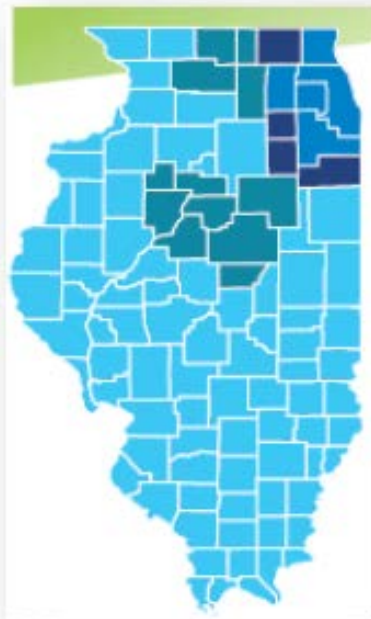




**BlueCross BlueShield
of Illinois**

ACA Small Group Enrollment Tool User Guide



*For Illinois Producers
and General Agents*

Effective January 2018

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Purpose

The purpose of this user guide is to provide step-by-step instructions and guidance to Producers as they enroll their groups using the enhanced eSales ACA Small Group Enrollment application.



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

Overview of the Enrollment Process

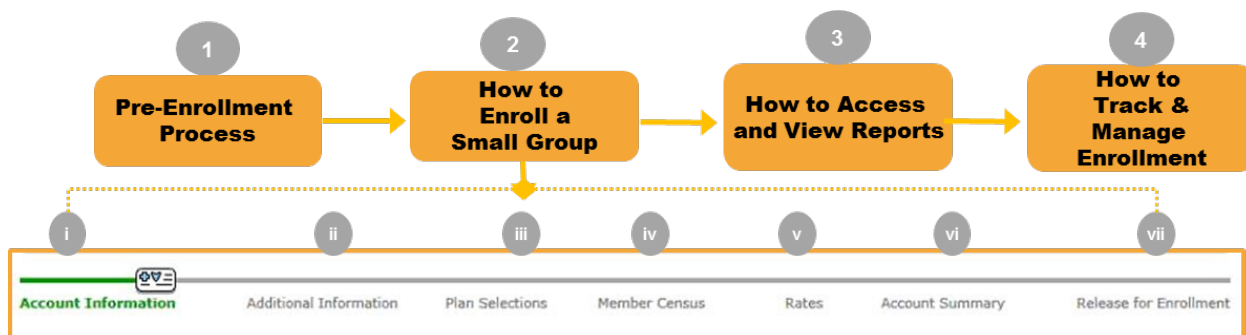
The eSales ACA Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you can enter account and additional group information, select medical, dental, 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 finalization. You can track the status of the submission online and keep your clients updated on the enrollment review request.

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

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Overview of the Enrollment Process (Contd.)



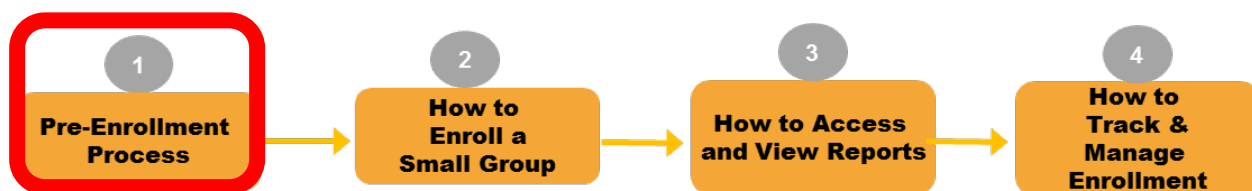
Once you have gathered the necessary information and documentation from your client, you access the eSales ACA Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow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

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1 Pre-Enrollment Process



Let's begin the online enrollment process. First, you must logon to the Blue Access for Producers (BAP) or Producer Portal, and navigate to the eSales Tools home page. A new link has been added to the eSales Tools home page. At this time, it is recommended to use Internet Explorer or Google Chrome web browsers to access the tool.

Accessing the eSales ACA Small Group Enrollment Tool

After you create a quote using the **eSales quoting application**, you return to the eSales Tools Home page, and click **ACA Small Group Enrollment** link to begin the enrollment process. This link is for small groups with 1-50 total employees.

Welcome back IL Test Broker . 10/10/2016

BlueCross BlueShield of Illinois For Our Producers www.bcbn.com/producers eSales Tools Home

Welcome to eSales Tools Logged In: IL Test Broker Last Access: 2016-10-06 11:34 AM

Alert

- New: The Underwriting Reference Guide (1-50) can be located in the Downloadable forms section of Blue Access for Producers

eSales Tools Links

- ACA Small Group Quoting
- Blue Directions for Small Business
- Request Center
- Quoting (non ACA)
- Plan Benefits and Rates
- ACA Small Group Enrollment
- Management Reports

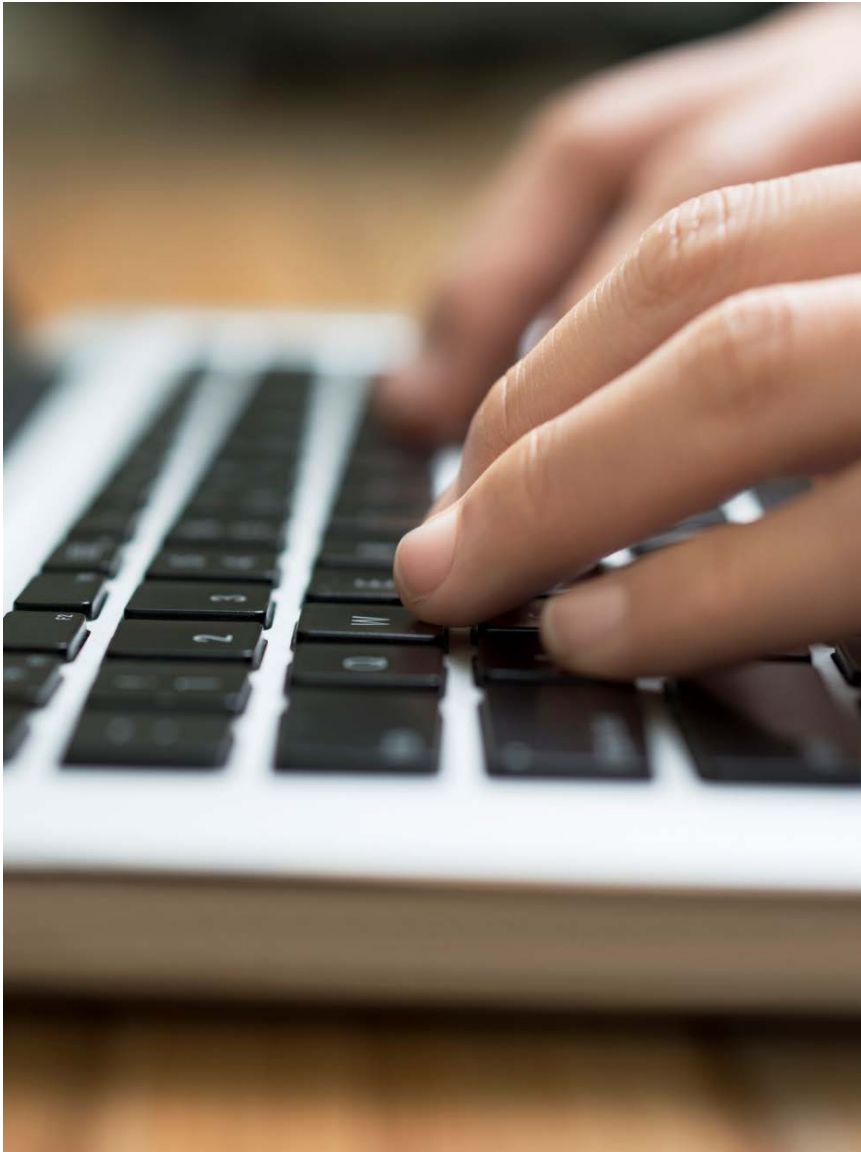
ACA Small Group Enrollment

- for Small Groups with 1 - 50 eligible employees for effective dates on or after 01/01/2016

ACA Small Group Enrollment

- for Small Groups with 1 - 50 eligible employees for effective dates on or after 01/01/2016

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Enrollment with a Quote

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

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1 Pre-Enrollment Process (Contd.)

Enrolling with a Quote

Once you have logged on to the producer portal and clicked the **ACA Small Group Enrollment** link within the eSales Tools, you can use the quote you created for this group.

BlueCross BlueShield of Illinois

Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Enrollment Welcome back IL Test Broker Dist 822 DG 10/10/2016 Log Out

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: 807753 Status: Quoted ▾

Agent: Account Number: Effective Date:

Division: Illinois Case ID: EIN:

1 - 1 of 1

| Prospect | Effective Date | Agent | Sales Executive | Quote # |
|---|----------------|----------------|-----------------|---------|
| <input type="button" value="Start Enrollment"/> IL_UG | 10/15/2016 | IL Test Broker | Owen, Kevin | 807753 |

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.
4. After you find your required quote, click **Start Enrollment**.

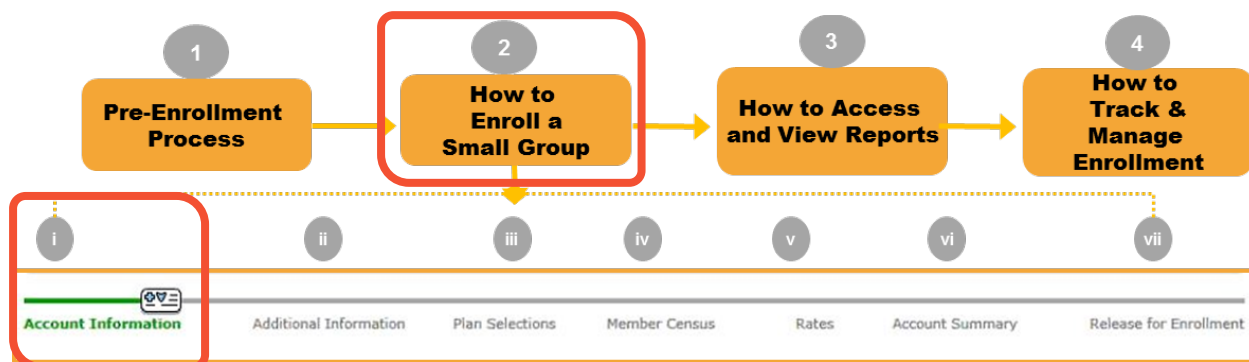
Note:

- 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.

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2 How to Enroll a Small Group (Contd.)

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 (as shown in the image above).

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.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

The Account Information screen will have some data pre-populated. Ensure to enter the information in all the required fields using the documentation you collected for your group. All fields marked with an asterisk (*) are required.

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

Account Information Continue

General Information

*Employer's Legal Name: IL_UG

*Employer ID Number (EIN):

*SIC Code: Find 0111 -Wheat farms

*Policy Effective Date: 10/15/2016

*Case Submitted to BCBS: 10/14/2016

*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

Physical Address/Contact Information

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

*Address 1:

*City:

*Zip Code: 60140

*E-Mail Address of Authorized Company Official:

*Phone (numbers only): Ext.:

*Administrative Contact:

*Different Billing Address?: ☐ Yes ☒ No

Address 2:

State: Illinois

*County: Please Select

Secondary E-Mail Address:

Fax (numbers only):

Contact Title:

*Different Mailing Address?: ☐ Yes ☒ No

Producer Information

Primary Producer

*Primary Producer Name: Find IL Test Broker

*Tax ID/SSN: TESTBROK4

*E-Mail Address:

Telephone #: 3095557777

Fax #: 9727662285

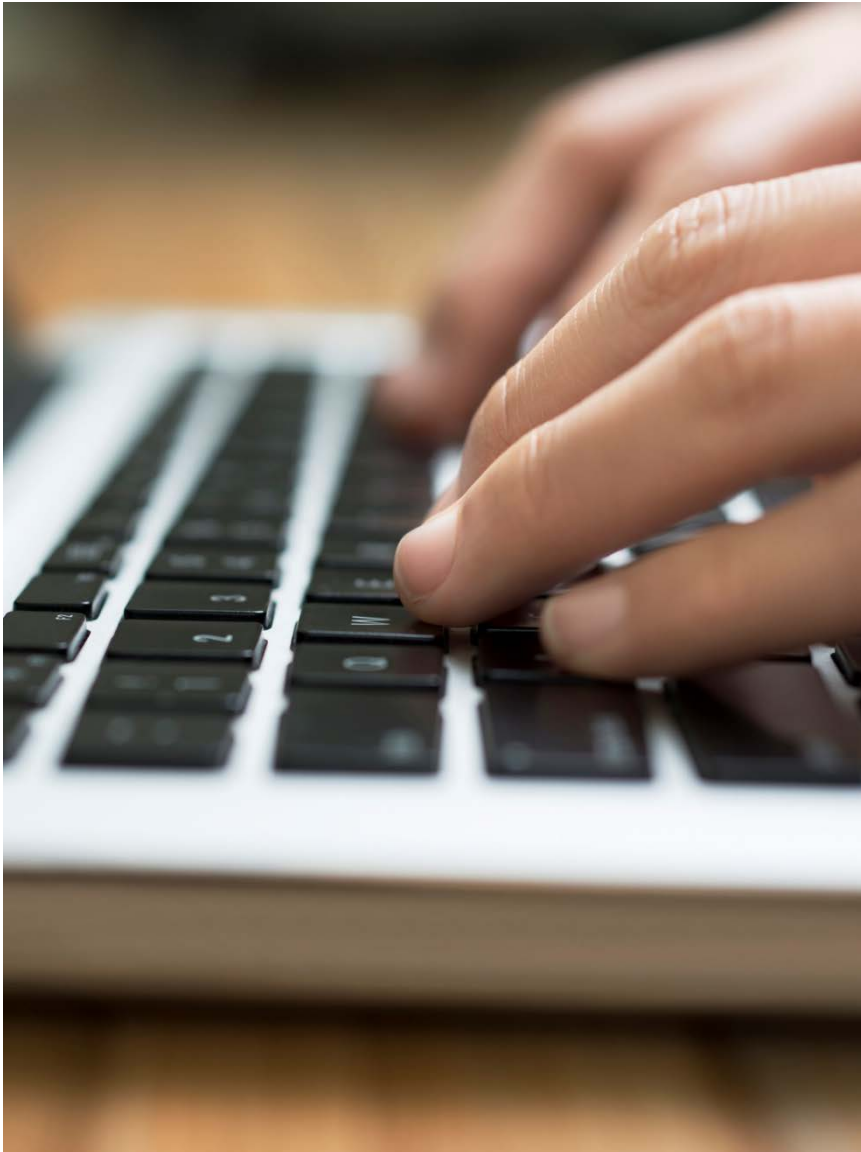
*Producer #: TESTBROK4

*Confirm E-Mail Address:

Complete Address: 123 Main St. Chicago IL 60601

Clear

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Enrollment without a Quote

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

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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' page with a search bar and a list of search criteria. The 'Start Enrollment without a Quote' link is highlighted with a red box and a circled '1'. The search criteria include Account Name, Agent, Division (Illinois), Quote Number, Account Number, Case ID, Status, Effective Date, and EIN. Search and Clear buttons are at the bottom right.

| Enrollment | | Enrollment Home |
|--|-----------------|--|
| Search Existing Accounts/Quotes ▼ | | |
| Search by Quoted status to start enrolling a quoted prospect, or Start Enrollment without a Quote 1 | | |
| Account Name: | Quote Number: | Status: ▼ |
| Agent: | Account Number: | Effective Date: |
| Division: Illinois | Case ID: | EIN: |
| | | Search Clear |

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

2 How to Enroll a Small Group (Contd.)

I. Account Information

| | | | |
|--|-----------------------------|---|----------------------------|
| Account Name: TEST_IL_UG | Market Segment: Small Group | Account Number: | Effective Date: 11/01/2017 |
| Producer: IL Test Broker | Status: Pre-enrollment | Quote Number: NA | Case ID: 7027 |
| Created By: Internal | EFT Status: Not Processed | | |
| Reports Documents List Attachments | | Log History | |
| Discontinue | | DocuSign Envelope ID: NA | |

Step i: Account Information

The Account Information screen is displayed. On this screen, some of the information on the page header will remain blank until the data is manually entered in 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, IL Test Broker.
- **Status: Pre-Enrollment**
- **Case ID: Unique number assigned to case.** In this example, 13453.
- Quote Number: NA
- **Created By: External**
- **EFT Status- Payment status**

An Account Number will be reserved when you advance to the **Release for Enrollment** screen. The report links under 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.

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:

*Employer ID Number (EIN):

*SIC Code: Find

*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

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: Find

*Tax ID/SSN:

*E-Mail Address:

Telephone #:

Fax #:

*Producer #:

*Confirm E-Mail Address:

Complete Address: Clear

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.

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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 2 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:

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.

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 3

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

① Please refer to the USPS website to confirm accurate address information. [Visit USPS](#)

5. *Address 1: Address 2:

*City: State: 4

*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.

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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.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

Producer Information
Primary Producer

*Primary Producer Name: 

*Tax ID/SSN: TESTBROK4

*Producer #: TESTBROK4

*E-Mail Address:

*Confirm E-Mail Address:

Telephone #:

Complete Address: 123 Main St.


Fax #:

Find a Producer

Producer Name:











Phone Number:

Producer Number:



Search Results

1 - 10 of 48

| Producer Name | Producer Number | Phone | Fax | R/D/T | Contact Name |
|---|-----------------|------------|------------|-------|-----------------|
|  ROGER WILLIAM ROWE | 000600232 | 8475621843 | 8475621474 | // | ROGER ROWE |
|  CHARLES ROGER WEST | 000600732 | 6184626880 | 6184628277 | // | CHARLES WEST |
|  ROGER RAYE PEARSON | 000601148 | 5633595257 | 5633599638 | // | |
|  ROGER JAMES ENSMINGER | 000601388 | 8478368600 | 8474265665 | // | ROGER ENSMINGER |
|  ROGER P WEISS | 000601415 | 8478888353 | 8479317106 | // | ROGER WEISS |
|  ROGER W HERMAN | 000601630 | 3096638041 | 3096647911 | // | ROGER HERMAN |
|  ROGER LAWRENCE STRANC | 000602173 | 8152482127 | 8152482132 | // | |
|  ROGER J SALTER | 000602345 | 3128296000 | 3128296203 | // | ROGER SALTER |
|  ANDREW ROGER JOHNS | 000603196 | 8157778470 | 8157778473 | // | |
|  MARK DOUGLAS ROGERS | 000603480 | 6363911168 | 6362077868 | // | |

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.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

Producer Information

Primary Producer

*Primary Producer Name:

*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

Optional Step (contd.): In this example, you have searched and updated the Producer's name. If you want to change the Primary Producer / General Agent / Subproducer's name, you can click **Clear** to remove the name in the fields and enter the desired value directly.



Important! If there are split commissions, contact your Sales Representative.

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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 #:

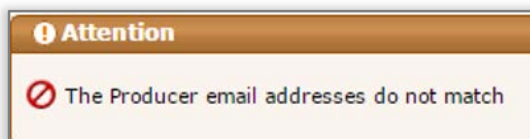
Subproducer

Subproducer Name:

Subproducer #:

* - Required 6

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. Re-enter the email address to validate it.



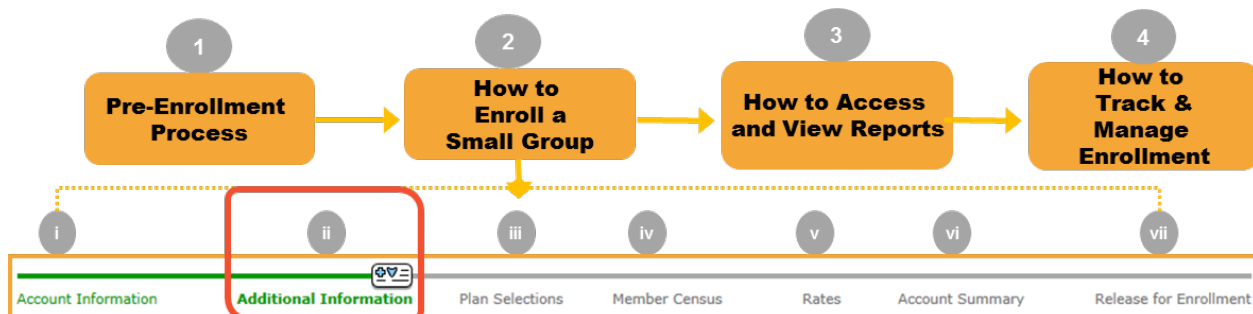
6. Once all required fields are complete, click the green **Continue** button to save and move to the next screen. Once saved, the data entered will populate the fields in the header.

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.

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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.

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2 How to Enroll a Small Group (Contd.)

II. Additional Information (contd.)

1. On the **Additional Information** screen, enter data in all the required fields.

2. Under the Eligibility Date section, the waiting period cannot exceed **91 calendar days**. In this example, we select **Yes**.

Note: Under the **Eligibility Date** section, you can enter the number from “1-60” for employees who have become eligible after the Effective Date of the their health plan.

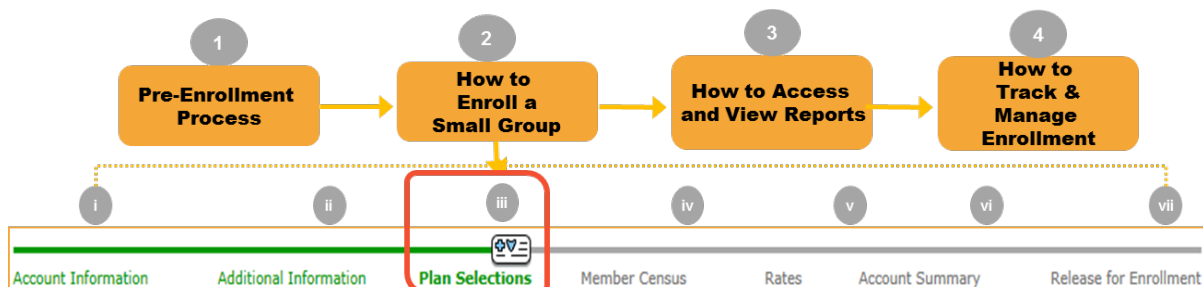
Under the HSA Vendor selection section, if a HSA is selected on the paperwork, a vendor may be selected here from the available options.

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

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections



Now that you've entered additional information, you can select medical, dental and life plans for your group.

| Plan # | Ded In/Out | Office Visit/Specialist | Coins In/Out | OPX In/Out | ER Copay*/ER Coins | IP In/Out | OP Surg In/Out | Ped Dental In/Out | Rx ** |
|---|----------------|-------------------------|--------------|----------------|--------------------|-------------|----------------|-------------------|---------------------------|
| Blue Platinum Plans | | | | | | | | | |
| <input checked="" type="checkbox"/> P500PPO | \$250/\$500 | \$25/\$45 | 80%/60% | \$1250/\$2500 | \$300/80% | \$150/\$250 | \$100/\$200 | 70%/50% | \$0/\$10/\$35/\$75/\$150 |
| Blue Gold Plans | | | | | | | | | |
| <input checked="" type="checkbox"/> G515PPO | \$500/\$1000 | \$40/\$60 | 80%/60% | \$5000/\$10000 | \$400/80% | \$200/\$300 | \$150/\$250 | 70%/50% | \$15/\$30/\$50 |
| <input type="checkbox"/> G511PPO | \$1000/\$2000 | \$35/\$60 | 80%/60% | \$3000/\$6000 | \$400/80% | \$200/\$300 | \$150/\$250 | 70%/50% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/> G510PPO | \$1500/\$3000 | \$10/\$60 | 80%/60% | \$3500/\$7000 | \$400/80% | \$200/\$300 | \$150/\$250 | 70%/50% | \$0/\$10/\$35/\$75/\$150 |
| <input type="checkbox"/> G517PPO | \$1800/\$3600 | \$20/\$40 | 90%/70% | \$4000/\$8000 | \$400/90% | \$200/\$300 | \$150/\$250 | 70%/50% | \$0/\$10/\$35/\$75/\$150 |
| <input type="checkbox"/> G518PPO | \$2000/\$4000 | NA/NA | 100%/100% | \$2000/\$4000 | NA/100% | NA/NA | NA/NA | 100%/100% | 100% |
| <input type="checkbox"/> G509PPO | \$3250/\$6500 | \$15/\$35 | 100%/100% | \$3250/\$6500 | \$400/100% | \$200/\$300 | \$150/\$250 | 100%/100% | \$0/\$10/\$35/\$75/\$150 |
| Blue Silver Plans | | | | | | | | | |
| <input type="checkbox"/> S506PPO *1 | \$2250/\$4500 | \$40/\$60 | 70%/50% | \$6850/\$13700 | \$500/70% | \$250/\$350 | \$200/\$300 | 70%/50% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/> S501PPO | \$2500/\$5000 | \$30/\$60 | 80%/60% | \$6500/\$13000 | \$500/80% | \$250/\$350 | \$200/\$300 | 70%/50% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/> S503PPO | \$3000/\$6000 | \$30/\$50 | 80%/60% | \$6350/\$12700 | \$500/80% | \$250/\$350 | \$200/\$300 | 70%/50% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/> S508PPO | \$3500/\$7000 | \$40/\$60 | 80%/60% | \$5500/\$11000 | \$500/80% | \$250/\$350 | \$200/\$300 | 70%/50% | \$0/\$10/\$50/\$100/\$150 |
| <input type="checkbox"/> S502PPO | \$6000/\$12000 | \$20/\$40 | 100%/100% | \$6000/\$12000 | \$500/100% | \$250/\$350 | \$200/\$300 | 100%/100% | \$0/\$10/\$35/\$75/\$150 |

Step iii: Plan Selections

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**.

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)


Ancillary Products - Dental ☐ Yes ☒ No

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 | |
| True Group | | | | | | | |
| High Allocation | | | | | | | |
| <input checked="" type="checkbox"/> DILHR01 | Passive | \$25/\$25 | \$3000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 |
| <input type="checkbox"/> DILHR02 | Passive | \$50/\$50 | \$2000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 |
| <input type="checkbox"/> DILHR03 | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1500 |
| <input type="checkbox"/> DILHR04 | Active | \$50/\$75 | \$1500/\$1000 | 90th R&C | 100%/80%/50%/50% | 80%/60%/50%/50% | \$1000 |
| <input type="checkbox"/> DILHM08 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 |
| <input type="checkbox"/> DILHM10 *1 | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA |
| <input type="checkbox"/> DILHM12 *3 | Passive | \$25/\$75 | \$750 | MAC | 100%/80%/NA/NA | 100%/80%/NA/NA | NA |
| Low Allocation | | | | | | | |
| <input type="checkbox"/> DILLR05 | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 |
| <input type="checkbox"/> DILLR06 | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA |
| <input type="checkbox"/> DILLR07 | Passive | \$75/\$75 | \$1000 | 90th R&C | 90%/70%/50%/NA | 90%/70%/50%/NA | NA |
| <input type="checkbox"/> DILLM09 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/NA | 100%/80%/50%/NA | NA |
| <input type="checkbox"/> DILLM11 *1 | Active | \$75/\$75 | \$1000 | MAC | 90%/70%/50%/NA | 70%/50%/30%/NA | NA |
| Voluntary Group | | | | | | | |
| High Allocation | | | | | | | |
| <input type="checkbox"/> DILHR13 *1 | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1500 |
| <input type="checkbox"/> DILHM14 *1 | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA |
| <input type="checkbox"/> DILHM16 *3 | Passive | \$25/\$75 | \$750 | MAC | 100%/80%/NA/NA | 100%/80%/NA/NA | NA |
| Low Allocation | | | | | | | |
| <input type="checkbox"/> DILLM15 *1 | Active | \$75/\$75 | \$1000 | MAC | 90%/70%/50%/NA | 70%/50%/30%/NA | NA |

2. The Ancillary Products-Dental radio button will default to **No**. When the **Yes** radio button is selected, the product selection fields will populate. Select the applicable dental plan.

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.

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)

Ancillary Products - Dental ☒ Yes ☐ No

*Life ☒ Yes ☐ No

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

☒ Group Life and AD&D ☐ Short Term Disability ☐ Dependent Life

Life and STD Benefit Selections

Confirmation

Do you want to delete the Plans?

Ok Cancel

If the **Yes** radio button is selected and you change the answer to **No** a message will appear 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.

*Life ☒ Yes ☐ No

If Life is purchased, 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

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="text" value="30000"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> 2 | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> 3 | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

Term Life Options

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

Previous Continue

3. The Life radio button will default to **No**. When the **Yes** radio button is selected, the Life plan options will populate. Select the applicable Life Products, and click the '**Life and STD Benefit Selections**' link to populate the additional required fields. Enter the Employer Contribution for **Term Life Premium**. This is a required field.

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)

Life ☒ Yes ☐ No

If Life is purchased, 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

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 checked="" type="radio"/> \$30000 ▼ | <input type="radio"/> <input type="text"/> | <input type="text" value="30000"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> 2 <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> 3 <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="text"/> |

Term Life Options

Age Reduction Factors:
 ▼

4

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

4. Click **Continue** to proceed to the **Member Census** screen.

Note: On Member Census page, the Salary field minimum value is \$10,000.00. You can view the **Life** section being defaulted to a format corresponding to 0-9 employees. Rest of functionality remains the same.

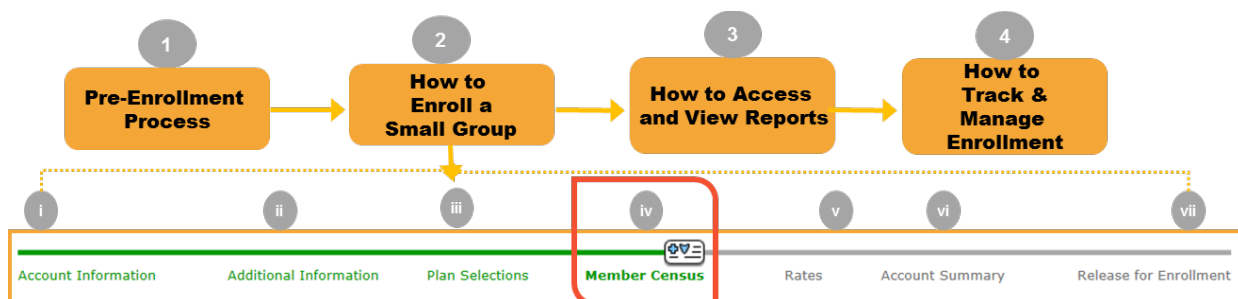


IMPORTANT! You must enter the percentage of the premium that the employer is going to contribute towards Life Coverage.

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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.



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

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry

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

Member Census

Previous **1** Continue

Census Count: 0 **Add Member** Import Census ?

« 0 - 0 of 0 »

| View Member | Name | Relationship Code | Gender | Date of Birth | Age | Health Coverage Type | Dental Coverage Type | State | Health Plan Selected | 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.
 - o **2a: Employee Information:** General census information regarding the employee. The **Employee Signature Date** field is also in this section.

Enrollment for New Member

Employee Information 2a Coverage Elections Dependent Information Other Coverage

*Waive All Coverage ☐ Yes ☒ No

General Information

*Last Name: Black *First Name: Joe Mid Init:

Name Suffix:

*SSN: 222222222 *Date of Birth: 05/05/1975 (mm/dd/yyyy)

*Gender: M

*Address 1: 9N 737 Burlington Rd Address 2:

*City: Hampshire *State: Illinois

*Zip Code: 60140

Home/Cell Phone: Business Phone:

Email Address:

Employment Information

Marital Status: Please Select Job Title: Hrs/Week:

*Employment Status: Active *Hire Date: 05/10/2015 (mm/dd/yyyy)

*Employee Signature Date: 06/15/2015 (mm/dd/yyyy)

* - Required

Continue

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

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 enter the Waive Reason Code, Name, and Hire Date.

- **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.

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

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** Other Coverage

2c

Select Dependents

Add Dependent

Dependent Information for New Dependent

*Last Name: *First Name: MI:

*Date of Birth: (mm/dd/yyyy) SSN:

*Relationship: Please Select ▼

*Gender: Please Select ▼

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**.

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

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 Member Census screen will be displayed.

Enrollment for New Member

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

Select Member
Black, Joe

Medicare Information for Black Joe

Medicare HIC Number:

Medicare Eligible (Y/N/U):

Medicare Reason:

Medicare Primary or Secondary:

| 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)"/> |

 * - 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. PCP's for Medical Groups should always be a length of 9 bytes. If the PCP is only 7 bytes, 2 zeroes would need to precede the 7 bytes. Users may select the Provider Help link to access the provider finder portal.

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

The screenshot shows the 'Member Census' form with two members listed. A red box highlights the 'View Member' link for the first member, Joe Black. The form includes tabs for 'Previous' and 'Continue'. Below the member list, there are sections for 'Enrollment Totals' and 'Health Coverage' and 'Dental Coverage'. The 'Enrollment Totals' section has a red box around the 'Total Eligible Employees' field, which is labeled with a circled '3'. The 'Health Coverage' and 'Dental Coverage' sections have fields for the number of employees enrolling, with a red box around the 'Continue' button at the bottom right, labeled with a circled '4'.

| | View Member | Name | Relationship Code | Gender | Date of Birth | Age | Health Coverage Type | Dental Coverage Type | State | Health Plan Selected | Dental Plan Selected |
|---|-------------|------------|-------------------|--------|---------------|-----|----------------------|----------------------|-------|----------------------|----------------------|
| 1 | View | Joe Black | Employee | M | 05/05/1975 | 41 | EO | EO | IL | P500PPO | DILHR01 |
| 2 | View | Matt Brown | Employee | M | 02/28/1970 | 46 | EO | EO | IL | P500PPO | DILHR01 |

Enrollment Totals

* # of Employees On Payroll **3**

+ # 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 **2**

Health Coverage

of Employees Enrolling In Health **2**

of Employees Waiving With Other Health Coverage **0**

of Employees Waiving Without Other Health Coverage **0**

Dental Coverage

of Employees Enrolling In Dental **2**

of Employees Waiving With Other Dental Coverage **0**

of Employees Waiving Without Other Dental Coverage **0**

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

* - Required

Previous **Continue**

3. 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. The reconciled wage & tax statement, or other proof of wages (if applicable), should be used to complete this section. You will need to upload this document in the **Release for Enrollment** step.

4. After manually entering the information, you can click **Continue** to proceed to the **Rates** screen.

The screenshot shows a 'Confirmation' dialog box with the text 'Are you sure you want to delete the Member?'. It has 'Ok' and 'Cancel' buttons. The background shows the member list with a red 'X' over the first member, Joe Black.

Notes:

- Members can be deleted by clicking the 'X'.

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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** ?

| | 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 | CSGPPPO | DILHR01 |
| 2 | | Matt Brown | Employee | M | 02/28/1970 | 46 | EO | | | | DILHR01 |

Enrollment Totals

| | |
|--|----------|
| * # of Employees On Payroll | 2 |
| + # 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 | 2 |

Health Coverage

| | |
|--|---|
| # of Employees Enrolling In Health | 2 |
| # of Employees Waiving With Other Health Coverage | 0 |
| # of Employees Waiving Without Other Health Coverage | 0 |

Dental Coverage

| | |
|--|---|
| # of Employees Enrolling In Dental | 2 |
| # of Employees Waiving With Other Dental Coverage | 0 |
| # of Employees Waiving Without Other Dental Coverage | 0 |

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: Please download the **updated** template for NH division.

Download **Census Import Template** or view an **example** of a formatted import file. Please refer to **Import 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: No file chosen

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:

- 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.

2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)

Step iv: Member Census (Import Census)

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

- 1) Open **CITE** 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 **CITE** into **ACA Small Group Enrollment Tool**.

The image displays three screenshots related to the ACA Small Group Enrollment Import Census Template process:

- Top Left:** A screenshot of the "Import Census Template Group Information Form" (Version: R1.0). It shows "Step 1: Please Make a Selection" with "Market Segment: SMALL GROUP (2-50)" and "Quoting or Enrollment: ENROLLMENT". The "Division" field is highlighted in red.
- Top Right:** A screenshot of a Microsoft Excel spreadsheet titled "CensusImportR-GroupABC 2017-10-02-20-49.xlsx". The spreadsheet is open to the "Page Layout" tab, showing various formatting options like font, alignment, and cell styles.
- Bottom:** A screenshot of the "Import Census Template Census Template Setup Form" (Release 2017.1). It shows "Step 1: Please Make a Selection" with "Market Segment: SMALL GROUP (2-50)" and "Quoting or Enrollment: ENROLLMENT". The "Division" field is highlighted in red, and a red error message "Required: Please select a value." is visible next to it.

For more information, please refer to ACA Small Group Enrollment Import Census Template Reference Guide Release 2017.1.

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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: Choose File Census Impor...0-09-9.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 Load File

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: Choose File 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

Load File

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

Override and Import Cancel

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

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.

6

Attention

 Indicates Error Message



 Indicates Warning 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 | 05/05/1975 | 41 | EO | EO | IL | P500PPO | DILHR01 |
| 2 |  | Matt Brown | Employee | M | 02/28/1970 | 46 | EO | EO | IL | P500PPO | DILHR01 |

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 70 percent participation.

* - Required

8

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)



Helpful Tips

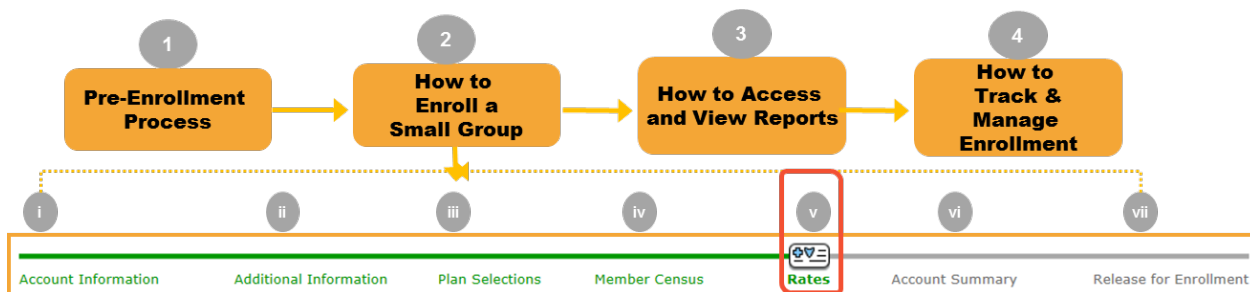
- Use- before you get started

- 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.

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2 How to Enroll a Small Group (Contd.)

V. Rates



Step v: Rates

Electronic Funds Transfer (EFT) is required for initial premium payment. On the **Rates** screen, enter the Payment Information. **Electronic Funds Transfer (EFT) is used to transfer the amount to Blue Cross and Blue Shield of IL**

Electronic Payment Information

The initial binder premium payment will be electronically transferred (EFT) to Blue Cross and Blue Shield of Illinois.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Account Number:

*Bank Routing Number:

*Bank Name:

*Bank Account Number Confirmation:

*Bank Routing Number Confirmation:

*Account Holder Name:

Rating Model

☐ Member Level
 ☐ 4-Tier Composite
 ☒ A

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.

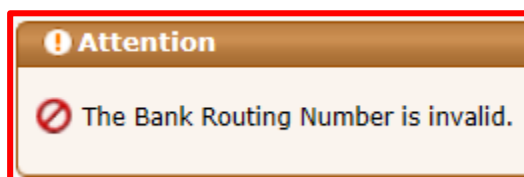
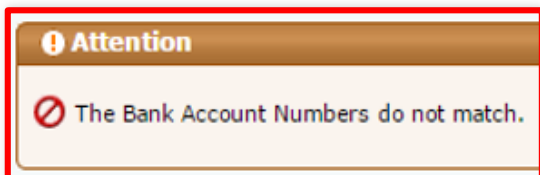
Note: The EFT draw will occur after the case is approved and the Welcome Letter becomes available. The EFT will usually happen within 24-48 hours of approval. Please notify the group of the expediency of this transaction.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

1. You will need to complete the group's Bank Account Number and Bank Routing Number information. These are required fields. The Bank Routing Number will only accept numerical values and should be equal to 9 digits. The tool will confirm that these critical required fields are entered correctly. If there is a mismatch, an error message will be displayed:: *"The Bank Account Numbers do not match."* or
2. "The Bank Routing Number is invalid."



Rates

Previous

Continue

View URE Request/Response XML

Electronic Payment Information

The initial binder premium payment will be electronically transferred (EFT) to Blue Cross and Blue Shield of Illinois.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Account Number: 123456789

*Bank Account Number Confirmation: 123456789

*Bank Routing Number: 010000013

*Bank Routing Number Confirmation: 010000013

*Bank Name:

*Account Holder Name:

Note: The EFT binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

- Next, you are required to edit the Bank Name and populate the Account Holder Name which are also mandatory fields.

Rates

PreviousContinue

View URE Request/Response XML

Electronic Payment Information

The initial binder premium payment will be electronically transferred (EFT) to Blue Cross and Blue Shield of Illinois.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

| | |
|---------------------------------|--|
| *Bank Account Number: 123456789 | *Bank Account Number Confirmation: 123456789 |
| *Bank Routing Number: 010000013 | *Bank Routing Number Confirmation: 010000013 |
| *Bank Name: Test Bank | *Account Holder Name: Test name |

Group Physical Address

| | |
|---------------------|-------------------------------|
| *Address 1: | Address 2: |
| *City: | *State: Please Select |
| Country: USA | *Zip Code: |
| *Payment Amount: | *Payment Amount Confirmation: |
| Transaction Number: | Payment Status: Not Processed |

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

Group Physical Address

Address 1: 1 Hill

Address 2:

*City: Naperville

*State: Illinois

Country: USA

*Zip Code: 60563

*Payment Amount: 1000.00

*Payment Amount Confirmation: 1000.00

Transaction Number:

Payment Status: Not Processed

A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned.

In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in BlueAccess for Employer's EFT or paid via check.

Let's discuss the **Group Physical Address** section. The Payment Amount field is a required field and accepts numeric values with decimal. The Payment Amount is required to be entered twice. For example: 1000.00. The payment amount field will only accept amounts between \$1.00-\$100,000.00. This field will not accept the \$ sign. You can also view the following notification on the screen "A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned"

Attention

- ⊘ The Payment Amount field can have minimum value of \$1 and maximum value of \$100,000.
- ⊘ The Payment Amount field can have minimum value of \$1 and maximum value of \$100,000.

The **Transaction Number** field will remain blank before the case is released for enrollment. This field will populate once Underwriting approves the case and the tool sends the payment details for processing.

Note: The Group Physical Address will auto populate and is extracted from the Account Information page. This address information is not editable on the Rates page.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

The Payment Status will update with one of the following statuses once Underwriting has approved the group for coverage:

- **Not Processed:** Is displayed until the payment is processed. Then a Success or Fail message is displayed.
- **Success:** Is displayed once the EFT payment details are transferred successfully to our payment vendor.
- **Fail:** Is displayed only if the Bank Routing Number, entered into the system and transferred to our payment vendor, is not valid.

Transaction Number:

Payment Status: Not Processed

A notification is displayed when you access this screen: *In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in Blue Access for Employer's EFT .*

A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned.

In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in BlueAccess for Employer's EFT or paid via check.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

For unsuccessful Electronic Funds Transfer (EFT) payments, an automated email will be sent to the following recipients:

GA Cases

To: GA CC: Pamela Rhodes BCC: MktgTechEnrollment@bcbsil.com

Non GA Cases

To: Broker and Sales Rep CC: N/A

BCC: MktgTechEnrollment@bcbsil.com

From: Blue Cross Blue Shield of Illinois [<mailto:none@bcbstx.com>]

Sent: Wednesday, October 04, 2017 2:13 PM

To: Amy Stevens <Amy_Stevens@bcbsil.com>

Cc: Sucheta Mungale <Sucheta_Mungale@bcbstx.com>

Subject: AMY IL10.4 INT Account # 211114 - Unsuccessful Electronic Funds Transfer (EFT) Payment

Blue Cross and Blue Shield of Illinois (BCBSIL) was unable to process the one time Electronic Funds Transfer (EFT) Payment for AMY IL10.4 INT Account # 211114.

When the EFT Payment is unsuccessful the initial premium payment will be due once the initial bill is received by the group.

For additional information regarding this transaction, please reference the log located in the ACA SG Enrollment Tool.

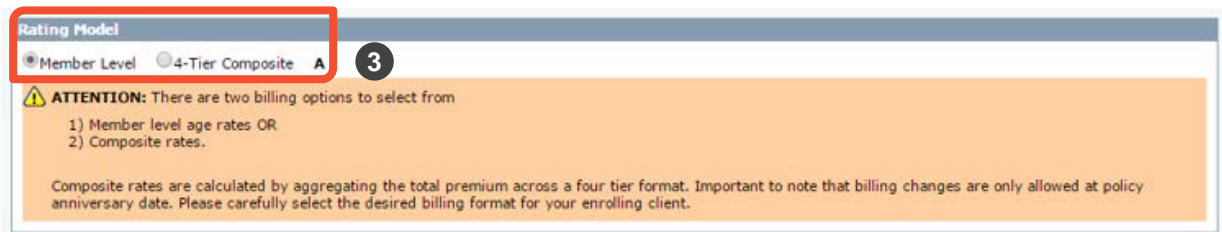
Please do not reply to this email. For questions, please contact the Service Center at 1-800-399-5831.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

3. The Rating Model is displayed. You need to select the Rating Model either Member Level or 4-Tier Composite. In this example, we will select **Member Level**.



Rating Model

☒ Member Level ☐ 4-Tier Composite **A** **3**

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.





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.

2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)



Member Level Age Rates Example

| Member Level Rates | | | | | | | | | | | |
|---|----------------------------|-------------------|----------------------------|--------------------------|----------------------------|-------|----------------------------|-----------------------|----------------------------|---|----------------------------|
| Employer Name: TEST_IL_UG | | | | Plan: P500PPO | | | | Case ID: 13453 | |  | |
| Effective Date: 10/15/2016 | | | | Employer Zip Code: 60140 | | | | Employer County: Kane | | | |
| 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 | \$278.91 | 28 | \$477.44 | 36 | \$540.25 | 44 | \$613.60 | 52 | \$857.37 | 60 | \$1,192.06 |
| 21 | \$439.23 | 29 | \$491.49 | 37 | \$543.76 | 45 | \$634.24 | 53 | \$896.02 | 61 | \$1,234.22 |
| 22 | \$439.23 | 30 | \$498.52 | 38 | \$547.27 | 46 | \$658.84 | 54 | \$937.75 | 62 | \$1,261.89 |
| 23 | \$439.23 | 31 | \$509.06 | 39 | \$554.30 | 47 | \$686.51 | 55 | \$979.47 | 63 | \$1,296.59 |
| 24 | \$439.23 | 32 | \$519.60 | 40 | \$561.33 | 48 | \$718.13 | 56 | \$1,024.71 | 64 | \$1,317.69 |
| 25 | \$440.98 | 33 | \$526.19 | 41 | \$571.87 | 49 | \$749.32 | 57 | \$1,070.39 | 65+ | \$1,317.69 |
| 26 | \$449.77 | 34 | \$533.22 | 42 | \$581.97 | 50 | \$784.46 | 58 | \$1,119.15 | | |
| 27 | \$460.31 | 35 | \$536.73 | 43 | \$596.03 | 51 | \$819.16 | 59 | \$1,143.30 | | |
| * - 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 | 05/05/1975 | 41 | EO | IL | \$571.87 | | | | |
| 2 | Matt Brown | Employee | 02/28/1970 | 46 | EO | IL | \$658.84 | | | | |
| | | | | | | | Total: | \$1,230.71 | | | |
| * - 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 = \$27.96 | | | | | | | | | | | |
|  | | | | | | | | | | | |

Examples of both the Rating Models are provided here.

- You can click **Print** to print the rates or click **Continue** to proceed to the **Account Summary** screen.

| Life Offerings | | | | | | | |
|----------------|-----|---------------|---------|--------|---------|----------|------------|
| | | Life and AD&D | | STD | | Dep Life | Total Cost |
| Name | Age | Volume | Premium | Volume | Premium | Premium | |
| Joe Black: | 41 | \$30,000 | \$12.00 | \$0 | \$0.00 | \$0.00 | \$12.00 |
| Matt Brown: | 46 | \$30,000 | \$16.50 | \$0 | \$0.00 | \$0.00 | \$16.50 |
| Totals : | | \$60,000 | \$28.50 | \$0 | \$0.00 | \$0.00 | \$28.50 |






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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

Composite Rates Example

| Composite Rates | | | | | | | |
|---|---------------------|--------------------------|---------------------|-----------------------|---------------|---|---|
| Employer Name: TEST_IL_UG | | Plan: P500PPO | | Case ID: 13453 | |  Print | |
| Effective Date: 10/15/2016 | | Employer Zip Code: 60140 | | Employer County: Kane | | | |
| Rate Table | | | | | | | |
| 4-Tier Rates | | | | | | | |
| Employee Only | Employee + Spouse * | Employee + Child * | Employee + Family * | | | | |
| \$615.36 | \$1,230.71 | \$1,138.41 | \$1,753.76 | | | | |
| * 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 | 05/05/1975 | 41 | EO | IL | \$615.36 |
| 2 | Matt Brown | Employee | 02/28/1970 | 46 | EO | IL | \$615.36 |
| Total: | | | | | | | \$1,230.72 |
| * - 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 = \$27.96 | | | | | | | |
| | | | | | | |  Print |

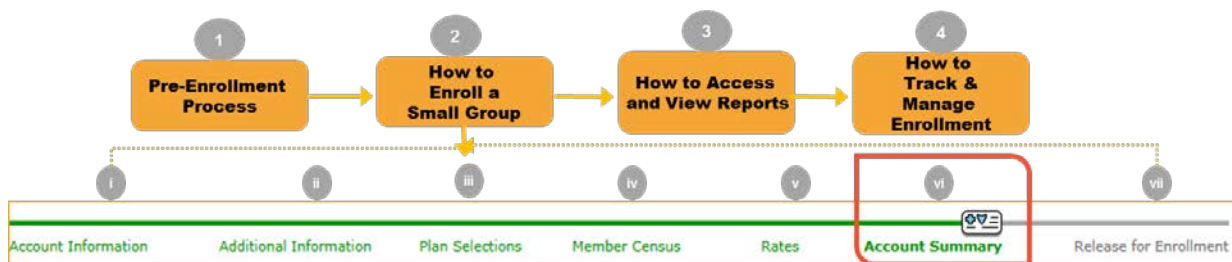
You can click **Print** to print the rates.

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

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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.

Account Summary

Previous **Continue**

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

Account Information **Change**

General Information

Employer's Legal Name: TEST_IL_UG
 Employer ID Number (EIN): 666666666
 SIC Code: 0111-Wheat farms
 Policy Effective Date: 10/15/2016
 Case Submitted to BCBS: 10/10/2016

Does this group cover domestic partners?: No
 Is Group subject to COBRA?: No
 COBRA Administration?: No

Blue Access for Employers (BAE)

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

Employee Retirement Income Security Act (ERISA)

Additional Information **Change**

Time In Business: 3 Years
 Policy Anniversary Date: 10/15/2017
 Amount Submitted: \$ 100.00
 (for initial enrollment only)
 Include Retirees?: No

BlueEdge FSA purchased: No
 (Vendor: ConnectYourCare)

Eligibility

Waive the waiting period on initial enrollment? Yes

The eligibility / waiting period cannot exceed 91 calendar days.
 The Eligibility Date for an employee who becomes eligible after the Effective date of the Employer's health plan is determined by:

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2 How to Enroll a Small Group (Contd.)

VI. Account Summary (contd.)

The **Electronic Payment Information** is also displayed under the **Plan Selections** section and **Header**. Under this section, all the data that was entered on the **Rates** screen will be displayed.

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

Rates

[View URE Request/Response XML](#)

Electronic Payment Information

The initial binder premium payment will be electronically transferred (EFT) to Blue Cross and Blue Shield of Illinois.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Account Number: 123456789 *Bank Account Number Confirmation: 123456789

*Bank Routing Number: 010000013 *Bank Routing Number Confirmation: 010000013

*Bank Name: Test Bank *Account Holder Name: Test name

Group Physical Address

*Address 1: 1 Hill Address 2:

*City: Naperville *State: Please Select

Country: USA *Zip Code: 60563

*Payment Amount: 100.00 *Payment Amount Confirmation: 100.00

Transaction Number: Payment Status: Not Processed

A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned.

Note: You should be able to view the Electronic Funds Transfer (EFT) Payment Details document under the **Reports** tab on the **Account Summary** screen. You should also be able to view it irrespective of the status of the case.

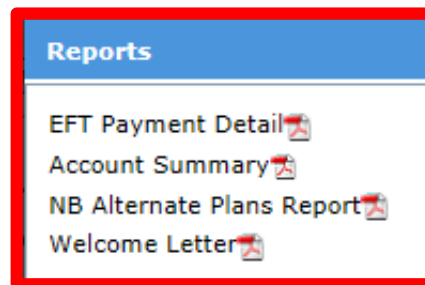
You should be able to view the fields and their values in this document without been masked except for the Bank Account Number and the Bank Routing Number.

2 How to Enroll a Small Group (Contd.)

VI. Account Summary (contd.)

Before moving to the **Release for Enrollment** step, let's discuss the Account Summary Report.

An **Account Summary Report** is available in the **Reports** list after you click **Continue** on the **Account Summary** screen. This report should display the **Producer's** name.



Before the case is released, select the Account Summary document from the Reports list by clicking **Reports** at the top of the screen. 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.

Please access the **Account Summary Report** through **Reports** on the online tool.

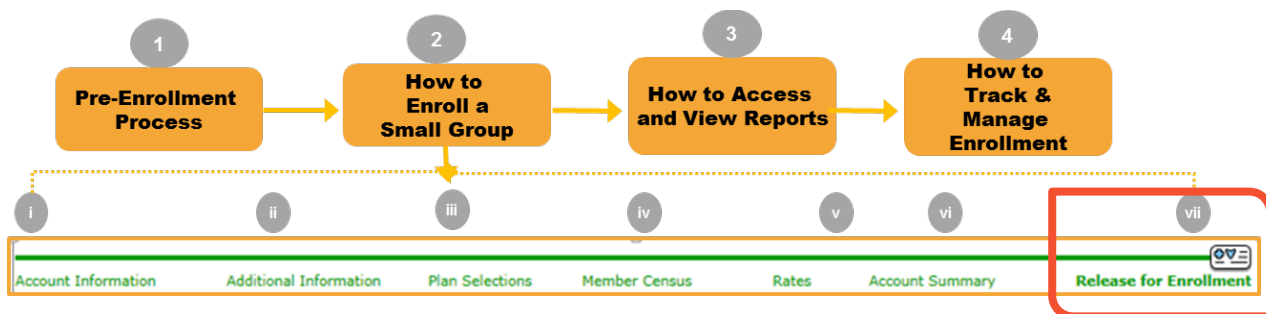
| Account Summary | | BlueCross BlueShield of Illinois | |
|---|--|----------------------------------|--|
| October 9, 2016 IL Test Broker 123 Main St. Chicago, IL 60601 RE: TEST_IL_UG Account #:191230 Effective Date:10/15/2016 | | | |
| General Information: | | | |
| Legal Name of Company: TEST_IL_UG | Employer Identification Number (EIN): 666666666 | | |
| Standard Industry Code (SIC): 0111 | Description of SIC (Nature of Business): Wheat farms | | |
| Policy Effective Date: 10/15/2016 | County: Kane | | |
| Domestic Partner: N | TEFRA: | | |
| ERISA: N | Waiting Period: 0 | | |
| COBRA: N | COBRA Admin: N | | |
| Health Benefit Summary: | | | |
| PPO (Participating Provider Options) Network - PPO Plans - P500PPO: 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%/50% Ped Dental In/Out PPO (Participating Provider Options) Network - PPO Plans - G515PPO: GOLD Plan; \$40/\$80 Office Copay/Specialist; \$500/\$1000 DED In/Out; 80%/60% Coins In/Out; NA Coins Stoploss In/Out; \$15/\$30/\$50 Pharmacy; \$400/80% ER Copay/ER Coins; \$75 Urgent Care Copay; \$200/\$300 IP In/Out; \$150/\$250 OP Surg In/Out; 70%/50% 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.

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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment



Step vii: Release for Enrollment

Based on the default required documents, the list will populate. Documents will be required based on the selections made during the data entry process. Required documents are noted by an asterisk. In order to **release for enrollment**, these documents must be attached.

Release for Enrollment

Previous

Please attach the following documents.

1 View / Attach Documents

Documents Needed for Enrollment

| | | |
|---|---------|--------------------|
| * Benefit Plan Selection (BPS) SG 2-50 | Missing | Signature Required |
| * Benefit Program Application (BPA) SG 2-50 | Missing | Signature Required |
| * Employee Application or Census Enrollment | Missing | Signature Required |
| * Employer Group Information (EGI) and Medicare Secondary Payer (MSP) | Missing | Signature Required |
| * Wage & Tax form (UI/3-40) /Proof of Wages | Missing | |
| Addendum to the BPA Regarding Affiliated Companies | | Signature Required |
| Affidavit of Domestic Partnership | | |
| Articles of Incorporation /Ein Form: For New Businesses | | |
| BenefitWallet HSA Employer Set Up Form | | |

* - Required

☐ I confirm that all uploaded documents requiring a signature have been signed.

Previous Release

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

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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

2. Click **Choose File** and locate the appropriate system folder and file.
3. Select the document type from the **Document Type** drop-down list. You can see an updated list of the required and optional documents.
4. Click **Attach File**. The document shows in the **Existing Attached Documents** section. After you have attached all the required document, as we have done in this example, close this pop-up window and return to the Release for Enrollment screen.

Attachments

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

Choose Files No file chosen

Document Type Please Select

Attach File

Existing Attached Documents

| File | Date/Time Stamp | Document Type | Description | Name | Status | |
|----------------|---------------------|---|-------------|-----------|-----------|--------|
| BPA.pdf | 10/09/2016 22:57:24 | BENEFIT PROGRAM APPLICATION (BPA) SG 2-50 | | TESTBROK4 | COMPLETED | Delete |
| EGI.pdf | 10/09/2016 22:57:48 | EMPLOYER GROUP INFORMATION (EGI) AND MEDICARE SECONDARY PAYER (MSP) | | TESTBROK4 | COMPLETED | Delete |
| BPS.pdf | 10/09/2016 22:58:12 | BENEFIT PLAN SELECTION (BPS) SG 2-50 | | TESTBROK4 | COMPLETED | Delete |
| Enrollment.pdf | 10/09/2016 22:58:23 | EMPLOYEE APPLICATION OR CENSUS ENROLLMENT | | TESTBROK4 | COMPLETED | Delete |

Note: While uploading documents, if you select the incorrect document type, you can change the Document Type indicator, instead of deleting and uploading the document a second time.

2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

All the required documents are attached. The **Documents Needed for Enrollment** section easily identifies Required and Optional Documents. Required documents are identified by a bold red font and asterisks. Click the **Documents List** for more information.

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

Release for Enrollment

[Previous](#)

Please attach the following documents.

[View / Attach Documents](#)

Documents Needed for Enrollment

| | | |
|--|------------|----------------------|
| * Employee Application or Census Enrollment | ✓ Attached | i Signature Required |
| * Employer Group Information (EGI) and Medicare Secondary Payer (MSP) | ✓ Attached | i Signature Required |
| * Wage & Tax form (UI/3-40) /Proof of Wages | ✓ Attached | i Signature Required |
| * Benefit Plan Selection (BPS) SG 2-50 | ✓ Attached | i Signature Required |
| * Benefit Program Application (BPA) SG 2-50 | ✓ Attached | i Signature Required |
| Addendum to the BPA Regarding Affiliated Companies | | i Signature Required |
| Affidavit of Domestic Partnership | | |
| Articles of Incorporation /Ein Form: For New Businesses | | |
| BenefitWallet HSA Employer Set Up Form | ✓ Attached | i Signature Required |

*- Required

☐ I confirm that all uploaded documents requiring a signature have been signed. [Release](#)

[Previous](#)



Note:

- ONLY those items with a red asterisk are required. If items that do not have a red asterisk still read “missing” users will be able to continue and release. The **Release** button will remain grayed out until all **required** documents are attached.
-

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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

| Documents Needed for Enrollment | |
|--|--|
| Collective Bargaining Agreement | |
| Composite Rate Billing Method Declaration Form | |
| Dependent State Continuation of Coverage Form | |
| Disabled Dependent Certification Form | |
| FlexHSA Employer Setup Form | |
| Full-Time Status Certification for Owners, Partners, Proprietors |  Signature Required |
| HSA Bank Employer Set Up Form |  Signature Required |
| List of Employees On Company Letter Head | |
| Other | |

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.)

You can attach multiple document with different document types. While uploading multiple documents, you can assign multiple document types.

Attachments

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

File Document Type Description

Existing Attached Documents

| File | Date/Time Stamp | Document Type | Description | Na |
|---|---------------------|---|-------------|----|
| il-small-group-extension-form-v4.pdf | 09/05/2017 08:31:25 | BENEFIT PLAN SELECTION (BPS) SG 2-50 | | BA |
| 22997_small_group_standard_health_application (1).pdf | 09/05/2017 08:31:25 | BENEFIT PROGRAM APPLICATION (BPA) SG 2-50 | | BA |
| group_info_form.pdf | 09/05/2017 08:31:26 | WAGE & TAX FORM (UI/3-40) /PROOF OF WAGES | | BA |
| il_bpa_2_50.doc | 09/05/2017 08:31:26 | EMPLOYER GROUP INFORMATION (EGI) AND MEDICARE SECONDARY PAYER (MSP) | | BA |
| group_info_form.pdf | 09/05/2017 08:31:57 | EMPLOYEE APPLICATION OR CENSUS ENROLLMENT | | BA |

Some important information about attaching multiple documents:

- Initially, you must select one document type in order to proceed. This document type will be applied to all the attachments. Click **Attach** to attach the Document Type.
- Use the drop-down arrows next to the specific document to change the Type.
- After changing the necessary document types, you must scroll down to the bottom and click **Save**. Once that button is clicked, the screen will scroll to the top automatically indicating that the changes have been saved. When done, click **X** to return to the **Release for Enrollment** screen.

2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

5. 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, EFT Payment amount, , and the Effective Date for the group. Click **Confirm**.

5

6

☒ I confirm that all uploaded documents requiring a signature have been signed. **Release**

Confirm Release for Enrollment

I confirm that,

☒ I have selected Composite Rating model.

☐ I have selected the below plan(s) for the group.
GS11PPO

☐ I have selected the effective date 10/01/2017 for the group.

☐ Electronic Funds Transfer (EFT) will be used to transfer the dollar amount of 100.00 to Blue Cross and Blue Shield of IL.

Confirm **Cancel**

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.
- The EFT draw will occur after the case is approved and the Welcome Letter becomes available. The EFT will usually happen within 24-48 hours of approval. Please notify the group of the expediency of this transaction.

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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 [here](#).

Required Documents

- Benefit Plan Selection (BPS) SG 2-50
- Benefit Program Application (BPA) SG 2-50
- Employee Application or Census Enrollment
- Employer Group Information (EGI) and Medicare Secondary Payer (MSP)
- Wage & Tax form (UI/3-40) /Proof of Wages

Optional Documents

- Addendum to the BPA Regarding Affiliated Companies
- Affidavit of Domestic Partnership
- Articles of Incorporation /Ein Form: For New Businesses
- BenefitWallet HSA Employer Set Up Form
- Collective Bargaining Agreement
- Dependent State Continuation of Coverage Form
- Disabled Dependent Certification Form
- FlexHSA Employer Setup Form
- FULL-TIME STATUS CERTIFICATION FOR OWNERS, PARTNERS, PROPRIETORS
- HSA Bank Employer Set Up Form
- List of Employees On Company Letter Head

blueaccess
for providers

Company Information

Provider Finder® Prescription Drugs Contact Us Log In

Forms for Regulated Small

Regulated cases with 50 or fewer TOTAL employees on average over the prior calendar year including all eligible and ineligible employee types such as temporary, union, seasonal, and part-time employees. This includes employees of Controlled/Affiliated entities and Domestic Parent companies.

New Business/Enrollment Forms

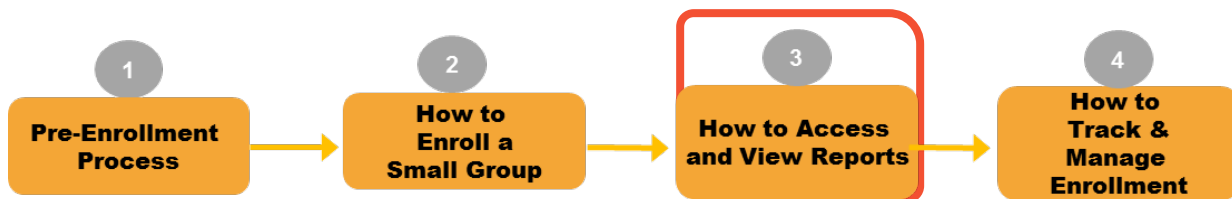
| Form Name | Form Number | Date |
|---|------------------|--------------|
| Underwriting Reference Guide for Brokers | #XXXXXXX | 09/16 |
| ACA Small Group New Business Checklist | #22998 | 07/16 |
| Benefit Program Application Form | #IL-SG-HP-BPA | 10/15 |
| Addendum to the Insured BPA Regarding Affiliated Companies | #MGA-10-1-ADD | 2007 |
| Benefit Plan Selection Form (For Accounts Effective 7/25/16 and after) | #GA-RSG 2016-BPS | 7/25 |
| Benefit Plan Selection Form (For Accounts Effective 7/25/16 and after) | #GA-RSG 2016-BPS | 7/25 |
| Employer Group Information Form for New Groups | IL-SG-EGI | N/A |
| Illinois Universal Application | #22997, #23071 | 12/11, 01/11 |
| HMO/ICPO Provider Selection Enrollment and Change Form | #22840 | 01/11 |
| SG Census Import Template (File must be saved before entering data) | N/A | N/A |

Note: The IL Extension Form is no longer a required document to be provided with enrollments. Please do not submit this form as part of an ACA Small Group enrollment.

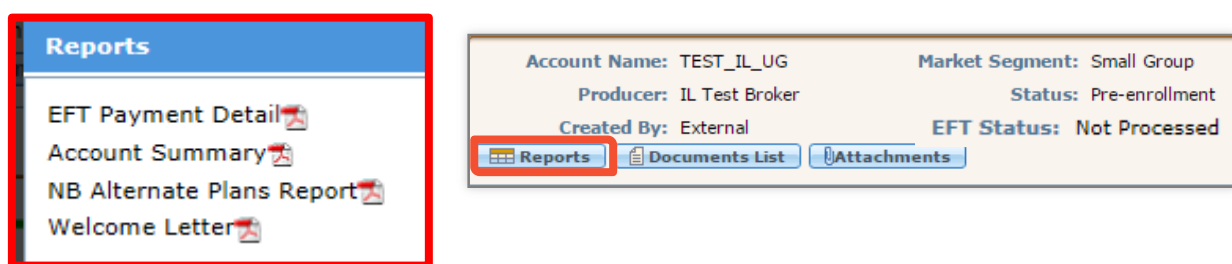
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3 How to Access and View Reports



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



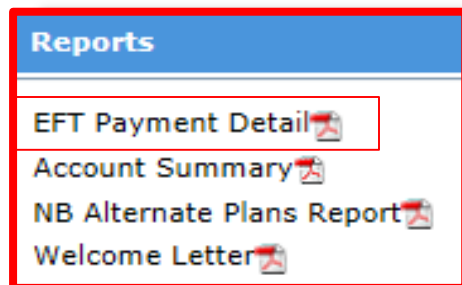
Types of documents accessible in the **Reports** list include:

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.


3 How to Access and View Reports (Contd.)




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

EFT Payment Details

The Electronic Funds Transfer (EFT) Detail report is available in the **Reports** tab. This report will capture the EFT information entered into the enrollment tool. This report is informational only and is not required to be submitted as part of the enrollment process.


BlueCross BlueShield
of Illinois



Electronic Funds Transfer Payment Details

Employer Details:

| | |
|--|-----------------------------------|
| Employer's Legal Name: TEST_IL_UG | Account Number: 191230 |
| Employer ID: 666666666 | Policy Effective Date: 10/15/2016 |
| E-Mail Address of Authorized Company Official: joe.young@company.com | Administrative Contact: Joe young |
| Address 1: 9N 737 Burlington Rd | Address 2: |
| City/Town/Village: Hampshire | State: Illinois |
| Zip Code: 60140 | Telephone#: 7822170244 |

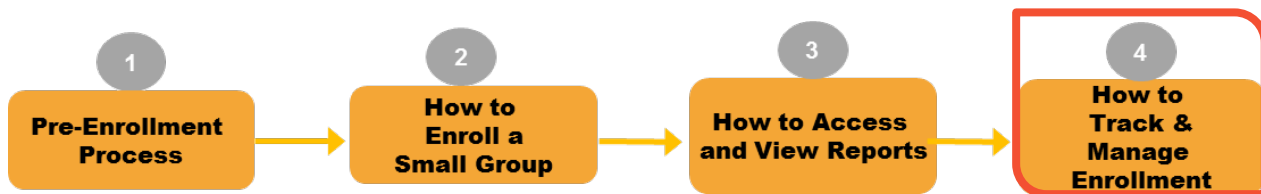
Payment Details:

| | |
|---------------------------------|--------------------------------|
| Bank Name: Testing IL | Account Holder Name: Test IL |
| Bank Account Number: XXXXXX3430 | Bank Routing Number: XXXXX6789 |
| Payment Ammount: 1000 | Transaction Number: |
| Address 1: 9N 737 Burlington Rd | Address 2: |
| City/Town/Village: Hampshire | State: Illinois |
| Zip Code: 60140 | Date: 10/09/2016 |

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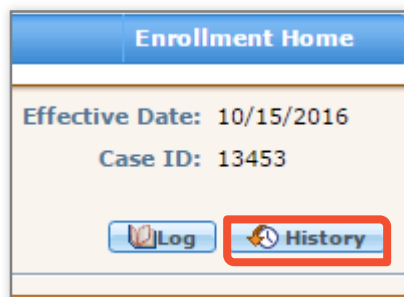
4 How to Track and Manage Enrollment

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**.



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.

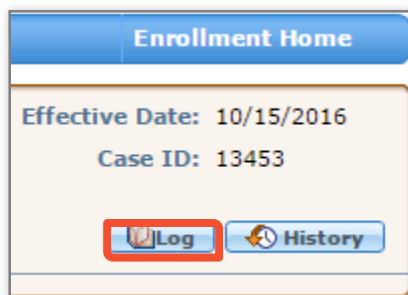
| Activity History | | | |
|---------------------------------|---|---|----------|
| Activity Date | Activity | Status | Duration |
| Activity | Status | Definition | |
| Enrollment Data Entry | Pre-enrollment | Pre-enrollment status is defined as one of the following. 1. A producer or General Agent has 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 | |
| Enrollment More Info Required | Enrollment More Info Required | UW has requested additional information and the submitter is in the process of obtaining requested information. | |
| Change enrollment data | Change enrollment data | If additional information was requested by UW, this status allows additional enrollment data to be entered | |

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

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4 How to Track and Manage Enrollment (Contd.)

I. Enrollment Status (contd.)



| Account Log | |
|---|------------------------|
| Account Name: TEST_IL_UG | Account Number: 191230 |
| Add Entry | |
| Log Entries | |
| <p>Date: 10/09/2016 23:11:27 Type: Internal Subject: Attached Completed Documents Added By: IL Test Broker Dis</p> <p>Entry: Attached the completed documents.</p> | |
| <p>Date: 10/09/2016 23:09:12 Type: Internal Subject: More Info Required Added By: Test test</p> <p>Entry: Missing/Incorrect/Incomplete Document (s)</p> | |

- 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.
- If the EFT transaction status is **Fail**, then you should view the **Log** for the reason and description as received from the payment vendor.

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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 Illinois (BCBSIL) requires additional information to continue reviewing the small employer group coverage enrollment for TEST_IL_UG Case ID #13453. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

Missing/Incorrect/Incomplete Document (s):

Benefit Plan Selection (BPS) SG 2-50 - Incomplete

Benefit Program Application (BPA) SG 2-50 - 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 contact your sales representative

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.

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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 3rd, 5th and 7th 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 “Aging Alert” email notification is below.

Blue Cross Blue Shield of Illinois (BCBSIL) requires additional information to continue reviewing the small employer group coverage enrollment for TEST_IL_UG Case ID #13453. 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)
Benefit Plan Selection (BPS) SG 2-50 - Incomplete
Benefit Program Application (BPA) SG 2-50 - 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.

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4 How to Track and Manage Enrollment (Contd.)

II. More Information Required (contd.)

“When you receive an email notification from the Underwriting team, you must access the ACA SG Enrollment Tool in eSales Tools in order to take action.”

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 displays the 'Release for Enrollment' screen in the eSales Tools interface. The account information at the top shows 'Account Name: TEST_IL_UG', 'Market Segment: Small Group', 'Account Number: 191230', and 'Effective Date: 01/01/2018'. The status is 'Enrollment More Info Required'. A 'Send to BCBS' button is highlighted in red. A confirmation dialog box is open, asking 'Are you sure you wish to send this to BCBS?' with an 'OK' button also highlighted in red. The left sidebar lists documents needed for enrollment, including Employee Application, Employer Group Info, Wage & Tax form, Benefit Plan Selection, and Benefit Program Application, all marked as 'Attached'.

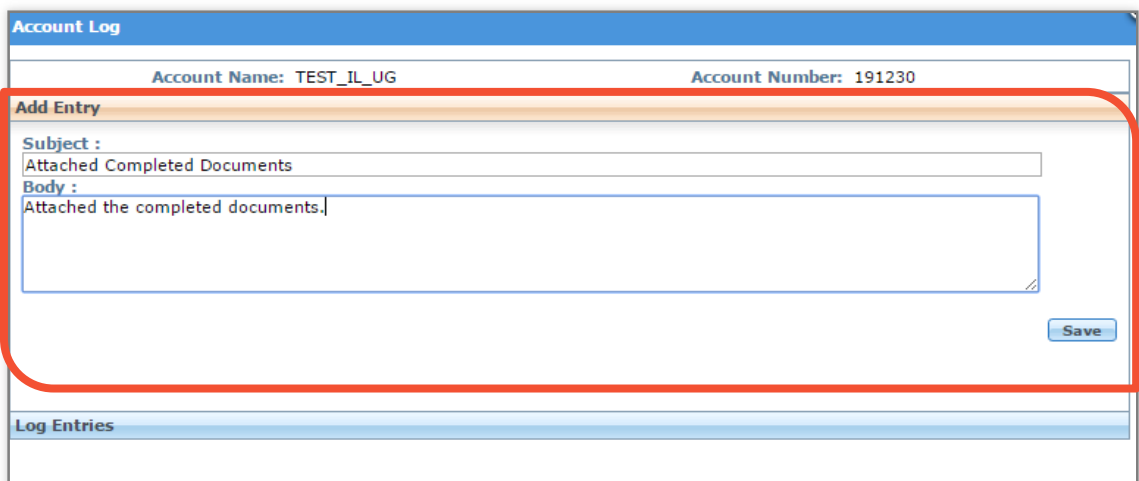
When an account is in the “More Information Required” activity, the “Send to BCBS” button will be available on all enrollment screens unless a **Data Change** is required by the Underwriter. If “**Data Change Needed**” is selected, the user will need to navigate to the **Account Summary** screen to use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

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_IL_UG Account Number: 191230

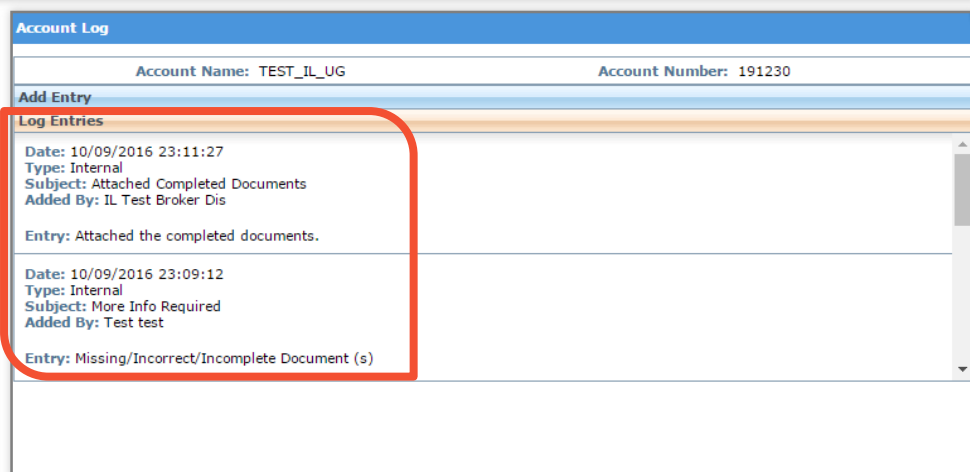
Add Entry

Subject :
Attached Completed Documents

Body :
Attached the completed documents.

Save

Log Entries



Account Log

Account Name: TEST_IL_UG Account Number: 191230

Add Entry

Log Entries

Date: 10/09/2016 23:11:27
Type: Internal
Subject: Attached Completed Documents
Added By: IL Test Broker Dis
Entry: Attached the completed documents.

Date: 10/09/2016 23:09:12
Type: Internal
Subject: More Info Required
Added By: Test test
Entry: Missing/Incorrect/Incomplete Document (s)

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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.


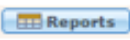

Sample 'Enrollment Approved' email below.

Blue Cross and Blue Shield of Illinois (BCBSIL) has approved TEST_IL_UG for small group employer coverage with an effective date of 10/15/2016.

BCBSIL 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.bcsc.net/producers/login>

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


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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. (For effective dates up to 12/1/2017)

| | | | |
|--|----------------|--|---------------------|
| Welcome Letter | |  BlueCross BlueShield of Illinois | |
| October 09, 2016 IL Test Broker 123 Main St. Chicago, IL 60601 | | | |
| RE: TEST_IL_UG Account #: 191230 Effective Date: 10/15/2016 | | | |
| Dear Joe young: Welcome to Blue Cross and Blue Shield of Illinois! Your Account Number is: 191230 | | | |
| The following reflects the terms of the benefit program you have chosen. These premium rates are effective October 15, 2016 and are guaranteed for 12 months. Your renewal date will be October 15, 2017. Payment of the first premium payment due under the Policy constitutes your acceptance of the terms specified in this letter. | | | |
| General Information: | | | |
| COBRA: N | COBRA Admin: N | County: Kane | Domestic Partner: N |
| Benefit Summary: | | | |
| Group# PE0597; PPO (Participating Provider Options) Network - PPO Plans - P500PPO: 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%/50% Ped Dental In/Out | | | |
| Group# PE0599; PPO (Participating Provider Options) Network - PPO Plans - G515PPO: GOLD Plan; \$40/\$60 Office Copay/Specialist; \$500/\$1000 DED In/Out; 80%/60% Coins In/Out; NA Coins Stoploss In/Out; \$15/\$30/\$50 Pharmacy; \$400/80% ER Copay/ER Coins; \$75 Urgent Care Copay; \$200/\$300 IP In/Out; \$150/\$250 OP Surg In/Out; 70%/50% Ped Dental In/Out | | | |
| Your enrollment information, including member applications, is being processed. Member ID cards will be mailed to your employees' home address direct. A Welcome kit and your first bill(s) will be mailed to you in the next few weeks. If you submitted one binder check for health, life and/or HMO dental coverage, we will have allocated the amount of the check across all lines of coverage you selected. The amount stated on your first Blue Cross bill will represent the allocation for all health lines. If you sign up for Blue Access® for Employers, our Online Bill Payment feature will enable you to review, update, and pay your bills online. | | | |

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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. (For effective dates 1/1/2018 and future)

Welcome Letter



**BlueCross BlueShield
of Illinois**

September 29, 2017
BAP IL Test
123 Main St.
Chicago, IL 60601

RE: AMY IL9.29EXT
Account #: 216649
Effective Date: 01/01/2018

Dear BABS:

Welcome to Blue Cross and Blue Shield of Illinois! Your Account Number is: 216649

The following reflects the terms of the benefit program you have chosen. These premium rates are effective January 01, 2018 and are guaranteed for 12 months. Your renewal date will be January 01, 2019. Payment of the first premium payment due under the Policy constitutes your acceptance of the terms specified in this letter.

General Information:

| | | | |
|----------|----------------|--------------|---------------------|
| COBRA: Y | COBRA Admin: Y | County: Kane | Domestic Partner: Y |
|----------|----------------|--------------|---------------------|

Benefit Summary:

| |
|---|
| Group# : Blue Choice Preferred PPO - HSA Plans - G533BCE: GOLD Plan; NA/NA Office Copay/Specialist; \$2700/\$5400 DED In/Out; 90%/80% Coins In/Out; NA Coins Stoploss In/Out; 80%/80%/70%/60%/60%/50% Non-Preferred Rx; NA ER Copay/ER Coins; NA/NA IP In/Out; NA/NA OP Surg In/Out; 70%/50% Ped Dental In/Out |
| Group# : Blue PPO - PPO Plans - G531PPO: GOLD Plan; \$20/\$60 Office Copay/Specialist; \$1500/\$3000 DED In/Out; 80%/50% Coins In/Out; NA Coins Stoploss In/Out; \$10/\$20/\$55/\$95/\$150/\$250 Non-Preferred Rx; NA ER Copay/ER Coins; \$200/\$300 IP In/Out; \$150/\$250 OP Surg In/Out; 70%/50% Ped Dental In/Out |
| Group# : Blue PPO - HSA Plans - G533PPO: GOLD Plan; NA/NA Office Copay/Specialist; \$2700/\$5400 DED In/Out; 90%/80% Coins In/Out; NA Coins Stoploss In/Out; 80%/80%/70%/60%/60%/50% Non-Preferred Rx; NA ER Copay/ER Coins; NA/NA IP In/Out; NA/NA OP Surg In/Out; 70%/50% Ped Dental In/Out |
| Group# : Blue Choice Preferred PPO - PPO Plans - S531BCE: SILVER Plan; \$30/\$50 Office Copay/Specialist; \$4000/\$8000 DED In/Out; 80%/50% Coins In/Out; NA Coins Stoploss In/Out; \$10/\$20/\$70/\$120/\$150/\$250 Non-Preferred Rx; NA ER Copay/ER Coins; \$250/\$350 IP In/Out; \$200/\$300 OP Surg In/Out; 70%/50% Ped Dental In/Out |
| Group# : Blue Precision HMO Network - HMO Plans - G533PSN: GOLD Plan; \$30/\$50 Office Copay/Specialist; \$4000 DED In/Out; 80% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$50/\$100/\$150/\$250 Non-Preferred Rx; NA ER Copay/ER Coins; \$200 IP In/Out; \$150 OP Surg In/Out; 70% Ped Dental In/Out |
| Group# : Blue Precision HMO Network - HMO Plans - S531PSN: SILVER Plan; \$35/\$55 Office Copay/Specialist; \$2000 DED In/Out; 80% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$50/\$100/\$150/\$250 Non-Preferred Rx; NA ER Copay/ER Coins; \$750 IP In/Out; \$500 OP Surg In/Out; 70% Ped Dental In/Out |

Your enrollment information, including member applications, is being processed. Member ID cards will be mailed to your employees' home address direct. A Welcome kit and your first bill(s) will be mailed to you in the next few weeks. Your one time binder payment will only apply to the Health and Dental plans purchased. The initial premium for Life products, if purchased, will be requested on the first bill from Dearborn National. If you sign up for Blue Access® for Employers, our Online Bill Payment feature will enable you to review, update, and pay your bills online.

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4 How to Track and Manage Enrollment (Contd.)

III. Underwriting Approval Received (contd.)

Temporary ID Cards: An email notification is sent to the Producer when ID cards are released, indicating that temporary ID cards are available.

Sample 'ID Cards Released' email notification is below.

Membership processing for TEST_IL_UG (Account # 191230) 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 contact your sales representative.

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.

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4 How to Track and Manage Enrollment (Contd.)

III. Underwriting Approval Received

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


















| Enrollment | | | Enrollment Home | |
|--------------------------|-------------------------------------|-----------------------------|----------------------------|-------------------------|
| Account Name: TEST_IL_UG | Market Segment: Small Group | Account Number: 191230 | Effective Date: 10/15/2016 | |
| Producer: IL Test Broker | Status: Enrollment Completed | Quote Number: NA | Case ID: 13453 | |
| Created By: External | EFT Status: Success | | | |
| Reports | Documents List | Attachments | Log | History |

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 your Sales Representative if you have questions regarding a case that is not approved.

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 enrollment tool. 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 | Division | Status | Last Activity | |
|  View AMATEST IL 0928 AGING | 183235 | 10/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 09/29/2016 | |
|  View AMATEST_TAMMY_0628_IL_EXT | 180046 | 07/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 10/05/2016 | |
|  View TESTING EXT | 180061 | 07/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 09/15/2016 | |
|  View TEST EMAIL | 181448 | 09/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 09/21/2016 | |
|  View AMATEST IL 0922 INT | 183075 | 10/01/2016 | e Broker Quote | IL | Enrollment More Info Required | 09/22/2016 | |
|  View JOHN'S PET SHOP, INC | 182847 | 10/01/2016 | Owen, Kevin | IL | Pending UW review | 09/18/2016 | |
|  View AMA TEST | 182997 | 09/15/2016 | Owen, Kevin | IL | Pending UW review | 09/20/2016 | |
|  View AMATEST IL 1009 EXT | 191237 | 11/01/2016 | Owen, Kevin | IL | Pending UW review | 10/09/2016 | |
|  View TEST_EXT_IL_DOC_HM_1003 | 183348 | 10/01/2016 | Owen, Kevin | IL | Pending UW review | 10/03/2016 | |
|  View AMATEST IL 1006 EXT | 183441 | 11/01/2016 | Owen, Kevin | IL | Pending UW review | 10/06/2016 | |
|  View AMATEST IL 0817 EXT | 181219 | 09/01/2016 | Owen, Kevin | IL | Pending UW review | 08/17/2016 | |
|  View AMATEST PAT EX 0817 - 2 | 181263 | 09/01/2016 | Owen, Kevin | IL | Pending UW review | 08/17/2016 | |
|  View TEST_EXT_IL_HM_0927 | 183199 | 09/15/2016 | Owen, Kevin | IL | Pending UW review | 09/27/2016 | |
|  View TESTING IL WOQ EXT | 181562 | 01/01/2016 | Owen, Kevin | IL | Pending UW review | 08/22/2016 | |
|  View AMTEST HM9/5 | 181560 | 01/01/2016 | Owen, Kevin | IL | Pending UW review | 08/22/2016 | |
|  View TEST_EXT_IL_HM0822 | 181625 | 08/15/2016 | Owen, Kevin | IL | Pending UW review | 08/30/2016 | |
|  View TEST_IL_EXTERNAL_05122016 | 190539 | 06/01/2016 | Owen, Kevin | IL | Release ID cards | 09/15/2016 | |

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.)

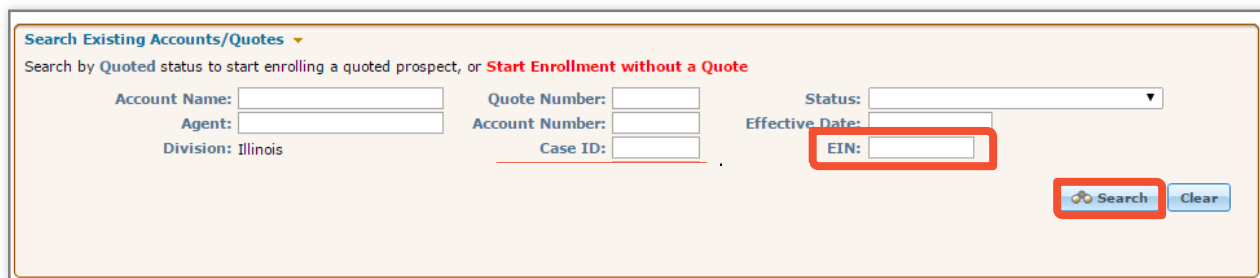
The **Recently Accessed** section lists all the enrollments that you have searched and viewed. This could be a combination of cases enrolled by yourself or by BCBS.

| Recently Accessed | | | | | | |
|--|----------------|-------------------------|----------|-------------------------------------|---------------|--|
| Account | Effective Date | Sales Executive | Division | Status | Last Activity | |
|  View TEST_IL_UG | 10/15/2016 | Owen, Kevin | IL | Enrollment Completed | 10/09/2016 | |
|  View AMATEST IL 1009 EXT | 11/01/2016 | Owen, Kevin | IL | Pending UW review | 10/09/2016 | |
|  View AMATEST IL 005 | 01/01/2017 | Minnaert, Jillene F | IL | Pre-enrollment | 10/09/2016 | |
|  View IL_UG | 10/15/2016 | Owen, Kevin | IL | Pre-enrollment | 10/09/2016 | |
|  View SYS Account Name Place Holder | - | | IL | Pre-enrollment | 10/07/2016 | |
|  View TEST EFT PAYMENT | 12/01/2016 | Owen, Kevin | IL | Enrollment Internal Action Required | 10/07/2016 | |
|  View AMATEST SS | 11/01/2016 | Owen, Kevin | IL | Pre-enrollment | 10/07/2016 | |
|  View AMATEST IL 1007 RC EXT | 11/01/2016 | Resource Brokerage, LLC | IL | Release ID cards | 10/07/2016 | |
|  View AMATEST IL 003 | 01/01/2017 | Minnaert, Jillene F | IL | Pre-enrollment | 10/07/2016 | |
|  View AMATEST IL 002 | 01/01/2017 | Minnaert, Jillene F | IL | Pre-enrollment | 10/06/2016 | |
|  View SYS Account Name Place Holder | - | | IL | Pre-enrollment | 10/06/2016 | |
|  View AMATEST IL 0928 AGING | 10/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 10/06/2016 | |
|  View AMATEST IL 0922 INT | 10/01/2016 | e Broker Quote | IL | Enrollment More Info Required | 10/06/2016 | |
|  View TEST EMAIL | 09/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 10/06/2016 | |
|  View TESTING EXT | 07/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 10/06/2016 | |
|  View AMATEST IL 1006 EXT | 11/01/2016 | Owen, Kevin | IL | Pending UW review | 10/06/2016 | |
|  View AMATEST_TAMMY_0628_IL_EXT | 07/01/2016 | Owen, Kevin | IL | Enrollment More Info Required | 10/05/2016 | |
|  View IL TESTING | 10/01/2016 | Owen, Kevin | IL | Pre-enrollment | 10/05/2016 | |
|  View AMATEST_IL_09302016_1 | 11/01/2016 | Owen, Kevin | IL | Enrollment Internal Action Required | 10/05/2016 | |
|  View SYS Account Name Place Holder | - | | IL | Pre-enrollment | 10/05/2016 | |

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4 How to Track and Manage Enrollment (Contd.)

Search Functionality



The screenshot shows a web form titled "Search Existing Accounts/Quotes" with a dropdown arrow. Below the title is a red instruction: "Search by Quoted status to start enrolling a quoted prospect, or **Start Enrollment without a Quote**". The form contains several input fields: "Account Name:", "Agent:", "Division: Illinois", "Quote Number:", "Account Number:", "Case ID:", "Status:" (with a dropdown arrow), "Effective Date:", and "EIN:". The "EIN:" field is highlighted with a red rectangle. At the bottom right, there is a "Search" button with a magnifying glass icon and a "Clear" button.

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

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:

ACASmallGroupEnrollmentSupport@bcbsil.com

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