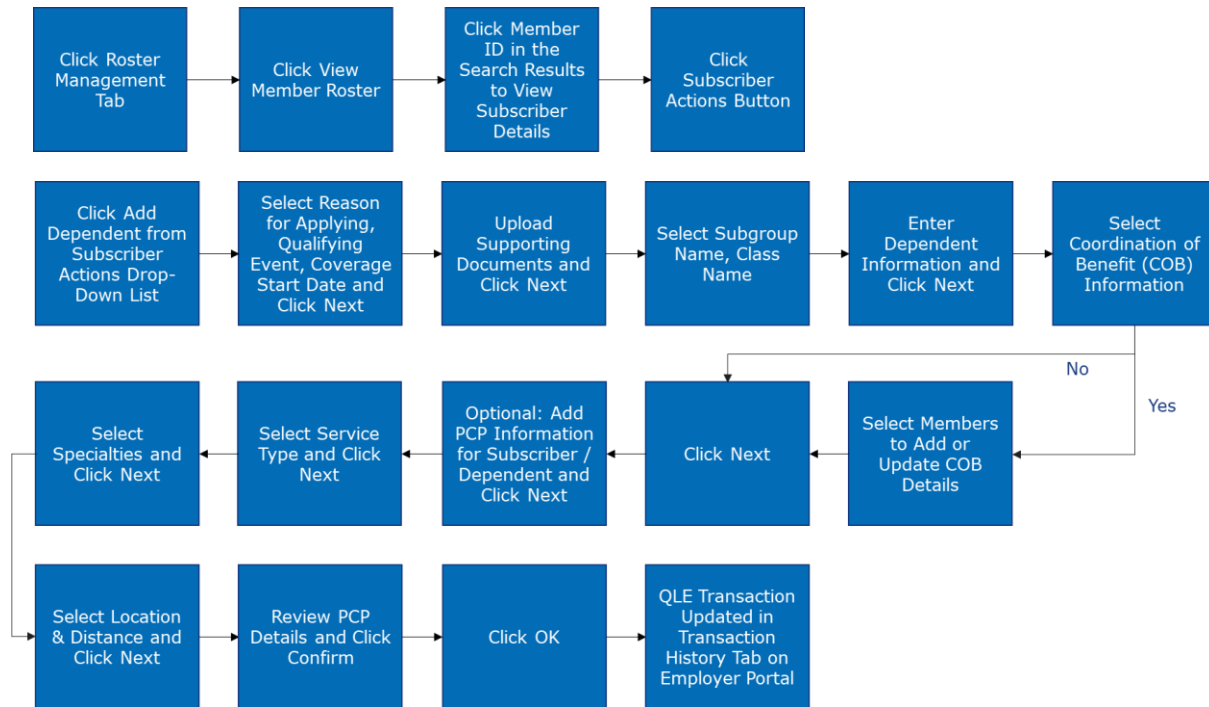


Roster Management – Add Dependent

Quick Reference Guide (QRG)



This Quick Reference Guide (QRG) will provide an overview of the process for Adding Dependent:



Let's look at the steps in detail for Adding a Dependent:

Purpose: Add Dependent.

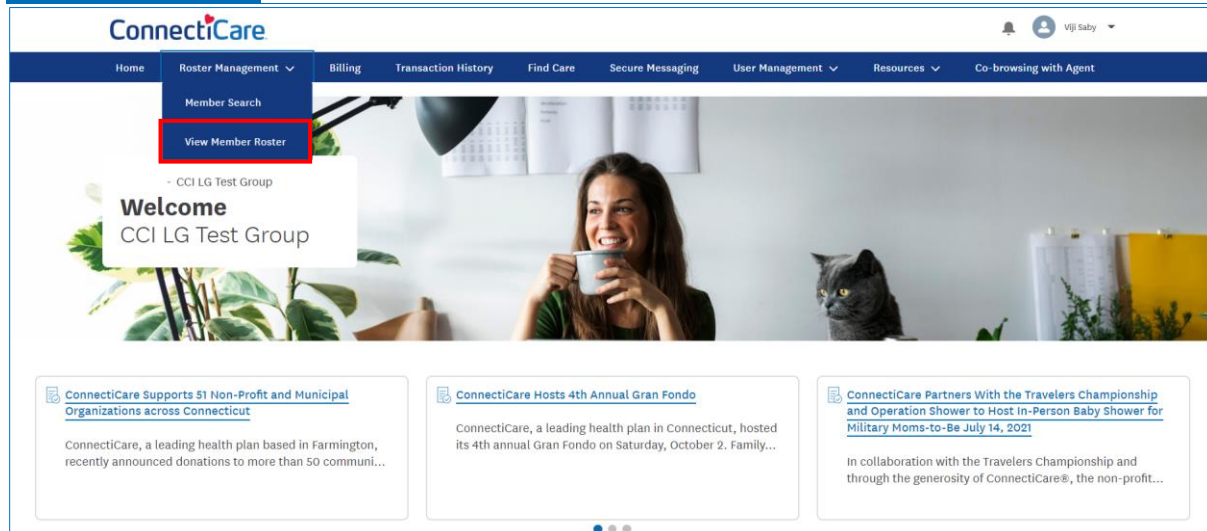
Please note your screen may look different depending on the plans for which you and your dependents (if any) are enrolled.



Step 1:

Note: A dependent can only be added if their age is less than the Stop Age (e.g., 26 years). The age is calculated according to the dependent's birthday, not the last day of their birth year.

1. From the **ConnectiCare Home** page, select the **Roster Management** tab.
2. From the drop-down menu, select **View Member Roster**.





Step 2:

1. Select the **Member ID** for which the user wants to Add Dependent.

Subgroup ID	Class ID	Member ID	Member Name	Date of Birth	SSN	Gender	Relationship to Subscriber	Coverage Start Date	Termination Date	Original Effective Date	Status
1001	1001	K5500160802	BEDFORD, JOE	01/04/1999	XXX-XX-8675	Male	Child	01/01/2020	-	01/01/2020	Active
1001	1001	K5500160801	BEDFORD, SARAH	01/01/1976	XXX-XX-8786	Female	Subscriber	01/01/2020	-	01/01/2020	Active
1001	1001	K5500162001	COOK, ANDREW	08/06/1967	XXX-XX-0099	Male	Subscriber	01/01/2020	-	01/01/2020	Active
1001	1001	K5500162002	COOK, BETH	09/08/1967	XXX-XX-7876	Female	Spouse	01/01/2020	-	01/01/2020	Active
1001	1001	K5500161901	FRANCO, MATHEW	09/01/1967	XXX-XX-6545	Male	Subscriber	01/01/2020	-	01/01/2020	Active
1001	1001	K5500161902	FRANCO, MOSSES	01/09/1999	XXX-XX-1245	Male	Child	01/01/2020	-	01/01/2020	Active
1001	1001	K2500001903	HOC, Jen	01/02/2014	XXX-XX-9222	Male	Son	01/01/2021	-	01/01/2021	Active
1001	1001	K2500001902	HOC, Rosy	01/04/1995	XXX-XX-5555	Female	Wife	01/01/2021	-	01/01/2021	Active
1001	1001	K2500001901	HOC, Sridhar	01/05/1983	XXX-XX-6333	Male	Subscriber	01/01/2021	-	01/01/2021	Active



Step 3:

The **Subscriber Details** screen displays.

1. From the **Subscriber Actions** drop-down menu, click the **Add Dependent** option.

Home > Subscriber Details

- CCI LG TEST GROUP

Subscriber Details

1001 - CCI LG TEST SUBGROUP

Status
Active

Address
11 FIRST STREET, New York, NY, 10011

Marital Status
Married

Termination Date
-

Email
-

SSN
XXX-XX-8786

Member Name
SARAH BEDFORD

Mobile Phone Number
-

Gender
Female

Member ID
K5500160801

DOB
01/01/1976

Referral Required
No

Subscriber Actions

- Add Dependent
- Change Name
- Change Marital Status
- Change Subscriber Address
- Change Date of Birth
- Change PCP
- Change Plan
- Terminate Subscriber
- Terminate Coverage
- Change Language / Ethnicity / Race

Member Information

Race
-

Ethnicity
Not Assigned

Language Preference
-

Home Phone
(190) 900-9090

Work Phone
-

Group ID

Subgroup Name
CCI LG TEST SUBGROUP

Subgroup ID
1001

Original Effective Date
01/01/2020



Relationship to Insured
Subscriber



Step 4:

The **Add Dependent** screen displays.

1. Fill in the desired fields from the drop-down (i.e., **Reason for Applying, Qualifying Event, Date of Event** and **Coverage Start Date**).
2. Click **Next**.



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Home
Roster Management
Billing
Transaction History
Find Care
Secure Messaging
User Management
Resources

Add Dependent

Enter the information below to add the dependent.

First Name SARAH	Last Name BEDFORD
Zip Code 10011	
City New York	County New York
State NY	
Reason for Applying* Qualifying Event	Qualifying Event* Birth
Date of Event* 2021-12-30	
Coverage Start Date* 2021-12-30	

*Required information

Next



Step 5:

1. Click the **Upload Files** option or Drop the files to add the supporting documents.
2. Click **Next**.

Vijik 15007

[Home](#)
[Roster Management](#)
[Billing](#)
[Transaction History](#)
[Find Care](#)
[Secure Messaging](#)
[User Management](#)
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[Home](#) > [Member Roster](#) > [Subscriber Details](#) > [QLE Change](#) > [Add Dependent](#)

Upload Document

[<](#)

Here's a list of supporting documents you need to submit.

- <Content TBD>

File upload

[Upload Files](#)
Or drop files

You can upload files that are .doc, .docx, .xls, .xlsx, .ppt, .pptx, .zip, .zipx, .pdf, .gif, .jpg, .jpeg and .png. Files must be less than 3 MB in size.

Next



Step 6:

The Employer Census screen displays.

1. Review the dependent.
2. Click **Next**.

Employer Census

Use the form below to confirm your employees and their dependents and the plans they are enrolling in.

Employee Information and Plan Selection

Employee

First Name*	Last Name*	Gender
SARAH	BEDFORD	Female
Date of Birth*	Marital Status	Relationship*
01/01/1976	Married	Employee
Street Address*	City*	
11 FIRST STREET	New York	
State*	Zip Code*	
NY	10011	
Home Phone Number	Mobile Phone Number	
(190) 900-9090		
Email	SSN*	
	XXX-XX-8786	
Race		
Ethnicity		
Not Assigned		
Language		
Medical Plans		
MS030006 - FLEXPOS HSA \$3000/\$6000 CNT 07		
Status		
Active		

Dependent
Add

First Name*	Last Name*	Gender
JOE	BEDFORD	Male
Date of Birth*	Relationship*	<input type="checkbox"/> Disabled Dependent
01/04/1999	Child	
Home Phone Number	Mobile Phone Number	Student Status
(190) 900-9090		
Email	SSN	
	XXX-XX-8675	
Race	Ethnicity	Language
Status*		
Active		
<input checked="" type="checkbox"/> Include Dependent		

*Required information

By clicking next, I understand ConnectiCare or its contracted parties may use the phone numbers and/or email I provided to contact me about my account, my health benefit plan or related programs, or services provided to me.

Next

[Cancel](#)



Step 7:

The Coordination of Benefit (COB) Information screen displays.

1. Select **Yes** or **No**.

Note: For this demonstration, we have selected **No**. If you select **Yes**, the ***Will the employee or the employee's family remain enrolled in the other health plan?** option displays. If you select **Yes**, you will be shown the **Select member(s) to add or update COB details** menu in order to edit additional benefits.

Click **Next**.

[Home > QLE Change](#)



< Coordination of Benefit (COB) Information

Does this employee or employee's family have coverage through another health plan?

☐ Yes ☒ No

Next

[Cancel](#)



Step 8:

The **Add Your Provider** screen displays.

Note: This screen will not display for all Group or Plan types.

1. Choose the option from the drop-down to select the option for participating primary provider.
2. Click **Next**.

Note: If you selected yes on the Coordination of Benefit (COB) Information page, edit the details for the existing participant.

[Home > QLE Change](#)



< Add Your Provider

Please add your Primary Care Provider.

Primary Care Provider Information

Do you already have a participating Primary Care Provider or do you wish to find one now?

☐ Yes ☒ No

*Required information

Next

[Cancel](#)



Step 9:

The **Review Application** screen displays.

1. Review the Dependent details.
2. Click **Submit**.

<

Review Application

Review and confirm the details of your application below. You can click on a step in the progress bar above to make any changes to that section.

Review Application
>

First Name	Last Name	Zip Code
SARAH	BEDFORD	10011
City	County	State
New York	New York	NY

Qualifying Life Event Information
>

Qualifying Event	Qualifying Event Sub-reason	Date of Event
Birth		2021-12-30
Coverage Start Date		
2021-12-30		

Employee Information and Plan Selection
>

Coordination of Benefit Information
>

Does this employee or employee's family have coverage through another health plan?

No

Add Your Provider
>

Please add your Primary Care Provider

Primary Care Provider Information

Do you already have a participating Primary Care Provider or do you wish to find one now?*

No

DISCLOSURE OF MEDICAL LOSS RATIO

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs, or other cost containment programs or features.

The Federal medical loss ratio has the same meaning as provided in and calculated in accordance with PPACA, PL 111-148, as amended from time to time, and regulations adopted thereunder.

- State Medical Loss Ratio for calendar year 2020 for ConnectiCare, Inc. (CCI): 79.0%
- Federal Medical Loss Ratio for calendar year 2020 for ConnectiCare, Inc. (CCI):
 - Individual 91.5%
 - Small-Group N/A
 - Large-Group 86.7%
- State Medical Loss Ratio for calendar year 2020 for ConnectiCare Insurance Company, Inc. (CICI): 85.8%
- Federal Medical Loss Ratio for calendar year 2020 for ConnectiCare Insurance Company, Inc. (CICI):
 - Individual 78.4%
 - Small-Group 81.1%
 - Large-Group 87.9%

Submit

[Cancel](#)



Step 10:

The **Confirmation** screen displays.

1. Click **OK**.

[Home](#) > [QLE Change](#)

Confirmation

We are already processing this request for this member or subscriber. Check the transaction history for details

OK

Thank You