



BlueQuote

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:

-  Required Field
-  Note/Important Information
-  Best Practice
-  Caution

Getting Started

Enrollment Overview

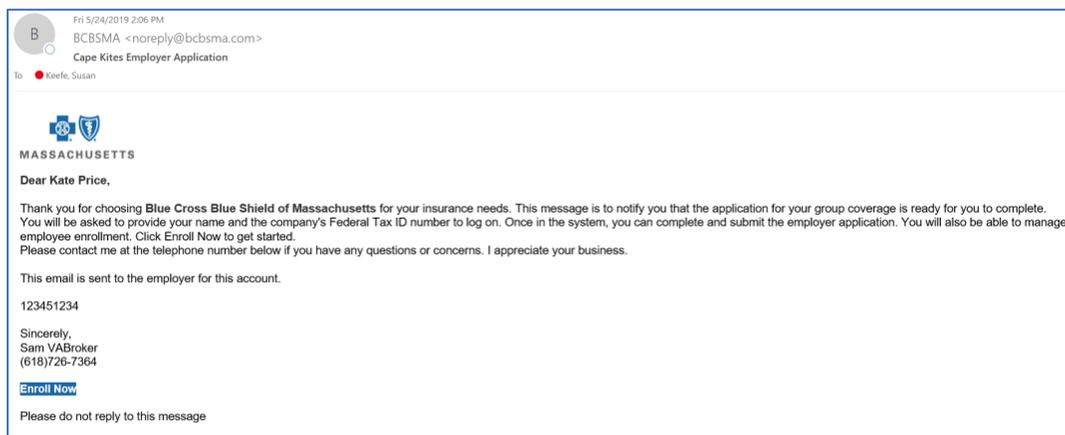
Some of the benefits of using the BlueQuote on-line enrollment tool include:

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

There are six easy steps in the enrollment process:

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

The process begins with an email notification from Blue Cross Blue Shield of Massachusetts (BCBSMA) that the Employer Application is ready to be completed.



The email contains a link to BlueQuote and instructions for creating an account login. Your company's Federal tax ID is required for your initial login.



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

BlueQuote Account Setup

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**.

Employer Registration

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

*First name
Greg

*Last name:
Whelan

*Federal tax ID:
77-77777

Continue

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

Account Settings

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

User Profile Information

* First name Middle initial
Mason

* Last name Suffix
Miller

Address line 1
222 Main St

Address line 2 City
Boston

* State * ZIP code
MA 02110

Contact Information

Type	Number	Ext.
Work	(978) 453-3212	
	(###) ### ####	

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

Create Login Information

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

User ID and Password

* User ID
MasonMiller [check availability](#) ✓

* Your password
.....

* Confirm your password
.....

Security question

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

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

* What question would you like asked?
What is your dream car?

* What is the answer?
Jag

Cancel Continue

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

BlueQuote – Getting Started

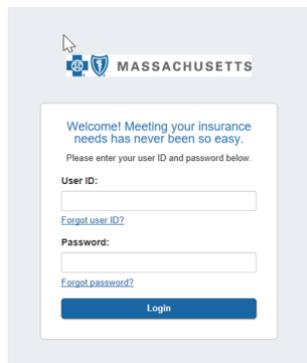
- a. Click **check availability** to see whether this ID has been used. The  symbol indicates that this ID is available. A suggestion list displays if the ID is taken.
- b. Click one of the suggested IDs to select it or type a different ID into the field.
7. Tab or click into the ***Your Password** field 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 system administrator.

* First name:

* Last name:

* Email address:

[Cancel](#) [Continue >](#)

User ID assistance

In order to retrieve your User ID, we need to verify your identity. Please provide the answer to your security question. Once verified, we will send you an email with your User ID.

* secretQuestion7756:

[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.

User ID assistance

Your identity has been verified. Your User ID has been emailed to susan.keefe@bcbsma.com. Use this ID to log into the system.

[Continue >](#)

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.

Welcome! Meeting your insurance needs has never been so easy.
Please enter your user ID and password below.

User ID:
Fowplay
Forgot user ID?

Password:
Forgot password?

Login

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 Continue >

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

Password assistance
Your identity has been verified. A temporary password has been emailed to susan.keefe@bcbmsa.com. Use this password to log into the system. For security reasons, you will be required to change your password after logging in.

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 have logged in with a temporary or expired password.
Type the temporary or expired password into the Old Password field then create and confirm a new password.

Password

* Old password:
* New password:
* Confirm your password:

Security question
Select a security question then provide the answer.
This information along with your email address will be required in the event you forget your password or User ID.

* What question would you like asked?
* What is the answer?

Continue >

Web Browser 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:

Browser navigation
Please do not use the browser navigation to move from page to page.
Please use the application navigation buttons located at the top and/or bottom of the page. Thank you.

Page Name

Close

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 Welcome, Mason Miller ▾

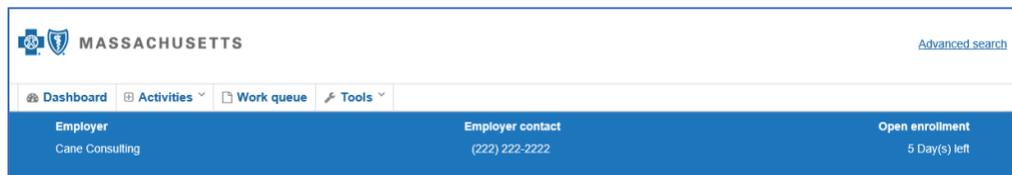


Help provides enrollment instructions for your employees and Broker Central Help Desk contact details.

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

Getting Help

Employees will see your contact information at the top of their screens (see example below) and in the open enrollment email message they receive when the enrollment shopping site is created.



Contact your broker or BCBSMA Sales Executive when you have business process questions or contact the Broker Central Help Desk when you have BlueQuote “how to” questions or need technical assistance.

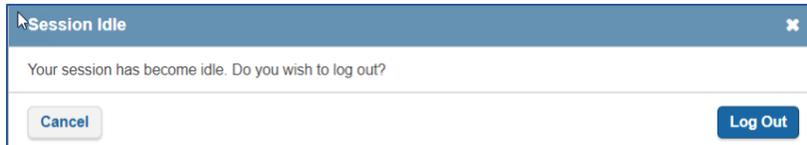
Progress Bar



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

Time Out

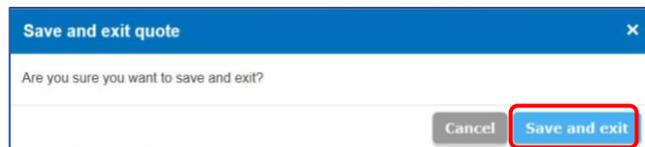
You may see the message below if you have not been actively using BlueQuote Enrollment for 30 minutes:



1. **Cancel** to continue with enrollment.
- OR
2. Click **Log Out** and return later.

Save and Exit

You can exit out of BlueQuote Enrollment if you are unable to complete enrollment in one session.



1. Click **Save and exit** to ensure that any selections you made are stored in the system.

Enrollment

Verify Census

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

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

Verify census 5 employees

Review the census and resolve issues identified with !. Each employee must have an email address to ensure they receive enrollment information.
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Show fewer employee details](#) Employee details

Total medical	MA only	CT/ME/NH/R/VT	Out of NE	Total Senior	Total Dental
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 02138 MA Middlesex (Medical, Dental) Spouse 39 U 02138 MA Middlesex (Medical, Dental)	Medical - FAM Dental - FAM	Edit ! Remove
Sam, Sam - 39 U DOB: 10/10/1980 Status: Active ZIP code: 02139 State: MA County: Middlesex	None	Medical - EE Dental - EE	Edit ! 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](#)



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

Viewing Census Detail

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

To view detailed census information:

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

Verify census 5 employees

Review the census and resolve issues identified with !. Each employee must have an email address to ensure they receive enrollment information.
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#)
[Upload census](#)
[Export census](#)
[Download census template](#)

[Show fewer employee details](#) Employee details

Total medical	MA only	CT/ME/NH/RI/VT	Out of NE	Total Senior	Total Dental
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 02138 MA Middlesex (Medical, Dental) Spouse 39 U 02138 MA Middlesex (Medical, Dental)	Medical - FAM Dental - FAM	Edit ! Remove
Sam, Sam - 39 U DOB: 10/10/1980 Status: Active ZIP code: 02139 State: MA County: Middlesex	None	Medical - EE Dental - EE	Edit ! 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.



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

Verify census

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.

2 employees

[Add employee](#)
[Upload census](#)
[Export census](#)
[Download census template](#)

[Expand employee details](#)
[Employee details](#)

First name	Last name	Birth date	Employee status	Action
Mario	Mario	12/12/1934	Active	Edit Remove
Family members: None				
Park	Park	12/12/1970	Active	Edit Remove
Family members: Spouse				

[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 structure selected during quoting on the plan selection page, the following will happen;

- a. On the Action column, will display for the impacted subscriber.
- b. On the census page, the Coverage column shows the coverage selected during quoting. In this case Dental is ES but the tier selected on the plan selection is 2 tier (EE and FAM).
- c. To fix the error, click the Edit button for the impacted subscriber.
- d. The user will be navigated to the Edit employee screen
- e. In this case, since 2 tier has only EE and FAM, the sub Dental coverage need to be changed to FAM.

Edit employee

Employee information:

*First Name: Park *Last Name: Park *Birth date: 12/12/1970 Age: 49

Gender: *Employment Status: Active Email: *ZIP Code: 03813 State: NH County: Carroll

Medical Coverage: ES Senior Medical Coverage: Dental Coverage:

Employee dependent information:

*Birth date: 12/12/1980 Age: 39 Gender: Relationship: Spouse *ZIP Code: 03813

State: ME County: Oxford

Medical Coverage Dental Coverage

[Add dependent](#)

[Cancel](#)
[Save](#)

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

Verify census 2 employees

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Show fewer employee details](#) [Employee 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  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  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 information:

*First Name: Jane *Last Name: Dover *Birth date: 01/01/1990 Age: 28

Gender: [dropdown] *Employment Status: Active Email: [input field] ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Dental Coverage: EE 

[Add dependent](#) [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

Employee information:

*First Name: Jane *Last Name: Dover *Birth date: 01/01/1990 Age: 28

Gender: [dropdown] *Employment Status: Active Email: janedover@dover.com ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Dental Coverage: EE 

[Add dependent](#) [Cancel](#) [Save](#)

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

Verify census

Review the census and resolve issues identified with ❗. Each employee must have an email address to ensure they receive enrollment information. 3 employees
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload 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 Remove
Family members: None				
Dan	Dover	01/01/1990	Active	Edit ❗ Remove
Family members: None				
Jesse	Dobver	01/01/1990	Active	Edit ❗ Remove
Family members: None				

[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 3 employees

Review the census and resolve issues identified with !. Each employee must have an email address to ensure they receive enrollment information.
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload 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 Remove
Family members: None				
Dan	Dover	01/01/1990	Active	Edit ! Remove
Family members: None				
Jesse	Dobver	01/01/1990	Active	Edit ! Remove
Family members: None				

[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**.

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

Verify census 2 employees

Review the census and resolve issues identified with !. Each employee must have an email address to ensure they receive enrollment information.
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload 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 Remove
Family members: None				
Dan	Dover	01/01/1990	Active	Edit ! Remove
Family members: None				

[Expand employee details](#)

[Previous](#) [Save and exit](#) [Continue](#)

Add Dependents for an Existing Employee

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

The screenshot shows the 'Edit employee' form with the following fields:

- Employee information:**
 - *First Name: Dan
 - *Last Name: Dover
 - *Birth date: 01/01/1990
 - Age: 28
 - Gender: (dropdown)
 - *Employment Status: Active
 - Email: dan.dover@gmail.com
 - *ZIP Code: 02110
 - State: MA, County: Suffolk
 - Medical Coverage: EE
 - Dental Coverage: EE
- Employee dependent information:**
 - *Birth date: (MM/DD/YYYY)
 - Age: (dropdown)
 - Gender: (dropdown)
 - *Relationship: (dropdown)
 - *ZIP Code: 02110
 - State: MA, County: Suffolk
 - Medical Coverage
 - Dental Coverage
 - Buttons: Add dependent, Cancel, Save

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

ES - Employee & Spouse
EC - Employee & Child

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

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

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

This screenshot shows the 'Edit employee' form with the 'Medical Coverage' dropdown menu open. The menu options are: EE, ES, EC, FAM, Waive I, and Waive V. The 'ES' option is highlighted in blue. The rest of the form fields are the same as in the previous screenshot.

Refer to Adding Seniors with Dependents for instructions.

4. Click **Add dependent**.

Edit employee

Employee information:

*First Name: Dan *Last Name: Dover *Birth date: 01/01/1990 Age: 28

Gender: [Dropdown] *Employment Status: Active Email: dan.dover@gmail.com *ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: ES Dental Coverage: ES

Employee dependent information:

*Birth date: 01/01/1990 Age: 28 Gender: Female *Relationship: Spouse *ZIP Code: 02110

State: MA County: Suffolk

Medical Coverage Dental Coverage

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

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

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

To remove dependents:

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



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

Next steps:

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

Employee dependent information

*Birth date: 01/01/1990 Age: 28 Gender: Male *Relationship: Spouse *ZIP Code: 02110 State: MA

County: Suffolk

Medical Coverage Dental Coverage

Add Employees

This describes the on-screen option.

MASSACHUSETTS

Verify census

Review the census and resolve issues identified with ●. Each employee must have an email address to ensure they receive enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.

2 employees

Add employee Upload 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 Remove
Family members: None				
Dan	Dover	01/01/1990	Active	Edit Remove
Family members: Spouse				

[Expand employee details](#)

Previous Save and exit Continue

To add employees:

1. Click **Add employee** to display the form.

Add employee

Employee information:

*First Name *Last Name *Birth date Age

Gender *Employment Status Email *ZIP Code State County

Medical Coverage Dental Coverage

[Add dependent](#)

Cancel [Add another employee](#) [Save](#)



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.

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

EE - Employee only
ES - Employee & Spouse
EC - Employee & Child

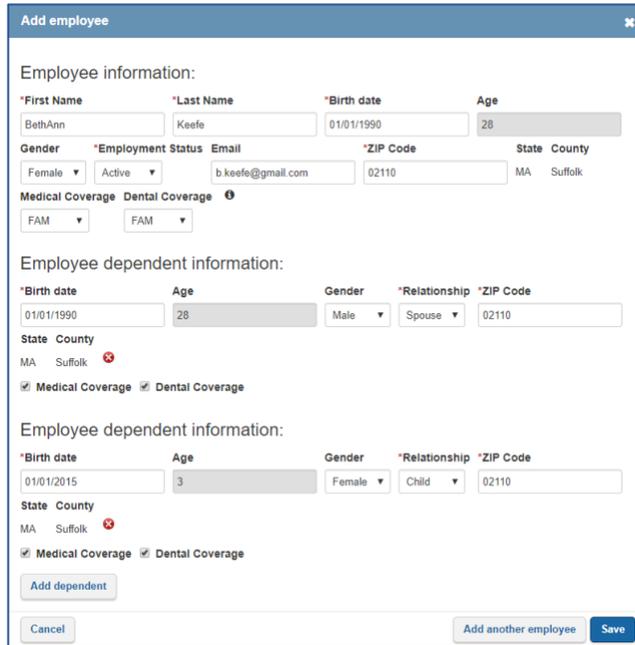
FAM – Employee, Spouse & Child(ren)
Waive I – Declining all coverage
Waive V – Coverage is provided by spouse, VA, Medicare, etc.

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

- 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.



The screenshot shows a web form titled "Add employee" with the following sections:

- Employee information:**
 - *First Name: BethAnn, *Last Name: Keefe, *Birth date: 01/01/1990, Age: 28
 - Gender: Female, *Employment Status: Active, Email: b.keefe@gmail.com, *ZIP Code: 02110, State: MA, County: Suffolk
 - Medical Coverage: FAM, Dental Coverage: FAM
- Employee dependent information:**
 - *Birth date: 01/01/1990, Age: 28, Gender: Male, *Relationship: Spouse, *ZIP Code: 02110
 - State: MA, County: Suffolk
 - Medical Coverage, Dental Coverage
- Employee dependent information:**
 - *Birth date: 01/01/2015, Age: 3, Gender: Female, *Relationship: Child, *ZIP Code: 02110
 - State: MA, County: Suffolk
 - Medical Coverage, Dental Coverage

Buttons at the bottom include "Add dependent", "Cancel", "Add another employee", and "Save".

- Click **Add dependent**.
- Type the dependent's ***Birth date** using mm/dd/yyyy format.
- Select **Male** or **Female** from the **Gender** drop-down list.
- Select **Spouse** or **Child** from the ***Relationship** drop-down list.
- 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 not select Senior Medical Coverage. These employees qualify for the same medical plans available for employees under age 65.
- Senior employee only - Select EE in the Medical Coverage field.
- Seniors with dependents – Select ES, EC or FAM and add the dependent details.

Working seniors on a census with less than 20 subscribers working for a company that does not qualify for TEFRA:

- Senior employee only - Select **EE** in the Senior Medical Coverage and Dental Coverage fields.

The screenshot shows a web form titled "Edit employee" with a close button (X) in the top right corner. The form is divided into several sections:

- Employee information:**
 - First Name:
 - Last Name:
 - *Birth date:
 - Age:
 - Gender:
- *Employment Status**:
- *ZIP Code**:
- State**: **County**:
- Medical Coverage**:
- Senior Medical Coverage**:
- Dental Coverage**:

At the bottom of the form, there is an "Add dependent" button, a "Cancel" button, and a "Save" button.

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

Seniors with dependent spouse younger than 65 years:

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

Seniors with dependent spouse 65+ years:

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

Senior Dental coverage

There are no "senior" dental plans. As a result, the selection made depends only on whether the senior has dependents.

- Seniors only - select EE in the Dental Coverage field.
- Seniors with dependents – select ES, EC or FAM as needed and provide dependent information.

Senior Retiree

Select **Cobra** in the Employment Status field. Attachments that must be provided to BCBSMA:

- Tax documents of other retirees to prove that the same benefits are offered to all the retirees.
- Medicare ID card for anyone older than age 65.

Ex - Spouse

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

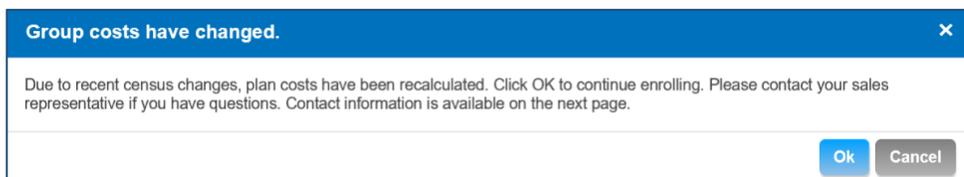
Not remarried – select ES as the medical and/or dental coverage and add the ex-spouse as a dependent.

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

Attachments that must be provided to BCBSMA include:

- Divorce decree
- Marriage certificate if remarried.

Changes to the census may trigger the following message:



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

 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 enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.

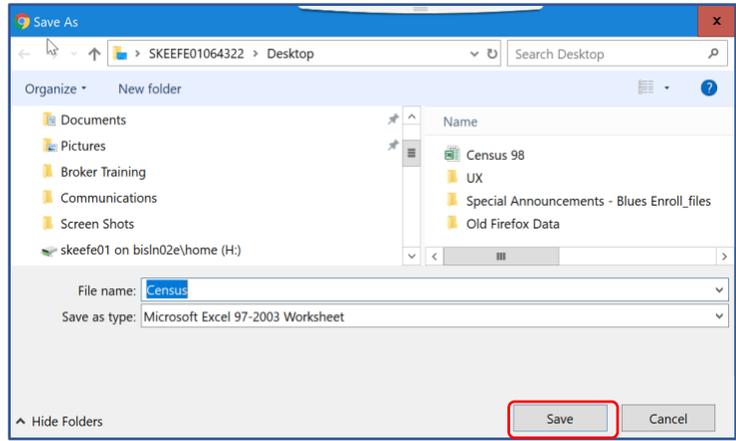
9 employees

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

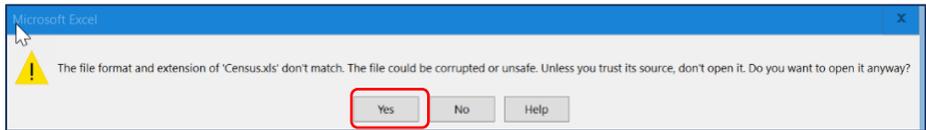
[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Sam	Sam	01/01/1990	Active	Edit Remove
Family members: Spouse				
Dave	Dave	01/01/1990	Active	Edit  Remove
Family members: Spouse				
Melissa	Melissa	01/01/1990	Active	Edit  Remove
Family members: Spouse, 1 Child				

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

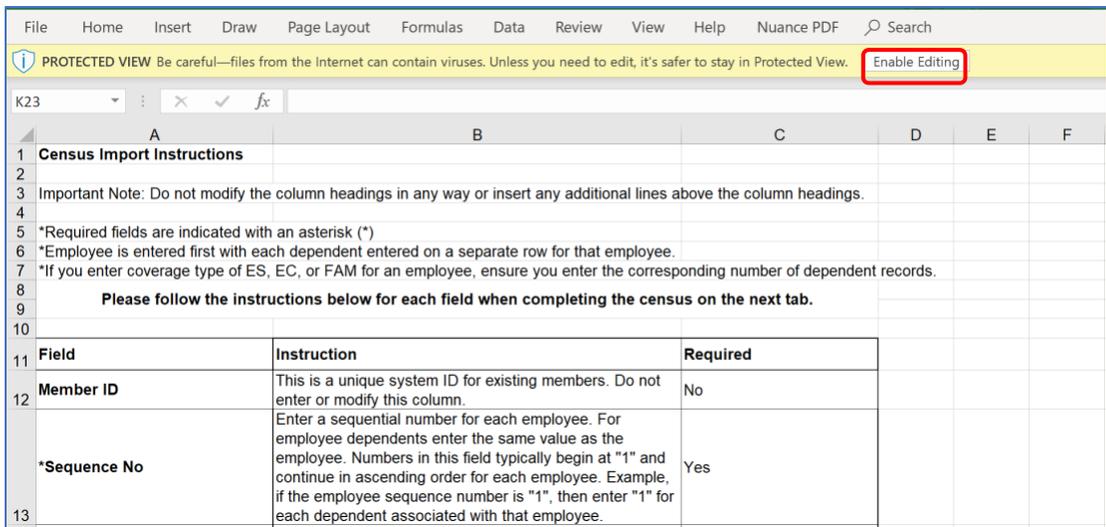


2. Navigate to where you want to store the census template. Modify the filename as needed.
3. Click **Save**.
4. **Minimize BlueQuote** and navigate to the template's location.
5. Double-click to open the census template.



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

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



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

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

Member ID	Sequence No.	Relationship to Employee (Employee, Spouse, Child)	Last Name	First Name	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
	1	Employee	Sam	Jones	Male	01/01/1990	28	Active	ES	
	1	Spouse	Tracy	Jones	Female	01/01/1990	28			
	2	Employee	Dave	Dawson	Male	01/01/1990	28	Active	ES	
	2	Spouse	Maria	Dawson	Female	01/01/1990	28			
	4	Employee	Ellis	Elaone		01/01/1990	28	Active	EE	
	5	Employee	Fisher	Frank		01/01/1990	28	Active	EE	
	6	Employee	Gates	Gail		01/01/1990	28	Active	EE	
	7	Employee	Henderson	Heddi		01/01/1990	28	Active	EE	
	8	Employee	Keefe	Ida		01/01/1990	28	Active	EE	
	9	Employee	Ingram	Isaac		01/01/1949	69	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.



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.

- Save** and **Close** the spreadsheet.

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

The following message displays when the upload is successful:

Verify census 9 employees

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.

✔ You have successfully imported 9 employee(s) to Deacon's Dresses. ✕

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Jones	Sam	01/01/1990	Active	Edit Remove
Family members: Spouse				
Dawson	Dave	01/01/1990	Active	Edit Remove
Family members: Spouse				

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 information 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.

Import errors ✕

The following errors have been found in your census file. Please address these errors and import again.

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 identify employees and their dependents. Click the Add Employee button to provide details here or use the Download Census Template link to document the census using an Excel spreadsheet. Click Upload Census to import the detail when the template is completed. Once the census is entered, review and resolve issues identified with

You have successfully imported 3 employee(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 Remove
Family members: Spouse, 1 Child				
Travis	Wilson	01/01/1990	Active	Edit Remove
Family members: Spouse, 1 Child				
Martina	Lopez	01/01/1990	Active	Edit Remove
Family members: None				

[Expand employee details](#)

[Previous](#) [Save and exit](#) [Continue](#)

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

Edit employee ✕

Employee information:

First Name: Last Name: *Birth date: Age:

Gender: *Employment Status: *ZIP Code: State: County:

Medical Coverage: Senior Medical Coverage: Dental Coverage:

[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

4. Click the **Export census** link to exit continue working with the template.



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

Next Steps:

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

Employer Application

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

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

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



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

Error Messages

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

1. Click **Correct errors** to make corrections now.
- OR
2. Click **Continue anyway** to proceed to the next page and return later to correct or add missing information.

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

Employer Information Page

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.

1. 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.

*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).
3. Type the **number enrolled in each category based on total enrollment in all health insurance plans; *Full-Time Employees, *Part-Time Employees, *Retirees Under 65; *Retirees Over 65; *COBRA; *Working Aged**.
4. Click the drop-down arrows to **select the probationary period** (waiting time) for ***Full-Time** and ***Part-Time** employees who enroll in **Medical** and **Dental** after the original group effective date.
5. Click **Yes** or **No** to ***indicate whether domestic partners are eligible for coverage**.
 - a. If **Yes**, select **Same sex only** or **Same and opposite sex**.

- 6.A. Click **Yes** or **No** to indicate whether the **company is offering Personal Savings Accounts to employees**.
 - 6.B. If **Yes**, provide the **Vendor name**.
 - 6.C. Click **Yes** or **No** to indicate whether the **vendor needs additional group setup**.
 - a. If **Yes**, select the group **FSA Administrative Group, Owners, COBRA** or **Other**.
 7. Click **Next** to continue to **Current Carrier**.
- OR**
8. Click **Save & Exit** to complete the account application later.
Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

Current Carrier

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

Current Carrier
Enter the following information regarding your current carriers.

Coverage Information

Medical
*Will this replace existing coverage?
 Yes
 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.
 3. Click **Yes** or **No** to ***indicate** whether the **Dental coverage will replace existing coverage**.
 - b. If **Yes**, verify the ***Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided.
 4. Click **Next** to continue to **Broker Designation** (if applicable)
- OR**
5. Click **Save & Exit** to complete the Employer application later.
Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

Broker Designation

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

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

1. Type your ***Name**, ***Title** and today's ***Date**. The date can be selected from the calendar or typed using mm/dd/yyyy format
2. Click **Next** to continue to the [Application Summary](#)

OR

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

Refer to [My Account Enrollment](#) for next steps when you log back into BlueQuote.

Application Summary

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

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

Employer Signature

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



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

Employer Signature

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

I Understand That:

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

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

Non-Discrimination under Massachusetts Law

By signing below, I confirm that each Blue Cross and Blue Shield product for Massachusetts residents is being offered by * to all full-time employees in Massachusetts and, except as permitted * does not contribute a smaller percentage of the premium for lower paid full-time employees than higher paid full-time employees who live in Massachusetts and enroll in the same product. (This non-discrimination provision does not apply to employees covered by collective bargaining agreements).

Signed By (Authorized Employer Representative)

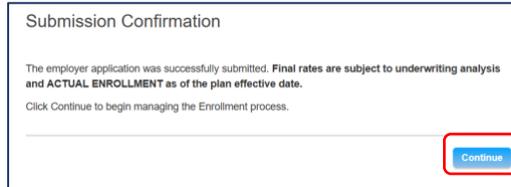
*First Name	MI	*Last Name	Suffix	Title	*Date
<input type="text" value="Mason"/>	<input type="text"/>	<input type="text" value="Miller"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text" value="10/15/2018"/>

*Company Name

*Sales Executive	*Date	Regional Office
<input type="text" value="Steve Cunha"/>	<input type="text" value="10/15/2018"/>	<input type="text"/>

Territory No.
*Telephone

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.



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:

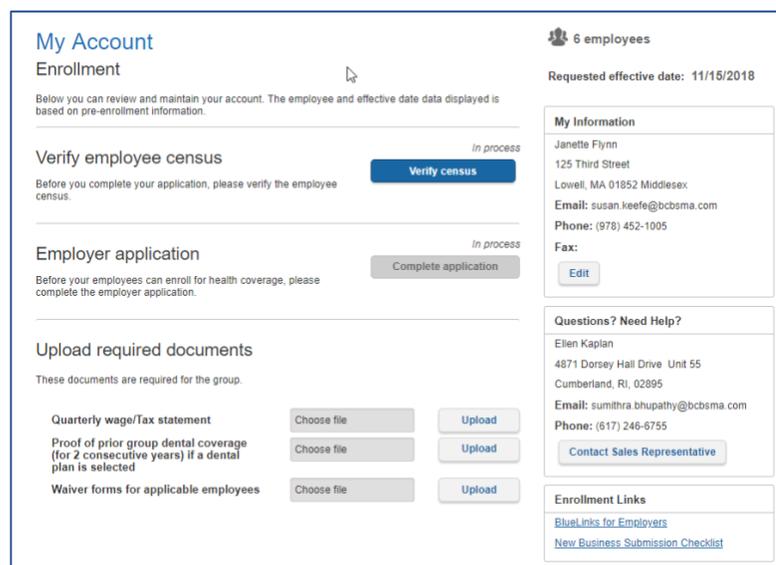
- After you complete the Employer Application

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.



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
Enrollment

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

Manage employee enrollment [Enroll employees](#)

Enrollment has been opened to the employees. Manage the enrollment of your employees by reviewing the employee enrollment form status and make any applicable updates to the employee roster.

Employer application [View application](#) Completed on: 06/03/2019

The employer application has been submitted and a summary of the application can be viewed.

Upload required documents

These documents are required for the group.

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

2 employees
Requested effective date: 06/15/2019

My Information

Tina Fay
2 Main St
Boston, MA 02110 Suffolk
Email: susan.keefe@bcbsma.com
Phone: (987) 999-9999
Fax:
[Edit](#)

Questions? Need Help?

Sam VABroker
123 Main St
Boston, MA, 02108
Email: VABroker@bb.com
Phone: (618) 726-7364
[Contact Sales Representative](#)

Enrollment Links

[BlueLinks for Employees](#)
[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

- 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.

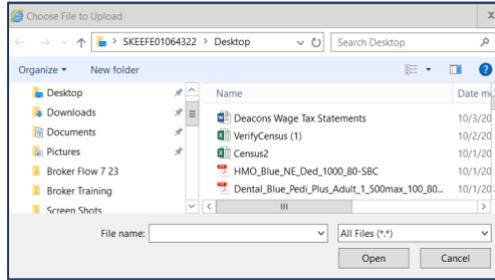
Upload documents

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.

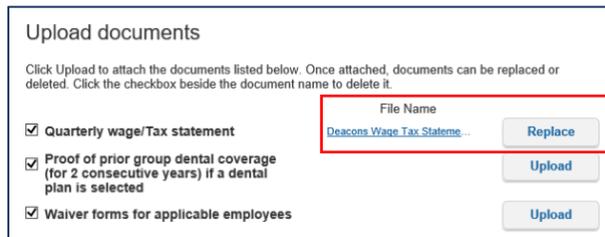
	File Name
<input type="checkbox"/> Quarterly wage/Tax statement	<input type="button" value="Upload"/>
<input type="checkbox"/> Proof of prior group Dental coverage (2 consecutive years) if applicable to this quote.	<input type="button" value="Upload"/>
<input type="checkbox"/> Waiver forms for applicable employees	<input type="button" value="Upload"/>

Click Attachments in Enrollment Links to attach additional documents.

2. Navigate to the file's location.



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



The uploaded file displays in the **File Name column** and upload changes to Replace.

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

To replace the file with another document:

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

The next step in the process is employee enrollment.

Manage Employee Enrollment

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

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

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

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

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

To modify the open enrollment period:

1. Click into the **Start date** and **End date** fields. Type the new dates using mm/dd/yyyy format.



The end date must be before the [Coverage effective date](#). Contact your broker or Blue Cross Blue Shield if the coverage effective date needs to be changed.

Employee Notification

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

1. Click the check box to send employee notifications.

Primary Contact

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

To change the Primary contact:

1. Ensure that the ***First name**, ***Last name**, ***Phone number** and ***Email address** fields are fill in.

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

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 login 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 Enrollment Snapshot page.

Enrollment dates

Coverage effective date	Start date	End date
11/01/2018	10/03/2018	10/25/2018

Check here if you want to send open enrollment emails to employees

Primary contact information

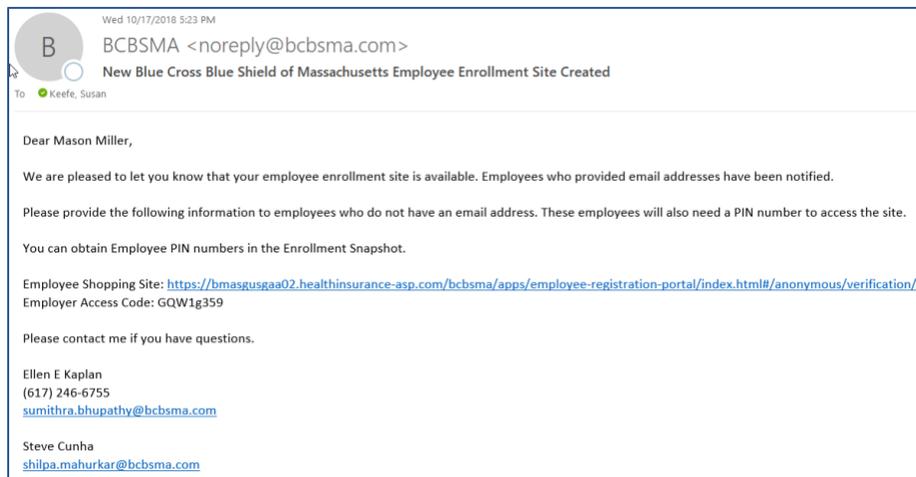
First name	Last name	Street address	Street address 2	City	State	ZIP	Phone number	Ext.	Email address
Sam	Sam	6 State Street		Boston	MA	02110			susan.keefe@bcbsma.com

Make a change Done

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's option is selected.

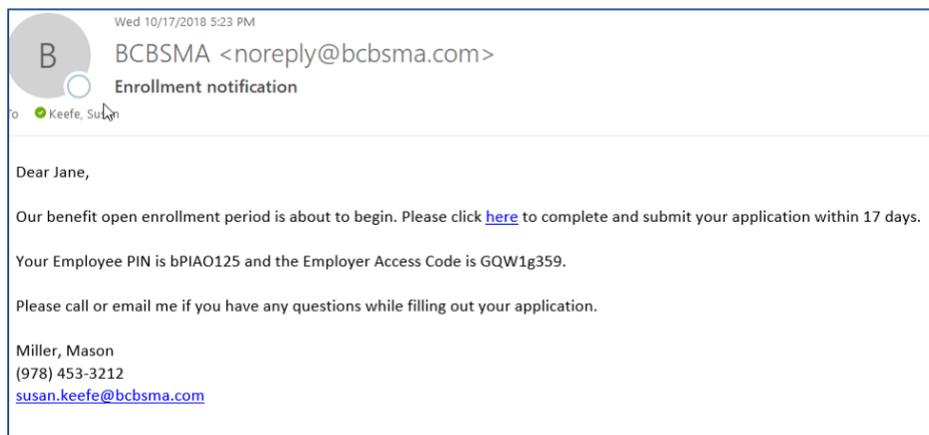
1. Click **Make a change** if corrections are needed.
OR
2. Click **Done**.

Sample of Primary Contact Email Notification



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

Sample of Employee Notification



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

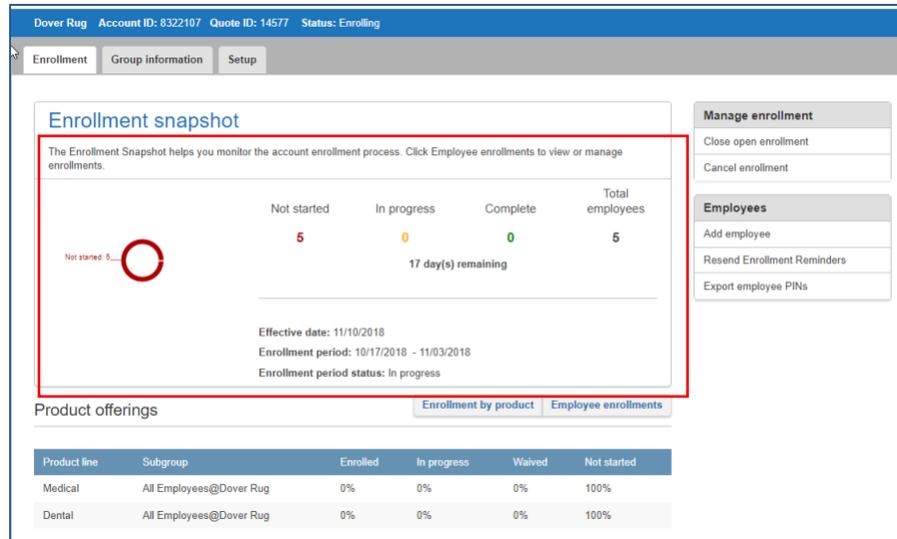
Employees will create their own BlueQuote login and shop for or waive coverage, complete their applications and provide you with any required forms or documents that you will attach on the My Account Enrollment page.

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

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

Enrollment Snapshot

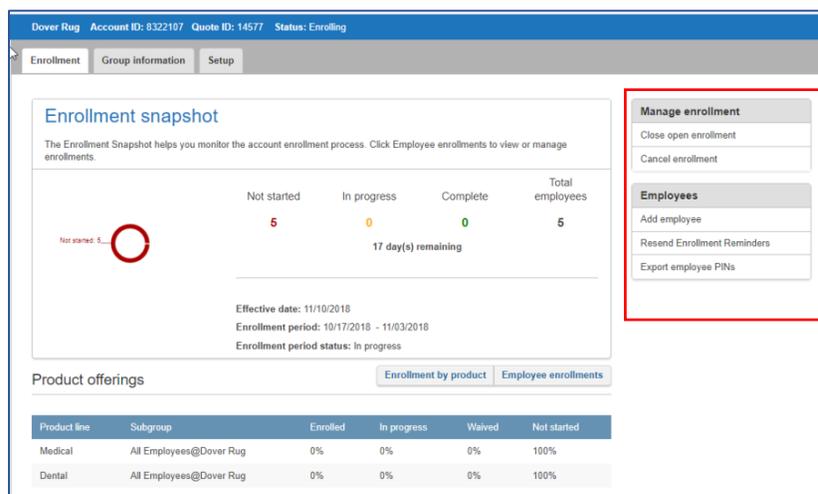
The Enrollment Snapshot is used to monitor or manage the employee enrollment process. The snapshot graphic shows the enrollment status in real time. It displays the number of employees who have not started enrollment, how many are in progress, the number completed and the total number of employees. Coverage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



The area on the right has two sections – **Manage Enrollment** and **Employees**.

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

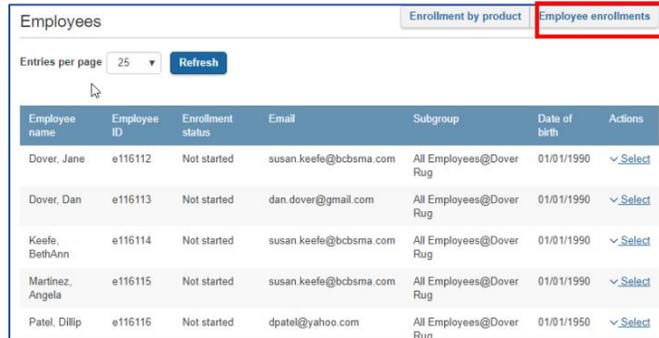
Employees has tools to **Add employees** to the census, **Resend Enrollment Reminders** to all employees who have email addresses if you notice they are not enrolling, and **Export employee PINs**.



The area below the graphic displays the default view of **Enrollment by product line** - medical, dental, or senior plans. The **Employee enrollments view** gives you access to enrollment status by employee and includes enrollment functionality in the **Action** column as well as options for emailing reminders to individual employees. This is the best way to monitor or manage employee enrollment.

To view enrollment detail by employee:

1. Click **Employee enrollments**.



The screenshot shows the 'Employees' page with the 'Employee enrollments' tab selected. The table below lists employee details:

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	▼ Select
Keele, 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 Rug	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.

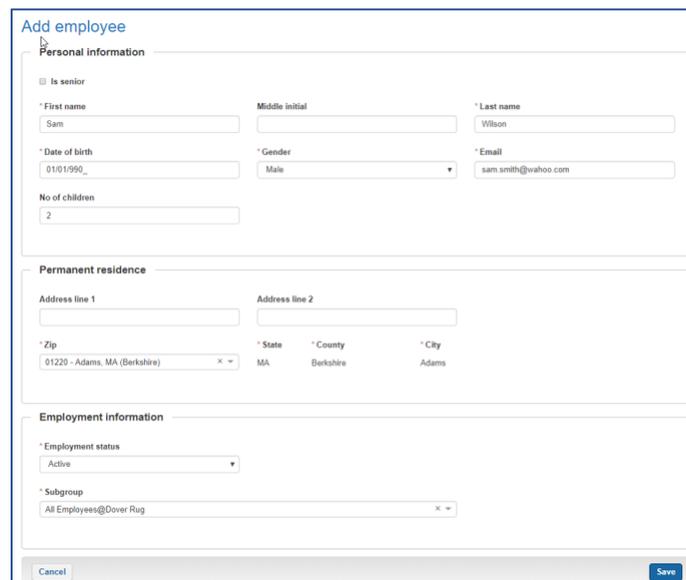
Next steps:

- 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



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



The 'Add employee' form is divided into three sections:

- Personal information:** Includes fields for 'Is senior' (checkbox), 'First name' (Sam), 'Middle initial', 'Last name' (Wilson), 'Date of birth' (01/01/1990), 'Gender' (Male), 'Email' (sam.smith@yahoo.com), and 'No of children' (2).
- Permanent residence:** Includes fields for 'Address line 1', 'Address line 2', 'Zip' (01220 - Adams, MA (Berkshire)), 'State' (MA), 'County' (Berkshire), and 'City' (Adams).
- Employment information:** Includes 'Employment status' (Active) and 'Subgroup' (All Employees@Dover Rug).

Buttons for 'Cancel' and 'Save' are located at the bottom of the form.

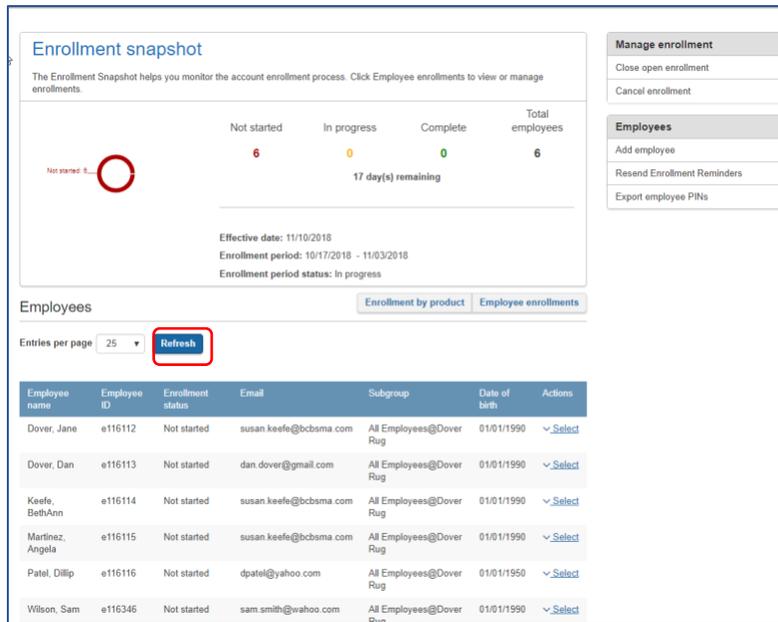
2. Click to check the **Is Senior box** at the top of the form if this employee is 65 years of age or older.
3. Type at least the ***First name**, ***Last name**, ***Date of birth**, ***Gender** and the ***Email address**.

 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.

 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.



Enrollment snapshot

The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started: 6 | In progress: 0 | Complete: 0 | Total employees: 6

17 day(s) remaining

Effective date: 11/10/2018
 Enrollment period: 10/17/2018 - 11/03/2018
 Enrollment period status: In progress

Employees: Enrollment by product Employee enrollments

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	Select
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, Dilip	e116116	Not started	dpatel@yahoo.com	All Employees@Dover Rug	01/01/1950	Select
Wilson, Sam	e116346	Not started	sam.smith@yahoo.com	All Employees@Dover Rug	01/01/1990	Select

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**.



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



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

Delete an Employee

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

To delete an employee:

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



2. Click **Delete**.



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

View an Employee Profile

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

To view an employee profile:

1. Click the **Select drop-down** in the **Action** column for the employee.

Thompson, Sara	e114535	Not started	s@wahoo.com	All Employees@Deacon's Dresses	01/01/1990	Select View profile Edit Enroll/Waive Delete
----------------	---------	-------------	-------------	--------------------------------	------------	--

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield of Massachusetts.

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

Enrollment | Group information | Setup

Profile

[View Profile](#)

Personal information

Name: Jones Sam
 Birthdate: 01/01/1990
 Gender: Male
 Marital status: --
 Phone number: --
 Address: Boston, MA 02110

Employee information

Employee ID: e114488
 Title: --
 Annual salary: --
 Subgroup: All Employees@Deacon's Dresses
 Employment status: Active

Household members

Name	Relationship	Birthdate	Gender
Jones Sam	Self	01/01/1990	Male
Jones Tracy	Spouse	01/01/1990	Female

[Enroll/Waive](#)

[Return to employee list](#)

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	Select View profile Edit Enroll/Waive Delete
----------------	---------	-------------	-------------	--------------------------------	------------	--

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield of Massachusetts.

2. Click **Edit**.

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



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 all employees about open enrollment if you don't see enrollment activity reflected on the snapshot.

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

2. Click **Resend**.

Enroll on Behalf of Employees

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	▼ Select
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 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**.



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.

The 'Employee Enrollment' form is shown. A progress bar at the top indicates the current step is 'Employee profile'. The 'Employee household' section contains the following fields:

- Employee home zip code: 02110
- Employee details: First name (Sam), Last name (Jones), Date of birth (01/01/1990), Relationship (Self), Gender (dropdown).
- Dependent details (highlighted with a red box): First name (empty), Last name (empty), Date of birth (01/01/1990), Relationship (Spouse), Gender (Female).

Buttons for 'Remove Dependent', 'Add Dependent', 'Save and exit', and 'Save and continue' are visible at the bottom.

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

Add Dependents

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



Remove any unused dependent rows.

Remove Dependents

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

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

Medical Plan Selection

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

Employee Enrollment

1 Employee profile 2 Shop for plans 3 Enrollment

Medical Plan Options

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.

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

Jones (28) [Print](#) [Waive medical](#)

Jones (28) Jones (7)

HMO Blue® Select \$1000 Ded with Copay

[View plan details](#) [Remove from cart](#)

Preventative Visit	\$0
Office Visit	\$30 copay
Specialist Visit	\$45 copay
Emergency Room	\$150 copay after deductible
Retail Order Rx	\$20/\$30/\$50

[Email plan details](#)

[Save and exit](#) [Continue to dental](#)

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

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



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

View plan information

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

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.

Medical Plan Options

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.

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: Sam (29) Mary (29)

[Waive medical](#) [Compare plans](#)

HMO Blue® Select \$1000 Deductible

Medical Deductible	\$1,000 Ind / \$2,000 Fam
Office Visit	\$25
Specialist Visit	\$40
Emergency Room	\$250
Inpatient Admissions	Deductible

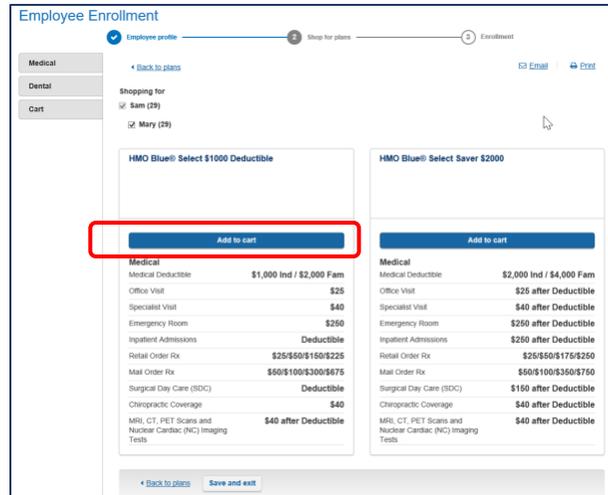
[View plan details](#) [Add to cart](#) Add plan to compare [Email plan details](#)

HMO Blue® Select Saver \$2000

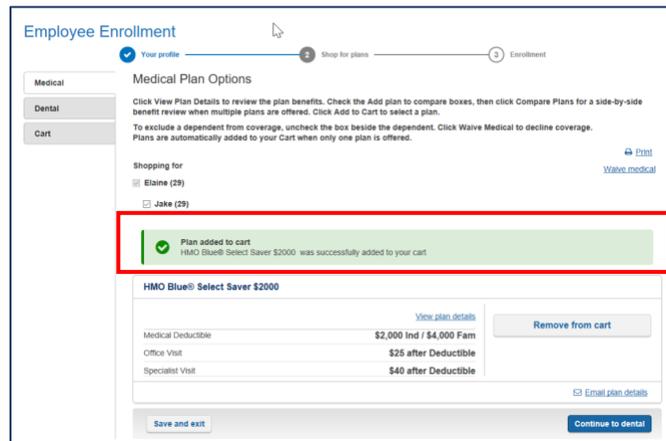
Medical Deductible	\$2,000 Ind / \$4,000 Fam
Office Visit	\$25 after Deductible
Specialist Visit	\$40 after Deductible
Emergency Room	\$250 after Deductible
Inpatient Admissions	\$250 after Deductible

[View plan details](#) [Add to cart](#) Add plan to compare

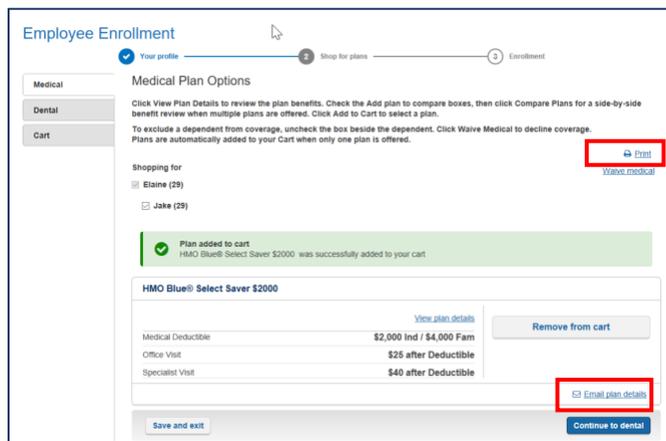
1. Check the boxes beside **Add plan to compare**, then click **Compare Plans** at the top of the page.



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



Print or eMail Plan Details



Plan details can be printed by clicking **Print** in the upper right corner of the page. You can also email the information to employees that you enroll.

1. Click **Email** plan details.



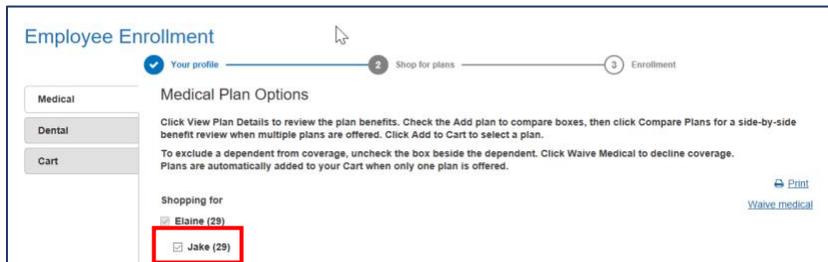
The screenshot shows a dialog box titled "Email plan details" with a close button (X) in the top right corner. It contains two text input fields: "Email:" and "Note:". Below the fields are two buttons: "Cancel" on the left and "Send" on the right. The "Send" button is highlighted with a red rectangular box.

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.

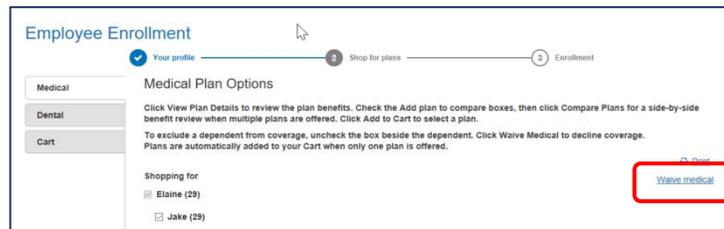
To Waive coverage for a dependent:



The screenshot shows the "Employee Enrollment" page. A progress bar at the top indicates three steps: "Your profile" (completed), "Shop for plans" (current), and "Enrollment". On the left, there are tabs for "Medical", "Dental", and "Cart". The main content area is titled "Medical Plan Options" and includes instructions on how to review plan benefits and add plans to the cart. Below this, there is a "Shopping for" section with two entries: "Elaine (29)" and "Jake (29)". Each entry has a checkbox. The checkbox for "Jake (29)" is checked and highlighted with a red rectangular box. There are also "Print" and "Waive medical" links on the right side of the page.

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:



The screenshot shows the "Employee Enrollment" page, similar to the previous one. In the "Shopping for" section, the checkboxes for "Elaine (29)" and "Jake (29)" are now unchecked. The "Waive medical" link in the bottom right corner of the page is highlighted with a red rectangular box.

1. Click **Waive medical**.

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

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



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

To cancel a waiver:

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

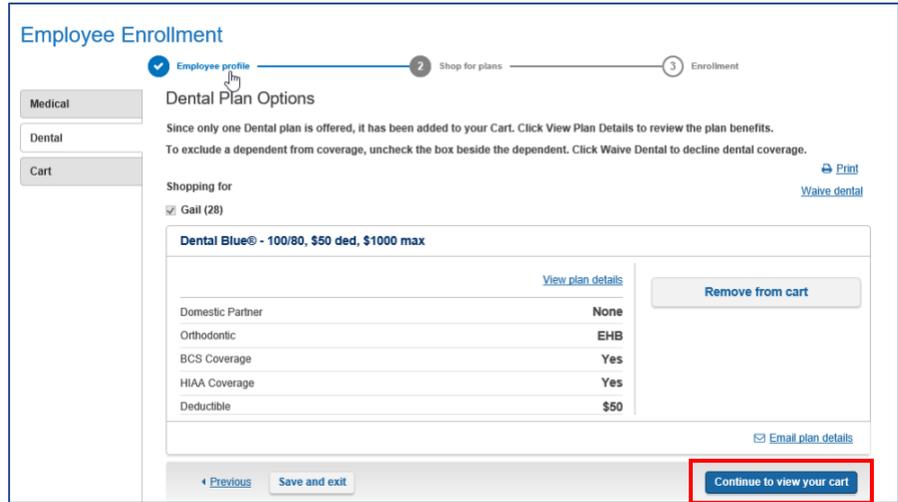
Plans Not Available

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

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

Dental Plan Selection

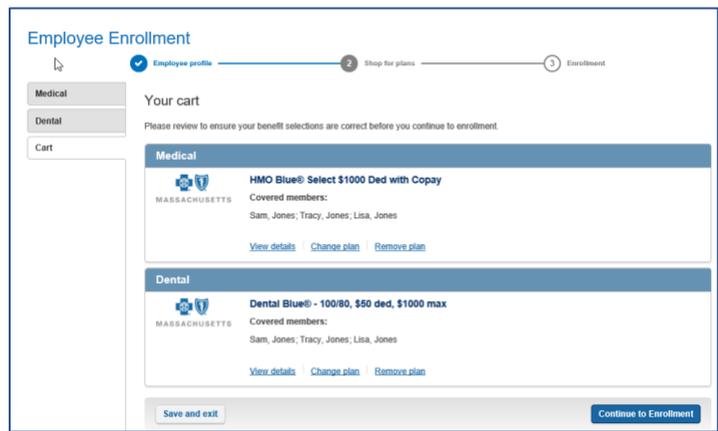
Only one dental plan can be offered by your employer, so it is automatically added to the Cart. You can **View plan details**, **Print** plan benefits or **Remove from cart** to **Waive dental** coverage.



1. Click **Continue** to view your cart.

Your Cart

The plan you selected for the employee and his/her dependents display. You can change plans if the employer is offering multiple options and the wrong plan was selected or remove a plan from the cart to waive the coverage.

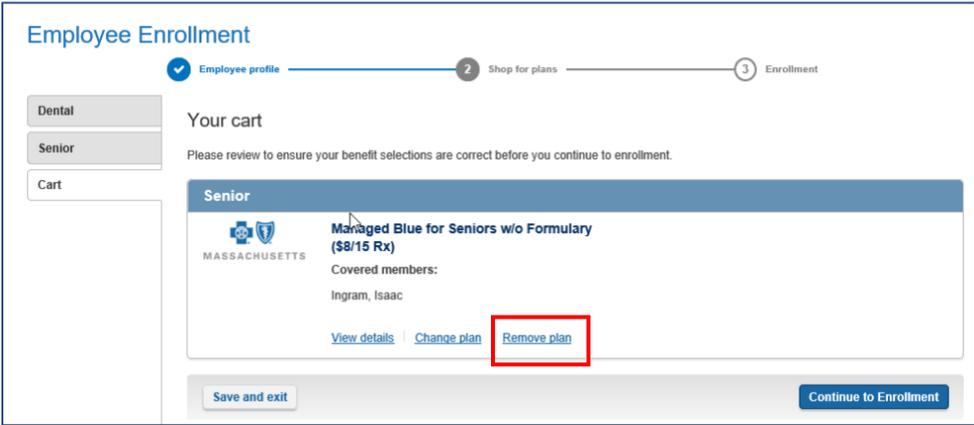


To change a plan from the Cart:

1. Locate the plan in the cart then click **Change plan**.
2. Click the **Medical** plan tab to select a different plan.

To remove a plan from the Cart:

- 1. Locate the plan in the list then click **Remove plan**.

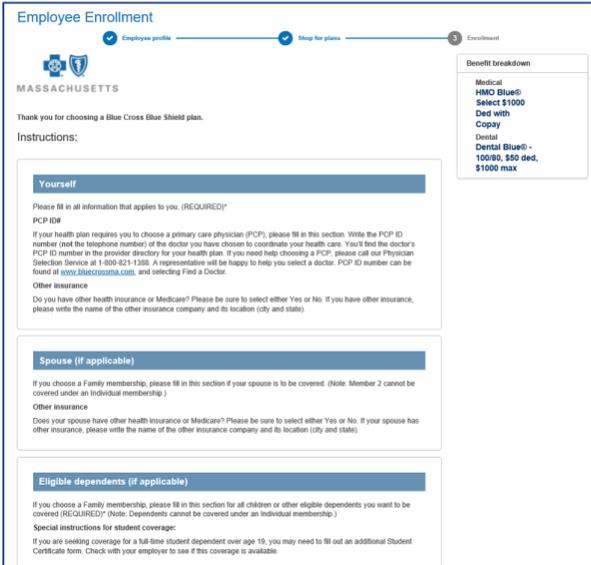


 There is no undo. Plans deleted by mistake must be selected again or you must waive coverage.

Next steps:

- Click **Continue to Enrollment** when selections in the Cart are correct.

The next page is a set of instruction for the **Employee Application form**. The plan selections made while shopping display on the right.



- 1. Review the instructions then click **Continue** at the bottom of the page to display the application form.

Employee Enrollment Application Form

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

To complete the application form:

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



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

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)**.

* 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.

- 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.

* Do you have other medical insurance coverage?

Yes
 No

* Other medical insurance company name

City/State

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 coverage?

Yes
 No

* Other dental insurance company name

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.

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

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

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

Dependents

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

Member 2

Plan type

Medical 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**.

* Do you have other medical insurance coverage?
 Yes
 No

* Other medical insurance company name
 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 dental insurance coverage?

Yes
 No

* Other dental insurance company name

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.

* 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 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 **Medicare 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.

* Is the dependent disabled and aged 26 or older?

Yes

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:

- 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).
- 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 file 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 civilrightscoordinator@bcsma.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.hhs.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.

Blue Cross Blue Shield of Massachusetts Waiver

Required fields are indicated with an asterisk (*)

Mason's personal information

* First name: Mason * Last name: Miller Middle initial: []

Company name: Care Consulting * Date of birth: 01/01/1990

Medical

I waive my employer's group Medical insurance coverage for myself and my eligible dependents (if any).

Reason for Waiver of Coverage - Check all that apply:

I am covered as a spouse or dependent under another group Medical plan.

I am covered by Medicare, non-group, Veterans program or a secondary employer.

I am not covered by another Medical insurance and choose not to participate in my employer's group plan at this time.

Other

Signature

I waive my and/or my dependents' (if any) eligibility to enroll in my employer's group plan at this time. I understand that I and/or my dependents may enroll under this plan in the future under the terms defined in the eligibility section of the subscriber certificate or benefit description.

* First name: [] M.I.: [] * Last name: [] Date: 05/31/2019

I affirm that the assertions in this form are true and complete to the best of my knowledge, and I understand that Blue Cross Blue Shield of Massachusetts has the right to terminate coverage, retroactive to the effective date of coverage, for any material misinformation (including omissions) contained in this form.

Employer signature: [] Date: []

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

Confirmation of Enrollment Submission

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

Employee Enrollment

1 Employee profile 2 Shop for plans 3 Enrollment

Confirmation of Enrollment Submission

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.

What to expect next...

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 corner of the page and select Logout or click Return to Account Overview to modify your selections.

Employee: Dawson Dave
Employer: Deacon's Dresses

[Print](#)

Medical

HMO Blue® Select Covered members:
\$1000 Ded with Dave, Dawson, Maria, Dawson
Copay

[Return to Enrollment Overview](#)

1. Click [Print](#) if you wish to provide a copy to the employee or keep a copy for your records.
2. Click [Return to Enrollment Overview](#).

 Plan selections can be modified until the enrollment period ends.



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

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

Enrollment snapshot

The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started: 5, In progress: 0, Complete: 1, Total employees: 6. 16 day(s) remaining.

Effective date: 11/10/2018
Enrollment period: 10/17/2018 - 11/03/2018
Enrollment period status: In progress

Manage enrollment: Close open enrollment, Cancel enrollment

Employees: Add employee, Resend Enrollment Reminders, Export employee PINs

Enrollment by product | Employee enrollments

Entries per page: 25 Refresh

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Dover, Jane	e116112	Completed	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	Select
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
Patei, Dillip	e116116	Not started	dpatei@yahoo.com	All Employees@Dover Rug	01/01/1950	Select
Wilson, Sam	e116346	Not started	sam.smith@wahoo.com	All Employees@Dover Rug	01/01/1990	Select

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.

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Sam, Jones	e114488	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	Select
Dave, Dawson	e114489	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	Select
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	Select
Gates, Gail	e114492	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	View profile
Henderson, Heidi	e114493	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	Enroll/Withdraw
Keefe, Ida	e114494	Completed	susan.keefe@bcbsma.com	All Employees@Deacon's Dresses	01/01/1990	Delete
						View submitted

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

Profile

View

- Profile
- Current enrollments**

Personal information

Name: Gail Gates
 Birthdate: 01/01/1990
 Gender: Female
 Marital status: --
 Phone number: (978) 999-4760
 Address: 5 Willow Rd, Boston, MA 02110

Employee information

Employee ID: e114492
 Title: --
 Annual salary: --
 Subgroup: All Employees@Deacon's Dresses
 Employment status: Active

Household members

Name	Relationship	Birthdate	Gender
Gail Gates	Self	01/01/1990	Female

[Return to employee list](#)

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

Current enrollments

Make a change

View

- Profile
- Current enrollments**

Plan	Enrollees	Effective date	End date	
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 Enrollment

1 Employee profile — 2 Shop for plans — 3 Enrollment

Employee household

Verify the details below and provide any missing information including dependents.

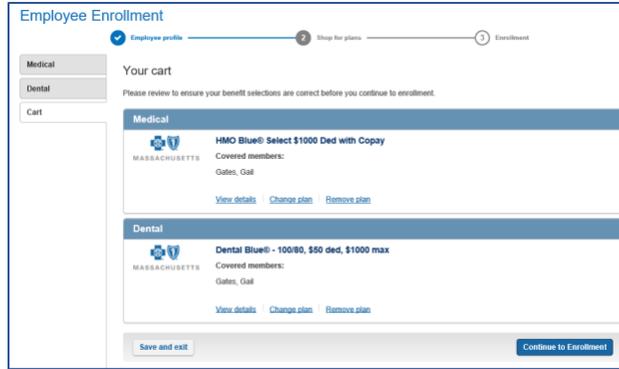
Employee home zip code: 02110

* First name: * Last name: * Date of birth: Relationship: * Gender:

[Add Dependent](#)

[Save and exit](#) [Save and continue](#)

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



7. Click the **Cart** tab to modify selections as needed e.g. waive coverage.
 - a. Click **Change plan** to select a different medical plan when more than one is offered.
 - b. Click **Remove plan**, then **click** the appropriate **product line tab** to waive coverage.
8. Click **Continue to enrollment** and modify the application as needed. the Enrollment Snapshot.



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

Cancel Enrollment

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

To cancel enrollment:

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

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

Close Enrollment

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



Enrollment can be closed early if all requirements are met.

Enrollment snapshot

The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started	In progress	Complete	Total employees
0	0	3	3

Complete: 3 (100%)
1 day(s) remaining

Effective date: 11/10/2018
Enrollment period: 10/18/2018 - 10/19/2018
Enrollment period status: In progress

Manage enrollment

- Close open enrollment
- Cancel enrollment

Employees

- Add employee
- Resend Enrollment Reminders
- Export employee PINs

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

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:

Review required

The enrollment for Dover Rug has been submitted, however, review is required. The review process typically takes 7 business days to complete. Please, contact the carrier if you have any questions.

Ok

3. Click **Ok**.



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.