



Welcome Members - Registration Guide

Step One: Visit OptimaHealth.com/Members

Optima Health
A Service of Sentara

Manage My Plan ▾ Health and Wellness ▾ Communications ▾ Find Doctors, Drugs and Facilities

Welcome New Members
For New Individual & Family Plan Members

Get Started Payment Options

Payment deadline is extended until January 12th.

Optima Health Members

 Insured through Employer or Individual Policy Insurance provided through your employer or purchased as an individual or family policy.	65+ Covered by Medicare Optima Medicare HMO for members who opt for a Medicare Advantage product.	 Covered by Medicaid Optima Family Care is a Medicaid HMO product (Family Care), and a health plan for children of working parents through FAMIS.	 Covered by Medicaid Managed Long Term Services Optima Health Community Care is a Commonwealth Coordinated Care Plus (CCC Plus) Medicaid plan for many older people and those with disabilities.
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Navigate to Sign In
Click the “Sign In / Register” button, in top right corner of page.

Step Two: Navigate to Registration Form

OptimaHealth
A Service of Sentara

Member Sign In

Username

Password

[Sign In](#)

[Forgot Username? / Forgot Password?](#) [Need to Register?](#)

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Click the Registration Link

Click "Need to Register" link located under the Sign In button in the middle of the page.

Notice: A valid member ID number is required for registration


If you do not know your Member ID number, you can use the following tips to find it.

If you have your Welcome Letter or Member ID Card available, you can copy your member ID number from the document to the registration form. [View member ID number location on Member ID Card or Welcome Letter](#)

Alternatively if you only have your invoice and if you are registering the primary member on your plan (*01). View Directions of how to [identify your member ID number from your invoice.](#)

How to find member ID number on Welcome Letter or Member ID Card

Welcome Letter

OptimaHealth 

November 9, 2017

Optima Health – Finance
4456 Corporation Lane, Suite 336
Virginia Beach, Virginia 23462

Group ID: J2000000
Member ID: 1234567*01

Re: We come to Optima Health!

Dear Member,

Thank you for choosing Optima Health! We are excited to welcome you to the Optima Health family. We have received your application for Individual & Family coverage effective 1/1/2018. **In order to avoid any lapse in coverage or to prevent plan cancellation, your initial premium payment of \$## must be received by 1/2018.**

You may pay your premium through one of the following methods:

- Online:** Sign in at optimahealth.com/members, click Pay Monthly Premium in the left menu bar and follow the prompts.
- With our Automated Attendant.** Call 757-687-6434 or 1-888-737-5479 and select option 1. Please be prepared to provide a bank routing number (for check), bank account number and the amount to pay.
- In person at MoneyGram.** You must use cash and reference your Member ID number provided above. Use code 15084 when you pay your premium. Visit moneygram.com/bil paylocations to find a nearby location.

What to expect next: Your **Member ID card, Evidence of Coverage**, and if applicable, your **Primary Care Physician (PCP) Assignment**.


In the meantime, get started by exploring your benefits: optimahealth.com/getstarted

For additional assistance, please call Monday – Friday from 8:00 a.m. to 6:00 p.m. EST:

Member ID number

This is your Member ID number to use for registration.

Member ID Card

OptimaHealth 

GROUPNAME: SQCN
Plan Type: Effective Date: 01-01-18

Member Name: FIRSTNAME MI LASTNAME
Member Number: 1234567*01
Group Number: 00000

Coins: NA	OV: \$##	SQCN OV: \$##	VCU: ##
	SOV: \$##	SQCN SOV: \$##	
MDLive: \$0	UCC: \$##	ED: \$##	
DX1: \$45	OP: \$##	IP: \$##	
RX	\$##/\$##/\$##/\$##		

Detailed benefit information is available at optimahealth.com

Step Three: Complete Registration Form

Information Match Requirement:

The information that is entered in the registration form shown here must exactly match the information that was provided at enrollment.



Complete This Form To Access Your Personal Information.

Please have your Member ID number available. Your Member ID number can be found on your invoice, welcome letter, or member ID card. The information you enter must match the information you provided at enrollment. For example, if you enrolled as "John Doe" you must register as "John Doe" without name modifications, such as a nickname or middle initial.

Members age 14 and older can register to use online tools on optimahealth.com.

Personal Information

Member ID:*

 *

Important Note: Enter your member ID Number (labeled Member #) exactly as it appears on your ID card.

First Name:

Middle Initial:

Last Name:*

Important Note: Enter your full name (labeled Member Name) exactly as it appears on your ID card.

Step Four: Complete Account Creation Form



Important Note: All fields on this form are required, including email address.

* denotes required fields.

Username and Password Setup

Create Username: *

Usernames must:

- Begin with a letter.
- Include only letters (a-z), numbers (0-9) and underscore (_).
- Usernames cannot include spaces or special characters and are not case sensitive.
- Can be a maximum of twenty (20) characters long.

Create Password: *

Confirm Password: *

[Please check the password rules](#)

Passwords must:

• Have eight (8) or more characters, and three (3) of these:

- One (1) upper case letter.
- One (1) lower case letter.
- One (1) number (0-9).
- One (1) special character (-!@#\$%^&*_-+=~\|{}[];':<>.,?).

Please note: Passwords are case sensitive.

Thank You and Welcome to your MyOptima Member Account.

Frequently Asked Registration Questions

Question 1: What do I do if I receive a system error?

Go back and confirm the information you entered matches the information provided on your invoice, welcome letter, or member ID card.

- Use the exact name and middle initial combination as is shown on your documentation.
- Ensure you entered your ID number exactly as is shown on your documentation.