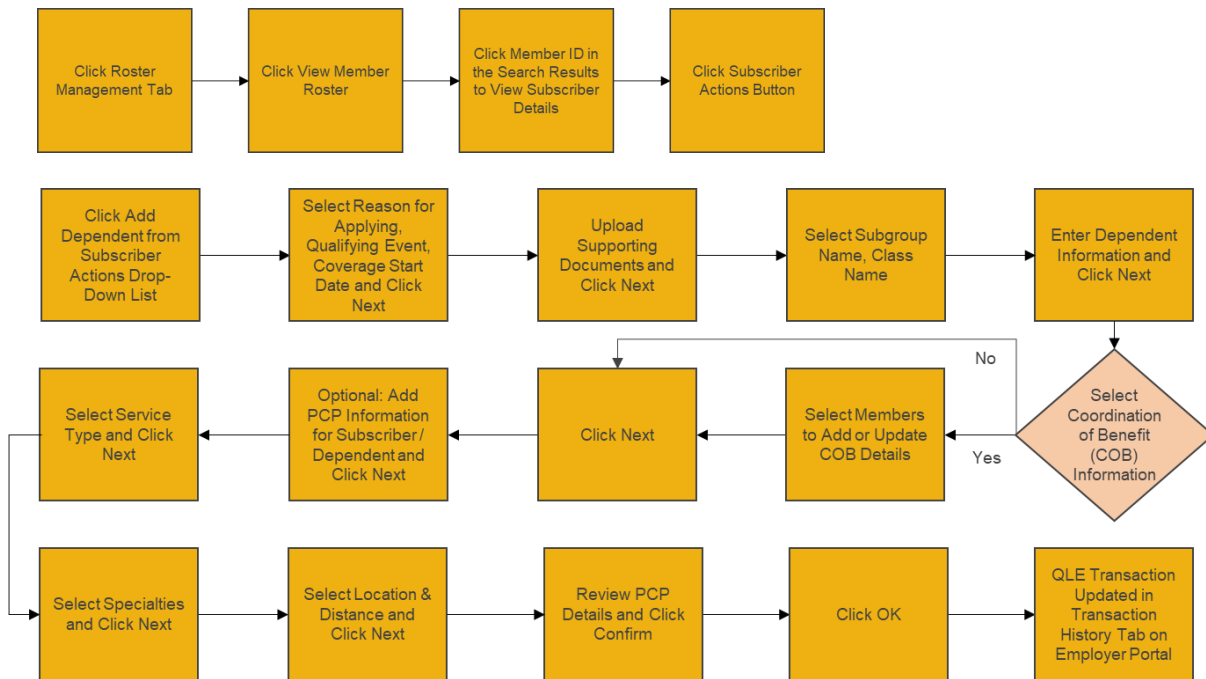# Roster Management – Add Dependent

Quick Reference Guide (QRG)

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

```
┌─────────────┐     ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│ Click Roster│     │ Click View  │     │Click Member │     │   Click     │
│ Management  │ ──▶ │   Member    │ ──▶ │ ID in the   │ ──▶ │ Subscriber  │
│    Tab      │     │   Roster    │     │Search Results│    │Actions Button│
│             │     │             │     │to View      │     │             │
│             │     │             │     │Subscriber   │     │             │
│             │     │             │     │Details      │     │             │
└─────────────┘     └─────────────┘     └─────────────┘     └─────────────┘
```

```
┌─────────────┐   ┌─────────────┐   ┌─────────────┐   ┌─────────────┐   ┌─────────────┐
│ Click Add   │   │Select Reason│   │   Upload    │   │   Select    │   │    Enter    │
│ Dependent   │   │for Applying,│   │ Supporting  │   │  Subgroup   │   │  Dependent  │
│from         │──▶│ Qualifying  │──▶│ Documents   │──▶│Name, Class  │──▶│Information  │
│ Subscriber  │   │Event,       │   │and Click    │   │   Name      │   │ and Click   │
│ Actions     │   │Coverage Start│   │   Next      │   │             │   │    Next     │
│ Drop-Down   │   │Date and Click│   │             │   │             │   │             │
│   List      │   │   Next      │   │             │   │             │   │             │
└─────────────┘   └─────────────┘   └─────────────┘   └─────────────┘   └─────────────┘
```

```
┌─────────────┐   ┌─────────────┐   ┌─────────────┐   ┌─────────────┐       No    ╱╲
│   Select    │   │Optional: Add│   │             │   │   Select    │ ◀─────────╱    ╲
│  Service    │   │PCP          │   │             │   │Members to   │          ╱Select ╲
│ Type and    │ ◀─│Information  │ ◀─│ Click Next  │ ◀─│Add or Update│         ╱Coordination╲
│  Click      │   │for          │   │             │   │COB Details  │         ╲of Benefit ╱
│   Next      │   │Subscriber / │   │             │   │             │    Yes  ╲ (COB)   ╱
│             │   │Dependent    │   │             │   │             │ ◀───────╲Information╱
│             │   │and Click    │   │             │   │             │          ╲    ╱
│             │   │  Next       │   │             │   │             │           ╲╱
└─────────────┘   └─────────────┘   └─────────────┘   └─────────────┘
```

```
┌─────────────┐   ┌─────────────┐   ┌─────────────┐   ┌─────────────┐   ┌─────────────┐
│   Select    │   │   Select    │   │ Review PCP  │   │             │   │    QLE      │
│ Specialties │   │ Location &  │   │Details and  │   │  Click OK   │   │ Transaction │
│ and Click   │──▶│ Distance    │──▶│   Click     │──▶│             │──▶│Updated in   │
│   Next      │   │ and Click   │   │  Confirm    │   │             │   │Transaction  │
│             │   │   Next      │   │             │   │             │   │History Tab  │
│             │   │             │   │             │   │             │   │on Employer  │
│             │   │             │   │             │   │             │   │  Portal     │
└─────────────┘   └─────────────┘   └─────────────┘   └─────────────┘   └─────────────┘
```

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.**
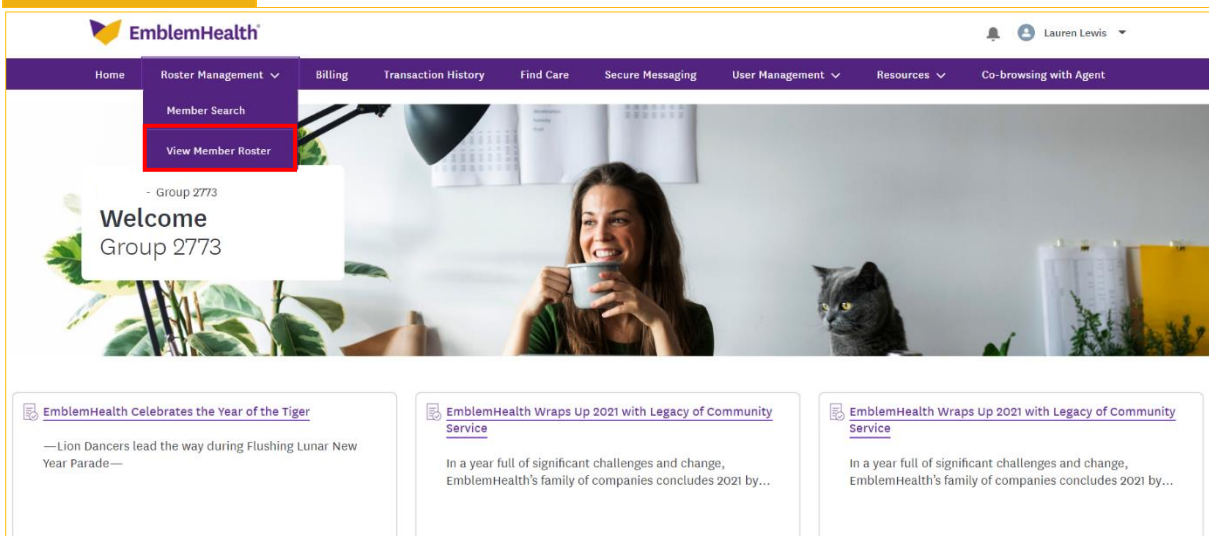
| | |
|---|---|
| **Step 1:** | This is the process for **Add Dependent.** <br> **Note:** A dependent can only be added if their age is less than the Stop Age (e.g., 26 years). The age is calculated according to the dependent's birthday, not the last day of their birth year. <br> 1. From the EmblemHealth **Home** page, select the **Roster Management** tab. <br> 2. From the drop-down menu, select **View Member Roster**. |

**Step 2:**

1. Select the **Member ID** for which the user wants to add a dependent**.**

- GROUP 2773

## Member Roster

Search By
○ None    ○ Subgroup ID    ○ Subgroup Name

**Member Status**
All

☑ Subscriber Only        ☐ Future Effective        [ Search ]        [ Reset Search ]

Exporting search results will show more details for each member.

[ Export Member Roster ]

| 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 | K8049400001 | ALEX, LAWREN HAROLD | 01/31/1954 | XXX-XX-7785 | Male | Subscriber | 01/01/2020 | - | 01/01/2019 | Active |
| 1001 | 1001 | K8011129501 | BARRY, KELLY | 08/20/1974 | XXX-XX-6481 | Female | Subscriber | 01/01/2020 | - | 01/01/2019 | Active |
| 1001 | 1001 | K8050233301 | BECKY, AARON- | 07/10/1992 | XXX-XX-6331 | Female | Subscriber | 01/01/2020 | - | 01/01/2019 | Active |

**Step 3:**

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

- GROUP 2773

## Subscriber Details

[ Subscriber Actions ⌄ ]

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

| | | | |
|---|---|---|---|
| **Status** Active | **Termination Date** - | **Member Name** KELLY BARRY | **Member ID** K8011129501 |
| **Address** 722 Janette St, Bronx, NY, 10475 | **Email** testEmail@emblemhealth.com | **Mobile Phone Number** - | **DOB** 08/20/1974 |
| **Marital Status** Married | **SSN** XXX-XX-6481 | **Gender** Female | **Referral Required** No |

**Member Information**

| | | | |
|---|---|---|---|
| **Race** - | **Ethnicity** Not Assigned | **Language Preference** - | **Home Phone** (740) 959-9306 |
| **Work Phone** - | **Group ID** | **Subgroup Name** Group 2773 | **Subgroup ID** 1001 |

**EmblemHealth®**

| | |
|---|---|
| **Step 4:** | 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.** |

○———●———●———●———●———●
Get Started

## Get Started

### Add Dependent

Enter the information below to add the dependent.

First Name
KELLY

Last Name
BARRY

Zip Code
10475

City
Bronx

County
Bronx

State
NY

Reason for Applying*
Qualifying Event

Qualifying Event*
Birth

Date of Event*
2022-02-03

Coverage Start Date*
2022-02-03

*Required information

**Next**

Cancel

**Step 5:**

1. Click the **Upload Files** option or drop the files in the **File Upload** field to add the supporting documents.
2. Click **Next.**

Home > QLE Change

Upload Document

## Upload Document

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

- Birth certificate

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 10 MB in size.

Next

Cancel

**Step 6:**

The **Employer Census** screen displays.
1. Review the dependent.
2. Click **Next.**

| | |
|---|---|
| **Step 7:** | The Coordination of Benefit (COB) Information screen displays. <br><br> 1. Select **Yes** or **No**. <br> **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. <br><br> 2. Click **Next.** <br> **Note:** Depending on the Group and Plan types, you will encounter an option to add a Primary Care Provider. In this example, we will not. |

Home > QLE Change

**Coordination of Benefit (COB) Information**

< 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 **Review Application** screen displays.<br>1. Review the Dependent details.<br>2. Click **Submit.** |

Home › QLE Change



## 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 |
|---|---|---|
| KELLY | BARRY | 10475 |

| City | County | State |
|---|---|---|
| Bronx | Bronx | NY |

### Qualifying Life Event Information

| Qualifying Event | Qualifying Event Sub-reason | Date of Event |
|---|---|---|
| Birth | | 2022-06-08 |

**Coverage Start Date**
2022-06-08

### Employee Information and Plan Selection

| Existing Medical Plan | Existing Dental Plan |
|---|---|
| ME001160 - EMBLEMHEALTH EPO | |

| Existing Vision Plan | Existing Pharmacy Plan |
|---|---|

| Existing Subgroup | Existing Class |
|---|---|
| 1001 - Group 2773 | |

| Available Subgroups | Class |
|---|---|
| 1001 - Group 2773 | |

**Employee** ›

**Dependent** ›

#### Dependent 2

| First Name | Last Name | Gender | Date of Birth |
|---|---|---|---|
| Harper | | | |

| Relationship | | |
|---|---|---|
| | ☐ Disabled Dependent | |

| Home Phone Number | Mobile Phone Number | Student Status |
|---|---|---|

| Personal Email | SSN | Race |
|---|---|---|

| Ethnicity | Language | Status | |
|---|---|---|---|
| | | Active | ☐ Include Dependent |

#### Coordination of Benefit Information

Does this employee or employee's family have coverage through another health plan?
No

**Submit**

Cancel

| | |
|---|---|
|  **Step 9:** | The **Confirmation** screen displays.<br>1. Click **OK.** |

# Thank You