of this user guide is to outline the mid-market quote process. The process includes how to:

- create a new quote
- perform quote actions
- initiate group application process

As a reminder, the parameters for group size are as follows:

|                            | Small Group    | Mid-Market Group | Large Group     |
|----------------------------|----------------|------------------|-----------------|
| Funding Type               |                | Fully Insured    |                 |
| Total # of Employees       | <u>&lt;</u> 50 | >50              | >50             |
| Eligible # of<br>Employees |                | <u>&lt;</u> 150  | <u>&gt;</u> 151 |
| Funding Type               |                | Level Funded     |                 |
| # of Enrolled<br>Employees |                | 10 - 150         |                 |



# **Create New Quote**

Click the **Request a Quote** button on the home screen.

| 9                          | Sentara Home<br>Health Plans   | Manage Your Book      | Manage Your Quotes | Manage Your Applications | Manage You | Enroliment Manage Your Leads |           |  |
|----------------------------|--|-----------------------|--------------------|--------------------------|------------|------------------------------|-----------|--|
| Welcom<br>Manage your Book | of Business, Quot  | tes, Applications and | Leads in one pla   | ce.                      | k          |                              |           |  |
|                            | Dashboard<br>Broker Dashbo<br>Dashboard for Brokers<br>As et Mar 18, 2025, 2:08 PM Vie |                       |                    |                          |            |                              | Refresh 💌 |  |
|                            | Small Group Fully-Insure   |                       |                    | -Insured New Business    | ×          | BusinessEDGE New Business    | ×         |  |
|                            | 20<br>15<br>10<br>88<br>5  | 29                    | St Carry           | 1.11                     |            | 5<br>4<br>2<br>2<br>2        | 5         |  |

### **Broker Information**

Select the primary broker of record for the quote.

If you are completing the quote for yourself, select the **Myself** button.

|  | Broker Information |      |
|--|--------------------|------|
| Broker Information "Who is the primary Broker of Record for t MySelf On Behalf of another broker | his quote?         |      |
|  |                    | Next |



If you are completing the quote **On Behalf of another broker**, select the **On Behalf of another broker** button. In the Primary Broker Field, type the name of the broker and then select the displayed name from the list.

|   | -                  |  |
|---|--------------------|--|
|   | Broker Information |  |
| Broker Information  |                    |  |
|   |                    |  |
|   |                    |  |
| *Who is the primary Broker of Record for                        | his quote?         |  |
| MySelf  | his quote?         |  |
| <ul><li>MySelf</li><li>On Behalf of another broker</li></ul>    | his quote?         |  |
| MySelf<br>On Behalf of another broker<br>Primary Broker         | his quote?         |  |
| <ul><li>MySelf</li><li>On Behalf of another broker</li></ul>    |                    |  |
| MySelf<br>On Behalf of another broker<br>Primary Broker         |                    |  |
| MySelf<br>On Behalf of another broker<br>Primary Broker<br>test |                    |  |

Once the primary broker is chosen, click **Next**.

### Navigation - Quote Status Bar and Save for Later

#### Status Bar

While completing the Request a Quote process, if you need to navigate to the previous screen, click on the previous section of the quote status bar.

|  | O     Employer Contact Information |      |
|--|------------------------------------|------|
| Employer Contact Inform                              |                                    |      |
| Please enter your group information be<br>First Name | Last Name                          |      |
| Email  | Phone Number                       |      |
|  |                                    |      |
| Save for later                                       | Previous                           | Next |

#### Save for Later

You can also save for later at any point during the quoting process by clicking **Save for later** located in the bottom left corner. This button is located on each screen (shown below is where the button is on the Employer Contact Information screen)



|  | <b>oo</b> oooo               |
|--|------------------------------|
|  | Employer Contact Information |
| Employer Contact Informa                               | ion                          |
|  |                              |
| Please enter your group information belo<br>First Name | u.<br>Last Name              |
|  |                              |
| Email  | Phone Number                 |
|  |                              |
| Save for later   | Previous Next                |
|  |                              |

When you click **Save for later**, a pop-up box will display asking **Are you sure you want to save it for later?** You can choose **Cancel** or **Ok**. If you click **Cancel**, you will be brought to the screen where you left off and you can continue your work. If you choose **Ok**, you will come to a new screen that indicates your quote is saved for later. You can resume by clicking or bookmarking the link or you can also copy or email the link.

| Your Quote is save  | d for later |
|---|-------------|
| To resume, please click or bookmark the link.<br>Copy the link or Email me the link |             |

### **Group Information**

Enter group information on the Group Information screen, ensuring the required fields are completed. Required fields are noted with an asterisk (\*).

- \*Effective Date
- \*Group Name
- Trade Name not required
- Search Address type the address and select from the menu options.



- Note If the search address is utilized, it will automatically populate the Street, City and State fields listed below.
- Street
- City
- State

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- Zip Code
- County if a county is associated with the Zip Code, it needs to be selected
- Total Number of Employees
- Eligible Number of Employees
- Number of Enrolled Employees
- Incumbent Carrier type the name of the group's Incumbent Carrier if it exists
- Carrier Id not required
- No Current Carrier check this box if there is no current carrier, or if the incumbent carrier is unknown
- Other Incumbent Carrier not required
- Funding Type
- Plan Type

\*Industry Type and SIC Code are not required

|  | o                              |   |                              |  |  |
|--|--------------------------------|---|------------------------------|--|--|
|  | Group Information              |   |                              |  |  |
|  | croup montation                |   |                              |  |  |
| Group Information                          |                                |   |                              |  |  |
| Please enter your group information below. |                                |   |                              |  |  |
| * Effective Date                           |                                |   |                              |  |  |
| •  |                                |   |                              |  |  |
| * Group Name                               |                                | 7 |                              |  |  |
| Trade Name                                 |                                |   |                              |  |  |
|  |                                | ] |                              |  |  |
| Search Address                             |                                | _ |                              |  |  |
|  |                                |   |                              |  |  |
| Street 0                                   |                                | ٦ |                              |  |  |
| City S                                     | itate                          |   |                              |  |  |
|  | nate                           | 1 |                              |  |  |
| *Zip Code                                  | County                         |   |                              |  |  |
|  |                                |   |                              |  |  |
| Zipcode is not valid                       |                                |   |                              |  |  |
| * Total Number of Employees                | * Eligible Number of Employees |   | Number of Enrolled Employees |  |  |
|  |                                |   |                              |  |  |
| Incumbent Carrier                          |                                | ٦ |                              |  |  |
| Carrier Id                                 |                                |   |                              |  |  |
|  |                                | ] |                              |  |  |
| No Current Carrier                         | imbent Carrier                 | - |                              |  |  |
|  |                                |   |                              |  |  |
| Industry Type SIC Code                     |                                |   |                              |  |  |
|  | * Plan Type                    |   |                              |  |  |
| • Funding Type                             | Calendar<br>Contract           |   |                              |  |  |
| Level Funded     Fully Insured             | Contract                       |   |                              |  |  |
|  |                                |   |                              |  |  |
|  |                                |   |                              |  |  |



Click **Next** once the group information is completed.

### **Employer Contact**

Enter employer contact information and click **Next**. This information is not required and can be updated in the Account Contacts section at a later time.

Note: The contact information provided on this page is populated on the quote proposal document.

|                                     | <b>o</b> ——— | <b></b> O••                  | <br>     |      |
|-------------------------------------|--------------|------------------------------|----------|------|
|                                     |              | Employer Contact Information |          |      |
| Employer Contact Infor              | mation       |                              |          |      |
|                                     | nation       |                              |          |      |
| Please enter your group information | below.       |                              |          |      |
| First Name                          |              | Last Name                    |          |      |
|                                     |              |                              |          |      |
| Email                               |              | Phone Number                 |          |      |
|                                     |              |                              |          |      |
|                                     |              |                              | Previous | Next |
| Save for later                      |              |                              |          |      |

### Census

The Smart Census upload feature leverages an AI model that understands the various census file formats and structures utilized by health carriers and brokerage houses for employer census documentation. When the census is uploaded, the AI model applies data standardization rules, offering greater flexibility for how the data can be entered.

### **Census Template**

To download a Census Template, select the **Download Excel Template** button and save the document to a location on your computer.

|  | ۰۰   | Census information         |                     | - 1 1           |                 |
|--|--|----------------------------|---------------------|-----------------|-----------------|
| Census Information<br>The number of eligible employees from the<br>Please upload the employee information spr<br>Download Excel Template | "Group Information Step" must match th<br>eadsheet file. | e Total number of Members. |                     |                 |                 |
| Total Members<br>O   | Total Emp<br>O   | Emp<br>O                   | Emp+child(s)<br>0   | Emp+Spouse<br>0 | Emp+Family<br>0 |
|  |  | Smart Census               | Upload Add Employee |                 |                 |
| Please save your Census information before   | you continue.  |                            |                     |                 |                 |
| Please add Census members before you con   | tinue.   |                            |                     |                 |                 |
| Save for later   |  |                            |                     | Previous        | Next            |



### **Completing the Census**

Listed below are the data elements expected to be seen in the census files. The Smart Census solution does not enforce rules around these fields. For example,

- Date values Accepted in MM/DD/YYYY or MM/DD/YY format.
- Zip codes Numeric values are accepted and must be 5 digits.
- Gender Is NOT case sensitive. M/F or Male/Female/Unknown are acceptable values.
- **Primary Member Identifier and Member Identifier** The Primary Member Identifier and the Member Identifier are NOT required.
- **Relationship** The Relationship field indicates family groupings.
- TRUE/FALSE and YES/NO Treated the same. Either option can be entered.

#### Census information for a Small Group Quote:

- First Name
- Last Name
- **Gender** Is NOT case sensitive. M/F or Male/Female/Unknown are acceptable values.
- Birthdate Accepted in MM/DD/YYYY or MM/DD/YY format.
- Cobra Yes or No
- Out of Area- Yes or No
- Primary Member Identifier Not required
- Member Identifier Not required
- **Postal Code** 5-digit zip code
- Relationship Indicates Family Groupings Employee/Spouse/Child
- Number of Children entered on employee line
- Product Line
  - Each family grouping starts with the Employee listed first, with each family member to follow. The next Employee entry in the spreadsheet indicates the start of a new family grouping. The Employee must be listed first for each family grouping.

### **Upload Census File**

To upload a completed Census Spreadsheet, click **Smart Census Upload.** Select the census file from its saved location on your computer. Click on the file name, and then select **Open.** 



| 0 0 0 0 0 0 0     Image: Consume Underset information before you continue.     Image: Consume the before you continue.     <   |                         | o—   | •    • • • • •                         |              |           |               |
|--|-------------------------|--|--|--------------|-----------|---------------|
| The she is digible employees too the 'Croop toomation Stap' must nation the too tal number of Membrase.<br>Sender Constrained<br>The she constrained by the she is the sh   |                         |  | Census Inform                          | ation        |           |               |
| ese laboles<br>ested lices foreglase<br>total Machenes<br>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | s Information           |  |  |              |           |               |
| hand block lengthere<br>Data Kennelens<br>Data Kennelens<br>Parter set of Census etheremisetes before you centus.<br>Parter set o | nber of eligible emp    | ployees from the "Group Information Step" mu | ist match the Total number of Members. |              |           |               |
| ball Maxtees Bad Eng <th></th> <th>ee information spreadsheet file.</th> <th></th> <th></th> <th></th> <th></th>   |                         | ee information spreadsheet file.             |  |              |           |               |
| 0 0 0 0 0 0 0 0     Ald trapleyee     Press dors prof Central Minimution before you continue.     Press dors press dors press dors press dors press dor  | ad Excertemplate        |  |  |              |           |               |
| Start Connu tighted Add Imploym      Reas and provide internation before you continue.      Prease and consumember before you continue.      Prease and consumember before you continue.      rease     r  |                         |  |  |              |           | Emp+Family    |
| Press sers pour Central information before you central.   Press ded Central information before you central.   Ive for Liter   Press de Central information before you central.   Ive for Liter   Press de Central information before you central.   Ive for Liter   Press de Central information before you central.   Ive for Liter   Press de Central information before you central.   Ive for Liter   Press de Central information before you central informa   | 0                       | 0  | 0                                      | 0            | 0         | 0             |
| Press use pour Census information before you cention.   Press due domain members before you cention.   Information   Press due domain members due domain members due domain due do   |                         |  |  |              |           |               |
| Prese add Census members betors you continue.   ret in the C + Downloads is Census    ret,   ret in the C + Downloads is Census    ret in the C + Downloads is Census    ret in the C + Downloads is Census    Size    ret in the C + Downloads is Census    Size    ret in the C + Downloads is Census    Size    ret in the C + Downloads is Census    Size    ret in the C + Downloads is Census    Size    ret in the C + Downloads    Size  Siz   |                         |  | La smart c                             | Add Employee |           |               |
| ne for later new local second  | Please save your Census | is information before you continue.          |  |              |           |               |
| en loo later nool field in the model of the second of the  |                         |  |  |              |           |               |
| ern.<br>• • • • • • • • • • • • • • • • • • •  | Please add Census mem   | nbers before you continue.                   |  |              |           |               |
| <ul> <li>* This PC + Deunleads + Census</li> <li>New Kohler</li> <li>Itia *</li> <li>New Kohler</li> <li>Samplin Census Templinte.alsa</li> <li>7/24/2021 4:58 AAM</li> <li>Microsoft Excel W</li> <li>19 (1)</li> <li>Select a file to previn</li> </ul>  | or later                |  |  |              | Previous  | Next          |
| * Pier Poundade + Census       Avier     New Kohler         Itarine     Date modified         Tarine     Date modified         Topic     Size         Select a file to previn   Select a file to previn  |                         |  |  |              |           |               |
| Name Date modelfied Type: Size<br>Sample Census Templetrastics 7/26/2021 4:56 AM Microsoft Bood W 19 KB<br>Select a file to previou  |                         |  |  |              |           |               |
| Select a fort to preven  | - 🕆 🧾 + Thi             | is PC + Downloads + Census                   |  |              | × 6 3     | Search Census |
| Select a file to previo  |                         |  |  |              | * 0 S     |               |
| Select a file to preven  | · New folder            |  | Date modified Type:                    | Ste          | × 6       |               |
| Select a file to preven  | · New folder            | Name   |  |              | <  δ    λ |               |
| Select a file to preven  | · New folder            | Name   |  |              | ×   6   × |               |
| Select a file to preven  | · New folder            | Name   |  |              | × 6       |               |
| Select a file to preven  | · New folder            | Name   |  |              | × 6       |               |
|  | • New faile             | Name   |  |              | × 6       |               |
|  | • New faile             | Name   |  |              |           |               |
| v<br>File same Secole Case of Bendles Ver  | • New folde             | Name   |  |              |           |               |
| v<br>For some Canada Canada Some Some Some Some Some Some Some Some  | • New folde             | Name   |  |              |           | 12 · C        |
| v<br>File same Sanak Canada Sana Sana Sana Sana Sana Sana Sana   | • New folde             | Name   |  |              |           | 12 × C        |
| v<br>For some Canada Canada Some File Process for  | • New folde             | Name   |  |              |           | 12 × C        |
| V<br>For some Sanah Canada Sanah   | • New folde             | Name   |  |              |           | 12 × C        |
| File name Sande Centre Terretori   | • New folde             | Name   |  |              |           |               |
|  | • New folde             | Name   |  |              |           | 12 · C        |

Correct Census Data – Save

If census spreadsheet was successfully loaded, click the **disc icon** to **Save** the information and then click **Next** to move forward in the process.

| Upload Me |                                  |                |                        |                        |                      |
|-----------|----------------------------------|----------------|------------------------|------------------------|----------------------|
| Tutal     | d Imployees                      | Employees<br>3 | Employee+Child(s)<br>0 | Employee - Sponse<br>1 | Employee+Family<br>3 |
|           |                                  | -              | Dente Al Date          |                        |                      |
| >         | Employee 1<br>Aurther Weakley    | 1 dependents   |                        |                        |                      |
| 2         | Employee 2<br>Harry Potter       | 2 dependents   |                        |                        |                      |
| 2         | Employee 3<br>Hermoles Granger   | 1 dependent    |                        |                        | 3                    |
| >         | Enginper 4<br>Neville Longbottom | 0 dependents   |                        |                        |                      |
| 5         | Employee 5<br>Rateos Hagrid      | 0 dependents   |                        |                        |                      |
| >         | Employee 6<br>Dobby EM           | 0 dependents   |                        |                        |                      |
| >         | Employee T<br>Padrox Amidale     | 4 dependents   |                        |                        |                      |
|           |                                  |                |                        |                        |                      |
|           |                                  |                |                        |                        | Next                 |

#### **Incorrect Census Data**

An error message displays if the census is missing information or is formatted incorrectly.



| Upload M    | lembership                       |              |                                    |                       |                 |
|-------------|----------------------------------|--------------|------------------------------------|-----------------------|-----------------|
| Download .C | SV Template                      |              |                                    |                       |                 |
| То          | tal Employees                    | Employees    | Employee + Child(1)                | Employee+Spouse       | Employee+Family |
|             | 17                               | 3            | 0                                  | 1                     | 3               |
|             |                                  |              | Dente All Data 🔹 Uplicad Employees |                       | в               |
| >           | Employee 1<br>Aurther Weasley    | 3 dependents |                                    | A Missing information |                 |
| >           | Employee 2<br>Havy Potter        | 2 dependents |                                    | A Masang Information  |                 |
| >           | Employee 3<br>Harmoine Granger   | 1 dependent  |                                    | A Missing Information | 8               |
| >           | Employee 4<br>Neville Longbottom | 0 dependanta |                                    | A Missing Information |                 |

Click on the arrow icon by the employee name to expand the information section. From here you can do one of the following:

- review the error message and correct the employee details.
- delete the employee by clicking on the trash can icon.
- delete all data, make corrections to the spreadsheet and upload a new census.

To correct the employee information, **click the arrow** to the left of the employee's name. The following screen displays. Revisions can be made in the necessary field(s).

| Empiryon 1<br>Austrian Weakley                                | 3 dapara  | danta '                      | A Manag Informa | ein ()    | 0 |
|---|---|------------------------------|-----------------|-----------|---|
| -Details 🕗  |   |                              |                 |           |   |
| Social Security Number  | Post Name -   | Last Nerve                   | Address         | CV        |   |
|   | Auther  | Wassley                      |                 |           |   |
|   |   |                              |                 |           |   |
| 244   | Atoms Code<br>20101   | ture hure                    | Web Prace       | Ori Prove |   |
|   | 6791  |                              |                 |           |   |
| frait   | Effective Date  | Him Date                     | Emplo           | Sear      |   |
|   |   |                              | Nov 1, 1958     | Mae 👻     |   |
| 107 Number  | HSA   | Hibs Begin Date              | Proved Date     |           |   |
| nur nur nur nur   | -None- W  |                              | Procesa Dete    | Term Date |   |
|   |   |                              |                 |           |   |
| Out of Arms   | Diskiel Dec   | le eronne.                   |                 |           |   |
| -Nove-  | -hore- •  | Septyme +                    |                 |           |   |
|   |   |                              |                 |           | - |
|   |   |                              |                 |           |   |
| 0   | ed. Oty is required, State is required. Effective Date is required. |                              |                 |           |   |
| O social security investigies a redshired reported in section | et c.d. it lefthad tops a lefthad cusche test it lefthad.           | love admits the outperadment |                 |           |   |

#### **Delete All Census Data**

If there are multiple errors, you can delete the entire census and upload a new census file by clicking the **Delete All Data** button.

|   | 0   | o                             |                    |              |            |            |
|---|---|-------------------------------|--------------------|--------------|------------|------------|
|   |   |                               | Census Information |              |            | Þ          |
| Census Information  |   |                               |                    |              |            |            |
| The number of eligible employees fro<br>Please upload the employee informat | m the "Group Information Step" mus<br>ion spreadsheet file. | t match the Total number of N | lembers.           |              |            |            |
| Download Excel Template   |   |                               |                    |              |            |            |
| Total Members   | Total Emp   | Emp                           | Emp+Child          | Emp+Children | Emp+Spouse | Emp+Family |
| 13  | 7   | 4                             | 1                  | 2            | 0          | 0          |
|   |   | Delete                        | All Cata           | Add Employee | (          | 💾 Save     |

Confirm data deletion by clicking **Delete** on the pop-up window. Or, you may click **Cancel** to navigate back to the **Census Information** screen. Revised 04/08/2025



| Delete All Data   |        |        |
|---|--------|--------|
| Are you sure you want to delete all census members? This operation cannot be undone | ь.     |        |
|   | Cancel | Delete |

On the **Census Information** screen upload a new census spreadsheet by selecting **Smart Census Upload**.

# **Manual Employee Entry**

If you choose not to upload a census, the employee and dependent information can be added manually. Click **Add Employee** to add the employees' and their dependent information manually.

|  | o  | •0                       |                     |            |            |
|--|--|--------------------------|---------------------|------------|------------|
|  |  | Census Information       |                     |            |            |
| Census Information<br><br>The number of eligible employees from th<br>Please upload the employee information s | e "Group Information Step" must match the<br>spreadsheet file. | Total number of Members. |                     |            |            |
| Download Excel Template Total Members  | Total Emp  | Emp                      | Emp+child(s)        | Emp+Spouse | Emp+Family |
| 0  | 0  | 0                        | 0                   | 0          | 0          |
|  |  | ▲ Smart Census           | Upload Add Employee |            |            |
| Please save your Census information befo   | re you continue.   |                          |                     |            |            |
| Please add Census members before you o   | ontinue.   |                          |                     |            |            |
| Save for later   |  |                          |                     | Previous   | Next       |

Click the arrow next to **Employee 1** to add the employee information.



|               |                    | o  | oO              |                                 |                    |            |
|---------------|--------------------|--|-----------------|---------------------------------|--------------------|------------|
|               |                    |  | Census Informa  | ition                           |                    |            |
| Census Info   | ormation           |  |                 |                                 |                    |            |
|               |                    | loyees from the "Group Info<br>e information spreadsheet fil |                 | the Total number of Members.    |                    |            |
| Download Exc  | cel Template       |  |                 |                                 |                    |            |
| Tota          | I Members          | Total Emp  | Emp             | Emp+child(s)                    | Emp+Spouse         | Emp+Family |
|               | 1                  | 1  | 1               | 0                               | 0                  | 0          |
|               |                    |  | Delete All Data | nart Census Upload Add Employee | ,                  | Save       |
|               | ⊘ Census Er        | ror(s) - Please make corrections                             |                 |                                 |                    |            |
| [             | >                  | Employee 1   | 0 dependents    | <b>A</b> M                      | issing Information | â          |
| Please s      | save your Census i | information before you continue.                             |                 |                                 |                    |            |
| Save for late | r                  |  |                 |                                 | Previou            | s Next     |

Enter the employee information.

- First Name
- Last Name
- Gender from the drop down
- Birthdate
- Cobra Select Yes or No
- Out of Area Select Yes or No
- Postal Code
- Product Line Leave blank
- Relationship Defaults to Employee

Add a dependent by clicking the **Add Dependent** button. Then click the > button to expand the screen.

| > Dependents  |   |  |
|---------------|---|--|
| Add Dependent | ] |  |
|               |   |  |

Enter the dependent information.

- First Name
- Last Name
- Gender from the drop down
- Birthdate
- Cobra Select Yes or No
- Out of Area Select Yes or No
- Postal Code
- Product Line Leave blank

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• Relationship – Select Child or Spouse

Continue to add additional dependents for the employee by following the process detailed above.

### Save each Employee and Dependent Entry

Click the **floppy disc** icon to save the information for each employee or dependent record.

|                                | Delete All Data          | Ĵ Smart Census Up                   | Add Employee                |               | Save |
|--------------------------------|--------------------------|-------------------------------------|-----------------------------|---------------|------|
| ⊘ Census Error(s) - Please mak | e corrections            |                                     |                             |               |      |
| C Employee 1                   | 0 depend                 | dents                               | 🛕 Missin                    | g Information | ۵    |
| ✓ Details<br>First Name        | Last Name C              | Sender<br>None 💌                    | Birthdate                   | Age<br>NaN    |      |
| COBRA                          |                          | Primary Member Identifier<br>541VND | Member Identifier<br>G41VND | Postal Code   |      |
| Product Line                   | Relationship<br>Employee |                                     |                             |               |      |

To add another employee, click **Add Employee** and repeat the process until all employees are entered. Rember to save (click the floppy disc icon) each employee and/or dependent record after entry.

Once all the employee/dependent records have been entered, click **Next** to proceed to the next screen.

### **Plan Selection**

On the **Plan Selection** page, select the plans that you would like to quote.

On this page you can filter plans, compare plans, view the plan details benefit summary, and add plans to the cart.

To filter plans, use the drop-down arrow to choose your filter options from Product Type, Product Lines, and Deductible, then click **Apply**. A list of plans matching your criteria is displayed.



|                                    | ©©©                                    | Plan Selection                         |         |             |
|------------------------------------|--|--|---------|-------------|
| Plan Selection                     |  |  |         |             |
| Please select at least one plan to | o proceed.                             |  |         |             |
| ] Morbid Obesity Rider (MOR)       |  |  |         |             |
| None Product Lines                 | Deductible                             |  |         | Review Cart |
|                                    |  | 75 Available Plans                     |         |             |
| Sentara Vantage 10,                | /20                                    |  | Compare | l           |
| Plan Details                       |  |  |         |             |
| ✓ Standout Features                |  |  |         |             |
| ANNUAL DEDUCTIBLE<br>N/A           | OUT-OF-POCKET LIMIT<br>\$3,500/\$7,000 | PRIMARY DOCTOR COVERAGE<br>S10 Copay   |         |             |
|                                    | PRESCRIPTION DRUG COVERAGE             | EMERGENCY ROOM COVERAGE<br>\$350 Copay |         |             |
| SPECIALIST COVERAGE<br>\$20 Copay  | CLS 10 BD; 45/75/20% AD w/             | 0000 00pdy                             |         |             |

To compare plans, click the **Compare** box of the plan you want to compare and then click the **Compare** button next to the Review Cart button in the upper right corner of the screen.

| Plan Selection  |  |  |                          |             |
|---|--|--|--------------------------|-------------|
| Please select at least one plan to proce  | ed.  |  |                          |             |
| Morbid Obesity Rider (MOR)  |  |  |                          |             |
| Product Type Product Lines          None               None <td>DeductibleNone</td> <td></td> <td>Compare</td> <td>Review Cart</td> | DeductibleNone   |  | Compare                  | Review Cart |
|   |  | 75 Available Plans                     |                          |             |
| Sentara Vantage 10/20   |  |  | Compare                  | Û           |
| Plan Details  |  |  |                          |             |
| $\checkmark$ Standout Features  |  |  |                          |             |
| annual deductible<br>N/A  | OUT-OF-POCKET LIMIT<br>\$3,500/\$7,000                   | PRIMARY DOCTOR COVERAGE<br>\$10 Copay  |                          |             |
| SPECIALIST COVERAGE<br>S20 Copay  | PRESCRIPTION DRUG COVERAGE<br>CLS 10 BD; 45/75/20% AD w/ | EMERGENCY ROOM COVERAGE<br>\$350 Copay |                          |             |
| HOSPITAL STAY COVERAGE<br>\$200 Copay per day/max \$800   |  |  | Select Prescription Drug |             |

A separate window is displayed where you can view information for each plan. Click the ">" button to expand the viewing options. Click the "X" button to exit the screen.



|                            | Sentara Vantage 10/20                         | Sentara Vantage 500/20/20%                              |
|----------------------------|---|---|
| Annual Deductible*         | N/A   | \$500/\$1,000   |
| Out-of-Pocket Limit*       | \$3,500/\$7,000                               | \$4,000/\$8,000   |
| Primary Doctor Coverage*   | \$10 Copay                                    | \$20 Copay (Ded does not apply)                         |
| Specialist Coverage*       | \$20 Copay                                    | \$40 Copay (Ded does not apply)                         |
| Emergency Room Coverage*   | \$350 Copay                                   | 30% Coins AD  |
| Hospital Stay Coverage*    | \$200 Copay per day/max \$800                 | 20% Coins AD  |
| Prescription Drug Coverage | CLS 10 BD; 45/75/20% AD w/\$300 max<br>RX DED | x; 150 CLS 10 BD; 45/75/20% AD w/\$300 max; 1<br>RX DED |
| in Network                 |   |   |



# **Plan Details**

To view more information about the plan features, select the **Plan Details** link.

|   | 00   | Plan Selection   |         |            |
|---|--|--|---------|------------|
|   |  | Fian Selection   |         |            |
| Plan Selection  |  |  |         |            |
|   |  |  |         |            |
| Please select at least one plan   | to proceed.  |  |         |            |
|   | -None  Apply   |  | 4       | Review Car |
|   |  |  |         |            |
|   |  | 82 Available Plans   |         |            |
|   |  | 82 Available Plans   |         |            |
|   |  | 82 Available Plans   | _       |            |
| Sentara Vantage Pl  | atinum 0 Ded 100 Rx Ded  | 82 Available Plans   | Compare |            |
| Sentara Vantage Pl.  Plan Details Benefit Summary   |  | 82 Available Plans   | Compare |            |
| Plan Details     Benefit Summary  |  | 82 Available Plans   | Compare |            |
|   |  | 82 Available Plans   | Compare |            |
| Plan Details     Benefit Summary     Standout Features     ANNUAL DEDUCTIBLE                  | OUT-OF-POCKET LIMIT  | 82 Available Plans   |         |            |
| <ul> <li>Plan Details Benefit Summary</li> <li>Standout Features</li> </ul>                   |  |  | Compare |            |
| Plan Details     Benefit Summary     Standout Features     ANNUAL DEDUCTIBLE                  | OUT-OF-POCKET LIMIT  | PRIMARY DOCTOR COVERAGE  |         |            |
| Plan Details Benefit Summary     Standout Features     ANNUAL DEDUCTIBLE     SO/SO            | OUT-OF-POCKET LIMIT<br>\$2,800/\$5,600                               | PRIMARY DOCTOR COVERAGE<br>S10 Copay                             |         |            |
| Plan Details Benefit Summary  Standout Features  ANNUAL DEDUCTIBLE SO/SO  SPECIALIST COVERAGE | OUT-OF-POCKET LIMIT<br>\$2,800/\$5,600<br>PRESCRIPTION DRUG COVERAGE | PRIMARY DOCTOR COVERAGE<br>\$10 Copay<br>EMERGENCY ROOM COVERAGE |         |            |

### **Benefit Summary**

To view the Benefit Summary for the plan, select the Benefit Summary link.

|  |  | Plan Selection                        |         |             |
|--|--|---------------------------------------|---------|-------------|
| Plan Selection   |  |                                       |         |             |
| Please select at least one plan  | to proceed.                                  |                                       |         |             |
|  | iduct Lines Deductible<br>-None  -None Apply |                                       | ▶ ■     | Review Cart |
|  |  | 82 Available Plans                    |         |             |
|  |  |                                       |         |             |
| Sentara Vantage Pla Plan Details Benefit Summary Standout Features                                     | tinum 0 Ded 100 Rx Ded                       |                                       | Compare |             |
| Plan Details     Benefit Summary   | OUT-OF-POCKET LIMIT<br>\$2,800/\$5,600       | PRIMARY DOCTOR COVERAGE<br>\$10 Copay | Compare |             |
| <ul> <li>Plan Details Benefit Summary</li> <li>Standout Features</li> <li>ANNUAL DEDUCTIBLE</li> </ul> | OUT-OF-POCKET LIMIT                          |                                       |         |             |



To choose a plan, click the **Select Prescription Drug** button.

| Please select at least one plan to                    | proceed.   |  |                          |
|---|--|--|--------------------------|
| Morbid Obesity Rider (MOR)                            |  |  |                          |
| -None Vone  | DeductibleNone  Apply                                    |  | Compare     Review       |
|   |  | 75 Available Plans                     |                          |
| ✓ Standout Features                                   |  |  |                          |
| ANNUAL DEDUCTIBLE<br>N/A                              | OUT-OF-POCKET LIMIT<br>\$3,500/\$7,000                   | PRIMARY DOCTOR COVERAGE<br>\$10 Copay  |                          |
| SPECIALIST COVERAGE<br>\$20 Copay                     | PRESCRIPTION DRUG COVERAGE<br>CLS 10 BD; 45/75/20% AD w/ | EMERGENCY ROOM COVERAGE<br>\$350 Copay |                          |
| HOSPITAL STAY COVERAGE<br>\$200 Copay per day/max \$8 | 00   |  | Select Prescription Drug |

Select the prescription drug coverage and then click Add to Cart.

|  | ————×       |
|--|-------------|
| Edit Sentara Vantage 10/20   |             |
| Family: Sentara Vantage<br>Line of Business: Group Health  |             |
| Configure Item Attributes<br>Prescription Drug Coverage<br>CLS 10 BD; 45/75/20% AD w/\$300 max; 150 RX DED<br>OPN 10 BD; 45/75/20% w/\$300 max<br>CLS 15/40/75/20% w/\$300 max<br>OPN 15/40/75/20% w/\$300 max |             |
|  | Add to Cart |

After all the desired plans have been selected, click the **Review Cart button.** 



| an Selection  |  |  |                             |
|---|--|--|-----------------------------|
| duct Type Product Lines<br>-None ▼None ▼                  | Deductible   |  | Compare Review Cart ( 2     |
|   |  | 75 Available Plans                     |                             |
| SPECIALIST COVERAGE<br>S50 Copay                          | PRESCRIPTION DRUG COVERAGE<br>CLS 10 BD; 45/75/20% AD w/ | EMERGENCY ROOM COVERAGE<br>\$350 Copay |                             |
| HOSPITAL STAY COVERAGE<br>\$300 Copay per day/max \$1,500 | 0  |  | Select Prescription Drug    |
| Sentara Vantage 500/2                                     | 20/20%   |  | <ul> <li>Compare</li> </ul> |
| Plan Details  |  |  |                             |
| $\checkmark$ Standout Features                            |  |  |                             |
| ANNUAL DEDUCTIBLE   | OUT-OF-POCKET LIMIT                                      | PRIMARY DOCTOR COVERAGE                |                             |

# **Review Selected Plans**

Review the selected plans in your cart.

- 1. If you would like to add additional plans, select the **Previous** button to return to the Plan Selection page. You can add as many additional plans as you desire.
- 2. To delete a plan from your cart, hover over the check mark and click the "X".
- 3. If you are happy with the selected plans, select **Next** to proceed.



|  |   |  |                                 |                         |                       | Review Selected Plans   |   |   |
|--|---|--|---------------------------------|-------------------------|-----------------------|-------------------------|---|---|
|  |   |  |                                 |                         |                       |                         |   |   |
| Review Sele  | ected Plans   |  |                                 |                         |                       |                         |   |   |
| Medical Plans  | Edit Selections   |  |                                 |                         |                       |                         |   |   |
| Sentara Vanta<br>\$0.00/Mo   | ige Platinum 0  | Ded                                      |                                 |                         |                       |                         |   | 2   |
| Annual Ded   | Out-of-Pock   | Primary Do                               | Specialist C                    | Prescription            | Emergency             | Hospital Sta            |   |   |
| \$0/\$0  | \$2,500/  | \$25 Copay                               | \$50 Copay                      | SG2025/                 | 30% Coi               | \$300 Co                |   |   |
| Prescription Drug  | Coverage: CLS 10  | /40/20%/20%:                             | \$350 max                       |                         |                       |                         |   |   |
| \$0.00/Mo<br>Annual Ded  |   | · · · · · · · · · · · · · · · · · · ·    | Specialist C                    | Prescription            | Emergency             | Hospital Sta            |   |   |
|  |   | \$10 Copay                               | \$20 Copay                      | SG2025/                 | \$350 Co              | \$400 Co                |   | _   |
| \$0/\$0  | \$2,800/  |  |                                 |                         |                       |                         |   |   |
| \$0/\$0  | 1 A A A A A A A A A A A A A A A A A A A                         | ): 15/50 AD: 20%                         | /20%: \$350 max.                | \$100 RX DED            |                       |                         |   |   |
| SO/SO<br>Prescription Drug<br>Sentara Vanta                                    | coverage: CLS BE  | ): 15/50 AD: 20%<br>Ded 150 Rx De        |                                 | STOO KX DED             |                       |                         |   |   |
| \$0/\$0<br>Prescription Drug<br>Sentara Vanta                                  | g Coverage: CLS BE  |  |                                 | Prescription            | Emergency             | Hospital Sta            |   |   |
| SO/SO<br>Prescription Drug<br>Sentara Vanta<br>S0.00/Mo<br>Annual Ded<br>S0/S0 | g Coverage: CLS BE<br>oge Platinum O<br>Out-of-Pock<br>\$3,000/ | Ded 150 Rx De<br>Primary Do<br>S15 Copay | ed<br>Specialist C<br>S35 Copay | Prescription<br>SG2025/ | Emergency<br>\$350 Co | Hospital Sta<br>S600 Co |   | ~   |
| SO/SO<br>Prescription Drug<br>Sentara Vanta<br>SO.OO/Mo<br>Annual Ded<br>SO/SO | g Coverage: CLS BE<br>oge Platinum O<br>Out-of-Pock<br>\$3,000/ | Ded 150 Rx De<br>Primary Do<br>S15 Copay | ed<br>Specialist C<br>S35 Copay | Prescription<br>SG2025/ |                       |                         |   | ~   |
| SO/SO<br>Prescription Drug<br>Sentara Vanta<br>S0.00/Mo<br>Annual Ded<br>S0/S0 | g Coverage: CLS BE<br>oge Platinum O<br>Out-of-Pock<br>\$3,000/ | Ded 150 Rx De<br>Primary Do<br>S15 Copay | ed<br>Specialist C              | Prescription<br>SG2025/ |                       |                         |   | <ul> <li>Image: A start of the start of</li></ul> |
| S0/S0<br>Prescription Drug<br>Sentara Vanta<br>S0.00/Mo<br>Annual Ded<br>S0/S0 | g Coverage: CLS BE<br>oge Platinum O<br>Out-of-Pock<br>\$3,000/ | Ded 150 Rx De<br>Primary Do<br>S15 Copay | ed<br>Specialist C<br>S35 Copay | Prescription<br>SG2025/ |                       |                         | 1 | <br>3   |



# **Document Upload**

To upload necessary documentation for a Mid-Market quote, click **Upload Files** on the next screen and then click **Next**.

#### List of Documents:

- Monthly Claims and premiums for 24 months with claimants for the same two periods.
- Current Carrier Medical and Rx Plan SBCs
- Renewal Exhibits
- Rate History
- Employer Group Health Questionnaire (EGHQ)
- Employer Contribution and Waiting Period
- Accumulators

The complete list and details are included on the Document Upload page.

Note: if all documentation is not available, the documents can be added at a later time on the Quote page in the Files Section.

| Document Upload   |  |
|---|--|
| Quote Document Unload   |  |
| tupload Files Or drop files   |  |
|   |  |
| MM Fully Insured Documents to Upload:   |  |
| <ul> <li>Monthly claims and premiums for 24 months with large claimants for the same two periods:</li> </ul>  |  |
| <ul> <li>24 months of claims and premiums by line of business with employee or member counts by month. Provide list of large claimants (over \$2<br/>any gaps in the experience.</li> </ul> | 25,000) occurring during the same dates as the experience periods and status of each large claimant. Explain |
| <ul> <li>If claims are not available, please provide current and past two years of renewal exhibits – Total of 3 renewals</li> </ul>  |  |
| Current Carrier Medical and Rx Plan SBCs  |  |
| Renewal Exhibits  |  |
| <ul> <li>Provide all pages of the carrier exhibits for the last and current renewal, if available</li> </ul>  |  |
| Rate History  |  |
| <ul> <li>Provide billing rates by coverage for same time period as claims data. Provide effective dates of rate changes along with any plan changes</li> </ul>                              | that have been made during the experience period.  |
| Employer Group Health Questionnaire (EGHQ)  |  |
| Employer Contribution & Waiting Period  |  |
| <ul> <li>Amounts and/or percentages contributed by employer for each employee tier and plan.</li> </ul>   |  |
| <ul> <li>What is waiting period for new hires?</li> </ul>   |  |
| Accumulators  |  |
| <ul> <li>Are current plans Calendar year or Contract year?</li> </ul>   |  |
|   |  |
| Save for later  | Previous Next  |
| Save for fater  |  |
| Save for later  | Previo   |
| Upload Files  |  |
| Receipt, Structube.pdf  |  |
| 73K8  |  |
|   |  |

Once documentation has been uploaded and you click Done.

Done

1 of 1 file uploaded



### Congratulations, for submitting your new quote!

You have successfully submitted your new quote. You will be notified once your quote has been underwritten. Click **Go to Quote**.

#### Note - You must click Go to Quote to save the quote.

| You will be notified once y  | Cuote Summary  |
|--|--|
| Quote<br>PM MM Training 0319 7/1/2025 Test A Broker1<br>Quote Number Expiration Date Opportunity ID Status Type<br>00092243 6/30/2026 PM MM Training 0319 In Review New Business   | Clone Quote Close Quote  |
| In Review Underwritten Final Rev Details Related   | riew Sold Closed   |
| Quote Number         00092243         Quote Name         PM MM Training 0319 7/1/2025 Test A Broker1         Opportunity Name         PM MM Training 0319         Account Name         PM MM Training 0319         Trade Name         Funding Type         Fully Insured         Market Segment         Mid Size Group | Effective Date 7/1/2025 Expiration Date 6/30/2026 Renewal Month July Overall Composite Rate Change Overall Age-Banded Rate Change Status In Review Status Reason |
| Mid Sized Group Secondary Market Segment New Business  | Status Supporting Reason<br>Type<br>New Business   |

The quote record has been completed, and notification has been sent to the Sentara Sales team and the Underwriting team that a Mid-Market quote has been created and requires underwriting. The status of the quote is in review. You will received notification when the quote and proposal are ready for review.



If additional documents need to be included for the quote, click the Related Tab, scroll to the File Section and select Upload Files to add additional documentation.

| 00092243        | Expiration Date<br>6/30/2026 | Opportunity ID<br>PM MM Training 0319 | Status<br>In Review | Type<br>New Business |               |                  |              |
|-----------------|------------------------------|---------------------------------------|---------------------|----------------------|---------------|------------------|--------------|
|                 | In Review                    | Underwritte                           | en                  | Final Review         | Sold          | >                | Closed       |
| ls Related      |                              |                                       |                     |                      | k.            |                  |              |
| Quote Lin       | e Items (4)                  |                                       |                     |                      |               |                  | C' New       |
| Product         |                              |                                       |                     |                      | Pharmacy Code | Product Sub Type | Product Type |
| Sentara Vantage | POSA 25/50 OPN 10 E          | 3D; 45/75/20% AD w/\$300 n            | nax; 150 RX DEE     | )                    | MM2025_OAC01A | POSA             | Medical      |
| Sentara Vantage | 25/50 OPN 10 BD; 45          | /75/20% AD w/\$300 max; 1             | 50 RX DED           |                      | MM2025_OAC01A | HMO              | Medical      |
| Sentara Vantage | POSA 10/20 CLS 10 BE         | D; 45/75/20% AD w/\$300 m             | ax; 150 RX DED      |                      | MM2025_CAC03A | POSA             | Medical      |
| Sentara Vantage | 10/20 CLS 10 BD; 45/         | 75/20% AD w/\$300 max; 15             | 0 RX DED            |                      | MM2025_CAC03A | НМО              | Medical      |
|                 |                              |                                       |                     |                      |               |                  | View Al      |
|                 |                              |                                       |                     |                      |               |                  | Ţ            |
| Files (0)       |                              |                                       |                     |                      |               |                  |              |

#### Underwritten Quote

You will receive an email message when underwriting for the quote has been completed and the proposal document has been generated.



# Submit for a Relook

If you need to submit the quote for the Sentara Health Plans Sales Team to review or negotiate rates, click the **Down Arrow** then click **Submit Quote**.

| Quote<br>Mid-Ma          | rket Fully Insure            | d Test Group 6/1/2023 Test A Broker                               | 1 (Test 123 Agency) |                        | Accept Quote      | Generate Proposal | Calculate Rate | Clone Quote | •                                    |
|--------------------------|------------------------------|---|---------------------|------------------------|-------------------|-------------------|----------------|-------------|--------------------------------------|
| Quote Number<br>00077212 | Expiration Date<br>5/31/2024 | Opportunity ID<br>Mid-Market Fully Insured Test Group Test A Brok |                     | itatus<br>Jnderwritten | Type<br>New Busin | ess               |                |             | Edit Quote<br>Submit Qu<br>Close Quo |
|                          | ×                            | Underwritten  | Final Review        |                        | CM                | osed              | Sc             | ld          |                                      |

Enter any applicable comments and click Next.

| , ID |                         | Status | Type |
|------|-------------------------|--------|------|
| tF   | Submit Quote for Review |        |      |
|      | Comments                |        |      |
|      |                         |        |      |
|      |                         |        | Next |
|      |                         |        |      |
|      |                         |        |      |
|      |                         |        |      |
|      |                         |        |      |
|      |                         |        |      |
|      |                         |        |      |
|      |                         |        |      |

Your Sentara Health Plans Sales Team will be notified, and the quote status will go back to In Review.



# **Clone a Quote**

The purpose of cloning a quote is so you can have multiple quotes under one opportunity. Cloning a quote allows you to apply different plans and funding types. Cloning will keep all the quotes grouped together under one opportunity.

A quote can be cloned from any status by clicking **Clone Quote**. Enter the **Effective Date** and **Plans** from the **Plan Selection** page to proceed with cloning the quote. The remaining fields such as group information, contact details and census information are carried over from the original quote, however you have the flexibility to change any details as necessary. Once the quote is cloned, the quote status is set to **In Review** if underwriting is required.

#### \*Must be sent to UW for rates!!

| Quote Number<br>00000863 | Expiration Date<br>8/31/2022 | Opportunity ID<br>Acme Group 9/1/2021 | Status<br>In Review | Total Price<br>S0.00 | Type<br>New Business |  |  |
|--------------------------|------------------------------|---------------------------------------|---------------------|----------------------|----------------------|--|--|
|                          |                              |                                       |                     |                      |                      |  |  |

### Edit a Quote

The purpose of editing a quote is to change plans on the quote. You cannot make any changes to the quote that will impact the rates.

Edit the quote by clicking the **Down Arrow** then select **Edit Quote**.

| Quote<br>Mid-Ma          | arket Fully Insure        | d Test Group 6/1/2023 Test A Broke                               | r1 (Test 123 Agency)   | )                     | Accept Quote        | Generate Proposal | Calculate Rate | Clone Quote | •  |
|--------------------------|---------------------------|--|------------------------|-----------------------|---------------------|-------------------|----------------|-------------|--|
| Quote Number<br>00077212 | Expiration Date 5/31/2024 | Opportunity ID<br>Mid-Market Fully Insured Test Group Test A Bro | ker1 (Test 123 Agency) | Status<br>Underwritte | Type<br>n New Busin | iess              |                |             | Edit Quote<br>Submit Quot<br>Close Quote |
|                          | ~                         | Underwritten   | Final Review           |                       | CM                  | osed              | Sc             | old         |  |



# After you select your new plans and complete the quote process, calculate rates for your new plans, by clicking **Calculate Rate**.\*Update this screen

| Quote Number<br>00077212         | Expiration Date<br>5/31/2024 | Opportunity ID<br>Mid-Market Fully Insured Test Group Test A | Status<br>Broker1 (Test 123 Agency) Under | Type<br>written New Bus | iness            |                  |                       |   |
|----------------------------------|------------------------------|--|---|-------------------------|------------------|------------------|-----------------------|---|
|                                  |                              |  | Please Calculate Rates                    |                         |                  |                  |                       |   |
|                                  |                              |  |   |                         |                  |                  |                       |   |
|                                  | ~                            | Underwritten   | Final Review                              | $\rangle$               | Closed           | Si               | old                   |   |
| <b>d</b> Details                 | ~                            | Underwritten   | Final Review                              | >                       | Closed           | S                | old                   |   |
|                                  | ✓<br>e Items (3)             | Underwritten   | Final Review                              |                         | Closed           | Si               | old                   | C |
|                                  |                              | Underwritten   | Final Review                              | Product Type            | Closed           | S<br>Total Price | old<br>Alternate Plan |   |
| Quote Lin                        | e Items (3)                  | Underwritten   |   |                         |                  |                  |                       |   |
| Quote Lin Product Optima Vantage | e Items (3)                  | D; 45/75/20% AD; 150 RX DED                                  | Pharmacy Code                             | Product Type            | Product Sub Type | Total Price      | Alternate Plan        |   |

You can now generate a new proposal with your new selected plans and rates.



# **Close a Quote**

If a quote is not sold, close the quote by clicking Close Quote.

| Diverse l   | Lynx LLC 07/31  | /2021 Broker3 Broker3       |              |              | Generate Proposal | Clone Quote | Close Quot |
|-------------|-----------------|-----------------------------|--------------|--------------|-------------------|-------------|------------|
| lote Number | Expiration Date | Opportunity ID              | Status       | Туре         |                   |             |            |
| 000002      | 8/1/2022        | Diverse Lynx LLC 07/31/2021 | Final Review | New Business |                   |             |            |
|             |                 |                             |              |              |                   |             |            |

Select a Status Reason from the drop down and then click Done.

If the status reason "Other" is selected, please provide a note detailing the reason in the Notes section.

|   | Close Quote                         |   |
|---|-------------------------------------|---|
|   | * Status<br>Closed                  | • |
|   | *StatusReason                       |   |
| L | Clear                               | × |
|   | Employer Preference                 |   |
|   | Financial Offer                     |   |
|   | Network                             |   |
|   | Submission Incomplete / Withdrawn   |   |
|   | Does not meet Underwriting Criteria |   |
|   | Other                               |   |
|   |                                     | • |



# Accept a Quote

\*Contact sales with an accepted quote

\*\*Ensure the plans on the quote are the ones that are sold. If multiple proposals.

To accept the quote, click Accept Quote, from the quote detail screen.

| Quote<br>Diverse         | Lynx LLC 07/31              | ./2021 Broker3 Broker3                        |                        |                      | Accept Qu | ote Generate Proposal Clone Q | uote 💌 |
|--------------------------|-----------------------------|---|------------------------|----------------------|-----------|-------------------------------|--------|
| Quote Number<br>00000002 | Expiration Date<br>8/1/2022 | Opportunity ID<br>Diverse Lynx LLC 07/31/2021 | Status<br>Underwritten | Type<br>New Business |           |                               |        |
|                          | <b>~</b>                    | Underwritten                                  |                        | Final Review         | Closed    | Sold                          |        |

**Select** the plan(s) that were sold by clicking the + button to add plans, and then click **Submit**.

| Select Plans   |                  |               |
|--|------------------|---------------|
| +†\$   | 1 Available Plan |               |
| Plus 1000/20%<br>\$1,311.76/Mo<br>Prescription Drug Coverage: CLS \$10 (BD)/\$45 AD/\$75 AD/20% AD; 150 Rx DED   |                  | +             |
| Select Plans   |                  |               |
| ± <u>t</u> k   |                  | 🐺 View Cart 1 |
|  | 1 Available Plan |               |
| 3 Plus 1000/20%<br>\$1,311.76/Mo<br>Prescription Drug Coverage: CLS \$10 (BD)/\$45 AD/\$75 AD/20% AD; 150 Rx DED |                  | $\checkmark$  |
| Prescription brug coverage: CLS S10 (BD)/ 540 AD/ 575 AD/ 2016 AD, 150 KX DED                                    |                  |               |

Your Sentara Health Plans Sales Team will be notified that you accepted your quote, and you will start the group application process.

# **Group Application Process**



| Edit Application                        |        |      |
|---|--------|------|
| Mode of Eligibility                     |        |      |
| None                                    | •      |      |
| ✓None                                   |        |      |
| Web (Import or hand pick) / Spreadsheet |        |      |
| Paper / Manual                          |        |      |
|   |        |      |
|   |        |      |
|   |        |      |
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|   |        |      |
|   |        |      |
|   |        |      |
|   |        |      |
|   |        |      |
|   |        |      |
|   | Cancel | Save |



# **Required Application Documents**

Go to Required Application Documents tab and submit the required documents.

| Details Required Application D               | ocuments |                            |                           |                    |  |  |  |  |
|--|----------|----------------------------|---------------------------|--------------------|--|--|--|--|
| Application Name                             |          |                            | Status                    |                    |  |  |  |  |
| a1r0r000001f3j4                              |          |                            | In Progress               |                    |  |  |  |  |
| Account                                      |          |                            | Broker Account            |                    |  |  |  |  |
| Test 15                                      |          |                            | Test 15                   |                    |  |  |  |  |
| Opportunity<br>Test 15 9/1/2021 Barbara Penn |          |                            | Owner       Tracye Watts  |                    |  |  |  |  |
| Quote  |          |                            | Sales Rep                 |                    |  |  |  |  |
| Test 15 9/1/2021 Barbara Penn                |          |                            | Tracye Watts              |                    |  |  |  |  |
| Census                                       |          |                            | Primary Applicant Contact |                    |  |  |  |  |
|  |          |                            | Barbara Penn              |                    |  |  |  |  |
| Contract                                     |          |                            | Mode of Eligibility       |                    |  |  |  |  |
|  |          |                            | 834                       |                    |  |  |  |  |
| Details Required Application Do              | cuments  |                            |                           |                    |  |  |  |  |
| APPLICATION DOCUMENTS                        |          |                            |                           |                    |  |  |  |  |
|  |          |                            |                           |                    |  |  |  |  |
| VEC Report                                   |          | Employer Group Application | Binder Check              | Member Application |  |  |  |  |
|  |          | Due:                       | Due:                      | Due:               |  |  |  |  |
| Due:   |          |                            |                           |                    |  |  |  |  |
| Due:   |          |                            |                           |                    |  |  |  |  |
|  |          |                            |                           |                    |  |  |  |  |
|  |          |                            |                           |                    |  |  |  |  |
| No Files Yet                                 |          | No Files Yet               | No Files Yet              | No Files Yet       |  |  |  |  |
| Waivers                                      | v        | Extra Files in Application |                           |                    |  |  |  |  |
| Walvers                                      |          | Documents                  |                           |                    |  |  |  |  |
| Due:   |          |                            |                           |                    |  |  |  |  |
| Dist.  |          |                            |                           |                    |  |  |  |  |
|  |          |                            |                           |                    |  |  |  |  |
|  |          | Due:                       |                           |                    |  |  |  |  |
|  |          |                            |                           |                    |  |  |  |  |
| No Files Yet                                 |          | No Files Yet               |                           |                    |  |  |  |  |

#### Once the steps are completed, click Submit Application

|                     |                      |          |  |   | Submit Application Add              | d Group Classes      | Import Membership |
|---------------------|----------------------|----------|--|---|-------------------------------------|----------------------|-------------------|
|                     | Application Uploaded | Rejected | Submitted                                  | Membership Uploaded   | Membership Approved                 |                      |                   |
| Key Fields          |                      |          | Edit Guidance                              | for Success   |                                     |                      |                   |
| Mode of Eligibility |                      |          | 2. Go to rec<br>3. Once cor<br>4. Optional | ode of Eligibility<br>juired application documents ta<br>nplete, click the "Submit Applic<br>before submitting the Applicati<br>ecify the group class by clicking | ation" button for your group<br>on: | 's application to be | processed         |



A message displays indicating your application was submitted and will notify your Sentara Health Plans Sales Team.





# **Add Group Class**

Prior to submitting your application, you can add a group class, however it is not required to submit the application, your Sentara Health Plans Sales Team can complete this step on your behalf.

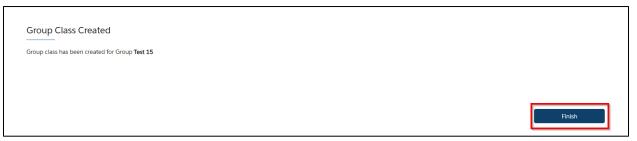
Specify the group class by clicking Add Group Class

| Application<br>a1r7f000001FxCZ |                      |          |  |  | Submit Application                  | dd Group Classes          | Import Membership |
|--------------------------------|----------------------|----------|--|--|-------------------------------------|---------------------------|-------------------|
| V In Progress                  | Application Uploaded | Rejected | Submitted                                  | Membership Uploaded  | Membership Approved                 | ł                         |                   |
| Mode of Eligibility            |                      |          | 2. Go to red<br>3. Once col<br>4. Optional | ode of Eligibility<br>quired application documents t<br>mplete, click the "Submit Applic<br>before submitting the Applicat<br>becify the group class by clicking | ation" button for your grou<br>ion: | up's application to be pr | ocessed           |

#### Fill out the Group Class Information and click Next

| * Employee Class   | * New Hire                  |   |
|--|-----------------------------|---|
|  | •                           | • |
| * Following  | Number of Days              |   |
|  | Clear                       | - |
| Student Dependent Age  | Non - Student Dependent Age |   |
| 26   | 26                          |   |
| Employer & Member Contribution? Please select your mode of con Percentage Amount Employer Contribution % 0-100 | ribution:                   |   |
| • 199  | 50                          |   |
| Employer %   |                             |   |
| 50   |                             |   |

#### You will receive a message indicating your group class has been created. Click Finish.





# **Import Membership**

Once your group application is in the submitted stage, you can import membership by clicking **Import Membership or** if you provided your group's member application or enrollment spreadsheet in your Required Documents, then your **Sentara Health Plans Sales team can import your membership on your behalf.** 

| Application<br>a1r7f000001Fy0G                    |              |   |                          |                  |           |                     | Submit Application | Add Group Classes | Import Membership |
|---|--------------|---|--------------------------|------------------|-----------|---------------------|--------------------|-------------------|-------------------|
| Guidance for Success You can now upload your memb | ership by cl | ✓ | <b>)</b><br>ort Membersh | ✓<br>ip" button. | Submitted | Membership Uploaded | Membership Appr    | oved              |                   |

Download the enrollment spreadsheet by clicking the Download .CSV Template and clicking **Upload Employees**, then click **Next**.

|   | Membership<br>1.CSV Template  |                |                      |        |      |
|---|-------------------------------|----------------|----------------------|--------|------|
|   | Total Members<br>17           | Employees<br>1 | Employee+Family<br>1 |        |      |
|   |                               |                | Delete All Data      | loyees | Ľ    |
| > | Employee 1<br>Mary Brown      | 1 dep          | pendent              |        | â    |
| > | Employee 2<br>George Jones    | 1 de;          | pendent              |        | ŵ    |
| > | Employee 3<br>Stephanie Davis | 1 dep          | pendent              |        | â    |
| > | Employee 4<br>Mike Lopez      | 1 dep          | pendent              |        | ŵ    |
| > | Employee 5<br>Mary Martin     | 5 dep          | pendents             |        | â    |
| > | Employee 6<br>Anne Anderson   | 0 de;          | pendents             |        | Rext |



The final step to import membership is to click **Finish**.

| Final Step |                     |        |
|------------|---------------------|--------|
|            | Membership Uploaded |        |
|            |                     |        |
|            |                     | Finish |

The status of your group application updates to Membership Uploaded.

| Application<br>a1r7f000001Fy0G                      |               |                   |        |   |   |   |                     | Submit Application | Add Group Classes | Import Membership |
|---|---------------|-------------------|--------|---|---|---|---------------------|--------------------|-------------------|-------------------|
|   | >             | ~                 | >      | ~ | > | ~ | Membership Uploader | d Membership Appr  | oved              |                   |
| Guidance for Success Thank you for uploading your n | iembership. I | it is now under n | eview. |   |   |   |                     |                    |                   |                   |

Your Sentara Health Plans Sales team will be notified and once your membership has been reviewed and approved your application status updates to **Membership Approved**.

| Application<br>a1r7f000001Fy0G |             |               |   |   |   |   |   |   | Submit Application | Add Group Classes | Import Membership |
|--------------------------------|-------------|---------------|---|---|---|---|---|---|--------------------|-------------------|-------------------|
| Guidance for Success           | has been ap | ✓<br>pproved! | > | ~ | > | ~ | > | ~ | Membership App     | roved             |                   |

Congratulations you've completed your group's member enrollment!