Marketplace quote to enroll platform

Premera Blue Cross job aid

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Marketplace quote to enroll workflow

There are 10 steps in the quote to enroll workflow. Scroll through the guide to view each step.

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 to groups nearing their effective date. You can also navigate to a specific person or company account by using the broad search field.
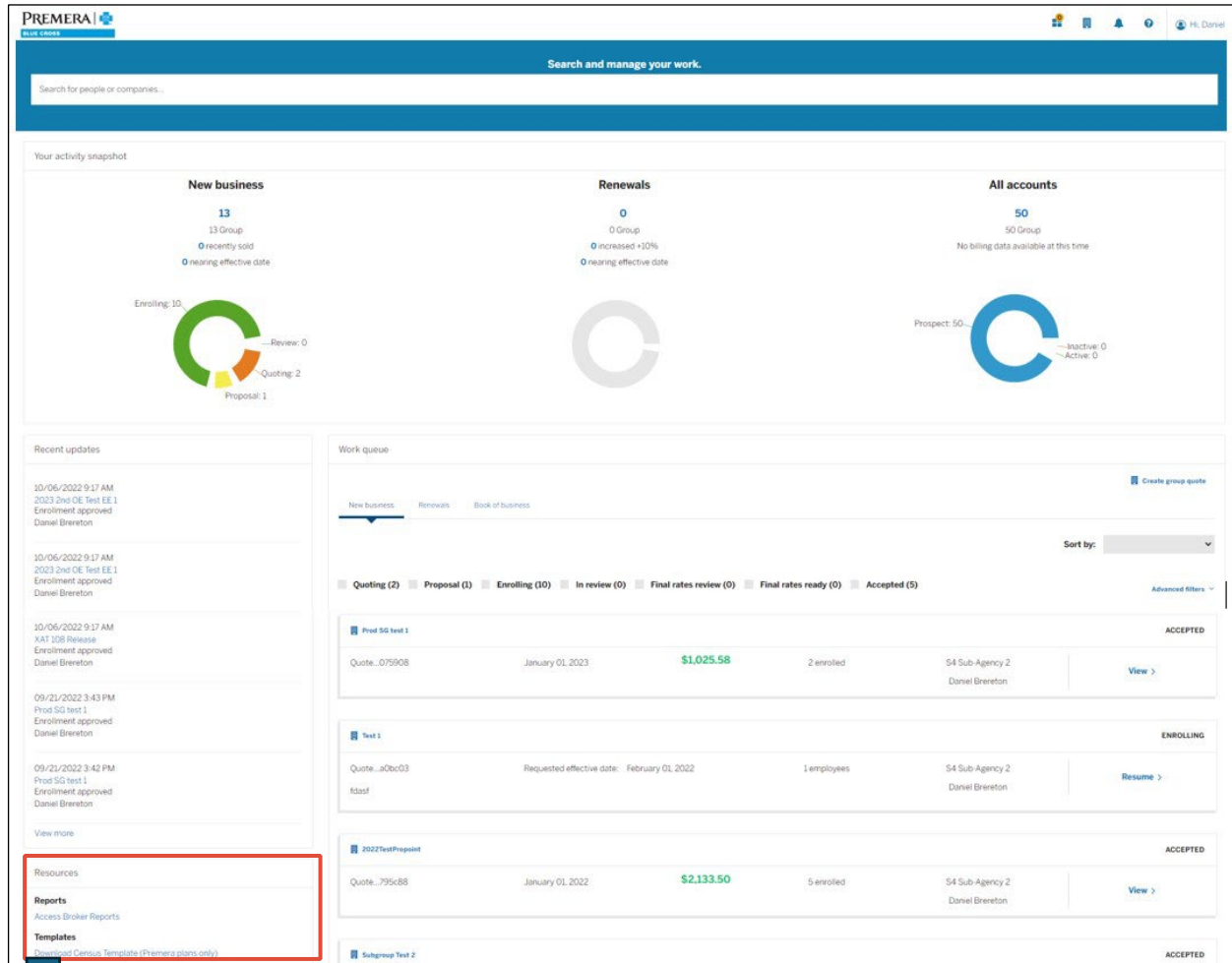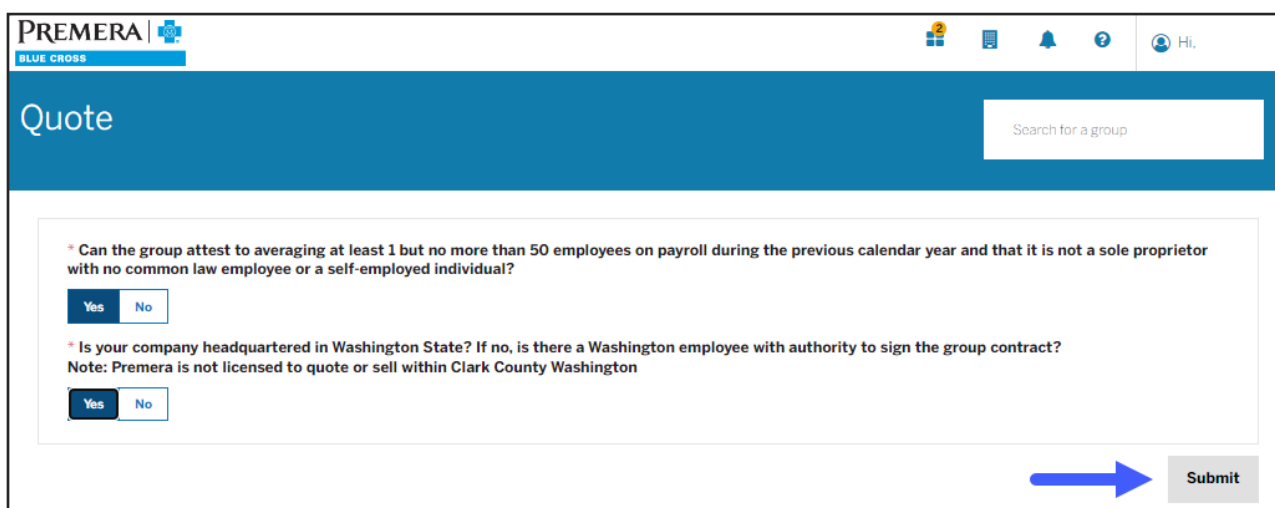
1 Complete the Questionnaire

Start a Group Quote:

Click Create Group Quote

Complete the Eligibility Questionnaire to determine if the employer is eligible for Premera services.

There are two requirements:

☑ 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. Answer the requirements, click Submit.

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

2 Create the Quote Profile

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

Quick Quote

The Quick Quote option allows users to preview plans and rates available by entering only the required data needed for quoting groups of 15 or less. If the Total Enrolled number is 15 or less, you will see the Quick Quote function on the next page.

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 auto populates

- Agency name – this field auto populates

- Company Information:

- Enter Company Name (limited to 43 characters)

- Enter Zip Code (primary location)

- Select appropriate County for Zip Codes that span across two counties

- Additional information is optional to quote

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, follow the steps below.

Click Add Additional Information
- Enter First Name

- Enter Last Name

- Enter Email Address

- Enter Office phone number

- Enter Mobile phone number – if mobile phone number is the primary number, check the box labeled, Use Mobile as Primary Number

Employees:
- Enter Total Employed

- Enter Total Enrolled

You've completed entering the Quote Profile data elements. If the information is accurate, you can proceed to the next step.

Click **Continue to Census**.

> **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 can generate a quick quote by entering only required data or begin entering a full census with covered employee(s) data elements. There are two ways you can complete a full census: upload a complete census file or manually enter the employee data elements directly in the Marketplace platform.

You have the option to email the census template to the employer. The employer enters the employee data elements and you upload the completed census file upon receiving it from the employer.

Quick Quote Census

1. Complete the census. Fields marked with asterisk (*) are required.
2. Add or remove rows as needed.

3. Click **continue to plans**.

Employer Completed Census

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

2. Select Email Template 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 **Continue** to email the census template to the group contact

Download the Census Template

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

1. Click **Download Template**

2. Click **Save** then **Open** to view the census template file

3. Save the census template file to your computer

4. The file can be used for future use.

> Best practice: Downloading the census template ensures you have all the correct fields for your quote type.

Completing census, helpful hints (see screenshot below)

- Use the drop-down fields:
  - o Relationship (Subscriber, Spouse, Domestic Partner, Dependent)
  - o Gender (Male/Female)

o Employment Status (Active - COBRA not supported at this time) o Medical

　　Coverage (EE, ES, EC, FAM, Waive) o Dental Coverage (EE, ES, EC, FAM, Waive)

- Social Security Number

- County (required if member zip code crosses multiple counties)

- Phone Number

Completed Medical Quote Census, upload file

Open the template file. Fields marked with an asterisk "*" are required. All other fields are optional.

1. Click **Enable Editing** to enter census information

2. Enter the Sequence Number[1] for the first employee

　　a. Use the Sequence Number for any subsequent spouse or dependents. No punctuation or sub-numbers for subsequent dependents.

[1] A Sequence Number is a designation that you make when you create an Employee Census. Use a whole number (1, 2, 3, etc.) to designate each employee.

Census information (*Required fields)

* Sequence no	* Relationship to employee (Subscriber, Spouse, Domestic Partner, Dependent)	Last name	Middle name	First name
1	Subscriber	Peters		Josh
1	Spouse	Peters		Shelly
1	Dependent	Peters		Ally
1	Dependent	Peters		Matt

Example: Josh Peters, the subscriber, is given the numeric value of 1, his spouse Shelly, and children Ally and Matt are also given the same subscriber number.

　　a. Enter the relationship*
　　　　i. Employee, enter Subscriber
　　　　ii. Married or Domestic partner of the employee, enter Spouse
　　　　iii. Child or other legal dependent of the employee, enter Dependent

b. Enter Last Name
c. Enter First Name
d. Enter Gender*
e. Enter Date of Birth (mm/dd/yyyy)
f. Enter Employment Status* (active or COBRA)
g. Enter Medical Coverage* (EE, ES, EC, FAM, Waive)
h. Enter Dental Coverage* ((EE, ES, EC, FAM, Waive)
i. Enter Email address (if known)
j. Enter Hire Date (mm/dd/yyyy)
k. Enter Social Security Number
l. Enter Zip Code

*See previous page for helpful hints

3. **Save** the file to your computer (.csv format)
4. Click **Upload Census**

5. Click **Select File**
6. Select the census file to upload

Manual entry, completed census

1. Click Manual Entry

2. Enter First Name

3. Enter Last Name

4. Select Gender*

5. Enter Date of Birth*

6. Select Employment Status* (active or COBRA)

7. Enter Hire Date (mm/dd/yyyy)

8. Enter Social Security Number

9. Enter Zip Code

10. Enter Email address (if known)

11. Select Medical Coverage**

12. Enter Dental Coverage**

13. Click Add Another Employee to add additional employees

14. After all employees are added, click Save and Exit

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

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

*See page 9 for helpful hints

Manual entry, adding a dependent

You have the option to enter Dependent information manually.

1. Select Medical Coverage*

2. Enter Dental Coverage*

3. Select Add dependent to view dependent fields.

Coverage

Medical	Dental
FAM ⌄	EE ⌄

*See page 9 for helpful hints

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.

1. Enter Dependent Name
2. Enter Relationship
3. Enter Date of Birth
4. Select Gender
5. Click Add dependent to enter more dependents

Dependents

First name   Middle name   Last name

SSN   * Relationship
___-__-____   ⌄   ✕ Remove

* Date of birth   * Gender
mm/dd/yyyy 📅   Male | Female

Address 1   Address 2

ZIP code
Search...

Home phone   Email address
(___) ___-____

👥+ Add dependent

Add another employee

Cancel   Save and exit

Manual entry, changes, or edits

- Click **Add Employee** to add additional employees to the census

- Click **Replace Census** if you wish to upload a new census

- To remove a specific person, click **Remove** for that person

- To edit data for a specific person, click **Edit** then complete the changes

- Click **Save and Exit**

4 | Review and Select Quote Plans

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

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

Generate a proposal

Quickly generate Premera medical plans by selecting **Generate proposals with all plans**. Select the export option: Excel or PDF.
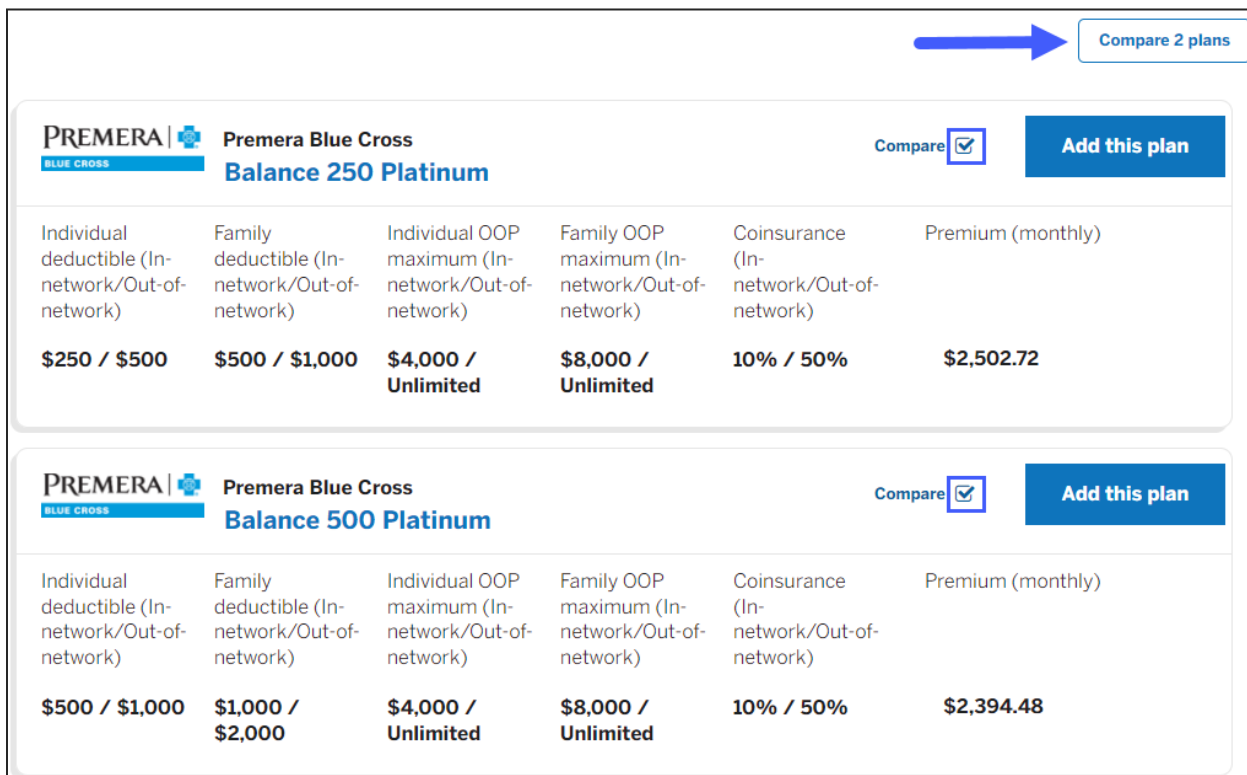
Compare selected plans in a side-by-side format to assist with the plan review and decision process. This feature provides a high-level overview of the plans selected.
To compare plans:

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

2. Click **Compare Plans**

In the compare plans side-by-side view, the View the premium breakdown allows you 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 **Add** to quote for each plan to be added. The selected plan will turn green with a checkmark

Click **continue to proposal**

5 | Generate Proposal

Once plan selections are made, you can generate a quote proposal. You can 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:

- Estimated premium rate sheet
- Census
- Plan benefits
- Washington small group quote assumptions
- Non-discrimination disclosure form

Important: Once the quote is generated by email or saved to your computer the quote will be locked and cannot be edited.

Generate a **PDF version**

1. Click Generate Proposal
2. Click Continue to Overview

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 **Send a Copy** to You to email a copy of the quote to yourself

4. Click **Send Proposal**

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

6 | Proposal Overview

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.

Quote ...16a93c Show

Created by Rochelle Cantu on 12/15/2023 1:23 PM

Quote name ———

Generated by Rochelle Cantu on 12/15/2023 1:28 PM

Download proposal

View quote

Copy quote

Withdraw quote

Requested effective date

ESTIMA
PREMIUM

02/01/2024

$2,405.88

Employees

3 active, 0 dependents

Start employer application

7 | Group Structure

In this section, you will have the option to add additional Classes and Locations for the group policy

Group structure

Are all employees required to work the same hours and meet the same probationary period?

| Yes | No |

Does the group have a subset of membership, other than COBRA, that is to be allocated to a different billing location or group? ❓

| Yes | No |

‹ **Back to overview**   **Continue to enrollment census ›**

Class

1. For one Class select **Yes**
2. For additional Classes select **No**
   a. Select **Add eligibility group**

Group structure

Are all employees required to work the same hours and meet the same probationary period?

| Yes | No |

How do you want to define the eligibility rules? ❓

* At least 2 eligibility groups are required to assign different eligibility rules

☐ Class

+ Add eligibility group

3. Select up to 3 Class options from the six auto populated Classes

Add eligibility group ✕

* Indicates required

* **Class**

[⌄]

All

Management

Salaried

Hourly

Part-time

Full-time

Add another group

Save and exit

Location

1. For one location select **No**
2. For additional locations select **Yes**
   a. Select **Add billing group**

Does the group have a subset of membership, other than COBRA, that is to be allocated to a different billing location or group? ❓

| **Yes** | **No** |

How do you want to define the billing structure?

* **At least 2 billing groups are required**

▪ Location

➡ ✚ **Add billing group**

3. Manually enter the location name(s).
   a. Max characters 25

Add billing group ✕

* Indicates required

* **Location name** ❓

Walla Walla|

Add another group

Cancel   **Save and exit**

4. Add up to 3 Locations. Select **Add another group** or **Save and exit**
5. To remove a location select **Remove**.

Does the group have a subset of membership, other than COBRA, that is to be allocated to a different billing location or group? ❓

| Yes | No |

How do you want to define the billing structure?

* At least 2 billing groups are required

☑ Location

<div align="right">

+ Add billing group

</div>

Billing group 1	🖉 Edit
Location	
Seattle	

Billing group 2	🖉 Edit
Location	
Spokane	

Billing group 3	**✖ Remove** 🖉 Edit
Location	
Walla Walla	

‹ **Back to overview**   **Continue to enrollment census ›**

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

1. Access the Overview page by searching for the case through Case Search

2. Click the menu option and select 'Copy quote'

3. The Profile page will display allowing you to make any desired changes. The requested effective date field, desired plans, and Class and Location 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 or Quick Quote.

1. Go to Enrollment Census Updates to make changes.

    a. If additional Classes and/or Locations were added at the previous Group

Structure step, the census must be updated to include the missing information for each employee.

> **i** You can verify the census and provide any additional details to support the employee elections. You can export the current census, enter the additional required information and import the census to speed up the process.
>
> **!** You must provide the missing required information for the highlighted households before you can continue
>
> 3 errors were detected during the census upload. You will not be able to continue until all errors are corrected.
>
> **View errors**
>
> 3 employees | 0 dependents | 3 products
> Last updated by Rochelle Cantu on 12/15/2023 1:23 PM
>
> ➕ Add employee   ⬆ Export census   ↻ Replace census

> **Enrollment census updates:** There are multiple ways to update the census. You can manually make updates, replace the current census with a new file, or download the current census into Excel, make changes, then upload. Changes made to the census will impact the final rates.

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

Add an Employee

1. Click **Add Employee** and complete the fields. Fields with an asterisk "*" are required
2. Click **Add Another Employee** to add additional employees
3. Click **Save and Exit** once all employees are added
4. Click **Continue** to Plan Offering when everything is accurate and you are ready to proceed.

Edit Data for an Employee

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

     a   For Class and Location fields, update from the drop-down options.

2. Enter the desired update(s)

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

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

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 "**Add**" button to select the plan(s) being purchased.

Plans selected for purchase will show a check mark.

Balance 250 Platinum						✓
Individual deductible (In-network/Out-of-network)	Family deductible (In-network/Out-of-network)	Individual OOP maximum (In-network/Out-of-network)	Family OOP maximum (In-network/Out-of-network)	Coinsurance (In-network/Out-of-network)	Premium (monthly)	
$250 / $500	$500 / $1,000	$4,000 / Unlimited	$8,000 / Unlimited	10% / 50%	$2,502.72	

Balance 500 Platinum						Add
Individual deductible (In-network/Out-of-network)	Family deductible (In-network/Out-of-network)	Individual OOP maximum (In-network/Out-of-network)	Family OOP maximum (In-network/Out-of-network)	Coinsurance (In-network/Out-of-network)	Premium (monthly)	
$500 / $1,000	$1,000 / $2,000	$4,000 / Unlimited	$8,000 / Unlimited	10% / 50%	$2,394.48	

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

1. Complete company information. Fields marked with an asterisk "*" are required.

    a. Note: Ownership Type, only required for groups of less than 3 enrolling employees

    b. Note: Primary Address, PO boxes are not accepted

* Indicates required

Company information

Company name	Common name	**Note:** If Company Name exceeds 43 characters insert a common name of no more than 50 characters including spaces.	* Washington State Unified Business Identifier (UBI)
✎ Edit			

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

Primary address

* Address 1	Address 2	ZIP code	
		98310	Bremerton, WA (Kitsap)

Mailing address

Address 1	Address 2	ZIP code
		Search...

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.

2. Enter the Billing Address information if different from the Primary Address. Fields marked with an asterisk "*" are required.

3. For Billing Addresses on quotes that have **additional Locations**
   a. Leave box blue if the Billing Location address is the same as the Primary Address.
   b. Un-check box if the Location's Billing Address is **not** the same as the Primary Address.
      i   Enter the Location(s) additional address as needed.

Primary address

* Address 1   Address 2   ZIP code

Mailing address

Address 1   Address 2   ZIP code

                                                            Search...

Billing address

Location name   Leave box **blue** if this Location's Billing
                       Address is the same as the Primary Address

Seattle

☑ Billing group 1's billing address is the same as primary address

Location name   Un-check box if this Location's Billing Address
                       is the *not* the same as the Primary Address

Spokane   Enter the Billing Address

☐ Billing group 2's billing address is the same as primary address

Billing address

* Address 1   Address 2   * ZIP code

                                                            Search...

4. Enter Group Contact information. Fields marked with an asterisk "*" are required.
5. For Billing Contacts on quotes that have **additional Locations**
   a. Leave box blue if the Billing Contact is the same as the Primary Contact.
   b. Un-check box if the Location's Billing Contact is **not** the same as the Primary Contact
      i   Enter the Location(s) Billing Contact as applicable

Billing contact

Location name

Seattle

> Leave box **blue** if the Billing Contact for this location is the same as the Primary Contact

☑ Billing group 1 's billing contact is the same as primary contact

Location name

Spokane

> Un-check box if the Billing Contact for this location is *not* the same as the Primary Contact.
>
> Enter Billing Contact information

☐ Billing group 2 's billing contact is the same as primary contact

Billing contact

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

* At least one phone number is required

Office   **Mobile**

(___)___-____   (___)___-____   ☐ Use mobile as primary number

6. Make COBRA elections. Fields marked with an asterisk "*" are required. Click Continue to Eligibility to proceed.
7. For COBRA Contacts on quotes that have additional Locations
   a. Leave box blue if the COBRA administrator is the same as the Primary Group and Billing Contact
   b. Un-check box if the COBRA Administrator is *not* the same as the Primary Group and Billing Contact
      i. Enter the COBRA Administrator Billing and Contact Information

Do you use a COBRA Administrator?

* Do you use a COBRA Administrator?
- ○ No
- ● Yes

Leave box **blue** if the COBRA Administrator is the same as the Billing Contact

☐ Same as Billing Address and Contact Person

Un-check the box if the COBRA Administrator is not the same as the Billing and Contact Person.

Enter COBRA Administrator Billing Address and Contact Information.

COBRA Administrator Billing Address

* Address 1	Address 2	* ZIP code
		Select...

COBRA Administrator Contact Person

- ○ Mr.
- ○ Mrs.
- ○ Ms.

* First name

* Last name

Title

* Phone number	Fax number	* Email address
(__) ___-____	(__) ___-____	xx@xxx.xxx

8. Select **Continue to eligibility**
9. Complete Employee Count and Employee Enrollment. Fields marked with an asterisk "*" are required.

   a. Note: Total Employed and Total Enrolled fields pre-populate, update if needed.

Employee count

* A. Total number of employees on payroll (regardless of hours worked):
❷
Note: *Count each employee in only one category.*

Employee enrollment

	Medical
* B. Total number of employees not eligible to enroll: *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.*	
* C. Total number of employees eligible to enroll: ❷	
* D. Total number of employees not enrolling due to coverage under other group coverage or a Government plan (Medicare, CHAMPUS/Tricare or Military):	
* E. Eligible employees waiving enrollment without other group coverage (listed above): **Note:** *Individual Coverage is not a valid waiver.*	
* F. Total number of eligible employees enrolling: ❷ *Participation level calculated by dividing the total number of employees enrolling (F) by the total number of eligible employees without other group coverage (C-D).*	

G. Do you have eligible employees in Hawaii?
◯ Yes
🔘 No

Please note: *Employees who reside in the state of Hawaii are not eligible for coverage.*

10. Complete the Date Profile.

    a. Note: These entries must be the same across all selected products (medical, dental, and vision).

Eligibility group 1: Class - Hourly

* Minimum weekly hours ⦾

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

[⌄]

* Please select the appropriate wait period for your group ⦾

[⌄]

Eligibility group 2: Class - Part-time

* Minimum weekly hours ⦾

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

[⌄]

* Please select the appropriate wait period for your group ⦾

[⌄]

11. Select **Continue to contributions**
12. Enter the Contributions. Fields marked with an asterisk "*" are required.
    a. Answer: **Do you want to vary contributions by eligibility groups?**
        i. If **No**, enter contributions.

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

Do you want to vary contributions by eligibility groups?

| No | Yes |

Medical

| * Employees | * Dependents |
| 0% | 0% |

        ii. If **Yes**, Classes will expand to enter contributions for each medical and/or Dental plan.

13. Select **Continue to current coverage**.
14. If the group has had coverage in the past 90 days, complete the necessary fields.
15. If no coverage, select **Continue to federal requirements**.

> Important: We urge you to consult legal counsel in answering the Federal Requirement questions. The summaries detailed provided are not intended to be or to replace legal advice on your particular group. It is the group's responsibility to inform Premera if facts change which would cause the group's answers to change.

Enter the Federal Requirements

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

1. Is the group subject to 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?

    a. Select Yes, if this plan will pay primary to Medicare as required by federal law.
    b. Select No, if this plan has less than 20 employees

2. Is the group subject to 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?

    a. Select Yes, if this plan will pay primary to Medicare as required by federal law.
    b. 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 Employee Retirement Income Security Act (ERISA)?

    a. If Yes, enter the month the ERISA plan year ends
    b. If No, enter the legal reason for exemption:
        i. Government or Public Plan
        ii. Church Plan iii. Other

After you have entered the ERISA information you will be automatically taken to the 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.

Reminder! Don't forget to upload your documents.

Option 1

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

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

Option 2

- Click Select file to select and upload document file
- Late letter
- Click view template to view or download the letter

Option 3

- Click Select file to select and upload document file
- PFAs Enrollment forms (to be completed by employees)
- Click view template to view form or to download a copy of the form

Option 4

- Click Select file to select and upload document file
- HSA set up forms (to be completed by the group)
- Click view template to view or download the form

Option 5

- Click Select file to select and upload document file
- Disability Dep forms
- Click view template to view or download the form

Option 6

- Click Select file to select and upload document file

10 | Manage Enrollment Process

Once Employer Application is completed and shows submitted you can now manage the enrollment process.

You will soon receive an email notification advising that you may begin employee elections. ✖

Success! The employer application was submitted. ✖
The next step is to start enrolling employees for this group. To begin, click 'Manage enrollment' below.

Activities

Status: 1 Enrolling

Quote ...52d6dd Show
Started by Rochelle Cantu on 12/15/2023 1:43 PM

Quote name Jelly

📈 Enrollment status

0 **0** **0**
COMPLETE   IN PROGRESS   NOT STARTED

3 employees | 0 dependents

Manage enrollment

📆 Enrollment closes

47
days on February 01, 2024

Coverage effective date: 02/01/2024

1. Select **Manage Enrollment**. Platform will move into Enrollment Center.

2. Select **Approve All** under 1 - Personal to approve employee information

3. Select **Next**

4. Select **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: 12/15/2023 by ROCHELLECANTUPRO

☑ Begin Data Collection for Premera Blue Cross
Completed On: 12/15/2023 by ROCHELLECANTUPRO

☑ Complete Date Rule Setup
Completed On: 12/15/2023 by BFQUOTING

To-do list

View by: All Tasks ▾

Personal

| 3 | Employees Need to be Approved | Approve All |

5. At the To-Do List, select **Complete Employee Elections**

Welcome

🔍 Search by Name or SSN   ▾   Go

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.

6. Select first employee to enroll by clicking on the name

Employee Census

Including Employees with sections that need to be approved

Add Employees

Import Employees and Dependents

| ○ 3 Active Employees | ○ 0 Terminated Employees | ○ 0 Dependents |

Actions ▾

	Type	Name	DOB	SSN	Login ID	Actions
☐	○	BROWN, LARRY	01/01/1990	555-11-3333		✚ ▸
☐	○	PETERS, SHERRY	01/01/1970	555-11-2222		✚ ▸
☐	○	SMITH, BARRY	01/01/1980	555-11-9999		✚ ▸

7. Select **Get started** or **Enroll in benefits** on far right to start medical enrollment

Mervin is eligible for benefits!
Please select from the available benefits below to complete the enrollment process.   Get started ›

Decline All Benefits ⊘

Premera Medical Offer   Enroll in benefits   Decline benefit

Open Enrollment: 08/08/2024 – 10/31/2025 | Benefit Period Start: 11/01/2024

✚ Medical Benefits   Not started

Premera Dental Offer   Enroll in benefits   Decline benefit

Open Enrollment: 08/08/2024 – 10/31/2025 | Benefit Period Start: 11/01/2024

🦷 Dental Benefits   Not started

8. Select Medical Plan. Select **Next.**

Plan

*Select A Plan

◉ Balance 1000 Gold

Balance 1000 Gold Details

Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (OOP Max)	Annual Maximum
$1,000	$2,000	$8,000	$16,000	Unlimited

View all plan details

The above plan is offered by Premera Blue Cross.

Decline Coverage

○ Decline coverage for this person

Next

1. Dependents are listed, select **Add to coverage**

Premera Medical Offer

Medical Benefits	Accepted		Edit
Plan	Balance 1000 Gold		

The above plan is offered by Premera Blue Cross.

Persons Covered

Choose who you want to cover

Covered	Name	Relationship	
✔	Mervin Mouse	Subscriber	
✘	Molly Mouse	Spouse	Add to coverage
✘	Misti Mouse	Child	Add to coverage
✘	Maisey Mouse	Child	Add to coverage
✘	Minnie Mouse	Child	Add to coverage

Add Dependent

Next

9. Confirm plan information, select **Next**

Premera Medical Offer

Medical Benefits	Accepted		**Edit**
Plan	Balance 1000 Gold		

The above plan is offered by Premera Blue Cross.

Persons Covered   **Edit**

Name	Relationship
Mervin Mouse	Subscriber
Molly Mouse	Spouse
Misti Mouse	Child
Maisey Mouse	Child
Minnie Mouse	Child

Coverage Level	Employee and Family	⊚

Effective Date

The Effective Date is auto-populated based on the business logic configured on the Open Enrollment Date Rules. No action needed, unless a correction is necessary.

Enter an effective date. | 11/01/2024   📅 |

Next   ⬅

10. Confirm benefits, select **Save changes** or **Save and go to Benefits**

Premera Medical Offer

Enrollment Summary

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

Medical Benefits	Accepted	Edit

Plan	Balance 1000 Gold The above plan is offered by Premera Blue Cross.	

Persons Covered   Edit

Name	Relationship
Mervin Mouse	Subscriber
Molly Mouse	Spouse
Misti Mouse	Child
Maisey Mouse	Child
Minnie Mouse	Child

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

Coverage Level	Employee and Family	⑦

Effective Date	11/01/2024	Edit

[Save changes]   [Save and go to benefits]   [Cancel]

11. If an additional plan was elected, select **Get Started** on far right or **Enroll in benefits** to continue enrollment

Premera Medical Offer

Open Enrollment: 08/08/2024 – 10/31/2025 | Benefit Period Start: 11/01/2024

Plan	Balance 1000 Gold
Persons Covered	**Mervin Mouse (Subscriber)** Effective 11/01/2024 **Molly Mouse (Spouse)** Effective 11/01/2024 **Maisey Mouse (Child)** Effective 11/01/2024 **Minnie Mouse (Child)** Effective 11/01/2024 **Misti Mouse (Child)** Effective 11/01/2024
Coverage Level	**Employee and Family**

Premera Dental Offer

Open Enrollment: 08/08/2024 – 10/31/2025 | Benefit Period Start: 11/01/2024

12. Continue to next employee by selecting Forward Arrow on top left of screen

13. After all employees have been enrolled go to the Home tab on upper left.
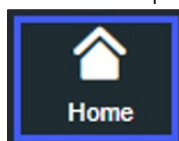
Submission to Carrier

1. Confirm 100% of employees are complete

2. Select **End Data Collection**

3. Select **End Data Collection** again. You will be redirected to the Group Overview page.

> **Reminder!** Ensure all required documents (i.e. Attestation, W2 and Late Enrollment forms) are attached.

4. Select **Submit Enrollment**

5. Select **Accept and Continue**

You will be redirected to the Group Representative and Producer Signature pages required to complete this groups submission.

6. 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 and/or Premera Blue Cross HMO 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 ›

7. Select **Continue to Signature** for Producer signing
8. Click on **Received wet signature**
9. Producer information will auto populate
10. 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.

   ✗ *ROCHELLE CANTU*

ROCHELLE CANTU

rochelle.cantu@premera.com

(509) 555-6669

Rochelle's Second Happy Place

12/19/2023 9:34 AM

‹ **Back to group agreement**   **Sign application**

The group has now been submitted to carrier!

Test3's enrollment has been submitted for review.
You will receive an email once the underwriter has accepted or declined the enrollment.

Quote ...9a3b88 Show

Started by Rochelle Cantu on 02/15/2024 1:36 PM

Quote name Test3

📈 Enrollment summary

100%   **1**
Employee participation   **PRODUCTS**

3 employees | 0 dependents

View employee details

📅 Open enrollment closed

on February 15, 2024

Coverage effective date: 04/01/2024