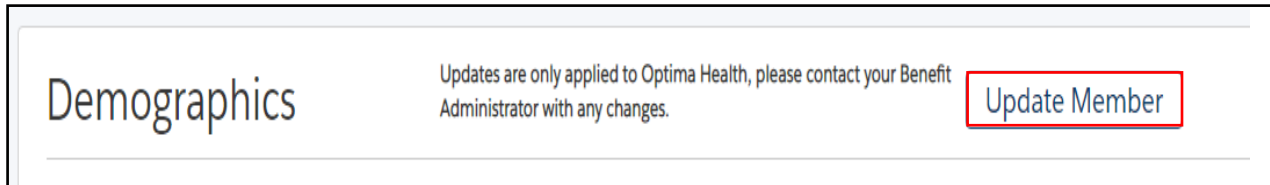


Update HSA Election and/or Contribution

To update the HSA election, click **Update Member** from the member details page.

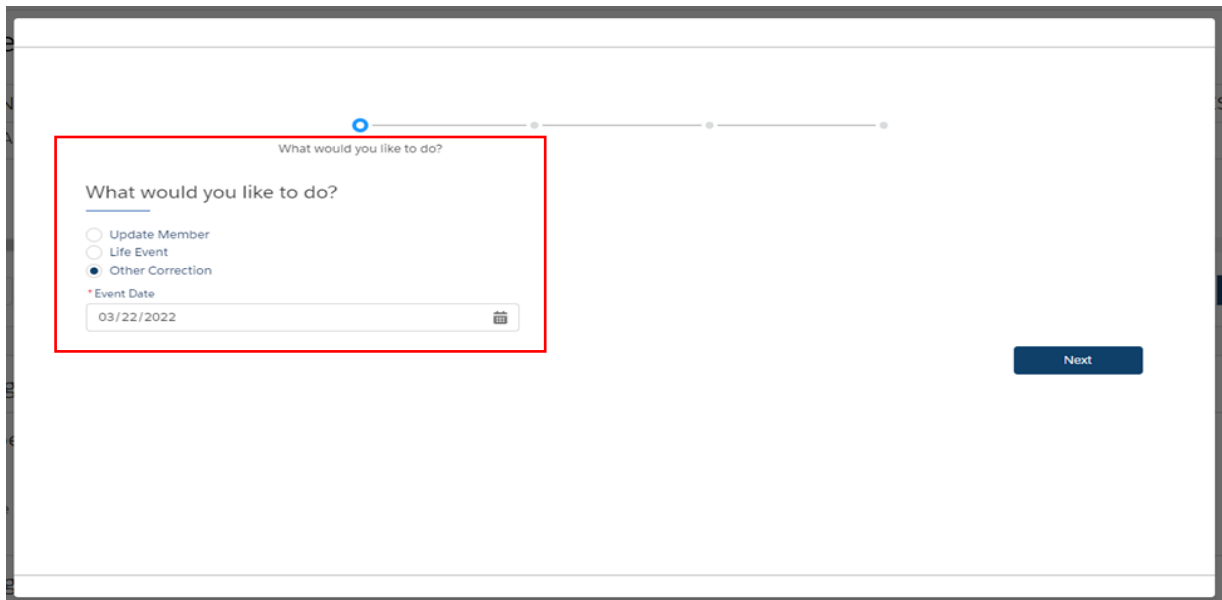


Demographics

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

Update Member

Select **Other Correction**, fill out **Event Date** and then click **Next**.



What would you like to do?

What would you like to do?

Update Member

Life Event

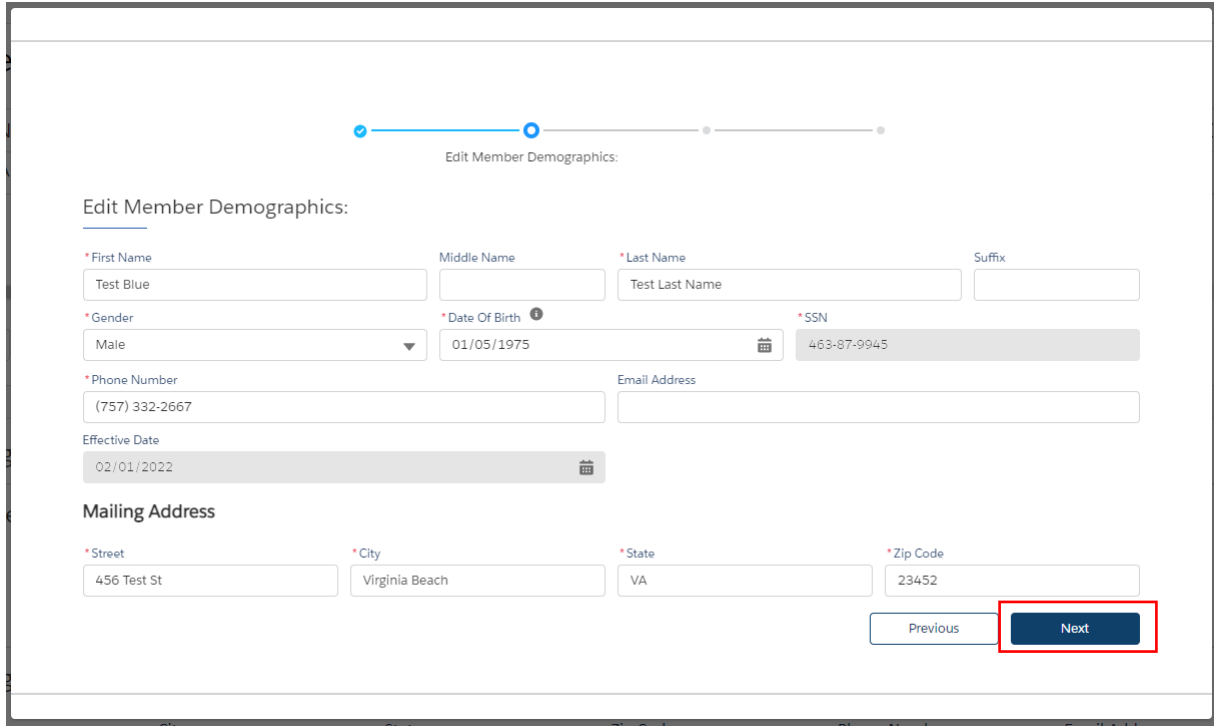
Other Correction

* Event Date

03/22/2022

Next

Review member information and make edits as needed. Once you have completed your edits, click **Next**.



Progress bar: 1 of 4 steps completed.

Edit Member Demographics:

* First Name: Test Blue | Middle Name: | * Last Name: Test Last Name | Suffix: |

* Gender: Male | * Date Of Birth: 01/05/1975 | * SSN: 463-87-9945

* Phone Number: (757) 332-2667 | Email Address: |

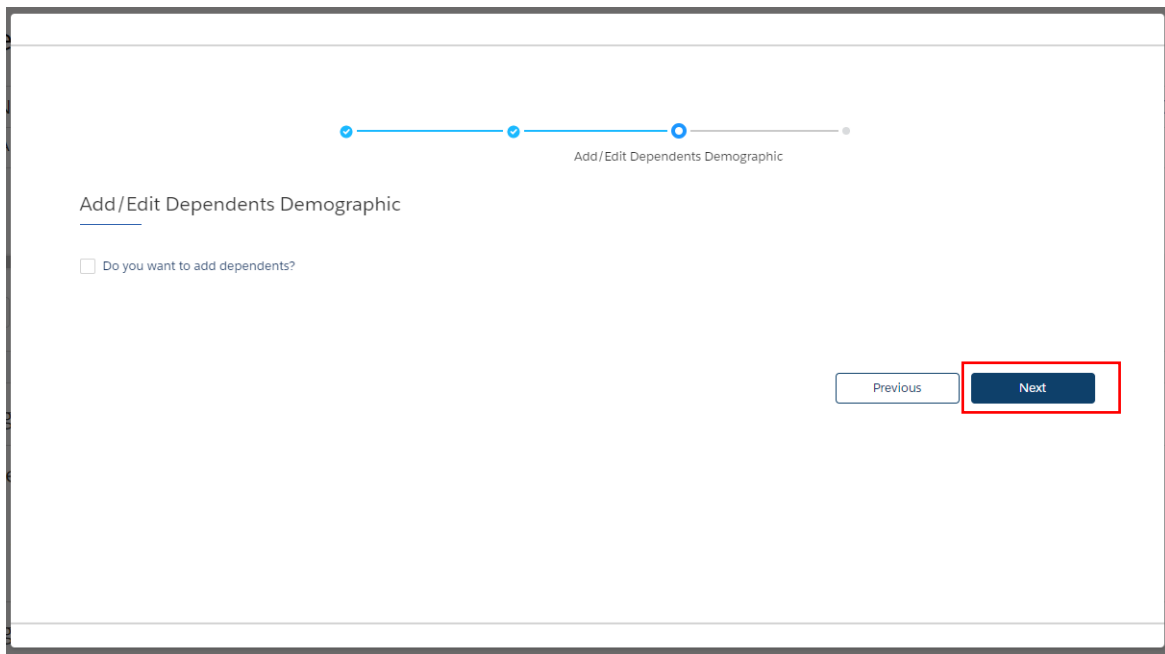
Effective Date: 02/01/2022

Mailing Address

* Street: 456 Test St | * City: Virginia Beach | * State: VA | * Zip Code: 23452

Buttons: Previous, **Next**

Add / Edit Dependents Demographics, click **Next**.



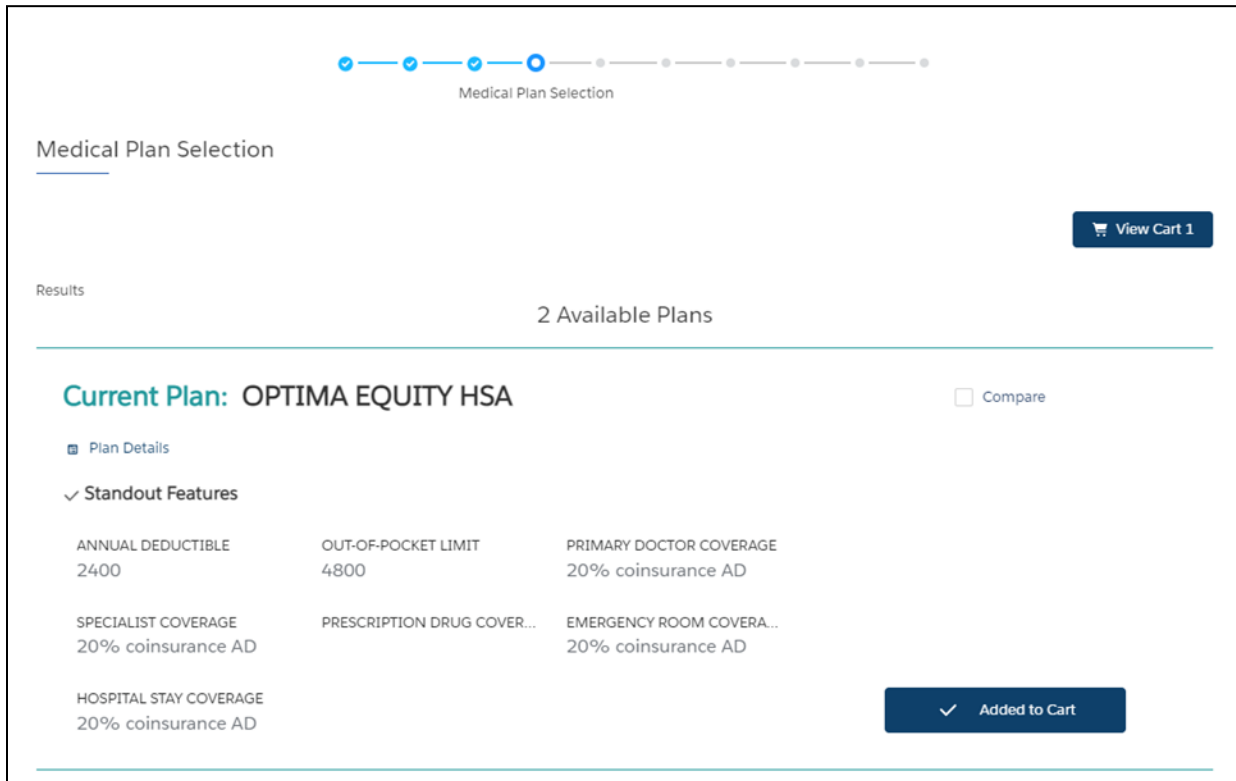
Progress bar: 2 of 4 steps completed.

Add/Edit Dependents Demographic

Do you want to add dependents?

Buttons: Previous, **Next**

Equity Plan will already be in your cart, click **Next**.



Medical Plan Selection

Results

2 Available Plans

Current Plan: OPTIMA EQUITY HSA Compare

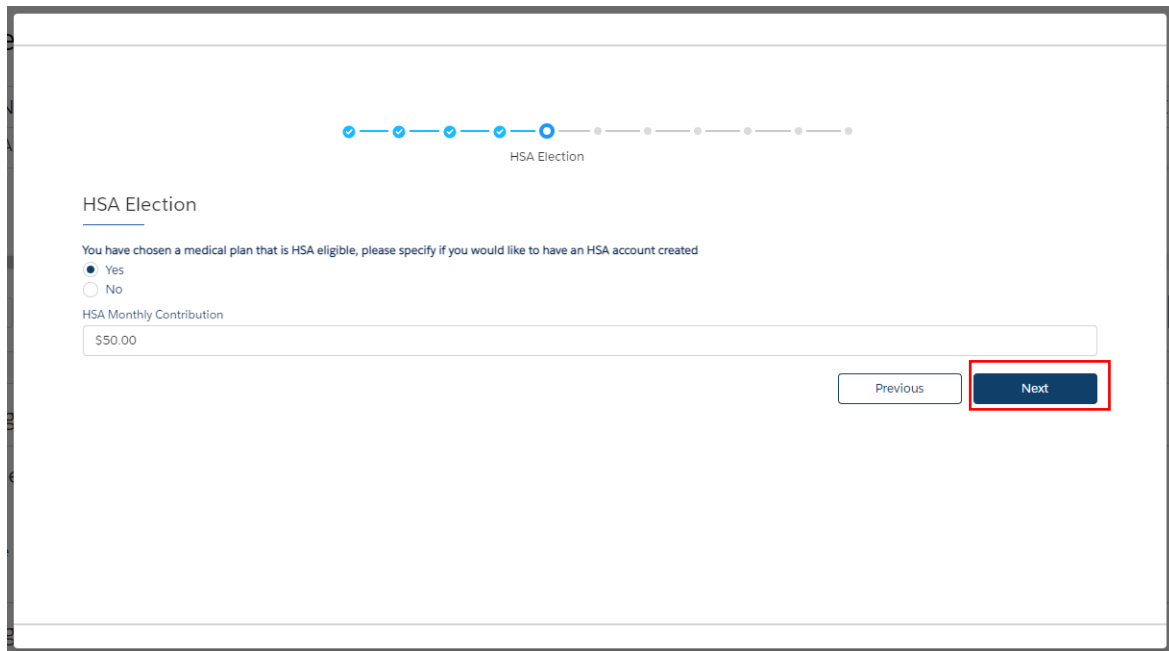
Plan Details

✓ Standout Features

ANNUAL DEDUCTIBLE 2400	OUT-OF-POCKET LIMIT 4800	PRIMARY DOCTOR COVERAGE 20% coinsurance AD
SPECIALIST COVERAGE 20% coinsurance AD	PRESCRIPTION DRUG COVER... 20% coinsurance AD	EMERGENCY ROOM COVERA... 20% coinsurance AD
HOSPITAL STAY COVERAGE 20% coinsurance AD		

✓ Added to Cart

Update HSA Election and/or Contribution, click **Next**.



HSA Election

You have chosen a medical plan that is HSA eligible, please specify if you would like to have an HSA account created


Yes
 No

HSA Monthly Contribution

\$50.00

Previous Next

After completing the process, review your changes. If changes are needed, click **Edit**.
If the information and selections are correct, click **Enroll**.


Summary

Summary

Selected Coverages

[Edit](#)

Medical Coverage Selected

Plans		
Medical Plan	OPTIMA EQUITY HSA	\$48.00/Mo
Subscriber:	Test Blue Test Last Name	\$50.00/Mo Contribution

Coverages Waived

Type



Dental

Cancer

Critical Illness

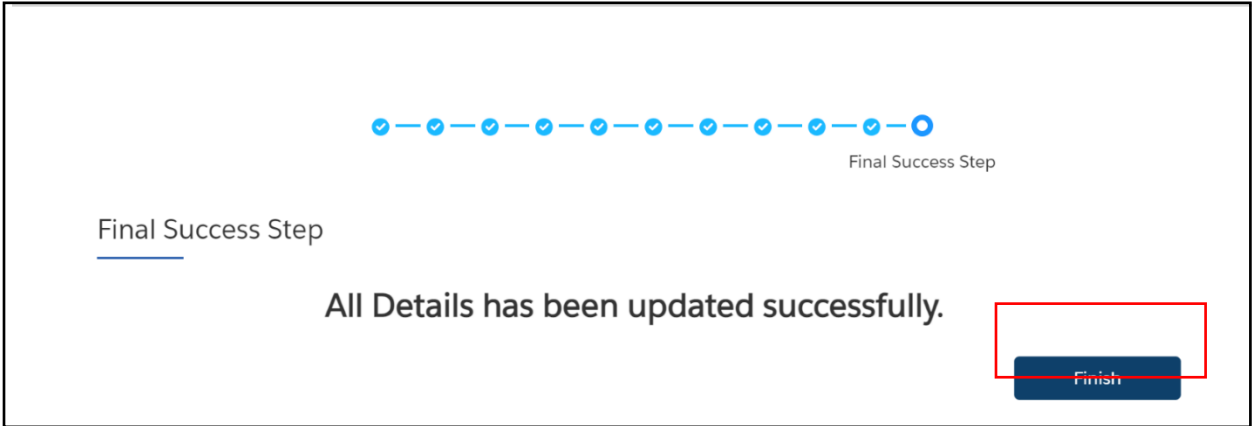
Voluntary Accident/Accident Plus

Dates of Coverages

Coverage Start Date	Coverage End Date
02/01/2022 	06/30/2022 

[Previous](#) [Enroll](#)

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



The image shows a confirmation screen titled "Final Success Step". At the top, there is a progress bar with 12 steps, where the 12th step is highlighted with a blue circle and labeled "Final Success Step". Below the progress bar, the text "Final Success Step" is underlined. The main message reads "All Details has been updated successfully." To the right of this message is a blue button labeled "Finish", which is highlighted with a red rectangular box.

Current Plans will now reflect updates.

Note: you may need to refresh your screen if updates do not appear

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	HSA AMOUNT	EMPLOYER COST
EQUITY PLUS/OOA 4000/20%	Medical	Yes	Employee Only	08/01/2022	02/28/2023	\$812.62	\$60.00	