

PERSONAL SPENDING ACCOUNT CHANGES IN BLUESENROLL

Effective May 10, 2021, you'll see changes in BluesEnroll for personal spending accounts (PSAs). If you offer a Health Spending Account (HSA) only, most of these changes won't impact you. If you currently offer a Dependent Care Flexible Spending Account (DCFSA) or Flexible Spending Account (FSA), you'll need to follow these directions when electing coverage going forward.

ACCOUNTS THAT ARE AFFECTED

The changes and workflow below will only apply to accounts using HealthEquity®, an independent company that administers PSAs on behalf of Blue Cross Blue Shield of Massachusetts, as a financial vendor.

OVERVIEW OF CHANGES

1 Prior to these changes, when an employee was declining medical or dental coverage but wanted to enroll in a DCFSA or FSA, you needed to enroll them in a Standalone plan. It would come up under the medical benefits like this:

Medical

Accepted

Plan

*Select A Plan Offered By Blue Cross Blue Shield of Massachusetts

☒ Standalone Financial Services Plan(s)®

☐ HMO Blue NE \$2000 Deductible®

☐ Preferred Blue PPO \$2000 Deductible®

Decline Coverage

☐ Decline coverage for this person

The Standalone plan will no longer be an option, so you won't see this screen. See directions in the workflow below on how to decline medical and dental, but elect a PSA.

2 Next, your group numbers could look different in the Benefit Details tab, depending on what coverages you elect or decline. Previously, you'd see a group number next to medical or dental if you elected or declined a coverage. Now, if you decline a coverage, the group number will default to 000000000.

3 The last change is on the main overview screen under Benefit Participation. The drop down used to have your anniversary date listed as your participation period. Now, it's the date that we made the changes. This has no impact to coverage. It will show your anniversary date at the next renewal period.

Benefit Participation

04/01/2020 - 03/31/2021

▼

Medical

▼

Example: If your anniversary date is April 1, you'd previously see "4/1/20-3/31/2021" as your participation period. This could now change to "5/6/2021," the date we made the changes.

For a New Employee: How to Elect an FSA and/or Dependent Care FSA Only, and Decline Medical and Dental

1

Click **Add a new employee** on the top right of the home page.

Add a new employee

2

Fill in all of the required demographic fields for the employee.

3

Click **Save**.

4

You'll see the medical plans that your group offers:

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By Blue Cross Blue Shield of Massachusetts

☐ HMO Blue NE \$500 Deductible®

☐ Blue Care Elect \$4500 Deductible®

Decline Coverage

☐ Decline coverage for this person

Next

5

Since they're declining medical and dental, click **Decline Coverage** and then **Next**.

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By Blue Cross Blue Shield of Massachusetts

☐ HMO Blue NE \$500 Deductible®

☐ Blue Care Elect \$4500 Deductible®

Decline Coverage

☒ Decline coverage for this person

Next

6

The **Effective Date** will be auto populated. You can just click **Next** to proceed.

Effective Date

Enter an effective date.* 03/01/2021

Next

7

You'll see the dental plans that your group offers. Again, since the employee is declining medical and dental, you can click **Decline coverage for this person** and then **Next**.

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By Blue Cross Blue Shield of Massachusetts

☐ Dental Blue

Decline Coverage

☒ Decline coverage for this person

Next

8

The **Effective Date** of declining will be auto populated, so you can just click **Next** to proceed.

Effective Date

Enter an effective date.*

03/01/2021



Next

9

You'll see that the FSA is being offered, so elect the **FSA** and click **Next**.

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By HealthEquity

☒ FSA - Personal Spending Account

Decline Coverage

☐ Decline coverage for this person

Next

10

If you elect the FSA, you'll then be asked to enter in a contribution amount. Enter the amount and click **Next**.

Health FSA

Contribution Amount*

You can contribute between \$1.00 and \$2,700.00 per plan year

\$ 500.00

Next

11

The **Effective Date** will be populated based on the account- and employee-specific information you entered. If this date is correct, click **Next** to proceed. If it's not correct, enter the date the FSA should be effective.

Effective Date

Enter an effective date.*

03/01/2021



Next

12

You'll then elect or decline the DCFSA.

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By HealthEquity

☒ DCFSA - Dependent Care Flexible Spending Account

Decline Coverage

☐ Decline coverage for this person

Next

13

If you elect the DCFSA, enter the contribution amount and click **Next**.

DCAP Contribution Amount

Contribution Amount*

You can contribute between \$1.00 and \$5,000.00 per plan year

\$ 500.00

Next

14

The **Effective Date** will be populated based on the account- and employee-specific information you entered. If this date is correct, click **Next** to proceed. Or, change the date to the date the FSA should be effective.

Effective Date

Enter an effective date.*

03/01/2021



Next

15

You'll then see the summary screen that shows all of the elections. Review this, and if correct, click **Save**.

16

If you click **Benefit Details** for this employee, you'll now see that the medical and dental group numbers are 000000000, but the FSA and DCFSa have a group number populated.

BCBSMA PLANS 2020

Wait Period 03/01/2021 - 03/01/2021
Initial Enrollment 03/18/2021 - 04/30/2021

Medical - Group Number: 000000000
Status: Coverage Declined

Dental - Group Number: 000000000
Status: Coverage Declined

Health FSA - Group Number: 002347427
Status: Accepted
Plan Name: FSA - Personal Spending Account
Effective: 03/01/2021

Dependent Care FSA - Group Number: 002347427
Status: Accepted
Plan Name: DCFSa - Dependent Care Flexible Spending Account
Effective: 03/01/2021

For a New Employee: How to Elect Medical, Dental, and an FSA and/or DFSA

1

Click **Add a new employee** on the top right of the home page.

Add a new employee

2

Fill in all of the required demographic fields for the employee.

3

Click **Save**.

4

You'll see the medical plans that your group offers. Select the plan the employee elected and click **Next**.

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By Blue Cross Blue Shield of Massachusetts

- ☐ HMO Blue NE \$500 Deductible®
- ☒ Blue Care Elect \$4500 Deductible®

Decline Coverage

- ☐ Decline coverage for this person

Next

5

Select the appropriate coverage level and follow the prompts to add additional family members, if applicable. Click **Next**.

Coverage Level

Select a Coverage Level for Blue Care Elect \$4500 Deductible

- ☒ Employee Only
- ☐ Employee + 1
- ☐ Employee and Family

Decline Coverage

- ☐ Decline coverage for this employee

Next

6

Answer the questions on Medicare and other insurance, and follow the prompts to complete those sections.

7

The **Effective Date** field will be populated based on the account- and employee-specific information you entered. Please make sure the date shown here is when medical coverage should be effective. Note: If it's not the correct date, you can change it.

Effective Date

Enter an effective date.*

03/01/2021



Next

8

You'll see the dental plans that your group offers. Select the plan the employee elected and click **Next**. If they're not electing dental, you can click **Decline Coverage for this person**.

Current Benefits BCBSMA PLANS 2020

Plan

*Select A Plan Offered By Blue Cross Blue Shield of Massachusetts

☒ Dental Blue

Decline Coverage

☐ Decline coverage for this person

Next

9

Select the appropriate coverage level and follow the prompts to add additional family members, if applicable. Click **Next**.

Coverage Level

Select a Coverage Level for Blue Care Elect \$4500 Deductible

☒ Employee Only

☐ Employee + 1

☐ Employee and Family

Decline Coverage

☐ Decline coverage for this employee

Next

10

Elect or decline the FSA, and click Next.

Current Benefits BCBSMA PLANS 2020

Plan

*Select A Plan Offered By HealthEquity

☒ FSA - Personal Spending Account

Decline Coverage

☐ Decline coverage for this person

Next

11

If you elect the FSA, you'll be asked to enter in a contribution amount. Enter the amount and click **Next**.

Health FSA

Contribution Amount*

You can contribute between \$1.00 and \$2,700.00 per plan year

\$ 500.00

Next

12

The **Effective Date** will be populated based on the account- and employee-specific information you entered. If this date is correct, then click **Next** to proceed, or change the date to when the FSA should be effective.

Effective Date

Enter an effective date.*

03/01/2021



Next

13

Elect or decline the DCFSA.

Current Benefits

BCBSMA PLANS 2020

Plan

*Select A Plan Offered By HealthEquity

☒ DCFSA - Dependent Care Flexible Spending Account

Decline Coverage

☐ Decline coverage for this person

Next

14

If you elect the DCFSA, you'll be asked to enter in a contribution amount. Enter the amount and click **Next**.

DCAP Contribution Amount

Contribution Amount*

You can contribute between \$1.00 and \$5,000.00 per plan year.

\$ 500.00

Next

15

The **Effective Date** will be populated based on the account- and employee-specific information you entered. If this date is correct, then click **Next** to proceed or change the date to when the FSA should be effective.

Effective Date

Enter an effective date.*

03/01/2021

Next

16

You'll then be brought to the summary screen that shows all of the elections. Review this, and if correct, click **Save**.

17

If you click on **Benefit Details** for this employee, you'll now see that they elected medical, dental, FSA, and DCFSA. These benefits will be under the group numbers that are displayed.

Medical - Group Number: 002348608

Status: Accepted

Plan Name: Blue Care Elect \$4500 Deductible

Coverage Level: Employee Only

Covered Persons: Amy Bailot (Subscriber, effective 03/01/2021)

Dental - Group Number: 002356232

Status: Accepted

Plan Name: Dental Blue

Coverage Level: Employee Only

Covered Persons: Amy Bailot (Subscriber, effective 03/01/2021)

Health FSA - Group Number: 002348608

Status: Accepted

Plan Name: FSA - Personal Spending Account

Effective: 03/01/2021

Dependent Care FSA - Group Number: 002348608

Status: Accepted

Plan Name: DCFSA - Dependent Care Flexible Spending Account

Effective: 03/01/2021

For an Existing Employee: Decline Medical and Dental, and Only Elect an FSA and/or DCFS

1

Go to the employee's overview page.

2

Click on **Benefit Details** on the left-hand side.

3

Click the green **Edit** button on the right-hand side.

4

You may be asked why you're making this change (for example, if this change is happening outside of Open Enrollment). Follow the steps to select the reason and effective date for the change.

5

If the employee had medical and dental with FSA and/or DCFS coverage, and now wants to cancel medical and dental but wants to keep the FSA and/or DCFS, click **Edit**.

6

Click **Cancel Benefits for All** next to **Medical**.

Medical

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical

Accepted

Cancel Benefits for All

7

The effective date will default to the day you're processing the transaction. Make sure the effective date for medical cancellation is accurate, then click **Next**.

End Date

Enter an end date.*

04/01/2021

Next

8

Click **Cancel Benefits for All** next to **Dental** and follow the same prompts you did for **Medical**.

Dental

Accepted

Cancel Benefits for All

9

If you go back into the **Benefit Details** screen, you'll now see that the group number for the FSA and/or DCFS has changed since cancelling medical and dental.

Questions?

If you have any questions, contact us at **blue.enroll@bcbsma.com**.
For issues related to access to care, please include **"Access to Care"** in the email's subject line.



MASSACHUSETTS

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).