



**BlueCross BlueShield  
of Texas**

# Small Group Enrollment Tool User Guide



*For Producers and General Agents*

**Effective July 2022**

# Table of Contents

|  |                           |
|--|---------------------------|
| <b>Purpose</b>                               | <a href="#"><u>3</u></a>  |
| <b>Overview of the Enrollment Process</b>    | <a href="#"><u>3</u></a>  |
| <b>1. Pre-Enrollment Process</b>             | <a href="#"><u>5</u></a>  |
| <b>Enrollment with a Quote</b>               | <a href="#"><u>6</u></a>  |
| <b>2. How to Enroll a Small Group</b>        |                           |
| I. Account Information                       | <a href="#"><u>8</u></a>  |
| <b>Enrollment without a Quote</b>            | <a href="#"><u>10</u></a> |
| <b>2. How to Enroll a Small Group</b>        |                           |
| I. Account Information                       | <a href="#"><u>12</u></a> |
| II. Additional Information                   | <a href="#"><u>20</u></a> |
| III. Plan Selections                         | <a href="#"><u>22</u></a> |
| IV. Member Census                            | <a href="#"><u>27</u></a> |
| V. Rates                                     | <a href="#"><u>39</u></a> |
| VI. Account Summary                          | <a href="#"><u>41</u></a> |
| VII. Release for Enrollment                  | <a href="#"><u>43</u></a> |
| <b>3. How to Access and View Reports</b>     | <a href="#"><u>51</u></a> |
| <b>4. How to Track and Manage Enrollment</b> | <a href="#"><u>59</u></a> |
| <b>Resources and Help</b>                    | <a href="#"><u>65</u></a> |

## Purpose

The purpose of this user guide is to provide step-by-step instructions and guidance to Producers and General Agents (GAs) as they enroll their groups using the enhanced eSales Small Group Enrollment tool.



**Important:** We encourage Producers to use the eSales Small Group Enrollment tool. Enrolling groups through this tool and submitting clean cases eliminates some internal processing steps thus improving the turnaround time from quote to approval.

## Overview of the Enrollment Process

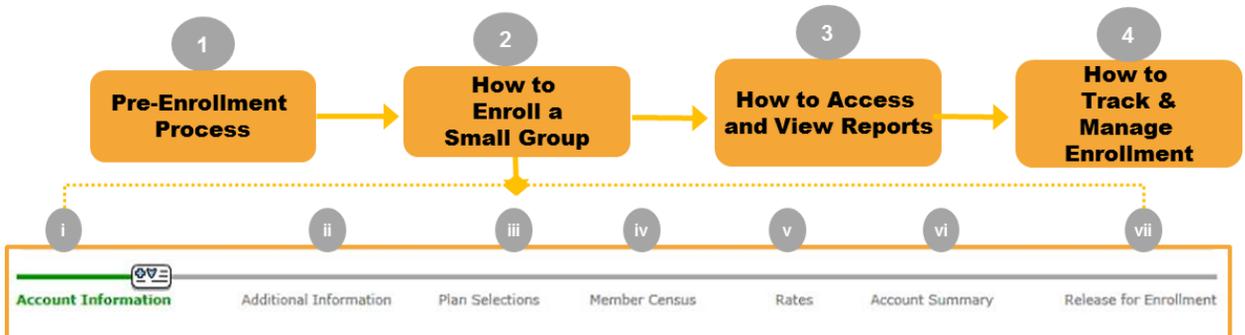
The eSales Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you can enter account and additional group information; select medical, dental and life plans; enter the member census; view rates; review the account summary, print and verify all information with your client; upload all required documentation to release the case for enrollment. You can also view the relevant reports.

The enhanced online tool helps to streamline and automate the enrollment process. It provides faster turnaround time for an enrollment from review to final decision. You can track the status of the case online and keep your clients updated on the enrollment status.

Let's review the steps to enroll a small group (1-50 employees) using the eSales Small Group Enrollment tool.

[Return to Table of Contents](#)

# Overview of the Enrollment Process (Contd.)



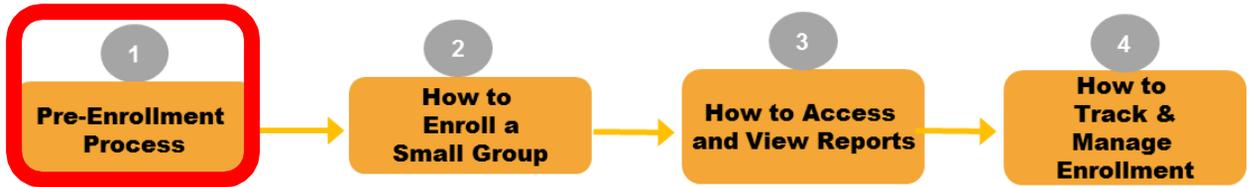
Once you have gathered the necessary information and documentation from your client, you access the eSales Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow the steps outlined in this user guide.

## Steps to Enroll a Small Group:

1. Pre-Enrollment Process
2. How to Enroll a Small Group
  - i. Account Information
  - ii. Additional Information
  - iii. Plan Selections
  - iv. Member Census
  - v. Rates
  - vi. Account Summary
  - vii. Release for Enrollment
3. How to Access and View Reports
4. How to Track and Manage Enrollment
  - i. Enrollment Status
  - ii. More Information Required
  - iii. Underwriting Approval Received
  - iv. My Enrollments

[Return to Table of Contents](#)

# 1 Pre-Enrollment Process



Let's begin the online enrollment process. First, you must logon to the Blue Access for Producers (BAP) or the Producer Portal and navigate to the eSales Tools home page.

## Accessing the eSales Small Group Enrollment Tool

A new link has been added to the eSales Tool's home page. At this time, it is recommended to use Internet Explorer or Google Chrome web browsers to access the Enrollment tool.

After you create a quote using the **eSales quoting application**, you return to the eSales Tools Home page, and click **Small Group & Middle Market Enrollment** link to begin the enrollment process.

**BlueCross BlueShield of Texas** For Our Producers [www.bcbstx.com/producer](http://www.bcbstx.com/producer) **eSales Tools** Home

Welcome to **eSales Tools** Logged In: JUAN NAVARRO Last Access: 2021-05-06 01:39 PM

**E-Sales Tools Links**

- Request Center
- Small Group & Middle Market Quoting
- Plan Benefits and Rates
- Medical Preliminary Request
- Small Group & Middle Market Enrollment
- Benefit Plans
- BlueTrack<sup>SM</sup>
- Small Group Renewals

**Request Center**

- Submit required documentation for New Business Group Enrollments
- Submit required documentation for ASO Blue Balance Funded<sup>SM</sup> Quotes (10 - 50) in TX only

**Alert:** Request Center should not be used by producers enrolling new groups through the Small Group & Middle Market Enrollment on-line system.

**Medical Preliminary Request**

Submit medical information to Underwriting for small groups and receive an early assessment

**BlueTrack<sup>SM</sup>**

To track the progress of your enrollment applications

**Small Group & Middle Market Quoting**

- Metallic Plans for Small Group Prospects with 50 or fewer total employees
- ASO Blue Balance Funded<sup>SM</sup> Group prospects for 10-50 enrolled employees
- Standard Insured Plans for Middle Market Prospects with 51+ total employees

**Small Group & Middle Market Enrollment**

- Metallic Plans for Small Group Prospects with 50 or fewer total employees
- Standard Insured Plans for Middle Market Prospects with 51+ total employees

**Small Group Renewals**

Produce Small Group Renewal documents

**Plan Benefits and Rates**

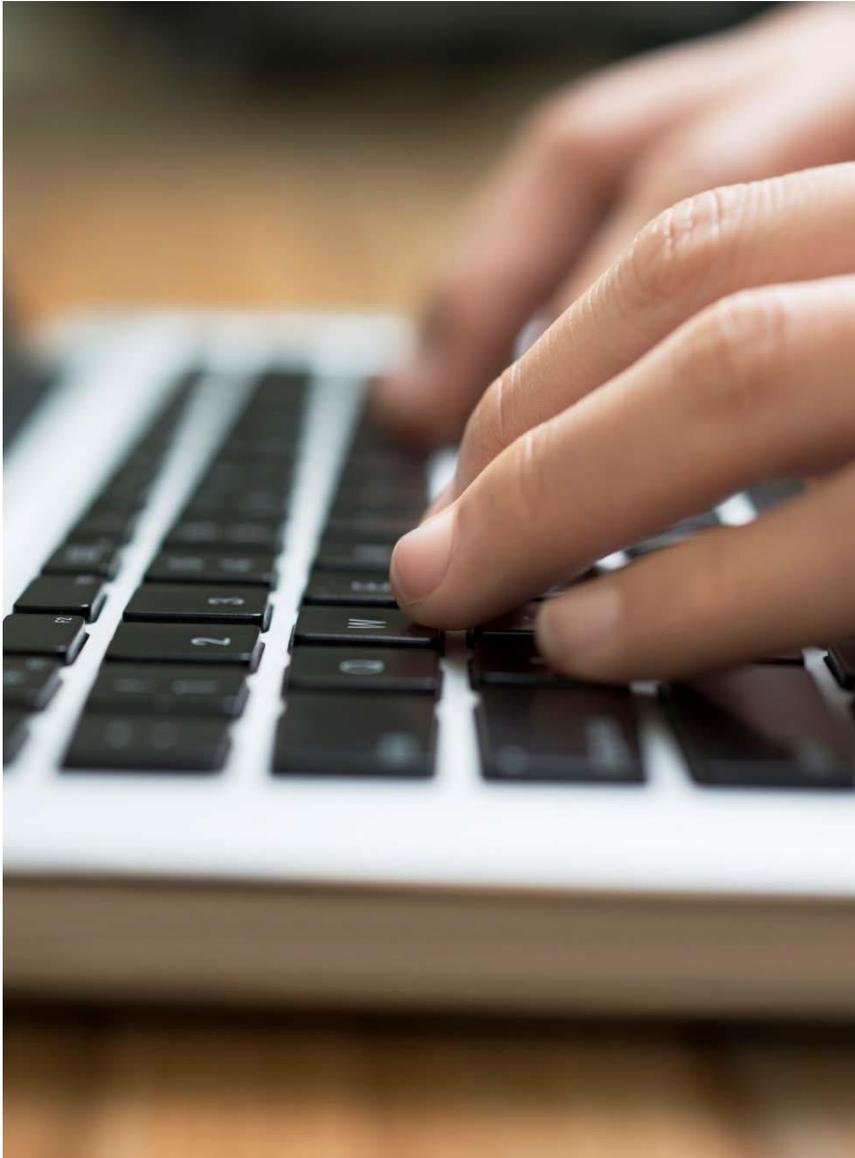
A new tool for accessing Member Level Rates after 01/01/2014

**Benefit Plans**

Produce Benefit Summaries for Small Groups (2-50) and Middle Markets (51-150) in PDF format

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.  
© Copyright 2005. Health Care Service Corporation. All Rights Reserved.  
Terms of Use and Important Information

[Return to Table of Contents](#)



## Enrollment with a Quote

Steps to start an enrollment process  
using a quote in eSales Tools.

[Return to Table of Contents](#)

# 1 Pre-Enrollment Process (Contd.)

## Enrolling with a Quote

Once you have logged on to the producer portal and clicked the **Small Group Enrollment** link within the eSales Tools, you can start the enrollment process.

From the Enrollment home page, you can now enroll a small group with a quote and without a quote.

The screenshot shows the 'Enrollment' portal interface. At the top, there is a blue header with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header is a search section titled 'Search Existing Accounts/Quotes'. It contains several input fields: 'Account Name', 'Agent', 'Division: Texas', 'Quote Number: 1149625', 'Account Number', 'Case ID', 'Effective Date', 'Market Segment: All', and 'EIN'. A 'Status' dropdown menu is set to 'Quoted'. A 'Search' button and a 'Clear' button are located at the bottom right of the search section. Below the search section is a table with the following data:

| Prospect   | Effective Date | Agent        | Sales Executive | Market Segment | Quote # |
|--|----------------|--------------|-----------------|----------------|---------|
| <a href="#">Start Enrollment</a> AMATEST EXT QUOTE | 04/01/2021     | JUAN NAVARRO |                 | SG             | 1149625 |

To enroll with a quote;

1. Search for the quote using the Quote Number or any portion of the Account Name.
2. From the **Status** drop-down list, select **Quoted**.
3. Click **Search** or hit the **Enter** key on the keyboard.
4. After you find your required quote, click **Start Enrollment**.

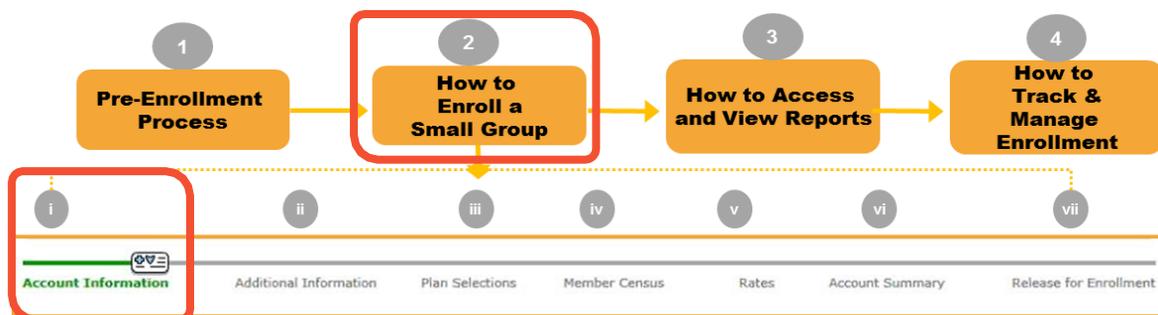
### Note:

- Search by **Pre-Enrollment** only if returning to a case that is already in the enrollment process.
- Enrolling cases that have not been released for enrollment review will be auto discontinued by the system 60 days from the effective date.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group

### I. Account Information



### Overview of Functionality and Navigation

On each screen of the enrollment tool, you see a progress bar that highlights the current step or screen in green. We have used the same progress bar to walk you through this user guide.

The screenshot shows the Enrollment tool interface. The top bar includes 'Enrollment' and 'Enrollment Home'. Below this, account details are displayed: Account Name: TX\_UG, Market Segment: Small Group, Account Number: 190796, Effective Date: 01/01/2018, Producer: ITG Test Broker2, Status: Pre-enrollment, Quote Number: 807754, Case ID: 13464, and EFT Status: Not Processed. At the bottom, there are buttons for Reports, Documents List, Attachments, Discontinue, Log, and History. The Log button is highlighted with a red box.

#### Step i: Account Information

After you start enrollment using the quote, the **Account Information** screen is displayed. At the top of each screen, you see these buttons:

- **Reports:** Opens a list of available reports.
- **Documents List:** Opens a list of required documents.
- **Discontinue:** Allows users to discontinue a case any time throughout the enrollment process.
- **Attachments:** Allows users to attach the required documents. This functionality will be discussed in more detail later in the training.
- **Log:** Real Time entries can now be made by the producer up until Underwriter approval. The internal user will receive notification of log entries.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

On this screen, enter the information in the required fields. All fields marked with an asterisk (\*) are required. Some data is already populated in the fields.

Account Information
Additional Information
Plan Selections
Member Census
Rates
Account Summary
Release for Enrollment

Continue

**General Information**

\*Employer's Legal Name:

\*Employer ID Number (EIN):

\*SIC Code:  -Wheat farms

\*Policy Effective Date:

\*Case Submitted to BCBS:

Sales Rep. D/C:  /

\*Does this group cover domestic partners?:  Yes  No

\*Is Group subject to COBRA?:  Yes  No

**Blue Access for Employers (BAE)**

Contact Name:

Phone (numbers only):  Ext.

Contact Title:

E-Mail Address:

**Employee Retirement Income Security Act (ERISA)**

\*ERISA Regulated Group Health Plan :  Yes  No

**Physical Address/Contact Information**

**ⓘ Please refer to the USPS website to confirm accurate address information. [Visit USPS](#)**

\*Address 1:

\*City:

\*Zip Code:

\*E-Mail Address of Authorized Company Official:

\*Phone (numbers only):  Ext.

\*Administrative Contact:

\*Different Billing Address?:  Yes  No

Address 2:

State:

\*County:

Secondary E-Mail Address:

Fax (numbers only):

Contact Title:

\*Different Mailing Address?:  Yes  No

**Producer Information**

**Primary Producer**

\*Primary Producer Name:

\*Tax ID/SSN:

\*E-Mail Address:

Telephone #:

Fax #:

\*Producer #:

\*Confirm E-Mail Address:

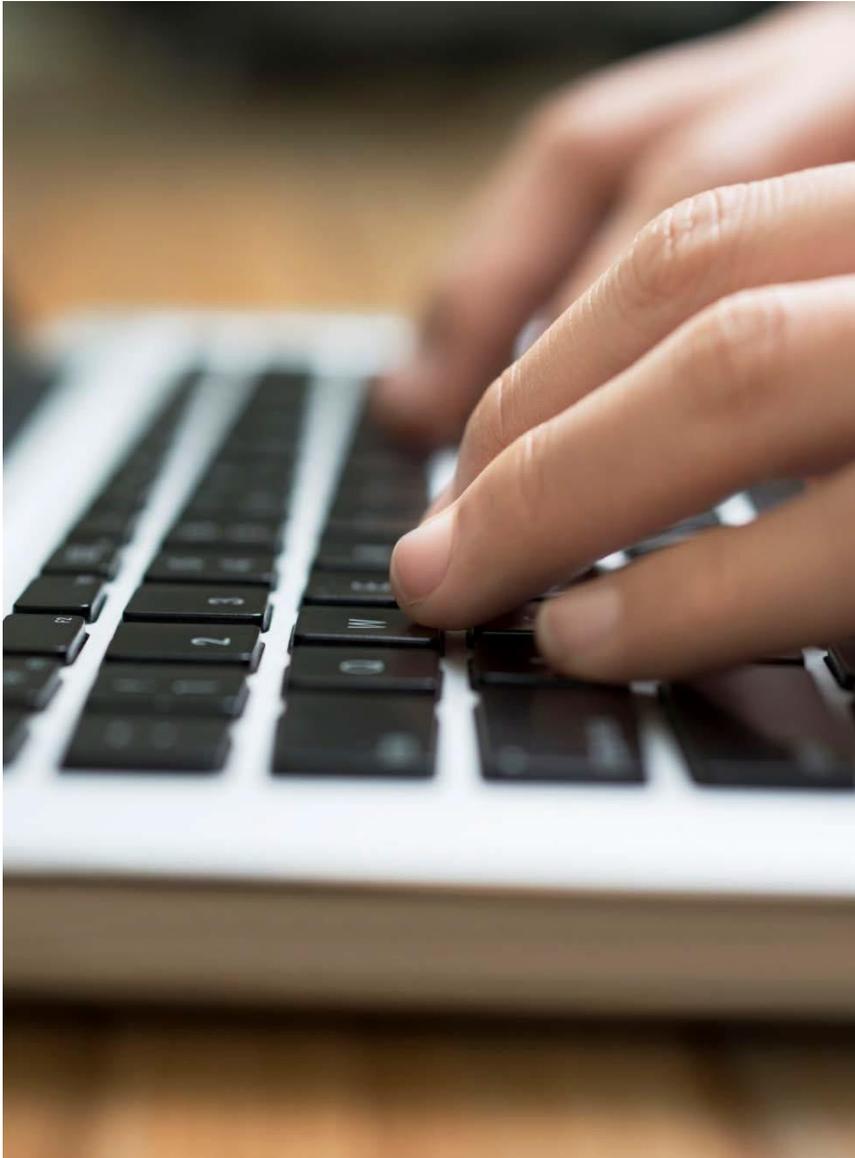
Complete Address:

Clear

**⚠** Please reach out to your Sales Representative if there are multiple producers involved and commissions need to be split.

[Return to Table of Contents](#)

9



## Enrollment without a Quote

Steps to start an enrollment process without a quote in eSales Tools.

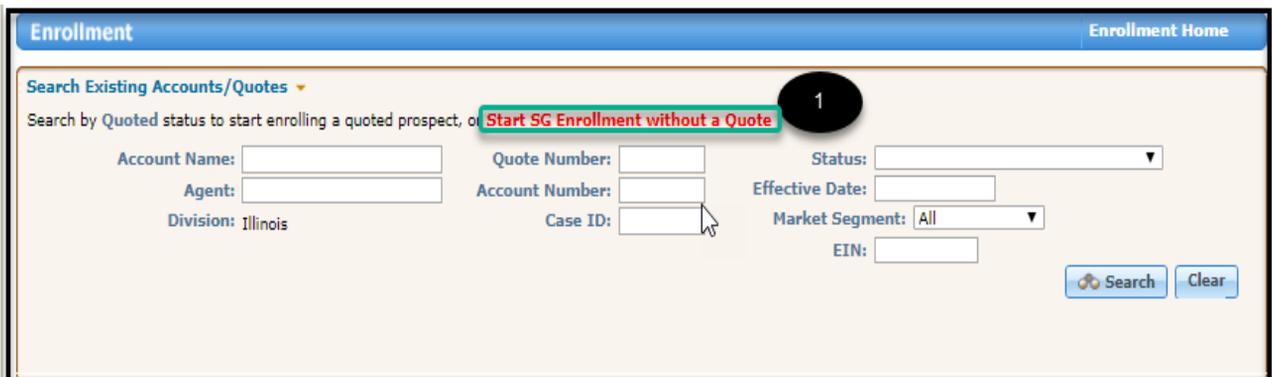
[Return to Table of Contents](#)

# 1 Pre-Enrollment Process (Contd.)

## Enrolling without a Quote

You can also start the enrollment process without a quote.

1. Click **Start Enrollment without a Quote**.



The screenshot shows the 'Enrollment' search interface. At the top, there is a blue header with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header, there is a search section titled 'Search Existing Accounts/Quotes'. The text below this title reads 'Search by Quoted status to start enrolling a quoted prospect, or **Start SG Enrollment without a Quote**'. The 'Start SG Enrollment without a Quote' link is highlighted with a red box and a black circle containing the number '1'. Below the search text, there are several input fields: 'Account Name', 'Agent', 'Division: Illinois', 'Quote Number', 'Account Number', 'Case ID', 'Status', 'Effective Date', 'Market Segment: All', and 'EIN'. At the bottom right of the search area, there are 'Search' and 'Clear' buttons.

**Note:** In this User Guide, we will continue to use the **Start Enrollment without a Quote** option to explain the Small Group Enrollment process.

## 2 How to Enroll a Small Group (Contd.)

### I. Account Information

|                             |                                |                             |                     |
|-----------------------------|--------------------------------|-----------------------------|---------------------|
| Account Name:               | Market Segment: Small Group    | Account Number:             | Effective Date:     |
| Producer: ITG Test Broker2  | Status: Pre-enrollment         | Quote Number: NA            | Case ID: 13466      |
| Created By: External        | EFT Status: Not Processed      |                             |                     |
| <a href="#">Reports</a>     | <a href="#">Documents List</a> | <a href="#">Attachments</a> | <a href="#">Log</a> |
| <a href="#">History</a>     |                                |                             |                     |
| <a href="#">Discontinue</a> |                                |                             |                     |

When an enrollment is started **without a quote**, some of the information on the page header will remain blank until the data is manually entered on the **Account Information** screen.

Other information will pre-populate for you:

- **Account Name:** blank
- **Market Segment:** **Small Group**
- Account Number: blank
- Effective Date: blank
- **Producer:** **Producer name, unless General Agent is enrolling the case.** In this example, ITG Test Broker2.
- **Status:** **Pre-Enrollment**
- Quote Number: NA
- **Case ID:** **Unique number assigned to case.** In this example, 13466.
- **Created By:** **External**

An Account Number will be reserved when you advance to the **Release for Enrollment** screen. The report links in the **Reports** button will also become active on this screen.

**Log:** Real Time entries can now be made by the producer up until Underwriter approval. The internal user will receive notification of log entries.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

**Account Information** Additional Information Plan Selections Member Census Rates Account Summary Release for Enrollment

**Account Information** **Continue**

**General Information**

\*Employer's Legal Name:  \*Does this group cover domestic partners?:  Yes  No

\*Employer ID Number (EIN):  \*Is Group subject to COBRA?:  Yes  No

\*SIC Code:   - \*Do you want to purchase HCSC Cobra Administration?:  Yes  No

\*Policy Effective Date:  Please Select

\*Case Submitted to BCBS:  05/04/2021

Sales Rep. D/C:  /

**Blue Access for Employers (BAE)**

Contact Name:  Contact Title:

Phone (numbers only):  Ext.  E-Mail Address:

**Employee Retirement Income Security Act (ERISA)**

\*ERISA Regulated Group Health Plan :  Yes  No

**Physical Address/Contact Information**

⚠ Please refer to the USPS website to confirm accurate address information. [Visit USPS](#)

\*Address 1:  Address 2:

\*City:  State: Illinois

\*Zip Code:  \*County:  Please Select

\*E-Mail Address of Authorized Company Official:  Secondary E-Mail Address:

\*Phone (numbers only):  Ext.  Fax (numbers only):

\*Administrative Contact:  Contact Title:

\*Different Billing Address?:  Yes  No \*Different Mailing Address?:  Yes  No

**Producer Information**

**Primary Producer**

\*Primary Producer Name:

\*Tax ID/SSN:  \*Producer #:

\*E-Mail Address:  \*Confirm E-Mail Address:

⚠ Please ensure that the representative if there are multiple producers involved and commissions need to be split.

When you start enrollment without a quote, the **Account Information** screen will be blank. You have to manually enter the data in all the required fields.

**Note:** The system will time out after several minutes of inactivity. Information is saved by clicking the green **Continue** button.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### 1. Account Information (contd.)

2. Enter the required information under the General Information section. The required fields are marked with an asterisk (\*).

**Account Information** Additional Information Plan Selections Member Census Rates Account Summary Release for Enrollment

**Alert:** A group with the same EIN has been previously entered in this system. This is an informational alert only.

**Account Information** Continue

**General Information**

\*Employer's Legal Name:

\*Employer ID Number (EIN):

\*SIC Code:  Wheat farms

\*Policy Effective Date:

\*Case Submitted to BCBS:

\*Does this group cover domestic partners?:  Yes  No

\*Is Group subject to COBRA?:  Yes  No

\*COBRA Administration?:  Yes  No

**Blue Access for Employers (BAE)**

Contact Name:

Phone (numbers only):  Ext.

Contact Title:

E-Mail Address:

**Employee Retirement Income Security Act (ERISA)**

\*ERISA Regulated Group Health Plan :  Yes  No

**Note:** If enrolling a group with an EIN already in our system, the tool will display the following alert. “Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only.” However, the tool will still allow you to enroll the case.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

3. Answer the **Employee Retirement Income Security Act (ERISA)** question. When the **Yes** radio button is selected, additional fields will populate. In this example, we select ERISA as **No**.

**Employee Retirement Income Security Act (ERISA)**

\*ERISA Regulated Group Health Plan:  Yes  No

\*ERISA Plan Year - Beginning Date:  \*ERISA Plan Sponsor:

\*ERISA Plan Year - End Date:

**Employee Retirement Income Security Act (ERISA)**

\*ERISA Regulated Group Health Plan:  Yes  No

4. Enter the **Company's Physical Address/Contact** Information. When entering the group's address in the **Physical Address** section, the tool will automatically check that the information is valid. If prompted, you need to enter a correct and accurate address to continue to the next required screen. If you encounter any issues while entering the address, visit the [USPS](#) link on the screen to confirm the appropriate address information.

**Physical Address/Contact Information**

ⓘ Please refer to the [USPS](#) website to confirm accurate address information. [Visit USPS](#)

\*Address 1:  Address 2:

\*City:  State:

\*Zip Code:  \*County:

\*E-Mail Address of Authorized Company Official:  Secondary E-Mail Address:

\*Phone (numbers only):  Ext.  Fax (numbers only):

\*Administrative Contact:  Contact Title:

\*Different Billing Address?:  Yes  No \*Different Mailing Address?:  Yes  No

**Note:** When the zip code does not default, the user must select the county from the drop-down list. Please click the [USPS](#) link to check for the appropriate county. Incorrect county selection could result in incorrect rates.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

| Billing Address/Contact Information                                   |   |
|---|---|
| Address 1: <input type="text"/>                                       | Address 2: <input type="text"/>                     |
| *City: <input type="text"/>   | *State: <input type="text" value="Please Select"/>  |
| *Zip Code: <input type="text"/>                                       | *County: <input type="text" value="Please Select"/> |
| *E-Mail Address of Authorized Company Official: <input type="text"/>  | Secondary E-Mail Address: <input type="text"/>      |
| *Phone (numbers only): <input type="text"/> Ext. <input type="text"/> | Fax (numbers only): <input type="text"/>            |
| *Administrative Contact: <input type="text"/>                         | Contact Title: <input type="text"/>                 |
| Mailing Address/Contact Information                                   |   |
| Address 1: <input type="text"/>                                       | Address 2: <input type="text"/>                     |
| *City: <input type="text"/>   | *State: <input type="text" value="Please Select"/>  |
| *Zip Code: <input type="text"/>                                       | *County: <input type="text" value="Please Select"/> |
| *E-Mail Address of Authorized Company Official: <input type="text"/>  | Secondary E-Mail Address: <input type="text"/>      |
| *Phone (numbers only): <input type="text"/> Ext. <input type="text"/> | Fax (numbers only): <input type="text"/>            |
| *Administrative Contact: <input type="text"/>                         | Contact Title: <input type="text"/>                 |

#### Optional Step:

If there are separate physical and mailing addresses, select the **Yes** radio button for billing address and **No** radio button for the mailing address to populate the additional mailing address fields. If **Yes** is selected for the 'different billing' and/or 'different mailing address' questions, additional fields will populate. Enter all required information.



**Important!** Until further notice, if a group has multiple addresses, for the physical address, select **Yes** for billing address, and **No** for mailing address.

**Note:** Out of state addresses are acceptable in the billing and mailing address sections.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

**Producer Information**

**Primary Producer**

\*Primary Producer Name: Find ITG Test Broker2 Clear

\*Tax ID/SSN: ITBROKER2 \*Producer #: ITBROKER2

\*E-Mail Address:  \*Confirm E-Mail Address:

Telephone #:  Complete Address: 901 South Central Expressway

Fax #:

**Find a Producer**

Producer Name:

Phone Number:

Producer Number:

Search

---

**Search Results**

1 - 10 of 24

|     | Producer Name             | Producer Number | Phone      | Fax        | R/D/T     | Contact Name    |
|-----|---------------------------|-----------------|------------|------------|-----------|-----------------|
| Use | WIGHT LOUIS ROGERS        | 000000353       | 8063581344 | 8063560371 | 01/04/021 | Dwight Rogers   |
| Use | WILLIAM GRADY ROGERS      | 000000672       | 9407230771 |            | 01/02/014 | T Hutchings     |
| Use | NOEL GENE ROGERS          | 000006477       | 2107349801 | 2107349813 | 03/26/065 | Noel Rogers     |
| Use | JAMES PATRICK ROGERS      | 000007597       | 9725231579 | 9725231579 | 01/02/015 | JAMES ROGERS    |
| Use | RICHARD WADE ROGERS       | 000014130       | 9369336899 | 8776778660 | 02/16/049 | RICHARD ROGERS  |
| Use | MATTHEW WILLIAM ROGERS    | 000016255       | 2149247479 | 9726448355 | 01/02/018 |                 |
| Use | BETTYE ANN SIDMONS ROGERS | 000018222       | 5126190805 | 5127322885 | 03/29/074 | BETTYE ROGERS   |
| Use | ROBERT JOSEPH ROGERS Jr.  | 000018288       | 2815960432 |            | 02/16/044 |                 |
| Use | ROGERS BENEFIT GROUP INC  | 000018793       | 6028508866 | 6022960884 | 07/99/099 | Marla Wilkerson |
| Use | ROBERT LEO ROGERS         | 000019196       | 9567241038 | 9567261174 | 03/26/065 |                 |

**Optional Step:** In the **Producer Information** section, the Primary Producer and/or General Agent (GA) information will appear blank. If you want to update the Primary Producer or Subproducer (writing agent) click **Find**. Enter any portion of the Producer's, General Agent's or Sub Producer's Name, Phone Number or Producer Number.

In this example, we search by the **Producer's** name. Click **Search**. Once the appropriate Producer is displayed, select the name by clicking **Use**. After selecting a Producer, you are automatically re-directed to the **Account Information** screen.

[Return to Table of Contents](#)



## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

**Producer Information**

**Primary Producer**

\*Primary Producer Name:   5

\*Tax ID/SSN:  \*Producer #:

\*E-Mail Address:  \*Confirm E-Mail Address:

Telephone #:  Complete Address:

Fax #:

Please reach out to your Sales Representative if there are multiple producers involved and commissions need to be split.

**General Agent**

General Agent Name:

Tax ID/SSN:  Producer #:

E-Mail Address:  Confirm E-Mail Address:

Telephone #:  Complete Address:

Fax #:

**Subproducer**

Subproducer Name:

Subproducer #:

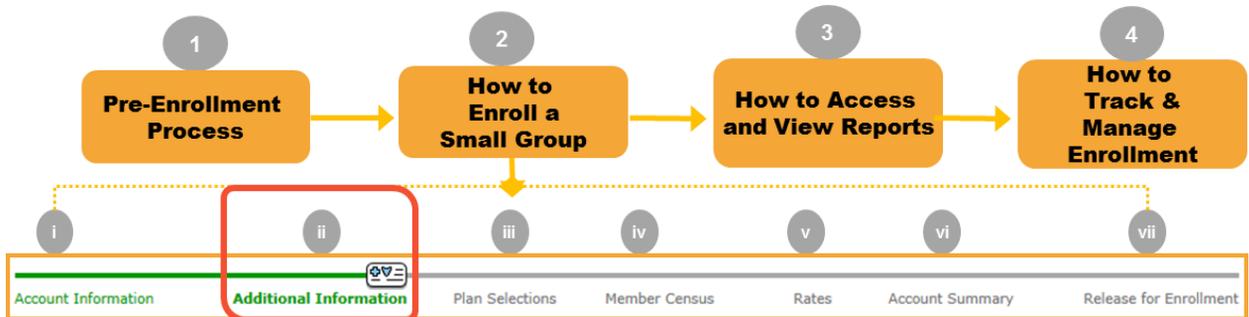
\* - Required

5. In the **Producer Information** section, you will be required to re-enter the email address to validate it. The tool will confirm that both the email addresses match. The tool will not allow you to copy the first instance of the email address into the second field. If the entries do not match, then you will view an error message: *"The email addresses do not match"*. Enter the email address. Renter the email address to validate it.
6. Once all required fields are complete, click the green **Continue** button to save and move to the next screen. Once saved, the data entered will populate the fields in the header.

**Note:** Ensure that the email address is accurate. All the notifications and communications regarding your case will be sent to this email address. During the Underwriter Review, in case the Underwriter needs more information or any additional information, then all relevant emails will be sent to this email address.

## 2 How to Enroll a Small Group (Contd.)

### II. Additional Information



In the earlier step, you have entered the required account information for your group. Next you will enter additional group level information.

#### Step ii: Additional Information

Enter the group level information in the required fields using the documentation provided. All fields marked with an asterisk (\*) are required. Use Previous and Continue to move backward and forward in the tool. Depending on your selection Yes or No, different additional fields will be displayed.

[Return to Table of Contents](#)

# How to Enroll a Small Group (Contd.)

## II. Additional Information (contd.)

1. On the **Additional Information** screen, select the relevant Health Carrier.
2. Under the Eligibility section, if the **No** radio button is selected, additional fields will be displayed. In this example, we select **Yes**.

**Note:** Under the **Eligibility** section, you can enter the number from "1-60" for employees who have become eligible after the **Effective Date** of the healthplan.

If HSA/FSA plan is selected on the paperwork, HSA Bank, Benefit Wallet or Health Equity are the vendor, check the appropriate vendor from the available options. There are two vendor selections: Integrated HSA Vendor Selection and Integrated FSA Vendor Selection.

A group can elect all two HSA and FSA as either integrated, non-integrated or a mix of both. Any of the vendor options can be selected for each integration.

To select a vendor plan, click on Yes under the vendor to display the plans.

3. Click **Continue** to proceed to the **Plan Selections** screen.

**Additional Information**

Previous Continue

\*Current Health Carrier:

**Eligibility\***

\*Waive the waiting period on initial enrollment?  Yes  No

The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the 15th day of the month following  days of employment.

**Integrated HSA Vendor Selection**

Include Health Savings Account (HSA)?  Yes  No  
If an Integrated HSA is selected, a vendor may be selected from the below options. (If none of the options are selected below, the integrated HSA vendor will default to "Other Non-Integrated HSA")

A. BenefitWallet (Mellon Bank)  
 B. Flex  
 C. HealthEquity  
 D. HSA Bank  
 E. Other Non-Integrated HSA

**Integrated FSA Vendor Selection**

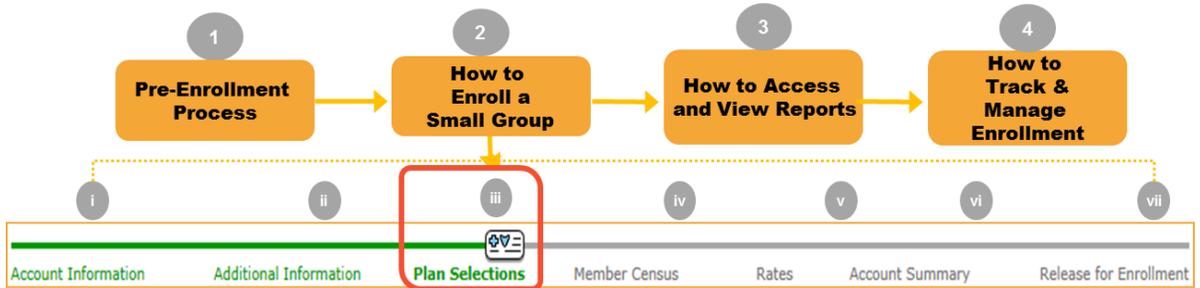
Include Flexible Spending Account (FSA)?  Yes  No

Previous \* - Required Continue

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections



**Step iii: Plan Selections:** Now that you’ve entered additional information, you can select the appropriate medical, dental and life plans for your group using the documentation provided. All fields marked with an asterisk (\*) are required.

| Plan #                              | Ded In/Out | Office Visit/<br>Specialist | Coins In/Out | OPX In/Out | ER Copay <sup>*3</sup> /ER<br>Coins | IP In/Out  | OP Surg<br>In/Out | Ped Dental<br>In/Out | Rx **     |                           |
|-------------------------------------|------------|-----------------------------|--------------|------------|-------------------------------------|------------|-------------------|----------------------|-----------|---------------------------|
| <b>Blue Choice PPO Network</b>      |            |                             |              |            |                                     |            |                   |                      |           |                           |
| <b>PPO Plans</b>                    |            |                             |              |            |                                     |            |                   |                      |           |                           |
| <b>Blue Platinum Plans</b>          |            |                             |              |            |                                     |            |                   |                      |           |                           |
| <input checked="" type="checkbox"/> | P600CHC    | \$250/\$500                 | \$25/\$45    | 80%/60%    | \$1250/\$2500                       | \$300/80%  | \$150/\$250       | \$100/\$200          | 70%/70%   | \$0/\$10/\$35/\$75/\$150  |
| <input checked="" type="checkbox"/> | P601CHC    | \$1250/\$2500               | \$25/\$45    | 100%/100%  | \$1250/\$2500                       | \$300/100% | \$150/\$250       | \$100/\$200          | 70%/70%   | \$0/\$10/\$35/\$75/\$150  |
| <b>Blue Gold Plans</b>              |            |                             |              |            |                                     |            |                   |                      |           |                           |
| <input type="checkbox"/>            | G620CHC    | \$1000/\$2000               | \$20/\$40    | 80%/60%    | \$3900/\$7800                       | \$400/80%  | NA/NA             | NA/NA                | 70%/70%   | \$15/\$40/\$55            |
| <input type="checkbox"/>            | G623CHC    | \$1250/\$2500               | \$20/\$60    | 100%/80%   | \$4500/\$9000                       | \$300/100% | \$150/\$250       | \$100/\$200          | 70%/70%   | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/>            | G622CHC    | \$1250/\$2500               | \$30/\$50    | 80%/60%    | \$3500/\$7000                       | \$400/80%  | NA/NA             | NA/NA                | 70%/70%   | \$15/\$30/\$45            |
| <input type="checkbox"/>            | G621CHC    | \$3125/\$6250               | \$25/\$50    | 100%/100%  | \$3125/\$6250                       | \$400/100% | NA/NA             | NA/NA                | 100%/100% | \$10/\$40/\$60            |
| <input type="checkbox"/>            | G617CHC    | \$3000/\$6000               | \$30/\$50    | 100%/100%  | \$3000/\$6000                       | \$400/100% | \$200/\$300       | \$150/\$250          | 100%/100% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/>            | G616CHC    | \$1500/\$3000               | \$10/\$60    | 80%/60%    | \$3500/\$7000                       | \$400/80%  | \$200/\$300       | \$150/\$250          | 70%/70%   | \$0/\$10/\$35/\$75/\$150  |
| <b>Blue Silver Plans</b>            |            |                             |              |            |                                     |            |                   |                      |           |                           |
| <input type="checkbox"/>            | S610CHC *1 | \$2000/\$4000               | \$40/\$70    | 70%/50%    | \$6850/\$13700                      | \$500/70%  | \$250/\$350       | \$200/\$300          | 70%/70%   | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/>            | S611CHC *1 | \$2500/\$5000               | \$40/\$60    | 80%/60%    | \$6600/\$13200                      | \$500/80%  | \$250/\$350       | \$200/\$300          | 70%/70%   | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/>            | S607CHC    | \$3000/\$6000               | \$30/\$50    | 80%/60%    | \$6350/\$12700                      | \$500/80%  | \$250/\$350       | \$200/\$300          | 70%/70%   | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/>            | S608CHC    | \$3000/\$6000               | \$40/\$60    | 70%/50%    | \$6000/\$12000                      | \$500/70%  | NA/NA             | NA/NA                | 70%/70%   | \$20/\$40/\$60            |
| <input type="checkbox"/>            | S606CHC    | \$6000/\$12000              | \$20/\$40    | 100%/100%  | \$6000/\$12000                      | \$500/100% | \$250/\$350       | \$200/\$300          | 100%/100% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/>            | S600CHC    | \$6000/\$12000              | \$20/\$40    | 100%/100%  | \$6000/\$12000                      | NA/100%    | NA/NA             | NA/NA                | 100%/100% | \$0/\$10/\$35/\$75/\$150  |
| <b>Blue Bronze Plans</b>            |            |                             |              |            |                                     |            |                   |                      |           |                           |
| <input type="checkbox"/>            | B600CHC    | \$6850/\$13700              | NA/NA        | 100%/100%  | \$6850/\$13700                      | NA/100%    | NA/NA             | NA/NA                | 100%/100% | 100%                      |

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections (contd.)

1. On the **Plan Selections** screen, for Health, the **Yes** option will default. If the group has not elected a health plan (i.e. Dental or Life only plans), you must manually select **No**. In this example, we keep the default selection of **Yes** and select the health plans.

The screenshot shows the 'Plan Selections' screen. At the top, there are radio buttons for 'Health' with 'Yes' selected and 'No' unselected. A red box highlights the 'Health' section with a circled '1'. Below this is 'In-Vitro Coverage' with 'Yes' unselected and 'No' selected. A table titled 'Blue Choice PPO Network' is partially visible. Below that is a table titled 'PPO Plans' with two rows of plan options. The first row is 'P600CHC' and the second is 'P601CHC'. Both rows have 'Yes' selected in the first column.

| Blue Choice PPO Network             |         |               |                          |              |               |                                 |             |                |                   |                          |
|-------------------------------------|---------|---------------|--------------------------|--------------|---------------|---------------------------------|-------------|----------------|-------------------|--------------------------|
| In-Vitro Plan #                     | Plan #  | Ded In/Out    | Office Visit/ Specialist | Coins In/Out | OPX In/Out    | ER Copay <sup>3</sup> /ER Coins | IP In/Out   | OP Surg In/Out | Ped Dental In/Out | Rx **                    |
| <input checked="" type="checkbox"/> | P600CHC | \$250/\$500   | \$25/\$45                | 80%/60%      | \$1250/\$2500 | \$300/80%                       | \$150/\$250 | \$100/\$200    | 70%/70%           | \$0/\$10/\$35/\$75/\$150 |
| <input checked="" type="checkbox"/> | P601CHC | \$1250/\$2500 | \$25/\$45                | 100%/100%    | \$1250/\$2500 | \$300/100%                      | \$150/\$250 | \$100/\$200    | 70%/70%           | \$0/\$10/\$35/\$75/\$150 |

2. The **No** option will default for In-Vitro Coverage. If In-Vitro is covered, you must manually select **Yes**. If you select **Yes**, you can compare the with In-Vitro and without In-Vitro plans and make an informed decision. In this example, we select **No**.

The screenshot shows the 'Plan Selections' screen. At the top, there are radio buttons for 'Health' with 'Yes' selected and 'No' unselected. Below this is 'In-Vitro Coverage' with 'Yes' unselected and 'No' selected. A red box highlights the 'In-Vitro Coverage' section with a circled '2'. Below this is a text box explaining that all plans shown are In-Vitro eligible and that the Texas Department of Insurance mandates that the option to purchase In-Vitro Fertilization (IVF) be made available to applying groups. Below that is a table titled 'Blue Choice PPO Network' with columns for various plan details. The 'In-Vitro Coverage' section is highlighted with a red box and a circled '2'.

| Blue Choice PPO Network  |        |            |                          |              |            |                                 |           |                |                   |       |
|--------------------------|--------|------------|--------------------------|--------------|------------|---------------------------------|-----------|----------------|-------------------|-------|
| In-Vitro Plan #          | Plan # | Ded In/Out | Office Visit/ Specialist | Coins In/Out | OPX In/Out | ER Copay <sup>3</sup> /ER Coins | IP In/Out | OP Surg In/Out | Ped Dental In/Out | Rx ** |
| <input type="checkbox"/> |        |            |                          |              |            |                                 |           |                |                   |       |
| <input type="checkbox"/> |        |            |                          |              |            |                                 |           |                |                   |       |

 **Important!** Selecting In-Vitro Coverage will significantly increase rates and change the plans.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections (contd.)

**Ancillary Products - Dental** Yes No **3**

If Dental is purchased, select from the following Dental plans.

| Plan #                              | Plan Type      | Deductible In/Out *2 | Annual Benefit Max | Out-of-Network Reimb. | Coinsurance         |                         | Orthodontia Lifetime Max |               |
|-------------------------------------|----------------|----------------------|--------------------|-----------------------|---------------------|-------------------------|--------------------------|---------------|
|                                     |                |                      |                    |                       | In Network          | Out Of Network          |                          |               |
| <b>True Group</b>                   |                |                      |                    |                       |                     |                         |                          |               |
| <b>High Allocation</b>              |                |                      |                    |                       |                     |                         |                          |               |
| <input checked="" type="checkbox"/> | <b>DTXHR01</b> | <b>Passive</b>       | <b>\$25/\$25</b>   | <b>\$3000</b>         | <b>90th R&amp;C</b> | <b>100%/80%/50%/50%</b> | <b>100%/80%/50%/50%</b>  | <b>\$2000</b> |
| <input type="checkbox"/>            | DTXHR02        | Passive              | \$50/\$50          | \$2000                | 90th R&C            | 100%/80%/50%/50%        | 100%/80%/50%/50%         | \$2000        |
| <input type="checkbox"/>            | DTXHR03        | Passive              | \$50/\$50          | \$1500                | 90th R&C            | 100%/80%/50%/50%        | 100%/80%/50%/50%         | \$1500        |
| <input type="checkbox"/>            | DTXHR04        | Passive              | \$50/\$50          | \$1000                | 90th R&C            | 100%/80%/50%/50%        | 100%/80%/50%/50%         | \$1000        |
| <input type="checkbox"/>            | DTXHM09 *1     | Passive              | \$50/\$50          | \$1500                | MAC                 | 100%/80%/50%/NA         | 100%/80%/50%/NA          | NA            |
| <input type="checkbox"/>            | DTXHM11 *3     | Passive              | \$25/\$25          | \$750                 | MAC                 | 100%/80%/NA/NA          | 100%/80%/NA/NA           | NA            |
| <b>Low Allocation</b>               |                |                      |                    |                       |                     |                         |                          |               |
| <input type="checkbox"/>            | DTXLR05        | Passive              | \$50/\$50          | \$1500                | 90th R&C            | 100%/80%/50%/NA         | 100%/80%/50%/NA          | NA            |
| <input type="checkbox"/>            | DTXLR06        | Passive              | \$50/\$50          | \$1000                | 90th R&C            | 100%/80%/50%/NA         | 100%/80%/50%/NA          | NA            |
| <input type="checkbox"/>            | DTXLR07        | Passive              | \$75/\$75          | \$1000                | 90th R&C            | 90%/70%/50%/NA          | 90%/70%/50%/NA           | NA            |
| <input type="checkbox"/>            | DTXLM08        | Passive              | \$50/\$50          | \$1500                | MAC                 | 100%/80%/50%/50%        | 100%/80%/50%/50%         | \$1000        |
| <input type="checkbox"/>            | DTXLM10 *1     | Passive              | \$75/\$75          | \$1000                | MAC                 | 90%/70%/50%/NA          | 90%/70%/50%/NA           | NA            |
| <b>Voluntary Group</b>              |                |                      |                    |                       |                     |                         |                          |               |
| <b>High Allocation</b>              |                |                      |                    |                       |                     |                         |                          |               |
| <input type="checkbox"/>            | DTXHR12 *1     | Passive              | \$50/\$50          | \$1500                | 90th R&C            | 100%/80%/50%/50%        | 100%/80%/50%/50%         | \$1500        |
| <input type="checkbox"/>            | DTXHM13 *1     | Passive              | \$50/\$50          | \$1500                | MAC                 | 100%/80%/50%/NA         | 100%/80%/50%/NA          | NA            |
| <input type="checkbox"/>            | DTXHM15 *3     | Passive              | \$25/\$25          | \$750                 | MAC                 | 100%/80%/NA/NA          | 100%/80%/NA/NA           | NA            |
| <b>Low Allocation</b>               |                |                      |                    |                       |                     |                         |                          |               |
| <input type="checkbox"/>            | DTXLM14 *1     | Passive              | \$75/\$75          | \$1000                | MAC                 | 90%/70%/50%/NA          | 90%/70%/50%/NA           | NA            |

2. The Ancillary Products- Dental radio button will default to **No**. In this example, we select **Yes** and select the relevant dental plans.

**Attention**

 The number of plans selected exceeds the maximum selection allowed (6 plans).

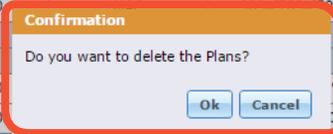
You can only select a specified number of medical, dental or life plans. You will receive the attention message above if the number of plans you select exceeds that number.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections (contd.)

| Low Allocation           |            |         |           |        |          |                  |                  |        |
|--------------------------|------------|---------|-----------|--------|----------|------------------|------------------|--------|
| <input type="checkbox"/> | DTXLR05    | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA  | 100%/80%/50%/NA  | NA     |
| <input type="checkbox"/> | DTXLR06    | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/NA  | 100%/80%/50%/NA  | NA     |
| <input type="checkbox"/> | DTXLR07    | Passive | \$75/\$75 | \$1000 | 90th R&C | 90%/70%/50%/NA   | 90%/70%/50%/NA   | NA     |
| <input type="checkbox"/> | DTXLM08    | Passive | \$50/\$50 | \$1500 | MAC      | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 |
| <input type="checkbox"/> | DTXLM10 *1 | Passive | \$75/\$75 | \$1000 |          | 100%/80%/50%/NA  | 90%/70%/50%/NA   | NA     |
| Voluntary Group          |            |         |           |        |          |                  |                  |        |
| High Allocation          |            |         |           |        |          |                  |                  |        |
| <input type="checkbox"/> | DTXHR12 *1 | Passive | \$50/\$50 | \$1500 |          | /50%             | 100%/80%/50%/50% | \$1500 |
| <input type="checkbox"/> | DTXHM13 *1 | Passive | \$50/\$50 | \$1500 |          | %/NA             | 100%/80%/50%/NA  | NA     |
| <input type="checkbox"/> | DTXHM15 *3 | Passive | \$25/\$25 | \$750  | MAC      | 100%/80%/NA/NA   | 100%/80%/NA/NA   | NA     |



For any of the plans, if you have selected the **Yes** radio button and then change your selection to No, you see a confirmation pop-up asking **Do you want to delete the plans?** Click **OK** if no products are wanted in this category. This action does not remove any benefits, it only collapses the section.

## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections (contd.)

Life  Yes  No **4**

Select from the following Life plans.

Group Life and AD&D  Short Term Disability  Dependent Life

**Life and STD Benefit Selections**

**Employer Life Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Life Coverage. 100% participation is required if contribution is 100%. The minimum contribution is 25% for Term Life and STD.

\*Term Life Premium  **5**

**Life/STD Classes**

Define up to 3 classes of employees. For each class, select a multiple of earnings or a flat amount. If a multiple of earnings is selected, an annual salary will be required on the next page. Uncheck classes to remove them from use.

| Class Description  | Life                          |                       |                             | Short Term Disability |                       |                       |
|--|-------------------------------|-----------------------|-----------------------------|-----------------------|-----------------------|-----------------------|
|  | Flat                          | Salary                | Max                         | Flat                  | Salary                | Max                   |
| <input checked="" type="checkbox"/> 1 All Active Full Time | <input type="radio"/> \$30000 | <input type="radio"/> | <input type="radio"/> 30000 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> 2                                 | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> 3                                 | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Term Life Options**

Age Reduction Factors:  
35% at 65yrs and 50% at 70yrs, 75% at 75yrs, 85% at 80yrs

[Previous](#) [Continue](#)

- The Life radio button will default to **No**. When the **Yes** radio button is selected, the Life plan options will populate. In this example, we select **Yes**. Click the '**Life and STD Benefit Selections**' link to populate the additional required fields. Only those fields applicable to the selected ancillary products will populate. Now, the Life Selection option will default to 0-9 employees.
- Enter the Term Life Premium amount. In this example, it is \$100.
- Click **Continue** to proceed to the **Member Census** screen.

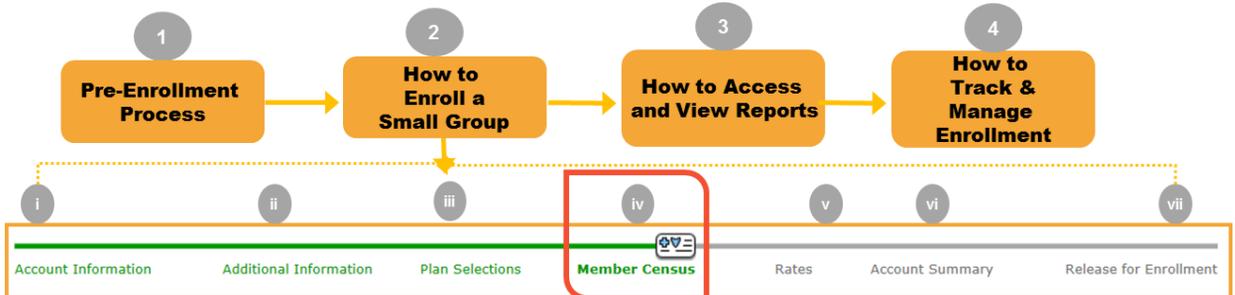


**IMPORTANT!** You must enter the percentage of the premium that the employer is going to contribute towards Life Coverage. When Life is selected, the Salary Period will default to Annual. On Member Census page, the Salary field minimum value is \$10,000.00.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census



#### Step iv: Member Census:

You have entered the appropriate plans for your group. Next, you will enter the Member Census either manually or via a file import method using the provided documentation.

**Member Census**

Previous Continue

Census Count: 0 Add Member Import Census ?

| View Member  | Name | Relationship Code | Gender | Date of Birth | Age | Health Coverage Type                                 | Dental Coverage Type | State | Health Plan Selected | Dental Plan Selected |
|--|------|-------------------|--------|---------------|-----|--|----------------------|-------|----------------------|----------------------|
| <b>Enrollment Totals</b>                               |      |                   |        |               |     | <b>Health Coverage</b>                               |                      |       |                      |                      |
| * # of Employees On Payroll                            |      |                   |        |               |     | # of Employees Enrolling In Health                   |                      |       |                      |                      |
| + # of New Hires                                       |      |                   |        |               |     | # of Employees Waiving With Other Health Coverage    |                      |       |                      |                      |
| - # of Temporary Employees                             |      |                   |        |               |     | # of Employees Waiving Without Other Health Coverage |                      |       |                      |                      |
| - # of Part Time Employees                             |      |                   |        |               |     |  |                      |       |                      |                      |
| - # of Seasonal Employees                              |      |                   |        |               |     | <b>Dental Coverage</b>                               |                      |       |                      |                      |
| - # of Terminated Employees                            |      |                   |        |               |     | # of Employees Enrolling In Dental                   |                      |       |                      |                      |
| - # of Employees Serving An Eligibility Waiting Period |      |                   |        |               |     | # of Employees Waiving With Other Dental Coverage    |                      |       |                      |                      |
| = Total Eligible Employees                             |      |                   |        |               |     | # of Employees Waiving Without Other Dental Coverage |                      |       |                      |                      |

Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.

\* - Required

Previous Continue



**IMPORTANT!** Information for all eligible employees waiving coverage must be included in order to calculate the participation percentage.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census

#### Manual Entry

The steps below will walk you through how to manually enter member census.

The screenshot shows the 'Member Census' interface. At the top left is a 'Previous' button. In the center, a circled '1' is positioned above the 'Add Member' button, which is highlighted with a red rectangular box. To the right of 'Add Member' is an 'Import Census' button with a question mark icon. Below these buttons, a status bar shows 'Census Count: 0' and '0 - 0 of 0'. At the bottom, a table header is visible with columns: View Member, Name, Relationship Code, Gender, Date of Birth, Age, Health Coverage Type, Dental Coverage Type, State, Health Plan Selected, and Dental Plan Selected.

1. On the Member Census screen, click **Add Member** to manually add the Member Census information.
2. Click **Continue** to go through the Employee Information, Coverage Elections, Dependent Information, Other Coverage, and Employee Application Complete Screens. As members are added, the census count will auto-populate the appropriate number of rows. Let's begin with the Employee Information screen.
  - **2a: Employee Information:** General census information regarding the employee.

The screenshot shows the 'Enrollment for New Member' screen with the 'Employee Information' tab selected and highlighted by a red box. A circled '2a' is placed over the tab. The form includes a 'Waive All Coverage' section with 'Yes' and 'No' radio buttons. The 'General Information' section contains fields for Last Name (black), First Name (Joe), Name Suffix, SSN (55555555), Gender (M), Date of Birth (08/08/1980), Address 1 (409 Arborcrest Dr), City (Richardson), Zip Code (75080), Home/Cell Phone, Email Address, Address 2, State (Texas), and Business Phone. The 'Employment Information' section includes Marital Status (Please Select), Employment Status (Active), Job Title, Hire Date (05/05/2015), Hrs/Week, and Employee Signature Date (06/10/2015). A 'Continue' button is located at the bottom right.

This close-up shows the 'Employment Information' section. It includes the following fields: Marital Status (Please Select), Job Title, Hrs/Week, Employment Status (Active), Hire Date (05/05/2015), and Employee Signature Date (06/10/2015).

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Manual Entry (contd.)

#### Step 2 continued: Add Member: Enrollment for New Member

- **Employee Information:** The Waiver information is also included in this section. You will have minimal data entry if a member waives all coverage. You are required to select the Waive Reason Code and Name.

Enrollment for New Member

Employee Information Coverage Elections Dependent Information Other Coverage

\*Waive All Coverage  Yes  No

\*Waive Reason Code:  Waive Reason Description:

- **2b: Coverage Elections:** Enter Health, Dental and Life product option selection at the member level.. When Life selected, the Salary Period will default to Annual. Salary minimum required is 10,000.00.

Enrollment for New Member

Employee Information Coverage Elections 2b Dependent Information Other Coverage

\*Health Coverage  Yes  No

\*Dental Coverage:  Yes  No

\*Life Coverage:  Yes  No

Health Coverage

\*Coverage Type:

\*Type of Coverage:  PPO (Participating Provider Options) Network - F500PPO  
 PPO (Participating Provider Options) Network - G515PPO

Dental Coverage

\*Coverage Type:

\*Type of Coverage:  Dental Plans - DLHR01

Life Coverage

**Alert:** The Salary entered is less than \$10,000. Annual Salary is required.

\*Term Life:

\*Job Class Type:

\*Salary Period:

\*Salary:

Previous \* - Required fields  
 † - Required when BlueCare DHMO has been selected as the Dental Plan Continue

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Manual Entry (contd.)

#### Step 2 continued: Add Member: Enrollment for New Member

- **2c: Dependent Information:** General census information regarding covered dependents is entered here. If Dependents are covered, click **Add Dependent** and the applicable fields will populate.

**Enrollment for New Member**

Employee Information      Coverage Elections      **Dependent Information**      2c      Other Coverage

**Select Dependents**  
Add Dependent

**Dependent Information for New Dependent**

\*Last Name:       \*First Name:  MI:   
 \*Date of Birth:  (mm/dd/yyyy)      SSN:   
 \*Relationship:       \*Gender:

Save      Clear

**Previous**      \* - Required fields  
 † - Required when HMO has been selected as the Health Plan  
 ‡ - Required when CPO has been selected as the Health Plan      **Continue**

Enter the dependent information click **Save** and then click **Continue**.

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Manual Entry (contd.)

#### Step 2 continued: Add Member: Enrollment for New Member

- **2d: Other Coverage:** Any applicable Medicare information for both the employee and dependent are entered here. When the name is selected, additional Medicare information fields will populate. Enter the information and then click **Save** and **Close**.

The screenshot shows the 'Enrollment for New Member' form with the '2d: Other Coverage' section highlighted. The form is titled 'Enrollment for New Member' and has tabs for 'Employee Information', 'Coverage Elections', and 'Dependent Information'. The '2d' tab is selected, and the 'Other Coverage' section is highlighted with a red box. The form displays the following fields:

- Select Member: Black, Joe
- Medicare Information for Black Joe:
  - Medicare HIC Number:
  - Medicare Eligible (Y/N/U):
  - Medicare Reason:
  - Medicare Primary or Secondary:
- Table with columns: Plan, Start Date, End Date.
 

| Plan       | Start Date                                | End Date                                  |
|------------|---|---|
| Medicare A | <input type="text" value="(mm/dd/yyyy)"/> | <input type="text" value="(mm/dd/yyyy)"/> |
| Medicare B | <input type="text" value="(mm/dd/yyyy)"/> | <input type="text" value="(mm/dd/yyyy)"/> |

At the bottom of the form, there are 'Previous' and 'Save and Close' buttons. A legend indicates:
 

- \* - Required fields
- † - Required when HMO has been selected as the Health Plan
- ‡ - Required when CPO has been selected as the Health Plan

**Note:** When HMO coverage is elected, additional fields will become visible to enter the Medical Group and PCP information. If no Medical Group IPA # is entered **597** will default. If the medical group defaults to **597**, the member will not receive or be able to print an ID card and may have difficulty accessing benefits until a medical group is selected. Please be sure to inform the member.



**IMPORTANT!** PCP and Medical Group information is required. Users may select the Provider Help link to access the provider finder portal.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Manual Entry (contd.)

The screenshot shows the 'Member Census' form with the following data:

| View Member   | Name       | Relationship Code | Gender | Date of Birth | Age | Health Coverage Type | Dental Coverage Type | State | Health Plan Selected | Dental Plan Selected |
|---|------------|-------------------|--------|---------------|-----|----------------------|----------------------|-------|----------------------|----------------------|
| <input type="checkbox"/> <input type="button" value="View"/>            | Joe Black  | Employee          | M      | 08/08/1980    | 36  | EO                   | EO                   | TX    | P600CHC              | DTXHR01              |
| <input checked="" type="checkbox"/> <input type="button" value="View"/> | Matt Brown | Employee          | M      | 04/14/1970    | 46  | EO                   | EO                   | TX    | P600CHC              | DTXHR01              |

**Enrollment Totals**

|  |                                |
|--|--------------------------------|
| * # of Employees On Payroll                            | <input type="text" value="2"/> |
| + # of New Hires                                       | <input type="text"/>           |
| - # of Temporary Employees                             | <input type="text"/>           |
| - # of Part Time Employees                             | <input type="text"/>           |
| - # of Seasonal Employees                              | <input type="text"/>           |
| - # of Terminated Employees                            | <input type="text"/>           |
| - # of Employees Serving An Eligibility Waiting Period | <input type="text"/>           |
| = Total Eligible Employees                             | <input type="text" value="2"/> |

**Health Coverage**

|  |                                |
|--|--------------------------------|
| # of Employees Enrolling In Health                   | <input type="text" value="2"/> |
| # of Employees Waiving With Other Health Coverage    | <input type="text" value="0"/> |
| # of Employees Waiving Without Other Health Coverage | <input type="text" value="0"/> |

**Dental Coverage**

|  |                                |
|--|--------------------------------|
| # of Employees Enrolling In Dental                   | <input type="text" value="2"/> |
| # of Employees Waiving With Other Dental Coverage    | <input type="text" value="0"/> |
| # of Employees Waiving Without Other Dental Coverage | <input type="text" value="0"/> |

Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.

\* - Required

#### Step iv: Member Census continued.

- In this example, we have added two members. Next, enter the total # of Employees on Payroll. This is a required field. The fields which follow must also be completed if applicable. The census totals for health and dental coverage will default based on the census information entered.
- After manually entering the information, you can click **Continue** to proceed to the **Rates** screen.

The screenshot shows a confirmation dialog box over the member table:

| View Member   | Name       | Relationship Code | Gender | Confirmation                                | Coverage Type | State | Health Plan Selected | Dental Plan Selected |
|---|------------|-------------------|--------|---|---------------|-------|----------------------|----------------------|
| <input checked="" type="checkbox"/> <input type="button" value="View"/> | Joe Black  | Employee          | M      | Are you sure you want to delete the Member? | EO            | TX    | P600CHC              | DTXHR01              |
| <input type="checkbox"/> <input type="button" value="View"/>            | Matt Brown | Employee          | M      |   | EO            | TX    | P600CHC              | DTXHR01              |

Buttons:

**Note:** Members can be deleted by clicking the red 'x' next to their name.

[Return to Table of Contents](#)

Account Information    Additional Information    Plan Selections    **Member Census**    Rates    Account Summary    Release for Enrollment

**Member Census** Previous Continue

Census Count: **2** Add Member Export Census **Import Census** ?

1 - 2 of 2

|   | View Member | Name       | Relationship Code | Gender | Date of Birth | Age | Health Coverage Type | Dental Coverage Type | State | Health Plan Selected | Dental Plan Selected |
|---|-------------|------------|-------------------|--------|---------------|-----|----------------------|----------------------|-------|----------------------|----------------------|
| 1 |             | Joe Black  | Employee          | M      | 05/05/1975    | 41  | EO                   | EO                   | IL    | CS&PPO               | DILHR01              |
| 2 |             | Matt Brown | Employee          | M      | 02/28/1970    | 46  | EO                   |                      |       |                      | DILHR01              |

**Enrollment Totals**

\*# of Employees On Payroll

+ # of New Hires

- # of Temporary Employees

- # of Part Time Employees

- # of Seasonal Employees

- # of Terminated Employees

- # of Employees Serving An Eligibility Waiting Period

= Total Eligible Employees

**Health Coverage**

# of Employees Enrolling In Health

# of Employees Waiving With Other Health Coverage

# of Employees Waiving Without Other Health Coverage

**Dental Coverage**

# of Employees Enrolling In Dental

# of Employees Waiving With Other Dental Coverage

# of Employees Waiving Without Other Dental Coverage

Note: BCBS may restrict open enrollment for those accounts not meeting 70 percent participation.

\* - Required

Previous Continue

# HOW TO ENROLL A SMALL GROUP (CONTD.)

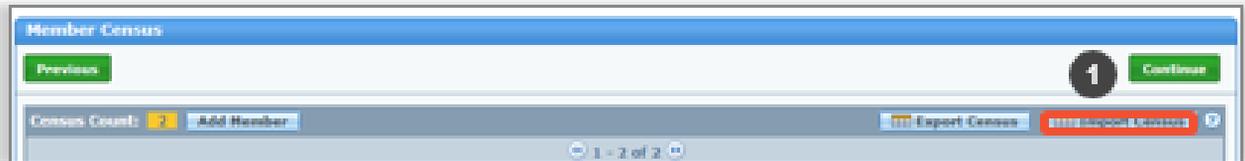
## IV. MEMBER CENSUS (CONTD.)

### Import Census

## 2 How to Enroll a Small Group (Contd.)

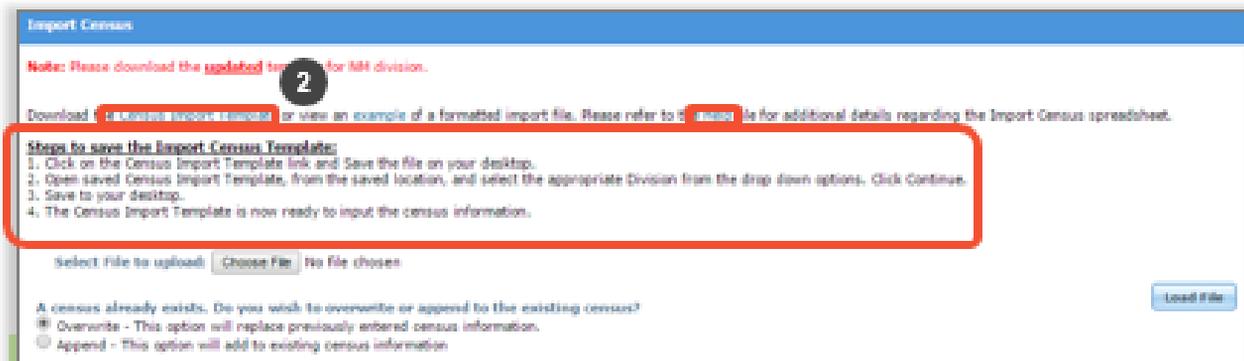
### IV. Member Census (contd.)

#### Import Census



#### Step iv: Member Census (Import Census)

1. To use the Import Census option, click **Import Census**.
2. If you don't have the latest template, click the **Census Import Template** link. Save the file on your local drive.



#### Note:

- The **Import Census** pop-up window includes a separate link for the **Help** file, which includes separate tabs for each division in the spreadsheet.
- Steps to properly download and save the import file.
- Clear definitions for **Overwrite** and **Append import** file function.

[Return to Table of Contents](#)

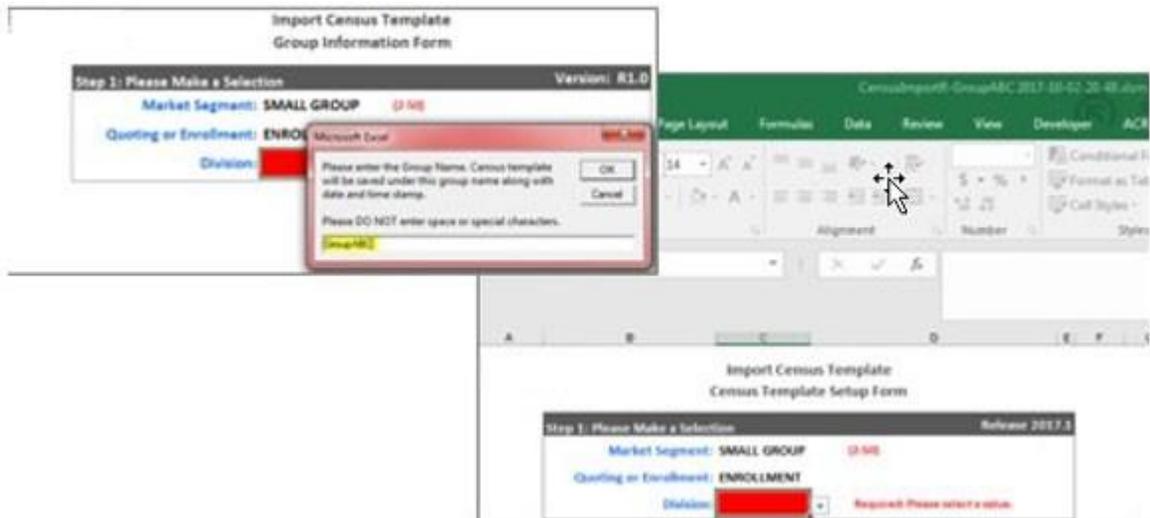
## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Import Census (contd.)

Steps for entering a Group's Census using import census template:

- 1). Open SCIT and save under the Group's Name.
- 2). Complete Census Template Setup form.
- 3). Enter data in Import Census Template tab.
- 4). Click File Save to validate data.
- 5). An Error List will be generated. Correct errors and click File Save to re-validate data.
- 6). Upon successful validation, upload SCIT to Small Group Enrollment Tool.



For more information, please refer to the Smart Census Tool Detailed Reference Guide.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Import Census (contd.)

**Import Census**

**Note:** Please download the [updated](#) template for TX division.

Download the [Census Import Template](#) or view an [example](#) of a formatted import file. Please refer to the [Help](#) file for additional details regarding the Import Census spreadsheet.

**Steps to save the Import Census Template:**

1. Click on the [Census Import Template](#) link and Save the file on your desktop.
2. Open saved [Census Import Template](#), from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The [Census Import Template](#) is now ready to input the census information.

Select File to upload:  Census Impor...-11-18.xlsm **4**

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

**5**

4. Click **Choose File** and select the appropriate file.
5. Click **Load File**.

**Import Census**

Download the [Census Import Template](#) or view an [example](#) of a formatted import file. Please refer to the [Help](#) file for additional details regarding the Import Census spreadsheet.

**Steps to save the Import Census Template:**

1. Click on the [Census Import Template](#) link and Save the file on your desktop.
2. Open saved [Census Import Template](#), from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The [Census Import Template](#) is now ready to input the census information.

Select File to upload:  Census Impor...-11-18.xlsm

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

Note: "Override and Import" will upload the census ignoring the warning messages.

**Attention**



 indicates Error Message

 indicates Warning Message

**Note:** The Import Census pop-up will also include the following:

- A clarification for **Override** and **Import** upload option.
- A legend key for warning and error symbols

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Import Census (contd.)

**Import Census**

Download the Census Import Template or view an example of a formatted import file. Please refer to the Help file for additional details regarding the Import Census spreadsheet.

**Steps to save the Import Census Template:**

1. Click on the Census Import Template link and Save the file on your desktop.
2. Open saved Census Import Template, from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The Census Import Template is now ready to input the census information.

Select File to upload:  Census Impor...-11-18.xlsm

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

Note: "Override and Import" will upload the census ignoring the warning messages.

**Attention**

 indicates Warning Message

 indicates Error Message

6. Click **Override and Import**. The census information will automatically populate into the **Member Census** page.
7. Enter the total # of Employees on Payroll.
8. Click **Continue** to proceed to the **Rates** screen.

Account Information    Additional Information    Plan Selections    **Member Census**    Rates    Account Summary    Release for Enrollment

**Member Census**

Census Count: 2           

|   | View Member | Name       | Relationship Code | Gender | Date of Birth | Age | Health Coverage Type | Dental Coverage Type | State | Health Plan Selected | Dental Plan Selected |
|---|-------------|------------|-------------------|--------|---------------|-----|----------------------|----------------------|-------|----------------------|----------------------|
| 1 |             | Joe Black  | Employee          | M      | 08/08/1980    | 36  | EO                   | EO                   | TX    | P600CHC              | DTXHR01              |
| 2 |             | Matt Brown | Employee          | M      | 04/14/1970    | 46  | EO                   | EO                   | TX    | P600CHC              | DTXHR01              |

**Enrollment Totals**

# of Employees On Payroll:  **7**

# of New Hires:

# of Temporary Employees:

# of Part Time Employees:

# of Seasonal Employees:

# of Terminated Employees:

# of Employees Serving An Eligibility Waiting Period:

Total Eligible Employees:

**Health Coverage**

# of Employees Enrolling In Health:

# of Employees Waiving With Other Health Coverage:

# of Employees Waiving Without Other Health Coverage:

**Dental Coverage**

# of Employees Enrolling In Dental:

# of Employees Waiving With Other Dental Coverage:

# of Employees Waiving Without Other Dental Coverage:

Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.

\* - Required

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Import Census (contd.)

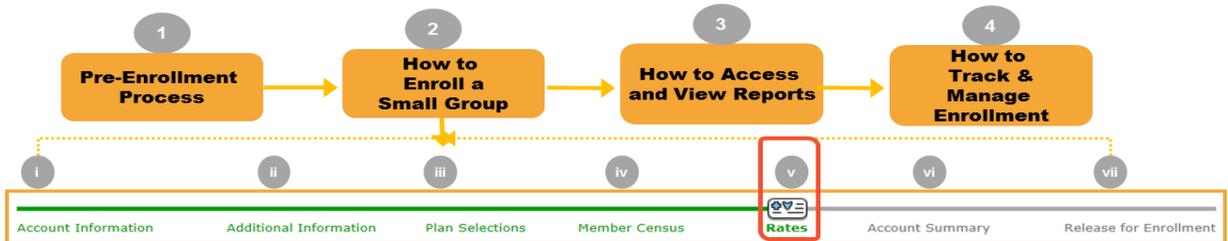


#### Helpful Tips

- 1) New census template will not work with Excel 2009 and older version. Please use the old import census template or enter census in ACA Enrollment Tool directly.
- 2) If macros are not enabled, you will need to click Enable Content button at the top or change your Excel Trust setting (Please refer to the training manual for instructions).
- 3) Each time you open CITE, you will be prompted to enter group name. This entry is used to save the file under that group's name along with date and time stamp. The original CITE file remains intact. For next group's census, open the original CITE file.
- 4) Entire cell will be highlighted in Red for required entry and if a value is invalid cells will be highlighted in Yellow.
- 5) If you are typing in data, value will be validated on Enter. A error message displays with Retry and Cancel button. Retry return you to the cell for edit and Cancel wipes out the typed value.
- 6) Before copying from an external source and pasting data onto CITE, please make sure the source format matches to the required format for the CITE census column.
- 7) Be sure to validate data once data entry is complete by clicking on File Save. A separate Error List tab will be generated. To fix the errors, you can toggle back and forth from Import Census tab and Error List tab.

## 2 How to Enroll a Small Group (Contd.)

### V. Rates



4. The Rating Model is displayed. You need to select the Rating Model either Member Level or 4-Tier Composite. In this example, we select **Member Level**. After making your selection, you can click **Print** to print the rates.

**Rating Model**  
 Member Level     4-Tier Composite

**⚠ ATTENTION:** There are two billing options to select from

- 1) Member level age rates OR
- 2) Composite rates.

Composite rates are calculated by aggregating the total premium across a four tier format. Important to note that billing changes are only allowed at policy anniversary date. Please carefully select the desired billing format for your enrolling client.

| Member Level Rates   |                            |                   |                            |                          |                            |       |                            |                         |                            |     |                            |  |
|--|----------------------------|-------------------|----------------------------|--------------------------|----------------------------|-------|----------------------------|-------------------------|----------------------------|-----|----------------------------|--|
| Employer Name: TEST_TX_UG  |                            |                   |                            | Plan: P600CHC            |                            |       |                            | Case ID: 13466          |                            |     |                            |  |
| Effective Date: 10/15/2016   |                            |                   |                            | Employer Zip Code: 75080 |                            |       |                            | Employer County: Dallas |                            |     |                            |  |
| Member Rates   |                            |                   |                            |                          |                            |       |                            |                         |                            |     |                            |  |
| Age  | Total Monthly Health Cost* | Age               | Total Monthly Health Cost* | Age                      | Total Monthly Health Cost* | Age   | Total Monthly Health Cost* | Age                     | Total Monthly Health Cost* | Age | Total Monthly Health Cost* |  |
| <21  | \$311.40                   | 28                | \$533.05                   | 36                       | \$603.18                   | 44    | \$685.07                   | 52                      | \$957.24                   | 60  | \$1,330.92                 |  |
| 21   | \$490.39                   | 29                | \$548.75                   | 37                       | \$607.10                   | 45    | \$708.12                   | 53                      | \$1,000.39                 | 61  | \$1,377.99                 |  |
| 22   | \$490.39                   | 30                | \$556.59                   | 38                       | \$611.03                   | 46    | \$735.58                   | 54                      | \$1,046.98                 | 62  | \$1,408.89                 |  |
| 23   | \$490.39                   | 31                | \$568.36                   | 39                       | \$618.87                   | 47    | \$766.48                   | 55                      | \$1,093.57                 | 63  | \$1,447.63                 |  |
| 24   | \$490.39                   | 32                | \$580.13                   | 40                       | \$626.72                   | 48    | \$801.79                   | 56                      | \$1,144.08                 | 64  | \$1,471.17                 |  |
| 25   | \$492.35                   | 33                | \$587.49                   | 41                       | \$638.49                   | 49    | \$836.60                   | 57                      | \$1,195.08                 | 65+ | \$1,471.17                 |  |
| 26   | \$502.16                   | 34                | \$595.33                   | 42                       | \$649.77                   | 50    | \$875.84                   | 58                      | \$1,249.51                 |     |                            |  |
| 27   | \$513.93                   | 35                | \$599.26                   | 43                       | \$665.46                   | 51    | \$914.58                   | 59                      | \$1,276.48                 |     |                            |  |
| * - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.  |                            |                   |                            |                          |                            |       |                            |                         |                            |     |                            |  |
| Census   |                            |                   |                            |                          |                            |       |                            |                         |                            |     |                            |  |
|  | Name                       | Relationship Code | Date of Birth              | Age                      | Coverage Type              | State | Total Monthly Health Cost* |                         |                            |     |                            |  |
| 1  | Joe Black                  | Employee          | 08/08/1980                 | 36                       | EO                         | TX    | \$603.18                   |                         |                            |     |                            |  |
| 2  | Matt Brown                 | Employee          | 04/14/1970                 | 46                       | EO                         | TX    | \$735.58                   |                         |                            |     |                            |  |
|  |                            |                   |                            |                          |                            |       | <b>Total:</b>              | <b>\$1,338.76</b>       |                            |     |                            |  |
| * - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.<br>Estimated Health Insurer & Reinsurance Fees = \$36.00 |                            |                   |                            |                          |                            |       |                            |                         |                            |     |                            |  |

**ATTENTION:** There are two billing options to select from  
 1) Member level age rates OR 2) Composite rates.  
 Select a rating model, and click the magnifying glass in the Rates column next to the product to view rates and Census information.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### V. Rates (contd.)

#### Composite Rates Example

| Composite Rates  |                     |                          |                     |                         |               |   |                            |
|--|---------------------|--------------------------|---------------------|-------------------------|---------------|---|----------------------------|
| Employer Name: TEST_TX_UG  |                     | Plan: P600CHC            |                     | Case ID: 13466          |               |  |                            |
| Effective Date: 10/15/2016   |                     | Employer Zip Code: 75080 |                     | Employer County: Dallas |               |   |                            |
| Rate Table   |                     |                          |                     |                         |               |   |                            |
| 4-Tier Rates   |                     |                          |                     |                         |               |   |                            |
| Employee Only  | Employee + Spouse * | Employee + Child *       | Employee + Family * |                         |               |   |                            |
| \$669.38   | \$1,338.76          | \$1,338.76               | \$2,008.14          |                         |               |   |                            |
| * The Composite Rates shown in the above 4Tier Rates table are specific to the plan shown in the header section and based on the census entered AND includes the effects of Health insurer and Reinsurance Fees,plus any Federal and State taxes applicable to these fees. |                     |                          |                     |                         |               |   |                            |
| Census   |                     |                          |                     |                         |               |   |                            |
|  | Name                | Relationship Code        | Date of Birth       | Age                     | Coverage Type | State   | Total Monthly Health Cost* |
| 1  | Joe Black           | Employee                 | 08/08/1980          | 36                      | EO            | TX  | \$669.38                   |
| 2  | Matt Brown          | Employee                 | 04/14/1970          | 46                      | EO            | TX  | \$669.38                   |
| Total:   |                     |                          |                     |                         |               |   | \$1,338.76                 |
| * - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees. Estimated Health Insurer & Reinsurance Fees = \$36.00  |                     |                          |                     |                         |               |   |                            |
|    |                     |                          |                     |                         |               |   |                            |

**Note:** Composite rates are calculated by aggregating the total premium across a four tier format. Important to note that billing changes are only allowed at policy anniversary date. Please carefully select the desired billing format for your enrolling client.

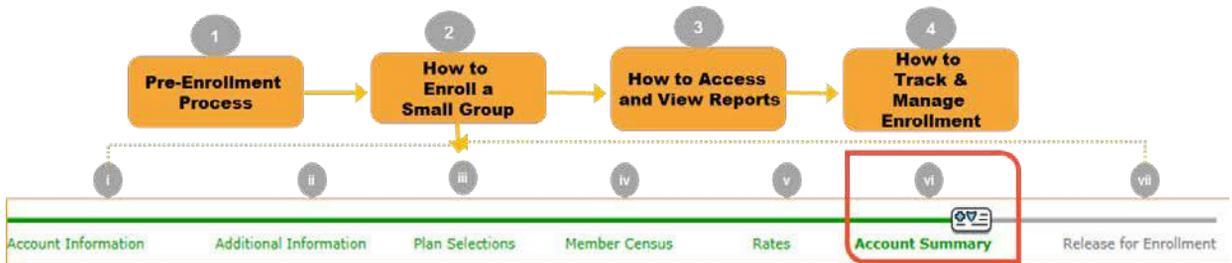
| Account Information   |                        |                 |               |   |                 |                        |   |   |
|---|------------------------|-----------------|---------------|---|-----------------|------------------------|---|---|
| Account Information   | Additional Information | Plan Selections | Member Census |  Rates | Account Summary | Release for Enrollment |   |   |
| Rates   |                        |                 |               |   |                 |                        |   |   |
|  |                        |                 |               |   |                 |                        | 5 |  |

5. Click **Continue** to proceed to the **Account Summary** screen.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VI. Account Summary



#### Step vi: Account Summary:

The **Account Summary** screen allows you to review all of the input data by section. Review the information you have entered and revise if needed. Separate panels with scroll bars display key information from previous screens. Click **Change** in each panel to view the relevant page if you want to make any edits. If changes are made, click **Continue** to go back to the **Account Summary** screen. This ensures that all edits have been saved and rates have been adjusted if necessary.

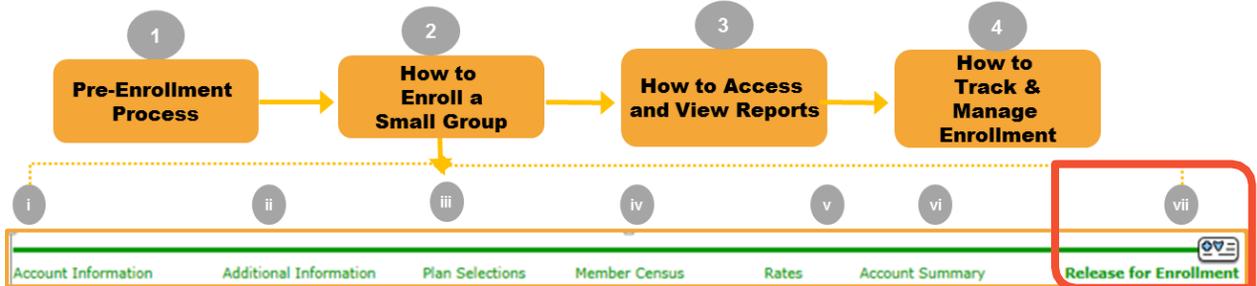
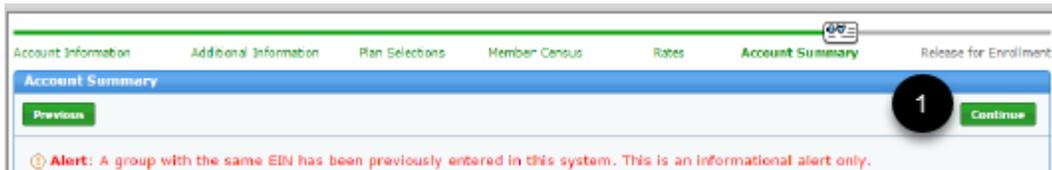
[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VI. Account Summary (contd.)

All the data that was entered on the **Rates** screen will be displayed.

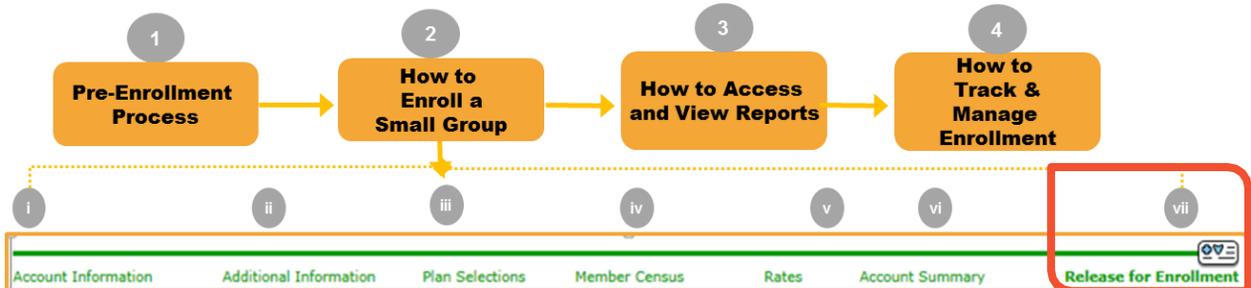
1. Click **Continue** to move to the **Release for Enrollment** screen.



[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment



### Step vii: Release for Enrollment

Based on the default required documents, under the **Documents Needed for Enrollment** section, the list will populate. Documents will be required based on the selections made during the data entry process. In order to release the case for enrollment successfully, these documents must be attached.

The screenshot shows the 'Release for Enrollment' screen. At the top, there is a navigation bar with the following items: Account Information, Additional Information, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment. Below the navigation bar, there is a 'Previous' button and a message: 'Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.' Below the message, there is a 'View / Attach Documents' button. The main content area is titled 'Documents Needed for Enrollment' and contains a table of documents. Each document has a status of 'Missing' and a 'Signature Required' icon. At the bottom of the screen, there is a checkbox for 'I confirm that all uploaded documents requiring a signature have been signed.' and a 'Release' button.

| Document Name   | Status  | Requirement        |
|---|---------|--------------------|
| * Benefit Program Application (BPA) for New Small Groups 2-50 | Missing | Signature Required |
| * Employer Group Information (EGI) Form                       | Missing | Signature Required |
| * Enrollment Application/Change Form                          | Missing | Signature Required |
| * State filed proof of business                               | Missing |                    |
| * Wage & Tax Statement/Proof of Wages                         | Missing |                    |
| Affidavit of Domestic Partnership                             |         | Signature Required |
| BenefitWallet Discovery Form                                  |         |                    |
| Dependent State Continuation of Coverage Form                 |         | Signature Required |
| Disabled Dependent Certification Form                         |         | Signature Required |

1. Click **View/Attach Documents**. This will populate a pop-up window, allowing the user to search system files to find the appropriate document.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

Before proceeding to the next steps, let's discuss the **Documents Needed for Enrollment** section. This section easily identifies Required and Optional Documents. Required documents are identified by **bolded red font** and asterisks.

The “*Missing*” or “*Attached*” indicator will only appear for the required documents.

| Documents Needed for Enrollment                                      |            |                    |
|--|------------|--------------------|
| * <b>Benefit Program Application (BPA) for New Small Groups 2-50</b> | ✓ Attached | Signature Required |
| * <b>Employer Group Information (EGI) Form</b>                       | ✓ Attached | Signature Required |
| * <b>Enrollment Application/Change Form</b>                          | ✓ Attached | Signature Required |
| * <b>Wage &amp; Tax Statement/Proof of Wages</b>                     | ✓ Attached | Signature Required |
| Affidavit of Domestic Partnership                                    |            | Signature Required |
| BenefitWallet Discovery Form   |            |                    |
| Dependent State Continuation of Coverage Form                        |            | Signature Required |
| Disabled Dependent Certification Form                                |            | Signature Required |
| Employer Representative Authorization (ERA)                          |            |                    |
| HSA Bank Discovery Form  |            |                    |

**Note:** Beginning with January 2017 Effective Dates, the **Composite Rate Billing Method Declaration Form** will no longer be a required document to submit when you select 4-Tier Composite Billing as your Rating Method. This information will be captured on the new BPS.

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

2. Click **Browse** and locate the appropriate system folder and file.
3. Select the document type from the **Document Type** drop-down list.
4. Click **Attach File**. The document shows in the **Existing Attached Documents** section. If the wrong document has been attached, use **Delete Document** to remove the document.

**Attachments**

Select Browse to find a file(s) to attach. Uploaded files must be less than 50MB.

|  |   |   |  |
|--|---|---|--|
| <div style="border: 1px solid #0070C0; padding: 2px;"> <input type="button" value="Choose Files"/> No file chosen         </div> | 2 | <div style="border: 1px solid #0070C0; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span><b>Document Type</b></span> <span style="font-size: small;">Description</span> </div> <div style="border-bottom: 1px solid #ccc; padding: 2px;"> Please Select </div> <div style="text-align: right; padding: 2px;"> <input type="button" value="Attach File"/> </div> </div> |  |
|--|---|---|--|

**Existing Attached Documents**

| File  | Date/Time Stamp        | Document Type   | Description |
|---|------------------------|---|-------------|
| il_bpa_2_50.doc                                       | 09/06/2017<br>08:24:08 | BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50 |             |
| 22997_small_group_standard_health_application (1).pdf | 09/06/2017<br>08:24:07 | EMPLOYER GROUP INFORMATION (EGI) FORM                       |             |
| il-small-group-extension-form-v4.pdf                  | 09/06/2017<br>08:24:07 | WAGE & TAX STATEMENT/PROOF OF WAGES                         |             |
| group_info_form.pdf                                   | 09/06/2017<br>08:24:07 | ENROLLMENT APPLICATION/CHANGE FORM                          |             |

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

**Attachments**

Select Browse to find a file(s) to attach. Uploaded files must be less than 50MB.

File:  No file chosen

Document Type:  Description:

**Existing Attached Documents**

| File  | Date/Time Stamp        | Document Type   | Description |
|---|------------------------|---|-------------|
| il_bpa_2_50.doc                                       | 09/06/2017<br>08:24:08 | BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50 | ▼           |
| 22997_small_group_standard_health_application (1).pdf | 09/06/2017<br>08:24:07 | EMPLOYER GROUP INFORMATION (EGI) FORM                       | ▼           |
| il-small-group-extension-form-v4.pdf                  | 09/06/2017<br>08:24:07 | WAGE & TAX STATEMENT/PROOF OF WAGES                         | ▼           |
| group_info_form.pdf                                   | 09/06/2017<br>08:24:07 | ENROLLMENT APPLICATION/CHANGE FORM                          | ▼           |

You can also upload multiple documents, if required. When uploading multiple documents you can to assign multiple Document Types to the documents.

Important information about attaching multiple documents

- You must select one Document Type in order to attach the selected documents. This document type will be applied to all the attachments. Click **Attach**.
- Use the drop-down arrows next to the specific document to change the type
- After changing the necessary document types, click **Save** When done, click **X** to return to the **Release for Enrollment** screen.

**Note:** The tool is compatible to support Zip files. A zip file may be uploaded and the applicable doc type selected. (i.e. employee applications) However, keep in mind that all required documents must be attached and document type selected, in order to release the group.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

5. Once you close the Attachments window, you are re-directed to the **Release for Enrollment** screen. Select the '*I confirm that all uploaded documents requiring a signature have been signed*' check box.
6. Click **Release** to release the group to Underwriting for review.
7. Confirm your selections. These include: Rating Model, Plans, and the Effective Date for the group. Click **Confirm**.

A screenshot of a web form. On the left, a circular callout with the number '5' points to a checked checkbox. The text next to the checkbox reads: "I confirm that all uploaded documents requiring a signature have been signed." On the right side of the form, a circular callout with the number '6' points to a green button with the text "Release".

A screenshot of a web form titled "Confirm Release for Enrollment". The form contains three checked checkboxes with the following text:
 

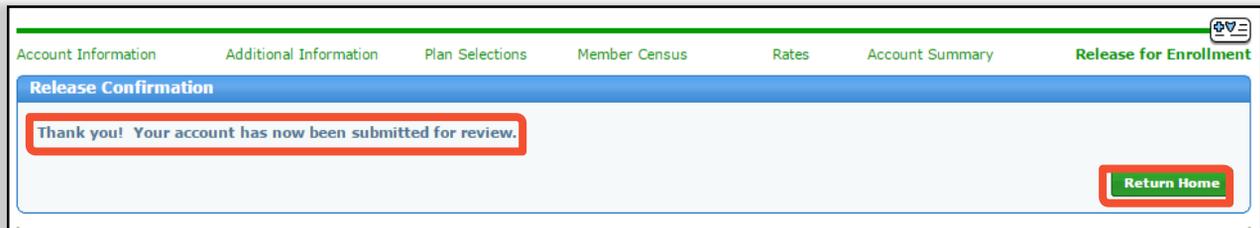
- I have selected Member Level Rating model.
- I have selected the below plan(s) for the group.  
P811PPO
- I have selected the effective date 05/01/2021 for the group.

 At the bottom right of the form, a circular callout with the number '7' points to a green button labeled "Confirm", with a grey "Cancel" button next to it.

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

After confirming, you receive a message saying **“Thank you! Your account has been submitted for review.”** At this point you can click **Return Home** to return to the home page.



Once you click **Release**, the group is in a read-only status. No additional changes can be made until after the Underwriter has reviewed the case. If the Underwriter requires additional information, an email will be sent to the address entered in the Producer section during the enrollment process. The case will then be open to you to go back in to the tool and enter/upload missing information or documents. Please add, edit or attach the requested data, then return the case to BCBS. If you require changes, prior to review or approval, please contact your sales representative as soon as possible.

#### Note:

- You need to ensure that all information is correct before submitting to BCBS. The only way to correct information entered into the system is if the Underwriter returns the case to the user for **More Info Required** with the reason code of **Data Change Needed**. Once submitted, you cannot edit data.

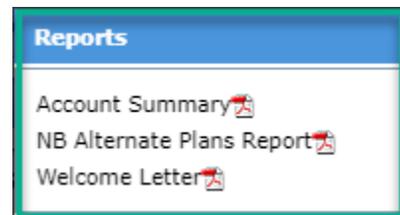
[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VI. Account Summary Report

Let's discuss the Account Summary Report.

Now, the **Account Summary Report** is available on the Release for Enrollment screen. Click **Reports** to view the report.



It is recommended that this document be reviewed and approved by the client for accuracy and to ensure that all plans, rates, and census information are accurate BEFORE the case is released. You can also view and print the report after the case has been approved.

The Account Summary Report is **not** emailed. Please access it through **Reports** on the online tool.

**Account Summary**

October 10, 2016  
ITG Test Broker2  
901 South Central Expressway  
Richardson, TX 75080

RE: TEST\_TX\_UG  
Account #:190797  
Effective Date:10/15/2016



BlueCross BlueShield  
of Texas

**General Information:**

|                                    |  |
|------------------------------------|--|
| Legal Name of Company: TEST_TX_UG  | Employer Identification Number (EIN): 55555555       |
| Standard Industry Code (SIC): 0111 | Description of SIC (Nature of Business): Wheat farms |
| Policy Effective Date: 10/15/2016  | County: Dallas                                       |
| Domestic Partner: N                | TEFRA:   |
| ERISA: N                           | Waiting Period: 60                                   |
| COBRA: N                           | COBRA Admin: N                                       |
| Public Entity:                     | In-Vitro: N  |

**Health Benefit Summary:**

Blue Choice PPO Network - PPO Plans - P600HC: PLATINUM Plan: \$25/\$45 Office Copay/Specialist: \$250/\$500 DED In/Out: 80%/60% Coins In/Out: NA Coins Stoploss In/Out: \$0/\$10/\$35/\$75/\$150 Pharmacy: \$300/80% ER Copay/ER Coins: \$75 Urgent Care Copay: \$150/\$250 IP In/Out: \$100/\$200 OP Surg In/Out: 70%/70% Ped Dental In/Out

Blue Choice PPO Network - PPO Plans - P601HC: PLATINUM Plan: \$25/\$45 Office Copay/Specialist: \$1250/\$2500 DED In/Out: 100%/100% Coins In/Out: NA Coins Stoploss In/Out: \$0/\$10/\$35/\$75/\$150 Pharmacy: \$300/100% ER Copay/ER Coins: \$75 Urgent Care Copay: \$150/\$250 IP In/Out: \$100/\$200 OP Surg In/Out: 70%/70% Ped Dental In/Out

**Note:** Make sure that you review the data for accuracy prior to releasing the case. Once the case is released, no changes can be made. If additional information is required, you will be notified and your case will be opened to you to add the missing or requested information.

[Return to Table of Contents](#)

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

The **Documents List** button in the header provides access to the list of required and optional documents required for enrollment. You can click where it says “Some of these forms are available for download here”. The BAP Downloadable Forms for Small Group Products will open in a new browser. From this browser, forms may be opened and saved for attachment in enrollment.

| Documents List  |
|---|
| Please remember to gather these documents to attach at the end of the enrollment process. Some of these forms are available for download <a href="#">here</a> . |
| <b>Required Documents</b>   |
| Benefit Program Application (BPA) for New Small Groups 2-50   |
| Employer Group Information (EGI) Form   |
| Enrollment Application/Change Form  |
| State filed proof of business   |
| Wage & Tax Statement/Proof of Wages   |
| <b>Optional Documents</b>   |
| Affidavit of Domestic Partnership   |
| BenefitWallet Discovery Form  |
| Dependent State Continuation of Coverage Form   |
| Disabled Dependent Certification Form   |
| Employer Representative Authorization (ERA)   |
| HSA Bank Discovery Form   |
| Other   |
| Small Group Certificate of Common Ownership   |
| Supplemental Employment Verification Form   |
| Texas Nine (9) Month State Continuation of Insurance Application Form   |

Blue Cross BlueShield of Texas

Home Get a Quote Pharmacy Forms Provider Finder® Contact Us

Downloadable Forms

Forms for Individual Products (Under Age 65)

Forms for Small Group Products (2-50)

Forms for Mid-Market Group Products (51-150)

Forms for Large Group Products (151+)

Forms for Medicare Products

**Downloadable Forms for Small Group Products**

Here are some commonly used forms for conducting business with Blue Cross and Blue Shield of Texas (BCBSTX). To access more downloadable forms, please log in to [Blue Access for Products](#). The forms below are in portable document format (PDF). To view these files, you may need to install a PDF reader program. Most PDF readers are a free download. One option is [Adobe® Reader®](#).

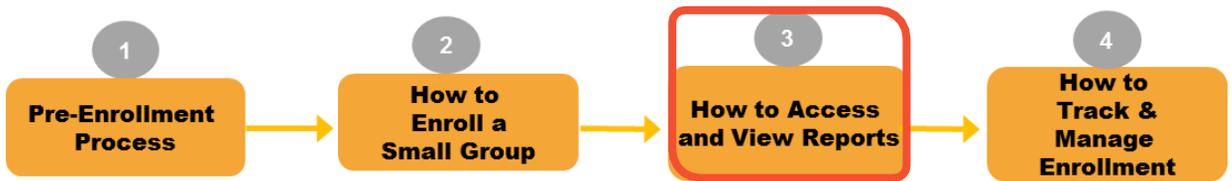
| SMALL GROUP FORMS (Groups of 2-50) |  |              |
|------------------------------------|--|--------------|
| Stock # / Date                     | Enrollment Forms and Change Forms  | Texas Form # |
| 45331 0716:                        | <a href="#">Affidavit of Domestic Partnership - English</a>  | N/A          |
| 45331 0716sp                       | <a href="#">Affidavit of Domestic Partnership - Spanish</a>  | N/A          |
| N/A                                | <a href="#">Away From Home Care Guest Membership Application - For HMO members</a>   | N/A          |
| N/A                                | <a href="#">Away From Home Care Guest Membership Application - Spanish - For HMO members</a>   | N/A          |
| TXBPASG-OFF-EX 01 17               | <a href="#">2017 Benefit Program Application (BPA) for New Small Groups 2-50 # - for new accounts effective on or after 1/1/2017</a> | N/A          |

FormFINDER  
Quickly search for or browse forms.

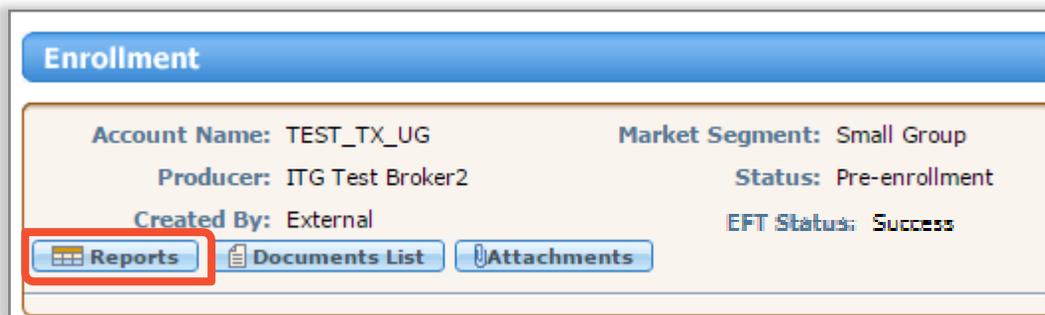
Advanced Search  
View All Forms

[Return to Table of Contents](#)

### 3 How to Access and View Reports



You can access and view reports by clicking **Reports** in the upper left-hand corner of each screen.



Types of documents accessible in the **Reports** tab include:

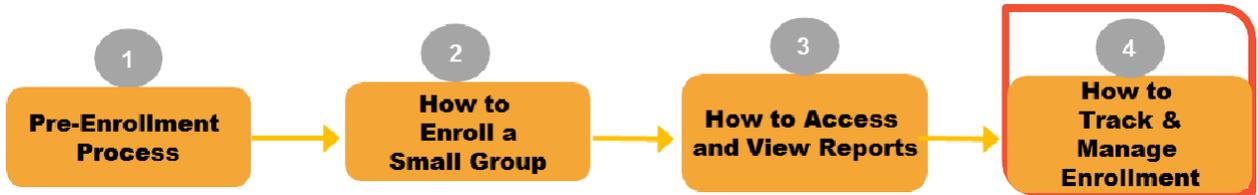
#### **Welcome Letter:**

The Welcome Letter is available after Underwriting approves the case. An email advising that the group has been approved will be sent to the producer or GA. You can then go into **Reports** to retrieve the Welcome Letter. The Welcome Letter itself will **NOT** be sent within the email.

**Account Summary:** The Account Summary Report will become available in the Reports List after **Continue** is clicked on the Account Summary screen.

## 4 How to Track and Manage Enrollment

### I. Enrollment Status



Once enrollment has been released, you can track the status of the case by searching the group from the **Enrollment** home page.

Enter information in any of the descriptor fields, or select the case from the “**Recently Accessed**” or “**My Enrollments**” section on the enrollment home screen. Once the group is selected, click **History**.

The screenshot shows the 'Enrollment Home' interface. It displays the following information:

- Account Number: 190797
- Effective Date: 10/15/2016
- Quote Number: NA
- Case ID: 13466

There are two buttons: 'Log' and 'History' (highlighted with a red border). A green button labeled 'Send to BCBS' is located at the bottom right.

On the **Activity History** window, activities, along with activity date, status, and duration of activity are displayed. A list of activity and status definitions is also displayed.

| Activity Date | Activity                      | Status    | Duration |
|---------------|-------------------------------|-----------|----------|
| 10/10/2016    | Enrollment More Info Required |           | 0 Day(s) |
| 10/10/2016    | Underwriter Review            | Completed | 0 Day(s) |
| 10/10/2016    | Enrollment Data Entry         | Completed | 0 Day(s) |
| 10/10/2016    | Start                         | Completed | 0 Day(s) |

| Activity                        | Status  | Definition  |
|---------------------------------|---|---|
| Enrollment Data Entry           | Pre-enrollment                                | Pre-enrollment status is defined as one of the following. 1. A producer or General Agent has initiated the enrollment process but has not submitted the case to BCBS yet. 2. BCBS has received enrollment paperwork and is reviewing for completeness. The case has not been submitted to Underwriting yet. |
| Pre-Enrollment More Info Needed | Pre-Enrollment More Info Needed               | BCBS has requested additional information and the submitter is in the process of obtaining requested information.   |
| Underwriter Review              | Pending UW review or Subsequent UW review     | Enrollment documentation has been submitted to Underwriting for review  |
| Submitter Review                | Not approved or Enrollment More Info Required | UW has completed review of submission and has returned the enrollment to the submitter either not approving the submission or requesting additional information in order to complete the review   |

**Note:** Quick status information can also be found in the header next to **Status**.

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### I. Enrollment Status (contd.)

| Enrollment Home   |                                   |
|---|-----------------------------------|
| <b>Account Number:</b> 190797   | <b>Effective Date:</b> 10/15/2016 |
| <b>Quote Number:</b> NA   | <b>Case ID:</b> 13466             |
| <input type="button" value="Log"/> <input type="button" value="History"/> |                                   |
| <input type="button" value="Send to BCBS"/>                               |                                   |

| Account Log   |                        |
|---|------------------------|
| Account Name: TEST_TX_UG  | Account Number: 190797 |
| <b>Log Entries</b>  |                        |
| <p>Date: 10/10/2016 01:36:16<br/>           Type: Internal<br/>           Subject: Claimed Case<br/>           Added By: System</p> <p>Entry: The Case was claimed by batest35.</p>   |                        |
| <p>Date: 10/10/2016 01:35:05<br/>           Type: Internal<br/>           Subject: AlacritiPaymentError<br/>           Added By: System</p> <p>Entry: The Routing Number you have entered is not valid. Please check the details and try again or contact us for assistance if you think this message is being shown in error (486)</p> |                        |

Once the enrollment starts, details pertaining to the case are entered using the **Log** button.

For Example:

- If Underwriting indicates more information is required, a copy of the notes and reason codes will be added to the **Log** for your review. This will be the same information that would have been included in the email notification. Or you can also attach a separate document to provide additional clarification to the underwriter as needed.

## 4 How to Track and Manage Enrollment (Contd.)

### II. More Information Required

In this example, once you have released the group for enrollment, the Underwriter reviews the case and sends an email notification requesting for more information.

The email notification includes the information that is required to complete the enrollment review. In this example, the underwriter requires completed documents from the Producer.

**Sample “More Information Required” email notification is below.**

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for TEST\_TX\_UG Case ID #13425. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

**Missing/Incorrect/Incomplete Document (s):**

State filed proof of business - Incomplete

Wage & Tax Statement/Proof of Wages - Incomplete

**Additional Notes:** Incomplete Documents

Please return to eSales ACA Small Group Enrollment to search for this Case ID and make the necessary updates.

Please do not reply to this email. For questions, please call our Service Center at 800-399-5831 to coordinate resolution.

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 447-7828 in Montana; (800)835-8699 in New Mexico; (918)560-3500 in Oklahoma; or (972)766-6900 in Texas.

## 4 How to Track and Manage Enrollment (Contd.)

### II. More Information Required (contd.)

You will receive automated email notifications from the tool for cases that have been aging in the “*Enrollment More Info Required*” status. These emails will be sent to the email address that was provided on the Account Information screen during the initial data entry. A reminder email will be sent on the 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> day if the case has not been returned to Underwriting. The case will be auto-discontinued 60 days after the Effective Date if the case is not returned to BCBS.

**Sample of the Aging Alert email is below.**

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for TEST\_TX\_UG Case ID #13466. The case has been pended for 3 days and it needs your immediate attention in order to process it further. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

State filed proof of business - Incomplete  
Wage & Tax Statement/Proof of Wages - Incomplete

**Additional Notes:** Incomplete Documents.

Please return to eSales ACA Small Group Enrollment to search for this Case ID and make the necessary updates.

Please do not reply to this email. For questions, please call our service center at 800-399-5831 to coordinate resolution.

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 447-7828 in Montana; (800) 835-8699 in New Mexico; (918) 560-3500 in Oklahoma; or (972) 766-6900 in Texas.

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### II. More Information Required (contd.)

Once you receive an email notification from the Underwriting team, you logon to the eSales Tools.

If Underwriting needs more information you may need to add or update information in one of the fields within the tool, as well as add some missing documentation.

In this example, you need to upload completed documents. You move to the **Release for Enrollment** screen and add the requested documents. Then, on this screen, you click **Send to BCBS** and then **OK**. The case will be returned to Underwriting for approval. The status of the case will be updated to “Pending UW Review”.

The screenshot shows the BlueCross BlueShield of Texas eSales Tools interface. The top navigation bar includes the company logo, contact information, and the user's name 'ITBroker2 Test' with a 'Log Out' button. The main content area is titled 'Release for Enrollment' and displays account details such as 'Account Name: TEST\_TX\_UG', 'Market Segment: Small Group', and 'Effective Date: 01/01/2018'. A 'Send to BCBS' button is highlighted in red. Below this, a list of documents needed for enrollment is shown, including 'Employer Group Information (EGI) Form', 'Enrollment Application/Change Form', and 'Wage & Tax Statement/Proof of Wages'. A modal dialog box is open, asking 'Are you sure you wish to send this to BCBS?' with 'OK' and 'Cancel' buttons. The 'OK' button is highlighted in red.

When an account is in the “**More Information Required**” activity, the “**Send to BCBS**” button will be available on all enrollment screens unless a **Data Change** is required by the Underwriter. If “**Data Change Needed**” is selected, the user will need to navigate to the **Account Summary** screen to use the “**Send to BCBS**” button and return the case for approval.

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### II. More Information Required (contd.)

You can add a log entry for this activity. Click **Log**, and **Add Entry** to communicate directly with the assigned Underwriter. Use the log entry to provide additional details pertaining to your case.

Once you click the **Send back to BCBS** button in the "*More Info Required*" activity, a system log entry is created.

**Account Log**

Account Name: TEST\_TX\_UG Account Number: 190797

**Add Entry**

**Subject :**  
Completed Documents Submitted

**Body :**  
As per the email received, submitted the completed documents.

Save

**Log Entries**

**Account Log**

Account Name: TEST\_TX\_UG Account Number: 190797

**Add Entry**

**Log Entries**

**Date:** 10/10/2016 01:29:59  
**Type:** Internal  
**Subject:** Completed Documents Submitted  
**Added By:** ITBroker2 Test

**Entry:** As per the email received, submitted the completed documents

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### III. Underwriting Approval Received

An email notification will be sent to the General Agent (if applicable) or the Producer once the case has been approved by Underwriting.

Sample 'Enrollment Approved' email below.

Blue Cross and Blue Shield of Texas (BCBSTX) has approved TEST\_TX\_UG for small group employer coverage with an effective date of 10/15/2016.

BCBSTX is in the process of finalizing your group's enrollment. You will receive another email notification after Identification Cards have been requested.

To access the Welcome Letter for this account's enrollment, log into eSales using the below link and instructions:

<https://producers.hcsc.net/producers/login>

1. Select **ACA Small Group Enrollment** from eSales Home Page
2. Search for your account in enrollment, once found, select the  option next to the account name
3. From the account information page select 
4. Select **Welcome Letter** 

Thank you for your business.

Please do not reply to this e-mail. This e-mail box is designated for outgoing messages only.

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 447-7828 in Montana; (800)835-8699 in New Mexico; (918)560-3500 in Oklahoma; or (972)766-6900 in Texas.

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### III. Underwriting Approval Received (contd.)

The Welcome Letter is available after Underwriting approves the group. An email advising that the group has been approved is sent to the producer or GA. You can then click **Reports** in the tool and retrieve the Welcome Letter. The Welcome Letter itself is **NOT** sent within the email. An email is also sent once membership is complete.

Sample “Welcome Letter” below.

### Welcome Letter

October 10, 2016  
ITG Test Broker2  
901 South Central Expressway  
Richardson, TX 75080

RE: TEST\_TX\_UG  
Account #:190797  
Effective Date:10/15/2016

TEST\_TX\_UG has been approved and your rates are indicated below. These rates are effective 10/15/2016.

Enrollment information, including member applications, is being processed. Member ID cards will be mailed shortly. Thank you for your continued business.



**BlueCross BlueShield  
of Texas**

| <b>General Information:</b> |                 |                       |               |                       |                       |                    |                            |
|-----------------------------|-----------------|-----------------------|---------------|-----------------------|-----------------------|--------------------|----------------------------|
| <u>Waiting Period:</u> 60   | <u>COBRA:</u> N | <u>COBRA Admin:</u> N | <u>TEFRA:</u> | <u>Public Entity:</u> | <u>County:</u> Dallas | <u>In-Vitro:</u> N | <u>Domestic Partner:</u> N |

| <b>Benefit Summary:</b>  |
|--|
| Blue Choice PPO Network - PPO Plans - P600CHC: PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$250/\$500 DED In/Out; 80%/60% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/80% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out      |
| Blue Choice PPO Network - PPO Plans - P601CHC: PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$1250/\$2500 DED In/Out; 100%/100% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/100% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out |

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### III. Underwriting Approval Received (contd.)

**Temporary ID Cards:** An email notification is sent to the General Agent (if applicable) or the Producer when ID cards are released, indicating that temporary ID cards are available as of the effective date of the group.

Sample 'ID Cards Released' email below.

Membership processing for TEST\_TX\_UG (Account # 190797) is complete and member ID cards have been requested. Temporary ID cards will be available as of the effective date of the account. To access temporary IDs for members of this account, follow these steps:

1. Log into Blue Access for Producers (BAP) using the following link: <https://producers.hcsc.net/producers/login>
2. From the BAP homepage, click the Blue Access for Employers (BAE) icon to access the BAE Account Search screen.
3. Select an account name from the listing. A maximum of 200 accounts will be listed.
4. If the account name is not listed, enter the name in the search fields and click **Find**.
5. Find the employee or dependent by using one of two search methods:  
Search Option 1:
  - a. On the BAE homepage, select the **Request/Print ID Card** option from the "I want to" menu.
  - b. Select the **Employee** or **Dependent** radio button as appropriate.
  - c. Enter the employee or dependent's SSN/ID Number or Last Name.
- d. Click the **Find** button.
- Search Option 2:
  - a. On the BAE homepage, click **Employee Maintenance** then **View/Update Employee** in the left-hand menu bar.
  - b. Select the **Employee** or **Dependent** radio button as appropriate.
  - c. Enter the employee or dependent's SSN/ID Number or Last Name.
  - d. Select **Request/Print ID Card** from the "I want to" menu.
  - e. Click the **Find** button.
6. Click on the employee or dependent's name in the Search Results table to be taken to the Request/Print ID Card screen.
7. To print a temporary ID card, click on the **Print a temporary ID card** link.
8. To email a temporary ID card, click on the **Email a temporary ID card** link.
9. Follow the instructions on the screen.
10. Click the **Confirm** button

Thank you for your business.

Please do not reply to this e-mail. For questions, please call our Service Center at 800-399-5831 to coordinate resolution.

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 447-7828 in Montana; (800)835-8699 in New Mexico; (918)560-3500 in Oklahoma; or (972)766-6900 in Texas.

[Return to Table of Contents](#)

## 4 How to Track and Manage Enrollment (Contd.)

### III. Underwriting Approval Received (contd.)

Once your case completes the ID Cards Released and Release Initial Bill activities, your case enrollment is complete.

| Enrollment                 |                                     | Enrollment Home             |                            |
|----------------------------|-------------------------------------|-----------------------------|----------------------------|
| Account Name: TEST_TX_UG   | Market Segment: Small Group         | Account Number: 190797      | Effective Date: 10/15/2016 |
| Producer: ITG Test Broker2 | <b>Status: Enrollment Completed</b> | Quote Number: NA            | Case ID: 13466             |
| Created By: External       |                                     |                             |                            |
| <a href="#">Reports</a>    | <a href="#">Documents List</a>      | <a href="#">Attachments</a> | EFT Status: Success        |
|                            |                                     | <a href="#">Log</a>         | <a href="#">History</a>    |

**Note:** If the case is not approved for enrollment by Underwriting, a **Not Approved** email notification is sent to the Producer or GAs with the reason code(s). Contact our Service Center at 1-800-399-5831 if you have questions regarding a case that is not approved.

## 4 How to Track and Manage Enrollment (Contd.)

### Search Functionality

- From the Enrollment Home screen, you can now press the Enter key, on your keyboard, to submit your search request in addition to clicking the **Search** button on the screen.
- You can now search “In Process” or “Completed” enrollments by the account's nine-digit Employer Identification Number (EIN).

Enrollment Enrollment Home

Search Existing Accounts/Quotes ▾

Search by Quoted status to start enrolling a quoted prospect, or **Start Enrollment without a Quote**

Account Name:  Quote Number:  Status:

Agent:  Account Number:  Effective Date:

Division: Texas Case ID:  EIN:

## 4 How to Track and Manage Enrollment (Contd.)

### IV. My Enrollments

During enrollment, if you want to view the status of the case, you can check the **My Enrollments** section of the enrollmenttool. This section lists all cases currently in the enrollment process. The section will list the enrollments that you have enrolled using the tool yourself. You may sort columns for easy tracking.

| My Enrollments   |           |                |                 |         |                                     |               |  |
|--|-----------|----------------|-----------------|---------|-------------------------------------|---------------|--|
| Account  | Account # | Effective Date | Sales Executive | Divison | Status                              | Last Activity |  |
|  ANGELA TEST 3                | 003531    | 12/01/2015     |                 | TX      | Enrollment More Info Required       | 10/05/2015    |  |
|  AMATEST TX 0928 AGING        | 177522    | 10/01/2016     |                 | TX      | Enrollment More Info Required       | 09/29/2016    |  |
|  TX EXT TEST TI 07052016      | 176873    | 08/01/2016     |                 | TX      | Enrollment More Info Required       | 08/03/2016    |  |
|  TEST_TX_UG                   | 190790    | 10/15/2016     |                 | TX      | Enrollment More Info Required       | 10/10/2016    |  |
|  AMATEST TX 1009 EXT          | 190795    | 11/01/2016     |                 | TX      | Pending UW review                   | 10/09/2016    |  |
|  AMATEST TX 1007 RC EXT       | 190785    | 11/01/2016     |                 | TX      | Pending UW review                   | 10/07/2016    |  |
|  AMATEST TX 1006 EXT          | 177572    | 11/01/2016     |                 | TX      | Pending UW review                   | 10/06/2016    |  |
|  EXT RPTS TEST TI 08032016    | 177034    | 09/01/2016     |                 | TX      | Pending UW review                   | 08/03/2016    |  |
|  TEST TX BROKER DEMO         | 187385    | 01/01/2016     |                 | TX      | Pending UW review                   | 05/19/2016    |  |
|  NATEST_TXEXT0310           | 184892    | 04/01/2016     |                 | TX      | Pending UW review                   | 04/04/2016    |  |
|  AMATEST FSE ADV TX EXT 1   | 177547    | 11/01/2016     |                 | TX      | Pending UW review                   | 10/04/2016    |  |
|  AMATEST_TX_1_1005          | 177568    | 11/01/2016     |                 | TX      | Complete Acct/Membership entry      | 10/05/2016    |  |
|  LAURA TX HMO ONLY          | 186243    | 06/01/2016     |                 | TX      | Complete Acct/Membership entry      | 04/19/2016    |  |
|  LAURA 092315 TEST EXTERNAL | 003351    | 12/01/2015     |                 | TX      | Complete Acct/Membership entry      | 10/02/2015    |  |
|  TX_UG                      | 177549    | 10/15/2016     |                 | TX      | Enrollment Internal Action Required | 10/05/2016    |  |

**Note:** Those cases that have aged after 2 days of inactivity in the “*Enrollment More Info Required*” status, the enrollment tool will highlight them in an Orange color, within the *Recently Accessed* and *My Enrollment* sections of the Enrollment home page, for awareness.

## 4 How to Track and Manage Enrollment (Contd.)

### IV. My Enrollments (contd.)

The **Recently Accessed** section lists all the enrollments that you have searched and viewed. This could be a combination of cases enrolled by yourself or by BCBS.

| Recently Accessed   |                |                 |          |                                |               |  |
|---|----------------|-----------------|----------|--------------------------------|---------------|--|
| Account   | Effective Date | Sales Executive | Division | Status                         | Last Activity |  |
|  <a href="#">View</a> TEST_TX_UG                         | 10/15/2016     |                 | TX       | Enrollment Completed           | 10/10/2016    |  |
|  <a href="#">View</a> TEST_TX_UG                         | 10/15/2016     |                 | TX       | Enrollment More Info Required  | 10/10/2016    |  |
|  <a href="#">View</a> TX_UG                              | 10/15/2016     |                 | TX       | Pre-enrollment                 | 10/10/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder      | -              |                 | TX       | Pre-enrollment                 | 10/10/2016    |  |
|  <a href="#">View</a> AMATEST TX 1009 EXT                | 11/01/2016     |                 | TX       | Pending UW review              | 10/09/2016    |  |
|  <a href="#">View</a> JPM R4 TOUCHPOINT AGING AND EMAILS | 01/01/2017     |                 | TX       | In Progress                    | 10/07/2016    |  |
|  <a href="#">View</a> AMATEST TX 1007 RC EXT             | 11/01/2016     |                 | TX       | Pending UW review              | 10/07/2016    |  |
|  <a href="#">View</a> TEST_TX_UG                         | 10/01/2016     |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder      | -              |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder      | -              |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder      | -              |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> TEXT_TX_UG                         | 10/15/2016     |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder     | -              |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder    | -              |                 | TX       | Pre-enrollment                 | 10/07/2016    |  |
|  <a href="#">View</a> AMATEST TX 1006 EXT              | 11/01/2016     |                 | TX       | Pending UW review              | 10/06/2016    |  |
|  <a href="#">View</a> AMATEST SS 1006                  | 01/01/2017     |                 | TX       | Pre-enrollment                 | 10/06/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder    | -              |                 | TX       | Pre-enrollment                 | 10/05/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder    | -              |                 | TX       | Pre-enrollment                 | 10/05/2016    |  |
|  <a href="#">View</a> AMATEST_TX_1_1005                | 11/01/2016     |                 | TX       | Complete Acct/Membership entry | 10/05/2016    |  |
|  <a href="#">View</a> SYS Account Name Place Holder    | -              |                 | TX       | Pre-enrollment                 | 10/05/2016    |  |

[Return to Table of Contents](#)

## Resources and Help

For technical issues with the eSales enrollment tool, please contact our ITG Service Center at **1-888-706-0583**.

If there are any questions regarding any of the information within the user manual or the enrollment process, please feel free to email us at:

**[SGMM\\_TechSupport@hcsc.com](mailto:SGMM_TechSupport@hcsc.com)**

[Return to Table of Contents](#)