

Add a New Member/Subscriber

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

Members			Add Subscriber
MEMBER NAME	DOB	STATUS	ACTIONS
Shawn Wilson Sr.	03/15/1983		▼
Darry Wilson Sr.	03/25/1987		▼
Jenny A Rowland sr		Enrolled	▼
Adam Smith	05/07/2006		▼
Ella Purnell	07/01/2021		▼
Rio Willsane	05/13/2021		▼
Tommy Will	05/14/2021		▼
Benefit Admin	05/10/1989		▼

Provide the required details about the member. Required information includes:

- demographic information: first and last name, gender, birthdate, phone number, and address
- group class
- new hire start date

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

Member Details

Member Details

Add Subscriber

* First Name Middle Name * Last Name Suffix
Required

* Gender * Birth Date
Required

SSN * Phone
Required

Email Retired

Wellness Hours Worked

* Group Class Additional Insurance
Required


Hire Start On Hire Number Days Following

* New Hire Start Date
Required

* Effective Date
Please Select

Mailing Address

* Street * City * State * ZipCode
Required

 **Create Subscriber**

Effective Date is required.

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

Success

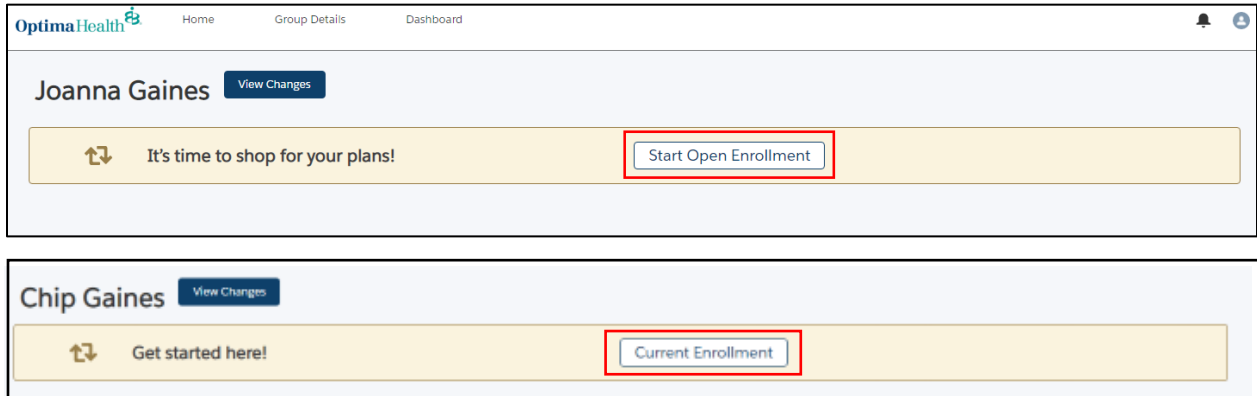
Subscriber created correctly.

Finish

Enroll New Member

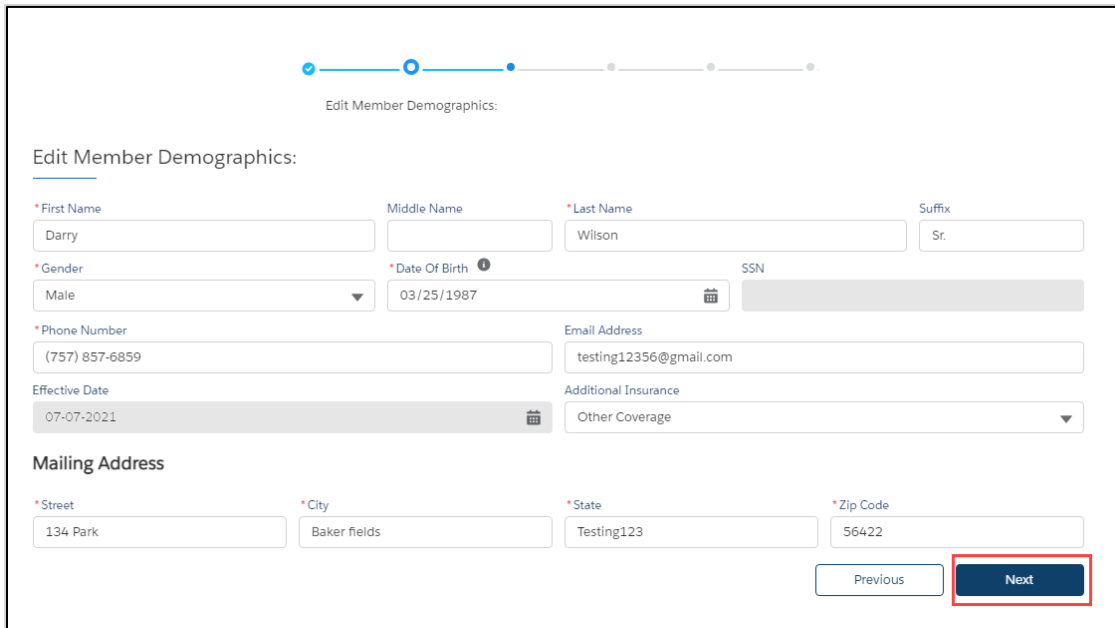
Once you have successfully created the new subscriber, the site will auto-direct you to the member's detail page.

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



The screenshot shows two user cards. The first card is for Joanna Gaines, with a 'View Changes' button and a yellow banner that says 'It's time to shop for your plans!' with a 'Start Open Enrollment' button highlighted in red. The second card is for Chip Gaines, with a 'View Changes' button and a yellow banner that says 'Get started here!' with a 'Current Enrollment' button highlighted in red.

Confirm that the information on the **Edit Member Demographics** screen is correct, make any necessary edits, and click **Next**.



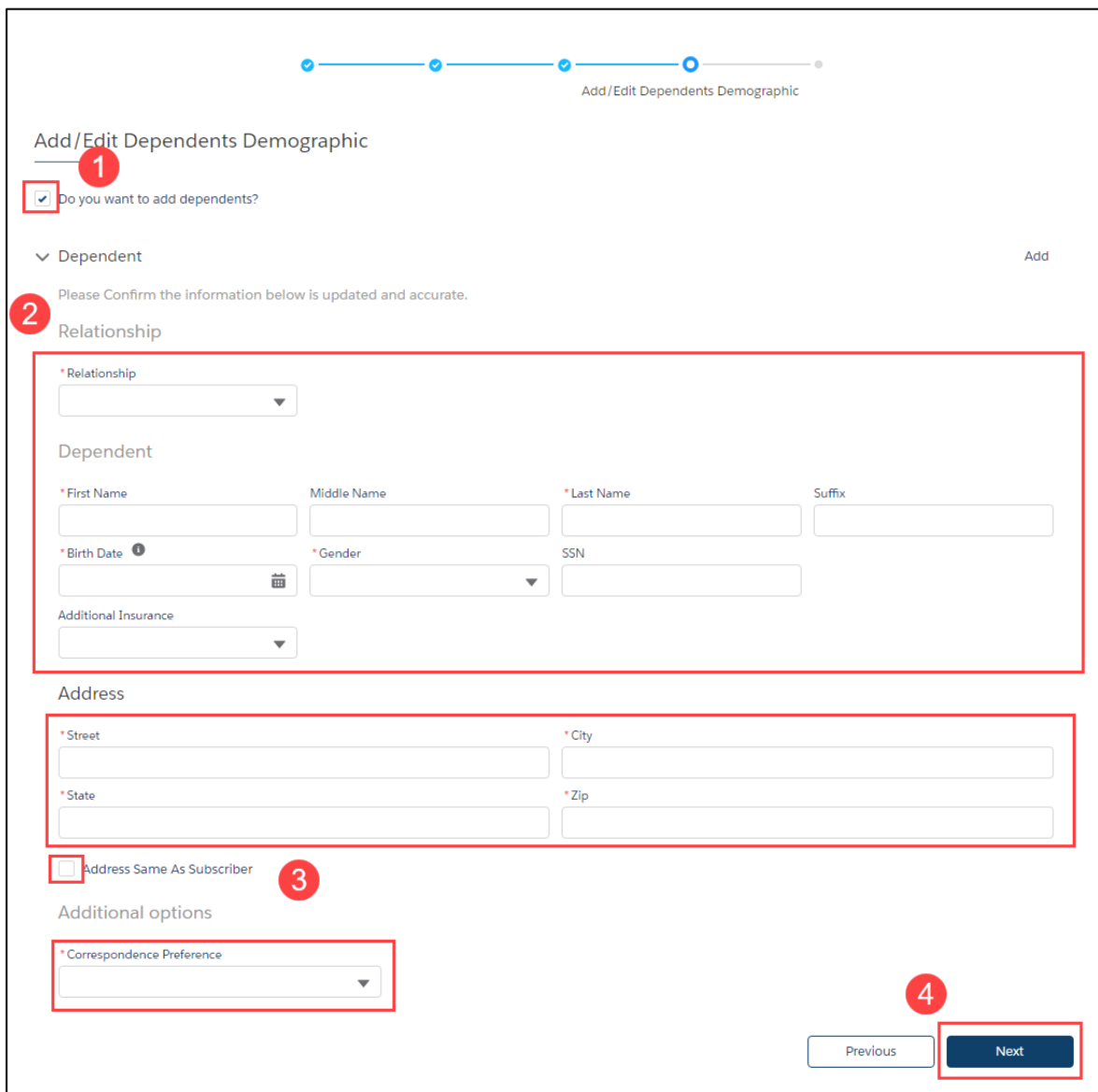
The 'Edit Member Demographics' form includes the following fields:

- Progress indicator: 1 of 4 steps completed.
- First Name: Darry
- Middle Name: [Empty]
- Last Name: Wilson
- Suffix: Sr.
- Gender: Male
- Date Of Birth: 03/25/1987
- SSN: [Redacted]
- Phone Number: (757) 857-6859
- Email Address: testing12356@gmail.com
- Effective Date: 07-07-2021
- Additional Insurance: Other Coverage
- Mailing Address:
 - Street: 134 Park
 - City: Baker fields
 - State: Testing123
 - Zip Code: 56422

Buttons: Previous, Next (highlighted in red)

On the next screen, you can:

1. To add dependents, click the box next to “Do you want to add dependents?”.
If you don’t want to add dependents, skip to step 4 (click **Next**).
2. Provide the required information.
3. Provide the dependent’s address.
 - If different from the primary subscriber please type in the address and select their correspondence preference from the dropdown menu (either **ID Card Only** or **All Correspondence**).
 - If the address is the same as the primary subscriber, click the box by **Address Same As Subscriber** (below the address fields).
4. Click **Next**.

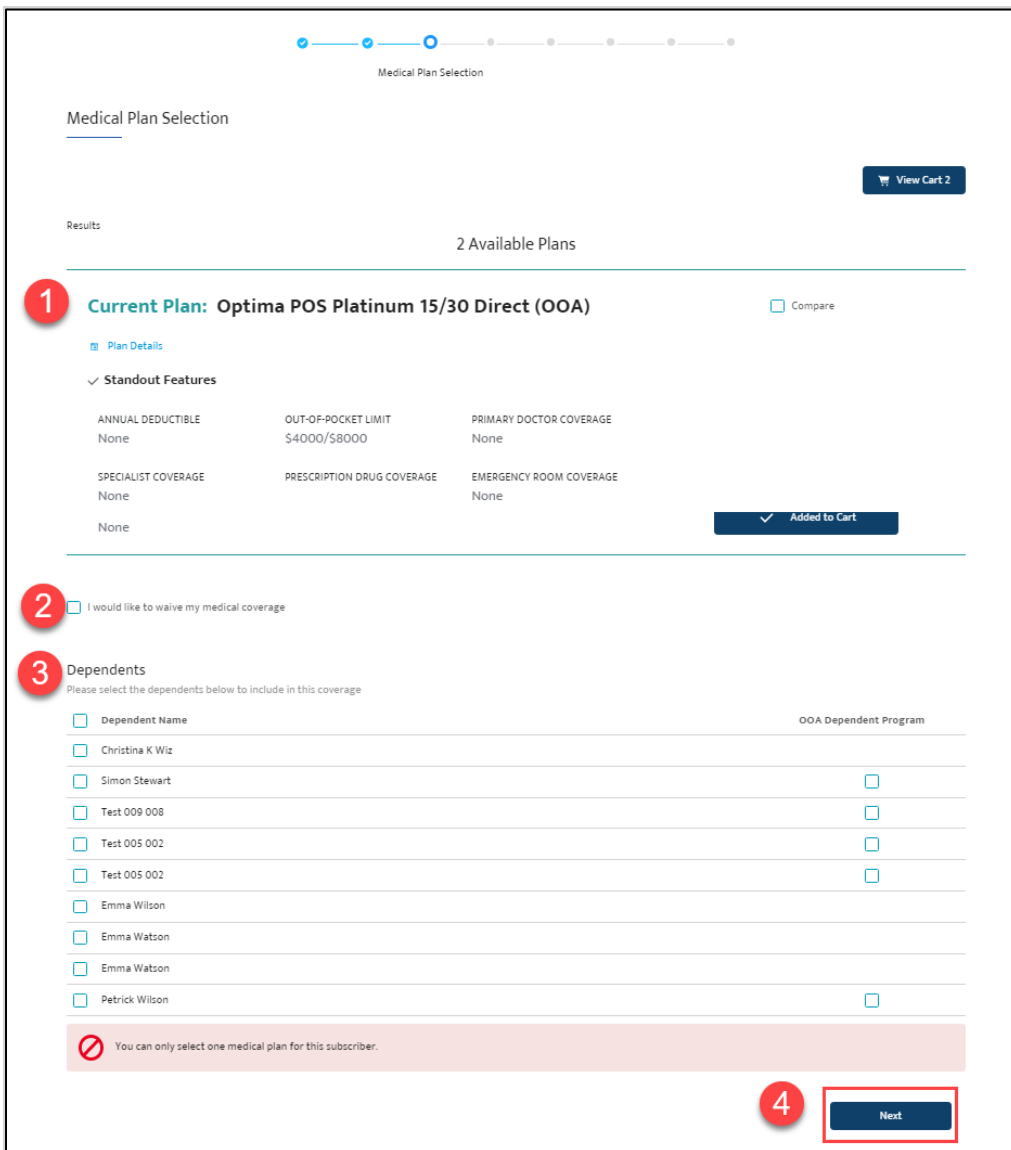


The screenshot shows the 'Add/Edit Dependents Demographic' form. At the top, a progress bar indicates the current step. The form title is 'Add/Edit Dependents Demographic'. Step 1: A checkbox labeled 'Do you want to add dependents?' is checked. Step 2: A section titled 'Dependent' contains a confirmation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

Next, you'll see the insurance coverage options.

On each of these screens, you can:

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



The screenshot shows the 'Medical Plan Selection' screen. At the top, there is a progress indicator with four steps, the second of which is active. Below this, the title 'Medical Plan Selection' is followed by a 'View Cart 2' button. The main content area shows 'Results' for '2 Available Plans'. The first plan is highlighted with a red circle '1' and is 'Current Plan: Optima POS Platinum 15/30 Direct (OOA)'. It includes a 'Compare' checkbox and a 'Plan Details' link. Under 'Standout Features', there is a table of plan details:

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

Below the table is an 'Added to Cart' button. A red circle '2' points to a checkbox labeled 'I would like to waive my medical coverage'. A red circle '3' points to the 'Dependents' section, which asks to 'Please select the dependents below to include in this coverage'. It features a table with columns for 'Dependent Name' and 'OOA Dependent Program'. The table lists several names, including Christina K Wiz, Simon Stewart, and Emma Wilson, each with a checkbox. A red circle '4' points to a 'Next' button at the bottom right. A red error message at the bottom left states: 'You can only select one medical plan for this subscriber.'

Note: The OOA Dependent Program will only populate when an eligible plan is selected. If clicked for an eligible dependent, a hyperlink to an overview/FAQ will populate.

Dependents
Please select the dependents below to include in this coverage

<input checked="" type="checkbox"/> Dependent Name	Relationship	OOA Dependent Program
<input checked="" type="checkbox"/> Rhonda Test	Spouse	
<input checked="" type="checkbox"/> First Child	Child	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Second Child	Child	<input type="checkbox"/>

[OOA Dependent Program](#)

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

Medical Plan Selection

Medical Plan Selection

Results

2 Available Plans

Optima Plus 1000/20% Compare

[Plan Details](#) [Benefit Summary](#)

✓ **Standout Features**

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE 20% coinsurance AD	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 20% coinsurance AD
HOSPITAL STAY COVERAGE N/A	+ Add to Cart	

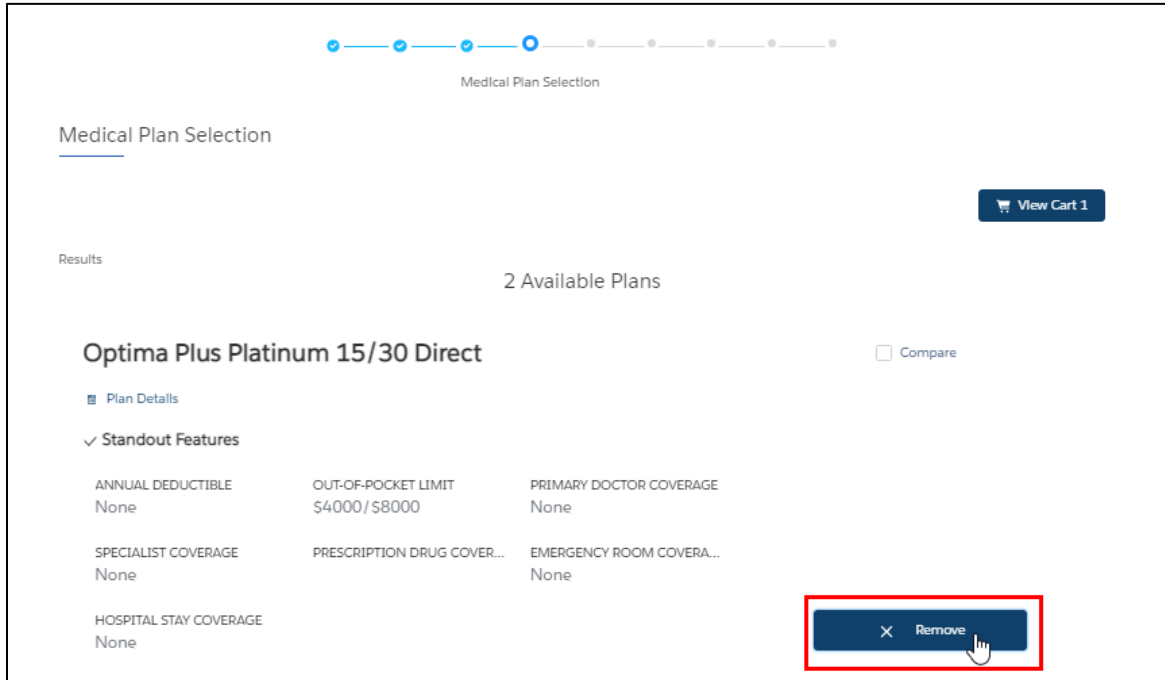
SF Elite Optima Vantage 1000/25/30% Compare

[Plan Details](#)

✓ **Standout Features**

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

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



Medical Plan Selection

Medical Plan Selection

View Cart 1

Results

2 Available Plans

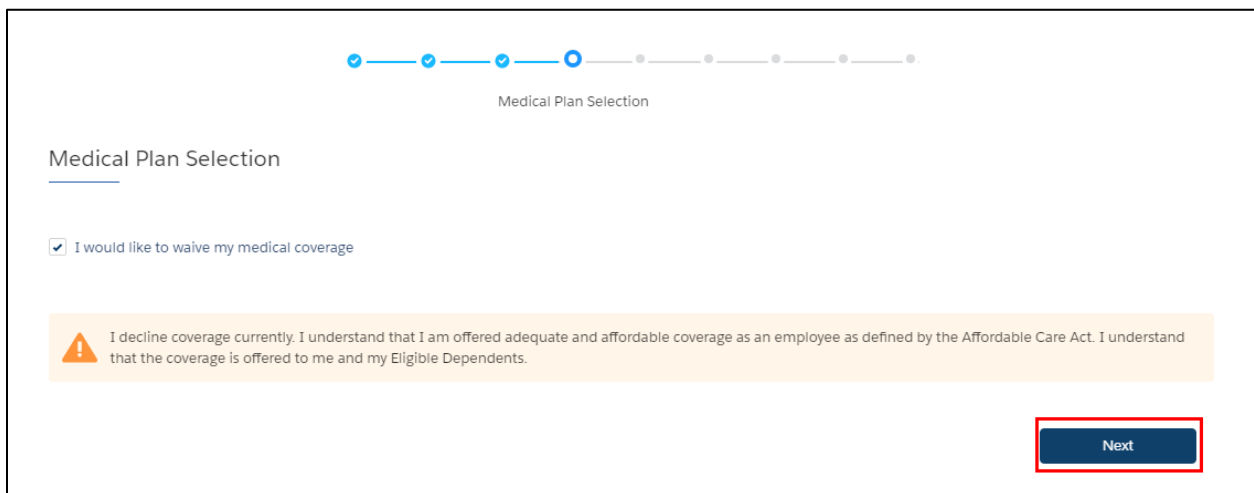
Optima Plus Platinum 15/30 Direct Compare

Plan Details

Standout Features

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


If the member has elected to waive coverage, review and accept the confirmation statement by clicking **Next**.



Medical Plan Selection

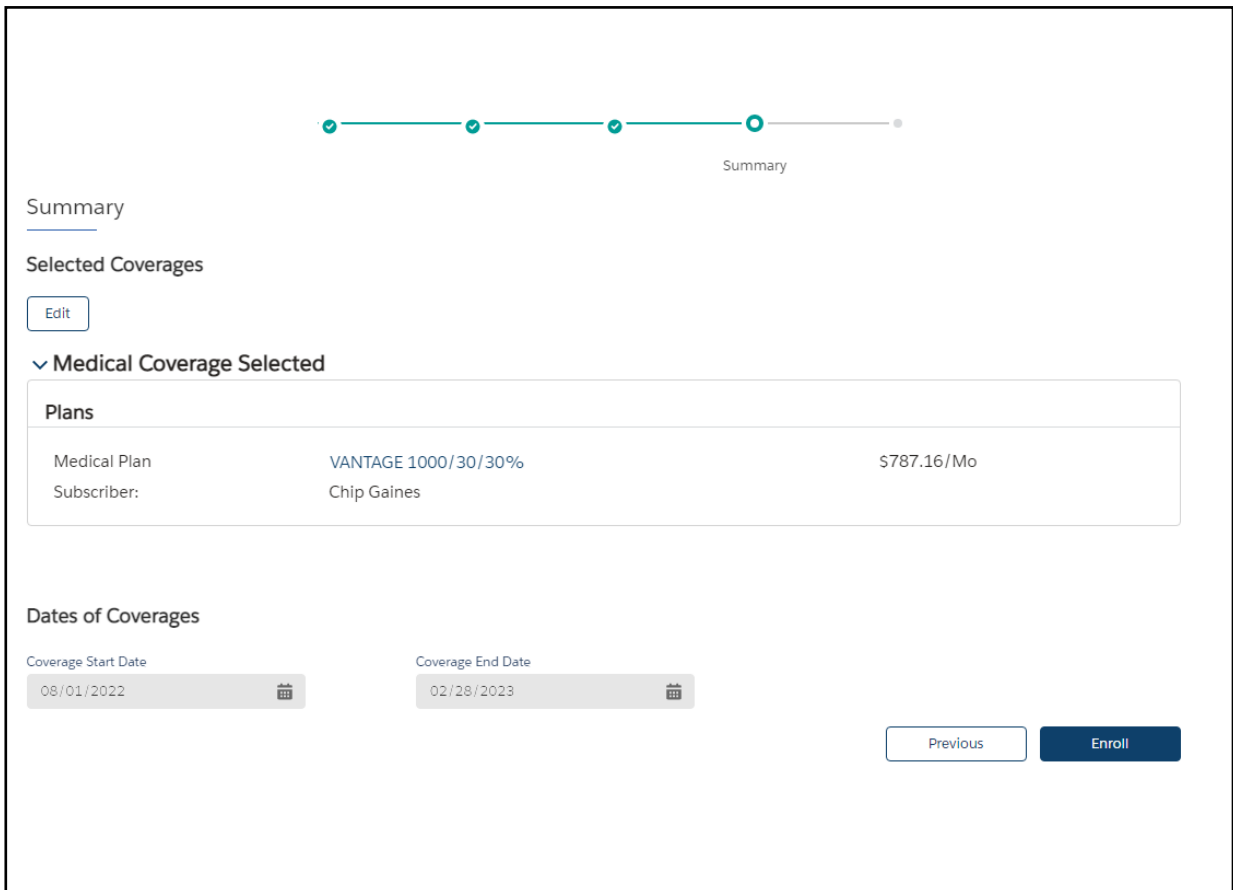
Medical Plan Selection

I would like to waive my medical coverage

 I decline coverage currently. I understand that I am offered adequate and affordable coverage as an employee as defined by the Affordable Care Act. I understand that the coverage is offered to me and my Eligible Dependents.

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

1. If you'd like to edit selections, click **Edit** at the top of the screen. Please note that selecting this option will lead you to the first election opportunity.
2. You may also click **Previous** to return to the previous screen.
3. When your selection and review is complete, click **Enroll**.



Summary


Selected Coverages


Edit

Medical Coverage Selected

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


Dates of Coverages

Coverage Start Date: 08/01/2022 

Coverage End Date: 02/28/2023 

Previous Enroll

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



Final Success Step

Final Success Step

All Details has been updated successfully.

[Finish](#)