

Enroll a New Small Group User Guide

Effective October 2022



**BlueCross BlueShield
of Montana**

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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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 tool.



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

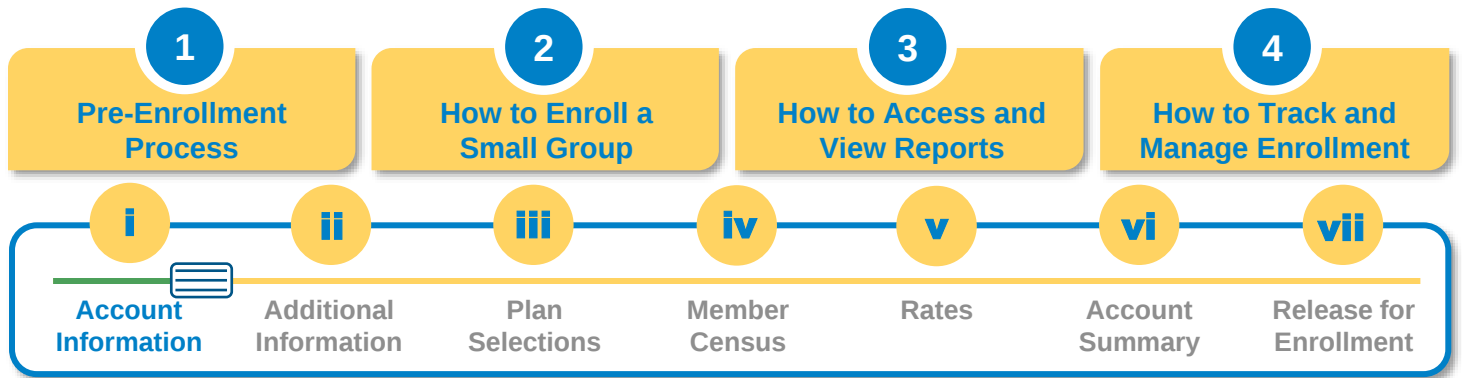
Overview of the Enrollment Process

The eSales 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 and life plans; enter the member census; view rates; review the account summary, print and verify all information with your client; upload all required documentation to release the case for enrollment. You can also view the relevant reports.

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

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

Overview of the Enrollment Process (Cont.)

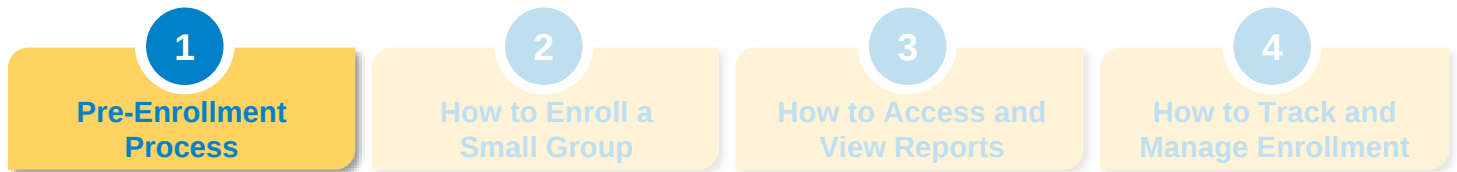


Once you have gathered the necessary information and documentation from your client, you access the eSales Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow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

Pre-Enrollment Process

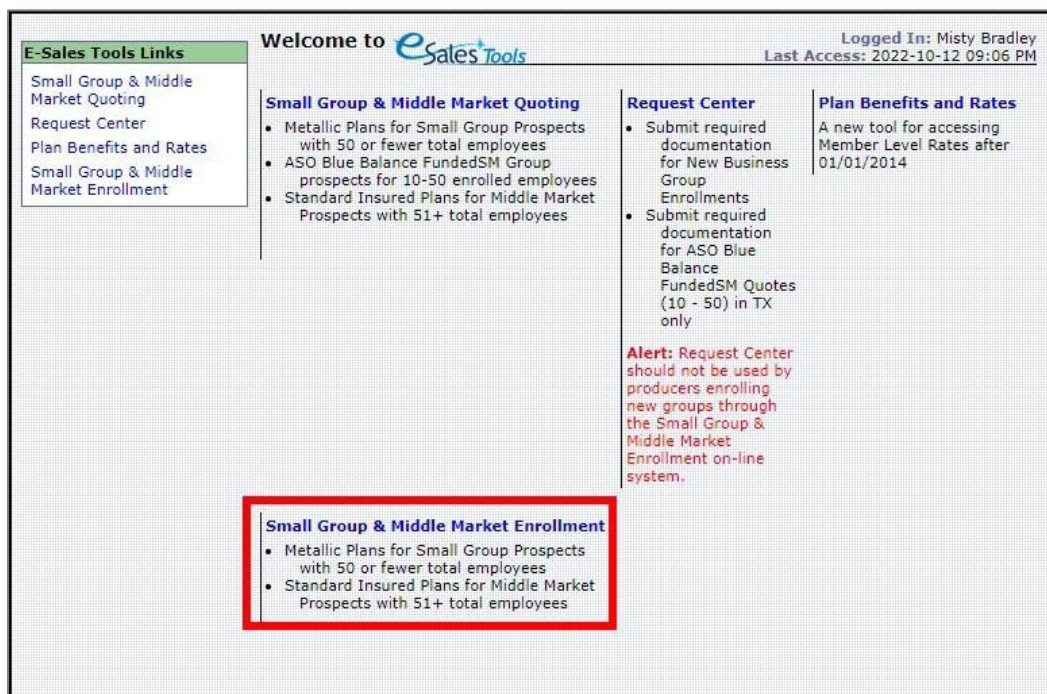


Let's begin the online enrollment process. First, you must log on to Blue Access for Producers (BAP) or the Producer Portal and navigate to the eSales Tools home page.

Accessing the eSales Small Group Enrollment Tool

A new link has been added to the eSales Tools home page. At this time, it is recommended to use Google Chrome web browser 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.



[Note: The SG & MM Enrollment process is similar across all states. Screens shown are illustrative examples only, and not Plan specific.]

Enrollment with a Quote

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



Pre-Enrollment Process (Cont.)

Enrolling with a Quote

Once you have logged on to the producer portal and clicked the Small Group& Middle Market Enrollment link within eSales Tools, you use the quote you created to enroll this group.

The screenshot shows a web interface for searching and enrolling with a quote. It includes search filters, a results table, and a 'Start Enrollment' button. Numbered callouts indicate the following steps:

- 1**: Search Existing Accounts/Quotes dropdown.
- 2**: Quote Number input field (1150514) and Status dropdown (Quoted).
- 3**: Search button.
- 4**: Start Enrollment button in the results table.

Prospect	Effective Date	Agent	Sales Executive	Market Segment	Quote #
Start Enrollment niha IL EXT MM new	07/01/2021	DANIEL NELSON	635/341	MM	1150514

To enroll with a quote;

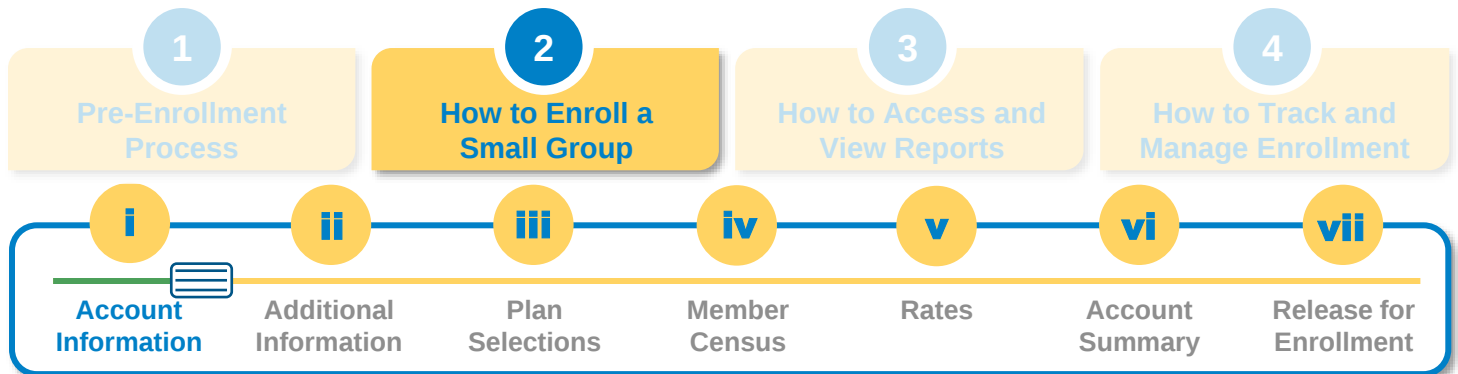
1. Search for the quote using the Quote Number or any portion of the Account Name.
2. From the **Status** drop-down list, select **Quoted**.
3. Click **Search** or hit the **Enter** key.
4. After you find your required quote, click **Start Enrollment**.

Note: Search by Pre-Enrollment only if returning to a case that is already in the enrollment process.

Enrolling cases that have not been released for enrollment review will be auto-discontinued by the system 60 days from the effective date.

How to Enroll a Small Group

I. Account Information



Overview of Functionality and Navigation

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

The screenshot shows the 'Enrollment' screen. The top bar is blue with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the bar, account details are displayed: Account Name: MT_TEST_UG, Market Segment: Small Group, Account Number: 190796, Effective Date: 01/01/2018, Producer: MT Test Broker1, Status: Pre-enrollment, Quote Number: 807754, Case ID: 13464, Created By: External, and EFT Status: Not Processed. At the bottom, there are buttons for 'Reports', 'Documents List', 'Attachments', 'Log', and 'History'. A red box highlights the 'Reports', 'Documents List', and 'Attachments' buttons. Another red box highlights the 'Log' button.

Step i: Account Information

After you start enrollment using the quote, the Account Information screen is displayed. At the top of each screen, you see these buttons:

Reports: Opens a list of available reports.

Documents List: Opens a list of required documents.

Discontinue: Allows users to discontinue a case any time throughout the enrollment process

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

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

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

On this screen, enter the information in the required fields. All fields marked with an asterisk (*) are required. Some data is already populated in the fields.

Account Information

Additional Information

Plan Selections

Member Census

Rates

Account Summary

Release for Enrollment

Account Information

Continue

General Information

*Employer's Legal Name: AMATEST MT Test

*Employer ID Number (EIN): 654516516

*SIC Code: Find 0111 Wheat farms

*Policy Effective Date: 01/01/2023

*Case Submitted to BCBS: 10/31/2022

Sales Rep. D/C: /

*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

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: 3645 ALICE STREET.

Address 2:

*City: HELENA

State: Montana

*Zip Code: 59604

*County: Lewis And Clark

*E-Mail Address of Authorized Company Official: test@bcbsil.com

Secondary E-Mail Address:

*Phone (numbers only): 8005454654 Ext.:

Fax (numbers only):

*Administrative Contact: MARY SMITH

Contact Title:

*Different Billing Address?: Yes No

*Different Mailing Address?: Yes No

Producer Information

Primary Producer

*Primary Producer Name: Find KIND HEALTH INSURANCE SERVICES, LLC

*Tax ID/SSN: 943441560

*E-Mail Address: test@bcbsil.com

Telephone #: 5122795600

Fax #:

*Producer #: 010023279

*Confirm E-Mail Address: test@bcbsil.com

Complete Address: 1409 W 3rd St

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

General Agent

General Agent Name: Find

Tax ID/SSN:

E-Mail Address:

Telephone #:

Fax #:

Producer #:

Confirm E-Mail Address:

Complete Address:

Enroll a Small Group User Guide

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Enrollment without a Quote

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

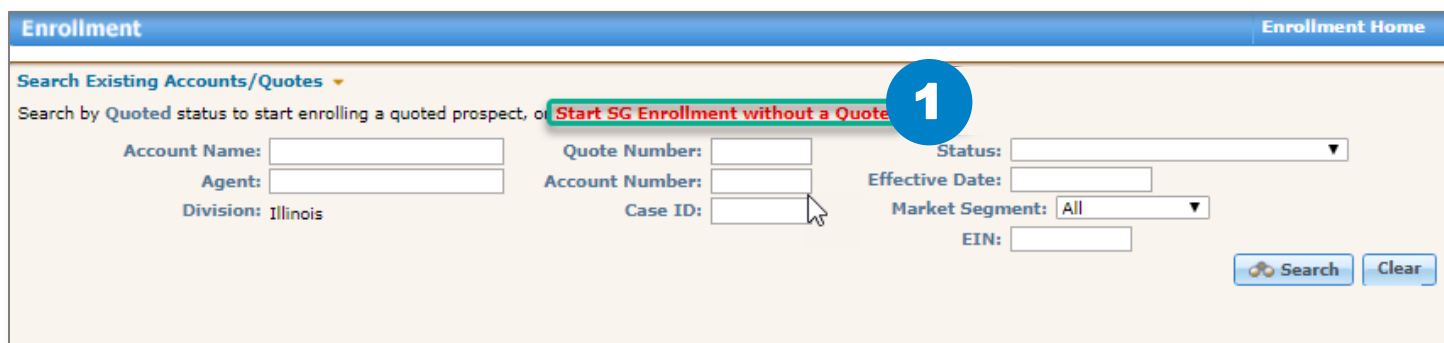


Pre-Enrollment Process (Cont.)

Enrolling without a Quote

You can also start the enrollment process without a quote.

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



The screenshot shows the 'Enrollment Home' interface. At the top, there is a blue header bar with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header, there is a section titled 'Search Existing Accounts/Quotes' with a dropdown arrow. Under this section, there is a text prompt: 'Search by Quoted status to start enrolling a quoted prospect, or'. To the right of this prompt, the button 'Start SG Enrollment without a Quote' is highlighted with a red rectangular box. A blue circular callout with the number '1' is positioned over this button. Below the search prompt, there are several input fields: 'Account Name:', 'Agent:', 'Division: Illinois', 'Quote Number:', 'Account Number:', 'Case ID:', 'Status:', 'Effective Date:', 'Market Segment: All', and 'EIN:'. At the bottom right of the form, there are two buttons: 'Search' and 'Clear'.

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

2 How to Enroll a Small Group (Cont.)

I. Account Information

Account Name:	Market Segment: Small Group	Account Number:	Effective Date:
Producer: MT Test Broker1	Status: Pre-enrollment	Quote Number: NA	Case ID: 13466
Created By: External	EFT Status: Not Processed		
Reports	Documents List	Attachments	Log History
Discontinue			

When an enrollment is started without a quote, some of the information on the page header will remain blank until the data is manually entered on the Account Information screen.

Other information will pre-populate for you:

- Account Name: blank
- **Market Segment: Small Group**
- Account Number: blank
- Effective Date: blank
- **Producer: Producer name.** In this example, MT Test Broker 1.
- **Status: Pre-Enrollment**
- Quote Number: NA
- **Case ID: Unique number assigned to case.** Here, 13466.
- **Created By: External**
- **EFT Status – Payment status**

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

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

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

The screenshot shows a web-based form titled "Account Information" with a navigation bar at the top containing links: "Account Information", "Additional Information", "Plan Selections", "Member Census", "Rates", "Account Summary", and "Release for Enrollment". The "Account Information" tab is active. A green "Continue" button is in the top right corner.

General Information

*Employer's Legal Name:
*Employer ID Number (EIN):
*SIC Code: -
*Policy Effective Date:
*Case Submitted to BCBS:
Sales Rep. D/C: /
*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

Blue Access for Employers (BAE)

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

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : ☐ Yes ☐ No

Physical Address/Contact Information

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

*Address 1:
*City:
*Zip Code:
*E-Mail Address of Authorized Company Official:
*Phone (numbers only): Ext.
*Administrative Contact:
*Different Billing Address?: ☐ Yes ☒ No
Address 2:
State:
*County:
Secondary E-Mail Address:
Fax (numbers only):
Contact Title:
*Different Mailing Address?: ☐ Yes ☒ No

Producer Information

Primary Producer

*Primary Producer Name:
*Tax ID/SSN:
*E-Mail Address:
Telephone #:
Fax #:
*Producer #:
*Confirm E-Mail Address:
Complete Address:

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

When you start enrollment without a quote, the Account Information screen will be blank. You have to manually enter the data in all the required fields.

Note: The system will time out after several minutes of inactivity. Information is saved by clicking the green Continue button.

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

2. Enter the required information under the General Information section. The required fields are marked with an asterisk (*).

The screenshot displays a web application interface for enrolling a small group. At the top, a navigation bar includes tabs: Account Information, Additional Information, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment. Below the navigation bar, a red-bordered alert box contains the text: "Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only." Below the alert, the "Account Information" section is highlighted with a blue header. A large blue circle with the number "2" is overlaid on the "General Information" sub-section. The "General Information" section contains several required fields marked with an asterisk (*): "Employer's Legal Name" (text box with "MT_TEST_UG"), "Employer ID Number (EIN)" (text box with "55555555"), "SIC Code" (text box with "0111" and a "Find" button), "Policy Effective Date" (dropdown menu with "10/15/2016"), and "Case Submitted to BCBS" (text box with "10/10/2016"). To the right of these fields are three questions with radio button options: "Does this group cover domestic partners?" (Yes/No), "Is Group subject to COBRA?" (Yes/No), and "COBRA Administration?" (Yes/No). Below the "General Information" section is the "Blue Access for Employers (BAE)" section, which includes "Contact Name", "Contact Title", "Phone (numbers only)", "Ext.", and "E-Mail Address" fields. At the bottom, the "Employee Retirement Income Security Act (ERISA)" section contains a question: "ERISA Regulated Group Health Plan" with Yes/No radio buttons. A green "Continue" button is located in the top right corner of the form area.

Note: If enrolling a group with an EIN already in our system, the tool will display the following alert. "Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only." However, the tool will still allow you to enroll the case.

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

3. Answer the **Employee Retirement Income Security Act (ERISA)** question. When the **Yes** radio button is selected, additional fields will populate. In this example, we select ERISA as **No**.

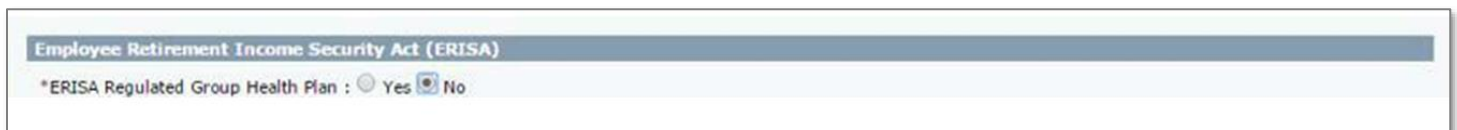


Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan ☒ Yes ☐ No

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

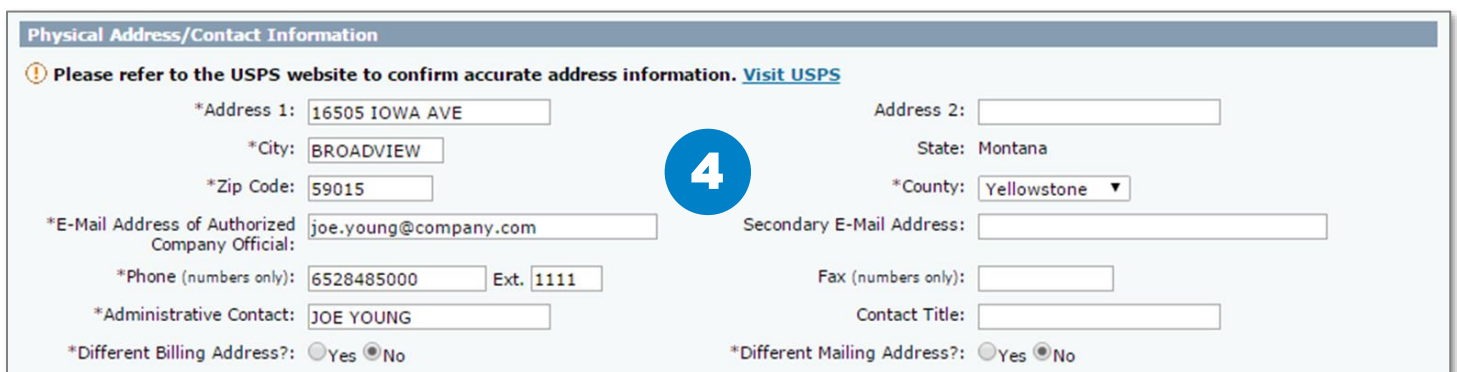
*ERISA Plan Year - End Date:



Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : ☐ Yes ☒ No

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



Physical Address/Contact Information

ⓘ 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

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.

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

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:

Optional Step: If there are separate physical and mailing addresses, select the Yes radio button for billing address and No radio button for the mailing address to populate the additional mailing address fields. If Yes is selected for the 'different billing' and/or 'different mailing address' questions, additional fields will populate. Enter all required information.



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

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

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

Producer Information
Primary Producer
*Primary Producer Name:  ITG Test Broker2 
*Tax ID/SSN: ITBROKER2 *Producer #: ITBROKER2
*E-Mail Address: *Confirm E-Mail Address:
Telephone #: Complete Address: 901 South Central Expressway
Fax #:

Find a Producer
Producer Name: rogers
Phone Number:
Producer Number:
 Search

Search Results
1 - 10 of 24

	Producer Name	Producer Number	Phone	Fax	R/D/T	Contact Name
	DWIGHT LOUIS ROGERS	000000353	8063581344	8063560371	01/04/021	Dwight Rogers
	WILLIAM GRADY ROGERS	000000672	9407230771		01/02/014	T Hutchings
	NOEL GENE ROGERS	000006477	2107349801	2107349813	03/26/065	Noel Rogers
	JAMES PATRICK ROGERS	000007597	9725231579	9725231579	01/02/015	JAMES ROGERS
	RICHARD WADE ROGERS	000014130	9369336899	8776778660	02/16/049	RICHARD ROGERS
	MATTHEW WILLIAM ROGERS	000016255	2149247479	9726448355	01/02/018	
	BETTYE ANN SIDDONS ROGERS	000018222	5126190805	5127322885	03/29/074	BETTYE ROGERS
	ROBERT JOSEPH ROGERS Jr.	000018288	2815960432		02/16/044	
	ROGERS BENEFIT GROUP INC	000018793	6028508866	6022960884	07/99/099	Marla Wilkerson
	ROBERT LEO ROGERS	000019196	9567241038	9567261174	03/26/065	

Optional Step: In the Producer Information section, the Primary Producer information will appear blank. If you want to update the Primary Producer click Find. Enter any portion of the Producer's Name, Phone Number or Producer Number.

In this example, we search by the Producer's name. Click Search. Once the appropriate Producer is displayed, select the name by clicking Use. After selecting a Producer, you are automatically re-directed to the Account Information screen.

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

Producer Information

Primary Producer

*Primary Producer Name:

*Tax ID/SSN: ITBROKER2

*E-Mail Address:

Telephone #:

Fax #:

*Producer #: ITBROKER2

*Confirm E-Mail Address:

Complete Address: 901 South Central 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

Optional Step (Cont.): In this example, you 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.



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

How to Enroll a Small Group (Cont.)

I. Account Information (cont.)

The screenshot shows a web form titled "Producer Information" with a sub-header "Primary Producer". A blue circle with the number "5" is positioned over the email fields. A red rectangular box highlights the "*E-Mail Address:" and "*Confirm E-Mail Address:" fields, both containing the text "testingbroker2016@gmail.com". Other fields include "*Primary Producer Name:" (ITG Test Broker2), "*Tax ID/SSN:" (ITBROKER2), "*Producer #:" (ITBROKER2), "Telephone #:" (8003995831), "Complete Address:" (901 South Central Expressway), and "Fax #:". A warning icon and text are present below the email fields. Below this is a "General Agent" section with similar fields. At the bottom is a "Subproducer" section. A legend indicates "* - Required". A blue circle with the number "6" is next to a green "Continue" button.

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 #:

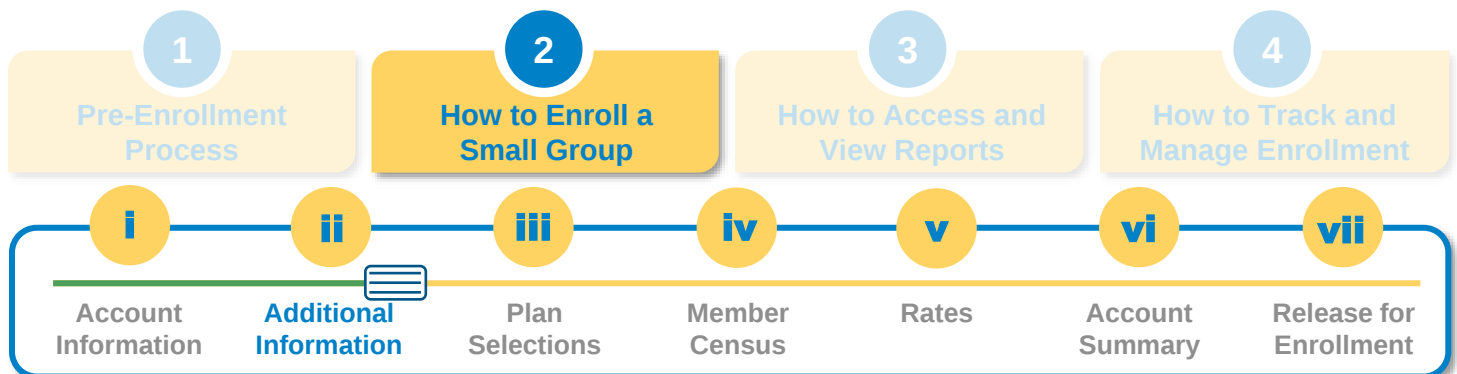
* - Required

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

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

How to Enroll a Small Group (Cont.)

II. Additional Information



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

The screenshot shows the 'Additional Information' form. The 'Additional Information' tab is highlighted with a red box. The form includes the following sections:

- Eligibility***
 - *Current Health Carrier: Aetna Health and Life Insurance Co. (dropdown)
 - *Waive the waiting period on initial enrollment? ☒ Yes ☐ No
 - The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the 1st day of the month following 0 days of employment.
- Integrated HSA Vendor Selection**
 - Include Integrated Health Savings Account (HSA)? ☐ Yes ☒ No
- Integrated FSA Vendor Selection**
 - Include Integrated Flexible Spending Account (FSA)? ☐ Yes ☒ No

At the bottom, there are 'Previous' and 'Continue' buttons, and a note: '* - Required'.

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.

How to Enroll a Small Group (Cont.)

II. Additional Information (Cont.)

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

2. Under the Eligibility section, if the No radio button is selected, additional fields will be displayed. In this example, we select Yes.

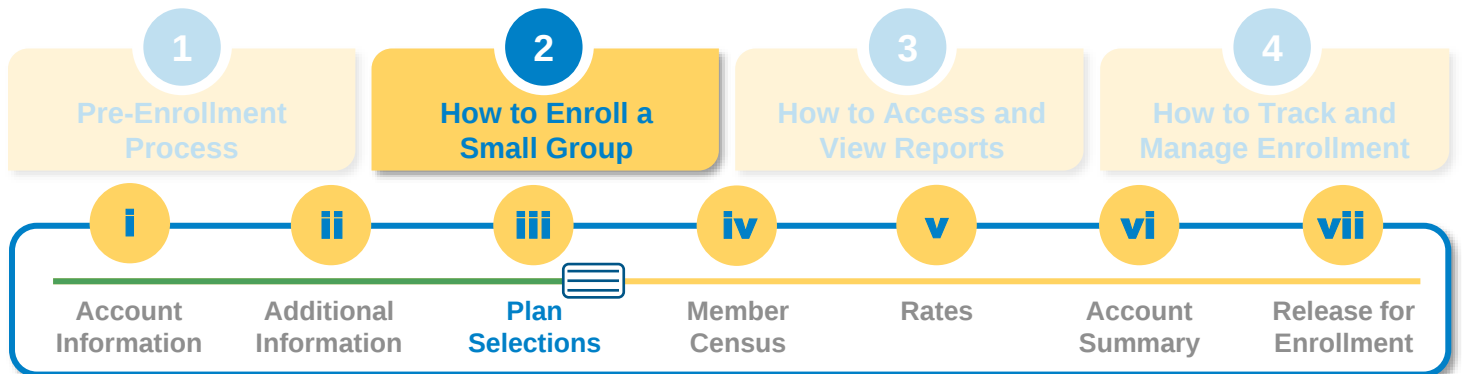
Note: Under the **Eligibility** section, you can enter a number from 1 to 60 for employees who have become eligible after the **Effective Date** of their health plan.

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

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

How to Enroll a Small Group (Cont.)

III. Plan Selections



Step iii:

Plan Selections: Now that you've entered additional information, you can select the appropriate medical, dental and vision plans for your group. All fields marked with an asterisk (*) are required.

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

Previous

Continue

View Plans Request/Response

Health ☐ Yes ☐ No

Blue Choice Preferred PPO

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									
Blue Platinum Plans									
☐ P5E2BCE	\$250/\$500	\$30/\$60	80%/50%	\$1500/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250
☐ P5E1BCE	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400/90%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
Blue Gold Plans									
☐ G532BCE	\$1500/\$3000	\$40/\$60	80%/50%	\$6250/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$15/\$25/\$70/\$120/\$250/\$350
☐ G531BCE	\$2500/\$5000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250
☐ G530BCE	\$4000/\$8000	\$35/\$55	100%/100%	\$4000/\$8000	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250
Blue Silver Plans									
☐ S532BCE ⁶	\$3600/\$7200	\$60/\$80	60%/50%	\$9100/Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
☐ S531BCE	\$5000/\$10000	\$45/\$65	70%/50%	\$9100/Unlimited	\$500/70%	\$250/\$350	\$200/\$300	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250
☐ S535BCE	\$7900/\$15800	\$45/\$65	100%/100%	\$7900/\$15800	\$500/100%	\$250/\$350	\$200/\$300	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250
HSA Plans									
Blue Gold Plans									
☐ G533BCE ⁵	\$3000/\$6000	DC/DC	90%/60%	\$3600/Unlimited	DC/90%	DC/DC	DC/DC	70%/50%	80%/80%/70%/60%/60%/50%
☐ G535BCE	\$3000/\$6000	DC/DC	80%/50%	\$5250/Unlimited	DC/80%	DC/DC	DC/DC	70%/50%	80%/80%/70%/60%/60%/50%
Blue Silver Plans									
☐ S534BCE	\$5000/\$10000	DC/DC	100%/100%	\$5000/\$10000	DC/100%	DC/DC	DC/DC	100%/100%	100%
☐ S531BCE	\$6000/\$12000	DC/DC	100%/100%	\$6000/\$12000	DC/100%	DC/DC	DC/DC	100%/100%	100%
Blue Bronze Plans									
☐ B536BCE ³	\$6650/\$13300	DC/DC	80%/50%	\$6900/Unlimited	\$250/80%	DC/DC	\$125/\$125	70%/50%	80%/80%/70%/60%/60%/50%

How to Enroll a Small Group (Cont.)

III. Plan Selections (Cont.)

Health ☒ Yes ☐ No

1

Blue Choice Preferred PPO										
Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay *** / ER Coins	IP In/Out	OP Surg In/Out	Bed Dental In/Out	Non-Preferred Rx **	
PPO Plans										
Blue Platinum Plans										
☐	P5E2BCE	\$250/\$500	\$30/\$60	80%/50%	\$1500/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250
☐	P5E1BCE	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400/90%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250

1. On the **Plan Selections** screen, for Health, the **Yes** option will default. If the group has not elected a health plan (i.e. Dental or Vision plans only), you must manually select **No**. In this example, we keep the default selection of **Yes** and select the health plans.

How to Enroll a Small Group (Cont.)

III. Plan Selections (Cont.)

Ancillary Products - Dental ☒ Yes ☐ No

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	
True Group							
High Allocation							
☒ DTXHR01	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
☐ DTXHR02	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
☐ DTXHR03	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
☐ DTXHR04	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
☐ DTXHM09 *1	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DTXHM11 *3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
Low Allocation							
☐ DTXLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DTXLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DTXLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
☐ DTXLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
☐ DTXLM10 *1	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA
Voluntary Group							
High Allocation							
☐ DTXHR12 *1	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
☐ DTXHM13 *1	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐ DTXHM15 *3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
Low Allocation							
☐ DTXLM14 *1	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA

- The Ancillary Products – Dental radio button will default to **No**. In this example, we select **Yes** and select the relevant dental plans.

Attention

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

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

How to Enroll a Small Group (Cont.)

III. Plan Selections (Cont.)

Low Allocation								
☐	DTXLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐	DTXLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
☐	DTXLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
☐	DTXLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
☐	DTXLM10 *1	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA
Voluntary Group								
High Allocation								
☐	DTXHR12 *1	Passive	\$50/\$50	\$1500		%/50%	100%/80%/50%/50%	\$1500
☐	DTXHM13 *1	Passive	\$50/\$50	\$1500		%/NA	100%/80%/50%/NA	NA
☐	DTXHM15 *3	Passive	\$25/\$25	\$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 you have selected the **Yes** radio button and then change your selection to No, you see a confirmation pop-up asking **Do you want to delete the plans?** Click **OK** if no products are wanted in this category. This action does not remove any benefits, it only collapses the section.

3. 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.

Standalone Vision Plans ☒ Yes ☐ No 3								
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	
☐ 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	

How to Enroll a Small Group (Cont.)

III. Plan Selections (Cont.)

4. 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 mark box to select a plan.

Note: To enroll in critical illness plan, standalone vision and accident insurance plan must be selected.

Critical Illness Plans ☐ Yes ☒ No		
Plan Name	Benefit	Benefit Maximum
Basic Critical Illness		
☐ Plan 1	\$5,000 Employee / \$2500 Spouse / \$2500 Child	Up to 3 times benefit amount
☐ Plan 2	\$10,000 Employee / \$5000 Spouse / \$2500 Child	Up to 3 times benefit amount
☐ Plan 3	\$10,000 Employee / \$2500 Spouse / \$2500 Child	Up to 3 times benefit amount
Voluntary Critical Illness		
☐ Plan 1	\$5,000 Employee / \$2500 Spouse / \$2500 Child	Up to 3 times benefit amount
☒ Plan 2	\$10,000 Employee / \$5000 Spouse / \$2500 Child	Up to 3 times benefit amount
☐ Plan 3	\$10,000 Employee / \$2500 Spouse / \$2500 Child	Up to 3 times benefit amount

When critical illness plan is selected without standalone vision and accident insurance plan, an error message populates.

Attention

 Please select a plan from Standalone Vision or Accident Insurance to enroll in Critical Illness.

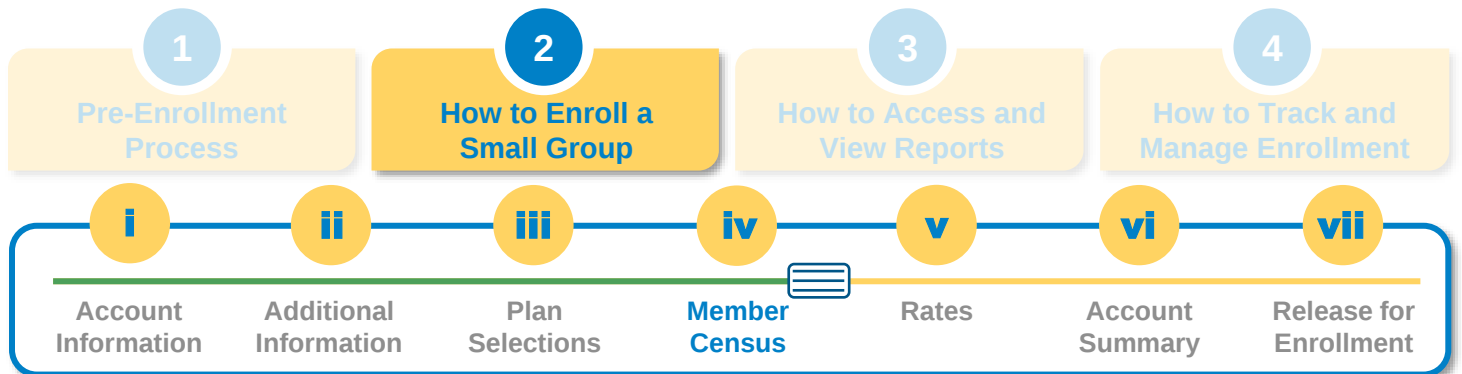
How to Enroll a Small Group (Cont.)

III. Plan Selections (Cont.)

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

How to Enroll a Small Group (Cont.)

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.

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

Member Census

Previous Continue

Census Count: 0 Add Member Import Census

0 - 0 of 0

View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
-------------	------	-------------------	--------	---------------	-----	----------------------	----------------------	-------	----------------------	----------------------

Enrollment Totals

- *# of Employees On Payroll
- + # of New Hires
- # of Temporary Employees
- # of Part Time Employees
- # of Seasonal Employees
- # of Terminated Employees
- # of Employees Serving An Eligibility Waiting Period
- = Total Eligible Employees

Health Coverage

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

Dental Coverage

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

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



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

How to Enroll a Small Group (Cont.)

IV. Member Census

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

Member Census

Previous **1** Continue

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

0 - 0 of 0

View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
-------------	------	-------------------	--------	---------------	-----	----------------------	----------------------	-------	----------------------	----------------------

1. On the Member Census screen, click **Add Member** to manually add the Member Census information.
2. Click **Continue** to go through the Employee Information, Coverage Elections, Dependent Information, Other Coverage, and Employee Application Complete Screens. As members are added, the census count will auto-populate the appropriate number of rows. Let's begin with the Employee Information screen.
 - **2a: Employee Information:** General census information regarding the employee.

Enrollment for John Smith

Employee Information Coverage Elections Dependent Information Other Coverage

*Waive All Coverage ☐ Yes ☒ No

General Information

*Last Name: Smith *First Name: John Mid Init:

Name Suffix:

*SSN: 653654859 *Date of Birth: 05/19/1987 (mm/dd/yyyy)

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

*Ethnicity: ☐ Hispanic or Latino ☐ Non Hispanic or Latino ☒ Unknown *Native Language: Undetermined

*Preferred Written Language: Undetermined *Preferred Spoken Language: Undetermined

Employment Information

Marital Status: Please Select *Employment Status: Active

Job Title: *Hire Date: 05/05/2015 (mm/dd/yyyy)

Hrs/Week: Employee Signature Date: 06/10/2015 (mm/dd/yyyy)

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Manual Entry (Cont.)

Step 2 (Cont.):

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 select the Waive Reason Code, Name and Hire Date.

The screenshot shows the 'Enrollment for New Member' form with the 'Employee Information' tab selected. A red box highlights the waiver section. The form includes a tabbed interface with 'Employee Information', 'Coverage Elections', 'Dependent Information', and 'Other Coverage'. The 'Employee Information' tab contains the following fields:

- *Waive All Coverage: ☒ Yes ☐ No
- *Waive Reason Code:
- Waive Reason Description:

2b: Coverage Elections: Enter Health, Dental and Vision product option selection at the member level.

The screenshot shows the 'Enrollment for New Member' form with the 'Coverage Elections' tab selected. A red box highlights the 'Coverage Elections' tab, and a blue circle with '2b' is overlaid on it. The form includes the following sections:

- Health Coverage:**
 - *Health Coverage: ☒ Yes ☐ No
 - *Dental Coverage: ☒ Yes ☐ No
 - *Standalone Vision Coverage: ☒ Yes ☐ No
 - *Critical Illness Coverage: ☒ Yes ☐ No
 - *Accident Insurance Coverage: ☒ Yes ☐ No
 - *Coverage Type:
 - *Type of Coverage: ☒ Blue Choice PPO Network - P620CHC ☐ Blue Choice PPO Network - S662CHC ☐ Blue Advantage HMO Network - G9E5ADT
- Dental Coverage:**
 - *Coverage Type:
 - *Type of Coverage: ☒ Dental Plans - DTXLR37
- Standalone Vision Coverage:**
 - *Coverage Type:
 - *Type of Coverage:
- Critical Illness Coverage:**
 - *Coverage Type:
 - *Type of Coverage:
- Accident Insurance Coverage:**
 - *Coverage Type:
 - *Type of Coverage:

At the bottom, there are 'Previous' and 'Continue' buttons, and a note: '* - Required fields'.

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Manual Entry (Cont.)

Step 2 (Cont.):

Add Member: Enrollment for New Member

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

Enrollment for New Member

Employee Information Coverage Elections **Dependent Information** Other Coverage

2c

Select Dependents

Add Dependent

Dependent Information for New Dependent

*Last Name:

*First Name: MI:

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

SSN:

*Relationship: Please Select ▼

*Gender: Please Select ▼

Save Clear

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

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

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Manual Entry (Cont.)

Step 2 (Cont.):

Add Member: Enrollment for New Member

2d: Other Coverage: Any applicable Medicare information for both the employee and dependent are entered here. When the name is selected, additional Medicare information fields will populate. Enter the information and then click **Save** and **Close**.

The screenshot shows the 'Enrollment for New Member' form with the 'Other Coverage' tab selected. The form is titled 'Medicare Information for Black Joe'. It includes fields for 'Medicare HIC Number', 'Medicare Eligible (Y/N/U)', 'Medicare Reason', and 'Medicare Primary or Secondary'. Below these is a table for Medicare plans:

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

At the bottom of the form, there is a 'Save' button. The form also includes a 'Previous' button and a 'Save and Close' button. A legend at the bottom indicates that asterisks (*) denote required fields and daggers (†) denote fields required when HMO is selected as the Health Plan.

Note: When HMO coverage is elected, additional fields will become visible to enter the Medical Group and PCP information. If no Medical Group IPA # is entered **597** will default. If the medical group defaults to **597**, the member will not receive or be able to print an ID card and may have difficulty accessing benefits until a medical group is selected. Please be sure to inform the member.



Important: PCP and Medical Group information is required. Users may select the Provider Help link to access the provider finder portal.

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Manual Entry (Cont.)

The screenshot shows the 'Member Census' form with the following sections:

- Account Information**: 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.
- Table**: 1 - 2 of 2. Columns: View Member, Name, Relationship Code, Gender, Date of Birth, Age, Health Coverage Type, Dental Coverage Type, State, Health Plan Selected, Dental Plan Selected. Rows: Joe Black (Employee, M, 08/08/1980, 36, EO, EO, TX, P600CHC, DTXHR01), Matt Brown (Employee, M, 04/14/1970, 46, EO, EO, TX, P600CHC, DTXHR01).
- Enrollment Totals**: *# of Employees On Payroll (2), + # of New Hires, - # of Temporary Employees, - # of Part Time Employees, - # of Seasonal Employees, - # of Terminated Employees, - # of Employees Serving An Eligibility Waiting Period, = Total Eligible Employees (2).
- Health Coverage**: # of Employees Enrolling In Health (2), # of Employees Waiving With Other Health Coverage (0), # of Employees Waiving Without Other Health Coverage (0).
- Dental Coverage**: # of Employees Enrolling In Dental (2), # of Employees Waiving With Other Dental Coverage (0), # of Employees Waiving Without Other Dental Coverage (0).
- Note**: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.
- Footer**: * - Required, Previous, Continue.

Annotations: 3 points to the '2' in the 'Enrollment Totals' section. 4 points to the 'Continue' button.

Step iv: Member Census (Cont.)

3. In this example, we have added two members. Next, enter the total # of Employees on Payroll. This is a required field. The fields which follow must also be completed if applicable. The census totals for health and dental coverage will default based on the census information entered.
4. After manually entering the information, you can click **Continue** to proceed to the **Rates** screen.

The screenshot shows the 'Member Census' form with a confirmation dialog box open. The dialog box asks: 'Are you sure you want to delete the Member?'. It has 'Ok' and 'Cancel' buttons. The table below the dialog shows the same two members as the previous screenshot.

Note: Members can be deleted by clicking the red 'x' next to their name.

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Import Census

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	05/05/1975	41	EO	EO	IL	P500PO	DILHR01
2	View	Matt Brown	Employee	M	02/28/1970	46	EO				DILHR01

Enrollment Totals

* # of Employees On Payroll	2
+ # of New Hires	
- # of Temporary Employees	
- # of Part Time Employees	
- # of Seasonal Employees	
- # of Terminated Employees	
- # of Employees Serving An Eligibility Waiting Period	
= Total Eligible Employees	2

Health Coverage

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

Dental Coverage

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

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

* - Required

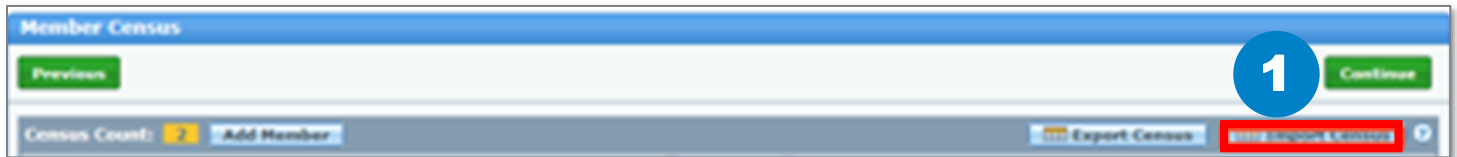
Previous

Continue

How to Enroll a Small Group (Cont.)

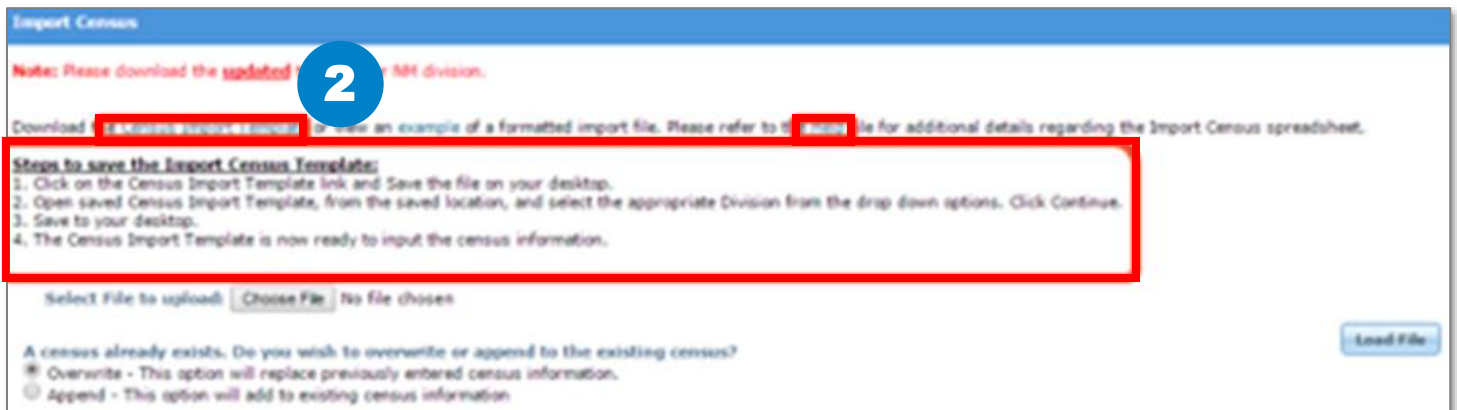
IV. Member Census (Cont.)

Import Census (Cont.)



Step iv: Member Census (Import Census)

1. To use the Import Census option, click Import Census.
2. If you don't have the latest template, click the Census Import Template link. Save the file on your local drive.



Note:

- 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.

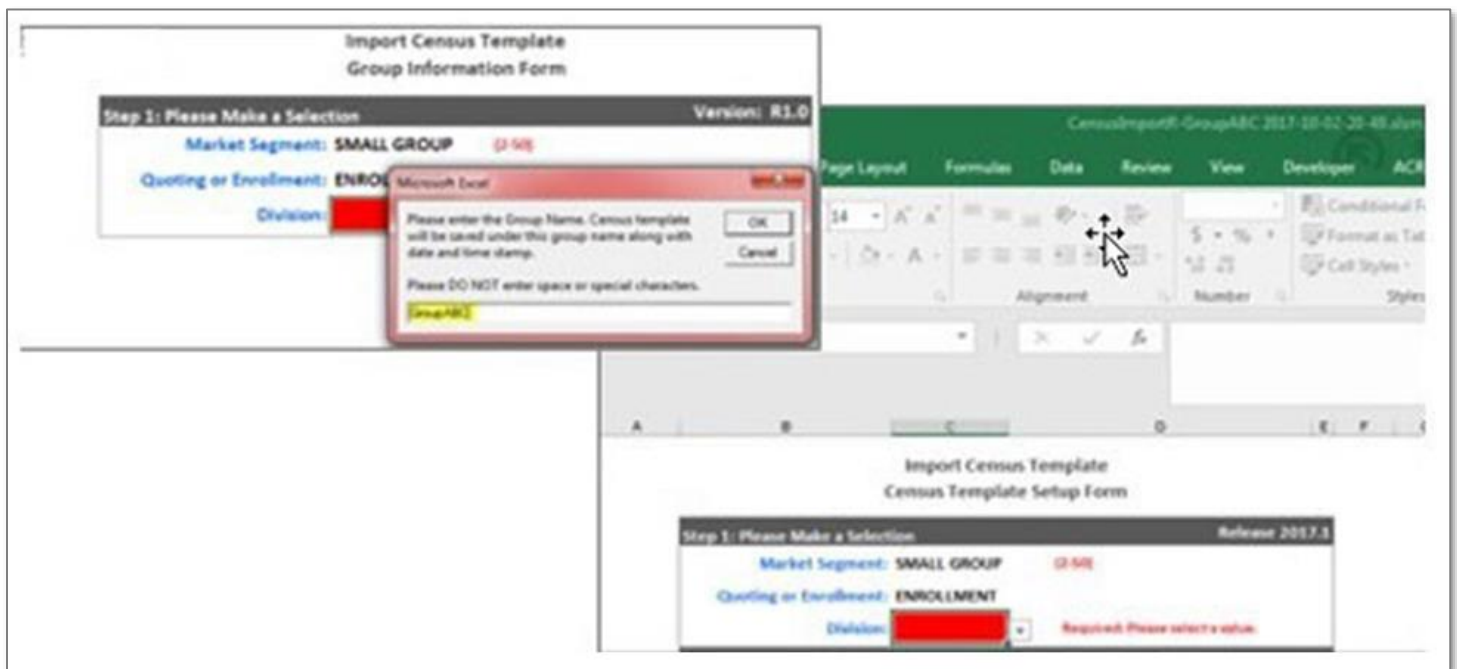
How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Import Census (Cont.)

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

1. Open SCIT and save under the Group's Name.
2. Complete Census Template Setup form.
3. Enter data in Import Census Template tab.
4. Click File Save to validate data.
5. An Error List will be generated. Correct errors and click File Save to re-validate data.
6. Upon successful validation, upload SCIT to Small Group Enrollment Tool.



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

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Import Census (Cont.)

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 Census Impor...-11-18.xlsm **4**

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

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

☐ Append - This option will add to existing census information

5 Load File

4. Click **Choose File** and select the appropriate file.

5. Click **Load File**.

Import Census

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

Steps to save the Import Census Template:

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

Select File to upload: Choose File Census Impor...-11-18.xlsm

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

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

☐ Append - This option will add to existing census information

Load File

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

Override and Import Cancel

Attention

indicates Warning Message

indicates Error Message

Note: The Import Census pop-up will also include the following:

- A clarification for Override and Import upload option.
- A legend key for warning and error symbols

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Import Census (Cont.)

Import Census

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

Steps to save the Import Census Template:

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

Select File to upload: Census Import...-11-18.xlsm

☒ A census already exists. Do you wish to overwrite or append to the existing census?
☐ Overwrite - This option will replace previously entered census information.
☐ Append - This option will add to existing census information

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

Attention

indicates Error Message
 indicates Warning Message

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

Member Census

Previous

Census Count: 2

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1		Joe Black	Employee	M	08/08/1980	36	EO	EO	TX	P600CHC	DTXHR01
2		Matt Brown	Employee	M	04/14/1970	45	EO	EO	TX	P600CHC	DTXHR01

Enrollment Totals

* # of Employees On Payroll

+ # of New Hires

- # of Temporary Employees

- # of Part Time Employees

- # of Seasonal Employees

- # of Terminated Employees

- # of Employees Serving An Eligibility Waiting Period

= Total Eligible Employees

Health Coverage

of Employees Enrolling In Health

of Employees Waiving With Other Health Coverage

of Employees Waiving Without Other Health Coverage

Dental Coverage

of Employees Enrolling In Dental

of Employees Waiving With Other Dental Coverage

of Employees Waiving Without Other Dental Coverage

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

* - Required

Previous

How to Enroll a Small Group (Cont.)

IV. Member Census (Cont.)

Import Census (Cont.)

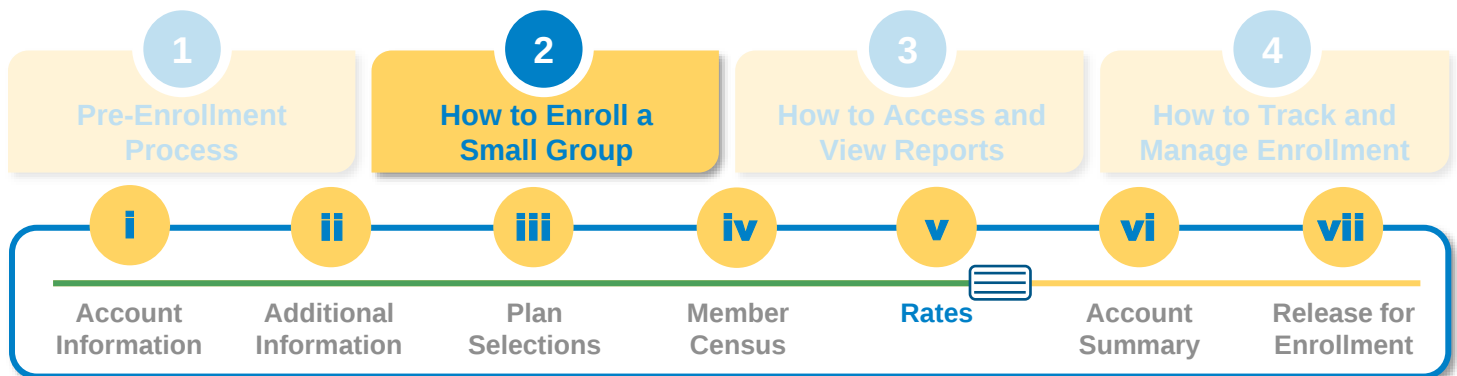


Helpful Tips

1. New census template will not work with Excel 2009 and older versions. Please use the old import census template or enter census in ACA Enrollment Tool directly.
2. If macros are not enabled, you will need to click Enable Content button at the top or change your Excel Trust setting. (Please refer to the training manual for instructions).
3. Each time you open **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.

How to Enroll a Small Group (Cont.)

V. Rates



You have entered the Member Census. Next, you will view rates for your group.

Step V: Rates

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

Electronic Payment Information

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

*Bank Account Number:		*Bank Account Number Confirmation:	
*Bank Routing Number:		*Bank Routing Number Confirmation:	
*Bank Name:		*Account Holder Name:	

Rating Model

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

⚠ ATTENTION: There are two billing options to select from

- 1) Member level age rates OR
- 2) Composite rates.

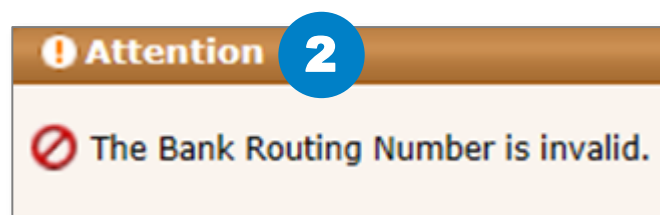
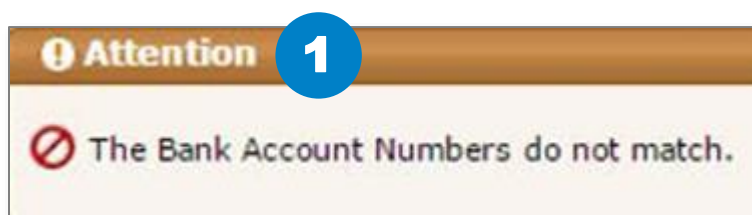
Composite rates are calculated by aggregating the total premium across a four tier format. Important to note that billing changes are only allowed at policy anniversary date. Please carefully select the desired billing format for your enrolling client.

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

How to Enroll a Small Group (Cont.)

V. Rates (Cont.)

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



Rates

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

Electronic Payment Information

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

*Bank Account Number:	123456789	*Bank Account Number Confirmation:	123456789
*Bank Routing Number:	0100000013	*Bank Routing Number Confirmation:	0100000013
*Bank Name:		*Account Holder Name:	

Note: The EFT binder premium payment will only apply to the health and dental plans selected.

How to Enroll a Small Group (Cont.)

V. Rates (Cont.)

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

Electronic Payment Information

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

*Bank Account Number:	123456789	*Bank Account Number Confirmation:	123456678
*Bank Routing Number:	01000013	*Bank Routing Number Confirmation:	01000013
*Bank Name:	Testing Bank	*Account Holder Name:	Testing Bank

Group Physical Address

*Address 1:	215 1st Ave N	Address 2:	
*City:	Great Falls	*State:	Montana
Country:	USA	*Zip Code:	59401
*Payment Amount:	15000.00	*Payment Amount Confirmation:	15000.00
Transaction Number:		Payment Status:	Not Processed

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

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

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

Attention

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

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

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

How to Enroll a Small Group (Cont.)

V. Rates (Cont.)

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

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

Transaction Number:

Payment Status: Not Processed

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

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

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

How to Enroll a Small Group (Cont.)

V. Rates (Cont.)

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

To: CC: N/A BCC: MktgTechEnrollment@bcbsil.com

NON-GA Cases

To: Broker CC: N/A BCC: MktgTechEnrollment@bcbsil.com

From: Blue Cross Blue Shield of Montana <none@bcbstx.com>

Sent: Friday, August 24, 2018 2:38 PM

To: Fred Jeske <Fred_Jeske@bcbsil.com>

Cc: [daniel a kosel@bcbsmt.com](mailto:daniel_a_kosel@bcbsmt.com)

Subject: AMATEST FREDEFTAUG24 Account # 190090 - Unsuccessful Electronic Funds Transfer (EFT) Payment

Blue Cross and Blue Shield of Montana (BCBSMT) was unable to process the one time Electronic Funds Transfer (EFT) Payment for AMATEST FREDEFTAUG24 Account # 190090.

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

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

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

How to Enroll a Small Group (Cont.)

V. Rates (Cont.)

4. The Rating Model is displayed. You need to select the Rating Model either Member Level or 4-Tier Composite. In this example, we select **Member Level**. After making your selection, you can click **Print** to print the rates.

4

Rating Model

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

ATTENTION: There are two billing options to select from

- 1) Member level age rates OR
- 2) Composite rates.

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

Member Level Rates

Employer Name: TEST_TX_UG Plan: P600CHC Case ID: **4** **Print**

Effective Date: 10/15/2016 Employer Zip Code: 75080 Employer County: Dallas

Member Rates

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
<21	\$311.40	28	\$533.05	36	\$603.18	44	\$685.07	52	\$957.24	60	\$1,330.92
21	\$490.39	29	\$548.75	37	\$607.10	45	\$708.12	53	\$1,000.39	61	\$1,377.99
22	\$490.39	30	\$556.59	38	\$611.03	46	\$735.58	54	\$1,046.98	62	\$1,408.89
23	\$490.39	31	\$568.36	39	\$618.87	47	\$766.48	55	\$1,093.57	63	\$1,447.63
24	\$490.39	32	\$580.13	40	\$626.72	48	\$801.79	56	\$1,144.08	64	\$1,471.17
25	\$492.35	33	\$587.49	41	\$638.49	49	\$836.60	57	\$1,195.08	65+	\$1,471.17
26	\$502.16	34	\$595.33	42	\$649.77	50	\$875.84	58	\$1,249.51		
27	\$513.93	35	\$599.26	43	\$665.46	51	\$914.58	59	\$1,276.48		

* - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Census

	Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost*
1	Joe Black	Employee	08/08/1980	36	EO	TX	\$603.18
2	Matt Brown	Employee	04/14/1970	46	EO	TX	\$735.58
Total:							\$1,338.76

* - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.
Estimated Health Insurer & Reinsurance Fees = \$36.00



Attention: There are two billing options to select from. 1) **Member level age rates** OR 2) **Composite rates**. Select a rating model, and click the magnifying glass in the Rates column next to the product to view rates and Census information.

How to Enroll a Small Group (Cont.)

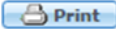
V. Rates (Cont.)

Composite Rates Example

Composite Rates

Employer Name: TEST_TX_UG

Plan: P600CHC

Case ID: 13466 

Effective Date: 10/15/2016

Employer Zip Code: 75080

Employer County: Dallas

Rate Table

4-Tier Rates

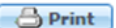
Employee Only	Employee + Spouse *	Employee + Child *	Employee + Family *
\$669.38	\$1,338.76	\$1,338.76	\$2,008.14

* The Composite Rates shown in the above 4Tier Rates table are specific to the plan shown in the header section and based on the census entered AND includes the effects of Health insurer and Reinsurance Fees,plus any Federal and State taxes applicable to these fees.

Census

	Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost*
1	Joe Black	Employee	08/08/1980	36	EO	TX	\$669.38
2	Matt Brown	Employee	04/14/1970	46	EO	TX	\$669.38
Total:							\$1,338.76

* - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.
Estimated Health Insurer & Reinsurance Fees = **\$36.00**



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

Account Information

Additional Information

Plan Selections

Member Census

 Rates

Account Summary

Release for Enrollment

Previous

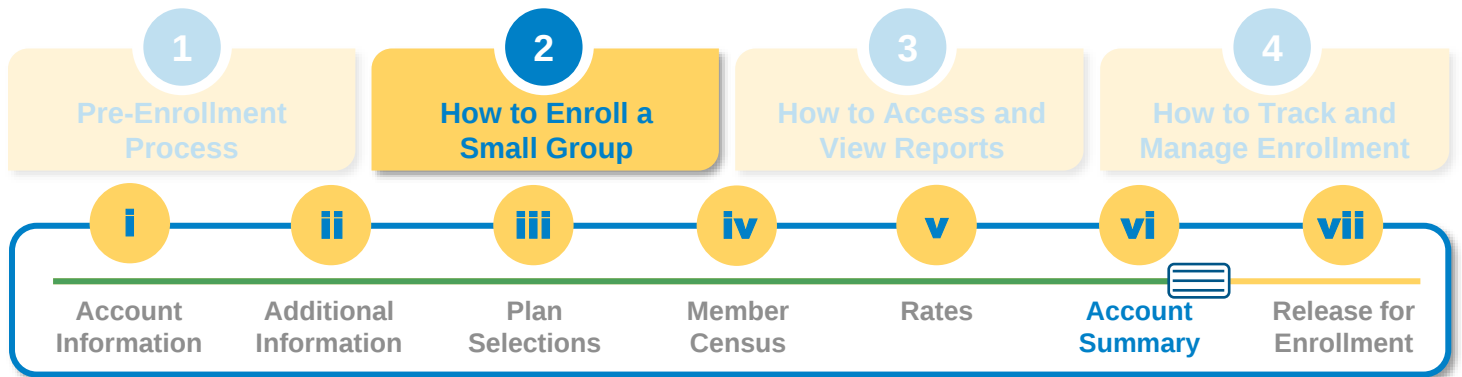
5

Continue

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

How to Enroll a Small Group (Cont.)

VI. Account Summary



Step vi:

Account Summary:

The **Account Summary** screen allows you to review all of the input data by section. Review the information you have entered and revise if needed. Separate panels with scroll bars display key information from previous screens. Click **Change** in each panel to view the relevant page if you want to make any edits. If changes are made, click **Continue** to go back to the **Account Summary** screen. This ensures that all edits have been saved and rates have been adjusted if necessary.

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

Account Summary

Previous Continue

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

Account Information Change

General Information

Employer's Legal Name: TEST_TX_UG

Employer ID Number (EIN): 55555555

SIC Code: 0111-Wheat farms

Policy Effective Date: 10/15/2016

Case Submitted to BCBS: 10/10/2016

Does this group cover domestic partners?: No

Is Group subject to COBRA?: No

COBRA Administration?: No

Blue Access for Employers (BAE)

Contact Name:

Phone (numbers only): Ext.

Contact Title:

E-Mail Address:

Employee Retirement Income Security Act (ERISA)

Additional Information Change

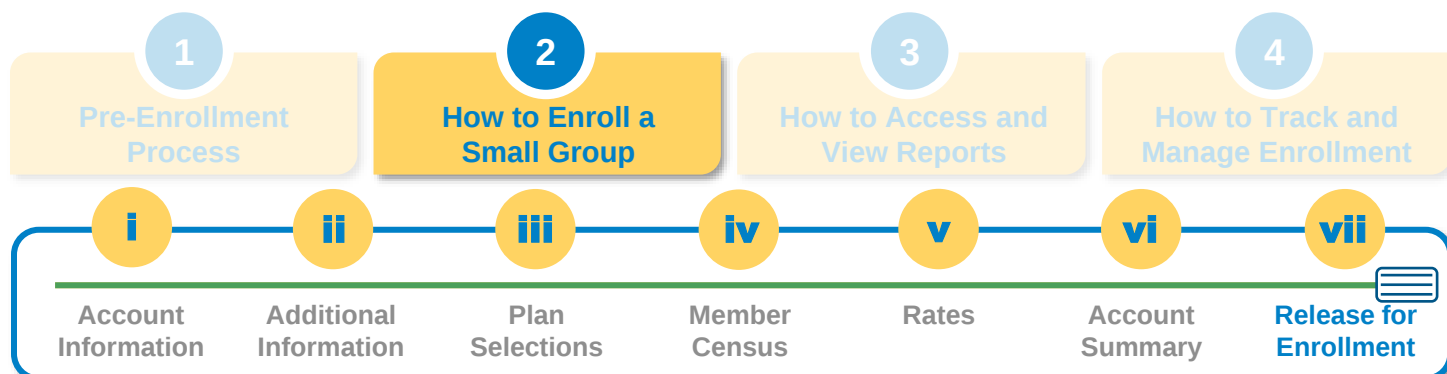
Current Carrier Health: Cigna Life Insurance Co.

Eligibility

Waive the waiting period on initial enrollment: Yes

How to Enroll a Small Group (Cont.)

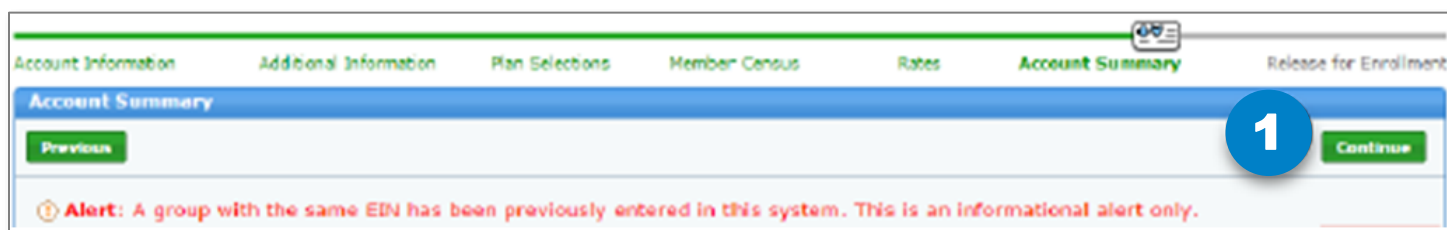
VI. Account Summary (Cont.)



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

You can also view the Electronic Funds Transfer (EFT) Payment Details document under the **Report** tab on the **Account Summary** screen.

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



How to Enroll a Small Group (Cont.)

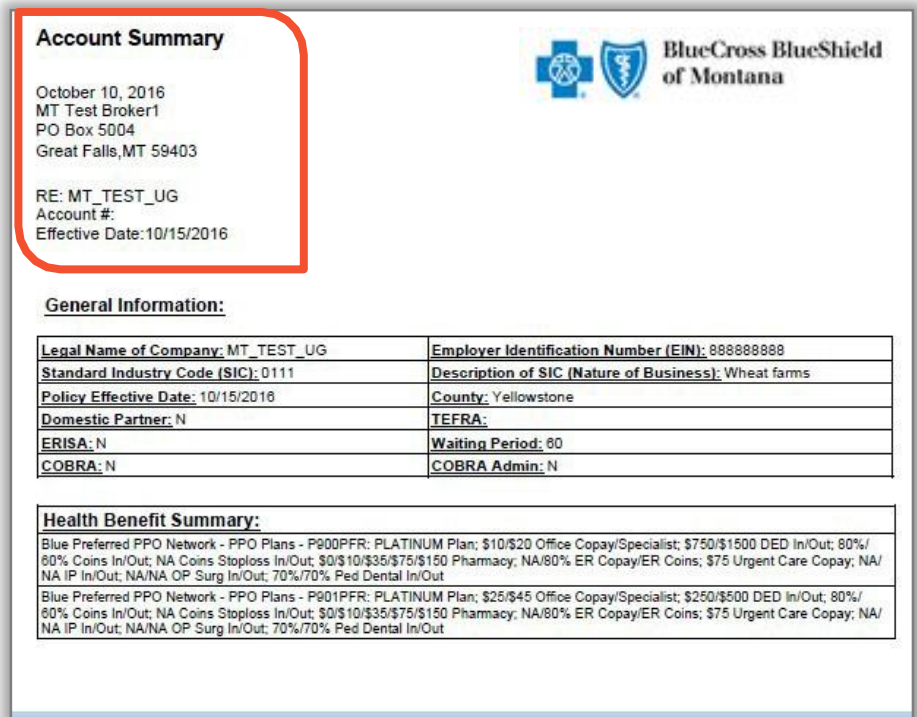
VI. Account Summary Report

Let's discuss the Account Summary Report.

Now, the **Account Summary Report** is available on the Release for Enrollment screen. Click **Reports** to view the report.

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.

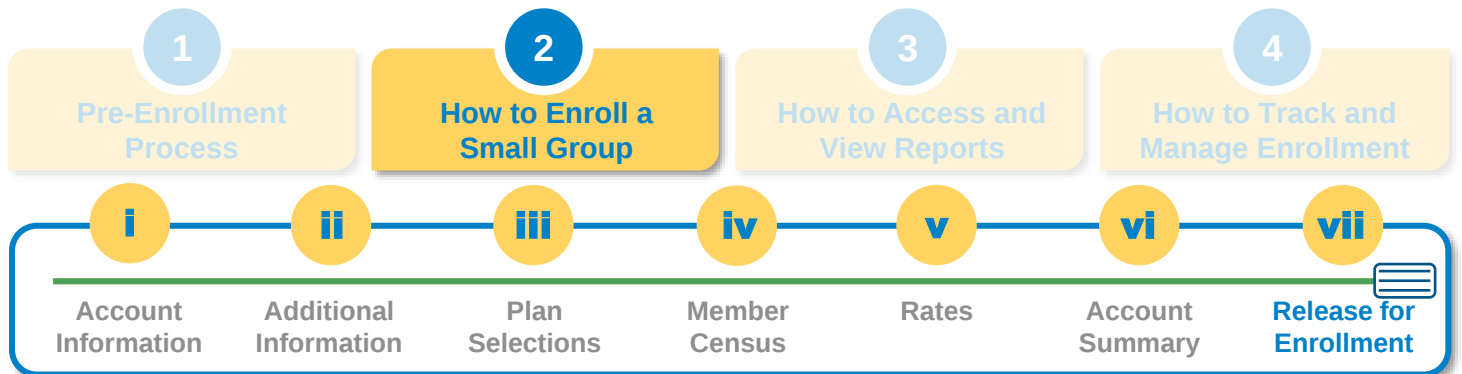
The Account Summary Report is **not** emailed. Please access it through **Reports** on the online tool.

A screenshot of the 'Account Summary' report form. The form has a header section with a red border containing the date 'October 10, 2016', the name 'MT Test Broker1', the address 'PO Box 5004, Great Falls, MT 59403', and the account details 'RE: MT_TEST_UG, Account #:, Effective Date: 10/15/2016'. To the right of the header is the BlueCross BlueShield of Montana logo. Below the header is a 'General Information' section with a table containing fields like 'Legal Name of Company', 'Employer Identification Number (EIN)', 'Standard Industry Code (SIC)', 'Description of SIC (Nature of Business)', 'Policy Effective Date', 'County', 'Domestic Partner', 'TEFRA', 'ERISA', 'Waiting Period', 'COBRA', and 'COBRA Admin'. Below this is a 'Health Benefit Summary' section with two paragraphs of text describing the plan details.

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.

How to Enroll a Small Group (Cont.)

VII. Release for Enrollment



Step vi:

Release for Enrollment:

Based on the default required documents, under the **Documents Needed for Enrollment** section, the list will populate. Documents will be required based on the selections made during the data entry process. In order to release the case for enrollment successfully, these documents must be 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	Missing	Signature Required
* Employer Group Information (EGI) Form	Missing	Signature Required
* Enrollment Application/Change Form	Missing	Signature Required
* State filed proof of business	Missing	
* Wage & Tax Statement/Proof of Wages	Missing	
Affidavit of Domestic Partnership		Signature Required
BenefitWallet Discovery Form		
Dependent State Continuation of Coverage Form		Signature Required
Disabled Dependent Certification Form		Signature Required

* - Required

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

Release

Previous

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

How to Enroll a Small Group (Cont.)

VII. Release for Enrollment (Cont.)

Before proceeding to the next steps, let's discuss the **Documents Needed for Enrollment** section. This section easily identifies Required and Optional Documents. Required documents are identified by **bolded red font** and asterisks.

The “**Missing**” or “**Attached**” indicator will only appear for the required 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
BenefitWallet Discovery Form		
Dependent State Continuation of Coverage Form		Signature Required
Disabled Dependent Certification Form		Signature Required
Employer Representative Authorization (ERA)		
HSA Bank Discovery Form		

Note: Beginning with October 2018 Effective Dates, the **Composite Rate Billing Method Declaration Form** will no longer be a required document to submit when you select 4-Tier Composite Billing as your Rating Method. This information will be captured on the new BPS.

How to Enroll a Small Group (Cont.)

VII. Release for Enrollment (Cont.)

2. Click **Browse** and locate the appropriate system folder and file.
3. Select the document type from the **Document Type** drop-down list.
4. Click **Attach File**. The document shows in the **Existing Attached Documents** section. If the wrong document has been attached, use **Delete Document** to remove the document.

Attachments

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

File: No file chosen **2**

Document Type: Please Select **3**

4

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description
il_bpa_2_50.doc	09/06/2017 08:24:08	BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50	
22997_small_group_standard_health_application (1).pdf	09/06/2017 08:24:07	EMPLOYER GROUP INFORMATION (EGI) FORM	
il-small-group-extension-form-v4.pdf	09/06/2017 08:24:07	WAGE & TAX STATEMENT/PROOF OF WAGES	
group_info_form.pdf	09/06/2017 08:24:07	ENROLLMENT APPLICATION/CHANGE FORM	

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

If you enroll without a quote, the Account Summary report will be enabled on the **Release for Enrollment** screen after the Account Number is generated. Once you navigate back to the Account Information screen from any other screen, header section fields will be displayed as populated.

How to Enroll a Small Group (Cont.)

VII. Release for Enrollment (Cont.)

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

File
 No file chosen

Document Type

Please Select ▼

Description

Existing Attached Documents

File	Date/Time Stamp	Document Type
il_bpa_2_50.doc	09/06/2017 08:24:08	BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50 ▼
22997_small_group_standard_health_application (1).pdf	09/06/2017 08:24:07	EMPLOYER GROUP INFORMATION (EGI) FORM ▼
il-small-group-extension-form-v4.pdf	09/06/2017 08:24:07	WAGE & TAX STATEMENT/PROOF OF WAGES ▼
group_info_form.pdf	09/06/2017 08:24:07	ENROLLMENT APPLICATION/CHANGE FORM ▼

You can also upload multiple documents, if required. When uploading multiple documents you can assign multiple Document Types to the documents.

Important information about attaching 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 type
- After changing the necessary document types, click **Save** When done, click **X** to return to the **Release for Enrollment** screen.

Note: The tool is compatible to support zip files. A zip file may be uploaded and the applicable doc type selected (e.g. employee applications). However, keep in mind that all required documents must be attached and document type selected, in order to release the group.

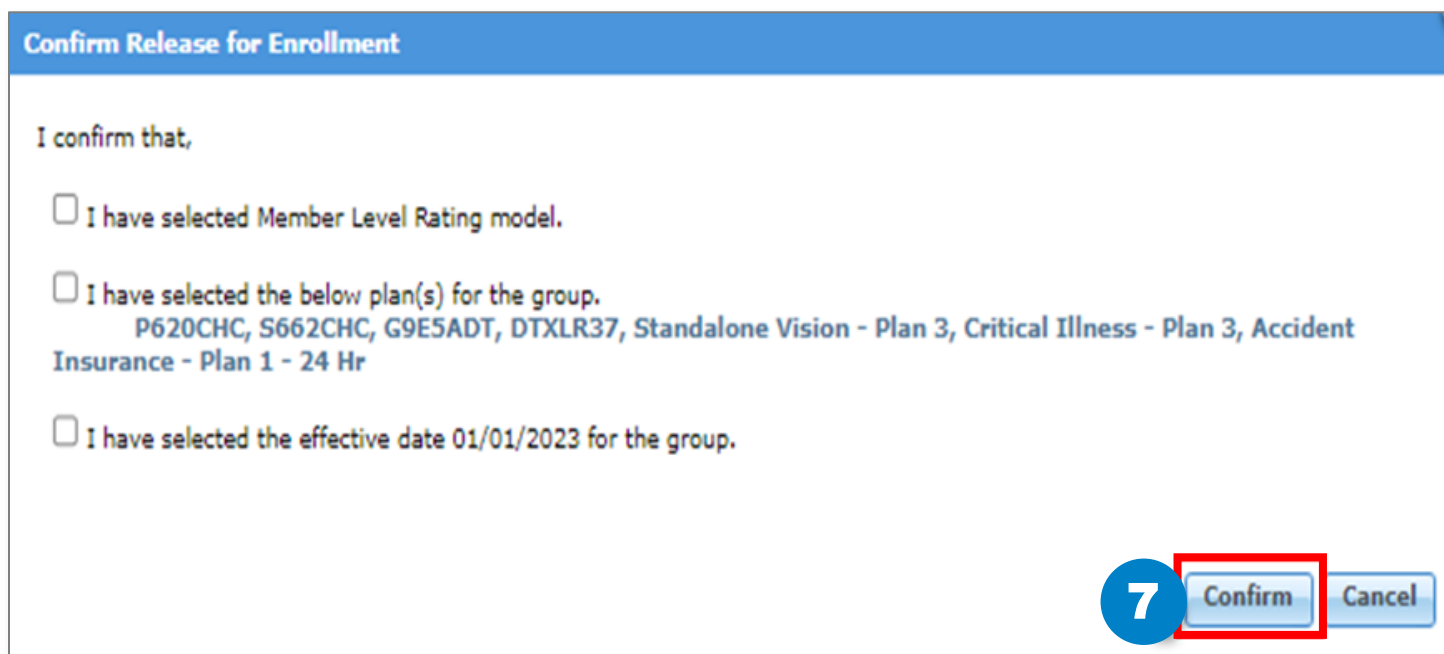
How to Enroll a Small Group (Cont.)

VII. Release for Enrollment (Cont.)

5. Once you close the Attachments window, you are re-directed to the **Release for Enrollment** screen. Select the “**I confirm that all uploaded documents requiring a signature have been signed**” check box.
6. Click Release to release the group to Underwriting for review.
7. Confirm your selections. These include: Rating Model, Plans, Payment Method, and the Effective Date for the group. Click Confirm.



A horizontal bar representing a section of the software interface. On the left, a blue circle with the number '5' is positioned above a red square containing a white checkmark icon. To the right of the icon is the text 'I confirm that all uploaded documents requiring a signature have been signed.' On the far right, a blue circle with the number '6' is positioned above a green button with the word 'Release' in white text.

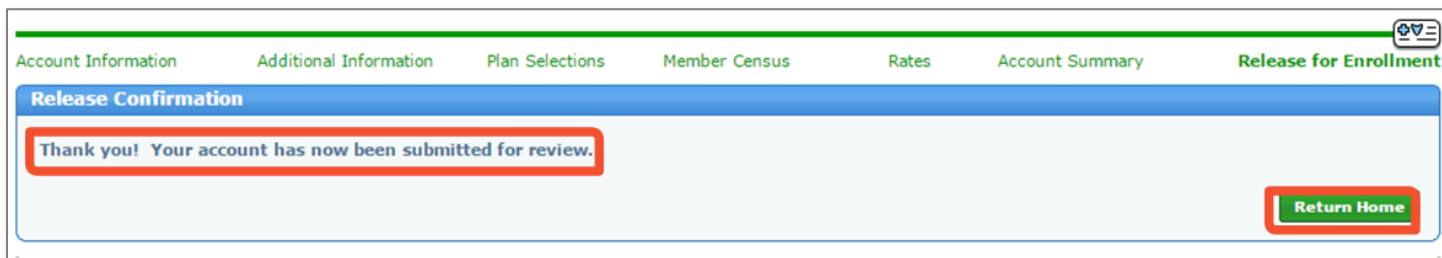


A screenshot of a software window titled 'Confirm Release for Enrollment'. The window has a blue header bar with the title. Below the header, the text 'I confirm that,' is followed by three unchecked checkboxes. The first checkbox is followed by the text 'I have selected Member Level Rating model.' The second checkbox is followed by the text 'I have selected the below plan(s) for the group.' and a list of plan codes and names: 'P620CHC, S662CHC, G9E5ADT, DTXMLR37, Standalone Vision - Plan 3, Critical Illness - Plan 3, Accident Insurance - Plan 1 - 24 Hr'. The third checkbox is followed by the text 'I have selected the effective date 01/01/2023 for the group.' In the bottom right corner, there is a blue circle with the number '7' positioned above a red square containing a white 'Confirm' button. To the right of the 'Confirm' button is a 'Cancel' button.

How to Enroll a Small Group (Cont.)

VII. Release for Enrollment (Cont.)

After confirming, you receive a message saying “**Thank you! Your account has been submitted for review.**” At this point you can click **Return Home** to return to the home page.



Once you click **Release**, the group is in a read-only status. No additional changes can be made until after the Underwriter has reviewed the case. If the Underwriter requires additional information, an email will be sent to the address entered in the Producer section during the enrollment process. The case will then be open to you to go back in to the tool and enter/upload missing information or documents. Please add, edit or attach the requested data, then return the case to BCBS. If you require changes, prior to review or approval, please contact your sales representative as soon as possible.

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

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

How to Enroll a Small Group (Cont.)

VII. Release for Enrollment (Cont.)

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

Documents List

Please remember to gather these documents to attach at the end of the enrollment process. Some of these forms are available for download [here](#).

Required Documents

Benefit 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

BenefitWallet Discovery Form

Dependent State Continuation of Coverage Form

Disabled Dependent Certification Form

Employer Representative Authorization (ERA)

HSA Bank Discovery Form

Other

Small Group Certificate of Common Ownership

Supplemental Employment Verification Form

Texas Nine (9) Month State Continuation of Insurance

BlueCross BlueShield of Texas

blueaccess for producers

Company Information

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Downloadable Forms

Forms for Individual Products (Under Age 65)

Forms for Small Group Products (2-50)

Forms for Mid-Market Group Products (51-150)

Forms for Large Group Products (151+)

Forms for Medicare Products

Downloadable Forms for Small Group Products

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

SMALL GROUP FORMS (Groups of 2-50)		
Stock # / Date	Enrollment Forms and Change Forms	Texas Form #
45331 0716	Affidavit of Domestic Partnership 	N/A
45331 0716sp	Affidavit of Domestic Partnership - Spanish 	N/A
N/A	Away From Home Care Guest Membership Application  -- for HMO members	N/A
N/A	Away From Home Care Guest Membership Application - Spanish  -- for HMO members	N/A
TXBPASG-OFF-EX 01.17	2017 Benefit Program Application (BPA) for New Small Groups 2-50  -- for new accounts effective on or after 1/1/2017	N/A

FormFINDER

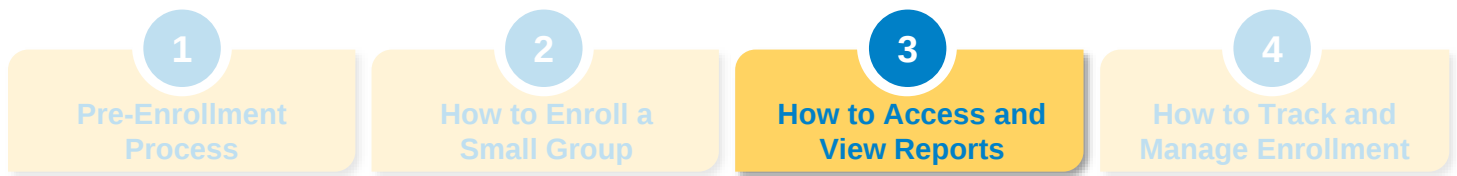
Quickly search for or browse forms.

Find

[Advanced Search](#)

[View All Forms](#)

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: AMATEST TX Acct Market Segment: Small Group

Producer: JUAN NAVARRO Status: Pre-enrollment

Created By: External

Reports Documents List Attachments

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

Welcome Letter: The Welcome Letter is available after Underwriting approves the case. An email advising that the group has been approved will be sent to the producer. 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.

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

How to Track and Manage Enrollment

1

Pre-Enrollment
Process

2

How to Enroll a
Small Group

3

How to Access and
View Reports

4

How to Track and
Manage Enrollment

I. Enrollment Status

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

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

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

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

Enrollment Home

Account Number: 190797 Effective Date: 10/15/2016

Quote Number: NA Case ID: 13466

Log History

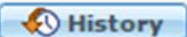
Send to BCBS

Activity History			
Activity Date	Activity	Status	Duration
10/10/2016	Enrollment More Info Required		0 Day(s)
10/10/2016	Underwriter Review	Completed	0 Day(s)
10/10/2016	Enrollment Data Entry	Completed	0 Day(s)
10/10/2016	Start	Completed	0 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.
Underwriter Review	Pending UW review or Subsequent UW review	Enrollment documentation has been submitted to Underwriting for review
Submitter Review	Not approved or Enrollment More Info Required	UW has completed review of submission and has returned the enrollment to the submitter either not approving the submission or requesting additional information in order to complete the review

How to Track and Manage Enrollment (Cont.)

I. Enrollment Status (contd.)

Enrollment Home	
Account Number: 190797	Effective Date: 10/15/2016
Quote Number: NA	Case ID: 13466
	
	

Account Log	
Account Name: TEST_TX_UG	Account Number: 190797
Log Entries	
Date: 10/10/2016 01:36:16 Type: Internal Subject: Claimed Case Added By: System Entry: The Case was claimed by batest35.	
Date: 10/10/2016 01:35:05 Type: Internal Subject: AlacritiPaymentError Added By: System Entry: The Routing Number you have entered is not valid. Please check the details and try again or contact us for assistance if you think this message is being shown in error (486)	

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. Or you can also attach a separate document to provide additional clarification to the underwriter as needed.

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

How to Track and Manage Enrollment (Cont.)

II. More Information Required

In this example, once you have released the group for enrollment, the Underwriter reviews the case and sends an email notification requesting for more information.

If you receive an email notification that more information is required to complete the enrollment review, you can go back into the eSales Small Group Enrollment tool to enter the missing information and/or upload missing documents. The email notification specifies the type of information/document that is missing. Sample “**More Information Required**” email notification is below.

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for TEST_TX_UG Case ID #13425. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

Missing/Incorrect/Incomplete Document (s):

State filed proof of business - Incomplete

Wage & Tax Statement/Proof of Wages - Incomplete

Additional Notes: Incomplete Documents

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

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

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How to Track and Manage Enrollment (Cont.)

II. More Information Required (Cont.)

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

Sample of the **“Aging Alert”** email is below.

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for TEST_TX_UG Case ID #13425. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

Missing/Incorrect/Incomplete Document (s):

State filed proof of business - Incomplete

Wage & Tax Statement/Proof of Wages - Incomplete

Additional Notes: Incomplete Documents

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

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

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How to Track and Manage Enrollment (Cont.)

II. More Information Required (Cont.)

Once you receive an email notification from the Underwriting team, you log on to the eSales Tools.

If Underwriting needs more information you may need to add or update information in one of the fields within the tool, as well as add some missing documentation.

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

BlueCross BlueShield of Texas

Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Enrollment Home > Release for Enrollment

Welcome back ITBroker2 Test 10/10/2016 Log Out

Enrollment Enrollment Home

Account Name: TEST_TX_UG Market Segment: Small Group Account Number: 190797 Effective Date: 01/01/2018
Producer: ITG Test Broker2 Status: Enrollment More Info Required Quote Number: NA Case ID: 13466
Created By: External

Reports Documents List Attachments Log History

Send to BCBS

Account Information Additional Information Plan Selection EFT Status: Success nsus 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

- * Employer Group Information (EGI) Form
- * Enrollment Application/Change Form
- * Wage & Tax Statement/Proof of Wages
- * Benefit Program Application (BPA) for New S

Affidavit of Domestic Partnership
BenefitWallet Discovery Form
Binder Check & Check Routing Sheet
Composite Rate Billing Method Declaration Form

Attached

esales2.test.fyblue.com says:
Are you sure you wish to send this to BCBS?

OK Cancel

Required
Required
Required
Required

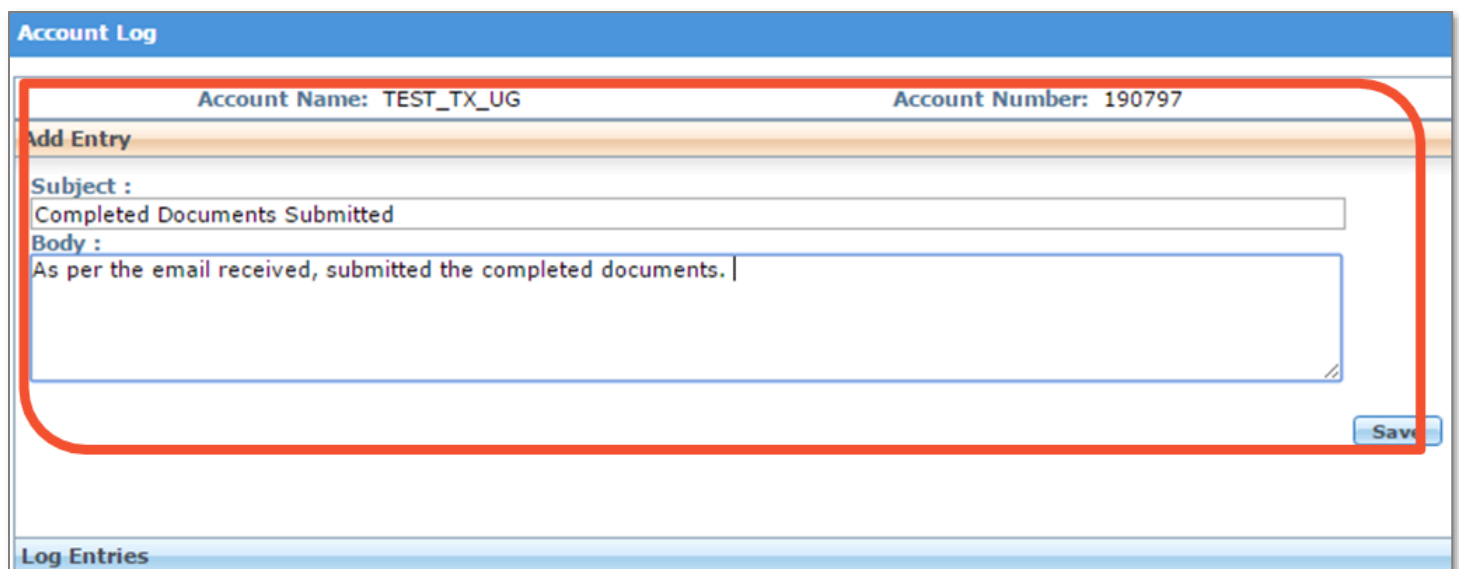
When an account is in the “**More Information Required**” activity, the “**Send to BCBS**” button will be available on all enrollment screens unless a **Data Change** is required by the Underwriter. If “**Data Change Needed**” is selected, the user will need to navigate to the **Account Summary** screen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

How to Track and Manage Enrollment (Cont.)

II. More Information Required (Cont.)

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

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



Account Log

Account Name: TEST_TX_UG Account Number: 190797

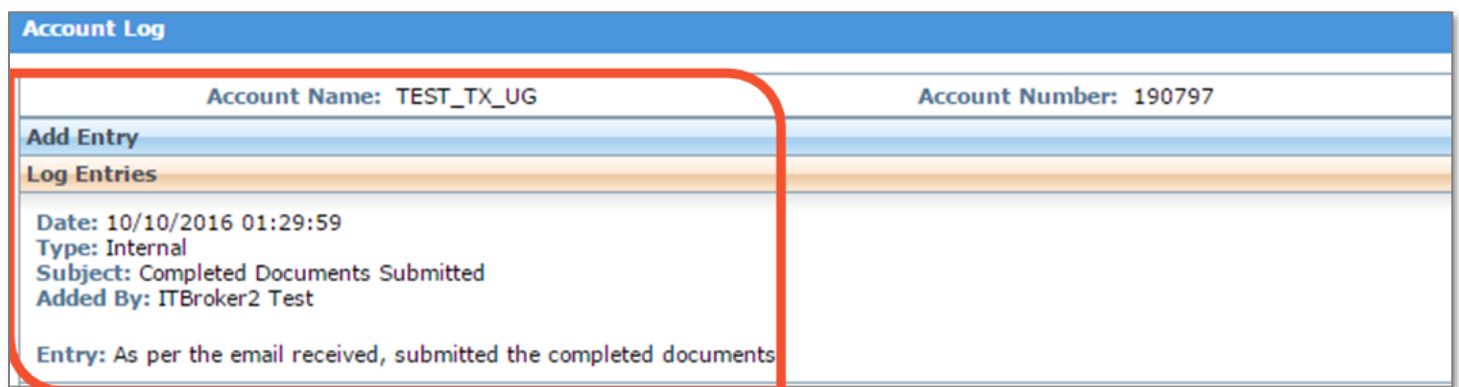
Add Entry

Subject :
Completed Documents Submitted

Body :
As per the email received, submitted the completed documents. |

Save

Log Entries



Account Log

Account Name: TEST_TX_UG Account Number: 190797

Add Entry

Log Entries

Date: 10/10/2016 01:29:59
Type: Internal
Subject: Completed Documents Submitted
Added By: ITBroker2 Test
Entry: As per the email received, submitted the completed documents

How to Track and Manage Enrollment (Cont.)

III. Underwriting Approval Received

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

Sample “**Enrollment Approved**” email below.

Blue Cross and Blue Shield of Texas (BCBSTX) has approved TEST_TX_UG for small group employer coverage with an effective date of 10/15/2016.

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

Thank you for your business.

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

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How to Track and Manage Enrollment (Cont.)

III. Underwriting Approval Received (Cont.)

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

Sample “**Welcome Letter**” below.

Welcome Letter				BlueCross BlueShield of Montana			
October 10, 2016 ITG Test Broker2 901 South Central Expressway Richardson, TX 75080							
RE: TEST_TX_UG Account #:190797 Effective Date:10/15/2016							
TEST_TX_UG has been approved and your rates are indicated below. These rates are effective 10/15/2016.							
Enrollment information, including member applications, is being processed. Member ID cards will be mailed shortly. Thank you for your continued business.							
General Information:							
Waiting Period:60	COBRA: N	COBRA Admin:N	TEFRA:	Public Entity:	County: Dallas	In-Vitro: N	Domestic Partner: N
Benefit Summary:							
Blue Choice PPO Network - PPO Plans - P600CHC: PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$250/\$500 DED In/Out; 80%/60% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/80% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out							
Blue Choice PPO Network - PPO Plans - P601CHC: PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$1250/\$2500 DED In/Out; 100%/100% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/100% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out							

How to Track and Manage Enrollment (Cont.)

III. Underwriting Approval Received (Cont.)

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

Sample “ID Cards Released” email below.

Membership processing for TEST_TX_UG (Account # 190797) 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.

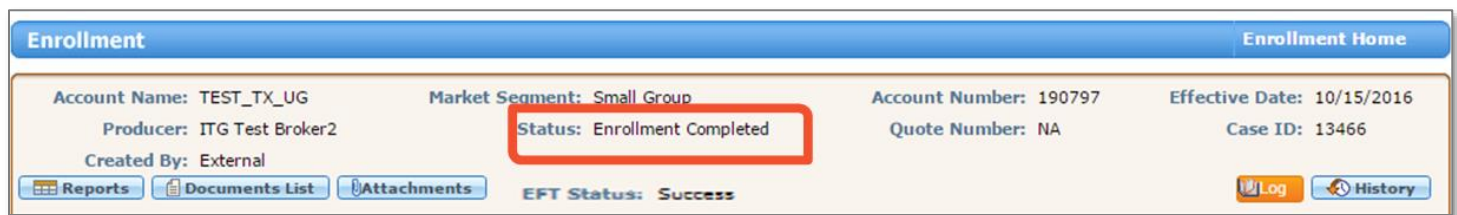
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How to Track and Manage Enrollment (Cont.)

III. Underwriting Approval Received (Cont.)

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



The screenshot displays the 'Enrollment Home' interface. At the top, there is a blue header bar with 'Enrollment' on the left and 'Enrollment Home' on the right. Below this, the page is divided into several sections. On the left, there is a sidebar with buttons for 'Reports', 'Documents List', and 'Attachments'. The main content area displays the following information: Account Name: TEST_TX_UG, Market Segment: Small Group, Account Number: 190797, Effective Date: 10/15/2016, Producer: ITG Test Broker2, Status: Enrollment Completed (highlighted with a red box), Quote Number: NA, Case ID: 13466, Created By: External, and EFT Status: Success. At the bottom right, there are buttons for 'Log' and 'History'.

Enrollment		Enrollment Home	
Account Name: TEST_TX_UG	Market Segment: Small Group	Account Number: 190797	Effective Date: 10/15/2016
Producer: ITG Test Broker2	Status: Enrollment Completed	Quote Number: NA	Case ID: 13466
Created By: External			
Reports	Documents List	Attachments	Log History
EFT Status: Success			

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 our Service Center at **1-800-399-5831** if you have questions regarding a case that is not approved.

How to Track and Manage Enrollment (Cont.)

Search Functionality

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

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: Texas Case ID: **EIN:**

Search

How to Track and Manage Enrollment (Cont.)

IV. My Enrollments

During enrollment, if you want to view the status of the case, you can check the **My Enrollments** section of the enrollment tool.

This section lists all cases currently in the enrollment process. The section will list the enrollments that you have enrolled using the tool yourself. You may sort columns for easy tracking.

My Enrollments						
Account	Account #	Effective Date	Sales Executive	Divison	Status	Last Activity
 View ANGELA TEST 3	003531	12/01/2015		TX	Enrollment More Info Required	10/05/2015
 View AMATEST TX 0928 AGING	177522	10/01/2016		TX	Enrollment More Info Required	09/29/2016
 View TX EXT TEST TI 07052016	176873	08/01/2016		TX	Enrollment More Info Required	08/03/2016
 View TEST_TX_UG	190790	10/15/2016		TX	Enrollment More Info Required	10/10/2016
 View AMATEST TX 1009 EXT	190795	11/01/2016		TX	Pending UW review	10/09/2016
 View AMATEST TX 1007 RC EXT	190785	11/01/2016		TX	Pending UW review	10/07/2016
 View AMATEST TX 1006 EXT	177572	11/01/2016		TX	Pending UW review	10/06/2016
 View EXT RPTS TEST TI 08032016	177034	09/01/2016		TX	Pending UW review	08/03/2016
 View TEST TX BROKER DEMO	187385	01/01/2016		TX	Pending UW review	05/19/2016
 View NATEST_TXEXT0310	184892	04/01/2016		TX	Pending UW review	04/04/2016
 View AMATEST FSE ADV TX EXT 1	177547	11/01/2016		TX	Pending UW review	10/04/2016
 View AMATEST_TX_1_1005	177568	11/01/2016		TX	Complete Acct/Membership entry	10/05/2016
 View LAURA TX HMO ONLY	186243	06/01/2016		TX	Complete Acct/Membership entry	04/19/2016
 View LAURA 092315 TEST EXTERNAL	003351	12/01/2015		TX	Complete Acct/Membership entry	10/02/2015
 View TX_UG	177549	10/15/2016		TX	Enrollment Internal Action Required	10/05/2016

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.

How to Track and Manage Enrollment (Cont.)

IV. My Enrollments (Cont.)

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	Divison	Status	Last Activity
 View TEST_TX_UG	10/15/2016		TX	Enrollment Completed	10/10/2016
 View TEST_TX_UG	10/15/2016		TX	Enrollment More Info Required	10/10/2016
 View TX_UG	10/15/2016		TX	Pre-enrollment	10/10/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/10/2016
 View AMATEST TX 1009 EXT	11/01/2016		TX	Pending UW review	10/09/2016
 View JPM R4 TOUCHPOINT AGING AND EMAILS	01/01/2017		TX	In Progress	10/07/2016
 View AMATEST TX 1007 RC EXT	11/01/2016		TX	Pending UW review	10/07/2016
 View TEST_TX_UG	10/01/2016		TX	Pre-enrollment	10/07/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016
 View TEXT_TX_UG	10/15/2016		TX	Pre-enrollment	10/07/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016
 View AMATEST TX 1006 EXT	11/01/2016		TX	Pending UW review	10/06/2016
 View AMATEST SS 1006	01/01/2017		TX	Pre-enrollment	10/06/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/05/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/05/2016
 View AMATEST_TX_1_1005	11/01/2016		TX	Complete Acct/Membership entry	10/05/2016
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/05/2016

Resources and Help

For technical issues with the eSales enrollment tool, please contact our ITG Service Center at 1-888-706-0583.

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

SGMM_TechSupport@hcsc.com