



BlueQuote

# Blue Cross Blue Shield of Massachusetts Employer's Guide to Account & Employee Application





June 2019  
Modified March 2023

## About this Document

These step-by-step instructions will guide you through the BlueQuote on-line initial enrollment process for new small group accounts.

Symbols throughout the document will call your attention to important information, best practices and areas of caution.

### Legend:

	Required Field
	Note/Important Information
	Best Practice
	Caution

## Getting Started

### Enrollment Overview

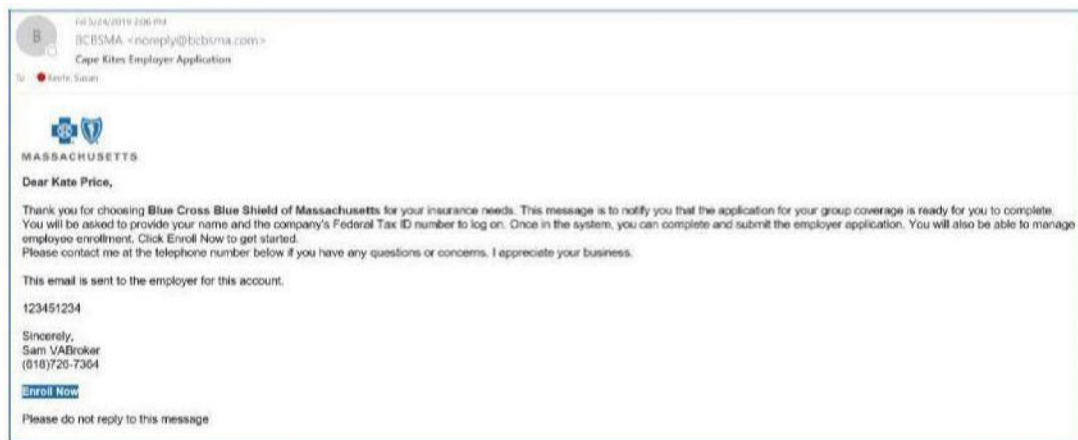
Some of the benefits of using the BlueQuote on-line enrollment tool include:

- Online completion of employer and member applications.
- Online submission of Account documentation
  - Self-service enrollment eliminates the need for paper/scanned applications and reduces data entry errors
- An Enrollment Dashboard that allows you to:
  - Track the progress of employee enrollment
  - Add/Remove employees during initial enrollment
  - Enroll on behalf of employees

There are six easy steps in the enrollment process:

- Verify the Census
- Complete the Employer Application
- Attach required documentation
- Set up the employee shopping site
- Monitor or manage employee enrollment
- Close & Submit Enrollment

The process begins with an email notification from Blue Cross Blue Shield of Massachusetts (BCBSMA) that the Employer Application is ready to be completed.



The email contains a link to BlueQuote and instructions for creating an account login. Your company's Federal tax ID is required for your initial login.



Check your Junk/Clutter mail folder if you do not see a message from BCBSMA.

## BlueQuote Account Setup

### To create a login account:

1. Click **Enroll Now** at the bottom of the email message to start your registration and set up your login.
2. Type your **\*First name**, **\*Last name** and the company's **\*Federal tax ID** number.
3. Click **Continue**.



**Employer Registration**

Before moving on in the registration process, please verify your basic information by entering your first name, last name and federal tax ID number below:

\*First name:

\*Last name:

\*Federal tax ID:

**Continue**

You can now create your own BlueQuote user id and password. The User Profile is pre-populated based on information previously provided to BCBSMA.



**Account Settings**

To modify your profile information, edit any of the fields below then click the 'Continue' button.

**User Profile Information**

\* First name:  Middle initial:

\* Last name:  Suffix:

Address line 1:

Address line 2:

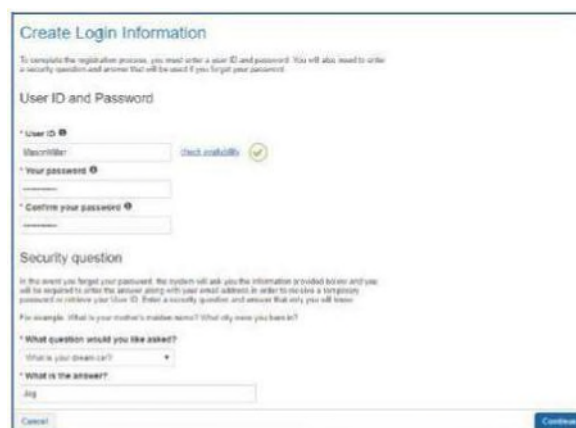
City:

\* State:  \* ZIP code:

**Contact Information**

Type	Number	Ext.
Work	(978) 453-3212	


4. Review and update the **User Profile** and **Contact Information**.
5. Scroll down to the **Create Login Information** section.



**Create Login Information**

To complete the registration process, you must enter a user ID and password. You will also need to enter a security question and answer that will be used if you forget your password.

**User ID and Password**

\* User ID:  [Check availability](#) 

\* Your password:

\* Confirm your password:

**Security question**

In the event you forget your password, the system will ask you the information provided below and you will be required to enter the answer along with your email address in order to receive a temporary password or retrieve your User ID. Enter a security question and answer that only you will know.


For example: What is your mother's maiden name? What city were you born in?

\* What question would you like asked?:

\* What is the answer?:

**Cancel** **Continue**

6. Type a **\*User ID** consisting of 6-14 characters.

- a. Click **check availability** to see whether this ID has been used. The  symbol indicates that this ID is available. A suggestion list displays if the ID is taken.
- b. Click one of the suggested IDs to select it or type a different ID into the field.
7. Tab or click into the **\*Your Password** field and type a password consisting of 6-14 characters including at least one number.
8. Tab or click into the **\*Confirm Password** field and retype the password.
9. Scroll down to the **\*Security question** and click the drop-down to select a question.
10. Click or tab to the next field and type the **answer to the security question**. This information will be used to verify you if you forget your User ID or Password.



Make note of your User ID and Password for future use.

### Login

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



Ensure that there are no extra spaces before or after your User ID or Password.

2. Click **Login**.



Accounts are locked after three (3) failed attempts to log in.

### Login Issues

Follow the steps below if you forget your User ID or Password. Contact the Broker Central Help Desk if your account is locked.



Welcome! Meeting your insurance needs has never been so easy.

Please enter your user ID and password below:

User ID:

[Forgot user ID?](#)

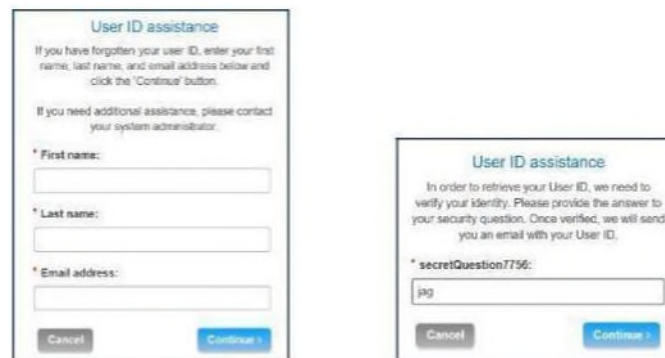
Password:

[Forgot password?](#)

[Login](#)

### Forgot User ID

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



**User ID assistance**

If you have forgotten your user ID, enter your first name, last name, and email address below and click the 'Continue' button.

If you need additional assistance, please contact your system administrator.

\* First name:

\* Last name:

\* Email address:

[Cancel](#) [Continue >](#)

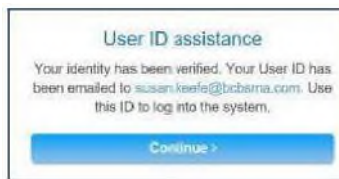
**User ID assistance**

In order to retrieve your User ID, we need to verify your identity. Please provide the answer to your security question. Once verified, we will send you an email with your User ID.

\* secretQuestion7756:

[Cancel](#) [Continue >](#)

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



**User ID assistance**

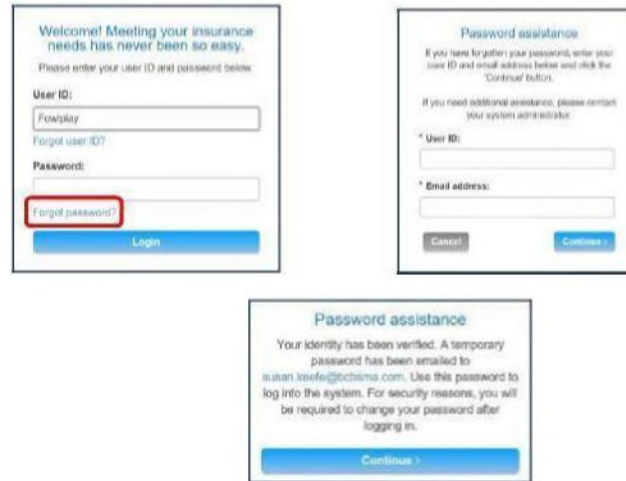
Your identity has been verified. Your User ID has been emailed to [susan.keefe@bcbsma.com](mailto:susan.keefe@bcbsma.com). Use this ID to log into the system.

[Continue >](#)

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

### Forgot Password

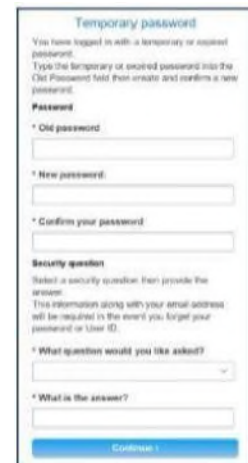
1. Click the **Forgot password?** link below the Password field to display the **Password assistance** dialog box.



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

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

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



## Web Browser Navigation

Do not use the browser forward or back buttons to navigate in BlueQuote. This can cause the screen to freeze and can result in processing errors. The following message displays when the browser arrows are used:



1. Click **Close**.

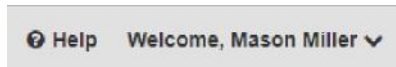


## General Navigation

Use the action buttons typically found at the bottom of each page to move from screen to screen in BlueQuote Enrollment. This automatically saves your work.

### BlueQuote Header

The BlueQuote header displays on all screens.

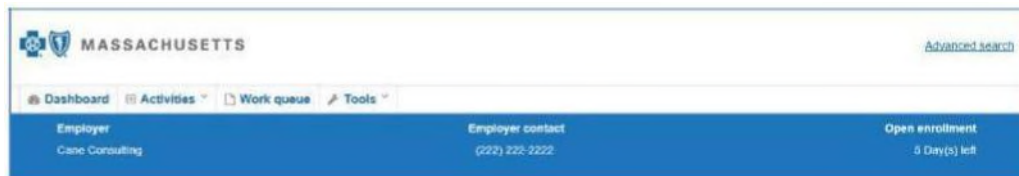


**Help** provides enrollment instructions for your employees and Broker Central Help Desk contact details.

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

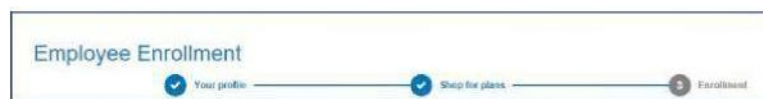
## Getting Help

Employees will see your contact information at the top of their screens (see example below) and in the open enrollment email message they receive when the enrollment shopping site is created.



Contact your broker or BCBSMA Sales Executive when you have business process questions or contact the Broker Central Help Desk when you have BlueQuote “how to” questions or need technical assistance.

### Progress Bar



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

## Time Out

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



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

### Save and Exit

You can exit out of BlueQuote Enrollment if you are unable to complete enrollment in one session.



1. Click **Save and exit** to ensure that any selections you made are stored in the system.

## Enrollment



## Verify Census

This is an opportunity to update the census provided during quoting. Employee and dependent information can be added, modified, or deleted. Employee email addresses are required to enable employees to receive enrollment notifications and complete online enrollment on their personalized website.

The census can be also modified at a later stage of enrollment if changes occur after the census is verified. Refer to [Enrollment Snapshot](#) for more information.

### Verify census

Review the census and resolve issues identified with ❗. Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#)
[Upload census](#)
[Export census](#)
[Download census template](#)

[Show fewer employee details](#) Employee details

Total medical	MA only	CT/ME/NH/RV/VT	Out of NE	Total Senior	Total Dental
3	2	1	0	1	5

[Close](#)

Employee info	Dependents	Coverage	Action
John, John - 39 U DOB: 12/12/1980 Status: Active ZIP code: 02138 State: MA County: Middlesex	Child 19 U 02138 MA Middlesex (Medical, Dental) Spouse 39 U 02138 MA Middlesex (Medical, Dental)	Medical - FAM Dental - FAM	<a href="#">Edit</a> <span style="color: red;">❗</span> <a href="#">Remove</a>
Sam, Sam - 39 U DOB: 10/10/1980 Status: Active ZIP code: 02139 State: MA County: Middlesex	None	Medical - EE Dental - EE	<a href="#">Edit</a> <span style="color: red;">❗</span> <a href="#">Remove</a>
Lori, Lori - 39 U DOB: 12/12/1980 Status: Active ZIP code: 10964 State: NJ County: Bergen	None	Medical - Waive I Dental - EE	<a href="#">Edit</a> <span style="color: red;">❗</span> <a href="#">Remove</a>
Mario, Mario - 85 U DOB: 12/12/1934 Status: Active ZIP code: 02534 State: MA County: Barnstable	None	Medical - Waive V Dental - EE Senior - EE	<a href="#">Edit</a> <span style="color: red;">❗</span> <a href="#">Remove</a>
Park, Park - 49 U DOB: 12/12/1970 Status: Active ZIP code: 03813 State: ME County: Oxford	None	Medical - EE Dental - EE	<a href="#">Edit</a> <span style="color: red;">❗</span> <a href="#">Remove</a>

[Show fewer employee details](#)



Final rates are based on final census and actual enrollment in the selected medical and/or dental plans.

## Viewing Census Detail

The employee's **First name**, **Last name**, **Birth date** and **Employee status** display. Family member details are summarized on the line below.

**To view detailed census information:**

1. Click **Expand employee details** above or below the list of employees.
2. Click **Employees details** to see a summary of subscribers count by:
  - **Total Medical:** The total number of employees in the census minus Waive V minus Waive I.
  - **MA only:** The total number of subscribers on the census in the state of MA that has medical coverage.
  - **CT/ME/NH/RI/VT:** The total number of subscribers on the census in a zip in the state of CT/ME/NH/RI/VT that has medical coverage.
  - **Out of NE:** The total number of subscribers on the census out of state (out of MA and NE) Zip that has medical coverage
  - **Total Senior:** The total number of subscribers on the census that has senior coverage.
  - **Total Dental:** The total number of employees in the census minus Waive V minus Waive I.

**Verify census**

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

**5 employees**

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Show fewer employee details](#) [Employee details](#)

Total medical	MA only	CT/ME/NH/RI/VT	Out of NE	Total Senior	Total Dental
3	2	1	0	1	5

[Close](#)

Employee info	Dependents	Coverage	Action
John, John - 39 U DOB: 12/12/1960 Status: Active ZIP code: 02136 State: MA County: Middlesex	Child 19 U 02136 MA Middlesex (Medical, Dental) Spouse 39 U 02136 MA Middlesex (Medical, Dental)	Medical - FAM Dental - FAM	<a href="#">Edit</a> <a href="#">Remove</a>
Sam, Sam - 39 U DOB: 10/10/1960 Status: Active ZIP code: 02139 State: MA County: Middlesex	None	Medical - EE Dental - EE	<a href="#">Edit</a> <a href="#">Remove</a>
Lori, Lori - 39 U DOB: 12/12/1980 Status: Active ZIP code: 10964 State: NJ County: Bergen	None	Medical - Waive I Dental - EE	<a href="#">Edit</a> <a href="#">Remove</a>
Mario, Mario - 65 U DOB: 12/12/1934 Status: Active ZIP code: 02534 State: MA County: Barnstable	None	Medical - Waive V Dental - EE Senior - EE	<a href="#">Edit</a> <a href="#">Remove</a>
Park, Park - 49 U DOB: 12/12/1970 Status: Active ZIP code: 03813 State: ME County: Oxford	None	Medical - EE Dental - EE	<a href="#">Edit</a> <a href="#">Remove</a>

[Show fewer employee details](#)

Expanded details include age, date of birth, zip code and state for the employee and age, zip code, state and coverage (medical or dental) for dependents, if any. Once clicked, the expand option changes to **Show fewer employee details**. Use these links to toggle between the two views.



Work with the existing census before adding new employees and dependents.

## Verify census

Review the census and resolve issues identified with !. Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

2 employees

[Add employee](#)
[Upload census](#)
[Export census](#)
[Download census template](#)

[Expand employee details](#)
[Employee details](#)

First name	Last name	Birth date	Employee status	Action
Mario	Mario	12/12/1934	Active	<a href="#">Edit</a> <span style="color: red;">!</span> <a href="#">Remove</a>
Family members: None				
Park	Park	12/12/1970	Active	<a href="#">Edit</a> <span style="color: red;">!</span> <a href="#">Remove</a>
Family members: Spouse				

[Expand employee details](#)

[Previous](#)
[Exit](#)
[Override Participation](#)
[Continue](#)

To proceed with a New Business enrollment, the subscriber Dental coverage on the verify census page must match the Dental tier structure selected on the plan selection page.

- If 2 Tier was selected, the coverage on the verify census must be EE or FAM.
- If 3 Tier was selected, the coverage on the verify census must be one of these i.e. EE, E1 or FAM.
- If 4 Tier was selected, the coverage on the verify census must be one of these i.e. EE, ES, EC or FA.M
- If a sub waives a coverage, Waive I or Waive can be selected.

On the verify census page, if at least one subscriber's dental coverage type doesn't match the tier structure selected during quoting on the plan selection page, the following will happen;

- On the Action column, ! will display for the impacted subscriber.
  - On the census page, the Coverage column shows the coverage selected during quoting. In this case Dental is ES but the tier selected on the plan selection is 2 tier (EE and FAM).
  - To fix the error, click the Edit button for the impacted subscriber.
- The user will be navigated to the Edit employee screen
- In this case, since 2 tier has only EE and FAM, the sub Dental coverage need to be changed to FAM.

## Edit employee

Employee information:

\*First Name: Park    \*Last Name: Park    \*Birth date: 12/12/1970    Age: 49  
 Gender:    \*Employment Status: Active    Email:    \*ZIP Code: 03813    State: NH    County: Carroll  
 Medical Coverage: ES    Senior Medical Coverage:    Dental Coverage: !

Employee dependent information:

\*Birth date: 12/12/1980    Age: 39    \*ZIP Code:    Relationship: Spouse    \*ZIP Code: 03813  
 State: ME    County: Oxford  
☒ Medical Coverage    ☒ Dental Coverage

[Add dependent](#)
[Cancel](#)
[Save](#)

- f. The triangle error sign will disappear because the sub Dental coverage is changed from ES to FAM and matches the 2 tier structure coverage (EE and FAM).

**Verify census**

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

**2 employees**

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Show fewer employee details](#) [Employee details](#)

Employee info	Dependents	Coverage	Action
Marlo, Marlo - 85 U DOB: 12/12/1934 Status: Active ZIP code: 02534 State: MA County: Barnstable	None	Medical - Waive V Dental - EE Senior - EE	<a href="#">Edit</a> <a href="#">Remove</a>
Park, Park - 49 U DOB: 12/12/1970 Status: Active ZIP code: 03813 State: NH County: Carroll	Spouse 39 U 03813 ME Oxford (Medical, Dental)	Medical - ES Dental - FAM	<a href="#">Edit</a> <a href="#">Remove</a>

[Show fewer employee details](#)

[Previous](#) [Exit](#) [Override Participation](#) [Continue](#)

To add email addresses for existing employees:

1. Click **Edit** in the **Action** column beside one of the highlighted entries.

**Edit employee**

Employee information:

\*First Name: Jane \*Last Name: Dover \*Birth date: 01/01/1990 Age: 28

Gender: \*Employment Status: Active Email: ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Dental Coverage: EE

[Add dependent](#) [Cancel](#) [Save](#)

2. Type the employee's **Email address** in the second row of the pop-up window.
3. Review and modify the other census fields - add or remove dependents or change coverage selections, as needed.

**Edit employee**

Employee information:

\*First Name: Jane \*Last Name: Dover \*Birth date: 01/01/1990 Age: 28

Gender: \*Employment Status: Active Email: janedover@dover.com ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Dental Coverage: EE

[Add dependent](#) [Cancel](#) [Save](#)

3. Click **Save** to return to the Verify census page.



Verify census

3 employees

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information. Use Export Census to modify the existing census details then use Upload Census to report the corrections.

Add employee

Upload census

Export census

Download census template

Expand employee details

First name	Last name	Birth date	Employee status	Action
Jane	Dever	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: None				
Dan	Dever	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: None				
Jesse	Dubvar	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: None				

Expand employee details

Previous

Save and exit

Continue

The census entry is no longer highlighted.

## Delete Employees

Remove employees who are no longer with the company. All dependents associated with the employee are also deleted.

**Verify census** 3 employees

Review the census and resolve issues identified with ●. Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Jane	Dover	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: None				
Dan	Dover	01/01/1990	Active	<a href="#">Edit</a> <span style="color: red;">1</span> <a href="#">Remove</a>
Family members: None				
Jesse	Dover	01/01/1990	Active	<a href="#">Edit</a> <span style="color: red;">2</span> <a href="#">Remove</a>
Family members: None				

[Expand employee details](#)

[Previous](#) [Save and exit](#) [Continue](#)

1. Click **Remove** in the Action column beside the appropriate employee.

**Remove employee** ✕

Are you sure you want to remove the employee and any associated dependents?

[Cancel](#) [OK](#)

2. Click **OK**.



There is no undo. Information must be re-entered if deleted accidentally.

**Verify census** 2 employees

Review the census and resolve issues identified with ●. Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Jane	Dover	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: None				
Dan	Dover	01/01/1990	Active	<a href="#">Edit</a> <span style="color: red;">1</span> <a href="#">Remove</a>
Family members: None				

[Expand employee details](#)

[Previous](#) [Save and exit](#) [Continue](#)

## Add Dependents for an Existing Employee

1. Click **Edit** in the Action column to display the employee's information.

**Edit employee**

Employee information:

\*First Name: Dan \*Last Name: Dover \*Birth date: 01/01/1990 Age: 28

Gender: \*Employment Status: Active Email: dan.dover@gmail.com \*ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Dental Coverage: EE

Employee dependent information:

\*Birth date: MM/DD/YYYY \*Age: \*Gender: \*Relationship: \*ZIP Code: 02110

State: MA County: Suffolk

☒ Medical Coverage ☒ Dental Coverage

[Add dependent](#) [Cancel](#) [Save](#)

2. Type the employee's **email** address if not already provided.
3. Click the **Medical** and **Dental** coverage drop-down arrows and select who coverage will be provided for based on the dependent(s) being added.

**ES** - Employee & Spouse  
**EC** - Employee & Child

**FAM** – Employee, Spouse & Child(ren)  
**Waive I** – Declining Coverage  
**Waive V** – Coverage is provided by spouse, VA, Medicare, etc.

**For example:** An employee was entered during quoting without dependents. The medical and dental coverage fields are EE (employee only). A spouse needs to be added. The medical and dental coverage must be changed to ES before the spouse is added if the spouse needs both medical and dental coverage.

Medical only – Change the Medical Coverage to ES then uncheck the Dental Coverage box below the dependent's information.

**Edit employee**

Employee information:

\*First Name: Dan \*Last Name: Dover \*Birth date: 01/01/1990 Age: 28

Gender: \*Employment Status: Active Email: dan.dover@gmail.com \*ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Dental Coverage: EE

Medical Coverage dropdown menu:

- EE
- ES
- EC
- FAM
- Waive I
- Waive V

[Save](#)



Refer to Adding Seniors with Dependents for instructions.

4. Click **Add dependent**.

**Edit employee**

**Employee information:**

\*First Name: Dan    \*Last Name: Dover    \*Birth date: 01/01/1990    Age: 28

Gender: [v]    \*Employment Status: Active    Email: dan.dover@gmail.com    \*ZIP Code: 02110    State: MA    County: Suffolk

Medical Coverage: ES    Dental Coverage: ES

**Employee dependent information:**

\*Birth date: 01/01/1990    Age: 28    Gender: Female    \*Relationship: Spouse    \*ZIP Code: 02110

State: MA    County: Suffolk

☒ Medical Coverage    ☒ Dental Coverage

5. Type the dependent's **\*Birth date** in mm/dd/yyyy format. Select **Female** or **Male** or **Non-Binary** as the **Gender** and **Spouse** or **Child** from the **\*Relationship** drop-down lists then type the **\*Zip Code**.

The medical and/or dental checkboxes reflect the employee's coverage selections.

6. Click to uncheck the **Medical Coverage** or **Dental Coverage** boxes if one of these coverage types is not needed for the dependent.

#### To remove dependents:

1. Click the below the dependent's birth date field.
2. Review the Medical and Dental coverage options and adjust them, if needed.



There is no undo. Information must be re-entered if deleted accidentally.

#### Next steps:

- Add another dependent or **Save** and return to the Verify Census page.

**Employee dependent information**

\*Birth date: 01/01/1990    Age: 28    Gender: Male    \*Relationship: Spouse    \*ZIP Code: 02110    State: MA

County: Suffolk

☒ Medical Coverage    ☐ Dental Coverage

## Add Employees

This describes the on-screen option.

MASSACHUSETTS

### Verify census

Review the census and resolve issues identified with ❗. Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

2 employees

**Add employee** Upload census Export census Download census template

Expand employee details

First name	Last name	Birth date	Employee status	Action
Jane	Dover	01/01/1990	Active	Edit Remove
Family members: None				
Dan	Dover	01/01/1990	Active	Edit Remove
Family members: Spouse				

Expand employee details

Previous Save and exit Continue

### To add employees:

1. Click **Add employee** to display the form.

### Add employee

Employee information:

\*First Name \*Last Name \*Birth date Age

BethAnn Keefe 01/01/1990 28

Gender \*Employment Status Email \*ZIP Code State County

Female Active b.keefe@gmail.com 02110 MA Suffolk

Medical Coverage Dental Coverage ⓘ

FAM FAM

Add dependent

Cancel Add another employee Save



**Keyboard shortcuts:** Use the tab key to move from field to field. Use the down and up arrows to scroll through options in a drop-down list without opening the list.

2. Type the employee's **\*First Name**, **\*Last Name**, and **\*Birth date** in mm/dd/yyyy format. Select the **Gender** and **\*Employment Status** from the drop-down lists then type the **\*Email** address and **\*Zip Code**.
3. Click the drop-downs to select whom **Medical, Senior** and/or **Dental Coverage** will be provided for.

**EE** - Employee only  
**ES** - Employee & Spouse  
**EC** - Employee & Child

**FAM** – Employee, Spouse & Child(ren)  
**Waive I** – Declining all coverage  
**Waive V** – Coverage is provided by spouse, VA, Medicare, etc.



When EE is selected for a Senior employee, the Medical Coverage field defaults to Waive V.

4. Click **Add dependent** or **Add another employee**, as needed.

### Adding Dependents While Adding Employees:

The dependent fields display directly below the employee. Dependent names are added by the employees when they shop for coverage.

The screenshot shows the 'Add employee' form. The 'Employee information' section includes fields for First Name (BethAnn), Last Name (Keefe), Birth date (6/10/1990), Age (28), Gender (Female), Employment Status (Active), Email (b.keefe@gmail.com), ZIP Code (02110), and State/County (MA - Suffolk). Below this are checkboxes for Medical Coverage and Dental Coverage, both of which are checked. The 'Employee dependent information' section is repeated twice. The first dependent has a Birth date of 6/10/1990, Age 28, Gender Male, Relationship Spouse, and ZIP Code 02110. The second dependent has a Birth date of 6/10/2015, Age 3, Gender Female, Relationship Child, and ZIP Code 02110. Both dependents have checkboxes for Medical Coverage and Dental Coverage, which are also checked. At the bottom of the form are buttons for 'Add dependent', 'Cancel', 'Add another employee', and 'Save'.

1. Click **Add dependent**.
2. Type the dependent's **\*Birth date** using mm/dd/yyyy format.
3. Select **Male** or **Female** or **Non-Binary** from the **Gender** drop-down list.
4. Select **Spouse** or **Child** from the **\*Relationship** drop-down list.
5. Modify the **\*Zip Code** if different from the Employee's zip code.
6. Click to **uncheck Medical Coverage** or **Dental Coverage** for dependents as needed. They mirror the employee's selections by default.



Error messages display when the coverage selections do not match the dependent relationship provided.

**For example:** FAM is selected in the medical and dental coverage drop-downs but only the spouse is added as a dependent. The child dependent must be added, or the medical/dental coverage needs to be changed to ES – employee and spouse.

### Next steps:

- Add another dependent, add employees or **Save** and return to the Verify Census page.

## Senior Employees

BCBSMA classifies seniors as employees 65 years of age or older who continue to work in your company and your company does not qualify for TEFRA. Classifying employees as seniors is important to distinguish Medicare eligibility and CMS primacy guidelines. Refer to the BCBSMA Plan Sponsor manual for details regarding seniors and TEFRA eligibility.

Seniors can only be added to the census during census verification if at least one senior was on the census during quoting. Otherwise, seniors and their dependents must be added later in the enrollment process on the Enrollment Snapshot. Refer to [Managing Enrollment](#) for more information.

**For example**, a senior was on the census during quoting which meant that senior medical plans were on the accepted quote and are available for the senior employee to select during plan shopping. Adding another senior during verify census would allow that new senior to shop the existing senior plan.

When there are no prior seniors, there is no senior medical coverage field on the census entry screen and there are no senior medical plans available to that employee during shopping. Adding the senior employee on the enrollment snapshot will trigger collaboration with your BCBSMA representative who will add plans so that the senior can then shop for coverage.

## Adding Seniors to the Census

### Working seniors on a census working for a company that qualifies for TEFRA:

- Do not select Senior Medical Coverage. These employees qualify for the same medical plans available for employees under age 65.
- Senior employee only - Select EE in the Medical Coverage field.
- Seniors with dependents – Select ES, EC or FAM and add the dependent details.

### Working seniors on a census with less than 20 subscribers working for a company that does not qualify for TEFRA:

- Senior employee only - Select **EE** in the Senior Medical Coverage and Dental Coverage fields.

The screenshot shows the 'Edit employee' form with the following fields and values:

Employee information:				
First Name	Last Name	*Birth date	Age	Gender
MaryAnn	Flynn	01/01/1950	68	Female
*Employment Status		*ZIP Code	State County	
Active		01851	MA Middlesex	
Medical Coverage	Senior Medical Coverage	Dental Coverage		
Waive V	EE	EE		

Buttons: Add dependent, Cancel, Save

The system will modify the Medical Coverage field to a valid Waiver.

Seniors with dependent spouse younger than 65 years:

- Spouse only - add the spouse as an active employee; select EE in the Medical Coverage field
- Spouse with dependent child(ren) – add the spouse as an active employee; select EC in the Medical Coverage field and add the children as dependents.

Seniors with dependent spouse 65+ years:

- Spouse only - add the spouse as an active employee; select EE in the Senior Medical Coverage field.
- Spouse with dependent child(ren) – add the spouse and each child as an active employee; select EE in the Medical Coverage field.

**Senior Dental coverage**

There are no “senior” dental plans. As a result, the selection made depends only on whether the senior has dependents.

- Seniors only - select EE in the Dental Coverage field.
- Seniors with dependents – select ES, EC or FAM as needed and provide dependent information.

**Senior Retiree**

Select **Cobra** in the Employment Status field. Attachments that must be provided to BCBSMA:

- Tax documents of other retirees to prove that the same benefits are offered to all the retirees.
- Medicare ID card for anyone older than age 65.

**Ex - Spouse**

When an employee must provide coverage to an ex-spouse, determine whether the employee has remarried.

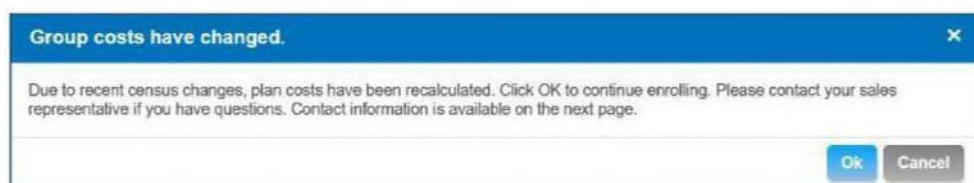
Not remarried – select ES as the medical and/or dental coverage and add the ex-spouse as a dependent.

Remarried - add the ex-spouse as an active employee and select EE in the medical/dental coverage fields

Attachments that must be provided to BCBSMA include:

- Divorce decree
- Marriage certificate if remarried.

Changes to the census may trigger the following message:



This includes adding and removing employees and zip code changes. Contact your BCBSMA Sales Representatives if you have questions or concerns.





Final rates are based on final census and actual enrollment in the selected medical and/or dental plans.

1. Click **OK** to acknowledge the message.

### Using the Template to Verify the Census

The census template is an Excel spreadsheet that can be exported, modified and uploaded into BlueQuote when edits are completed. The census template is a great way to work with a large census or to make multiple changes at one time. Some prefer it to the on-screen method described above. All Excel features and functions are active. If you use the template, you can still make edits on-screen as the two methods of working with the census can be used interchangeably.



**Do not** Download the census template. **Export** the census to preserve the existing entries.

To verify the census using the template:

### Verify census

Review the census and resolve issues identified with . Each employee must have an email address to ensure they receive enrollment information.  
Use Export Census to modify the existing census details then use Upload Census to import the corrections.

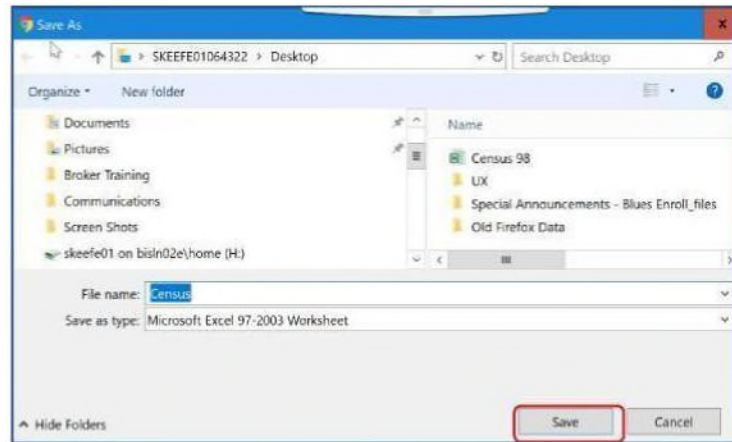
9 employees

[Add employee](#)
[Upload census](#)
[Export census](#)
[Download census template](#)

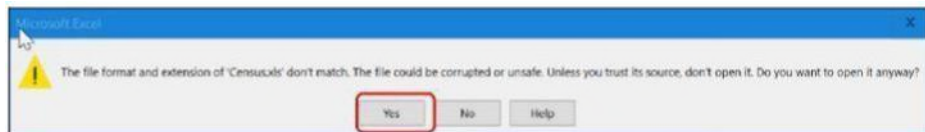
[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Sam	Sam	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse				
Dave	Dave	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse				
Melissa	Melissa	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse, 1 Child				

1. Click the **Export census** link.



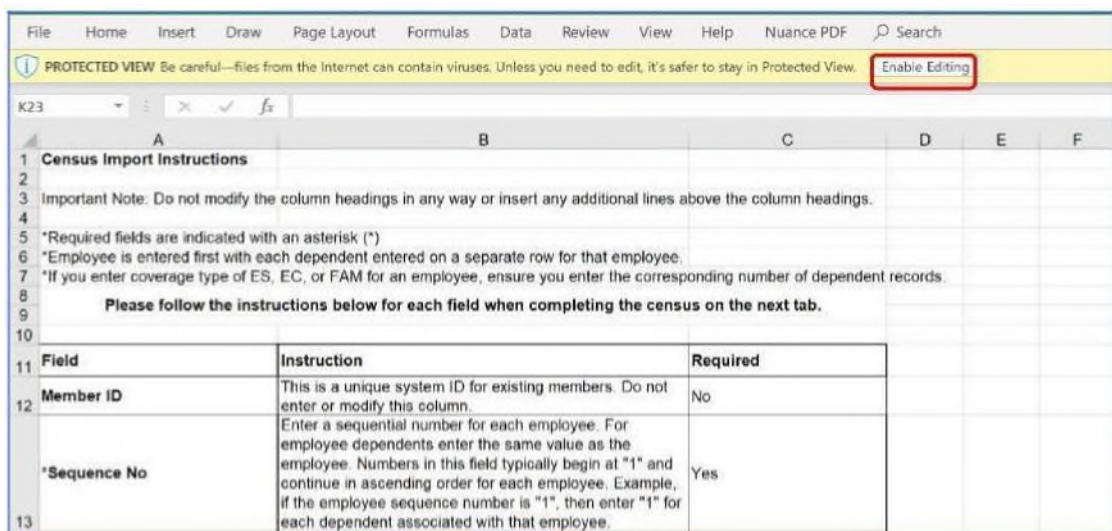
2. Navigate to where you want to store the census template. Modify the filename as needed.
3. Click **Save**.
4. **Minimize BlueQuote** and navigate to the template's location.
5. Double-click to open the census template.



4. Click **Yes** to acknowledge the file format message and open the Excel spreadsheet.



The messages you see when downloading the template will vary slightly from browser to browser. Edge was used in this example.



5. Click **Enable Editing** at the top of the spreadsheet.

- Click the **Instructions** tab to read the instructions then click the **Census** tab to add to or modify the census detail.
- Ensure that all required fields (\*) are completed.

Census Information (*Required Fields)										
Member ID	Sequence No.	Relationship to Employee (Employee, Spouse, Child)	Last Name	First Name	Gender (Female, Male)	Birth date (MM/DD/YYYY)	Age	Employment Status (Active, COBRA)	Medical Coverage (EE, ES, EC, FAM, Waive V, Waive Y)	Senior Me
1	1	Employee	Sam	Jones	Male	01/01/1990	28	Active	ES	
2	1	Spouse	Tracy	Jones	Female	01/01/1990	28	Active	ES	
3	2	Employee	Dave	Dawson	Male	01/01/1990	28	Active	ES	
4	2	Spouse	Maria	Dawson	Female	01/01/1990	28	Active	ES	
5	4	Employee	Ellis	Ellis		01/01/1990	28	Active	EE	
6	6	Employee	Fisher	Frank		01/01/1990	28	Active	EE	
7	6	Employee	Gates	Gail		01/01/1990	28	Active	EE	
8	7	Employee	Henderson	Hend		01/01/1990	28	Active	EE	
9	8	Employee	Keefe	Ida		01/01/1990	28	Active	EE	
10	9	Employee	Lygram	Isaac		01/01/1990	40	Active	Waive V	EE

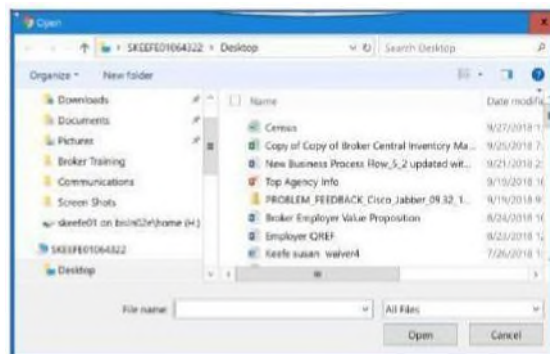


Senior employees on a census less than 20 subscribers working for a company that does not qualify for TEFR must be entered as **Waive V** in the **Medical Coverage** field and **EE** in the **Senior Coverage** field. Errors will display when uploading the census if this is not done.

Senior employees can only be added during Verify Census if other senior employees are already on the census. If there are no existing seniors, add this senior on the Enrollment [Snapshot page](#).

- Save** and **Close** the spreadsheet.

- Return to the **Verify Census Page** and click **Upload Census**.
- Navigate to and double-click the saved census file to upload it.



The following message displays when the upload is successful:

**Verify census**

Review the census and resolve issues identified with ❗. Each employee must have an email address to ensure they receive enrollment information. Use Export Census to modify the existing census details then use Upload Census to import the corrections.

**9 employees**

✔ You have successfully imported 9 employee(s) to Deacon's Dresses.

[Add employee](#)
[Upload census](#)
[Export census](#)
[Download census template](#)

[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Jones	Sam	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse				
Davison	Dave	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse				



The number of dependents is not included in the message. While it only shows the number of employees who were successfully uploaded, you can assume that the dependent information uploaded successfully as well because it displays on the census summary.

Row and column information and a description of the issue is provided when errors prevent the file from uploading successfully. Return to the census template, correct the errors, save the file and upload the census again.

**Import errors**

The following errors have been found in your census file. Please address these errors and import again.

Location	Description
N3	ZIP Code requires 5 numeric digits. Please check the entry and try again.
N4	ZIP Code requires 5 numeric digits. Please check the entry and try again.

### Editing the Census After Uploading

Once the census is uploaded successfully, you have two options if you need to modify it again.

**Employee census** 3 employees

This section is used to identify employees and their dependents. Click the Add Employee button to provide details here or use the Download Census Template link to document the census using an Excel spreadsheet. Click Upload Census to import the detail when the template is completed. Once the census is entered, review and resolve issues identified with !

✓ You have successfully imported 3 employee(s) to Penny's Pies.

[Add employee](#) [Upload census](#) [Export census](#) [Download census template](#)

[Expand employee details](#)

First name	Last name	Birth date	Employee status	Action
Jane	Smith	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse, 1 Child				
Travis	Wilson	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: Spouse, 1 Child				
Martina	Lopez	01/01/1990	Active	<a href="#">Edit</a> <a href="#">Remove</a>
Family members: None				

[Expand employee details](#)

[Previous](#) [Save and exit](#) [Continue](#)

1. Click **Edit** in the **Action** column.

**Edit employee**

Employee information:

First Name: Martina Last Name: Lopez Birth date: 01/01/1990 Age: 28

Gender: Female Employment Status: Active ZIP Code: 02110 State: MA County: Suffolk

Medical Coverage: EE Senior Medical Coverage: Dental Coverage: EE

[Add dependent](#) [Cancel](#) [Save](#)

2. Modify the existing details including adding or deleting dependents.
    - a. Ensure that the **Medical Coverage** and/or **Dental Coverage** fields are modified when adding or removing dependents.  
**For Example**, if dependents were not previously listed, EE must be changed to ES, EC or FAM based on the dependents added.
  3. Click **Save**.
- OR
4. Click the **Export census** link to continue working with the template.



**Do not Download** the census template. Export the census to avoid having to re-enter the data unless a copy of the file is stored on your computer.

## Next Steps:

- Click **Continue** at the bottom of the Verify Census page to display the Employer application
- Click **Save and exit** to log out of BlueQuote. Refer to **My Account Enrollment** for next steps after you log back in to BlueQuote.

## Employer Application

The account application form must be completed and signed electronically in BlueQuote. Each page of the application form displays at the top of the screen to show progression

Check marks indicate the page is completed. Exclamation points **and red page name** indicate pages with missed or incorrect information. Pages that do not have a symbol have not been touched.

Once a page has been started, you can click the page name to quickly move to that section of the application.



All required fields must be completed before the account application can be submitted.

## Error Messages

When errors occur as you move from page to page in the on-line application form, the following message displays:

1. Click **Correct errors** to make corrections now.

OR

2. Click **Continue anyway** to proceed to the next page and return later to correct or add missing information.

Error details display at the top of the account application page and in the related section of the form.

## Employer Information Page





Information previously provided is populated on the account application form. Follow the steps below to complete the remaining details.

**Introduction**

Thank you for choosing one of our health and/or dental benefit programs. To ensure your application is processed without delay, please read, complete required fields and electronically sign below.

**Account Application for Insured Business**

**Company Information**

\*Employer's Legal Name   Doing Business As (DBA)   \*Employer's Tax ID No. ⓘ  
 Deacon's Dresses     

\*SIC code  
 5137

SIC code description: Women's & Children's Clothing

\*Nature Of Business   \*Type of Business  
  

\*Does Employment vary seasonally?  
☐ Yes  
☐ No

**Employer's Business Address**

\*Street Address  
 6 State Street

Street Address Line 2   \*City  
   Boston

\*State  
 MA

\*ZIP Code ZIP +4  
 02110  

### To complete the Company information:

1. Type the 9-digit Employer IRS tax id in the **\*Employer's Tax ID No.** field. Provide any other name by which this account is known in the **Doing Business As (DBA)** field, if applicable.
2. Describe the **\*Nature of Business** then click the drop-down arrow to select the **\*Type of Business** e.g., **Corporation, Partnership, Proprietorship** or **Other**.
3. Click **Yes** or **No** to answer **\*Does Employment vary seasonally?**
  - a. If **Yes**, provide an **\*Explanation**.
4. Review the **Employer's Business Address**.
5. Click **Yes** or **No** to indicate whether **the company has subsidiaries or affiliates that are separate legal entities whose employees are to be included on this application**.
  - a. If **Yes**, provide the **\*Address, \*Telephone \*Type of Business \*Nature of Business** and **\*Employer's Tax ID No.**
6. Type the **month and year** using **mm/yyyy** format to indicate the **\*Date the company was established**.
7. Click the **Less than 3 years** or **3 years or greater** radio button to identify **\*How long has the company been in business?**

### Billing Address and Billing Contact

1. Click **Yes** if the Billing Address is the same as Business Address.
  - a. If not, click **No** and provide the **\*Street, \*City** and **\*Zip Code**.
2. Type the billing contact's **\*First** and **\*Last** name, **\*Title, \*Email** address and **\*Telephone** number. **Fax** number can also be Included.

### Human Resources Administrator & Executive Contact

1. Type the HR contact's **\*First** and **\*Last** name, **\*Email** address and **\*Telephone** number. **Title and Fax** number can also be included.
2. Click **Yes** if the Executive Contact is the same as the Billing Contact.
  - a. If not, click **No** and provide the **\*First** and **\*Last** name, **\*Title**, **\*Email** address and **\*Telephone** number. **Fax** number can also be Included.
3. Click **Next** to continue to **Eligibility Requirements**.

OR

4. Click **Save & Exit** to complete the account application later. Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

### Eligibility Requirements Page

The numbered steps below correspond to the numbered fields on the form. All fields on this page are required \*.

**Eligibility Requirements**

Enter the following information to describe the eligibility requirements that your employees must meet to obtain coverage.

1. Eligible employees are defined as: permanent full-time employees regularly working 30 or more hours per week and permanent part-time employees working at least 20 hours, but less than 30 hours per week, at the employer's usual place of business and paid in accordance with state and federal wage requirements.

\*2. A. What is the total number of your employees? (includes full and part-time individual(s) who received payments from the employer that are subject to state and FICA taxes.) This information is very important to classify your company correctly for Federal Medicare Secondary Payer (MSP) requirements.

\*2. B. What is the total number of your permanent employees that are actively working and eligible for health care coverage?

\*2. C. Of the employees described in B, what is the total number that you have not enrolled because they are enrolled in another group health plan through their spouses or through other insurance such as Mass Health or Connector plans?

\*Medical \*Dental

\*2. D. Of the employees described in B, what is the total number you are enrolling in all your health care coverages?

\*Dental

2. A. Type the **total number of employees**.
2. B. Type the **total number of permanent employees actively working and eligible for health care coverage**.
2. C. Type the **number of employees that will not be enrolled because they are enrolled in other group health plans through a spouse or other insurance plan**. Enter the number for Medical and Dental.
2. D. Type the **total number of employees enrolling in all health care coverage**.
2. E. Type the **number of permanent employees eligible for coverage that have not selected health care coverage**. Enter the number for Medical and Dental.
2. . Type the **total number of other personnel not actively working but eligible for group health coverage** (retirees, COBRA).
0. Type the **number enrolled in each category based on total enrollment in all health insurance plans; \*Full..Time Employees, \*Part..Time Employees, \*Retirees Under 65; \*Retirees Over 65; \*COBRA; \*Working Aged**.
1. Click the drop-down arrows to **select the probationary period** (waiting time) for **\*Full..Time** and **\*Part..Time** employees who enroll in **Medical** and **Dental** after the original group effective date.
2. Click **Yes** or **No** to **\*indicate whether domestic partners are eligible for coverage**.
  - a. If **Yes**, select **Same sex only** or **Same and opposite sex**.



- 6.A. Click **Yes** or **No** to indicate whether the **company is offering Personal Savings Accounts to employees**.
  - 6.B. If **Yes**, provide the **Vendor name**.
  - 6.C. Click **Yes** or **No** to indicate whether the **vendor needs additional group setup**. a. If **Yes**, select the group **FSA Administrative Group, Owners, COBRA** or **Other**.
  7. Click **Next** to continue to **Current Carrier**.
- OR**
0. Click **Save & Exit** to complete the account application later.  
Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

### Current Carrier

Details from the Account Profile Products to Quote page will pre-populate the fields on this form.

**Current Carrier**  
Enter the following information regarding your current carriers.

**Coverage Information**

**Medical**  
\*Will this replace existing coverage?  
☐ Yes  
☐ No

**Senior**  
\*Will this replace existing coverage?  
☐ Yes  
☐ No

**Dental**  
\*Will this replace existing coverage?  
☐ Yes  
☐ No

< Previous      Save & Exit      Next >

#### To modify coverage information:

1. Click **Yes** or **No** to indicate whether the **Medical coverage will replace existing coverage**. a. If **Yes**, verify the **\*Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided.
2. Click **Yes** or **No** to **\*indicate** whether the **Senior coverage will replace existing coverage**. a. If **Yes**, verify the **\*Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided. This question only displays if Senior coverage is selected.
3. Click **Yes** or **No** to **\*indicate** whether the **Dental coverage will replace existing coverage**. b. If **Yes**, verify the **\*Prior Carrier Name**. Select a carrier from the drop-down list if one is not provided.
4. Click **Next** to continue to **Broker Designation** (if applicable)

**OR**

5. Click **Save & Exit** to complete the Employer application later.  
Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

### Broker Designation

This page of the application only displays if a Broker was involved with the quoting process. The broker's name, agency, agency address and contact information display on the right side of each application page.

The broker's name and agency are pre-populated based on information previously provided. Electronically sign and date this form which authorizes the Broker of Record for this account to receive information about your account from Blue Cross and Blue Shield of Massachusetts and to receive commission compensation.

1. Type your **\*Name**, **\*Title** and today's **\*Date**. The date can be selected from the calendar or typed using mm/dd/yyyy format
  2. Click **Next** to continue to the **Application Summary**
  - OR
  3. Click **Save & Exit** to complete the account application later.
- Refer to **My Account Enrollment** for next steps when you log back into BlueQuote.

## Application Summary

This is an opportunity to review the information you entered and make corrections.

1. Scroll through the details or click **Print** to review a paper copy.
2. Click **Edit** at the bottom of each section to open the form and modify the information.
3. Scroll to the bottom of the open section and click **Next** to save and continue reviewing the application.
4. Repeat steps 2-3 as needed then click **Next** when the review is complete.

### Employer Signature

This form is used to certify that the information provided is true and complete and to electronically sign the form.



This is the last page of the application. It cannot be submitted unless green check marks display next to all the pages in the progress bar at the top of the page.

### Employer Signature

Read the following Terms and Conditions associated with the completion of this application and the insurance plan(s) applied for. If you accept these terms and conditions, E-sign the application and click the "Submit" button

**I Understand That:**

- (1) Coverage is not effective until approved by Blue Cross and Blue Shield.
- (2) Final premium rates are subject to current Blue Cross and Blue Shield underwriting guidelines and FINAL ENROLLMENT.
- (3) Requested effective date of coverage may be declined or deferred if the information submitted is incomplete.
- (4) Existing coverage should not be canceled until this request is approved.
- (5) No broker or consultant may make or modify a contract for Blue Cross and Blue Shield.
- (6) All enrolled groups are subject to enrollment eligibility reviews at any time.
- (7) All groups must verify their enrollment on an annual basis at renewal.
- (8) Groups found to have misrepresented eligibility of subscriber(s) are subject to immediate cancellation, with no conversion privileges, and are liable for all benefits paid for inappropriately enrolled subscribers.
- (9) The Premium Account Agreement will be considered accepted and binding when the Account first makes a payment to Blue Cross and Blue Shield.
- (10) Premium payment is due on or before the date listed on each invoice. Amounts past due are subject to an interest charge of up to 1.5% per month, as described in your Premium Account Agreement.

☐ I certify that the information in this application is true and complete.

**Non-Discrimination under Massachusetts Law**

By signing below, I confirm that each Blue Cross and Blue Shield product for Massachusetts residents is being offered by  to all full-time employees in Massachusetts and, except as permitted  does not contribute a smaller percentage of the premium for lower paid full-time employees than higher paid full-time employees who live in Massachusetts and enroll in the same product. (This non-discrimination provision does not apply to employees covered by collective bargaining agreements)

**Signed By (Authorized Employer Representative)**

*First Name	Mi	*Last Name	Suffix	Title	*Date
Mason		Miller	▼		10/15/2018

\*Company Name

*Sales Executive	*Date	Regional Office
Steve Cunha	10/15/2018	<input type="text"/>

Territory No.	*Telephone
<input type="text"/>	<input type="text"/>

< Previous

Save & Exit

Submit

1. Click the checkbox to **certify** that the information provided is true and complete.
2. Ensure the information in the **Signed By** area at the bottom of the form is correct.
3. Click **Submit** to display the confirmation.



**Submission Confirmation**

The employer application was successfully submitted. Final rates are subject to underwriting analysis and **ACTUAL ENROLLMENT** as of the plan effective date.

Click Continue to begin managing the Enrollment process.

[Continue](#)

3. Click **Continue** to acknowledge the submission of the application and the reminder that final rates are based on actual enrollment and underwriter review.

## My Account Enrollment

My Account Enrollment displays either:

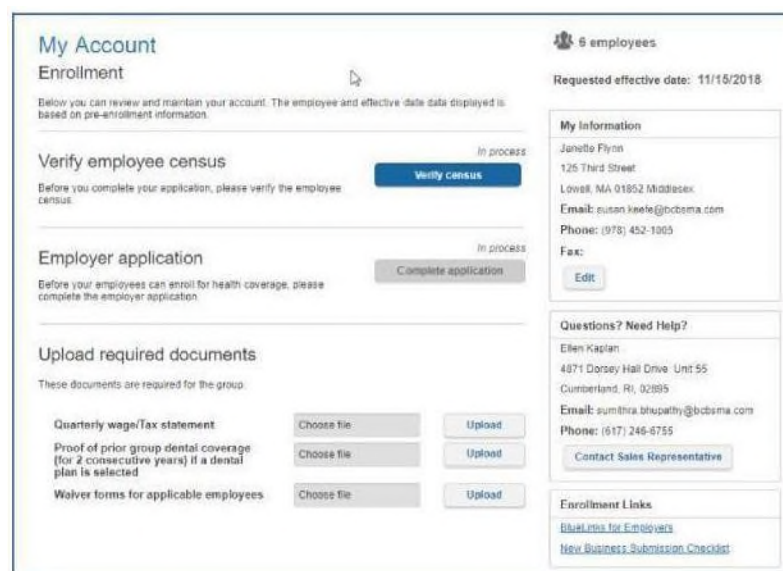
- After you complete the Employer Application

OR

- Whenever you log back into BlueQuote to continue working through the enrollment process.

The enrollment functions and the order in which they display vary slightly depending on where you are in the enrollment process:

The example below shows what the screen looks like when you log back in after working on but not completing Verify Census. The census status is **in process**, and the Employer application was not started and is grayed out. Because these two steps are not finished, **Manage Employee enrollment** does not display as an option on the page.



**My Account Enrollment**

Below you can review and maintain your account. The employee and effective date data displayed is based on pre-enrollment information.

**Verify employee census** In process

Before you complete your application, please verify the employee census.

[Verify census](#)

**Employer application** In process

Before your employees can enroll for health coverage, please complete the employer application.

[Complete application](#)

**Upload required documents**

These documents are required for the group:

Quarterly wage/tax statement	<a href="#">Choose file</a>	<a href="#">Upload</a>
Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected	<a href="#">Choose file</a>	<a href="#">Upload</a>
Waiver forms for applicable employees	<a href="#">Choose file</a>	<a href="#">Upload</a>

**My Information**

Janelle Flynn  
125 Third Street  
Lowell, MA 01852 Middlesex  
Email: [cusan.keele@bcbsma.com](mailto:cusan.keele@bcbsma.com)  
Phone: (978) 452-1065  
Fax:  
[Edit](#)

**Questions? Need Help?**

Ellen Kaplan  
4871 Dorsey Hall Drive, Unit 55  
Cumberland, RI, 02805  
Email: [sumthira.bhupathy@bcbsma.com](mailto:sumthira.bhupathy@bcbsma.com)  
Phone: (617) 246-6755  
[Contact Sales Representative](#)

**Enrollment Links**

[BlueQuote for Employers](#)  
[New Business Submission Checklist](#)

Requested effective date: 11/15/2018

9 employees

### Steps in order of process:

- Complete Verify employee census
- Complete Employer application
- Upload required documentation to support the application process
- Manage employee Enrollment

In the example below, Verify census is no longer available, and the Employer application was completed. Once the application is completed, it can only be viewed. [View application](#) will allow you to print a copy of the application.



Employees who were missed or who will satisfy the enrollment waiting period for medical or dental benefits during the enrollment period can be added during **Manage employee enrollment**.

### Next steps:

- Upload required documentation to support the application process
- Manage employee Enrollment

The information in the right column of the My Account Enrollment page displays the **number of employees on the census** and the **Requested effective date** of your coverage. Below that is your name and contact information.



Ensure that your contact telephone number is correct. It will display as the help contact number to the employees during their enrollment process. Click **Edit** to modify your contact information.

**Questions? Need Help?** Just below your contact information is the name and contact information for your broker. You can also use the **Contact Sales Representative** option to send an email message to your BCBSMA representative when you have question about enrollment.

**Enrollment Links** provides access to **BlueLinks for Employers** where you can find tools to help you manage your account and give you access to information that will help your company get the most from your BCBSMA coverage. The **New Business Submission Checklist** identifies the documentation you need to provide to BCBSMA as part of the application process.

## Upload Documents

This section of the **My Account Enrollment** page is used to attach Quarterly wage/tax statements, proof of two years prior dental coverage, if applicable, and waiver forms for employees who were identified as waiving coverage on the Verify census page.



Contact your broker or BCBSMA account executive displayed in the [Questions? Help?](#) area if the Upload documents section of the page is missing.

### Attachment Rules

- Multiple documents can be attached within each section until it reaches the size limit.
- File size maximum is 20 MB for each upload doc section eg: Quarterly Wage report 20MB.
- File formats can include .xls, .xlsx, .csv, .doc, .docx, .vsd, pdf.

Attachment filenames cannot contain any of the following characters:



& # @ \$ \* ( ) + . ! , % ^

As a temporary measure, additional documentation as outlined in the **New Account Submission Checklist** is also uploaded here. Since only one file can be uploaded for each of the documents listed, you should scan multiple documents into a single Word or PDF document. This is also necessary when multiple waiver forms are submitted for applicable employees.

### To upload documents:

1. Click **Upload** beside one of the listed documents.

**Upload documents**

Click Upload to attach the documents listed below. Once attached, documents can be replaced or deleted. Click the checkbox beside the document name to delete it.

	File Name	
<input type="checkbox"/> Quarterly wage/Tax statement		<b>Upload</b>
<input type="checkbox"/> Proof of prior group Dental coverage (2 consecutive years) if applicable to this quote.		<b>Upload</b>
<input type="checkbox"/> Waiver forms for applicable employees		<b>Upload</b>

Click Attachments in Enrollment Links to attach additional documents.



2. Navigate to the file's location.



3. **Double-click** to select a file and return to My Account Enrollment.

**Upload documents**

Click Upload to attach the documents listed below. Once attached, documents can be replaced or deleted. Click the checkbox beside the document name to delete it.

	File Name	
<input checked="" type="checkbox"/> Quarterly wage/Tax statement	Deacons Wage Tax Statements	<a href="#">Replace</a>
<input checked="" type="checkbox"/> Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected		<a href="#">Upload</a>
<input checked="" type="checkbox"/> Waiver forms for applicable employees		<a href="#">Upload</a>

**4. Multiple documents** can be attached for each upload documents section. There is no limit to the number of documents that can be attached. However, once the system reaches the size limit of 20MB for that section eg: Quarterly Wage statement, it will not attach any further documents.

**Upload documents**

Click Upload to attach the documents listed below. Once attached, documents can be replaced or deleted. Click the checkbox beside the document name to delete it.

	File Name	
<input checked="" type="checkbox"/> Quarterly wage/Tax statement		<a href="#">Upload</a>
	Deacons Wage Tax Statements	<a href="#">Replace</a>
	Quarterly Wage Tax Statements	<a href="#">Replace</a>
	Quarterly Wage Tax Statements	<a href="#">Replace</a>
<input checked="" type="checkbox"/> Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected		<a href="#">Upload</a>
<input checked="" type="checkbox"/> Waiver forms for applicable employees		<a href="#">Upload</a>

Click Attachments in Enrollment Links to attach additional documents.

**Employee enrollment** [Enroll employees](#)

Click Enroll employees to manage the enrollment process.

**Doing business at:**  
Address: 12 Main St Dedham, MA 02026

**Primary contact:**  
Tim Allen  
(617) 945-4484 (work)  
a@cdvax.com

**Account owners:**  
**Broker:**  
Sales rep:  
Internal User  
karen.chapman@benefitfocus.com

**Enrollment links:**  
[Attachments](#)  
[BlueLinks for Employers](#)  
[New Business Submission Checklist](#)  
[Enrollment Policy](#)  
[Withdraw](#)

The uploaded file displays in the **File Name column** and upload changes to Replace.

5. Repeat steps 1-3 as needed until all documents are attached.
6. Click the file name if you want to verify that the correct document was uploaded.

**To replace the file with another document:**

1. Click **Replace** beside the appropriate document.
2. Navigate to and double-click to select a different file.

The next step in the process is employee enrollment.

## **Manage Employee Enrollment**

This option is only available after the Employer Application is completed. As the company's primary contact, you will use the **Enroll Employees** button on the My Account Enrollment page to set up the employee shopping site and monitor or manage employee enrollment.



**My Account Enrollment**

Below you can review and maintain your account. The employee and effective date displayed is based on pre-enrollment information.

**Manage employee enrollment** [Enroll employees](#)

Enrollment has been opened to the employees. Manage the enrollment of your employees by reviewing the employee enrollment form status and making any application updates to the employee roster.

**Employer application** Completed on: 10/16/2018 [View application](#)

The employer application has been submitted and a summary of the application can be viewed.

**Upload required documents**

These documents are required for the group:

Document	Choose file	Upload
Quarterly wage/tax statement	<a href="#">Choose file</a>	<a href="#">Upload</a>
Proof of prior group dental coverage (for 2 consecutive years) if a dental plan is selected	<a href="#">Choose file</a>	<a href="#">Upload</a>
Waiver forms for applicable employees	<a href="#">Choose file</a>	<a href="#">Upload</a>

**My Information**

Melvin Miller  
222 Main St  
Boston, MA 02110 Suffolk  
Email: [susan.miller@bluecross.com](mailto:susan.miller@bluecross.com)  
Phone: (878) 455-3242

FAX: [Edit](#)

**Questions? Need Help?**

Elton Kasher  
4671 Denney Hall Drive Unit 55  
Cumberland, RI 02804  
Email: [elton.kasher@bluecross.com](mailto:elton.kasher@bluecross.com)  
Phone: (878) 249-6795  
[Contact Sales Representative](#)

**Enrollment Links**

[Link to Employer](#)  
[New Business Submission Checklist](#)

1. Click **Enroll employees** to display the Set Open Enrollment Dates page.

By setting open enrollment dates, you are creating the employee shopping site.

**Set Open Enrollment Dates**

**Enrollment period**

Set the dates for coverage effective date for open enrollment start and end dates.

The Open Enrollment period represents the time in which current employees can enroll in the selected insurance plans. Blue Cross Blue Shield of Massachusetts requires the submission of all enrollment information and forms a maximum of 10 business days prior to the coverage effective date to allow for underwriter processing. ID cards will be issued 10-12 business days from the coverage effective date.

Required documents include Quarterly Wage Reports, Tax forms and Disability forms.

Please contact your Blue Cross Blue Shield Sales Representative if the coverage effective date needs to be changed.

\* Coverage effective date: 11/01/2018 \* Start date: 10/01/2018 \* End date: 10/05/2018

☒ Check here if you want to send open enrollment emails to employees

**Primary contact information**

Review and modify the primary contact information as needed. This information will display to your employees in the Contact Us section of the account shopping site.

By default, the primary contact will receive a confirmation email when the setup is complete. Uncheck the box if the confirmation is not needed.

\* First name:  \* Last name:

Street address:  Street address 2:

ZIP: 02110 - Boston, MA (Suffolk) State: MA County: Suffolk City: Boston

Phone number:  Ext.:  \* Email address: [susan.miller@bluecross.com](mailto:susan.miller@bluecross.com)

☒ Send contact an email upon completion of site setup

[Send and continue](#)

The enrollment period represents the time in which employees can enroll in the insurance plans selected by your company and complete their member applications.

Blue Cross Blue Shield of Massachusetts requires you to submit all enrollment information and forms a minimum of 10 business to the coverage effective date to allow for underwriter processing

**To modify the open enrollment period:**

1. Click into the **Start date** and **End date** fields. Type the new dates using mm/dd/yyyy format.



The end date must be before the [Coverage effective date](#). Contact your broker or Blue Cross Blue Shield if the coverage effective date needs to be changed.

### Employee Notification

BlueQuote can send email notification to employees who have a valid email address (provided during census verification) to let them know that they can access BlueQuote to shop on-line for coverage and complete their applications.

1. Click the check box to send employee notifications.

### Primary Contact

You can change the primary contact, if necessary. BlueQuote can notify the new Primary contact via email which enables them to set up a BlueQuote login to manage enrollment.

#### To change the Primary contact:

1. Ensure that the **\*First name**, **\*Last name**, **\*Phone number** and **\*Email address** fields are fill in.

2. Click the check box to send email notification to the new primary contact.
3. Click **Save and continue**.

**An employee shopping website has been created for Deacon's Dresses**

Employees with email addresses will receive an email notification that includes login instructions. Please provide the shopping URL, Employee Access Code and Employee PIN located on the Setup tab of the Enrollment Snapshot to employees who do not have an email address.

Click Done to access the Enrollment Snapshot page

**Enrollment dates**

Coverage effective date	Start date	End date
11/01/2018	10/03/2018	10/29/2018

☐ Check here if you want to send open enrollment emails to employees

**Primary contact information**

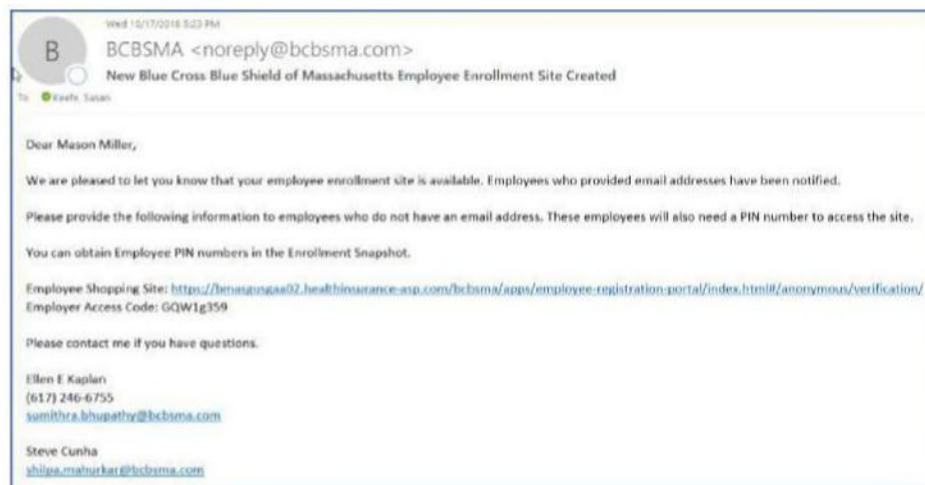
First name: Last name  
 Title: Susan  
 Street address: Street address 2: City: State: ZIP  
 5 State Street Boston MA 02110  
 Phone number: Ext. Email address  
 617-246-6755 susan.kim@bcbsma.com

[Make a change](#) [Done](#)

The progress bar and the confirmation page indicates that the employee shopping site was created. Email notifications to employees will be sent if the notification option is selected.

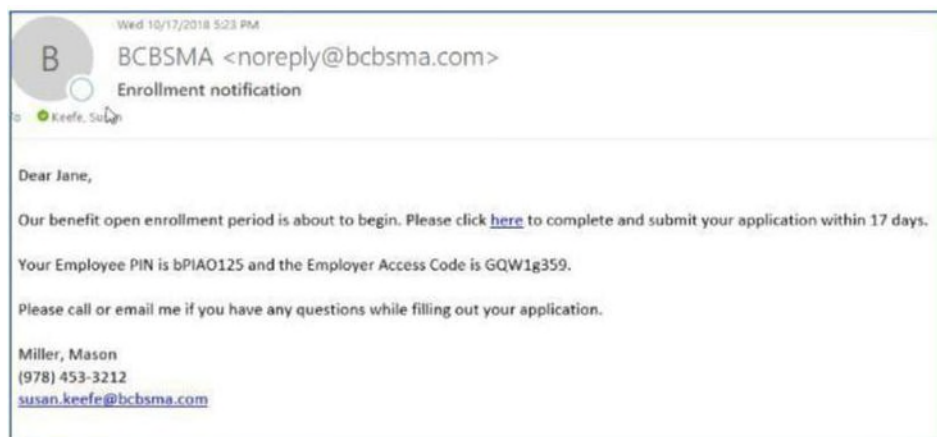
1. Click **Make a change** if corrections are needed.  
OR
2. Click **Done**.

### Sample of Primary Contact Email Notification



This email confirms that the employee shopping site was created and that employees who have email addresses (entered by you during Verify Census) have been notified.

### Sample of Employee Notification



The employee email includes a link to the shopping website, shows the number of days in the enrollment period and provides them with your name, phone number and email address should they have questions while completing their enrollment.

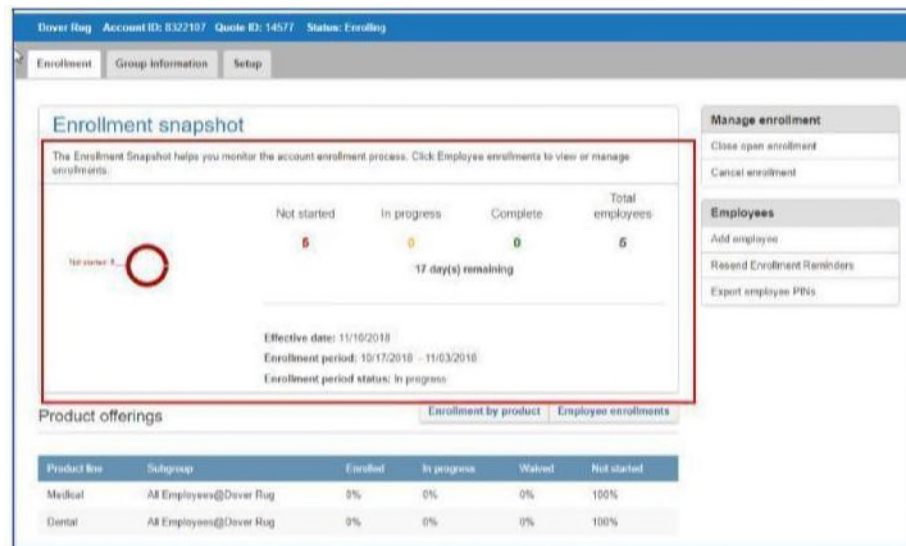
Employees will create their own BlueQuote login and shop for or waive coverage, complete their applications and provide you with any required forms or documents that you will attach on the My Account Enrollment page.

Employees have access to a user guide in BlueQuote's [Help menu](#) at the top of the window. The guide is also available on the BCBSMA Employer website.

Employees who do not have access to a computer will need you to enroll on their behalf. Refer to [Enroll on behalf of an employee](#) for more information.

### Enrollment Snapshot

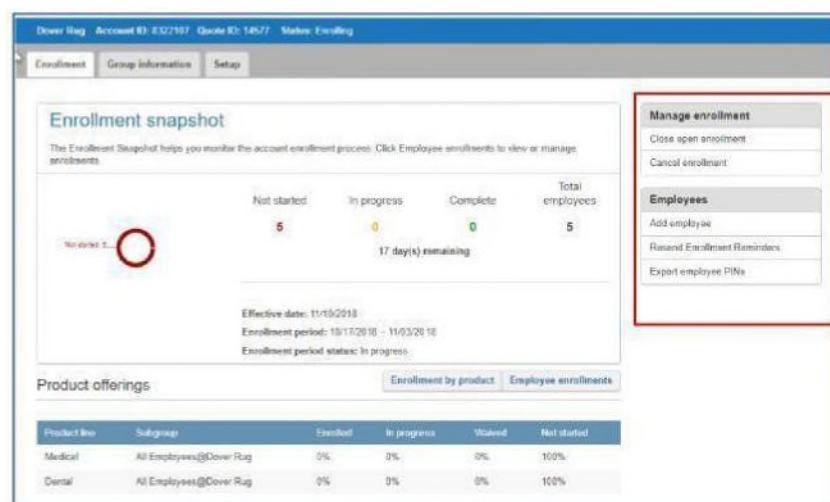
The Enrollment Snapshot is used to monitor or manage the employee enrollment process. The snapshot graphic shows the enrollment status in real time. It displays the number of employees who have not started enrollment, how many are in progress, the number completed and the total number of employees. Coverage effective date, enrollment period and enrollment status also display.



The area on the right has two sections – **Manage Enrollment** and **Employees**.

**Manage Enrollment** tools are used to **Close open enrollment** when all employees have completed shopping and their member applications and **Cancel enrollment** if your company does not wish to move forward with BCBSMA enrollment.

**Employees** has tools to **Add employees** to the census, **Resend Enrollment Reminders** to all employees who have email addresses if you notice they are not enrolling, and **Export employee PINs**.



The area below the graphic displays the default view of **Enrollment by product line** - medical, dental, or senior plans. The **Employee enrollments view** gives you access to enrollment status by employee and includes enrollment functionality in the **Action** column as well as options for emailing reminders to individual employees. This is the best way to monitor or manage employee enrollment.

## To view enrollment detail by employee:

1. Click **Employee enrollments**.

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Dover, Jane	e110112	Not started	susan.keefe@tcdema.com	All Employees@Dover Rug	01/01/1990	▼ Select
Dover, Dan	e110113	Not started	dan.dover@gmail.com	All Employees@Dover Rug	01/01/1990	▼ Select
Keefe, DebAnn	e110114	Not started	susan.keefe@tcdema.com	All Employees@Dover Rug	01/01/1990	▼ Select
Martinez, Angela	e110115	Not started	susan.keefe@tcdema.com	All Employees@Dover Rug	01/01/1990	▼ Select
Patel, Dilip	e110116	Not started	dpatel@yahoo.com	All Employees@Dover Rug	01/01/1960	▼ Select

The number of employees displayed per screen can be changed by clicking the drop-down at the top of the list.

## Next steps:

- Add employees
- Delete employees
- Send enrollment reminders
- Provide access information to employees who did not receive email notification.
- Enroll or waive coverage for employees

## Add Employees

**Employees**  
 Add employee

1. Click **Add employee** in the Employees box to the right of the enrollment snapshot graphic.

**Add employee**  
**Personal information**  
 Is senior: ☐  
 First name:  Last name:   
 Date of birth:  Gender:  Email:   
 No of children:   
**Permanent residence**  
 Address line 1:  Address line 2:   
 Zip:  State:  County:  City:   
**Employment information**  
 Employment status:   
 Subgroup:   
 Cancel Save



- Click to check the **Is Senior box** at the top of the form if this employee is 65 years of age or older.
- Type at least the \*First name, \*Last name, \*Date of birth, \*Gender and the \*Email address.



Use your own email address if the employee does not have email access.

- Type the **Address** and **Zip** code in the Permanent residence area. State, City and County default based on the zip code.
- Select **Active** or **COBRA** from the **Employee status** drop-down list.
- Select the company from the **Subgroup** drop-down list.
- Click **Save** to return to the Enrollment snapshot page.



The employee, or you when acting on their behalf, will be able to add dependents before shopping.

The total number of employees in the snapshot graphic will increase and the newly added employee will display at the bottom of the list.

**Enrollment snapshot**

The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started: 6 | In progress: 0 | Complete: 0 | Total employees: 6

Effective date: 11/15/2018  
Enrollment period: 10/17/2018 - 11/03/2018  
Enrollment period status: In progress

Employees: Enrollment by product Employee enrollments

Entries per page: 25 Refresh

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Dever, Jane	e115112	Not started	susan.korke@bcbsma.com	All Employees@Dever Rug	01/01/1959	~ Select
Dever, Dan	e115113	Not started	dan.dever@gmail.com	All Employees@Dever Rug	01/01/1959	~ Select
Keele, BethAnn	e115114	Not started	susan.korke@bcbsma.com	All Employees@Dever Rug	01/01/1959	~ Select
Martinez, Angela	e115115	Not started	susan.korke@bcbsma.com	All Employees@Dever Rug	01/01/1959	~ Select
Patel, Dilip	e115116	Not started	dpatel@yahoo.com	All Employees@Dever Rug	01/01/1959	~ Select
Wilson, Sam	e115346	Not started	sam.smith@yahoo.com	All Employees@Dever Rug	01/01/1959	~ Select

**Manage enrollment**

- Close open enrollment
- Cancel enrollment

**Employees**

- Add employee
- Resend Enrollment Reminders
- Export employee PIDs

- Click **Refresh** if the name does not display.
- Repeat steps 1-7 until all employees are added.



Changes to zip code, birth date or selecting Is Senior can impact plan availability and rates.

## BlueQuote – Enrollment

### To send a new employee an enrollment email notification:

1. Click the **Select drop-down** in the **Action** column of the added employee.
2. Click **Resend Enrollment Reminder**.



This employee will receive all the information needed to logon to BlueQuote and complete their enrollment.



Use **Resend Enrollment Reminder** in the Action column to remind any employee who has not started enrollment to do so.

## Delete an Employee

Remove employees (and dependents) who are no longer with the company to avoid issues with enrollment completion. Employees deleted by mistake must be added again.

### To delete an employee:

1. Click the **Select drop-down** in the **Action** column at the end of the employee's detail.



10. Click **Delete**.



2. Click **Delete**

again to confirm.

## View an Employee Profile

This option shows you all the details about an employee and his/her dependents and includes a link to enroll or waive coverage.



**To view an employee profile:**

1. Click the **Select drop-down** in the **Action** column for the employee.

Thompson, Sara	e114535	Not started	s@wahoo.com	All Employees@Deacon's Dresses	01/01/1990	<div> <div>Select</div> <div>View profile</div> <div>Edit</div> <div>Enroll/Waive</div> <div>Delete</div> </div>
----------------	---------	-------------	-------------	--------------------------------	------------	--

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield

2. Click **View Profile** to display details such as date of birth, employment status and dependent information.

Enrollment

Group information

Setup

Profile

View

Profile

Personal information

Name

Jones Sam

Birthdate

01/01/1990

Gender

Male

Marital status

—

Phone number

—

Address

Boston, MA 02110

Employee information

Employee ID

e114453

Title

—

Annual salary

—

Subgroup

All Employees@Deacon's Dresses

Employment status

Active

Household members

Enroll/Waive

Name	Relationship	Birthdate	Gender
Jones Sam	Self	01/01/1990	Male
Jones Tracy	Spouse	01/01/1990	Female

Return to employee list

3. Click **Enroll/Waive** to shop for this employee or click **Return to employee list**.

**To edit an employee profile:**

1. Click the **Select drop-down** in the **Action** column for the employee.

Thompson, Sara	e114535	Not started	s@wahoo.com	All Employees@Deacon's Dresses	01/01/1990	<div> <div>Select</div> <div>View profile</div> <div>Edit</div> <div>Enroll/Waive</div> <div>Delete</div> </div>
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Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield

2. Click **Edit**.

3. Change details such as **employee status**, address, email address, etc., Check the **Is Senior** box at the top of the form if the employee reached age 65 during the enrollment period.
4. Click **Save**.



Changes to zip code, birth date or selecting Is Senior can impact plan availability and rates. Final rates are based on final enrollment and underwriting review.

## Enrollment Reminders to All Employees

Use this feature to remind all employees about open enrollment if you don't see enrollment activity reflected on the snapshot.

1. Click **Resend Enrollment Reminder** in the Employees area.

2. Click **Resend**.

## Enroll on Behalf of Employees

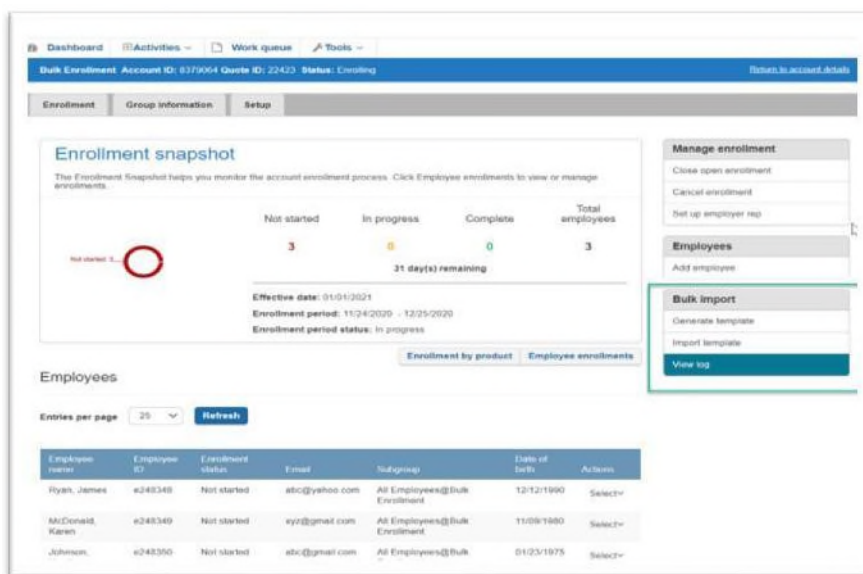
Employee Enrollment can be done by entering employee information manually for each employee or import in bulk by using the new **Bulk Import** functionality to import all employee's enrollment with a single click. Detailed below are steps to process employee enrollment using the bulk enrollment functionality followed by steps for manual employee enrollment process.

### A) Bulk Employee Enrollment

New section '**Bulk Import**' has been added on **Enrollment snapshot** page.

Bulk enrollment process involves three steps, completed by following three hyperlinks below -

- **Generate Template**
- **Import Template**
- **View Log**



To import bulk enrollment, follow these steps -

#### STEP 1 – GENERATE TEMPLATE

Bulk Enrollment template is not universal. Bulk enrollment **template needs to be exported from the specific account being worked on.**

- 1) Clicking on **Generate template** link will generate enrollment template **for the account.**
- 2) Generated template will pre-populate all census information already manually entered on census screen and verify census page during quoting and application process.

Template generated in excel format will have two tabs, first tab is –

**Instructions tab** - This tab has instructions on how to fill the template. All details on data type, allowed values, format and maximum characters allowed for each field are indicated on this instructions tab.

1	2	3	4	5
Instruction	Color Coding			
	System generated; Required for adding new employees			
	Required for Import Process			
	Optional			
	Conditionally Required			
	Required for Enrollment			
Personal (Employee)/Dependent Information				
Field Name	Data Type	Allowed Values	Maximum Character	Data Format Example
Sequence Number		Sequence Number must be used to tie all of the enrollment data for each employee and their associated dependents to the employee record. Each dependent row will also have a sequence number that is pre-filled based on the census. The dependent sequence number will match the related employee's sequence number.  If you wish to add additional employees and/or dependents, please use unique sequence numbers and make sure the sequence numbers for employee(s) and their associated dependents match.		
Relationship	Numeric	Pre-populated from Census (if entered)	25	
First Name	Alpha Characters	Pre-populated from Census (if entered)	25	
Middle Initial	Alpha Characters	Pre-populated from Census (if entered)	1	
Last Name	Alpha Characters	Pre-populated from Census (if entered)	25	
Gender	Drop-down	Pre-populated from Census - Birth	10	MM/DD/YYYY
Date of Birth	Numeric	Pre-populated from Census - Birth	10	MM/DD/YYYY
SSN	Numeric	Pre-populated from Census - Birth	10	MM/DD/YYYY
Date of hire	Numeric	Pre-populated from Census - Birth	10	MM/DD/YYYY
Is senior	Drop-down	Yes, No		
Employment status	Drop-down	Active, COBRA		
Active	Drop-down	Yes, No		
Es-spouse	Drop-down	Yes, No		
Retiree	Drop-down	Yes, No		
COBRA	Drop-down	Yes, No		
Phone number	Numeric	Yes, No	15	(###) ###-####
Employee Information				
Field Name	Data Type	Allowed Values	Maximum Character	Data Format Example
Home phone	Numeric	Pre-populated from Census (if entered)	15	(###) ###-####
Cell Phone	Numeric	Pre-populated from Census (if entered)	15	(###) ###-####
Email	Alphanumeric Characters	Pre-populated from Census (if entered)	50	xxx@xxx.xxx
Permanent Residences				
Field Name	Data Type	Allowed Values	Maximum Character	Data Format Example

**Enrollment Data tab**- Enrollment Data tab has all employee and dependent information pre-populated on the exported template with data that was entered during quoting process on census screen as well as updates made on Verify Census page. Eg: Name, date of birth, address, gender, email, employment status.

Downloaded template is now ready to be filled in with employee enrollment information.

**Color coding on template** – Column headers are color coded for ease of use, to indicate which fields are required, conditionally required and optional to fill in for completing the enrollment. **Blue** indicates required, **Green** is optional, and **purple** indicates conditionally required fields eg: Waive scenario

Personal (Employee)/Dependent Information														
Required for Import Process (Must be used for Sequencing)	Required for Import Process (Process Description)	Required for Import Process (Process Description)	Optional (Not needed for Import Process or Enrollment Submission)	Required for Import Process (Process Description)	Required for Import Process (Process Description)	Required for Import Process (Process Description)	Conditionally Required (If Employee is not a Full Worker)	Optional (Not needed for Import Process or Enrollment Submission)	Required for Import Process (Process Description)	Required for Import Process (Process Description)	Optional (Not needed for Import Process or Enrollment Submission)	Optional (Not needed for Import Process or Enrollment Submission)	Optional (Not needed for Import Process or Enrollment Submission)	Optional (Not needed for Import Process or Enrollment Submission)
Sequence Number	Relationship	First Name	Middle Initial	Last Name	Gender	Date of Birth	SSN	Date of Hire	Is senior	Employment status	Active	Es-spouse	Retiree	COBRA
1	James			James	Male	11/11/1985		No	Active					
2	James	McDonald		Female	Female	11/11/1985		No	Active					
2 Spouse				Male	Male	08/08/1985								
3	Heather			Johnson	Female	01/01/1975		No	Active					
3 Spouse				Male	Male	04/04/1975								
3 Child				Female	Female	08/08/2005								



## Entering Enrollment data in generated template –

- 1) Enter or select required enrollment information under applicable columns in template.
- 2) When there is more than one plan selected during quoting, on template you will see both plans to select as dropdown option, plan name do not need to be typed manually.

Required for Import Process Execution (Pre-filled Based on Quoting Census Sequence Number)	Required for Import Process Execution	Required for Import Process Execution	Optional (Not needed for Import Process or Enrollment Submission)	Required for Import Process Execution	Conditionally Required *If Are you actively working? = No	Conditionally Required *If Are you retired? = Yes	Conditionally Required (Child only) * If Employee is not a full Waiver	Conditionally Required if Medical line is added to Enrollment and Medical plan is not waived for employee or dependent	Conditional
Sequence Number	Relationship	First Name	Middle Initial	Last Name	Are you retired?	Retirement Date	Is the dependent disabled and aged 26 or older?	Medical Plan	Wait
1	James			Ryan					
2	Karen			McDonald				PPO - Preferred Blue® PPO Select \$2,000 HMO Blue® Select \$2,000 Deductible	

- 0) Certain questions during employee enrollment process are available to select from dropdown options of 'Yes' and 'No' values.

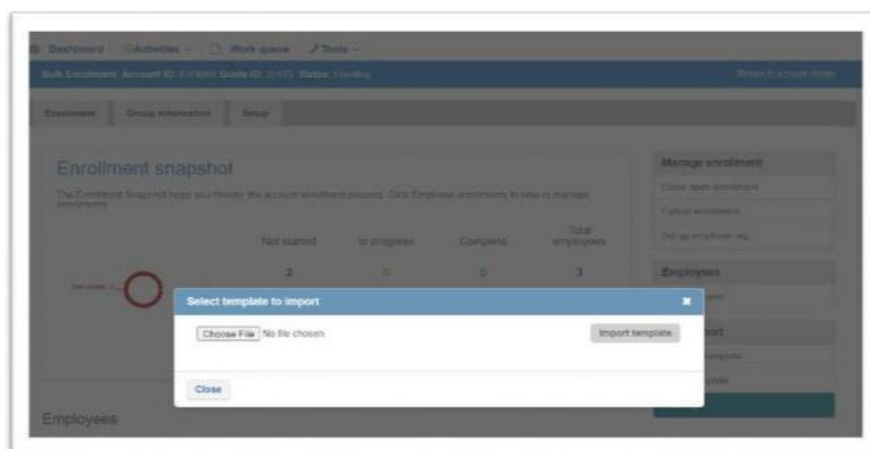
Required for Import Process Execution (Pre-filled Based on Quoting Census Sequence Number)	Required for Import Process Execution	Required for Import Process Execution	Optional (Not needed for Import Process or Enrollment Submission)	Required for Import Process Execution	Conditionally Required *If Are you actively working? = No	Conditional
Sequence Number	Relationship	First Name	Middle Initial	Last Name	Are you retired?	Retirer
1	James			Ryan	Yes	
2	Karen			McDonald	No	

Once all information is entered on the 'Enrollment Data' tab, template is **ready to be imported**.

## STEP 2 – IMPORT TEMPLATE

### IMPORT TEMPLATE PROCESS:

- 1) All information is entered, and template is saved on local folder or desktop, as preferred.
- 2) To import click on '**Import Template**' link under **Bulk Import** section (on Enrollment Snapshot page), choose File and click on Import Template button.
- 3) When upload is complete the button 'Import Template' will change to '**Uploaded**'





Select template to import

Bulk Enrollment Demo Template.xlsx

Select template to import

Bulk Enrollment Demo Template.xlsx

## IMPORT TEMPLATE – EMPLOYEE ENROLLMENT STATUS POST IMPORT

- 1) Check Employee Enrollment status on **Enrollment Snapshot** page to confirm import was successful.
- 2) If import was successful with no errors, employee Enrollment status will display as '**Completed**'  
If there were errors on enrollment import, employee Enrollment status will display as '**Started**'
- 3) Click on '**View Log**' link under Bulk Import to view errors on import if import was unsuccessful.

Enrollment

Group information

Setup

Enrollment snapshot

The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started

In progress

Complete

Total employees

0

3

0

3

22 day(s) remaining

Effective date: 12/15/2020

Enrollment period: 12/09/2020 - 12/31/2020

Enrollment period status: In progress

Manage enrollment

Employees

Bulk import

Enrollment by product

Employee enrollments

Employees

Entries per page: 25

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions
Ryan, James	e248452	Started	abc@yahoo.com	All Employees@Shipa Bulk Enrollment	12/12/1990	Select~
McDonald, Karen	e248453	Started	xyz@gmail.com	All Employees@Shipa Bulk Enrollment	11/11/1985	Select~
Johnson,	e248454	Started	abc@yahoo.com	All Employees@Shipa Bulk	01/02/1978	Select~

## STEP 3 – VIEW LOG

- 1) All missing and incorrect information issues on import are recorded in a log file. To review issues, click on '**View Log**' under Bulk Import section, this is the last link under Bulk Import (screenshot below).
- 2) All issues will be listed on the log file with sequence number, first and last name, column location on template and error details in last column.

Import Process Successful				
	3	Records Provided		
	3	Records Processed		
	32	Errors Occurred		
Sequence Number	First Name	Last Name	Location	Description
1	James	Ryan	I4	The SSN field is required. Please enter a value.
1	James	Ryan	R4	The Home phone field format is invalid. Please make sure the entry is numeric and the format is #####, ###-##-#### or (###) ###-####
1	James	Ryan	U4	The Street address/P.O. Box # field is required. Please enter a value.
1	James	Ryan	AV4	The Do you have other dental insurance coverage? field is required. Please select a value.
2	Karen	McDonald	I5	The SSN field is required. Please enter a value.
2	Karen	McDonald	R5	The Home phone field format is invalid. Please make sure the entry is numeric and the format is #####, ###-##-#### or (###) ###-####
2	Karen	McDonald	U5	The Street address/P.O. Box # field is required. Please enter a value.
2	Karen	McDonald	AV5	The Do you have other dental insurance coverage? field is required. Please select a value.
2			D6	The First Name field is required. Please enter a value.
2			F6	The Last Name field is required. Please enter a value.
2			AA6	The Did you select an HMO Plan? field is required. Please select a value.
2			AR6	The Do you have other medical insurance coverage? field is required. Please select a value.
2			AV6	The Do you have other dental insurance coverage? field is required. Please select a value.
2			AZ6	The Are you covered by Medicare? field is required. Please select a value.
2			BI6	The Are you actively working? field is required. Please select a value.
3	Heather	Johnson	I7	The SSN field is required. Please enter a value.
3	Heather	Johnson	R7	The Home phone field format is invalid. Please make sure the entry is numeric and the format is #####, ###-##-#### or (###) ###-####
3	Heather	Johnson	U7	The Street address/P.O. Box # field is required. Please enter a value.
3	Heather	Johnson	AV7	The Do you have other dental insurance coverage? field is required. Please select a value.

## BULK ENROLLMENT SUCCESSFUL RE-IMPORT

- 1) Update the previously saved template based on log file, fix all the errors listed on log file.
- 2) Re-import the template using the same '**Import Template**' link under Bulk Import (as in Step 2).
- 3) When template is successfully imported, all employees Enrollment status will display as '**Completed**'.

Dashboard
Activities
Work queue
Tools

Bulk Enrollment
Account ID: R370004
Quote ID: 22423
Status: Enrolling
Return to account details

Enrollment
Group Information
Setup

### Enrollment snapshot

The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started
0

In progress
0

Complete
3

Total employees
3

31 day(s) remaining

Effective date: 01/01/2021  
Enrollment period: 11/24/2020 - 12/25/2020  
Enrollment period status: In progress

Enrollment by product Employee enrollments

### Manage enrollment

Close open enrollment  
Cancel enrollment  
Set up employer rep.

### Employees

Add employee

### Bulk Import

Generate template  
Import template  
View log

### Employees

Entries per page: 25 Refresh

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Action
Ryan, James	e248348	Completed	abc@yahoo.com	All Employees@Bulk Enrollment	12/12/1990	Select
McDonald, Karen	e249349	Completed	xyz@gmail.com	All Employees@Bulk Enrollment	11/09/1980	Select
Johnson, Heather	e249350	Completed	abc@gmail.com	All Employees@Bulk Enrollment	01/23/1975	Select

## B) Manual Employee enrollment

Employees						Enrollment by product	Employee enrollments
Entries per page: 25		Refresh					
Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Actions	
Dover, Jane	e116112	Not started	susan.keefe@bcbdma.com	All Employees@Dover Rug	01/01/1990	Select	
Dover, Dan	e116113	Not started	dan.dover@gmail.com	All Employees@Dover Rug	01/01/1990	Select	
Keefe, BethAnn	e116114	Not started	susan.keefe@bcbdma.com	All Employees@Dover Rug	01/01/1990	Select	
Marinez, Angela	e116115	Not started	susan.keefe@bcbdma.com	All Employees@Dover Rug	01/01/1990	Select	
Patel, Dilip	e116116	Not started	dpatel@yahoo.com	All Employees@Dover Rug	01/01/1990	Select	

### To enroll on behalf of an employee:

1. Locate the employee in the list then click the **Select** drop-down arrow in the **Actions** column.

Thompson, Sara	e114535	Not started	s@wahoo.com	All Employees@Deacon's Dresses	01/01/1990	Select View profile Edit <b>Enroll/Waive</b> Delete
----------------	---------	-------------	-------------	--------------------------------	------------	---

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield

2. Click **Enroll/Waive** to display the employee household information.

The company name and the number of days remaining in the open enrollment period display in the header at the top of the page. The progress bar shows that you are viewing the Employee profile (household) details.

### Employee Enrollment

1 Employee profile
2 Skip tax plans
3 Enrollment

#### Employee household

Verify the details below and provide any missing information including dependents.

Employee home zip code: 02110

* First name Sam	* Last name Jones	* Date of birth 01/01/1990	Relationship Self	* Gender Male
* First name	* Last name	* Date of birth 01/01/1990	Relationship Spouse	* Gender Female

[Remove Dependent](#)  
[Add Dependent](#)  
[Save and exit](#)
[Save and continue](#)

3. Add the **\*First name** and **\*Last name** of the dependent(s) and add any other missing required information. All fields are required.

## Add Dependents

**Employee Enrollment**

1 Employee profile — 2 **Select for plans** — 3 Enrollment

**Employee household**

Verify the details below and provide any missing information including dependents.

Employee home zip code:  
02110

* First name	* Last name	* Date of birth	Relationship	* Gender
Sam	Jones	01/01/1990	Self	
Tracy	Jones	01/01/1990	Spouse	Female
<a href="#">Remove Dependent</a>				
<a href="#">Remove Dependent</a>				
<b>Add Dependent</b>				

[Save and exit](#) [Save and continue](#)

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



Remove any unused dependent rows.

## Remove Dependents

1. Click the **Remove Dependent** link below the dependent's row to delete dependents no longer covered by the employee. The dependent's information is immediately removed without warning. There is no undo. Add dependents removed by mistake.

**Employee Enrollment**

1 Employee profile — 2 **Select for plans** — 3 Enrollment

**Employee household**

Verify the details below and provide any missing information including dependents.

Employee home zip code:  
02110

* First name	* Last name	* Date of birth	Relationship	* Gender
Sam	Jones	01/01/1990	Self	
Tracy	Jones	01/01/1990	Spouse	Female
<a href="#">Remove Dependent</a>				
<a href="#">Remove Dependent</a>				
<a href="#">Add Dependent</a>				

[Save and exit](#) [Save and continue](#)

2. Click **Save and continue** when the household details are completed.

## Medical Plan Selection

The progress bar at the top of the page shows that the Employee profile is completed, and you are selecting plans for this employee and his/her dependents.

**Employee Enrollment**

Employee profile **Shop for plans** Enrollment

**Medical** Dental Cart

**Medical Plan Options**

Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Compare Plans for a side-by-side benefit review when multiple plans are offered. Click Add to Cart to select a plan.

To exclude a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical to decline coverage. Plans are automatically added to your Cart when only one plan is offered.

Shopping for  
☒ Jones (28)  
☒ Jones (28) ☒ Jones (7)

**HMO Blue: Select \$1000 Ded with Copay**

[View plan details](#) [Remove from cart](#)

Preventative Visit	\$0
Office Visit	\$30 copay
Specialist Visit	\$45 copay
Emergency Room	\$150 copay after deductible
Robot Order Rx	\$20/\$30/\$50

[Email plan details](#)

[Save and exit](#) [Continue to dental](#)

The plans offered by the employer display in tabs on the left. Medical plan details display first. The action buttons at the bottom of each page will move you from medical plans to dental plans then to the Cart as you make selections. The tabs can also be used to move to the other plan types offered, or to the Cart.

When only one plan is offered for any product line, it is automatically added to the Cart. When multiple Medical plans are offered, a plan must be added to the Cart unless medical coverage is waived.



All the functionality in plan shopping is described in case employees contact you for assistance. When enrolling on behalf of an employee, you would typically add a medical plan to the Cart if plan choices are offered and go directly to the Cart rather than view benefit details or compare plans.

### View plan information

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

**Plan details**

**Key benefits**

Medical	
Preventative Visit	\$0
Office Visit	\$30 copay
Specialist Visit	\$45 copay
Emergency Room	\$150 copay after deductible
Retail Order Rx	\$25/\$30/\$50
Mail Order Rx	\$40/\$60/\$150
Inpatient Admissions	\$500 copay after deductible
Surgical Day Care (SDC)	\$250 copay after deductible
Chiropractic Coverage	Coverage provided for 12 visits; \$45 copay
MR, CT, PET Scans and Nuclear Cardiac (NC) Imaging Tests	\$0 after deductible
Medical Deductible	Individual \$1,000/Family \$2,000 (Rx \$0)
Out-of-Pocket Maximum	IN and OON combined: Individual \$8,500/Family \$16,000
Out-of-Network Coverage	Coverage provided for emergency services only
Contraception	20% after deductible on select services
Mental Health Coverage	Inpatient: \$500 copay after deductible; Outpatient: \$30 copay
Substance Abuse Coverage	Inpatient: \$500 copay after deductible; Outpatient: \$30 copay
Healthy Actions	No
Domestic Partner	None
Maternity Coverage	Coverage Provided. See Summary of Benefits for details

**Plan documents**

[Summary of benefits](#)  
[Summary of benefits and coverage](#)

[Return to plan list](#)

2. a. Click **Summary of benefits** or **Summary of benefits and coverage** at the bottom of the form to see and print a more detailed explanation of benefits, if necessary. Click **Return to plan list** when the review is complete.

## Side-by-Side Benefit Review

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

**Medical Plan Options**

Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes, then click Compare Plans for a side-by-side benefit review when multiple plans are offered. Click Add to Cart to select a plan.  
 To include a dependent from coverage, uncheck the box beside the dependent. Click Waive Medical to decline coverage.  
 Plans are automatically added to your Cart when only one plan is offered.

Shopping for: ☒ Sam (25) ☒ Mary (21)

[Waive medical](#) [Compare plans](#)

Plan	Medical Deductible	Office Visit	Specialist Visit	Emergency Room	Inpatient Admissions
<b>HMO Blue® Select \$1000 Deductible</b>	\$1,000 Ind / \$2,000 Fam	\$25	\$40	\$250	Deductible
<a href="#">View plan details</a> <input checked="" type="checkbox"/> Add to cart <input type="checkbox"/> Add plan to compare					
<b>HMO Blue® Select Saver \$2000</b>	\$2,000 Ind / \$4,000 Fam	\$25 after Deductible	\$40 after Deductible	\$250 after Deductible	\$250 after Deductible
<a href="#">View plan details</a> <input checked="" type="checkbox"/> Add to cart <input type="checkbox"/> Add plan to compare					

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



**Employee Enrollment**

1. New profile 2. Plan to plan 3. Enrollment

**Medical**

Shopping for: [X] Spouse (SR) [X] Self (SR)

**HMO BlueSelect Select Silver \$2000**

**Add to cart**

Medical	
Medical Deductible	\$1,000 Ind / \$2,000 Fam
Office visit	\$25
Specialist visit	\$40 after Deductible
Emergency Room	\$200
Emergency Ambulance	\$200 after Deductible
Outpatient Rx	\$25/\$50/\$100/\$200
Mail Order Rx	\$20/\$100/\$200/\$400
Prescription Care (PCP)	Deductible
Chiropractic Coverage	\$40
Maternity Care (MCO)	\$40 after Deductible

**Add to cart**

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

**Employee Enrollment**

1. New profile 2. Plan to plan 3. Enrollment

**Medical**

**Medical Plan Options**

Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes. Then click Compare Plans for a side-by-side benefit review when multiple plans are offered. Click Add to Cart to select a plan.

To exclude a dependent from coverage, uncheck the box beside the dependent. Click Select Medical to see the coverage. Plans are automatically added to your Cart when only one plan is offered.

Shopping for: [X] Spouse (SR) [X] Self (SR)

**Plan added to cart**  
HMO BlueSelect Select Silver \$2000 was successfully added to your cart.

**HMO BlueSelect Select Silver \$2000**

**View plan details**

Medical	
Medical Deductible	\$1,000 Ind / \$2,000 Fam
Office visit	\$25 after Deductible
Specialist visit	\$40 after Deductible

**Remove from cart**

**Save and exit** **Continue to details**

**Print or eMail Plan Details**

**Employee Enrollment**

1. New profile 2. Plan to plan 3. Enrollment

**Medical**

**Medical Plan Options**

Click View Plan Details to review the plan benefits. Check the Add plan to compare boxes. Then click Compare Plans for a side-by-side benefit review when multiple plans are offered. Click Add to Cart to select a plan.

To exclude a dependent from coverage, uncheck the box beside the dependent. Click Select Medical to see the coverage. Plans are automatically added to your Cart when only one plan is offered.

Shopping for: [X] Spouse (SR) [X] Self (SR)

**Plan added to cart**  
HMO BlueSelect Select Silver \$2000 was successfully added to your cart.

**HMO BlueSelect Select Silver \$2000**

**View plan details**

Medical	
Medical Deductible	\$1,000 Ind / \$2,000 Fam
Office visit	\$25 after Deductible
Specialist visit	\$40 after Deductible

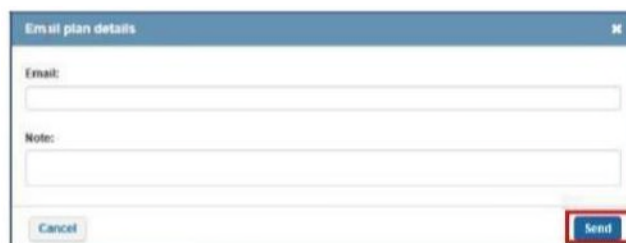
**Remove from cart**

**Print** **Compare plan details**

**Save and exit** **Continue to details**

Plan details can be printed by clicking **Print** in the upper right corner of the page. You can also email the information to employees that you enroll.

1. Click **Email** plan details.

A dialog box titled "Email plan details" with a close button (X) in the top right corner. It contains two text input fields: "Email:" and "Note:". Below the fields are two buttons: "Cancel" on the left and "Send" on the right. The "Send" button is highlighted with a red rectangle.

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

### Waiving Coverage

Coverage can be waived for employees or their dependents who do not wish to enroll in the medical/senior and/or dental plans offered by you/your employer.

#### To Waive coverage for a dependent:

A screenshot of the "Employee Enrollment" page, specifically the "Medical Plan Options" section. The page shows a progress bar with three steps: "Your profile", "Shop for plans", and "Enrollment". On the left, there are tabs for "Medical", "Dental", and "Cart". The "Medical" tab is selected. The main content area contains instructions and a "Shopping for" section. In the "Shopping for" section, there are two entries: "Elaine (29)" and "Jake (29)". The checkbox next to "Jake (29)" is checked and highlighted with a red rectangle.

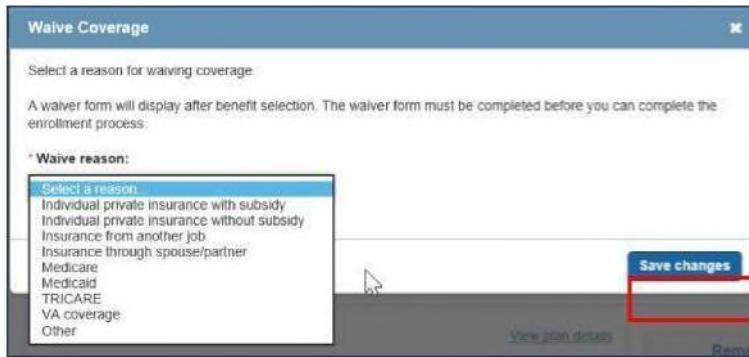
1. Click the **check box beside the dependent's name** in the **Shopping for** area at the top of the plan list to remove the checkmark.

#### To Waive employee coverage:

A screenshot of the "Employee Enrollment" page, specifically the "Medical Plan Options" section. The page shows a progress bar with three steps: "Your profile", "Shop for plans", and "Enrollment". On the left, there are tabs for "Medical", "Dental", and "Cart". The "Medical" tab is selected. The main content area contains instructions and a "Shopping for" section. In the "Shopping for" section, there are two entries: "Elaine (29)" and "Jake (29)". The checkbox next to "Elaine (29)" is checked. In the top right corner, there is a "Waive medical" button highlighted with a red rectangle.

1. Click **Waive medical**.





**Waive Coverage**

Select a reason for waiving coverage.

A waiver form will display after benefit selection. The waiver form must be completed before you can complete the enrollment process.

\* **Waive reason:**

- Select a reason
- Individual private insurance with subsidy
- Individual private insurance without subsidy
- Insurance from another job
- Insurance through spouse/partner
- Medicare
- Medicaid
- TRICARE
- VA coverage
- Other

**Save changes**

[View plan details](#)

[Remove](#)

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

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



**Employee Enrollment**

Employee profile **2** Shop for plans **3** Enrollment

**Medical Plan Options**

Medical  
Dental  
Cart

**Medical coverage waived**  
Reason: Medicare

**Save and exit**

**Continue to dental**

**Cancel waiver**



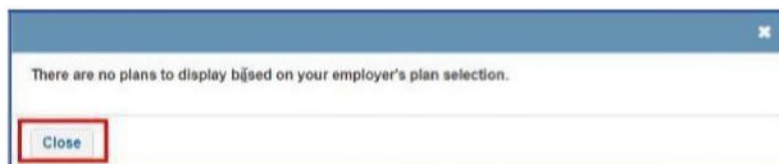
An online waiver form is automatically added to the member application form when employee coverage is waived.

#### To cancel a waiver:

1. Click **Cancel waiver** to redisplay the plans so you can select a medical plan.
2. Click **Continue to Dental** if the employer offers dental plans. Otherwise, review the contents of the cart then **Save and Exit**.

#### Plans Not Available

When you do not have a medical plan to select, the following message displays:



There are no plans to display based on your employer's plan selection.

**Close**

1. **Close** the message.
2. Click **Save and exit**.
3. Contact BCBSMA to determine next steps.

## Dental Plan Selection

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

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

## Your Cart

The plan you selected for the employee and his/her dependents display. You can change plans if the employer is offering multiple options and the wrong plan was selected or remove a plan from the cart to waive the coverage.

### To change a plan from the Cart:

1. Locate the plan in the cart then click **Change plan**.
2. Click the **Medical** plan tab to select a different plan.

**To remove a plan from the Cart:**

1. Locate the plan in the list then click **Remove plan**.



There is no undo. Plans deleted by mistake must be selected again or you must waive coverage.

**Next steps:**

- Click **Continue to Enrollment** when selections in the Cart are correct.

The next page is a set of instruction for the **Employee Application form**. The plan selections made while shopping display on the right.

1. Review the instructions then click **Continue** at the bottom of the page to display the application form.

## Employee Enrollment Application Form

The first section of the Employee application is for the employee (Member 1), followed by separate sections for each dependent. Some of the fields on the form automatically populate based on information previously provided by you or your employer. Add or modify the details as needed and ensure that all required fields (\*) are complete.

### To complete the application form:

1. Click the appropriate box at the top of the form to indicate your employment status e.g., **Active**, **Ex-spouse** if insuring a former spouse, **Retiree**, or **COBRA**.
2. Type the employee's **\*Social Security Number**.
3. Type the employee's **Date of Hire** in mm/dd/yyyy format, if available.
4. Type at least one phone number\* - a **Home phone** or **Cell phone**.
5. Add the **\*Street address/P.O. Box #**.

Questions display in the next section. Additional fields will display when you answer **Yes**.

Did you select an HMO Plan?

☐ Yes

☐ No

6. Click **Yes or No** to indicate whether you selected an **HMO Plan** during shopping.
  - a. If **Yes**, provide the name and ID of the **Primary Care Physician** (PCP).

Did you select an HMO Plan?

☒ Yes  
☐ No

Name of PCP

PCP ID # (see instructions)  [Find a Doctor](#)  
Example: 700J12345


City/State

Is this your current PCP?

☐ Yes  
☐ No

Warning: if you do not enter Primary Care Provider information, claims may not be fulfilled.

- i. Click **Find A Doctor** to locate the primary care physician ID if not known.
- b. Type the **PCP's City** and **State**, if provided.

 BCBSMA will contact the employee to obtain the PCP ID if you cannot identify it at this time. It is not a required field but is necessary for claims processing.

7. Click **Yes** or **No** to indicate whether this is your current PCP.

Do you have other medical insurance coverage?

☒ Yes  
☐ No

Other medical insurance company name

City/State

8. Click **Yes** or **No** to indicate whether you will have **\*other medical insurance coverage** as of the effective date of this new policy if your company is offering Medical coverage.
  - a. If **Yes**, select the **other insurance company** from the drop-down list and add the **City/State** if available.

Do you have other dental insurance coverage?

☒ Yes  
☐ No

Other dental insurance company name

City/State

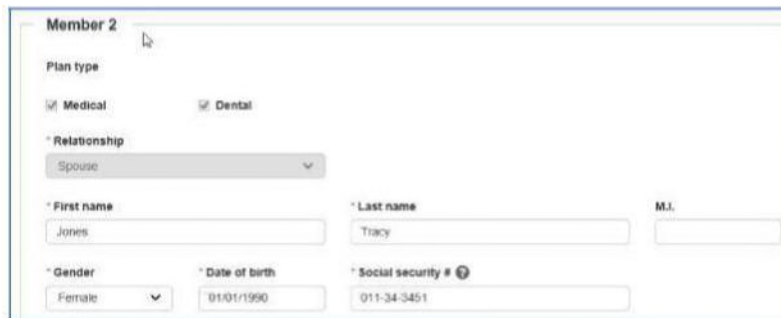
9. Click **Yes** or **No** to indicate whether you will have **\*other dental insurance coverage** as of the effective date of this new policy if your company is offering Dental coverage.
  - a. If Yes, select the **other insurance company** from the drop-down list and add the **City/State** if available.

10. Click **Yes** or **No** to indicate whether you are **\*covered by Medicare**.
  - a. If **Yes**, click to **check Part A, B, or D**.
  - b. Type the **Medicare ID #**.
  - c. Select the **reason for Medicare coverage** from the drop-down list.
    - The Medicare # field accepts 10 or 11 alphanumeric characters (no special characters) prior to 1/1/2020 calendar date and only accepts 11 characters on 1/1/2020 calendar date and beyond.
    - The text message for Medicare field display.  
(Enter your Medicare Beneficiary Identifier (MBI) without spaces or dashes.  
Example: 1EG4TE5MK73)
    - If Medicare # is entered, at least 1 checkbox for Medicare Part A or B is required.
    - If Part A checkbox is selected, Part A effective date is required.
    - If Part B checkbox is selected, Part B effective date is required.
    - If Part D checkbox is selected, Part D effective date is optional.
    - If Part D checkbox is selected, Medicare # is required.

11. Click **Yes** or **No** to indicate whether you are **\*actively working**.
  - a. If **No**, click **Yes** or **No** to indicate whether you are **\*retired**.
  - b. If **Yes**, provide the **\*Retirement date** in mm/dd/yyyy format.

## Dependents

Dependents include spouse, ex-spouse and children. The questions that display depend on the type of dependent.



**Member 2**

**Plan type**

☒ Medical ☒ Dental

**\* Relationship**

Spouse

**\* First name** Jones **\* Last name** Tracy **M.I.**

**\* Gender** Female **\* Date of birth** 01/01/1990 **\* Social security #** 011-34-3451

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



**\* Did you select an HMO Plan?**

☒ Yes ☐ No

**Name of PCP** **PCP ID # (see instructions)** [Find a Doctor](#)

Example: 70012345

**City/State**

**Is this your current PCP?**

☐ Yes ☐ No

Warning: If you do not enter Primary Care Provider information, claims may not be fulfilled.

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



**\* Do you have other medical insurance coverage?**

☒ Yes ☐ No

**\* Other medical insurance company name**

Select

**City/State**

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

\* Do you have other dental insurance coverage?

- ☒ Yes  
☐ No

\* Other dental insurance company name

Select ▼

City/State

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

7. Click **Yes** or **No** to indicate whether the dependent is **\*covered by Medicare**.
  - a. If **Yes**, click to **check Part A, B, or D**.
  - b. Type the **Medicare ID #**.
  - c. Select the **Reason for Medicare coverage** from the drop-down list – **65+**, **disabled** or **ESRD**.
    - The Medicare # field accepts 10 or 11 alphanumeric characters (no special characters) prior to 1/1/2020 calendar date and only accepts 11 characters on 1/1/2020 calendar date and beyond.
    - The text message for Medicare field display.  
(Enter your Medicare Beneficiary Identifier (MBI) without spaces or dashes.  
Example: 1EG4TE5MK73)
    - If Medicare # is entered, at least 1 checkbox for Medicare Part A or B is required.
    - If Part A checkbox is selected, Part A effective date is required.
    - If Part B checkbox is selected, Part B effective date is required.
    - If Part D checkbox is selected, Part D effective date is optional.
    - If Part D checkbox is selected, Medicare # is required.



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

### Dependent Children

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

\* Is the dependent disabled and aged 26 or older?

☐ Yes

☒ No

### Acceptance & Signature

**Acceptance and signature**

The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.

**Mason Miller**

I am the person authorized to sign on behalf of Jane Dover.

**Nondiscrimination notice**

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02271-2126, phone at 1-800-472-2639 (TTY: 711), fax at 1-617-246-3616, or email at [civilrightscoordinator@bcbsma.com](mailto:civilrightscoordinator@bcbsma.com).

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at [ocrportal.hhs.gov](http://ocrportal.hhs.gov), by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 505F, HHH Building, Washington, DC 20201, by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at [hhs.gov](http://hhs.gov).

☒ I read and understood the nondiscrimination notice.

1. Scroll down to the **\*Nondiscrimination notice** and click to check the box to indicate that the notice was read and understood.
2. Type your **\*First name** and **\*Last name** in the **Signature** area at the bottom of the page.



Do not include extra spaces before or after either name. Type your **middle initial** only if it is used in your login

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

### Waiver Forms

Waiver forms automatically display after the Acceptance & Signature section of the on-line application if coverage was waived during shopping. Most of the information is pre-filled. Simply select the waiver reason(s).



The example is a Medical waiver. The only difference between medical and dental waivers is the reference to "medical" or "dental" coverage. When all coverage is waived, the form will have medical and dental sections.



Blue Cross Blue Shield of Massachusetts Waiver

Required fields are indicated with an asterisk (\*)

**Mason's personal information**

\* First name: Mason \* Last name: Miller Middle initial: [blank]  
 Company name: Case Consulting \* Date of birth: 01/01/1980

**Medical**

☒ I waive my employer's group Medical insurance coverage for myself and my eligible dependents (if any).  
 Reason for Waiver of Coverage - Check all that apply:

☐ I am covered as a spouse or dependent under another group Medical plan.  
☐ I am covered by Medicare, non-group, Veterans program or a secondary employer.  
☐ I am not covered by another Medical insurance and choose not to participate in my employer's group plan at this time.  
☐ Other

**Signature**

I waive my and/or my dependent's (if any) eligibility to enroll in my employer's group plan at this time. I understand that I and/or my dependents may enroll under this plan in the future under the terms defined in the eligibility section of the subscriber certificate or benefit description.

\* First name: M.A. \* Last name: [blank] Date: 06/11/2019

I affirm that the selections in this form are true and complete to the best of my knowledge, and I understand that Blue Cross Blue Shield of Massachusetts has the right to terminate coverage, retroactive to the effective date of coverage, for any material misrepresentation (including omissions) contained in this form.

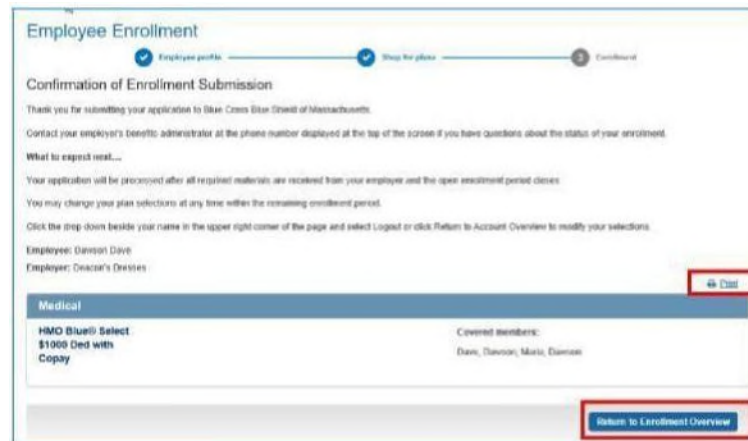
Employer signature: [blank] Date: [blank]

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1. Click to check all **applicable reasons** for waiving coverage.  
 a. If **Other** is checked, an **explanation is required**.
2. Type your **\*First name** and **\*Last name** in the Signature area.
3. Type your name in the **Employer signature** field and add the **Date**.
4. Click **Submit**.

## Confirmation of Enrollment Submission

This is an opportunity to review the benefit selections you made on behalf of this employee and print a copy of the confirmation page, if needed.



**Employee Enrollment**

Employee profile — Skip the plan — Confirmation

**Confirmation of Enrollment Submission**

Thank you for submitting your application to Blue Cross Blue Shield of Massachusetts.

Contact your employer's benefits administrator at the phone number displayed at the top of the screen if you have questions about the status of your enrollment.

**What to expect next...**

Your application will be processed after all required materials are received from your employer and the open enrollment period closes.

You may change your plan selections at any time within the remaining enrollment period.

Click the drop-down beside your name in the upper right corner of the page and select **Logout** or click **Return to Account Overview** to modify your selections.

Employee: Damon Dave  
 Employer: Damon's Diner

**Medical**

HMO BlueSelect  
 \$1000 Ded with Copay

Covered members:  
 Dave, Damon, Maria, Eleanor

**4x Print**

**Return to Enrollment Overview**

1. Click **Print** if you wish to provide a copy to the employee or keep a copy for your records.
2. Click **Return to Enrollment Overview**.



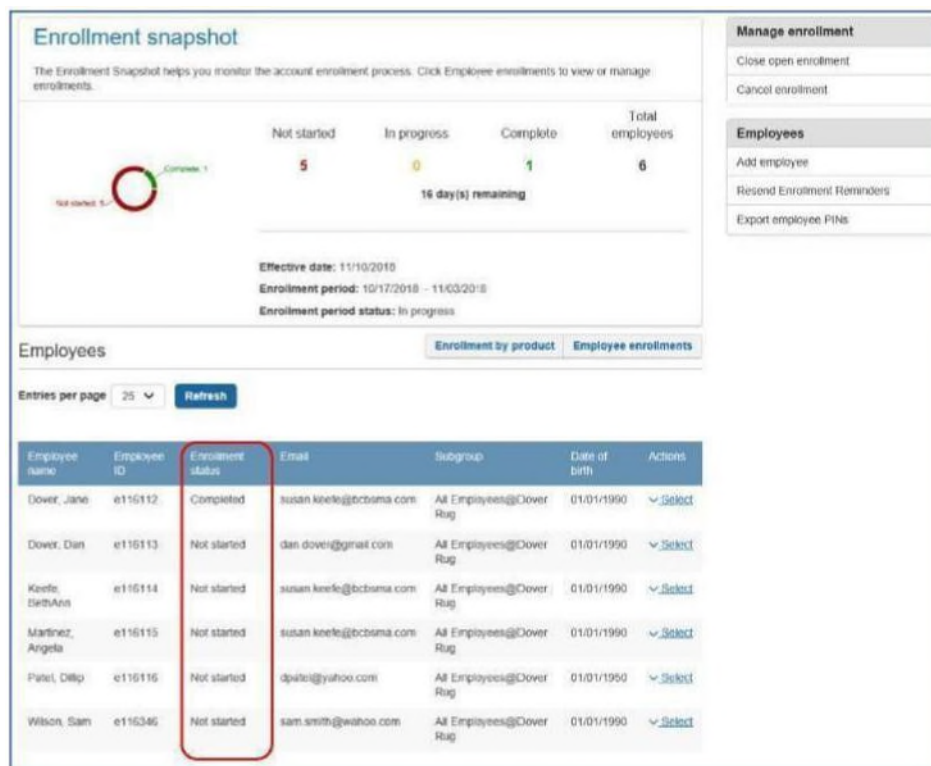
Plan selections can be modified until the enrollment period ends.



## BlueQuote - En rollment

Ensure that all relevant documentation e.g., disability forms, divorce decrees, marriage licenses, etc., have been provided by the employee and attached on the My Account Enrollment page.

The Enrollment Snapshot graphic is updated in real time until enrollment reaches 100%.



The enrollment status for each employee displays in the Employee list. Enrollment statuses are: **Not Started**, **In Progress** or **Completed**. These statuses mirror those reported in the snapshot graphic.

### Extending the Enrollment Period

The enrollment window can be extended if you do not have enough time to enroll everyone on the census in the time remaining. Contact BCBSMA if necessary.



Plan selections can be modified until the enrollment period ends.

### Modify a Completed Enrollment or Finish a Started Enrollment

1. Locate the employee in the list.

2. Click the **Select drop-down** in the **Action** column at the end of the employee's detail.

Employee name	Employee ID	Enrollment status	Email	Subgroup	Date of birth	Action
Bain, James	#154455	Completed	james.bain@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>
Davis, Deborah	#154456	Completed	deborah.davis@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>
Ellis, Elaine	#154457	Completed	elaine.ellis@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>
Fisher, Frank	#154458	Completed	frank.fisher@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>
Gates, Gail	#154459	Completed	gail.gates@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>
Hammerman, Fred	#154460	Completed	fred.hammerman@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>
Kelly, NA	#154461	Completed	na.kelly@bluecross.com	All Employees@Deacon's Division	01/01/1990	<a href="#">View profile</a>

- Click **View Profile** to display details such as date of birth, employment status and dependent information.

### Profile

**Personal information**

Name: Gail Gates

Birthdate: 01/01/1990

Gender: Female

Marital status: -

Phone number: (313) 555-4700

Address: 5 Willow Rd, Boston, MA 02110

**Employee information**

Employee ID: #154459

Title: -

Annual salary: -

Subgroup: All Employees@Deacon's Division

Employment status: Active

**Household members**

Name	Relationship	Birthdate	Gender
Gail Gates	Self	01/01/1990	Female

**View**

- Profile
- Current enrollments**

[Return to employee list](#)

- Click **Current Enrollments** in the **View** box to display the previously selected plan(s).

### Current enrollments

[Make a change](#)

**View**

- Profile
- Current enrollments**

Plan	Enrollee	Effective date	End date	
HMO Blue® Select \$1000 Ded with Copay	Gates, Gail	11/01/2018	10/25/2018	<a href="#">View plan details</a>
Dental Blue® - 100/50, \$50 ded, \$1000 max	Gates, Gail	11/01/2018	10/25/2018	<a href="#">View plan details</a>

[Return to employee list](#)

- Click **Make a change**.

### Employee Enrollment

1 Employee profile
2 **Step the plan**
3 Enrollment

#### Employee household

Verify the details below and provide any missing information including dependents.

Employee home zip code: 02110

First name: Gail

Last name: Gates

Date of birth: 01/01/1990

Relationship: Self

Gender: Female

[Add Dependent](#)

[Save and exit](#)
[Save and continue](#)

- Add dependent(s)** if necessary, then click **Save & Continue** to display the plan options.

7. Click the **Cart** tab to modify selections as needed e.g. waive coverage.
  - a. Click **Change plan** to select a different medical plan when more than one is offered.
  - b. Click **Remove plan**, then **click** the appropriate **product line tab** to waive coverage.
8. Click **Continue to enrollment** and modify the application as needed. the Enrollment Snapshot.



A waiver form is automatically added to the member application if coverage is waived. and must be completed before closing and submitting enrollment.

### Cancel Enrollment

If you/your company no longer want to enroll in health insurance plans with Blue Cross Blue Shield of Massachusetts, cancel enrollment. Once enrollment is canceled, all previously entered data is removed from the system.

#### To cancel enrollment:

1. Click **Cancel enrollment** in the Manage enrollment box beside the enrollment snapshot.

2. Click the drop-down arrow to select the **Decline reason**.
3. Click **Decline**.

### Close Enrollment

Enrollment must be closed and submitted to BCBSMA when enrollment reaches **100%** (total Completed matches the Total Employees in the snapshot), and you have attached all required documentation to support the application of your company and its employees on the My Account Enrollment page.



Enrollment can be closed early if all requirements are met.

**Enrollment snapshot**  
The Enrollment Snapshot helps you monitor the account enrollment process. Click Employee enrollments to view or manage enrollments.

Not started	In progress	Complete	Total employees
0	0	3	3

1 day(s) remaining

Effective date: 11/19/2018  
Enrollment period: 10/19/2018 – 10/19/2018  
Enrollment period status: In progress

**Manage enrollment**  
Close open enrollment  
Cancel enrollment

**Employees**  
Add employee  
Resend Enrollment Reminders  
Export employee PINs

### To close enrollment:

1. Click **Close open enrollment** in the Manage enrollment box beside the snapshot.

**Close open enrollment**

By closing the enrollment period, you acknowledge that you would no longer be able to complete enrollment and that you would need to re-open the enrollment to complete the enrollment.

Do you want to continue to close the enrollment?

Go back Continue to close

2. Click **Continue to close** to acknowledge the warning message.



You must contact your broker or Blue Cross Blue Shield of Massachusetts to re-open enrollment.

## Submit Enrollment

Submit Enrollment sends the information to Blue Cross Blue Shield of Massachusetts for review and processing. You will be contacted if additional information or documentation is required.

1. Click **Submit enrollment** in the Manage enrollment box

**Submit open enrollment**

Do you want to submit the enrollment?

Cancel Submit

2. Click **Submit**

The following message displays:

**Review required**

The enrollment for Dover Rug has been submitted, however, review is required. The review process typically takes 7 business days to complete. Please, contact the carrier if you have any questions.

Ok

3. Click **Ok**.



You cannot access the enrollment snapshot after submitting your application to BCBSMA.

### Next Steps:

- Logout of the system

Welcome, Mason Miller ▾

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

### What to Expect Next

BCBSMA will review your application and supporting documentation. If additional information is needed, or changes are required based on enrollment, you will be contacted directly by a BCBSMA representative.

Once the application is approved, you will receive a confirmation email and welcome letter that includes helpful information if care is needed prior to receiving ID cards, information about e-billing and contact information if you have questions or concerns in the upcoming weeks and months. ID cards are issued shortly after your account is approved.

On behalf of BCBSMA, we thank you for your business and look forward to a long and healthy relationship with you and your employees.

