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## Enrollment

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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.

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.
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.

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

**Web 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:

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. 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.

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.

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:

1. Cancel to continue with your 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 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 competed, and you are now shopping for plans.

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.
1. Click to check the boxes beside **Add plan to compare**, then click **Compare Plans** at the top of the page.
2. Click **Add to Cart** to select a plan and return to the Medical plan list. A confirmation of your selection displays.

**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.

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

Waiving Coverage

Coverage can be waived 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:

Close

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).
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.

![Image of BlueQuote Enrollment form]

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.

![Image of BlueQuote Enrollment form]

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

2. Type the dependent’s **Social Security Number**, if available.

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

4. Click **Yes** or **No** to indicate whether this is the **current PCP**.

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

**Do you have other dental insurance coverage?**
- Yes
- No

**Other dental insurance company name**

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: 55523333A)

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

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

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

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 member handbook provided to 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 02171-1236, phone at 1-800-472-2665 (TTY: 711), fax at 1-817-244-3567, or email at grievancecoordinator@bcbsma.com.

If you need help filling 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 OCS公正.gov, by mail to 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 1-800-335-7705 (TDD).

Complaint forms are available at hhs.gov.

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.
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.

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