



BlueCross BlueShield
of New Mexico

ACA/Small Group Enrollment Tool User Guide

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A Division of Health Care Service Corporation, a Mutual
Legal Reserve Company, an Independent Licensee of
the Blue Cross and Blue Shield Association

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Purpose

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



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

Overview of the Enrollment Process

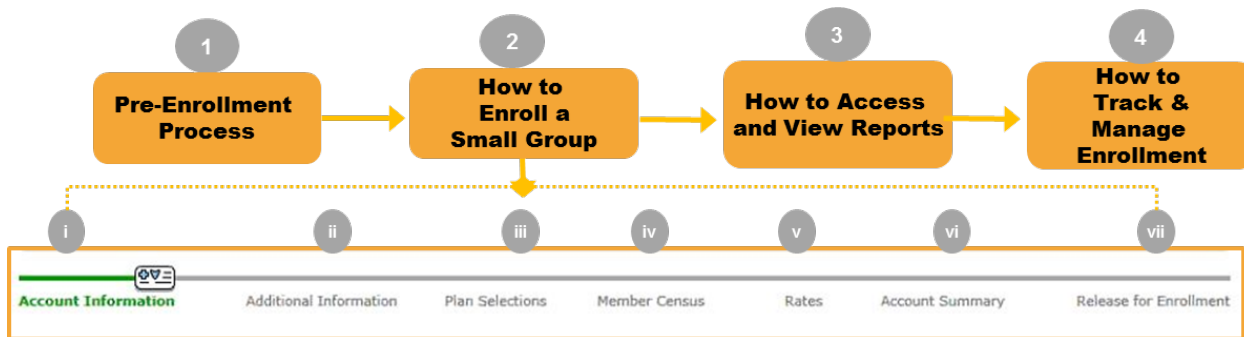
The eSales Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you can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

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

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Overview of the Enrollment Process

Let's review the steps to enroll a small group (2-50 employees) using the eSales Small Group Enrollment tool.



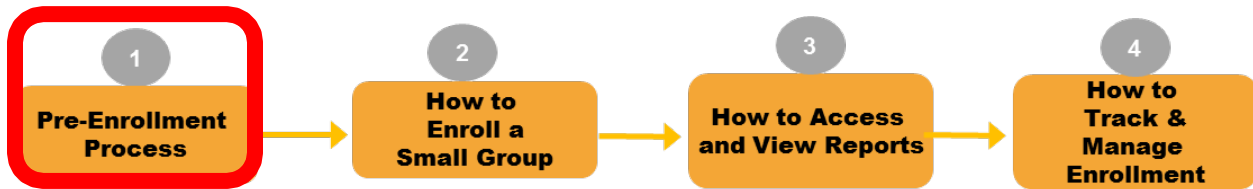
Let's begin the online enrollment process. Once you have gathered the necessary information and documentation from your client, access the eSales Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully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

Steps to Enroll a Small Group:

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

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1 Pre-Enrollment Process



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

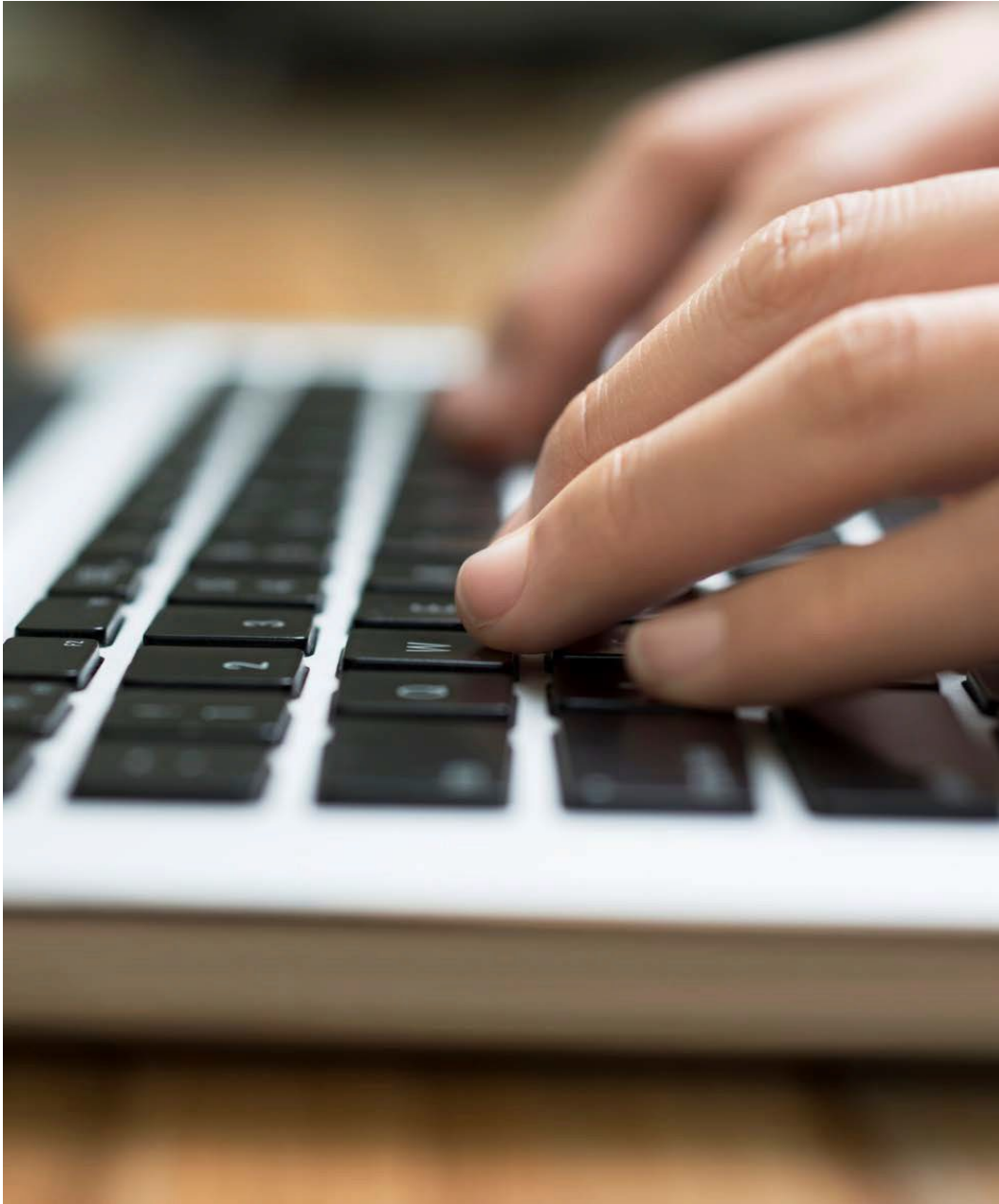
Accessing the eSales Small Group Enrollment Tool

It is recommended to use the Google Chrome or Edge web browsers to access the Enrollment tool.

After you create a quote using the **eSales quoting application**, you return to the eSales Tools Home page, and click **Small Group & Middle Market Enrollment** link to begin the enrollment process. This link is for small groups with 2-50 total employees.

The screenshot shows the eSales Tools Home page. The page has a header with 'Welcome to eSales Tools' and 'Logged In: Misty Bradley Last Access: 2022-10-12 09:06 PM'. On the left, there is a sidebar with 'E-Sales Tools Links' including 'Small Group & Middle Market Quoting', 'Request Center', 'Plan Benefits and Rates', and 'Small Group & Middle Market Enrollment'. The main content area has four sections: 'Small Group & Middle Market Quoting', 'Request Center', 'Plan Benefits and Rates', and 'Small Group & Middle Market Enrollment'. The 'Small Group & Middle Market Enrollment' section is highlighted with a red box. It contains a list of links: 'Metallic Plans for Small Group Prospects with 50 or fewer total employees' and 'Standard Insured Plans for Middle Market Prospects with 51+ total employees'. There is also an alert message: 'Alert: Request Center should not be used by producers enrolling new groups through the Small Group & Middle Market Enrollment on-line system.'

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Enrollment with a Quote

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

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Pre-Enrollment Process (Cont'd.)

Enrolling with a Quote

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

Enrollment Enrollment Home

Search Existing Accounts/Quotes ▾

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

Account Name: **Quote Number:** **Status:** ▾

Agent: Account Number: Effective Date:

Division: New Mexico Case ID: Market Segment: ▾

EIN: **Search**

1 - 1 of 1

Prospect	Effective Date	Agent	Sales Executive	Market Segment	Quote #
Start Enrollment NM 50+ Census	05/01/2023	ASSOCIATION CONCEPTS, LLC		SG	1365660

To enroll with a quote:

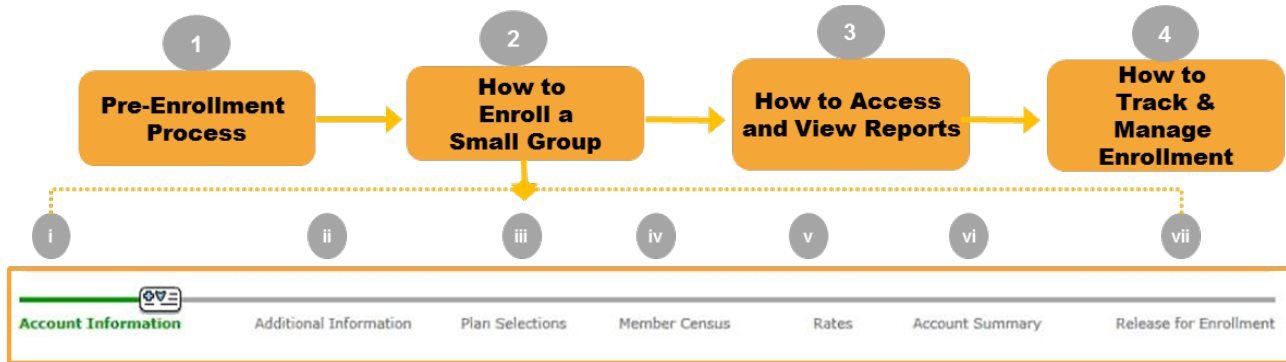
1. Search for the quote using the Quote Number or any portion of the Account Name.
2. From the **Status** drop-down list, select **Quoted**.
3. Click **Search** or hit the **Enter** key on the keyboard.
4. After you find your required quote, click **Start Enrollment**.

Note:

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

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2 How to Enroll a Small Group



Overview of Functionality and Navigation

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

The screenshot shows the 'Enrollment' tool interface. At the top, there's a blue header with 'Enrollment' and 'Enrollment Home'. Below this, account details are displayed: Account Name: NM Enrollment TCs, Producer: ASSOCIATION CONCEPTS, LLC, Market Segment: Small Group, Status: Pre-enrollment, Account Number, Effective Date: 05/01/2023, Quote Number: NA, Case ID: 412854, and Created By: External. A row of buttons includes Reports, Documents List, Attachments, Log, and History. Below these are buttons for Discontinue and Import, along with a DocuSign Envelope ID field. At the bottom, a progress bar shows seven tabs: Account Information (highlighted in green), Additional Information, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment.

After you search for the quote, and click **Start Enrollment**, the **Account Information** screen is displayed. At the top of each screen, you will see these buttons:

Reports: Opens a list of available reports.

Documents List: Opens a list of required documents.

Attachments: Allows users to attach the required documents. This functionality will be discussed in more detail later in the training.

Discontinued: Allows users to discontinue a case any time throughout the Enrollment process.

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

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2 How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

If you enroll with a quote, the enrollment header will include all the data except the Account Number. The **Account Information** screen will also have some data pre-populated. Fill in all the required information on this screen under the General Information section.

Enrollment		Enrollment Home	
Account Name: NM Enrollment TCs	Market Segment: Small Group	Account Number:	Effective Date: 05/01/2023
Producer: PRODUCER, TEST ADMIN	Status: Pre-enrollment	Quote Number: 1372346	Case ID: 416581
Created By: Internal			
Reports	Documents List	Attachments	Log History
Discontinue		DocuSign Envelope ID:	Import

Account Information

Additional Information

Plan Selections

Member Census

Rates

Account Summary

Release for Enrollment

Account Information

Continue

General Information

*Employer's Legal Name:

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

*Employer ID Number (EIN):

*Is Group subject to COBRA?: ☐ Yes ☐ No

*SIC Code: [Find](#)

*Do you want to purchase HCSC Cobra Administration?: ☐ Yes ☐ No

*Policy Effective Date:

*Case Submitted to BCBS:

Sales Rep. D/C:

Blue Access for Employers (BAE)

Contact Name:

Contact Title:

Phone (numbers only): Ext.

E-Mail Address:

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : ☐ Yes ☐ No

Physical Address/Contact Information

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

*Address 1:

Address 2:

*City:

State: New Mexico

*Zip Code:

*County:

*E-Mail Address of Authorized Company Official:

Secondary E-Mail Address:

*Phone (numbers only): Ext.

Fax (numbers only):

*Administrative Contact:

Contact Title:

*Different Billing Address?: ☐ Yes ☒ No

*Different Mailing Address?: ☐ Yes ☒ No

Producer Information

Primary Producer

*Primary Producer Name: [Find](#) AGILITY INSURANCE SERVICES

*Tax ID/SSN: 270681372

*Producer #: 010019794

*E-Mail Address:

*Confirm E-Mail Address:

Telephone #:

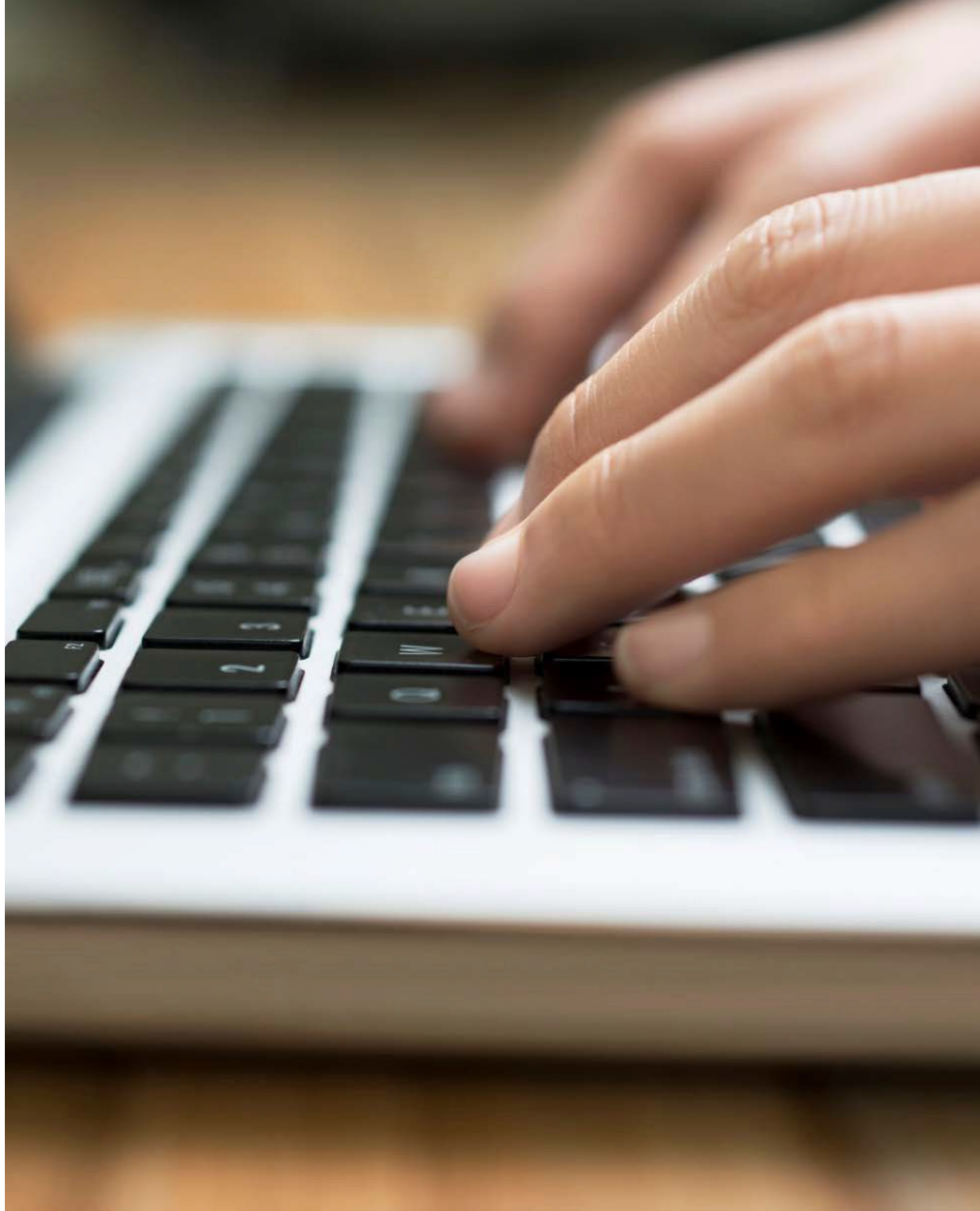
Complete Address: 338 MAPLEWOOD DR

Fax #:

Clear

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

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Enrollment without a Quote

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

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1 Pre-Enrollment Process (Cont'd.)

Enrolling without a Quote

You can also start the enrollment process without a quote.

Enrollment

Enrollment Home

Search Existing Accounts/Quotes

Search by Quoted status to start enrolling a quoted prospect, or

Start SG Enrollment without a Quote

1

Account Name:

Quote Number:

Status:

Agent:

Account Number:

Effective Date:

Division: New Mexico

Case ID:

Market Segment: All

EIN:

Search

Clear

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

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

2 How to Enroll a Small Group (Cont'd.)

I. Account Information

Enrollment			Enrollment Home	
Account Name: NM Enrollment TCs	Market Segment: Small Group	Account Number:	Effective Date: 05/01/2023	
Producer: ASSOCIATION CONCEPTS, LLC	Status: Pre-enrollment	Quote Number: NA	Case ID: 412854	
Created By: External				
Reports	Documents List	Attachments	Log	History
Discontinue		DocuSign Envelope ID:		Import

Step I: Account Information

When you start an enrollment **without a quote**, some Account Information will be blank in the case header, until entered in the system. Other information will prepopulate for you:

- Account Name: blank
- **Market Segment: Small Group**
- Account Number: blank
- Effective Date: blank
- **Producer name:**
- **Status: Pre-Enrollment**
- **Case ID: Unique number assigned to case.**
- Quote Number: NA
- **Created By: External**

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

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

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How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

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

Account Information Continue

General Information

*Employer's Legal Name:

*Employer ID Number (EIN):

*SIC Code: Find

*Policy Effective Date:

*Case Submitted to BCBS:

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

*Is Group subject to COBRA?: ☐ Yes ☐ No

*COBRA Administration?: ☐ Yes ☐ No

Blue Access for Employers (BAE)

Contact Name:

Phone (numbers only): Ext.

Contact Title:

E-Mail Address:

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : ☐ Yes ☐ No

Physical Address/Contact Information

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

*Address 1:

*City:

*Zip Code:

*E-Mail Address of Authorized Company Official:

*Phone (numbers only): Ext.

*Administrative Contact:

*Different Billing Address?: ☐ Yes ☒ No

Address 2:

State: New Mexico

*County:

Secondary E-Mail Address:

Fax (numbers only):

Contact Title:

*Different Mailing Address?: ☐ Yes ☒ No

The **Account Information** screen will be blank. You have to manually enter the data in all the required fields.

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How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

2. Enter the required information in the General Information section

Account Information

Additional Information

Plan Selections

Member Census

Rates

Account Summary

Release for Enrollment

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

Account Information

Continue

General Information

*Employer's Legal Name:

*Employer ID Number (EIN):

55555555

*SIC Code:

Find

-

*Policy Effective Date:

Please Select

*Case Submitted to BCBS:

05/03/2023

Sales Rep. D/C:

/

Blue Access for Employers (BAE)

Contact Name:

Phone (numbers only):

Ext.

*Does this group cover domestic partners?:

Yes

No

*Is Group subject to COBRA?:

Yes

No

*Do you want to purchase HCSC Cobra Administration?:

Yes

No

Contact Title:

E-Mail Address:

Employee Retirement Income Security Act (ERISA)

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

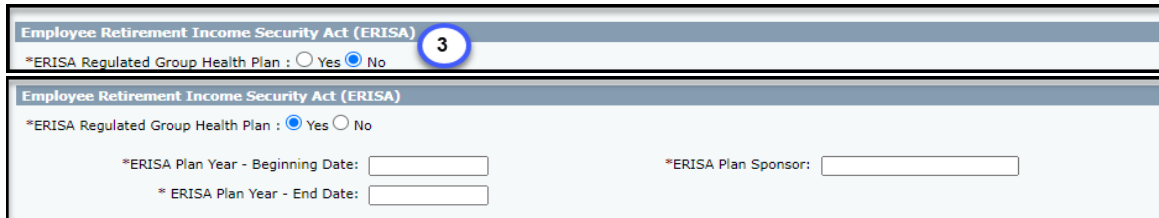
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How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)



Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : ☐ Yes ☒ No

Employee Retirement Income Security Act (ERISA)

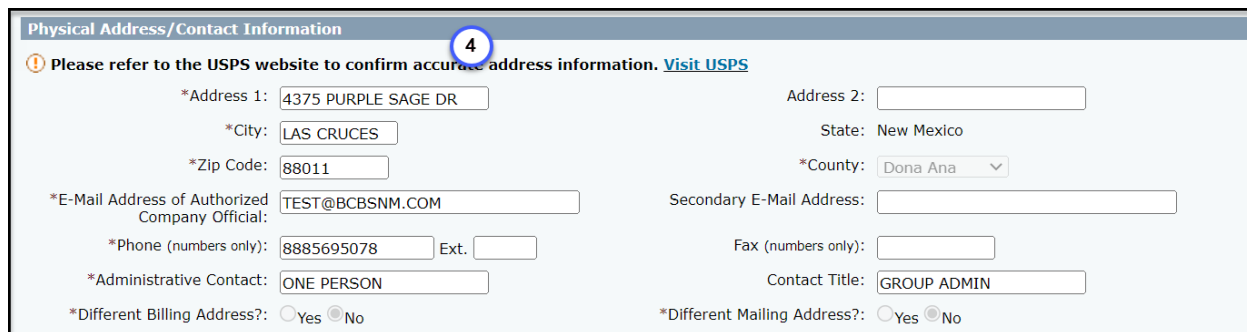
*ERISA Regulated Group Health Plan : ☒ Yes ☐ No

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

*ERISA Plan Year - End Date:

After entering the information in the General Information section, answer the **Employee Retirement Income Security Act (ERISA)** question.

3. When answering the ERISA question as Yes, there are additional fields that need to be answered. In this example, we select the option as No.



Physical Address/Contact Information

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

*Address 1: Address 2:

*City: State:

*Zip Code: *County:

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

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

*Administrative Contact: Contact Title:

*Different Billing Address?: ☐ Yes ☒ No *Different Mailing Address?: ☐ Yes ☒ No

4. Enter the company's **Physical Address/Contact Information**.

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

Note: When the county does not default, the user must select the county from the drop-down list. Please click the [USPS](#) link to check for the appropriate county.

Incorrect county selection could result in incorrect rates.

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2 How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

Optional Step:

If there are separate physical and mailing addresses, select the **No** radio button for billing address and **Yes** radio button for the mailing address to populate the additional mailing address fields. Enter the required information.

If **Yes** is selected for the 'different billing' and/or 'different mailing address' questions, additional fields will populate. Enter all required information.

Billing Address/Contact Information	
*Address 1:	Address 2:
*City:	*State: Please Select
*Zip Code:	*County: Please Select
*E-Mail Address of Authorized Company Official:	Secondary E-Mail Address:
*Phone (numbers only): Ext.	Fax (numbers only):
*Administrative Contact:	Contact Title:
Mailing Address/Contact Information	
*Address 1:	Address 2:
*City:	*State: Please Select
*Zip Code:	*County: Please Select
*E-Mail Address of Authorized Company Official:	Secondary E-Mail Address:
*Phone (numbers only): Ext.	Fax (numbers only):
*Administrative Contact:	Contact Title:

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



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

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2 How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

In the **Producer Information** section, the Primary Producer information may appear blank. You will update the Primary Producer by clicking **Find**. In this example, we search by the **Producer's** name.

Click **Search**. Once the appropriate Producer is displayed, select your name by clicking **Use**. After selecting, you are automatically re-directed to the **Account Information** screen.

Producer Information
 Primary Producer

*Primary Producer Name:  NM Test Broker1 

*Tax ID/SSN: NMBROKER1

*Producer #: NMBROKER1

*E-Mail Address:

*Confirm E-Mail Address:

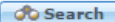
Telephone #: 5057667037

Complete Address: 51 Area Expressway

Fax #:

Find a Producer

Producer Name: NM
 Phone Number:
 Producer Number:



Search Results

 1 - 10 of 12

Producer Name	Producer Number	Phone	Fax	R/D/T	Contact Name
 NM Test TST	000000TST	5057667037		//	
 NM Test SU2 08 13 11	034855000			//	
 NM Test PR Sr.	052964000	3127896986	6785765764	//	Alyssa Rotz
 Federal Market-NM House Acct	089290000			//	
 BAP NM Test	0NMBROKER	8887060583		//	
 ITG Test Bkr NM	ITGDUPBKR	9727667037		0 /0 /0	
 NM Test Broker	NMBROKER	5057667037		//	
 NM Test Broker1	NMBROKER1	5057667037		//	
 NM Test Broker2	NMBROKER2	5057667037		//	
 NM Test Broker3	NMBROKER3	5057667037		//	



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

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2 How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

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

Producer Information	
Primary Producer	
*Primary Producer Name:	 NM Test Broker1
*Tax ID/SSN:	NMBROKER1
*E-Mail Address:	testingbroker2016@gmail.com
Telephone #:	5057667037
Fax #:	
*Producer #:	NMBROKER1
*Confirm E-Mail Address:	testingbroker2016@gmail.com
Complete Address:	51 Area Expressway
 Please reach out to your Sales Representative if there are multiple producers involved and commissions need to be split.	
General Agent	
General Agent Name:	
Tax ID/SSN:	
E-Mail Address:	
Telephone #:	
Fax #:	
Producer #:	
Confirm E-Mail Address:	
Complete Address:	
Subproducer	
Subproducer Name:	
Subproducer #:	
* - Required	
Continue	

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2 How to Enroll a Small Group (Cont'd.)

I. Account Information (Cont'd.)

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

Producer Information

Primary Producer

*Primary Producer Name:

*Tax ID/SSN: *Producer #:

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

Telephone #: Complete Address:

Fax #:

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

General Agent

General Agent Name:

Tax ID/SSN: Producer #:

E-Mail Address: Confirm E-Mail Address:

Telephone #: Complete Address:

Fax #:

Subproducer

Subproducer Name:

Subproducer #:

* - Required

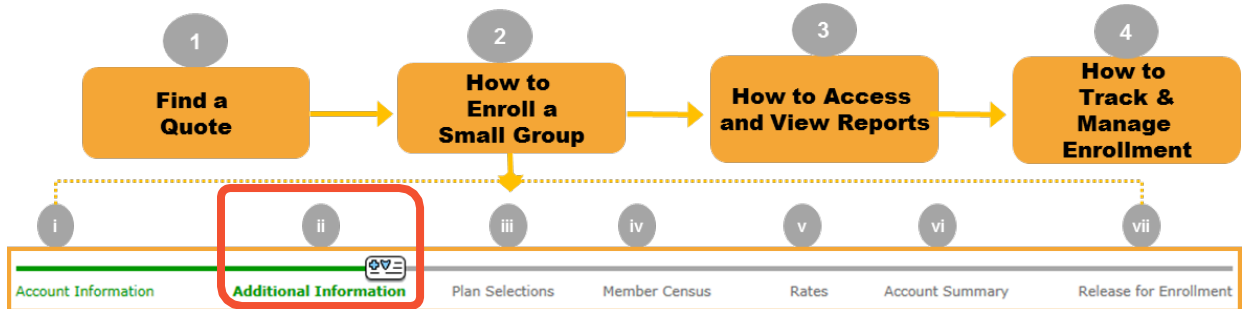
Note: Ensure that the email address is accurate. All the notifications and communications regarding your case will be sent to this email address. During the Underwriter Review, in case the Underwriter needs more information or any additional information, then all relevant emails will be sent to this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

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How to Enroll a Small Group (Cont'd.)

II. Additional Information



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

Step II: Additional Information

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

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2 How to Enroll a Small Group (Cont'd.)

II. Additional Information (Cont'd.)

1. On the **Additional Information** screen, enter data in all the required fields. In the **Eligibility** section, if you select the **No** option, additional fields will be displayed. In this example, we select **Yes**. You can enter a number from "1- 60" for employees who have become eligible after the **Effective Date** of their health plan.

In the Health Savings Account (HSA) Vendor selection section, if an HSA is selected on the paperwork, a vendor may be selected here from the available options.

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

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

Additional Information

Previous Continue

Eligibility*

*Waive the waiting period on initial enrollment? ☒ Yes ☐ No **1**

The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the 15th day of the month following 0 days of employment.

Eligibility*

*Waive the waiting period on initial enrollment? ☐ Yes ☒ No *Number of Employees serving waiting period: 60

The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the 15th day of the month following 60 days of employment.

Integrated HSA Vendor Selection

Include Integrated Health Savings Account (HSA)? ☒ Yes ☐ No

If an Integrated HSA is selected, a vendor may be selected from the below options. (If none of the options are selected below, the integrated HSA vendor will default to "Other Non-Integrated HSA")

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

Integrated FSA Vendor Selection

Include Integrated Flexible Spending Account (FSA)? ☒ Yes ☐ No

If an Integrated FSA is selected, a vendor may be selected from the below options. (If none of the options are selected below, the integrated FSA vendor will default to "Other Non-Integrated FSA")

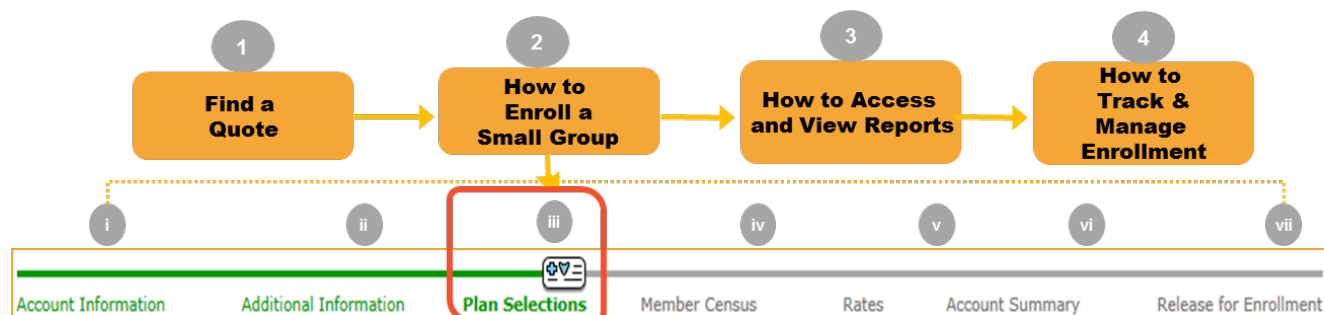
☐ A. BenefitWallet (Mellon Bank)
☐ B. Flex
☐ C. HealthEquity
☐ D. HSA Bank
☐ E. Other Non-Integrated FSA

Previous * - Required **2** Continue

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections



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

Notes: Medical plan pairing is available for groups 2-50

Step III: Plan Selections

1. On the **Plan Selections** screen, for Health, the **Yes** option will default. If the group has not elected a health plan, you must manually select **No**.

Plan Selections

Previous Continue

Health ☒ Yes ☐ No

Preferred Provider Organization (PPO) Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx **
PPO Plans									
Platinum Plans									
☒ P811PPO ^{*1}	\$250/\$500	\$5/\$25	90%/70%	\$3500/\$7000	\$400/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250
☐ P810PPO ^{*1}	\$500/\$1000	\$20/\$40	80%/60%	\$1500/\$3000	\$300/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250
☒ P730PPO ^{*1}	\$750/\$1500	\$20/\$45	80%/60%	\$3000/\$6000	\$250/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250
Gold Plans									
☐ G822PPO ^{*1}	\$1000/\$2000	\$45/\$65	80%/60%	\$8700/\$26100	\$550/100%	DC/DC	DC/DC	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350
☐ G7E1PPO	\$1250/\$3000	\$35/\$55	80%/50%	\$7900/\$15000	DC/80%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
☐ G820PPO ^{*1}	\$1500/\$3000	\$35/\$55	70%/50%	\$6900/\$20700	\$500/100%	DC/DC	DC/DC	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350
☐ G821PPO ^{*1}	\$1750/\$3500	\$35/\$60	80%/60%	\$8000/\$24000	\$550/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
☐ G823PPO	\$2000/\$4000	\$40/\$70	80%/60%	\$5500/\$11000	DC/80%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
☐ G7E3PPO ^{*1}	\$2500/\$5000	\$30/\$55	80%/50%	\$6850/\$13700	\$500/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
☐ G730PPO ^{*1}	\$3000/\$6000	\$45/\$65	70%/50%	\$8700/\$17400	\$400/100%	DC/DC	DC/DC	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350
Silver Plans									
☐ S831PPO ^{*5}	\$4000/\$4000	\$45/\$65	60%/50%	\$8700/\$26100	DC/60%	DC/DC	DC/DC	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350
☐ S7E7PPO	\$6000/\$12000	\$50/\$70	70%/50%	\$9000/\$26100	DC/70%	DC/DC	DC/DC	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350
☐ S833PPO	\$6500/\$14000	\$45/\$75	80%/60%	\$8700/\$17400	DC/80%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250

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How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

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

*** Ancillary Products - Dental** ☒ Yes ☐ No 2

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

Plan #	Plan Type	Deductible In/Out ²	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Orthodontia Lifetime Max
					In Network	Out Of Network	
Contributory Group							
High Allocation							
☐ DNHR30 ⁵ 6	Passive	\$25/\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
☐ DNHR31 ⁵ 6	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
☐ DNHR32 ⁵ 6	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
☐ DNHR33 ⁵ 6	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
☒ DNHR34 ⁶	Active	\$50/\$75	\$1500/\$1000	90th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000
☐ DNHR35 ⁶	Active	\$0/\$0	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
☐ DNHR38 ⁵	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
☐ DNHR40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA
☐ DNHR42 ³ 5	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
☐ DNHR50 ⁵	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DNHR57 ⁵ 6	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation							
☐ DNMLR36 ⁵	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DNMLR37 ⁵	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
☐ DNMLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	NA
☐ DNMLM51 ⁵	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
☐ DNMLR58 ⁴ 5	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Voluntary Group							
High Allocation							
☐ DNHR43 ¹ 5	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
☐ DNHR44 ¹	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA
☐ DNHR45 ¹	Active	\$25/\$75	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
☐ DNHR46 ³ 5	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
☐ DNHR52 ¹ 5	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
☐ DNHR53 ¹ 5	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DNHR59 ¹ 5	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation							
☐ DNMLM49 ¹ 5	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA

Note: Dual option dental pairings are only available for Groups with ten or more employees.

Attention

 The number of plans benefit designs selected exceeds the maximum selection of benefit designs allowed (3 benefit designs).

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

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How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

☐	DNMLM09	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐	DNMLM11 ^{*1}	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	NA
Voluntary Group								
High Allocation								
☐	DNMHR13 ^{*1}	Passive	\$50/\$50	\$1500		%/50%	100%/80%/50%/50%	\$1500
☐	DNMHM14 ^{*1}	Active	\$50/\$50	\$1500/\$100		3%/NA	80%/60%/40%/NA	NA
☐	DNMHM16 ^{*3}	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA

Confirmation

Do you want to delete the Plans?

Ok

Cancel

For any of the plans, if the **Yes** radio button is selected and user changes the answer to **No** a message will appear asking **Do you want to delete the plans?** Click **OK** if no products are wanted in this category. This action does not remove any benefits in any other category, it only collapses the section where **No** was selected.

- When the **Yes** radio button is selected, the Vision plan options will populate. Select the applicable vision plan. If a group selects a Preferred or Premier vision plan, they must also be enrolling in a medical plan.

Vision ☒ Yes ☐ No 3				
Plan #	Exam Copy (once every 12-month benefit period)	Frames	Conventional Lenses (per pair)	Contact Lenses (conventional)
Preferred				
☐ VPRFSNM	\$10	35% off Retail Price	Single Vision - \$50; Bifocal - \$70; Trifocal - \$105	15% off Retail
Premier				
☐ VPRMSNM	\$10	Plan pays first up to \$100	Single Vision/Bifocal/Trifocal - \$25	Pays up to \$115
Note: Refer to Vision Summaries for additional details. - The Vision rates above are calculated on a per member per month basis. The rates would be charged per employee, per spouse/DP (if applicable) and up to a max of three children.				

4. Standalone Vision Plans:

- Radio button will default to **No**, if the group elects standalone vision, manually click on **Yes** to display the plans. Click on the requested plan.
- Must also have Medical and/or Dental to purchase Standalone Vision.
- Only 1 plan can be selected.

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

- Basic Standalone Vision plans must have an Employer Contribution amount of 80% or higher.
- Voluntary Standalone Vision plans must have an Employer Contribution amount of 79% or less.
- Participation Requirements for both Basic and Voluntary plans are 20% of the eligible employees or 2 members- whichever is greater- must be enrolled

Standalone Vision Plans ☐ Yes ☒ No

Standalone Vision Benefit Selection

Employer Contribution
Enter the Percentage of the Premium that the Employer is going to contribute towards Standalone Vision Coverage.
*Standalone Vision Contribution %

Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb
Basic Standalone Vision							
☐ Plan 1	12/12/24	\$25	\$100	No	No	No	No
☐ Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes
☐ Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes
☐ Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes
☐ Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes
☐ Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes
☒ Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes
☐ Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes
☐ Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes
☐ Plan 10	12/12/12	\$25	\$150	No	No	Yes	Yes
Voluntary Standalone Vision							
☐ Plan 1	12/12/24	\$25	\$100	No	No	No	No
☐ Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes
☐ Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes
☐ Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes
☐ Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes
☐ Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes
☐ Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes
☐ Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes
☐ Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes
☐ Plan 10	12/12/12	\$25	\$150	No	No	Yes	Yes

5. Life Section:

- Life Plans radio button will default to **No**, if the group elects life, manually click on Yes to display the plans. Click on checkbox to select a plan.
- Must also have Medical and/or Dental in order to purchase Employee Basic Life Plan.
- Term Life Contribution: Any number 25 –100.

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

NOTE: If you enter a contribution amount under 100 **before** selecting a Life plan, the contribution will **auto-default** to blank upon plan selection. To adjust, go back and **manually re-enter** the desired contribution amount **after** selecting a Life plan

- If Employer Contribution amount is 100% then all eligible employees must be enrolled in the coverage.
- Class 1 Description: Default description is All Active Full Time, but can be updated with up to 20 characters
- Class 2 Description (Optional): User can type in the description for Class 2, with up to 20 characters; Class 2 plans will display for plan selection
- Only 1 plan can be selected per class

6. Dependent Basic Life:

- Dependent Basic Life plan can only be selected with a valid Employee Basic Life plan

7. Supplemental Life:

- Supplemental Life plan can only be selected with a valid Employee Basic Life plan

Life: ☐ Yes ☐ No **5**

Basic and Supplemental Life Selection

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

Life Classes
Class 1 Description: Class 2 Description:

Employee Basic Life
Guarantee Issue:
50k (2 - 9 Lives)
200k (10 - 50 Lives)

	Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
☐	All Active Full Time	Plan 1	\$15,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 2	\$25,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 4	\$100,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 5	1 x Salary	\$150,000	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 6	2 x Salary	\$200,000	35% at 65 / 50% at 70

Dependent Basic Life **6**
Guarantee Issue: \$10,000 Spouse / \$5,000 Children

Plan Name	Plan Benefit	Benefit Maximum
☐ Plan 1	\$10,000 Spouse / \$5,000 Child	\$10,000 Spouse / \$5,000 Child

Supplemental Life **7**
Guarantee Issue:
Fully underwritten (2 - 5 Lives)
\$30,000 (6 - 9 Lives)
\$50,000 (10 - 25 Lives)
\$100,000 (26 - 50 Lives)

Plan Name	Plan Benefit	Benefit Maximum
☐ Plan 1	Employee / Spouse / Child	\$500,000 Employee / \$150,000 Spouse / \$10,000 Child

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

- Short Term Disability Plans radio button will default to **No**, if the group elects Short Term Disability, manually click on Yes to display the plans. Click on the checkbox to select a plan.
 - Employer Contribution for Basic Short-Term Disability should be 25% or more.
 - Participation Requirement for Basic plans is at least 75% of the eligible employees must be enrolled in the coverage.
 - Class 1 Description: Default description is All Active Full Time, but can be updated with up to 20 characters
 - Class 2 Description: User can type in the description for Class 2, with up to 20 characters; Class 2 plans will display for plan selection.
 - Only 1 plan can be selected per class

Short Term Disability Plans ☐ Yes ☒ No 1

Short Term Disability Benefit Selection

Employer Contribution

Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage. 100% participation is required if contribution is 100%.

*STD Contribution %

Short Term Disability Classes

☒ Class 1 Description: All Active Full Time ☒ Class 2 Description: Class 2

Short Term Disability Plans

Class Description	Plan Name	Plan Benefit	Elimination Period (Days) Injury/Sickness	Maximum Benefit Duration (Weeks)
Basic Short Term Disability				
☐ All Active Full Time	Plan 1	60% salary weekly max \$750	0/7	13
☐ All Active Full Time	Plan 2	60% salary weekly max \$750	0/7	26
☐ All Active Full Time	Plan 3	60% salary weekly max \$750	7/7	13
☐ All Active Full Time	Plan 4	60% salary weekly max \$750	7/7	26
☐ All Active Full Time	Plan 5	60% salary weekly max \$750	14/14	13
☐ All Active Full Time	Plan 6	60% salary weekly max \$750	14/14	26
☐ All Active Full Time	Plan 7	60% salary weekly max \$1,000	0/7	13
☐ All Active Full Time	Plan 8	60% salary weekly max \$1,000	0/7	26
☐ All Active Full Time	Plan 9	60% salary weekly max \$1,000	7/7	13
☐ All Active Full Time	Plan 10	60% salary weekly max \$1,000	7/7	26
☐ All Active Full Time	Plan 11	60% salary weekly max \$1,000	14/14	13
☐ All Active Full Time	Plan 12	60% salary weekly max \$1,000	14/14	26
☐ All Active Full Time	Plan 13	60% salary weekly max \$1,500	0/7	13
☐ All Active Full Time	Plan 14	60% salary weekly max \$1,500	0/7	26
☐ All Active Full Time	Plan 15	60% salary weekly max \$1,500	7/7	13
☐ All Active Full Time	Plan 16	60% salary weekly max \$1,500	7/7	26
☐ All Active Full Time	Plan 17	60% salary weekly max \$1,500	14/14	13
☐ All Active Full Time	Plan 18	60% salary weekly max \$1,500	14/14	26
☐ Class 2	Plan 1	60% salary weekly max \$750	0/7	13
☐ Class 2	Plan 2	60% salary weekly max \$750	0/7	26
☐ Class 2	Plan 3	60% salary weekly max \$750	7/7	13

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How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

Voluntary Short Term Disability

- Employer Contribution for Voluntary Short Term Disability plans cannot be above 24%

Short Term Disability Plans ☐ Yes ☒ No

Short Term Disability Benefit Selection

Employer Contribution
Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage. 100% participation is required if contribution is 100%.

*STD Contribution %

Short Term Disability Classes

☒ Class 1 Description: ☐ Class 2 Description:

Short Term Disability Plans

Class Description	Plan Name	Plan Benefit	Elimination Period (Days)	Injury/Sickness	Maximum Benefit Duration (Weeks)
Basic Short Term Disability					
☐ All Active Full Time	Plan 1	60% salary weekly max \$750	0/7		13
☐ All Active Full Time	Plan 2	60% salary weekly max \$750	0/7		26
☐ All Active Full Time	Plan 3	60% salary weekly max \$750	7/7		13
☐ All Active Full Time	Plan 4	60% salary weekly max \$750	7/7		26
Voluntary Short Term Disability					
☐ All Active Full Time	Plan 1	60% salary weekly max \$750	0/7		13
☐ All Active Full Time	Plan 2	60% salary weekly max \$750	0/7		26
☐ All Active Full Time	Plan 3	60% salary weekly max \$750	7/7		13
☐ All Active Full Time	Plan 4	60% salary weekly max \$750	7/7		26
☐ All Active Full Time	Plan 5	60% salary weekly max \$750	14/14		13
☐ All Active Full Time	Plan 6	60% salary weekly max \$750	14/14		26
☐ All Active Full Time	Plan 7	60% salary weekly max \$1,000	0/7		13
☐ All Active Full Time	Plan 8	60% salary weekly max \$1,000	0/7		26
☐ All Active Full Time	Plan 9	60% salary weekly max \$1,000	7/7		13
☐ All Active Full Time	Plan 10	60% salary weekly max \$1,000	7/7		26
☐ All Active Full Time	Plan 11	60% salary weekly max \$1,000	14/14		13
☐ All Active Full Time	Plan 12	60% salary weekly max \$1,000	14/14		26
☐ All Active Full Time	Plan 13*	60% salary weekly max \$1,500	0/7		13
☐ All Active Full Time	Plan 14*	60% salary weekly max \$1,500	0/7		26
☐ All Active Full Time	Plan 15*	60% salary weekly max \$1,500	7/7		13
☐ All Active Full Time	Plan 16*	60% salary weekly max \$1,500	7/7		26
☐ All Active Full Time	Plan 17*	60% salary weekly max \$1,500	14/14		13
☐ All Active Full Time	Plan 18*	60% salary weekly max \$1,500	14/14		26
☐ Class 2	Plan 1	60% salary weekly max \$750	0/7		13
☐ Class 2	Plan 2	60% salary weekly max \$750	0/7		26
☐ Class 2	Plan 3	60% salary weekly max \$750	7/7		13
☐ Class 2	Plan 4	60% salary weekly max \$750	7/7		26
☐ Class 2	Plan 5	60% salary weekly max \$750	14/14		13
☐ Class 2	Plan 6	60% salary weekly max \$750	14/14		26
☐ Class 2	Plan 7	60% salary weekly max \$1,000	0/7		13
☐ Class 2	Plan 8	60% salary weekly max \$1,000	0/7		26

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

2. Long Term Disability Contribution radio button will default to **No**, if the group elects Long Term Disability, manually click on Yes to display the plans. Click on the checkbox to select a plan.

- Employer Contribution for Basic Long Term Disability plans cannot be below 25%
- Participation Requirement for Basic plans is at least 75% of the eligible employees must be enrolled in the coverage.
- Class 1 Description: Default description is All Active Full Time, but can be updated with up to 20 characters
- Class 2 Description: User can type in the description for Class 2, with up to 20 characters; Class 2 plans will display for plan selection.
- Only 1 plan can be selected per class

Long Term Disability Plans ☐ Yes ☒ No **2**

Long Term Disability Benefit Selection

Employer Contribution
Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage.
100% participation is required if contribution is 100%.
*LTD Contribution %

Long Term Disability Classes
☒ Class 1 Description: All Active Full Time ☒ Class 2 Description: Class 2

Long Term Disability Plans					
	Class Description	Plan Name	Plan Benefit	Elimination Period (Days)	Maximum Benefit Duration
☐	All Active Full Time	Plan 1	60% salary monthly max \$3,500	90	SSNRA
☐	All Active Full Time	Plan 2	60% salary monthly max \$3,500	90	5 Years
☐	All Active Full Time	Plan 3	60% salary monthly max \$3,500	180	SSNRA
☐	All Active Full Time	Plan 4	60% salary monthly max \$3,500	180	5 Years
☐	All Active Full Time	Plan 5	60% salary monthly max \$6,000	90	SSNRA
☐	All Active Full Time	Plan 6	60% salary monthly max \$6,000	90	5 Years
☐	All Active Full Time	Plan 7	60% salary monthly max \$6,000	180	SSNRA
☐	All Active Full Time	Plan 8	60% salary monthly max \$6,000	180	5 Years
☐	Class 2	Plan 1	60% salary monthly max \$3,500	90	SSNRA
☐	Class 2	Plan 2	60% salary monthly max \$3,500	90	5 Years
☐	Class 2	Plan 3	60% salary monthly max \$3,500	180	SSNRA
☐	Class 2	Plan 4	60% salary monthly max \$3,500	180	5 Years

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

Voluntary Long Term Disability:

- Employer Contribution for Voluntary Long Term Disability plans cannot be above 24%

Long Term Disability Plans ☐ Yes ☒ No

Long Term Disability Benefit Selection

Employer Contribution
Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage. 100% participation is required if contribution is 100%.

*LTD Contribution %

Long Term Disability Classes

☒ Class 1 Description: ☒ Class 2 Description:

Long Term Disability Plans					
Class Description	Plan Name	Plan Benefit	Elimination Period (Days)	Maximum Benefit Duration	
Basic Long Term Disability					
☐ All Active Full Time	Plan 1	60% salary monthly max \$3,500	90	SSNRA	
☐ All Active Full Time	Plan 2	60% salary monthly max \$3,500	90	5 Years	
☐ All Active Full Time	Plan 3	60% salary monthly max \$3,500	180	SSNRA	
☐ All Active Full Time	Plan 4	60% salary monthly max \$3,500	180	5 Years	
☐ Class 2	Plan 1	60% salary monthly max \$3,500	90	SSNRA	
☐ Class 2	Plan 2	60% salary monthly max \$3,500	90	5 Years	
☐ Class 2	Plan 3	60% salary monthly max \$3,500	180	SSNRA	
Voluntary Long Term Disability					
☐ All Active Full Time	Plan 1	60% salary monthly max \$6,000	90	SSNRA	
☐ All Active Full Time	Plan 2	60% salary monthly max \$6,000	90	5 Years	
☐ All Active Full Time	Plan 3	60% salary monthly max \$6,000	180	SSNRA	
☐ All Active Full Time	Plan 4	60% salary monthly max \$6,000	180	5 Years	
☐ Class 2	Plan 1	60% salary monthly max \$6,000	90	SSNRA	
☐ Class 2	Plan 2	60% salary monthly max \$6,000	90	5 Years	
☐ Class 2	Plan 3	60% salary monthly max \$6,000	180	SSNRA	
☐ Class 2	Plan 4	60% salary monthly max \$6,000	180	5 Years	

3. Critical Illness Plans radio button will default to **No**, if the group elects Critical Illness, manually click on Yes to display the plans. Click on the appropriate box to select a plan.

- Must also have Medical and/ or Dental to purchase Critical Illness
- Only 1 plan can be selected.
- Basic Critical Illness plans must have an Employer Contribution amount of 25% or higher.
- Voluntary Critical Illness plans must have an Employer Contribution amount of 24% or less.
- Participation Requirement for Basic plans is at least 75% of the eligible employees must be enrolled in the coverage.

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

- Participation Requirement for Voluntary plans is at least 25% of the eligible employees must be enrolled in the coverage.
- If Employer Contribution amount is 100% then all eligible employees must be enrolled in the coverage.

Note: To purchase Critical Illness, the employer must also elect Standalone Vision, Employee Basic Life, Long Term Disability or Short Term Disability.

Critical Illness Plans
☒ Yes
☐ No

3

Critical Illness Benefit Selection

Employer Contribution

Enter the Percentage of the Premium that the Employer is going to contribute towards Critical Illness Coverage.
100% participation is required if contribution is 100%.

*Critical Illness % Contribution

Critical Illness Plans

Plan Name	Benefit	Benefit Maximum
Basic Critical Illness		
☐ Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount
☐ Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child	Up to 3 times benefit amount
☐ Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount
Voluntary Critical Illness		
☐ Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount
☐ Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child	Up to 3 times benefit amount
☐ Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount

If Critical Illness is selected without an additional ancillary line, then an error message will populate

Attention

⚠ Please select a plan from Standalone Vision, Employee Basic Life, Short Term Disability, or Long Term Disability to enroll in Critical Illness.

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

3. **Accident Insurance Plan:** Radio button will default to **No**, if the group elects an Accident insurance plan, manually click on **Yes** to display the plans. Click on the appropriate box to select a plan.

- Must also have Medical and/or Dental to purchase Accident Insurance
- Only 1 plan can be selected.
- Basic Accident Insurance plans must have an Employer Contribution amount of 25% or higher.
- Voluntary Accident Insurance plans must have an Employer Contribution amount of 24% or less.
- Participation Requirement for Basic plans is at least 75% of the eligible employees must be enrolled in the coverage.
- Participation Requirement for Voluntary plans is at least 25% of the eligible employees must be enrolled in the coverage.
- If Employer Contribution amount is 100% then all eligible employees must be enrolled in the coverage.

Accident Insurance Plans ☐ Yes ☒ No

Accident Insurance Benefit Selection

Employer Contribution
Enter the Percentage of the Premium that the Employer is going to contribute towards Accident Insurance Coverage.
100% participation is required if contribution is 100%.

*Accident Insurance Contribution %

Accident Insurance Plans		24 hour Coverage	Benefit Coverage	Wellness
Plan Name	Benefit Description			
Basic Accident Insurance				
☐ Plan 1	Benefits for treatment and injuries due to an accident	No	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40
☐ Plan 2	Benefits for treatment and injuries due to an accident	No	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
☐ Plan 1 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40
☐ Plan 2 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
☐ Smart Plan 1	Benefits for treatment due to an accident	No	Emergency room - \$175 / Hospital confinement - \$200 / Ground Ambulance - \$400	\$0
☐ Smart Plan 2	Benefits for treatment due to an accident	No	Emergency room - \$200 / Hospital confinement - \$300 / Ground Ambulance - \$400	\$0
☐ Smart Plan 1 - 24 Hr	Benefits for treatment due to an accident	Yes	Emergency room - \$175 / Hospital confinement - \$200 / Ground Ambulance - \$400	\$0
☐ Smart Plan 2 - 24 Hr	Benefits for treatment due to an accident	Yes	Emergency room - \$200 / Hospital confinement - \$300 / Ground Ambulance - \$400	\$0
Voluntary Accident Insurance				
☐ Plan 1	Benefits for treatment and injuries due to an accident	No	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40
☐ Plan 2	Benefits for treatment and injuries due to an accident	No	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
☐ Plan 1 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40

Note: To purchase Accident Insurance, the employer must also elect Standalone Vision, Employee Basic Life, Long Term Disability or Short Term Disability.

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2 How to Enroll a Small Group (Cont'd.)

III. Plan Selections (Cont'd.)

When **No** is selected to delete a plan, a confirmation message will populate asking if you want to delete the plans.

☐	DTXLR53 ^{*1}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%
☐	DTXLM54 ^{*1}	Passive	\$50/\$50	\$1000		0%/3
☐	DTXLR60 ^{*1*4}	Passive	\$50/\$50	\$1000		0%/3

Confirmation
Do you want to delete the Plans?

Coinurance Type - I : Exams/Cleanings/X-Rays (both High & Low)
Coinurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical I
Coinurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low)
Coinurance Type - IV: Ortho (both High & Low Coverage).
R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.
Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participa
*2 Waived Deductible applies to all Class I services and Class IV Orthodontic services.
*5 Plans have the same benefits In and Out of Network
*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Service
*3 Only Basic Restorative Services are covered under Class II.
*4 Prev/Diag svcs do not count toward annual max.
*6 Implants are covered at the same percentage as prosthodontics.

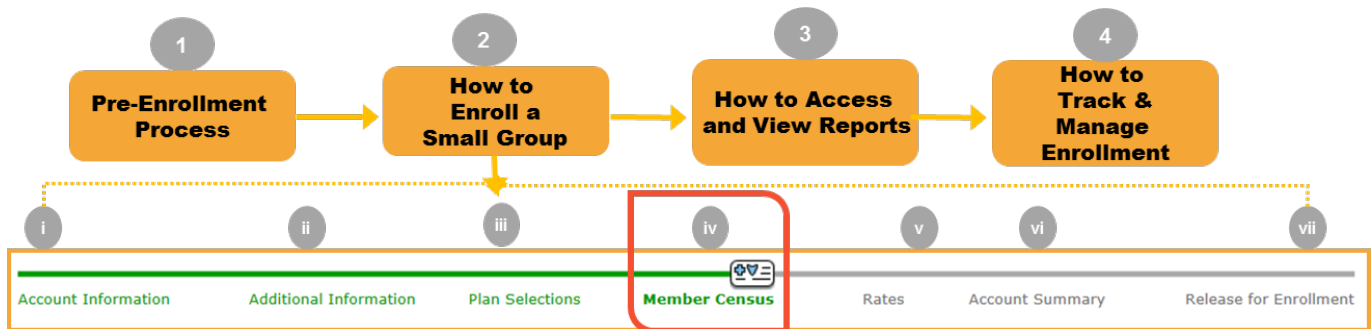
Standalone Vision Plans ☒ Yes ☐ No

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

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census



Step IV: Member Census:

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

Note: Only fields with asterisks are mandatory. Other fields should be completed, if applicable.



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

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

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

1. On the Member Census screen, click **Add Member** to manually add the Member Census information.
2. Click **Continue** to go through the Employee Information, Coverage Elections, Dependent Information and Other Coverage. As members are added, the census count will auto-populate the appropriate number of rows.

- **2a: Employee Information:** General census information regarding the employee. The **Employee Signature Date** field is also in this section.

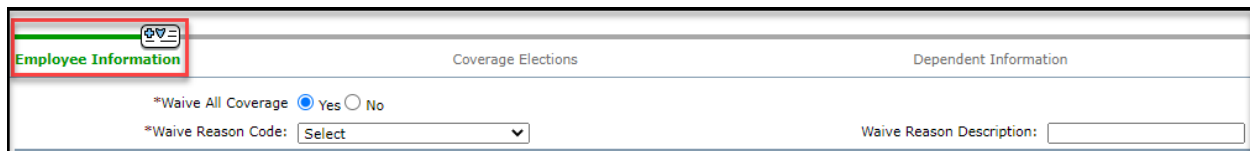
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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Add Member: Enrollment for New Member

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



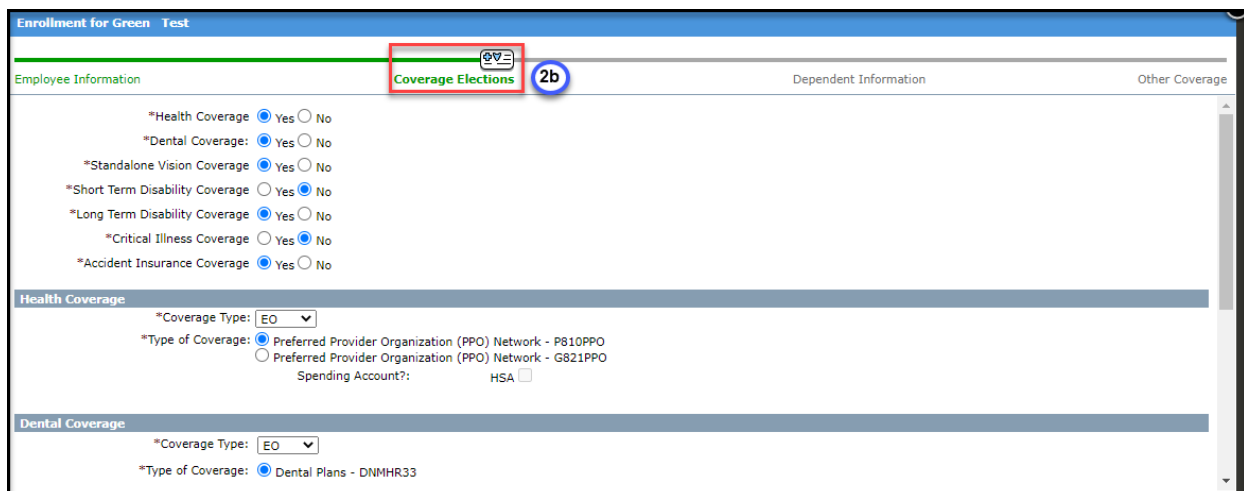
Employee Information Coverage Elections Dependent Information

*Waive All Coverage: ☒ Yes ☐ No

*Waive Reason Code: Waive Reason Description:

- **2b: Coverage Elections:** Select Health, Dental and Ancillary product options at the member level.

Note: When HMO or EPO coverage is elected, additional fields will become visible to enter the PCP information.

Enrollment for Green Test

Employee Information **Coverage Elections** (2b) Dependent Information Other Coverage

*Health Coverage: ☒ Yes ☐ No

*Dental Coverage: ☒ Yes ☐ No

*Standalone Vision Coverage: ☒ Yes ☐ No

*Short Term Disability Coverage: ☐ Yes ☒ No

*Long Term Disability Coverage: ☒ Yes ☐ No

*Critical Illness Coverage: ☐ Yes ☒ No

*Accident Insurance Coverage: ☒ Yes ☐ No

Health Coverage

*Coverage Type:

*Type of Coverage: ☒ Preferred Provider Organization (PPO) Network - P810PPO
☐ Preferred Provider Organization (PPO) Network - G821PPO
 Spending Account?: ☐ HSA

Dental Coverage

*Coverage Type:

*Type of Coverage: ☒ Dental Plans - DNMHR33

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2

How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Enrollment for Green Test

Employee Information Coverage Elections Dependent Information Other Coverage

Coverage Elections

*Coverage Type:

*Type of Coverage: ☒ Dental Plans - DNMHR33

Standalone Vision Coverage

*Coverage Type:

*Type of Coverage: Basic Standalone Vision - Plan 2

Long Term Disability Coverage

*Type of Coverage: ☒ All Active Full Time - Basic Long Term Disability - Plan 3
☐ Class 2 - Basic Long Term Disability - Plan 1

Accident Insurance Coverage

*Coverage Type:

*Type of Coverage: Basic Accident Insurance - Plan 2 - 24 Hr

Salary Information

Salary Period: *Annual Salary:

* - Required fields 2

Add Member: Enrollment for New Member

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

Enrollment for Green Test

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

Select Dependents

Dependent Information for New Dependent

*Last Name: *First Name: MI:

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

*Relationship: *Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other Race
☐ Preferred not to Answer
☒ Unknown

*Gender:

*Ethnicity: ☐ Hispanic or Latino
☐ Non Hispanic or Latino
☒ Unknown

*Native Language:

*Preferred Written Language:

*Preferred Spoken Language:

2

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

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

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Add Member: Enrollment for New Member

- **2d: Other Coverage:** Any applicable Medicare information for both the employee and dependent are entered here. When the member's name is selected, additional Medicare information fields will populate.

Enter the information and then click **Save** and **Close**.

Enrollment for Green Test

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

Select Member

Test, Green
Test, Yellow

Medicare Information for

Medicare HIC Number:

Medicare Eligible (Y/N/U):

Medicare Reason:

Medicare Primary or Secondary:

Plan	Start Date	End Date
Medicare A	(mm/dd/yyyy)	(mm/dd/yyyy)
Medicare B	(mm/dd/yyyy)	(mm/dd/yyyy)

Save

Previous * - Required fields
† - Required when HMO has been selected as the Health Plan

Save and Close

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Member Census

Previous Continue

Census Count: 1 Add Member Export Census Import Census ?

1 - 1 of 1

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1		Green Test	Employee	M	06/05/1974	48	ES	ES	NM	P810PPO	DNMHR33
1.1		Yellow Test	Spouse	F	06/05/1978	44				-	-

Enrollment Totals

* # of Employees On Payroll 2 3

+ # of New Hires 0

- # of Temporary Employees 0

- # of Part Time Employees 0

- # of Seasonal Employees 0

- # of Terminated Employees 0

- # of Employees Serving An Eligibility Waiting Period 0

= **Total Eligible Employees** 2

Health Coverage

of Employees enrolling in Health (including COBRA / Retiree / Continuation) 1

of Employees Waiving With Other Health Coverage 0

of Employees Waiving Without Other Health Coverage 0

Dental Coverage

of Employees enrolling in Dental (including COBRA / Retiree / Continuation) 1

of Employees Waiving With Other Dental Coverage 0

of Employees Waiving Without Other Dental Coverage 0

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

* - Required

Previous Continue 4

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

Member Census

Previous Continue

Census Count: 2 Add Member Export Census Import Census ?

Confirmation

Are you sure you want to delete the Member?

Ok Cancel

	View Member	Name	Relationship Code	Gender	Coverage type	State	Health Plan Selected	Dental Plan Selected
1		Joe Black	Employee	M	EO	NM	P801PPO	DNMHR01
2		Matt Brown	Employee	M	EO	NM	P801PPO	DNMHR01

Notes:

- Members can be deleted by clicking the red 'x'.

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2

How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

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

Member Census

Previous Continue

Census Count: 2 Add Member Export Census Import Census ?

« 1 - 2 of 2 »

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1	View	Joe Black	Employee	M	04/14/1970	46	EO	EO	NM	P801PPO	DNMHR01
2	View	Matt Brown	Employee	M	05/05/1975	41	EO	EO	NM	P801PPO	DNMHR01

Enrollment Totals

*# of Employees On Payroll 2

+ # of New Hires 0

- # of Temporary Employees 0

- # of Part Time Employees 0

- # of Seasonal Employees 0

- # of Terminated Employees 0

- # of Employees Serving An Eligibility Waiting Period 0

= Total Eligible Employees 2

Health Coverage

of Employees Enrolling 2

of Employees Waiving With Other Health Coverage 0

of Employees Waiving Without Other Health Coverage 0

Dental Coverage

of Employees Enrolling In Dental 2

of Employees Waiving With Other Dental Coverage 0

of Employees Waiving Without Other Dental Coverage 0

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

* - Required

Previous Continue

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Member Census

Previous Continue

Census Count: 2 Add Member Export Census Import Census ?

1 - 2 of 2

Step IV: Member Census (Import Census) (Smart Census)

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

Import Census

Note: Please download the **updated** template for NM division.

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

Steps to save the Import Census Template:

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

Select File to upload: Choose File No file chosen

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

☒ Overwrite - This option will replace previously entered census information.

☐ Append - This option will add to existing census information

Load File

4. Click on the Choose File link to upload a saved census file.

Import Census

Note: Please download the **updated** template for TX division.

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

Steps to save the Import Census Template:

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

Select File to upload: Choose File No file chosen

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

Load File

Note:

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

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

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

- A. Open Smart Census Import Tool (SCIT) and save under the Group's Name.
- B. Complete Census Template Setup form.
- C. Enter data in Import Census Template tab.
- D. Click File Save to validate data.
- E. An Error List will be generated. Correct errors and click File Save to re-validate data.
- F. Upon successful validation, upload SCIT to Small Group Enrollment Tool.

AutoSave Off Search (Alt+Q)

File Home Insert Draw Page Layout Formulas Data Review View Help Acrobat

Clipboard Font Alignment Number Styles Cells

ENROLLMENT

Smart Census Import Tool Setup Form

Step 1: Please Make a Selection Hover over RED Triangle for add'l info Version 16 Release: 2023.03

Market Segment: SMALL GROUP

Quoting or Enrollment: ENROLLMENT

Division: [Redacted]

Is the Effective Date before 5/1/2023? Y

Click Green button for Census Data Entry Map Help Tab

Go To Census Template for Data Entry

Please Note:

- Census template columns will display/hide based on selections made on this Setup Form.
- Returning to [this tab](#) hides [Census Template tab](#) and does not overwrite census data.

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

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2

How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Import Census

Note: Please download the updated template for NM division.

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

Steps to save the Import Census Template:

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

Select File to upload: Choose File CensusToolv16New.xlsm **4**

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

☒ Overwrite - This option will replace previously entered census information.

☐ Append - This option will add to existing census information

5 Load File

4. Click **Choose File** and select the appropriate file.
5. Click **Load File**. If there is missing information in the uploaded census template, an **Attention message** is displayed.
6. Click **Override and Import**.

Import Census

Note: Please download the updated template for NM division.

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

Steps to save the Import Census Template:

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

Select File to upload: Choose File CensusToolv16New.xlsm

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

☒ Overwrite - This option will replace previously entered census information.

☐ Append - This option will add to existing census information

Load File

6 Override and Import Cancel

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

Attention

- Entered Plans are not matching with Selected Plans ...
- Please click here to view the warning messages...

Download Warning Messages

indicates Error Message

indicates Warning Message

Note: The Import Census pop-up window includes a clarification for Override and Import upload option. A legend key for warning and error symbols is also displayed.

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2

How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)

Member Census

Previous

Continue

Census Count: 1

Add Member

Export Census

Import Census

1 - 1 of 1

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1		Green Test	Employee	M	06/05/1974	48	ES	ES	NM	P810PPO	DNMHR33
1.1		Yellow Test	Spouse	F	06/05/1978	44				-	-

Enrollment Totals

*# of Employees On Payroll

2

+ # of New Hires

0

- # of Temporary Employees

0

- # of Part Time Employees

0

- # of Seasonal Employees

0

- # of Terminated Employees

0

- # of Employees Serving An Eligibility Waiting Period

0

= Total Eligible Employees

2

Health Coverage

of Employees enrolling in Health (including COBRA / Retiree / Continuation)

1

of Employees Waiving With Other Health Coverage

0

of Employees Waiving Without Other Health Coverage

0

Dental Coverage

of Employees enrolling in Dental (including COBRA / Retiree / Continuation)

1

of Employees Waiving With Other Dental Coverage

0

of Employees Waiving Without Other Dental Coverage

0

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

* - Required

Previous

8

Continue

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

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2 How to Enroll a Small Group (Cont'd.)

IV. Member Census (Cont'd.)



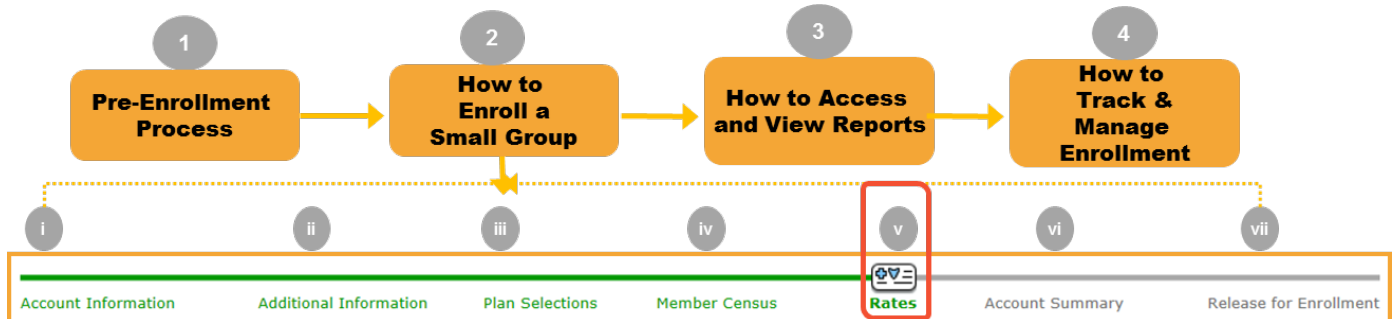
Helpful Tips

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

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2 How to Enroll a Small Group (Cont'd.)

V. Rates



You have entered the Member Census. Next, you will view rates for your group. **No data entry is required on this screen.**

Account Information	Additional Information	Plan Selections	Member Census	Rates	Account Summary	Release for Enrollment				
Rates Previous Continue										
Rating Model ☒ Member Level A										
Preferred Provider Organization (PPO) Network										
Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx **	Rates
PPO Plans										
Platinum Plans										
P810PPO* ¹	\$500/\$1000	\$20/\$40	80%/60%	\$1500/\$3000	\$300/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	
Gold Plans										
G821PPO* ¹	\$1750/\$3500	\$35/\$60	80%/60%	\$8000/\$24000	\$550/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	
Dental Plans										
Plan #	Plan Type	Deductible In/Out* ²	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Orthodontia Lifetime Max		Rates	
					In Network	Out Of Network				
Contributory Group										
High Allocation										
DNMHR33* ^{5,6}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%		100%/80%/50%/50%		\$1500	
Vision Plans										
Plan #	Exam Copay (once every 12-month benefit period)	Frames	Conventional Lenses (per pair)		Contact Lenses (conventional)	Per Member Per Month Rate n	Total Monthly Vision Cost			
Preferred										
VPRFSNM	\$10	35% off Retail Price	Single Vision - \$50; Bifocal - \$70; Trifocal - \$105		15% off Retail	\$0.37	\$8.51			

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2

How to Enroll a Small Group (Cont'd.)

V. Rates (Cont'd)

Standalone Vision Plans								
Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb	Rates
Basic Standalone Vision								
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes	
Short Term Disability Plans								
Class Description	Plan Name	Plan Benefit		Elimination Period (Days) Injury/Sickness		Maximum Benefit Duration (Weeks)		Rates
Basic Short Term Disability								
All Active Full Time	Plan 2	60% salary weekly max \$750		0/7		26		
Class 2	Plan 7	60% salary weekly max \$1,000		0/7		13		
Long Term Disability Plans								
Class Description	Plan Name	Plan Benefit		Elimination Period (Days)		Maximum Benefit Duration		Rates
Basic Long Term Disability								
All Active Full Time	Plan 3	60% salary monthly max \$3,500		180		SSNRA		
Class 2	Plan 1	60% salary monthly max \$3,500		90		SSNRA		
Critical Illness Plans								
Plan Name	Benefit				Benefit Maximum			Rates
Basic Critical Illness								
Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child				Up to 3 times benefit amount			
Accident Insurance Plans								
Plan Name	Benefit Description		24 hour Coverage	Benefit Coverage			Wellness	Rates
Basic Accident Insurance								
Plan 2 - 24 Hr	Benefits for treatment and injuries due to an accident		Yes	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200			\$50	

1. Rating Model defaults as **member Level**. To view the rate, click on the magnifying glass icon.

Rates

Previous

Continue

Rating Model

Member Level

A

Preferred Provider Organization (PPO) Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx **	Rates
PPO Plans										
Platinum Plans										
P810PPO ¹	\$500/\$1000	\$20/\$40	80%/60%	\$1500/\$3000	\$300/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250	
Gold Plans										
G821PPO ¹	\$1750/\$3500	\$35/\$60	80%/60%	\$8000/\$24000	\$550/100%	DC/DC	DC/DC	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250	

Note: Some ancillary lines may show composite rates regardless of the rating model.

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2

How to Enroll a Small Group (Cont'd.)

V. Rates (Cont'd)

The Rates are displayed.

Member Level Rates											
Employer Name: AMATEST NM Acct				Plan: P810PPO				Case ID: 415908			
Effective Date: 05/15/2023				Employer Zip Code: 87113				Employer County: Bernalillo			
Member Rates											
Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost
<15	\$378.19	23	\$494.36	32	\$584.83	41	\$643.66	50	\$882.93	59	\$1,286.82
15	\$411.80	24	\$494.36	33	\$592.24	42	\$655.03	51	\$921.98	60	\$1,341.69
16	\$424.66	25	\$496.34	34	\$600.15	43	\$670.85	52	\$964.99	61	\$1,389.15
17	\$437.51	26	\$506.22	35	\$604.11	44	\$690.62	53	\$1,008.49	62	\$1,420.30
18	\$451.35	27	\$518.09	36	\$608.06	45	\$713.86	54	\$1,055.46	63	\$1,459.35
19	\$465.19	28	\$537.37	37	\$612.02	46	\$741.54	55	\$1,102.42	64+	\$1,483.08
20	\$479.53	29	\$553.19	38	\$615.97	47	\$772.68	56	\$1,153.34		
21	\$494.36	30	\$561.10	39	\$623.88	48	\$808.28	57	\$1,204.76		
22	\$494.36	31	\$572.96	40	\$631.79	49	\$843.38	58	\$1,259.63		
Census											
	Name	Relationship Code		Date of Birth	Age	Coverage Type		State	Total Monthly Health Cost		
1	Emily Wilson	EMPLOYEE		06/05/1980	42	EF		NM	\$655.03		
1.1	Dan Wilson	SPOUSE		07/01/1983	39				\$623.88		
1.2	Child Wilson	DEPENDENT_CHILD		06/05/2009	13				\$378.19		
1.3	Girl Wilson	DISABLED_DEPENDENT		05/06/2011	12				\$378.19		
2	Ashley Green	EMPLOYEE		12/09/1981	41	EO		NM	\$643.66		
3	John Smith	EMPLOYEE		06/08/1987	35	EO		NM	\$604.11		

2. Click **Print** to print the rates, if needed.

Account Information

Additional Information

Plan Selections

Member Census

Rates

Account Summary

Release for Enrollment

Previous

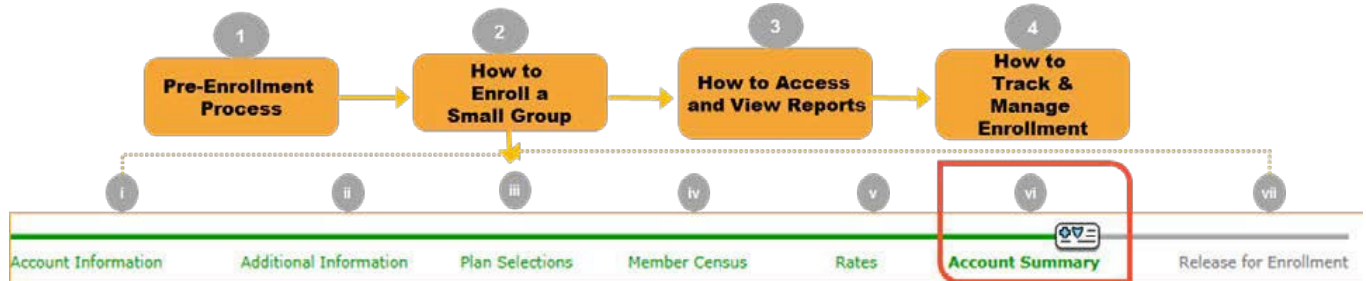
Continue

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

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2 How to Enroll a Small Group (Cont'd.)

VI. Account Summary



Step VI: Account Summary

The **Account Summary** screen allows you to review all of the input data by section. Review the information you have entered and revise, if needed.

Separate panels with scroll bars display key information from previous screens. Click **Change** if you want to make any edits. If changes are made, click **Continue** to go back to the **Account Summary** screen. This ensures that all edits have been saved and rates have been adjusted, if necessary.

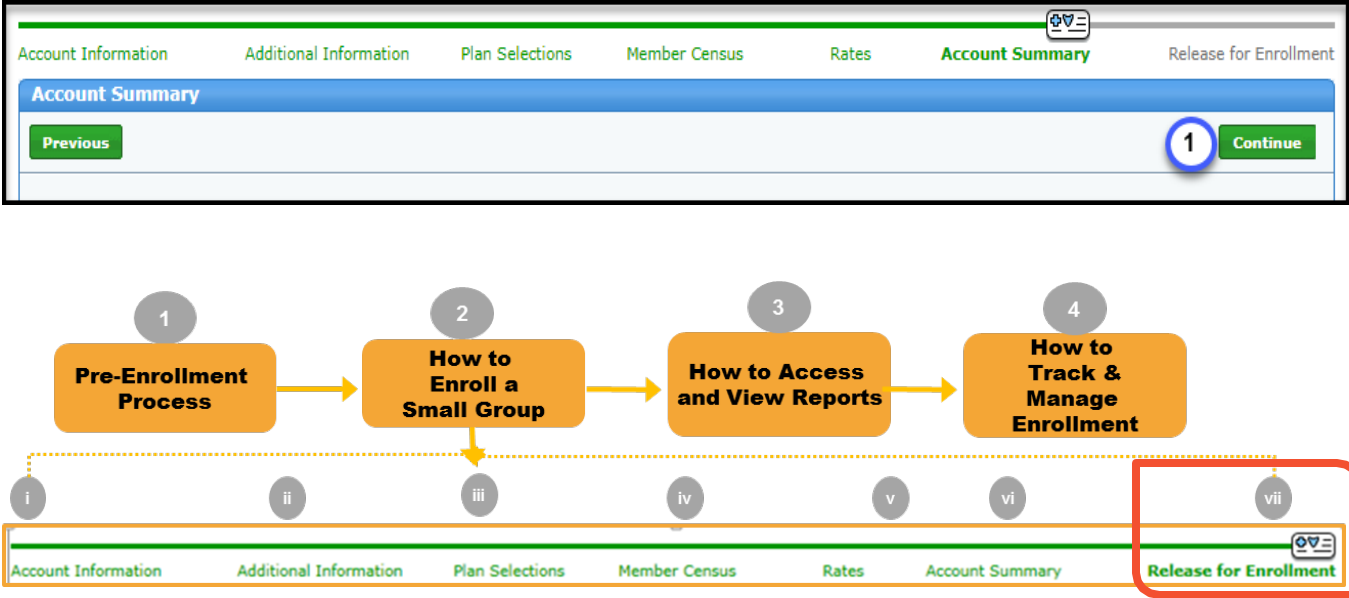
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2

How to Enroll a Small Group (Cont'd)

VI. Account Summary (Cont'd)

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



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2 How to Enroll a Small Group (Cont'd.)

VII. Release For Enrollment

Step VII: Release for Enrollment

Based on the default required documents, under the **Documents Needed for Enrollment** section a list will populate. Documents will be required based on the selections made during the data entry process. Required documents are noted by an asterisk and are in bolded in red font. In order to **release for enrollment**, these documents must be attached.

The screenshot shows the 'Release for Enrollment' step in a web application. At the top, there is a navigation bar with tabs: 'Account Information', 'Additional Information', 'Plan Selections', 'Member Census', 'Rates', 'Account Summary', and 'Release for Enrollment' (which is highlighted with a red box). Below the navigation bar, the 'Release for Enrollment' section is displayed. It includes a 'Previous' button and a message: 'Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.' Below this message is a 'View / Attach Documents' button. The main section is titled 'Documents Needed for Enrollment' and contains a list of documents. The first four documents are marked with an asterisk and are in bold red font: '* Benefit Program Application (BPA) for New Small Groups 2-50', '* Employer Group Information (EGI) Form', '* Enrollment Application/Change Form', and '* Wage & Tax Statement/Proof of Wages'. Each of these documents has a document icon and a 'Signature Required' label. Below these are four more documents: 'Affidavit of Domestic Partnership', 'CDHP - Employer Setup Form', 'Disabled Dependent Certification Form', and 'HCSC COBRA Agreement', each with a 'Signature Required' label. At the bottom of the list is 'State filed proof of business'. Below the list, there is a checkbox labeled 'I confirm that all uploaded documents requiring a signature have been signed.' and a 'Release' button. A 'Previous' button is also at the bottom left.

Documents Needed for Enrollment		
* Benefit Program Application (BPA) for New Small Groups 2-50		Signature Required
* Employer Group Information (EGI) Form		Signature Required
* Enrollment Application/Change Form		Signature Required
* Wage & Tax Statement/Proof of Wages		Signature Required
Affidavit of Domestic Partnership		Signature Required
CDHP - Employer Setup Form		Signature Required
Disabled Dependent Certification Form		Signature Required
HCSC COBRA Agreement		Signature Required
Small Group Certificate of Common Ownership		Signature Required
State filed proof of business		

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

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2 How to Enroll a Small Group (Cont'd.)

VII. Release For Enrollment (Cont'd)

Release for Enrollment

Previous

Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.

View / Attach Documents

1

Attachments

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

File

Choose Files

No file chosen

2

Document Name

Please Select

3

Attach File

4

Description

Existing Attached Documents

File	Date/Time Stamp	Document Name	Description	Name	Status	
BPA.docx	2023-03-23 14:14:57.993	Benefit Program Application (BPA) for New Small Groups 2-50		010019794	COMPLETED	Delete Document
BPS.docx	2023-03-23 14:14:58.403	Employer Group Information (EGI) Form		010019794	COMPLETED	Delete Document
EGI.docx	2023-03-23 14:14:58.807	Enrollment Application/Change Form		010019794	COMPLETED	Delete Document
REP.docx	2023-03-23 14:14:59.173	Wage & Tax Statement/Proof of Wages		010019794	COMPLETED	Delete Document
wage and tax.docx	2023-03-23 14:14:59.537	Affidavit of Domestic Partnership		010019794	COMPLETED	Delete Document

Save

1. Click **View/Attach Documents**. This will populate a pop-up window, allowing the user to search system files to find the appropriate document.
2. Click **Choose Files** and locate the appropriate system folder and file.
3. Select the document type from the **Document Name** drop-down list.
4. Click **Attach File**. The document shows in the **Existing Attached Documents** section.

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2

How to Enroll a Small Group (Cont'd.)

VII. Release For Enrollment (Cont'd)

Attachments

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

File

No file chosen

Document Name

Please Select

Description

Existing Attached Documents

File	Date/Time Stamp	Document Name	Description	Name	Status	
BPA.docx	2023-03-23 14:14:57.993	Benefit Program Application (BPA) for New Small Groups 2-50		010019794	COMPLETED	Delete Document
BPS.docx	2023-03-23 14:14:58.403	Employer Group Information (EGI) Form		010019794	COMPLETED	Delete Document
EGI.docx	2023-03-23 14:14:58.807	Enrollment Application/Change Form		010019794	COMPLETED	Delete Document
REP.docx	2023-03-23 14:14:59.173	Wage & Tax Statement/Proof of Wages		010019794	COMPLETED	Delete Document
wage and tax.docx	2023-03-23 14:14:59.537	Affidavit of Domestic Partnership		010019794	COMPLETED	Delete Document

While uploading documents, if you select the Document name inaccurately, you have the ability to change the Document name indicator, instead of going through the process of deleting and uploading the document a second time.

You can also upload multiple documents, if required. When uploading multiple documents, you must select one Document Type in order to attach the selected documents. This document type will be applied to all the attachments. Click **Attach**.

Use the drop-down arrows next to the specific document to change the Document Type. After changing the necessary document types, you must scroll down to the bottom and click **Save**. Once that button is clicked, the screen will scroll to the top automatically indicating the changes have been saved. When done, click **X** to return to the **Release for Enrollment** screen.

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2

How to Enroll a Small Group (Cont'd.)

VII. Release For Enrollment (Cont'd)

The Documents Needed for Enrollment section easily identifies the Required and Optional Documents. Required documents are identified by **bolded red font** and asterisks. The “Missing” will show for any required documents that have not been attached. “Attached” will show for any document type that was attached.

Account Information

Additional Information

Plan Selections

Member Census

Rates

Account Summary

Release for Enrollment

Release for Enrollment

Previous

Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.

View / Attach Documents

Documents Needed for Enrollment		
* Benefit Program Application (BPA) for New Small Groups 2-50	Attached	Signature Required
* Employer Group Information (EGI) Form	Attached	Signature Required
* Enrollment Application/Change Form	Attached	Signature Required
* Wage & Tax Statement/Proof of Wages	Attached	
Affidavit of Domestic Partnership		Signature Required
Disabled Dependent Certification Form		Signature Required
HCSC COBRA Agreement		
Other		
Small Group Certificate of Common Ownership		Signature Required
State filed proof of business	Attached	

*- Required

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

Release

Previous

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2 How to Enroll a Small Group (Cont'd.)

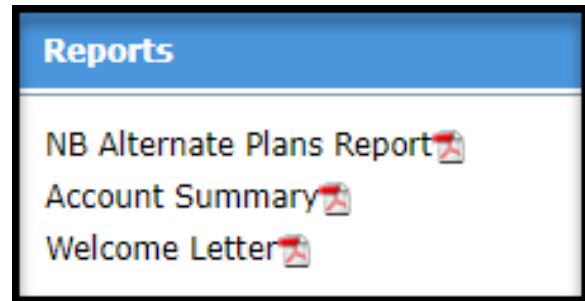
VIII. Account Summary

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

An **Account Summary Report** is available in the **Reports** list after you click **Continue** on the **Account Summary** screen.

This report should display the **Producer's** name.

Before the case is released, select the Account Summary document from the Reports list by clicking **Reports** at the top of the screen. It is recommended that this document be reviewed and approved by the client for accuracy and to ensure that all plans, rates, and census information are accurate BEFORE the case is released. You can also view and print the report after the case has been approved. The Account Summary Report is **not** emailed to you. Please access it through **Reports** on the online tool.



Account Summary		BlueCross BlueShield of New Mexico	
May 9, 2023 NM Test TST 51 Area Expressway Roswell, NM 88203 RE: AMATEST NM 023 Account #:306908 Effective Date:05/01/2023			
General Information:			
Legal Name of Company: AMATEST NM 023	Employer Identification Number (EIN): 626918457		
Standard Industry Code (SIC): 0111	Description of SIC (Nature of Business): Wheat farms		
Policy Effective Date: 05/01/2023	County: Bernalillo		
Domestic Partner: N	TEFRA: N		
ERISA: N	Waiting Period: See BPA		
COBRA: N	COBRA Admin: N		
Health Benefit Summary:			
Preferred Provider Organization (PPO) Network - PPO Plans - P811PPO: Platinum Plan;\$5/\$25 Office Copay/Specialist; \$250/\$500 Ded In/Out; 90%/70% Coins In/Out; \$3500/\$7000 OPX In/Out; \$10/\$20/\$55/\$95/\$150/\$250 Non-Preferred Rx; \$400/100% ER Copay/ER Coins; DC/DC IP In/Out; DC/DC OP Surg In/Out; 70%/50% Ped Dental In/Out			
Health Maintenance Organization (HMO) Network - HMO Plans - S810HMO: Silver Plan;\$50/\$70 Office Copay/Specialist; \$4500/Not Covered Ded In/Out; 60%/Not Covered Coins In/Out; \$8900/Not Covered OPX In/Out; \$10/\$20/\$70/\$120/\$150/\$250 Non-Preferred Rx; DC/60% ER Copay/ER Coins; DC/Not Covered IP In/Out; DC/Not Covered OP Surg In/Out; 70%/50% Ped Dental In/Out			

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

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2 How to Enroll a Small Group (Cont'd.)

VII. Release for Enrollment (Cont'd.)

Release for Enrollment

[Previous](#)

Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.

[View / Attach Documents](#)

Documents Needed for Enrollment		
* Benefit Program Application (BPA) for New Small Groups 2-50	✓ Attached	i Signature Required
* Employer Group Information (EGI) Form	✓ Attached	i Signature Required
* Enrollment Application/Change Form	✓ Attached	i Signature Required
* Wage & Tax Statement/Proof of Wages	✓ Attached	
Affidavit of Domestic Partnership		i Signature Required
Disabled Dependent Certification Form		i Signature Required
HCSC COBRA Agreement		
Other		
Small Group Certificate of Common Ownership		i Signature Required
State Filed proof of business	✓ Attached	

* - Required

[Previous](#)

5 ☒ I confirm that all uploaded documents requiring a signature have been signed. [Release](#) 6

As each document is attached, the **Documents Needed for Enrollment** list updates to show **Attached**. The **Release** button remains grayed out until all **required** documents are attached.

5. Select the '*I confirm that all uploaded documents requiring a signature have been signed*' check box.
6. Click **Release** to release the group to Underwriting for review.

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2

How to Enroll a Small Group (Cont'd.)

VII. Release for Enrollment (Cont'd.)

Confirm Release for Enrollment

I confirm that,

☒ I have selected Member Level Rating model.

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

Health - P810PPO, G821PPO

Dental - DNMHR33

Ancillary - VPRFSNM, Standalone Vision - Plan 2, Short Term Disability - Plan 7, Plan 2, Long Term Disability - Plan 1, Plan 3, Critical Illness - Plan 2, Accident Insurance - Plan 2 - 24 Hr

☒ I have selected the effective date 05/15/2023 for the group.

Confirm

Cancel

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

Release Confirmation

Thank you! Your account has now been submitted for review.

Return Home

- Confirm your selections. Click **Confirm**. A message saying **“Thank you! Your account has been submitted for review.”** is displayed. At this point you can click **Return Home** to return to the home page.

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2 How to Enroll a Small Group (Cont'd.)

VII. Release for Enrollment (Cont'd.)

Once you click **Release**, the group is in a read-only status. No additional changes can be made until after the Underwriter has reviewed the case. If the Underwriter requires more information, they send you an email notification requesting more information and allowing you to go back into the tool and enter/upload missing information or documents. If you require changes, prior to approval, please contact your sales representative as soon as possible.

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

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2 How to Enroll a Small Group (Cont'd.)

VII. Release for Enrollment (Cont'd.)

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

The updated list of the Required and the Optional documents is displayed in the **Document Name** list.

Documents List	
Please remember to gather these documents to attach at the end of the enrollment process. Some of these forms are available for download here .	
Required Documents	
Benefit Program Application (BPA) for New Small Groups 2-50	
Employer Group Information (EGI) Form	
Enrollment Application/Change Form	
State filed proof of business	
Wage & Tax Statement/Proof of Wages	
Optional Documents	
Affidavit of Domestic Partnership	
Disabled Dependent Certification Form	
HCSC COBRA Agreement	
Other	
Small Group Certificate of Common Ownership	
Supplemental Employment Verification Form	

Downloadable Forms for Small Group Products

Here are some commonly used forms for conducting business with Blue Cross and Blue Shield of New Mexico (BCBSNM). To access more downloadable forms, please log in to [Blue Access for Producers \(BAP\)](#).

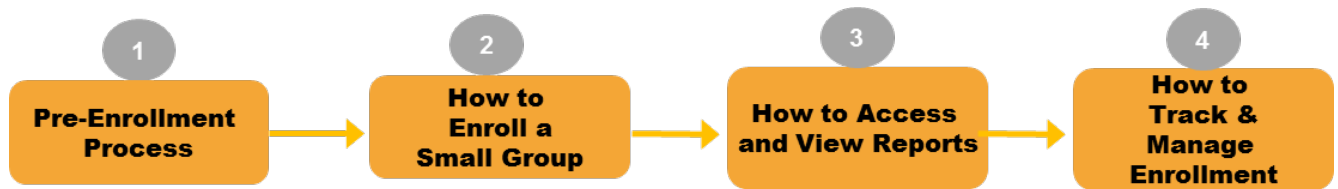
The forms below are in portable document format (PDF). To view these files, you may need to install a PDF reader program. Most PDF readers are a free download. One option is [Adobe® Reader®](#). Other Adobe accessibility tools and information can be downloaded at [access.adobe.com](#).

Stock # / Date	Proposal Forms	New Mexico Form #
-	Request for Quote/Proposal/Census Form (Groups 2-50)	N/A
Stock # / Date	Enrollment Forms and Change Form	New Mexico Form #
NM-SG-HP-NGF-BPA-08/15	2015 Benefit Program Application (BPA) for New Small Groups 2-50 - for new accounts effective on or after 1/1/2015	N/A
NM-SG-HP-NGF-BPA-A-09/15	2015 Benefit Program Application (BPA) Amendment for Small Groups 2-50 - for renewing accounts with anniversary dates on or after 1/1/2015; use this form to amend the original BPA	N/A
NM-SG-HP-NGF-BPA-A-11/14	2015 Benefit Program Application (BPA) Amendment for Small Groups 2-50 - for existing accounts enrolled on or after 1/1/2015 but not yet renewed in 2015; use this form to amend the original BPA	N/A
477868.1115	2015 Group Enrollment Application/Change Form - use this form to apply for group coverage or make changes to an existing BCBSNM policy	N/A

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3

How to Access and View Reports



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

Enrollment

Account Name: NM_UG Market Segment: Small Group
 Producer: NM Test Broker1 Status: Enrollment Completed
 Created By: External EFT Status: Success

Reports Documents List Attachments

Reports

- Account Summary
- NB Alternate Plans Report
- Welcome Letter

Types of documents accessible in the Reports list include:

Welcome Letter: Available after Underwriting approves the case. An email advising that the group has been approved will be sent to the producer. You can then go into **Reports** to retrieve the Welcome Letter.

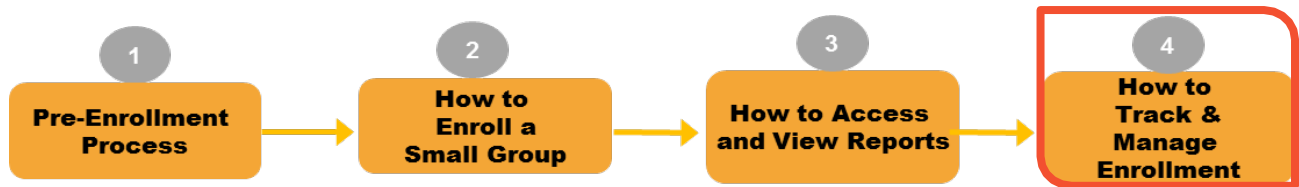
The Welcome Letter itself will **NOT** be sent within the email.

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

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4 How to Track and Manage Enrollment (Cont'd.)

VIII. Enrollment Status



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

Enrollment				Enrollment Home
Account Name: FRED NM 1 TEST	Market Segment: Small Group	Account Number: 216225	Effective Date: 10/01/2017	
Producer: ISAAC J ORTIZ	Status: Pre-enrollment	Quote Number: NA	Case ID: 7153	
Created By: External	EFT Status: Not Processed			
Reports	Documents List	Attachments	Log	History

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

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

Activity History			
Activity Date	Activity	Status	Duration
03/23/2023	Complete Acct/Membership Entry		46 Day(s)
03/23/2023	Transfer To Bluestar	Completed	0 Day(s)
03/23/2023	Underwriter Review	Completed	0 Day(s)
03/22/2023	Enrollment Data Entry	Completed	1 Day(s)
Activity	Status	Definition	
Enrollment Data Entry	Pre-enrollment	Pre-enrollment status is defined as one of the following. 1. A producer or General Agent has initiated the enrollment process but has not submitted the case to BCBS yet. 2. BCBS has received enrollment paperwork and is reviewing for completeness. The case has not been submitted to Underwriting yet.	
Pre-Enrollment More Info Needed	Pre-Enrollment More Info Needed	BCBS has requested additional information and the submitter is in the process of obtaining requested information.	
Enrollment More Info Required	Pre-Enrollment More Info Needed	BCBS has requested additional information and the submitter is in the process of obtaining requested information.	
Enrollment Data Entry Review	Enrollment Data Entry Review	Pre-Enrollment documentation has been submitted to BCBS for review.	
Underwriter Review	Pending URM review or	Enrollment documentation has been submitted to	

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

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4 How to Track and Manage Enrollment (Cont'd.)

IX. Enrollment Status (Cont'd.)

Account Name: NM SG Enrollment FR 5/1	Market Segment: Small Group	Account Number: 305802	Effective Date: 05/01/2023
Producer: ASSOCIATION CONCEPTS, LLC	Status: Complete Acct/Membership entry	Quote Number: NA	Case ID: 412920
Created By: External			
Reports	Documents List	Attachments	Log History

Account Log	
Account Name: NM SG Enrollment FR 5/1	Account Number: 305802
Log Entries	
Date: 03/07/2023 09:55:08 Type: Internal Subject: Claimed Case Entry: The Case was claimed by batest50.	
Date: 03/07/2023 09:53:55 Type: External Subject: Pending UW Review Added By: ASSOCIATION CONCEPTS LLC ASSOCIATION CONCEPTS LLC Entry: Thank you! Your account has now been submitted for review.	

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

For Example:

If Underwriting indicates **More Information is Required**, a copy of the notes and reason codes will be added to the log for your review. This will be the same information that would have been included in the email notification. You will still need to attach a document to the system to provide any clarifications to the underwriter, as needed.

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4 How to Track and Manage Enrollment (Cont'd.)

X. More Information Required

In this example, once you have released the group for enrollment, the Underwriter reviews the case and pushes it back to the producer for changes. An email will automatically generate from the system and go to the email address that was input for the producer on the account information page. Please note that you should not reply to this email. Any responses will not be received by BCBS.

You will receive an email notification with the details. You can go back into the eSales Tool to enter the missing information and/or upload missing documents. The email notification specifies the type of information/document that is missing/required.

Sample “More Information Required” email notification is below.

Blue Cross Blue Shield of New Mexico (BCBSNM) requires additional information to continue reviewing the small employer group coverage enrollment for NM_UG Case ID #13895. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

Missing/Incorrect/Incomplete Document (s):

Employer Group Information (EGI) Form – Incomplete
Enrollment Application/Change Form - Incomplete

Additional Notes: Incomplete Documents

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

Please do not reply to this email. For questions, please contact your sales representative HCSC
Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at

(312) 653-6000 in Illinois; (800) 447-7828 in Montana;
(800)835-8699 in New Mexico; (918)560-3500 in Oklahoma;
or (972)766-6900 in Texas

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4 How to Track and Manage Enrollment (Cont'd.)

X. More Information Required (Cont'd.)

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

Sample “Aging Agents” email Notification is below.

Blue Cross Blue Shield of New Mexico (BCBSNM) requires additional information to continue reviewing the small employer group coverage enrollment for NM_UG Case ID #13895.

The case has been pended for 3 days and it needs your immediate attention in order to process it further. The following information needs to be updated or provided:

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

Employer Group Information (EGI)
Form – Incomplete Enrollment
Application/Change Form –
Incomplete

Additional Notes: Incomplete Documents.

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

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

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at

(312) 653-6000 in Illinois; (800) 447-7828 in
Montana; (800)835-8699 in New Mexico;
(918)560-3500 in Oklahoma; or (972)766-
6900 in Texas.

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4 How to Track and Manage Enrollment (Cont'd.)

X. More Information Required (Cont'd.)

Once you receive an email notification from the Underwriting team, you login to the eSales Tool. If Underwriting needs more information you may need to add or update information in one of the fields within the tool, as well as add some missing documentation.

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

The screenshot displays the 'Release for Enrollment' screen in the eSales Tool. At the top, there are tabs for 'Account Information', 'Additional Information', 'Plan Selections', 'Member Census', 'Rates', 'Account Summary', and 'Release for Enrollment'. The 'Release for Enrollment' tab is active. Below the tabs, there is a 'Send to BCBS' button. A modal dialog box is open, asking 'Are you sure you wish to send this to BCBS?' with 'OK' and 'Cancel' buttons. The 'OK' button is highlighted with a red box. Below the screenshot, a message box says 'Thank you. This account has now been submitted for further review.' with a 'Return Home' button.

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

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4 How to Track and Manage Enrollment (Cont'd.)

X. More Information Required (Cont'd.)

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

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

Account Log

Account Name: NM_UG Account Number: 190334

Add Entry

Subject : Completed Documents Submitted

Body : Two completed documents submitted. |

Save

Log Entries

Account Log

Account Name: NM_UG Account Number: 190334

Add Entry

Log Entries

Date: 10/13/2016 22:46:31
Type: Internal
Subject: Completed Documents Submitted
Added By: NM Test Broker1 NM Test Br
Entry: Two completed documents submitted.

Date: 10/13/2016 22:44:37
Type: Internal
Subject: More Info Required
Added By: ba test
Entry: Missing/Incorrect/Incomplete Document (s)

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4 How to Track and Manage Enrollment (Cont'd.)

XI. Underwriting Approval Received

An email notification will be sent to the Producer once the case has been approved by Underwriting.

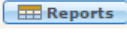
Sample “Approval” email notification is below.

Blue Cross and Blue Shield of New Mexico (BCBSNM) has approved Test NM Acct for group employer coverage with an effective date of 05/01/2023.

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

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

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

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

Thank you for your business.

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

Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately.

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4 How to Track and Manage Enrollment (Cont'd.)

XII. Underwriting Approval Received (Cont'd.)

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

Sample “Welcome Letter” is below.

Welcome Letter				BlueCross BlueShield of New Mexico	
April 21, 2023 TEST PRODUCER ESALES 2800 Irving NW ,					
RE: AMATEST Account #: 306109 Effective Date: 05/01/2023					
AMATEST has been approved and your rates are indicated below. These rates are effective 05/01/2023.					
Enrollment information, including member applications, is being processed. Member ID cards will be mailed shortly. Thank you for your continued business.					
General Information:					
<u>Waiting Period:</u> 0	<u>COBRA:</u> Y	<u>COBRA Admin:</u> N	<u>TEFRA:</u> N	<u>Public Entity:</u> N	<u>County:</u> Santa Fe
<u>Domestic Partner:</u> N					
Benefit Summary:					
Preferred Provider Organization (PPO) Network - PPO Plans - S831PPO: Blue Silver Plan; \$45/\$65 Office Copay/Specialist; \$4000/\$4000 Ded In/Out; 60%/50% Coins In/Out; \$8700/\$26100 OPX In/Out; \$15/\$25/\$70/\$120/\$250/\$350 Non-Preferred Rx; DC/60% ER Copay/ER Coins; DC/DC IP In/Out; DC/DC OP Surg In/Out; 70%/50% Ped Dental In/Out					
Blue Preferred (EPO) Network - EPO Plans - S7E5PFR: Blue Silver Plan; \$50/\$70 Office Copay/Specialist; \$6000/Not Covered Ded In/Out; 70%/Not Covered Coins In/Out; \$9000/Not Covered OPX In/Out; \$15/\$25/\$70/\$120/\$250/\$350 Non-Preferred Rx; DC/70% ER Copay/ER Coins; DC/Not Covered IP In/Out; DC/Not Covered OP Surg In/Out; 70%/50% Ped Dental In/Out					
Blue Advantage HMO Network - HMO Plans - P7J4ADT: Blue Platinum Plan; \$5/\$25 Office Copay/Specialist; \$250/Not Covered Ded In/Out; 90%/Not Covered Coins In/Out; \$3500/Not Covered OPX In/Out; \$10/\$20/\$70/\$120/\$150/\$250 Non-Preferred Rx; \$400/100% ER Copay/ER Coins; DC/Not Covered IP In/Out; DC/Not Covered OP Surg In/Out; 70%/50% Ped Dental In/Out					

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How to Track and Manage Enrollment (Cont'd.)

XII. Underwriting Approval Received (Cont'd.)

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

Sample "ID Card" email notification is below.

Membership processing for NM_UG (Account # 190334) is complete and member ID cards have been requested. Temporary ID cards will be available as of the effective date of the account. To access temporary IDs for members of this account, follow these steps:

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

Thank you for your business.

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

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4 How to Track and Manage Enrollment (Cont'd.)

XII. Underwriting Approval Received (Cont'd.)

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

Enrollment				Enrollment Home
Account Name: NM_UG	Market Segment: Small Group	Account Number: 190334	Effective Date: 10/15/2016	
Producer: NM Test Broker1	Status: Enrollment Completed	Quote Number: NA	Case ID: 13895	
Created By: External				
Reports	Documents List	Attachments	Log	History

Note: If the case is not approved for enrollment by Underwriting, a **Not Approved** email notification is sent to the Producer with the reason code(s). Contact your Sales Representative if you have questions regarding a case that is not approved.

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4 How to Track and Manage Enrollment (Cont'd.)

XIII. Search Functionality

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

Enrollment Enrollment Home

Search Existing Accounts/Quotes ▾

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

Account Name: Quote Number: Status:

Agent: Account Number: Effective Date:

Division: New Mexico Case ID: EIN:

Request ID: Search Clear

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4 How to Track and Manage Enrollment (Cont'd.)

XIV. My Enrollments

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

My Enrollments							
Account	Account #	Effective Date	Sales Executive	Division	Status	Last Activity	
 INTERNAL DEMO 08222016	181548	09/01/2016		NM	Enrollment More Info Required	08/22/2016	
 AMATEST NM 0928 AGING	183246	10/01/2016		NM	Enrollment More Info Required	09/29/2016	
 AMATEST_TAMMY_0628_NM_EXT	180051	08/01/2016		NM	Enrollment More Info Required	07/20/2016	
 AMATEST_NM-ADV_EXT_0629	180157	08/01/2016		NM	Enrollment More Info Required	07/11/2016	
 AMATEST NM 1013 EXT	190206	11/01/2016		NM	Enrollment More Info Required	10/13/2016	
 TEST_NM_10112016	191352	01/01/2017		NM	Pending UW review	10/11/2016	
 NATEST_EXT_NM_0309	188416	05/01/2016		NM	Pending UW review	05/02/2016	
 AMATEST NM 1006 EXT	183445	11/01/2016		NM	Pending UW review	10/06/2016	
 AMATEST NM 0818 EXT	181329	09/01/2016		NM	Pending UW review	09/13/2016	
 AMATEST NM 1007 RC EXT	191131	11/01/2016		NM	Pending UW review	10/07/2016	
 NATEST_0315NM_EXT	188516	06/01/2016		NM	Complete Acct/Membership entry	04/05/2016	
 AMATEST_LATHA_05202016_1	190834	06/01/2016		NM	Complete Acct/Membership entry	05/20/2016	
 TEST_NM2_10112016	191361	01/01/2017		NM	Complete Acct/Membership entry	10/11/2016	
 AMATEST NM 1013 EXT	190212	11/01/2016		NM	Enrollment Not Approved	10/13/2016	

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

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4 How to Track and Manage Enrollment (Cont'd.)

V. My Enrollments

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

Recently Accessed					
Account	Effective Date	Sales Executive	Division	Status	Last Activity
 View NM_UG	10/15/2016		NM	Enrollment Completed	10/13/2016
 View NM_UG	10/15/2016		NM	Pre-enrollment	10/13/2016
 View TEST_NM_UG	10/15/2016		NM	Pre-enrollment	10/13/2016
 View AMATEST SS NM EXT 1013	01/01/2017		NM	Enrollment Completed	10/13/2016
 View AMATEST NM 1013 EXT	11/01/2016		NM	Release ID cards	10/13/2016
 View AMATEST NM 1013 EXT	11/01/2016		NM	Enrollment Not Approved	10/13/2016
 View AMATEST NM 1013 EXT	11/01/2016		NM	Enrollment More Info Required	10/13/2016
 View SYS Account Name Place Holder	-		NM	Pre-enrollment	10/12/2016
 View TEST_NM2_10112016	01/01/2017		NM	Complete Acct/Membership entry	10/11/2016
 View TEST_NM_10112016	01/01/2017		NM	Pending UW review	10/11/2016
 View JPM R4 TOUCHPOINT 10/11 EXTENRAL	01/01/2017		NM	Pre-enrollment	10/11/2016
 View AMATEST NM 1009 EXT	11/01/2016		NM	Enrollment Completed	10/10/2016
 View AMATEST NM EXT 01	01/01/2017		NM	Enrollment Completed	10/10/2016
 View AMATEST SS NM EXT	01/01/2017		NM	Pre-enrollment	10/10/2016
 View SYS Account Name Place Holder	-		NM	Pre-enrollment	10/07/2016
 View AMATEST NM 1007 RC EXT	11/01/2016		NM	Pending UW review	10/07/2016
 View AMATEST SS NM EXT 1007	01/01/2017		NM	Pre-enrollment	10/07/2016
 View SYS Account Name Place Holder	-		NM	Pre-enrollment	10/06/2016
 View SYS Account Name Place Holder	-		NM	Pre-enrollment	10/06/2016
 View SYS Account Name Place Holder	-		NM	Pre-enrollment	10/06/2016

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Resources and Help

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

Note: If the case is not approved for enrollment by Underwriting, a **Not Approved** email notification is sent to the Producer with the reason code(s). Contact your Sales Representative if you have questions regarding a case that is not approved or for any additional questions regarding the statuses of your enrolling group.

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

SGMM_TechSupport@hcsc.com

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