

EMPLOYER SITE TRAINING GUIDE

Login Process | Getting Started | Enrollments | Assist Employees | Client/Groups | Billing | Resources



WYOMING

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Section 1: Login Process

Purpose: This section provides an overview of the login process from completing the authorization form to the final step of verifying contact information. If you have issues, please contact your local BCBSWY Agent.

Step 1: Plan Administrator Access

BCBSWY will assign access to Plan Administrators as requested by the Client via the Employer Site Authorization Form. This form can be found below or on the Employer Site under Resources>Forms.

Fully Insured: BCBSWY.com/YourWyoBlueAuthFI

Self Funded: BCBSWY.com/YourWyoBlueAuthSF

Important: A unique user email address is required to guarantee unique user access. Shared emails may result in unauthorized access.

Note: Please return completed form to your agent www.bcbswy.com/insurance.

Blue Cross Blue Shield of Wyoming
Employer Site Authorization Form

COMPLETE THIS FORM ONLINE AT BCBSWY.com/YourWyoBlueAuthFI
AND RETURN IT TO YOUR LOCAL BCBSWY AGENT AT www.bcbswy.com/insurance.
Questions should be directed to your BCBSWY agent at www.bcbswy.com/insurance.

Fully Insured

This form can be used to request access for multiple users.
*Indicates a required field.

CLIENT INFORMATION

Client ID Number: _____
 *Client Legal Name: _____
 Doing Business As: _____
 (if different from legal name)
 *Street Address: _____
 *City: _____ *State: _____ *Zip: _____
 *Authorized Signer Name: _____ *Authorized Signer Phone: _____
 *Authorized Signer Email: _____ *Authorized Signer Title: _____
 *BCBSWY Agent Name: _____ Account Executive: _____
 Do you Submit Enrollment to BCBSWY Electronically through a third party? Yes No

AGREEMENT (Please read carefully before signing)

The individuals noted below have been designated by the Client to receive the Participant's Protected Health Information relating to payment under health care operations of, or other matters pertaining to the Benefit Plan in the ordinary course of business. These identified individuals will have access to the Participant's Protected Health Information only to perform the plan administrative functions the Client provides to the Benefit Plan. Such individuals will be subject to disciplinary action for any use or disclosure of the Participant's Protected Health Information in breach or in violation of, or non-compliance with, the privacy provisions of the Benefit Plan. The Client shall promptly report any such breach, violation, or non-compliance to Blue Cross Blue Shield of Wyoming (BCBSWY); will cooperate with BCBSWY to correct the breach, violation and non-compliance to impose appropriate disciplinary action on each employee or other workforce person causing the breach, violation or non-compliance; and will mitigate any harmful effect of the breach, violation, or non-compliance on any Participant whose privacy may have been compromised.

The Client will notify BCBSWY, in advance, of any change in the name or title of the employees authorized to receive Participant's Protected Health Information.

SIGNATURE

*Electronic Signature: _____ *Date: _____
 (Authorized Signer) (01/02/2004)

*Each user will receive an email from online.services@bcbswy.com with instructions to access their account. Please verify this email address is not marked as spam and does not get sent to junk mail by your email provider. A unique user email address is required to guarantee unique user access. Shared emails may result in unauthorized access.

1. INDIVIDUAL USER INFORMATION

*User Access: Select *Role: Select
 *First Name: _____ *Last Name: _____
 *Company Name: _____ *Job Title: _____
 *Address: _____
 *City: _____ *State: _____ *Zip Code: _____
 *Phone: _____ *Unique Email: _____

MEMBER ENROLLMENT ACCESS
 (If you submit enrollment to BCBSWY electronically through a third-party, please select view only access.)
 *Access Type: _____
 Access to All Groups: _____
 If No, Access These Group #s Only: _____

BILLING ACCESS
 Access to Billing Invoices: Yes No

2. INDIVIDUAL USER INFORMATION

User Access: Select *Role: Select
 First Name: _____ Last Name: _____
 Company Name: _____ Job Title: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Unique Email: _____

MEMBER ENROLLMENT ACCESS
 (If you submit enrollment to BCBSWY electronically through a third-party, please select view only access.)
 Access Type: _____
 Access to All Groups: _____
 If No, Access These Group #s Only: _____

BILLING ACCESS
 Access to Billing Invoices: Yes No

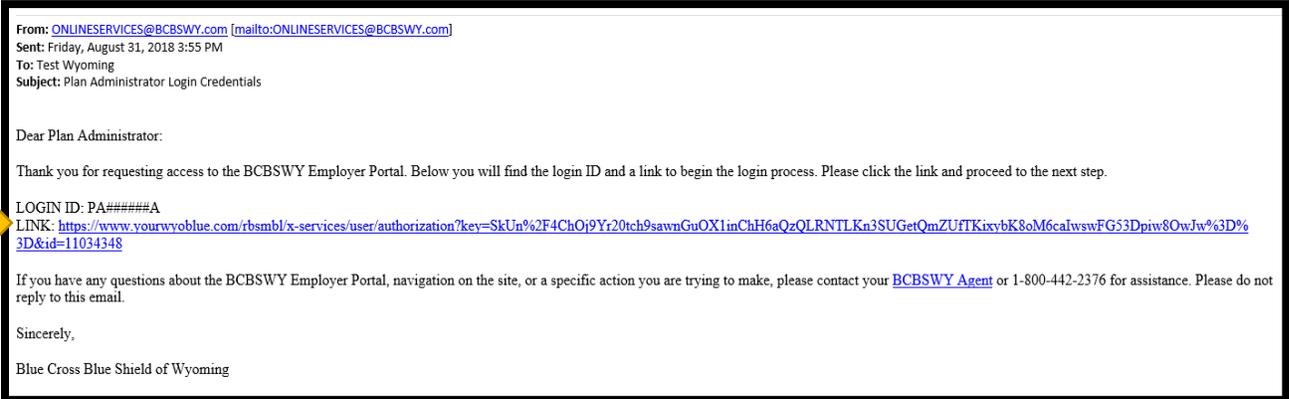
Access includes the following:

Access	Description
Member Enrollment	<ul style="list-style-type: none"> • Access to Member Enrollment is giving the user authorization to personal employee and family information like dates of birth and social security numbers. • Access can be given for all member enrollment or can be limited to certain group numbers. • Access includes enrollment actions for employees and families like add, cancel, edit, and search.
Billing	<ul style="list-style-type: none"> • View past and present premium bills and reports • Set payment preferences • Submit payments

Claims (Self Funded Only)	Access to Claims is giving the user authorization to personal employee and family health information like health conditions, medical services, health care providers, and service charges.
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Step 2: Login Credentials

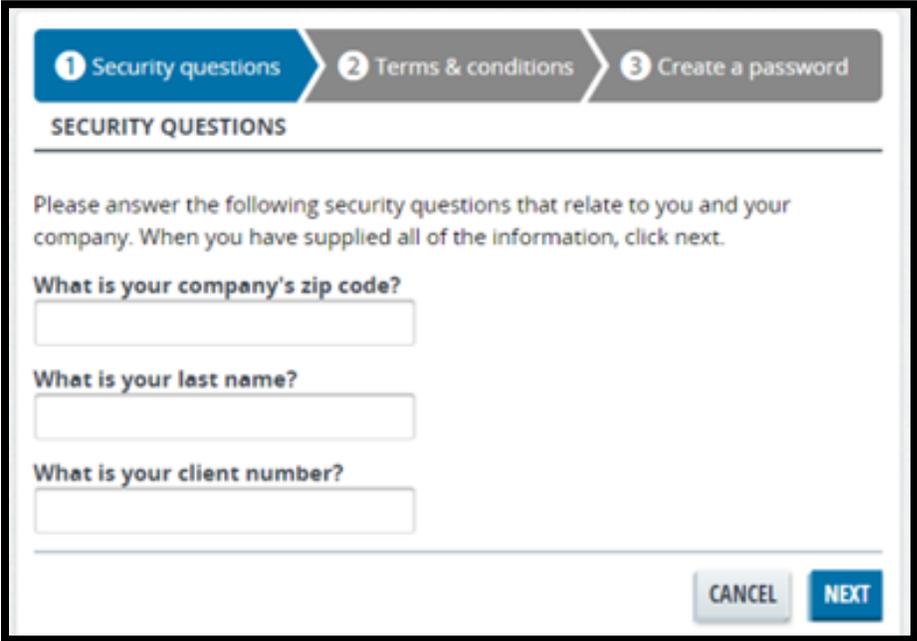
An email from onlineservices@bcbswy.com with login instruction will be sent to your unique email address provided on the authorization form. Please verify our email address is not marked as spam and does not get sent to junk mail by your email provider. In order to finalize the login process, please click on the link in the email.



Step 3: Create Password/Security Q&A

Answer the security questions that relate to you and your company, read and accept the terms and conditions and create a password using both letters and numbers (no special characters are accepted).

Note: Answers to these questions must match what was provided on the Employer Site Authorization Form in step 1.



✓ Security questions → 2 Terms & conditions → 3 Create a password

TERMS & CONDITIONS

Please confirm the following details and affirm the legal language below. If any of the information is incorrect, please contact us at 800-442-2376.

Company:	BCBSWY Test
Login ID:	PA#####A
First Name:	Wyoming
Last Name:	Test
Email:	Wyoming.test@bcbswy.com
Telephone:	3071234567

I have **read** and I **accept**:

Terms and Conditions

⚠ You must accept the terms and conditions to continue

[View Document](#)

Note: To view terms and conditions click on the “View Document” link.

✓ Security questions → ✓ Terms & conditions → 3 Create a password

CREATE A PASSWORD

To create your password, please enter the information below. Remember, your password needs to be between 6-10 characters in length and must contain both letters and numbers. You will also need to choose a security question and answer. When you have supplied all of the information, click submit.

New password:

⚠ Please enter a new password

Verify password:

Security question:

Please choose your question ▼

Security answer:

Step 4: Verify & Agree

Verify your name and contact information. If this information is correct, click the agree and continue button and you will be logged in to the site.

Home > Verify & Agree

Verify & Agree

Verify Name & Contact Information

If this information is incorrect, please contact customer service

Wyoming Employer

Wyoming Test
4000 House Ave
Cheyenne, WY 82054
wyomingtest@yahoo.com

Login ID
WY123456D

Phone
3071234567

Fax

Agreement

By clicking the Agree & Continue button below, I acknowledge that I am reconfirming the following:

I am a representative of my employer authorized to access the Employer Portal in order to fulfill my job responsibilities.

I have signed a confidentiality statement provided by the Employer.

I acknowledge that all information I may obtain or use when fulfilling my duties through the use of the online system is confidential, sensitive and proprietary in nature ("Confidential Information").

I agree to use all reasonable efforts to protect all Confidential Information from unauthorized use, modification, loss and disclosure to third parties

I agree to access and use only information needed in order to perform my job responsibilities.

I agree to keep my password confidential.

I hereby acknowledge and agree that I understand my responsibilities to safeguard the integrity of all confidential and propriety information obtained through the online system, including any and all enrollment information.

[Agree & Continue](#) [Cancel](#)

Note: For future access to the Employer Site go to YourWyoBlue.com. Enter your login ID (PA#####A) from the login credential email (see step 2) and the password you created in step 3.

Secure | <https://www.yourwyoBLUE.com/home/>

NMIC MW UAT UAT-registration BCBSWY Home Clarity SBC Admin-upload SBC Benefits-upload ServiceNow Portal - CoreLink Test-BCBSWY Bowit UAT iCollaborate-HMHS

Select Language - AA - Need Help -

WYOMING Log In or Register

SHOP PLANS FIND A DOCTOR OR RX WELLNESS MEDICARE

WELCOME

A New Day.
A NEW WAY.
Register today for
[YOUR New Account >>](#)

REGISTER NOW
First time here? [Register](#) for your secure member site.

WHAT'S INSIDE?
Claims, deductible, coverage, network doctors, ID card [and more](#).

TAKE A LOOK BACK
See coverage information from previous years. [Log in](#) to the previous site.

LOG IN TO YOUR ACCOUNT

Username

Password

[LOG IN](#)

Forgot username or password?
 Remember my username

First visit to this site?
Register to see your personal info.
[Why register?](#)

Section 2: Getting Started – Home Page

Purpose: This section provides an overview of the site and how to navigate through each feature. Find an employee or dependent, have quick access to what you need, get contact information, and much more – all from the home page!

Access the Employer Site Home Page

When logging in to the site for the first time, you will be prompted to change your password. If you have forgotten your password, contact your local BCBSWY Agent.

The screenshot shows the Wyoming Employer Portal home page. At the top left is the Wyoming logo and the text "WYOMING". To the right of the logo is "Employer Portal". In the top right corner, it says "wyoming test", "Profile | Logout", and "Last Login: 6/22/2018 16:27 PM". Below the header is a navigation bar with links: "ENROLLMENT", "CLIENT/GROUPS", "ASSIST EMPLOYEES", "BILLING", and "RESOURCES". The main content area features a large blue banner with a photo of a woman in a white shirt and yellow safety vest, wearing a white hard hat. The text on the banner reads "Welcome, wyoming test Wyoming Employer". To the right of the banner is a yellow "Quick Links" box with a list of links: "Add Employee", "Find Employee", "Enrollments in Process", "ID Cards", "Group Contracts", and "Benefit Booklets". Below the banner is a "Find Employee" section with a search form. The form has three input fields: "Last Name" (with a placeholder "Last Name"), "Group Number" (with a placeholder "Group Number"), and "Member ID" (with a placeholder "Member ID" and a tooltip that says "Enter alphanumeric portion only."). There are "Search" and "Clear" buttons. To the right of the search form is a "What's New?" section with the heading "Welcome to new Employer Portal" and a paragraph: "We've updated our look and made the most important information more accessible. Add an employee or dependent, find important contact information, and much more -- all on the home page!"

Header

The items in the header can be accessed from any page.

This is a close-up of the user profile header from the screenshot. It shows a grey box with a mail icon in the top right corner. Below the icon, the text reads "wyoming test" in blue, followed by "Profile | Logout" in blue, and "Last Login: 6/22/2018 16:27 PM" in blue.

The header includes the following:

Control	Functionality
Profile link	View your demographics and access information for the overall site and for each group. For example, you may be able to modify employee data for some groups, but only view employee data for other groups. This page includes the Change Your Password link if it's applicable. Note: Contact your local BCBSWY Agent if the information needs to be changed.
Logout link	Log out of the Employer site.
Last Login	View the date and time when you last logged in.

Navigational Tabs

The **Navigational Tabs** can be found at the top of every web page. You can navigate to different sections of the site by clicking these tabs.



The table below provides a description for each tab. The tabs provide access to key information used to complete the enrollment process and a variety of other functions in the site. Home Page Body

Tab	Functionality
Enrollment	Enroll a new employee or make updates to an existing employee, cancel coverage, or monitor enrollment activities.
Client/Groups	Get client and group information.
Assist Employees	Request ID cards, view benefit booklets, or look up Plan or Provider information.
Billing	If applicable, you will be able to access the e-Bill system. View reports and prior month's bills.
Resources	Find employer resources including forms and administration guides.

Home Page Body

The **Home Page Body** includes shortcuts to common functionality, highlights information that may be of interest to you, and displays important contact information.

The screenshot displays the Wyoming Employer Portal interface. At the top, the Wyoming logo and 'Employer Portal' text are visible, along with user information for 'wyoming test'. A navigation menu includes 'ENROLLMENT', 'CLIENT/GROUPS', 'ASSIST EMPLOYEES', 'BILLING', and 'RESOURCES'. The main content area features a large blue banner with a worker image and a 'Welcome, wyoming test Wyoming Employer' message. To the right of the banner is a 'Quick Links' sidebar with buttons for 'Add Employee', 'Find Employee', 'Enrollments in Process', 'ID Cards', 'Group Contracts', and 'Benefit Booklets'. Below the banner is a 'Find Employee' search form with input fields for 'Last Name', 'Group Number', and 'Member ID', and 'Search' and 'Clear' buttons. To the right of the search form is a 'What's New?' section with a 'Welcome to new Employer Portal' message. The bottom section contains three columns: 'Training/FAQs' with a question mark icon and a 'Get Employer Portal Training' button; 'Find a Doctor' with a doctor icon and a 'Find a doctor' button; and 'Spending Accounts' with a dollar sign icon and a 'Learn about spending accounts' button. At the very bottom is a 'Contact Us' section with three columns of contact information: 'Setup/Login Questions', 'Member Services', and 'Membership Questions'.

The Home Page Body includes the following:

Feature	Functionality
Quick Links	Access the most common site functions by clicking the links in the Quick Links ribbon.
What's New	Read the latest news and updates related to the site or products.
Helpful Tools	Access information that can help you manage your employee groups.
Contact Us	Locate important phone numbers for Member Services, Membership Questions, and Technical Assistance.

Section 3: Enrollments

Purpose: This section provides an overview of the Enrollment Tab and how you can use the enrollment functionality.

You can access the **Enrollment landing page** by selecting the Enrollment tab on the home page.

Add Employee

Click the Add Employee button to add a new subscriber and dependent(s) to the membership database. Enrollments are processed within one business day.

Important: Before you add an employee, search for him/her by last name to ensure that the employee has not already been entered.

Note: Fields marked with an asterisk (*) are required fields. If any of these fields are not completed or incorrect, a notification will display in red text.

Step 1: Subscriber & Dependents

1. Make sure that you carefully enter the Coverage Effective Date as this is the first date when coverage will be available to the subscriber and their dependents.
2. Enter subscriber information, such as SSN, First Name, and Last Name.

3. Click Add if you want to add dependents. You can add multiple dependents by clicking Add multiple times.

Note: To add a dependent who has the same birth month, same birth year, or same first name as an existing dependent on the same contract DO NOT add them here.

Dependents

PLEASE NOTE:

To add a dependent who has the same birth month, same birth year, or same first name as an existing dependent on the same contract DO NOT add them here. To add, contact Member Services: Monday – Friday 8 a.m – 5 p.m. 800-442-2376TTY: 771, TDD: 800-696-4710

4. Enter the dependents' data.
5. The Other Insurance and Medicare questions are defaulted to Unknown. You can leave the defaults unless you know for certain that they do or do not have it.
6. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.
 - a. If you answered Yes to the Other Insurance question for the subscriber or dependent, a new step will be displayed in the left navigation.
 - b. If you answered Yes to the Medicare question for the subscriber or dependent, a new step will be displayed in the left navigation.

The screenshot shows a web application interface for adding an employee. The breadcrumb trail is 'Home > Enrollment > Add Employee'. The main heading is 'Add Employee'. On the left, a vertical navigation menu lists five steps: '1. Subscriber & Dependents', '2. Other Insurance', '3. Medicare', '4. Plan Coverage', and '5. Review & Submit'. Each step has a red 'X' icon. The 'Subscriber & Dependents' step is currently active. The main content area is titled 'Subscriber & Dependents' and includes a '* Required' label. The 'Subscriber Information' section contains the following fields: 'Hire Date' (text input with 'mm/dd/yyyy' placeholder and a calendar icon), 'Coverage Eff. Date' (text input with '06/30/2018' and a calendar icon, with a tooltip that says 'Enter carefully. This is the first day that any coverage will be available.'), 'SSN*' (text input with '999-99-9999' placeholder), 'ConfirmSSN*' (text input with '999-99-9999' placeholder), 'Prefix' (dropdown menu with 'None' selected), 'Legal First Name*' (text input with 'pheobe'), and 'Legal Middle Name' (text input with 'Legal Middle Name' placeholder).

Legal Last Name*
buffay

Suffix
None

Sex * Male Female

Birth Date *
06/28/1988

Address 1*
2475 Southwide Blvd

Address 2
Street Address 2

City* cheyenne **State*** WYOMING **ZIP*** 82001

Home Phone
() - -

Work Phone
() - -

Mobile Phone
() - -

Work Fax
() - -

Only employees can change their mobile phone number, either online or by calling Customer Service.

Work Email
employee@email.com

Other Insurance?*
Yes

Medicare Eligible?*
Yes

Dependents

PLEASE NOTE:
To add a dependent who has the same birth month, same birth year, or same first name as an existing dependent on the same contract DO NOT add them here. To add, contact Member Services: Monday – Friday 8 a.m – 5 p.m. 800-442-2376 TTY: 771, TDD: 800-696-4710

[+ Add](#)

SSN
- - - - -

Prefix
None

Legal First Name *
Legal First Name

Legal Middle Name
Legal Middle Name

Step 2: Other Insurance

1. If the Other Insurance question is marked as Yes, this page will display and you can enter the other insurance information for the subscriber or dependent. One card displays for each person who is marked as having other insurance.
2. Enter other insurance information.
3. If there is more than one person and the other insurance information is the same, complete one card, then click Copy to Others. You can choose who you want to copy the information to.
4. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

Add Employee

- 1. Subscriber & Dependents ✓
- 2. Other Insurance ✗
- 3. Medicare ✗
- 4. Plan Coverage ✗
- 5. Review & Submit ✗

Other Insurance

*** Required**
You indicated that these people have other insurance. If you need to change that, return to Step 1.

pheobe buffay	joey buffay
Name of Insurance Carrier * <input type="text" value="Insurance"/>	Name of Insurance Carrier * <input type="text" value="Insurance"/>
Group Number <input type="text" value="Group Number"/>	Group Number <input type="text" value="Group Number"/>
Policy Holder Legal First Name <input type="text" value="Legal First Name"/>	Policy Holder Legal First Name <input type="text" value="Legal First Name"/>
Policy Holder Legal Last Name <input type="text" value="Legal Last Name"/>	Policy Holder Legal Last Name <input type="text" value="Legal Last Name"/>
Effective Coverage Date <input type="text" value="mm/dd/yyyy"/>	Effective Coverage Date <input type="text" value="mm/dd/yyyy"/>
Effective Cancel Date <input type="text" value="mm/dd/yyyy"/>	Effective Cancel Date <input type="text" value="mm/dd/yyyy"/>
Policy Number <input type="text" value="Policy Number"/>	Policy Number <input type="text" value="Policy Number"/>
Policy Holder Relation to Subscriber * <input type="text"/>	Policy Holder Relation to Subscriber * <input type="text"/>

Policy Holder Relation to Subscriber * <input type="text"/>	Policy Holder Relation to Subscriber * <input type="text"/>
Policy Holder Birth Date <input type="text" value="mm/dd/yyyy"/>	Policy Holder Birth Date <input type="text" value="mm/dd/yyyy"/>
Policy Holder Employment Status * <input type="text"/>	Policy Holder Employment Status * <input type="text"/>
Copy to others	Copy to others

[Save & Continue](#) [Save for Later](#) [Cancel](#)

Step 3: Medicare

1. If the Medicare question is marked as Yes, this page will display and you can enter the Medicare information for the subscriber or dependent. One card displays for each person who is marked as having Medicare.
2. Enter Medicare information.
3. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

Add Employee

- 1. Subscriber & Dependents ✓
- 2. Other Insurance ✓
- 3. Medicare ✗
- 4. Plan Coverage ✗
- 5. Review & Submit ✗

Medicare

* denotes a required field
You indicated that these people are Medicare eligible. If you need to change that, return to Step 1.

pheobe buffay	joey buffay
Medicare Claim Number * <input type="text"/>	Medicare Claim Number * <input type="text"/>
Why Eligible? * Select An O <input type="text"/>	Why Eligible? * Select An C <input type="text"/>
Ever Collected Social Security Disability Income?* <input type="radio"/> Yes <input type="radio"/> No	Ever Collected Social Security Disability Income?* <input type="radio"/> Yes <input type="radio"/> No
Medicare Part A (Hospital Insurance) Effective Date* <input type="text"/> <input type="calendar"/>	Medicare Part A (Hospital Insurance) Effective Date* <input type="text"/> <input type="calendar"/>
Cancel Date <input type="text"/> <input type="calendar"/>	Cancel Date <input type="text"/> <input type="calendar"/>
Medicare Part B (Medical Insurance) Effective Date* <input type="text"/> <input type="calendar"/>	Medicare Part B (Medical Insurance) Effective Date* <input type="text"/> <input type="calendar"/>
Cancel Date <input type="text"/> <input type="calendar"/>	Cancel Date <input type="text"/> <input type="calendar"/>
Medicare Part C - Medicare Advantage? * (Medicare Replacement) <input type="radio"/> Yes <input type="radio"/> No	Medicare Part C - Medicare Advantage? * (Medicare Replacement) <input type="radio"/> Yes <input type="radio"/> No
Medicare Part D? * (Prescription Drug) <input type="radio"/> Yes <input type="radio"/> No	Medicare Part D? * (Prescription Drug) <input type="radio"/> Yes <input type="radio"/> No

Step 4: Plan Coverage

This step enables you to select the coverage under each Line of Business (LOB). A separate card displays for each LOB.

1. On each card, select an available Plan and then click the checkbox for each person who is supposed to receive the coverage. If there are no Plans available for the LOB, it will be grayed out.

Important: If an individual's checkbox is **not** checked, he/she will not receive coverage.

2. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

The screenshot shows the 'Add Employee' process, specifically the 'Plan Coverage' step. On the left, a navigation pane shows five steps: 1. Subscriber & Dependents (checked), 2. Other Insurance (checked), 3. Medicare (checked), 4. Plan Coverage (active, with a red 'X' icon), and 5. Review & Submit (with a red 'X' icon). The main content area is titled 'Plan Coverage' and is marked as 'Required'. It contains five plan selection cards: Medical, Vision, Dental, Drug, and Service. Each card has a 'Plan' dropdown menu, an 'Effective Date' field with a calendar icon, and checkboxes for 'pheobe buffay' and 'joey buffay'. The Medical plan is selected as '10403055 - PPO with Rx - T'. The Vision plan is 'None'. The Dental plan is '10400696 - WY Dental - TE'. The Drug and Service plans are 'None'. Below these cards is the 'Report Codes' section, also marked as 'Required', with two boxes for 'Group #10403055' and 'Group #10400696', each containing a 'COBRA (CB)' field. At the bottom, there are three buttons: 'Save & Continue' (highlighted in blue), 'Save for Later', and 'Cancel'.

Step 5: Review & Submit

The Review & Submit page captures the selections that were made throughout the enrollment process and allows for one final review of the data entered.

If you need to edit anything on the page, you can click the links on the left navigation. Click Save & Continue at each step to return to the Review & Submit page to finish the enrollment.

Once the enrollment has been successfully completed, a success message will be displayed.

Enrollments in Process

The **Enrollments in Process** page allows you to review the status for incomplete and processing enrollments. Records can be viewed, modified, or deleted, depending upon their status.

Five enrollments in process display on the Enrollments page. If there are more than five enrollments in process, you can view them by clicking the View All button.

- Saved status - Records in the Saved status (not sent for processing yet) can be modified by clicking on the Subscriber Name link. Clicking on the Subscriber Name will display the enrollment form and you can select Edit Employee Record from the Actions drop-down. Saved enrollments can be deleted by clicking the delete (trashcan) icon.
- Submitted or Partially Submitted status - The subscriber record has been sent for processing, but has not yet been finalized by membership.

Enrollments In Process View All

The following list includes enrollments that are pending because they are in a Saved, Partially-Submitted or Submitted state. If the status is listed as "Partially-Submitted" or "Submitted", it will take 24 hours for enrollment to be completed.

To modify the "Saved" enrollment, click on the Subscriber's name. If you wish to discard all information for enrollments in a "Saved" status, click on the "Delete Icon". Saved enrollments will automatically be removed after 30 days.

Find Enrollments

5 of 12 enrollments

Subscriber Name	Member ID	Status
HJJJ_HJJJ	*****4617 <	SAVED
HGRHGTR_KUYHB	*****5468 <	SAVED
FHJJ_GYHJK	*****6789 <	SAVED
DRFKRHKR_SHEEGJSKRG	*****4909 <	SAVED
DFD_FDG	*****6321 <	SAVED

Find Employee

The **Find Employee** functionality allows you to find enrollment data by entering an employee's:

- Last Name
- Group Number
- Member ID or SSN

After the search results display, the following actions are available from the Actions drop-down:

- Edit Employee Record
- Print Employee Summary
- Claims (if applicable)
- ID Cards
- Cancel Coverage (only for active employees)
- Reinstate (only for cancelled employees)

You can also view the Subscriber Summary by clicking the name link on the search results.

Note: You will only be able to find employees that are in the groups you have access to view.

View Subscriber Summary

You can view the subscriber's summary by clicking on the Subscriber Name link after the Find Employee search results display.

Note: If the employee has coverage from multiple groups, use the Now Showing drop-down to switch back and forth between the groups.

The following actions are also available from the View Subscriber Summary page:

- Edit Employee Record
- Print Employee Summary
- Claims (if applicable)
- ID Cards
- Cancel Coverage (only for active employees)
- Reinstate (only for cancelled employees)

Home > Find Employee > Jim Carry: Active

Jim Carry: Active

Expand All Collapse All Actions

Subscriber Information

Employee covered under COBRA

Subscriber Legal Name	Member ID	Employer Name
JIM CARRY	0000000000	PROVIDENT WELL-BEING INC
SSN	Agreement Number	Hire Date
	0000000000	
Sex	Home Phone	Work Phone
Male		
Birth Date	Mobile Phone	Work Fax
09/14/1981		
Address	Other Insurance?	Work Email
24 FRANCE ST CHEYENNE, WY 82001	unknown	
	Medicare Eligible?	
	unknown	

[View Other Insurance and Medicare History](#)

Plan Coverage

This employee has single coverage group. Group Number: 00000002 - Active

Medical

Plan

Effective Date
09/14/2018

Coverage Category Code
IND

✓ Jim Carry

Cancel Date -
09/28/2018

Cancel Reason
Requested By Employee - Still Eligible For Coverage (29)

[View Plan Coverage History](#)

Edit Employee Record

This functionality allows you to edit the employee record. You can make multiple changes on the same page and save once.

Use this option if you wish to:

- Edit demographics for the employee or dependents
- Update or add other insurance information
- Update or add Medicare information
- Add dependents and assign coverage to new or existing dependents
- Change existing Plans

Note: Do not use the Edit Employee functionality if you wish to cancel the employee or dependent coverage. Instead, find an employee and select Cancel Coverage from the Actions button.

Edit Demographics

1. Find the employee.
2. Select Edit Employee Record from the Actions button.
3. Enter the Effective Date of Changes.
4. Edit the demographics.
5. Click the Save button.

6. If changes are successful, a success message displays.

Home > Find Employee > Ann Pslink: Active

Ann Pslink: Active

[Expand All](#) [Collapse All](#) [Actions](#)

Effective Date of changes *
mm/dd/yyyy

Subscriber Information

Hire Date
09/01/1977

SSN
-**-*

Prefix
None

Legal First Name*
ANN

Legal Middle Name

Legal Last Name*
PSLINK

Suffix
None

Sex * Male Female

Birth Date *
09/01/1977

Address 1*
12 MAIN STREET

Address 2
Street Address 2

City* **State*** **ZIP***
CINCINNATI OH OH 45202

Home Phone
(616) 999-1234

Work Phone
() - -

Mobile Phone
(616) 999-1234

Only employees can change their mobile phone number, either online or by calling Customer Service.

Work Fax
() - -

Work Email
employee@email.com

Other Insurance?*
Yes

Medicare Eligible?*
Yes

Add other Insurance or Medicare

1. Find the employee.
2. Select Edit Employee Record from the Actions button.
3. Enter the Effective Date of Changes.
4. In the Subscriber and Dependents sections, select Yes to the Other Insurance and Medicare questions.
5. The Other insurance and Medicare sections display below.
6. Cards display for each selected participant.
7. Enter the Other Insurance and Medicare information. Ensure that all required fields are completed.
8. Click the Save button.
9. If changes are successful, a success message displays.

Dependents

PLEASE NOTE:
To add a dependent who has the same birth month, same birth year, or same first name as an existing dependent on the same contract DO NOT add them here. To add, contact Member Services: Monday – Friday 8 a.m – 5 p.m. 800-442-2376 TTY: 771, TDD: 800-696-4710.

[Add](#)

KENYUN VI BITKOVA

SSN

Prefix
None

Legal First Name *
KENYUN

Legal Middle Name
VI

Legal Last Name *
BITKOVA

Suffix
None

Sex * Male Female

Birth Date *

Relationship to Employee *
SPOUSE

Other Insurance? *
Unknown

Medicare Eligible? *
Unknown

Update Other Insurance or Medicare

1. Find the employee.
2. Select Edit Employee Record from the Actions button.
3. Enter the Effective Date of Changes.
4. Update the Other Insurance and Medicare information in their respective sections. Ensure that all required fields are completed.
5. Click the Save button.
6. If changes are successful, a success message displays.

Other Insurance

JAEDA K AKHARY

Name of Insurance Carrier *

Group Number

Policy Holder Legal First Name

Policy Holder Legal Last Name

Effective Coverage Date

Effective Cancel Date

Policy Number

Policy Holder Relation to Subscriber *

Policy Holder Birth Date

Policy Holder Employment Status *

Medicare

JAEDA K AKHARY

Medicare Claim Number *

Why Eligible? *

Ever Collected Social Security Disability Income? *
 Yes No

Medicare Part A (Hospital Insurance)
 Effective Date*

Cancel Date

Medicare Part B (Medical Insurance)
 Effective Date*

Cancel Date

Medicare Part C - Medicare Advantage? *
 (Medicare Replacement)
 Yes No

Medicare Part D? * (Prescription Drug) Yes No

Add Dependents and Assign Coverage to New or Existing Dependents

1. Find the employee.
2. Select Edit Employee Record from the Actions button.
3. Enter the Effective Date of Changes.
4. In the Dependents section, click Add to add new dependents.
5. Enter all required fields for the dependents.
6. In the Plan Coverage section, an empty checkbox displays for the dependent for each Line of Business (LOB).
7. Select the checkbox to assign coverage to the dependent.
8. If an existing dependent doesn't have coverage, you can select the checkbox next to their name to assign coverage now.
9. Click the Save button.
10. If changes are successful, a success message displays.

Note: At this step, if the employee has coverage from multiple groups, use the Now Showing dropdown to view other groups. An empty checkbox displays in all active LOBs so you can assign coverage.

Plan Coverage

To change coverage, cancel the Active coverage and add new coverage.

This employee has single coverage group. Group Number: 12345678 - Active [Add Coverage](#)

Medical

Plan
12345678

Effective Date
12/01/2011

Coverage Category Code
ESP

Ann Pmlink
 Child Pmlink
 Child Pmlink

Change Existing Plans

1. Find the employee.
2. Select Edit Employee Record from the Actions button.
3. Enter the Effective Date of Changes.
4. Click the delete (trashcan) icon in the top right corner of the Line of Business (LOB) card.

Note: The icon displays for active LOBs only.

Note: If the employee has coverage from multiple groups, use the Now Showing drop-down to toggle between them.

5. Enter the Cancel Date and Cancel Reason.
6. Click the OK button.
7. The Add Coverage page displays.

Note: The Add Coverage page automatically displays when you delete a LOB for the first time in the editing session to ensure that new coverage is added. If you delete another LOB during the same editing session, you will not be redirected to the Add Coverage page. You can add coverage by clicking the Add Coverage icon or link.

8. Select new coverage.
9. Click the OK button.
10. The Edit page displays, any new LOBs will be 'marked as add,' and any deleted LOBs will be 'marked as canceled.' Adding and deleting LOBs won't actually occur until you save.
11. Verify the changes.
12. Click the Save button.
13. If changes are successful, a success message displays.

Print Employee Record

This functionality allows you to view the printer-friendly version of the subscriber summary and print the employee record.

Cancel Coverage

The **Cancel Coverage** function allows you to cancel an employee contract or specific coverage for a subscriber and/or dependents. This requires confirmation before a cancellation is submitted.

Note: It is important to note that you do NOT use this feature when performing Group to Group transfers. Instead, select Actions > Edit Employee Record, delete Line of Business (LOB), and add coverage.

All the active coverage will be shown on this page for the subscriber and dependents. If the subscriber is selected to cancel coverage, the dependents will automatically be selected.

1. Select the coverage to cancel.
 - You can use the Select/Deselect All links to select a Plan to be cancelled for everyone or to select all of an individual's coverage to be cancelled.
 - You can click the Cancel All link to select all the active coverage for the subscriber and dependents.

Note: If you don't have modify access for a group, checkboxes will not be displayed.

2. Carefully enter the Cancel Date and Cancel Reason.

Note: The Cancel Date is the 1st day the employee no longer has coverage. Termination date must be within contract terms. For example, many contracts must be terminated on the 1st of the month after employment termination.

3. Once all the required information is entered, click the Yes button.

A success message will display once the cancellation has been successfully completed.

[Home](#) > [Find Employee](#) > Cancel Coverage

Cancel Coverage

* Required
Active plans for all employees are shown below. Group termination dates will be displayed in red.
(Note: If you have view only access, no checkbox will be displayed.)

[Cancel All](#) [Select/Deselect All](#)

JAEDA AKHARY Select/Deselect All	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
KENYUN BITKOVA Select/Deselect All	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision

Cancel Date *

Cancel Reason *

Warning! Coverage will be canceled for the selected individual(s).
Canceling coverage for an employee will also cancel coverage for all dependents on that employee's contract. Do you still want to continue?
(Note: Coverage can be added later, if needed.)

Reinstate Employee

You can reinstate a cancelled employee by selecting the Reinstate option from the Actions Dropdown.

1. Enter the Coverage Effective Date. This is the date from which the coverage will be effective for the employee.

Reinstate ✕

* Required

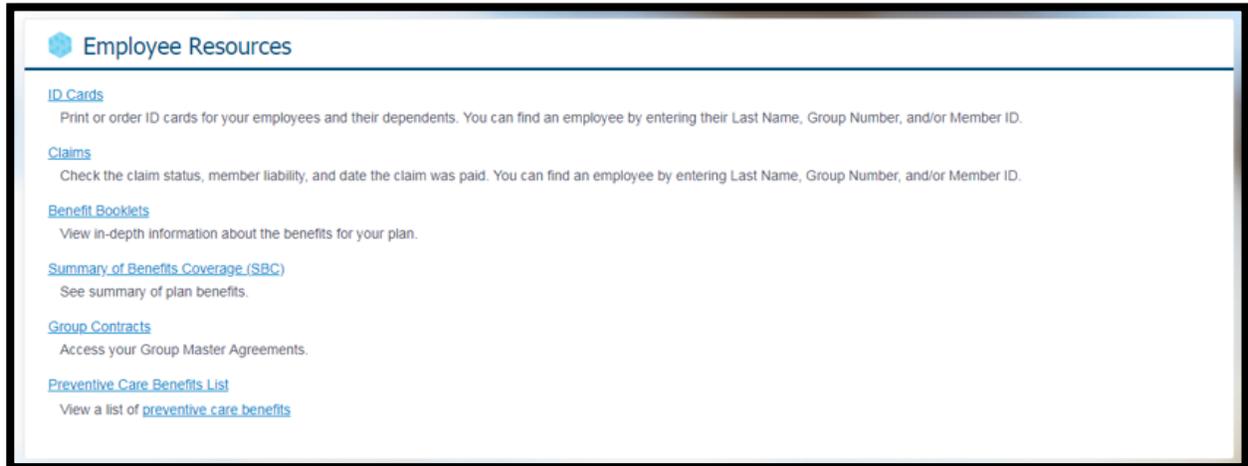
Coverage Eff. Date*

You will be able to edit demographic information and select coverage once you continue

2. Click Continue.
3. The Add Employee page displays, with employee information pre-populated. At this time, information can be edited or added to reflect the current request. You can follow the Add Employee process to complete and reinstate the enrollment.

Section 4: Assist Employees

Purpose: This section describes how you can assist your employees by printing ID cards, accessing Plan information, finding a doctor, and more.



The screenshot shows the 'Employee Resources' page. It features a blue header with a gear icon and the text 'Employee Resources'. Below the header, there are several links and descriptions:

- ID Cards**: Print or order ID cards for your employees and their dependents. You can find an employee by entering their Last Name, Group Number, and/or Member ID.
- Claims**: Check the claim status, member liability, and date the claim was paid. You can find an employee by entering Last Name, Group Number, and/or Member ID.
- Benefit Booklets**: View in-depth information about the benefits for your plan.
- Summary of Benefits Coverage (SBC)**: See summary of plan benefits.
- Group Contracts**: Access your Group Master Agreements.
- Preventive Care Benefits List**: View a list of [preventive care benefits](#).



The screenshot shows the 'Providers' page. It features a blue header with a gear icon and the text 'Providers'. Below the header, there are two links and descriptions:

- Find a Dentist**: Find a dentist for routine care.
- Find a Doctor**: Find in-network hospitals, doctors, or other health care providers.

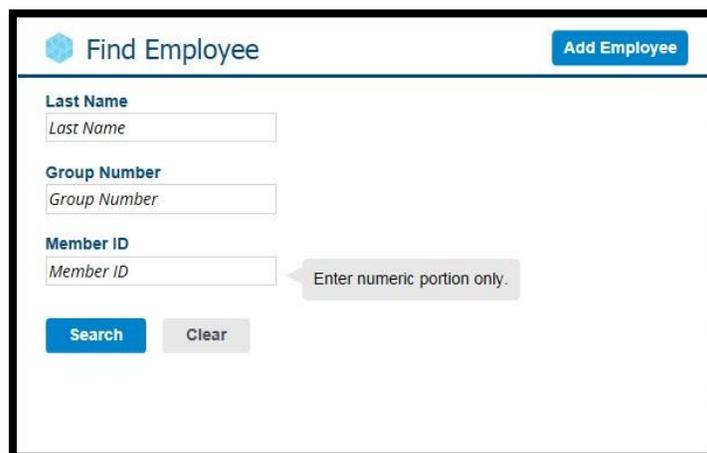
ID Cards

You can view, print or order ID cards for your employees and their dependents.

The ID card function is available from the Assist Employee tab, as well as the Home page, and Find Employee page.

From the **Assist Employees** tab:

1. Click the ID Card link.
2. The Find Employee page displays.



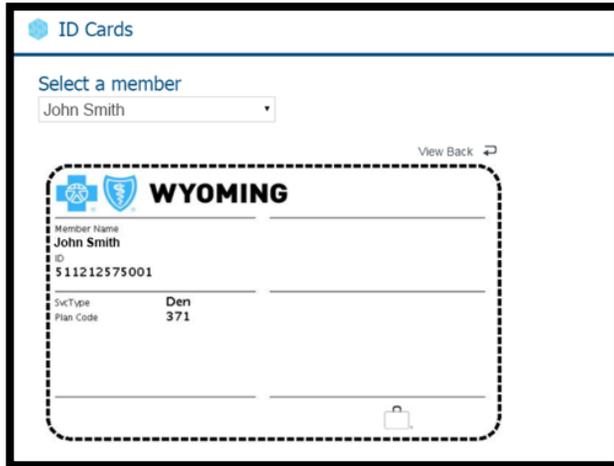
The screenshot shows the 'Find Employee' search form. It has a blue header with a gear icon and the text 'Find Employee'. In the top right corner, there is a blue button labeled 'Add Employee'. Below the header, there are three input fields:

- Last Name**: A text input field with the placeholder text 'Last Name'.
- Group Number**: A text input field with the placeholder text 'Group Number'.
- Member ID**: A text input field with the placeholder text 'Member ID'. A tooltip points to this field with the text 'Enter numeric portion only.'

At the bottom of the form, there are two buttons: a blue 'Search' button and a grey 'Clear' button.

3. Enter employee's Last Name, Group Number, and/or Member ID.
4. Click the Search button.

- Results display based on the entered values and you can filter the results by entering the First Name.
- Select ID Cards from the Actions dropdown. You will not see the ID cards option for a cancelled employee.



- You can click the Order ID Card button to request a copy of ID cards. You will be prompted to verify your mailing address (address can be edited).
- You can also print the ID card by clicking the Print this ID Card button.

Claims (Self Funded)

If applicable, you may have access to view some claim detail for your employees.

From the **Assist Employees** tab:

- Click the Claims link.
- The Find Employee page displays.

- Enter the employee's Last Name, Group Number and/or Member ID.
- Click the Search button.
- Results display based on the entered values and you can filter the results by entering the First Name.
- Select Claims from the Actions drop-down.
- The Claims Agreement page displays.

- Click the Agree & Continue button to view claims for the selected employee and their dependents.
- The Claims Page displays.

- You can filter the claims by date range, claim status, Plan types and name. Or you can download a summary of the claims in Excel.

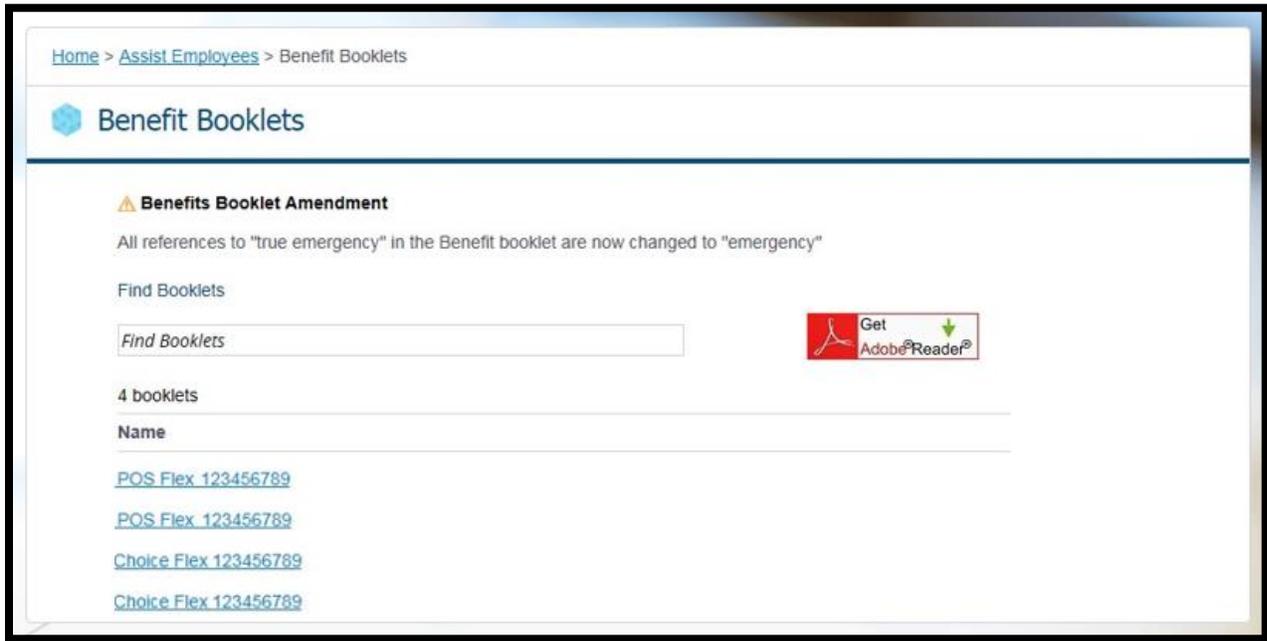
Benefit Booklets

Benefit Booklets for all Plans are available for viewing from the Assist Employees tab.

From the **Assist Employees** Tab:

- Click the Benefit Booklets link.

2. The Benefit Booklets page displays.



3. Click the applicable Plan Name and Group Number link.
4. The Benefit Booklet opens in a separate browser window as a PDF file and can be printed or saved as a file to your computer.

Note: If it's a long list, you can search for a booklet by entering the Plan Name or Group Number in the Find Booklets filter.

Note: Summary of Benefits, Group Contracts, and Preventive Care Benefits Lists can be accessed in a similar way.

Providers

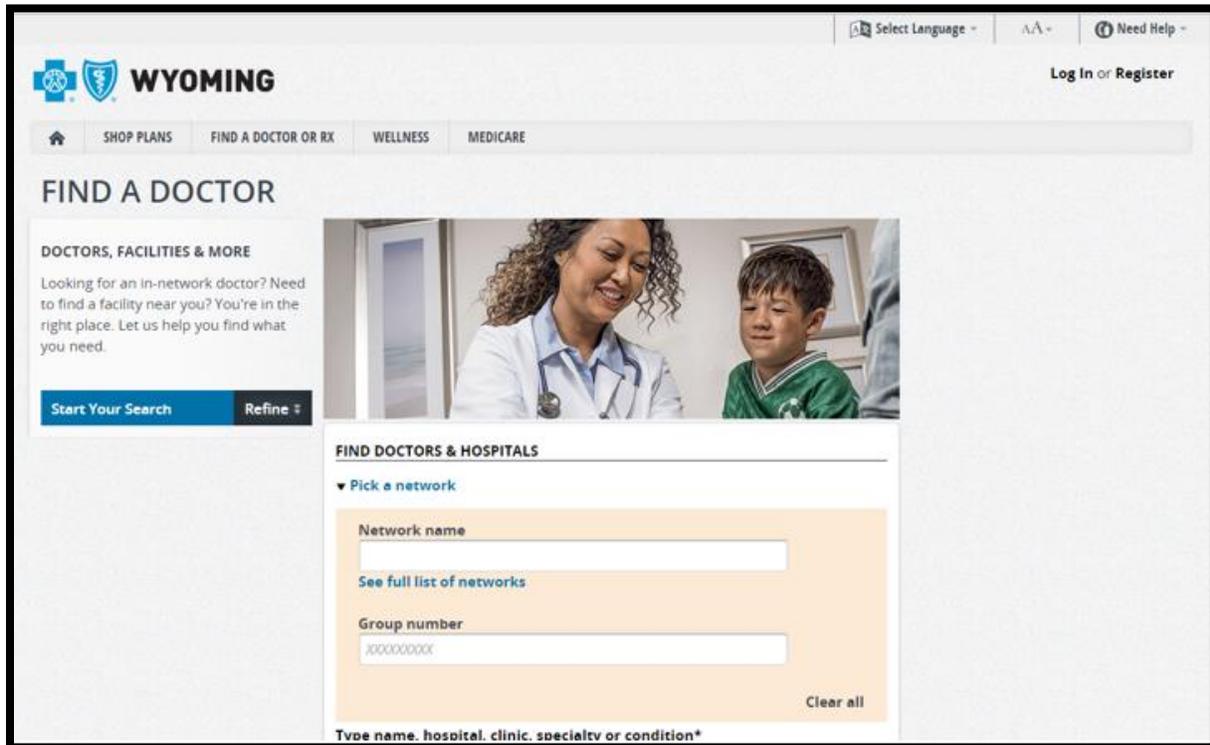
Based on your benefits, search for a doctor, hospital or urgent care, pharmacy, dentist or dental specialist, and an eye care provider using your specific criteria.

From the Assist Employees tab:

1. Click the Find a Doctor link.



2. Find a Doctor page displays.



3. Enter the search criteria to find in-network hospitals, doctors, or other health care providers.
4. Click the Search button. The Search Results display according to your search criteria.

Section 5: Client/Groups Tab

Purpose: This section provides an overview of the Client/Groups tabs and how to view and understand the Client and Group details and contacts.

Use the Client/Groups Tab to access the Client and Group level information:

- General Information
- Contacts
- Groups
- Report Codes (if applicable)

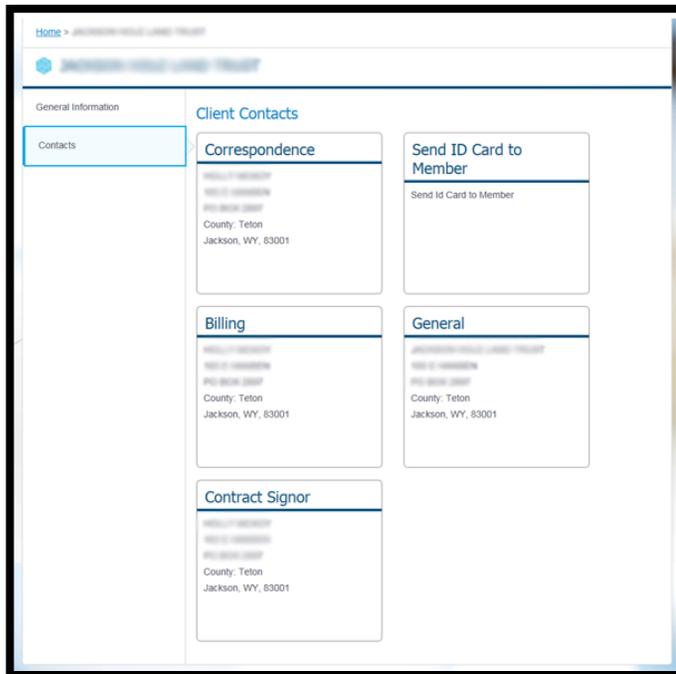
Note: It is NOT possible to edit information in the Client/Groups section. Contact your local BCBSWY Agent if this information requires an update.

View Client Level Information

1. Select Client from the Client/Groups Tab.



2. The Client information page display.



Term	Definition
Renewal Month	Your company's renewal month.
State of Incorporation	The state in which your company is incorporated.
Affiliation	The companies having a common interest above and beyond the purchase of health care.
Payment Mode	The frequency of payments.
Payment Terms	The due date for payments.
Sales Representatives	The names and titles of the sales representatives assigned to your company.
SIC Code	The Standard Industrial Classification (SIC) code assigned to your company.
SIC Industry Description	The type of business.
Report Code	Displays active report codes that are associated with the groups listed. Report codes are only shown if they are applicable to your company's setup.

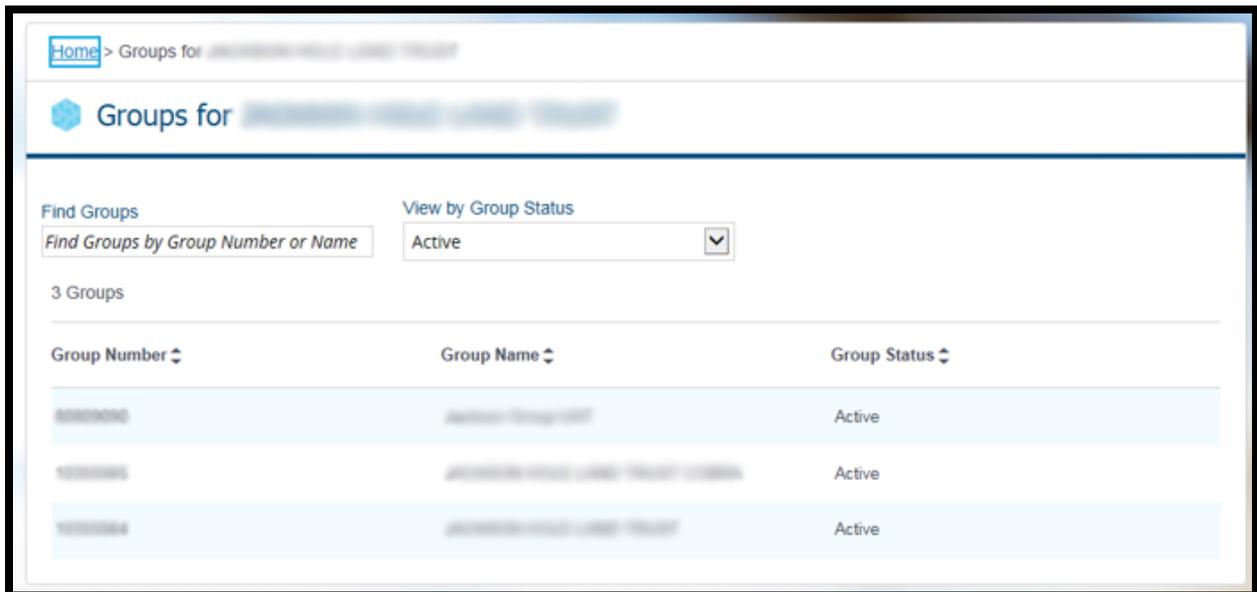
3. Click Contacts from the left navigation to view client contacts.
The Client Contacts page displays contact information about the company's different contact types. Examples of contact types may include Billing, ID Cards, Monthly Reports, Correspondence, and Contract Signor.

View Group Level Information

1. Select Groups from the Client/Groups Tab.



2. The Groups List page displays.



Note: If the list is long, you can enter a Group Number or Name in the Find Groups filter.

3. Click the Group Number link to view the Group Details page.

Home > Groups for [Organization Name] > [Group Name] : Active

General Information [Expand All](#)

Eligibility

- ✗ Student Reporting
- ✗ Students Covered
- ✓ Dependents
- ✓ Domestic Partners

Dependent Type	Eligible to Age	Terminate
Regular	26	First of Month Following Birthdate
Disabled Dependent	Unlimited	No Deletion

Products

Traditional CMM with Rx - Test
Currently Active

Contract Range
01/01/2017-12/31/2017

Next Renewal
01/01/2018

Contract Period
12 months

Billing Method
Premium

WY - Spending Account - HRA
Currently Active

Contract Range
01/01/2017-12/31/2017

Next Renewal
01/01/2018

Contract Period
12 months

Billing Method
Premium

WY - Vision - TEST
Currently Active

Contract Range
01/01/2017-12/31/2017

Next Renewal
01/01/2018

Contract Period
12 months

Billing Method
Premium

WY Dental - TEST
Currently Active

Contract Range
01/01/2017-12/31/2017

Next Renewal
01/01/2018

Contract Period
12 months

Billing Method
Premium

Report Codes

Type	Code
DEPARTMENT CODE (DP)	Client Defined
EMPLOYEE ID NUM (A6)	Client Defined
COBRA (CB)	Client Defined
PAY LOCATION (LU)	Client Defined
ALPHA PAY (AP)	Client Defined

4. You can view:

a. General Information

The page title and **Group General Information** section display the following information:

Term	Definition
Group Name	The name of the group.
Group Status	The status of the group, i.e., whether the group is active or cancelled.
Renewal Month	Your company's renewal month.
State of Incorporation	The state in which your company is incorporated.
Affiliation	The companies having a common interest above and beyond the purchase of health care.
Sales Representatives	The names and titles of the sales representatives assigned to your company.
Payment Mode	The frequency of payments.
Payment Terms	The due date for payments.
SIC Code	The Standard Industrial Classification (SIC) code assigned to your company.
SIC Industry Description	The type of business.

b. Eligibility

The **Group Eligibility** section displays the following information:

Term	Definition
Dependents, Students, & Domestic Partners Covered	Yes (check) or No (x) answer, as to whether they are covered or not.
Dependent Type	Regular, Disabled, or Student.
Eligible to Age	The age at which coverage is discontinued for a dependent.
Terminate	The rules for when a dependent's coverage terminates.

c. Product

The **Group Products** section displays product information and status.

Term	Definition
Product Status	Indicates whether the product is currently active or effective on a future date.
Billing Method	The type of billing used by the purchaser to pay for benefits bought under the contract.

d. Report Codes

The **Group Report Code** section displays active report codes that are associated with the selected group. Report codes are only shown if they are applicable to your company's setup.

5. Select Contacts from the left navigation to view group contacts.

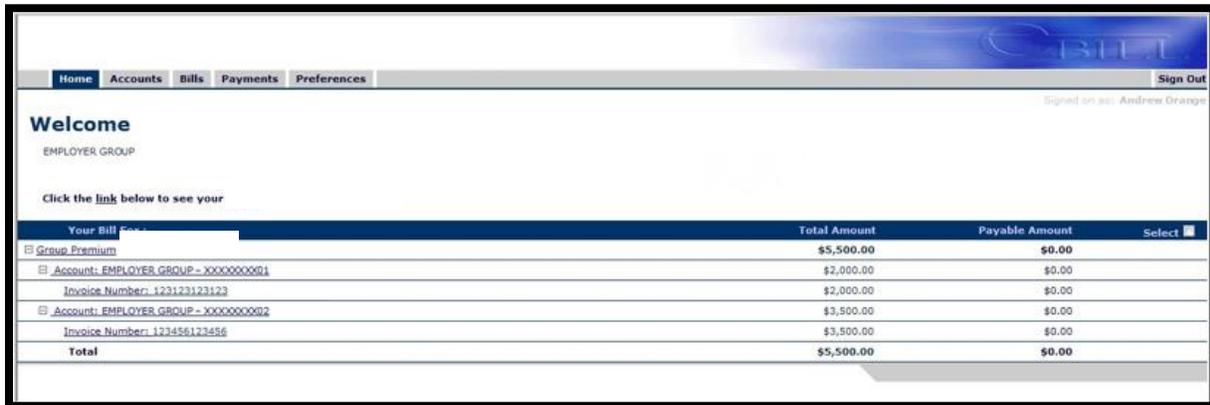
The Group Contacts page displays contact information such as, names, addresses, phone numbers, fax numbers, e-mail addresses, etc. The Contact Type field describes when the contact is to be used. For example, the group may have Billing contacts, ID Card contacts, Report contacts, etc.

Section 6: Billing

Purpose: This section provides a high-level understanding of the information you can access from the e-Bill system.

If applicable, the Billing tab enables you to view group invoices online. The Billing tab links to e-Bill.

1. Click the Billing tab from the Home page.
2. The e-bill Welcome page displays.



The screenshot shows the 'Welcome' page of the e-Bill system. At the top, there is a navigation bar with tabs for 'Home', 'Accounts', 'Bills', 'Payments', and 'Preferences'. The user is signed in as 'Andrew Orange'. Below the navigation bar, there is a 'Welcome' message and a link to view bills. The main content area displays a table titled 'Your Bill' with columns for 'Total Amount' and 'Payable Amount'. The table lists several bills, including a 'Group Premium' bill and two 'Account' bills. The total amount due is \$5,500.00, and the payable amount is \$0.00.

	Total Amount	Payable Amount	Select
Group Premium	\$5,500.00	\$0.00	
Account: EMPLOYER_GSDUP - XXXXXXXX01 Invoice Number: 123123123123	\$2,000.00	\$0.00	
Account: EMPLOYER_GSDUP - XXXXXXXX02 Invoice Number: 123456123456	\$3,500.00	\$0.00	
Total	\$5,500.00	\$0.00	

In e-Bill, you can view reports and the prior months' bills. Email notices alert you when a new bill is available. The following tabs are available:

- Home
- Accounts
- Bills
- Payments
- Preferences

The Home tab provides an overview of the current invoice(s) for the group account(s).

Note: If there is no current invoice to be paid, the amount due is \$0.

Section 7: Resources

- **Purpose:** This section provides an overview of the resources you can access.

The screenshot shows a web application interface for the 'Forms' section. At the top, there is a breadcrumb trail: 'Home > Forms'. Below this is a header area with a blue icon and the text 'Forms'. A navigation menu on the left contains two items: 'Forms' (which is highlighted with a blue background) and 'Helpful Information'. The main content area on the right contains the following text:

Access commonly used forms to manage your plan.

[Member Forms](#)
Download and print commonly used forms.

[FSA, HRA, and HSA Forms and Resources](#)
Get information and download forms for Flexible Spending, Health Reimbursement Accounts, Health Savings Accounts and Premium Only Plans.

The screenshot shows a web application interface for the 'Helpful Information' section. At the top, there is a breadcrumb trail: 'Home > Helpful Information'. Below this is a header area with a blue icon and the text 'Helpful Information'. A navigation menu on the left contains two items: 'Forms' and 'Helpful Information' (which is highlighted with a blue background). The main content area on the right contains the following text:

Get answers to common benefit plan questions.

[Wellness Programs](#)
Make it easier for your employees to live healthier lifestyles. Access programs for wellness and preventative services.

[Health Care Reform](#)
Find useful information and resources on what Health Care Reform means for your employees and their families.

[COBRA Administrator](#)
find ways to bring COBRA services to your employees.

[Save on top-quality specialty care](#)
your plan has special benefits. Save on certain high-risk, high-cost procedure(s) when you receive services at Blue Distinction Centers.

[COBRA](#)
Learn more about employee COBRA continuation rights.

[How to Read Your Invoice - Small Group](#)
Find information about your invoice, including detailed descriptions of the information on the report.

[How to Read Your Invoice - Large Group](#)
Find information about your invoice, including detailed descriptions of the information on the report.