



BlueCross BlueShield
of Montana

Small Group Enrollment Tool User Guide Fully Insured

February 2026



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Enrollment Tool User Guide

Purpose

The purpose of this user guide is to provide **step-by-step instructions** and guidance to using the Small Group and Middle Market Enrollment tool for Fully Insured and accounts.

Enrollment Tool Process Overview

The Enrollment tool allows the user to quickly enroll Small Group New Business for **Fully Insured** and Small Group and Middle Market **Blue Balance FundedSM** ASO. Small Group Fully Insured accounts can elect not just medical, but dental and ancillary lines as well, via the Enrollment Tool.

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Reminders

- Quotes are not required in order to start enrollment.
- The Enrollment Tool is only for accounts that are new to BCBSMT. If an employer already has a line of coverage, whether medical or dental, with BlueCross BlueShield then you should contact your Sales Representative prior to initiating the enrollment.
- Make sure to accurately enter the Producer email address on the Account Information screen or you will not be notified if additional information is being requested.
- Any ancillary product with 100% contribution requires 100% employee participation.
- The Required Documents should be completed fully prior to enrollment as they will be used to complete fields, and they will need to be attached in the tool.

Required Documents
Benefit Program Application (BPA) for New Small Groups 2-50
Employer Group Information (EGI) Form
Small Group Enrollment Application/Change Form
Wage & Tax Statement/Proof of Wages
Optional Documents
Affidavit of Domestic Partnership
CDHP - Employer Setup Form
COBRA Administration Services Request for Small Group
Small Group Certificate of Common Ownership
State filed proof of business
Supplemental Employment Verification Form
Other

Getting Started

To begin submitting a New Business enrollment, log into **eSales**.

Click **Small Group and Middle Market Enrollment**.

User will be directed to the **Enrollment Tool homepage**.




Small Group & Middle Market Enrollment 


- Metallic Plans for Small Group Prospects with 50 or fewer total employees
- Standard Insured Plans for Middle Market Prospects with 51+ total employees
- Underwritten ASO Blue Balance FundedSM Plans for eligible group prospects

eSales Tools Home > Enrollment Welcome back TEST ESALES 04/23/2026 [Log Out](#)


Enrollment Enrollment Home

Search Existing Accounts/Quotes 

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

Account Name: Quote Number:
Agent: Account Number:
Division: Montana Case ID:
Funding Type: Fully Insured Status:
Effective Date:
Market Segment: 
EIN:

Recently Accessed

Account	Effective Date	Sales Executive	Division	Status	Market Segment	Funding Type	Last Activity
 View AMATEST SG RK	06/01/2026	RDC NOASSIGN	MT	Pre-enrollment	SG	FI	04/17/2026

Enrolling a Group With a Quote

Enrolling a Group- With a Quote

A quote is not required in order to enroll a Fully Insured Small Group account. If using a quote to start enrollment, a few fields will pre-populate in enrollment via the completed quote.

In the **Quote Number** field enter the Quote Number from the proposal and select **Quoted** from the dropdown in the **Status** field. Click **Search**. If the Status is not updated, no search results will generate. The Prospect will display with the ability to **Start Enrollment**. Once selected, the user will be brought to the Account Information page.

The screenshot shows the 'Enrollment' interface. At the top, there are tabs for 'Enrollment' and 'Enrollment Home'. Below this is a section titled 'Search Existing Accounts/Quotes' with a dropdown arrow. The instructions read: 'Search by Quoted status to start enrolling a quoted prospect, or **Start SG Enrollment without a Quote**'. The form contains several input fields: 'Account Name', 'Agent', 'Division' (set to 'Montana'), 'Funding Type' (with a checked 'Fully Insured' option), 'Quote Number' (set to '1515057'), 'Account Number', 'Case ID', 'Status' (a dropdown menu set to 'Quoted'), 'Effective Date', 'Market Segment' (set to 'Small Group'), and 'EIN'. A 'Search' button (highlighted with a yellow box) and a 'Clear' button are located at the bottom right of the form. Below the form is a table with the following data:

Prospect	Effective Date	Agent	Sales Executive	Market Segment	Funding Type	Quote #
Start Enrollment AMATEST	06/01/2026	ESALES, TEST PRODUCER		SG	FI	1515057

Account Information

The Account Information page will display with some fields already completed based off data from the Proposal. Those fields are editable.

The Account Information page will be explained in more detail in the “Enrolling a Group Without a Quote” section.

The screenshot displays the 'Account Information' page for account 'AMATEST'. At the top, there is a summary bar with the following details: Account Name: AMATEST, Market Segment: Small Group, Account Number: 1515057, Effective Date: 06/01/2026, Producer: ESALES, TEST PRODUCER, Status: Pre-enrollment, Quote Number: 1515057, Case ID: 446687, Created By: External, EFT Status: Not Processed, Funding Type: Fully Insured, and Division: Montana. Below this are buttons for Reports, Documents List, and Attachments, along with Log and History links. A Discontinue button is on the left, and an Import button is on the right next to a DocuSign Envelope ID field. A navigation bar below the summary bar includes Account Information (selected), Additional Information, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment. The main content area is titled 'Account Information' and features a Continue button. Under 'General Information', there are fields for Employer's Legal Name (AMATEST), Employer ID Number (EIN), SIC Code (0111 -Wheat farms), Policy Effective Date (06/01/2026), and Case Submitted to BCBS (04/23/2026). There are also three radio button questions: '*Does this group cover domestic partners?', '*Is Group subject to COBRA?', and '*Do you want to purchase HCSC Cobra Administration?'.

Reports: Displays a list of available reports.

Documents List: Displays a list of required and optional documents.

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

Enrolling a Group Without a Quote

Enrolling a Group- Without a Quote

A quote is not required in order to enroll a Fully Insured Small Group account.

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

The screenshot shows a web interface for enrollment. At the top, there is a blue header bar with the text "Enrollment" on the left and "Enrollment Home" on the right. Below the header, there is a search section. It starts with a dropdown menu labeled "Search Existing Accounts/Quotes". Below this, there is a line of text: "Search by Quoted status to start enrolling a quoted prospect, or **Start SG Enrollment without a Quote**". The text "Start SG Enrollment without a Quote" is highlighted with a red box. Below this text, there are several input fields and dropdown menus arranged in two columns. The left column contains: "Account Name:" with a text input field, "Agent:" with a text input field, "Division: Oklahoma", and "Funding Type:" with a checkbox labeled "Fully Insured". The right column contains: "Quote Number:" with a text input field, "Account Number:" with a text input field, "Case ID:" with a text input field, "Status:" with a dropdown menu, "Effective Date:" with a text input field, "Market Segment:" with a dropdown menu showing "Small Group", and "EIN:" with a text input field. At the bottom right of the search area, there are two buttons: "Search" and "Clear".

Account Information

The [Account Information](#) page displays with most fields blank. The Market Segment and Funding Type are not editable, as the user can only create a Small Group Fully Insured enrollment without a quote.

Since no quote was used, only the Producer information will be present. These fields populate based off the ID that was used to log into Blue Access for ProducersSM (BAPSM).

All fields will need to be completed in order to continue.

A red asterisk (*) indicates mandatory fields.

The screenshot shows the 'Account Information' form with the following sections and fields:

- Market Segment:** Small Group (dropdown)
- Funding Type:** Fully Insured (dropdown)
- Continue** button
- General Information**
 - *Employer's Legal Name: [text field]
 - *Employer ID Number (EIN): [text field]
 - *SIC Code: [Find button] [text field]
 - *Policy Effective Date: Please Select (dropdown)
 - *Case Submitted to BCBS: 04/23/2026
 - Sales Rep. D/C: [text field] / [text field]
 - *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: [text field]
 - Phone (numbers only): [text field] Ext. [text field]
 - Contact Title: [text field]
 - E-Mail Address: [text field]
- 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: [text field]
 - *City: [text field]
 - *Zip Code: [text field]
 - *E-Mail Address of Authorized Company Official: [text field]
 - *Phone (numbers only): [text field] Ext. [text field]
 - *Administrative Contact: [text field]
 - *Different Billing Address?: Yes No
 - Address 2: [text field]
 - State: Montana
 - *County: Please Select (dropdown)
 - Secondary E-Mail Address: [text field]
 - Fax (numbers only): [text field]
 - Contact Title: [text field]
 - *Different Mailing Address?: Yes No
- Producer Information**
 - Primary Producer
 - *Primary Producer Name: [Find button] ESALES, TEST PRODUCER
 - *Tax ID/SSN: 565656565
 - *Producer #: 010029311
 - *E-Mail Address: [text field]
 - *Confirm E-Mail Address: [text field]
 - Telephone #: 8474947413
 - Fax #: [text field]
 - Complete Address: 1020 31ST ST STE 125
 - Clear** button

Account Information

Complete all required fields and answer the Employee Retirement Income Security Act (ERISA) question. When the **Yes** radio button is selected, additional fields will display that are required to be completed.

General Information

*Employer's Legal Name:

*Employer ID Number (EIN):

*SIC Code: Grape farms and vineyards

*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

*ERISA Plan Year - Beginning Date:

*ERISA Plan Year - End Date:

*ERISA Plan Sponsor:

Account Information

The Physical Address can **NOT** be a PO Box, it must be the physical location of the group, and the group **MUST** be located in the state the enrollment is submitted to.

Be sure the full address and county are correct as rates may be affected. If unsure of the correct county, click the **Visit USPS** hyperlink to search the account's address and view the correct county via the United States Postal Service website.

If the group has a different address for Billing or Mailing, the radio buttons can be changed to Yes and additional fields will display. PO Box addresses are allowed for these mailing types.

Physical Address/Contact Information

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

*Address 1:	<input type="text" value="123 ALPACA WAY"/>	Address 2:	<input type="text"/>
*City:	<input type="text" value="HELENA"/>	State:	Montana
*Zip Code:	<input type="text" value="59634"/>	*County:	<input type="text" value="Jefferson"/>
*E-Mail Address of Authorized Company Official:	<input type="text" value="RTyler@notarealdomain.com"/>	Secondary E-Mail Address:	<input type="text"/>
*Phone (numbers only):	<input type="text" value="8005551234"/> Ext. <input type="text"/>	Fax (numbers only):	<input type="text"/>
*Administrative Contact:	<input type="text" value="ROSE TYLER"/>	Contact Title:	<input type="text" value="GROUP ADMIN"/>
*Different Billing Address?:	<input checked="" type="radio"/> Yes <input type="radio"/> No	*Different Mailing Address?:	<input type="radio"/> Yes <input checked="" type="radio"/> No

Billing Address/Contact Information

*Address 1:	<input type="text"/>	Address 2:	<input type="text"/>
*City:	<input type="text"/>	*State:	<input type="text" value="Please Select"/>
*Zip Code:	<input type="text"/>	*County:	<input type="text" value="Please Select"/>
*E-Mail Address of Authorized Company Official:	<input type="text"/>	Secondary E-Mail Address:	<input type="text"/>
*Phone (numbers only):	<input type="text"/> Ext. <input type="text"/>	Fax (numbers only):	<input type="text"/>
*Administrative Contact:	<input type="text"/>	Contact Title:	<input type="text"/>

Account Information

Physical Address/Contact Information

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

*Address 1: 123 ALPACA WAY Address 2:
*City: HELENA State: Montana
*Zip Code: 59634 *County: Jefferson ▾
*E-Mail Address of Authorized Company Official: RTyler@notarealdomain.com Secondary E-Mail Address:
*Phone (numbers only): 8005551234 Ext. Fax (numbers only):
*Administrative Contact: ROSE TYLER Contact Title: GROUP ADMIN
*Different Billing Address?: Yes No *Different Mailing Address?: Yes No

Producer Information

Primary Producer

*Primary Producer Name: ESALES, TEST PRODUCER
*Tax ID/SSN: 565656565 *Producer #: 010029311
*E-Mail Address: broker@broker.com *Confirm E-Mail Address: broker@broker.com
Telephone #: 8474947413 Complete Address: 1020 31ST ST STE 125
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

The Primary Producer, Tax ID, and Producer # populate based off the proposal.

The E-Mail Address field should be addressed to the person who will be responsible for inputting any additional information that has been requested.

E-mails will be sent to this individual when there is missing information, and when the account enrollment has been completed.

If the Confirm E-Mail Address does not match the E-Mail Address field, an error message will generate upon clicking the Continue button.

Click **Continue**.

Additional Information

The [Additional Information](#) page displays and includes sections for Eligibility and Vendor options.

If the group is waiving the new hire waiting period on initial enrollment, select Yes. When changed to No, the system requires the number of new hires who are not yet eligible for coverage. If there are no new employees that are still ineligible for coverage, indicate 0 as the Number of Employees serving waiting period.

The “days” dropdown under Eligibility includes the options for 0, 30, or 60 days as the New Employee Waiting Period cannot surpass 91 days.

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

Additional Information

Previous Continue

*Include Retirees (applicable to municipalities only): Yes No

*Is coverage available to an employees eligible spouse and dependent children?: Yes No

Eligibility*

*Waive the waiting period on initial enrollment? Yes No *Number of Employees serving waiting period: 0

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 30 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

Previous * - Required Continue

Additional Information

Some fields may be hidden or displayed based on how questions are answered.

If the group has elected an HSA or FSA, select **Yes** and then select the correct Vendor.

If the Vendor is not listed, select Other Non-Integrated and type in the Vendor Name. If left blank, BCBS will default to "Other."

Some Vendor selections, like HSA Bank for Integrated FSA, prompt additional elections when selected.

After answering all questions, click **Continue**.

The screenshot shows a web form titled "Eligibility" with several sections. The "Eligibility" section includes a question about waiving the waiting period and a field for the number of employees. Below this is the "Integrated HSA Vendor Selection" section, which has a red box around the "Include Integrated Health Savings Account (HSA)" question (set to "Yes") and a yellow box around the "D. Other Non-Integrated HSA" radio button and its associated "Vendor Name" text input field. The "Integrated FSA Vendor Selection" section has a red box around the "Include Integrated Flexible Spending Account (FSA)" question (set to "Yes") and a yellow box around the "C. HSA Bank" radio button and the subsequent "FSA Plan" selection options (Full Purpose FSA and Limited Purpose FSA). At the bottom, there are "Previous" and "Continue" buttons, with a note that asterisks indicate required fields.

Plan Selections

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

Plan Selections

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

Health Yes No

Blue Preferred PPO Network

Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Coinsurance In-Network//Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit
PPO Plans							
Platinum							
<input type="checkbox"/> P911PFR ³	\$350//\$1050	\$1600//\$4800	80%/50%	\$30/\$15	\$60	\$350//100%	\$50
<input type="checkbox"/> P6K1PFR ³	\$600//\$1800	\$2600//\$7800	80%/50%	\$15/\$10	\$50	\$350//100%	\$50
<input type="checkbox"/> P910PFR ³	\$850//\$2550	\$1600//\$4800	80%/50%	\$30/\$15	\$55	\$350//100%	\$50

The [Plan Selections](#) page displays with Health already selected as **Yes**. Employers can waive Health coverage, and only elect Dental and/or other ancillary products. If the employer is already enrolled with BCBSMT for any line of coverage, do NOT submit enrollment. Contact your Account or Sales Representative. Health or Dental coverage is required on the account level in order to elect ancillary lines.

Up to 6 Health Plans can be selected.

* Ancillary Products - Dental Yes No

Vision Rider Yes No

Standalone Vision Plans Yes No

Life Yes No

Short Term Disability Plans Yes No

Long Term Disability Plans Yes No

Critical Illness Plans Yes No

Accident Insurance Plans Yes No

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

All Ancillary Products default to **No**. When **Yes** is selected there are Contributory and Voluntary options. Up to 2 Dental Plans can be selected (for 10 or more enrolling). Dental Plan Pairing Rules still apply.

After selecting plans, click **Continue** to go to [Member Census](#) page.

Plan Selections - Dental

Selecting **Yes** for Dental displays High and Low Allocations for both Contributory and Voluntary plans.

Two plans can be selected when 10 or more employees are enrolling, and dental plan pairing rules apply.

* Ancillary Products - Dental <input type="radio"/> Yes <input checked="" type="radio"/> No								
If Dental is purchased, select from the following Dental plans.								
Plan ID	Plan Type	Deductible In-Network//Out-of-Network*2	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-of-Network	Orthodontia Lifetime Max	
Contributory Group								
High Allocation								
<input type="checkbox"/>	DMTHR30 ⁵	Passive	\$25//\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/>	DMTHR31 ⁵	Passive	\$25//\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/>	DMTHR32 ⁵	Passive	\$50//\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/>	DMTHR33 ⁵	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/>	DMTHR34 ⁵	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/>	DMTHM39	Passive	\$50//\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTHM41 ³	Passive	\$25//\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A
<input type="checkbox"/>	DMTHR50	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTHM57 ⁵	Passive	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
<input type="checkbox"/>	DMTHR61 ⁵	Passive	\$50//\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Low Allocation								
<input type="checkbox"/>	DMTLR35	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTLR36	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTLM38	Passive	\$50//\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/>	DMTLM40	Passive	\$75//\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	N/A
<input type="checkbox"/>	DMTLM44	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTLR58 ⁴	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/>	DMTLR62	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Voluntary Group								
High Allocation								
<input type="checkbox"/>	DMTHR42 ¹	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/>	DMTHM43 ¹	Passive	\$50//\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTHM45 ³	Passive	\$25//\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A
<input type="checkbox"/>	DMTHR52 ¹	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/>	DMTHM59 ¹	Passive	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation								
<input type="checkbox"/>	DMTLR46 ¹	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000

Plan Selections - Standalone Vision

Selecting **Yes** for Standalone Vision Plans displays Basic and Voluntary plans. Only one plan can be selected. Select the plan first and then enter the Standalone Vision Contribution amount.

For a Basic Standalone Vision plan, the Employer Contribution amount must be a value of 80-100.

If a Voluntary plan is being elected, the value needs to be 0-79.

When certain criteria isn't met an error message will display.

Standalone Vision Plans Yes No

Standalone Vision Benefit Selection

Employer Contribution

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

*Standalone Vision Contribution %

Standalone Vision Plans

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

Plan Selections - Life

Selecting **Yes** for Life displays the Life plan options (Employee Basic Life, Dependent Basic Life and Supplemental Life).

An Employer can have two Life Classes. Class 1 defaults as selected with “All Active Full Time” as the description. Descriptions can be updated per the Employer’s request. If two classes are selected, then the plans will duplicate and display with the corresponding Class Description.

Select the plan first and then enter the Term Contribution amount. Each Class must have a different plan selected.

The Term Life Contribution amount must be 25% or more.

Life Yes No

Basic and Supplemental Life Selection

Employer Contribution

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

*Term Life Contribution %

Life Classes

Class 1 Description: Class 2 Description:

Employee Basic Life

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

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

Dependent Basic Life

Guarantee Issue: \$10,000 spouse / \$5,000 Children

	Plan Name	Plan Benefit	Benefit Maximum
<input type="checkbox"/>	Plan 1	\$10,000 Spouse / \$5,000 Child	\$10,000 Spouse / \$5,000 Child

Supplemental Life

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

	Plan Name	Plan Benefit	Benefit Maximum
<input type="checkbox"/>	Plan 1	Employee / Spouse / Child	\$500,000 Employee / \$150,000 Spouse / \$10,000 Child

When Life is selected, the Salary Period will default to Annual. On the Member Census page, the Salary field minimum value is \$10,000.

Plan Selections - Short Term Disability

As with Life, Short Term Disability provides the option for multiple classes.

Only one Short Term Disability plan can be elected per class.

The employer can elect either Basic or Voluntary.

For a Basic STD plan, the Employer Contribution amount must be a value of 25-100.

If a Voluntary plan is being elected, the value needs to be 0-24.

When certain criteria isn't met an error message will display.

Short Term Disability Plans Yes No

Short Term Disability Benefit Selection

Employer Contribution

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

*STD Contribution %

Short Term Disability Classes

Class 1 Description: Class 2 Description:

Short Term Disability Plans

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

Plan Selections - Long Term Disability

The Long Term Disability display mimics Short Term Disability and provides the option for multiple classes, with only one plan eligible to be selected per class and has the same requirements for Contribution Amounts.

For a Basic LTD plan, the Employer Contribution amount must be a value of 25-100.

If a Voluntary plan is being elected, the value needs to be 0-24.

Long Term Disability Plans Yes No

Long Term Disability Benefit Selection

Employer Contribution

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

*LTD Contribution %

Long Term Disability Classes

Class 1 Description: Class 2 Description:

Long Term Disability Plans

	Class Description	Plan Name	Plan Benefit	Elimination Period (Days)	Maximum Benefit Duration
Basic Long Term Disability					
<input type="checkbox"/>	All Active Full Time	Plan 1	60% salary monthly max \$3,500	90	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 2	60% salary monthly max \$3,500	90	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 3	60% salary monthly max \$3,500	180	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 4	60% salary monthly max \$3,500	180	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 5	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 6	60% salary monthly max \$6,000	90	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 7	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 8	60% salary monthly max \$6,000	180	5 Years
Voluntary Long Term Disability					
<input type="checkbox"/>	All Active Full Time	Plan 1	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 2	60% salary monthly max \$6,000	90	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 3	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 4	60% salary monthly max \$6,000	180	5 Years

When certain criteria isn't met an error message will display.

Plan Selections - Critical Illness

Critical Illness Plans Yes No

Critical Illness Benefit Selection

Employer Contribution

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

*Critical Illness %
Contribution

Critical Illness Plans

Plan Name	Benefit	Benefit Maximum
Basic Critical Illness		
<input type="checkbox"/> Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount
<input type="checkbox"/> Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child	Up to 3 times benefit amount
<input type="checkbox"/> Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount
Voluntary Critical Illness		
<input type="checkbox"/> Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount
<input type="checkbox"/> Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child	Up to 3 times benefit amount
<input type="checkbox"/> Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount

Critical Illness has options for Basic and Voluntary plans.

For a Basic Critical Illness plan, the Employer Contribution amount must be a value of 25-100.

If a Voluntary plan is being elected, the value needs to be 0-24.

When certain criteria isn't met an error message will display.

Plan Selections - Accident Insurance

Accident Insurance Plans Yes No

Accident Insurance Benefit Selection

Employer Contribution

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

*Accident Insurance % Contribution

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

Accident Insurance has options for Basic and Voluntary plans.

For a Basic Accident Insurance plan, the Employer Contribution amount must be a value of 25-100.

If a Voluntary plan is being elected, the value needs to be 0-24.

When certain criteria isn't met an error message will display.

Member Census

Members can be added to the census by importing the Smart Census Import Tool (SCIT) or manually, by adding members and their family groups individually. All Full-Time eligible employees must be included in the enrollment, even those waiving coverage. The SCIT template can be accessed by clicking **Import Census**.

The screenshot shows the 'Member Census' web application interface. At the top, there is a navigation bar with tabs: Account Information, Additional Information, Plan Selections, Member Census (selected), Rates, Document Information, Account Summary, and Release for Enrollment. Below the navigation bar, the 'Member Census' section is displayed. It includes a 'Previous' button on the left and a 'Continue' button on the right. The 'Census Count' is shown as 0, with an 'Add Member' button next to it. To the right of the 'Add Member' button is an 'Import Census' button, which is highlighted with a red box. Below the buttons is a table with columns: View Member, Name, Relationship Code, Gender, Date of Birth, Age, Health Coverage Type, Dental Coverage Type, State, Health Plan Selected, and Dental Plan Selected. The table is currently empty. Below the table, there are two summary sections: 'Enrollment Totals' and 'Health Coverage'. The 'Enrollment Totals' section includes fields for: * Total Employer Population, + COBRA/Continuation, + Retirees (for those divisions that offer Retiree Coverage), - 1099 Independent Contractors (if not eligible), - Part-Time/Seasonal/Temporary (if not eligible), - Union Employees (if not eligible), - In Waiting Period (if not waiving waiting period on enrollment), and = Total Eligible. The 'Health Coverage' section includes fields for: # of Employees enrolling in Health (including COBRA / Retiree / Continuation), # of Employees Waiving With Other Health Coverage, and # of Employees Waiving Without Other Health Coverage. Below these sections, there is a 'Dental Coverage' section with fields for: # of Employees enrolling in Dental (including COBRA / Retiree / Continuation), # of Employees Waiving With Other Dental Coverage, and # of Employees Waiving Without Other Dental Coverage. A note at the bottom states: 'Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.' At the very bottom, there is a '* - Required' note and two buttons: 'Previous' and 'Continue'.

Member Census - Import Census

When importing a census, it must be the SCIT file, or it will not load. Click the blue [Census Import Template](#) link to download a template.

To upload a completed SCIT, click **Choose File** and then path to the folder where the file is saved. Select the file and click **Open**.

The image shows two overlapping windows. The top window is a web browser displaying the 'Import Census' page. The page has a blue header with the title 'Import Census'. Below the header, there is a paragraph of text: '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.' Below this is a section titled 'Steps to save the Import Census Template:' followed by a numbered list of four steps. Underneath the list is a 'Select File to upload' section with a 'Choose File' button highlighted by a red box. Below that is a section titled 'A census already exists. Do you wish to overwrite or append to the existing census?' with two radio button options: 'Overwrite - This option will replace previously entered census information.' (which is selected) and 'Append - This option will add to existing census information.' The bottom window is a Windows File Explorer window titled 'Open'. The address bar shows the path 'Desktop > Desktop > New Group'. The left sidebar shows the 'Desktop' folder selected. The main pane shows a table with columns 'Name', 'Date modified', 'Type', and 'Size'. A file named 'Census' is selected, with a blue box around it. The file details are: 'Census', '09/23/2025 4:25 PM', 'Microsoft Excel W...', and '21 KB'. At the bottom of the window, the 'File name' field contains 'Census' and the 'All Files' filter is selected. The 'Open' and 'Cancel' buttons are visible at the bottom right.

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** No file chosen

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

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

Open

Desktop > Desktop > New Group

Name	Date modified	Type	Size
Census	09/23/2025 4:25 PM	Microsoft Excel W...	21 KB

File name: Census All Files

Open Cancel

Member Census - Import Census

After the file has been selected, the file name will display next to the **Choose File** button. Click **Load File** to load the census. If there are no errors or warnings, click **Override and Import** to load the SCIT into the Member Census page.

Note: Any Error Messages displayed will need to be addressed before the census can be successfully imported. Warning Messages are soft warnings and will not prevent the file from being imported but may require manual intervention.

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** version 1 IL ...-03-11-7.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.

indicates Error Message

indicates Warning Message

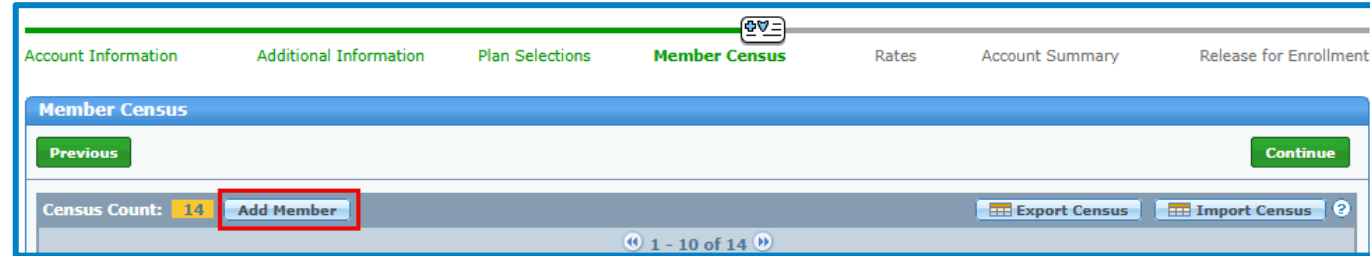
Member Census - Import Census

The imported census will now display on the Member Census page. If any changes are needed, click the **View** button next to the member that requires an edit, and changes can be made. Members display as 10 subscribers per page. Click the arrows to view members 11 and beyond.

Member Census											
Previous						Continue					
Census Count: 14 Add Member Export Census Import Census ?											
« 1 - 10 of 14 »											
	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	Bob Smith	Employee	M	06/05/1980	45	EF	EF	IL	P911PFR	DMTHR31
1.1		Sam Johnson	Spouse	F	07/01/1983	42				-	-
1.2		Bob Johnson	Dependent Child	M	06/05/2009	16				-	-
1.3		Jane Johnson	Disabled Dependent	F	05/06/2011	15				-	-
✕ 2	View	Mike Wazowski	Employee	M	10/06/1981	44	ES	EO	TX	S931PFR	DMTHR31
2.1		Celia Wazowski	Spouse	F	11/05/1982	43				-	-
✕ 3	View	James Sullivan	Employee	M	12/09/1981	44	EO	DC	OK	G6E1PFR	-
✕ 4	View	Sam April	Employee	M	06/05/1982	43	EC	EC	MT	P911PFR	DMTHR31
4.1		Emma April	Dependent Child	F	05/06/2015	11				-	-
✕ 5	View	John Smith	Employee	M	06/08/1987	38	EO	EO	TX	S931PFR	DMTHR31
✕ 6	View	Amelia Pond	Employee	F	04/07/1989	37	EF	EC	TX	G6E1PFR	DMTHR31
6.1		Rory Williams	Spouse	M	06/18/2012	13				-	-
6.2		Melody Pond	Dependent Child	F	07/21/2015	10				-	-
✕ 7	View	Jackie Tyler	Employee	F	08/11/1974	51	EF	ES	TX	P911PFR	DMTHR31
7.1		Pete Tyler	Spouse	M	03/26/1984	42				-	-
7.2		Rose Tyler	Dependent Child	F	02/07/2008	18				-	-
✕ 8	View	Mister Grinch	Employee	M	10/23/1969	56	CO	CO	TX	S931PFR	DMTHR31
✕ 9	View	Alex Alexson	Employee	F	09/18/1983	42	EO	EO	TX	G6E1PFR	DMTHR31
✕ 10	View	Diamond Williams	Employee	D		0	DC	DC		-	-

Member Census - Add Member

Click **Add Member**.

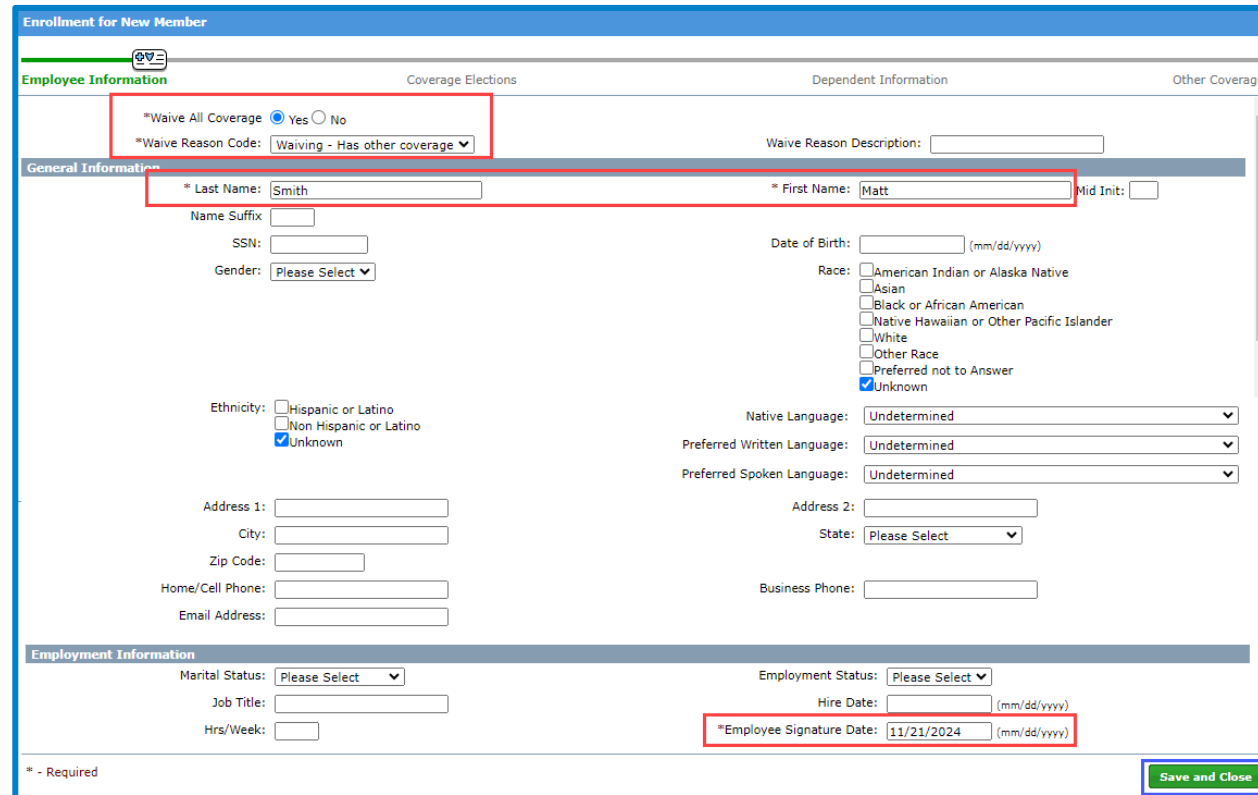


The screenshot shows the 'Member Census' section of a web application. At the top, there are navigation tabs: 'Account Information', 'Additional Information', 'Plan Selections', 'Member Census' (which is active), 'Rates', 'Account Summary', and 'Release for Enrollment'. Below the tabs, there are 'Previous' and 'Continue' buttons. A 'Census Count: 14' is displayed, with the 'Add Member' button highlighted by a red box. To the right of the 'Add Member' button are 'Export Census' and 'Import Census' buttons. At the bottom, there is a pagination indicator '1 - 10 of 14'.

The **Enrollment for New Member** window opens. Complete all required fields.

If all coverages are being waived, only the Waive Reason Code, First Name, Last Name, and Employee Signature Date will be required.

Click **Save and Close**, and the waived member will be added to the Member Census.



The screenshot shows the 'Enrollment for New Member' form. The form is divided into several sections: 'Employee Information', 'General Information', and 'Employment Information'. The 'Employee Information' section includes a 'Waive All Coverage' radio button (set to 'No') and a 'Waive Reason Code' dropdown menu (set to 'Waiving - Has other coverage'). The 'General Information' section includes fields for 'Last Name' (Smith), 'First Name' (Matt), 'Mid Init', 'Date of Birth', 'Race', 'Ethnicity', 'Native Language', 'Preferred Written Language', and 'Preferred Spoken Language'. The 'Employment Information' section includes fields for 'Marital Status', 'Employment Status', 'Job Title', 'Hrs/Week', 'Home/Cell Phone', 'Email Address', 'Address 1', 'City', 'Zip Code', 'Address 2', 'State', and 'Business Phone'. The 'Employee Signature Date' is highlighted with a red box and set to '11/21/2024'. A 'Save and Close' button is located at the bottom right. A legend at the bottom left indicates that asterisks (*) denote required fields.

Member Census - Add Member

If the group is offering both health and dental plans, and an employee is only waiving one of those coverages while electing the other, click **No** for [Waive All Coverage](#).

Complete all required fields and click **Continue**.

The screenshot shows the 'Enrollment for New Member' form with the following details:

- Waive All Coverage:** Yes No
- General Information:**
 - *Last Name: Song
 - *First Name: River
 - Mid Init:
 - Name Suffix:
 - *SSN: 656506567
 - *Date of Birth: 10/12/1967 (mm/dd/yyyy)
 - *Gender: F
 - *Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other Race, Preferred not to Answer, Unknown
 - *Ethnicity: Hispanic or Latino, Non Hispanic or Latino, Unknown
 - *Native Language: Undetermined
 - *Preferred Written Language: Undetermined
 - *Preferred Spoken Language: Undetermined
 - *Address 1: 123 Gallifrey Way
 - Address 2:
 - *City: Kingston
 - *State: Illinois
 - *Zip Code: 60145
 - Home/Cell Phone:
 - Business Phone:
 - Email Address:
- Employment Information:**
 - Marital Status: Please Select
 - Job Title:
 - Hrs/Week:
 - *Employment Status: Active
 - *Hire Date: 09/04/2007 (mm/dd/yyyy)
 - *Employee Signature Date: 03/28/2026 (mm/dd/yyyy)

* - Required

[Continue](#)

Member Census - Add Member

If medical or dental coverage are being waived, a Waive Reason Code is required.

Coverages being elected will need the level of coverage (EO, ES, EC, or EF and CO, CS, CC, or CF for COBRA) included, along with the plan selection.

Available plans are displayed based on the selections made on the [Plan Selections](#) page.

Click **Continue** to proceed to Dependent Information.

The screenshot displays the 'Enrollment for River Song' web form. The form is divided into several sections, each with a tabbed header: 'Employee Information', 'Coverage Elections', 'Dependent Information', and 'Other Coverage'. The 'Coverage Elections' section is currently active and contains the following fields:

- *Health Coverage: Yes No
- *Dental Coverage: Yes No
- *Waive Reason Code:
- Waive Description:
- *Standalone Vision Coverage: Yes No
- *Life Coverage: Yes No
- *Short Term Disability Coverage: Yes No
- *Long Term Disability Coverage: Yes No
- *Critical Illness Coverage: Yes No
- *Accident Insurance Coverage: Yes No

Below these are sections for 'Health Coverage', 'Standalone Vision Coverage', 'Life Coverage', 'Short Term Disability Coverage', 'Long Term Disability Coverage', 'Critical Illness Coverage', and 'Accident Insurance Coverage', each with its own set of radio buttons and dropdown menus for coverage type and plan selection.

At the bottom of the form, there is a 'Salary Information' section with fields for 'Salary Period' (set to 'Annual') and '*Annual Salary' (set to '456405').

At the very bottom, there are two buttons: 'Previous' and 'Continue'. The 'Continue' button is highlighted with a red border.

Member Census - Add Member

Click **Add Dependent** to add a Spouse and/or Dependent(s) one at a time.

Enter all required fields.

If the dependent has a different address than the subscriber, change the **Dependent Address same as Subscriber** to **No**, and the dependent address can be added.

Click **Save BEFORE** clicking Continue. If the page is not saved, the data will be lost.

The screenshot displays the 'Enrollment for River Song' interface. The top section shows the 'Add Dependent' button highlighted in red. The bottom section shows the 'Dependent Information for New Dependent' form with the following fields:

- *Last Name: Smith
- *First Name: John
- Name Suffix: [Empty]
- *Date of Birth: 06/08/1968 (mm/dd/yyyy)
- *Relationship: Spouse
- Marital Status: Please Select
- *Gender: M
- *Ethnicity: Hispanic or Latino, Non Hispanic or Latino, Unknown
- *Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other Race, Preferred not to Answer, Unknown
- *Native Language: Undetermined
- *Preferred Written Language: Undetermined
- *Preferred Spoken Language: Undetermined
- Dependent Address same as Subscriber: Yes No

The 'Save' button is highlighted in red. The 'Previous' and 'Continue' buttons are also visible at the bottom.

Member Census - Add Member

After saving the dependent, their name will appear on the top left under Select Dependents. If additional dependents need to be added, that can be done by repeating the process of clicking **Add Dependent** and saving each entry.

When all dependents have been added and saved, click **Continue**.

The screenshot shows a web application interface for "Enrollment for River Song". The interface is divided into several sections:

- Employee Information**: Located at the top left.
- Coverage Elections**: Located at the top center.
- Dependent Information**: Located at the top right, currently active.
- Other Coverage**: Located at the top far right.

The **Dependent Information** section is further divided into two panels:

- Select Dependents**: A panel on the left containing an "Add Dependent" button and a list of dependents. One dependent, "Smith, John", is listed with a red 'X' icon to its left.
- Dependent Information**: A panel on the right containing a text box with the instruction: "Select a Dependent from the left or Add Dependent to enter their information. When finished, select Entry Complete to move forward."

At the bottom of the page, there are two buttons: "Previous" on the left and "Continue" on the right. The "Continue" button is highlighted with a red border. Below the "Previous" button, there is a legend for field requirements:

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

Member Census - Add Member

If Medicare information needs to be added to any members, click the name and additional fields will display under the Other Coverage section. If entering information on this page, click **Save** prior to clicking **Save and Close**. If no Medicare information is required to be entered, just click **Save and Close** to be returned to the [Member Census](#) page.

The screenshot displays the 'Enrollment for River Song' interface. The top navigation bar includes 'Employee Information', 'Coverage Elections', 'Dependent Information', and 'Other Coverage'. The 'Other Coverage' section is active, showing a 'Select Member' dropdown with 'Song, River Smith' selected. Below this, the 'Member Coverage Information' section contains a text box with the instruction: 'Select a Member from left to enter their information. When finished, select Entry Complete to move forward.'

The 'Medicare Information for' section is expanded, showing the following fields:

- Medicare HIC Number:
- Medicare Eligible (Y/N/U):
- Medicare Reason:
- Medicare Primary or Secondary:

Below these fields is a table for Medicare plans:

Plan	Start Date	End Date
Medicare A	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
Medicare B	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)

At the bottom of the form, there is a 'Save' button and a 'Save and Close' button (highlighted with a red box). A legend at the bottom left indicates: '* - Required fields' and '† - Required when HMO has been selected as the Health Plan'. A 'Previous' button is also visible.

Member Census

Once all eligible members are accounted for in the census, enter the Enrollment Totals to continue to the Rates page. The Total Eligible Employees should match the number enrolled plus the number waiving.

=Total Eligible Employees field cannot be updated manually. The number is calculated based off the numbers entered in the previous fields. The # of Employees enrolling and waiving are populated from the census and cannot be updated manually.

Click **Continue**.

Enrollment Totals		Health Coverage	
* # of Employees On Payroll	<input type="text" value="21"/>	# of Employees enrolling in Health (including COBRA / Retiree / Continuation)	<input type="text" value="14"/>
+ # of New Hires	<input type="text"/>	# of Employees Waiving With Other Health Coverage	<input type="text" value="2"/>
- # of Temporary Employees	<input type="text"/>	# of Employees Waiving Without Other Health Coverage	<input type="text" value="0"/>
- # of Part Time Employees	<input type="text" value="3"/>		
- # of Seasonal Employees	<input type="text" value="2"/>		
- # of Terminated Employees	<input type="text"/>		
- # of Employees Serving An Eligibility Waiting Period	<input type="text"/>		
= Total Eligible Employees	<input type="text" value="16"/>		

Dental Coverage	
# of Employees enrolling in Dental (including COBRA / Retiree / Continuation)	<input type="text" value="13"/>
# of Employees Waiving With Other Dental Coverage	<input type="text" value="3"/>
# of Employees Waiving Without Other Dental Coverage	<input type="text" value="0"/>

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

* - Required

Rates

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: *Bank Account Number Confirmation:

*Bank Routing Number: *Bank Routing Number Confirmation:

*Bank Name: *Account Holder Name:

Group Physical Address

*Address 1: Address 2:

*City: *State:

Country: *Zip Code:

*Payment Amount: *Payment Amount Confirmation:

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.

Electronic Payment Information is required. The group's physical address defaults from the information entered on the Account Information page.

Rates will be displayed by clicking on the **Magnifying Glass** icon next to each plan after a Rating Model has been selected.

Rating Model

Member Level 4-Tier Composite C

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.

Blue Preferred PPO Network

	Individual Out-of-Pocket Max In-Network//Out-of-Network	Coinsurance In-Network//Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Deductible In-Network//Out-of-Network	Non-Preferred Pharmacy	Rates
0	\$1600//\$4800	80%/50%	\$30/\$15	\$60	\$350//100%	\$50	DC//DC	DC//DC	\$25/\$35/\$85/\$120/\$250/\$350	<input type="button" value="Q"/>
00	\$6600//\$19800	80%/50%	DC//DC	DC	DC//80%	DC	DC//DC	DC//DC	80%/80%/70%/60%/60%/50%	<input type="button" value="Q"/>

The Rating Models for the Health plans are Member Level and 4-Tier Composite. Whichever option is selected will be the rating model for both medical and dental plan selections.

Select the **Rating Model** the group has elected and click **Continue**.

Rates

When selecting Member Level Rates, a table of rates by age will display which is then applied to individual members (employee or dependent) according to the employee's coverage election.

Member Level Rates

Employer Name: AMATEST MT FI Job Aid Plan: P911PFR Case ID: 446688
 Effective Date: 06/01/2026 Employer Zip Code: 59634 Employer County: Jefferson

Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost	Age	Total Monthly Health Cost
<15	\$516.61	23	\$675.31	32	\$798.89	41	\$879.25	50	\$1,206.10	59	\$1,757.83
15	\$562.53	24	\$675.31	33	\$809.02	42	\$894.79	51	\$1,259.45	60	\$1,832.79
16	\$580.09	25	\$678.01	34	\$819.83	43	\$916.40	52	\$1,318.21	61	\$1,897.62
17	\$597.65	26	\$691.52	35	\$825.23	44	\$943.41	53	\$1,377.63	62	\$1,940.17
18	\$616.56	27	\$707.72	36	\$830.63	45	\$975.15	54	\$1,441.79	63	\$1,993.52
19	\$635.47	28	\$734.06	37	\$836.03	46	\$1,012.97	55	\$1,505.94	64+	\$2,025.93
20	\$655.05	29	\$755.67	38	\$841.44	47	\$1,055.51	56	\$1,575.50		
21	\$675.31	30	\$766.48	39	\$852.24	48	\$1,104.13	57	\$1,645.73		
22	\$675.31	31	\$782.68	40	\$863.05	49	\$1,152.08	58	\$1,720.69		

Census

	Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost
1	Bob Smith	EMPLOYEE	06/05/1980	45	EF	IL	\$975.15
	Sam Johnson	SPOUSE	07/01/1983	42			\$894.79
	Bob Johnson	DEPENDENT_CHILD	06/05/2009	16			\$580.09
	Jane Johnson	DISABLED_DEPENDENT	05/06/2011	15			\$562.53
	Sam April	EMPLOYEE	06/05/1982	43	EC	MT	\$916.40
	Emma April	DEPENDENT_CHILD	05/06/2015	11			\$516.61

Composite Rates

Employer Name: AMATEST MT FI Job Aid Plan: P911PFR Quote: NA
 Case ID: 446688 Effective Date: 06/01/2026 Employer Zip Code: 59634
 Employer County: Jefferson

Rate Table

4-Tier Rates

Employee Only	Employee + Spouse	Employee + Child	Employee + Family
\$923.29	\$1,846.58	\$1,938.91	\$2,862.20

Census

	Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost
1	Bob Smith	Employee	06/05/1980	45	EF	IL	\$2,862.20
2	Sam April	Employee	06/05/1982	43	EC	MT	\$1,938.91
3	Jackie Tyler	Employee	08/11/1974	51	EF	TX	\$2,862.20
4	Edward Cullen	Employee	05/05/1992	34	EC	TX	\$1,938.91
5	Eleanor Shellstrop	Employee	10/04/1977	48	ES	TX	\$1,846.58
6	River Song	Employee	10/12/1967	58	ES	IL	\$1,846.58
Total:							\$13,295.38

When selecting Composite Rates, four-tier rates are calculated based on the summation of Member Level Rates for all enrollees in the plan.

Rates - Ancillary

Ancillary products will have their own rating models regardless of what was selected for medical or dental.

Composite Rates

Employer Name: AMATEST MT FI Job Aid Plan: Basic Standalone Vision - Plan 2 Quote: NA [Print](#)

Case ID: 446688 Effective Date: 06/01/2026 Employer Zip Code: 59634

Employer County: Jefferson

Rate Table

4-Tier Rates

Employee Only	Employee + Spouse	Employee + Child	Employee + Family
\$8.42	\$16.01	\$16.86	\$24.78

* - The Composite Rates shown in the above 4 Tier Rates table are specific to the plan shown in the header section and based on the census entered.

Census

	Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Plan Cost
1	Bob Smith	Employee	06/05/1980	45	EC	IL	\$16.86
2	Mike Wazowski	Employee	10/06/1981	44	ES	TX	\$16.01
3	James Sullivan	Employee	12/09/1981	44	EO	OK	\$8.42
4	Amelia Pond	Employee	04/07/1989	37	EF	TX	\$24.78
5	Edward Cullen	Employee	05/05/1992	34	EC	TX	\$16.86
6	William Turner	Employee	12/14/2000	25	EO	TX	\$8.42
7	River Song	Employee	10/12/1967	58	ES	IL	\$16.01
Total:							\$107.36

[Print](#)

Composite Rates

Employer Name: AMATEST MT FI Job Aid Plan: Basic Short Term Disability - Plan 3 Case ID: 446688 [Print](#)

Effective Date: 06/01/2026 Employer Zip Code: 59634 Employer County: Jefferson

Single Tier Rates

Employee Rate Per \$10 Weekly Benefit
\$0.353

* - The Composite Rates shown in the above Single Tier Rates table are specific to the plan shown in the header section and based on the census entered.

Census

	Name	Relationship Code	Date of Birth	Age	Class	State	Total Monthly Plan Cost
1	Mike Wazowski	EMPLOYEE	10/06/1981	44	All Active Full Time	TX	\$21.99
2	Sam April	EMPLOYEE	06/05/1982	43	All Active Full Time	MT	\$17.72
3	Edward Cullen	EMPLOYEE	05/05/1992	34	All Active Full Time	TX	\$18.60
4	William Turner	EMPLOYEE	12/14/2000	25	All Active Full Time	TX	\$15.84
5	River Song	EMPLOYEE	10/12/1967	58	All Active Full Time	IL	\$26.48
Total:							\$100.63

[Print](#)

For instance, Standalone Vision will display Composite Rates and Short Term Disability plans will have Member Level Rates.

Account Summary

The screenshot displays the 'Account Summary' page with the following sections and data:

- Navigation:** Account Information, Additional Information, Plan Selections, Member Census, Rates, **Account Summary**, Release for Enrollment.
- Buttons:** Previous, Continue.
- Account Information:** Change

 - General Information:**
 - Employer's Legal Name: AMATEST MT FI Job Aid
 - Employer ID Number (EIN): 650456202
 - SIC Code: 0172-Grape farms and vineyards
 - Policy Effective Date: 06/01/2026
 - Case Submitted to BCBS: 04/24/2026
 - Sales Rep. D/C: /
 - Does this group cover domestic partners?: Yes
 - Is Group subject to COBRA?: Yes
 - Do you want to purchase HCSC Cobra Administration?: No
 - Blue Access for Employers (BAE):**
 - Contact Name: Amelia Pond
 - Phone (numbers only): 8005551234 Ext.
 - Contact Title:
 - E-Mail Address: test@bcbsil.com

- Additional Information:** Change
 - Include Retirees (applicable to municipalities only): No
 - Is coverage available to an employees eligible spouse and dependent children?: Yes
- Eligibility:**
 - Waive the waiting period on initial enrollment: No
 - Number of Employees serving waiting period: 0
 - 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 30 days of employment.
- Integrated HSA Vendor Selection:**
 - HSA Vendor Selected :
- Member Census:** Change

	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1	Bob Smith	Employee	M	06/05/1980	45	EF	EF	IL	P911PFR	DMTHR31
1.1	Sam Johnson	Spouse	F	07/01/1983	42				-	-
1.2	Bob Johnson	Dependent Child	M	06/05/2009	16				-	-

The [Account Summary](#) page provides a synopsis of the information that has been entered for the account. This page can be used to perform a quick review for accuracy, and if any changes are needed the user can click the **Change** button in the header and be taken directly to the corresponding page. For instance, clicking **Change** on the Additional Information section will take the user to the [Additional Information](#) page.

If everything is correct, click **Continue**.

Release for Enrollment

The [Release for Enrollment](#) page displays all the required documents in **bold, red font with an asterisk**. The account can not be released to BCBS without all the required documents being attached. Click the [View/ Attach Documents](#) button to complete the task.

Reports Documents List Attachments Log History

Discontinue DocuSign Envelope ID: NA

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

Release for Enrollment

Previous

Please attach the following documents. For questions, please contact your Sales representative.

[View / Attach Documents](#)

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

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

Previous

Release for Enrollment

Click **View/ Attach Documents** button

The Attach Documents window opens, and the user can attach files required for Underwriting review.

Click **Choose File** to select the appropriate files.

When the file name appears, select the Document Type from the dropdown, and click **Attach File**.

The screenshot displays the 'Release for Enrollment' web interface. At the top, there are navigation tabs for 'Reports', 'Documents List', and 'Attachments'. A 'Discontinue' button is visible on the left, and 'DocuSign Envelope ID: NA' is on the right. Below the navigation, there are tabs for 'Account Information', 'Additional Information', 'Plan Selections', 'Member Census', 'Rates', 'Account Summary', and 'Release for Enrollment'. The 'Release for Enrollment' section contains a 'Previous' button and a message: 'Please attach the following documents. For questions, please contact your Sales representative.' Below this is a 'View / Attach Documents' button. The 'Documents Needed for Enrollment' section lists four items: '* Benefit Program Application (BPA) for New Small Groups 2-50', '* Employer Group Information (EGI) Form', '* Enrollment Application/Change Form', and '* Wage & Tax Statement/Proof of Wages'. Each item has a document icon and a 'Signature Required' label. Below this is an 'Affidavit of Domestic Partnership' with a 'Signature Required' label. The 'Attachments' section has a message: 'Select Browse to find a file(s) to attach, an attached file has to be between 1 byte and 50MB.' It features a 'File' section with a 'Choose Files' button (highlighted with a red box) and 'No file chosen' text. To the right is a 'Document Name' dropdown menu (with 'Please Select' text) and a 'Description' text input field. Below these is an 'Attach File' button (highlighted with a yellow box). The 'Existing Attached Documents' section is a table with columns: File, Date/Time Stamp, Document Name, Description, Name, and Status. Below the table is a 'Save' button. The 'Deleted Documents' section is another table with columns: File, Date/Time Stamp, Document Name, Description, and Name.

Release for Enrollment

Attached files appear under the Existing Attached Documents section. If any files are deleted, they will move to the Deleted Documents section.

Once all files are uploaded click the 'x' in the top right corner.

Attachments

Select Browse to find a file(s) to attach, an attached file has to be between 1 byte and 50MB.

File: Proof of wages.docx Document Name: Description:

Existing Attached Documents

File	Date/Time Stamp	Document Name	Description	Name	Status	
FI BPA.docx	2026-02-04 09:35:16.93	Benefit Program Application (BPA) for New Small Groups 2-50		087173000	COMPLETED	<input type="button" value="Delete Document"/>
Census.xlsx	2026-02-04 09:35:35.673	Enrollment Application/Change Form		087173000	COMPLETED	<input type="button" value="Delete Document"/>
EGI.doc	2026-02-04 09:35:35.987	Employer Group Information (EGI) Form		087173000	COMPLETED	<input type="button" value="Delete Document"/>

Deleted Documents

File	Date/Time Stamp	Document Name	Description	Name
------	-----------------	---------------	-------------	------

Release for Enrollment

Please attach the following documents. For questions, please contact your Sales representative.

Documents Needed for Enrollment

- * **Benefit Program Application (BPA) for New Small Groups 2-50** Attached
- * **Employer Group Information (EGI) Form** Attached
- * **Small Group Enrollment Application/Change Form** Attached
- * **Wage & Tax Statement/Proof of Wages** Attached
- Affidavit of Domestic Partnership
- CDHP - Employer Setup Form
- COBRA Administration Services Request for Small Group
- Small Group Certificate of Common Ownership
- State filed proof of business
- Supplemental Employment Verification Form

* - Required I confirm that all uploaded documents requiring a signature have been signed.

The **Release for Enrollment** page will now show all attached files as "Attached."

Release for Enrollment

With all required documents attached, the certification box at the bottom of the page will no longer be grayed out. Click the certification box and the **Release** button will turn from blue to green.

Click **Release** and the Confirm Release for Enrollment window displays.

Confirm the information displayed is accurate and click each checkbox. Once all boxes are checked the Confirm button will turn Green.

Click **Confirm** to send the account to BCBS for review and approval.

Documents Needed for Enrollment		
* Benefit Program Application (BPA) for New Small Groups 2-50	Attached	
* Employer Group Information (EGI) Form	Attached	Signature Required
* Small Group Enrollment Application/Change Form	Attached	Signature Required
* Wage & Tax Statement/Proof of Wages	Attached	
Affidavit of Domestic Partnership		Signature Required
CDHP - Employer Setup Form		
COBRA Administration Services Request for Small Group		
Small Group Certificate of Common Ownership		Signature Required
State filed proof of business		
Supplemental Employment Verification Form		Signature Required

* - Required

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

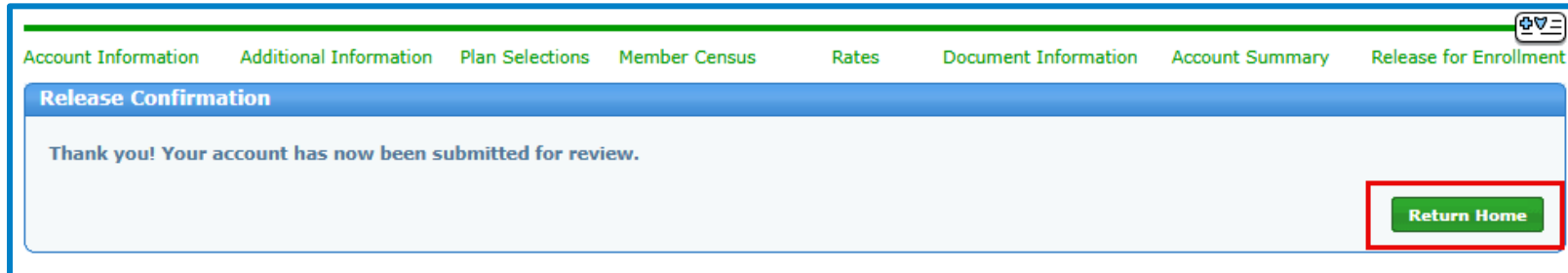
I confirm that,

- I have selected Member Level Rating model.
- I have selected the below plan(s) for the group.
Health - P911PFR, S931PFR, G6E1PFR
Dental - DMTHR31
Ancillary - Standalone Vision - Plan 2, Employee Basic Life - Plan 1, Plan 4, Dependent Basic Life - Plan 1, Supplemental Life - Plan 1, Short Term Disability - Plan 14, Plan 3, Long Term Disability - Plan 8, Plan 1, Critical Illness - Plan 1, Accident Insurance - Smart Plan 1 - 24 Hr
- I have selected the effective date 06/01/2026 for the group.
- Electronic Funds Transfer (EFT) will be used to transfer the dollar amount of 48000.0 to Blue Cross and Blue Shield of MT.

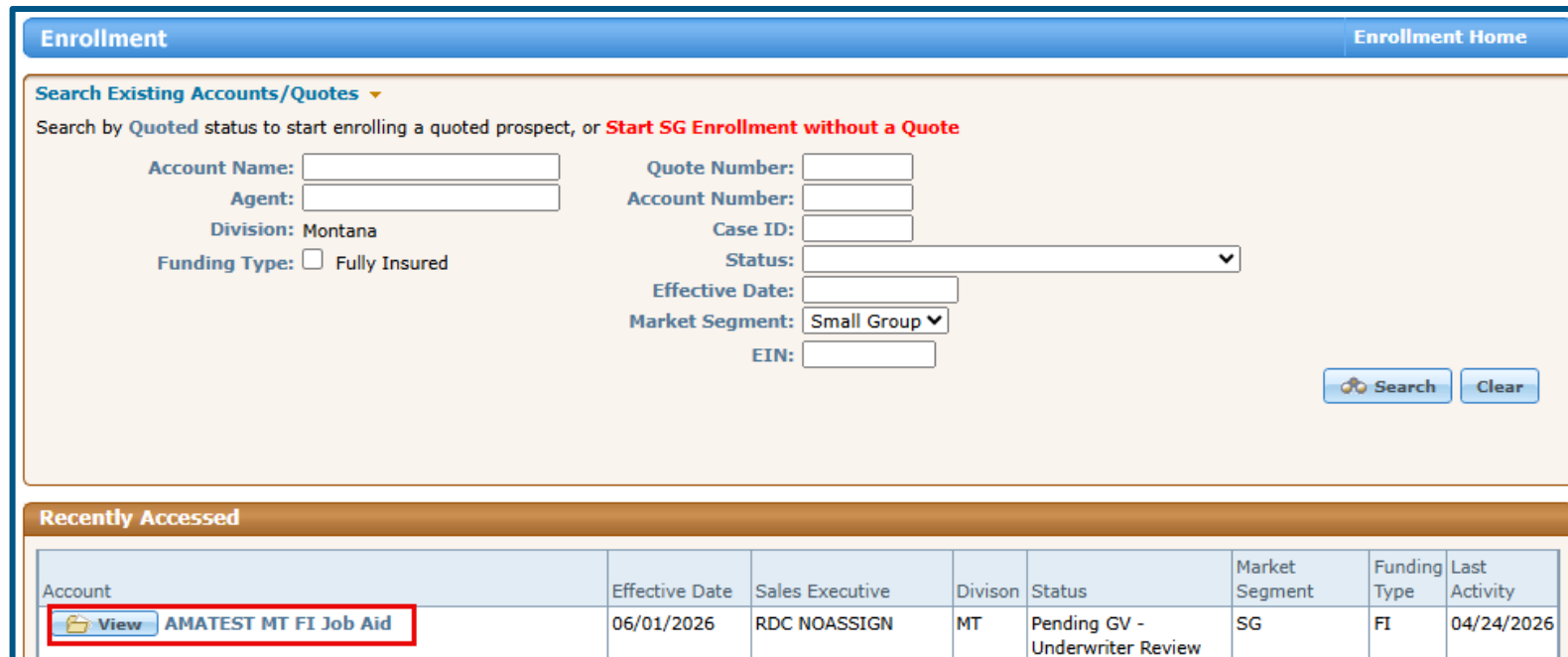
Confirm Cancel

Enrollment - Submitted Status

Release Confirmation will display, and the account has now been submitted. Clicking the **Return Home** button will bring the user to the Enrollment Home Page and reflect the account with the new Status under the Recently Accessed section.



The screenshot shows the 'Release Confirmation' screen. At the top, there is a navigation bar with links: Account Information, Additional Information, Plan Selections, Member Census, Rates, Document Information, Account Summary, and Release for Enrollment. Below the navigation bar is a blue header with the text 'Release Confirmation'. The main content area contains the message: 'Thank you! Your account has now been submitted for review.' In the bottom right corner, there is a green button labeled 'Return Home' which is highlighted with a red rectangular border.



The screenshot shows the 'Enrollment Home' screen. At the top, there is a blue header with the text 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header is a search section titled 'Search Existing Accounts/Quotes'. It contains the text: 'Search by Quoted status to start enrolling a quoted prospect, or **Start SG Enrollment without a Quote**'. There are several input fields: Account Name, Agent, Division (set to Montana), Funding Type (with a checkbox for Fully Insured), Quote Number, Account Number, Case ID, Status (a dropdown menu), Effective Date, Market Segment (set to Small Group), and EIN. There are 'Search' and 'Clear' buttons at the bottom right of the search section. Below the search section is a 'Recently Accessed' section with a table. The table has columns: Account, Effective Date, Sales Executive, Division, Status, Market Segment, Funding Type, and Last Activity. The first row of the table is highlighted with a red rectangular border and contains the following data: Account: AMATEST MT FI Job Aid, Effective Date: 06/01/2026, Sales Executive: RDC NOASSIGN, Division: MT, Status: Pending GV - Underwriter Review, Market Segment: SG, Funding Type: FI, Last Activity: 04/24/2026. There is a 'View' button next to the account name.

Account	Effective Date	Sales Executive	Division	Status	Market Segment	Funding Type	Last Activity
View AMATEST MT FI Job Aid	06/01/2026	RDC NOASSIGN	MT	Pending GV - Underwriter Review	SG	FI	04/24/2026

View Finalized Account

Once the account has been approved and finalized, the Producer whose email was included on the Account Information page will receive an autogenerated email.

If Reports, Attachments, or History details are needed, the account can still be retrieved by searching from the Enrollment home page and clicking View.

(Note: All Reports are available after BCBS has completed account activation, Attachments are available immediately after loading, and History can be accessed at all times throughout the enrollment process.)

Search Existing Accounts/Quotes ▾

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

Account Name: Quote Number:

Agent: Account Number:

Division: Montana Case ID:

Funding Type: Fully Insured Status:

Effective Date:

Market Segment: EIN:

« 1 - 1 of 1 »

Account	Effective Date	Agent	Sales Executive	Account #	Market Segment	Funding Type	Sales Rep.	Case ID	Division	Status	Request Id
<input type="button" value="View"/> AMATEST MT FI Job Aid	06/01/2026	ESALES, TEST PRODUCER	RDC NOASSIGN	456417	SG	FI		446688	MT	Enrollment Completed	

Reports

Clicking the **Reports** button will display all available reports. The Welcome Letter will not be available until after account approval.

The screenshot shows the 'Enrollment' page with the following details:

- Account Name:** AMATEST MT FI Job Aid
- Market Segment:** Small Group
- Account Number:** 456417
- Effective Date:** 06/01/2026
- Producer:** ESALES, TEST PRODUCER
- Status:** Enrollment Completed
- Quote Number:** NA
- Case ID:** 446688
- Created By:** External
- EFT Status:** Fail
- Funding Type:** Fully Insured
- Division:** Montana

Navigation buttons include **Reports** (highlighted with a red box), **Documents List**, **Attachments** (highlighted with a yellow box), **Log**, and **History** (highlighted with a blue box). The **DocuSign Envelope ID:** is NA.

The screenshot shows the 'Reports' page with the following list of reports:

- Account Summary
- NB Alternate Plans Report
- Welcome Letter

History

Clicking the [History](#) button will display the record of each activity the account was in, the date the account moved into the activity, and the duration of time the case was in each activity. There are also descriptions of what each Activity entails. This is available throughout each step in the workflow.

Enrollment [Enrollment Home](#)

Account Name: AMATEST MT FI Job Aid **Market Segment:** Small Group **Account Number:** 456417 **Effective Date:** 06/01/2026
Producer: ESALES, TEST PRODUCER **Status:** Enrollment Completed **Quote Number:** NA **Case ID:** 446688
Created By: External **EFT Status:** Fail **Funding Type:** Fully Insured **Division:** Montana

[Reports](#) [Documents List](#) [Attachments](#) [Log](#) [History](#)

DocuSign Envelope ID: NA

Activity History			
Activity Date	Activity	In Progress/Completed	Duration
02/04/2026	Release Initial Bill	Completed	0 Day(s)
02/04/2026	Release ID Cards	Completed	0 Day(s)
02/04/2026	Transfer To Bluestar	Completed	0 Day(s)
02/04/2026	GV - Underwriter Review	Completed	0 Day(s)
02/03/2026	Enrollment Data Entry	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.
GV - Underwriter Review	Pending GV - Underwriter review	Enrollment documentation has been submitted for review.

Helpful Resources



For questions about quoting, enrollment and benefits, please talk with your **Sales Executive**.



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



For questions regarding any of the information within this user manual or the enrollment process, please email us at: **SGMM_TechSupport@hcsc.com**.