

View Member Information

To view a member's information, click on the arrow at the far right of the row under **Actions** and select **Member Details**.

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		▼

Member Details

Edit Member Details

Edit Group/SubGroup

On the **Member Details** page, you can view:

1. any pending changes the member has made
2. pending plans
3. their current plans/enrollment information
4. demographic information
5. information about dependents

You can also update member details from this page by clicking **Update Member**.

Bob Robin
[View Changes](#)
1

Pending Plans
[Update Plans](#)
2

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED?	ACTIONS
Optima Plus 1000/20%	Medical	Employee + Child	08/02/2022	08/01/2023	\$0.00			▼

Current Plans
3

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED?
Optima Plus 1000/20%	Medical	Employee + Children	08/09/2021	08/01/2022	\$280.00	\$0.00	Plnto Robln, Anne Jones, Raiph I

Demographics
Update Member
4

Member Details

Name	DOB	Gender	
Bob Robln	08/06/1991	Male	

Mailing address

Street Name	City	State	Zip Code	Phone Number	Email Address
1234	east main street	Chlcago	23456	(258) 741-3717	bobrob@test.com


Dependents
5

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Plnto Robln	08/25/1998	1234, Chlcago, east main street, 23456	Other Dependent	Female	▼
Anne Jones	08/10/2010	1234, Chlcago, east main street, 23456	Child	Female	▼
Ralph Robln	08/11/2021	1234, Chlcago, east main street, 23456	Child	Male	▼
Anne Jones	08/12/2010	1234, Chlcago, east main street, 23456	Child	Female	▼
Kely Robln	08/07/1996	1234, Chlcago, east main street, 23456	Disabed Child	Female	▼

Revised 9/21/2022

Modify Member Information

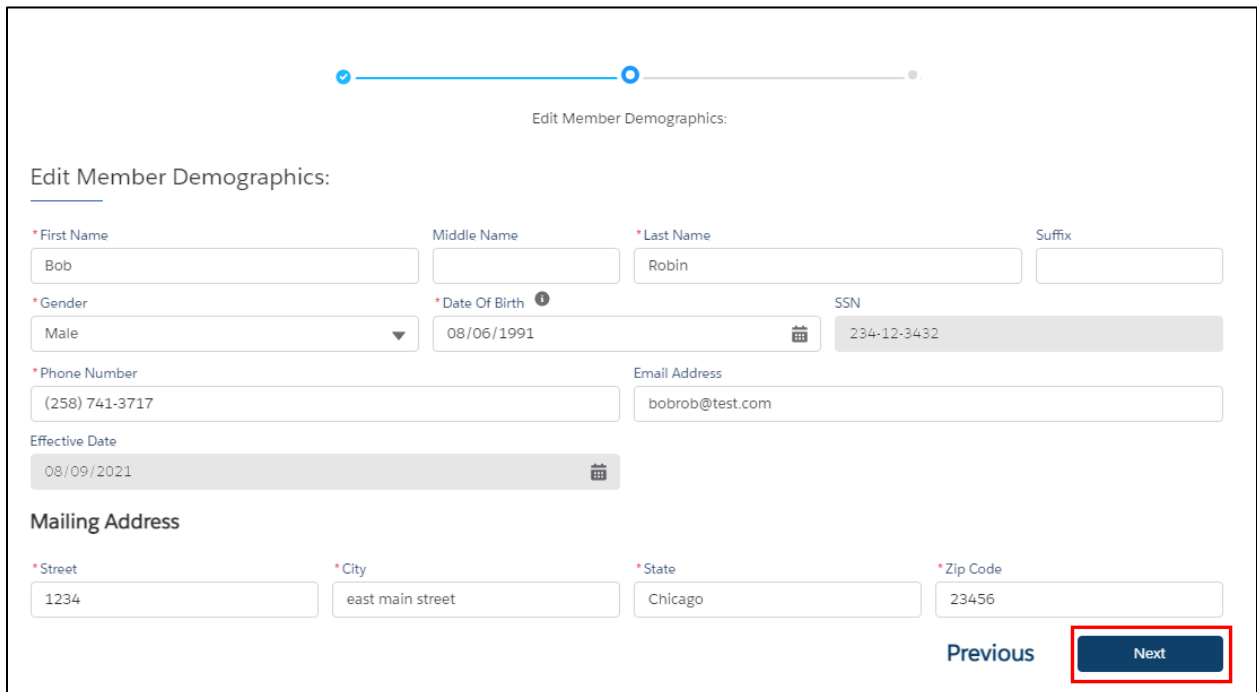
After clicking **Update Member**, a pop-up window will appear. Select **Update Member** to make edits and then click **Next**.



A progress bar at the top shows the first step is active. Below the title "What would you like to do?", there are three radio button options: "Update Member" (selected), "Life Event", and "Other Correction". A "Next" button is located in the bottom right corner, highlighted with a red box.

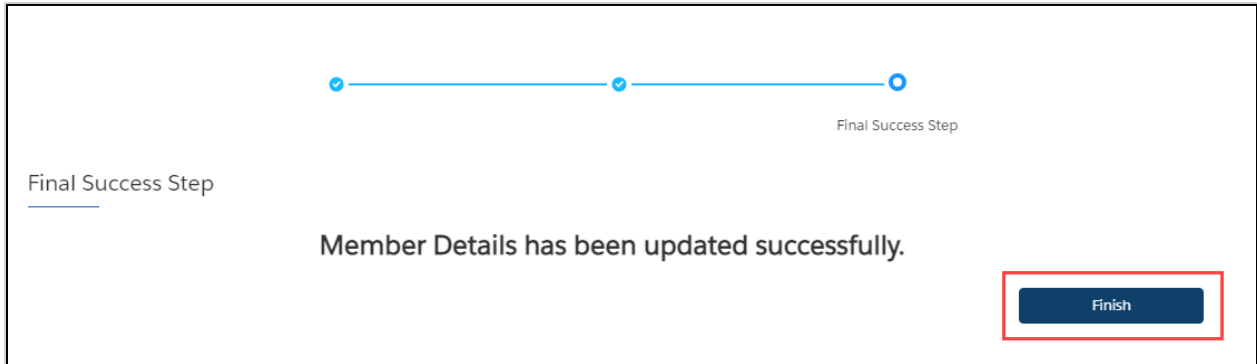
Editable member information is featured in white blocks on the screen. Grayed out blocks of information are not editable.

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



The form is titled "Edit Member Demographics:" and contains several input fields. Fields for "First Name" (Bob), "Middle Name", "Last Name" (Robin), "Suffix", "Gender" (Male), "Date Of Birth" (08/06/1991), "Phone Number" ((258) 741-3717), "Email Address" (bobrob@test.com), and "Mailing Address" (Street: 1234, City: east main street, State: Chicago, Zip Code: 23456) are all white and editable. The "SSN" field (234-12-3432) and "Effective Date" field (08/09/2021) are grayed out. A "Previous" button and a "Next" button (highlighted with a red box) are at the bottom right.

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




Update Life Event

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



Select the applicable **Life Event** from the dropdown menu, provide the date of the event, and click **Next**.

Note: **Life Events** can add and 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).

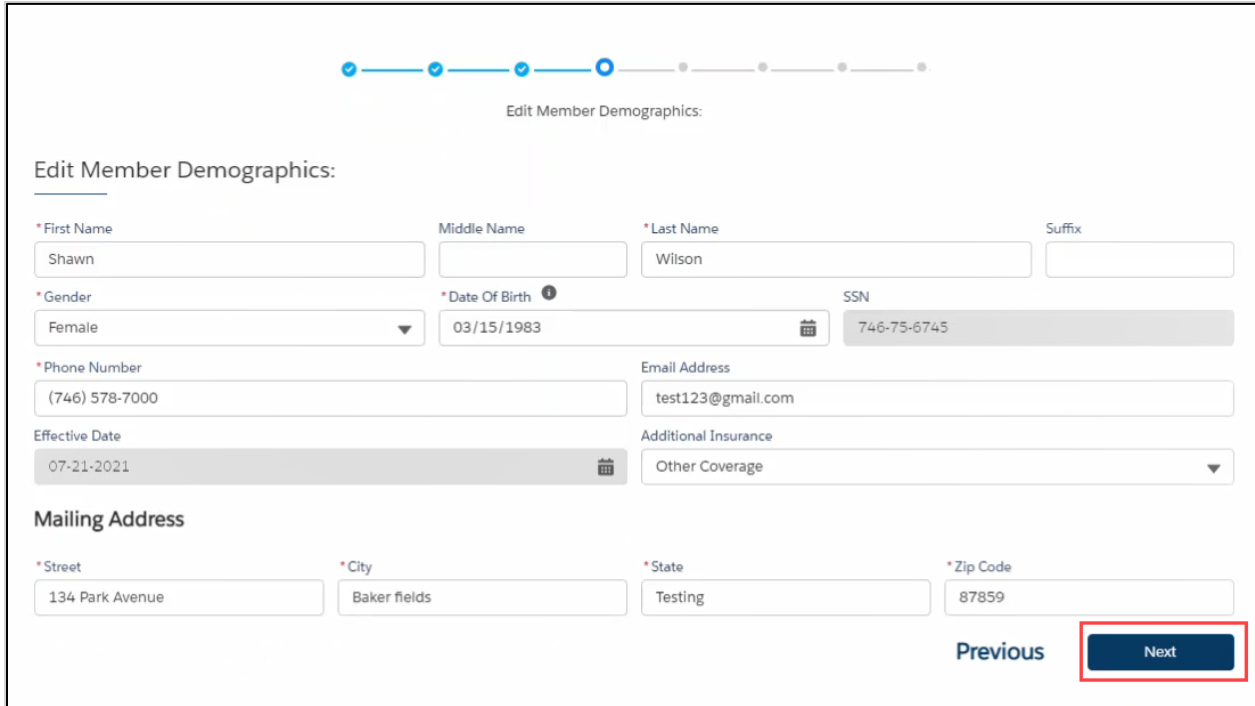
* Life Event

* 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**.

For guidance on adding and editing information about dependents, refer to the previously mentioned steps [here](#).

Then, select plans. Refer to the process flow [here](#) for more details.

The only difference with this experience is that you will see the member's current plan above the other available plans.

Results

2 Available Plans

Current Plan: Optima 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

Optima POS Platinum 15/30 Direct (OOA) Compare

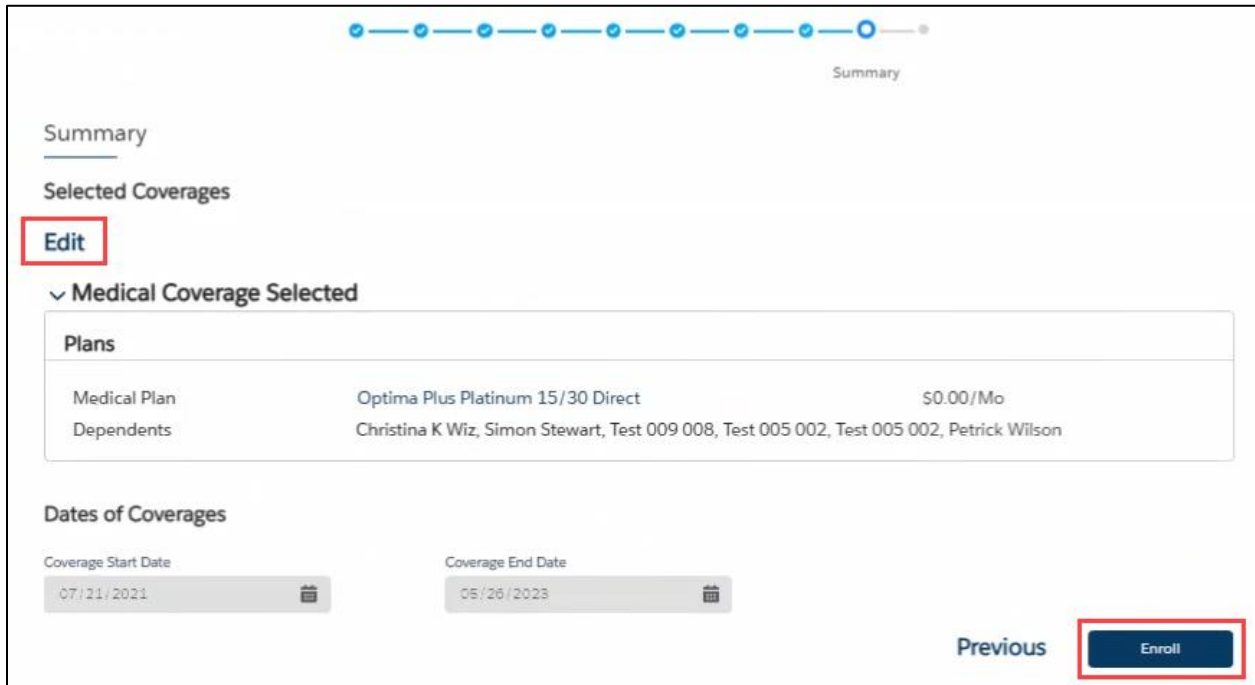
■ Plan Details

✓ Standout Features

ANNUAL DEDUCTIBLE None	OUT-OF-POCKET LIMIT \$4000/\$8000	PRIMARY DOCTOR COVERAGE None
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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	Optima Plus Platinum 15/30 Direct	\$0.00/Mo
Dependents	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

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