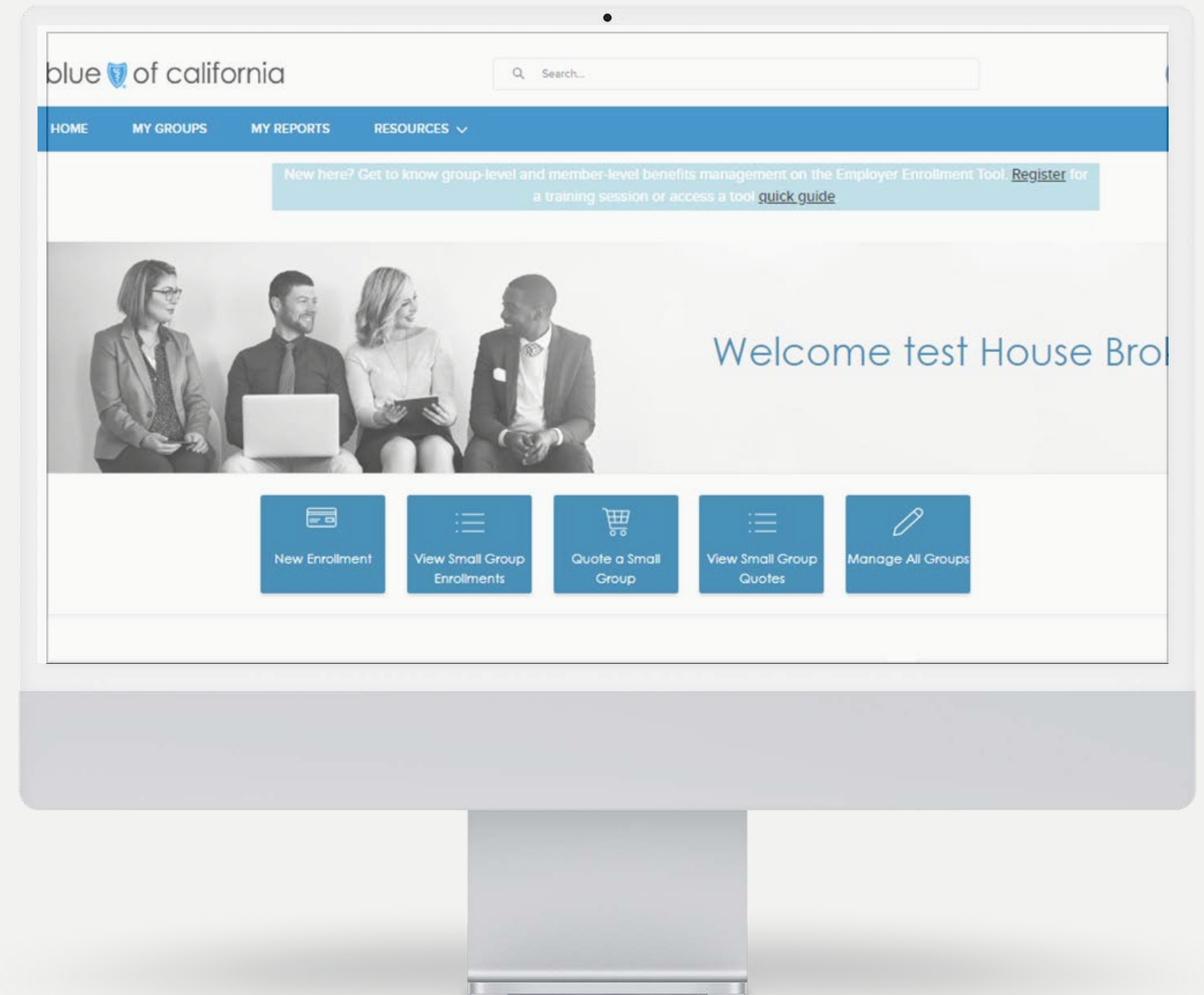


YEAR  
2023

PRESENTER  
Jasmine Slagle

# Employer Enrollment Tool

Benefits administration can be easy



# House keeping

01

Video is off to  
improve audio and  
video speed

02

Use the chat or  
Q&A to ask  
questions during  
the demonstrations

# Project Summary

We're on a journey to transform enrollment from the outside – in.

Blue Shield is opening access to our online benefits admin tool, Employer Enrollment Tool.

# Project Summary

Starting Friday, June 23, your company can access & submit changes through the Employer Enrollment Tool.

File exchange (EDI, 834 file) is still primary channel and enrollment source of truth.

# Giving you greater access to manage your coverage

Use Employer Enrollment  
Tool for:



Urgent benefit submission



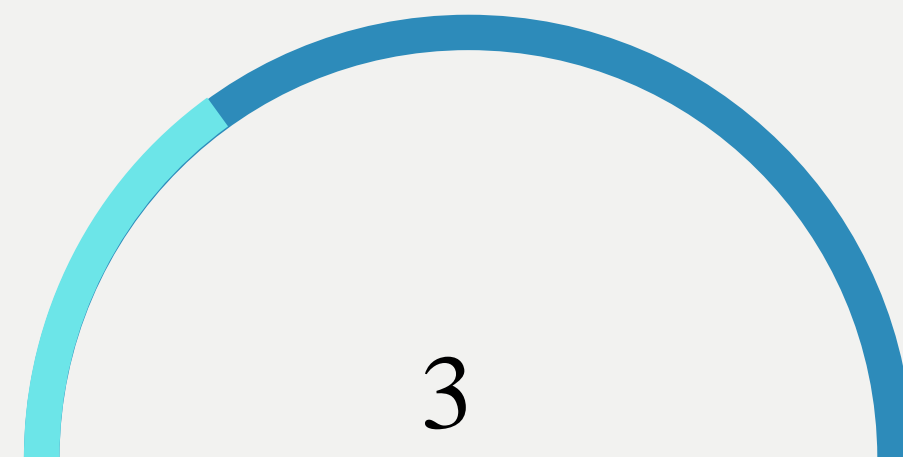
Escalated enrollments



Access to care changes

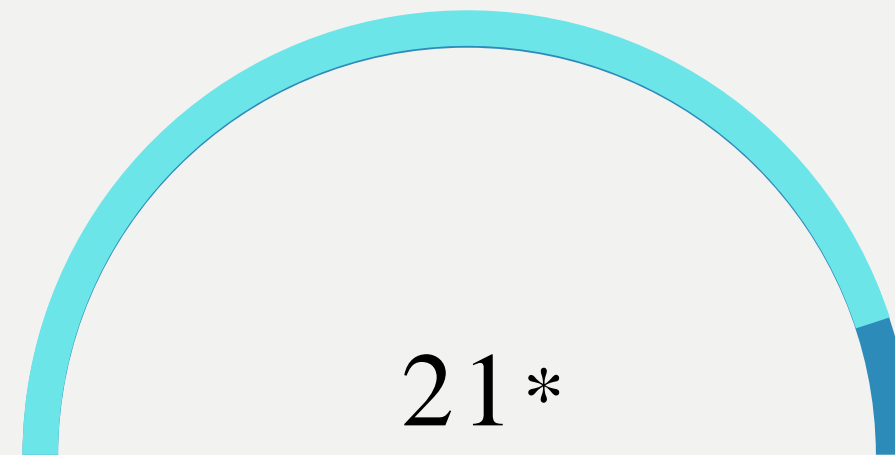
# The experience of easy enrollments

Expected installation of  
new hire enrollment



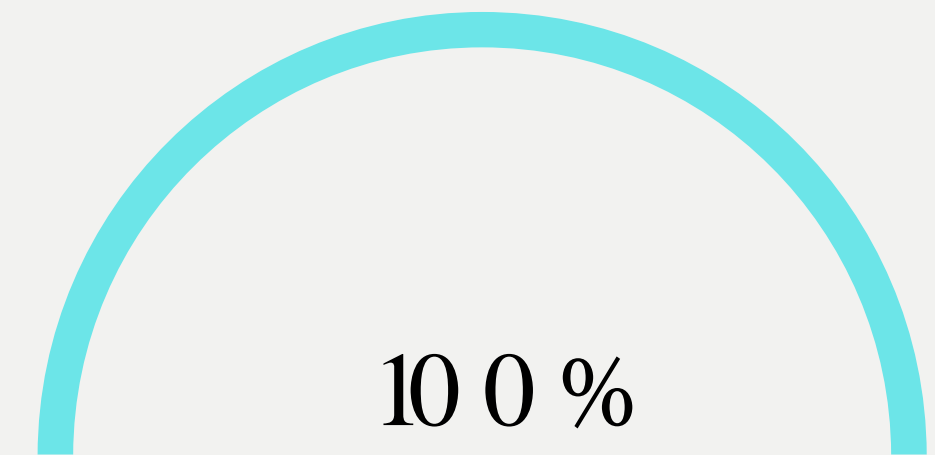
minutes

Features available in  
one tool



\* Large Group employers will have fewer features

Tool submissions with  
self-service status  
tracking



# Coe xisting with your enrollment file

Multiple channels means more ways  
to provide care and coverage to your  
employees



01

Your enrollment file is the source of truth

Update file with tool submission to avoid overwritten  
data

02

System safeguards to help you avoid issues

- Submission acknowledgment check-box to update your file
- Email reminders from the tool to update your file

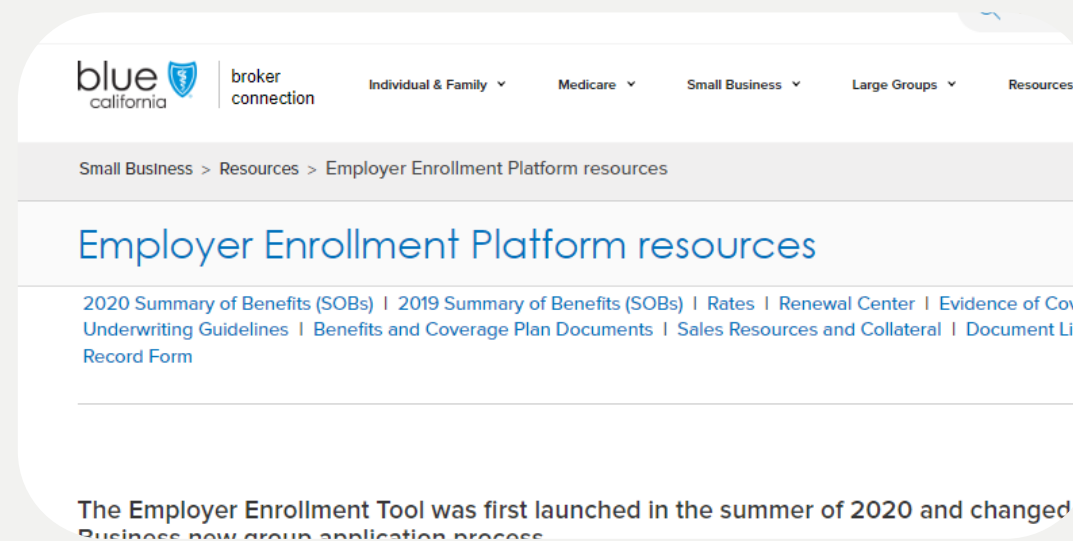
Blue Shield teams will be available to support you with the new tool



Dedicated Sales Account Managers



Broker & Employer Services



Employer Enrollment Tool resource page





# Tool video tutorials

## Navigation tutorials

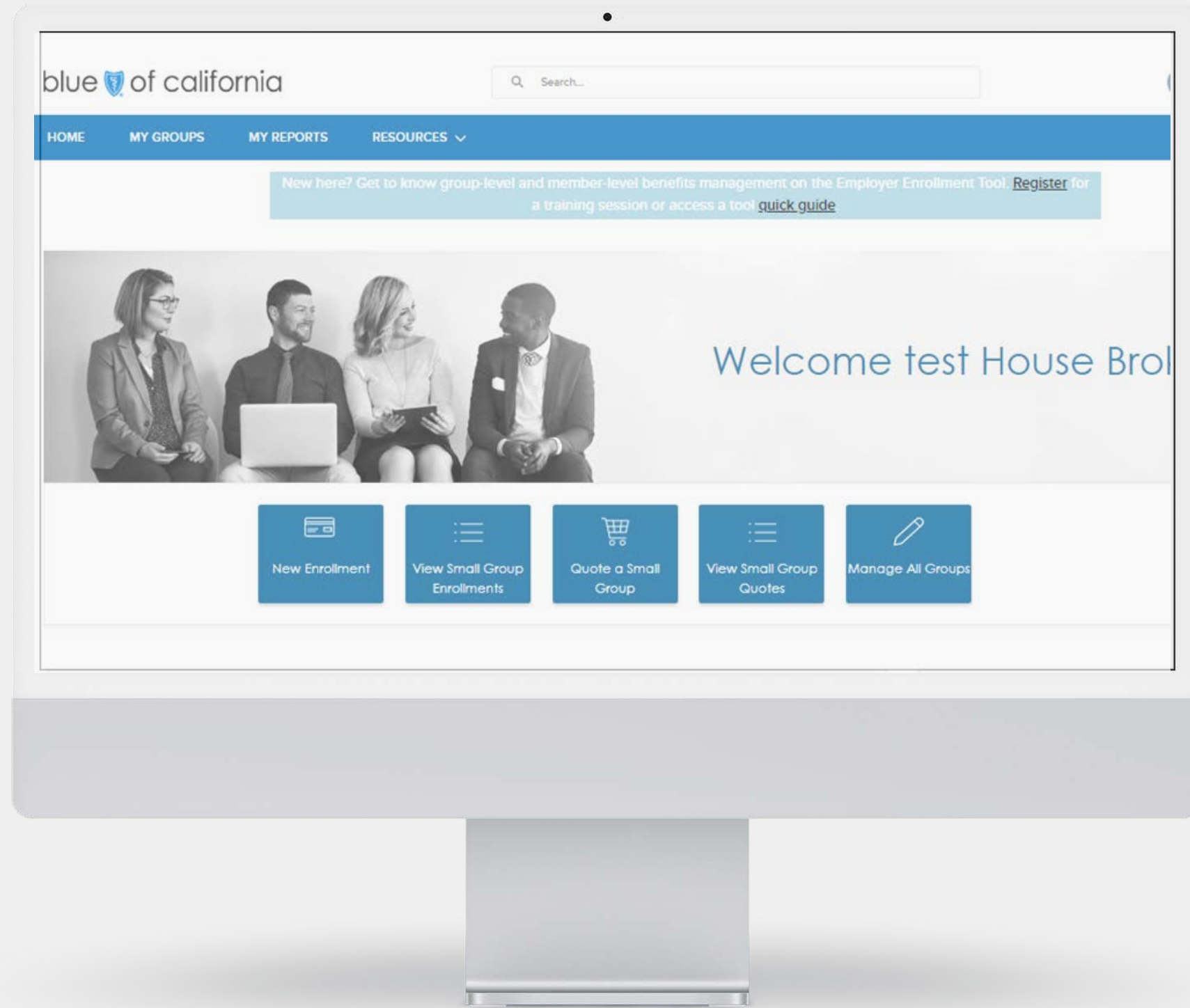
- [Broker homepage navigation](#)
- [Employer homepage navigation](#)
- [Group account navigation](#)
- [Member account navigation](#)
- [Document uploads](#)

## Member level changes

- [Employee Enrollment](#)
- [Add dependents](#)
- [Order member ID cards](#)
- [Cancel employee](#)
- [Member demographics](#)
- [Member contact and class](#)
- [Add/ edit member plans](#)
- [Cancel member plans](#)
- [Existing member COBRA enrollment](#)

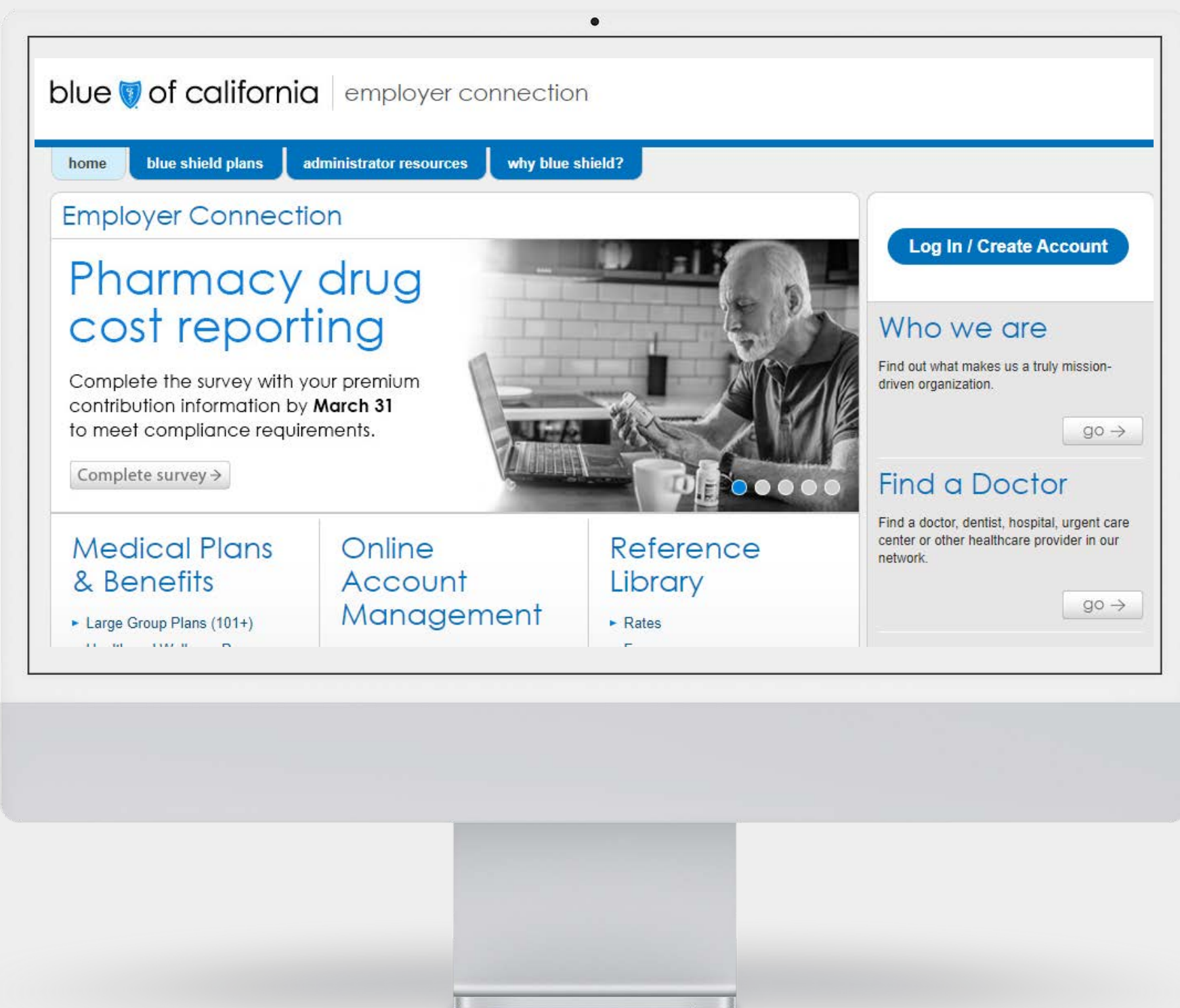
## Group level changes

- [Group address](#)
- [Cancel group](#)
- [Class plans](#) \*SG only
- [Add products/ plans](#) \*SG only
- [Cancel products/ plans](#) \*SG only
- [Group name and structure change](#) \*SG only
- [Bill by department code](#) \*SG only



WEBSITE MOCKUPS

# Getting started



# Access the Employer Enrollment Tool

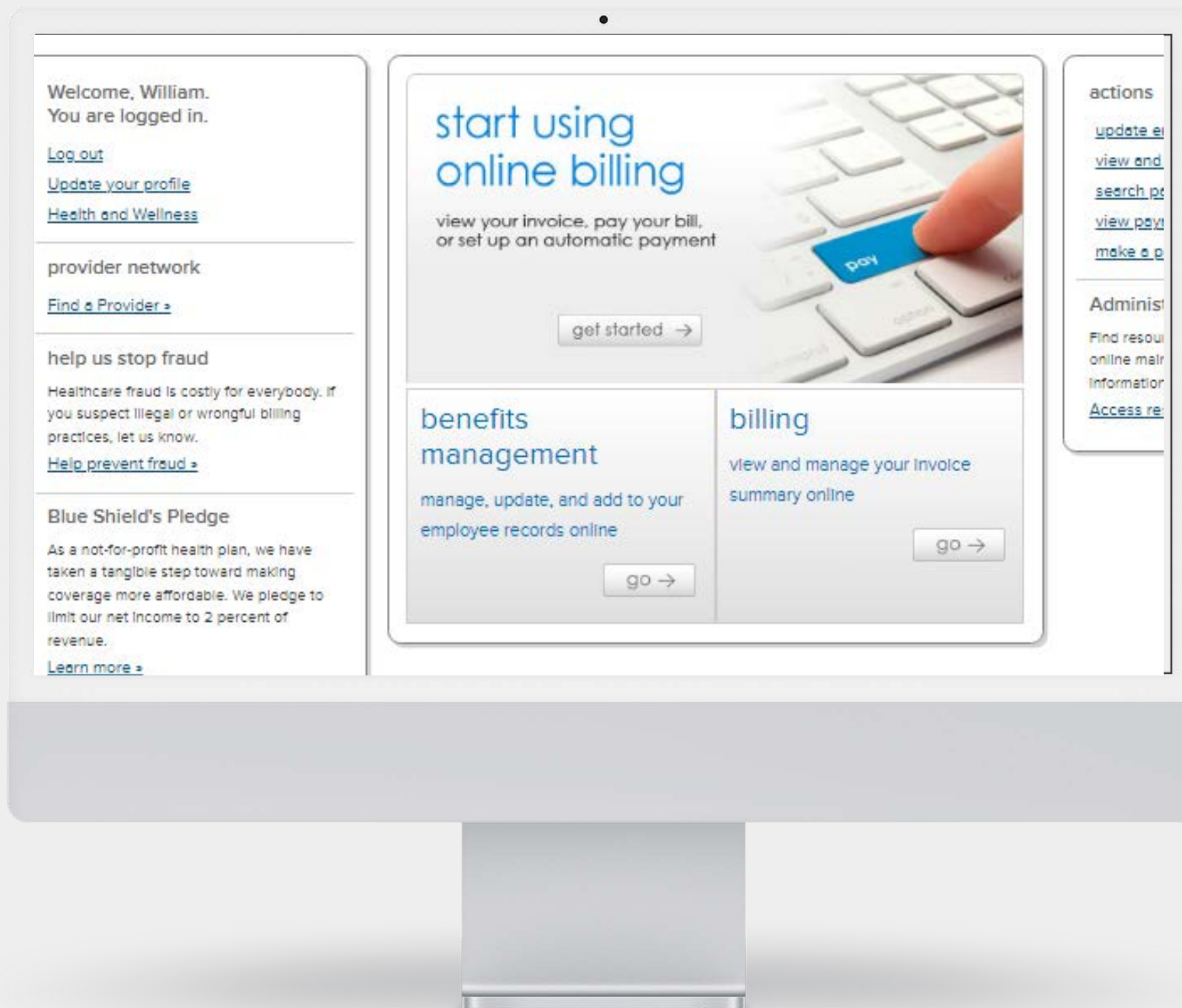
Employer Connection is your access point to the tool.

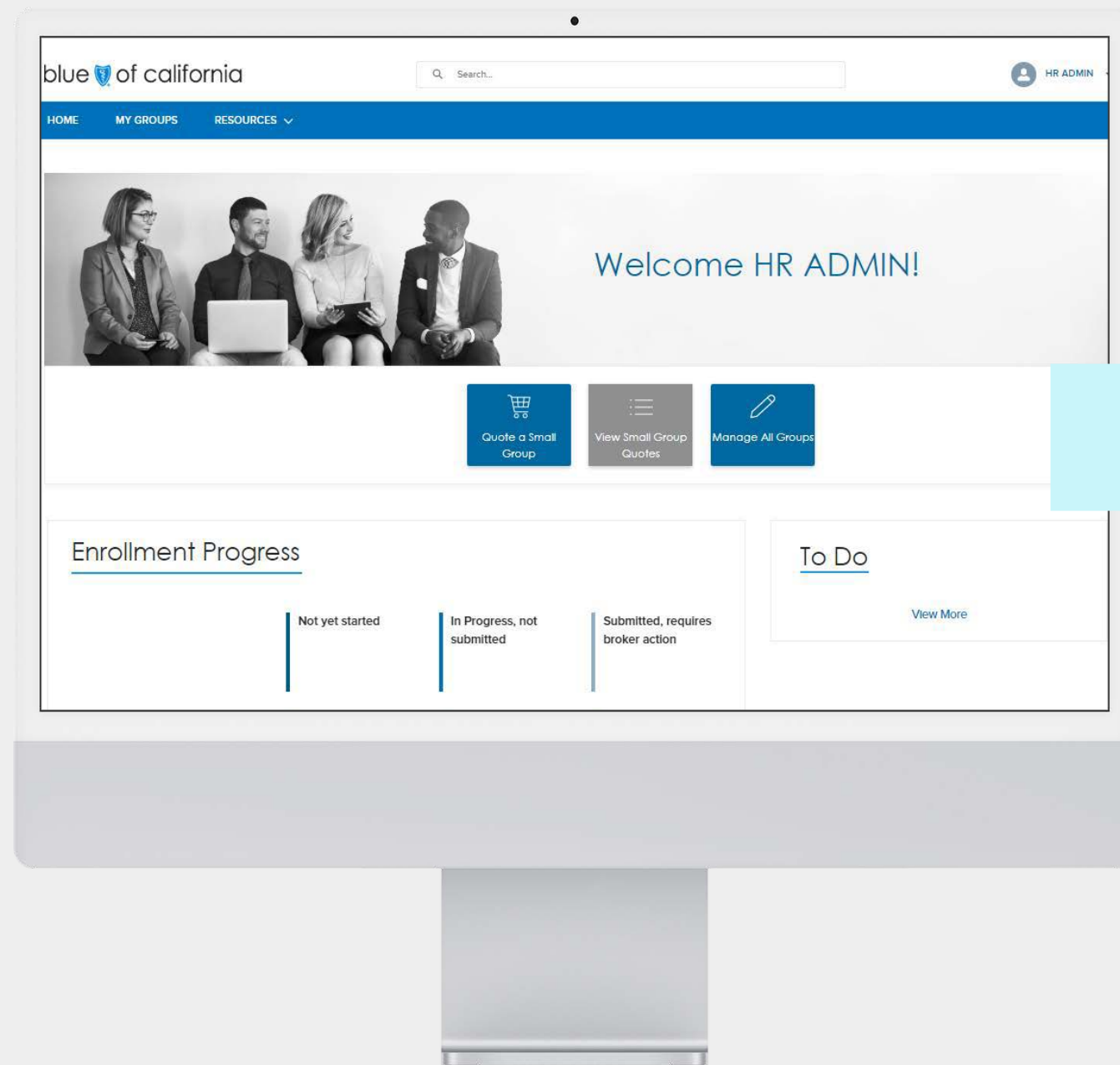
You must authenticate in Employer Connection before entering the tool. Primary contacts are the gatekeepers for team access

# Access the Employer Enrollment Tool

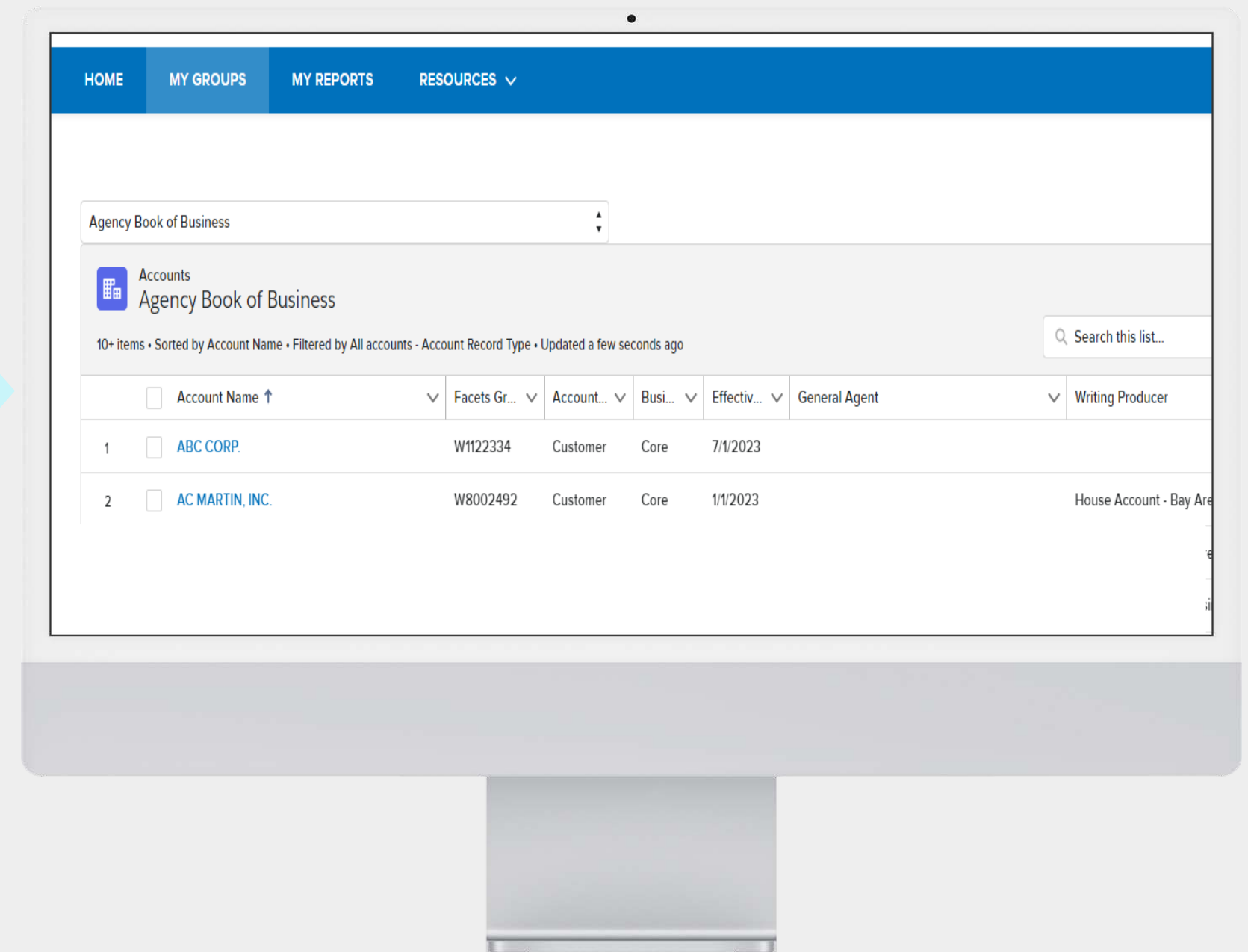
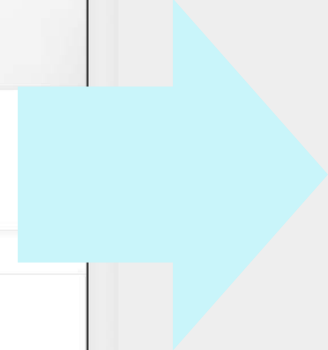
Enrollment roster has been removed to give access to Employer Enrollment tool.

Select Benefits Management link to enter the tool.





Select Manage all Groups card from homepage.



Click on your company name.

NEXT

# Group Account Page

The screenshot displays a web interface for a Group Account Page. At the top right, there are two buttons: "Enroll Employee" and "Edit Group". Below these is a "+ Follow" button. The main content area features a table with the following columns: Group ID, Status, Business Unit, No of Employees, Cancel Date, and Account Payment Status. Below the table is a horizontal navigation menu with tabs: EMPLOYER INFORMATION (selected), MEMBER ROSTER, ENROLLMENT CONTRACTS, EMPLOYER CONTACTS, PLANS, PAYMENT, TRANSACTION HISTORY, and FILES. The "EMPLOYER INFORMATION" tab is expanded, showing a form with the following fields: Account Name, Tax ID, Doing Business As Name, SIC Code, Parent Account ID, SIC Description, and Type (with "Customer" selected).

Click on action buttons to begin a submission workflow

View coverage information and tool activity in tabs

NEXT

# Member Roster

Use search to quickly access an employee

Click on the employee's name to view coverage and make benefit updates

Account ABC CORP.

Group ID: W1122334 | Status: Enrolled | Business Unit: Core | No of Employees: 16 | Cancel Date: 12/31/2999 | Account Payment Status

EMPLOYER INFORMATION | **MEMBER ROSTER** | ENROLLMENT CONTRACTS | EMPLOYER CONTACTS | PLANS | PAYMENT | TRANSACTION HISTORY | FILES

Roster is limited to 100 rows. Use search and filter options to quickly find members. Download the roster to view all subscriber and dependent information.

Search: [ ] Status: --None-- Effective Date: [ ]

| Member Name   | Member Id | Birth Date | Status       | Effective Date | Benefit Begin ... | Benefit End D... | PCP ID       | PCP Name | Zip Code |
|---------------|-----------|------------|--------------|----------------|-------------------|------------------|--------------|----------|----------|
| LISA SUNNY    | 912170431 | 06/29/1990 | Active       | 06/01/2023     | 06/07/2023        |                  | null         |          | 94118    |
| 2 Lauv Donie  | 912170432 | 06/05/1997 | Active Cobra | 06/01/2023     | 06/01/2023        |                  | 100037201001 |          | 94111    |
| 3 JANVI SINHA | 912170440 | 06/28/1990 | Active       | 06/01/2023     | 06/01/2023        |                  | null         |          | 94118    |
| 4 HONDA JAZZ  | 912170441 | 06/17/1990 | Active       | 06/01/2023     | 06/01/2023        |                  | null         |          | 94118    |

Buttons: Enroll Employee, Edit Group, + Follow, Download as CSV

Export your membership roster from the Member Roster tab

# Submission acknowledgment

Signature&Attestation

## Submission confirmation

- I already have a signed paper copy of the form appropriate for the change(s) being requested. I certify that, to the best of my knowledge and belief, the information in this submission is complete and accurate. I also certify that I have and will retain the forms completed and signed by the authorized group representative and/or employee to request these group changes and/or member enrollments or changes to enrollment and that the information I am providing is an accurate representation of the information in the signed form(s).
- I acknowledge that I will update the EDI/834 file with the information submitted to the Employer Enrollment Tool before the next submission to Blue Shield. I understand that changes made in the tool must be added to the file to avoid

Every submission will display the checkbox acknowledgement on the digital signature page

You cannot process a submission without completing the checkboxes and digital signature step