

Marketplace quote to enroll platform

Premera job aid

Marketplace quote to enroll workflow

There are 9 steps in the quote to enroll workflow. Scroll through the guide to view each step.

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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.

PREMIERA EXCELLENCE

Search and manage your work.

Search for people or companies...

Your activity snapshot

New business

13
13 Group

recently sold
nearing effective date

Enrolling: 10
Review: 0
Quoting: 2
Proposal: 1

Renewals

0
0 Group

increased +10%
nearing effective date

All accounts

50
50 Group

No billing data available at this time

Prospect: 50...
Inactive: 0
Active: 0

Recent updates

- 10/06/2022 9:17 AM
2023 2nd OE Test EE 1
Enrollment approved
Daniel Brereton
- 10/06/2022 9:17 AM
2023 2nd OE Test EE 1
Enrollment approved
Daniel Brereton
- 10/06/2022 9:17 AM
XAT 108 Release
Enrollment approved
Daniel Brereton
- 09/21/2022 3:43 PM
Prod SG test 1
Enrollment approved
Daniel Brereton
- 09/21/2022 3:42 PM
Prod SG test 1
Enrollment approved
Daniel Brereton

[View more](#)

Resources

- Reports**
[Access Broker Reports](#)
- Templates**
[Download Census Template \(Premiera plans only\)](#)

Work queue

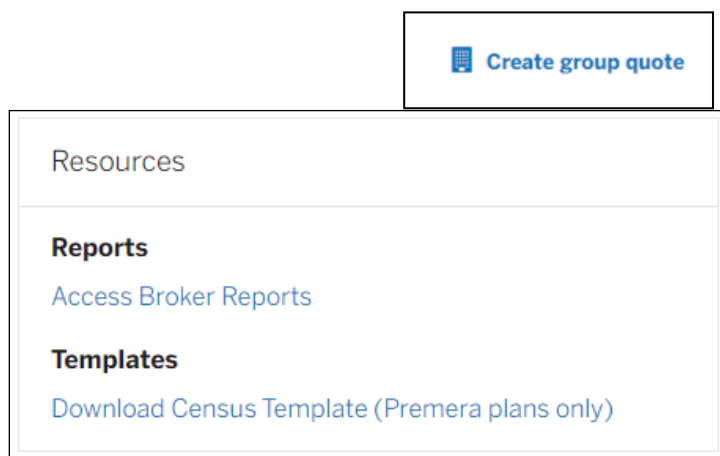
New business | Renewals | Book of business

Sort by: [dropdown]

Quoting (2) | Proposal (1) | Enrolling (10) | In review (0) | Final rates review (0) | Final rates ready (0) | Accepted (5)

Item	Status
Prod SG test 1	ACCEPTED
Quote..075908 January 01, 2023 \$1,025.58 2 enrolled S4 Sub-Agency 2 Daniel Brereton	View >
Test 1 Quote..a0bc03 Requested effective date: February 01, 2022 1 employees S4 Sub-Agency 2 Daniel Brereton	Resume >
2022TestProposal	ACCEPTED
Quote..795688 January 01, 2022 \$2,133.50 5 enrolled S4 Sub-Agency 2 Daniel Brereton	View >
Subgroup Test 2	ACCEPTED





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**.

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Hi, Richard

Quote

Search for people or companies

* Can the group attest to averaging at least 1 but no more than 50 employees on payroll during the previous calendar year and that it is not a sole proprietor with no common law employee or a self-employed individual?

Yes No

* Is your company headquartered in Washington State? If no, is there a Washington employee with authority to sign the group contract?
Note: Premera is not licensed to quote or sell within Clark County Washington

Yes No

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

Quote information

* Company name	* Requested effective date ⓘ	* ZIP code (primary location)
Sandy's Diner	04/01/2023 ▼	99216 ✕ Spokane, Washington (Spokane)

* Total enrolled ⓘ	* Total employed ⓘ
2	2

Assignment

Broker	Agency	Sales representative
ROCHELLE CANTU	Rochelle's Second Happy Place	---

Additional information

Quote name	Quote ID
Sandy's Diner	---

[Add additional information](#)

[← Back to dashboard](#) [Continue to census >](#)

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 have 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 have the ability to 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.

Employee DOB *	Gender*	Status ?	Salary	Spouse DOB	Children DOB ?
mm/dd/yyyy	▼	▼	\$_._	mm/dd/yyyy	mm/dd/yyyy, mm/dd/yyyy, mm/dd/yyyy
mm/dd/yyyy	▼	▼	\$_._	mm/dd/yyyy	mm/dd/yyyy, mm/dd/yyyy, mm/dd/yyyy

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

The screenshot shows a web form titled "Send template to employer" with a close button (X) in the top right corner. The form contains the following sections:

- Instructions:** "You will need to upload the completed census when you receive it from the employer."
- Legend:** "* Indicates required"
- Email address(es):** A text input field with a "CC you" checkbox to its right.
- Subject:** A text input field containing the text "Premera Blue Cross census request for BnTestCarrier7".
- Attachments:** A section with a file icon and the text "Census template".
- Message:** A text area containing the text "Please complete and return BnTestCarrier7's census at your earliest convenience. Let me know if you have any questions."
- Buttons:** "Cancel" and "Continue" buttons at the bottom.

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

* Sequence no	* Relationship to employee (Subscriber, Spouse, Domestic Partner, Dependent)	Last name	Middle name	First name	* Gender (Female, Male)	* Date of birth (MM/DD/YYYY)	* Employment status (Active, COBRA)	* Medical coverage (EE, ES, EC, FAM, Waive)	* Dental coverage (EE, ES, EC, FAM, Waive)	Email (xxx@xxx.xxx)	Hire date (MM/DD/YYYY)	SSN (###-##-####)	ZIP code	County	Address 1	Address 2	Home phone ((###) ###-####)
1	Subscriber	Jane	Mary	Jane	Female	1/1/1990	Active	EE	EE	jane@test.com	11/1/2010	555-55-4444	98004	King	123 Main Street		(206) 555-1111
2	Subscriber	Brown	Jane	Jane	Female	1/1/1960	Active	EE	EE	jane@test.com	11/1/2010	555-55-7777	98004	King	124 Main Street		(206) 555-2222
3	Subscriber	Smith	John	John	Male	1/1/1970	Active	EE	EE	john@test.com	11/1/2010	555-55-8888	98004	King	125 Main Street		(253) 555-3333

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.

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

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

3. Enter the **employee and dependent data**
 - 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

- 4. **Save** the file to your computer (.csv format)
- 5. Click **Upload Census**
- 6. Click **Select File**
- 7. Select the census file to upload
- 8. Click **Open** to upload the census file

You have options. Decide how much information you would like to enter up front or leave for enrollment. ✕ Withdraw quote

Eligible products for the group

Medical Dental Vision Ortho TMJ

Complete the census

Your census could not be uploaded.
Please make sure that the spreadsheet is not corrupt, the sequence numbers are correct and it is not missing tabs.

[← Back to options](#)

Drag census file here
(or select from your files)

[← Back to profile](#)

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

The screenshot shows the 'Add employee' form with the following fields and options:

- First name**, **Middle name**, **Last name** (text input fields)
- * Gender**: Male, Female (radio buttons)
- * Date of birth**: mm/dd/yyyy (calendar icon)
- * Employment**: Active (dropdown)
- Hire date**: mm/dd/yyyy (calendar icon)
- SSN**: [redacted] (text input)
- Address 1**, **Address 2** (text input fields)
- ZIP code**: 98103 (text input), Seattle, WA (King) (text input)
- Home phone**, **Email address** (text input fields)
- Coverage**:
 - Medical**: ES (dropdown)
 - Dental**: ES (dropdown) - **Blue arrow points here.**
- Dependents**:
 - First name**, **Middle name**, **Last name** (text input fields)
 - * Relationship** (dropdown)
 - * Date of birth**: mm/dd/yyyy (calendar icon)
 - * Gender**: Male, Female (radio buttons)
 - X Remove** (button)
 - Add dependent** (button) - **Blue arrow points here.**
 - Add another employee** (button) - **Blue arrow points here.**
- Cancel** (button)
- Save and exit** (button)

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.

*See page 9 for helpful hints

The screenshot shows the 'Coverage' section with the following options:

- Medical**: FAM (dropdown)
- Dental**: EE (dropdown)

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**

Dependents

First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Enter
**Relationshi
p**

* Relationship	* Date of birth	* Gender	✕ Remove
<input type="text" value="v"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="button" value="Male"/> <input type="button" value="Female"/>	

3. Enter **Date
of Birth**

4. Select
Gender

5. Click **Add
dependent**
to enter
more
dependents

[Add dependent](#)

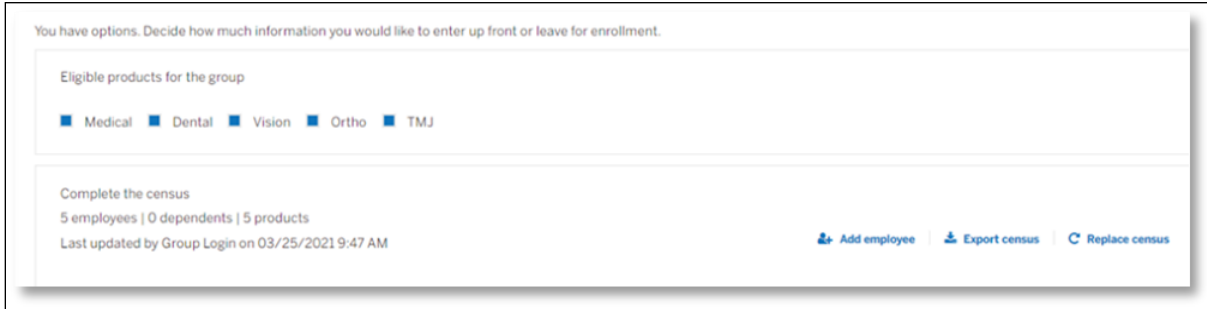
Manual entry, changes, or edits

- 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 & 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.

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.).

Balance 250 Platinum						Add
Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance: 15% / 50%	Premium (monthly) \$1,152.52	<input type="checkbox"/> Compar
\$250 / \$500	\$500 / \$1,000	\$4,000 / Unlimited	\$8,000 / Unlimited			

Generate a proposal

Quickly generate Premera medical plans by selecting **Generate proposals with all plans**

Generate proposal 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**

Search Sort by:

Compare 2 plans

Balance 250 Platinum						<input type="button" value="Add"/>
Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance: 15% / 50%	Premium (monthly)	<input checked="" type="checkbox"/> Compare
\$250 / \$500	\$500 / \$1,000	\$4,000 / Unlimited	\$8,000 / Unlimited		\$1,152.52	

Balance 500 Platinum						<input type="button" value="Add"/>
Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance: 15% / 50%	Premium (monthly)	<input checked="" type="checkbox"/> Compare
\$500 /	\$1,000 /	\$5,000 / Unlimited	\$10,000 / Unlimited		\$1,099.08	

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.

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Balance 250 Platinum	Balance 500 Platinum	Balance 500 Gold
Monthly premium \$3,666.80	Monthly premium \$3,495.50	Monthly premium \$3,022.70
<input type="button" value="View premium breakdown"/>	<input type="button" value="View premium breakdown"/>	<input type="button" value="View premium breakdown"/>
<input checked="" type="button" value="Plan added"/>	<input checked="" type="button" value="Plan added"/>	<input checked="" type="button" value="Plan added"/>

After the plan review is complete, you can add plans to your quote. Click **Add** for each plan to be added. A check mark will appear for any plan added to the quote.

Balance 250 Platinum						<input checked="" type="checkbox"/> Compa
Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance:	Premium (monthly)	
\$250 / \$500	\$500 / \$1,000	\$4,000 / Unlimited	\$8,000 / Unlimited	15% / 50%	\$1,152.52	

Balance 500 Platinum						<input type="checkbox"/> Compa
Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance:	Premium (monthly)	
		\$5,000 / Unlimited	\$10,000 / Unlimited	15% / 50%	\$1,099.08	<input type="button" value="Add"/>

Click **Continue to proposal**

Individual deductible	Family deductible	Annual maximum	Preventive services	Basic services	Premium (monthly)	<input type="checkbox"/> Compa
\$50 / Shared with In Network	\$150 / Shared with In Network	\$1500 PCY / Shared with In Network	Covered in Full / Same as in-network cost share	Deductible, then 20% / Same as in-network cost share	\$88.00	

< [Back to census](#)

5 | Generate Quote

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:

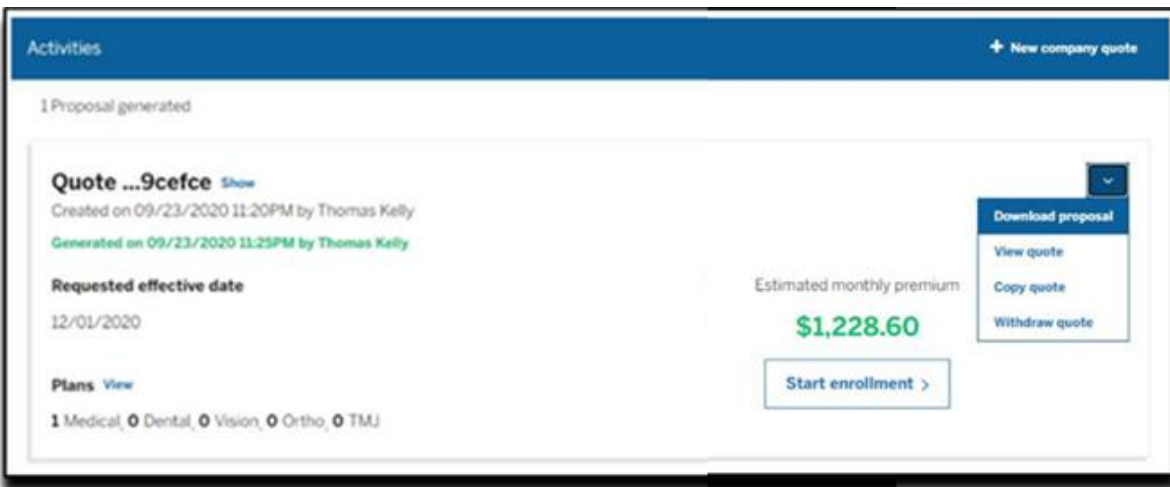
- Estimated premium rate sheet
- Census
- Plan benefits
- Washington small group quote assumptions
- Non-discrimination disclosure form

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

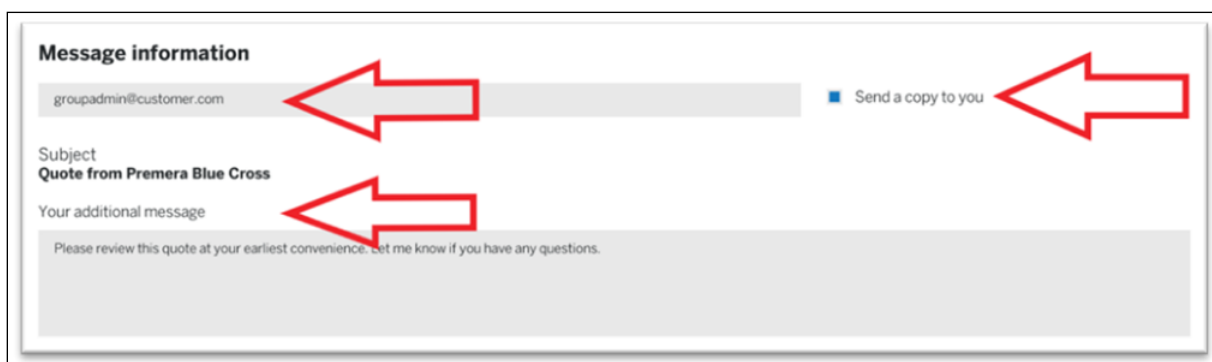
1. Click **Generate Proposal**
2. Click **Continue to Overview**

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.



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 and desired plans will need to be selected but all other fields will be prefilled with the data from the original quote.

7 | 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.
2. Click **Continue to Plan Offering** if the census does not require updates.

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.**

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.

* Indicates required

* First name	* Last name	* Gender
<input type="text" value="Doe"/>	<input type="text" value="John"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female
* Date of birth	* Employment	
<input type="text" value="11/07/1972"/> <input type="button" value="📅"/>	<input type="text" value="Active"/> <input type="button" value="▼"/>	
* Hire date	* SSN	
<input type="text" value="01/01/2019"/> <input type="button" value="📅"/>	<input type="text" value="555-44-1111"/>	
* Address 1	Address 2	
<input type="text"/>	<input type="text"/>	
* ZIP code		
<input type="text" value="98043"/> <input type="button" value="✖"/>	Mountlake Terrace, WA (Snohomish)	
* Home phone	Email address	
<input type="text" value="() - -"/>	<input type="text" value="becki.neigum@connexioninsurance.com"/>	
Coverage		
Medical	Dental	
<input type="text" value="EE"/> <input type="button" value="▼"/>	<input type="text" value="EE"/> <input type="button" value="▼"/>	

Edit Data for an Employee

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

8 | 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.

Plans selected for purchase will show a check mark.

Plan name	Deductible	Out of pocket max	Coinsurance	Monthly premium	Select
Balance 250 Platinum 49831WA1400016				\$2,423.49	<input type="checkbox"/>
Balance 500 Platinum 49831WA1400017				\$2,311.14	<input checked="" type="checkbox"/>

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

Company information

Company name TestScreenshots Edit	Common name <input type="text"/>	Note: If Com characters in no more than spaces.
* NAICS # <input type="text"/>	* Federal tax ID / EIN <input type="text"/>	* Ownership <input type="text"/>

Primary address

* Address 1 509 Main Street	Address 2 <input type="text"/>	ZIP code 98103	Seattle, WA (King)
---------------------------------------	------------------------------------------	--------------------------	--------------------

Mailing address

* Address 1 509 Main Street	Address 2 <input type="text"/>	* ZIP code 98103 <input checked="" type="checkbox"/>	Seattle, WA (King)
---------------------------------------	------------------------------------------	----------------------------------------------------------------	--------------------

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.

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

Billing address is the same as primary address

Billing address

* Address 1 Address 2 * ZIP code

3. Enter Group Contact information. Fields marked with an asterisk "*" are required.

Group contact

Mr. Mrs. Ms.

* First name * Last name * Email address

Title

* At least one phone number is required

Office Mobile Use mobile as primary number

Billing contact is the same as group contact

4. Make COBRA elections. Fields marked with an asterisk "*" are required. Click the **Continue to Eligibility** 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

5. Complete **Employee Count and Employee Enrollment**. Fields marked with an asterisk "*" are required.

are required.

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

* Indicates required

Employee count

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

Employee enrollment

	Medical
* B. Total number of employees not eligible to enroll: <i>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.</i>	<input type="text"/>
* C. Total number of employees eligible to enroll: ⓘ	<input type="text"/>
* D. Total number of employees not enrolling due to coverage under other group coverage or a Government plan (Medicare, CHAMPUS/Tricare or Military):	<input type="text"/>
* E. Eligible employees waiving enrollment without other group coverage (listed above): Note: Individual Coverage is not a valid waiver.	<input type="text"/>
* F. Total number of eligible employees enrolling: ⓘ <i>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).</i>	<input type="text"/>

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.

6. Complete the **Date Profile**. Click **Continue to Contributions**.

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

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**

7. Enter the **Contributions**. Fields marked with an asterisk "*" are required. Click **Continue to Current Carrier**.

Please select the amount the employer will be contributing towards the cost of

* Indicates required

Medical

* **Employees** * **Dependents**

100% 50%

8. Enter the **Current Carrier**. Fields marked with an asterisk "*" are required. Click **Continue to Federal Requirements**.
 - a. If the group has had coverage in the past 90 days, complete the necessary fields.
 - b. If no coverage, continue to **Federal Requirements**.

* 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

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

9 | Manage Enrollment Process

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

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](#)

Enrollment status			Enrollment closes
0	0	2	39
COMPLETE	IN PROGRESS	NOT STARTED	days on November 01, 2021
2 employees 1 dependent			Coverage effective date: 11/01/2021
Manage enrollment			

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: 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:

Personal

1	Employee Needs to be Approved	<input type="button" value="Approve All"/>
---	-------------------------------	--------------------------------------------

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

Welcome, !Test_HelpfulHints!

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

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

<input type="checkbox"/>	Type	Name	SSN	Login ID	Actions
<input type="checkbox"/>	Active	Jones, Sally	555-11-4444		+>
<input type="checkbox"/>	Active	Smith, Dilly	555-12-5555		+>

Key Active Terminated COBRA Exception Retired Dependent

7. Select "Start" on far right to start medical enrollment

Back to employees < 1 of 2 > Search by Name or SSN

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

Sally has 1 pending task

Sections To Be Completed

Premera Medical Offer - Section not started Start

Benefits Snapshot

Sally Jones is not enrolled in any benefits

Get started

8. Select Medical Plan by clicking radio button. 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

9. Select **Coverage Tier for Employee** (and Spouse or Family as applicable).
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

10. Confirm plan information, select **“Next”**

Open Enrollment Benefits
Premera Medical Offer

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

Persons Covered

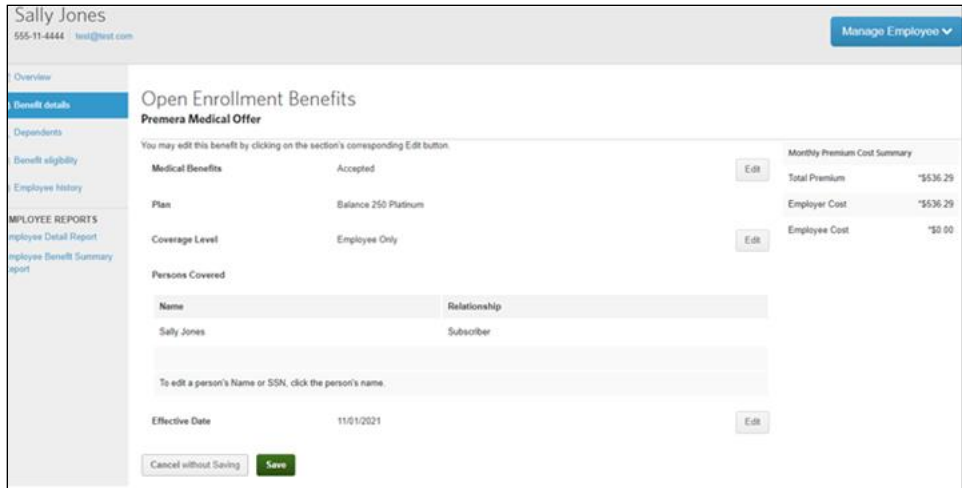
Name	Relationship
Sally Jones	Subscriber

Effective Date

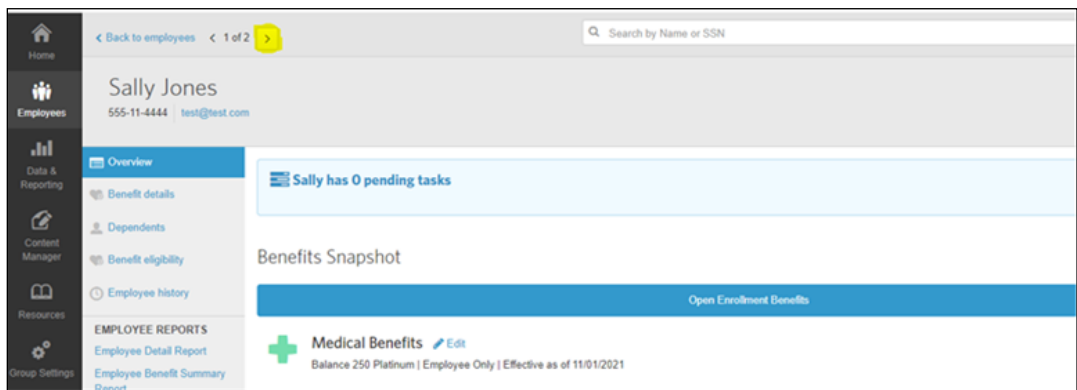
Enter an effective date.*

Next

11. Confirm benefits and rates, select **“Save”**



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



13. Enroll the next employee following the previous steps.

14. For Dependents, select the correct coverage tier, click **“Next”** and apply benefits to all



15. Apply coverage to dependent, select **“Next”**

16. 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*

Relationship*

Gender*

Date of Birth*

SSN

American Indian/Alaska Native Status

Race (Optional)

Address

Address 1

Address 2

City

State / Province

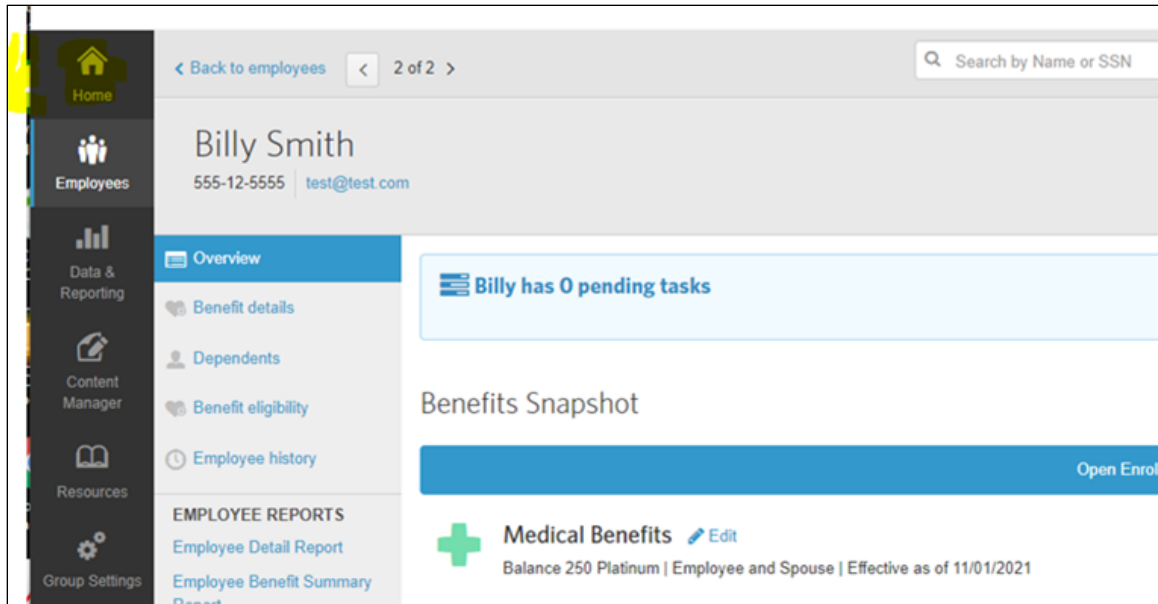
ZIP / Postal code

Country

Email

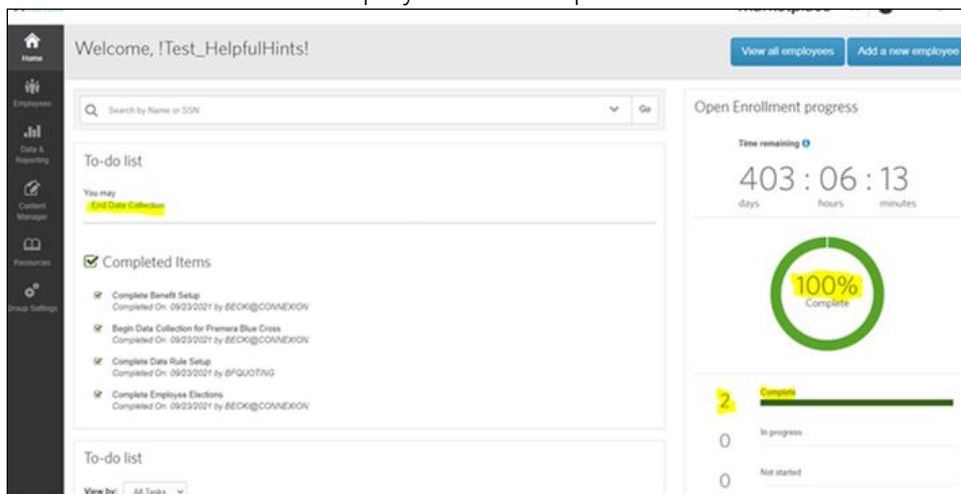
[Cancel](#) [Save](#)

17. Click "Next"
18. Click "Next" again
19. Click "Save"
20. After all employees have been enrolled go to the "Home" tab on upper left.

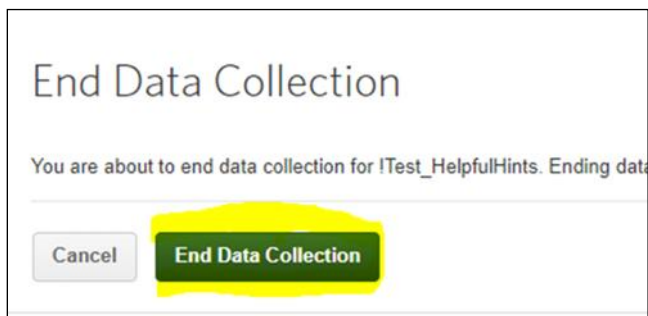


Submission to Carrier

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.

Upload documents

Attachments

Group size attestation form
0 uploaded

Late letter
0 uploaded

PFAs Enrollment forms
0 uploaded

HSA setup forms
0 uploaded

4. 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

5. 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

<p>✔ Enrollment status</p> <p>2 COMPLETE 0 IN PROGRESS 0 NOT STARTED</p> <p>2 employees 1 dependent</p> <p>Accept and continue</p>	<p>📅 Enrollment closes</p> <p>39 days on November 01, 2021</p> <p>Coverage effective date: 11/01/2021</p>
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Product participation

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 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**

*** 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.

Isatou Baldeh

Isatou Baldeh

pbcwasmalgroup@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

<p>Enrollment summary</p> <p>100% 1 Employee participation PRODUCTS 2 employees 1 dependent View employee details</p>	<p>Open enrollment closed</p> <p>on September 23, 2021 Coverage effective date: 11/01/2021</p>
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Product participation [View details](#)

100% required | 100% actual employee participation

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