

BLUESENROLL Guide

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



REGISTERING FOR BLUESENROLL

It's easy to go paperless and manage your plan with BluesEnroll, which is available to accounts of any size. You can process enrollment, create reports, and access online resources 24/7.

FEATURES:

- Process all enrollment transactions online in real time (enrollment, cancellation, transfer)
- View all plan enrollment in one location
- Create log-in IDs for employees to choose their benefits through the tool
- Access online training videos: https://www.benefitfocusmedia.com/content/bcbsma/customer-video-library
- Download or view over 40 different reports

HELPFUL INFORMATION:

- Complete the BluesEnroll installation form and send to <u>blue.enroll@bcbsma.com</u>.
 (Note: If you send an Electronic Enrollment file, you aren't eligible to register for BluesEnroll.)
- Please include all active group numbers on the form. If you can't fit the numbers in the space available, attach your group structure. You can obtain the group structure from your Account Executive.
- Under **Eligibility and Termination**, please note that the default is a zero-day waiting period for new hires and terminations. If you have a waiting period, please document it in this section. If your waiting period is 60 days, BluesEnroll can automate enrollment for the subscriber. For example, if an employee is hired on 1/1, BluesEnroll can automate their effective date to 3/1.
- Under **Employee Contributions**, only complete this section if you want to set up **Employee Self Service**. If you do want **Employee Self Service**, you can enter their contributions here and it will display on the tool when employees select their plans. Note: To display rates, we need the employee monthly rate per plan, product, and coverage levels (individual, 2 party, family), as well as pay frequency.
- Complete your registration, and the BluesEnroll team will send instructions on how employees can self-register for the tool.



TABLE OF CONTENTS

| How to Enroll a Newly-Eligible Employee in a Blue Cross Blue Shield of Massachusetts Plan | 4 |
|--|----|
| How to Enroll an Employee in an HSA Plan Through HealthEquity® | 7 |
| How to Enroll an employee in an FSA, Dependent Care FSA, and/or Limited Purpose FSA, | |
| In Addition to Their Medical Plan | 10 |
| How to Enroll an Employee Without a Medical Plan in an FSA, Dependent Care FSA, or Limited Purpose FSA | 15 |
| How to Terminate an Employee on Your Plan | 19 |
| How to Cancel an Employee on Your Plan | 21 |
| How to Cancel Only One Member of an Employee's Family on Your Plan | 23 |





HOW TO ENROLL A NEWLY-ELIGIBLE EMPLOYEE IN A BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PLAN

1. From the home page, click **Employees** on the left-hand side.

| MASSACHUSETT: | 3 | Blues <i>Erroll</i> | | | |
|---------------------|-------------------------|---------------------|----|--|---|
| A Home | Welcome | | | | |
| iii Employees | Q Search by Name or SSN | 1 | Go | | Additional tools |
| .til | | | | | COBRA Manager > |
| Data & Reporting | To-do list | | | | Find Medicare Eligible > |
| Content | View by: All Tasks • | | | | Job Status > |
| Manager | There are no tasks. | | | | Announcements |
| اطط Resources | | | | | Cancellations: |
| Group Settings | Benefit Participation | | | | Blue Cross Blue Shield of Massachusetts is a 'to-date' system, where coverage ends at midnight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Click Add a new employee in the upper right-hand corner.

| MASSACHUSET | rs | BluesEnres |
|--------------------------|--|---|
| Ame Home | Q Search by Name or SSN | ✓ Go |
| i ii Employees | Employees | Add a new employee |
| Data & Reporting | Advanced Search | Search Tips |
| Content Manager | Search Name or SSN | Last Name Show ¥ |
| Resources | Employee Status Include employees who are | Last Name, First Name Hide 余 Preferred Search Method Search by placing a comma between the Last Name |
| Group Settings | Retired | and First Name Example: "Johnson, A" Search result examples: Allen Johnson |

3. Add your employee's demographic information.

| MASSACHUSET | TS | | | | Blues Erres II* | |
|---------------------|--|-------------------------|--------------|---|-----------------|--|
| A Home | SSN* First* / Middle / Last* / | / Suffix | | v | | |
| 讲 Employees | Preferred Name (if dif Date of Birth* | ferent from first name) | (| | | |
| Data & Reporting | Gender* Race (Optional) | | Male Male | | | |
| Content Manager | Address 1* Address 2 | 1 Enterprise Dr | | | | |
| Resources | City* State / Province* ZIP / Postal code* | Quincy MA v 02171 | | | | |



4. Registering the employee for user access is optional. If you're going to enroll all of your employees, select **Do not create a login account for this person**. Make sure to include the employee's hire date. Click **Save**.

| MASSACHUSET | s BluesErreg// | |
|---------------------|--|--|
| A Home | Login Enablement Do not create a login account for this person v | |
| iii Employees | Work Information Hire Date* 04/29/2020 04/29/2020 04/29/2020 | |
| .11 | Earnings S Include base salary only | |
| Data & Reporting | Pay Frequency v | |
| Content | Hours Worked per Week Employer Assigned ID | |
| Manager | Tefra* No v | |
| Resources | Retired Employee | |
| Group Settings | Cancel without Saving Save and Add Another Employee Save | |

5. Select the plan the employee is going to enroll in and click Next.

| MASSACHUSET | TS | Blues <i>Engg</i> //* |
|---------------------|--|---|
| A Home | Benefit eligibility | BCBSMA PLANS 2020 |
| iţi | C Employee History | Plan |
| Employees | EMPLOYEE REPORTS Employee Detail Report | Standalone Financial Services Plan(s)* |
| Data & Reporting | Employee Benefit Summary Report | Preferred Blue PPO Saver \$1500 Deductible Preferred Blue PPO \$500 Deductible [®] |
| Content Manager | | HMO Blue NE Value Plus [®] Decline Coverage Decline coverage for this person |
| Resources | | Next |

6. Select the coverage level for the employee and click Next.

| MASSACHUSET | TS | | Blu | uesEnreall" |
|---------------------|---|--|-------------------------------------|-------------|
| A Home | Benefit eligibility | BCBSMA PLANS 2020 | | |
| iii | C Employee History | Medical | Accepted | Edit |
| Employees | EMPLOYEE REPORTS | Plan | Preferred Blue PPO \$500 Deductible | Edit |
| Data & Reporting | Employee Benefit Summary Report | Coverage Level Select a Coverage Level for Pre | ferred Blue PPO \$500 Deductible | |
| 1 | | Employee Only | | |
| Content Manager | | Employee and Spouse | | |
| m | | Employee and Child(ren) Employee and Family | | |
| Resources | | Decline Coverage | | |
| ۰° | | Decline coverage for this emp | loyee | |
| Group Settings | | Next | | |



7. Verify the employee's effective date. The Effective Date field is editable and defaults to your custom settings.

| MASSACHUSETTS | | | BluesE | ₩0 [™] |
|--------------------------|---|-------|--------------|-------------------|
| A Home | Persons Covered | | | |
| i †i Employees | Name | | Relationship | |
| .61 | | | | |
| Data & Reporting | Medicare | None | | Edit |
| Content | Additional Insurance | None | | Edit |
| Manager Resources | Effective Date Enter an effective date.* | /2020 | | |
| o° | Next | | | |

8. Verify the employee's selections and click **Save**.

| | TC | | | | BluesEr | ₩ <u>0</u> ″ | |
|--------------------|--|--|---|----------------|---------|--------------------------------|--------------------|
| | Overview | Current Ponofit | ta | | | | |
| Home | Benefit details Benefit eligibility | BCBSMA PLANS 2020 | lS | | | | |
| Employees | C Employee History | Medical | | | | | |
| Data & | EMPLOYEE REPORTS | You may edit this benefit by clic Medical | king on the section's corresponding Accepted | j Edit button. | Edit | Monthly Premium Co | ost Summary |
| Reporting | Employee Benefit Summary Report | Plan | Preferred Blue PPO \$500 D | eductible | Edit | Total Premium Employee Cost | \$546.98 \$0.00 |
| Content Manager | | Coverage Level | Employee Only | | Edit | | |
| Resources | | Persons Covered | | | | | |
| ~ | | Name | | Relationship | | | |
| Group Settings | | | | Subscriber | | | |

9. The employee is now active and their benefit selections will appear on the next page.

| MASSACHUSET | TS | | BluesEntroll" |
|---------------------|--|---|-------------------|
| A Home | | Q Search by Name or SSN | ♥ Go |
| iii Employees | | | Manage employee 🗸 |
| Data & Reporting | | has 0 pending tasks | |
| Content Manager | Benefit eligibility Employee History | Benefits Snapshot | |
| Resources | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | Medical Preferred Blue PPO \$500 Deductible Employee Only Effective as of 04/29/2020 Dental Coverage Declined | \$0.00 Monthly |
| | | | |

For a complete video demo of how to add an employee, visit: <u>https://www.benefitfocusmedia.com/content/bcbsma/customer-video-library</u>



HOW TO ENROLL AN EMPLOYEE IN AN HSA THROUGH HEALTHEQUITY®:

1. From the home page, click **Employees** on the left-hand side.

| MASSACHUSETT | 6 | Blues Erreg//* |
|---------------------|---|---|
| ☆ Home | Welcome | |
| iii Employees | Q Search by Name or SSN V Go | Additional tools |
| .til | | COBRA Manager > |
| Data & Reporting | To-do list | Find Medicare Eligible > |
| Content | View by: All Tasks v | Job Status > |
| Manager | Work | Announcements |
| Resources | 4 Employees and/or Dependents with Invalid Data | Cancellations: |
| Group Settings | Current Benefits | Blue Cross Blue Shield of Massachusetts is a 'to-date' system, where coverage ends at midnight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Click Add a new employee in the upper right-hand corner.

| MASSACHUSETT | rs | | Blues Engre |
|---------------------|--|-------------------------|--|
| A Home | | Q Search by Name or SSN | ✓ Go |
| iii Employees | Employees | | Add a new employee |
| Data & Reporting | Advanced Search | | Search Tips |
| Content Manager | Search Name or SSN | arch | Last Name Show & |
| Resources | Employee Status Include employees who are Active | | Preferred Search Method Search by placing a comma between the Last Name and First Name |
| Group Settings | Retired | | Example: "Johnson, A" Search result examples: Allen Johnson |

3. Add your employee's demographic information.

| MASSACHUSET | TS | | Blues <i>Enreg</i> //* |
|---------------------|---------------------------------|-------------------------|------------------------|
| A Home | SSN* First* / Middle / Last* | / Suffix | |
| iji | Preferred Name (if dif | ferent from first name) | |
| -III | Gender* | | Male • |
| Data & Reporting | Race (Optional) | | Please Select v |
| Content Manager | Address 1* | 1 Enterprise Dr | |
| Resources | City* | Quincy | |
| ¢° | State / Province* | MA v | |
| Group Settings | Country* | USA V | |



4. On the next screen, select the applicable Qualified High Deductible Health Plan and click Next.

| MASSACHUSET | TS | Blues <i>Ennes</i> // |
|---------------------------------|--|---|
| A Home | | Manage employee 🗸 |
| iii | Overview | |
| Employees | 😘 Benefit details | Current Benefits |
| Data & Reporting | Benefit eligibilityEmployee History | Plan |
| Content Manager Resources | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | Select A Plan Onered by Blue Cross Blue Shield of Massachusetts Standalone Financial Services Plan(s) [®] Preferred Blue PPO Saver \$1500 Deductible Preferred Blue PPO \$500 Deductible [®] HMO Blue NE Value Plus [®] Decline Coverage |
| Group Settings | | Decline coverage for this person Next |

5. Select the coverage level for the employee and click **Next**.

| MASSACHUSET | TS | | | Blues Erreg/1" | |
|---------------------|--|---|--|----------------|------|
| Home | Overview | | | | _ |
| | n Benefit details | Current Benefits | | | |
| Employees | Benefit eligibility | BCBSMA PLANS 2020 | | | |
| .11 | C Employee History | Medical | Accepted | | Edit |
| Data & Reporting | EMPLOYEE REPORTS Employee Detail Report | Plan | Preferred Blue PPO Saver \$1500 Deductible | | Edit |
| Content Manager | Employee Benefit Summary Report | Coverage Level Select a Coverage Level for Preferred Blue Employee Only | PPO Saver \$1500 Deductible | | |
| اطط Resources | | Employee and Spouse Employee and Child(ren) | | | |
| Group Settings | | Employee and Family Decline Coverage | | | |

6. Verify the employee's effective date.

The Effective Date field is editable and defaults to your custom settings.

| MASSACHUSET | TS | | | Blues Entroll" | |
|---------------------|------------------------------------|---|---------------|----------------|------|
| A Home | Employee Benefit Summary Report | Coverage Level | Employee Only | | Edit |
| iji | | Persons Covered | | | |
| Employees | | Name | | Relationship | |
| Data & Reporting | | | | | |
| Content | | Medicare | None | | Edit |
| Manager | | Additional Insurance | None | | Edit |
| Resources | | Effective Date Enter an effective date.* 05/04/2020 | | | |
| Group Settings | | Next | | | |



7. On the next page, select HSA - Health Savings Account and click Next.

| MASSACHUSET | тs | | | Blues Erres II |
|---------------------------------|--|--|-------------------------|---|
| Aome | | | Q Search by Name or SSN | ✓ Go Manage employee ✓ |
| Data & Reporting | Overview Benefit details Benefit eligibility | Current Benefits BCBSMA PLANS 2020 | | |
| Content Manager Resources | Employee History EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary | Plan *Select A Plan Offered By HealthEquity B HSA - Health Savings Account Decline Coverage | | |
| Group Settings | Report | Decline coverage for this person Next | | |

8. Verify the employee's HSA effective date.

The Effective Date field is editable and defaults to your custom settings.

| MASSACHUSET | TS | | | BluesErregI/" |
|---------------------|--|---------------------------------------|------------------------------|-------------------|
| A Home | | | | Manage employee V |
| :41 | Overview | | | |
| Employees | Benefit details | Current Benefits BCBSMA PLANS 2020 | | |
| .11 | No. Benefit eligibility | | | |
| Data & Reporting | O Employee History | Health Savings Account (HSA) | Accepted | Edit |
| Ċ | EMPLOYEE REPORTS Employee Detail Report | Participating In | HSA - Health Savings Account | |
| Content Manager | Employee Benefit Summary Report | Effective Date | | |
| m | | Enter an effective date.* 05/04/2020 | | |
| Resources | | Next | | |

9. Verify the employee's selections and click **Save**.

| MASSACHUSET | TS | | | | BluesEr | ₩6 " Э |
|--------------------|---|---|---|---------------|---------|---|
| A Home | Benefit details | Current Benefi BCBSMA PLANS 2020 | its | | | |
| Employees | Benefit eligibility Employee History | Medical | | | | |
| Data & | EMPLOYEE REPORTS Employee Detail Report | You may edit this benefit by cli Medical | cking on the section's corresponding Edit Accepted | it button. | Edit | Monthly Premium Cost Summary Rates for this benefit are not available |
| Reporting | Employee Benefit Summary Report | Plan | Preferred Blue PPO Saver \$150 | 00 Deductible | Edit | |
| Content Manager | | Coverage Level | Employee Only | | Edit | |
| m | | Persons Covered | | | | |
| Resources | | Name | Re | elationship | | |
| Group Settings | | | | | | |

10. The employee is now enrolled in the High Deductible Health Plan. The employee's HSA eligibility won't show as active in the HealthEquity portal until the following morning.



HOW TO ENROLL AN EMPLOYEE IN AN FSA, DEPENDENT CARE FSA, AND/OR LIMITED PURPOSE FSA, IN ADDITION TO THEIR MEDICAL PLAN

1. From the home page, click **Employees** on the left-hand side.

| MASSACHUSETT: | 5 | | | Blues Erroll" |
|--------------------------|---|---|----|---|
| A Home | Welcome | | | |
| i ii Employees | Q Search by Name or SSN | • | Go | Additional tools |
| .Iul | | | | COBRA Manager > |
| Data & Reporting | To-do list | | | Find Medicare Eligible > |
| Content | View by: All Tasks * | | | Job Status > |
| Manager | Work | | | Announcements |
| Resources | 4 Employees and/or Dependents with Invalid Data | | | Cancellations: |
| Group Settings | Current Benefits | | | Silve Cross Blue amend of massachusetts is a 'to-date' system, where coverage ends at midnight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Click **Add a new employee** in the upper right-hand corner. Then, add your employee's demographic information.

| MASSACHUSET | TS | | Blues <i>Enres</i> //~ |
|--------------------------|--|-------------------------|------------------------|
| A Home | SSN* First* / Middle / Last* | / Suffix | |
| i ii Employees | Preferred Name (if dif Date of Birth* | ferent from first name) | 07/14/1976 |
| Data & Reporting | Gender* Race (Optional) | | Male Please Select |
| Content Manager | Address 1* Address 2 | 1 Enterprise Dr | |
| Resources | City* | Quincy | |
| Group Settings | ZIP / Postal code* | 02171 | |
| | Country* | USA 🔻 | |

3. Select the medical plan the employee is enrolling in and click **Next**.

| MASSACHUSET | TS | BluesEngell |
|---------------------|--|---|
| A Home | Benefit eligibility | BCBSMA PLANS 2020 |
| iți | C Employee History | Plan 'Select A Plan Offered By Blue Cross Blue Shield of Massachusetts |
| Employees | EMPLOYEE REPORTS Employee Detail Report | Standalone Financial Services Plan(s)* |
| Data & Reporting | Employee Benefit Summary Report | Preferred Blue PPO Saver \$1500 Deductible Preferred Blue PPO \$500 Deductible [®] |
| Content Manager | | HMO Blue NE Value Plus [®] Decline Coverage Decline coverage for this person |
| Resources | | Next |



4. Select the coverage level for the employee and click **Next**.

| MASSACHUSET | TS | | Blue | sEmoli |
|--------------------|--|--|--|--------|
| A Home | EMPLOYEE REPORTS Employee Detail Report | Plan | Preferred Blue PPO \$500 Deductible | Edit |
| iii Employees | Report | Coverage Level Select a Coverage Level fo | or Preferred Blue PPO \$500 Deductible | |
| .1.1 | | Employee OnlyEmployee and Spouse | | |
| Reporting | | Employee and Child(rerEmployee and Family | 1) | |
| Content Manager | | Decline Coverage Decline coverage for this | is employee | |
| Resources | | Next | | |

5. Verify the employee's effective date. The **Effective Date** field is editable and defaults to your custom settings.

| MASSACHUSET | TS | | | BluesErroll |
|---------------------|---|------------|--------------|-------------|
| A Home | Name | | Relationship | |
| iii Employees | | | | |
| .1.1 | Medicare | None | | Edit |
| Data & Reporting | Additional Insurance | None | | Edit |
| Content Manager | Effective Date Enter an effective date.* | 05/04/2020 | | |
| Resources | Next | | | |

6. On the next page, select FSA – Flexible Spending Account and click Next.

| MASSACHUSET | TS | Blues Erreg/l" |
|---------------------------------|--|--|
| Â | 77 1-01-2200 | |
| Home | Overview | |
| iţi | 😘 Benefit details | Current Benefits |
| Employees | Benefit eligibility | BCBSMA PLANS 2020 |
| Data & | C Employee History | Plan |
| Reporting Content Manager | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | *Select A Plan Offered By HealthEquity Image: FSA - Flexible Spending Account Decline Coverage Image: Decline coverage for this person |
| Resources | | Next |
| Group Settings | Blue Cross Blue Shield of Ma Blue Shield Association. ® Registered Marks of the Bl © 2020 Blue Cross and Blue | ssachusetts is an Independent Licensee of the Blue Cross and le Cross and Blue Shield Association. Shield of Massachusetts, Inc., and Blue Cross and Blue Shield |
| javascript:if(aua()) | {onClickPlanChoiceNextButton();nomor | Document14 - Word |
| م 🗄 | e 🛃 🥵 🧿 | 🗞 🗉 🗉 🗉 🔲 📕 📕 🐖 🐖 🎂 🛞 💓 \land 🦉 🗟 📼 🍕 ላ 💈 |



7. Enter the contribution amount and click **Next**.

| MASSACHUSET | TTS | | Blues Errey // | W |
|---------------------|--|---|--|------|
| A Hama | Benefit eligibility | BCBSMA PLANS 2020 | | |
| iii | C Employee History | Health FSA | Accepted | Edit |
| Employees | EMPLOYEE REPORTS | Plan | FSA - Flexible Spending Account | |
| Data & Reporting | Employee Detail Report Employee Benefit Summary Report | Premium Deduction | The premium will be deducted on a pre-tax basis. | |
| Content Manager | | Health FSA Contribution Amount* You can contribute between \$1.00 and \$2 | 2,650.00 per plan year. | |
| Resources | | Next | | |

8. Verify the employee's FSA effective date.

| MASSACHUSET | TS | | | Blues Erred II" |
|---------------------|--|---|--|-----------------|
| 合 | Senefit eligibility | DEDSINA PLANS 2020 | | |
| Home | C Employee History | Health FSA | Accepted | Edit |
| 讲 Employees | EMPLOYEE REPORTS Employee Detail Report | Plan | FSA - Flexible Spending Account | |
| Data & Reporting | Employee Benefit Summary Report | Premium Deduction | The premium will be deducted on a pre-tax basis. | |
| (A) | | Contribution Amount | \$1500.00 Per Plan Year | Edit |
| Content Manager | | Effective Date Enter an effective date.* 05/04/2020 | | |
| Resources | | Next | | |

9. Select Dependent Flexible Spending Account and click Next.

| MASSACHUSET | TS | Blues Errey//~ |
|---------------------------------|--|--|
| A Home | | |
| iii Employees | Benefit details | Current Benefits BCBSMA PLANS 2020 |
| Data & | Benefit eligibility Employee History | Plan |
| Reporting Content Manager | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | *Select A Plan Offered By HealthEquity |
| Resources | | Next |



10. Enter the contribution amount and click **Next.**

| MASSACHUSET | TS | | | BluesErrell" |
|---------------------|---|---|--|--------------|
| A Home | Benefit eligibility | BCBSMA PLANS 2020 | | |
| iţi | C Employee History | Dependent Care FSA | Accepted | Edit |
| Employees | EMPLOYEE REPORTS | Plan | Dependent Fexible Spending Account | |
| Data & Reporting | Employee Benefit Summary Report | Premium Deduction | The premium will be deducted on a pre-tax basis. | |
| Content Manager | | DCAP Contribution Amount Contribution Amount* You can contribute between \$1.00 and \$5,000 | .00 per plan year \$ 5000.00 | |
| Resources | | Next | | |

11. Verify the employee's Dependable Care Flexible Spending Account effective date and click Next.

| MASSACHUSET | TTS | | BluesEng | şll" |
|---------------------|--|---|--|------|
| A Home | C Employee History | Dependent Care FSA | Accepted | Edit |
| iii Employees | EMPLOYEE REPORTS Employee Detail Report | Plan | Dependent Fexible Spending Account | |
| .ul | Report | Premium Deduction | The premium will be deducted on a pre-tax basis. | |
| Data & Reporting | | Contribution Amount | \$5000.00 Per Plan Year | Edit |
| Content Manager | | Effective Date Enter an effective date.* | 4/2020 | |
| Resources | | Next | | |

12. Verify the employee's selections and click **Save**.

| MASSACHUSET | TS | | | Blues | Enrroll" | |
|--------------------------|---|---------------------------------------|---|-------|--------------------|-------------|
| Ame Home | | | Q Search by Name or SSN | | | ❤ Go |
| i ii Employees | | | | | Manage em | oloyee 🗸 |
| Data & | Overview | | | | | |
| Reporting | 😘 Benefit details | Current Benefits | | | | |
| Content Manager | Benefit eligibility Employee History | Medical | | | | |
| m | EMPLOYEE REPORTS | You may edit this benefit by clicking | on the section's corresponding Edit button. | Edit | Monthly Premium Co | ost Summary |
| Resources | Employee Detail Report | medical | потериен | Edit | Total Premium | \$546.98 |
| Group Settings | Report | Plan | Preferred Blue PPO \$500 Deductible | Edit | Employee Cost | \$0.00 |



| MASSACHUSET | TS | | | BluesEnrell | |
|---------------------|----|--|--|-------------|------|
| A Home | | Effective Date | 05/04/2020 | | Edit |
| 2 ⁴ 1 | | Dependent Care FSA | | | |
| Employees | | You may edit this benefit by clicking on the sec | tion's corresponding Edit button. | | |
| | | Dependent Care FSA | Accepted | | Edit |
| -11 | | | | | |
| Data & Reporting | | Plan | Dependent Fexible Spending Account | | |
| Ċ | | Premium Deduction | The premium will be deducted on a pre-tax basis. | | |
| Content Manager | | Contribution Amount | \$5,000.00 Per Plan Year | | Edit |
| Resources | | Effective Date | 05/04/2020 | | Edit |
| Group Settings | _ | Cancel without Saving Save | | | |



HOW TO ENROLL AN EMPLOYEE WITHOUT A MEDICAL PLAN IN A FSA, DEPENDENT CARE FSA, OR LIMITED PURPOSE FSA

1. From the home page, click **Employees** on the left-hand side.

| MASSACHUSETT: | 3 | | | Blues Erreg II" |
|---------------------|---|---|----|---|
| A Home | Welcome | | | |
| iiii Employees | Q Search by Name or SSN | ~ | Go | Additional tools |
| .til | | | | COBRA Manager > |
| Data & Reporting | To-do list | | | Find Medicare Eligible > |
| Content | View by: All Tasks • | | | Job Status > |
| Manager | Work | | | Announcements |
| Resources | 4 Employees and/or Dependents with Invalid Data | | | Cancellations: |
| Group Settings | Current Benefits | | | system, where coverage ends at midnight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Click Add a new employee in the upper right-hand corner.

| MASSACHUSETT | rs | | BluesEngl |
|---------------------|--|-------------------------|--|
| Ame Home | | Q Search by Name or SSN | ♥ Go |
| iii Employees | Employees | | Add a new employee |
| Data & Reporting | Advanced Search | | Search Tips |
| Content Manager | Search Name or SSN | Search | Last Name Show ¥ |
| Resources | Employee Status Include employees who are | | Preferred Search Method |
| Group Settings | Active Retired Terminated | | Example: "Johnson, A" Example: "Johnson, A" Search result examples: Allen Johnson |

3. Then, add your employee's demographic information.

| MASSACHUSET | TS | | | Blues Emell" |
|---------------------|---|-----------------|-------------------------|--------------|
| Ame Ame | | | Q Search by Name or SSN | v Go |
| iii Employees | Employees | | | |
| Data & Reporting | Add New Employee | | | |
| | Personal Information SSN* | | | |
| Manager | First* / Middle / Last* / Suffix | | | |
| m | Preferred Name (if different from first name) | | | |
| Resources | Date of Birth* | | | |
| ° | Gender* | Please Select V | | |



4. Select the Standalone Financial Services Plan(s).

| MASSACHUSET | TS | Blues <i>Entrol</i> // |
|--------------------|--|---|
| Â | Benefit details Benefit eligibility | BCBSMA PLANS 2020 |
| Home | C Employee History | Plan |
| Employees | EMPLOYEE REPORTS | *Select A Plan Offered By Blue Cross Blue Shield of Massachusetts Standalone Financial Services Plan(s) ⁶ |
| Data & | Employee Detail Report Employee Benefit Summary Perort | Preferred Blue PPO Saver \$1500 Deductible |
| Reporting | Report | Preferred Blue PPO \$500 Deductible [®] HMO Blue NE Value Plus [®] |
| Content Manager | | Decline Coverage Decline coverage for this person |
| £ | | Next |
| Resources | | |

5. Select the coverage level for the employee and click **Next**.

| MASSACHUSET | TS | | | Blues Errall |
|---------------------|--|---|---------------------------------------|--------------|
| â | 🏀 Benefit eligibility | BCBSMA PLANS 2020 | | |
| Home | C Employee History | Medical | Accepted | Edit |
| Employees | EMPLOYEE REPORTS Employee Detail Report | Plan | Standalone Financial Services Plan(s) | Edit |
| Data & Reporting | Employee Benefit Summary Report | Coverage Level Select a Coverage Level for Standalone | Financial Services Plan(s) | |
| Content Manager | | Employee Only Decline Coverage Decline coverage for this employee | | |
| Resources | | Next | | |

6. Read the reminder that the employee is enrolling in the FSA only and not a medical plan. Then, click **Next.**

| MASSACHUSETTS | Blues Entroll" |
|--------------------|---|
| Home | Name Relationship |
| Employees | BCBSMA PSA Admin Only Group Verbiage PSA Admin Only Group Requirement REMINDER. The member must be enrolled in a Medical plan for certain enrollments to process. If the member is electing the Administrative FSA or |
| Content Manager | Dependent Care FSA plan but not enrolling in a Medical plan or Dental plan, enroll the member in the Standalone Financial Services Plan under the Medical Plan Options. This will allow you to enroll the member on the FSA product without enrolling them in the medical or dental plan. Please Note: If the member is cancelling their Medical and/or Dental plan and had elected the Dependent Care FSA plan, enroll the member in the Standalone Financial Services under the Medical plan options with a plan effective equal to the date the Medical/Dental plan is terminating. |
| Resources | Next |



7. Verify the employee's FSA effective date.

| MASSACHUSETT | Blues Entres //* | |
|--------------------|---|------|
| And Home | BCBSMA PSA Admin Only Group Verbiage | Edit |
| Employees | PSA.Admin Only Group Verbiage Medicare None | Edit |
| Reporting | Additional Insurance None | Edit |
| Content Manager | Effective Date Enter an effective date.* | |
| Resources | Next | |

8. Select **FSA – Flexible Spending Account**. If the employee isn't electing the FSA, click **Decline coverage for this person**. Then, click **Next**.

| MASSACHUSET | TS | Blues <i>Enres</i> //* |
|---------------------------------|--|---|
| A Home | Overview | |
| iii Employees | 😚 Benefit details | Current Benefits BCBSMA PLANS 2020 |
| Data & | Benefit eligibility Employee History | Plan |
| Reporting Content Manager | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | *Select A Plan Offered By HealthEquity FSA - Flexible Spending Account Decline Coverage Decline coverage for this person |
| Resources | | Next |

9. Enter the contribution amount and click **Next**.

| MASSACHUSET | TS | | | Blues Engree II* |
|---------------------|--|---|--|------------------|
| A Home | Benefit eligibility | BCBSMA PLANS 2020 | | |
| iţi | C Employee History | Health FSA | Accepted | Edit |
| Employees | EMPLOYEE REPORTS Employee Detail Report | Plan | FSA - Flexible Spending Account | |
| Data & Reporting | Employee Benefit Summary Report | Premium Deduction | The premium will be deducted on a pre-tax basis. | |
| Content Manager | | Health FSA Contribution Amount* You can contribute between \$1.00 and \$2,650 | 0.00 per plan year. | |
| Resources | | Next | | |



10. Select the **Dependent Flexible Spending Account**. If the employee didn't elect the Dependent Care FSA, click **Decline coverage for this person**.

| MASSACHUSET | TS | | BluesEnergy |
|---------------------------------|--|---|-------------|
| A Home | Overview | | |
| iii Employees | 😘 Benefit details | Current Benefits | |
| Data & | Benefit eligibility Employee History | Plan | |
| Reporting Content Manager | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | *Select A Plan Offered By HealthEquity Dependent Fexible Spending Account Decline Coverage Decline coverage for this person | |
| Resources | | Next | |

11. Verify the employee's Dependent Care FSA effective date and click Next.

| MASSACHUSET | TTS | | | Blues Engell" |
|--------------------|------------------------------------|--------------------------------------|-------------------|-------------------|
| A Home | | | | Manage employee 🗸 |
| iţi | Overview | | | |
| Employees | Senefit details | Current Benefits | | |
| Data & | Senefit eligibility | BCBSMA PLANS 2020 | | |
| Reporting | C Employee History | Dependent Care FSA | Coverage Declined | Edit |
| Ċ | EMPLOYEE REPORTS | Effective Date | | |
| Content Manager | Employee Detail Report | Enter an effective date.* 05/04/2020 | | |
| മ | Employee Benefit Summary Report | Next | | |
| Resources | | | | |

12. Verify the elections are correct and click Save. The employee is now enrolled in the FSA.

| MASSACHUSETTS | | | Blues Erreg// |
|--------------------|---|--|---------------|
| Â | Premium Deduction | The premium will be deducted on a pre-tax basis. | |
| Home | Contribution Amount | \$1,900.00 Per Plan Year | Edit |
| iii Employees | Effective Date | 05/04/2020 | Edit |
| Data & | Dependent Care FSA You may edit this benefit by clicking on the se | ction's corresponding Edit button. | |
| | Dependent Care FSA | Coverage Declined | Edit |
| Content Manager | End Date | 05/04/2020 | Edit |
| Resources | Cancel without Saving Save | | |

For a complete video demo of how to add an employee to a financial account, visit: <u>https://www.benefitfocusmedia.com/content/bcbsma/customer-video-library</u>



HOW TO TERMINATE AN EMPLOYEE ON YOUR PLAN (IF THE EMPLOYEE IS LEAVING EMPLOYMENT)

1. Enter the name or social security number of the employee you're terminating.

| MASSACHUSETTS | | | Blues Erreg// |
|-------------------------|---|----|---|
| Ame Home | Welcome | | |
| ivi Employees | Q Bearch by Name or SSN | Go | Additional tools |
| Data & | To-do list | | COBRA Manager > |
| Ċ | View by: All Tasks v | | Job Status > |
| Content Manager | Work | | Announcements |
| Resources | 4 Employees and/or Dependents with Invalid Data | | Cancellations: |
| Group Settings | Current Benefits | | system, where coverage ends at midhight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Under Manage employee on the right-hand side, click Terminate Employee.

| MASSACHUSET | TS | BluesEr | ₩9//* • |
|--------------------|---|--|--|
| A Home | | Q Search by Name or SSN | ✓ Go |
| 🗰 Employees | | | Manage employee 🗸 |
| Data & | Cverview | | Update Login Information |
| Reporting | Benefit details | | Change Categories |
| Content Manager | Dependents Benefit eligibility | Benefits Snapshot | Terminate Employee |
| Resources | C Employee History | Hedical | Request Insurance Cards Manage Medicare |
| ¢ | EMPLOYEE REPORTS Employee Detail Report | Preferred Blue PPO \$500 Deductible Employee and Spouse Effective as of 01/01/2020 Dental | Send Message |
| Group Settings | Employee Benefit Summary Report | Dental Blue Program 2 100/80/50 Employee and Spouse Effective as of 01/01/2020 | Personal Information |

3. Enter in the termination date, select the reason for the termination, and click Next.

| MASSACHUSET | TS | | | Blues Enroll |
|------------------|------------------------------------|---|--|-------------------|
| A Home | | | | |
| iii Employees | | | | Manage employee V |
| | Overview | | | |
| Data & | Senefit details | Terminate Employme | nt | |
| Reporting | Lependents | Step 1 of 2 | Please Select | |
| Ċ | % Benefit eligibility | Dates | Voluntary | |
| Content | Contract Victory | Employment Termination Date* 05/04/2 | D: Involuntary | |
| Manager | C Employee History | | Involuntary due to Gross Misconduct | |
| ے س | EMPLOYEE REPORTS | Termination Reason | Death of employee | |
| Resources | Employee Detail Report | What is the reason for termination?* | | |
| ¢° | Employee Benefit Summary Report | If employee Termination is due to gross misco which COBRA benefits are revoked please se | nduct or any other reason for lect 'Involuntary due to Gross Misconduct'. | |



Verify the termination and click **Save**. (Note: If you terminate the employee on 5/4, the employee's last day of coverage will be 5/3, and the employee will no longer be active on the plan beginning 5/4.

| MASSACHUSETTS | 3 | | | Blues Er# | |
|---------------------|---|---|-----------------|---|--|
| A Home | Benefit details Dependents | lerminate Employment Step 2 of 2 | | | |
| titi Employees | Benefit eligibility Employee History | Employment Termination Date <pre> 05/04/2020 </pre> | | | |
| Data & Reporting | EMPLOYEE REPORTS Employee Detail Report | Termination Reason Termination - COBRA Eligible | | | |
| Content | Employee Benefit Summary Report | Cancel Current Elections BCBSMA PLANS 2020 | | | |
| Manager | | Election | Cancellation | Information | |
| Resources | | Medical : Preferred Blue PPO \$500 Deductible | 05/04/2020 | Retro-termination rule: You can only terminate benefit elections 60 days prior to today's date. Termination rule: Date that Employment Ends | |
| | | | | Datra termination rule: Vou can only | |
| ASSACHUSETTS | 5 | | | Blues Energy !!" | |
| Home | | Health Savings Account (HSA) : HSA - Health Savings Account | Already Refused | Termination rule: Date that Employment Ends | |
| Employees | | Health FSA : FSA - Flexible Spending Account | Already Refused | Retro-termination rule: You can only terminate benefit elections 60 days prior to today's date. | |
| Data & Reporting | | | | Ends | |
| Content Manager | | Dependent Care FSA : Dependent Fexible Spending Account | Already Refused | terminate benefit elections 60 days prior to today's date. Termination rule: Date that Employment Ends | |
| â | | | | | |
| Resources | | | | | |

For a complete video demo of how to terminate an employee on BluesEnroll, visit: <u>https://www.benefitfocusmedia.com/content/bcbsma/customer-video-library</u>



HOW TO CANCEL AN EMPLOYEE ON YOUR PLAN (IF THE EMPLOYEE IS STILL EMPLOYED BY YOU, BUT MOVING TO ANOTHER HEALTH CARE PLAN)

Enter the name or social security number of the employee whose plan you're canceling.

| MASSACHUSET | 15 | Blues <i>Enregll</i> " |
|---------------------------|--|---|
| Ame Home | Welcome | |
| i ÿ i Employees | Q ~ G0 | Additional tools |
| Data & Reporting | To-do list | Find Medicare Eligible > |
| Content Manager | View by: All Tasks Benefits not started | Announcements |
| Resources | Enrollment period 01/01/2020 - 12/31/2020 - Benefit offer 5 selected - Go | Cancellations: |
| Group Settings | 1 Employees with 6 or more days left to enroll Refuse All View all employees with benefits not started > | Blue Cross Blue Shield of Massachusetts is a 'to-date' system, where coverage ends at midnight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Click Benefit details on the left-hand side.

| MASSACHUSET | TS | Blues <i>Enges</i> //* |
|---------------------|--|--|
| A Home | | Q Search by Name or SSN V Go |
| iii Employees | | Manage employee 🗸 |
| Data & Reporting | Overview Benefit details | |
| Content Manager | Benefit eligibility Employee History | Benefits Snapshot |
| Resources | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | Medical Preferred Blue PPO Saver \$1500 Deductible Employee Only Effective as of 05/04/2020 Dental |
| Group Settings | | Coverage Declined |

3. Click **Edit** on the right-hand side.

| MASSACHUSET | TS | BluesEnergy |
|---------------------|--|---|
| A Home | 🈘 Benefit details | BCBSMA PLANS 2020 |
| Employees | Benefit eligibility Employee History | Wait Period 05/04/2020 05/04/2020 Edit Initial Enrollment 05/19/2020 07/03/2020 Edit |
| Data & Reporting | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Report | Medical - Group Number: 002352107 Status: Accepted Plan Name: Preferred Blue PPO Saver \$1500 Deductible Coverage Level: Employee Only Covered Persons: |
| Content Manager | | Dental - Group Number: 002352111 Status: Coverage Declined |
| Resources | | Health Savings Account (HSA) Status: Accepted Plan Name: HSA - Health Savings Account |



4. If the employee is canceling benefits for their entire family, click **Cancel Benefits for All**. If the employee is covered under multiple benefits, like medical and dental, you'll need to do this under each benefit plan.

| MASSACHUSET | TS | | | | BluesE | Troll" |
|---------------------|--|---|---|-----------|-------------------------|--|
| Ame Home | Employee History | Medical You may edit this benefit by c | lickina on the section's correspondina Edit but | ton. | | |
| iii Employees | EMPLOYEE REPORTS Employee Detail Report | Medical | Accepted | | Cancel Benefits for All | Monthly Premium Cost Summary Rates for this benefit are not available. |
| .1.1 | Report | Plan | Preferred Blue PPO Saver \$1500 De | ductible | Edit | |
| Data & Reporting | | Coverage Level | Employee Only | | Edit | |
| Content | | Persons Covered | | | | |
| Manager | | Name | Relationship | Effective | Date | |
| m | | Frank Robinson | Subscriber | 05/04/202 | 0 | |
| | | | Member ID: 9641856780000 | J | | |
| ۰° | | | | | | |
| | | To edit a person's Name | or SSN, click the person's name. | | | |

5. Enter the cancellation date and click **Next**.

| MASSACHUSET | TS | | BluesEntroll | |
|--------------------|--|--|---|------|
| A Home | Benefit details | Current Benefits | | |
| iii Employees | Benefit eligibility Employee History | Medical | Cancelled | Edit |
| Data & Reporting | EMPLOYEE REPORTS Employee Detail Report Employee Benefit Summary Papert | Declination Reason | Reason: Reason for Waiver of Coverage I am covered as a spouse or dependent under another group plan. Company: Blue Cross Blue Shield of Massachusetts | Edit |
| Content Manager | | End Date Enter an end date.* 05/19/2020 | | |
| Resources | | Next | | |

6. You'll see the employee's plan canceled on the **Benefit details** page.

| MASSACHUSET | ΤS | | | Blues Entrall" | |
|---------------------|--|--|-------------------------------------|----------------|--------|
| A Home | 213-77-8832 | | | Manage emplo | oyee 🗸 |
| ;*; | Overview | | | | |
| Employees | Benefit details | Current Benefits | | | |
| .ul | Benefit eligibility | BCBSMA PLANS 2020 | | | |
| Data & Reporting | C Employee History | Medical | cotion's corresponding Edit button | | _ |
| Ċ | EMPLOYEE REPORTS | Medical | Cancelled | | Edit |
| Content Manager | Employee Detail Report Employee Benefit Summary Report | End Date | 05/19/2020 | | Edit |
| Resources | | Dental | | | |
| o° | | You may edit this benefit by clicking on the s | ection's corresponding Edit button. | | |
| Group Settings | | Dental | Coverage Declined | | Edit |



HOW TO CANCEL ONLY ONE MEMBER OF AN EMPLOYEE'S FAMILY ON YOUR PLAN

1. Enter the name or social security number of the person you're canceling.

| MASSACHUSETT: | 3 | BluesEntes// |
|---------------------|--|---|
| A Home | Welcome | |
| tiri Employees | Q ~ 60 | Additional tools |
| Data & Reporting | To-do list | COBRA Manager > Find Medicare Eligible > |
| Content Manager | View by: All Tasks v | Job Status > |
| Resources | Benefits not started Enrollment period 01/01/2020 - 12/31/2020 + Benefit offer 5 selected + Go | Cancellations: |
| Group Settings | 1 Employees with 6 or more days left to enroll Refuse All View all employees with benefits not started > | Blue Cross Blue Shield of Massachusetts is a 'to-date' system, where coverage ends at midnight on the day prior to the date entered, so you should always enter the first day without coverage as the cancel date. |

2. Click **Benefit details** on the left-hand side.

| MASSACHUSET | TS | BluesErreg//~ | BluesErres | |
|--------------------|------------------------------------|--|------------------|--|
| A Home | | Q Search by Name or SSN | ✓ Go | |
| iii Employees | | Ма | inage employee 🗸 | |
| .1.1 | Overview | | | |
| Reporting | 🚯 Benefit details | | | |
| Ċ | L Dependents | | | |
| Content Manager | Senefit eligibility | Benefits Snapshot | | |
| | C Employee History | 📥 Medical | \$0.00 | |
| Resources | EMPLOYEE REPORTS | Preferred Blue PPO \$500 Deductible Employee and Family Effective as of 01/01/2020 | Monthly | |
| ¢° | Employee Detail Report | Dental | \$0.00 | |
| Group Settings | Employee Benefit Summary Report | Dental Blue Program 2 100/80/50 Employee and Family Effective as of 01/01/2020 | Monthly | |

3. Click Edit on the right-hand side.

| MASSACHUSET | TS | Blues Erreg //" |
|------------------|------------------------------------|---|
| A Home | | Manage employee 🗸 |
| iii Employees | Overview | RCRSMA DI ANIS 2020 |
| 1-1 | 😘 Benefit details | |
| Data & | L Dependents | Edit |
| Reporting | Benefit eligibility | |
| Content | C Employee History | Medical Status: Accepted Plan Name: Preferred Blue PPO \$500 Deductible |
| Manager | EMPLOYEE REPORTS | Coverage Level: Employee and Family Covered Persons: |
| m | Employee Detail Report | 01/01/2020) |
| Resources | Employee Benefit Summary Report | Dental |
| ٥° | | Status: Accepted Plan Name: Dental Blue Program 2 100/80/50 |
| Group Settings | | Coverage Level: Employee and Family Covered Persons: |



4. Click Edit Due to Change Reason.

| MASSACHUSET | TS | | | | BluesEm |
|---------------------|----|---|-----------------------------|------------|---------|
| Â | | James T Carter | Spouse | 01/01/2020 | |
| Home | | | Member ID: 960093 | 385 | |
| iii | | Amy E Carter | Child | 01/01/2020 | |
| Employees | | | Member ID: 960093 | 3385 | |
| Data & Reporting | | To edit a person's Name or SSN Edit due to Change Reason | I, click the person's name. | | |
| Manager | | Medicare | None | | Edit |
| Resources | | Additional Insurance | None | | Edit |
| Group Settings | | Effective Date | 01/01/2020 | | Edit |

5. Select the reason for cancellation.

| MASSACHUSET | TTS | Death of spouse Divorce | BluesErrell |
|---------------------|---|---|-----------------------------|
| A Home | | Now eligible for other coverage Employee enrolled in Medicare | Manage employee 🗸 |
| :** | Overview | Full Time to Part Time | |
| Employees | 🞲 Benefit details | Guardianship or legal custody of a child | |
| Data & Reporting | Dependents Benefit eligibility | Loss of other coverage Loss of dependent child status Coss of Over-Age Dependent Status | are vou makino this chance? |
| Ċ | C Employee History | Select a new change reason Other (Correction, etc.) | |
| Content Manager | EMPLOYEE REPORTS Employee Detail Report | Cancel Next | |
| Resources | Employee Benefit Summary Report | | |

6. Enter the cancellation date and click **Next**.

| MASSACHUSET | TTS | BluesErred |
|---------------------|--|--|
| A Home | | Manage employee 🗸 |
| iii | Overview | |
| Employees | Senefit details | Current Benefits |
| .1.1 | L Dependents | BCBSMA PLANS 2020 |
| Data & Reporting | No. Benefit eligibility | *Reason for Change You have selected a a Subscriber Requested Cancellation change reason. |
| Ċ | C Employee History | Enter date of request* |
| Content Manager | EMPLOYEE REPORTS Employee Detail Report | Previous Next |
| Resources | Employee Benefit Summary Report | |



7. Click Edit next to Coverage Level.

| MASSACHUSET | TS | | | | | BluesE | in#6 " | |
|---------------------|--|--|-------------------------------------|----------------------|-----------|-------------------------|--------------------------------|----------------------|
| Ame Home | Benefit eligiolity Employee History | Integrical You may edit this benefit by clicking on the section's corresponding Edit button. Change Reason | | | | | Monthly Premium Cost Summar | |
| Employees | EMPLOYEE REPORTS Employee Detail Report | Medical | Accept | ed | | Cancel Benefits for All | Total Premium Employee Cost | \$1,654.32 \$0.00 |
| .III | Report | Plan | Preferred Blue PPO \$500 Deductible | | | Edit | _ | |
| Data & Reporting | | Coverage Level | Employ | ree and Family | | Edit |] | |
| Content Manager | | Persons Covered | | | | Edit | | |
| ~ | | Name | | Relationship | Effective | Date | | |
| Resources | | Rosalyn E Carter | | Subscriber | 01/01/202 | 20 | | |
| | | | | Member ID: 960093385 | | | | |
| Group Settings | | James T Carter | | Spouse | 01/01/202 | 20 | | |

8. Select the new coverage level and click **Next**.

| MASSACHUSET | TS | | | BluesEmpli | |
|---------------------|------------------------------------|---|-------------------------------------|------------|------|
| Â | Employee Detail Report | Plan | Preferred Blue PPO \$500 Deductible | | Edit |
| Home | Employee Benefit Summary Report | Coverage Level | | | |
| Employees | | Employee Only | e PPO \$500 Deductible | | |
| .11 | | Employee and Spouse | | | - 1 |
| Data & Reporting | | Employee and Child(ren) | | | |
| Content Manager | | Employee and Family Decline Coverage Decline coverage for this employee | | | |
| Resources | | Next | | | |

9. Select the member you're canceling.

| TTS | | | | | Blu | es <i>Er</i> #ell" |
|-----|------------------|----------------|--------------|---------------------|-----|--------------------|
| | Persons Co | overed | | | | |
| | Eligible for Cor | verage Name | Relationship | | | |
| | 1 | | Subscriber | | | |
| | ~ | | Spouse | Cancel Coverage | | |
| | ~ | | Child | Cancel Coverage | | |
| | | | Add | d Another Dependent | | |
| | Next | | | | | |



10. Click Next.

| MASSACHUSET | TS | | | | |
|---------------------|--|----------------------------------|---|-------------------------|----------------------------|
| â | | Persons | Covered | | |
| Home | | Eligible for | Coverage | | |
| iţi | | Covered | Name | Relationship | End Date |
| Employees | | 1 | | Subscriber | |
| .11 | | × | | Spouse | 05/20/2020 |
| Data & Reporting | | 1 | | Child | Cancel Coverage |
| Ċ | | | | | Add Another Depender |
| Content Manager | | | | | |
| ന | | Novt | | | |
| Resources | | NEXT | | | |
| ٥° | Blue Cross Blue Shield of Ma Blue Shield Association. | assachusetts is | an Independent Lice | ensee of the Blue | Cross and Questi call 8 |
| Group Settings | ® Registered Marks of the Bl © 2020 Blue Cross and Blue | ue Cross and B Shield of Mass | lue Shield Association achusetts, Inc., and | on. Blue Cross and B | lue Shield |

11. Enter the cancellation date and click **Next**.

| MASSACHUSET | TS | | | | Blues Erroll" | |
|---------------------|-----|---|------------|----------------------|---------------|------|
| Ame Home | | | | Child | | |
| 🗰 Employees | | | | Member ID: 960093385 | | |
| .1.1 | N | Medicare | None | | | Edit |
| Data & Reporting | A | Additional Insurance | None | | | Edit |
| Content Manager | Eff | fective Date ter an effective date.* | 05/20/2020 | | | |
| Resources | N | lext | | | | |

12). Confirm the cancellation and click **Save**.

| MASSACHUSETTS | | | Blues | Ermell |
|--------------------------|---|--------------|----------------------|--------|
| Ame Home | | | Child | |
| i ii Employees | | | Member ID: 960093385 | |
| .td | Medicare | None | | Edit |
| Reporting | Additional Insurance | e None | | Edit |
| Content Manager | Effective Date Enter an effective date | * 05/20/2020 | | |
| Resources | Next | | | |

For a complete video demo of how to cancel only one member of an employee's family on your plan, visit: <u>https://www.benefitfocusmedia.com/content/bcbsma/customer-video-library</u>



* Registered Marks are the property of their respective owners. * Registered Marks of the Blue Cross and Blue Shield Association.
© 2020 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
OO0556102 (8/20)