



BlueQuote

# Blue Cross Blue Shield of Massachusetts Employee Guide to Enrollment

June 2019

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## About this Document

These step-by-step instructions will guide you through the BlueQuote on-line enrollment process.

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

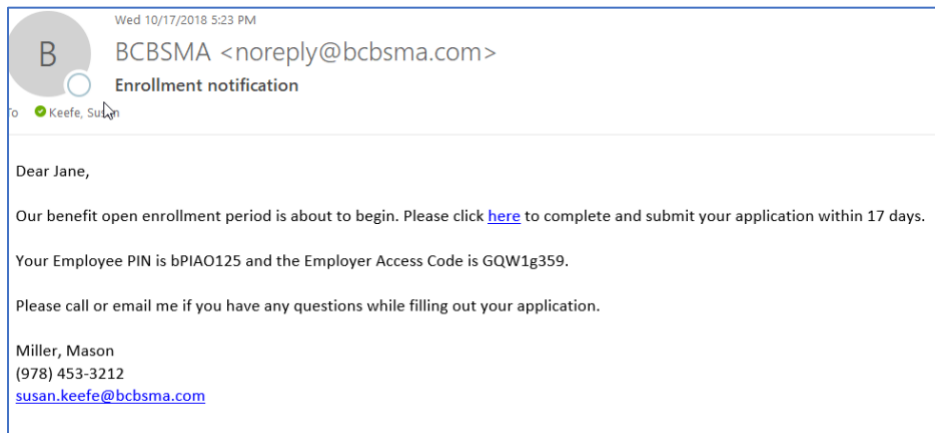
To initiate your enrollment, you will receive an email message from Blue Cross Blue Shield of Massachusetts (BCBSMA) to inform you that the company's benefit open enrollment period has begun.



Check your Junk or Clutter mail folder if you do not see an enrollment notification message from BCBSMA.

Contact your benefits administrator if you did not receive or have accidentally deleted the enrollment notification message. They will provide you with instructions for accessing the BlueQuote Enrollment website.

## Sample eMail Notification



The email contains a link, Employee PIN and an Access code to your personal BlueQuote Enrollment website where you will enroll or waive coverage in the medical and/or dental plans offered by your employer. It also indicates how many days in the enrollment period.



You must complete enrollment within the time allotted.

## Accessing BlueQuote Enrollment

1. Click the "[here](#)" link in the enrollment notification email message to display the BlueQuote login screen.

Welcome to your personalized benefits website.

Complete all of the fields below to create your account and begin your enrollment.

The Employee PIN and Employer Access Code can be found in your Enrollment email message or can be obtained from your benefits administrator.

\* Last Name

\* Date of Birth

Verify

Already have an account? [Log in](#)

2. Type your **\*Last Name**.
3. Type your **\*Date of Birth** using two digits for the month, two digits for the day, and four digits for the year (mm/dd/yyyy).
4. Click **Verify**.

## Create a Login Account

You can now create your own BlueQuote user id and password.

MASSACHUSETTS

Create your account

Account information

\* First name

\* Last name

\* Username (6-20 characters)

\* Email address


\* Password

\* Confirm password

\* Security question

\* Answer for security question

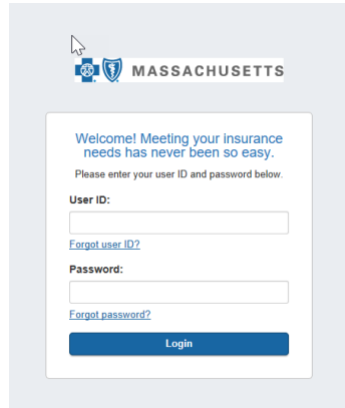
Create account

 Use the Tab key to move from field to field or click into each field.

1. Type your **\*First name** and **\*Last name**.
2. Type a **Username** between 6-20 characters and your **\*Email address**.
3. Type a **\*Password** consisting of 6-14 characters including at least one number, then type the password again in the **\*Confirm password** field.
4. Select a **Security question** from the drop-down list.
5. Type the **Answer for the security question**.
6. Click **Create account**.

## Login

1. Type the **User ID** and **Password** you created.



Ensure that there are no extra spaces before or after these entries.

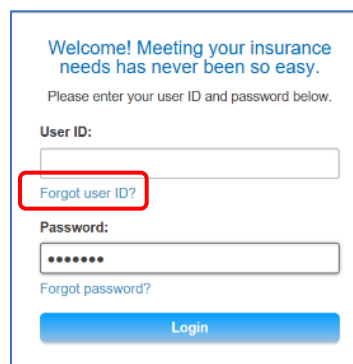
2. Click **Login**.



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. Accounts are locked after three failed attempts to log in. Contact your company's benefit's administrator if you are locked out.



## Forgot User ID

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

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

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

## Forgot Password

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

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

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

## BlueQuote Getting Started

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

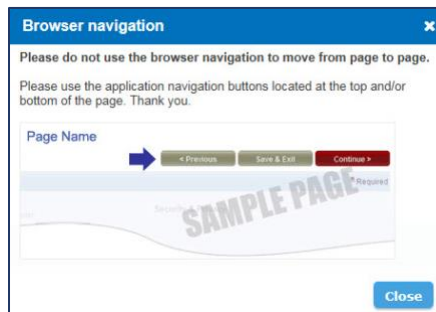
\* What question would you like asked?

\* What is the answer?

**Continue >**

## Web Browser Navigation

Do not use the browser's 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:



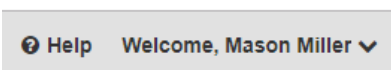
- Click **Close**.

## General Navigation

Use the action buttons typically found at the bottom of each page to move from screen to screen in BlueQuote Enrollment. Your work is automatically saved as you move from page to page.

### BlueQuote Header

The BlueQuote header displays on all screens.

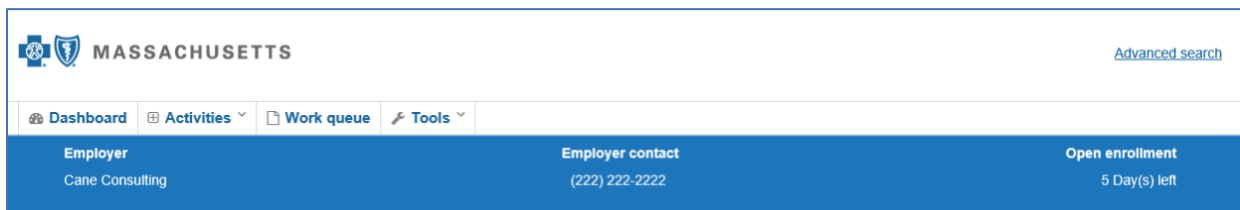


 **Help** provides additional instructions.

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

### Getting Help from your Company Representative

Contact your benefits administrator directly if you have any questions or need help with your enrollment. Contact information for your benefits administrator is in the open enrollment email message and it displays in the header area of your shopping site.



The screenshot shows the top navigation bar of the BlueQuote website. On the left is the Massachusetts state logo and the text "MASSACHUSETTS". On the right is a link for "Advanced search". Below this is a menu with "Dashboard", "Activities", "Work queue", and "Tools". A blue bar below the menu contains three items: "Employer" (Cane Consulting), "Employer contact" ((222) 222-2222), and "Open enrollment" (5 Day(s) left).

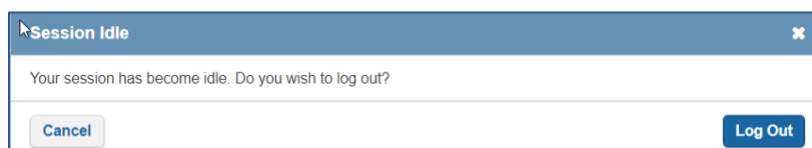
### Progress Bar



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

### Time Out

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



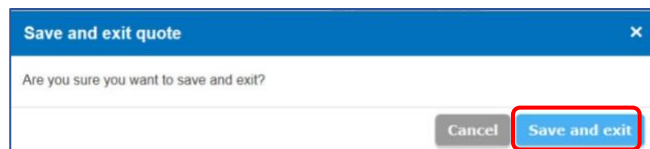
The dialog box has a title bar "Session Idle" with a close button. The main text reads: "Your session has become idle. Do you wish to log out?". At the bottom, there are two buttons: "Cancel" and "Log Out".

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

### Save and Exit

## BlueQuote Getting Started

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



1. Click **Save and exit**.

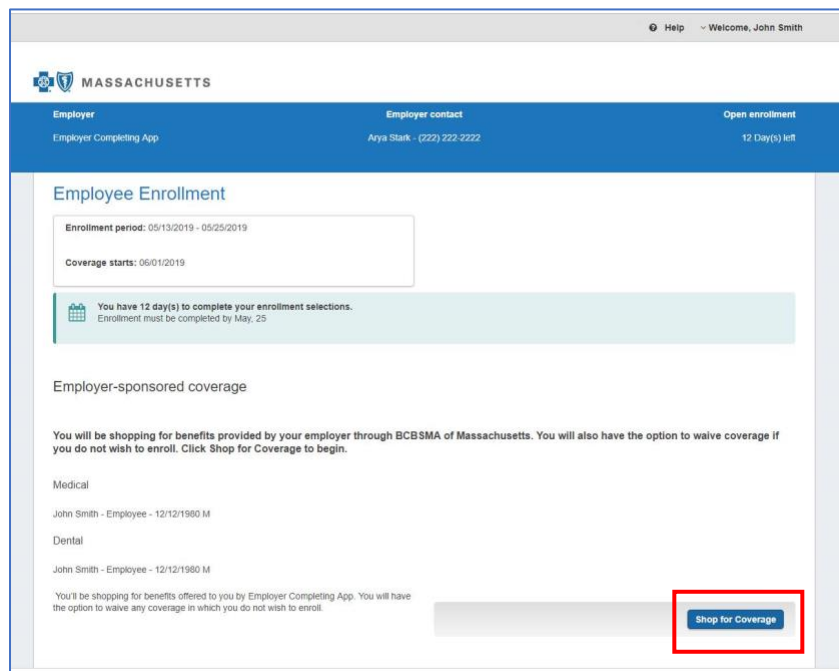
# Enrollment



## Employee Enrollment


Once you are logged in, the Employee Enrollment page displays. The open enrollment dates, the number of days remaining in the open enrollment period and the coverage effective dates display in the top half of the page.

The enrollment period represents the time in which you can enroll in or waive the health benefits offered by your employer. The coverage effective date is the date that your insurance goes into effect if all application requirements are met.



The bottom half of the page shows the type of plans you can shop for. Your dependents, if any will be covered under the plans you choose unless you remove them from the household page.

---

 You can complete or modify your enrollment at any time during the enrollment period or until your employer closes enrollment.

---

Your company's benefits administrator may send you an enrollment reminder if you have not started or completed your enrollment.

### To begin shopping:

1. Click **Shop for Coverage** to display the **Employee Household** page.

Review the information provided by your employer and modify it as needed. Dependent names need to be filled in. Make sure that all required fields (\*) are completed.

## Add Dependents

1. Click **Add Dependent**.

2. Type the **\*First name**, **\*Last name**, **\*Date of birth** using mm/dd/yyyy format. Select your **\*Relationship** to the dependent and **\*Gender** from the drop-down lists.
3. Click **Add dependent** and repeat these steps until all dependents are listed.



Delete any unused dependent rows.

## Remove Dependents

1. Click **Remove Dependent** below the name of the dependent you will no longer provide medical or dental coverage for. The dependent's information is immediately removed without warning.



There is no undo. If a dependent is removed by mistake, click Add Dependent and re-add them.

**Next steps:**

- Click **Save and continue** when the household is finished.

**Medical Plan Selection**

The progress bar at the top of the page shows that your Employee profile is completed, and you are now shopping for plans.

**Employee Enrollment**

1 Employee profile 2 Shop for plans 3 Enrollment

**Medical**  
Dental  
Cart

**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.

Print  
Waive medical

Shopping for

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 your 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 automatically as you make selections. You can also click the tabs to move yourself through the plan offerings.

When only one plan is offered for any product line, it is automatically added to the Cart. When multiple Medical plans are offered, they can be compared side-by-side to get a better understanding of the benefits that come with each plan.

Dependents who are covered by the plan are listed above the plan details. The selections you make apply to you and your dependents unless the checkbox beside the dependent is unchecked.

**View plan information**

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

Key benefits	
<b>Medical</b>	
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	
<a href="#">Summary of benefits</a>	
<a href="#">Summary of benefits and coverage</a>	
<a href="#">Return to plan list</a>	

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

The screenshot shows the 'Medical Plan Options' page. At the top, there are three steps: 'Employee profile', 'Shop for plans', and 'Enrollment'. Below this, there are tabs for 'Medical', 'Dental', and 'Cart'. The main content area is titled 'Medical Plan Options' and includes instructions: '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.' There are links for 'Waive medical' and 'Compare plans'. Below this, there are two plan options:

- 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. Includes 'View plan details', 'Add to cart', and 'Add plan to compare' (checkbox) buttons.
- 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. Includes 'View plan details', 'Add to cart', and 'Add plan to compare' (checkbox) buttons.

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

**Employee Enrollment**

Employee profile | Shop for plans | Enrollment

Medical | Dental | Cart

Shopping for  
 Sam (29)  
 Mary (29)

**HMO Blue® Select \$1000 Deductible**

**Add to cart**

Medical	\$1,000 Ind / \$2,000 Fam
Medical Deductible	\$1,000 Ind / \$2,000 Fam
Office Visit	\$25
Specialist Visit	\$40
Emergency Room	\$250
Inpatient Admissions	Deductible
Retail Order Rx	\$25/\$50/\$150/\$225
Mail Order Rx	\$50/\$100/\$300/\$675
Surgical Day Care (SDC)	Deductible
Chiropractic Coverage	\$40
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$40 after Deductible

**HMO Blue® Select Saver \$2000**

**Add to cart**

Medical	\$2,000 Ind / \$4,000 Fam
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
Retail Order Rx	\$25/\$50/\$175/\$260
Mail Order Rx	\$50/\$100/\$350/\$750
Surgical Day Care (SDC)	\$150 after Deductible
Chiropractic Coverage	\$40 after Deductible
MRI, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$40 after Deductible

Back to plans | Save and exit

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

**Employee Enrollment**

Your profile | Shop for plans | Enrollment

Medical | Dental | Cart

**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  
 Elaine (29)  
 Jake (29)

**Plan added to cart**  
 HMO Blue® Select Saver \$2000 was successfully added to your cart

**HMO Blue® Select Saver \$2000**

View plan details | Remove from cart

Medical	\$2,000 Ind / \$4,000 Fam
Medical Deductible	\$2,000 Ind / \$4,000 Fam
Office Visit	\$25 after Deductible
Specialist Visit	\$40 after Deductible

Print | Waive medical

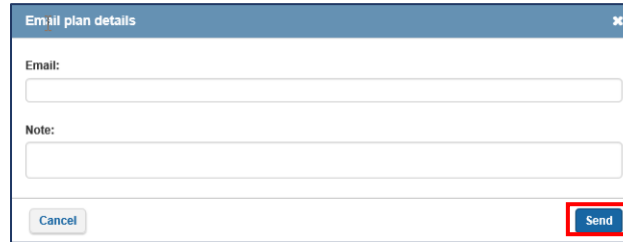
Email plan details

Save and exit | Continue to dental

### Print or eMail Plan Details

Plan details can be printed by clicking **Print** in the upper right corner of the screen. You can also email the information to yourself or your dependents.

- Click **Email plan details**.



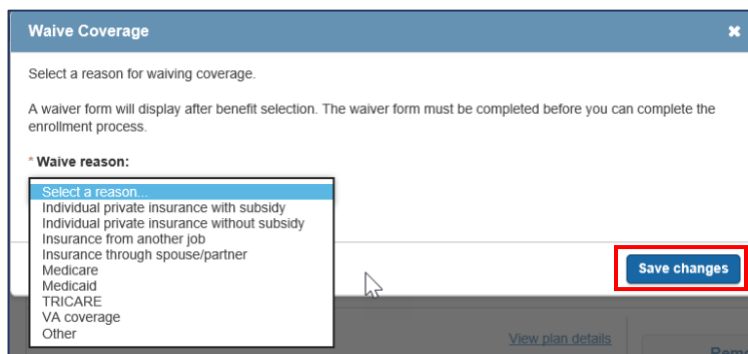
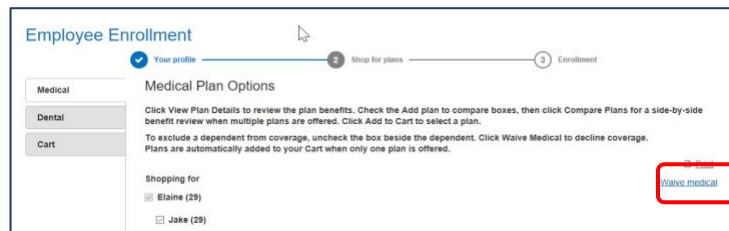
2. Type each recipient's **Email** address, separated with a semicolon.
3. Type a message in the **Note** field, if needed.
4. Click **Send**.

## Waiving Coverage

Coverage can be waived if you do not wish to enroll in the medical/senior and/or dental plans offered by your employer. Dependent coverage is waived by clicking the **check box beside the dependent's name** in the **Shopping for** area at the top of the plan list. This removes the checkmark.

### To Waive your coverage:

1. Click **Waive medical**.



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

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



An online waiver form is automatically added to the member application form when 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:

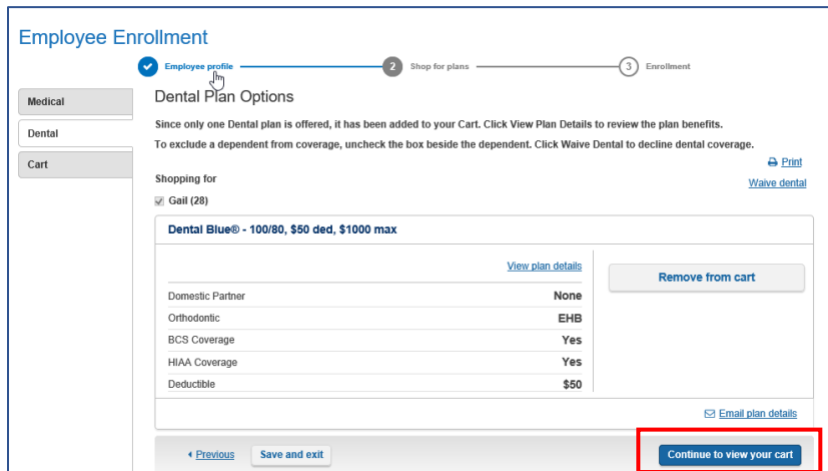
1. **Close** the message.
2. Click **Save and exit**.
3. Logout using the drop-down arrow beside your name at the top of the screen.
4. Contact your company's benefits administrator.

### Next steps:

- Your benefits administrator will contact BCBSMA.
- You will be contacted by your benefits administrator when the appropriate plans have been added to your shopping site.
- Log in and shop.

## Dental Plan Selection

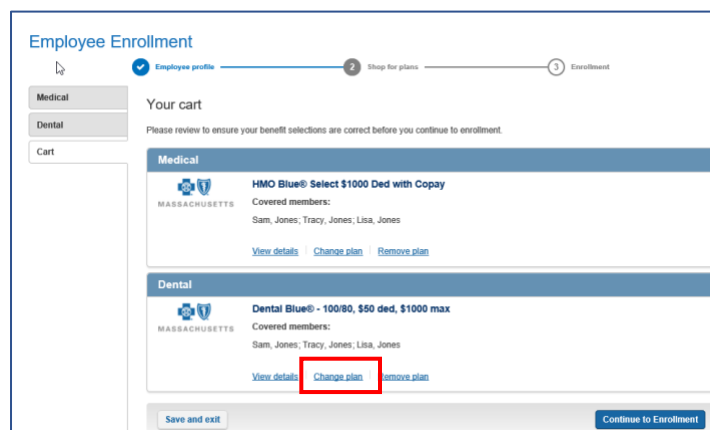
Only one dental plan can be offered by your employer, so it is automatically added to the Cart. You can still **View plan details**, **Print** plan benefits or **Remove from cart** to **Waive dental** coverage.



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

## Your Cart

The plan you selected for yourself and your dependents display. You can view the plan detail again, change plans if the employer is offering multiple options and the wrong plan was selected or remove the plan from the cart.



### To Change a plan:

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 added to the cart again or you must waive coverage.

**Next steps:**

- Click the **Medical, Senior or Dental tabs** on the left to modify the plan selections, if necessary.
- 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 application form is for you and your dependents, if any. The first section 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 you provided earlier by 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 your **\*Social Security Number**.
3. Type your **Date of Hire** in mm/dd/yyyy format.
4. Type at least one phone number\* either 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.
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 name** 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 name** 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 for dependents may vary slightly based on the dependent type.

**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 name** 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 name** 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

Medicare #

(Enter Medicare Identification Number (Medicare Claim Number) with no spaces and no dashes. Example: 555223333A)

Reason

Select ▼

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.

\* 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](mailto: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](http://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](http://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 it is used in your login name.

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

## Waiver Forms

Waiver forms will 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: Cane 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.



Leave the **Employer signature** and **date** fields blank.

3. Click **Submit**.

## Confirmation of Enrollment Submission

This is an opportunity to review your benefit selections at the bottom of the page and print a copy. You may change your plan selections at any time within the remaining enrollment period.

**Employee Enrollment**

Employee profile      Shop for plans      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**  
\$1000 Ded with Copay

Covered members:  
Dave, Dawson, Maria, Dawson

[Return to Enrollment Overview](#)

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



Provide all relevant documentation e.g., disability forms, divorce decrees, etc., to your benefits administrator.


## Next steps:

- Change your plan selections, if necessary.
- Log out



Plan selections can be modified until the enrollment period ends.

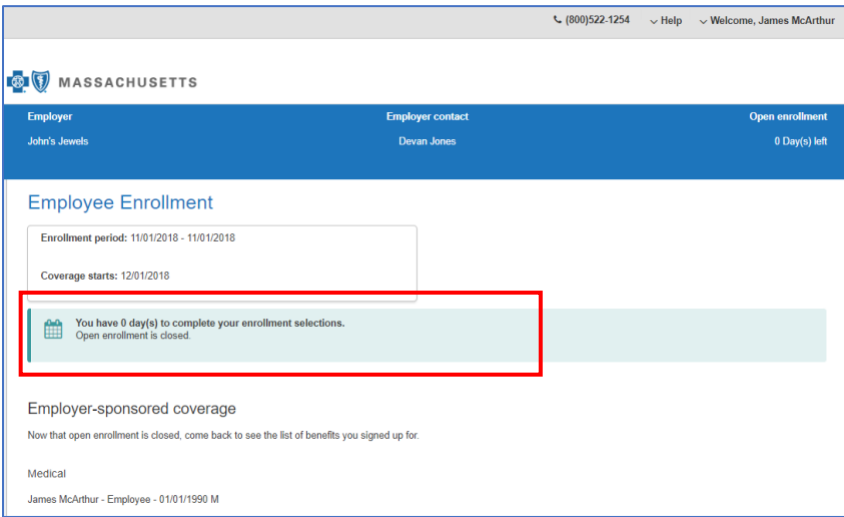
## Logout of BlueQuote



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

## Login after Enrollment

You can access and modify your plan selections at any time during the enrollment period. When you login to BlueQuote after your employer has closed and submitted the company's enrollment to Blue Cross Blue Shield, the following message displays:



Contact your benefits administrator if you need assistance.

### What to Expect Next

Your employer will close enrollment and electronically submit the applications and supporting documentation to BCBSMA for review.

Once all applications are approved, medical ID cards will be sent to the address provided. ID cards are typically issued 10-12 days after your benefits administrator submits the application package to BCBSMA. Please contact your benefits administrator if you have questions about the status of your enrollment or need care prior to receiving your ID card.

On behalf of BCBSMA, we look forward to a long and healthy relationship with you.

