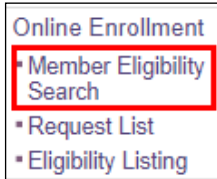


Job Aid - Add a New Member

1. Click the **Online Enrollment > Member Eligibility Search** menu item from the Portal Menus, on the left side of the page, to display the **Member Eligibility Search** page. Search for the member you need to add.



You must search for the member, **even if you know they will not be found.**



2. When the member is not found, click **Add New Member** from the **Member Eligibility List** results screen.

Home > Member Eligibility Search

Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button. **Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.**

Results are for members who are/were eligible as of 08/08/2020.

Download File Printer Friendly Format **Add New Member**

Member Number	Date Of Birth	Member Name	Subgroup	Client Number	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
No Results Found								

Download File

Member Number	Date Of Birth	Member Name	Eligibility Effective Date	Eligibility Expiration Date
No Results Found				

Not Found

Member Number	Date Of Birth	Member First Name	Member Last Name	Error Message
111111111	01/01/2000	Sally	Sample	Unable to identify member. You can search again with additional information or contact the health plan.

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Search Again

3. Enter all the required information in each of the fields in the **General** and **Address Information** sections.
Note: All fields indicated with an * are required.
4. In the **Employment Information** section, select the client name from the **Client Name** drop-down list.
5. Click **Next**.

Home > Member Eligibility Search > Member Eligibility List

Add Member

This page allows you to add a new member. Enter the required information and click Submit & Enroll to save the information and continue on to benefit enrollment.

General Information

First Name* Sally

Middle Initial S

Last Name* Sample

Gender FEMALE

Address Information

Address 111 Main St

Address 2 Apt1

City Boston

State MA

Zip Code 11111

Email Sally@Test.com

Employment Information

Client Name Select the Appropriate Subgroup Number

*Required Field

Next Cancel

The **Member Benefit Maintenance** screen appears with the subscriber information pre-populated.

6. In the **Available Subgroups** section, click the to select the subgroup you chose for this member.
7. Enter the effective date in the **Benefit Effective Date** field.
8. If this is a member only coverage, click **Review** and skip to step 12. If you need to add any dependents, continue to step 9.
9. From the **Member Benefit Maintenance** screen, click the **Add Dependent** link. The Add Dependent information section will appear.



Dependents must be added at the same time a new member is added. If the dependent is not added as part of this request, you will not be able to add dependents to this member for 24 hours.

[Home](#) | [FAQ](#) | [Sign Out](#)

Home > Member Eligibility Search > Member Eligibility List > Add Member

Member Benefit Maintenance

This page has options for you to edit a member's information, add dependents, terminate coverage and more. Every transaction will bring you to a review screen prior to submitting. When reviewing any changes, click the Back button to return to the previous page and edit information appearing incorrectly on the Review Page.

Client Name: ABC Corporation 0012349901

Member Name	Relationship	Member Number	Date Of Birth	Gender	Apply to
Suda Shah	Self				<input checked="" type="checkbox"/>

Subscriber Information

First Name* Suda
 Middle Initial
 Last Name* Shah
 DOB* 01/01/1990
 SSN* 123-45-6789

Gender Code* FEMALE
 Relationship Code* Self
 Disabled

Address Information

Address* 10 Main St
 Address 2
 City* Anytown
 State* MA
 Zip Code* 02129

Available Subgroups

Subgroup	Subgroup No	Line Of Business No	Select	Benefit Effective Date*
ABC Corporation	0012349901	DENTAL	<input checked="" type="checkbox"/>	09/01/2020

10. Enter the dependent's information in the Personal Information section:

- a. Enter the first name in the **First Name** field.
 - b. Enter the middle initial (if applicable) in the **Middle Initial** field.
 - c. Enter the last name in the **Last Name** field.
 - d. Enter the date of birth in the **DOB** field.
 - e. Select the gender (if known) from the **Gender Code** drop-down list.
 - f. Select the relationship from the **Relationship Code** drop-down list.
 - g. If the dependent is a full-time student, select Full Time Student from the **Student Status Code** drop-down list.
- Note:** If the dependent is a child under the age of 18, Student Status Code does not have to be selected.
- h. If the dependent is disabled, select the **Disabled** .

11. If you have additional dependents to add for this subscriber, click **Add Another Dependent** and repeat step 10 for each additional dependent. Otherwise, click **Review**.

Home > Member Eligibility Search > Member Eligibility List > Add Member

Member Benefit Maintenance

This page has options for you to edit a member's information, add dependents, terminate coverage and more. Every transaction will bring you to a review screen prior to submitting. When reviewing any changes, click the Back button to return to the previous page and edit information appearing incorrectly on the Review Page.

Client Name: ABC Corporation 0012349901

Members Subscriber Information ⇄ Dependent Information

Member Name	Relationship	Member Number	Date Of Birth	Gender	Apply to
Suda Shah	Self				✓

Add Dependent

You will be given the opportunity to review any changes prior to submitting them.

Added Dependents

Edit	Delete	Member Name	Relationship	Date Of Birth	Gender
<div style="border: 2px solid red; padding: 5px;"> <p>Personal Info</p> <p>First Name* <input type="text" value="Simon"/></p> <p>Middle Initial <input type="text"/></p> <p>Last Name* <input type="text" value="Shah"/></p> <p>DOB* <input type="text" value="02/01/1980"/></p> <p>Gender Code* <input type="text" value="MALE"/></p> <p>Relationship Code* <input type="text" value="Spouse"/></p> <p>Student Status Code <input type="text"/></p> <p><input type="checkbox"/> Disabled</p> </div>					

Available Subgroups

Subgroup	Subgroup No	Line Of Business No	Select	Benefit Effective Date*
ABC Corporation	0012349901	DENTAL	<input checked="" type="checkbox"/>	09/01/2020

12. The **Member Benefit Maintenance** screen will appear again with the information you provided for the subscriber and any dependents you added. If changes need to be made, click the **Back** button. If all information is accurate, click **Submit**.

Home > Member Eligibility Search > Member Eligibility List > Add Member

Member Benefit Maintenance

This page has options for you to edit a member's information, add dependents, terminate coverage and more. Every transaction will bring you to a review screen prior to submitting. When reviewing any changes, click the Back button to return to the previous page and edit information appearing incorrectly on the Review Page.

Printer Friendly Format

Coverage Level Codes			
Subgroup	Benefit Effective Date	Termination Date	Coverage Level Code
ACME CORPORATION	08/09/2020		Family

Subscriber Information						
Member Name	Date Of Birth	SSN	Gender	Relationship	Student Status Code	Disabled
Sally S Sample	01/01/1980	123-45-6789	FEMALE	Self		N
Sammy S Sample	01/01/2000		MALE	Spouse		N

Member Name	Address	Address 2	City	State	Zip Code
Sally S Sample	111 Main St	Apt1	Boston	MA	11111

Member Name	Subgroup	Subgroup No	Benefit Effective Date
Sally S Sample	ACME CORPORATION	0000009901	08/09/2020
Sammy S Sample	ACME CORPORATION	0000009901	08/09/2020

You will receive a message and a confirmation number when your enrollment request is successfully processed.

Home > Member Eligibility Search > Member Eligibility List > Add Member

Success

Your Request has been submitted.

Confirmation Number is 2309797

Your transaction will be updated in our system within 24 hours. If you have any questions concerning your submission, please contact the Member Enrollment & Support Department