



Member Enrollment Guide
Demographic Updates,
Recording Life Events,
and Open Enrollment

Table of Contents

Purpose.....	3
Access the Portal.....	3
Member Homepage.....	5
Member Details Overview and Navigation.....	6
How to Modify Your Member Demographic Information.....	7
How to Enroll New Member/Dependent – Life Event.....	10
Open Enrollment.....	17

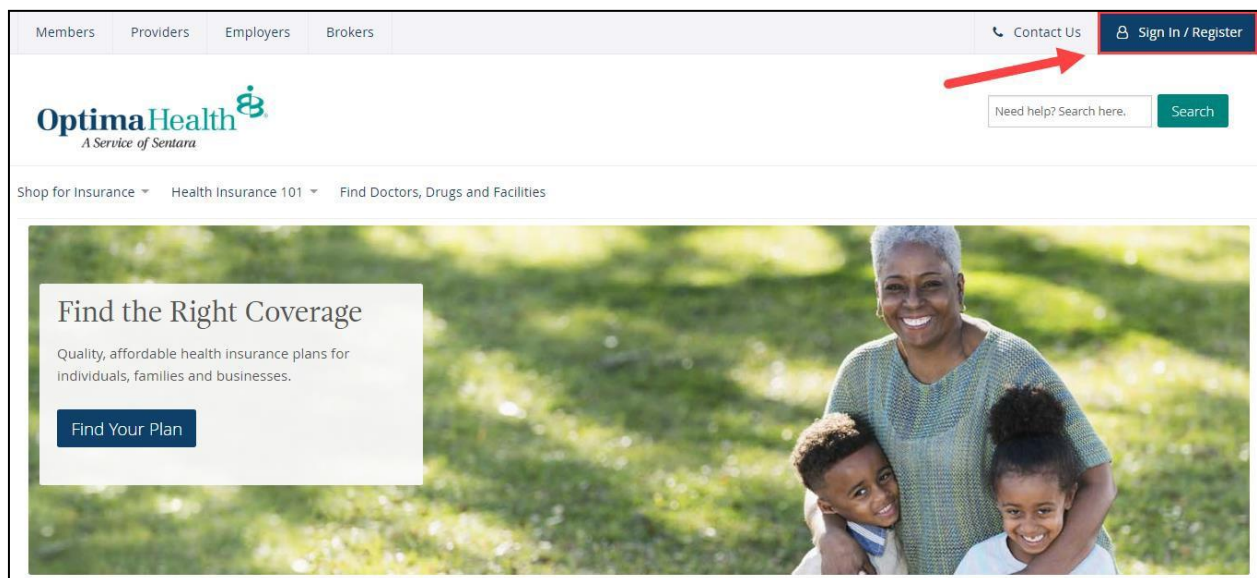
Purpose

The purpose of this user guide is to outline the process to:

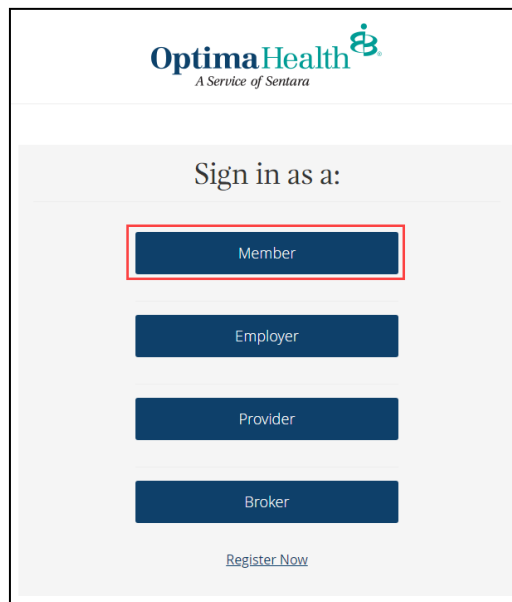
- access the member enrollment portal
- modify your member demographic information
- enroll a new member/dependent – life event
- open enrollment

Access the Portal

From www.optimahealth.com, click **Sign In/Register** at the top right of the screen.

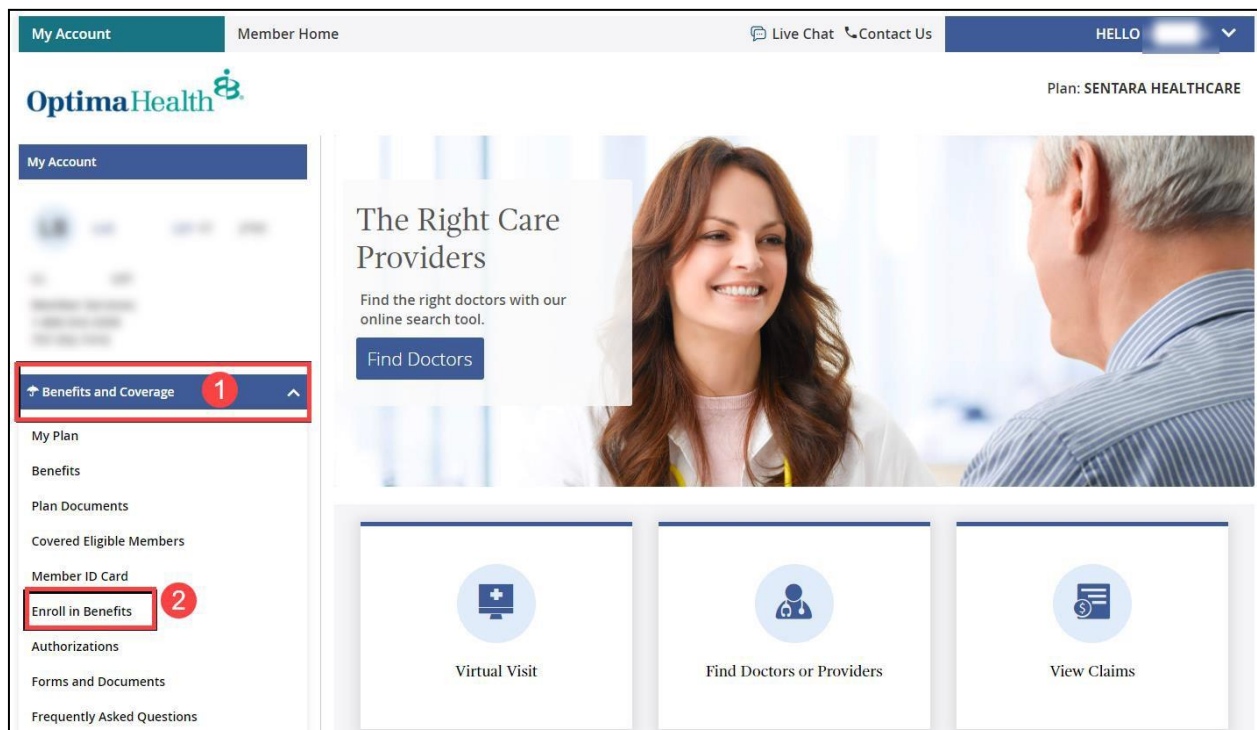


Click on the **Member** button to sign in as a member.



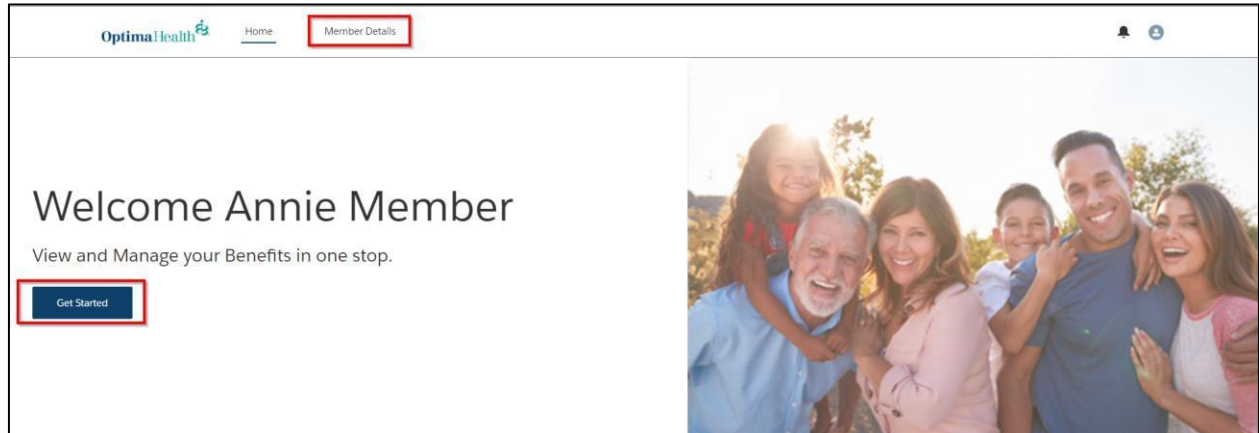
On your Member Account page:

- expand the Benefits and Coverage section on the left menu, and
- click on **Enroll in Benefits**. This will lead you to your benefits homepage.



Member Homepage

From the member homepage, you can access your account details by clicking the blue **Get Started** button beneath the welcome message or the **Member Details** on the top toolbar.



Member Details Overview and Navigation

From the member details page, there are a variety of actions you may take and information available for review. For example, you can:

1. review your current plans
2. review your member details
3. view your dependents
4. update member details
5. calculate treatment costs (selecting this option will lead you to a calculator on optimahealth.com)

Current Plans 1

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	CONTRIBUTIONS	EMPLOYER COS
Delta Dental Enhanced Dental Plan	Dental	No	Employee + Family	01/01/2022	12/31/2022	\$83.47		\$0.00
MetLife Vision Care	Vision	No	Employee + Family	01/01/2022	12/31/2022	\$16.12		\$0.00
Equity Point of Service 1500/20%	Medical	Yes	Employee + Family	01/01/2022	12/31/2022	\$203.68		\$1,648.40

Demographics

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

[Calculate Treatment Costs](#)

Member Details 2

Name	DOB	Gender	Phone Number	Email Address
Joe Jackson	12/28/1976	Male	(111) 111-1111	-

Mailing address

Street Name	City	State	Zip Code
2682 Smith Rd	Norfolk	VA	23508

Dependents 3

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Test TestLastt	08/25/1982	4417 Corporation Ln, Virginia Beach, VA 23462, USA, Virginia Beach, VA, 23456	Spouse	Female	<input type="button" value=""/>

How to Modify Your Member Demographic Information

From the *Member Details* screen, click **Update Member**.

Demographics		Calculate Treatment Costs		Update Member	
Member Details					
Name	DOB	Gender	Phone Number	Email Address	
Shawn Wilson	03/11/2027	Male	(746) 578-7099	shawn.wilson@gmail.com	
Mailing address					
Street Name	City	State	Zip Code		
140 Park Avenue	Baker fields	VA	23456		

Choose **Update Member** under options and click **Next**.

Progress indicator: 1 of 4 steps (Step 1 is active)

What would you like to do?

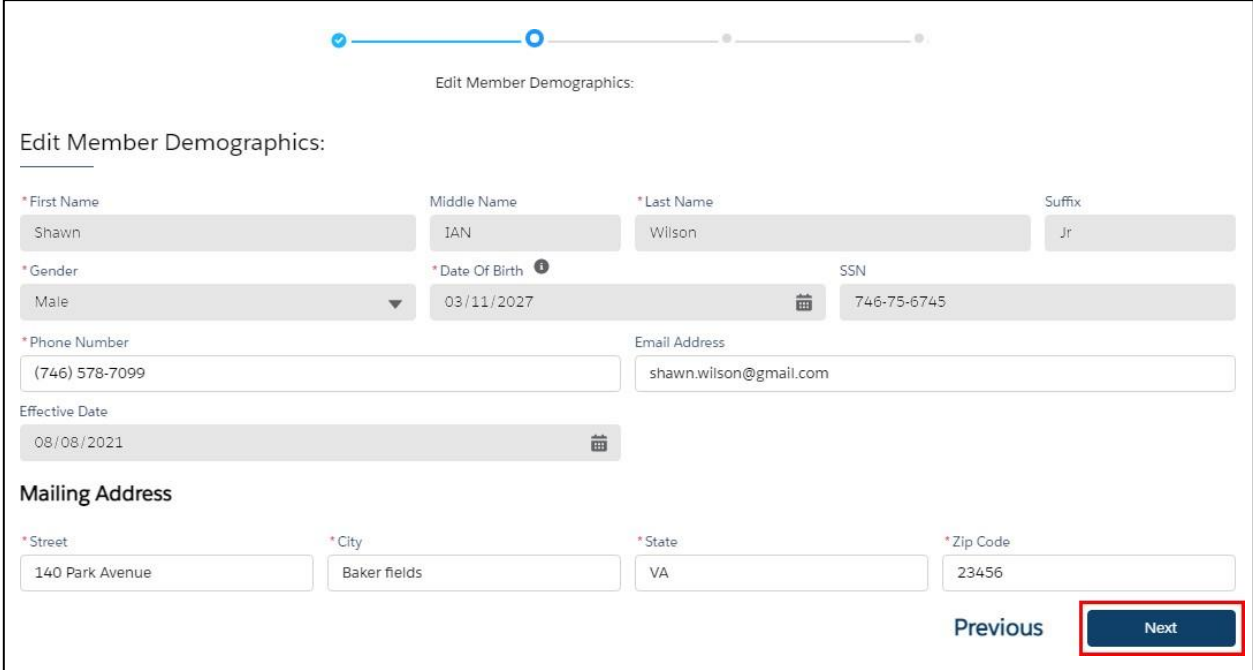
What would you like to do?

- Update Member
- Life Event

Next

From this window, you can edit your phone number, email address, and mailing address. If any other information needs to be updated, please contact your Employer's benefits team.

Note: Updates are only applied to Optima Health, please contact your Employer's benefits team with any changes.



Progress bar: 1 of 4 steps completed.

Edit Member Demographics:

* First Name: Shawn Middle Name: IAN * Last Name: Wilson Suffix: Jr

* Gender: Male * Date Of Birth: 03/11/2027 SSN: 746-75-6745

* Phone Number: (746) 578-7099 Email Address: shawn.wilson@gmail.com

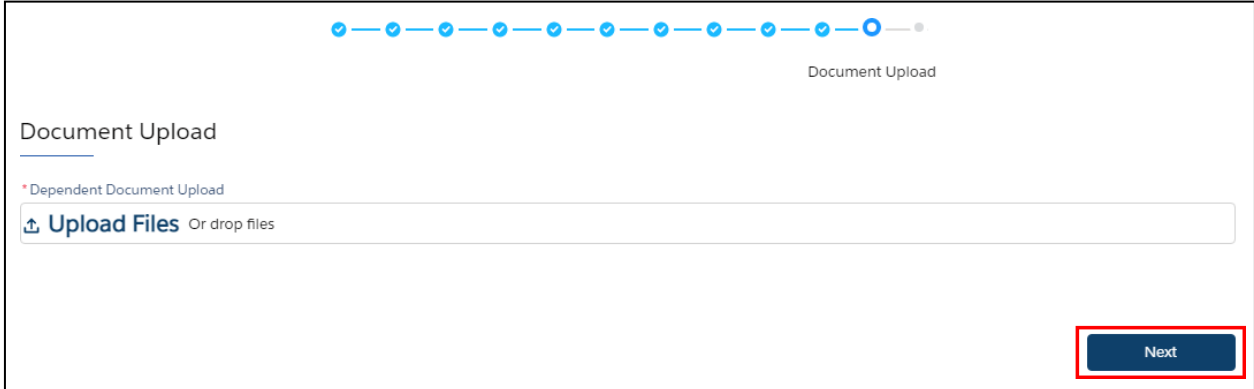
Effective Date: 08/08/2021

Mailing Address

* Street: 140 Park Avenue * City: Baker fields * State: VA * Zip Code: 23456

Previous **Next**

To upload any applicable documentation, click **Upload Files** or drop any files into the space and click **Next**.



Progress bar: 10 of 10 steps completed.

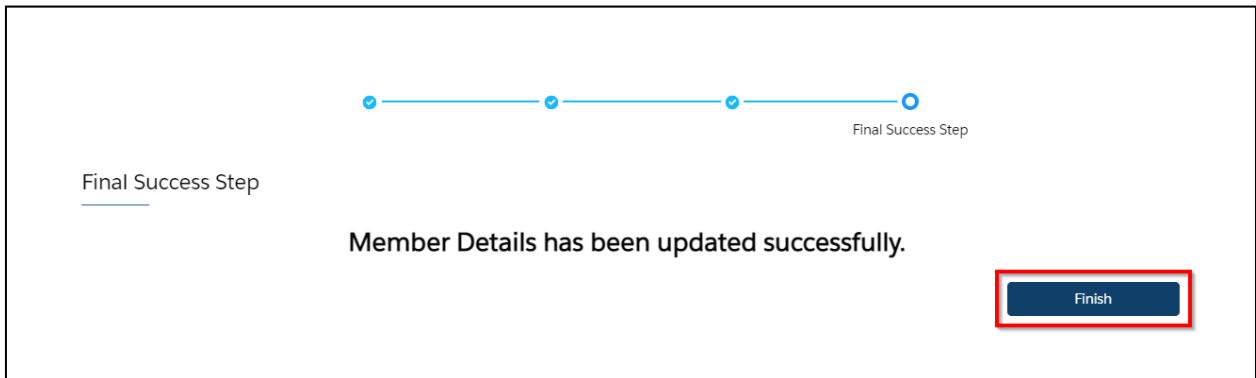
Document Upload

* Dependent Document Upload

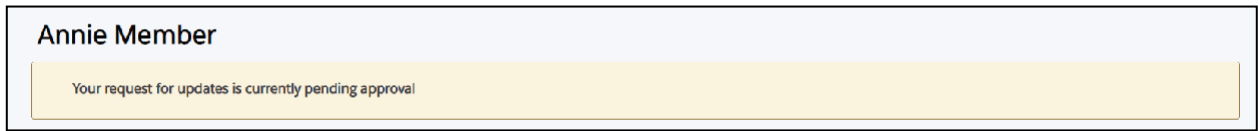
[Upload Files](#) Or drop files

Next

Click **Finish** on the *Final Success Step* screen



On the Member Details screen, you will see a message indicating your member updates are pending Employer's benefits team's approval.




How to Enroll New Member/Dependent – Life Event

From the *Member Details* screen, click **Update Member**.

Demographics		Calculate Treatment Costs		Update Member	
Member Details					
Name	DOB	Gender	Phone Number	Email Address	
Shawn Wilson	03/11/2027	Male	(746) 578-7099	shawn.wilson@gmail.com	
Mailing address					
Street Name	City	State	Zip Code		
140 Park Avenue	Baker fields	VA	23456		

Choose **Life Event** under options and click **Next**.




What would you like to do?

What would you like to do?

Update Member
 Life Event

Next

Review the disclaimer and click **Next**. Only applies during Open Enrollment.




Disclaimer

Disclaimer

Your policy is currently in the open enrollment period. Changes made via a life event will be applied to your current policy. If you do not want these changes as part of your current policy, but for your open enrollment policy, please click the "START OPEN ENROLLMENT" located at the top of the page.

Complete the *Life Event* and *Event Date* information and click **Next**.



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

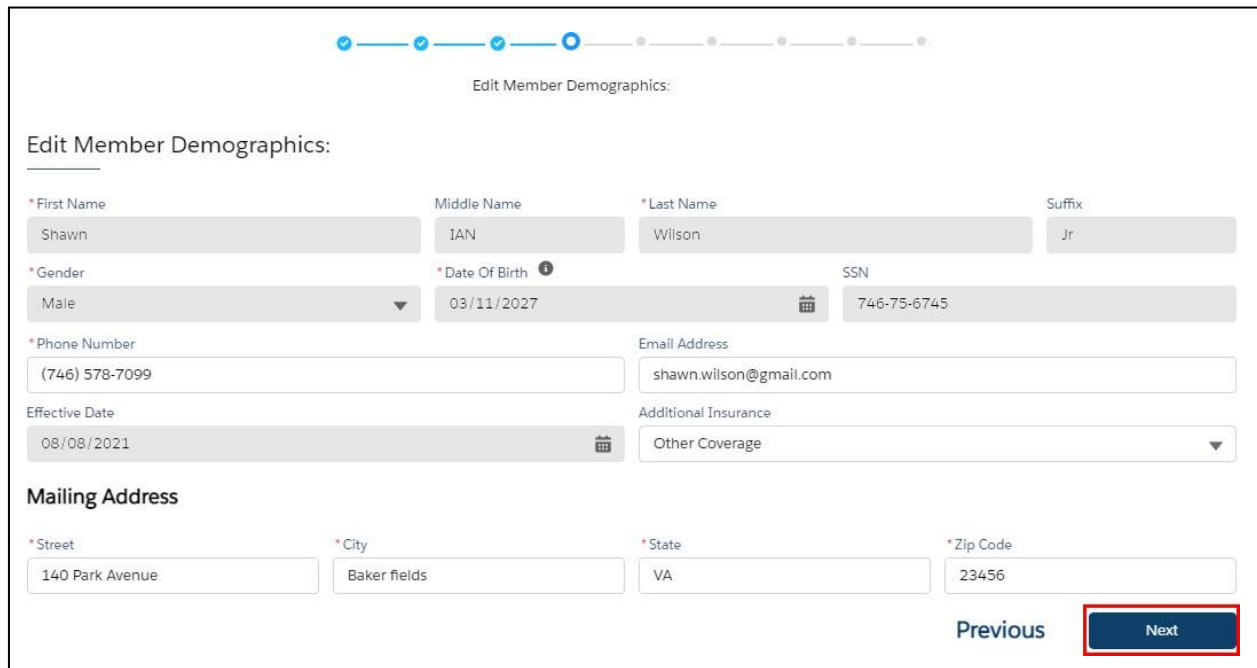
* Event Date

[Previous](#)

Definition of each *Life Event* in the chart below:

Life Event	Definition of Addition/Termination
Adoption	Addition of dependent(s)
Birth	Addition of dependent(s)
Court Order	Addition of dependent(s)
Death of Dependent	Termination of dependent(s)
Death of Subscriber	Termination of Subscriber and all dependents for all products
Divorce	Termination of spouse/dependents
Employee Requested Cancellation (Dropping Coverage)	Termination of Dependent Coverage. Terminate spouse/dependent(s) from selected coverages/products.
Employment Status Change	Employee qualified for benefits, but no longer qualifies Terminates all coverage for Subscriber and dependents
Legal separation	Termination of spouse/dependent(s)
Loss of dependent child status	Dependent child has reached maximum age for coverage
Loss of other coverage	Addition of Subscriber/dependents due to losing previous coverage
Marriage	Addition of spouse/dependent(s)
Now eligible for other coverage	Term dependent(s) due to obtaining other coverage
Retirement	Terminates all Coverages for Employee
Termination of all coverage	Terminates all Coverages for Employee

On the *Edit Member Demographics* screen, make any applicable edits and click **Next**.



Progress bar: 4 of 8 steps completed.

Edit Member Demographics:

*First Name: Shawn | Middle Name: IAN | *Last Name: Wilson | Suffix: Jr

*Gender: Male | *Date Of Birth: 03/11/2027 | SSN: 746-75-6745

*Phone Number: (746) 578-7099 | Email Address: shawn.wilson@gmail.com

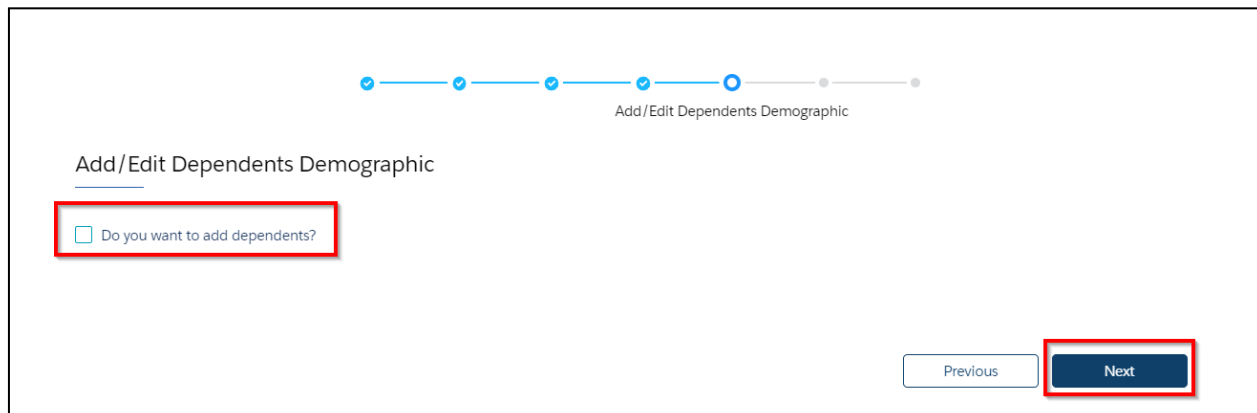
Effective Date: 08/08/2021 | Additional Insurance: Other Coverage

Mailing Address

*Street: 140 Park Avenue | *City: Baker fields | *State: VA | *Zip Code: 23456

Buttons: Previous, Next

On the next screen, select if you want to add dependents. If you do not, click **Next**.



Progress bar: 5 of 8 steps completed.

Add/Edit Dependents Demographic

Do you want to add dependents?

Buttons: Previous, Next

If you selected 'Do you want to add dependents', add member information on the *Add/Edit Dependents Demographic* screen and then click **Next**.

Add/Edit Dependents Demographic

Add/Edit Dependents Demographic

▼ Dependent 1

Please Confirm the information below is updated and accurate.

Relationship

* Relationship

Child


Dependent

* First Name	Middle Name	* Last Name
Arnie		Wilson
* Birth Date	* Gender	SSN
05-01-2020	Male	244-24-4234

OOA Dependent Program

Review your current plan will be displayed, if selecting a new plan click Added to Cart, select new plan and click **Add to Cart**.

Medical Plan Selection

 View Cart 6

Results

4 Available Plans

Current Plan: Point of Service 1500/25/20%

Compare

 Plan Details

✓ Standout Features

ANNUAL DEDUCTIBLE 1500/3000	OUT-OF-POCKET LIMIT 6000/12000	PRIMARY DOCTOR COVERAGE 25
SPECIALIST COVERAGE 50	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... AD 200 and 20%
HOSPITAL STAY COVERAGE 20% coinsurance AD		

✓ Added to Cart

Scroll down and choose the member(s) you want added to the plan. You can select multiple dependents to add to the plan.

1. You can select all dependents by clicking on the box next to **Dependent Name**.
2. You can select dependents by clicking on the box next to **their name**.

Once you have added all dependents, click **Next**.

Dependents

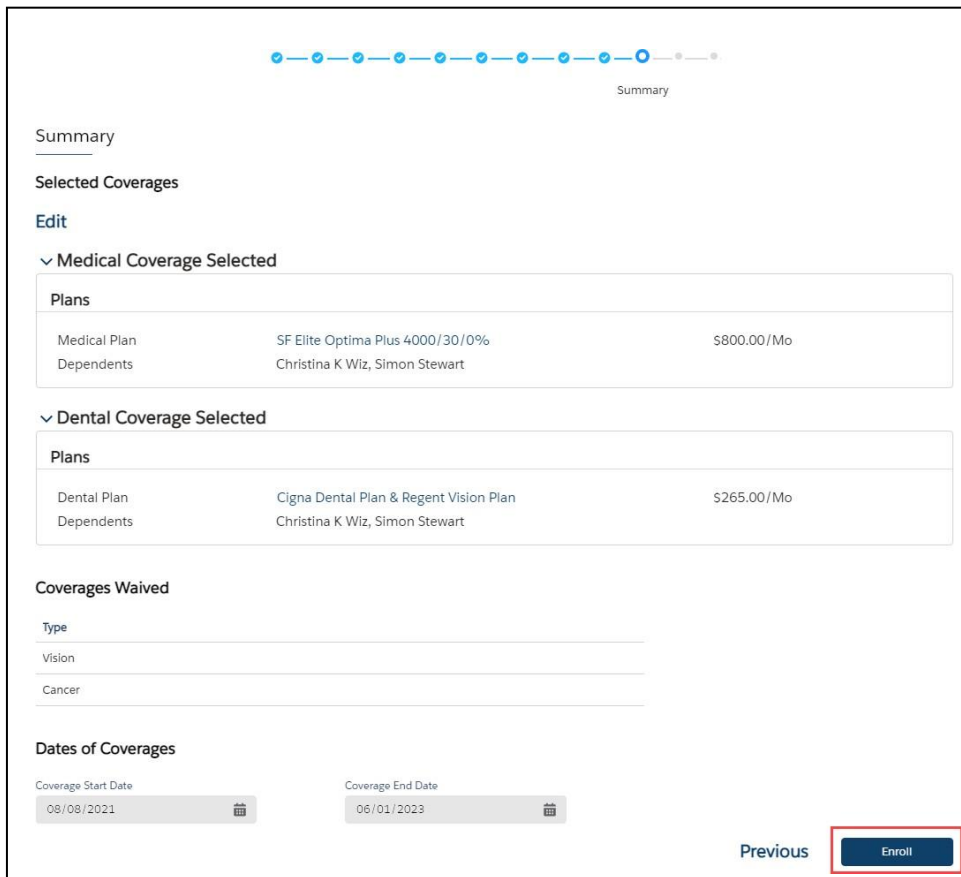
Please **1** select the dependents below to include in this coverage

<input type="checkbox"/> Dependent Name	Relationship
<input type="checkbox"/> Christina K Wiz	Spouse
<input type="checkbox"/> Simon Stewart	Child
<input type="checkbox"/> Test 009 008	Disabled Child

Next

You will follow the above steps for each type of coverage.

Review the selected coverages on the *Summary* screen and click **Enroll**.

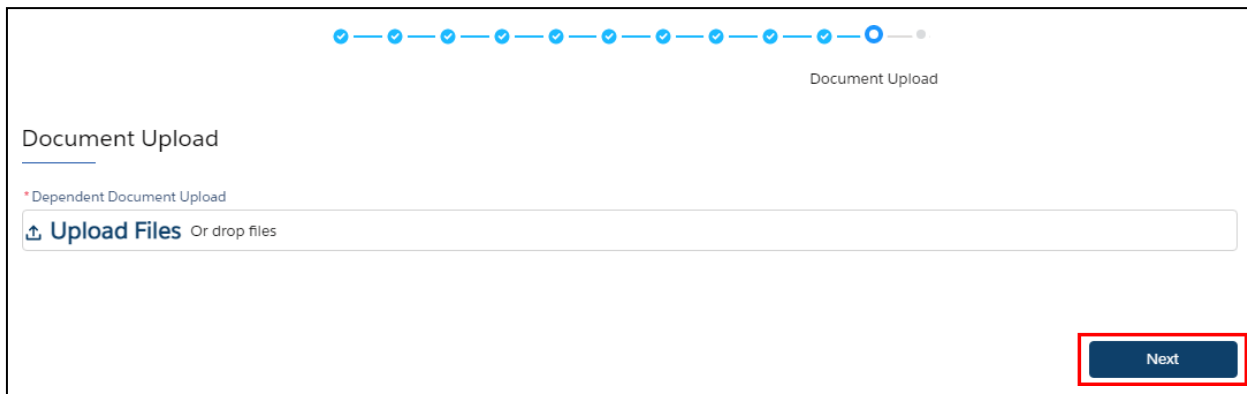


The screenshot shows the 'Summary' screen of the enrollment process. At the top, a progress bar indicates the current step. Below the title 'Summary', there is a section for 'Selected Coverages' with an 'Edit' link. Under 'Medical Coverage Selected', a table lists the 'SF Elite Optima Plus 4000/30/0%' plan for \$800.00/Mo, with dependents Christina K Wiz and Simon Stewart. Under 'Dental Coverage Selected', a table lists the 'Cigna Dental Plan & Regent Vision Plan' for \$265.00/Mo, with the same dependents. Below this is a 'Coverages Waived' section with input fields for Type, Vision, and Cancer. The 'Dates of Coverages' section shows a start date of 08/08/2021 and an end date of 06/01/2023. At the bottom right, there are 'Previous' and 'Enroll' buttons, with the 'Enroll' button highlighted by a red box.

Medical Coverage Selected		
Plans		
Medical Plan	SF Elite Optima Plus 4000/30/0%	\$800.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Dental Coverage Selected		
Plans		
Dental Plan	Cigna Dental Plan & Regent Vision Plan	\$265.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Attach any applicable documentation on the next screen by clicking **Upload Files** or dropping the files into the space provided. Click **Next**.

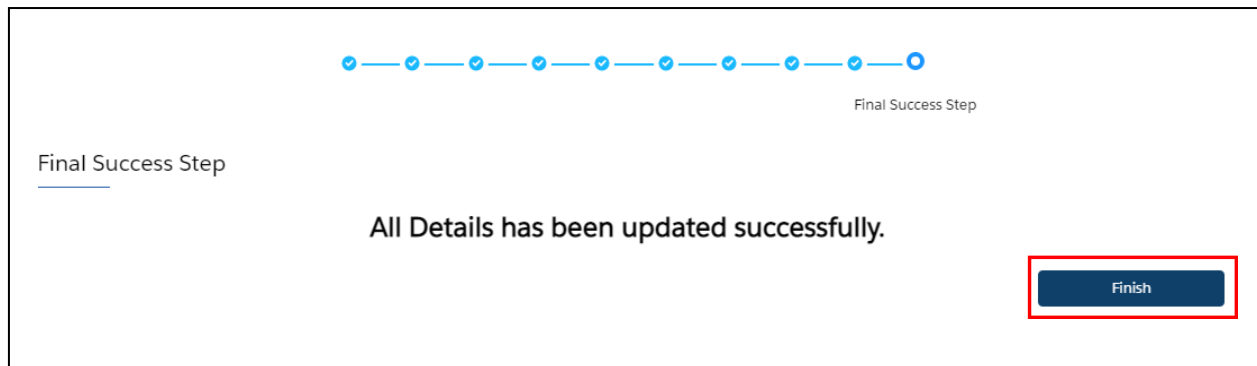


The screenshot shows the 'Document Upload' screen. At the top, a progress bar indicates the current step. Below the title 'Document Upload', there is a section for 'Dependent Document Upload' with a text area containing an 'Upload Files' button and the text 'Or drop files'. At the bottom right, there is a 'Next' button highlighted by a red box.

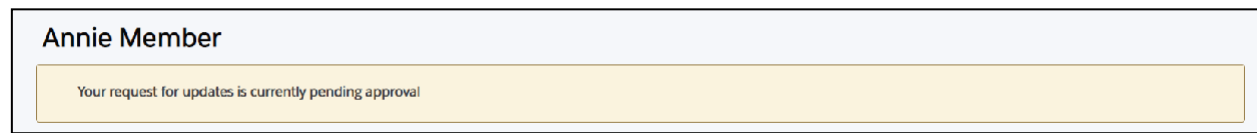
Click **Finish** on the *Final Success Step* screen.

Note: The message will indicate the changes you've made on the plan.

Congratulations! You've completed your enrollment process!



On the Member Details screen, you will see a message indicating your member updates are pending approval from your Employer's benefits team.



Open Enrollment

During Open Enrollment, your current elections will automatically roll over to the next plan year. Your Employer’s Benefits Team will advise you which plans you are **required** to enter your annual elections. Examples could include: Health Savings Account (HSA), Flex Spending **Account** (FSA) and Dependent Care FSA (DCFSA).

You can review your next plan year’s plan in the **Pending Plans** section. If you need to make updates, click the **Update Plans**.

Pending Plans Update Plans

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	CONTRIBUTIONS	EMPLC
MetLife Vision Care	Vision	No	Employee + Spouse	01/01/2023	12/31/2023			\$0.00
Equity Point of Service 3000/20%-Renewal	Medical	Yes	Employee + Family	01/01/2023	12/31/2023			\$0.00
Delta Dental Enhanced Dental Plan	Dental	No	Employee + Family	01/01/2023	12/31/2023			\$0.00

10
1

Current Plans

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	CONTRIBUTIONS	EMPLOYER CC
Delta Dental Enhanced Dental Plan	Dental	No	Employee + Family	01/01/2022	12/31/2022	\$83.47		\$0.00
MetLife Vision Care	Vision	No	Employee + Spouse	01/01/2022	12/31/2022	\$11.80		\$0.00
Equity Point of Service 3000/20%	Medical	Yes	Employee + Family	01/01/2022	12/31/2022	\$105.79		\$1,459.21

If you previously did not elect benefits, to shop for plans during open enrollment, click **Start Open Enrollment**.

Simon Cowel View Changes

↻ It's time to shop for your plans!
 Start Open Enrollment

On the *Edit Member Demographics* screen, you can edit your phone number, email address, and mailing address.

Note: If any other information needs to be updated or updates are made, please contact your Employer’s Benefits Team because any changes only apply to Optima Health.

After reviewing and editing any necessary information, click **Next**.

Edit Member Demographics:

Edit Member Demographics:

* First Name	Middle Name	* Last Name	Suffix
Shawn	IAN	Wilson	Jr
* Gender	* Date Of Birth	SSN	
Male	03/11/2027	746-75-6745	
* Phone Number	Email Address		
(746) 578-7099	shawn.wilson@gmail.com		
Effective Date	Additional Insurance		
08/08/2021	Other Coverage		


Mailing Address

* Street	* City	* State	* Zip Code
140 Park Avenue	Baker fields	VA	23456

Next

The only information that can be edited on existing dependents is their mailing address. If additional information needs to be edited, please use the **Life Events** feature from the **Member Details** page or contact your Employer's Benefits Team.

You may also add a dependent from this page. Please note that additional documentation may be required by your Employer's Benefits Team.



Add/Edit Dependents Demographic

Add/Edit Dependents Demographic


> Dependent 1
> Dependent 2
▼ Dependent 3

Please Confirm the information below is updated and accurate.

Relationship

* Relationship
Disabled Child ▼

Dependent

* First Name Test 009	Middle Name	* Last Name 008
* Birth Date 07/08/2009 	* Gender Male ▼	SSN 121-23-3221

Additional Insurance
▼

Address

* Street 134 Park Avenue	* City Baker fields
* State Testing222	* Zip 757751

Address Same As Subscriber

Additional options

* Correspondence Preference
ID Card Only ▼

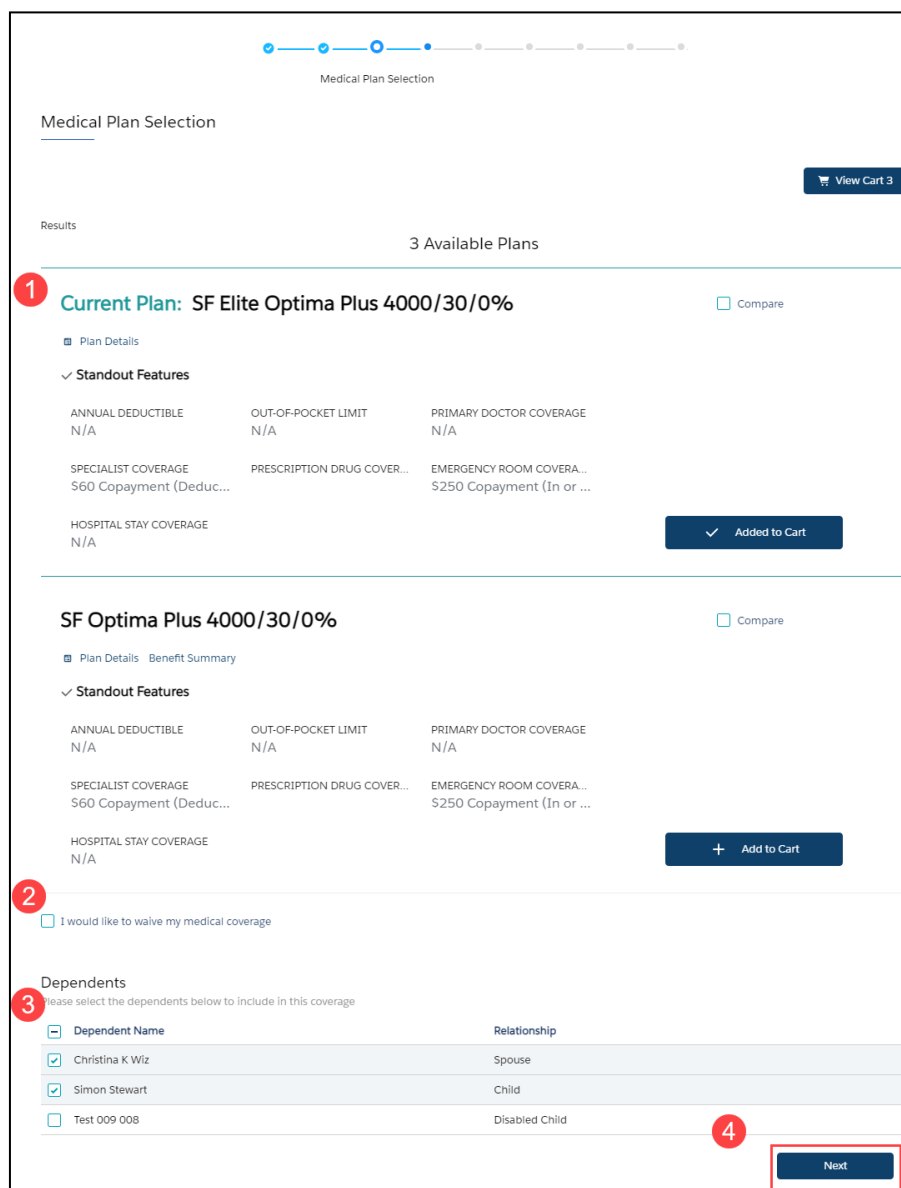
Do you want to add dependents?

Previous Next

Next, you'll see your insurance coverage options.

On each of these screens, you can:

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



The screenshot shows the 'Medical Plan Selection' page. At the top, there is a progress indicator with four steps, the second of which is active. Below the title, there is a 'View Cart 3' button. The main content area shows '3 Available Plans'. The first plan, 'Current Plan: SF Elite Optima Plus 4000/30/0%', is highlighted with a red circle '1'. It includes a 'Compare' button and a table of features. A '✓ Added to Cart' button is visible. The second plan, 'SF Optima Plus 4000/30/0%', is shown below with a red circle '2' next to a checkbox labeled 'I would like to waive my medical coverage'. The 'Dependents' section has a red circle '3' next to the instruction 'Please select the dependents below to include in this coverage'. It contains a table with three rows: 'Christina K Wiz' (Spouse), 'Simon Stewart' (Child), and 'Test 009 008' (Disabled Child). A red circle '4' is next to the 'Next' button at the bottom right.

Medical Plan Selection

Results

3 Available Plans

1 Current Plan: SF Elite Optima Plus 4000/30/0% Compare

Plan Details

✓ Standout Features

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$60 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... \$250 Copayment (In or ...
HOSPITAL STAY COVERAGE N/A	<input checked="" type="checkbox"/> Added to Cart	

SF Optima Plus 4000/30/0% Compare

Plan Details Benefit Summary

✓ Standout Features

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$60 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... \$250 Copayment (In or ...
HOSPITAL STAY COVERAGE N/A	<input type="checkbox"/> Add to Cart	

2 I would like to waive my medical coverage

3 Dependents
Please select the dependents below to include in this coverage

Dependent Name	Relationship
<input checked="" type="checkbox"/> Christina K Wiz	Spouse
<input checked="" type="checkbox"/> Simon Stewart	Child
<input type="checkbox"/> Test 009 008	Disabled Child

4

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

Medical Plan Selection

Medical Plan Selection

Results

3 Available Plans

Current Plan: SF Elite Optima Plus 4000/30/0% Compare

Plan Details

✓ **Standout Features**

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$60 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... \$250 Copayment (In or ...
HOSPITAL STAY COVERAGE N/A		

+ Add to Cart

SF Optima Plus 4000/30/0% Compare

Plan Details Benefit Summary

If you've selected an Equity Plan, you have the option to add a Health Savings Account (HSA). If you select yes, you will need to enter your annual elections in the **HSA monthly contributions**.

Note: Entering your annual elections for your HSA maybe required during open enrollment.

After completing these steps on each screen, click **Next**.

HSA Election

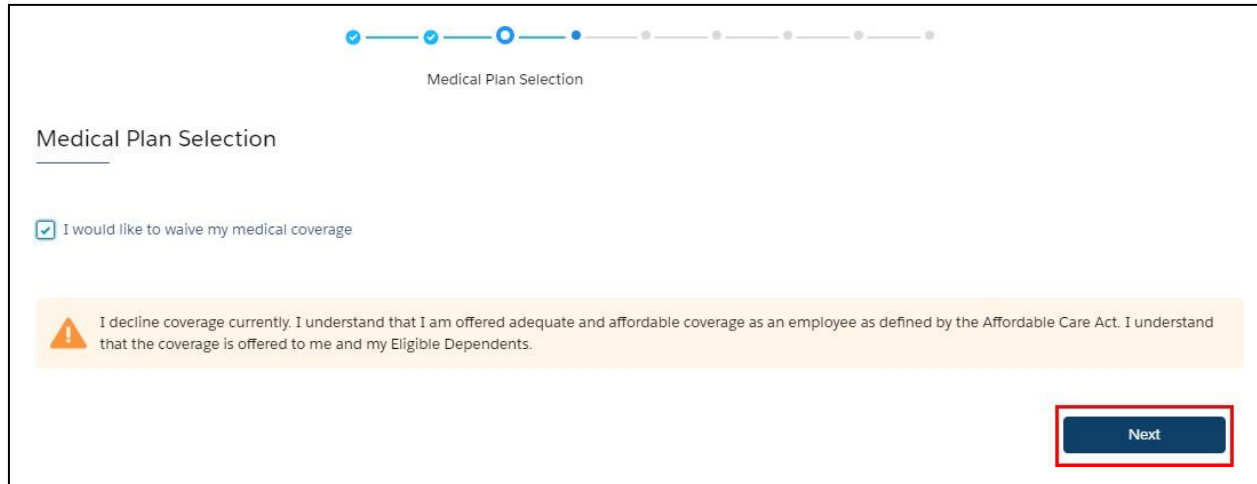
You have chosen a medical plan that is HSA eligible, please specify if you would like to have an HSA account created

Yes
 No

HSA Monthly Contribution


Previous **Next**

If you elect to waive your coverage, review, and accept the confirmation statement by clicking **Next**.



Medical Plan Selection

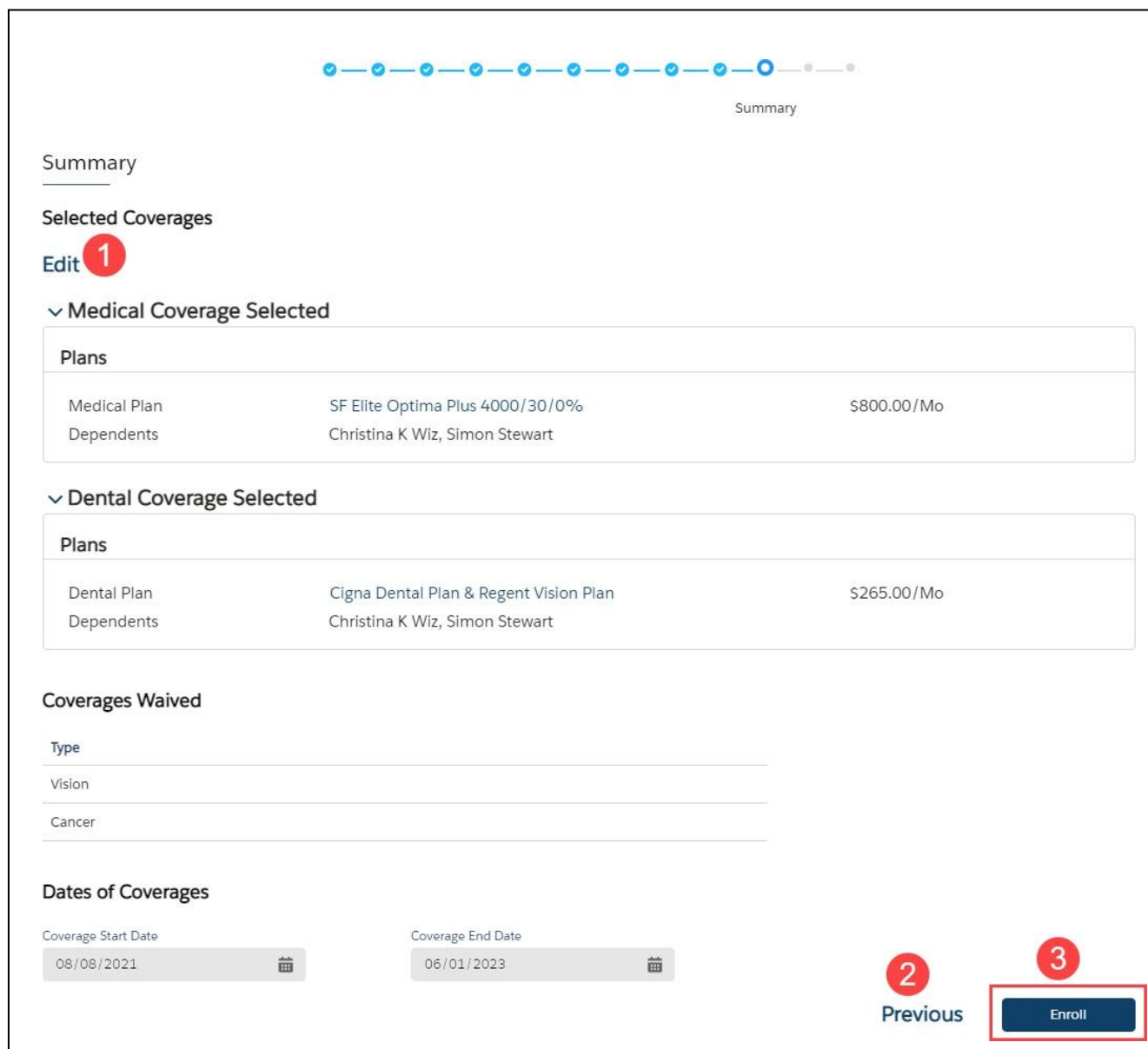
I would like to waive my medical coverage

 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.

Next

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

1. if you'd like to edit your selections, click **Edit** at the top of the screen. Please
Note: selecting this option will lead you to the first selection opportunity.
2. you may also click the **Previous** button to return to the previous screen
3. when your selection and review is complete, click **Enroll**



Summary

Summary

Selected Coverages

Edit **1**

Medical Coverage Selected

Plans		
Medical Plan	SF Elite Optima Plus 4000/30/0%	\$800.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Dental Coverage Selected

Plans		
Dental Plan	Cigna Dental Plan & Regent Vision Plan	\$265.00/Mo
Dependents	Christina K Wiz, Simon Stewart	

Coverages Waived

Type

Vision

Cancer

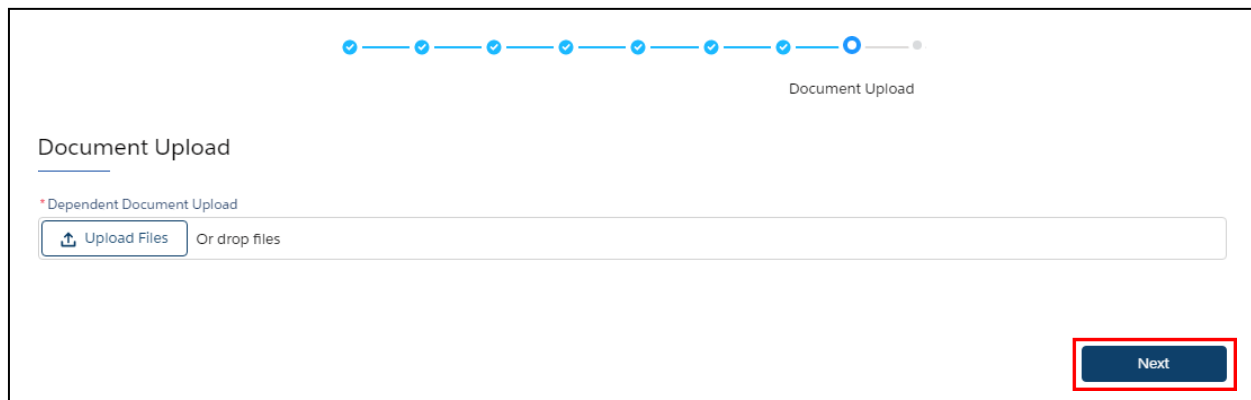
Dates of Coverages

Coverage Start Date: 08/08/2021

Coverage End Date: 06/01/2023

Previous **2** **3** Enroll

If you need to upload a document, you can do so on the following screen, then click **Next**.



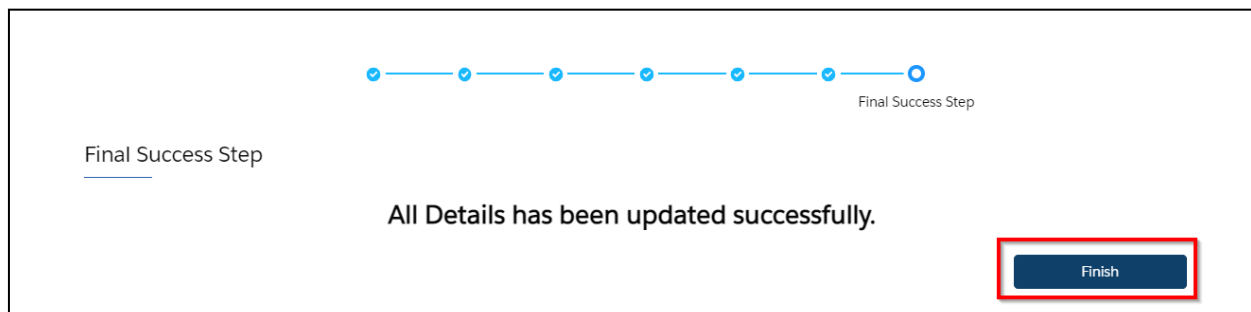
Document Upload

* Dependent Document Upload

Upload Files Or drop files

Next

Congratulations! You have completed the Open Enrollment process.



Final Success Step

All Details has been updated successfully.

Finish

On the Member Details screen, you will see a message indicating your member updates are pending approval from your Employer's benefits team.



Annie Member

Your request for updates is currently pending approval