BlueQuote

Blue Cross Blue Shield of Massachusetts

Employer's Guide to Account & Employee Application

June 2019
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Table of Contents

Page

About this Document

These step-by-step instructions will guide you through the BlueQuote on-line initial enrollment process for new small group accounts.

Symbols throughout the document will call your attention to important information, best practices and areas of caution.

Legend:

*	Required Field
	Note/Important Information
	Best Practice
	Caution

Getting Started

Enrollment Overview

Some of the benefits of using the BlueQuote on-line enrollment tool include:
- Online completion of employer and member applications.
- Online submission of Account documentation
    - Self-service enrollment eliminates the need for paper/scanned applications and reduces data entry errors
- An Enrollment Dashboard that allows you to:
    - Track the progress of employee enrollment
    - Add/Remove employees during initial enrollment
    - Enroll on behalf of employees

There are six easy steps in the enrollment process:

- Verify the Census
- Complete the Employer Application
- Attach required documentation
- Set up the employee shopping site
- Monitor or manage employee enrollment
- Close & Submit Enrollment

The process begins with an email notification from Blue Cross Blue Shield of Massachusetts (BCBSMA) that the Employer Application is ready to be completed.
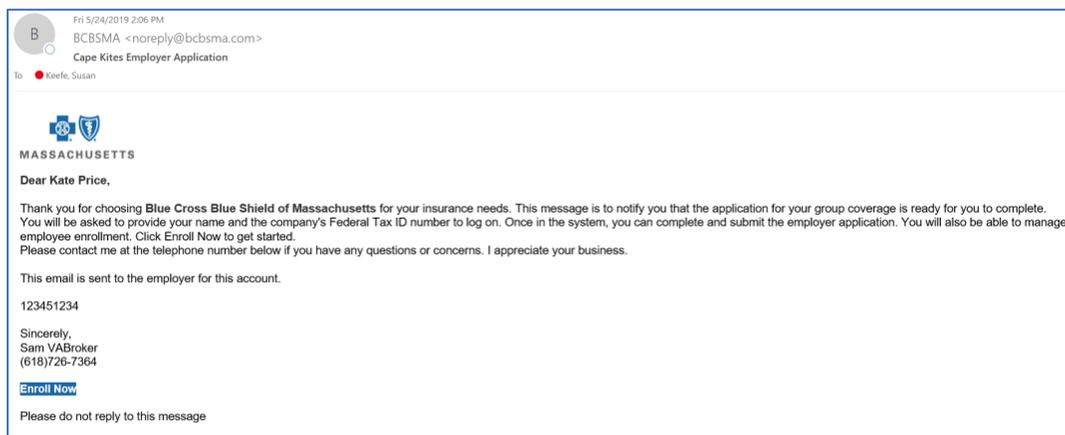
The email contains a link to BlueQuote and instructions for creating an account login. Your company's Federal tax ID is required for your initial login.

Check your Junk/Clutter mail folder if you do not see a message from BCBSMA.

BlueQuote Account Setup

Employer Registration

Before moving on in the registration process, please verify your case information by entering your first name, last name and federal tax ID number below.

*First name

Greg

*Last name:

Whelan

*Federal tax ID:

77-77777

Continue

To create a login account:
1. Click **Enroll Now** at the bottom of the email message to start your registration and set up your login.
2. Type your *****First name**, *****Last name** and the company's *****Federal tax ID** number.
3. Click **Continue**.

You can now create your own BlueQuote user id and password. The User Profile is pre-populated based on information previously provided to BCBSMA.

Account Settings

To modify your profile information, edit any of the fields below then click the 'Continue' button.

User Profile Information

* First name   Middle initial

Mason

* Last name   Suffix

Miller

Address line 1

222 Main St

Address line 2   City

Boston

* State   * ZIP code

MA   02110

Contact Information

Type   Number   Ext.

Work   (978) 453-3212

Type   Number   Ext.

(###) ###-####

4. Review and update the **User Profile** and **Contact Information**.
5. Scroll down to the **Create Login Information** section.

Create Login Information

To complete the registration process, you must enter a user ID and password. You will also need to enter a security question and answer that will be used if you forget your password.

User ID and Password

* User ID

MasonMiller   check availability

* Your password

....

* Confirm your password

....

Security question

In the event you forget your password, the system will ask you the information provided below and you will be required to enter the answer along with your email address in order to receive a temporary password or retrieve your User ID. Enter a security question and answer that only you will know.

For example: What is your mother's maiden name? What city were you born in?

* What question would you like asked?

What is your dream car?

* What is the answer?

Jag

Cancel   Continue

6. Type a *****User ID** consisting of 6-14 characters.

MASSACHUSETTS

      a. Click **check availability** to see whether this ID has been used. The ✅ symbol indicates that this ID is available. A suggestion list displays if the ID is taken.

      b. Click one of the suggested IDs to select it or type a different ID into the field.

7. Tab or click into the ***Your Password** field and type a password consisting of 6-14 characters including at least one number.

8. Tab or click into the ***Confirm Password** field and retype the password.

9. Scroll down to the ***Security question** and click the drop-down to select a question.

10. Click or tab to the next field and type the **answer to the security question**. This information will be used to verify you if you forget your User ID or Password.

🛈   Make note of your User ID and Password for future use.

Login

1. Type the **User ID** and **Password** you created.
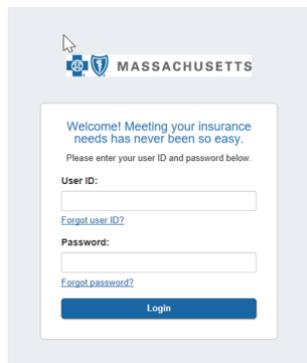
🛈   Ensure that there are no extra spaces before or after your User ID or Password.

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2. Click **Login**.

⚠️   Accounts are locked after three (3) failed attempts to log in.

Login Issues

Follow the steps below if you forget your User ID or Password. Contact the Broker Central Help Desk if your account is locked.

Forgot User ID
1. Click the **Forgot user ID?** link below the User ID field to display the User ID assistance dialog box.

2. Type your ***First name**, ***Last name** and ***Email address** then click **Continue** to display the second assistance dialog box.
3. Type the **answer** to the **security question** you selected during your account setup.
4. Click **Continue**. An identity verification message displays to indicate that your user ID has been emailed to you.

5. Click **Continue**. The original login dialog box displays.
6. Retrieve your ID from the email message and login again.

Forgot Password
1. Click the **Forgot password?** link below the Password field to display the **Password assistance** dialog box.

2. Type your ***User ID** and ***Email address** then click **Continue**.

An identity verification message displays to indicate that a temporary password has been emailed to you.

3. Retrieve the temporary password from the email message then click **Continue** in the Password assistance box to display the Temporary password dialog box.
4. Type the **temporary password** from the email message into the ***Old password** field.
5. Tab or click into the ***New password** field and type a password consisting of 6-14 characters including at least one number.
6. Tab or click into the **Confirm your password** field and retype the new password.
7. Select a **Security question** from the drop-down list. This can be the question used previously.
8. Click or tab to the next field and type the **answer to the security question**.
9. Click **Continue**.

Web Brower Navigation

Do not use the browser forward or back buttons to navigate in BlueQuote. This can cause the screen to freeze and can result in processing errors. The following message displays when the browser arrows are used:

1. Click **Close**.

General Navigation

Use the action buttons typically found at the bottom of each page to move from screen to screen in BlueQuote Enrollment. This automatically saves your work.

BlueQuote Header

The BlueQuote header displays on all screens.

 Help provides enrollment instructions for your employees and Broker Central Help Desk contact details.

v The drop-down arrow beside your name is used to **Logout** of BlueQuote.

Getting Help

Employees will see your contact information at the top of their screens (see example below) and in the open enrollment email message they receive when the enrollment shopping site is created.
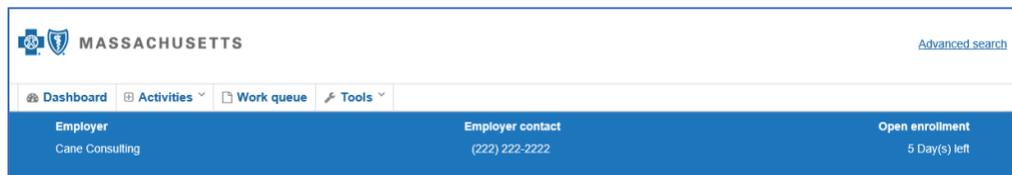
Contact your broker or BCBSMA Sales Executive when you have business process questions or contact the Broker Central Help Desk when you have BlueQuote "how to" questions or need technical assistance.

Progress Bar

A progress bar displays at the top of each page. Completed items are blue, in progress items are gray, and items not started are white.

Time Out

You may see the message below if you have not been actively using BlueQuote Enrollment for 30 minutes:
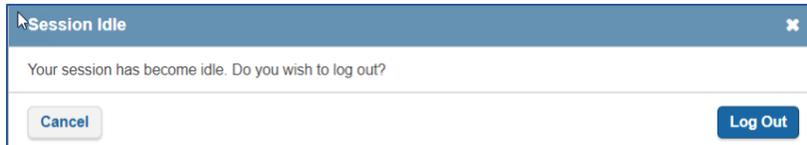
1. **Cancel** to continue with enrollment.

OR

2. Click **Log Out** and return later.

Save and Exit

You can exit out of BlueQuote Enrollment if you are unable to complete enrollment in one session.
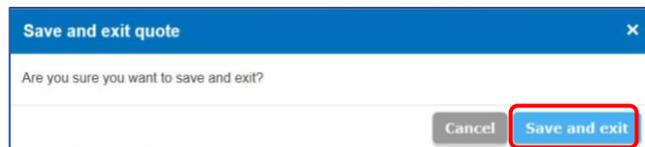
1. Click **Save and exit** to ensure that any selections you made are stored in the system.

Enrollment

Verify Census

This is an opportunity to update the census provided during quoting. Employee and dependent information can be added, modified, or deleted. Employee email addresses are required to enable employees to receive enrollment notifications and complete online enrollment on their personalized website.

The census can be also modified at a later stage of enrollment if changes occur after the census is verified. Refer to Enrollment Snapshot for more information.

ℹ️ Final rates are based on final census and actual enrollment in the selected medical and/or dental plans.

Viewing Census Detail

The employee's **First name**, **Last name**, **Birth date** and **Employee status** display. Family member details are summarized on the line below.

To view detailed census information:
1. Click **Expand employee details** above or below the list of employees.
2. Click **Employees details** to see a summary of subscribers count by:
   - **Total Medical:** The total number of employees in the census minus Waive V minus Waive I.
   - **MA only:** The total number of subscribers on the census in the state of MA that has medical coverage.
   - **CT/ME/NH/RI/VT:** The total number of subscribers on the census in a zip in the state of CT/ME/NH/RI/VT that has medical coverage.
   - **Out of NE:** The total number of subscribers on the census out of state (out of MA and NE) Zip that has medical coverage
   - **Total Senior:** The total number of subscribers on the census that has senior coverage.
   - **Total Dental:** The total number of employees in the census minus Waive V minus Waive I.

Expanded details include age, date of birth, zip code and state for the employee and age, zip code, state and coverage (medical or dental) for dependents, if any. Once clicked, the expand option changes to **Show fewer employee details.** Use these links to toggle between the two views.

❗ Work with the existing census before adding new employees and dependents.

To proceed with a New Business enrollment, the subscriber Dental coverage on the verify census page must match the Dental tier structure selected on the plan selection page.

    a. If 2 Tier was selected, the coverage on the verify census must be EE or FAM.

    b. If 3 Tier was selected, the coverage on the verify census must be one of these i.e. EE, E1 or FAM.

    c. If 4 Tier was selected, the coverage on the verify census must be one of these i.e. EE, ES, EC or FA.M

    d. If a sub waives a coverage, Waive I or Waive can be selected.

On the verify census page, if at least one subscriber's dental coverage type doesn't match the tier stricture selected during quoting on the plan selection page, the following will happen;

    a. On the Action column, will display for the impacted subscriber.

    b. On the census page, the Coverage column shows the coverage selected during quoting. In this case Dental is ES but the tier selected on the plan selection is 2 tier (EE and FAM).

    c. To fix the error, click the Edit button for the impacted subscriber.

    d. The user will be navigated to the Edit employee screen

    e. In this case, since 2 tier has only EE and FAM, the sub Dental coverage need to be changed to FAM.

f. The triangle error sign ⚠ will disappear because the sub Dental coverage is changed from ES to FAM and matches ther 2 tier structure coverage (EE and FAM).

To add email addresses for existing employees:
1.   Click **Edit** in the **Action column** beside one of the highlighted entries.

2.   Type the employee's **Email address** in the second row of the pop-up window.
3.   Review and modify the other census fields - add or remove dependents or change coverage selections, as needed.

4.   Click **Save** to return to the Verify census page.

The census entry is no longer highlighted.

Delete Employees

Remove employees who are no longer with the company. All dependents associated with the employee are also deleted.

1. Click **Remove** in the Action column beside the appropriate employee.

2. Click **OK**.

⚠️ There is no undo. Information must be re-entered if deleted accidentally.

Add Dependents for an Existing Employee
1. Click **Edit** in the Action column to display the employee's information.

2. Type the employee's **email** address if not already provided.
3. Click the **Medical** and **Dental** coverage drop-down arrows and select who coverage will be provided for based on the dependent(s) being added.

      ES - Employee & Spouse   **FAM** – Employee, Spouse & Child(ren)
      EC - Employee & Child   **Waive I** – Declining Coverage
                                Waive V – Coverage is provided by spouse, VA, Medicare, etc.

For example: An employee was entered during quoting without dependents. The medical and dental coverage fields are EE (employee only). A spouse needs to be added. The medical and dental coverage must be changed to ES before the spouse is added if the spouse needs both medical and dental coverage.

Medical only – Change the Medical Coverage to ES then uncheck the Dental Coverage box below the dependent's information.

ℹ️   Refer to Adding Seniors with Dependents for instructions.

4. Click **Add dependent**.

5. Type the dependent's ***Birth date** in mm/dd/yyyy format. Select Female or Male as the **Gender** and Spouse or Child from the *** Relationship** drop-down lists then type the ***Zip Code**.

The medical and/or dental checkboxes reflect the employee's coverage selections.

6. Click to uncheck the **Medical Coverage** or **Dental Coverage** boxes if one of these coverage types is not needed for the dependent.

To remove dependents:
1. Click the ⊗ below the dependent's birth date field.
2. Review the Medical and Dental coverage options and adjust them, if needed.

⚠️ There is no undo. Information must be re-entered if deleted accidentally.

Next steps:
- Add another dependent or **Save** and return to the Verify Census page.

Add Employees

This describes the on-screen option.

To add employees:
1. Click **Add employee** to display the form.

ⓘ **Keyboard shortcuts**: Use the tab key to move from field to field. Use the down and up arrows to scroll through options in a drop-down list without opening the list.

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2. Type the employee's ***First Name**, ***Last Name,** and ***Birth date** in mm/dd/yyyy format. Select the **Gender** and ***Employment Status** from the drop-down lists then type the ***Email** address and ***Zip Code**.
3. Click the drop-downs to select whom **Medical, Senior** and/or **Dental Coverage** will be provided for.

> **EE** - Employee only   **FAM** – Employee, Spouse & Child(ren)
> **ES** - Employee & Spouse   **Waive I** – Declining all coverage
> **EC** - Employee & Child   **Waive V** – Coverage is provided by spouse, VA, Medicare, etc.

ⓘ   When EE is selected for a Senior employee, the Medical Coverage field defaults to Waive V.

4. Click **Add dependent** or **Add another employee**, as needed.

Adding Dependents While Adding Employees:

The dependent fields display directly below the employee. Dependent names are added by the employees when they shop for coverage.

1. Click **Add dependent**.
2. Type the dependent's ***Birth date** using mm/dd/yyyy format.
3. Select **Male** or **Female** from the **Gender** drop-down list.
4. Select **Spouse** or **Child** from the ***Relationship** drop-down list.
5. Modify the ***Zip Code** if different from the Employee's zip code.
6. Click to **uncheck Medical Coverage** or **Dental Coverage** for dependents as needed. They mirror the employee's selections by default.

ⓘ   Error messages display when the coverage selections do not match the dependent relationship provided.

For example: FAM is selected in the medical and dental coverage drop-downs but only the spouse is added as a dependent. The child dependent must be added, or the medical/dental coverage needs to be changed to ES – employee and spouse.

Next steps:

• Add another dependent, add employees or **Save** and return to the Verify Census page.

Senior Employees

BCBSMA classifies seniors as employees 65 years of age or older who continue to work in your company and your company does not qualify for TEFRA. Classifying employees as seniors is important to distinguish Medicare eligibility and CMS primacy guidelines. Refer to the BCBSMA Plan Sponsor manual for details regarding seniors and TEFRA eligibility.

Seniors can only be added to the census during census verification if at least one senior was on the census during quoting. Otherwise, seniors and their dependents must be added later in the enrollment process on the Enrollment Snapshot. Refer to Managing Enrollment for more information.

For example, a senior was on the census during quoting which meant that senior medical plans were on the accepted quote and are available for the senior employee to select during plan shopping. Adding another senior during verify census would allow that new senior to shop the existing senior plan.

When there are no prior seniors, there is no senior medical coverage field on the census entry screen and there are no senior medical plans available to that employee during shopping. Adding the senior employee on the enrollment snapshot will trigger collaboration with your BCBSMA representative who will add plans so that the senior can then shop for coverage.

Adding Seniors to the Census

Working seniors on a census working for a company that qualifies for TEFRA:
- Do <u>not</u> select Senior Medical Coverage. These employees qualify for the same medical plans available for employees under age 65.
- Senior employee only - Select EE in the Medical Coverage field.
- Seniors with dependents – Select ES, EC or FAM and add the dependent details.

Working seniors on a census with less than 20 subscribers working for a company that does not qualify for TEFRA:
- Senior employee only - Select **EE** in the Senior Medical Coverage and Dental Coverage fields.

The system will modify the Medical Coverage field to a valid Waiver.

Seniors with dependent spouse younger than 65 years:
- Spouse only - add the spouse as an active employee; select EE in the Medical Coverage field
- Spouse with dependent child(ren) – add the spouse as an active employee; select EC in the Medical Coverage field and add the children as dependents.

Seniors with dependent spouse 65+ years:
- Spouse only - add the spouse as an active employee; select EE in the Senior Medical Coverage field.
- Spouse with dependent child(ren) – add the spouse and each child as an active employee; select EE in the Medical Coverage field.

Senior Dental coverage

There are no "senior" dental plans. As a result, the selection made depends only on whether the senior has dependents.
- Seniors only - select EE in the Dental Coverage field.
- Seniors with dependents – select ES, EC or FAM as needed and provide dependent information.

Senior Retiree

Select **Cobra** in the Employment Status field. Attachments that must be provided to BCBSMA:
- Tax documents of other retirees to prove that the same benefits are offered to all the retirees.
- Medicare ID card for anyone older than age 65.

Ex - Spouse

When an employee must provide coverage to an ex-spouse, determine whether the employee has remarried.

Not remarried – select ES as the medical and/or dental coverage and add the ex-spouse as a dependent.

Remarried - add the ex-spouse as an active employee and select EE in the medical/dental coverage fields

Attachments that must be provided to BCBSMA include:
- Divorce decree
- Marriage certificate if remarried.

Changes to the census may trigger the following message:

Group costs have changed. ✕

Due to recent census changes, plan costs have been recalculated. Click OK to continue enrolling. Please contact your sales representative if you have questions. Contact information is available on the next page.

Ok Cancel
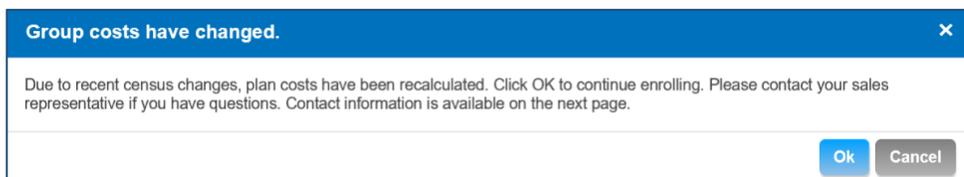
This includes adding and removing employees and zip code changes. Contact your BCBSMA Sales Representatives if you have questions or concerns.

ℹ️ Final rates are based on final census and actual enrollment in the selected medical and/or dental plans.

1. Click **OK** to acknowledge the message.

Using the Template to Verify the Census

The census template is an Excel spreadsheet that can be exported, modified and uploaded into BlueQuote when edits are completed. The census template is a great way to work with a large census or to make multiple changes at one time. Some prefer it to the on-screen method described above. All Excel features and functions are active. If you use the template, you can still make edits on-screen as the two methods of working with the census can be used interchangeably.

⚠️ **Do not** Download the census template. **Export** the census to preserve the existing entries.

To verify the census using the template:

1. Click the **Export census** link.

2. Navigate to where you want to store the census template. Modify the filename as needed.
3. Click **Save**.
4. **Minimize BlueQuote** and navigate to the template's location.
5. Double-click to open the census template.
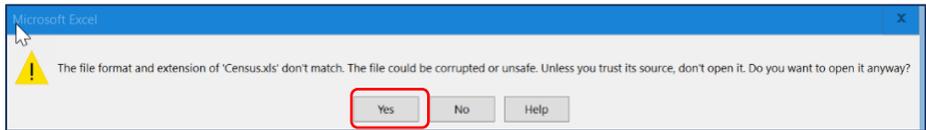
6. Click **Yes** to acknowledge the file format message and open the Excel spreadsheet.

ℹ The messages you see when downloading the template will vary slightly from browser to browser. Edge was used in this example.

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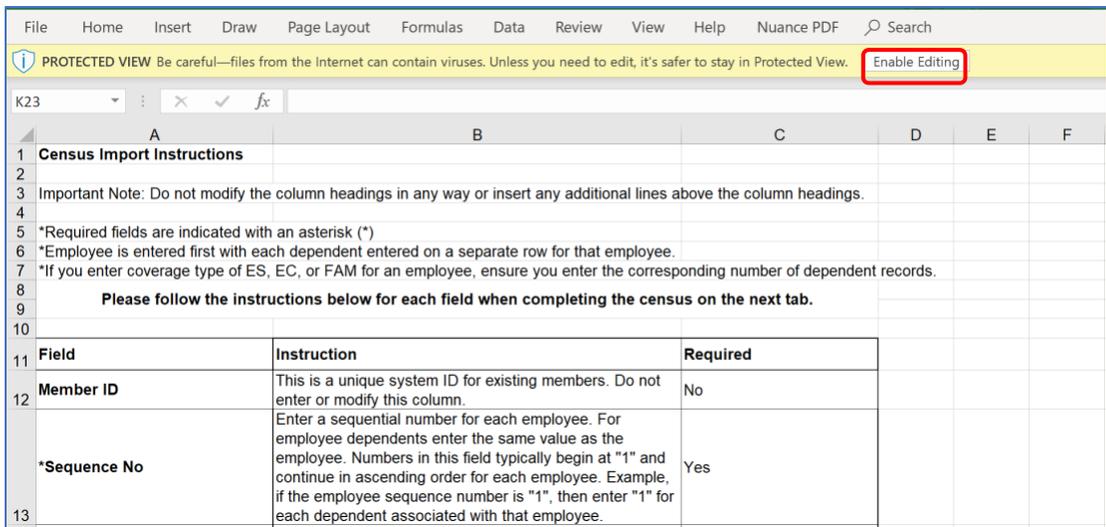
7. Click **Enable Editing** at the top of the spreadsheet.

8. Click the **Instructions** tab to read the instructions then click the **Census** tab to add to or modify the census detail.
9. Ensure that all required fields (*) are completed.

> Senior employees on a census less than 20 subscribers working for a company that does not qualify for TEFRA must be entered as **Waive V** in the **Medical Coverage** field and **EE** in the **Senior Coverage** field. Errors will display when uploading the census if this is not done.
>
> Senior employees can only be added during Verify Census if other senior employees are already on the census. If there are no existing seniors, add this senior on the Enrollment Snapshot page.

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10. **Save** and **Close** the spreadsheet.

11. Return to the **Verify Census Page** and click **Upload Census**.
12. Navigate to and double-click the saved census file to upload it.

The following message displays when the upload is successful:

The number of dependents is not included in the message. While it only shows the number of employees who were successfully uploaded, you can assume that the dependent informatio uploaded successfully as well because it displays on the census summary.

Row and column information and a description of the issue is provided when errors prevent the file from uploading successfully.   Return to the census template, correct the errors, save the file and upload the census again.

Editing the Census After Uploading

Once the census is uploaded successfully, you have two options if you need to modify it again.

1. Click **Edit** in the Action column.

2. Modify the existing details including adding or deleting dependents.
    a. Ensure that the **Medical Coverage** and/or **Dental Coverage** fields are modified when adding or removing dependents.
        For Example, if dependents were not previously listed, EE must be changed to ES, EC or FAM based on the dependents added.
3. Click **Save**.
OR
4. Click the **Export census** link to continue working with the template.

> ⚠️ **Do not Download** the census template. Export the census to avoid having to re-enter the data unless a copy of the file is stored on your computer.

Next Steps:
-   Click **Continue** at the bottom of the Verify Census page to display the Employer application
-   Click **Save and exit** to log out of BlueQuote. Refer to **My Account Enrollment** for next steps after you log back in to BlueQuote.

Employer Application

The account application form must be completed and signed electronically in BlueQuote.   Each page of the application form displays at the top of the screen to show progression

Check marks √ indicate the page is completed. Exclamation points **! and red page name** indicate pages with missed or incorrect information. Pages that do not have a symbol have not been touched.

Once a page has been started, you can click the page name to quickly move to that section of the application.

⚠️   All required fields must be completed before the account application can be submitted.

Error Messages

When errors occur as you move from page to page in the on-line application form, the following message displays:

1. Click **Correct errors** to make corrections now.

OR

2. Click **Continue anyway** to proceed to the next page and return later to correct or add missing information.

Error details display at the top of the account application page and in the related section of the form.

Employer Information Page

Information previously provided is populated on the account application form. Follow the steps below to complete the remaining details.

To complete the Company information:
1. Type the 9-digit Employer IRS tax id in the ***Employer's Tax ID No.** field. Provide any other name by which this account is known in the **Doing Business As (DBA)** field, if applicable.
2. Describe the ***Nature of Business** then click the drop-down arrow to select the ***Type of Business** e.g., **Corporation, Partnership, Proprietorship** or **Other**.
3. Click **Yes** or **No** to answer ***Does Employment vary seasonally**?
   a. If **Yes**, provide and ***Explanation**.
4. Review the **Employer's Business Address**.
5. Click **Yes** or **No** to indicate whether **the company has subsidiaries or affiliates that are separate legal entities whose employees are to be included on this application.**
   a. If **Yes**, provide the ***Address**, ***Telephone** ***Type of Business** ***Nature of Business** and ***Employer's Tax ID No**.
6. Type the **month and year** using **mm/yyyy** format to indicate the ***Date the company was established**.
7. Click the **Less than 3 years** or **3 years or greater** radio button to identify ***How long has the company been in business?**

Billing Address and Billing Contact
1. Click **Yes** if the Billing Address is the same as Business Address.
   a. If not, click **No** and provide the ***Street**, ***City** and ***Zip Code**.
2. Type the billing contact's ***First** and ***Last** name, ***Title**, ***Email** address and ***Telephone** number. **Fax** number can also be Included.

Human Resources Administrator & Executive Contact

1. Type the HR contact's ***First** and ***Last** name, ***Email** address and ***Telephone** number. **Title and Fax** number can also be included.
2. Click **Yes** if the Executive Contact is the same as the Billing Contact.
   a. If not, click **No** and provide the ***First** and ***Last** name, ***Title**, ***Email** address and ***Telephone** number. **Fax** number can also be Included.
3. Click **Next** to continue to Eligibility Requirements.

OR

4. Click **Save & Exit** to complete the account application later. Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

Eligibility Requirements Page

The numbered steps below correspond to the numbered fields on the form. All fields on this page are required ***.**

2. A. Type the **total number of employees**.
2. B. Type the **total number of permanent employees actively working and eligible for health care coverage**.
2. C. Type the **number of employees that will not be enrolled because they are enrolled in other group health plans through a spouse or other insurance plan**. Enter the number for Medical and Dental.
2. D. Type **the total number of employees enrolling in all health care coverage**.
2. E. Type the **number of permanent employees eligible for coverage that have not selected health care coverage**. Enter the number for Medical and Dental.
2. F. Type the **total number of other personnel not actively working but eligible for group health coverage** (retirees, COBRA).
3. Type the **number enrolled in each category based on total enrollment in all health insurance plans; *Full-Time Employees, *Part-Time Employees, *Retirees Under 65; *Retirees Over 65; *COBRA; *Working Aged**.
4. Click the drop-down arrows to **select the probationary period** (waiting time) for ***Full-Time** and ***Part-Time** employees who enroll in **Medical** and **Dental** after the original group effective date.
5. Click **Yes** or **No** to ***indicate whether domestic partners are eligible for coverage.**
   a. If **Yes**, select **Same sex only** or **Same and opposite sex**.

6.A.   Click **Yes** or **No** to indicate whether the **company is offering Personal Savings Accounts to employees**.

6.B.   If **Yes**, provide the **Vendor name.**

6.C.   Click **Yes** or **No** to indicate whether the **vendor needs additional group setup.**

      a. If **Yes**, select the group **FSA Administrative Group**, **Owners**, **COBRA** or **Other**.

7.   Click **Next** to continue to **Current Carrier**.

OR

8.   Click **Save & Exit** to complete the account application later.

    Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

Current Carrier

Details from the Account Profile Products to Quote page will pre-populate the fields on this form.

To modify coverage information:

1. Click **Yes** or **No** to indicate whether the **Medical coverage will replace existing coverage**.
    a. If **Yes**, verify the ***Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided.
2. Click **Yes** or **No** to ***indicate** whether the **Senior coverage will replace existing coverage.**
    a. If **Yes**, verify the ***Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided. This question only displays if Senior coverage is selected.
3. Click **Yes** or **No** to ***indicate** whether the **Dental coverage will replace existing coverage**.
    b. If **Yes**, verify the ***Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided.
4. Click **Next** to continue to Broker Designation (if applicable)

OR

5. Click **Save & Exit** to complete the Employer application later.

    Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

Broker Designation

This page of the application only displays if a Broker was involved with the quoting process.   The broker's name, agency, agency address and contact information display on the right side of each application page.

The broker's name and agency are pre-populated based on information previously provided. Electronically sign and date this form which authorizes the Broker of Record for this account to receive information about your account from Blue Cross and Blue Shield of Massachusetts and to receive commission compensation.

1. Type your ***Name**, ***Title** and today's ***Date**. The date can be selected from the calendar or typed using mm/dd/yyyy format
2. Click **Next** to continue to the Application Summary
OR
3. Click **Save & Exit** to complete the account application later.

   Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

Application Summary

This is an opportunity to review the information you entered and make corrections.

1. Scroll through the details or click **Print** to review a paper copy.
2. Click **Edit** at the bottom of each section to open the form and modify the information.
3. Scroll to the bottom of the open section and click **Next** to save and continue reviewing the application.
4. Repeat steps 2-3 as needed then click **Next** when the review is complete.

Employer Signature

This form is used to certify that the information provided is true and complete and to electronically sign the form.

⚠ This is the last page of the application. It cannot be submitted unless green check marks display next to all the pages in the progress bar at the top of the page.

Employer Signature

Read the following Terms and Conditions associated with the completion of this application and the insurance plan(s) applied for. If you accept these terms and conditions, E-sign the application and click the 'Submit' button.

I Understand That:

(1) Coverage is not effective until approved by Blue Cross and Blue Shield.
(2) Final premium rates are subject to current Blue Cross and Blue Shield underwriting guidelines and FINAL ENROLLMENT.
(3) Requested effective date of coverage may be declined or deferred if the information submitted is incomplete.
(4) Existing coverage should not be canceled until this request is approved.
(5) No broker or consultant may make or modify a contract for Blue Cross and Blue Shield.
(6) All enrolled groups are subject to enrollment eligibility reviews at any time.
(7) All groups must verify their enrollment on an annual basis at renewal.
(8) Groups found to have misrepresented eligibility of subscribers(s) are subject to immediate cancellation, with no conversion privileges, and are liable for all benefits paid for inappropriately enrolled subscribers.
(9) The Premium Account Agreement will be considered accepted and binding when the Account first makes a payment to Blue Cross and Blue Shield.
(10) Premium payment is due on or before the date listed on each invoice. Amounts past due are subject to an interest charge of up to 1.5% per month, as described in your Premium Account Agreement.

☐ I certify that the information in this application is true and complete.

Non-Discrimination under Massachusetts Law

By signing below, I confirm that each Blue Cross and Blue Shield product for Massachusetts residents

is being offered by [Dover Rug] * to all full-time employees in Massachusetts and,

except as permitted [Dover Rug] * does not contribute a smaller percentage of the

premium for lower paid full-time employees than higher paid full-time employees who live in Massachusetts and enroll in the same product. (This non-discrimination provision does not apply to employees covered by collective bargaining agreements).

Signed By (Authorized Employer Representative)

*First Name	MI	*Last Name	Suffix	Title	*Date
Mason		Miller	▼		10/15/2018

*Company Name
[Dover Rug]

*Sales Executive	*Date	Regional Office
Steve Cunha	10/15/2018	

Territory No.	*Telephone

‹ Previous   🖫 Save & Exit   Submit

1. Click the checkbox to **certify** that the information provided is true and complete.
2. Ensure the information in the Signed By area at the bottom of the form is correct.
3. Click **Submit** to display the confirmation.

Submission Confirmation

The employer application was successfully submitted. **Final rates are subject to underwriting analysis and ACTUAL ENROLLMENT as of the plan effective date.**

Click Continue to begin managing the Enrollment process.
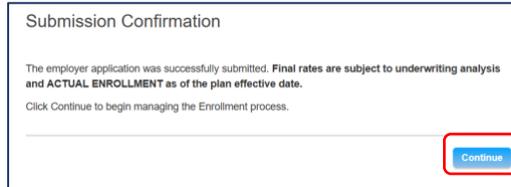
Continue

4. Click **Continue** to acknowledge the submission of the application and the reminder that final rates are based on actual enrollment and underwriter review.

My Account Enrollment

My Account Enrollment displays either:

- After you complete the Employer Application

OR

- Whenever you log back into BlueQuote to continue working through the enrollment process.

The enrollment functions and the order in which they display vary slightly depending on where you are in the enrollment process:

The example below shows what the screen looks like when you log back in after working on but not completing Verify Census. The census status is *in process*, and the Employer application was not started and is grayed out. Because these two steps are not finished, **Manage Employee enrollment** does not display as an option on the page.

My Account
Enrollment

Below you can review and maintain your account. The employee and effective date data displayed is based on pre-enrollment information.

Verify employee census — *In process* — **Verify census**

Before you complete your application, please verify the employee census.

Employer application — *In process* — Complete application

Before your employees can enroll for health coverage, please complete the employer application.

Upload required documents

These documents are required for the group.

Quarterly wage/Tax statement — Choose file — Upload
Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected — Choose file — Upload
Waiver forms for applicable employees — Choose file — Upload

6 employees

Requested effective date: 11/15/2018

My Information
Janette Flynn
125 Third Street
Lowell, MA 01852 Middlesex
Email: susan.keefe@bcbsma.com
Phone: (978) 452-1005
Fax:
Edit

Questions? Need Help?
Ellen Kaplan
4871 Dorsey Hall Drive Unit 55
Cumberland, RI, 02895
Email: sumithra.bhupathy@bcbsma.com
Phone: (617) 246-6755
Contact Sales Representative

Enrollment Links
BlueLinks for Employers
New Business Submission Checklist

Steps in order of process:
- Complete Verify employee census
- Complete Employer application
- Upload required documentation to support the application process
- Manage employee Enrollment

In the example below, Verify census is no longer available, and the Employer application was completed. Once the application is completed, it can only be viewed. View application will allow you to print a copy of the application.

ⓘ Employees who were missed or who will satisfy the enrollment waiting period for medical or dental benefits during the enrollment period can be added during **Manage employee enrollment**.

Next steps:
- Upload required documentation to support the application process
- Manage employee Enrollment

The information in the right column of the My Account Enrollment page displays the **number of employees on the census** and the **Requested effective date** of your coverage**.** Below that is your name and contact information.

ⓘ Ensure that your contact telephone number is correct. It will display as the help contact number to the employees during their enrollment process. Click **Edit** to modify your contact information.

Questions? Need Help? Just below your contact information is the name and contact information for your broker. You can also use the **Contact Sales Representative** option to send an email message to your BCBSMA representative when you have question about enrollment.

Enrollment Links provides access to **BlueLinks for Employers** where you can find tools to help you manage your account and give you access to information that will help your company get the most from your BCBSMA coverage. The **New Business Submission Checklist** identifies the documentation you need to provide to BCBSMA as part of the application process.

Upload Documents

This section of the **My Account Enrollment** page is used to attach Quarterly wage/tax statements, proof of two years prior dental coverage, if applicable, and waiver forms for employees who were identified as waiving coverage on the Verify census page.

⚠️ Contact your broker or BCBSMA account executive displayed in the Questions? Help? area if the Upload documents section of the page is missing.

Attachment Rules
- File size maximum per document is 20 MB.
- File formats can include .xls, .xlsx, .csv, .doc, .docx, .vsd. pdf.
- Attach only one file for each of the documents listed.

⚠️ Attachment filenames cannot contain any of the following characters:

& # @ $ * ( ) + . ! , % ^

As a temporary measure, additional documentation as outlined in the **New Account Submission Checklist** is also uploaded here. Since only one file can be uploaded for each of the documents listed, you should scan multiple documents into a single Word or PDF document. This is also necessary when multiple waiver forms are submitted for applicable employees.

To upload documents:
1. Click **Upload** beside one of the listed documents.

2. Navigate to the file's location.

3. **Double-click** to select a file and return to My Account Enrollment.
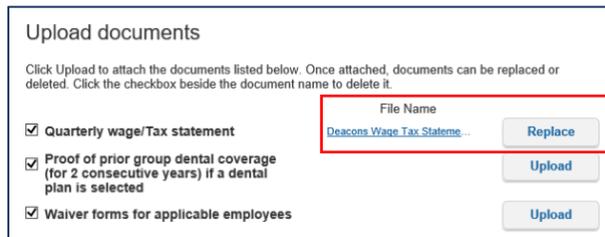
The uploaded file displays in the **File Name column** and upload changes to Replace.

4. Repeat steps 1-3 as needed until all documents are attached.
5. Click the file name if you want to verify that the correct document was uploaded.

To replace the file with another document:
1. Click **Replace** beside the appropriate document.
2. Navigate to and double-click to select a different file.

The next step in the process is employee enrollment.

Manage Employee Enrollment

This option is only available after the Employer Application is completed. As the company's primary contact, you will use the **Enroll Employees** button on the My Account Enrollment page to set up the employee shopping site and monitor or manage employee enrollment.

1. Click **Enroll employees** to display the Set Open Enrollment Dates page.

By setting open enrollment dates, you are creating the employee shopping site.

The enrollment period represents the time in which employees can enroll in the insurance plans selected by your company and complete their member applications.

Blue Cross Blue Shield of Massachusetts requires you to submit all enrollment information and forms a minimum of 10 business days prior to the coverage effective date to allow for underwriter processing.

To modify the open enrollment period:
1. Click into the **Start date** and **End date** fields. Type the new dates using mm/dd/yyyy format.

⚠ The end date must be before the Coverage effective date. Contact your broker or Blue Cross Blue Shield if the coverage effective date needs to be changed.

Employee Notification

BlueQuote can send email notification to employees who have a valid email address (provided during census verification) to let them know that they can access BlueQuote to shop on-line for coverage and complete their applications.

1. Click the check box to send employee notifications.

Primary Contact

You can change the primary contact, if necessary. BlueQuote can notify the new Primary contact via email which enables them to set up a BlueQuote login to manage enrollment.

To change the Primary contact:
1. Ensure that the *First name, *Last name, * Phone number and * Email address fields are fill in.

2. Click the check box to send email notification to the new primary contact.
3. Click **Save and continue**.

The progress bar and the confirmation page indicates that the employee shopping site was created. Email notifications to employees will be sent if the notification option is selected.

1. Click **Make a change** if corrections are needed.
   OR
2. Click **Done**.

Sample of Primary Contact Email Notification
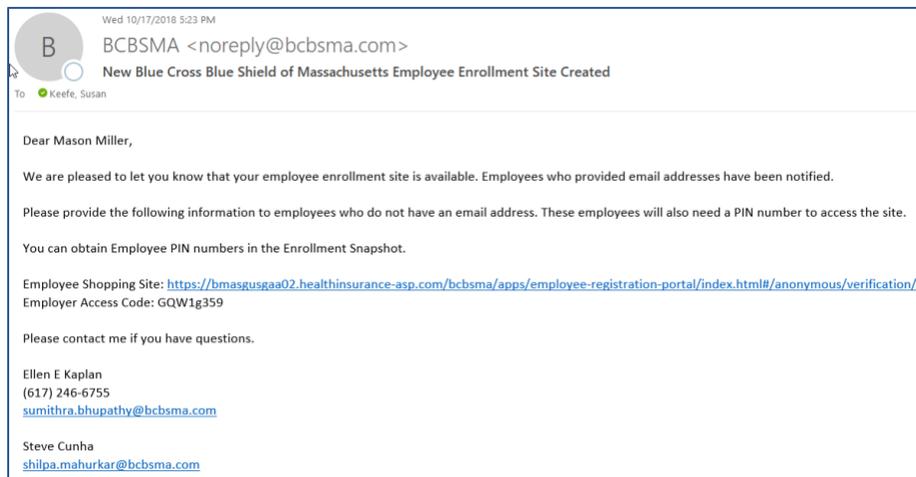
This email confirms that the employee shopping site was created and that employees who have email addresses (entered by you during Verify Census) have been notified.

Sample of Employee Notification

Wed 10/17/2018 5:23 PM

B   BCBSMA <noreply@bcbsma.com>

Enrollment notification

o Keefe, Susan

Dear Jane,

Our benefit open enrollment period is about to begin. Please click here to complete and submit your application within 17 days.

Your Employee PIN is bPIAO125 and the Employer Access Code is GQW1g359.

Please call or email me if you have any questions while filling out your application.

Miller, Mason
(978) 453-3212
susan.keefe@bcbsma.com

The employee email includes a link to the shopping website, shows the number of days in the enrollment period and provides them with your name, phone number and email address should they have questions while completing their enrollment.

Employees will create their own BlueQuote login and shop for or waive coverage, complete their applications and provide you with any required forms or documents that you will attach on the My Account Enrollment page.

Employees have access to a user guide in BlueQuote's Help menu at the top of the window. The guide is also available on the BCBSMA Employer website.

Employees who do not have access to a computer will need you to enroll on their behalf. Refer to **Enroll on behalf of an employee** for more information.

Enrollment Snapshot

The Enrollment Snapshot is used to monitor or manage the employee enrollment process. The snapshot graphic shows the enrollment status in real time. It displays the number of employees who have not started enrollment, how many are in progress, the number completed and the total number of employees. Coverage effective date, enrollment period and enrollment status also display.
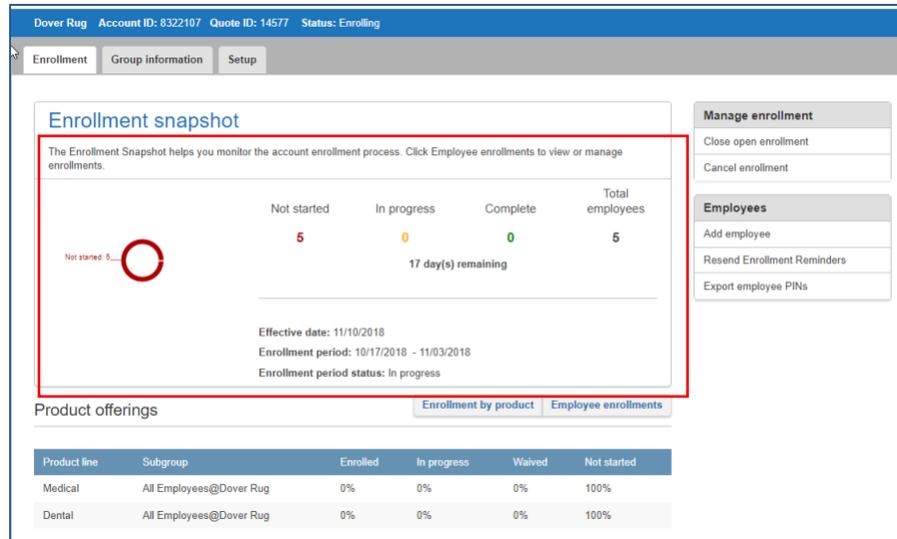
The area on the right has two sections – **Manage Enrollment** and **Employees.**

Manage Enrollment tools are used to **Close open enrollment** when all employees have completed shopping and their member applications and **Cancel enrollment** if your company does not wish to move forward with BCBSMA enrollment.

Employees has tools to **Add employees** to the census, **Resend Enrollment Reminders** to all employees who have email addresses if you notice they are not enrolling, and **Export employee PINs**.
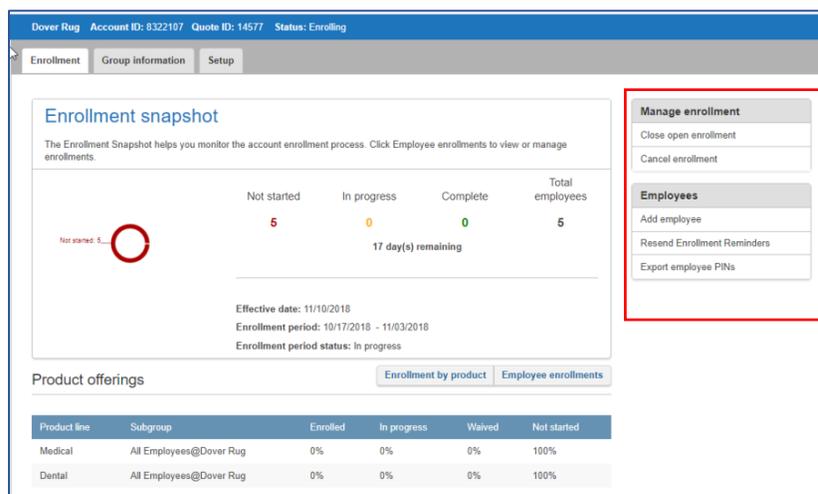
The area below the graphic displays the default view of **Enrollment by product line -** medical, dental, or senior plans. The **Employee enrollments view** gives you access to enrollment status by employee and includes enrollment functionality in the **Action** column as well as options for emailing reminders to individual employees. This is the best way to monitor or manage employee enrollment.

To view enrollment detail by employee:
1. Click **Employee enrollments**.

The number of employees displayed per screen can be changed by clicking the drop-down at the top of the list.

Next steps:
- Add employees
- Delete employees
- Send enrollment reminders
- Provide access information to employees who did not receive email notification.
- Enroll or waive coverage for employees

Add Employees

1. Click **Add employee** in the Employees box to the right of the enrollment snapshot graphic.
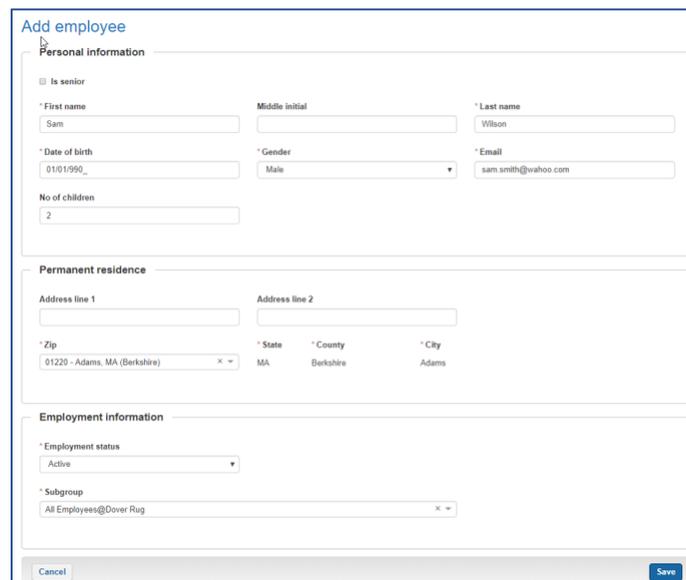
2. Click to check the **Is Senior box** at the top of the form if this employee is 65 years of age or older.
3. Type at least the *First name, *Last name, *Date of birth, *Gender and the *Email address.

ℹ️ Use your own email address if the employee does not have email access.

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4. Type the **Address** and **Zip** code in the Permanent residence area. State, City and County default based on the zip code.
5. Select **Active** or **COBRA** from the **Employee status** drop-down list.
6. Select the company from the **Subgroup** drop-down list.
7. Click **Save** to return to the Enrollment snapshot page.

ℹ️ The employee, or you when acting on their behalf, will be able to add dependents before shopping.

The total number of employees in the snapshot graphic will increase and the newly added employee will display at the bottom of the list.

8. Click **Refresh** if the name does not display.
9. Repeat steps 1-7 until all employees are added.

ℹ️ Changes to zip code, birth date or selecting Is Senior can impact plan availability and rates.

To send a new employee an enrollment email notification:
1. Click the **Select drop-down** in the **Action** column of the added employee.
2. Click **Resend Enrollment Reminder**.

This employee will receive all the information needed to logon to BlueQuote and complete their enrollment.

ℹ️ Use **Resend Enrollment Reminder** in the Action column to remind any employee who has not started enrollment to do so.

Delete an Employee

Remove employees (and dependents) who are no longer with the company to avoid issues with enrollment completion. Employees deleted by mistake must be added again.

To delete an employee:
1. Click the **Select drop-down** in the **Action** column at the end of the employee's detail.

2. Click **Delete**.

3. Click **Delete** again to confirm.

View an Employee Profile

This option shows you all the details about an employee and his/her dependents and includes a link to enroll or waive coverage.

To view an employee profile:
1. Click the **Select drop-down** in the **Action** column for the employee.

2. Click **View Profile** to display details such as date of birth, employment status and dependent information.

3. Click **Enroll/Waive** to shop for this employee or click **Return to employee list**.

To edit an employee profile:
1. Click the **Select drop-down** in the **Action** column for the employee.

2. Click **Edit**.

3. Change details such as **employee status**, address, email address, etc., Check the **Is Senior box** at the top of the form if the employee reached age 65 during the enrollment period.
4. Click **Save**.

ℹ️ Changes to zip code, birth date or selecting Is Senior can impact plan availability and rates. Final rates are based on final enrollment and underwriting review.

Enrollment Reminders to All Employees

Use this feature to remind <u>all</u> employees about open enrollment if you don't see enrollment activity reflected on the snapshot.

1. Click **Resend Enrollment Reminder** in the Employees area.

2. Click **Resend**.

Enroll on Behalf of Employees

To enroll on behalf of an employee:
1. Locate the employee in the list then click the **Select** drop-down arrow in the **Actions column**.

2. Click **Enroll/Waive** to display the employee household information.

The company name and the number of days remaining in the open enrollment period display in the header at the top of the page. The progress bar shows that you are viewing the Employee profile (household) details.

3. Add the ***First name** and ***Last name** of the dependent(s) and add any other missing required information. All fields are required.

Add Dependents

1. Click **Add Dependent**.
2. Type the ***First name**, ***Last name**, ***Date of birth** using mm/dd/yyyy format. Select the ***Relationship** to the employee and the *** Gender** from the drop-down lists.
3. Click **Add dependent** as needed until all dependents are listed.

⚠️   Remove any unused dependent rows.

Remove Dependents
1. Click the **Remove Dependent** link below the dependent's row to delete dependents no longer covered by the employee. The dependent's information is immediately removed without warning. There is no undo. Add dependents removed by mistake.

2. Click **Save and continue** when the household details are completed.

Medical Plan Selection

The progress bar at the top of the page shows that the Employee profile is competed, and you are selecting plans for this employee and his/her dependents.

The plans offered by the employer display in tabs on the left. Medical plan details display first. The action buttons at the bottom of each page will move you from medical plans to dental plans then to the Cart as you make selections. The tabs can also be used to move to the other plan types offered, or to the Cart.

When only one plan is offered for any product line, it is automatically added to the Cart. When multiple Medical plans are offered, a plan must be added to the Cart unless medical coverage is waived.

All the functionality in plan shopping is described in case employees contact you for assistance. When enrolling on behalf of an employee, you would typically add a medical plan to the Cart if plan choices are offered and go directly to the Cart rather than view benefit details or compare plans.

View plan information
1. Click **View Plan Details** to display the benefits of each plan.

      a.   Click **Summary of benefits** or **Summary of benefits and coverage** at the bottom of the form to see and print a more detailed explanation of benefits, if necessary.

2.   Click **Return to plan list** when the review is complete.

Side-by-Side Benefit Review

When the employer offers more than one medical plan, you can view and compare plan benefits to determine the best fit for your needs.

1.   Check the boxes beside **Add plan to compare**, then click **Compare Plans** at the top of the page.
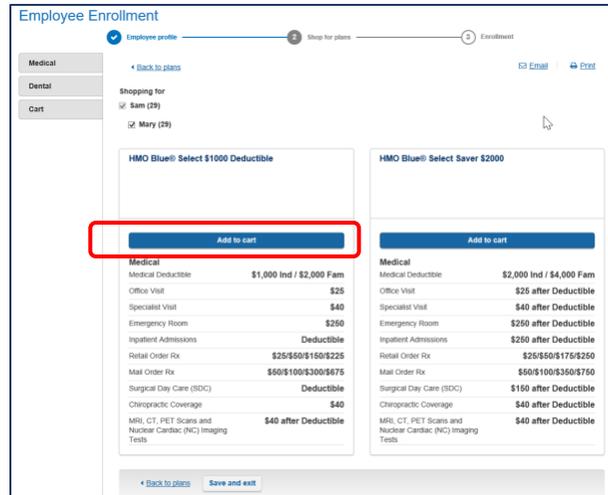
2. Click **Add to Cart** to select a plan and return to the Medical plan list. A confirmation of the selection displays.
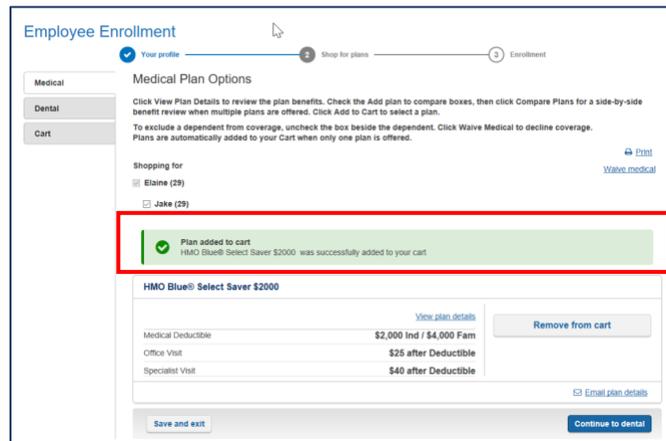
Print or eMail Plan Details
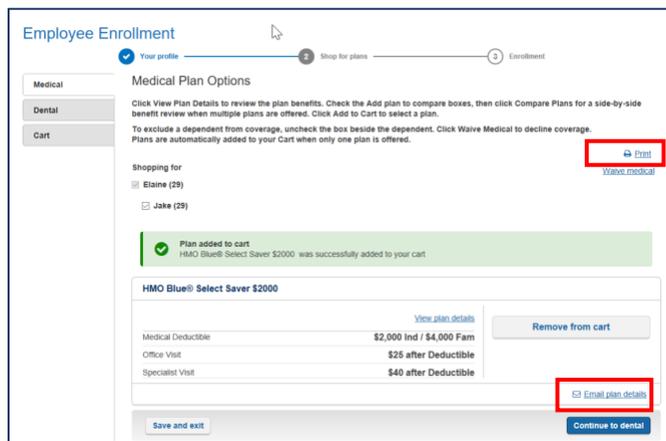
Plan details can be printed by clicking **Print** in the upper right corner of the page. You can also email the information to employees that you enroll.

1. Click **Email** plan details.

2. Type each recipient's **Email** address, separated with a semicolon.
3. Type a message in the **Note field,** if needed.
4. Click **Send**.

Waiving Coverage

Coverage can be waived for employees or their dependents who do not wish to enroll in the medical/senior and/or dental plans offered by you/your employer.

To Waive coverage for a dependent:
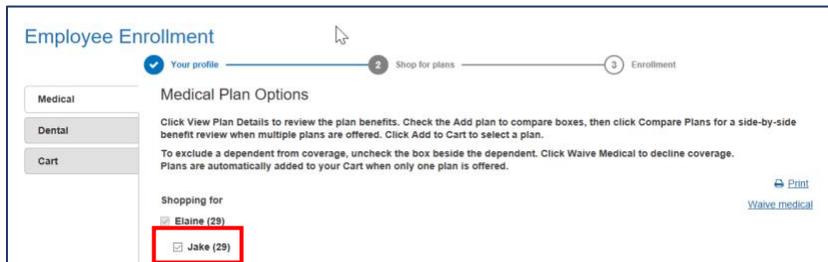
1. Click the **check box beside the dependent's name** in the **Shopping for** area at the top of the plan list to remove the checkmark.

To Waive employee coverage:
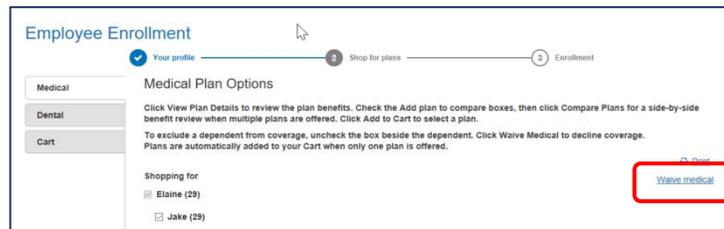
1. Click **Waive medical**.

2. Click the drop-down to select the **Waive reason**.
3. Click **Save changes**.

A message displays to confirm the waiver and identify the reason.

⚠️ An online waiver form is automatically added to the member application form when employee coverage is waived.

To cancel a waiver:
1. Click **Cancel waiver** to redisplay the plans so you can select a medical plan.
2. Click **Continue to Dental** if the employer offers dental plans. Otherwise, review the contents of the cart then **Save and Exit**.

Plans Not Available

When you do not have a medical plan to select, the following message displays:

1. **Close** the message.
2. Click Save and exit.
3. Contact BCBSMA to determine next steps.

Dental Plan Selection

Only one dental plan can be offered by your employer, so it is automatically added to the Cart. You can **View plan details, Print** plan benefits or **Remove from cart** to **Waive dental** coverage.
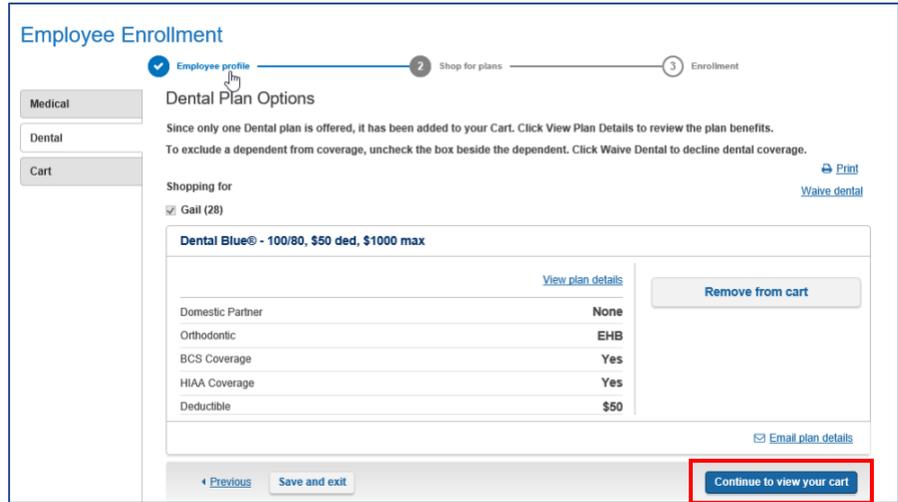
1. Click **Continue** to view your cart.

Your Cart

The plan you selected for the employee and his/her dependents display. You can change plans if the employer is offering multiple options and the wrong plan was selected or remove a plan from the cart to waive the coverage.
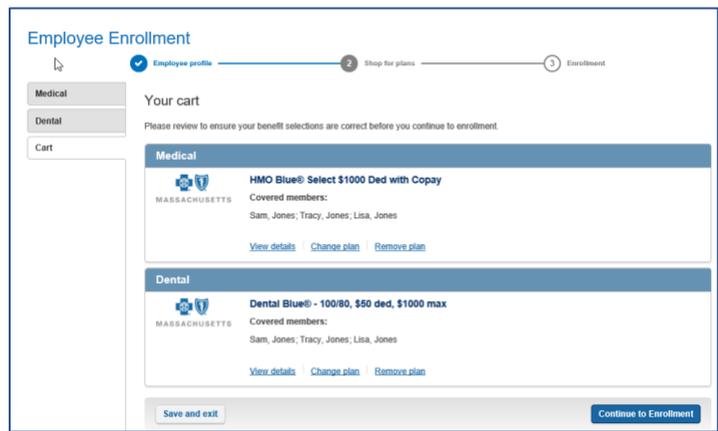
To change a plan from the Cart:
1. Locate the plan in the cart then click **Change plan**.
2. Click the **Medical** plan tab to select a different plan.

To remove a plan from the Cart:
1. Locate the plan in the list then click **Remove plan**.
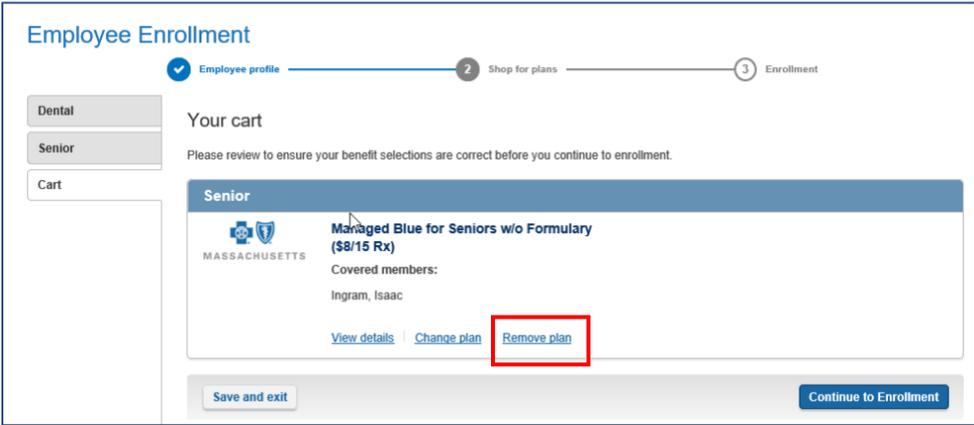
> ⚠️ There is no undo. Plans deleted by mistake must be selected again or you must waive coverage.

Next steps:
*   Click **Continue to Enrollment** when selections in the Cart are correct.

The next page is a set of instruction for the **Employee Application form**. The plan selections made while shopping display on the right.
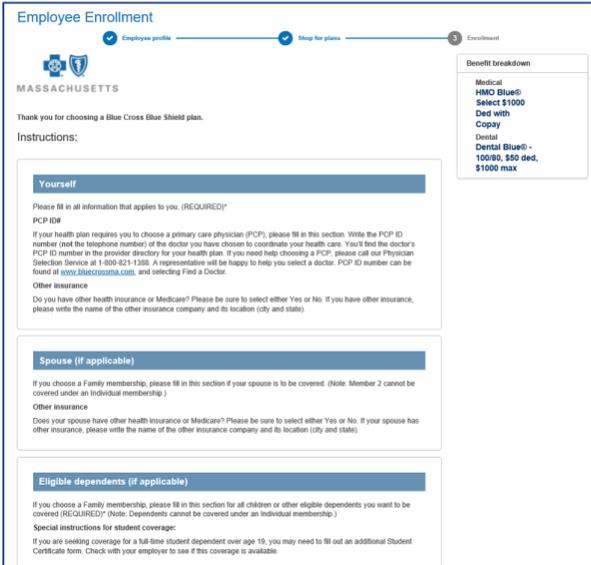
1. Review the instructions then click **Continue** at the bottom of the page to display the application form.

Employee Enrollment Application Form

The first section of the Employee application is for the employee (Member 1), followed by separate sections for each dependent. Some of the fields on the form automatically populate based on information previously provided by you or your employer. Add or modify the details as needed and ensure that all required fields (*****) are complete.

To complete the application form:
1. Click the appropriate box at the top of the form to indicate your employment status e.g., **Active**, **Ex-spouse** if insuring a former spouse, **Retiree**, or **COBRA**.
2. Type the employee's ***Social Security Number**.
3. Type the employee's **Date of Hire** in mm/dd/yyyy format, if available.
4. Type at least one phone number***** - a **Home phone** or **Cell phone**.
5. Add the ***Street address/P.O. Box #**.

ⓘ   Questions display in the next section. Additional fields will display when you answer Yes.

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6. Click **Yes or No** to indicate whether you selected an **HMO Plan** during shopping.
   a. If **Yes**, provide the name and ID of the **Primary Care Physician** (PCP).

   i. Click **Find A Doctor** to locate the primary care physician ID if not known.
   b. Type the **PCP's City** and **State**, if provided.

ⓘ   BCBSMA will contact the employee to obtain the PCP ID if you cannot identify it at this time. It is not a required field but is necessary for claims processing.

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7. Click **Yes** or **No** to indicate whether this is your current PCP.

8. Click **Yes** or **No** to indicate whether you will have ***other medical insurance coverage** as of the effective date of this new policy if your company is offering Medical coverage.
   a. If **Yes**, select the **other insurance company** from the drop-down list and add the **City/State** if available.

9. Click **Yes** or **No** to indicate whether you will have ***other dental insurance coverage** as of the effective date of this new policy if your company is offering Dental coverage.
   a. If Yes, select the **other insurance company** from the drop-down list and add the **City/State** if available.

10. Click **Yes** or **No** to indicate whether you are *covered by Medicare*.
    a. If **Yes**, click to **check Part A, B, or D**.
    b. Type the **Medicare ID #**.
    c. Select the **reason for Medicare coverage** from the drop-down list.

    - The Medicare # field accepts 10 or 11 alphanumeric characters (no special characters) prior to 1/1/2020 calendar date and only accepts 11 characters on 1/1/2020 calendar date and beyond.
    - The text message for Medicare field display.
      (Enter your Medicare Beneficiary Identifier (MBI) without spaces or dashes. Example: 1EG4TE5MK73)
    - If Medicare # is entered, at least 1 checkbox for Medicare Part A or B is required.
    - If Part A checkbox is selected, Part A effective date is required.
    - If Part B checkbox is selected, Part B effective date is required.
    - If Part D checkbox is selected, Part D effective date is optional.
    - If Part D checkbox is selected, Medicare # is required.

11. Click **Yes** or **No** to indicate whether you are *actively working*.
    a. If **No**, click **Yes** or **No** to indicate whether you are *retired*.
    b. If **Yes**, provide the *Retirement date* in mm/dd/yyyy format.

Dependents

Dependents include spouse, ex-spouse and children. The questions that display depend on the type of dependent.

1. Review the **checked plan types** - **Medical** and/or **Dental**. These fields are based on shopping selections and cannot be edited here. Return to the shopping page to select or waive coverage, as needed if these selections are not correct.
2. Type the dependent's **Social Security Number,** if available.

3. Click **Yes** or **No** to indicate whether an **HMO Plan** was selected during shopping.
   a. If Yes, provide the name and ID of the Primary Care Physician (PCP).
   b. Type the PCP's **City** and **State**, if provided.
4. Click **Yes** or **No** to indicate whether this is the **current PCP**.

5. Click **Yes** or **No** to indicate whether the dependent has ***other medical insurance coverage**.
   a. If **Yes**, select the **other insurance company** from the drop-down list and add the **City/State** if available.

6. Click **Yes** or **No** to indicate whether the dependent has ***other dental insurance coverage**.
   a. If Yes, select the **other insurance company** from the drop-down list and add the **City/State** if available.

7. Click **Yes** or **No** to indicate whether the dependent is ***covered by Medicare**.
   a. If **Yes**, click to **check Part A, B, or D**.
   b. Type the **Medicate ID #**.
   c. Select the **Reason for Medicare coverage** from the drop-down list – 65+, disabled or ESRD.

   - The Medicare # field accepts 10 or 11 alphanumeric characters (no special characters) prior to 1/1/2020 calendar date and only accepts 11 characters on 1/1/2020 calendar date and beyond.
   - The text message for Medicare field display.
     (Enter your Medicare Beneficiary Identifier (MBI) without spaces or dashes. Example: 1EG4TE5MK73)
   - If Medicare # is entered, at least 1 checkbox for Medicare Part A or B is required.
   - If Part A checkbox is selected, Part A effective date is required.
   - If Part B checkbox is selected, Part B effective date is required.
   - If Part D checkbox is selected, Part D effective date is optional.
   - If Part D checkbox is selected, Medicare # is required.

8. Click **Yes** or **No** to indicate whether the dependent is ***actively working**.
   a. If **No**, click **Yes** or **No** to indicate whether the dependent is ***retired**.
   b. If **Yes**, provide the ***Retirement date** in mm/dd/yyyy format.

Dependent Children

The Actively working question is replaced by "Is the dependent disabled and aged 26 or older?" when the dependent is a child. A Request for Retaining Coverage for a Psychologically or Physically Disabled Dependent Child form must be completed and provided to your benefits administrator if the answer to the question is yes.

Acceptance & Signature

1. Scroll down to the ***Nondiscrimination notice** and click to check the box to indicate that the notice was read and understood.
2. Type your ***First name** and ***Last name** in the **Signature** area at the bottom of the page.

⚠️ Do not include extra spaces before or after either name. Type your **middle initial** only if is used in your login name.

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3. Click **Submit** when the application form is complete.

Waiver Forms

Waiver forms automatically display after the Acceptance & Signature section of the on-line application if coverage was waived during shopping. Most of the information is pre-filled. Simply select the waiver reason(s).

ℹ️ The example is a Medical waiver. The only difference between medical and dental waivers is the reference to "medical" or "dental" coverage. When all coverage is waived, the form will have medical and dental sections.

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1. Click to check all **applicable reasons** for waiving coverage.
   a. If **Other** is checked, an **explanation is required**.
2. Type your ***First name** and ***Last name** in the Signature area.
3. Type your name in the **Employer signature** field and add the **Date**.
4. Click **Submit**.

Confirmation of Enrollment Submission

This is an opportunity to review the benefit selections you made on behalf of this employee and print a copy of the confirmation page, if needed.

1. Click 🖨 Print if you wish to provide a copy to the employee or keep a copy for your records.
2. Click **Return to Enrollment Overview**.

ⓘ   Plan selections can be modified until the enrollment period ends.

> ⚠️ Ensure that all relevant documentation e.g., disability forms, divorce decrees, marriage licenses, etc., have been provided by the employee and attached on the My Account Enrollment page.

The Enrollment Snapshot graphic is updated in real time until enrollment reaches 100%.

The enrollment status for each employee displays in the Employee list. Enrollment statuses are: Not Started, In Progress or Completed. These statuses mirror those reported in the snapshot graphic.

Extending the Enrollment Period

The enrollment window can be extended if you do not have enough time to enroll everyone on the census in the time remaining. Contact BCBSMA if necessary.

> ℹ️ Plan selections can be modified until the enrollment period ends.

Modify a Completed Enrollment or Finish a Started Enrollment

1. Locate the employee in the list.
2. Click the **Select drop-down** in the **Action** column at the end of the employee's detail.

3. Click **View Profile** to display details such as date of birth, employment status and dependent information.

4. Click **Current Enrollments** in the **View** box to display the previously selected plan(s).

5. Click **Make a change**.

6. **Add dependent(s)** if necessary, then click **Save & Continue** to display the plan options.
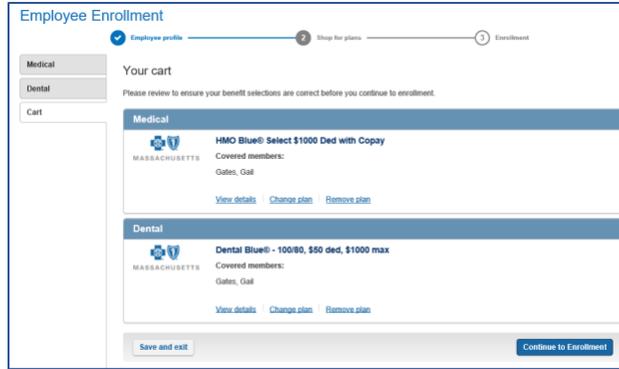
7. Click the Cart tab to modify selections as needed e.g. waive coverage.
    a.   Click **Change plan** to select a different medical plan when more than one if offered.
    b.   Click **Remove plan**, then **click** the appropriate **product line tab** to waive coverage.
8. Click **Continue to enrollment** and modify the application as needed. the Enrollment Snapshot.

⚠️ A waiver form is automatically added to the member application if coverage is waived.
and must be completed before closing and submitting enrollment.

Cancel Enrollment

If you/your company no longer want to enroll in health insurance plans with Blue Cross Blue Shield of Massachusetts, cancel enrollment. Once enrollment is canceled, all previously entered data is removed from the system.

To cancel enrollment:
1. Click **Cancel enrollment** in the Manage enrollment box beside the enrollment snapshot.

2. Click the drop-down arrow to select the **Decline reason**.
3. Click **Decline**.

Close Enrollment

Enrollment must be closed and submitted to BCBSMA when enrollment reaches **100%** (total Completed matches the Total Employees in the snapshot), and you have attached all required documentation to support the application of your company and its employees on the My Account Enrollment page.

ℹ️ Enrollment can be closed early if all requirements are met.

To close enrollment:
1. Click **Close open enrollment** in the Manage enrollment box beside the snapshot.

2. Click **Continue to close** to acknowledge the warning message.

> ⓘ You must contact your broker or Blue Cross Blue Shield of Massachusetts to re-open enrollment.

Submit Enrollment

Submit Enrollment sends the information to Blue Cross Blue Shield of Massachusetts for review and processing. You will be contacted if additional information or documentation is required.

1. Click **Submit enrollment** in the Manage enrollment box

2. Click **Submit**

The following message displays:

3. Click **Ok**.

ℹ️   You cannot access the enrollment snapshot after submitting your application to BCBSMA.

Next Steps:

- Logout of the system

Welcome, Mason Miller ∨

1. Click the drop-down arrow beside your name in the header at the top of the page.
2. Select **Logout**.

What to Expect Next

BCBSMA will review your application and supporting documentation. If additional information is needed, or changes are required based on enrollment, you will be contacted directly by a BCBSMA representative.

Once the application is approved, you will receive a confirmation email and welcome letter that includes helpful information if care is needed prior to receiving ID cards, information about e-billing and contact information if you have questions or concerns in the upcoming weeks and months. ID cards are issued shortly after your account is approved.

On behalf of BCBSMA, we thank you for your business and look forward to a long and healthy relationship with you and your employees.

55-2372