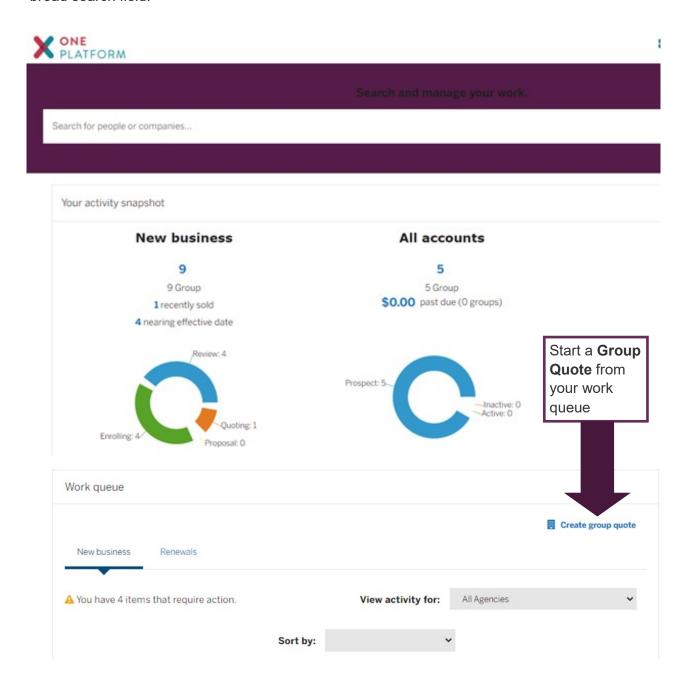# The Activity Snapshot

The Activity Snapshot, provides an at a glance view of your account information. Easy to read graphs show group activity from proposals and quoting through to Groups nearing their effective date. You can also go directly to a specific person or company's account by using the broad search field.

Marketplace Quote to Enroll Workflow

How to use this guide. There are 8 steps in the quote to enroll workflow. You can scroll through the document to view each step or navigate quickly to a specific step by clicking on the **name** of the section. Use the **Main Menu** button at the bottom of each section to return to the complete list.

1 Complete the Questionnaire

> **Quoting Ancillary Products?** Select the **Benefits Catalog** to view and quote on ancillary products throughout the quoting process. When not selected the quote view and options will default to medical only.
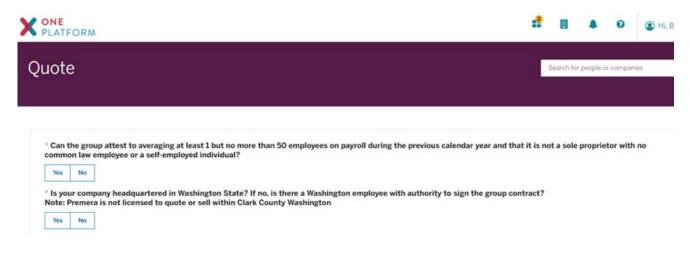
Start a Group Quote:

Click the **Create Group Quote** button

Select **Benefits Catalog** if you want to include ancillary products.

Complete the Eligilbity Questionnaire to determine if the employer is eligible for Premera and/or ancillary products and services.

☑ The business must be headquartered in Washington State and NOT in Clark County. If there is a Washington employee with authority to sign a group contract and this employee is not based in Clark County, the business may still be eligible.

☑ The business must be a Small Group which is defined as having 1-50 employees during the previous calendar year. If a company has not met that threshold, but has employed 1-50 employees during the prior year, they may still be eligible.

Click **Submit** after answering the two questions above

Answered No?
There could be other options, contact your General Agency for further assistance if you answered 'no' to either of the above questions.

2   Create the Quote Profile

During the Quote Profile creation section you will be required to enter group details for your prospect.

Quote Information*:*

Enter the requested **Effective Date** by selecting the date* from the drop down menu.
    You can only select a date 90 days in advance.

Enter the **Quote Name**

Assignment:

Broker Name – this field self populates

Agency name – this field self populates
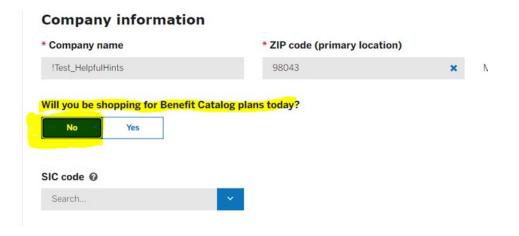
Company Information:

Enter **Company Name** (limited to 43 characters)

Enter **Zip Code (primary location)**

Answer **No or Yes** to **Benefits Catalog Question**

- Select **No** for Premera Product Only
- Select **Yes** for Premera <u>and</u> Benefits Catalog Products (SIC codes are required)
 SIC Code (*SIC codes are required for benefits catalog products*)

Company information

* Company name

!Test_HelpfulHints

* ZIP code (primary location)

98043   ✕   N

Will you be shopping for Benefit Catalog plans today?

| No ▾ | Yes |

SIC code ❓

| Search... | ⌄ |

⊕ Expand to add the following Additional Information:

You have the option to enter the Group Administrator's contact information. If you wish to add this information, then follow the steps below:

Click **Add Additional Information** button

Enter the contact's **First Name**

Enter the contact's **Last Name**

Enter the contact's **Email Address**

Enter the contact's **Office** phone number

Enter the contact's **Mobile** phone number – if Mobile phone number is the primary number then check the box labeled, **Use Mobile as Primary Number**

Employees:

Enter **Total Employed**

Enter **Total Enrolled**

You have completed entering the Quote Profile data elements. If the information is accurate then you can proceed to the next step.

Click the **Continue to Census** button to proceed

More Information: Platform logic only allows Washington state zip codes; if a Washington state zip code is not available contact your general agency.
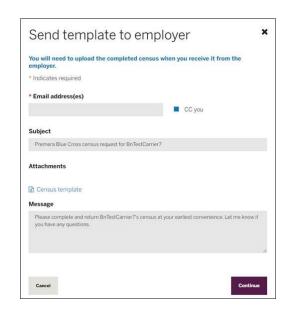
3 Complete the Quote Census

In this section, you will provide information about the employees to be covered. There are two ways you can complete a census, either by uploading a complete census file or by manually entering the employee data elements directly in the Marketplace platform.

Also, you have the option to email the census template to the employer. The employer would enter the employee data elements and you will upload the completed census file upon receiving it back from the employer.

Employer Completed Census

1. Determine who will complete the census by selecting **Employer** to confirm who is completing this task

2. Select the **Email Template** button to initiate the email

3. Enter the group contact's **Email Address**

4. **Update** the **Email Subject** line field (if desired)

5. **Update** the **Email Message** field (if desired)

6. Click the **Continue** button to email the **Census** template to the group contact

Send template to employer   ✕

You will need to upload the completed census when you receive it from the employer.

* Indicates required

* **Email address(es)**

⬛ CC you

Subject

Premera Blue Cross census request for BnTestCarrier7

Attachments

📄 Census template

Message

Please complete and return BnTestCarrier7's census at your earliest convenience. Let me know if you have any questions.

Cancel   Continue

Best Practice: Downloading the census template ensures you have all the correct fields for your quote type (medical only vs benefits catalog).

Download the Census Template

To complete the census upload you will need to first download the Quote Census Template.

Click **Download Template**
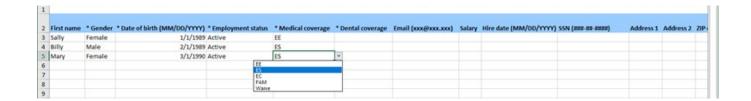
Click **Save** then **Open** to view the **Census** template file

Save the **Census** template file to your computer

You have now saved a copy of the Census template for future use.

*Helpful Hint: Completing Census (*See Screenshots below*)

- Use the drop downs:
  - ◊ Relationship (Subscriber, Spouse, Domestic Partner, Dependent)
  - ◊ Gender (Male/Female)
  - ◊ Employment Status (Active - COBRA not supported at this time
  - ◊ Medical Coverage (EE, ES, EC, FAM, Waive)
  - ◊ Dental Coverage (EE, ES, EC, FAM, Waive)
- Social Security (xxx-xx-xxxx)
- County (required of member zip code crosses multiple counties)
- Phone Number Required (Format = (206) 123-5555)

First name	* Gender	* Date of birth (MM/DD/YYYY)	* Employment status	* Medical coverage	* Dental coverage	Email (xxx@xxx.xxx)	Salary	Hire date (MM/DD/YYYY)	SSN (###-##-####)	Address 1	Address 2	ZIP
Sally	Female	1/1/1989	Active	EE								
Billy	Male	2/1/1989	Active	ES								
Mary	Female	3/1/1990	Active		ES							

Dropdown: EE, ES, EC, FAM, Waive

* Medical coverage	* Dental coverage	Email (xxx@xxx.xxx)	Salary	Hire date (MM/DD/YYYY)	SSN (###-##-####)	Address 1	Address 2	ZIP code	County	Home phone ((###) ###-####)
EE	Waive	test@test.com		1/1/2000	555-11-4444	123 Main St		98043	Snohom	(555) 555-5555
ES	Waive	test@test.com		1/1/2000	555-12-5555	124 Main St		98043	Snohom	(555) 555-5555
ES	Waive	test@test.com			555-13-6666	124 Main St		98043	Snohom	(555) 555-5555

Upload File: Completed Medical Quote Census

Open the template file, an asterisk * indicates a data field is required. All other fields are optional.

1. Click **Enable Editing** to enter Census information
2. Enter the **Sequence Number*** for the first employee

   A **Sequence Number** is a designation that you make when you create an Employee Census:

   Use a round number (1,2,3,4) to designate each employee

   Use the subscriber number for any subsequent spouse or dependents

Example: notice that Jim Smith, the subscriber is given the numeric value of 1, his spouse Jane, and his children John and Judy are also given the same subscriber number.

*Sequence no	*Relationship to employee (Subscriber, Spouse, Domestic Partner, Dependent)	Last name	Middle name	First name
1	Subscriber	Smith		Jim
1	Spouse	Smith		Jane
1	Dependent	Smith		John
1	Dependent	Smith		Judy

Census information (*Required fields)

3. **Enter** the **employee** & **dependent** data

   Enter the Relationship*

   Employee, enter Subscriber

   Married to the employee, enter Spouse

   Child or other dependent of the employee, enter Dependent

   Enter the Last Name

   Enter the First Name

   Enter the Gender*

   Enter the Date of Birth* (MM/DD/YYYY)

Enter whether the person is a Disabled Dependent (one letter format Y/N)

Enter the Employment Status* (Active or COBRA)

Enter the Medical Coverage* (EE, ES, EC, FAM, Waive)

Enter the Dental Coverage*   (EE, ES, EC, FAM, Waive)

Enter the Email address (if known)

Enter the Hire Date (MM/DD/YYYY)

Enter the Social Security Number

Enter the Zip Code

4. **Save** the file on your computer
5. Click **Upload Census** button
6. Click **Select File** button
7. Select the **census file** to upload
8. Click **Open** to upload the census file

Upload File: Completed Benefits Quote Census

The steps for completing the Benefits Quote Census is the same as the Medical Quote but with the addition of coverage & salary required fields.
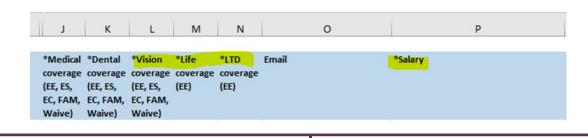
1. Click **Enable Editing** to enter Census information

2. Enter the **Sequence Number*** for the first employee

   A **Sequence Number** is a designation that you make when you create an Employee Census:

   Use a round number (1,2,3,4) to designate each employee

   Use the subscriber number for any subsequent spouse or dependents

Example of Additional Fields: *Quoting Premera and Benefit Catalog (Ancillary) Products (MetLife, etc). Additional Ancillary Carrier Required Census Fields highlighted in yellow.*

	J	K	L	M	N	O	P
	*Medical coverage (EE, ES, EC, FAM, Waive)	*Dental coverage (EE, ES, EC, FAM, Waive)	*Vision coverage (EE, ES, EC, FAM, Waive)	*Life coverage (EE)	*LTD coverage (EE)	Email	*Salary

3. **Enter** the **employee** & **dependent** data

   Enter the Relationship*

   Employee, enter Subscriber

   Married to the employee, enter Spouse

   Child or other dependent of the employee, enter Dependent

   Enter the Last Name

   Enter the First Name

   Enter the Gender*

   Enter the Date of Birth* (MM/DD/YYYY)

   Enter whether the person is a Disabled Dependent (one letter format Y/N)

   Enter the Employment Status* (Active or COBRA)

   Enter the Medical Coverage* (EE, ES, EC, FAM, Waive)

   Enter the Dental Coverage* (EE, ES, EC, FAM, Waive)

   Vision Coverage* (EE, ES, EC, FAM, Waive)

   Life Coverage* (EE, ES, EC, FAM, Waive)

   LTD Coverage* (EE, ES, EC, FAM, Waive)

   Enter the Email address (if known)

   Salary*

   Enter the Hire Date (MM/DD/YYYY)

   Enter the Social Security Number

   Enter the Zip Code

4. **Save** the file on your computer

5. Click **Upload Census** button

6. Click **Select File** button

7. Select the **census file** to upload

8. Click **Open** to upload the census file
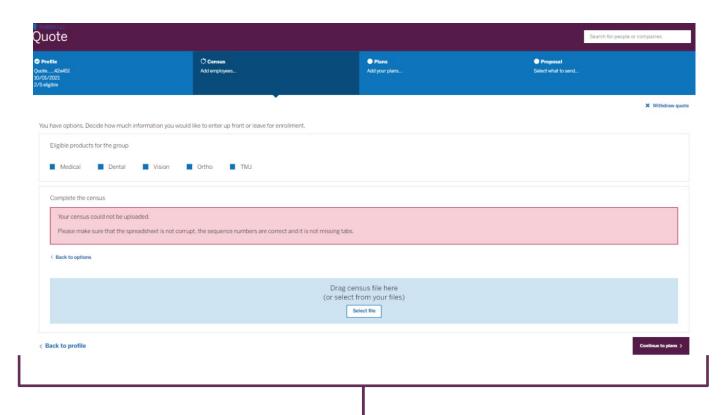
Upload File: Completed Benefits Quote Census

*Helpful Hint: *If you encounter an error*
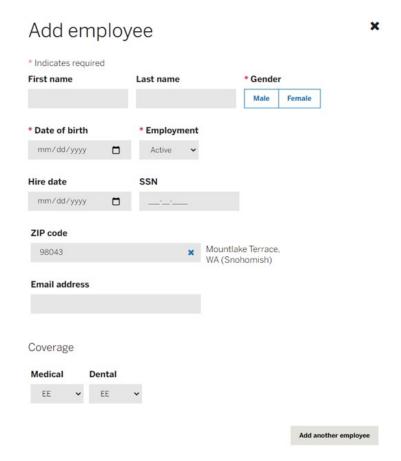
Mostly likely causes for error:
Sequence number, phone numbers with required formatting, SSN with no dashes
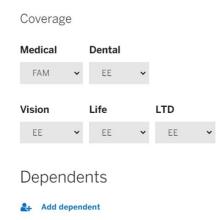
Manual Entry: Completed Census

1. Click **Manual Entry** button

2. Enter the **First Name**

3. Enter the **Last Name**

4. Select the **Gender***

5. Enter the **Date of Birth***

6. Select the **Employment Status*** (Active or COBRA)

7. Enter the **Hire Date** (MM/DD/YYYY)

8. Enter the **Social Security Number**

9. Enter the **Zip Code**

10. Enter the **Email** address (if known)

11. Select the **Medical** Coverage***

12. Enter the **Dental** Coverage***

13. Click the **Add Another Employee** button to add additional employees

14. If all employees are added, then click the **Save and Exit** button

15. Review census data and make any edits if needed (See instructions for **Census Changes and Edits** below)

16. Click the **Continue to Plans** button to proceed to the next step

Add employee

✖

* Indicates required

First name **Last name** ***** Gender**

Male Female

***** Date of birth** ***** Employment**

mm/dd/yyyy 📅 Active ▾

Hire date **SSN**

mm/dd/yyyy 📅 ___-__-____

ZIP code

98043 ✖ Mountlake Terrace, WA (Snohomish)

Email address

Coverage

Medical **Dental**

EE ▾ EE ▾

Add another employee

Benefits Catalog Entry: If you selected to quote from the Benefits Catalog you will have the option to enter Dependent information manually as well.

1. Select the **Medical** Coverage***

2. Enter the **Dental** Coverage***

3. Enter the **Vision**, **Life** & **LTD** coverage***

4. Select **Add dependent** to view dependent fields.

Coverage

Medical **Dental**

FAM ▾ EE ▾

Vision **Life** **LTD**

EE ▾ EE ▾ EE ▾

Dependents

👤+ **Add dependent**

1. Enter the **Dependent Name**
2. Enter the **Relationship**
3. Enter the **Date of birth**
4. Select the **Gender**
5. Use the **Add dependent** option to enter more dependents

Dependents

First name **Middle name** **Last name**

* **Relationship** * **Date of birth** * **Gender** ✖ Remove

mm/dd/yyyy 📅 Male Female

👤+ **Add dependent**

Review or Update? If you need to review or update the Census data, you can click the **Back to Census** link in the bottom right corner of the screen.

Manual Entry: Changes or Edits
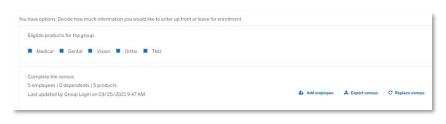
1. Click the **Add Employee** button to add additional employees to the census
2. Click the **Replace Census** button if you wish to upload a new census
3. To remove a specific person, click the **Remove** button for that person
4. To edit data for a specific person, click the **Edit** button then complete the changes
5. Click **Save** and **Exit** button

You are now ready to review and select plans. You can select up to three plans at a time and include up to ten plans of coverage on the proposal quote. Only eligible plans will appear.

You have options. Decide how much information you would like to enter upfront or leave for enrollment.

Each plan is displayed with the high-level plan design attributes (deductible, coinsurance, etc.).

General a proposal:

Quickly generate Premera medical plans by selected the **Generate proposals with all plans option**

Select the export option; Excel or PDF.

Compare selected plans in a side by side format to assist you with the plan review and decision process. This feature provides a high-level overview of the plans selected.
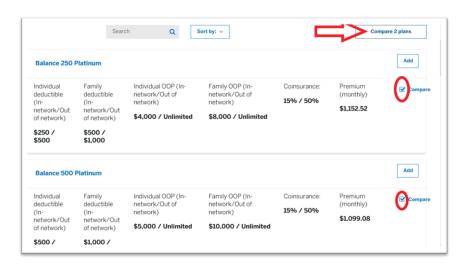
To compare plans

1. Click the **Compare** box of each plan to be included in the comparison

2. Click the **Compare Plans** button
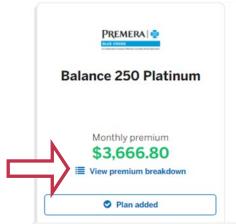
Compare plans side by side.
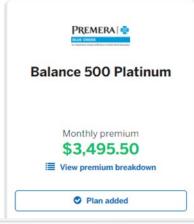
View the premium breakdown to see:
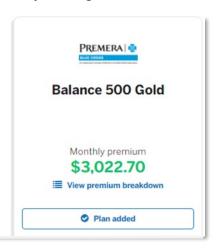
Plan Details

Highlights of Coverage (SBCs)

The Plan Comparison details listed above can be accessed by clicking the links .
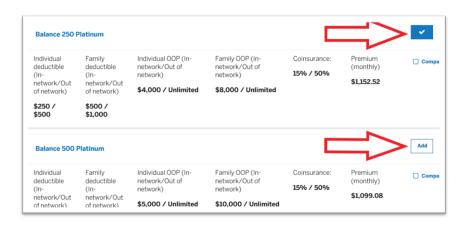
After the plan review is complete, you can add plans to your quote.

Click the **Add** button for each plan to be added.

A check mark will appear for any plan added to the quote.

5 Review & Quote Benefit Catalog Plans

Click the **Continue to Proposal** or
Benefits Catalog once you have com-
pleted   making the selections.

Continue to Benefit Catalog >

PLANS AVAILABLE

Select Benefit Catalog products to add value and boost customer satisfaction. Benefit Catalog enables you to optimize your clients' benefit strategy with a comprehensive set of industry-leading benefits, programs, and incentives that are simpler to implement and administer. Please note, Benefit Catalog products can be added to quote and proposal but you have to reach out to our Benefit Catalog products sales team to finalize a quote.

Dental   Vision   Life

6 | Generate Quote

Once the plan selections are made, you can generate a quote proposal. You have the option to email the proposal directly to the customer or save a PDF version of the quote proposal to your computer.

The **Quote Proposal** package includes the following items:

- Estimated Premium Rate Sheet
- Census
- Plan Benefits

- Washington Small Group Quote Assumptions
- Non-discrimination Disclosure Form

Once the quote is generated, by either email or saving to you computer the quote will be locked.
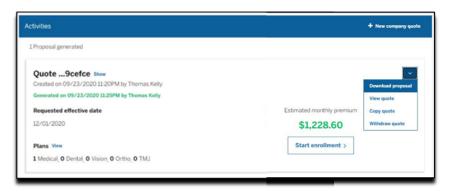
Generate a **PDF version** of the Quote Proposal.

1. Click the **Generate Proposal** button

2. Click the **Continue to Overview** button

You will proceed to the **Proposal Overview** section where you can download the PDF to your computer.

Generate an **Email Proposal**

1. Enter **Email Address of Recipient** to receive the quote

2. Enter Your **Additional Message** to be included in the Quote email

3. Click the box **Send a Copy to You** to email a copy of the quote to yourself

4. Click the **Send Proposal** button

5. Click the **Send** and **Continue to Overview** button

7 Proposal Overview

In this step you have an opportunity to view, copy or withdraw the Quote Proposal.

In this section you will have the opportunity to perform the following functions.

- Download Proposal (pdf copy)
- View Quote
- Copy Quote
- Withdraw Quote
- Use the dropdown box to select your desired action.

*Helpful Hint: Copy Quote

Once proposals are generated, the quotes will be locked but you can choose to copy the quote and make changes to the copy.

⇒ Access the Overview page by searching for the case through Case Search
⇒ Click the menu option and select '**Copy quote**'
⇒ The Profile page will display allowing you to make any desired changes. The Requested effective date field and desired plans will need to be selected but all other fields will be prefilled with the data from the original quote.

8   Enrollment Census

In this step you will have an opportunity to verify the census and provide any additional employee details that were not provided in the initial Quote Census.

1. Go to the **Enrollment Census Updates** section to make changes.

2. Click the **Continue to Plan Offering** if the census does not require updates.

Enrollment Census Updates
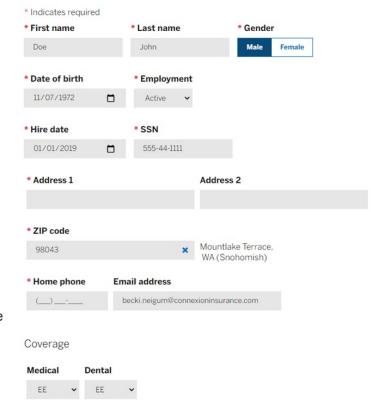
There are multiple ways to update the census. You have the option to manually make updates, replace the current census with a new one or you can download the current census into Excel, make changes, then upload. **Changes made to the census will impact the final rates**.

Add an Employee

1. Click the **Add Employee** link and complete the fields. Fields with an asterisk * are required

2. Click the **Add Another Employee** button to add additional employees

3. Click the **Save and Exit** button once all employees are added

4. Click the **Continue to Plan Offering** button once everything is accurate and you are ready to proceed.

Edit Data for an Employee

1. Click the **Edit** button for the employee that requires updating. Fields with an asterisk * are required

2. Enter the desired update(s)

3. Click the **Save and Exit** button once all employees are added

4. Click the **Continue to Plan Offering** button once everything is accurate and you are ready to proceed.

* Indicates required

* First name	* Last name	* Gender
Doe	John	Male / Female

* Date of birth	* Employment
11/07/1972	Active

* Hire date	* SSN
01/01/2019	555-44-1111

* Address 1	Address 2

* ZIP code

98043	✕	Mountlake Terrace, WA (Snohomish)

* Home phone	Email address
(___) ___-____	becki.neigum@connexioninsurance.com

Coverage

Medical	Dental
EE	EE
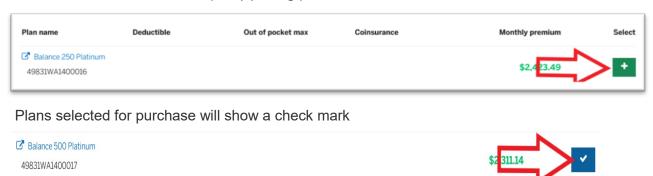
9 Complete Plan Offering

Select the plan the employer will offer to their employees. The final premiums will be calculated after employee selections and contributions.

Click the + button to select the plan(s) being purchased

Plan name	Deductible	Out of pocket max	Coinsurance	Monthly premium	Select
Balance 250 Platinum 49831WA1400016				$2,423.49	+

Plans selected for purchase will show a check mark

Balance 500 Platinum
49831WA1400017 $2,311.14   ✓

Click **Continue to Employer Application** once all desired plans for purchase are selected and enter the required information for the Employer Group.

1. Enter **Company Name**

2. Enter **Common Name**

3. Enter **WA State Unified Business Identifier (UBI)** this is the 9-digit UBI number

4. Enter **NAICS #**

5. Enter **Fed Tax ID/EIN**

6. Enter **Ownership Type,** *only required for groups size of less than 3 enrolling employees*

7. **Primary Address**

8. Enter **Address 1** *(25 character limit w/spaces)*

9. Enter **Address 2** (if applicable)

10. Enter **Zip Code**

Company information

Company name	Common name	Note: If Comp characters in: no more than spaces.
TestScreenshots ☑ Edit		

* NAICS #	* Federal tax ID / EIN	* Ownership
Search...	__-_____	

Primary address

* Address 1	Address 2	ZIP code
		98043

■ Billing address is the same as primary address

Additional Information: The platform will use the **Primary Address** to mail billing invoices. If the **Billing** address matches the **Primary Address**, then move forward to **Group Contact** section

Enter in the **Billing Address information** if the **Primary Address** is different.

1. Deselect the **Billing Address** is same as **Primary Address** box

2. Enter **Address 1**
   (25 character limit w/spaces)

3. Enter **Address 2** (if applicable)

4. Enter **Zip Code**

☐ Billing address is the same as primary address

Billing address

* Address 1	Address 2	* ZIP code
		Search...

Enter Group Contact information

1. **Group Contact**

2. Enter **First Name**

3. **Enter Last Name**

4. Enter **Email Address**

5. Enter **Office Phone Number**

6. Enter **Mobile Phone Number** of group contact

7. Click the **Use Mobile** as **Primary Number** box if the mobile is the primary number

Group contact

○ Mr.
○ Mrs.
○ Ms.
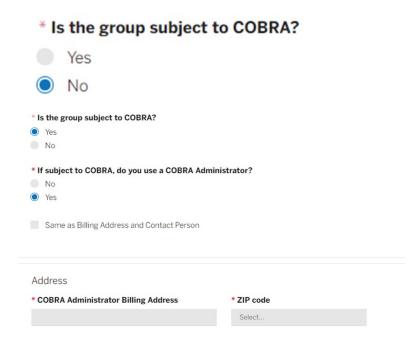
* First name	* Last name	* Email address
		xxx@xxx.xxx

Title

* At least one phone number is required

Office	Mobile	
(__)__-___	(__)__-___	☐ Use mobile as primary number

☑ Billing contact is the same as group contact

Make the **COBRA** Elections

1. Select **Yes or No** to confirm if the group is subject to COBRA

2. Select **Yes or No** to confirm if the group has a COBRA Administrator

3. Click the **Continue to Eligibility** button to proceed

* **Is the group subject to COBRA?**

○ Yes

◉ No

* Is the group subject to COBRA?
◉ Yes
○ No

* If subject to COBRA, do you use a COBRA Administrator?
○ No
◉ Yes

☐ Same as Billing Address and Contact Person

Address

* COBRA Administrator Billing Address	* ZIP code
	Select...

Enter the **Employee Count**

1. Update the **Total Employed** if needed (field is pre-populated)
2. Update the **Total Enrolled** if needed (field is pre-populated)
3. Enter the **Total Number of Eligible Employees Enrolling**
4. Enter the **Minimum Weekly Hours** (20+ hours required)

Enter the **Employee Enrollment**

1. Enter the **Total Number of Employees not Eligible to Enroll** (due to not meeting hours required, subject to probationary period, are seasonal or temporary or not in a covered class)
2. Enter the **Total Number of Employees not Enrolling** due to coverage under other group coverage or a government plan (Medicare, CHAMPUS/Tricare or Military)
3. Enter the total number of **Eligible Employees Waiving Enrollment without Other Coverage**
4. Do you have eligible employees in Hawaii?
Select **Yes or No** to confirm

---

* Indicates required

Employee count

* Total employed ❓

2

* Minimum hours ❓

20

Employee enrollment

Medical

* Total enrolled: ❓

2

* Total number of eligible employees enrolling: ❓

2

* Total number of employees not eligible to enroll:

0

Employees working less than the minimum number of hours required per week, are in a probationary period, are temporary or seasonal, not in covered class.

* Total number of employees not enrolling due to coverage under other group coverage or a Government plan (Medicare, CHAMPUS/Tricare or Military):

0

* Eligible employees waiving enrollment without other group coverage:

0|

Note: *Individual Coverage is not a valid waiver.*

Do you have eligible employees in Hawaii?

⚪ Yes
🔵 No

Complete the **Date Profile***

1. Do you want to waive the probationary period for all current qualifying employees for this enrollment period? Select **Yes or No** to confirm.

2. Select the appropriate date profile to specify when the benefits should be effective date by selecting **First of the Month or Exact Date**

3. Enter the **Benefit** wait period for benefits by selecting **0 Days, 30 Days, or 60 Days**

4. Waive wait period? Select **Yes or No** to confirm

5. Click **Continue to Contributions** button (lower left corner)

Date profile

* Do you want to waive the probationary period for all current qualifying employees for this enrollment period?
- Yes
- No

* Please select the appropriate date profile to specify when the benefits should be effective

[dropdown]

*These entries must be the same across all selected products. (Medical, Dental & Vision.

Enter the **Contributions**

Select the contribution type and amount the employer will be contributing towards the cost of coverage.

1. Enter contribution amount for employees

2. Enter contribution amount for dependents

3. Click Continue to **Current Carrier** button

ℹ **Please select the amount the employer will be contributing towards the cost of**
* Indicates required

Medical

* Employees	* Dependents
100%	50%

Enter the **Current Carrier**

1. Confirm if this group has had medical coverage within the past 90 days select. **Yes or No** to confirm

2. If No, then click the **Continue to Federal Requirements** button

3. Enter **Current Carrier Name**

4. Enter **Group Number**

5. Enter **Proposed Termination Date**

6. Click **Continue to Federal Requirements** button

* Indicates required

Premera questions

* Are you a current Premera client?

[Yes] **No**

* Is this plan intended to replace any existing group coverage?

[Yes] **No**

Coverage information

* Has this group had medical coverage within the past 90 days?

[Yes] [No]

Enter the **Federal Requirements**

The answers to questions 1 and 2 will auto-populate based on the census provided. User will be required to validate and enter in a value for question 3.

1. Is the group subject to the federal **Medicare Secondary Payer (MSP)** laws that prohibit discrimination against individuals with group coverage based on their (or spouse's) current employment status who have Medicare due to age?

    *Note: Currently the tool is auto-defaulting to "No" for Employer groups with 20 or more.
    Please be sure to click "Yes" IF group is 20 or more full-time and/or part-time employees are the primary payer and Medicare is the secondary payer. *We are working to getting this corrected soon in the tool.*

    Select Yes, if this plan will pay primary to Medicare as required by federal law.

    Select No, if this plan has less than 20 Employees

2. Is the group subject to the federal **Medicare Secondary Payer (MSP)** laws that prohibit discrimination against individuals with group coverage based on their (or a family member's) current employment status who have Medicare due to disability?

    Select Yes, if this plan will pay primary to Medicare as required by federal law.

    Select No, if this plan has less than 100 Employees

    Provide the number of employees who now meet Medicare's definition of "employee"

3. Is the group subject to **ERISA**?

    If Yes, then enter the month the **ERISA** plan year ends

    If No, then enter the legal reason for exemption:

    > Government or Public Plan

    > Church Plan

    > Other

    > Once you have entered the ERISA information you will be automatically taken to **Enrollment Center** to complete enrollment.

Complete the **Group Overview**

The **Group Overview** section provides a snapshot of the group's Enrollment status and Product Participation. There are several ways you can view the Group Overview. See the various options below.

Option 1

From the **Dropdown** box in upper right-hand corner to do the following:

- View employer application
- View quote
- Print application
- Attachments*:* Click **Upload** documents button to upload miscellaneous documents for your group:
- Group size attestation form
- Click **view template** to view form or to download a copy of the form

Option 2

- Click **Select** file button to select and upload document file
- Late letter
- Click **view template** to view letter or to download a copy of the letter

Option 3

- Click **Select** file button to select and upload document file
- PFAs Enrollment forms
- Click **view template** to view form or to download a copy of the form

Option 4

- Click **Select** file button to select and upload document file
- HSA set up forms
- Click **view template** to view form or to download a copy of the form

Option 5

Click **Select** file button to select and upload document file

Disability Dep forms

Click **view template** to view form or to download a copy of the form

Option 6

Click **Select** file button to select and upload document file

Confirm the **Group Agreement Contract**

1. Do you elect and authorize Premera Blue Cross to provide such information to the producer? Select **Yes or No**
2. Affirm that this group has a physical location in the state of Washington, and that you are authorized to sign behalf of the group? Select **Yes or No**
3. Enter your name as the **Group Representative** (electronic signature to complete the Group Master Application)
4. Enter **Date**
5. Enter your **Title**
6. Click **Continue to Signature** button

Review the Producer agreement statement

1. Click the box next to **Received Wet Signature** statement
2. Click to **Sign on Behalf of the Employer**
3. Click **Submit** and **Continue** button

Submit the application
1. Click the **Submit Application** button

    Note: you will not be able to edit the application after it is submitted

OR
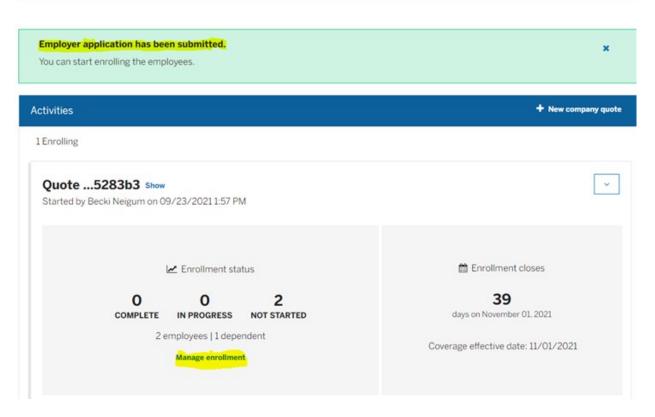
2. Click **Cancel** if you are not ready to submit the application

Important: Enrollment elections can begin once the email is sent that Enrollment Center is ready to start employee elections
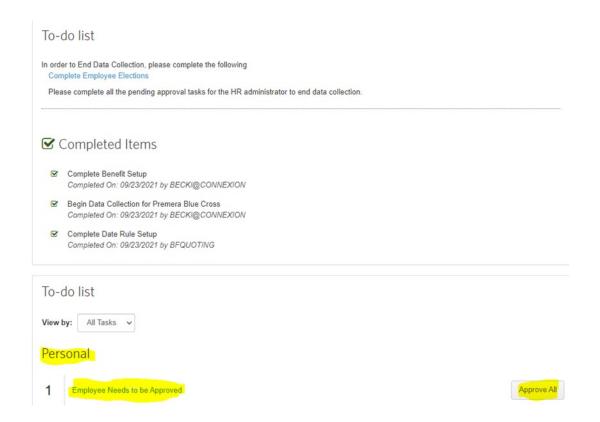
Once Employer Application is complete and shows submitted

Enrollment is not ready to start employee elections. You will receive an email notification that the enrollment status has changed to enrolling when you can begin employee elections. ✕

Employer application has been submitted.
You can start enrolling the employees. ✕

Activities   **+ New company quote**

1 Enrolling

Quote ...5283b3 Show
Started by Becki Neigum on 09/23/2021 1:57 PM   ⌄

📈 Enrollment status

0	0	2
COMPLETE	IN PROGRESS	NOT STARTED

2 employees | 1 dependent

Manage enrollment

📅 Enrollment closes

39
days on November 01, 2021

Coverage effective date: 11/01/2021
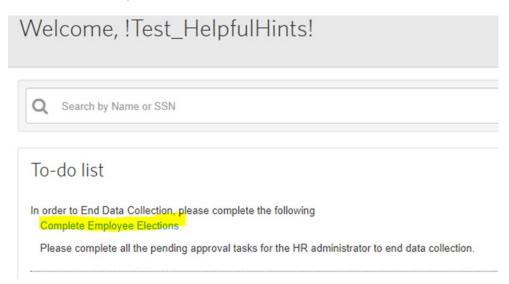
- Select **'Manage Enrollment'**
- Platform will move into **Enrollment Center**

- Select **APPROVE ALL** under 1 - **Personal** to approve employee information
- Then Select **"Next"**
- Then **"Save"** and Return Home

To-do list

In order to End Data Collection, please complete the following
Complete Employee Elections

Please complete all the pending approval tasks for the HR administrator to end data collection.

☑ **Completed Items**

- ☑ Complete Benefit Setup
  Completed On: 09/23/2021 by BECKI@CONNEXION

- ☑ Begin Data Collection for Premera Blue Cross
  Completed On: 09/23/2021 by BECKI@CONNEXION

- ☑ Complete Date Rule Setup
  Completed On: 09/23/2021 by BFQUOTING

To-do list

View by: All Tasks ∨

Personal

1   Employee Needs to be Approved   Approve All

At the **"To-Do List"**

- Select **"Complete Employee Elections"**

Welcome, !Test_HelpfulHints!

Q Search by Name or SSN

To-do list

In order to End Data Collection, please complete the following
Complete Employee Elections

Please complete all the pending approval tasks for the HR administrator to end data collection.

- Select first employee to enroll by clicking on the name

Employees   View all

Employee Census

Including Employees with sections that need to be approved

Add Employees

Import Employees and Dependents

○ 2 Active Employees   ○ 0 Terminated Employees   ○ 1 Dependent

Actions ▾

☐	Type	Name	SSN	Login ID		Actions
☐	○	Jones, Sally	555-11-4444			+ ›
☐	○	Smith, Billy	555-12-5555			+ ›

Key ○ Active ○ Terminated ○ COBRA Exception ○ Retired ○ Dependent

- Select "**Start**" on far right to start medical enrollment

‹ Back to employees ‹ 1 of 2 ›   Q Search by Name or SSN

Sally Jones
555-11-4444 test@test.com   Manage Employee ⌄

▣ Overview

📖 Benefit details   ▤ Sally has 1 pending task

👤 Dependents   ⚠ Sections To Be Completed

📖 Benefit eligibility   Premera Medical Offer - Section not started.   Start

🕐 Employee history

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary   Benefits Snapshot
Report

                            Sally Jones is not enrolled in any benefits

                                 Get started

- Select **Medical Plan** by clicking radio button
- Then select "**Next**"

Open Enrollment Benefits
Premera Medical Offer

Plan

*Select A Plan Offered By Premera Blue Cross

◉ Balance 250 Platinum

Balance 250 Platinum Details				
Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (OOP Max)	Annual Maximum
250.0	500.0	4000.0	8000.0	Unlimited

View all plan details

Decline Coverage

○ Decline coverage for this person

Next

- Select Coverage Tier for Employee (and Spouse or Family as applicable)
- Then select "NEXT"

Open Enrollment Benefits
Premera Medical Offer

Medical Benefits	Accepted
Plan	Balance 250 Platinum

Coverage Level

Balance 250 Platinum Details				
Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (OOP Max)	Annual Maximum
250.0	500.0	4000.0	8000.0	Unlimited

View all plan details

Select a Coverage Level for Balance 250 Platinum

◉ Employee Only
○ Employee and Spouse
○ Employee and Children
○ Employee and Family

Decline Coverage

○ Decline coverage for this employee

Next

- Confirm plan information and select "**NEXT**"

Open Enrollment Benefits
Premera Medical Offer

Medical Benefits	Accepted	Edit
Plan	Balance 250 Platinum	
Coverage Level	Employee Only	Edit

Persons Covered

Name	Relationship
Sally Jones	Subscriber

Effective Date

Enter an effective date.* 11/01/2021

Next

- Confirm benefits and rates and select "**SAVE**"

Sally Jones
555-11-4444 | test@test.com

Manage Employee ∨

Overview
Benefit details
Dependents
Benefit eligibility
Employee history

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary Report

Open Enrollment Benefits
Premera Medical Offer

You may edit this benefit by clicking on the section's corresponding Edit button.

			Monthly Premium Cost Summary	
Medical Benefits	Accepted	Edit	Total Premium	*$536.29
Plan	Balance 250 Platinum		Employer Cost	*$536.29
Coverage Level	Employee Only	Edit	Employee Cost	*$0.00

Persons Covered

Name	Relationship
Sally Jones	Subscriber

To edit a person's Name or SSN, click the person's name.

Effective Date	11/01/2021	Edit

Cancel without Saving   Save

- Continue to next employee by selecting **Forward Arrow** on top left of screen

ONE PLATFORM

Marketplace

Home
Employees
Data & Reporting
Content Manager
Resources
Group Settings

< Back to employees   < 1 of 2 >

Q Search by Name or SSN

Sally Jones
555-11-4444 test@test.com

Overview
Benefit details
Dependents
Benefit eligibility
Employee history

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary Report

Sally has 0 pending tasks

Benefits Snapshot

Open Enrollment Benefits

Medical Benefits ✎ Edit
Balance 250 Platinum | Employee Only | Effective as of 11/01/2021

- Enroll the next employee following the same steps.
- With Dependents, select the correct coverage tier, then NEXT and apply benefits to all

Coverage Level

Balance 250 Platinum Details				
Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (OOP Max)	Annual Maximum
250.0	500.0	4000.0	8000.0	Unlimited

View all plan details

Select a Coverage Level for Balance 250 Platinum

- ○ Employee Only
- ● Employee and Spouse
- ○ Employee and Children
- ○ Employee and Family

Decline Coverage

- ○ Decline coverage for this employee

Next

- Apply coverage to dependent Then select "**NEXT**",
- Confirm info and address is correct for dependent then "**SAVE**"

- The coverage level selected requires at least 1 dependent(s).

Persons Covered

Eligible for Coverage			
Covered	Name	Relationship	
✔	Billy Smith	Subscriber	
✘	Mary Smith	Spouse	Apply Coverage
			Add Another Dependent

Next

Persons Covered
Update Dependent

First/Middle/*Last*   Mary   Smith   [▾]

Relationship*   Spouse ▾

Gender*   Female ▾

Date of Birth*   03/01/1990   🗓

SSN   555-13-6666

American Indian/Alaska Native Status   ☐ ⑦

Race (Optional)   ---Please Select--- ▾

Address   Specify Address ▾

Address 1   124 Main St

Address 2

City   Mountlake Terrace

State / Province   WA ▾

ZIP / Postal code   98043

Country   USA ▾

Email   test@test.com

Cancel   **Save**

- Select "**NEXT**"
- Then "**NEXT**" again
- Then "**SAVE**"
- Once all employees have been enrolled go to the "**HOME**" tab on upper left

- Confirm 100% of employees are complete
- Select "**END DATA COLLECTION**"
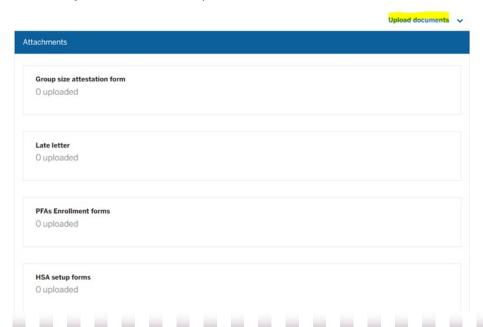
- Select "**END DATA COLLECTION"** again
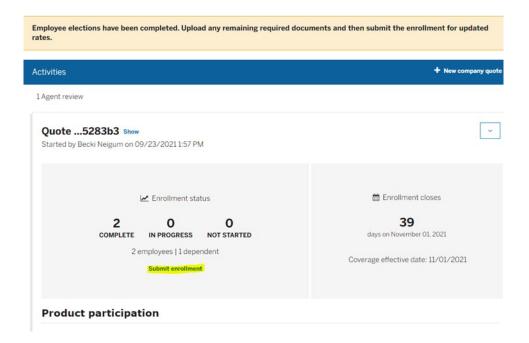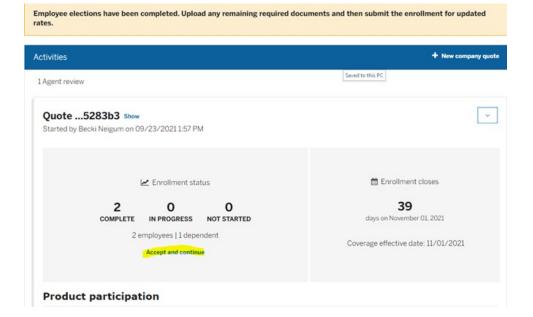
- You will then be redirected to the Group Overview Page
- ****Ensure all required documents** (i.e. Attestation, W2 and Late Enrollment forms) **are attached**

- Select "**Submit Enrollment"**

Employee elections have been completed. Upload any remaining required documents and then submit the enrollment for updated rates.

Activities   + New company quote

1 Agent review

Quote ...5283b3 Show
Started by Becki Neigum on 09/23/2021 1:57 PM

Enrollment status

2   0   0
COMPLETE   IN PROGRESS   NOT STARTED

2 employees | 1 dependent
Submit enrollment

Enrollment closes

39
days on November 01, 2021

Coverage effective date: 11/01/2021

Product participation

- Select "**ACCEPT AND CONTINUE**"

Employee elections have been completed. Upload any remaining required documents and then submit the enrollment for updated rates.

Activities   + New company quote

1 Agent review   Saved to this PC

Quote ...5283b3 Show
Started by Becki Neigum on 09/23/2021 1:57 PM

Enrollment status

2   0   0
COMPLETE   IN PROGRESS   NOT STARTED

2 employees | 1 dependent
Accept and continue

Enrollment closes

39
days on November 01, 2021

Coverage effective date: 11/01/2021

Product participation

- You will then be redirected to the Group Representative and Producer Signature pages required to complete this groups submission.
- Enter Group Rep information, Date the GMA was signed

Group Agreement to Contract

This agreement becomes part of the contract to provide health care coverage after 1) the application is signed by you; 2) the application is received and approved by us; and 3) we receive the initial month's premium charges.

You may not assign this contract without our written consent. Any attempt to do so will not have any binding effect on us. You agree to promptly deliver materials and notifications, including benefit booklets, received from us, to all covered employees. You also agree to provide notification regarding the plan's waiting period and special enrollment rights to all eligible employees before their enrollment. You attest to have read this application, and certify that all statements are true and complete. You agree to the terms and obligations stated in this application.

It is understood that provisions of the Health Care Contract, including subscription charges may be amended or changed from time to time, upon our notice to you. All prior applications, to the extent that you have not made changes to them in this application, remain in full force and effect. The complete application consists of this document and the completed Group Master Application Benefit Selections form. The producer listed in the Producer Agreement to Contract section will remain effective until written notice is given by either party. We are authorized to pay, on your behalf, commission, if any, for which you are liable to the above named producer.

You may elect to allow the producer listed in the Producer Agreement to Contract section to act as a group administrator beginning on the group's effective date. This means that the producer/administrator will be able to access membership and billing functions, and obtain information about group members via the Web on behalf of the group. These functions may include, but are not limited to: Reinstate Terminated Members, Request Invoice, Search for a Member, View Benefit Detail, Inquire on Invoice, Inquire on Eligibility, Enroll a Member, Order ID Cards for an Individual or Whole Family, View Group Demographic Information, Cancel a Member.

As required by RCW 48.43.005(33), to qualify for group coverage as a group of one, a self-employed individual or sole proprietor must: (1) have been employed by the same employer or small group for at least twelve months prior to this application; and, (2) have derived at least seventy-five percent of income from a trade or business for which the appropriate Internal Revenue Service forms have been filed for the previous tax year. A self-employed individual or sole proprietor in an agricultural trade or business must have derived at least fifty-one percent of income from the trade or business for which the appropriate Internal Revenue Service forms have been filed for the previous tax year.

New groups, with a plan effective date in the middle of their plan year, can request the cost-sharing (e.g. deductible, coinsurance and copay) amounts accrued prior to the plan effective date be credited to their new plan.

I affirm the contribution and participation requirements in EMPLOYER CONTRIBUTION AND EMPLOYEE PARTICIPATION REQUIREMENTS are followed. (Applicable to groups renewing outside open enrollment).

* Do you elect and authorize Premera Blue Cross to provide such information to the producer?

---

* Do you elect and authorize Premera Blue Cross to provide such information to the producer?
- ○ Yes
- ○ No

* I affirm that this group has a physical location in the state of Washington, and I am authorized to sign on behalf of the group?
- ○ Yes
- ○ No

By entering my name, I attest to the following: I am signing the Group Master Application electronically and my electronic signature is the legal equivalent of my manual signature; I am authorized to sign on behalf of the group. The group agrees to the delivery of this agreement by Carrier making the terms available under the Carrier Information section of this site.

* Group Representative

[   ]

* Date

[mm/dd/yyyy   📅]

* Title

[   ]

Please Note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

‹ Back to overview   [Continue to signature ›]

- Select **Continue** to Signature for Producer signing
- Click on "**RECEIVED WET SIGNATURE**"
- Producer information will auto populate
- Select "**SIGN APPLICATION**"

Producer agreement

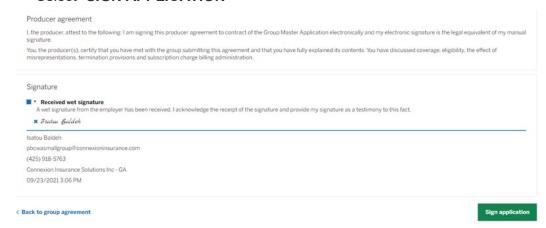I, the producer, attest to the following: I am signing this producer agreement to contract of the Group Master Application electronically and my electronic signature is the legal equivalent of my manual signature.

You, the producer(s), certify that you have met with the group submitting this agreement and that you have fully explained its contents. You have discussed coverage, eligibility, the effect of misrepresentations, termination provisions and subscription charge billing administration.

Signature

■ * **Received wet signature**
A wet signature from the employer has been received. I acknowledge the receipt of the signature and provide my signature as a testimony to this fact.

✗ *Isatou Baldeh*

Isatou Baldeh
pbcwasmallgroup@connexioninsurance.com
(425) 918-5763
Connexion Insurance Solutions Inc - GA
09/23/2021 3:06 PM

‹ Back to group agreement   [Sign application]

- **The group has now been submitted to carrier!**

!Test_HelpfulHints's enrollment has been submitted for review.
You will receive an email once the underwriter has accepted or declined the enrollment.

Quote ...5283b3 Show
Started by Becki Neigum on 09/23/2021 1:57 PM

Enrollment summary

100%   **1**
Employee participation   PRODUCTS

2 employees | 1 dependent

View employee details

Open enrollment closed

on September 23, 2021

Coverage effective date: 11/01/2021

Product participation

View details

100% required | 100% actual employee participation

1 Medical   100% complete   **$1,608.87** /mo