

# Blue Cross Blue Shield of Massachusetts Employer's Guide to Account & Employee Application

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## 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:

Δ

- \* Required Field
- Note/Important Information



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.

Fri 5/24/2019 2:06 PM       BCBSMA <noreply@bcbsma.com>       Cape Kites Employer Application       To     • Keefe, Susan</noreply@bcbsma.com>
MASSACHUSETTS
Dear Kate Price,
Thank you for choosing Blue Cross Blue Shield of Massachusetts for your insurance needs. This message is to notify you that the application for your group coverage is ready for you to complete. You will be asked to provide your name and the company's Federal Tax ID number to log on. Once in the system, you can complete and submit the employer application. You will also be able to manage employee enrollment. Click Enroll Now to get started. Please contact me at the telephone number below if you have any questions or concerns. I appreciate your business.
This email is sent to the employer for this account.
123451234
Sincerely, Sam VABroker (618)726-7364
Enroll Now
Please do not reply to this message

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.





## **BlueQuote Account Setup**

#### 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**.

Before mov	iproyer registration ving on in the registration process, y your case information by entering
your first n	ame, last name and federal tax ID number below.
First name	
Greg	
Last name:	
Whelan	
Federal tax	ID:
77-77777	

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

Acco	unt Setting	s	
To modify y	our profile information,	edit any of the fields	s below then click the 'Continue' button.
User F	Profile Informa	tion	
* First nar	me		Middle initial
Mason			
* Last nar	ne		Suffix
Miller			<b>•</b>
Address I	ine 1		
222 Main	St		
Address I	ine 2		City
			Boston
* State	* ZIP code		
MA 🔻	02110		
Contac	ct Information		
Туре	Number Ext.		
Work	(978) 453-3212		
Туре	Number	Ext.	
▼ (###) ###-####			

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

Create Login Inform	ation	
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 0		
MasonMiller	check availability.	
* Your password O		
* Confirm your password 0		
Security question	system will ask you the information provided below and you this your email address in order to receive a temporary	
For example: What is your mother's maider	name? What city were you born in?	
* What question would you like asked	?	
What is your dream car?		
"What is the answer?		
Jag		
Cancal	Continue	
Curron	Commus	

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



- 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.

## 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.



Welcome! Meeting your insurance needs has never been so easy. Please enter your user ID and password below.
User ID:
Forgot user ID?
Password:
•••••
Forgot password?
Login

#### Forgot User ID

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

User ID assistance If you have forgotten your user ID, enter your first name, last name, and email address below and click the 'Continue' button. If you need additional assistance, please contact your watem administrator.	
* First name:  * Last name:	User ID assistance In order to retrieve your User ID, we need to verify your identity. Please provide the answer your security question. Once verifide, we will se you an email with your User ID.
* Email address: Cancel Continue >	* secretQuestion7756: jag Cancel Continue >

- 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.



Password assistance If you have forgotten your password, enter your user ID and email address below and click the 'Continue' button.
If you need additional assistance, please contact your system administrator.
* User ID:
* Email address:
Cancel

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.

	Temporary password
You hav	e logged in with a temporary or expired
Type the Old Pas passwor	<ul> <li>temporary or expired password into the sword field then create and confirm a new d.</li> </ul>
Passwor	rd
• Old pa	issword
• New p	assword:
• Confir	m your password
Security	question
Select a answer.	security question then provide the
This info	rmation along with your email address
passwor	equired in the event you forget your d or User ID.
• What a	question would you like asked?
	÷
• What i	s the answer?
_	

## 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.

nassachusetts		Advanced search
Bernard	⊮ Tools ≚	
Employer	Employer contact	Open enrollment
Cane Consulting	(222) 222-2222	5 Day(s) left

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		
	Employee Enrollment	
	Your profile	Shop for plans Broilment

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.



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.

Save and exit quote	×
Are you sure you want to save and exit?	
Cancel	Save and exit

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.

Verify census						-	
Review the census and resol enrollment information. Use Export Census to modify	ve issues identifie the existing cens	ed with 😉. Each employee m sus details then use Upload C	ust have an email address census to import the correc	to ensure th	ey receive	5	employees
Add employee Uplo	ad census 📄 <sub>臣</sub>	sport census			1	Download c	ensus template
Show fewer employee details						E	<u>nployee details</u>
Total medical	MA only	CT/ME/NH/RI/VT	Out of NE	Total	Senior	Total Der	ital
3	2	1	0	1		5	
							Close
Employee info	Dependents				Coverage		Action
John, John - 39 U DOB: 12/12/1980 Status: Active ZIP code: 02138 State: MA County: Middlesex	Child 19 U 021 Spouse 39 U 0	138 MA Middlesex (Medical, I 2138 MA Middlesex (Medica	Dental) I, Dental)		Medical - FAM Dental - FAM		Edit <b>()</b> Remove
Sam, Sam - 39 U DOB: 10/10/1980 Status: Active ZIP code: 02139 State: MA County: Middlesex	None				Medical - EE Dental - EE		Edit <b>()</b> Remove
Lori, Lori - 39 U DOB: 12/12/1980 Status: Active ZIP code: 10964 State: NJ County: Bergen	None				Medical - Waive I Dental - EE		Edit <b>Q</b> Remove
Mario, Mario - 85 U DOB: 12/12/1934 Status: Active ZIP code: 02534 State: MA County: Barnstable	None				Medical - Waive V Dental - EE Senior - EE		Edit <b>()</b> Remove
Park, Park - 49 U DOB: 12/12/1970 Status: Active ZIP code: 03813 State: ME County: Oxford	None				Medical - EE Dental - EE		Edit Remove
Show fewer employee details							

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

## **Viewing Census Detail**

(f)

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.

Verify census Review the census and resolv- enrollment information. Use Export Census to modify t	e issues identified	d with ♥. Each employee n is details then use Upload 0	nust have an email address Census to import the correc	to ensure the	ey receive	5	employees
Add employee Uploa	d census	port census			D	ownload ce	ensus template
Show fewer employee details						E	mployee details
Total medical M	1A only	CT/ME/NH/RI/VT	Out of NE	Total	Senior	Total Den	ital
3 2		1	0	1		5	
							Close
Employee info	Dependents				Coverage		Action
John, John - 39 U DOB: 12/12/1980 Status: Active ZIP code: 02138 State: MA County: Middlesex	Child 19 U 0213 Spouse 39 U 02	88 MA Middlesex (Medical, 2138 MA Middlesex (Medica	Dental) al, Dental)		Medical - FAM Dental - FAM		Edit <b>()</b> Remove
Sam, Sam - 39 U DOB: 10/10/1980 Status: Active ZIP code: 02139 State: MA County: Middlesex	None				Medical - EE Dental - EE		Edit <b>()</b> Remove
Lori, Lori - 39 U DOB: 12/12/1980 Status: Active ZIP code: 10964 State: NJ County: Bergen	None				Medical - Waive I Dental - EE		Edit () Remove
Mario, Mario - 85 U DOB: 12/12/1934 Status: Active ZIP code: 02534 State: MA County: Barnstable	None				Medical - Waive V Dental - EE Senior - EE		Edit Remove
Park, Park - 49 U DOB: 12/12/1970 Status: Active ZIP code: 03813 State: ME County: Oxford	None				Medical - EE Dental - EE		Edit   Remove
Show fewer employee details							

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.





Verify census				
Review the census and re- enrollment information. Use Export Census to mod	solve issues identified with $oldsymbol{9}$ . lify the existing census details	Each employee must have then use Upload Census to	an email address to ensure they receive o import the corrections.	2 employees
Add employee	load census <u>Export censu</u>	15		Download census template
Expand employee details				Employee details
First name	Last name	Birth date	Employee status	Action
Mario	Mario	12/12/1934	Active	Edit
Family members: None				Remove
Park	Park	12/12/1970	Active	Edit
Family members: Spouse	9			Remove
Expand employee details				
Previous Exit			Override	Participation Continue

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, 40 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.

Edit employee				*
Employee informa	ation:			
First Name	*Last Name	*Birth date	Age	
Park	Park	12/12/1970	49	
Sender *Employmer	t Status Email	*ZIP Code	State County	
<ul> <li>Active</li> </ul>		03813	NH Carroll	
Aedical Coverage Senior	Medical Coverage Dental	Coverage		
ES 🔻	• FAM			
	EE			
Employee depend	dent informa <mark>tic</mark>			
Birth date	Age	nder Relationship	*ZIP Code	
12/12/1980	39	▼ Spouse ▼	03813	
State County	Waive	$\sim$		
/IE Oxford 😣				
Medical Coverage 🕑	Dental Coverage			
Add dependent				



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

verity census			
Review the census and resolve enrollment information. Use Export Census to modify th	issues identified with 😉. Each employee must have an email address to ensure ne existing census details then use Upload Census to import the corrections.	they receive 2	employees
Add employee Upload	census Export census	Download o	ensus template
Show fewer employee details		E	mployee details
Employee info	Dependents	Coverage	Action
Mario, Mario - 85 U DOB: 12/12/1934 Status: Active ZIP code: 02534 State: MA County: Barnstable	None	Medical - Waive V Dental - EE Senior - EE	Edit <b>()</b> Remove
Park, Park - 49 U DOB: 12/12/1970 Status: Active ZIP code: 03813 State: NH County: Carroll	Spouse 39 U 03813 ME Oxford (Medical, Dental)	Medical - ES Dental - FAM	Edit <b>O</b> Remove
Show fewer employee details			
Previous Exit		Override Participation	Continue

#### To add email addresses for existing employees:

1. Click Edit in the Action column beside one of the highlighted entries.

Edit employee				×
Employee inform	ation:			
*First Name	*Last Name	*Birth date	Age	
Jane	Dover	01/01/1990	28	
Gender *Employme	ent Status Email	ZIP Code	State County	
Active	•	02110	MA Suffolk	
Medical Coverage Dent: EE Add dependent	al Coverage 🕑			
Cancel				Save

- 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.

Edit employee			н
Employee inform	mation:		
*First Name	*Last Name	*Birth date	Age
Jane	Dover	01/01/1990	28
Gender *Employr Active Medical Coverage Der	ment Status Email janedover@	*ZIP Code dover.com	State County MA Suffolk
EE     V       Add dependent			
Cancel			Save

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



Verify census				
Review the census and res enrollment information. Use Export Census to mod	olve issues identified with $oldsymbol{0}$ . E	ach employee must have an en en use Upload Census to impor	nail address to ensure they receive t the corrections.	3 employees
Add employee Up	load census Export census			Download census template
Expand employee details				
First name	Last name	Birth date	Employee status	Action
Jane	Dover	01/01/1990	Active	Edit
Family members: None				Remove
Dan	Dover	01/01/1990	Active	Edit 🕕
Family members: None				Remove
Jesse	Dobver	01/01/1990	Active	Edit ()
Family members: None				Remove
Expand employee details				
Previous Save and	exit			Continue

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.

Verify census Review the census and reso enrollment information. Use Export Census to modi	olve issues identified with $oldsymbol{0}$ . E fy the existing census details th	ach employee must have an em en use Upload Census to impor	ail address to ensure they receive the corrections.	3 employees
Add employee Uple	oad census Export census			Download census template
First name	Last name	Birth date	Employee status	Action
Jane	Dover	01/01/1990	Active	Edit
Family members: None				Remove
Dan	Dover	01/01/1990	Active	Edit ()
Family members: None				Remove
Jesse	Dobver	01/01/1990	Active	Edit
Family members: None				Remove
Expand employee details				
Previous Save and	exit			Continue

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

Remove employee		×	
Are you sure want to remove the employee and any associated dependents?			]
	Cancel	Ok	

2. Click OK.



Review the census and re- enrollment information. Use Export Census to more	solve issues identified wit dify the existing census de	h 😉. Each employee must ha	e an email address to ensure they receive to import the corrections.	2 employee
Add employee Up	bload census Export	census		Download census template
First name	Last name	Birth date	Employee status	Action
less.	Dover	01/01/1990	Active	Edit
Jane				Demession
Jane Family members: None				Remove
Jane F <b>amily members:</b> None Dan	Dover	01/01/1990	Active	Edit ()
Family members: None Dan Family members: None	Dover	01/01/1990	Active	Edit O Remove

#### Add Dependents for an Existing Employee

1. Click Edit in the Action column to display the employee's information.



Employe	e informat	ion:						
*First Name		*Last I	Name *	Birth date		Age		
Dan		Dover		01/01/1990		28		
Gender	*Employment	Status	Email	*ZIP C	ode		State	County
*	Active •		dan dover@gmail.com	02110	)	1	MA	Suffolk
Medical Cov EE • Employe	erage Dental C EE	ent in	e O					
Medical Cov EE 🔻 Employe *Birth date	erage Dental C EE	ent in	e 0	Sender	*Relationship	*ZIP Co	ode	
Medical Cov EE • Employe *Birth date	ee depende	ent in	formation:	Sender T	*Relationship	*ZIP Co 02110	de	
Medical Cov EE • Employe *Birth date MM/DD/YYY State Coun	rerage Dental C EE ee depende Y	ent in Age	formation:	Sender T	*Relationship	* <b>ZIP Co</b> 02110	de	
Medical Cov EE • Employe *Birth date MM/DD/YYY State Coun MA Suffoll	erage Dental C EE ee depende Y ty c S	ent in Age	formation:	Gender T	*Relationship	*ZIP Co 02110	de	
Medical Cov EE • *Birth date M//DD/YYY State Coun MA Suffoll @ Medical C	erage Dental C EE ee depende Y ty c S Coverage @ Du	ent in Age	formation:	Gender T	*Relationship T	*ZIP Co 02110	de	

- 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 & SpouseFAM Employee, Spouse & Child(ren)EC Employee & ChildWaive I Declining CoverageWaive 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 dental coverage.

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

Em *First	ploye t Name	e informat	ion: *Last I	lame	*Birth date		Age			
Dan			Dover		01/01/199	0	28			1
Gend	ier	*Employment	Status	Email	*ZI	P Code		State	County	
	•	Active •		dan.dover@gmail.com	02	2110		MA	Suffolk	
EE	•	EE	٠							
E		lent								
ES EC		lent		01/01/1990		Active			Sav	re

Refer to Adding Seniors with Dependents for instructions.

4. Click Add dependent.



Edit emplo	yee										3
Employe	e inf	ormat	ion <sup>.</sup>								
*First Name		onnat	*Last N	lame	*Birth	date		Age			
Dan			Dover		01/01/	1990		28			
Gender	*Emp	loyment	Status	Email		*ZIP C	Code		State	County	
•	Activ	∕e ▼		dan.dover@gmail.com		02110	D		MA	Suffolk	
Medical Cov	erage	Dental C	overag	e 0							
ES v		ES	•								
Employe Birth date	e de	pende	ent in Age	formation:	Gende	r	*Relationship	*ZIP (	Code		
01/01/1990			28		Fema	le 🔻	Spouse 🔻	0211	D		
State Count MA Suffolk Medical C Add depend	everag	je 🕑 De	ental Co	verage							

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 <sup>10</sup> 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.

Employee depe	endent information				
*Birth date	Age	Gender	*Relationship	*ZIP Code	State
01/01/1990	28	Male 🖂	Spouse 🖂	02110	MA
County Suffolk Medical Coverage Add dependent	Dental Coverage				
Cancel				Add anoth	er employee Save



## Add Employees

This describes the on-screen option.

Add employee Expand employee det	Upload census Expor	t census		Download census templat
First name	Last name	Birth date	Employee status	Action
	Davas	01/01/1990	Active	Edit
Jane	Dover			
Jane Family members: No	one			Remove
Jane Family members: No Dan	Dover	01/01/1990	Active	Edit
Jane Family members: Na Dan Family members: Sp	Dover Dover	01/01/1990	Active	Edit Remove

#### To add employees:

1. Click Add employee to display the form.

First Name 🗟	*Last Name	*Birth date	Age	
BethAnn	Keefe	01/01/1990	28	
Sender *Employmer	nt Status Email	*ZIP Code	State	County
Female  Active	b.keefe@gmail.	com 02110	MA	Suffolk
Add dependent	Coverage 🔁			



**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.

- 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.
- 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.

Add employee					×
Employee informa	tion:				
*First Name	*Last Name	*Birth date	Age		
BethAnn	Keefe	01/01/1990	28		
Gender *Employmen	t Status Email	*ZIP Code		State County	
Female   Active	b.keefe@gmail.com	02110		MA Suffolk	
Medical Coverage Dental	Coverage 0				
FAM <b>v</b> FAM	•				
Employee depend *Birth date	Age	Gender *Rela	tionship *ZIP (	Code	
01/01/1990	28	Male V Spo	use v 0211	0	
MA Suffolk S Medical Coverage D Employee depend	ental Coverage ent information:				
*Birth date	Age	Gender *Rela	tionship *ZIP (	Code	
01/01/2015	3	Female V Chil	d 🔻 0211	0	
State County					
MA Suffolk 😵					
<ul> <li>Medical Coverage</li> <li>Add dependent</li> </ul>	ental Coverage				
Cancel			Add ano	ther employee Sav	/e

- 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.
- 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.

Edit employee				×
E.				
Employee in	formation:			
First Name	Last Name	*Birth date	Age	Gender
MaryAnn	Flynn	01/01/1950	68	Female
*Employment Star	tus *ZIP Code	State County		
Active 🔽	01851	MA Middlesex		
Medical Coverage	Senior Medical Covera	ge Dental Coverage 0		
Waive V 🗸	EE 💌	EE 🔽		
Add dependent				
Cancel				Save

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.

<u>Remarried</u> - 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 Ca	ncel

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



1

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:

Verify census					
Review the census and resolve issues identified with 🖲. Each employee must have an email address to ensure they receive 9 employ enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.					
Add employee Uplo	ad census <u>Export census</u>	)		Download census template	
Expand employee details					
First name	Last name	Birth date	Employee status	Action	
Sam	Sam	01/01/1990	Active	Edit	
Family members: Spouse				Remove	
Dave	Dave	01/01/1990	Active	Edit 🔒	
Family members: Spouse	·	·	·	Remove	
Melissa	Melissa	01/01/1990	Active	Edit 🔒	
Family members: Spouse,	1 Child			Remove	

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



🦻 Save As	×
	マ ひ Search Desktop タ
Organize • New folder	📖 · 🕐
Documents  Fictures  Growth Communications  Screen Shots  skeefe01 on bisIn02e\home (H:)	Name     Census 98     UX     Special Announcements - Blues Enroll_files     Old Firefox Data
File name: Cersus Save as type: Microsoft Excel 97-2003 Worksheet	Save Cancel

- 2. Navigate to where you want to store the census template. Modify the filename as needed.
- 3. Click **Save**.

6

- 4. Minimize BlueQuote and navigate to the template's location.
- 5. Double-click to open the census template.

Microsoft Excel
Image: Construction of Constructine of Construction of Construction of Construc

6. Click Yes to acknowledge the file format message and open the Excel spreadsheet.

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

Fi	le Home	Insert	Draw	Page Layout	Formulas	Data	Review	View	Help	Nuance PDF	,⊖ Search		
Û	PROTECTED VIEW	V Be careful-	—files fro	om the Internet can	contain viruse	s. Unless y	ou need to edi	t, it's saf	er to stay i	n Protected View.	Enable Editin	g	
K23	3	×	f <sub>x</sub>										
		А			1	В				С	D	E	F
1	Census Impor	t Instructio	ons										
3	Important Note:	Do not mo	dify the	column headings	s in any way	or insert a	any additional	l lines a	bove the	column headings			
4 5	*Required fields are indicated with an asterisk (*)												
7	*If you enter coverage type of ES, EC, or FAM for an employee, ensure you enter the corresponding number of dependent records.												
8 9	Please follow the instructions below for each field when completing the census on the next tab.												
10													
11	Field			Instruction					Require	d			
12	Member ID			This is a unique enter or modify t	system ID fo his column.	r existing	members. Do	o not	No				
13	*Sequence No			Enter a sequenti employee depen employee. Numb continue in asce if the employees each dependent	al number for dents enter to bers in this file nding order for sequence numeratory associated v	r each em he same eld typical or each e mber is "1 with that e	nployee. For value as the lly begin at "1 mployee. Exa I", then enter employee.	" and ample, "1" for	Yes				

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



## BlueQuote – Enrollment

- 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.

- 1	1 Census Information (	Required Fie	IGS)								
	2 Member ID	"Sequence No	'Relationship to Employee (Employee, Spouse, Child	Last Name	<b>'First Name</b>	Gender (Female, Male)	'Birth date (MM/DD/YYYY)	Age	"Employment Status (Active, COBRA)	"Medical Coverage (EE, ES, EC, FAM, Waive I, Waive V)	"Senior Me
	3	1	Employee	Sam	Jones	Male	01/01/1990	28	8 Active	ES	
	4	1	Spouse	Tracy	Jones	Female	01/01/1990	28	8		
	5	2	Employee	Dave	Dawson	Male	01/01/1990	28	8 Active	ES	
	6	2	Spouse	Maria	Dawson	Female	01/01/1990	28	8		
	7	4	Employee	Ellis	Elaine		01/01/1990	28	8 Active	EE	
	8	5	Employee	Fisher	Frank		01/01/1990	28	8 Active	EE	
	9	6	Employee	Gates	Gail		01/01/1990	28	8 Active	EE	
	10	7	Employee	Henderson	Heidi		01/01/1990	28	8 Active	EE	
	11	8	Employee	Keefe	Ida		01/01/1990	28	8 Active	EE	
	12	9	Employee	Ingram	Isaac		01/01/1949	69	9 Active	Waive I	EE

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.

Δ

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.

10. Save and Close the spreadsheet.

Review the census and enrollment information.	IS I resolve issues identified w	th \rm Each employee must ha	ve an email address to ensure they receive	e 2 employe	
Use Export Census to modify the existing census details then use Upload Census to import the corrections.  Add employee Upload census Export census [					
Add employee	Upload census Export	census		Download census templa	
Add employee	Upload census Expor	Census Bith date	Employee status	Download census templa	
Add employee	Upload census Export Is Last name Dover	Birth date	Employee status Active	Action	
Add employee Expand employee detai First name Jane Family members: Nor	Upload census Export Is Last name Dover	Birth date 01/01/1990	Employee status Active	Action Edit Remove	
Add employee Expand employee detai First name Jane Family members: Nor Dan	Upload census Expor is Last name Dover ne Dover	Birth date 01/01/1990	Employee status Active Active	Action Edit Edit	

- 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:

Verify census							
Review the census and resolve issues identified with 🕘. Each employee must have an email address to ensure they receive envolment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.							
You have succes	You have successfully imported 9 employee(s) to Deacon's Dresses.						
Add employee Uplo	pad census <u>Export census</u>		Do	wnload census template			
Expand employee details							
Expand employee details							
Expand employee details First name	Last name	Birth date	Employee status	Action			
Expand employee details First name Jones	Last name Sam	Birth date 01/01/1990	Employee status Active	Action			
Expand employee details First name Jones Family members: Spouse	Last name Sam	Birth date 01/01/1990	Employee status Active	Action Edit Remove			
Expand employee details First name Jones Family members: Spouse Dawson	Last name Sam Dave	Birth date 01/01/1990 01/01/1990	Employee status Active Active	Action Edit Remove			

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.

Impor	t errors		×
The follo	owing errors hav	e been found in your census file. Please address these errors and import	
	Location	Description	
	N3	ZIP Code requires 5 numeric digits. Please check the entry and try again	
	N4	ZIP Code requires 5 numeric digits. Please check the entry and try again	

## Editing the Census After Uploading

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



Employee census 😤 3 employees					
This section is used to ider Click the Add Employee bu using an Excel spreadshee entered, review and resolv	tify employees and their de itton to provide details here it. Click Upload Census to i e issues identified with <sup>1</sup>	pendents. or use the Download Census mport the detail when the temp	Template link to document the census late is completed. Once the census is		
You have suc	ccessfully imported 3 emplo	yee(s) to Penny's Pies.		×	
Add employee	Upload census Export	census		Download census template	
Expand employee details	£				
First name	Last name	Birth date	Employee status	Action	
Jane	Smith	01/01/1990	Active	Edit	
Family members: Spot	use, 1 Child			Remove	
Travis	Willson	01/01/1990	Active	Edit	
Family members: Spor	use, 1 Child			Remove	
Martina	Lopez	01/01/1990	Active	Edit	
Family members: Non	e			Remove	
Expand employee details	1				
Previous Save a	ind exit			Continue	

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

Edit employee			×
Employee informat First Name	iON: Last Name	*Birth date	Age
Martina	Lopez	01/01/1990	28
Gender *Employmen	nt Status *ZIP Code	State County	
Female <b>v</b> Active <b>v</b>	02110	MA Suffolk	
Medical Coverage Senior N	Medical Coverage Dental Co	overage	
EE 🔻 🔻	EE	•	
Add dependent			
Cancel			Save

- 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

A

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

Employer Information	Eligibility Requirements	Current Carrier	Broker Designation	Application Summary
Employer Signature				

Check marks  $\sqrt{}$  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.

	5	
tease take a look at the following	neids.	
Employers Tax ID No. is req	uired. Mease enter a value.	
count Application for I	nsured Business	
Company Informatio	n	
*Employer's Legal Name	Doing Business As (DBA)	*Employer's Tax ID No. (6
Deacon's Dresses		
SIC code		
5137		
0.01		
SIC code description: Wo	men's & Children's Clothing	
Notes of Basilines		- (D.)
"Nature Of Business	Тур	e of Business

## **Employer Information Page**



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

Company Informati	on
*Employer's Legal Name	Doing Business As (DBA) *Employer's Tax ID No. 🕖
Deacon's Dresses	
*SIC code	
5137	
SIC code description: W	fomen's & Children's Clothing
*Naturo Of Business	*Turo of Business
Nature Of Dusiness	Type of busiless
*Does Employment vary	seasonally?
O Yes	
O No	
- 10	
Employer's Busines	ss Address
*Street Address	
6 State Street	
	*City
Street Address Line 2	
Street Address Line 2	Boston

#### 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**.
- 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

- 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 \*.

Eligibility Requirements
Enter the following information to describe the eligibility requirements that your employees must meet to obtain coverage.
<ol> <li>Eligible employees are defined as: permanent full-time employees regularly working 30 or more hours per week and permanent part-time employees working at least 20 hours, but less than 30 hours per week, at the employer's usual place of business and paid in accordance with state and federal wage requirements.</li> </ol>
*2. A. What is the total number of your employees? (Includes full and part-time individual(s) who received payments from the employer that are subject to state and FICA taxes.) This information is very important to classify your company correctly for Federal Medicare Secondary Payer (MSP) requirements.
*2. B. What is the total number of your permanent employees that are actively working and eligible for health care coverage?
*2. C. Of the employees described in B, what is the total number that you have not enrolled because they are enrolled in another group health plan through their spouses or through other insurance such as Mass Health or Connector plans? *Medical *Dental
*2. D. Of the employees described in B, what is the total number you are enrolling in all your health care coverages? *Dental

- 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).
- 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.

Enter the following information regarding your current carriers.	
Coverage Information Medical "Will this replace existing coverage? O Yes O No	
Senior "Will this replace existing coverage? ⊖Yes ⊖No	
Dental "Will this replace existing coverage? ⊖ Yes ⊖ No	
< Previous	Save & Exit Next>

#### 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.
- 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
  - 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.

oker Designation						Questions? Need h
I hereby authorize	Ellen E Kaplan	(Broker) of	Group Health Spe	cialists	(Agency)	Please contact:
receive information from Blue Cross and Blue Shield of Massachusetts on Dover Rug						Group Health Specialists
's (Company Nam insurance plan(s) e	e) behalf and to receive fe istablished by this account	e and/or commission application.	n compensation on	he group he	alth	Cumberland, RI 02895 Phone: (617)246-6755 Email: sumithra.bhupathy@bcl m
This designation is	effective 11/10/2018 and v	vill remain in effect u	until rescinded in wr	ting by me o	ran	
uthorized representative of Dover Rug (Company Name). I certify that I have contract						
signing authority to	designate broker paymen					
"Name	* Title	,	*Da	te	-	
	HP	HR Manager		10/15/2018		

- 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.

I Inderstand 1				
i onderstand i	hat: –			
(1) Coverage is not eff (2) Final premium rate ENROLLMENT	fective until s are subje	approved by Blue C ect to current Blue C	Cross and Blue Shield. ross and Blue Shield underwriting guidelines and FINAL	
(3) Requested effective (4) Existing coverage st (5) No broker or consu	e date of c should not iltant may i	overage may be dec be canceled until thi make or modify a co	lined or deferred if the information submitted is incomplet is request is approved. ntract for Blue Cross and Blue Shield.	e.
(6) All enrolled groups (7) All groups must ver	are subjec	t to enrollment eligit	pility reviews at any time.	
<ul> <li>(8) Groups found to ha conversion privileges,</li> <li>(9) The Premium According</li> </ul>	ave misrep and are lia ount Agreer	resented eligibility of ble for all benefits p ment will be conside	Is users at renewa. f subscribers(s) are subject to immediate cancellation, with aid for inappropriately enrolled subscribers. red accepted and binding when the Account first makes a	n no
payment to Blue Cross (10) Premium paymen interest charge of up to	s and Blue It is due on o 1.5% per	Shield. or before the date li month, as describe	isted on each invoice. Amounts past due are subject to an d in your Premium Account Agreement.	
I certify that th	e inform	ation in this app	lication is true and complete.	
<ul> <li>Non-Discrimination</li> </ul>	ation ur	nder Massach	usetts Law	
By signing below, I cor	nfirm that e	ach Blue Cross and	Blue Shield product for Massachusetts residents	
is being offered by	over Rua	* t	o all full-time employees in Massachusetts and,	
Di				
except as permitted	Dover Rug	*	does not contribute a smaller percentage of the	
except as permitted	Dover Rug d full-time e product. (	employees than high This non-discriminat	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by	
except as permitted [ premium for lower paik and enroll in the same collective bargaining a	Dover Rug d full-time e product. ( igreements	mployees than high This non-discriminat ).	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by	
except as permitted premium for lower pair and enroll in the same collective bargaining a	Dover Rug d full-time e product. ( greements uthorize	employees than high This non-discriminat ). ed Employer	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by <b>Representative</b> )	
except as permitted premium for lower pak and enroll in the same collective bargaining a Signed By (Au *First Name	Dover Rug d full-time e product. ( greements uthorize MI	employees than high This non-discriminat ). ed Employer *Last Name	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by Representative) Suffix Title *Date	
except as permitted premium for lower pair and enroll in the same collective bargaining a Signed By (Au *First Name Mason	Dover Rug d full-time e product. () greements uthorize MI	* employees than high This non-discriminat ). ed Employer *Last Name Miller	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by Representative) Suffix Title *Date v 10/15/2018	
except as permitted premium for lower pair and enroll in the same collective bargaining a Signed By (Au *First Name Mason *Company Name	Dover Rug d full-time e product. ( greements uthorize MI	*mployees than high This non-discriminat ). ed Employer *Last Name Miller	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by Representative) Suffix Title *Date 10/15/2018	
except as permitted premium for lower pair and enroll in the same collective bargaining a Signed By (Au *First Name Mason *Company Name Dover Rug	Dover Rug d full-time e product. () greements uthoriz( MI	*mployees than high This non-discriminat ). ed Employer *Last Name Miller	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by <b>Representative)</b> Suffix Title *Date 10/15/2018	
except as permitted premium for lower pair and enroll in the same collective bargaining a Signed By (Au *First Name Mason *Company Name Dover Rug *Sales Executive	Dover Rug d full-time e product. ( igreements uthoriz MI	*Date	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by Representative) Suffix Title *Date V 10/15/2018 Regional Office	
except as permitted premium for lower paik and enroll in the same collective bargaining a Signed By (Au *First Name Mason *Company Name Dover Rug *Sales Executive Steve Cunha	Dover Rug d full-time e product. ( greements uthorize MI	*Date	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by Representative) Suffix Title *Date V 10/15/2018 Regional Office	
except as permitted premium for lower paid and enroll in the same collective bargaining a Signed By (Au *First Name Mason *Company Name Dover Rug *Sales Executive Steve Cunha Territory No.	Dover Rug d full-time e product. ( greements uthoriz. MI	*Date 10/15/2018 *Telephone	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by <b>Representative)</b> Suffix Title *Date v 10/15/2018 Regional Office	
except as permitted premium for lower paid and enroll in the same collective bargaining a Signed By (Au *First Name Mason *Company Name Dover Rug *Sales Executive Steve Cunha Territory No.	Dover Rug d full-time e product. ( greements uthorizo MI	*Date 10/15/2018 *Telephone	does not contribute a smaller percentage of the er paid full-time employees who live in Massachusetts ion provision does not apply to employees covered by <b>Representative)</b> Suffix Title *Date 10/15/2018 Regional Office	



- 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 underv and ACTUAL ENROLLMENT as of the plan effective date.	writing analysis
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.

Ny Account			S employees
Enrollment	6		Requested effective date: 11/15/2018
Below you can review and maintain your account. based on pre-enrollment information.	The employee and effective	date data displayed is	My Information
Verify employee census Before you complete your application, please verif census.	y the employee	In process Verify census	wy information Janette Flynn 125 Third Street Lowell, MA 01852 Middlesex Email: susan.keefe@bcbsma.com
Employer application Before your employees can enroll for health cover complete the employer application.	age, please	In process omplete application	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
Quarterly wage/Tax statement	Choose file	Upload	Phone: (617) 246-6755
Quarterly wage/Tax statement Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected	Choose file Choose file	Upload Upload	Phone: (617) 246-6755 Contact Sales Representative



#### 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.

My Account		2 employees
Enrollment		Requested effective date: 06/15/2019
Below you can review and maintain your account. T	he employee and eff	ate data displayed is
based on pre-enrollment information.		My Information
N		Tina Fay
Manage employee enrollment	2 Main St	
Enrollment has been opened to the employees. Man	nage the	Boston, MA 02110 Suffolk
enroliment of your employees by reviewing the emp enrollment form status and make any applicable upo	dates to the	Email: susan.keefe@bcbsma.com
employee roster.		Phone: (987) 999-9999
		Fax:
Employer application		empleted on: 06/03/2019 Edit
Employer application		/iew application
The employer application has been submitted and a the application can be viewed.	summary of	Questions? Need Help?
		Sam VABroker
		123 Main St
Upload required documents		Boston, MA, 02108
These documents are required for the group.		Email: VABroker@bb.com
		Phone: (618) 726-7364
Quarterly wage/Tax statement	Choose file	Upload Contact Sales Representative
Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected	Choose file	Upload
Maiver forme for applicable employees	Chasse Fla	Enrollment Links
waiver forms for applicable employees	Choose file	BlueLinks for Employers
		New Business Submission Checklist

#### 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

A

- 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.

Choose File to Upload						х
$\leftarrow$ $\rightarrow$ $\vee$ $\uparrow$ 🚡 > SKEEFE010	06433	22	>	Desktop v Ö Search Desktop		2
Organize • New folder				E •		?
늘 Desktop	*	^		Name	Date	e m 🏠
🐌 Downloads	*	≡		Deacons Wage Tax Statements	10/3	/20
Documents	*			VerifyCensus (1)	10/2	/20
Terror Pictures	*			Census2	10/1	/20
Broker Flow 7 23				HMO_Blue_NE_Ded_1000_80-SBC	10/1	/20
Broker Training				Dental_Blue_Pedi_Plus_Adult_1_500max_100_80	10/1	/20 🗸
Screen Shots		~	<	III		>
File name:				V All Files (*.*)		×
				Open	Cancel	

3. **Double-click** to select a file and return to My Account Enrollment.

Upload documents				
Click Upload to attach the documents listed below. Once attached, documents can be replaced or deleted. Click the checkbox beside the document name to delete it.				
	File Name			
Quarterly wage/Tax statement	Deacons Wage Tax Stateme	Replace		
Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected		Upload		
✓ Waiver forms for applicable employees		Upload		

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.



MyAccount				2 5 employees		
Enrollment				Requested effective date: 11/10/2018		
Below you can review and maintain your account. The based on pre-enrollment information.	employee and eff	ective date data	displayed is	•		
				My Information		
Manage employee enrollment		Enroll e	nployees	Mason Miller		
Manage employee enrollment				222 Main St		
Enrolment has been opened to the employees. Mana enrolment of your employees by reviewing the employ	ge the vee			Boston, MA 02110 Suffolk		
enrollment form status and make any applicable upda	tes to the			Email: susan.keefe@bcbsma.com		
employee roater.				Phone: (978) 453-3212		
Employer application		Complete View ap	d on: 10/16/2018 plication	Fax: Edit		
The employer application has been submitted and a s the application can be viewed.	ummary of			Overtiens 2 Need Hele 2		
				Questions / Need Help /		
				Ellen Kaplan		
Upload required documents				4871 Dorsey Hall Drive Unit 55		
				Cumberland, RI, 02895		
These documents are required for the group.				Email: sumithra.bhupathy@bcbsma.com		
Questarb ware Tax statement	Change file		Unload	Phone: (617) 246-6755		
Quarterly wageriax statement	Choose lile		Opioad	Contact Sales Representative		
(for 2 consecutive years) if a dental	Choose file		Upload			
plan is selected				Enrollment Links		
Waiver forms for applicable employees	Choose file		Upload	BlueLinks for Employers		
				New Business Submission Checklist		

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

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

Enrollment period			
Set the dates for coverage et The Open Enrollment period submission of all enrollment issued 10-12 business days Required documents include Please contact your Blue Cre	flective date for open enrol represents the time in whi information and forms a m from the coverage effectiv Quarterly Wage Reports, so Biue Shield Sales Rep	Iment start and end dates. ch current employees can enroll in the sele nimum of 10 business days prior to the cov date. Tax forms and Disability forms. exentative if the coverage effective date ne	cted insurance plans. Blue Cross Blue Shield of Massachusetts requires the erage effective date to allow for underwriter processing. ID cards will be eds to be changed.
* Coverage effective date	* Start date	* End date	
11/01/2018	10/03/2018	10/25/2018	
Primary contact in Review and modify the prima By default, the primary conta * First name Sam	formation uy contact information as a tot will receive a confirmation * Last name Sam	needed. This information will display to you on email when the setup is complete. Unch	employees in the Contact Us section of the account shopping site. sck the box if the contirmation is not needed.
Primary contact in Review and modify the primary conta by default, the primary conta * First name Sam	formation  ry contact information as i  ct will receive a confirmati  * Last name Sam  Streat address 3	needed. This information will display to you on email when the setup is complete. Unch	employees in the Contact Us section of the account shopping site. sck the box if the continuation is not needed.
Primary contact in Review and modify the primar By default, the primary conta "First name Sam Street address 6 State Street	formation ury contact information as i text will receive a confirmatio "Last name Sam Street address 2	eeded. This information will display to your on email when the setup is complete. Unch	employees in the Contact Us section of the account shopping site. ack the box if the continuation is not needed.
Primary contact in Review and modify the prima By default, the primary conta * First name 5 am 5 Sam 6 State Street 21P	formation  ry contact information as in ct will receive a confirmation * Last name Sam Street address 2	eeded. This information will display to your on email when the setup is complete. Unch	employees in the Contact Us section of the account shopping site. ack the box if the confirmation is not needed.
Primary contact in Review and modify the prima By default, the primary conta * First name Sam Street address 6 State Street ZIP 02110 - Boston, MA (Suffol	formation  ry contact information as is et will receive a confirmatio * Last name Street address 2 k) × +	eeded. This information will display to your on email when the setup is complete. Unch State County MA SutTolk	employees in the Contact Us section of the account shopping site. ack the box if the confirmation is not needed. City Boston
Primary contact in Review and modify the prima By default, the primary conta * First name Sam Street address 6 State Street ZIP 02110 - Boston, MA (Suffol Phone number	formation  ry contact information as is ct will receive a confirmatio * Last name Street address 2 k)  × = Ext.	eeded. This information will display to your on email when the setup is complete. Unch State County MA Suffolk * Email address	employees in the Contact Us section of the account shopping site. ack the box if the confirmation is not needed. City Boston
Primary contact in Review and modify the primar By default, the primary conta First name Sam Street address 6 State Street ZIP 02110 - Boston, MA (Suffol Phone number	formation ry contact information as i receive a confirmati Last name Sam Street address 2 k) X = Ext.	eeded. This information will display to you on email when the setup is complete. Unch State County MA Suffok "Email address susan keefe@cobama.cc	employees in the Contact Us section of the account shopping site. eck the box if the confirmation is not needed. City Boston

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.

	oent Dates		
et Open Eniolin	Ient Dates		
Enrollment period			
0.1.0			
Set the dates for coverage eff	lective date for open en	roliment start and end dates.	
The Open Enrollment period submission of all enrollment i	represents the time in w information and forms a	hich current employees can enroll in the minimum of 10 business days prior to the	selected insurance plans. Blue Cross Blue Shield of Massachusetts requires the coverage effective date to allow for underwriter processing. ID cards will be
issued 10-12 business days f	rom the coverage effect	ive date.	to coverage enceare date to allow for anothing processing. To data mill bo
Required documents include	Quarterly Wage Reports	s, Tax forms and Disability forms.	ate mande to be channed
Please contact your Plue Cro		THE PROPERTY AND A DESCRIPTION OF THE PROPERTY FOR THE	ale needs to be changed.
Please contact your Blue Cro	* Start date	* End date	-
Please contact your Blue Cro * Coverage effective date	* Start date	* End date	-

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.



Site configuration Confirmation
An employee shopping website has been created for Deacon's Dresses
Employees with email addresses will receive an email notification that includes logon instructions. Please provide the shopping URL, Employer Access Code and Employee Pin located on the Setup tab of the Enrollment Snapshot to employees who do not have an email address.
Click Done to access the Enrolment Snapshot page.
Enrollment dates
Coverage effective date Start date End date 1101/2018 100/3/2018 102/2/2018 W Check here if you want to send open enrollment emails to employees
Primary contact information First name Last name Sam Sam Steret address 2 City State ZJP 6 State Street Doston MA 02110 Phone number Ext. Email address susan keelegiptosma.com
Make a change

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

We	2d 10/17/2018 5:23 PM
B B	CBSMA <noreply@bcbsma.com></noreply@bcbsma.com>
	ew Blue Cross Blue Shield of Massachusetts Employee Enrollment Site Created
To 🛛 Keefe, Susan	
Dear Mason Mill	ler,
We are pleased	to let you know that your employee enrollment site is available. Employees who provided email addresses have been notified.
Please provide t	he following information to employees who do not have an email address. These employees will also need a PIN number to access the site.
You can obtain E	Employee PIN numbers in the Enrollment Snapshot.
Employee Shopp Employer Access	oing Site: https://bmasgusgaa02.healthinsurance-asp.com/bcbsma/apps/employee-registration-portal/index.html#/anonymous/verification/ s Code: GQW1g359
Please contact n	ne if you have questions.
Ellen E Kaplan	
(617) 246-6755	
sumithra.bhupat	thy@bcbsma.com
Steve Cunha	
shilpa.mahurkar	@bcbsma.com

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 DM
	wear to 17/2016 3.23 PM
В	BCBSMA <noreply@bcbsma.com></noreply@bcbsma.com>
0	Enrollment notification
o 🛛 🖉 Keefe, Su	an an
Dear Jane	
Deal Jalle,	
Our benefit o	open enrollment period is about to begin. Please click <u>here</u> to complete and submit your application within 17 days.
Your Employ	ee PIN is bPIA0125 and the Employer Access Code is GQW1g359.
Please call or	r email me if you have any questions while filling out your application.
Miller, Maso	n
(978) 453-32	12
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.



	Dover Rug	Account ID: 8322107 Quote I	D: 14577	Status: Enrolli	ing			
5	Enrollment	Group information Set	ıp					
	Enro	Ilment snapshot						Manage enrollment
	The Enrol	Imont Snanchot holne you monity	Close open enrollment					
	enrollmen	inent Shapshot neips you monito its.	i tile acco	on enonnen p	IOCESS. GIICK EI	npioyee enioriments a	o view of manage	Cancel enrollment
			Not	started	In progress	Complete	Total employees	Employees
		~		5	0	0	5	Add employee
	Not start	ed: 5			17 day	(s) remaining		Resend Enrollment Reminders
		$\mathbf{U}$						Export employee PINs
			Effecti	ve date: 11/10/2	018			
			Enrolle	nent period: 10	11//2018 - 11/0.	3/2018		
			LIIIOIII	lient period sta	tus. In progress			
	Product	offerings			Enr	ollment by product	Employee enrollments	
	Product lin	e Subgroup		Enroll	ed In pro	ogress Waive	d Not started	
	Medical	All Employees@Dove	Rug	0%	0%	0%	100%	-
	Dental	All Employees@Dove	Rug	0%	0%	0%	100%	

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**.

Dover Rug Acc	count ID: 8322107 Quote II	0: 14577 Status: E	nrolling					
Enrollment G	Group information Setu	p						
							_	
Enrollm	ent snapshot						Ma	inage enrollment
The Freedom				and Freedom and B			Clo	se open enrollment
The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.								ncel enrollment
		Not started	In prog	ress Con	plete	Total employees	En	nployees
	•	5	0		0	5	Ad	d employee
Not started: 5	$\mathbf{O}$		1	17 day(s) remaining			Re	send Enrollment Reminders
	$\mathbf{U}$						Ex	oort employee PINs
		Effective date: 11/	10/2018					
		Enrollment period	1: 10/17/2018	- 11/03/2018				
		Enrollment period	I status: In pro	ogress				
Product offe	erings			Enrollment by pro	oduct Empl	oyee enrollments		
Product line	Subgroup		nrolled			Not started		
Medical	All Employees@Dover	Rug 0	%	0%	0%	100%		
Dental	All Employees@Dover	Rug 0	%	0%	0%	100%		

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.

Employees				Enrollment by product	Employee e	nrollments
Entries per page	25 🔻	Refresh				
Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Dover, Jane	e116112	Not started	susan.keefe@bcbsma.com	All Employees@Dover Rug	01/01/1990	✓ Select
Dover, Dan	e116113	Not started	dan.dover@gmail.com	All Employees@Dover Rug	01/01/1990	✓ <u>Select</u>
Keefe, BethAnn	e116114	Not started	susan keefe@bcbsma.com	All Employees@Dover Rug	01/01/1990	✓ Select
Martinez, Angela	e116115	Not started	susan keefe@bcbsma.com	All Employees@Dover Rug	01/01/1990	✓ Select
Patel, Dillip	e116116	Not started	dpatel@yahoo.com	All Employees@Dover	01/01/1950	✓ Select

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**

Employees	
Add employee	

1. Click Add employee in the Employees box to the right of the enrollment snapshot graphic.

Is senior					
* First name		Middle init	tial		* Last name
Sam					Wilson
Date of birth		* Gender			* Email
01/01/990_		Male		•	sam.smith@wahoo.com
No of children					
2					
Permanent residence		Address li	ine 2		
Permanent residence		Address II	ine 2 ° County	° City	
Permanent residence Address line 1 - Zip 01220 - Adams, MA (Berkahire)	X v	Address II	ine 2 "County Berkshire	° City Adams	
Permanent residence Address line 1 Žip 01220 - Adams, MA (Berkshire)	X *	Address II State MA	ine 2 * County Berkshire	° City Adams	
Permanent residence Address line 1 *Zip 01220 - Adams, MA (Berkshire) Employment information	X v	Address II	ine 2 °County Berkshire	° City Adams	
Permanent residence Address line 1 Zip 01228 - Adams, MA (Berkahire) Employment Information Employment status	X *	Address II	ine 2 *County Berkahire	° City Adams	
Permanent residence Address line 1 Zip 01228 - Adams, MA (Berkshire) Employment information Employment status Adre	× •	Address II State MA	ine 2 ° County Berkahire	° City Adams	
Permanent residence Address line 1 Zip 01228 - Adams. MA (Berkshire) Employment Information Employment status Active Subgroup	× v	Address II <sup>°</sup> State MA	ine 2 * County Berkahire	° City Adams	



- 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.

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

- 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.

(fi

(f)

1 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.

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.

	Wilson, Sam	e116346	Not started	sam.smith@wahoo.com	All Employees@	Dover 01/01/1990 <u>Select</u>
					Rug	View profile
						Edit
						Enroll/Waive
			Blue Cross Blue Shield	of Massachusetts is an Independent	Licensee of the Blue C	Delete
			® Registered Marks of respective owners.	the Blue Cross and Blue Shield Asso	ociation. @', @'', TM, SN	Resend Enrollment Reminder are the part of
M	ASSACHUSET	TS	© 2018 Blue Cross and	Blue Shield of Massachusetts, Inc,	, and Blue Cross and Blu	ue Shield of Massachusetts HMO Blue, Inc.

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



## 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.

Remove employee	×
kở You are deleting an employee. Click Delete to confirm, otherwise click Cancel.	
Cancel	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.

Profile						
Personal	Employee	House	hold m	nembers		Enroll/Waive
Information	Information	Name		Relationship	Birthdate	Gender
Name Jones Sam	e114488	Jones	Sam	Self	01/01/1990	Male
Birthdate	Title	Jones	Tracy	Spouse	01/01/1990	Female
01/01/1990	Annual salary					
Gender	-					
Male	Subgroup					
Marital status	All Employees@Deacon's					
- : San ann ann ann ann ann ann ann ann ann	Dresses					
hone number	Employment status					
	Active					
ddress						
oston MA 02110						

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.

Thompson, Sara	e114535	Not started	s@wahoo.com	All Employees@Deacon's Dresses	01/01/1990 <u>Select</u>
					Edit
					Enroll/Waive
	E	Blue Cross Blue Shi	eld of Massachusetts is an	Independent Licensee of the Blue Cross and I	Blue Shield

2. Click Edit.



Is senior				
* First name	Middle initial			* Last name
Jones				Sam
Date of birth	* Gender			* Email
01/01/1990	Male		~	susan.keefe@bcbsma.com
No of children				
0				
Permanent residence Address line 1	Address line 2			
Permanent residence Address line 1	Address line 2	° City Boston		
Permanent residence Address line 1 - Zip - Signature -	Address line 2	° City Boston		
Permanent residence           Address line 1           2/D         * 58           62110 - Boston, MA (Sudnik) × *         MA           Employment Information         * Employment tables           - Kefme	Address line 2	° City Boston		
Permanent residence           Address line 1           20         * 58           02110 - Botton, MA (Suthith) × *         MA           Employment information         *           *Employment status         Adres           Adress         *	Address line 2	° City Boston		
Permanent residence Adtress line 1  200 200 200 200 200 200 200 200 200 2	Address line 2	* City Bostan	x *	

- 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**.

**G** 

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.

Enrollment snaps	hot				Manage enrollment
he Enrollment Snanshot helps vo	u monitor the account enrollme	nt process. Click Emply	wee enrollments to vie	or manage	Close open enrollment
nrollments.	a monitor the account enrolling	in process. Once Empe	yee enrollments to th	or manage	Cancel enrollment
	Not started	In progress	Complete	Total employees	Employees
•	6	0	0	6	Add employee
Not started: 6		17 day(s)	remaining		Resend Enrollment Reminders
0					Export employee PINs
	Effective date: 11/1	0/2018			
	Enrollment period:	10/17/2018 - 11/03/20	18		
	Enrollment period	status: In progress			

1. Click Resend Enrollment Reminder in the Employees area.



2. Click Resend.



# **Enroll on Behalf of Employees**

Employees	6			Enrollment by product	Employee en	nrollments
Entries per pag	e 25 ¥	Refresh				
Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Dover, Jane	e116112	Not started	susan.keefe@bcbsma.com	All Employees@Dover Rug	01/01/1990	<ul> <li>✓ Select</li> </ul>
Dover, Dan	e116113	Not started	dan.dover@gmail.com	All Employees@Dover Rug	01/01/1990	<ul> <li>✓ Selec</li> </ul>
Keefe, BethAnn	e116114	Not started	susan.keefe@bcbsma.com	All Employees@Dover Rug	01/01/1990	✓ Select
Martinez, Angela	e116115	Not started	susan.keefe@bcbsma.com	All Employees@Dover Rug	01/01/1990	✓ Selec
Patel, Dillip	e116116	Not started	dpatel@yahoo.com	All Employees@Dover Rug	01/01/1950	✓ Select

### 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.

Thompson, Sara	e114535	Not started	s@wahoo.com	All Employees@Deacon's Dresses	01/01/1990 <u>Select</u>
					Edit
					Enroll/Waive
	в	lue Cross Blue Shie	eld of Massachusetts is an	Independent Licensee of the Blue Cross and E	Blue Shield

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.

Employee	Enrollment Employee profile		2 Shop for plans	3 Enrollment
Employee ho	ousehold			
Verify the details bel	low and provide any missing in	formation including dependen	its.	
Employee home zig	p code:			
02110				
* First name	* Last name	* Date of birth	Relationship	* Gender
Sam	Jones	01/01/1990	Self ~	×
* First name	* Last name	* Date of birth	* Relationship	° Gender
		01/01/1990	Spouse ~	Female ~
Remove Depender	<u>nt</u>			
Save and exit	]			Save and continue

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

	Employee profile		-(2) Shop for plans		
Employee ho	usehold				
Verify the details belo	w and provide any missing i	nformation including depender	nts.		
Employee home zip	code:				
02110					
First name	* Last name	Date of birth	Relationship	* Gender	
Sam	Jones	01/01/1990	Self	×	*
First name	* Last name	* Date of birth	* Relationship	* Gender	
Tracy	Jones	01/01/1990	Spouse	<ul> <li>Female</li> </ul>	~
Remove Dependen	t				
First name	* Last name	* Date of birth	* Relationship	* Gender	
		111		v:] [	~

- 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**

 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.

_	-				0	
Employee hou	isehold					
Verify the details belo	w and provide any missing in	nformation including depender	nts.			
Employee home zip	code:					
02110						
First name	" Last name	" Date of birth	Relationship	* Gender		
Sam	Jones	01/01/1990	Self	*	×	
First name	* Last name	* Date of birth	* Relationship	^ Gender		
Tracy	Jones	01/01/1990	Spouse	Female	~	
Remove Dependent	e .					
First name	* Last name	* Date of birth	* Relationship	* Gender		
					~	

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.



	Employee profile	2 Shop for plans	3 Enrollment
Medical	Medical Plan Options		
Dental	Click View Plan Details to review the plan be benefit review when multiple plans are offere	nefits. Check the Add plan to compare boxes, then cli ed. Click Add to Cart to select a plan.	ck Compare Plans for a side-by-side
Cart	To exclude a dependent from coverage, uncl Plans are automatically added to your Cart w	heck the box beside the dependent. Click Waive Medi when only one plan is offered.	cal to decline coverage.
	65		⊖ Pri
	Shopping for		Waive medi
	Jones (28)		
	☑ Jones (28) ☑ Jones (7)		
	HMO Blue® Select \$1000 Ded with C	орау	
		View plan details	Remove from cart
	Preventative Visit	\$0	
	Office Visit	\$30 copay	
	01100 101		
	Specialist Visit	\$45 copay	
	Specialist Visit Emergency Room	\$45 copay \$150 copay after deductible	
	Specialist Visit Emergency Room Retail Order Rx	\$45 copay \$150 copay after deductible \$20/\$30/\$50	

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.



### View plan information

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



Plan details	×
Key benefits	
Medical	
Preventative Visit	\$0
Office Visit	\$30 copay
Specialist Visit	\$45 copay
Emergency Room	\$150 copay after deductible
Retail Order Rx	\$20/\$30/\$50
Mail Order Rx	\$40/\$60/\$150
Inpatient Admissions	\$500 copay after deductible
Surgical Day Care (SDC)	\$250 copay after deductible
Chiropractic Coverage	Coverage provided for 12 visits; \$45 copay
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$0 after deductible
Medical Deductible	Individual \$1,000/Family \$2,000 (Rx \$0)
Out-of-Pocket Maximum	IN and OON combined: Individual \$5,000/Family \$10,000
Out-of-Network Coverage	Coverage provided for emergency services only
Coinsurance	20% after deductible on select services
Mental Health Coverage	Inpatient: \$500 copay after deductible; Outpatient: \$30 copay
Substance Abuse Coverage	Inpatient: \$500 copay after deductible; Outpatient: \$30 copay
Healthy Actions	No
Domestic Partner	None
Maternity Coverage	Coverage Provided. See Summary of Benefits for details
Plan documents	
Summary of benefits Summary of benefits and coverage	
Return to plan list	

- 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.

5	Employee profile3 Enrollment
Medical	Medical Plan Options
Dental	Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Compare Plans for a side-by-side benefit review when multiple plans are offered. Click Add to Cart to select a plan.
Cart	To exclude a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical to decline coverage. Plans are automatically added to your Cart when only one plan is offered.
	Shopping for Water motical Compare plans Shop Sam (3) Mary (3)
	HMO Blue® Select \$1000 Deductible
	View plan details
	Medical Deductible \$1,000 Ind / \$2,000 Fam
	Office Visit \$25 Add plan to compare
	Specialist Visit \$40
	Emergency Room \$250
	Inpatient Admissions Deductible
	🔂 Email plan details
	HMO Blue® Select Saver \$2000
	View plan details
	Medical Deductible \$2,000 Ind / \$4,000 Fam
	Office Visit \$25 after Deductible
	Specialist Visit \$40 after Deductible
	Emergency Room \$250 after Deductible
	Inpatient Admissions \$250 after Deductible

1. Check the boxes beside Add plan to compare, then click Compare Plans at the top of the page.

	<b>•</b>	S and a barry	0	
Medical	Back to plans			53 Email 🔒 Prin
Dental	Shopping for			
Cart	👿 Sam (29)			
	🗹 Mary (29)			$\square$
	HMO Blue® Select \$1000	Deductible	HMO Blue® Select Saver \$2	2000
_ ۲				
	AUU	to cart	Add to	o cart
L	Medical	to cart	Add b	o cart
L	Medical Medical Deductible	\$1,000 Ind / \$2,000 Fam	Medical Medical Deductible	\$2,000 Ind / \$4,000 Fan
L	Medical Medical Deductible Office Visit	\$1,000 Ind / \$2,000 Fam \$25	Medical Medical Deductible Office Visit	\$2,000 Ind / \$4,000 Fan \$25 after Deductible
L	Medical Medical Deductible Office Visit Specialist Visit	\$1,000 Ind / \$2,000 Fam \$25 \$40	Medical Medical Deductible Office Visit Specialist Visit	\$2,000 Ind / \$4,000 Fan \$25 after Deductible \$40 after Deductible
L	Medical Medical Deductible Office Visit Specialist Visit Emergency Room	\$1,000 Ind / \$2,000 Fam \$25 \$40 \$250	Medical Medical Deductible Office Visit Specialist Visit Emergency Room	\$2,000 Ind / \$4,000 Fan \$25 after Deductible \$40 after Deductible \$250 after Deductible
L	Medical Medical Deductible Office Visit Specialist Visit Emergency Room Inpatient Admissions	\$1,000 Ind / \$2,000 Fam \$25 \$40 \$250 Deductible	Add to Medical Deductble Office Visit Specialist Visit Emergency Room Inpatient Admissions	\$2,000 Ind / \$4,000 Fan \$25 after Deductible \$40 after Deductible \$250 after Deductible \$250 after Deductible
L	Medical Medical Deductible Office Visit Specialist Visit Emergency Room Inpatient Admissions Retail Order Rx	\$1,000 Ind / \$2,000 Fam \$25 \$40 \$250 \$250 Deductible \$25/\$50/\$150/\$225	Add to Medical Medical Deductible Office Visit Specialist Visit Emergency Room Inpatient Admissions Retail Order Rx	\$2,000 Ind / \$4,000 Fam \$25 after Deductible \$40 after Deductible \$250 after Deductible \$250 after Deductible \$25/\$50/\$176/\$250
L	Medical Deductible Office Visit Specialist Visit Emergency Room Inpatient Admissions Retail Order Rx Mail Order Rx	\$1,000 Ind / \$2,000 Fam \$25 \$40 \$250 Deductible \$25/\$50/\$150/\$225 \$50/\$100/\$30/\$675	Add b Medical Eductible Office Visit Specialist Visit Emergency Room Impatient Admissions Retail Order Rix Matl Order Rix	\$2,000 Ind / \$4,000 Fan \$25 after Deductible \$40 after Deductible \$250 after Deductible \$250 after Deductible \$25/\$50/\$176'\$250 \$50'\$100'\$360'\$76'
L	Medical Deductible Office Visit Specialist Visit Emergency Room Inpatient Admissions Retail Order Rx Mail Order Rx Surgial Day Care (SDC)	\$1,000 Ind / \$2,000 Fam \$25 \$40 \$250 Deductible \$25/\$50/\$150/\$225 \$500/\$100!\$300!\$575 Deductible	Add & Medical Medical Deductite Office Visit Specialist Visit Emergency Room Inpatient Admissions Retail Order Rx Mail Order Rx Salingcal Day Care (SDC)	\$2,000 Ind / \$4,000 Fan \$25 after Deductible \$40 after Deductible \$250 after Deductible \$250 after Deductible \$25/\$508 175/\$255 \$50/\$100/\$350/\$75/ \$150 after Deductible
L	Medical Deductible Office Visit Specialist Visit Emergency Room Ingattent Admissions Retail Order Rx Mail Order Rx Surgical Day Care (SDC) Chirogradic Coverage	\$1,000 Ind / \$2,000 Fam \$25 \$40 \$200 Deductbile \$25%50%150%3225 \$60%100%300%75 Deductbile \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40	Add & Medical Deductile Office Visit Specialist Viat Emergency Room Inpatient Admissions Retail Order Rix Mail Order Rix Sungical Day Care (SDC) Ohiropractic Coverage	\$2,000 ind / \$4,000 Fan \$25 after Deductible \$40 after Deductible \$250 after Deductible \$256 after Deductible \$256\$after Deductible \$256\$50(\$105)550(\$75 \$150 after Deductible \$40 after Deductible

2. Click Add to Cart to select a plan and return to the Medical plan list. A confirmation of the selection displays.

прюуее		
	Your profile 3 Enrollment	
tedical	Medical Plan Options	
ental	Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Compare P benefit review when multiple plans are offered. Click Add to Cart to select a plan.	Plans for a side-by-side
art	To exclude a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical to decline Plans are automatically added to your Cart when only one plan is offered.	coverage.
		e Print
	Shopping for	Waive medica
	Selaine (29)	
	Jake (39)      Plan added to cart     HND Glavels Select Saver 52000 was successfully added to your cart	
	Jake (39)     Plan added to cart     HMO Blue® Select Saver 52000 was successfully added to your cart     HMO Blue® Select Saver 52000	
	Jake (29)      Plan added to cart     HMO Blue® Select Saver \$2000 was successfully added to your cart      HMO Blue® Select Saver \$2000      Vice stam details	
	Jake (39)      Plan added to cart      HMO Blue® Select Saver \$2000 was successfully added to your cart      HMO Blue® Select Saver \$2000      Mor slim details      Medical Deductrize      \$2,000 Ind 1 \$4,000 Fam      Removement	ove from cart
	Jake (29)      Plan added to cart     HIMO Blace® Select Saver \$2000 was successfully added to your cart      HIMO Blace® Select Saver \$2000      Vore solen Orbita      Medical Deductable      Once Vist	ove from cart
	Jake (3)     Plan added to cart     HAIO Blue® Select Saver \$2000 was successfully added to your cart      HMO Blue® Select Saver \$2000     Minc slan, dotais     Medical Detactable     Stock to a \$2,000 ind (\$4,000 Fam Office Vist \$25 after Deductable     Special Vist \$20 after Deductable	ove from cart
	Jake (3)     Plan added to cart     HAIO Blue® Select Saver \$2000 was successfully added to your cart      HMO Blue® Select Saver \$2000     More clan.oftals     Medical Deductble     Specialst Visit     \$20 find 1 \$4,000 Fam Office Visit     \$20 after Deductble     Specialst Visit	ove from cart ☑ Email plan details

# Print or eMail Plan Details

	Your profile (3) E	nrollment
Medical	Medical Plan Options	
Dental	Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click benefit review when multiple plans are offered. Click Add to Cart to select a plan.	Compare Plans for a side-by-side
Cart	To exclude a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical Plans are automatically added to your Cart when only one plan is offered.	to decline coverage.
	Shopping for	Waive med
	Elaine (29)	
	☑ Jake (29)	
	Plan added to cart HMO Blue® Select Sever \$2000, was successfully added to your cart	
	HMO Blue® Select Saver \$2000	
	HMO Blue® Select Saver \$2000	Remove from cart
	HMO Blue® Select Saver \$2000 Vex plan delab Medical Deductible \$2,000 ind / \$4,000 Fam	Remove from cart
	HMO Blue® Select Saver \$2000 View plan delate Medical Deductible \$2,000 ind / \$4,000 Fam Office Visit \$25 after Deductible	Remove from cart
	HMO Blue® Select Saver \$2000 Vice plan details Metical Deductible 0mce Vait \$2,000 Ind / \$4,000 Fam 0mce Vait \$253 after Deductible Speciality Vait	Remove from cart



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.

Email:		
Note:		

- 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:

	Vour profile 3 Enroll	ment
Medical	Medical Plan Options	
Dental	Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Con benefit review when multiple plans are offered. Click Add to Cart to select a plan.	npare Plans for a side-by-side
Cart	To exclude a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical to d Plans are automatically added to your Cart when only one plan is offered.	ecline coverage.
		🕀 En
	Shopping for	Waive medi
	Shopping for	Waive

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:

Medical Medical Plan Options Data Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Compare	
Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Compare	
benefit review when multiple plans are offered. Click Add to Cart to select a plan.	Plans for a side-by-side
Cart To exclude a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical to decline Plans are automatically added to your Cart when only one plan is offered.	coverage.
	D Drin
Shopping for	Waive medic

1. Click Waive medical.



Waive Coverage		×
Select a reason for waiving coverage.		
A waiver form will display after benefit selection. T enrollment process.	he waiver form must be completed before you can com	plete the
* Waive reason:		
Select a reason Individual private insurance with subsidy		
Individual private insurance without subsidy Insurance from another job		
Insurance through spouse/partner Medicare	Sav	e changes
Medicaid TRICARE	62	
VA coverage Other	View plan details	

- 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.

Employee Er	Employee profile	2 Shop for plans	-(3) Enrollment
Medical	Medical Plan Options		Cancel waiver
Cart	Medical coverage waived Reason: Medicare		
	Save and exit		Continue to dental

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.

	Employee profile Sho	p for plans	3 Enrollment
ledical	Dental Plan Options		
)ontal	Since only one Dental plan is offered, it has been added to	your Cart. Click View Plan Details to re	view the plan benefits.
entar	To exclude a dependent from coverage, uncheck the box	beside the dependent. Click Waive Denta	I to decline dental coverage.
art			➡ Print
	Shopping for		Waive dental
	🗹 Gail (28)		
	Dental Blue® - 100/80, \$50 ded, \$1000 max		
		View plan details	Remove from cart
	Domestic Partner	None	Remove nom care
	Orthodontic	EHB	
	BCS Coverage	Yes	
	HIAA Coverage	Yes	
	Deductible	\$50	

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.

Employee E	nrollment
3	Employee profile     Shop for plans     Shop for plans     Shop for plans
Medical	Your cart
Dental	Please review to ensure your benefit selections are correct before you continue to enrollment.
Cart	Medical
	HMO Blue® Select \$1000 Ded with Copay     Covered members:     Sam, Jones; Tracy, Jones; Lisa, Jones     View details   Chance plan   Remove plan
	Dental
	Dental Blue® - 100/80, \$50 ded, \$1000 max     Covered members:     Sam, Jones; Tracy, Jones; Usa, Jones
	View details Change plan Bemove plan
	Save and exit Continue to Enrollment

### 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**.

Employee	Enrollment  Compose profile
Dental Senior	Your cart Please review to ensure your benefit selections are correct before you continue to enrollment.
Cart	Senior  Senior  Managed Blue for Seniors w/o Formulary (\$8/15 Rx) Covered members: Ingram, Isaac  View details Change plan Remove plan
	Save and exit Continue to Enrollment

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.

mployee Ei		e	Shop for plans	3 Enrolment
mployee enroll	ment form			
fields marked with an	asterisk ( * ) must be c	ompleted.		
Yourself (Mem	ber 1)			
Delationship				
Solf	U			
	Ex epoue	e 🗆 Petir		
Active				4
* First name		*Last n	ame	M.1.
Jones		Sam		
* Gender	* Date of birt	h Social	security # 🕜	Date of hire
Male	✔ 01/01/1990			
* Please enter at lear Home phone	st one phone number	Cell phone		
* Email susan.keefe@bcb	sma.com			
* Street address/P.	0. Box #	Apt. #		
* Street address/P.	D. Box #	Apt. #	*Zip code	

### 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.

* Did you select an HMO Plan?	
⊖ Yes	
○ No	

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).



PCP ID # (see instructions)	Pind a Doctor
Example: 700J12345	
	PCP ID # (see instructions) Example: 700.112345

- 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.

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

pany				
$\sim$				

- 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.

* Do you have other	dental insurance co	overage?	
Yes			
⊖ No			
* Other dental insura name	nce company		
Select	~		
City/State			

- 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.



Are you covered by Medicare?     Yes		
No		
Select all that apply: Part A	Part B	Part D
Part A effective date	" Part B effective date	Part D effective date
06/01/2019	01/01/2020	01/01/2020
^Medicare #		
00012345678		
Enter your Medicare Beneficiary dentifier (MBI) without spaces or dashes. Example: 1EG4TE5MK73		
Reason		
854		

- 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.

* Are you actively working?		
⊖ Yes		
No		
* Are you retired?		
Yes		
○ No		
* Retirement Date		
Company name	* Effective date	
Deacon's Dresses	11/01/2018	

- 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.



Member 2			
Plan type			
✓ Medical	Ø Dental		
* Relationship			
Spouse	~		
* First name		* Last name	M.I.
Jones		Tracy	
* Gender	* Date of birth	* Social security # 🚱	
Female	• 01/01/1990	011-34-3451	

- 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.

* Did you select an HMO Plan? Yes		
○ No		
Name of PCP	PCP ID # (see instructions)	Find a Doctor
	Example: 700J12345	
City/State		
Is this your current PCP?		
⊖ Yes		
○ No		
Warning: If you do not enter Primary Care Provider information, claims may not be fulfilled.		

- 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.

<ul> <li>Yes</li> </ul>		1490.
○ No		
* Other medical insu	urance company	
name		
Select	~	
Select City/State	~	

- 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.



* Do you have other d	ental insurance cove	rage?	
Yes			
○ No			
* Other dental insurar name	ice company		
Select	~		
City/State			

- 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.

• Yes		
Select all that apply:	🗷 Part B	
* Part A effective date	* Part B effective date	Part D effective date
06/01/2019	01/01/2020	01/01/2020
^ Medicare #		
00012345678		
Enter your Medicare Beneficiary Identifier (MBI) without spaces or dashes. Example: 1EG4TE5MK73		
Reason		
65+ *		

- 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.

* Are you actively working?		
⊖ Yes		
No		
* Are you retired?		
Yes		
○ No		
* Retirement Date		
Company name	* Effective date	
Deacon's Dresses	11/01/2018	



- 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.

*  s	s the dependent disabled and aged 26 or older?
0	Yes
۲	No



## Acceptance & Signature

Acceptance and signature
The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.
Mason Miller
I am the person authorized to sign on behalf of Jane Dover.
Nondiscrimination notice
Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.
Blue Cross Blue Shield of Massachusetts provides:
<ul> <li>Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).</li> </ul>
Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
If you need these services, call Member Service at the number on your ID card.
If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can tile a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilinghtscoordinator@bctsma.com.
If you need help filing a grievance, the Civil Rights Coordinator is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at ocrportal.hts.gov, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800- 537-7697 (TDD).
Complaint forms are available at hhs.gov.
*I read and understood the nondiscrimination notice.

- 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.

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).



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.



* First name	* Last name		Middle initial
Mason	Miler		
Company name	* Date of birth		
Cane Consulting	01/01/1990		
Medical I waive my employer's group Reason for Waiver of Coverage I am covered as a spouse or I am covered by Medicare, no I am not covered by another I Other	Medical insurance coverage for myse - Check all that apply: dependent under another group Medi n-group, Veterans program or a seco Medical insurance and choose not to	elf and my eligible dependents (i cal plan. ondary employer. participate in my employer's gro	any). Ny pian at this time.
Signature I waive my and/or my dependents' (if an in the future under the terms defined in i * First name	y) eligibility to enroll in my employer's g the eligibility section of the subscriber or M.I.	roup plan at this time. I understand etificate or benefit description. * Last name	that I and/or my dependents may enroll under this pla Date 05/31/2019
I affirm that the assertions in this form a terminate coverage, retroactive to the et	re true and complete to the best of my k ffective date of coverage, for any materi Date	mowledge, and I understand that B al misinformation (including omission and the second secon	lue Cross Blue Shield of Massachusetts has the right to ons) contained in this form.

- 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.

**(ii)** 

## **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.

Confirmation of Enrollment Submission hank you for submitting your application to Blue Cross Blue Shield of Massachusetts. hank you for submitting your application to Blue Cross Blue Shield of Massachusetts. hat to expect next our application will be processed after all required materials are received from your employer and the open enrollment period closes. ou may change your plan selections at any time within the remaining enrollment period. kick the drop down beside your name in the upper right cormer of the page and select Logout or click. Return to Account Overview to modify your selections. mployee: Danson Dave mployee: Danson's Dresses  Medical  HMD Blue® Select Shot Ded with Dave, Danson; Martia, Danson	Employee profile	Shop for plans
Confirmation of Enrollment Submission Tank you for submitting your application to Blue Cross Blue Sheld of Massachusetts. Sontact your employer's benefits administrator at the phone number displayed at the top of the screen if you have questions about the status of your enrollment. What to expect care You may change your plan selections at any time within the remaining enrollment period. Sick the drop down beside your name in the upper right comer of the page and select Logout or click Return to Account Overview to modify your selections. simployer: Deacon's Dresses  Medical  MMO Blue® Select StooD Edw tht Dave, Davson ; Maria, Davson		
Thank you for submitting your application to Blue Cross Blue Shield of Massachusetts. Contact your employer's benefits administrator at the phone number displayed at the top of the screen if you have questions about the status of your enrollment. Ahat or application will be processed after all required materials are received from your employer and the open enrollment period doses. You may change your plan selections at any time within the remaining enrollment period. Click the drop down beside your name in the upper right corner of the page and select Logout or click Return to Account Ovenview to modify your selections. Employer: Dava Dave Employer: Dava Dave Employer: Dava Dave Medical  Modeling Covered members: Dave, Davson; Maria, Davson	Confirmation of Enrollment Submission	
Contact your employer's benefits administrator at the phone number displayed at the top of the screen if you have questions about the status of your enrolment. What to expect next Your aryclication will be processed after all required materials are received from your employer and the open enrolment period closes. You may change your plan selections at any time within the remaining enrolment period. Click the drop down beside your name in the upper right comer of the page and select Logout or click Return to Account Overview to modify your selections. Employee: Davison Dave Employee: Davison Dave Medicat  Mod Blue® Select Source of with Dave, Davison ; Maria, Davison	nank you for submitting your application to Blue Cross Blue Shield of Massa	ichusetts.
What to expect next  Your application will be processed after all required materials are received itom your employer and the open enrolment period closes.  You may change your plan selections at any time within the remaining enrolment period.  Click the drop down beside your name in the upper right corner of the page and select Logoud or click Return to Account Overview to modify your selections.  Employers: Darvos Dave Employers: Davison Dave  Medical  HMO Blues Select	ontact your employer's benefits administrator at the phone number displaye	d at the top of the screen if you have questions about the status of your enrollment.
Your application will be processed after all required materials are received from your employer and the open enrollment period closes. You may change your plan selections at any time within the remaining enrollment period. Click the drop down beside your name in the upper right comer of the page and select Logout or click Return to Account Overview to modify your selections. Employee: Dawcon Dave Employee: Dawcon's Dresses  Medical  HMO Blues Select 5000 Ded with Drev. Dearon: Maria, Dawson	hat to expect next	
You may change your plan selections at any time within the remaining enrolment period. Click the drop down beside your name in the upper right corner of the page and select Logout or click Return to Account Overview to modify your selections. Employee: Deacon's Dresses  Medical  HMO Blue@ Select	our application will be processed after all required materials are received fro	om your employer and the open enrollment period closes.
Click the drop down beside your name in the upper right corner of the page and select Logout or click Return to Account Overview to modify your selections. Employee: Deacon's Dresses  Medical  HMO Blue® Select  \$000 Ded with Daveo. Davson  Maria, Davson	ou may change your plan selections at any time within the remaining enrolling	nent period.
Employee: Dawson Dave Employee: Deacon's Dresses Medical HMO Blue@ Select \$000 Ded with Dave Dearson	ick the drop down beside your name in the upper right corner of the page a	nd select Logout or click Return to Account Overview to modify your selections.
Employer: Deacon's Dresses  Medical  HMO Blue® Select \$1000 Ded with Daveo, Davson Matia, Davson	nployee: Dawson Dave	
Medical HMO Blue® select Covered members: \$1000 Ded with Daves Maria, Davison	nployer: Deacon's Dresses	
HNO Blue9 Select Covered members: \$1000 Ded with Daveo Maria, Davson	Medical	
\$1000 Ded with Dave, Dawson; Maria, Dawson	HMQ Blue® Select	Covered members:
	\$1000 Ded with	Dave, Dawson: Maria, Dawson
Сорау	Сорау	

Click Print if you wish to provide a copy to the employee or keep a copy for your records.
 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%.

Enrolln	nent sna	apshot					Manage enrollment
The Enrollme	nt Snapshot he	los vou monitor	the account enrollment process	Click Employee enrollments	to view or mana	ine	Close open enrollment
enrollments.	in onaponor no		the document enterning process.	onen Empreyee en en en en en en			Cancel enrollment
			Not started In pro	gress Complete	Temp	otal loyees	Employees
	Co	mplete: 1	5 0	1		6	Add employee
that started	()			16 day(s) remaining			Resend Enrollment Reminders
Not started.							Export employee PINs
			Effective date: 11/10/2018 Enrollment period: 10/17/2018 Enrollment period status: In period status: I	- 11/03/2018 rogress			
mployees	S			Enrollment by product	Employee er	nrollments	
tries per pag	e 25 🗸	Refresh					
<b>tries per pag</b> imployee ame	e 25 🗸 Employee ID	Refresh Enrollment status	Email	Subgroup	Date of birth	Actions	
tries per pag Employee hame Dover, Jane	e 25 V Employee ID e116112	Refresh Enrollment status Completed	Email susan keefa@bcbsma.com	Subgroup All Employees@Dover Rug	Date of birth 01/01/1990	Actions	
tries per pag Employee name Dover, Jane Dover, Dan	e 25 V Employee ID e116112 e116113	Refresh Enroliment status Completed Not started	Email susan keele@bcbsma.com dan.dover@gmail.com	Subgroup All Employees@Dover Rug All Employees@Dover Rug	Date of birth 01/01/1990 01/01/1990	Actions ~ <u>Select</u> ~ <u>Select</u>	
tries per pag imployee hame Dover, Jane Dover, Dan Geefe, BethAnn	e 25 ✓ Employee ID e116112 e116113 e116114	Refresh Enroliment status Completed Not started Not started	Email susan keefe@bcbsma.com dan dover@gmail.com susan keefe@bcbsma.com	Subgroup All Employees@Dover Rug All Employees@Dover Rug All Employees@Dover Rug	Date of birth 01/01/1990 01/01/1990 01/01/1990	Actions × Select × Select	
tries per pag Employee Jame Dover, Jane Dover, Dan Seefe, JethAnn Aartinez, Jungela	e 25 ✓ Employee ID e116112 e116113 e116114 e116115	Refresh Enrollment status Completed Not started Not started Not started	Email susan keefe@bcbsma.com dan.dover@gmail.com susan keefe@bcbsma.com susan keefe@bcbsma.com	Subgroup All Employees@Dover Rug All Employees@Dover Rug All Employees@Dover Rug	Date of birth 01/01/1990 01/01/1990 01/01/1990 01/01/1990	Actions ~Select ~Select ~Select	
tries per pag employee aame Dover, Jane Dover, Dan SethAnn Aartinez, ungela 'atel, Dillip	e 25 V Employee 11D e116112 e116113 e116114 e116115 e116116	Refresh Enrolment status Completed Not started Not started Not started	Email susan keefe@bcbsma.com dan.dover@gmail.com susan keefe@bcbsma.com susan keefe@bcbsma.com dpatel@yahoo.com	Subgroup All Employees@Dover Rug All Employees@Dover Rug All Employees@Dover Rug All Employees@Dover Rug	Date of birth           01/01/1990           01/01/1990           01/01/1990           01/01/1990           01/01/1990           01/01/1990	Actions <a>Select <a>Select <a>Select <a>Select <a>Select <a>Select <a>Select </a></a></a></a></a></a></a>	

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.

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.



		P0				
Employee name	Employee ID	Enroliment status			Date of birth	
Sam, Jones	e114488	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	✓ <u>Select</u>
Dave, Dawson	e114489	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	∨ <u>Select</u>
Ellis, Elaine	e114490	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	✓ Select
Fisher, Frank	e114491	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	✓ <u>Select</u>
Gates, Gail	e114492	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990 View	V <u>Select</u>
Henderson, Heidi	e114493	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/0 Enroll	/Waive
Keefe, Ida	e114494	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/0 View	submitted

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

							Drefile	
Personal	Employee	Hous	ehold ı	members		Enroll/Waive	Prome	
information	information						Current enroliments	
Name	Employee ID	Name		Relationship	Birthdate	Gender		
Gail Gates	e114492	Gail	Gates	Self	01/01/1990	Female		
Birthdate	Title							
01/01/1990	Annual salary							
Gender	-							
Female	Subaroup							
Marital status	All Employees@Deacon's							
-	Dresses							
Phone number	Employment status							
(978) 999-4760	Active							
Address								
5 Willow Rd								
Boston, MA 02110								

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

Current enrollments				Make a change	Profile
Plan	Enrollees	Effective date	End date		Current enroliments
HMO Blue® Select \$1000 Ded with Copay	Gates, Gail	11/01/2018	10/25/2018	View plan details	
Dental Blue® - 100/80, \$50 ded, \$1000 max	Gates, Gail	11/01/2018	10/25/2018	View plan details	
Return to employee list					

5. Click Make a change.

Employee E	nrollment 1 Employee profile		(2) Shop for plans			-3 Enrol	lment	
Employee hous	ehold							
Verify the details below	and provide any missing in	nformation including depende	nts.					
Employee home zip co 02110	Employee home zip code:							
* First name	* Last name	* Date of birth	Relationship		* Gender			
Gail	Gates	01/01/1990	Self	~	Female	~		
Add Dependent								
Save and exit							Save and continue	

6. Add dependent(s) if necessary, then click Save & Continue to display the plan options.

Employee Er	rollment							
	Employee profile	Shop for plans3 Enrollment						
Medical	Your cart							
Dental	Please review to ensure y	Please review to ensure your benefit selections are correct before you continue to enrollment.						
Cart	Medical							
	MASSACHUSETTS	HMO Blue® bakect \$1000 Dad with Copay Coverd members: Oales, Gal Yerz, ditalis   Chanaz Jain   Benoviz Jain						
	Dental							
	MASSACHUSETTS	Dental Bluell - 100/80, 550 ded, 51000 max Covered members: Gates, Gall						
	Save and exit	xeer dealers - Lossings pains - Continues pains						

- 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 <u>closed and submitted</u> 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.



Enrollment can be closed early if all requirements are met.



Enrollment snapsl	hot				Manage enrollment
he Enrollment Snanshot helps you	monitor the account enrollme	nt process. Click Emply	waa annolimante to vie	aw or manage	Close open enrollment
nrollments.	monitor the account enrolline	ni process. Glick Empli	yee enionments to vi	ew or manage	Cancel enrollment
	Not started	In progress	Complete	Total employees	Employees
~	0	0	3	3	Add employee
Complete: 3		1 day(s) r	emaining		Resend Enrollment Reminders
$\mathbf{\tilde{\mathbf{v}}}$					Export employee PINs
	Effective date: 11/1	10/2018			
	Enrollment period:	10/18/2018 - 10/19/20	18		
	Enrollment period	status: In progress			

### To close enrollment:

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

Close open enrollment				
By closing the enrollment period, you acknowledge that you would no longer be able to complete enrollment and that you would need to re-open the enrollment to complete the enrollment.				
Do you want to continue to close the enrollment?				
Go back	Continue to close			

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**

A

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

Submit open enrollment	×
Do you want to submit the enrollment?	
Cancel	Submit

## 2. Click Submit

The following message displays:



3. Click Ok.


## BlueQuote - Enrollment

1 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.

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