

Employer Portal Overview Optimahealth.com



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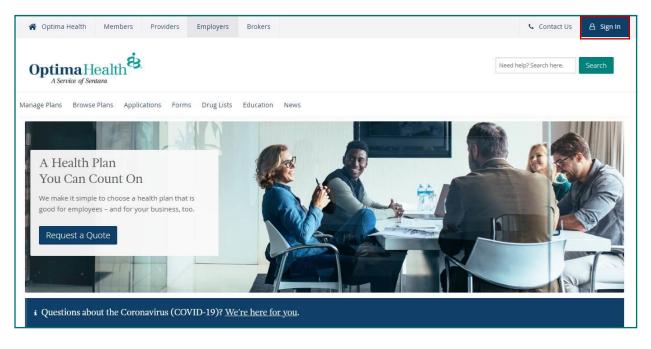
Purpose

The purpose of this User Guide is to provide an overview of the tools and functions available to you once you log on to the secure side of your employer portal.

Your Homepage

Employers' homepage on Optimahealth.com/employers

Click on sign in



E	Optima Health
EIII]	ployer Sign In
Sign Forgot f	n assword?
Compar products, and Open Provid	Health is the trade name of Optima Health Plan. Optima Health Insurance w, Optima Health Group, Inc. and Sentara Health Plans, Inc. Optima HMO leated Patent Optional Point-of-Senvice products. Point-of-Senvice product Access products are underwinten by Optima Health Plans. Optima Perefer er Organization products are underwinten by Optima Health Plans. Inc / Copyrig Self-funded plans are administered by Sentara Health Plans. Inc / Copyrig



When logged in you can also view your Employer Home page

Employer Link Employer Home		Contact Us	A HELLO
Optima Health &	Group Information		
Employer Link	HOME / GROUP INFORMATION		
8	Group Information		
0	Employer Group Name:	B	
	Employer Group Number:		
	Health Plan Type:	HMO	
Manage Benefits	Beginning Coverage Date:	4/1/2022	
Group Information	Renewal Date:	4/1/2023	
Group Reporting	Benefit Summary:	View	
Enroll in Benefits			
	Uniform Summary of Benefits and Coverage:	Effective: 04/01/2022	
Enroliment History			
Request Member ID Card			
Payments and Billing	-		
Pay Monthly Invoice			
Billing Statements			
Account Settings			
Change Password			
Secret Question and Answer			
Device Management Portal			

From your Employer homepage, you can perform the following actions:

- 1. Group information
- 2. Group Reporting
- 3. Enroll in Benefits
- 4. Enrollment History
- 5. Request Member ID Card
- 6. Pay Monthly Invoice
- 7. Billing Statements



Group Information

In this section you will find your employer group name, number, health plan type, beginning coverage date, and renewal date.

elect Another Group:	
Froup Information	
· · ·	
Employer Group Name:	Employer Group Number:
	Health Plan Type:
	Beginning Coverage Date:
	Renewal Date:

Group Reporting

Under this link, you will find the Datapoint reporting tool/ dashboard that you can customize for your reporting needs.

Optima Health	Q Search				
合 Utilization 🗸 Fir					
← Home					
Welcome, John	Doe				
Note! The landing page i	is still being configured for you. Please	contact support for details or hel	p.		
Alerts				Top Used Reports	
247 IP Utili:	zation Metrics - Rolling Paid Year View			Overview Dashboard Total Views: 46	
				Medical Claim Lag Total Views: 1	
Collaborations				Professional Rolling Year Paid Trend by Service Type Total Views: 1	
You have no collaboratio	ns.			Total Views: 1	



Enroll in Benefits

If you manage enrollment for your groups using web enrollment platform, here you will access the e3 Web Enrollment platform and can view and manage your employees' benefits. You also have a wide range of reporting available to you.

OptimaHealth Home Group Details Dashboard	₽ ⊕
Welcome View and Manage your Group and Employees in one stop.	

Enrollment History

This link allows you to look at your enrollment history and filter your search using group name, policy ID, member ID, member SSN, and member first and last name.

ter Search Information					
For best results, complete a field that of the first and last name as possible your results. It is not necessary to complete the	e. The more informat				
iroup Number:	All Groups				
Policy ID:	Type the Policy II	D here			
dember ID number:	1234567			*	01
dember Social Security Number:		•] .	
dember Last Name:	Type the last nam	Type the last name here			
	Type the first name here				
dember First Name:					



Request Member ID Card

Here you can request duplicate or view an employee's ID card by simply completing the information requested:

Employer View/Request Member ID Card					
HOME / REQUEST ID CARD					
Enter Search Information					
For best results, complete a field that is a unique indentifier (such as Member ID or Member SSN) or complete as much of the first and last name as possible. The more information entered in the "Member Last Name" field, the narrower your results. It is not necessary to complete the entire form. You can only request a card for active members who are enrolled with Optima Health through your company. You can only request a card if one has not been issued in the past 30 days.					
Member ID number:	* 01				
OR					
Member Social Security Number:	· · ·				
OR					
Member Last Name:	Type the last name here				
Member First Name:	Type the first name here				
Search Clear	Display all members enrolled through the selected group(s) if number enrolled is 100 or less.				



Pay Monthly Invoice

If you have EFT (electronic funds transfer) you can conveniently view and pay your monthly invoice online.

Pay Monthly Invoice								
HOME /	HOME / PAY MONTHLY INVOICE							
	Use this tool to pay monthly premium statement(s) by a bank draft. Select group(s) or subgroup(s) to make payment toward monthly invoice.							
Select	Payment Month	Group Number	Group Name	Invoice Number	Total Due	Outstanding Balance		
	04/01/2022			7529924	\$73,306.11	\$73,306.11		
				No Open Inv	\$0.00	\$0.00		
	04/01/2022			7527752	\$37,102.00	\$37,102.00		
	04/01/2022			7527753	\$142.70	\$142.70		
	04/01/2022			7527754	\$2,849.97	\$2,849.97		
	04/01/2022			7527755	\$15,768.35	\$15,768.35		
	04/01/2022			7527756	\$71.35	\$71.35		
	04/01/2022			7527757	\$1,141.60	\$1,141.60		
	04/01/2022			7527758	\$9,838.24	\$9,838.24		



Billing Statements

From this link, you can view your historical billing statements. If you are a BusinessEDGE (level-funded) employer, you will also have access to your monthly funding package and annual 1095C information.

BILL in 11126			
Path: /11126/11126		🔾 Mar 24, 2022 08:13:04 PM 🌍 Version list	
🔲 🗑 🌺 💾 н к 🕨 в	🛃 📄 🔊 🔊 🕯	►	
		PAGE: 1 000752476300001112600000141022	
ß	OPTIMA HEALTH PLAN DSU # 03		
GROUP	11126	INVOICE NUMBER 7524763	
CONTACT	Set of	INVOICE DATE 03-18-22 DUE DATE 03-27-22 COVERAGE PERIOD FROM 04-01-22 TO 04-30-22	
11126			
	BALANCE FROM PRIOR PERIOD TOTAL CURRENT PREMIUMS	0.00 1,410.22	
	Dependent Count	2 0 2	
	DAILY PRORATION ADJUSTMENTS	0.00	
	RETROACTIVE ADJUSTMENTS	0.00	
4456 Bill rega	ase return "Group Reconciliations Statement" p 6 Corporation Lane Virginia Beach VA 23462 or ling questions: (757)687-6400/1-866-472-5764, arding eligibility and enrollment, option 2. 7)552-8850/1-866-275-3755. Enrollment changes	fax to (757)252-8037. option 1. Questions Claims/benefits call	
befo	ore the 20th of each month to appear on the fi **THANK YOU FOR CHOOSING OPTIMA FOR YOUR HEALT	inal monthly bill.	