

# EMPLOYER SITE TRAINING GUIDE

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



**WYOMING**

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## At a Glance

This is a high-level overview of the Employer Portal. For specific details, select the topic and visit the page for instructions.

### [Login Process \(Pg 6\)](#)

Plan Administrators can use the credentials they received from [onlineservices@bcbswy.com](mailto:onlineservices@bcbswy.com) and then go to [YourWyoBlue.com](http://YourWyoBlue.com) to log in. Enter login ID (PA#####A) and password.

### [Getting Started \(Pg 9\)](#)

Use the navigation bar to access links to Enroll an Employee, get Group or Client information, Request ID Cards, View Billing Reports or find other employer resources and guides.



### [Enrollments \(Pg 12\)](#)

In enrollments, you can Click the Add Employee button to add a new subscriber and dependent(s), enter other insurance information, Medicare information and select Plan Coverage.

### [Assist Employees \(Pg 27\)](#)

Use Find Employee to find enrollment data by entering an employee's personal information. You can use this section to find the Employee Record, Print a Summary, Cancel/Reinstate a member's coverage.

**Note:** Self-funded groups may view claims from the Assist Employees tab.

### [Clients/Groups \(Pg 31\)](#)

Use the Client/Groups Tab to get General Information, Contacts, Groups, and Report Codes (if applicable).

### [Billing \(Pg 36\)](#)

The Billing tab links our e-Bill system in which you can view reports and the prior months' bills. Email notices alert you when a new bill is available.

### [Resources \(Pg 37\)](#)

This section has forms and helpful information for members to get the most out of their health insurance.

## 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](https://www.bcbswy.com/YourWyoBlueAuthFI)

Self Funded: [BCBSWY.com/YourWyoBlueAuthSF](https://www.bcbswy.com/YourWyoBlueAuthSF)

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

**Note:** Please return the completed form to your agent at [www.bcbswy.com/insurance](https://www.bcbswy.com/insurance).

**Blue Cross Blue Shield of Wyoming**  
Employer Site Authorization Form

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

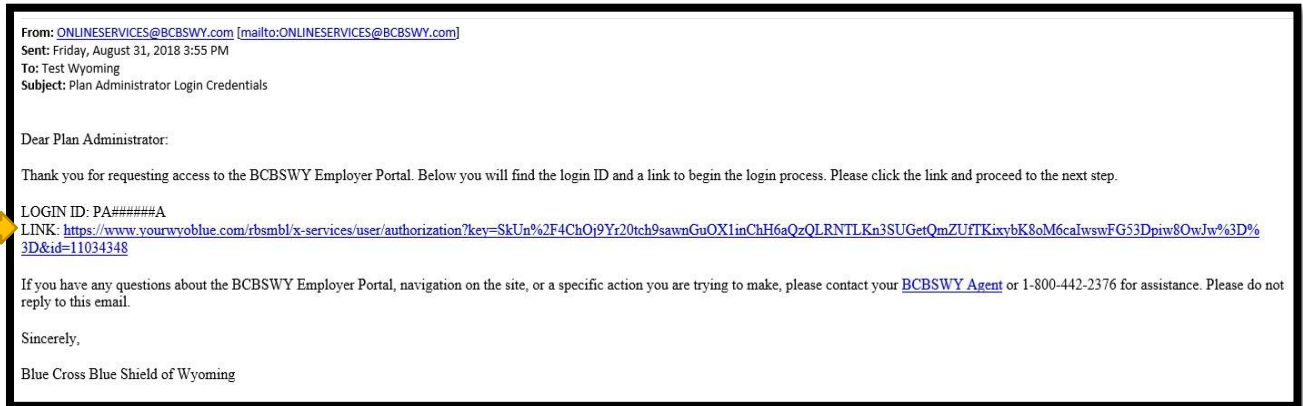
| Access            | Description   |
|-------------------|---|
| Member Enrollment | <ul style="list-style-type: none"> <li>• Access to Member Enrollment is giving the user authorization to personal employee and family information like dates of birth and social security numbers.</li> <li>• Access can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

|                           |  |
|---------------------------|--|
| Claims (Self Funded Only) | Access to Claims gives the user authorization to personal employee and family health information like health conditions, medical services, health care providers, and service charges. |
|---------------------------|--|

### Step 2: Login Credentials

BCBSWY will send an email from [onlineservices@bcbswy.com](mailto:onlineservices@bcbswy.com) with login instructions 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. To finalize the login process, please click on the link in the email.

**Note:** The link provided in the email can only be used once to set up your account.



### 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. 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.

The screenshot shows a web interface with a progress bar at the top containing three steps: 1 Security questions (highlighted), 2 Terms & conditions, and 3 Create a password.

The main heading is "SECURITY QUESTIONS". Below it, the text reads: "Please answer the following security questions that relate to you and your company. When you have supplied all of the information, click next."

There are three text input fields with the following questions:

- What is your company's zip code?
- What is your last name?
- What is your client number?

At the bottom right of the form, there are two buttons: "CANCEL" and "NEXT".

✓ 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](https://www.yourwyo.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.yourwyo.com/home/

NMHC MW UAT UAT-registration BCBSWY Home Clarity SBC Admin-upload SBC Benefits-upload ServiceNow Portal - CoreLink Test-BCBSWY Bowfit 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 >>

### 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?

### 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.

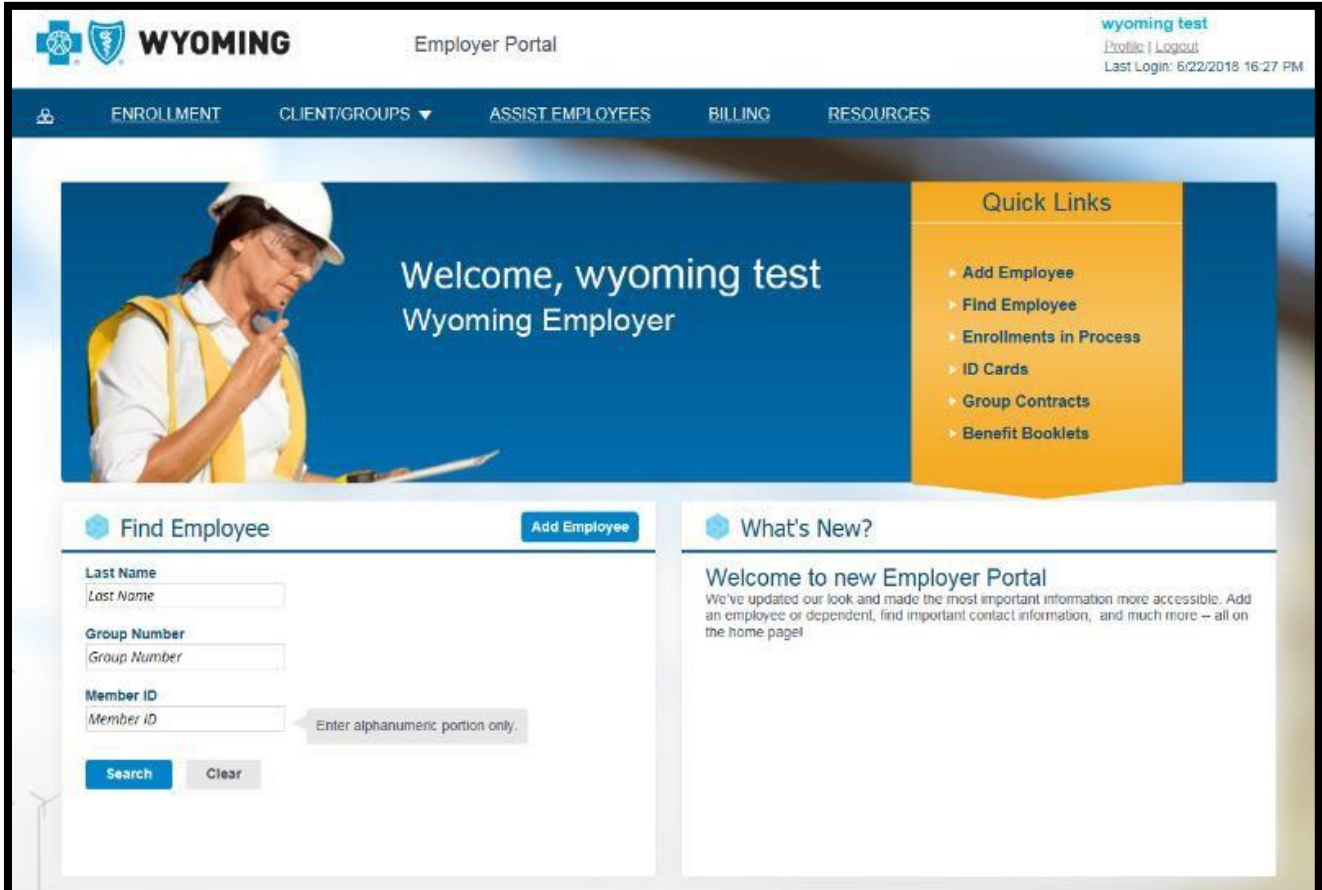


## Section 2: Getting Started – Home Page

**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

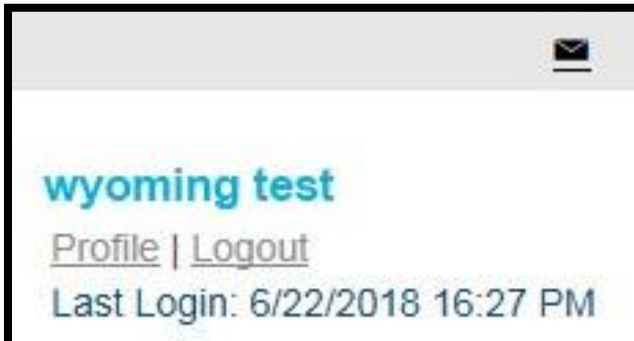
When logging in to the site for the first time, you will be prompted to change your password. If you have forgotten your password, contact your local BCBSWY Agent.



The screenshot shows the Wyoming Employer Portal home page. At the top left is the Wyoming logo with the text "WYOMING". To its right is "Employer Portal". At the top right, the user "wyoming test" is logged in, with links for "Profile" and "Logout", and a "Last Login" timestamp of "6/22/2018 16:27 PM". Below the header is a navigation bar with tabs for "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 hard hat and safety vest, and the text "Welcome, wyoming test Wyoming Employer". To the right of the banner is a "Quick Links" section 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 input fields for "Last Name", "Group Number", and "Member ID", and "Search" and "Clear" buttons. To the right of the search section is a "What's New?" section with the heading "Welcome to new Employer Portal" and a short paragraph of text.

### Header

You can access the items in the header from any page.



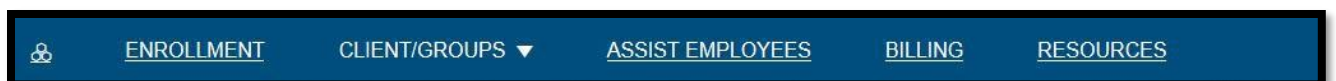
This close-up shows the user header information. It includes the text "wyoming test" in blue, followed by "Profile | Logout" in grey, and "Last Login: 6/22/2018 16:27 PM" in grey. A small envelope icon is visible in the top right corner of the header area.

The header includes the following:

| Control      | Functionality  |
|--------------|--|
| Profile link | View your demographics and access information for the overall site and each group. For example, you may modify employee data for some groups but only view employee data for other groups.<br><br>This page includes the Change Your Password link if it's applicable.<br><br><b>Note:</b> 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

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



The table below describes each tab. The tabs provide access to crucial information used to complete the enrollment process and various other functions on the site.

| Tab              | Functionality  |
|------------------|--|
| Enrollment       | Enroll a new employee or update 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 standard functionality, highlights information that may interest you and displays essential 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. A 'Quick Links' sidebar on the right lists: 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 buttons for Search and Clear. To the right is a 'What's New?' section with a welcome message. The bottom section contains three columns: 'Training/FAQs' with a question mark icon and 'Get Employer Portal Training' button; 'Find a Doctor' with a doctor icon and 'Find a doctor' button; and 'Spending Accounts' with a dollar sign icon and 'Learn about spending accounts' button. A 'Contact Us' section at the bottom provides links for 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 essential phone numbers for Member Services, Membership Questions, and Technical Assistance. |

## Section 3: Enrollments

**Purpose:** This section provides an overview of the Enrollment Tab and uses enrollment functionality.

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

The screenshot shows the 'Enrollments In Process' interface. On the left, there are search filters for 'Last Name', 'Group Number', and 'Member ID', each with a corresponding input field and a 'Search' button. A tooltip indicates that the Member ID field should contain an alphanumeric portion only. The main content area displays a list of 5 of 12 enrollments. Each row includes the subscriber's name (e.g., HJJ, HJJ), their Member ID (e.g., \*\*\*\*\*4617), and their status (SAVED). There are also navigation arrows and delete icons for each entry. A 'View All' button is located in the top right corner of the main area.

### 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 them by the 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.

**Note:** Utilize the calendar function to input dates to avoid any date entry issues.

### 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:** Some examples may feature mid-month dates. However, we do not use mid-month enrollment dates.

**Note:** You can add newborns prior to knowing their social security number.

**Note:** To add a dependent who has the same birth month, year, or 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 they do or do not have other insurance.
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 would be displayed in the left navigation.
  - b. If you answered Yes to the Medicare question for the subscriber or dependent, a new step would be displayed in the left navigation.

Home > Enrollment > Add Employee

### Add Employee

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

#### Subscriber & Dependents

\* Required

##### Subscriber Information

Hire Date  
mm/dd/yyyy

Coverage Eff. Date \*  
06/30/2018  
Enter carefully. This is the first day that any coverage will be available.

SSN\*  
999-99-9999

Confirm SSN\*  
999-99-9999

Prefix  
None

Legal First Name\*  
pheobe

Legal Middle Name  
Legal Middle Name

**Legal Last Name\***  
buffay

**Suffix**  
None

**Sex \***  Male  Female

**Birth Date \***  
04/28/1985

**Address 1\***  
2401 Southside 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 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  |
|--|--|
| <b>Name of Insurance Carrier *</b><br><input type="text" value="insurance"/>           | <b>Name of Insurance Carrier *</b><br><input type="text" value="insurance"/>           |
| <b>Group Number</b><br><input type="text" value="Group Number"/>                       | <b>Group Number</b><br><input type="text" value="Group Number"/>                       |
| <b>Policy Holder Legal First Name</b><br><input type="text" value="Legal First Name"/> | <b>Policy Holder Legal First Name</b><br><input type="text" value="Legal First Name"/> |
| <b>Policy Holder Legal Last Name</b><br><input type="text" value="Legal Last Name"/>   | <b>Policy Holder Legal Last Name</b><br><input type="text" value="Legal Last Name"/>   |
| <b>Effective Coverage Date</b><br><input type="text" value="mm/dd/yyyy"/>              | <b>Effective Coverage Date</b><br><input type="text" value="mm/dd/yyyy"/>              |
| <b>Effective Cancel Date</b><br><input type="text" value="mm/dd/yyyy"/>                | <b>Effective Cancel Date</b><br><input type="text" value="mm/dd/yyyy"/>                |
| <b>Policy Number</b><br><input type="text" value="Policy Number"/>                     | <b>Policy Number</b><br><input type="text" value="Policy Number"/>                     |
| <b>Policy Holder Relation to Subscriber *</b><br><input type="text"/>                  | <b>Policy Holder Relation to Subscriber *</b><br><input type="text"/>                  |

|  |  |
|--|--|
| <b>Policy Holder Relation to Subscriber *</b><br><input type="text"/>      | <b>Policy Holder Relation to Subscriber *</b><br><input type="text"/>      |
| <b>Policy Holder Birth Date</b><br><input type="text" value="mm/dd/yyyy"/> | <b>Policy Holder Birth Date</b><br><input type="text" value="mm/dd/yyyy"/> |
| <b>Policy Holder Employment Status *</b><br><input type="text"/>           | <b>Policy Holder Employment Status *</b><br><input type="text"/>           |
| <a href="#">Copy to others</a>   | <a href="#">Copy to others</a>   |

[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   |
|---|---|
| <b>Medicare Claim Number *</b><br><input type="text"/>  | <b>Medicare Claim Number *</b><br><input type="text"/>  |
| <b>Why Eligible? *</b><br>Select An O <input type="text"/>  | <b>Why Eligible? *</b><br>Select An C <input type="text"/>  |
| <b>Ever Collected Social Security Disability Income?*</b><br><input type="radio"/> Yes <input type="radio"/> No             | <b>Ever Collected Social Security Disability Income?*</b><br><input type="radio"/> Yes <input type="radio"/> No             |
| <b>Medicare Part A (Hospital Insurance)</b><br><b>Effective Date*</b><br><input type="text"/> <input type="calendar"/>      | <b>Medicare Part A (Hospital Insurance)</b><br><b>Effective Date*</b><br><input type="text"/> <input type="calendar"/>      |
| <b>Cancel Date</b><br><input type="text"/> <input type="calendar"/>   | <b>Cancel Date</b><br><input type="text"/> <input type="calendar"/>   |
| <b>Medicare Part B (Medical Insurance)</b><br><b>Effective Date*</b><br><input type="text"/> <input type="calendar"/>       | <b>Medicare Part B (Medical Insurance)</b><br><b>Effective Date*</b><br><input type="text"/> <input type="calendar"/>       |
| <b>Cancel Date</b><br><input type="text"/> <input type="calendar"/>   | <b>Cancel Date</b><br><input type="text"/> <input type="calendar"/>   |
| <b>Medicare Part C - Medicare Advantage? * (Medicare Replacement)</b><br><input type="radio"/> Yes <input type="radio"/> No | <b>Medicare Part C - Medicare Advantage? * (Medicare Replacement)</b><br><input type="radio"/> Yes <input type="radio"/> No |
| <b>Medicare Part D? * (Prescription Drug)</b><br><input type="radio"/> Yes <input type="radio"/> No                         | <b>Medicare Part D? * (Prescription Drug)</b><br><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 will display for each relevant LOB.

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

**Important:** If your company only offers medical, you will not see vision or dental. Likewise, if your company only offers dental and/or vision, you will not be able to select Medical.

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

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

Home > Add Employee

### Add Employee

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

#### Plan Coverage

\* Required

| Medical  | Vision   | Dental  |
|--|--|---|
| Plan: 10403055 - PPO with Rx - T   | Plan: None   | Plan: 10400696 - WY Dental - TE!  |
| Effective Date: 06/30/2018   | Effective Date: 06/30/2018   | Effective Date: 06/30/2018  |
| <input checked="" type="checkbox"/> pheobe buffay<br><input checked="" type="checkbox"/> joey buffay | <input type="checkbox"/> pheobe buffay<br><input type="checkbox"/> joey buffay | <input type="checkbox"/> pheobe buffay<br><input checked="" type="checkbox"/> joey buffay |

| Drug   | Service  |
|--|--|
| Plan: None   | Plan: None   |
| Effective Date: 06/30/2018   | Effective Date: 06/30/2018   |
| <input type="checkbox"/> pheobe buffay<br><input type="checkbox"/> joey buffay | <input type="checkbox"/> pheobe buffay<br><input type="checkbox"/> joey buffay |

#### Report Codes

\* Required

| Group #10403055 | Group #10400696 |
|-----------------|-----------------|
| COBRA (CB)      | COBRA (CB)      |

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

## Step 5: Review & Submit

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

If you need to edit anything on the page, 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 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.

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 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 the membership department.

| Subscriber Name                     | Member ID | Status |
|-------------------------------------|-----------|--------|
| <a href="#">HJJJ_HJJJ</a>           | *****4617 | SAVED  |
| <a href="#">HGRHGTR_KUYHB</a>       | *****5468 | SAVED  |
| <a href="#">FHJJ_GYHJK</a>          | *****6789 | SAVED  |
| <a href="#">DRFKRHKR_SHEEGJSKRG</a> | *****4909 | SAVED  |
| <a href="#">DFD_FDG</a>             | *****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 canceled 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 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 canceled 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                           | [REDACTED]         | [REDACTED]    |
| SSN                                 | Agreement Number   | Hire Date     |
| [REDACTED]                          | [REDACTED]         | [REDACTED]    |
| Sex                                 | Home Phone         | Work Phone    |
| Male                                | [REDACTED]         | [REDACTED]    |
| Birth Date                          | Mobile Phone       | Work Fax      |
| 09/14/1981                          | [REDACTED]         | [REDACTED]    |
| Address                             | Other Insurance?   | Work Email    |
| 24 FRANKS ST<br>CHRISTIAN, WV 26024 | unknown            | [REDACTED]    |
|                                     | Medicare Eligible? |               |
|                                     | unknown            |               |

[View Other Insurance and Medicare History](#)

Plan Coverage

This employee has single coverage group. Group Number: [REDACTED] - Active

**Medical**

Plan  
[REDACTED]

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 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 will display.

Home > End 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 \*  
MM/DD/YYYY

Address 1\*  
12345 Main Street

Address 2  
Street Address 2

City\* State\* ZIP\*

Home Phone  
(999) 999-9999

Work Phone  
( ) - - - -

Mobile Phone  
(999) 999-9999

Work Fax  
( ) - - - -

Work Email  
employee@pslink.com

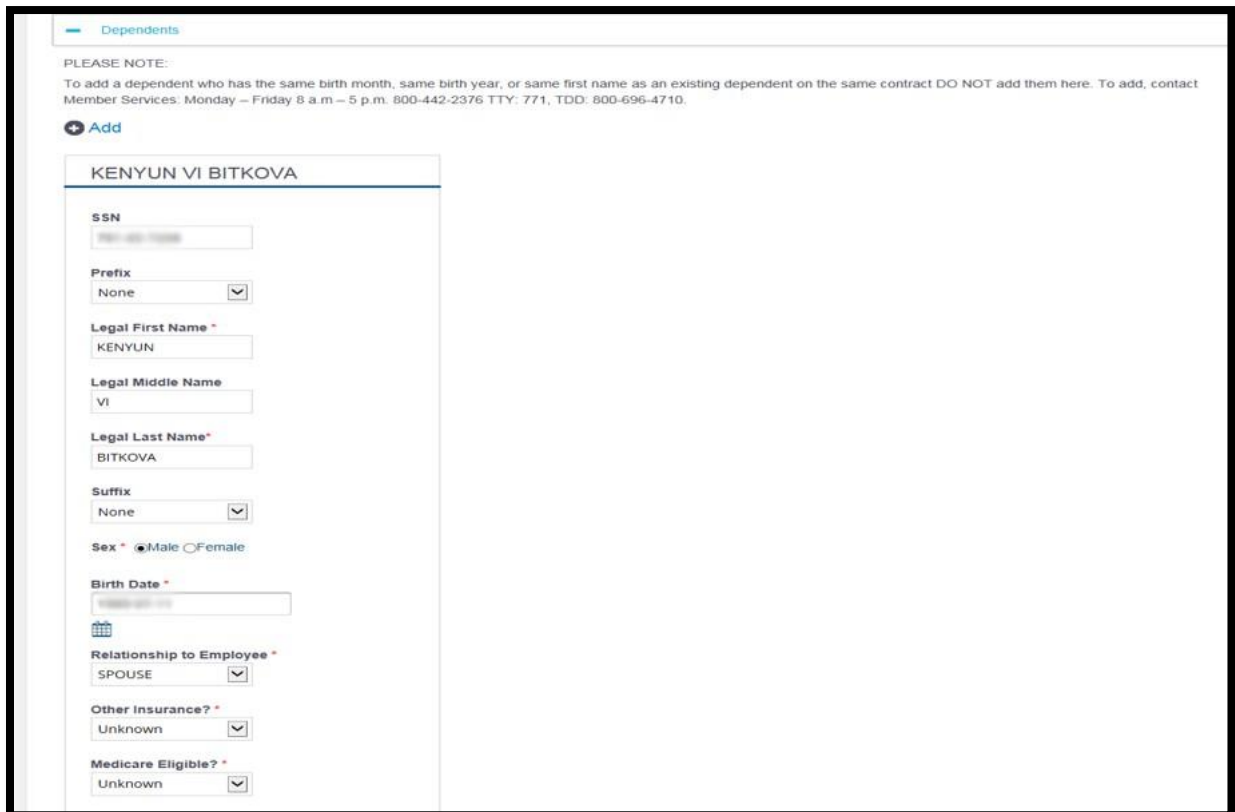
Other Insurance?\*  
Yes

Medicare Eligible?\*  
Yes

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

## 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. Select Yes to the Other Insurance and Medicare questions in the Subscriber and Dependents sections.
5. The Other insurance and Medicare sections will display below.
6. Cards will show 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 will display.



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 will display.



Other Insurance

JAEDA K AKHARY

Name of Insurance Carrier \*  
Insurance

Group Number  
Group Number

Policy Holder Legal First Name  
Legal First Name

Policy Holder Legal Last Name  
Legal Last Name

Effective Coverage Date  
[Date Picker]

Effective Cancel Date  
[Date Picker]

Policy Number  
Policy Number

Policy Holder Relation to Subscriber \*  
Select An Option [Dropdown]

Policy Holder Birth Date  
[Date Picker]

Policy Holder Employment Status \*  
[Dropdown]

Medicare

JAEDA K AKHARY

Medicare Claim Number \*  
[Text Box]

Why Eligible? \*  
Select An Option [Dropdown]

Ever Collected Social Security Disability Income? \*  
 Yes  No

Medicare Part A (Hospital Insurance)  
Effective Date\*  
[Date Picker]

Cancel Date  
[Date Picker]

Medicare Part B (Medical Insurance)  
Effective Date\*  
[Date Picker]

Cancel Date  
[Date Picker]

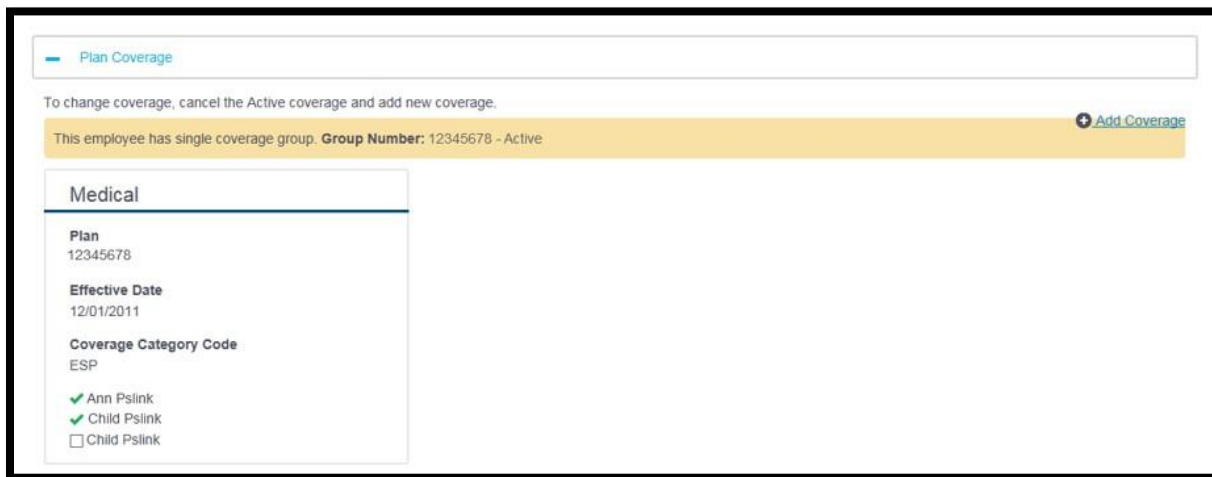
Medicare Part C - Medicare Advantage? \*  
(Medicare Replacement)  
 Yes  No

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 will display.

**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 Pblink  
 Child Pblink  
 Child Pblink

## 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 new coverage is added. You will not be redirected to the Add Coverage page if you delete another LOB during the same editing session. 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 will display any new LOBs will be 'marked as add,' and any deleted LOBs will be 'marked as canceled.' Adding and deleting LOBs won't occur until you save.
11. Verify the changes.
12. Click the Save button.
13. If changes are successful, a success message will display.

## 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 employment contract or specific coverage for subscribers and/or their dependents. Canceling coverage requires confirmation before 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. The dependents will automatically be selected if the subscriber is selected to cancel coverage.

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

**Note:** If you don't have to 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. The 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 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](#)

|  |  |
|--|--|
| <b>JAEDA AKHARY</b><br><a href="#">Select/Deselect All</a>   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Dental<br><input type="checkbox"/> Vision |
| <b>KENYUN BITKOVA</b><br><a href="#">Select/Deselect All</a> | <input type="checkbox"/> Medical<br><input type="checkbox"/> Dental<br><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 canceled 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

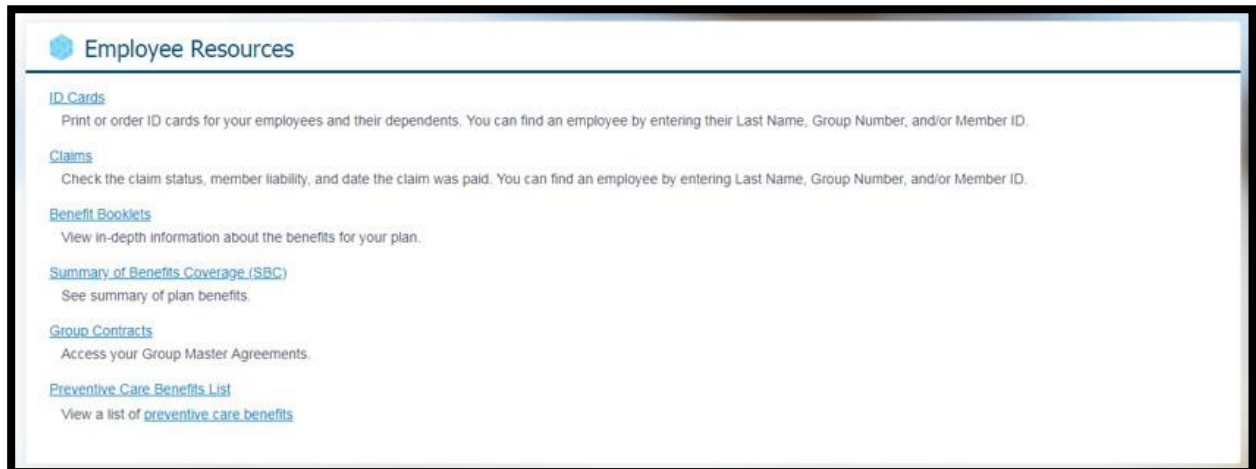
**Coverage Eff. Date\***

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 data 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.



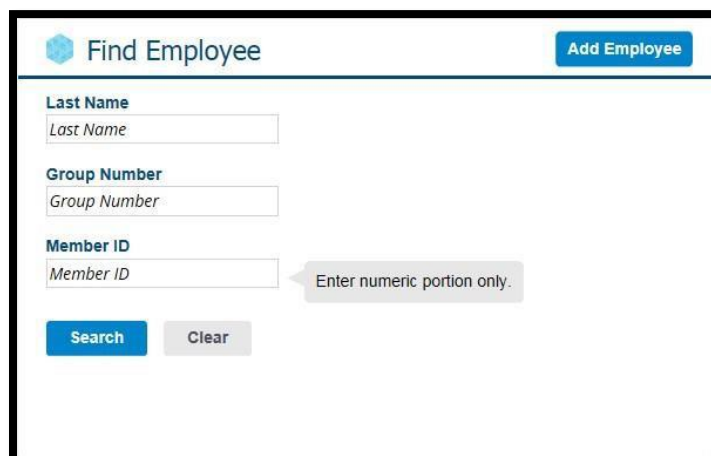
### ID Cards

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

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

From the **Assist Employees** tab:

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



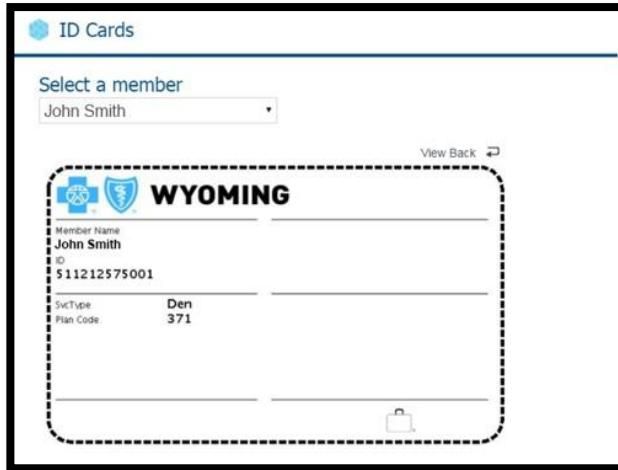
The screenshot shows the 'Find Employee' search form. It has a blue header with a gear icon and the text 'Find Employee'. In the top right corner, there is a blue button labeled 'Add Employee'. Below the header, there are three input fields:

- 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 will 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 canceled employee.



- You can click the Order ID Card button to request a copy of the 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.

 A screenshot of a web application interface titled "Find Employee". In the top right corner, there is a blue button labeled "Add Employee". Below the title, there are 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". A tooltip next to the Member ID field says "Enter numeric portion only.". At the bottom of the form, there are two buttons: a blue "Search" button and a grey "Clear" button.

- Enter the employee's Last Name, Group Number, and/or Member ID.
- Click the Search button.
- Results will 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.

**Claims : for Ronald Albert**

Date Range: Last 12 Months

2 Claims: [Download Summary](#)

**Claims Status**

- Approved (2)
- Partially Approved (0)
- Denied (0)
- Adjusted (0)
- In Process (0)

**Plan Types**

- Medical (2)
- Drug (0)
- Dental (0)

**Subscriber & Dependents**

- Ronald Albert (2)

**Ronald Albert**

- Approved
- Western Medical Association PA
- Date of Service: 03/03/2018
- Claim Number: [REDACTED]
- Group Number: [REDACTED]
- Birth Date: [REDACTED]
- Total Charges: \$250.00

[See More](#)

**Ronald Albert**

- Approved
- Cherokee Regional Medical Center
- Date of Service: 02/12/2018
- Claim Number: [REDACTED]
- Group Number: [REDACTED]
- Birth Date: [REDACTED]
- Total Charges: \$550.00

- 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.

**Employee Resources**

[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.

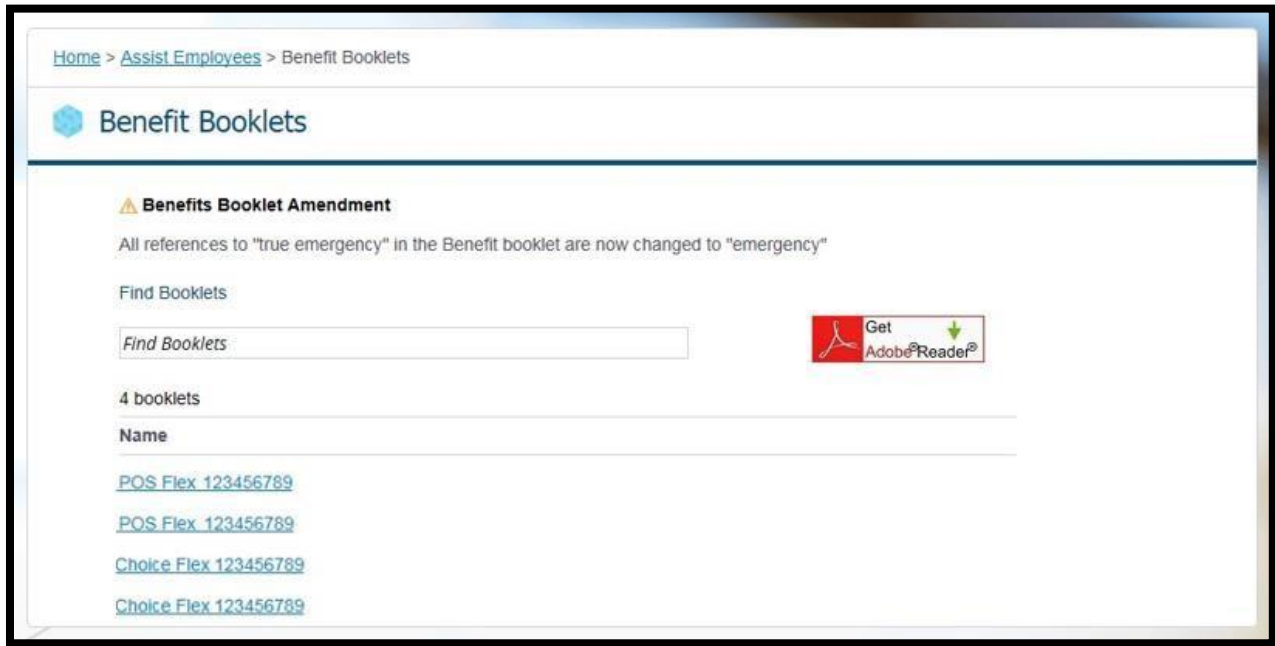
[Summary of Benefits Coverage \(SBC\)](#)  
See summary of plan benefits.

[Group Contracts](#)  
Access your Group Master Agreements.

[Preventive Care Benefits List](#)  
View a list of [preventive care benefits](#)



2. The Benefit Booklets page will display.



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:** You can similarly access the summary of Benefits, Group Contracts, and Preventive Care Benefits Lists.

## Providers

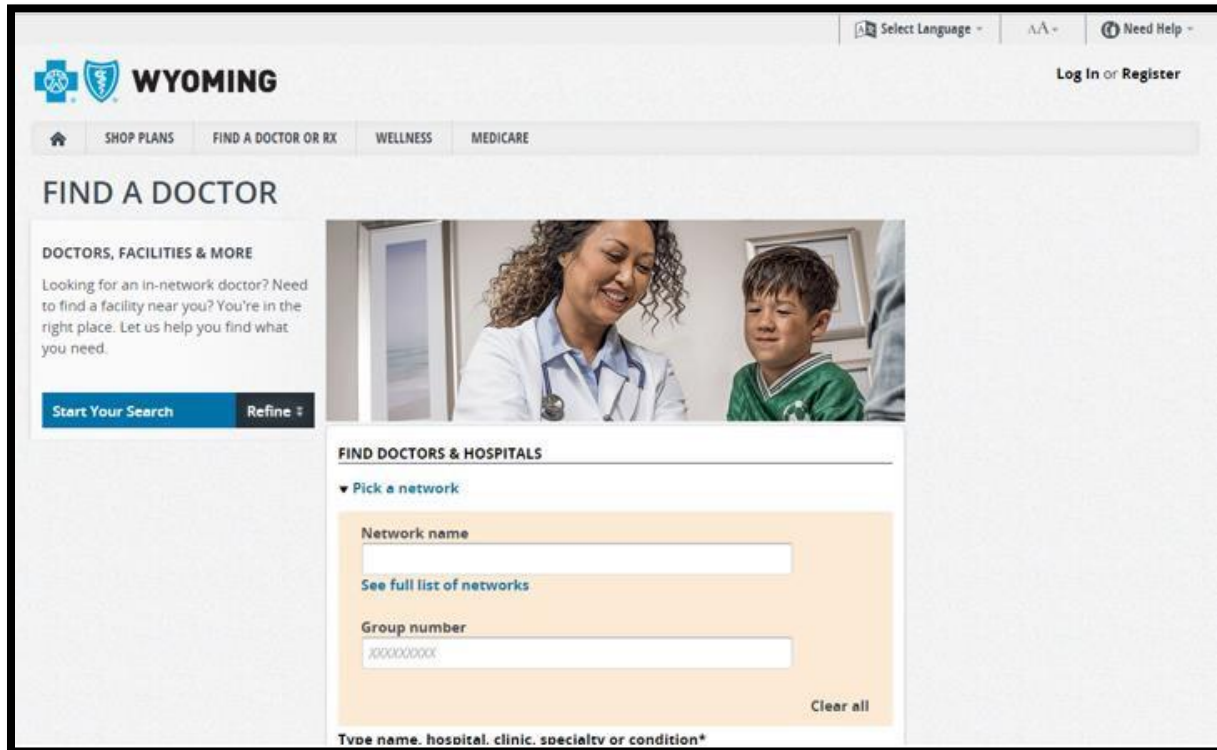
Based on your benefits, search for a Doctor, Hospital or Urgent Care, Pharmacy, Dentist or Dental Specialist, and an Eye Care provider using your specific criteria.

From the Assist Employees tab:

1. Click the Find a Doctor link.



2. Find a Doctor page will display.



3. Enter the search criteria to find in-network Hospitals, Doctors, or other health care providers.
4. Click the Search button. The Search Results will 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)

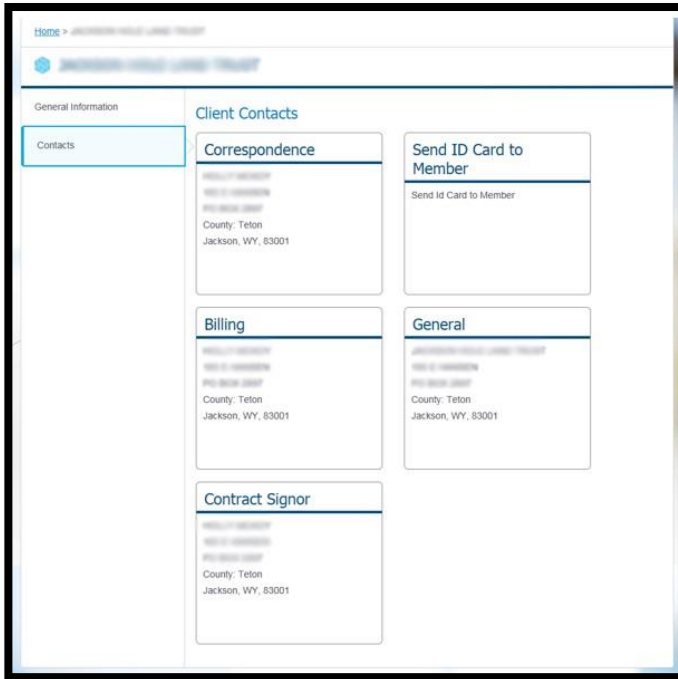
**Note:** It is NOT possible to edit information in the Client/Groups section. Contact your local BCBSWY Agent if this information requires an update.

## View Client Level Information

1. Select Client from the Client/Groups Tab.



2. The Client information page will display.



| Term                     | Definition  |
|--------------------------|---|
| Renewal Month            | Your company's renewal month.   |
| State of Incorporation   | The state in which your company is incorporated.  |
| Affiliation              | The companies have 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 apply to your company's setup. |

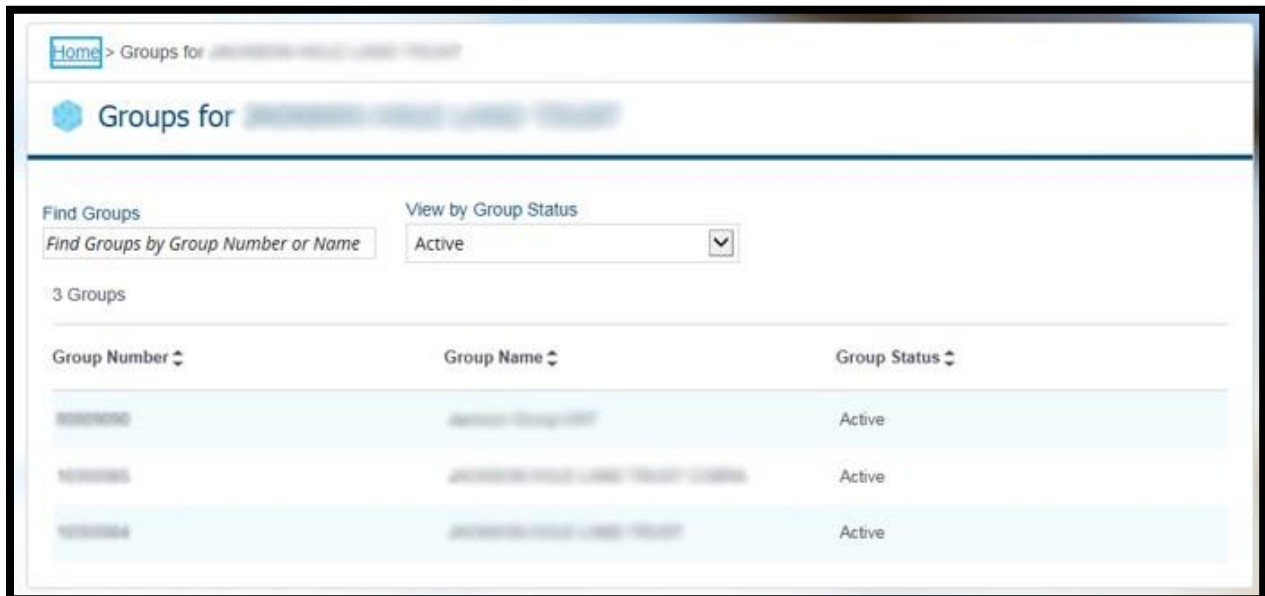
3. Click Contacts from the left navigation to view client contacts.  
The Client Contacts page displays contact information about the company's different contact types. Examples of contact types may include Billing, ID Cards, Monthly Reports, Correspondence, and Contract Signor.

## View Group Level Information

1. Select Groups from the Client/Groups Tab.



2. The Groups List page will display.



**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      ✔ Dependents  
✘ Students Covered      ✔ 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:

| <b>Term</b>              | <b>Definition</b>  |
|--------------------------|--|
| Group Name               | The name of the group.   |
| Group Status             | The status of the group, i.e., whether the group is active or canceled.            |
| Renewal Month            | Your company's renewal month.  |
| State of Incorporation   | The state in which your company is incorporated.                                   |
| Affiliation              | The companies have 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:

| <b>Term</b>                                       | <b>Definition</b>   |
|---|---|
| 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.

| <b>Term</b>    | <b>Definition</b>   |
|----------------|---|
| Product Status | Indicates whether the product is currently active or effective on a future date.      |
| Billing Method | The purchaser uses the type of billing to pay for benefits bought under the contract. |

#### d. Report Codes

The **Group Report Code** section displays active report codes associated with the selected group. Report codes are only shown if they apply 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.

**Note:** Download the [Wyoming Claims Guide](#) and/or the [Wyoming Group Premium](#) for more information on e-Bill.

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 will display.

| Invoice Number | Account Number | Invoice Type | Due Date   | Payable Amount | Outstanding Balance | To Pay |
|----------------|----------------|--------------|------------|----------------|---------------------|--------|
|                |                | REG          | 04/20/2022 | \$828.83       | \$18.00             | PAY    |
|                |                | REG          | 08/01/2018 | \$0.00         | \$0.00              | PAY    |

| Billing Entity | Account Number | Title                    | Type | Upload Date | Expiration Date |
|----------------|----------------|--------------------------|------|-------------|-----------------|
| Wyoming Claims |                | _De-Identified_Cat_Claim | PDF  | 04/18/2022  | 05/20/2022      |
| Wyoming Claims |                | _De-Identified_Cat_Claim | XLS  | 04/18/2022  | 05/20/2022      |
| Wyoming Claims |                | _Catastrophic_Claims     | XLS  | 04/18/2022  | 05/20/2022      |
| Wyoming Claims |                | _Catastrophic_Claims     | PDF  | 04/18/2022  | 05/20/2022      |
| Wyoming Claims |                | _PCPM_DETAIL_2022-00     | CSV  | 03/29/2022  | 04/30/2022      |
| Wyoming Claims |                | _CLAIMS_EXP_ROLLUP       | CSV  | 03/29/2022  | 04/30/2022      |
| Wyoming Claims |                | _PCPM_DETAIL_2022-00     | RTF  | 03/29/2022  | 04/30/2022      |
| Wyoming Claims |                | _CLAIMS_EXP_ROLLUP       | RTF  | 03/29/2022  | 04/30/2022      |



**Note:** Self-funded has additional access to Special Reports in e-bill.

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

- View Accounts
- View Current invoices
- Make Payments
- Set up Recurring Payments
- Download Reports

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 left-hand navigation menu contains two items: 'Forms' (which is highlighted with a blue bar) and 'Helpful Information'. The main content area on the right contains the following text: 'Access commonly used forms to manage your plan.' Below this are two links: '[Member Forms](#)' with the subtext 'Download and print commonly used forms.', and '[FSA, HRA, and HSA Forms and Resources](#)' with the subtext '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 left-hand navigation menu contains two items: 'Forms' and 'Helpful Information' (which is highlighted with a blue bar). The main content area on the right contains the following text: 'Get answers to common benefit plan questions.' Below this are several links with subtext: '[Wellness Programs](#)' (subtext: 'Make it easier for your employees to live healthier lifestyles. Access programs for wellness and preventative services.'), '[Health Care Reform](#)' (subtext: 'Find useful information and resources on what Health Care Reform means for your employees and their families.'), '[COBRA Administrator](#)' (subtext: 'find ways to bring COBRA services to your employees.'), '[Save on top-quality specialty care](#)' (subtext: 'your plan has special benefits. Save on certain high-risk, high-cost procedure(s) when you receive services at Blue Distinction Centers.'), '[COBRA](#)' (subtext: 'Learn more about employee COBRA continuation rights.'), '[How to Read Your Invoice - Small Group](#)' (subtext: 'Find information about your invoice, including detailed descriptions of the information on the report.'), and '[How to Read Your Invoice - Large Group](#)' (subtext: 'Find information about your invoice, including detailed descriptions of the information on the report.').