

Small Group Portal

Employer Groups with 2-50 Employees



Version 0.4

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Approval

Approver Name	Title/Department	Date Approved

Version Control

Version	Date	Writer	Change Summary
0.1	9/11/17	S. Jones	Initial documentation
0.2	9/13/17	S. Jones	Update after meeting w/ stakeholders
0.3	9/14/17	S. Jones	Updates after document review
0.4	10/9/17	S. Jones	Updates after BRM review

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Small Group Portal - Introduction

The Small Group Portal will allow brokers to submit quotes and applications online and eliminate the use for paper applications. The goal is to streamline the process and enhance the user experience.

Brokers that are currently active will automatically be sent a link via email and be able to set up portal access by choosing a user name/password and answering security questions. When a broker is set up on a *new* small group, Broker Appointment will grant the access.

Once access is set up, an email will be generated and sent to the broker requesting access. From the email, click on the activation link to finish setting up access. The National Producer Number (NPN) will be needed along with a password and security questions.

Once the information is provided, the account is activated and the user may log in.



Mon 9/11/2017 1:28 PM

no-reply@nebraskablue.com

Complete My Registration

To Jones, Shannon

Retention Policy Inbox Policy Tag - 3 year delete (3 years)

Expires 9/10/2020

You are almost finished with your registration for Small Group Broker Portal Page, Blue Cross and Blue Shield of Nebraska's online small group broker services. Please click the link below to verify your email address and complete your registration.

[Complete my registration](#)

Activate Your Account

Fill in the security questions below to activate your Small Group Portal account.

National Producer Number (NPN)

Password

Re-enter your password

First Security Question

What was your childhood nickname?

Answer

Second Security Question

What street did you live on in high school?

Answer


Third Security Question

In what city does your nearest sibling live?


Answer

SAVE


Once logged in, the home page will appear. This is the main dashboard and the hub of navigation.




[DASHBOARD](#) [TOOLS AND RESOURCES](#) [CONTACT](#)

END, END TO  [LOG OUT](#)


Small Group Portal



GET A QUOTE



START A NEW APPLICATION



EDIT SAVED APPLICATION

Tools and Resources

This will allow brokers to stay current on updates and alerts as well as obtain forms.

Group Plans for 2-50 Employees

Click the following links to get the latest information on ACA-compliant options for groups with 2017 effective dates.

[CLICK HERE FOR MORE INFO >](#)

BluePride and SelectBlue Options



BluePride

ACA-compliant options for groups with 2017 effective dates.

- [Plan Options](#)
- [Schedule of Benefits Summaries](#)
- [Summaries of Benefits and Coverage \(SBC\)](#)



SelectBlue

ACA-compliant options for groups with 2017 effective dates.

- [Plan Options](#)
- [Schedule of Benefits Summaries](#)
- [Summaries of Benefits and Coverage \(SBC\)](#)



BluePride/SelectBlue Quoting Documents

- [Underwriting Guidelines](#)
- [2017 Rate Book](#)
- [Small Group Quote Tool](#)

Dashboard

Dashboard will give current status and completion percentage on applications and quotes submitted.

Small Group Portal



GET A QUOTE



START A NEW APPLICATION



EDIT SAVED APPLICATION

In Progress Applications



Best Company Name, Inc. - 911234567

last edit by: End to End on: 8/29/2017

Current Status:
MasterGroupApplicationValidated



EDIT

Complete: 60%

Pending Applications



Best Company Name, Inc. - 911234567

last edit by: End to End on: 8/30/2017

Current Status:
CensusFileSentToMembershipEnrollment



VIEW

Approved Applications



Java - 287456793

last edit by: End to End on: 9/13/2017

Current Status: Completed



VIEW

Status	Definition
In Progress	Started but not submitted. Edits can be made. Can save and start from the last saved place.
Pending Applications	Started and under review by BCBS
Approved	Submitted and approved

Search for a particular group or status by using the filter and search functions. This search field will begin pulling results when the field has text type entered. This can be dates, numbers or names.

Current Applications

Type to filter

FILTER STATUS ▾

Also, filter by the application status.

FILTER STATUS ▾

Show All

In Progress

Pending

Approved

Get A Quote

The quote tool will allow a quote to be generated based on the information given. This will be used for small groups ranging from 2-50 employees for 2017/2018 business.



GET A QUOTE

Quotes that have been started or submitted will be listed on the front page.

Group Name	Group Owner	Group City	
Wok This Way	Lisa Goodwin	Omaha	VIEW GROUP INFO
Wok This Way	Lisa Goodwin	Omaha	VIEW GROUP INFO
Happy Apples	CJ	Omaha	VIEW GROUP INFO

Begin a Quote

Follow the steps below to obtain a quote:

1. From the dashboard, click 'Get a Quote'

GET A QUOTE

2. Fill out the Group information paying attention to the required fields

Group Information

Name: *	Owner: *	Current Carrier:	Total Employees:
<input type="text"/>	<input type="text"/>	No Current Carrier <input type="button" value="v"/>	2 <input type="button" value="v"/>
City: *	Zip Code: *	Effective Year	Effective Month:
<input type="text"/>	<input type="text"/>	2017 <input type="button" value="v"/>	December <input type="button" value="v"/>



Based on the zip code, the system will load the appropriate coverages for that area



While the coverages are loading, continue adding information.

3. Using the drop down boxes, select the requested coverages

Requested Coverages

BluePride / SelectBlue :	Dental:	Group Currently Has Dental:
Y <input type="button" value="v"/>	Y <input type="button" value="v"/>	N <input type="button" value="v"/>

4. Key in the census data
 - a. Additional fields to the right not shown

Census Data

You must enter dependent information for an accurate quote.


Note: Where fields are listed as "Date of Birth" or "(DOB)" please enter date in "MM/DD/YYYY" format.
If multiple entries are needed for dependents, please comma-separate as follows: "MM/DD/YYYY, MM/DD/YYYY."
You must enter a "Date of Birth" for each dependent under the subscriber (i.e.: two entries needed for twins born on same date)

First Name	Last Name	Gender*	Date of Birth (DOB)	Spouse DOB	Dependents' DOB(s) (Comma-delimited)	
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	[
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	[

➕ ADD NEW ROW

➖ REMOVE LAST ROW

* Only needed if quoting Dental



Date of Birth (DOB) must be over the age of 18, but under 65 years old. The system will give an alert should the DOB be keyed incorrectly.

5. Click 'Generate Quotes'

SAVE TO EXCEL

CLEAR

 GENERATE QUOTES

A quote summary will generate outlining the specific information regarding the quote. After the quote is generated, there will be the ability to save or print the quote.

BACK

SAVE INPUT FILE (XLSX)

SAVE PDF QUOTE

PRINT QUOTE

View Group Information

Once a quote is entered, the group information can be viewed by clicking 'View Group Info'

Group Name	Group Owner	Group City	
Happy Apples	CJ	Omaha	VIEW GROUP INFO

The information will generate including the members on the census. From here:

- Edits can be made
- Quote can be generated
- Master Group Applications (MGA) can be created

Once a quote is generated, it will have numerous tabs that will house the specifics of the plan information.



Quote information that is seen below is for demo and testing purposes ONLY. This is not real data/numbers.

Medical Quote Summary

This will list the option for the health plans including individual deductibles, out of pocket maximums and premium. Use the drop down box for other benefit details.

Select Product:

[Medical Summary](#) [Dental Summary](#) [Benefit Detail](#) [Quote Detail](#) [Qualifications](#) [Disclosure](#)

Medical Quotes Summary

Option	Individual Deductible	Individual Out Of Pocket Maximum	Premium
BluePride Option 101 Gold	\$500	\$5,000	\$8,178.26
BluePride Option 102 Gold	\$1,000	\$5,500	\$8,090
BluePride Option 104 Gold	\$1,500	\$3,750	\$7,845.22
BluePride Option 105 HSA Gold	\$1,500	\$2,000	\$8,277.32
BluePride Option 106 HSA Gold	\$2,100	\$2,100	\$8,131.33

Dental Summary

This will list the option for the dental plans including individual deductibles, out of pocket maximums and premium.

[Medical Summary](#)
[Dental Summary](#)
[Benefit Detail](#)
[Quote Detail](#)
[Qualifications](#)
[Disclosure](#)

Dental Quotes Summary

Option	Deductible	Total Premium Group Does Not Currently Have Dental	Total Premium Group Currently Has Dental
SignatureBlue Prevent Opt 1	\$0	\$156.21	\$134.32
SignatureBlue Basic Passive Opt 15	\$50	\$221.79	\$188.97

Benefit Detail

The benefit details will give information regarding benefits in or out of network along with prescription drug coverage (listed out by tiers).

[Medical Summary](#)
[Dental Summary](#)
[Benefit Detail](#)
[Quote Detail](#)
[Qualifications](#)
[Disclosure](#)

BluePride Option 101 Gold - Benefit Detail

Prepared for: Jolly Rancher Inc

Broker: End, End to

Valid for Effective Date: October 1, 2017

Zip Code: 68007

Benefit Description	In	Out
Deductible - Individual	\$500	\$1,000
Deductible - Family	\$1,000	\$2,000
Coinsurance	30 %	50 %
Combined OOP Max - Individual	\$5,000	\$10,000
Combined OOP Max - Family	\$10,000	\$20,000
Deductible Type	Embedded	
Physician Office Services	\$30	Deductible & Coinsurance
Specialist Office Services	\$60	Deductible & Coinsurance
Urgent Care Services	\$60	Deductible & Coinsurance
Emergency Care	\$150	In-Network
Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth	\$10	Not Covered

Prescription Drug Coverage

		Copay	%	\$ Min	\$ Max	Penalty %
Preferred Generic Drugs - Tier 1	Preferred	\$10	N/A	N/A	N/A	N/A
	In	\$15	N/A	N/A	N/A	N/A
	Out	\$15	N/A	N/A	N/A	25 %
Non-preferred Generic Drugs - Tier 2	Preferred	N/A	50 %	\$25	\$50	N/A
	In	N/A	50 %	\$30	\$55	N/A
	Out	N/A	50 %	\$30	\$55	25 %
Preferred Brand Name Drugs - Tier 3	Preferred	N/A	30 %	N/A	\$75	N/A
	In	N/A	30 %	N/A	\$85	N/A
	Out	N/A	30 %	N/A	\$85	25 %
Non-preferred Brand Name Drugs - Tier 4	Preferred	N/A	50 %	\$75	N/A	N/A
	In	N/A	50 %	\$85	N/A	N/A
	Out	N/A	50 %	\$85	N/A	25 %

Quote Detail

The quote detail will outline premium according to each employee entered along with the composite rates - all subject to change.

BluePride Option 101 Gold - Quote Detail

#	Name			Dependents		Premium		
	First	Last	Age	Spouse Age	Child(ren) Age(s)	EE	Dependent(s)	Total
1	Sally	Styles	64			\$1,264.35	\$0	\$1,264.35
2	Arnie	Palmer	43	39		\$571.91	\$531.87	\$1,103.78
3	Lexi	Thompson	31			\$488.46	\$0	\$488.46
4	Phil	Mickelson	55	51		\$939.84	\$786.01	\$1,725.85
5	Julia	Dreyfuss	58	59		\$1,073.86	\$1,097.04	\$2,170.90
6	Elaine	Bennis	29			\$471.60	\$0	\$471.60
7	Emma	Stone	22			\$421.45	\$0	\$421.45
8	George	Clooney	39			\$531.87	\$0	\$531.87
Totals:						\$5,763.34	\$2,414.92	\$8,178.26

The above demographic information reflects information received from the quote request. Rates are subject to change with modifications of this information.

Composite Rates

This one-time composite rate is similar to what groups have received from us in the past. The composite rate is not tied to a group's billing. These rates are for informational purposes only.

Coverage Selection	Count	Composite Rate	Total
Employee Only	5	\$743.48	\$3,717.40
Employee + Spouse	3	\$1,486.96	\$4,460.88
Employee + Dependents	0	\$1,375.44	\$0
Family	0	\$2,118.92	\$0
Total:			\$8,178.28

Create MGA

Once a quote has been created, the MGA can be created by clicking the icon.

Census Data

First Name	Last Name	Gender	Date of Birth (DOB)	Spouse (DOB)
Tom	Smith	M <input type="checkbox"/>	08/12/1970	
Dependents' DOB(s) (Comma-delimited)	Medical	Dental	Employment State	
	Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>	Nebraska <input type="checkbox"/>	

First Name	Last Name	Gender	Date of Birth (DOB)	Spouse (DOB)
Sally	Jones	M <input type="checkbox"/>	07/12/1980	
Dependents' DOB(s) (Comma-delimited)	Medical	Dental	Employment State	
	Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>	Nebraska <input type="checkbox"/>	

* Only needed if quoting Dental

EDIT GROUP INFO	GENERATE QUOTE	CREATE MGA
-----------------	----------------	------------



Information filled out on the quote will carry over to MGA and census. This will save time and there is less room for error.

Start a New Application

When starting a new application, there are templates that can be used for the MGA and census. This will allow an automatic export of the data.

If not using a template, continue with filling out the web forms. This will be transferring the information found on the paper application to the online forms.



FILL OUT FORMS

USE THIS OPTION TO START
COLLECTING ALL NECESSARY
GROUP INFORMATION WITH OUR
EASY TO USE WEBFORMS.

Upload MGA and Census Data

If data is collected up front with the group, download the templates to avoid entering the information twice.

1. Download the templates.
2. Fill in the appropriate columns of information gathered from the group. The files are color coded and will guide the user on what information is needed.
3. Attach the file(s).

Click 'Submit' and once uploaded, data will be validated and transferred to the system of record.

Start Master Group Application

If you plan on uploading your own data, you will need to use both uploads buttons below before proceeding with finalizing your application.



UPLOAD MGA DATA

IF YOU'VE ALREADY COLLECTED THE NECESSARY
GROUP MGA INFORMATION YOU CAN UPLOAD
THAT DATA USING OUR STANDARDIZED
TEMPLATES.

[DOWNLOAD MGA CSV UPLOAD TEMPLATE](#)



UPLOAD CENSUS DATA

IF YOU'VE ALREADY COLLECTED THE NECESSARY
GROUP CENSUS INFORMATION YOU CAN UPLOAD
THAT DATA USING OUR STANDARDIZED
TEMPLATES.

[DOWNLOAD CENSUS CSV UPLOAD TEMPLATE](#)

BROKERID: *

10819-00951



CANCEL

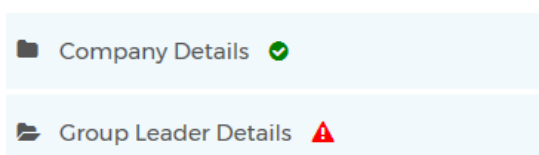
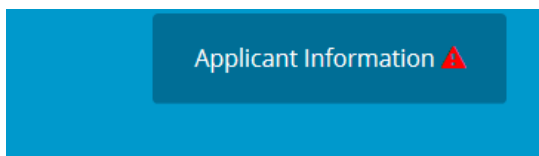
SUBMIT

Filling out the MGA and Census forms

If a template is not being used, begin filling out the forms manually.

After each section is complete, a green check mark will indicate the required information has been entered correctly OR a red exclamation point will indicate additional information or fields need to be filled in. This will appear at the top category and sub-folders.

This data validation will ensure information is entered in correctly the first time.



'Save and Continue' must be selected after completing each section. This will allow the system to advance properly and verify the data.

Applicant Information

The fields are currently on the MGA and census match the web form. This information has had minor changes made.

Company Details

'BrokerID' must be selected using the drop down box. If the ID does not appear, use the 'Contact Us' feature and the information will get added.

BrokerID *	10819-00951	<input type="button" value="v"/>
------------	-------------	----------------------------------

The effective date will be pre-filled in based off when the information is being submitted. The date can be changed.

Effective dates are driven by when the submission is entered. For an 11/1 effective date, submission must be done by end of previous month. No odd effective dates are allowed.

Company Details

This coverage shall be effective on (value) provided this Master Group Application (Application) is accepted by Blue Cross and Blue Shield of Nebraska (BCBSNE) and payments of the charges is made as provided in this Application. The renewal date will be exactly one year from the Effective Date unless otherwise stated. Changes in the terms of this Application may be made only during the annual renewal month, unless prior BCBSNE approval is obtained for an off-year change. *

Effective Date *

01/01/2018

Group Name *

Bubba Gump Inc

Shortened Group Name

Business Type *

Insurance

Employer Tax Id *

555123456

Must be 9 digits

Headquartered in Nebraska? *

☒ Yes

Must check 'Yes' since products are Nebraska based

Physical Address

Line 1 Address *

1919 Shrimp Street

Line 2 Address

City *

Omaha

State *

NE

Zip Code *

68007

County *

Douglas

Enter a billing address only if different from physical address

Group Leader Details

Group Leader

Full Name *

Title *

Email *

Phone *

Enter a billing contact only if different from group leader contact

Plan Details

Eligibility and Enrollment

Key in the number of eligible employees, and specify waiting periods and any special handling instructions.

Eligibility and Enrollment

Employee Data: The following is from and agrees with your payroll and personnel records (see below for additional eligibility and enrollment information): *

1. Total employees/owners on the payroll (includes full-time, part-time, leased employees) *

32

2. Total eligible employees/owners on the payroll on the effective date of the Contract *

32

3. Eligible employees not enrolling due to: *

a. Valid Waivers (employees/owners with other coverage) *

0

4. Eligible employees/owners enrolling on the effective date of the Contract *

32

b. Invalid Waivers (employees/owners not enrolling due to cost or other reasons with no valid health coverage) *

0

An employee must work a minimum of 30-40 hours per week on a regular calendar year basis to be eligible for coverage. Coverage for an eligible employee will become effective on *

The employee must complete the applicable enrollment form. To remain eligible, the employee must continue to work the minimum number of hours per week required. *

How many hours the company considers full time

The first of the month after such employee has completed a waiting period of 0, 30 or 60 days after the date of hire. *

Select your waiting period amount: *

30

List waiting periods of 0,30 or 60 days

List other eligibility provisions

Special handle instructions

Only offer to Mgmt and above

Add employees who may be considered 'inactive' due to military leave or out on FMLA.

If an otherwise eligible employee is not actively at work on the effective date for other than personal health reasons, coverage for that employee will go into effect on the group's next due date following his/her return to active employment, subject to our receipt of an enrollment form within 31 days of the return to work date.

Attach list of names and corresponding social security numbers.

ADD INACTIVE

Add

First Name

John

Last Name

Wayne

SSN

555-11-1234

CLOSE

SAVE CHANGES

Plan Design

Plan Design outlines the specifics regarding the plan and contribution levels. The plans can be health only, dental only, or health and dental coverages.

Is group health plan subject to the employee Retirement Income Security Act of 1974?

☐ Yes

Check 'Yes' for ERISA guidelines

If health coverage will be made available, choose the specific plans. Up to three options can be selected. Employer contribution must be at 50 percent or greater.

Health Coverage

Choose your Health Benefit Plan Design, Dental Plan Design and Medicare Supplement Option by marking the applicable box(es) below. You must also attach the applicable Schedule of Benefits Summary(ies).

Is Health Coverage Requested?

☒ Yes or No

500 Gold Opt 101 NetworkBlue

☐

Employer Contribution Rate

%

SelectBlue 500 Gold Opt 125 Omaha

☐

Employer Contribution Rate

%

SelectBlue 500 Gold Opt 125 Lincoln

☐

Employer Contribution Rate

%

1000 Gold Opt 102 NetworkBlue

☒

Employer Contribution Rate

50

%

1500 Gold Opt 104 NetworkBlue

☒

Employer Contribution Rate

65

%

HSA Administrator

Indicate by using the checkbox if there is a Health Saving Account Administrator (HSA) **and** if there is a business relationship with the Administrator. If yes, using the drop down box, indicate when administrator/vendor is being used.

HSA Administrator

Does the Applicant have an HSA Administrator?

☒ Yes (*check only if answer to the question is Yes.)

Do you have a relationship with the HSA Administrator?

☐ Yes (*check only if answer to the question is Yes.)

If yes, please identify the vendor below

BNYMellon
DiscoveryBenefits

(If BNY Mellon is selected, attach completed HSA setup form. HSA administration is provided independently by the entity identified above. BCBSNE does not provide HSA administration. The entity identified above is solely responsible for its services.)

HRA Administrator

Indicate by using the checkbox if there is a Health Reimbursement Account Administrator (HRA) and if there is a business relationship with the Administrator. If yes, using the drop down box, indicate when administrator/vendor is being used.

HRA Administrator

Does the Applicant have an HRA Administrator?

☒ Yes

Do you have a relationship with the HRA Administrator?

☐ Yes (*check only if answer to the question is Yes.)

If yes, please identify the vendor below

MidAmericanBenefits
EBS
FirstConcordGroup
GraceMayerInsuranceAgency
DiscoveryBenefits

(HRA administration is provided independently by the entity identified above. BCBSNE does not provide HRA administration. The entity identified above is solely responsible for its services.) (Internal use only: load vendor code and rider GEX219, except for Discovery Benefits)

FSA Administrator

Indicate by using the checkbox if there is a Flexible Spending Account Administrator (FSA).

FSA Administrator

Does the Applicant have an FSA Administrator?

☒

(FSA administration is provided independently by the entity identified above. BCBSNE does not provide FSA administration. The entity identified above is solely responsible for its services.) (Internal use only: load vendor code and rider GEX219, except for Discovery Benefits)

Dental Coverage

If dental coverage will be an option, indicate this by checking the 'Yes' box. Select coverage from the following options (up to two choices can be made). The Employer contribution rate must be greater than 25 percent.

Additional options not shown

- Groups with 2---9 employees can select dental options 1 or 15
- Groups with 10---50 employees can select any two dental options

Is Dental Coverage Requested?

☒ Yes

If yes, select from the following options:

DENTAL OPTION 1	<input checked="" type="checkbox"/>	Employer Contribution Rate	<input type="text"/>	Employee Rates must be between 25 & 100%
DENTAL OPTION 2	<input type="checkbox"/>	Employer Contribution Rate	<input type="text"/>	%
DENTAL OPTION 3	<input type="checkbox"/>	Employer Contribution Rate	<input type="text"/>	%
DENTAL OPTION 4	<input type="checkbox"/>	Employer Contribution Rate	<input type="text"/>	%

The monthly charges for this coverage will not increase prior to one year from the Effective Date or from such other date written above. This rate guarantee is subject to the Applicant continuing to meet our underwriting guidelines.

Group Data

The below section will outline information specific to the group.

Cobra Administrator

Indicate by using the checkbox if the Group is subject to COBRA and if there is a COBRA Administrator. If yes, indicate when administrator is being used.

Cobra Administration		
Is the Group Health Plan subject to the Consolidated Omnibus Reconciliation Act (COBRA), as amended, during this calendar year?	If yes, does the Group have a COBRA Administrator? <input checked="" type="checkbox"/> Yes	Please provide name of the COBRA Administrator <div></div>
<input checked="" type="checkbox"/> Yes		

Group Data for PPACA Compliance

This section is information regarding group size to be in accordance with the Patient Protection and Affordable Care Act. Indicate by checking the box if 50 or fewer employees were employed during the calendar year prior to the effective date of the said application. Include full, part-time and seasonal employees. DO NOT include independent contractors.

****If there are parent/sister companies that use the same control number for IRS purposes, include these employees in the total****

GROUP DATA FOR PPACA COMPLIANCE

As part of BCBSNE's compliance with the Patient Protection and Affordable Care Act (PPACA), BCBSNE must collect information on group sizes. On average, how many employees did you employ (business days only) during the calendar year prior to the effective date of this application? This total should include full-time, part-time, and seasonal employees, but exclude independent contractors. If your company has affiliated parent or sister companies that are members of the same control group for IRS reporting purposes, all employees in all the affiliated companies should be included in your total, whether or not the affiliated companies have coverage with BCBSNE.

☒ 50 or Fewer

Group Data for Medicare Secondary Payer

BCBSNE is required to collect information in order to properly pay claims for employees who are eligible for Medicare benefits. In accordance with Medicare law, depending on the current employment status of employee and/ or employer size, BCBSNE may be required to pay primary to Medicare for certain group health benefits, regardless of an employee's or dependent's entitlement to Medicare.

Indicate using the checkboxes if there were 20 or more employees for more than 20 weeks during the current or previous calendar year. If yes, indicate the dates.

BCBSNE is required to collect information in order to properly pay claims for your employees who are eligible for Medicare benefits. In accordance with Medicare law, depending on the current employment status of your employee and/ or employer size, BCBSNE may be required to pay primary to Medicare for certain group health benefits, regardless of an employee's or dependent's entitlement to Medicare.

EMPLOYER INFORMATION

When responding to questions 1 and 2 below, include full-time, part-time, leased and seasonal employees, but exclude independent contractors. If you are a company that is a member of the same control group for IRS reporting purposes, all employees in all the affiliated companies should be included in the response. If your company has coverage with BCBSNE

Did your company have 20 or more full - time and / or part - time employees * on the payroll(s) for 20 or more weeks (consecutive or non - consecutive) at any time during the current calendar year ?

☒ Yes (*check only if answer to the question is Yes.)

Did your company have 20 or more full-time and/or part-time employees* on the payroll(s) for 20 or more weeks (consecutive or non - consecutive) at any time during the previous calendar year ?

☒ Yes (*check only if answer to the question is Yes.)

*The number of full-time and part-time employees including owners who are active with the company on your payroll(s), not the number of employees on the group health plan, determines MSP status. Companies under common ownership/ control are treated as a single employer.

« **October 2017** »

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Uniform Summary of Benefits and Coverage (SBC)

This is an acknowledgment of a copy being received regarding the SBC and/or been given access to the SBC online. Indicate using the checkbox that 'Yes' a copy was received and indicate the date it was received.

UNIFORM SUMMARY OF BENEFITS & COVERAGE

In compliance with the Patient Protection and Affordable Care Act, BCBSNE will make available to the Group Leader/ Group Health Plan Primary Contact the Group's Uniform Summary of Benefits and Coverage (SBC).

The Group, on behalf of itself and any of its Subgroups, acknowledges that it has:

Received a copy of the SBC for the Group Health Plan, or been given information about how to access the SBC online.

☒ Yes (*check only if copy of SBC was received.)

Date Received

The Group, on behalf of itself and any of its Subgroups, acknowledges and agrees as follows: (1) that it will provide the SBC to all active and eligible employees and their dependents who reside at another address (collectively "Employee"); (2) agrees to provide the SBC for all plan options available to the Employee; (3) agrees to provide the SBC in compliance with any instructions provided by BCBSNE; and (4) agrees to provide information to BCBSNE upon request to show compliance with this obligation. The Group agrees to indemnify and hold BCBSNE harmless against any and all loss, damage, expenses, and penalties imposed by law with respect to the Group's failure to provide Employees with the SBC as agreed to herein.

Authorizations and Signatures

Authorized Plan Contacts

Add a plan contact or plan administrator in accordance with HIPAA Privacy Guidelines. This person will be in addition to the already named Group Leader. As a best practice, two individuals should be listed.

Click 'Add' to add the person's information and indicate if Blues Enroll Access is needed/allowed.

Add Plan Contact



Full Name *

Title *

Email *

Phone *

Allow Blues Enroll Access

☐

CLOSE

SAVE CHANGES

Agent Certification

Electronic Signature/Terms and Conditions. This is the electronic signature and by clicking the 'check box' that indicates the agreement of the mentioned terms and conditions.

Broker packets will no longer be mailed out but will be sent via email and the pertinent links will be embedded.

Signature on Behalf of Group Health Plan and Enrolling Employees

Read the following Electronic Signature Terms and Conditions associated with the completion of this Master Group Application and Employee Enrollment Forms. If you accept these conditions, electronically sign the application and click the 'Submit' button.

Electronic Signature Terms and Conditions

I have read and understand the provisions of this Master Group Application for a Group Contract and certify that all information herein is true and accurate and agree to the provisions specified. I further agree that any Master Group Applications and/or individual Employee Enrollment Forms submitted to or accepted by BCBSNE which do not meet the provisions specified may be declared null, void, and without effect. I understand that if any of the information of this electronic application is in conflict with the proposal, BCBSNE reserves the right to recalculate and change the rates previously proposed, or to decline coverage unless otherwise prohibited by state or federal law. Any intentional misrepresentation in these forms may cause the coverage to be void for both the Group and enrollees. I understand the possible effect of canceling any current Group plan prior to receiving final approval from BCBSNE.

By providing enrollee telephone numbers, I agree that enrollees consented for BCBSNE, along with our affiliates and/or vendors, to call or text the phone numbers provided,

☐ Check here to indicate that you have read and agree to the terms and conditions above. *

SAVE & CONTINUE

Supporting Documentation

Supporting documentation must be attached to include the UI-11 tax document and a binder check OR EFT form.

The process will not complete without this specific documentation. Two documents will be required to be attached and the file size limit is 5mb.

Attach any supporting documentation for your application here:

You must attach the group's UI-11 Tax Document and Binder Check/EFT Form

BROWSE...

Supporting Files

- CRR-71469.png [Delete](#)
- CRR-71426.png [Delete](#)



Delete and reattach if needed

This will complete the Master Group Application portion.

Save and Add Members

SAVE & ADD MEMBERS

This will redirect the site to the Census information.

Census Form

The members that will appear will be generated from the original quote information that was given or from the information loaded on the templates.

Should the information be added manually, use the slider bar shown below and click 'Add Applicants'. This will generate the corresponding number of folders and then the information will be manually filled out.

Census Application

Testing Two

*add at least 2 members to your application and have a maximum of 50 per application.

+ ADD APPLICANTS

Tom Smith

Delete Applicant

Sally Jones

Delete Applicant

Total Applicants: 2 | Total Enrolling: 2 | ValidWaivers: 0 | InvalidWaivers: 0

+ ADD NEW APPLICANT

For each applicant listed, expand the folder and begin completing each applicant section. The same validation checks will take place as it did with the MGA.

Sally Smith

Delete Applicant

Sally Smith

Applicant Information

Coverage Elections

Dependents

Medicare Secondary Payor Information

Applicant Information

If the applicant declined coverage, check the box and using the drop down menu list a declination reason.

Applicant Information

☒ Declination Of Coverage

Reason For Declination Of Coverage

Have another coverage
Due to cost
Not to enroll myself
Other

Provide basic applicant information

Title

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Gender

Marital Status

Are you a member of a federally-recognized American Indian or Alaska Native tribe ?

☐

Home Phone

Work Phone

Cell Phone

at least one contact number is required

Fill in the address information

Line 1 Address

Line 2 Address

City

State

Zip Code

County

Answer 'Other Questions' about employment with the Group

Other Questions

Date Employed with Group

10/01/2017

Hours Worked Per Week

enter weekly work hours

Are you, your spouse or your dependent(s) current or former Blue Cross and Blue Shield insureds or applicants ? If Yes, please give name(s) & ID number(s).



Yes



No

If Yes, please give name(s) & ID number(s).

Are you or your spouse terminating other Blue Cross and Blue Shield coverage?

False



Coverage Elections

List out coverage elections. The choices in the drop down menu will be pulled over from what was entered on the quote.

Coverage Elections

Medical

☒ Medical Coverage

Medical Type

Plan Selected from MGA
2500 Silver Opt 201 NetworkBlue
1500 Gold HSA Opt 105 NetworkBlue

Dental

☒ Dental Coverage

DentalTypes

Plans Selected from MGA



Indicate the class selected

Please Select One:

Waiving
Single
FamilySpouse
FamilyDependents
FamilyAll
OtherCoverage

Dependents – if applicable

Dependent_1

First Name *

enter first name

Middle Name

Last Name *

enter last name



Social Security Number

Date of Birth *

MM/DD/YYYY

Gender *

select a gender

Relationship To Employee *

select employee relations

Medicare Secondary Payor Information

For coordination of benefit purposes, indicate if the member, spouse and/or dependents are enrolled in Medicare.

If yes, fill in the required fields.

Medicare Secondary Payor Information

Are you, your spouse, or dependent(s) enrolled in Medicare?

☒ Yes ☐ No

If you selected Medicare:

Name of Beneficiary

enter first and last name

Medicare HIC #

enter medicare HIC #

Part A effective date

MM/DD/YYYY

Part B effective date

MM/DD/YYYY

Reason for entitlement (check all applicable boxes):

☐ Age ☐ Disability ☐ End stage renal disease



VALIDATE & CONTINUE




Repeat the above steps and fields for each applicant


Validation


The green check marks will indicate all fields are correctly filled out.


 Taylor Test 

Taylor Test

Applicant Information 

Coverage Elections 

Dependents 

Medicare Secondary Payor Information 




Submit

Once information is validated for each applicant, click 'SUBMIT'.

SAVE FOR LATER

SUBMIT APPLICATION

The screen will be returned to the dashboard where status will be pending.

In Progress Applications			
Best Company Name, Inc. - 911234567	last edit by: End to End on: 8/29/2017	Current Status: MasterGroupApplicationValidated	 EDIT
Complete: 60%			
Pending Applications			
Best Company Name, Inc. - 911234567	last edit by: End to End on: 8/30/2017	Current Status: CensusFileSentToMembershipEnrollment	 VIEW
Approved Applications			
Java - 287456793	last edit by: End to End on: 9/13/2017	Current Status: Completed	 VIEW