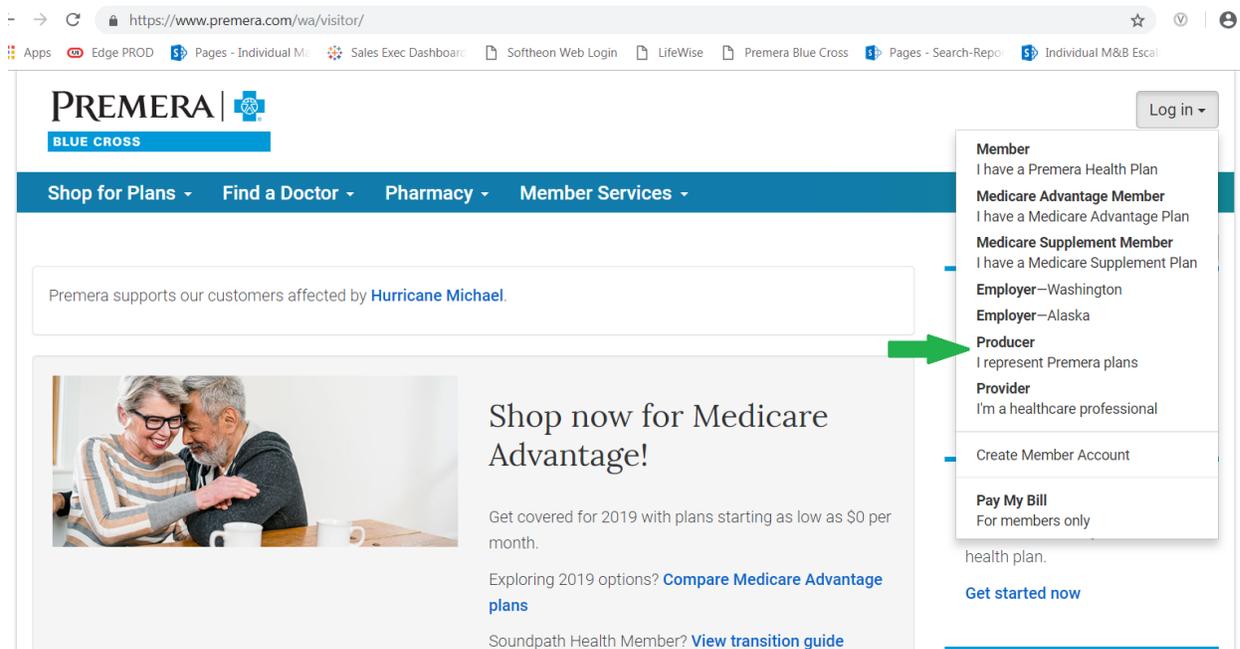


Adult dental enrollment process

I. CREATING AN ACCOUNT/LOGGING IN

- Go to [Premera.com](https://www.premera.com) and choose Producer from the Log In drop down.



The screenshot shows the Premera website interface. At the top right, there is a 'Log in' button with a dropdown arrow. The dropdown menu is open, showing several options: Member, Medicare Advantage Member, Medicare Supplement Member, Employer—Washington, Employer—Alaska, **Producer** (highlighted with a green arrow), and Provider. Below the dropdown menu, there are links for 'Create Member Account' and 'Pay My Bill'. The main content area features a banner for Medicare Advantage plans with a photo of an elderly couple and text: 'Shop now for Medicare Advantage!', 'Get covered for 2019 with plans starting as low as \$0 per month.', 'Exploring 2019 options? [Compare Medicare Advantage plans](#)', and 'Soundpath Health Member? [View transition guide](#)'.

- Click on Create new account now if you don't have an account yet.



Producer Log In

User ID
justincusber

Password
.....

Remember User ID?

Secure Log In

McAfee SECURE

[Forgot User ID / Password](#)

[Create new account now](#)



[About Premera](#) | [Medical Policies](#) | [Contact Us](#) | [Notice of Privacy Practices](#) |

- Enter the information into the required fields and click Continue to create your account. You will receive confirmation of its completion with 24-48 hours.

Create New Account

Name

First name

Last name

Account Email

Email address

Confirm Address

We will never sell your email address. View our Notice of Privacy Practices for [Alaska](#) or [Washington](#) and other states and our website Terms and Conditions for [Alaska](#) or [Washington](#) and other states.

Account Login Information

Create User ID

6-20 characters. Letters, numbers, and some special characters allowed.

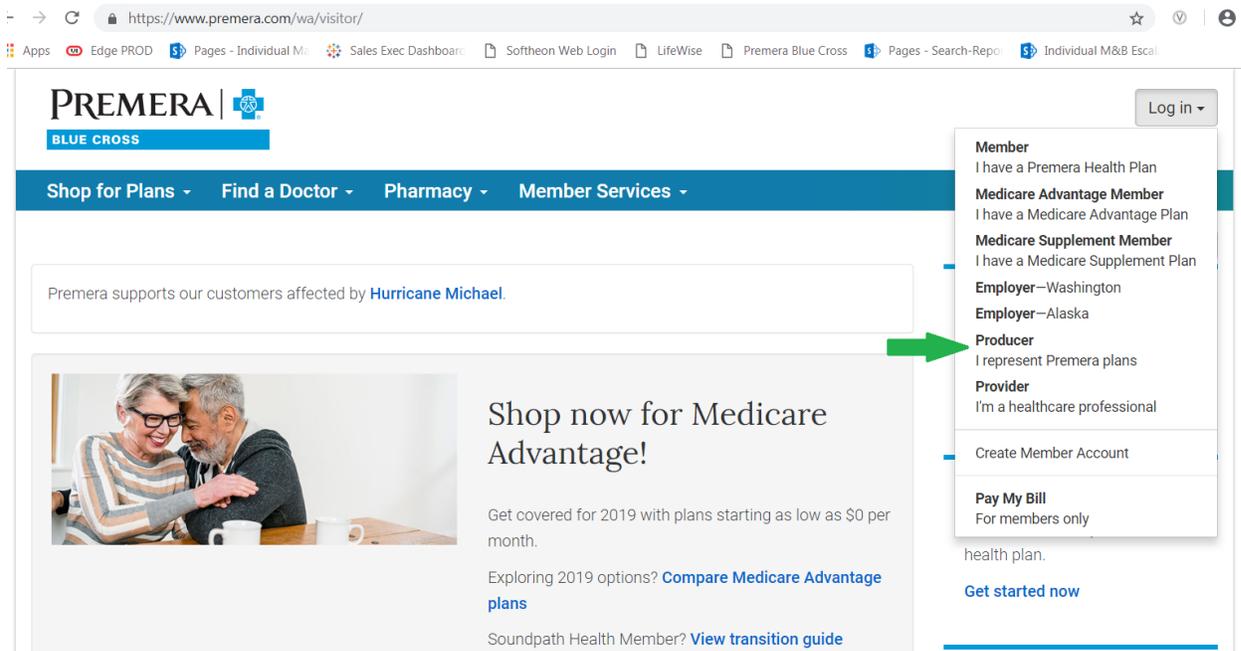
Create Password

Confirm Password

8-30 characters (case sensitive). Must contain at least 1 uppercase letter and 1 number. Special characters are allowed.

- Click on [Forgot User ID / Password](#) if you have forgotten your User ID or Password.

- Go to Premera.com and choose 'Producer' from the Log in drop down.



- Enter your User ID and password and click the Secure Log In button to enter.

The screenshot shows the 'Producer Log In' page. At the top, there is the Premera logo and the text 'BLUE CROSS'. Below the logo, the heading 'Producer Log In' is displayed. The page contains a login form with the following fields and elements:

- User ID**: A text input field.
- Password**: A password input field with a red border and the text 'Password is required' below it.
- Remember User ID?**
- Secure Log In**: A blue button.
- McAfee SECURE**: A logo for McAfee Secure.
- Forgot User ID / Password**: A link in orange text.
- Create new account now**: A link in orange text at the bottom of the form.

- This brings you into your Producer Dashboard. To start enrolling, click on Shop and Enroll Tool.

Producer Services

- My Account
- Upload Documents

Proposal Center 

Use the **Shop and Enroll tool**  to create proposals for the Premera products you're eligible to quote.

*Medicare Advantage requires certification.

Tools and Resources

2018 sales brochures

- [Preferred Choice brochure](#)  (51-199 employees)
- [Complete guide to health benefit plans](#)  (100+ employees)
- [PersonalCare Plans](#)  (51+ employees)

News

Did you know Premera offers virtual care?

Virtual care enables members to receive health-related services and information via a variety of telecommunication channels — including phone, secure online video, and mobile applications. Talk to your sales representative today to find out more about what this means for your clients.

- Now you are able to choose which type of plan you'd like to enroll. For Adult Dental, you'll click on the Create Proposal button under Individual & Family Plans.

Welcome JUSTIN CUSBER!

 **Create Proposal**

Individual & Family Plans

Create a proposal and submit an application for the following plans:

- Qualified Dental
- Non Qualified Dental



Create Proposal

Medicare Plans

Create a proposal and submit an application for one of our Medicare plans:

- Medicare Advantage
- Medicare Supplement

Create Proposal

- Now you can enter basic information about your client that will decide plan eligibility. Fill in each required field and click on Save and Continue.

Create New Proposal

Applicant Contact Information

* All fields are required unless otherwise stated.

First Name:

Last Name:

Primary Phone Number: *Optional*

Secondary Phone Number: *Optional*

Applicant(s) Details

Tobacco use means four or more times a week on average in the last 6 months and does not include religious or ceremonial use. It's a factor in health plan rates.

Coverage Type Individual Family

Select	Relationship	First Name	Gender	Date of Birth	Zip Code	County	Used Tobacco in the Past?
<input checked="" type="checkbox"/>	Applicant	<input type="text" value="Mickey"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="text" value="01/01/1980"/>	<input type="text" value="98101"/>	<input type="text" value="King"/>	<input type="text" value="Never"/>

Want to see if you are eligible for a subsidy?

The Affordable Care Act provides advanced premium tax credits (subsidies) to help qualified people pay for health insurance coverage. These subsidies are primarily based on household income and the number of people in the household. Use our Subsidy Tool to see if you are eligible and get an estimated subsidy amount to apply towards your monthly plan premiums.



- Click the Continue button to bypass the Marketplace Disclaimer. Essentially this is advising the client that they are not enrolling on a Washington Health Plan Finder plan.

Marketplace Disclaimer

You must read the following disclaimer to your client in order to continue.

Attention: This website is operated by Premera Blue Cross and is not the health insurance marketplace website. This website does not display all qualified health plans available through the health insurance marketplace website. To see all available qualified health plan options, go to the health plan marketplace website at www.wahealthplanfinder.org. Visit the Washington Healthplanfinder if:

- You want to select a catastrophic health plan.
- You want to enroll members of your household in separate qualified health plans.
- You want to choose a qualified health plan that covers pediatric dental services or a separate stand-alone dental plan with pediatric coverage because none of the plans here do not offer pediatric dental coverage.



Back

Continue

- Now you can look at the plans available based on the client's information. If you'd like to edit the client's information, you can click on the View details button to make changes.

Review Proposal for Mickey Mouse

Created On: 10/18/2018 | Last Modified On: 10/18/2018

Individuals Included: Mickey
[View details](#)



My Prospects

Select Plans [Actions](#)



Marketplace



Adult Dental



Pediatric Dental

Total Premium

\$0.00

(Proposed Amount)

[Apply Now](#)

- From this screen you'll also have 3 actionable options: You can email a live proposal (this sends it to the client to complete themselves, you can email the proposal (this sends it to the client in a view only), or you can print the proposal out (note that we do NOT accept this application in paper form).

Review Proposal for Mickey Mouse

Created On: 10/18/2018 | Last Modified On: 10/18/2018

Individuals Included: Mickey

[View details](#)

Select Plans



Marketplace



Adult Dental



Pediatric

[Email Live Proposal](#)

[Email Proposal](#)

[Print Proposal](#)

[Actions](#)



My Prospects

Total Premium

\$0.00

(Proposed Amount)

[Apply Now](#)

- You'll also see 3 buttons: Marketplace, Adult Dental, and Pediatric Dental. Even though you cannot enroll someone in a Marketplace or Pediatric Dental plan from this website, it does give you the option to quote these plans. In order to continue enrolling Adult Dental only, you'll have to click the buttons you don't want to remove the check mark, leaving only Adult Dental.

Created On: 10/18/2018 | Last Modified On: 10/18/2018

Individuals Included: Mickey

[View details](#)

Select Plans



Marketplace



Adult Dental



Pediatric Dental

[Actions](#)



My Prospects

Total Premium

\$0.00

(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

Adult Dental Plans

[Actions](#)

If you are age 19 or older and have chosen a health plan without adult dental benefits, you can purchase

- To view the plans in more detail you'll click on the Actions button to the right of the Adult Dental Plans area. Then click on Compare Plans.

Adult Dental Plans

[Actions](#)

If you are age 19 or older and have chosen a health plan without an adult dental plan but are not required to do so. You may purchase by contacting us directly.

● 2018 Plans

[Add a Plan](#)

[Compare Plans](#)

[Premium Breakdown](#)



	Plan Name	Monthly Premium	Actions
<input type="radio"/>	Dental Plan For Adults (\$75 Deductible)	\$32.10	Remove
<input type="radio"/>	Dental Plan For Adults (\$50 Deductible)	\$38.10	Remove
<input type="radio"/>	None		

Cancel

Want To Finish Later?

[Save Changes](#)

[Internet Privacy Statement](#) | [Terms & Conditions](#)

- This will take you to a screen showing the price of both Adult Dental plans as well as a scroll bar giving high level view of benefits below. To view the benefits of a plan in more detail, click on the Plan Details.

Compare 2018 Adult Dental plans

[Back to Proposal](#) | [View All Plans](#)

In-Network

Out-of-Network

Dental Plan For Adults (\$75 Deductible)

Dental Plan For Adults (\$50 Deductible)

Premium
\$32.10 / mo.

Premium
\$38.10 / mo.

[Update Proposal](#)

[Change Plan](#) | [Plan Details](#)

[Change Plan](#) | [Plan Details](#)



Plan Benefits In-Network

- From this screen you can click on Benefits at the top to see a summary of the benefits on the plan. You can also click on the Summary of Benefits and Coverage link under the Additional Links to see the most granular version of the plan's benefits.

[Back To Compare Plans](#)

Dental Plan For Adults (\$50 Deductible)

\$38.10 / mo.

Additional Links

[Summary of Benefits and Coverage](#)

	Overview	Benefits
	In-Network	Out-of-Network
Adult Benefits		
Annual Deductible - Individual	\$50	\$50
Annual Deductible - Family	\$150	\$150
Annual Benefit Maximum	\$1,000	\$1,000
Preventive Services		
Oral Exams	\$0 Copayment	20%
Bitewing X-Rays	\$0 Copayment	20%

- Once your client has decided on the plan click on Back to Compare Plans at the top of the screen to go back to the Review Proposal page. Note: Each time you leave the Review Proposal page and have to return to it, all 3 of the plan buttons under Select Plans will be highlighted. You will have to click on the ones you do not want, leaving only Adult Dental in order to move forward.

Review Proposal for Mickey Mouse

Created On: 10/18/2018 | Last Modified On: 10/18/2018

Individuals Included: Mickey

[View details](#)

Select Plans

[Actions](#)



Marketplace



Adult Dental



Pediatric Dental

My Prospects

Total Premium

\$0.00

(Proposed Amount)

Apply Now

Cancel

- Select the plan your client would like in the Adult Dental Plans section. This will generate the proposed amount in premium on the right hand side. Click on the Apply Now button.



Marketplace



Adult Dental



Pediatric Dental

Adult Dental Plans

[Actions](#)

If you are age 19 or older and have chosen a health plan without adult dental benefits, you can purchase an adult dental plan but are not required to do so. You may purchase an adult dental plan through this site, by contacting us directly.

● 2018 Plans

Plan Name	Monthly Premium	Actions
<input type="radio"/> Dental Plan For Adults (\$50 Deductible)	\$38.10	Remove
<input checked="" type="radio"/> Dental Plan For Adults (\$75 Deductible)	\$32.10	Remove

\$32.10
(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

- It will now allow you to review everything you've entered so far. Click the box at the bottom and then click the button Start App-English to move forward.

Application Information

Please review your plan selection details below. After you have confirmed your plan selection, you can begin the application process. You may change your selected plan(s) by clicking [Edit Your Plan](#).

Name	Relationship	Gender	Date of Birth	Zip Code	County	Used Tobacco in the Past?
Mickey Mouse	Applicant	Male	01/01/1980	98101	King	Never

Total Premium

\$32.10
(Proposal Amount)

[Edit Your Plan](#)

[Start App-English](#)

Your Selected Products

Adult Dental Plan

Enrollment Period:	Open Enrollment
Effective Date of Coverage:	12/01/2018
Plan Year	2018
Dental Plan For Adults (\$75 Deductible) :	\$32.10
SubTotal:	\$32.10

I understand that the Premera plans provide adult benefits only for covered people who are 19 and older.

- The application is now close to completion. This will show the 5 steps left to complete on the left hand side. You'll also be able to click the Finish Later button at the top to access the app right where you left off. You can even Cancel Application at any time while completing the Application Checklist. Click the button the bottom right to continue.

Mickey Mouse
Primary Applicant, Effective 12/01/2018

\$32.10
Premium

Dental Plan For Adults (\$75 Deductible)

Finish Later

1 Personal Information

2 Additional Information

3 Signature

4 Final Review

5 Complete

Cancel Application

Application Checklist

So that you can complete the application easily, be sure you have the following information available for each person applying for coverage.

- ✓ Birth date
- ✓ Addresses for all applicants
- ✓ Social Security number for all applicants
- ✓ Information on current and past dental insurance coverage including your prior coverage beginning and end dates. You can get it from your previous employer or health plan carrier, if applicable

Am I eligible?

You're eligible to apply for a Premera plan if you are:

- A resident of and have a principal residence in the state of Washington

- Enter in your clients personal details and click Continue.

Finish Later

1 Personal Information

2 Additional Information

3 Signature

4 Final Review

5 Complete

Cancel Application

Personal Details for Applicant Mickey

Please complete this application accurately and completely to the best of your knowledge and belief. Omissions or incomplete answers, except for sections marked "optional," may result in the return of your application and cause a delay in the effective date of your coverage. You may be contact by a Premera representative for more details.

First Name:	<input type="text" value="Mickey"/>	
M.I.:	<input type="text"/>	(optional)
Last Name:	<input type="text" value="Mouse"/>	
Suffix:	<input type="text"/>	(optional)
Date of Birth:	<input type="text" value="01/01/1980"/>	(mm/dd/yyyy)
Social Security Number / ITIN:	<input type="text" value="XXX"/> - <input type="text" value="XX"/> - <input type="text" value="1234"/>	

Tax ID Number may only be used if you do not qualify for a Social Security Number

- Enter in your clients contact details and click Continue.

Finish Later

Address for Mickey

1 Personal Information

2 Additional Information

3 Signature

4 Final Review

5 Complete

Cancel Application

Home Address

Street Address: 

(No P.O. Box please):

City:

Zip Code:

Billing Address

Is your billing address the same as the home address? Yes No

Finish Later

Contact Information for Mickey

1 Personal Information

2 Additional Information

3 Signature

4 Final Review

5 Complete

Cancel Application

Primary Phone Number:

Secondary Phone Number:

Best time to call?:

Please provide a valid email address in the event that we must contact you by email to complete your application.

Applicant Email Address:

Re-enter Applicant Email Address:

Back

Save and Continue

- Confirm the Effective date and Continue. Note: While this is not a Health Plan Finder product, it does follow the WHPF eligibility dates. As of 10/18, my next available option is 12/1. If I had wanted an

11/1 effective date, I will had to have applied by 10/15. For a 1/1 effective date I will have to apply by 12/15. On 12/16 my next available date will be 2/1.

Finish Later

Signature

Effective Date 

Requested Effective Date: 12/01/2018.

Back Continue

Cancel Application

PBC-WA-ADOEF-2017 (01-2017)

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- On the Signature page, choose the signature type by clicking on the button associated with it and click Continue.

Finish Later

Signature

Submission Type

Please click on a submission type below to select it and provide the necessary details to submit a signature.

 In-Person	 Email	 Web Conferencing
--	--	---

Back Continue

Cancel Application

PBC-WA-ADOEF-2017 (01-2017)

- As the Producer you'll confirm a couple things on this page and click Continue.

- 3 Signature
 - 4 Final Review
 - 5 Complete
- Cancel Application

I hereby certify that I have spoken with the applicant over the telephone to record all of his or her answers to the questions included in this application. I further certify that I have explained the exclusions and limitations of the contract for which he or she is applying.

I certify that I have reviewed the applicant's eligibility criteria for a special enrollment period, if applicable, and verified that the information provided is accurate and complete. I will retain a copy of the documentation in accordance with the record retention requirements of applicable law and regulation, and understand that I will be required to forward this documentation to Premera upon request.

I have explained the application acknowledgement process and payment options to the applicant.

Is the applicant replacing insurance? Yes No

I, JUSTIN CUSBER Agree Disagree

Date: 10/19/2018
 Producer Code: P00017360
 Producer Email: Justin.cusber@premera.com
 Agency Code: 509998
 Agency Email:

Back

Continue

- Finally as a signature, your client's Date of Birth will be confirmed by typing in it and then clicking Continue.

- 4 Final Review
 - 5 Complete
- Cancel Application

Consumer Acknowledgements

Consent to Electronic Contract

Basic Terms of Enrollment

1. I understand and agree that this application is not an offer of coverage, and coverage does not begin until: a) This application is received, reviewed, and accepted by Premera and an effective date of coverage is assigned; and b) My complete and correct payment is received. Submission of this application does not guarantee I will receive coverage.
2. I understand and agree that this application becomes a part of my plan and to the extent that the application is inconsistent with the plan, the plan will govern.
3. I understand that dental coverage has a waiting period for major services of 12 months from the effective date of coverage. This waiting period may be reduced or waived based on prior years dental services with Premera Blue

I, Mickey Mouse, have read and understand the above statements.

Enter Date of Birth:



Agree Disagree

Back

Continue

- Before submitting the app, it will allow you to look at all the details. If everything looks accurate, click on Submit Application.

Cancel Application

Email Address: mickey.mouse@premera.com
County: King
Home Address: 100 King St., Seattle, WA 98101

Eligible Applicants

Name	Relationship	Gender	Age	Smoker
Mickey Mouse	Self	Male	38	Never

*Note: Total premium rate includes all applicants listed above.

Payment Information

Note: If you are an existing member, your initial payment must be made prior to your effective date of coverage.

Back

Submit Application

- It may take a minute to process. 😊

The screenshot shows a dark grey background with a white message box in the center. The message box contains a loading spinner (a circle with a blue segment) and the following text: "Please wait while we process your Application. Thank you for applying. Please wait while we process your Application. This may take a few minutes. Once processing is complete you will be routed to the Confirmation page, where you can view and print your submitted application and make your initial payment." Below the message box, the "Payment Information" section is visible, including the same note about initial payment for existing members. A "Cancel Application" button is visible in the top left corner of the page.

- And the application is submitted! To affirm that it is and see any incomplete apps, click on Dashboard at the top of your screen. You will see the application listed as a line item with the name, DOB and submission date. You can view a PDF of the application on the right hand side as well.

My Prospects

Prospect Creation Date: Account Summary Type: Product:

Prospect Name: Application ID:

[Clear All Filters](#)

6 Matching Results [Export](#) [Help](#)

Name	DOB	Created Date	Status Date	Status	
Mickey Mouse					Details
Mickey Mouse	01/01/1980	10/18/2018	10/19/2018	Application Submitted	View (PDF)

III. CANCELLING AND CONTINUING AN UNFINISHED APP

- To Continue or Cancel an unfinished app, you can click on either Details or Continue on the right hand side. Clicking Continue takes you right back to where you left off in the application process.

Mickey Mouse	01/01/1980	10/18/2018	10/19/2018	Application Submitted	View (PDF)
John Doe					Details
John Doe	11/17/1952	10/10/2018	10/10/2018	Application Started	Continue
JOhn Doe					Details
John Doe	10/01/1953	09/05/2018	09/05/2018		View
Mickey Mouse					Details
Mickey Mouse	01/01/1980	08/07/2018	09/11/2018	Enrollment Cancelled	View (PDF)
Mickey Mouse					Details
Mickey Mouse	01/01/1980	07/31/2018	07/31/2018	Application Started	Continue
Mickey Mouse					Details
Mickey Mouse	01/01/1990	07/27/2018	07/31/2018	Cancelled	

[Back to Top](#)

- Once you've entered back in to the application, click on Cancel Application to cancel.

