

Small Group Alternate Funding Product (MEWA) Quote to Enroll

Overview



Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. (Exception: Medicare)

INTRODUCTION

Please use the following pages to help guide you in using the new Small Group Quoting and Enrollment functionality available to you in Producer Toolbox to generate your Small Group quotes and submit online application packages.

To use the capabilities in this document, click the sections while holding down the ctrl key when prompted.

KEY TO TRAINING GUIDE

You will find various icons within this training guide that call out specific actions, notes, and displays for each process step. These icons are found on the right-side panel for each step. Please refer to the key on the right for definitions of these icons.



Numbers indicate an action that must be taken or an important event that occurs for a particular step.



Light bulbs indicate important information to be aware of while completing a particular step.



Magnify Lenses indicate where important information displays on a screen or when to expect a particular screen.

CONTENTS |

01 TRAINING OVERVIEW (5 - 11)

02 GENERATE SMALL GROUP QUOTE (13 - 43)

03 SUBMIT ONLINE EMPLOYER APPLICATION (46 - 84)

04 FINAL THOUGHTS (86)

05 APPENDIX (88 - 103)

CONTENTS |

01 TRAINING OVERVIEW (5 - 11)

02 GENERATE SMALL GROUP QUOTE (13 - 43)

03 SUBMIT ONLINE EMPLOYER APPLICATION (46 - 84)

04 FINAL THOUGHTS (86)

05 APPENDIX (88 - 103)

SELECT A REFERENCE TOPIC TO NAVIGATE TO THE APPLICABLE SLIDE:

Helpful Reminders

Best Practice: Access Group Page
(In Progress Quote/Application)

Logging In

Dashboard Overview

Searching for a Group/ Account

Account Details & Related Tab

HELPFUL REMINDERS

- User will need to log in via Producer Toolbox to access the Small Group enrollment functionality with Chrome internet browser. The SG Quote and Enroll tool is not compatible with Internet Explorer Web Browser
- Need Help? To report issues/defects and request support contact our User Software Support team; contact information is on the top left side of each screen and included below:
 - Phone: Broker Tech support: 888-268-4361
 - Email: software.support@anthem.com
- All fields with red asterisk (*) are required fields and must be completed to continue. Once the required fields are populated then the red asterisk turns blue, and you can move to the next page when all asterisks are blue
- BEST PRACTICE: Access the Group Account including Quotes and Enrollments recommend using Search feature then choosing appropriate account
- Use *Case Comments* to attach notes specific to the application, or an additional contact not already provided. Notes can also be added there after submitting an enrollment application
- Maximum of 25 characters can be entered in Group Name field, additionally:
 - Use legal entity name for Group Account Name
 - If you must abbreviate Group Name, you can add a Case Comment to include the full Group Name after submitting enrollment application
- The enrollment flow follows the Paper Application for the applicable state
- **If quoting both ACA and Alternate Funding Product (MEWA), ensure to complete Alternate Funding Product first to optimize system functionality**

Best Practice|Search for Group (Account)

1 SEARCH SMALL GROUPS CASES AND INQUIRIES DOCUMENTS LIBRARY QUOTES CDHP

2

BASIC SEARCH

Group Name: test Case/Group Number:

Employer Tax ID:

3

Search

4

ACTIONS

Start a Quote Enroll a Group Quote Anthem Balanced Fund Enroll Anthem Balanced Fund

5

MATCHING ACCOUNTS

GROUP NAME	CASE/GROUP NUMBER	HEALTHY NY GROUP NUMBER	WGS CASE/GROUP NUMBER	EMPLOYER TAX ID	STREET	CITY	STATE	ZIP	ACCOUNT EMAIL ADDRESS
KY online Test 1 KSHORT						LOUISVILLE	KY	40202	
ky 1-26 online test -ks						LOUISVILLE	KY	40291	
TEST VA ONLINE 001							VA	22446	
OH TEST 1 ONLINE						Waterville	OH	43566	
slj OH Test Group 10ee							OH	45142	
Test PDF LH							IN	46126	

4

Search Navigation:

- 1 Click Search
- 2 Enter Group Name, Employer Tax ID or Case/Group Number
- 3 Click Search
- 4 Result: Matching Records will appear. You can perform all functions from this Search page.
- 5 Select blue Group Name text to open Account page to view the Group information including In progress quotes, applications, notes and attachments.
- 6 Select blue 'Start a Quote' or 'Enroll a Group' from the Account page to start a new quote or enrollment.
- 7 Note: Best practice to access an In Progress Quote or Application is to use the Search feature; then select the Related tab to view all in progress quotes and applications for the Group

Best Practice|Search for Group (Account/Details Tab) Cont'

Account
OH TEST 1 ONLINE

Broker/Writing Agent Paid Agency General Agency Renewal Month

START A QUOTE

6 ENROLL A GROUP | LAUNCH ANTHEM SPENDING ACCOUNT QUESTIONNAIRE

[Quote Output Files](#)

DETAILS RELATED

5 Account Details

Account Name OH TEST 1 ONLINE	SIC Code 5499
Type New Sales	SIC Code and Industry 5499 MISCELLANEOUS FOOD
Employer ETIN 123456789	Association or Chamber Yes
Bill Entity	Association or Chamber Name NOACC-Waterville Area Chan
CalCOBRA Bill Entity Number	County LUCAS
Case/Group Number	Rating Area 4
WGS Case/Group Number	Compass Number
Health NY Group Number	DDS Number

Account Information

Physical Address 

Physical City

Physical State
OH

Physical Zip
43566

Billing Address
123 test
WATERVILLE, OH 43566

Billing County
LUCAS

Office Phone

Mobile Phone

Fax

Account Demographics

Market Segment
Small Group

Total # of Employees

6

Search Account Navigation:

From the Group Account Page/Details tab you will be able to view/access (as applicable):

- Account Details
- Account Information
- Account Demographics

The start a new Quote or new Application is still available on each view of the Account Page.

Best Practice | Search for Group (Account/Related Tab) Cont'

The screenshot shows the 'Account' page for 'OH TEST 1 ONLINE'. At the top, there are tabs for 'Broker/Writing Agent', 'Paid Agency', 'General Agency', and 'Renewal Month'. Below these are buttons for 'START A QUOTE' and 'ENROLL A GROUP / LAUNCH ANTHEM SPENDING ACCOUNT QUESTIONNAIRE'. On the left, a sidebar lists sections: 'Quote Output Files', 'DETAILS' (selected), and 'RELATED'. The 'RELATED' section contains cards for 'In Progress Quotes (7)', 'In Progress Applications (0)', 'Contacts (0)', and 'Account Team (1)'. The main content area is titled 'Account History (6+)' and shows a table of changes made to the account. It includes columns for Date, Field, User, Original Value, and New Value. Below this are sections for 'Notes & Attachments (4)' and 'Applications (0)'. The 'Cases (1)' section shows one case entry: 'Case 04525648, Record Type Small Group Case Installation, Contact Name [redacted], Stage Group Submitted, Under Review'.

8

7

8

Search Account Navigation:

From the Group Account Page/Related tab: you can view/access (as applicable):

- Quote Output Files
- In Progress Quotes
- In Progress Application
- Contacts
- Account Team
- Account History
- Notes & Attachments
- Application
- Case Information

. The start a new Quote or new Application is still available on each view of the Account Page

Reminder: Best practice to access an In Progress Quote or Application is to use the Search feature; then select the Related tab to view all in progress quotes and applications for the Group

Logging In:

Begin by Logging In:

Brokers Log in Here

Already registered with our Producer Appointment Tool?
You can use the same log in details here.

1

Username

Password
 

Log In

[Forgot Username or Forgot Password >](#)

Already a broker but don't have Producer Toolbox access?
[Register now >](#)

Ready to become an Anthem broker? It's easy!

[Just use our Producer Appointment Tool >](#)

1

Log into the [**Producer Toolbox \(PTB\)**](#) aka Broker Portal

Result: The PTB 'Home/Dashboard' screen appears.

Dashboard

Producer Toolbox

Home Book of Business Tools & Resources Support

GOOD AFTERNOON
General Agent

Frequent Tasks

Start a New Quote Start an Application View All Clients SG Quick Renewal

Latest News

View All News >

Automated message Yjzqy (06/28/2021) | Automated message 3G380 (06/28/2021) | Automated message cOUly (06/28/2021) | Automated message hK8EU (06/27/2021)

Recent Activity

Individual Small Group

Quotes

In-Progress: 0 | Submitted: 2

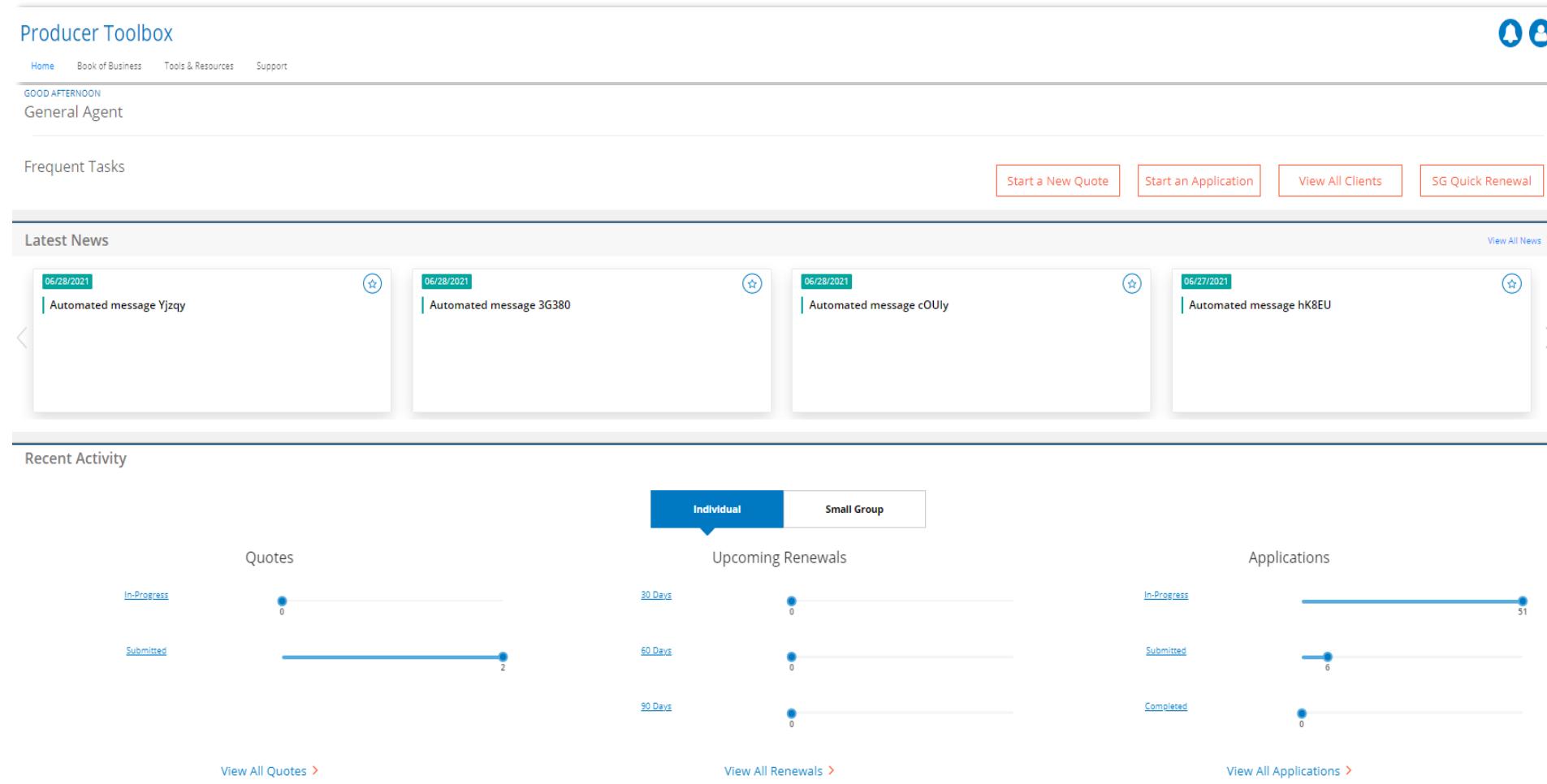
Upcoming Renewals

30 Days: 0 | 60 Days: 0 | 90 Days: 0

Applications

In-Progress: 51 | Submitted: 6 | Completed: 0

[View All Quotes >](#) [View All Renewals >](#) [View All Applications >](#)



Menu Tabs:



Here is the Producer Toolbox (Broker Portal) Dashboard with multiple widget-based applications for ease of service. It appears once you are logged in.

Hint: Scroll down to view all available widgets

The sections in the landing page are as follows:

- Frequent Task buttons
- Latest News
- Recent Activity
 - Quotes
 - Renewals
 - Applications
- Billing Summary
- Commissions
- Clients
- Popular Documents
- Reports

Dashboard Widgets

Dashboard Screen

The dashboard screen displays five main widgets:

- Commissions:** A line chart showing Year-to-Date Commissions (\$3,278,746.67) and Last 3 months commissions. The chart shows a significant drop from February to March 2020.
- Popular Documents:** A section titled "Popular Documents" containing links to "Resources & Forms" and a list of popular reports.
- Billing Summary:** A bar chart titled "Billing Summary" showing the count of invoices by status: Late Invoices (41), Open Invoices (47), Paid Invoices (20), and Void Invoices (0).
- Upcoming Renewals:** A section titled "Upcoming Renewals" showing counts for Individual, Medicare, Small Group, and Large Group markets across 30, 60, and 90-day periods.
- Clients:** A list of recently viewed clients: 1448 2ND ST LLC, B & S PLASTICS DBA WAT..., 404 AND 405 LN 446, 360 SELF DEFENSE, and TEST.

- 1 Widgets include:
 - Upcoming Renewals and Applications by Market
 - Applications - ability to start an application from the dashboard as well as a snapshot of recent applications
- 2 Billing Summary- shows snapshot of billing by status and allow user to access details that take user to current billing pages
- 3 Commissions -Summary snapshot that can be changed by user to pie,bar or line and allow a broker to view all commissions and open current commissions page showing details - last 3 months of commissions and YTD
- 4 Reports & Popular Documents – Shows a link to all resources and forms, a list of popular reports and a button to create a new report
- 5 Clients – Lists most recently viewed clients and a link to view all clients list

Producer Toolbox: Navigation

Improved Menu Navigation

Producer Toolbox

Home Book of Business Tools & Resources Support

Producer Toolbox

Home Book of Business Tools & Resources Support

GOOD MORNING

Frequent Tasks

Recent Activity

Book of Business Overview

Clients

Renewals

Commissions

Applications

Quotes

Producer Toolbox

Home Book of Business Tools & Resources

Tools & Resources Overview

Reports

News

Agent Connect

Find Care

mProducer

M.A.D.E

Online Resources

All Resources & Forms

Original Producer Toolbox

Services & APIs

A simplified menu navigation was added to the Producer Toolbox.

The user can now access Book of Business, Tools & Resources and Support from any screen.

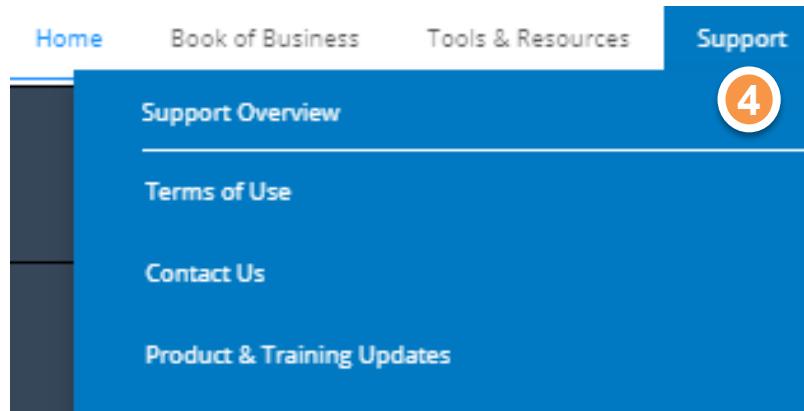
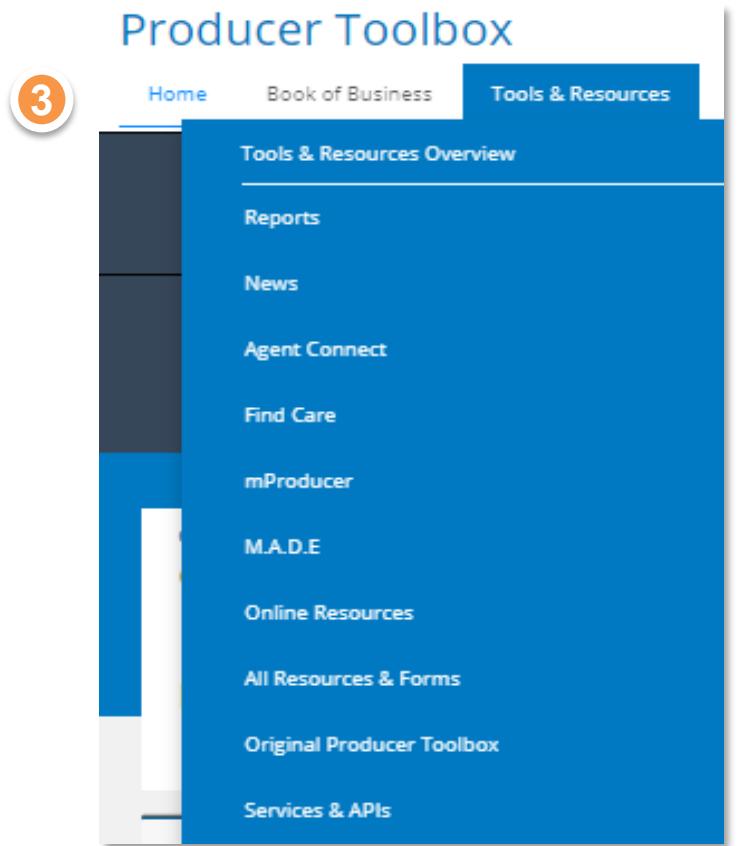
The screens to the left show the functionality available to the user under each menu navigation tab.

Notes:

- Only one drop-down menu at a time will open when Selected.
- The menu is always accessible across the top of the page.

Menu Tabs

Producer Toolbox



Menu Tabs:

1 **Home Screen:** Appears upon log in – contains widgets.

2 **Book of Business tab to access:**

- Clients
- Renewals
- Commissions
- Applications
- Quotes

3 **Tools and Resources tab to access:**

- Reports
- News
- Agent Connect
- Find Care
- mProducer
- M.A.D.E.
- Online Resources
- All resources & forms
- Original Producer Toolbox
- Services & APIs

4 **Support tab for:**

- Terms of Use page
- Contact Us link
- Product and Training Updates
 - Access additional Alternate Funding training and demo videos here.

CONTENTS |

01 TRAINING OVERVIEW (5 - 11)

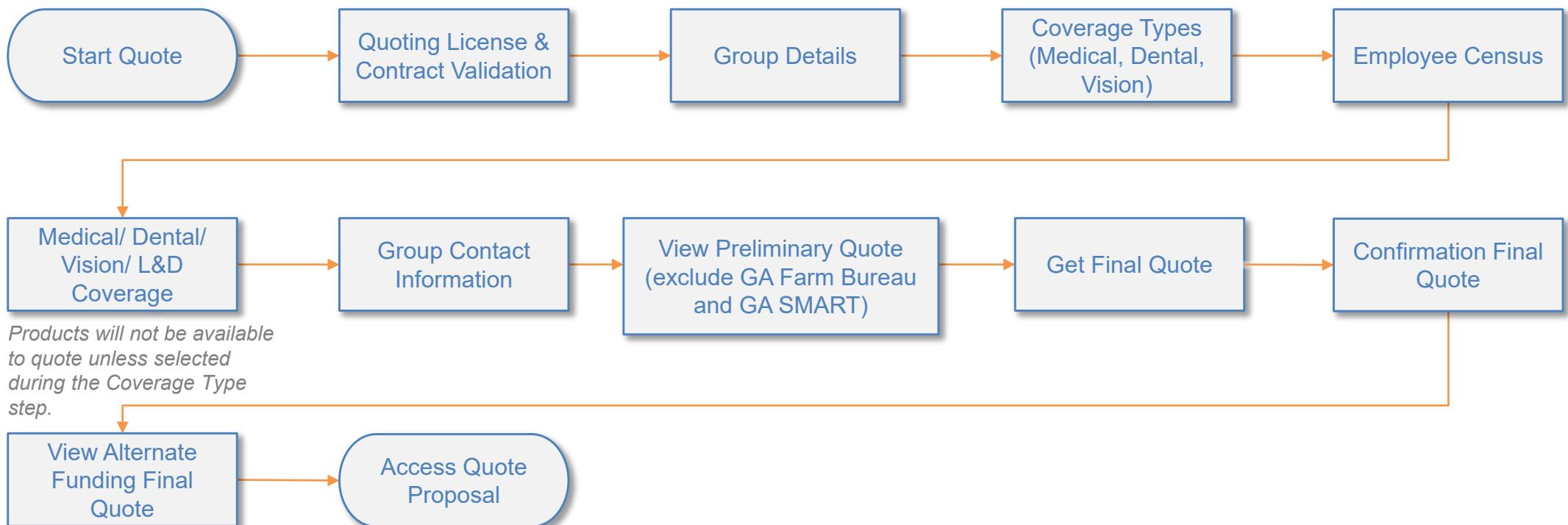
02 GENERATE SMALL GROUP QUOTE OR REQUOTE (13 - 41)

03 SUBMIT ONLINE EMPLOYER APPLICATION (46 - 84)

04 FINAL THOUGHTS (86)

05 APPENDIX (88 - 103)

SELECT A PROCESS STEP TO NAVIGATE TO THE APPLICABLE SLIDE:



Small Group | Start a Quote

Producer Toolbox

Home Book of Business Tools & Resources Support

GOOD AFTERNOON

Frequent Tasks

1

Start a New Quote

Start an Application

View All Clients



New Products Available

Producer Toolbox

Book of Business Tools & Resources Support

Book of Business Overview

Clients

Renewals

Commissions

Applications

1

Quotes

Create A New Quote

Select A Market

Individual

Medicare

Small Group

2

Create A New Quote

Small Group

Select A State

3

Create Quote

4

Start a Quote:

- 1 Select the **Start a New Quote** button on the Home screen
 - OR
 - 1 Click 'Book of Business' and then 'Quotes' from the list.
 - 2 Select 'Small Group' from the drop-down.
 - 3 Select the state from the state drop-down.
 - 4 Click '**Create Quote**'.
- Result:** The Quote and Enrollment dashboard appears.

Continue on next slide ...

Small Group | Start a Quote (OH SOCA Benefit Plan)

Start a Quote (SOCA Benefit Plan):

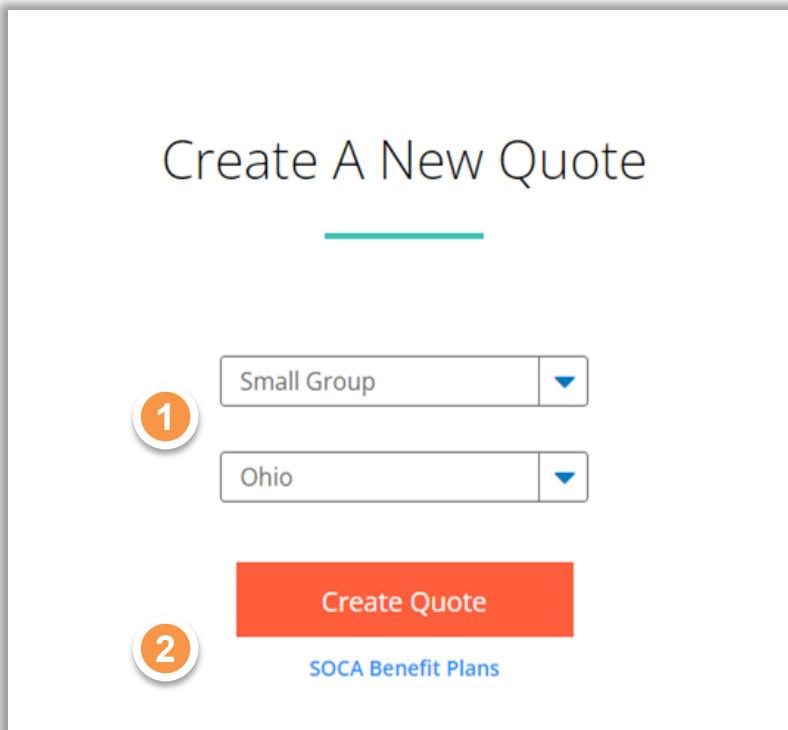
Create A New Quote

1 Small Group

2 Ohio

Create Quote

SOCA Benefit Plans



1

Select **Small Group** and the state of **Ohio** to view the 'SOCA Benefit Plan' link below the Create Quote button.

2

Select 'SOCA Benefit Plan' link
Result: A pop-up message appears to prompt you to select between the **Create Quote** button and the **SOCA Benefit Plan** button, depending on the Effective Date.



CURRENT STEP

NEXT STEP

Start Quote

License & Contract Val

Continue on next slide ...

Small Group Quote | Start a Quote, continued

Start a Quote,
continued:

The screenshot shows the Small Groups dashboard with the following interface elements:

- Top Navigation:** SEARCH, SMALL GROUPS (highlighted in grey), CASES AND INQUIRIES, DOCUMENTS LIBRARY, QUOTES, CDHP.
- Dashboard Title:** Dashboard My Applications & Quotes (As of Jul 9, 2021 4:10 PM-Viewing as).
- My Quotes:** Includes filters for Quote, C..., Pr..., Ot... and a Record Count of 222. A pie chart shows 222 total records.
- My Applications:** Includes filters for Status, En..., Gr..., Gr..., Ot... and a Record Count of 90. A pie chart shows 90 total records.
- Right Panel Buttons:**
 - 1 Start a Quote** (highlighted with a red box and orange circle).
 - Enroll a Group
 - Quote Anthem Balanced Fund
 - Enroll Anthem Balanced Fund

1

Select the Start a Quote button on the Quote and Enrollment dashboard.

Result: The Quoting License & Contract Validation screen appears

Reminder: Best practice to use Search at the top of the page to search for the Group, Click Group Name in results and start a new quote from the Account Page if Group exists. You can also search for the group on the Group Details page in this flow.

CURRENT STEP



NEXT STEP

Start
Quote

License &
Contract
Val

Small Group Quote | Quoting License & Contract Validation

Quoting License & Contract Validation

Quoting License & Contract Validation → Group Details → Products and Coverages → Employee Census → Group Contact Information

1 GROUP ZIP CODE *

BROKER SEARCH *

Please note: you must provide member enrollments online using our census enrollment template or by other electronic methods. To ensure you receive the best possible turnaround time in this tool, we can only accept electronic employee enrollment. If you plan to submit the employee enrollment in paper form, please provide the entire enrollment packet via your normal new-business process.

'Quoting License & Contract Validation' Screen:

1 Type in the Zip code that the group is in.

As you type in the Broker field, it will display a list of brokers that match what you typed.

The writing agent (not agency) should be entered here unless the Agency is the writing agent (where applicable).

- The County field appears once the ZIP Code is entered. If the ZIP Code spans more than one County you must select the correct County from the list.
- The Encrypted TIN is also displayed next to the broker name.

Small Group Quote | Group Details

Group Details

Quoting License & Contract Validation → Group Details → Products and Coverages → Employee Census → Select Medical Coverage → Group Contact Information

BROKER: [Redacted]

ZIP CODE: 30307

PAID AGENCY - ETIN: 1. [Redacted] **GENERAL AGENCY - ETIN:** 2. [Redacted] **EMPLOYER TAX ID:** [Redacted]

CREATE A NEW GROUP ACCOUNT *: Create a new Group Account **SIC CODE OR INDUSTRY NAME SEARCH:** 3. 0241 Dairy Farms

COVERAGE EFFECTIVE DATE *: 4. Mar 1 2022

- Required for quoting Alternative Funding Options portfolio
- Required for quoting Dental and Life & Disability plans

Anthem.



'Group Details' Screen:

Click the down-arrows to select from the list that appears for Paid Agency and General Agency. Make sure to complete **Broker**, **Paid Agency-Encrypted Tax Identification Number (ETIN)**, and **Parent Agency/General Agency- ETIN** fields.

1

2

3

4

Make sure that 'Create a new Group Account' box is checked, if you're quoting a group for the first time.

Tip: If you need to submit a requote later, type the beginning of the name in "Search for an Existing Group"

Ohio Agents writing business through a General Agency (subagents) must request quotes from the General Agency. These subagents are not able to quote via the Producer Toolbox.

Always search for the group to ensure that there are no prior quotes before checking the Create New Group Account box.

Start typing either the industry name, or the industry numbers in the **SIC Code** field. A list to select from appears.

SIC required for Alternate Funding Product Quotes

Select the **Coverage Effective Date** from the date drop-down list menu.

Group Details continued ... 21

Coverage Dates

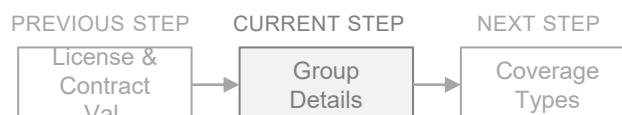
Small Group Quote | Coverage Effective Dates

STATE/ AGREEMENT	EFFECTIVE DATE MONTH	RENEWAL DATE	COMMENTS
GA Chamber (SMART)	January, February, March, April	4/1/effective date year + 1	EX: Effective date 2/1/2022 will have Renewal date of 4/1/2023
	May, June, July, August, September,	10/1/effective date year + 1	EX: Effective date 8/1/2022 will have Renewal date of 10/1/2023
	November, December	4/1/effective date year + 2	EX: Effective date 12/1/2022 will have Renewal date of 4/1/2024
GA Farm	January, February	8/1/effective date year	EX: Effective date 1/1/2022 will have Renewal date of 8/1/2022
	March, April, May, June, July, August, September, October, November,	8/1/effective date year + 1	EX: Effective date 6/1/2022 will have Renewal date of 8/1/2023
IN Chamber	January, February, March, April, October, November, December	10/1/effective date year	EX: Effective date 1/1/2022 will have Renewal date of 10/1/2022
	May, June, July, August, September	10/1/effective date year + 1	EX: Effective date 5/1/2022 will have Renewal date of 10/1/2023
KY Chamber	January, February, March, April, May,	6/1/effective date year + 1	EX: Effective date 3/1/2022 will have Renewal date of 6/1/2023
	July, August, September, October, November, December	10/1/effective date year + 1	EX: Effective date 8/1/2022 will have Renewal date of 10/1/2023
MO Chamber	January, February, March	3/1/effective date year + 1	EX: Effective date 1/1/2022 will have Renewal date of 3/1/2023
	April, May, June	6/1/effective date year + 1	EX: Effective date 4/1/2022 will have Renewal date of 6/1/2023
	July, August, September	9/1/effective date year + 1	EX: Effective date 7/1/2022 will have Renewal date of 9/1/2023
	October, November, December	3/1/effective date year + 2	EX: Effective date 10/1/2022 will have Renewal date of 3/1/2024
OH Farm	All	1/1/effective date year + 1	Renewal date is always January 1 of next year (please note that operationally, we provide 2 sets of rates for Oct, Nov, December groups. A renewal does not generate but in essence we apply a trend+aging increase to the second set of rates which constitutes
OH SOCA	January, February, March, April	1/1/effective date year + 1	EX: Effective date 4/1/2022 will have Renewal date of 1/1/2023
	May, June, July, August	5/1/effective date year + 1	
	September, October, December	9/1/effective date year + 1	EX: Effective date 10/1/2022 will have Renewal date of 9/1/2023



Coverage Effective Date field allows the broker to select from a picklist.

The picklist values available to edit are based on State specific rules.



Small Group Quote | Group Details, continued

Group Details

Quoting License & Contract Validation Group Details Products and Coverages Employee Census Select Medical Coverage Group Contact Information

SEARCH: 30307
ZIP CODE: 30307

PAID AGENCY - ETIN: GENERAL AGENCY - ETIN:

Create a new Group Account
CREATE A NEW GROUP ACCOUNT *
TestJodiFeb22

EMPLOYER TAX ID: 0241 Dairy Farms

SIC CODE OR INDUSTRY NAME SEARCH: 0241 Dairy Farms

CONVERAGE EFFECTIVE DATE: *
Mar 1 2022

IS THE EMPLOYER AN EXISTING ANTHEM CLIENT? *

Yes No

ELIGIBLE EMPLOYEES *
5

Chamber Federation requires a minimum of 2 enrollees

Cancel Save for later Previous Continue 7

PREVIOUS STEP CURRENT STEP NEXT STEP

License & Contract Val. Group Details Coverage Types

'Group Details' Screen:

- 5 Indicate "Yes" if the group is an existing Anthem client.
- 6 You will be asked to enter the group number in a subsequent step if you answer 'Yes'.
- 6 Key the number of Eligible or total employees prior to subtraction of valid waivers.
- 7 # Eligible will accept minimum of 1. For sole proprietors, only '1' is allowed in the #eligible field
- 7 Click Continue.

Small Group Quote | Coverage Types (State of MO)

Missouri 'Products and Coverages' Screen:

Products and Coverages

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

Affordable Care Act (ACA)
 I verify I have completed the broker training requirement to participate in the Missouri Chamber Benefit Plan.
 Specialty Only

BENEFIT PERIOD
Calendar Year

Products and Coverages

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

Affordable Care Act (ACA)
 I verify I have completed the broker training requirement to participate in the Missouri Chamber Benefit Plan.

Chamber Benefit Plan
 Medical Only
 Medical + Specialty
 Dental Plans
 Vision Plans
 Life & Disability Plans

Specialty Only

BENEFIT PERIOD
Calendar Year

Chamber Benefit Plan options will be quoted in Calendar Year.

Dental Prior Comparable Coverage? ① *
 Yes No

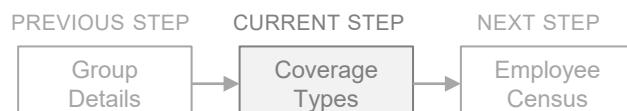
[Cancel](#) [Save for later](#) [Previous](#) [Next](#)

1 For quoting in Missouri, Select the broker attestation checkbox to certify that you have completed alternative funding training

2 Once the checkbox is checked the alternative funding portfolio will be displayed.

3 Ensure you check the box for all products you want to quote.
Unified Entity field will only be displayed when a state has more than one option available.

3 Click, **Next**.



Small Group Quote | Coverage Types (State of GA examples)

Georgia 'Products and Coverages' Screen:

Example

Products and Coverages

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

Affordable Care Act (ACA)

Alternative Funding Options

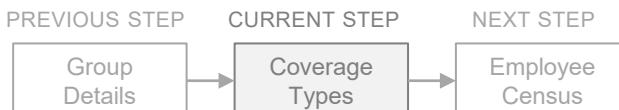
UNIFIED ENTITY
Georgia Farm Bureau ▾

Medical Only
 Medical + Specialty

Specialty Only

BENEFIT PERIOD
Calendar Year

Alternative Funding Options plans will be quoted in Calendar Year.



Example

Products and Coverages

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

Affordable Care Act (ACA)

Alternative Funding Options

UNIFIED ENTITY
Georgia Chamber Federation ▾

Medical Only
 Medical + Specialty

Dental Plans
 Vision Plans
 Life & Disability Plans

Specialty Only

1 Select one of the Alternate Funding options available to you for your state.

1 The title for the bullet to select an Alternate Funding portfolio changes according to the State in which the group is quoted

2 Ensure you check the box for all products you want to quote

Tip: Do not select "Specialty only" if you are planning to sell an Alternative funding product.

1 Unified Entity field will only be displayed when a state has more than one option available.

1 For GA, you will be asked to select from Chamber SMART or Farm Bureau if the group is eligible for both options.

3 Click, Next.

Small Group Quote | Coverage Types (State of IN and KY)

Indiana Example

Products and Coverages

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

- Affordable Care Act (ACA)
- CHA of Indiana 1
 - Medical Only
 - Medical + Specialty 2
 - Dental Plans
 - Vision Plans
 - Life & Disability Plans
- Specialty Only

BENEFIT PERIOD
Calendar Year

CHA of Indiana plans will be quoted in Calendar Year.

Dental Prior Comparable Coverage? i *

Yes No

Kentucky Example

Products and Coverages

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

- Affordable Care Act (ACA)
- ChamberAdvantage 1
 - Medical Only
 - Medical + Specialty 2
 - Dental Plans
 - Vision Plans
 - Life & Disability Plans
- Specialty Only

BENEFIT PERIOD
Calendar Year

ChamberAdvantage plans will be quoted in Calendar Year.

Dental Prior Comparable Coverage? i *

Yes No

**Indian and Kentucky
'Products and Coverages'
Screen:**

- 1 The title for the bullet to select an Alternate Funding portfolio changes according to the State in which the group is quoted
- 2 Ensure you check the box for all products you want to quote.

- 3 Unified Entity field will only be displayed when a state has more than one option available.
- 4 Click, **Next**.

Small Group Quote | Coverage Types (OH SOCA Benefit Plan) Example

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

Affordable Care Act (ACA)

1 Multiple Employer Welfare Arrangement (MEWA)
Is this for a sole proprietor? i *

Yes No

PARENT ENTITY *
Southern Ohio Chamber Alliance (SOCA) Benefit Plan▼

MEDICAL RISK FACTOR *
.6 I ▾

Medical Only
 Medical + Specialty

2 Specialty Only

BENEFIT PERIOD
Calendar Year

MEWA options will be quoted in Calendar Year



See additional important notes in the Notes section below this slide.

Ohio 'Products and Coverages' Screen:

1 There is a Parent Entity option to select "Multiple Employer Welfare Arrangement (MEWA)" with the option to quote Farm Bureau HBP or SOCA Benefit Plan.

Note: For effective date of 7/1/2022 or greater (no SIC limitations)

If 'Yes' is selected for Sole Proprietor, then the Life and Disability option is not made available and only one employee can go on the census. . If 'No' is selected, then more than one employee must be on the census.

First effective date for OH SOCA Benefit Plan is 07/01/2022.

2 The Medical Risk Factor must be entered to proceed.
Only values between .6000 and 1.4000 are allowed. Also, only up to 4 decimal places are accepted.

Benefit Period is set to **Calendar Year**

Small Group Quote | Coverage Types (OH Farm Bureau HBP)

Example

Quote the following products:
Eligible portfolios are displayed based on group qualifications.

Affordable Care Act (ACA)

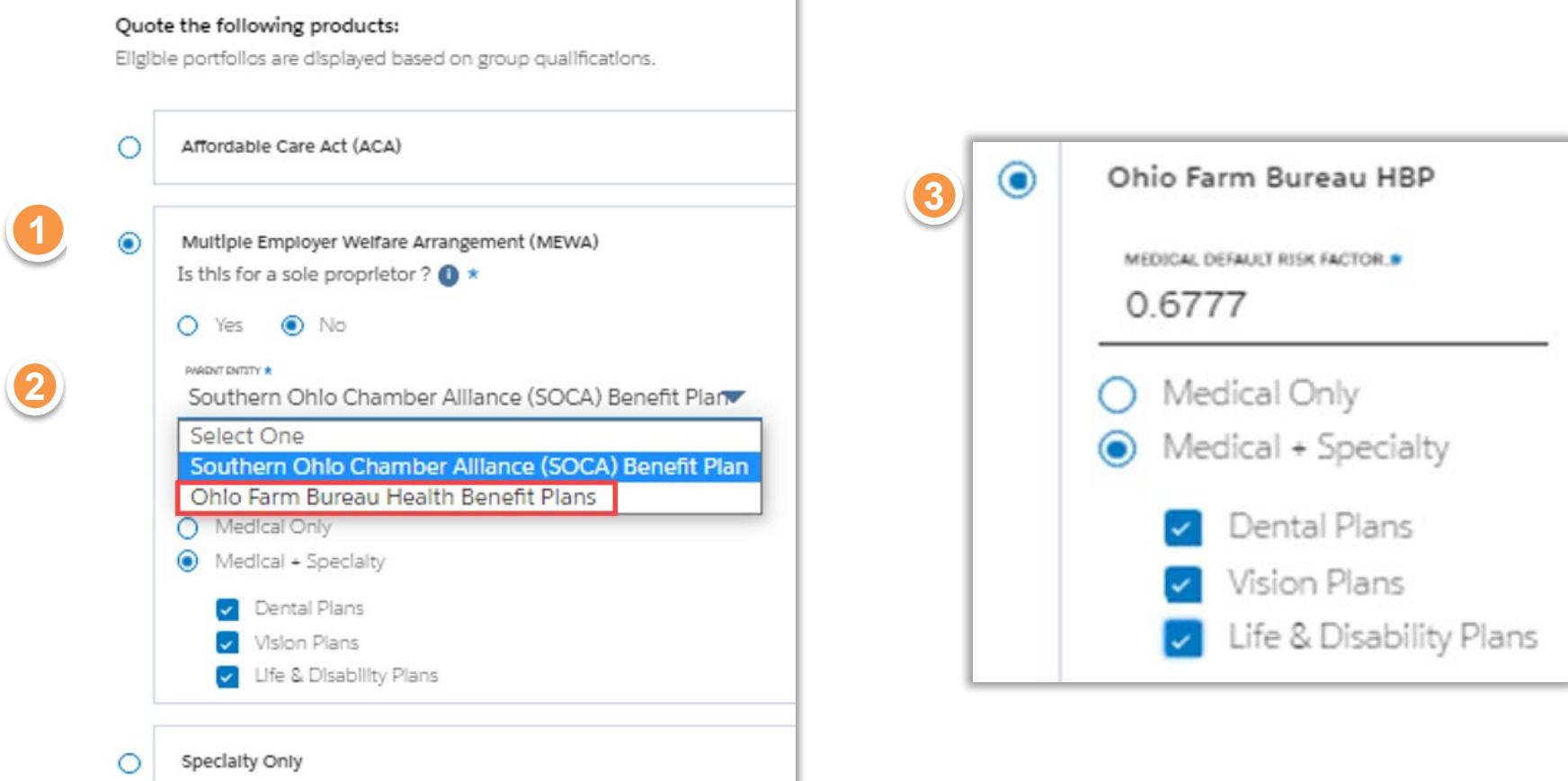
1 Multiple Employer Welfare Arrangement (MEWA)
Is this for a sole proprietor? Yes No

2 PARENT ENTITY *
Southern Ohio Chamber Alliance (SOCA) Benefit Plan▼
Select One
Southern Ohio Chamber Alliance (SOCA) Benefit Plan
Ohio Farm Bureau Health Benefit Plans

Medical Only
 2 Medical + Specialty
 Dental Plans
 Vision Plans
 Life & Disability Plans

Specialty Only

PREVIOUS STEP CURRENT STEP NEXT STEP
Group Details → Coverage Types → Employee Census



Ohio 'Products and Coverages' Screen:

1 There is a **Parent Entity** option to select "Multiple Employer Welfare Arrangement (MEWA)" with the option to quote Farm Bureau HBP or SOCA Benefit Plan.

Note: The 'Ohio Farm Bureau HBP' option is only available if the SIC entered is eligible for OH Farm Bureau HBP
If 'Yes' is selected for **Sole** option is not made available and only one employee can go on the census. If 'No' is selected, then more than one employee must be on the census.

3 The **Medical Risk Factor** must be entered to proceed.
Only values between .6000 and 1.4000 are allowed. Also, only up to 4 decimal places are accepted.

Benefit Period is set to **Calendar Year**

See additional important notes in the Notes section below this slide.

Small Group Quote | Employee Census Option 1- Manually Key Data

Employee Census

Add employees manually below, upload your own .xls or .csv file using the **Upload Your Own Completed Census** button, or download our template using the **Download Anthem Census Template** button. To use our template, save it to your desktop, fill in as needed, and save to your computer. To continue the application, simply return to this page and upload your completed census and supporting documents.

[Download Anthem Census Template](#) [Download Employees Details Below](#) [Upload Your Completed Anthem Census](#) [Upload Your Own Completed Census](#) [Clear All](#) **4**

Employee First Name *	Employee Last Name *	Date of Birth *
EE 3 First	EE 3 Last	01/01/1990
COBRA Insurance		
<input checked="" type="radio"/> Yes <input type="radio"/> No 3		
Medical *	Dental *	Vision *
Family	Family	Family
Gender *		
<input type="radio"/> M <input checked="" type="radio"/> F 5		
Dependent(s)		
First Name *	Last Name *	Date of Birth *
Spouse 3 First	Spouse 3 Last	01/02/1990
+ Add Employee 2		
Download Anthem Census Template Download Employees Details Below Upload Your Completed Anthem Census Upload Your Own Completed Census Clear All		
PREVIOUS STEP CURRENT STEP NEXT STEP 1 Sole proprietor allows only (1) Employee.		
Coverage Types → Employee Census → Med/Dental/Vision/L&D		

'Employee Census' Screen:

1 Key employee data manually on Employee Census screen.

2 To add a dependent and/or an additional employee, use the '+' buttons.

3 If 'Yes' is selected on the COBRA Insurance section, the employee will not be factored into L&D quoting

4 "Clear all" link clears all census data.

5 If an employee waves all offered/quoted lines of business, do not include them on the census. You must quote employees for at least one LOB

Additional Notes:

- Required fields have a red asterisk *
- Georgia, Kentucky and Missouri Alternate Funding have a required ZIP Code for Employees and Dependents.
- ZIP Code is not required for Indiana, OH SOCA Benefit Plan and Ohio Farm Bureau HPB
- Gender is required for both employees and dependents for all States for Alternate Funding
- Use the **Download Employees Details Below** button to export the data fields into an excel format.

[Continue to Product Coverage screens](#)

Small Group Quote | Employee Census Option 2 - Use Anthem Census

Employee Census

Add employees manually below, upload your own .xls or .csv file using the **Upload Your Own Completed Census** button, or download our template using the **Download Anthem Census Template** button. To use our template, save it to your desktop, fill in as needed, and save to your computer. To continue the application, simply return to this page and upload your completed census and supporting documents.

[Download Anthem Census Template](#) [Download Employees Details Below](#) [Upload Your Completed Anthem Census](#) [Upload Your Own Completed Census](#) [Clear All](#)

1

2

Employee First Name *

Employee Last Name *

Date of Birth *

COBRA Insurance

Yes

No



If you wish to revise the census, please note; if you reload the template it will add to existing data; the new upload will not override. Clearing All will remove all member records; action cannot be undone



For best results, do not copy/paste census info from another spreadsheet onto the template.



[Continue to Product Coverage screens](#)

'Employee Census' Screen:

The second way to input the employee census data, is to use the Anthem Census Template.

1

Use the **Download Anthem Census Template** button to download the existing Anthem census template.

2

Complete the Anthem census and then use the **Upload Your Completed Anthem Census** button to browse for and upload the completed Anthem Census.

Result: All of the census data listed in the template will populate on the screen.

The following list contains **best practices** and tips to follow when completing and uploading your own census:

- If sole proprietor question was answered ‘Yes’ in group details page, then only one employee can be entered on the Census.
- The Census must include First Name, Last Name, Gender, Relationship, DOB, Zip Code, and Coverage Type (Employee Only, Employee + Spouse, Employee + Child, Family). No changes have been made to which fields are required; the same fields required on the census previously are still required today.
- Ineligible employees and/or employees waiving all coverage should not be included on the census.
- No special characters or punctuation are allowed in employee and dependent First Name and Last Name fields
- The employee must be listed first, then dependents second
- The employee and dependent information must be on separate rows
- The employee and dependent First Name and Last Name fields must be in separate cells; they cannot both be in the same cell
- The system cannot accept age; it must be a date of birth. If age is mapped to the DOB field, the dates will be inaccurate and will produce an inaccurate quote.
- Relationship (Employee, Spouse, or Child) must be able to be mapped successfully
- The COBRA default is set to “NO”, unless there is a Yes indicator on the census file
- The data/info that appears on the Census screen after you have imported your own census is what will be used to produce a quote.
- Once mapping has been completed, the information that is displayed on the census page is what will be used to generate the quote.
- After all information has been loaded to the Census screen, to ensure your fields are mapped over correctly, you can select the **Download Employees Details Below** button to download the census details into an excel format to validate.
- **It is imperative to review the census for accuracy on the census screen or via the download census details to ensure the quote produced is accurate.**
- If any additional employees are added at the time of sale, it will require underwriter review.
- If the group sells, the information will be prepopulated to the application online census enrollment sheet



Small Group Quote | Employee Census Option 3 – Upload Your Own Census

'Employee Census' Screen:

The third way to input the employee census data, is to use your own Census Template.

Employee Census

Add employees manually below, upload your own .xls or .csv file using the **Upload Your Own Completed Census** button, or download our template using the **Download Anthem Census Template** button. To use our template, save it to your desktop, fill in as needed, and save to your computer. To continue the application, simply return to this page and upload your completed census and supporting documents.

[Download Anthem Census Template](#) [Download Employees Details Below](#) [Upload Your Completed Anthem Census](#) [Upload Your Own Completed Census](#) [Clear All](#)

1

Employee First Name *	Employee Last Name *	Date of Birth *
<input type="checkbox"/> COBRA Insurance <input type="radio"/> Yes <input checked="" type="radio"/> No		

1

Use the **Upload Your Own Completed Census** button to browse for and upload a census that is in a format that is not in the Anthem census format.

Note: This allows any .xls or .csv file to be uploaded in any format.



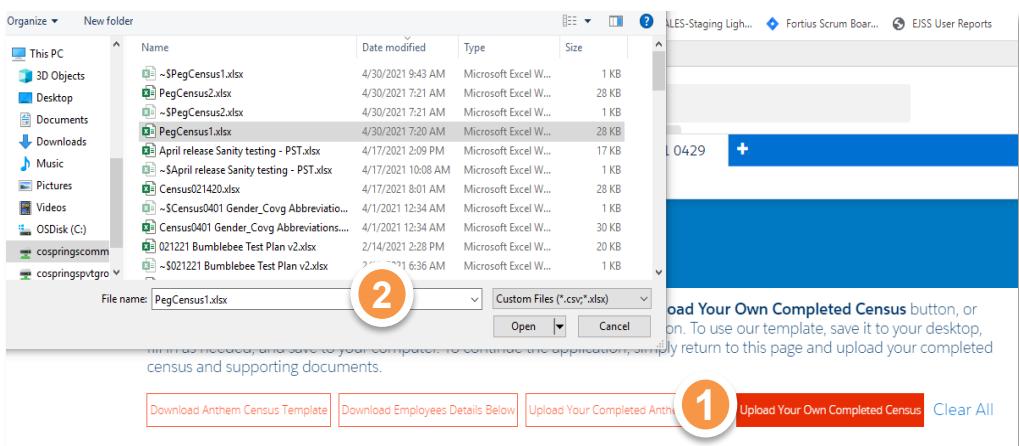
Refer to [Upload Your Own Completed Census](#) to see detailed upload instructions and acceptable column header names.

Small Group Quote

Employee Census Option 3 – Upload Your Own Completed Census

Example Census

First Name	Last Name	Date of Birth	Relationship	Gender	Zip	Cobra	Medical	Vision
Willis	Tito	3/1/1970	Employee	M	46077	No	Employee	Employee
Sanford	Joeseph	1/1/1960	Employee	M	46077	No	Employee + Spouse	Employee + Spouse
Sanford	Catherine	2/1/1960	Spouse	F	46077	No		
Evans	Jermaine	4/1/1960	Employee	M	46077	No	Employee + Child(ren)	Employee + Child(ren)
Evans	Jermajesty	5/1/2004	Child	M	46077	No		
Evans	Autumn	6/1/2006	Child	F	46077	No		
Jefferson	Janet	3/12/1980	Employee	F	46077	No	Family	Family
Jefferson	Marlon	4/16/1980	Spouse	M	46077	No		
Jefferson	Paris	12/10/2009	Child	F	46077	No		
Moore	Reebie	10/19/1972	Employee	F	46077	No	Employee	Employee



Map Imported Fields

Clear Preview

4

Anthem Page Field	Map to Field from Upload File
First Name *	Column 0 - Titled First Name
Last Name *	Column 1 - Titled Last Name
Gender *	Column 2 - Titled Gender
Relationship *	Column 3 - Titled Relationship
Date of Birth *	Column 4 - Titled Date of Birth
ZIP Code	Column 5 - Titled ZIP Code
COBRA *	Column 6 - Titled Cobra
Medical *	Column 7 - Titled Medical
Dental *	Column 8 - Titled Dental
Vision *	... Clear ..

3

Required fields must be mapped back to your census.

Mapping Complete

'Employee Census' Screen:

Upload your own completed census from the Employee Census screen. This is an option presented on the Census screen instead of using an Anthem census.

- You should include logical field names in your Census file for easiest mapping.
- Click the **Upload Your Own Completed Census**.
- Note: This allows any .xls or .csv file to be uploaded in any format.
- Browse for and select the correct census for the quote.
- Result: A mapping pop-up window is displayed.
- Use the field mapping screen to map your census file to the correct field columns by simply selecting the up/down arrows at the end of each field.
- View the format of the census file uploaded by selecting on the **Preview** button.
- You may need to scroll to view all columns.
- Refer to Important Notes in the PowerPoint notes section below.
- Refer to [Troubleshoot Census without a Header](#) if you get an "Unable to Read Census Header" error message.

PREVIOUS
STEP
Coverage
Types

CURRENT
STEP
Employee
Census

NEXT STEP
Med/
Dental/
Vision/L&D

Small Group Quote | Employee Census Option 3 – Upload Your Own Completed Census, *continued*

'Employee Census' Screen:

Upload your own completed census from the Employee Census screen. This is an option presented on the Census screen instead of using an Anthem census.

Mapping Preview

Column A Relationship EE - Employee SP - Spouse CH - Child Last Name First Name Gender M / F Date of Birth Employment Status A-active C-COBRA Zip C

5 **Mapping Complete** **Return to Mapping**

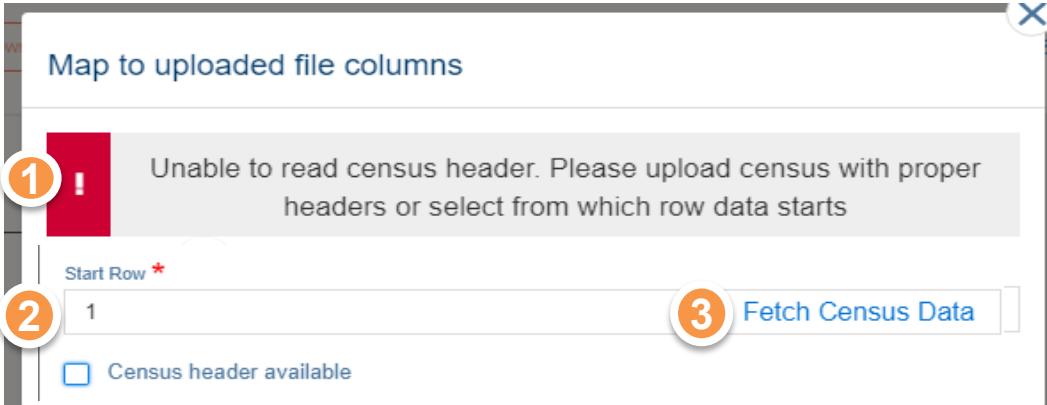
6 **Mapping Complete**

5 Select **Return to Mapping** to exit the preview screen and complete the mapping exercise.

6 Click **Mapping Complete** once the mapping exercise is complete and it is ready to be imported to the Census page.

Result: The Census page returns with the data loaded from the census to the screen.

Small Group Quote | Employee Census Option 3 – Troubleshoot Census without a Header



The screenshot shows the 'Map to uploaded file columns' interface. It includes:

- A title bar with "Map to uploaded file columns" and a "Preview" button.
- A "Clear" button.
- A table titled "Census Field" with columns "Census Field" and "Map to Field from Upload File".
- Row mappings for First Name, Last Name, Gender, Relationship, Date of Birth, ZIP Code, COBRA, Medical, Dental, and Vision.
- A dropdown menu for "Map to Field from Upload File" containing options: Column A, Column B, Column C, Column D, Column E, Column F, Column G, and Column H.
- A "Mapping Complete" button at the bottom right.

A	B	C	D	E	F	G	H	I
Willis	Tito	3/1/1970	Employee	M	46077	No	Employee	Employee
Sanford	Joeseph	1/1/1960	Employee	M	46077	No	Employee + Spouse	Employee + Spouse
Sanford	Catherine	2/1/1960	Spouse	F	46077	No		
Evans	Jermaine	4/1/1960	Employee	M	46077	No	Employee + Child(ren)	Employee + Child(ren)
Evans	Jermajesty	5/1/2004	Child	M	46077	No		
Evans	Autumn	6/1/2006	Child	F	46077	No		
Jefferson	Janet	3/12/1980	Employee	F	46077	No	Family	Family
Jefferson	Marlon	4/16/1980	Spouse	M	46077	No		
Jefferson	Paris	12/10/2009	Child	F	46077	No		
Moore	Reebie	10/19/1972	Employee	F	46077	No	Employee	Employee

'Employee Census' Screen:

This slide is only for troubleshooting issues with headers. Go to the next slide if it does not apply to you.

1 the census file **doesn't have header columns**, once you click on 'Upload your own completed census' button, a pop-up error message will appear.

2 Key the row from where the data starts into the Start Row field. For example, if data starts on row 1 then add "1" to the field.

Note: If your Census file has a header then check the "Census header available" checkbox. If the Census does NOT have a header, then leave the box unchecked.

3 Click the **Fetch Census Data** button.

4 Manually map each of the columns to the corresponding census fields then click **Mapping Complete**.

Note: Use the Preview button if needed.



Small Group Quote | Medical Screen Example

Select Alternative Funding Options Medical Coverage



To Compare Plans: Check the Compare checkboxes for the plans you would like to review, then hit the Compare button.

To Include Plans in a Quote: Use the Select Plan button for the chosen plan(s) and hit Next.

Deductible Network Name Plan Type 1 Spending Account Indicator Reset Filters

Medical Plans: 21 | Plans Selected: 0 Sort Z-A

SEARCH MEDICAL COVERAGE PRODUCTS BY CONTRACT CODE OR PRODUCT NAME

1 Spending Account Indicator

All Spending Account Indicator

HSA Compatible

2 Apply

3 Filters are buttons

Select All Plans Clear All Plans Compare (up to 3)

1

2

3

'Select Coverage' Medical Screen:

- 1 Use the filters at the top to find plans for each quoted coverage type.
 - 2 Filters display as buttons, and they vary by state
Filter buttons display options when selected
 - 3 Select 'Apply' after making new filter selections.
Notes:
 - When you select multiple filters, select 'Apply' under each.
 - When applied, the main filter is highlighted and shows how many filter options were selected
 - 3 Select the 'Reset Filters' link to clear **all** filter selections
- A **More Filters** button displays when there is not enough room to display all filters buttons. Select it to view all other filter options.

Continued next slide ...

Small Group Quote | Product Selection Rules by State

The following list contains best practices for each state when selecting Alternate Funding Products. Continue to next slide to view an example of the Medical Plans selection screen.

State	Product	Tip
All Alternate Funded states	L&D	You can only select one Life plan and one Short Term Disability Plan. Informational text is displayed with Anthem contact information if the user is looking for plans not listed.
All Alternate Funded states	Vision Rider	<ul style="list-style-type: none">- Premiums for the rider will display only for IN, KY, MO and OH for the preliminary quote. Georgia does not display preliminary premiums in the quoting process- Vision Rider can be accessed by selecting the Exam Only filter or by searching for the contract code on the Vision Coverage screen- Vision Riders will be listed under the Vision section on the Review Preliminary Plan Selections screen or view Vision Rider information on the Plan Summary & Quote Pages
GA & IN	Medical Alternate Funding	You should select the Select All Plans button to choose to quote all plans and avoid having to do a requote to add a plan later.
GA & IN	Dental/Vision/ancillary	You should quote the top 3 dental and vision plans or add ancillary plans to your quote.
IN, KY, MO & OH	Medical Alternate Funding	For IN, KY, MO & OH Medical will display preliminary rates (Georgia does not show preliminary rates).
OH	Ohio Farm Dental and Vision	The Employer Paid Minimum is 2 enrolled, except for sole proprietors, who are eligible with 1 enrolled.

Small Group Quote | Medical Screen Example, continued ...

Deductible Network Name Plan Type **1 Spending Account Indicator** [Reset Filters](#)

Medical Plans: 4 | Plans Selected: 0 Sort Z-A

SEARCH MEDICAL COVERAGE PRODUCTS BY CONTRACT CODE OR PRODUCT NAME

Sorted By: None

Plan Contract Code	Deductible: Indiv/Fam	OOP Max: Indiv/Fam	Office Visit PCP/SPC	Prescription Drugs	Monthly Premium Stand-Alone Estimated
FBH Blue Open Access POS 6300/30%/6850 w/ HSA 69CA	\$6,300 / \$12,600	\$6,850 / \$13,700	Ded;30% / Ded;30%	Ded/\$0/\$10/\$ 60/\$125/\$400	
FBH Blue Open Access POS 3000/20%/7050 w/ HSA 69CJ	\$3,000 / \$6,000	\$7,050 / \$14,100	Ded;20% / Ded;20%	Ded/\$0/\$10/\$ 60/\$125/\$400	
FBH Blue Open Access POS 7000/0%/7000 w/ HSA 69D2	\$7,000 / \$14,000	\$7,000 / \$14,000	Ded;0% / Ded;0%	Ded/0%	

1

2

3

PREVIOUS STEP Employee Census → CURRENT \$MedP Dental/Vision/L&D → NEXT STEP Group Contact Info

'Select Coverage' Medical Screen:

Plans display in a list with headers at the top

1 Use the plans buttons as needed:

- **Select All Plans** button selects all plans to quote
- **Clear All plans** removes all plan selections
- Select up to 3 plans by checking the "Compare" box next each plan then select the **Compare (Up to 3)** button

Result: A compare pop-up window appears with a side-by-side comparison of selected plans.

- Use the **Continue** button at the top of the screen if needed

Use the Search field to find a plan by Contract Code or Product Name
 Use the **Sorted By** list for sorting options

2

Select the arrow next to a plan to expand the view and see more details about each plan, such as additional attribute details, Employee Premiums link, Summary of Benefits link and the formulary link .

Note: Go to the next slide to see an example of the expanded view.

3

Select the **Select Plan** button next to the plans you want to quote.

Note: A maximum of 10 plans can be quoted for Dental and Vision.

Continued next slide ...

Small Group Quote | Medical Screen Example, continued ...

The screenshot shows a medical plan selection screen for a group quote. At the top, there's a summary table for 'Anthem Gold Blue Access PPO 500/20%/7500 655A'. The table includes columns for plan name, monthly premium, deductible, copay, coinsurance, and composite rate. A 'Select Plan' button and a 'Compare' checkbox are also present. Below this, a large blue box displays the 'GOLD 655A' plan details. It lists various benefits with their respective copays and coinsurance rates. At the bottom of this box, there are two red-bordered buttons: 'Employee Premiums' and 'Formulary Medical Summary of Benefits and Coverage'. A callout bubble points to the 'Employee Premiums' button with the text 'Click links to view more information'. The 'Employee Premiums' button has a red border and a white background. The 'Formulary Medical Summary of Benefits and Coverage' button has a white background and a red border. There are also small red and orange arrows at the bottom right of the box.

'Select Coverage' Medical Screen:

1 The 'Employee Premiums' link shows the premium broken out by the employee and amounts for each coverage tier, plus Composite and Member Rate for states where applicable

2 Close expanded view by selecting the arrow next to the plan

Notes:

- Use the Riders filter section to view plans with the Dependent Age 29 rider included by. The group cannot offer dependent child coverage from ages 26 to 29 unless these plans are part of the quote. (excluding OH)
- If the group is offering multiple benefit levels, then the dependent age 29 rider plans must be on all benefit levels OR no benefit levels at all
- The Monthly Premium is the total monthly group premium based on number enrolling and the census

Use the arrow at the bottom of expanded view to close the expanded view

PREVIOUS
STEP
Employee
Census

CURRENT
\$MedP
Dental/
Vision/ L&D

NEXT STEP
Group
Contact Info

Small Group Quote | Group Contact Information

Group Contact Information

1 GROUP NAME
GA MEWA_Account KL_23062021_1217

PRIMARY PHONE _____

STREET ADDRESS
Georgia Street

CITY
Georgia

STATE
GA

ZIP CODE
30002

GROUP CONTACT NAME *

TITLE
Y

GROUP CONTACT PHONE
(741) 852-9630

GROUP CONTACT EMAIL
chandran2@anthem.co

Note: The employer will not be contacted upon quote generation.

Enter the contact information below for the individual receiving all correspondence for this quote:

AGENCY QUOTE CONTACT NAME *

Ageny Contact Name Loki

AGENCY QUOTE CONTACT PHONE *

(888) 888-8888

AGENCY QUOTE CONTACT EMAIL *

test@test.com

'Group Contact Information' Screen:

1

Fill in the group contact information and click on the **Continue** button (not shown) at the bottom of the page to load the Review Preliminary Plan Selections screen.

Notes:

- All required fields are indicated by a red asterisk.
- You can always click on **Save & Exit** and come back to the quote later.

Small Group Quote| View Preliminary Quote (Excluding GA)

Review Preliminary Plan Selections

Medical Selected

1

Medical 528E	
MOCK MEWA MO Product 528E	\$2,862.22/month
View Plan Details	Remove Plan

Medical 528E	
MCF MEWA Blue Access PPO 1000/0%/2500 Plan 1	\$2,862.22/month
View Plan Details	Remove Plan

Dental Selected

Dental SEFB	
MEWA Essential Choice Classic MO-C17	\$205.20/month
View Plan Details	Remove Plan

Dental SEH2	
MEWA Essential Choice Classic MO-C11	\$241.46/month
View Plan Details	Remove Plan

Vision Selected

Vision 540F	
Blue View Vision Exam MEWA Rider	\$8.76/month
View Plan Details	Remove Plan

Vision 52AN	
MEWA FS.A.10.0.130.130	\$55.68/month
View Plan Details	Remove Plan

Vision 52AS	
MEWA FS.A.10.25.150.150	\$52.40/month
View Plan Details	Remove Plan

Life and Disability Selected

LAndID LD001	
Basic Life and AD&D	\$9.30/month
View Plan Details	

LAndID LD008	
Short Term Disability	\$61.25/month
View Plan Details	

Cancel Save & Exit Previous Continue

2

'Preliminary Plan & Quote' Screens (not seen in GA):

Important Note for GA: In GA, the "View Preliminary Quote screen is not displayed because they do not produce preliminary quotes. [Go to slide #37.](#)

1 The system will display a Preliminary Review Plan Selections page like this after the Group Contact Page.

Notes:

- You will be able to View Plan Details and Remove Plans from this page before proceeding.
- Any Medical premiums displayed on this page are still preliminary at this time.
- All products quoted will be displayed in their own section on this page.
- A minimum of 1 medical plan must remain selected.

2 Click Continue.

Small Group Quote | View Preliminary Quote (Excluding GA)

View Chamber Benefit Plan Preliminary Quote

 Your preliminary quote has been generated.

PEGGYMO0619 00336775 7/2/2020	
QUOTE #	00336775
DATE CREATED	JUL 2, 2020
# OF EMPLOYEES	6
PLANS INCLUDED	
MEDICAL	MCF MEWA BLUE ACCESS CHOICE PPO 1000/0%/2500 PLAN 1
MEDICAL	MCF MEWA BLUE ACCESS CHOICE PPO 1500/0%/3000 PLAN 2
DENTAL	MEWA ESSENTIAL CHOICE CLASSIC MO-C17
DENTAL	MEWA ESSENTIAL CHOICE CLASSIC MO-C11
VISION	BLUE VIEW VISION EXAM MEWA RIDER (EMPLOYER PAID)
VISION	MEWA FS.A.10.0.130.130 (EMPLOYER PAID)
VISION	MEWA FS.A.10.25.150.150 (EMPLOYER PAID)
LIFE AND AD&D	BASIC LIFE AND AD&D
LIFE AND AD&D	SHORT TERM DISABILITY

Your preliminary quotes are ready for download. Please note that these quotes are not final. Your quotes are also saved in SalesForce, and can be found under Notes and Attachments on the Account page.

Composite-rated Quote

1 • Download Preliminary Quote in PDF 2 • Download Preliminary Quote in Excel

This is a preview of your quote. To view the full quote, use the link to Download in PDF. You'll need Adobe Reader. If you don't have it on your computer, download Adobe Reader now. Once downloaded, the PDF is saved in Salesforce and can be found under notes and attachments for the Quote. You can also open the PDF and "Save As" to save the file to your desktop.

[Edit](#) [Request a Final Quote](#)



Preliminary Plan & Quote Screens (not seen in GA):

Important Note for GA: In GA, the "View Preliminary Quote screen is not displayed because they do not produce preliminary quotes. . [Go to slide #37.](#)

Note: All plans selected to quote are displayed and the quote id is generated.

1 You can view quote details here and has an option to download the preliminary quote PDF or Excel, or they are available on the account or quote page in Notes & Attachments.

2 Click **Request a Final Quote** to submit the quote to Underwriting to have the final rates calculated.

Notes:

- All labels on the final quote will relate to the appropriate title for alternate Funding portfolios in the related State
- The alternate Funding quote output Excel file displays rows starting with the employee and then the list of dependents beneath the employee.

Small Group Quote | Get A Final Quote

Get a Final Quote:

Step 1

All employees electing coverage will need to submit an Employee Medical Questionnaire for themselves and their dependents.

1 [Download Our Employee Application](#)

[Download Our Employer Questionnaire](#)

Step 2

Have the employer and/or employees complete the required forms.

Step 3

Upload an employee medical questionnaire for each employee. You may upload these files individually or in bulk.

Individual file sizes must be under 10 mb each.

2 [Upload Documents](#)



if the group you request rates for requires medical questionnaires, you will be brought to this page.



Click the **Download** buttons to download the required forms.



See the State-specific notes related to the Member Medical or Health Questionnaire below in Notes section below. You can download a blank Employer Questionnaire or Employee Application forms if they need one.



Click **Upload Documents** to upload single or multiple files at the same time.

Note: File size must be no more than 10 MB (increased from 7MB)

PREVIOUS
STEP
Preliminary
Quote

CURRENT
STEP
Get a Final
Quote

NEXT STEP
STEP
Confirmation and
Summary

Small Group Quote | Get A Final Quote

3

Click [Submit to Underwriting](#) when you are ready to submit the quote.



Result: A pop up message will appear giving the user a chance to upload additional files if they forgot to add one.

Step 3

Upload an employee medical questionnaire for each employee. You may upload these files individually or in bulk.

1 Documents Uploaded

[Remove All](#)

Dummy Excel Doc for Testing.xlsx

[Remove](#)

Individual file sizes must be under 10 mb each.

[Upload Documents](#)

Cancel

[Save & Exit](#)

3

[Submit to Underwriting](#)

PREVIOUS
STEP
Preliminary
Quote

CURRENT
STEP
Get Final
Quote

NEXT STEP
Confirmation and
Summary

**Broker Successfully
Submits to Underwriting:**

Small Group Quote | Confirmation

[View Chamber Benefit Plan Preliminary Quote](#) 

 Your quote has been successfully submitted.

Our underwriters will review your submission and return to you a final quote. We will contact you once your quote has been completed.

PEGGYMO0619 00336775 7/2/2020	
QUOTE #	00336775
SRQ NUMBER	L003367751
DATE CREATED	JUL 2, 2020
# OF EMPLOYEES	6
PLANS INCLUDED	
MEDICAL	MCF MEWA BLUE ACCESS CHOICE PPO 1500/0%/3000 PLAN 2
MEDICAL	MCF MEWA BLUE ACCESS CHOICE PPO 1000/0%/2500 PLAN 1
DENTAL	MEWA ESSENTIAL CHOICE CLASSIC MO-C17
DENTAL	MEWA ESSENTIAL CHOICE CLASSIC MO-C11
VISION	MEWA FS.A.10.25.150.150 (EMPLOYER PAID)
VISION	BLUE VIEW VISION EXAM MEWA RIDER (EMPLOYER PAID)
VISION	MEWA FS.A.10.0.130.130 (EMPLOYER PAID)
LIFE AND AD&D	BASIC LIFE AND AD&D
LIFE AND AD&D	SHORT TERM DISABILITY

Your preliminary combined quote/mpc file will be saved in SalesForce and can be found under Notes and Attachments on the Account page or on the Quote or can be downloaded below.

[Return to Dashboard](#)



Basic quote information displays here in the confirmation.



Underwriting calculates final rates, and you will be notified via email when final rates are available.

PREVIOUS
STEP
Get Final
Quote

CURRENT
Confirmation and
Summary

NEXT STEP
View Final
Quote

Small Group Quote | Locate Final Quote

[View Chamber Benefit Plan Preliminary Quote](#) 

 Your quote has been successfully submitted.

Our underwriters will review your submission and return to you a final quote. We will contact you once your quote has been completed.

QUOTE #	00336775
SRO NUMBER	L003367751
DATE CREATED	JUL 2, 2020
# OF EMPLOYEES	6
PLANS INCLUDED	
MEDICAL	MCF MEWA BLUE ACCESS CHOICE PPO 1500/0%/3000 PLAN 2
MEDICAL	MCF MEWA BLUE ACCESS CHOICE PPO 1000/0%/2500 PLAN 1
DENTAL	MEWA ESSENTIAL CHOICE CLASSIC MO-C17
DENTAL	MEWA ESSENTIAL CHOICE CLASSIC MO-C11
VISION	MEWA F.S.A.10.25.150.150 (EMPLOYER PAID)
VISION	BLUE VIEW VISION EXAM MEWA RIDER (EMPLOYER PAID)
VISION	MEWA F.S.A.10.0.130.130 (EMPLOYER PAID)
LIFE AND AD&D	BASIC LIFE AND AD&D
LIFE AND AD&D	SHORT TERM DISABILITY

Your preliminary combined quote/mpc file will be saved in SalesForce and can be found under Notes and Attachments on the Account page or on the Quote or can be downloaded below.

[Return to Dashboard](#)

 Create A New Quote

 Small Group

 Select A State

- California
- Colorado
- Connecticut
- Georgia
- Indiana

Locate Final Quote:

When the final quote is available you will be notified via email. Then you must view it in Producer Toolbox. Follow the steps below to locate it.

-  Log back in to [Producer Toolbox](#) to view the final rates.
 -  Click [Start a new quote](#).
 -  Select a market "Small Group" and under Select a State pick a state, then click [Create a Quote](#).
- Result:** You will be taken to the Basic Search tab.

Small Group Quote | Locate Final Quote, continued ...

The screenshot shows the Quotes module interface. At the top, there are tabs: SEARCH, SMALL GROUPS, CASES AND INQUIRIES, DOCUMENTS LIBRARY, QUOTES (which is highlighted with a red box and has a circled '4' above it), and CDHP. Below the tabs, there's a navigation bar with a back arrow, a 'Quotes All Quotes' button, and a search icon. A search bar contains the quote number '00528472'. A tooltip over the search bar says: 'Expiration Date, Total Price, Opportunity Name, Subtotal, and Syncing aren't searchable. Use filters or sort on these fields instead.' The main area displays a table of quotes, with the first row shown:

Quote Name	Opportunity Name	Syncing	Expiration Date	Subtotal	Total Price
Zwipe America Inc 7/26/2019	Zwipe America Inc Opportunity 7/31/2019	<input type="checkbox"/>	7/27/2019	\$0.00	\$0.00
Zwipe America Inc 00193266 7/26/2019	Zwipe America Inc Opportunity 7/31/2019	<input type="checkbox"/>	7/27/2019	\$0.00	\$0.00
ZW Plumbing & Heating Corp 00288626 11/25/2019 Com...	ZW Plumbing & Heating Corp Opportunity 12/31/2019	<input type="checkbox"/>		\$0.00	\$0.00

Below this, another section shows a single quote result:

Quote Name	Opportunity Name	Syncing	Expiration Date	Subtotal	Total Price
GA AFO Test 1 00528472 7/6/2021	GA AFO Test 1 Opportunity 08/01/2021	<input type="checkbox"/>		\$0.00	\$0.00

Numbered callouts indicate the steps: '4' is above the QUOTES tab, '5' is over the search bar, and '6' is over the first quote name in the second table.

Locate Final Quote, continued:

Tip: The fastest way to locate a final quote is to search by the Quote number.

Follow the steps below to search by quote number.

4 Select the **Quotes** tab.

5 Type the Quote Number in the **Search** field at the top of the list then hit the Enter key.

Result: Results will appear matching criteria entered below.

6 Click the **Quote Name** link to open the Quote.

Small Group Quote | Locate Final Quote, continued ...

Quote
test_pm_oh_1_18 00652178 2/15/2022

Opportunity Name
test_pm_oh_1_18 Opportunity 07/01/2022

Quote Number
00652178

Account Name
test_pm_oh_1_18

Portfolio Type
MEWA

Related Quote

Final SOCA Benefit Plan Summary

Review Plan
Selections

View Quote

7 REVIEW THE FINAL SOCA BENEFIT PLAN QUOTE DETAILS

Quote Output Files

DETAILS RELATED

Quote Number
00652178
Quote Name
test_pm_oh_1_18 00652178 2/15/2022
Opportunity Name
test_pm_oh_1_18 Opportunity 07/01/2022
Account Name
test_pm_oh_1_18
Expiration Date

Effective Date
7/1/2022
Rating Type
Composite
Benefit Period
Calendar Year
Source
Sales
Benefit Level

8

Status
Final

Description

Brand
ABCBS

Coverage

Medical

Total Eligible

5

Medical Selected

Medical 6AND

SOCA Benefit Plan Blue Access Options PPO 3000/0%/7000

[View Plan Details](#) [Remove Plan](#)

Medical 6ANC

SOCA Benefit Plan Blue Access Options PPO 1500/0%/7000

[View Plan Details](#) [Remove Plan](#)

Medical 6ANB

SOCA Benefit Plan Blue Access Options PPO 500/10%/5000

[View Plan Details](#) [Remove Plan](#)

Medical 6ANS

SOCA Benefit Plan Blue Access PPO 1000/20%/6000

[View Plan Details](#) [Remove Plan](#)

Medical 6APA

SOCA Benefit Plan Blue Access PPO 1000/4500

[View Plan Details](#) [Remove Plan](#)

Medical Plan Count: 5

Dental Plan Count: 2

Dental Selected

Dental 546P

MEWA Essential Choice Classic OH-C1

\$348.13/month

Dental 549P

MEWA Essential Choice Classic OH-C10

\$332.03/month

Vision Selected

Vision 52AQ

MEWA FS.A.10.25.150.150

\$74.75/month

Vision 52AY

MEWA FS.C.20.20.130.130

\$46.65/month

Vision Plan Count: 2

Life and Disability Selected

Life and Disability Plan Count: 2

LifeAnd LD006

Basic Life and AD&D with Dependent Life

\$11.40/month

LifeAnd LD007

Short Term Disability

\$30.50/month

Cancel

Save & Exit

Generate a Final Quote

11

Locate Final Quote,
continued:

Click “Quote Output Files” link
or “REVIEW THE FINAL
QUOTE DETAILS” button

7

All plans selected to quote are
displayed and the Medical
premium equivalents listed are
final at this point.

8

Select View Plan Details to
display a quick glance at plan
benefit attributes.

9

Select Remove Plan to
remove any plan; a
confirmation will display to
confirm you want to delete the
plan.

10

Generate Final Quote

Note: A minimum of one
Medical plan must remain
selected.

PREVIOUS
[Locate Final
Quote](#)

CURRENT
[View Final
Quote](#)

NEXT STEP

View Final Quote:

Small Group Quote| View Final Quote

View SOCA Benefit Plan Final Quote

Review Plan Selections View Quote

Your quote has been generated.

1 TEST_PM_OH_1_18 00652178 2/15/2022
QUOTE # 00652178
SRQ NUMBER L006521781
DATE CREATED FEB 15, 2022
OF EMPLOYEES 5
PLANS INCLUDED
MEDICAL SOCA BENEFIT PLAN BLUE ACCESS OPTIONS PPO 3000/0%/7000
MEDICAL SOCA BENEFIT PLAN BLUE ACCESS OPTIONS PPO 1500/0%/7000
MEDICAL SOCA BENEFIT PLAN BLUE ACCESS OPTIONS PPO 500/10%/5000
MEDICAL SOCA BENEFIT PLAN BLUE ACCESS PPO 1000/20%/6000
MEDICAL SOCA BENEFIT PLAN BLUE ACCESS PPO 1000/4500
DENTAL MEWA ESSENTIAL CHOICE CLASSIC OH-C1
DENTAL MEWA ESSENTIAL CHOICE CLASSIC OH-C10
VISION MEWA FS.A.10.25.150.150 (EMPLOYER PAID)
VISION MEWA FS.C.20.20.130.130 (EMPLOYER PAID)
LIFE AND AD&D BASIC LIFE AND AD&D WITH DEPENDENT LIFE
LIFE AND AD&D SHORT TERM DISABILITY

2 SOCA Benefit Plan Composite-rated Quote
• Download Quote in PDF Download Quote in Excel

3 **4**

PREVIOUS CURRENT
Locate Final Quote View Final Quote

- 1** All plans selected to quote are displayed and the quote id is generated.
- 2** The final quote pdf and excel are available to download from this page, or they can be accessed later from the account or quote page.
- 3** You can stop here by selecting Exit
- 4** or continue to enrollment.

YOU ARE NOW READY TO SUBMIT YOUR ENROLLMENT

CONTENTS |

01 TRAINING OVERVIEW (5 - 11)

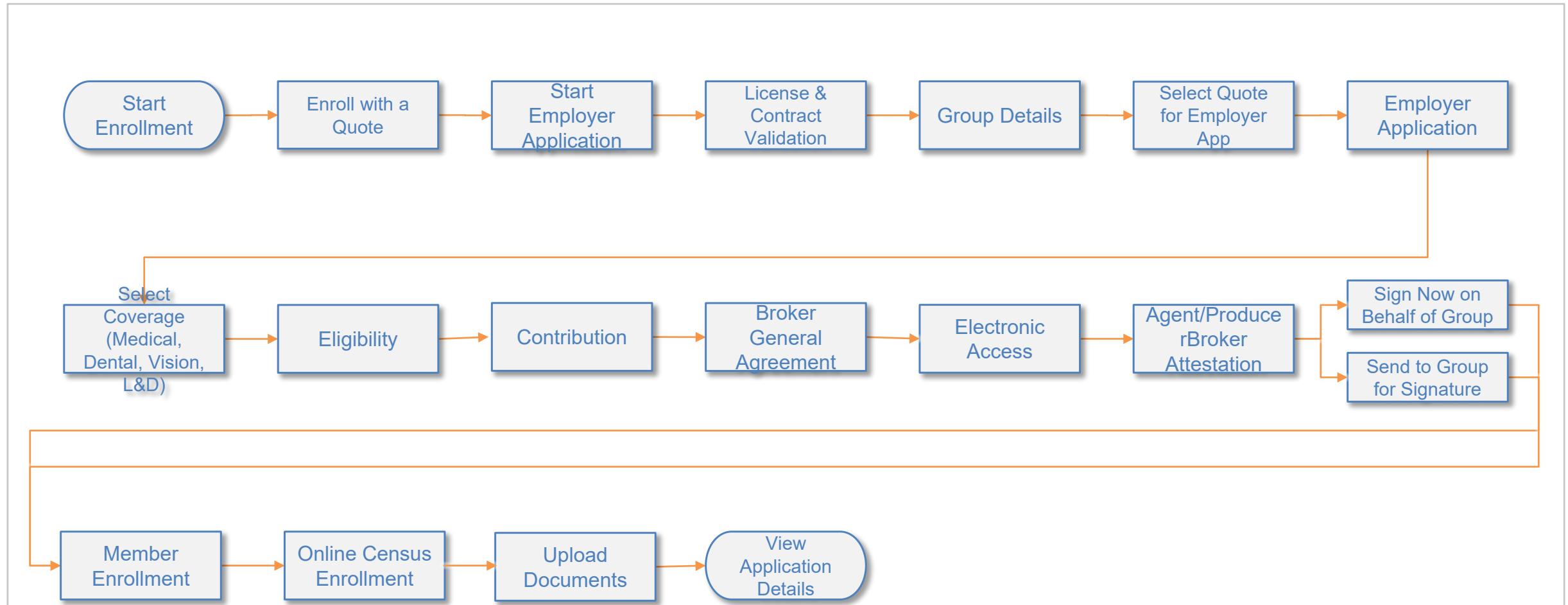
02 GENERATE SMALL GROUP QUOTE (13 - 43)

03 SUBMIT ONLINE EMPLOYER APPLICATION (46 - 84)

04 FINAL THOUGHTS (86)

05 APPENDIX (88 - 103)

SELECT A PROCESS STEP TO NAVIGATE TO THE APPLICABLE SLIDE:



Small Group Enrollment | Start Enrollment – Option 1



Your quote has been generated.

VA TEST GROUP A 00325867 10/25/2018	
QUOTE #	00325867
DATE CREATED	OCT 25, 2018
EFFECTIVE DATE	JAN 1, 2019
# OF EMPLOYEES	2
PLANS INCLUDED	
MEDICAL	ANTHEM HEALTHKEEPERS BRONZE QAPOS 6550/0% / 6550 W/HSA

Member-rated Quote

- Download Quote in PDF
- Download Quote in Excel

Composite-rated Quote

- Download Quote in PDF
- Download Quote in Excel

This is a preview of your quote. To view the full quote, use the link to Download in PDF. You'll need Adobe Reader. If you don't have it on your computer, download Adobe Reader now.

Exit

Complete Enrollment

1



The quote has been generated:

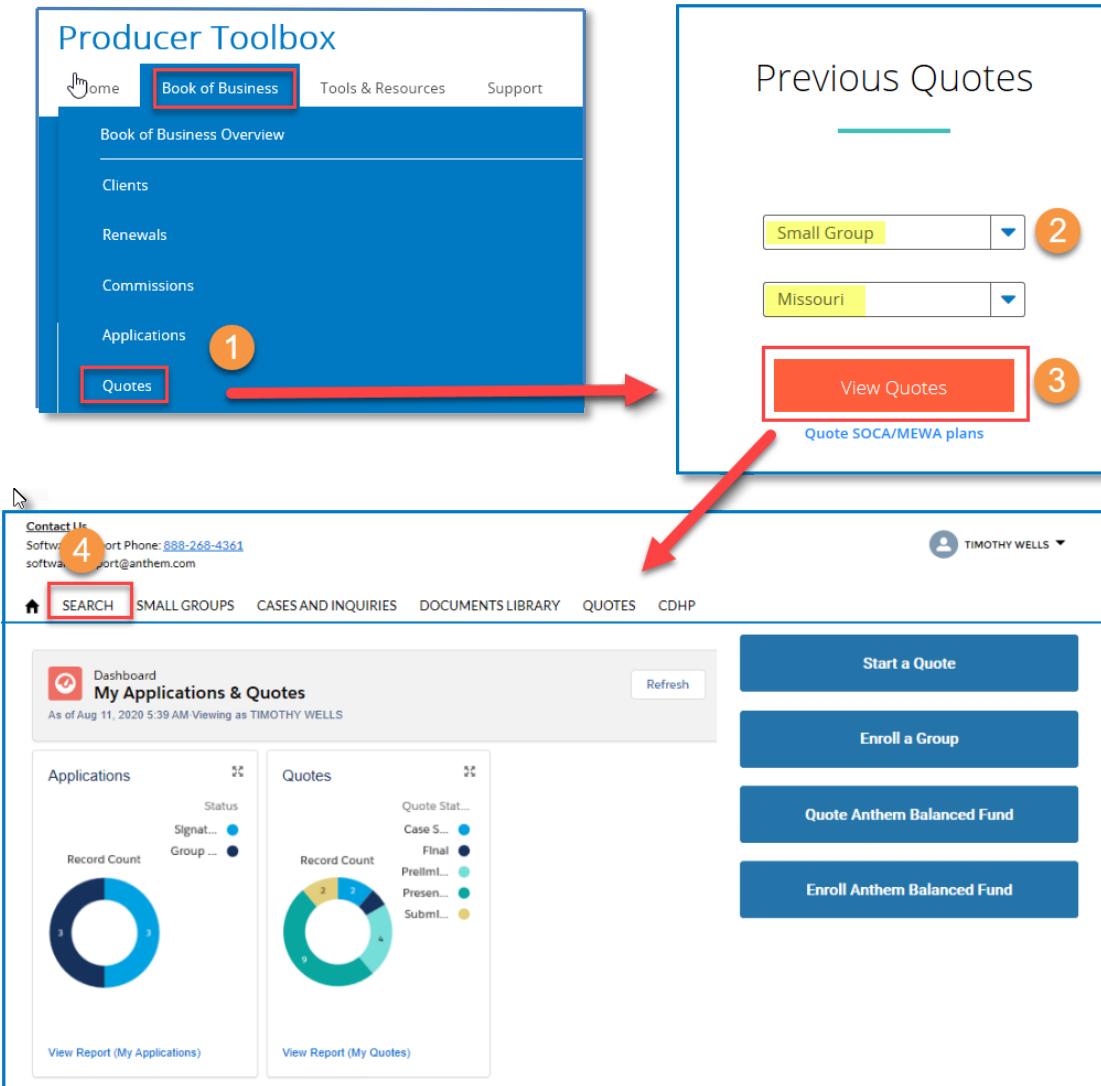
There are several ways to enroll; the next few pages will demonstrate best practices

1

You can select the **Complete Enrollment** button at end of Quoting Flow if you are ready to enroll when completing the quoting flow, then [Continue to slide #57](#).

Otherwise use the options on the following slides and pull up an existing quote.

Small Group Enrollment | Start Enrollment - Option 2



Start An Enrollment:

Another way to enroll a previously quoted group is to pull up the existing quote under the Account:

- 1 Enroll with a system-generated Quote : Click 'Book of Business', then 'Quotes' in order to search for the group.
- 2 Scroll down to 'Previous Quotes' and select the 'Small Group' market from the dropdown, then the state.
- 3 Click the 'View Quotes' button.
- 4 Result: The Home screen loads.
- 4 Click the **Search** link to load a search screen and enter the group.

Continued on next slide...



Small Group Enrollment |

SEARCH SMALL GROUPS CASES AND INQUIRIES DOCUMENTS LIBRARY QUOTES CDHP

BASIC SEARCH

Group Name: Case/Group Number:
Employer Tax ID:
Search

ACTIONS

Start a Quote Enroll a Group Quote Anthem Balanced Fund Enroll Anthem Balanced Fund

MATCHING ACCOUNTS

GROUP NAME	CASE/GROUP NUMBER	HEALTHY NY GROUP NUMBER	WGS CASE/GROUP NUMBER
Jane Test group 1			
Jane's Test Group			
Jane's test FARM group			

PREVIOUS STEP Start Enrollment → CURRENT STEP Enroll with/ without Quote → NEXT STEP Start Employer App

Anthem.

Start Enrollment - Option 2, continued

Account Tina GA Test group 1

Broker/Writing Agent Paid Agency General Agency Renewal Month

START A QUOTE

ENROLL A GROUP [LAUNCH ACTWISE QUESTIONNAIRE](#)

Quote Output Files

DETAILS RELATED

Account Details

Account Name	SIC Code
Tina GA Test group 1	8611
Type	SIC Code and Industry
New Sales	8611 Business Associations
Employer ETIN	Association or Chamber

Start An Enrollment:

Continued from previous slide...

- 5** Type the name of the Group in the 'Group Name' field and select the **Search** button.

Result: Results appear matching criteria entered.

- 6** Under 'Matching Accounts' select the correct Group Name.

Result: An 'Account' tab appears.

- 7** Select the **Enroll a Group** button to continue to the Application.

Result: The Enrollment License & Contract Validation screen appears.

[Continue to slide #57.](#)

Small Group Enrollment

Start Enrollment - Option 3

Producer Toolbox

Home Book of Business Tools & Resources Support

GOOD AFTERNOON

1

Frequent Tasks

Start a New Quote Start an Application View All Clients Quick Renewal

Recent Activity

Individual Medicare Small Group Large Group

Quotes Upcoming Renewals Application Summary

Submitted 30 Days 60 Days 90 Days

In Progress 30 Days 60 Days 90 Days

View All Quotes > View All Renewals > View All Applications >

2

Applications

Individual and Medicare applications are shown here.

[Go to Georgia small group legacy system applications](#) Or [Go to all other small group applications and enrollments](#).

CURRENT STEP
Start Enrollment

NEXT STEP
Enroll with/ without Quote

Start a Quote

3 Enroll a Group

Quote Anthem Balanced Fund

Enroll Anthem Balanced Fund

Start An Application:

One more option is to start an application directly and not from a quote. When you enter the Group name any quotes that exist can be pulled up during the enrollment process:

- 1 Select **Start An Application** from the Home page.
- 2 Select “Go to all other small group applications and enrollments”
- 3 This takes you to the Home screen
- 3 Select **Enroll a Group**

Small Group Enrollment | Enrollment License & Contract Validation

Enrollment License & Contract Validation

GROUP ZIP CODE **1** 30009

BROKER SEARCH **2**

COUNTY
FULTON

Please note: you must provide member enrollments online using our census enrollment template or by other electronic methods. To ensure you receive the best possible turnaround time in this tool, we can only accept electronic employee enrollment. If you plan to submit the employee enrollment in paper form, please provide the entire enrollment packet via your normal new-business process.

Cancel

3

Continue



Enrollment License & Contract Validation Screen:

- 1** Type the ZIP Code of the group in the ZIPCODE field.
- 2** If the enrollment ZIP Code crosses counties, select the correct County from the County drop-down list
- 3** Type the writing agent name or TIN in the Broker Search field and select it from the drop-down list that appears once you start typing
- 3** Select the Continue button.
- 3** Data previously entered during a quote in system may be prepopulated.

Small Group Enrollment

Group Details

Group Details

BROKER ZIP CODE
30009

PAID AGENCY - ETIN 1 ▾ GENERAL AGENCY - ETIN 2 ▾

Create a new Group Account
SEARCH FOR AN EXISTING GROUP ■
Jane Test group 1 3

Test Tax ID GROUP ETIN
123456789

SIC CODE OR INDUSTRY NAME SEARCH ■
4 5261 Retail Nurseries and Garden Stores

COVERAGE EFFECTIVE DATE ■
5 Aug 1 2021

Group Details Screen:



Data previously entered during a quote in the system may be prepopulated.



Fill in the 'Paid Agency – ETIN' from the drop-down boxes.



If a General Agency (GA) is involved, it must be selected here.



Enter Group name as listed when Quoting in order to pull up your existing quotes.



The group name pre-populates if you launched the enrollment from the Account screen or at the end of the quoting process.



Fill in SIC Code (required for all Alternate funding plans)



Select applicable Effective Date and click **Continue**.

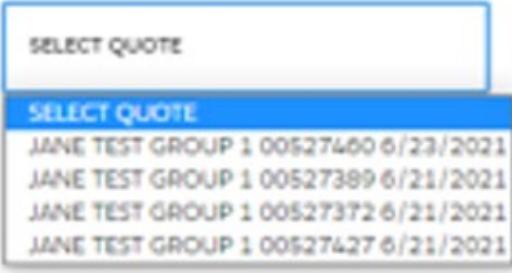
PREVIOUS
List &
Contract
Valid.

CURRENT
STEP
Group
Details

NEXT STEP
Select
Quote for
App

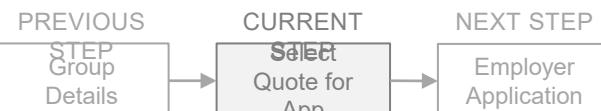
Select Quote for Employer Application

If you would like to enroll with an existing quote generated from this tool, please select desired quote below. Otherwise, select Next to continue.

1 

2 

Cancel



Select Quote for Employer App Screen:



If you already have a quote and did not choose 'Complete Enrollment' at the end of the quoting flow, this screen displays a review of the generated quotes, otherwise the screen is skipped.



Choose desired quote using Quote ID from the **Select Quote** box.



Tip: the date of the quote is shown after the quote ID



Enrollment Census must match quote census or a new quote must be generated.



Select '**Next**' to continue

Result: Once you select the quote you can see the SG segment and products included to make sure it is correct.

Small Group Enrollment|Select Quote for Employer Application

'Select Quote for Employer Application' Screen:

JANE TEST GROUP 1 00527389 6/21/2021

Review Quote Information

JANE TEST GROUP 1 00527389 6/21/2021

QUOTE NUMBER

3 00527389

CREATED DATE

JUN 21, 2021

EFFECTIVE DATE

SEP 15, 2021

NUMBER OF MEMBERS INCLUDED IN THE QUOTE CENSUS

3

PORTFOLIO

ACA

SIC CODE

0111

PLANS INCLUDED IN THE QUOTE

MEDICAL

ANTHEM SILVER BLUE OPEN ACCESS POS 2800/20%/7000 W/HSA

MEDICAL

ANTHEM SILVER BLUE OPEN ACCESS POS 6000/20%/8300

MEDICAL

ANTHEM SILVER BLUE OPEN ACCESS POS 6100/10%/7000 W/HSA

MEDICAL

ANTHEM SILVER BLUE OPEN ACCESS POS 4000/20%/8200

MEDICAL

ANTHEM SILVER BLUE OPEN ACCESS POS 3000/20%/8200

MEDICAL

ANTHEM SILVER BLUE OPEN ACCESS POS 7000/0%/7000 W/HSA

DENTAL

ESSENTIAL CHOICE CLASSIC GA-C9

DENTAL

ESSENTIAL CHOICE CLASSIC GA-C10

VISION

FS.A.10.0.130.130



This screen displays the details of the selected quote, including the Portfolio.



View and notice the Quote ID and Name.



Scroll to the bottom and select Next.

Result: You are taken to the Company Information screen in the submit application workflow.

PREVIOUS
STEP
Group
Details

CURRENT
Select
Quote for
App

NEXT STEP
Employer
Application

Small Group Enrollment | Employer Application

Company Information

Employer Application
For Administrative Services (Medical)
Southern Ohio Chamber Alliance Benefit Plan

EFFECTIVE DATE
07/01/2022

GROUP NAME *
test_pm_oh_socia_2_17

SELECT ONE:
New Enrollment

DOING BUSINESS AS (DBA)
EMPLOYER TAX ID
123456789

CHAMBER OF COMMERCE *
(MEWA) OHIO - SOCA Jackson Area Chamber of Commerce

NAME OF HEAD OF FIRM
TITLE
EMAIL
NAME OF ADMINISTRATIVE CONTACT
gc
TITLE
EMAIL
gc@test.com

NAME OF AUTHORIZED SIGNER
TITLE
EMAIL
SEC OR INDUSTRY NAME
3552 Textile Machinery
COMPANY STREET ADDRESS *
test address

CITY *
GALENA
COUNTY *
DELAWARE
STATE *
OH
ZIP CODE *
43021

PHONE NO. (INCLUDE AREA CODE) *
(222) 222-2222
FAX NO. (INCLUDE AREA CODE)

Is the Billing Address the same as above? *

Yes No

TYPE OF ORGANIZATION *
Corporation

Is any part of group subject to bargaining agreement? *

Yes No

Will bargaining agreement participants be considered eligible employees? *

Yes No

Are you a sole proprietor with no employees? *

Yes No

Please note: If you are sole proprietor and have employees, you are considered an employer group. You must have an EIN and two or more enrolled subscribers.

- 1 COMPANY INFORMATION
- 2 SELECTED MEDICAL COVERAGE
- 3 SELECTED DENTAL COVERAGE
- 4 SELECTED VISION COVERAGE
- 5 LIFE/AD&D AND DISABILITY COVERAGE
- 6 ELIGIBILITY
- 7 CONTRIBUTION
- 8 BROKER GENERAL AGREEMENT
- 9 ELECTRONIC ACCESS
- 10 AGENT/ PRODUCER / BROKER ATTESTATION
- 11 CHOOSE A SIGNATURE FORMAT
- 12 MEMBER ENROLLMENT TYPE
- 13 UPLOAD DOCUMENTS

'Employer Application' Screen:

- 1 Most information entered on the quoting side will populate over to this screen.
- 2 Complete the remaining required fields then scroll down and select **Next**.
- 3 Once data has been entered into a required field, the asterisk will turn blue.
- 4 The Legal entity name can only be 25 characters max; if the name is longer, it must be abbreviated.

Small Group Enrollment

Select Coverage

Selected Medical Coverage

ENROLLING #
5

2

Show Plan Details

SOCA Benefit Plan Blue Access Options PPO 500/10%/5000 Estimated (Base) Monthly Premium \$6,292.02 Contract Code : 6ANB Medical Summary of Benefits and Coverage ✓ Plan Selected	SOCA Benefit Plan Blue Access Options PPO 1500/0%/7000 Estimated (Base) Monthly Premium \$5,976.48 Contract Code : 6ANC Medical Summary of Benefits and Coverage ✓ Plan Selected	SOCA Benefit Plan Blue Access Options PPO 3000/0%/7000 Estimated (Base) Monthly Premium \$5,327.93 Contract Code : 6AND Medical Summary of Benefits and Coverage Select Plan 1
SOCA Benefit Plan Blue Access PPO 1750C/3500 w/HSA Estimated (Base) Monthly Premium \$5,321.08 Contract Code : 6AP4 Medical Summary of Benefits and Coverage ✓ Plan Selected		

1

'Select Medical Coverage' Screen:

For Enrolling with a system generated quote, only previously quoted product portfolios are displayed.

1 Select any other plans listed plan(s) by clicking the **Select Plan** button.

2 Use the **Show Plan Details** button to see plan details or elect to Hide Plan Details.

3 The number of plans you can include in enrollment are based upon state guidelines.

4 A selected plan will display 'Plan Selected' in a white box. The box will turn orange for plans that you unselect.

5 If additional coverage lines sold, you will follow the same steps listed above on the [following screen\(s\)](#) for each additional line.



Small Group Enrollment | Select Coverage (Dental/Vision)

Selected Dental Coverage

Still wish to enroll in Dental? *

Yes No

ELIGIBLE *

5



Show Plan Details

MEWA Essential Choice
Classic OH-C1

Estimated (Base) Monthly Premium
\$348.13

Contract Code : 5469

Dental Summary of Benefits

1 Select Plan

MEWA Essential Choice
Classic OH-C11

Estimated (Base) Monthly Premium
\$380.10

Contract Code : 5C12

Dental Summary of Benefits

Select Plan

MEWA Essential Choice
Classic OH-C10

Estimated (Base) Monthly Premium
\$332.03

Contract Code : 5C19

Dental Summary of Benefits

Select Plan

Selected Vision Coverage

Still wish to enroll in Vision? *

Yes No

ELIGIBLE *

5



Show Plan Details

MEWA FS.A.10.0.130.130

Estimated (Base) Monthly Premium
\$85.90

Contract Code : 52AN

Vision Summary of Benefits

Select Plan

MEWA FS.A.10.25.150.150

Estimated (Base) Monthly Premium
\$80.82

Contract Code : 52AS

Vision Summary of Benefits

✓ Plan Selected

Select Dental/ Vision Coverage:

1

Select any plan(s) by clicking the **Select Plan** button.

2

Complete the fields at the bottom of the plans list, then select **Next**.



For Enrolling with a system generated quote, all quoted plans will appear here and will automatically be selected.



The selected plan will display 'Plan Selected' in a white box. The box will turn orange for plans that you unselect.



The Selected Dental and Vision Coverage screens give you the opportunity to Opt Out if you no longer wish to enroll in Dental or Vision.



You are only allowed to select one Dental Plan and one Vision plan before continuing to the next coverage screen.



If you select **Yes** for Replacing Current Plan? you will be asked to list the current carrier.

PREVIOUS
STEP
Employer
Application

CURRENT
STEP
Select
Coverage

NEXT STEP
Eligibility

Small Group Enrollment | Select Coverage (Life & Disability)

Select L&D Coverage:

Life/AD&D and Disability Coverage

Do you still wish to enroll in Life and/or Disability *

Yes No

ELIGIBLE *

5

Show Plan Details

Basic Life and AD&D	
Estimated (Base) Monthly Premium \$6.00	
Basic Life:	\$15,000.
AD&D Benefits	Same as Life
Reduction Schedule	35% at age 65; 50% at age 70
<div style="border: 1px solid #ccc; padding: 5px; text-align: center;">✓ Plan Selected</div>	

Short Term Disability	
Estimated (Base) Monthly Premium \$40.00	
Weekly Benefit:	\$250
Plan Design:	1/8/26
<div style="border: 1px solid #ccc; padding: 5px; text-align: center;">✓ Plan Selected</div>	

Contribution Percentage and Disability Premium Details

Basic Life and AD&D

PERCENTAGE
100%

Short Term Disability

PERCENTAGE
50%

PRE / POST TAX
Pre Tax

- 1 Select the required Life/AD&D and disability plans from the quote on the Life/AD&D and disability coverage page.
 - 2 Update the contribution percentage value and pre/post tax.
 - 3 Enter any Prior Life and Disability Coverage information.
 - 4 Select the **Continue** button to continue to the Eligibility screens.

The Selected screens give you the opportunity to Opt Out if you no longer wish to enroll in Life and disability.
 - 💡 You are only allowed to select one STD Plan

If you select **Yes** for Replacing Current Plan? you will be asked to list the current carrier.



Small Group Enrollment | Contribution

'Contribution Screen:

Contribution

Contribution and minimum participation requirements
Employer must have at least two employees enrolled in health to maintain benefits under this plan. Group contribution level for health: 50% of the single premium equivalent; at least 25% of total premium equivalent rate. If group contribution is 100%, 100% participation is required. Group minimum participation for health: 75% of Net Eligible Employees. Net Eligible Employees = total number of eligible employees less those employees with other valid health coverage. Flat contribution amounts are not allowed. Sole proprietors are eligible with one enrollee.'

Choose your group contribution level for each month:

1

Medical:	% PER EMPLOYEE *	50	% PER DEPENDENT (OPTIONAL)	
Basic Life & AD&D:	%	50		
Basic Dependent Life:	%	50		

Cancel [Save For Later](#)

[Previous](#) [Next](#)

Steps

- COMPANY INFORMATION
- SELECTED MEDICAL COVERAGE
- SELECTED DENTAL COVERAGE
- SELECTED VISION COVERAGE
- LIFE/AD&D AND DISABILITY COVERAGE
- ELIGIBILITY
- CONTRIBUTION**
- BROKER GENERAL AGREEMENT

1

Choose the group contribution levels for product sold (if required).

Note: Life and disability contributions will be prepopulated from the coverage page

Small Group Enrollment|Eligibility

Eligibility

NUMBER OF ELIGIBLE FULLTIME EMPLOYEES (MINIMUM 30 HOURS PER WEEK INCLUDING THOSE WITHIN THEIR WAITING PERIOD)
5

TOTAL NUMBER OF EMPLOYEES (INCLUDING PART-TIME)
5

NO. OF EMPLOYEES ENROLLING
5

NO. OF EMPLOYEES DECLINING
0

NO. OF EMPLOYEES INELIGIBLE
0

TOTAL NO. OF EMPLOYEES RESIDING/WORKING OUTSIDE OF HOME OFFICE STATE
0

NO. OF CONTINUANTS (STATE CONTINUATION OR COBRA) *

5

Continuation Status  *

COBRA
 State Continuation

ELIGIBLE ENROLLEES AS OF THIS PLAN'S EFFECTIVE DATE WILL HAVE COVERAGE:
On Groups Effective Date

-- Clear --

On Groups Effective Date

Same Waiting Period that applies to new person or on Group effective date, which ever is later

'Eligibility' Screen:

1 Make your selections, then scroll down and select the Next button.

All fields with an asterisk must be filled in, as they are required. You'll notice that the questions are the same as you'll see on the paper version of the application.

You will see the appropriate fields for lines of business enrolling based upon lines of business being offered.

Also on Eligibility screen are different employee numbers, termination effective date and COBRA



Small Group Enrollment | Broker General Agreement

Broker General Agreement

1

Read this section carefully before signing. Please review your application for errors or omissions.

With respect to your medical plan, the employer and/or authorized representative hereby requests that Anthem Blue Cross and Blue Shield administer certain health care benefits of employer's self-insured group health plan pursuant to the terms of Anthem Blue Cross and Blue Shield's administrative services agreement with GCF Benefit Plan or GFB Member Health Program. With respect to your vision, dental and/or life plans, the employer and/or authorized representative hereby requests that it be approved for coverage through Anthem Blue Cross and Blue Shield and Anthem Life and agrees to be bound by the governing rules and regulations pertaining to coverage under the insurance contracts and policies, as adopted and/or revised from time to time. Employer understands and certifies the following, and if approved for coverage, agrees by payment of the required premium or premium equivalent rates; and the authorized representative certifies:

1. To comply with all terms and provisions of the participation agreement between the employer and the GCF Benefit Plan or the GFB Member Health Program, as applicable
2. To make the health care benefits available to all eligible employees and their eligible dependents and to distribute information and documents to enrolled employees as agreed.
3. To maintain records and furnish to Anthem Blue Cross and Blue Shield or their designated agent(s), any information required in connection with administration of the health care benefits.
4. To provide notice of any applicable rights to continue health care benefits under COBRA/State Continuation and life insurance conversion to eligible employees and eligible dependents.
5. That acceptance of this application may cancel any prior contract(s) or administrative services agreement with Anthem Blue Cross and Blue Shield effective immediately preceding the effective date of the administration of health care benefits.
6. To pay Anthem Blue Cross and Blue Shield by the invoice due date, the applicable premium and/or premium equivalent rate on behalf of each member enrolled for health care benefits, to submit applications of employees prior to their date of eligibility to keep all necessary records regarding membership, to assume responsibility for handling the COBRA/ State Continuation process, if applicable.
7. That claims filed by or on behalf of members may, at Anthem Blue Cross and Blue Shield's option, be suspended if applicable premium and/or premium equivalent rates are not timely received.

**'Broker General
Agreement':**

1 Complete the General
Agreement

PREVIOUS
STEP
Contribution

CURRENT
**Broker
General
Agreement**

NEXT STEP
Electronic
Access

Small Group Enrollment | Electronic Access

Electronic Access

We, the employer, hereby authorize the agent/producer/broker/general agent whose name is attached to this application to use the EmployerAccess system of Anthem or Anthem Life Insurance Company to access the group's information, such as but not limited to enrollees, plan selections, and bills/invoices. Such agent/producer/ broker/general agent is also hereby authorized to use the EmployerAccess system of Anthem and/or Anthem Life Insurance Company to make changes to the group's information on behalf of the group, such as but not limited to adding/deleting plans, adding/deleting employees, and or changing employee demographic information. These authorizations shall terminate if the group's designated agent/producer/broker/general agent changes. The agent/producer/broker/general agent must maintain original employee/member enrollment documentation, and shall make them available upon Anthem's request.

- 1 Select this box ONLY if the employer DOES NOT want to authorize the agent/producer/broker/general agent to access and change the group's information on behalf of the group. Do not select this box if you consent.

Cancel

Save For Later

Previous

Next

'Electronic Access' Screen:

- 1 Answer the Electronic Access question by selecting the checkbox or leaving it empty.
- 2 If this box is checked then the broker will **NOT** have any access to the group via EmployerAccess.
- 2 Select the **Next** button.

PREVIOUS
Broker
General
Agreement

CURRENT
STEP
Electronic
Access

NEXT STEP
General
Terms &
Agreement

Small Group Enrollment| Agent/Producer Broker Attestation

Agent/ Producer / Broker Attestation

I hereby certify that:

1. I have reviewed the attached employee and group applications and waivers for completeness and accuracy.
2. I have not completed any of the information contained in the applications except with the permission of the applicant and as noted by my initials on the application.
3. I have not signed any of the applications for the employer or any of its eligible employees.
4. I have advised the group that failure to provide complete and accurate information may result in a loss of coverage retroactive to the effective date or re-rating of the group's premium equivalent rate retroactive to the effective date. Health care benefits shall not be effective until Anthem reviews and accepts the application.

Would you like to split commission on this Sale?

Yes No

Writing payable/sub-agent/producer/broker

PERCENT
100%

Second writing payable/sub-agent/producer/broker

PERCENT *

AGENT/PRODUCER/BROKER NAME

AGENT/PRODUCER/BROKER ID NO./TIN

AGENCY NAME

LLC

AGENCY TAX ID NO.

AGENT/PRODUCER/BROKER NAME *

AGENT/PRODUCER/BROKER ID NO./TIN

AGENCY TAX ID NO.

AGENCY NAME

PAYABLE/SUB-AGENT/PRODUCER/BROKER ID NO. IF DIFFERENT

AGENT/PRODUCER/BROKER ENCRYPTED SSN

STREET ADDRESS

PAYABLE/SUB-AGENT/PRODUCER/BROKER ID NO. IF DIFFERENT

AGENT/PRODUCER/BROKER ENCRYPTED SSN

STREET ADDRESS

CITY

CHICAGO

STATE

IL

ZIP CODE

60654

CITY

STATE

ZIP CODE

PREVIOUS

General Terms & Agreements

CURRENT

Agent/Producer/Broker Attestation

NEXT STEP

Choose Signature

'Agent/Producer Broker Attestation Screen:

1

Enter details in the page then select **Next**.



The Agency Name section should have an agent, agency and general agency information pre-populated, based upon the information entered on the Group Profile.



If the broker did not select an Agency and/or General Agency prior to starting the online application, they will be able to search for and add these on this page. The system will confirm that the selection is valid, as it does prior the start of the application, and either displays an error message or captures the valid selection.



If you need to split commissions between two brokers, user needs to enter the second broker's information



• This page varies by State.

Small Group Enrollment | Choose Signature (Sign Now on Behalf of Group)

Choose a Signature Format

This application can be signed electronically by the client or on paper, by you or the client

Choose a signature format: *

- Send to the client now via DocuSign. Choose this option to request an electronic signature by the client.
- Sign electronically yourself or get a wet signature. Choose if you can sign on behalf of the client OR if you will have them sign a PDF copy.

Cancel

Save For Later

Next

OPTION 1

'Choose a Signature Format' Screen:



Here's where the application is signed. It can be sent to the employer for a signature, or you can choose to print and sign now.



In this example, we'll choose the second option to 'Sign electronically on behalf of the client (must have signed copy of the application)...', instead of the Send to the client now via DocuSign and select **Next**.



This second option is used when you have the completed Employer application.



Our online signature page has content that states, by signing, the broker confirms a hard copy signed application is on file or will be retained.



If also enrolling in specialty, there will be additional forms to sign.

PREVIOUS
STEP
Broker
Attestation

CURRENT
Sign Now
on Group
Behalf

NEXT STEP
Member
Enrollment

Small Group Enrollment | Choose Signature (Sign Now on Behalf of Group)

Print and Sign Now

Selecting the **Sign Now** button will open the application in a separate window. Please have it signed and select **Upload Documents** to proceed to the document upload page.

1

TITLE *

TYPE COMPANY OFFICER'S NAME TO CONFIRM *

By continuing, I confirm that I have the following signed documents from the Group Administrator or group contact and will retain this in my records.

- Employer Application
- Participation Agreement
- Business Acknowledgement
- Plan Document
- ARC Form

Sign Now

Cancel

Save For Later

2

Previous

Next

OPTION

1 Print and Sign Now'

Screen:

1

Key the company officer's Title and Name here.

2

Selecting the **Sign Now** button will open the application in a separate window. Please complete all steps in the DocuSign process on behalf of the group, then and select **Upload Documents** to proceed to the document upload page then select **Next**.



Result: The Send EFT via DocuSign screen appears.

If also enrolling in specialty, there will be additional forms to sign.

Note: By continuing, I confirm that I have the following signed documents from the Group Administrator or group contact and will retain this in my records.

Small Group Enrollment|Send EFT for signature via DocuSign (optional)

Send EFT via DocuSign

You can help your client expedite their EFT setup via DocuSign. Or, if you already have a completed paper form with a wet signature, you can attach it to the EFT option on the Document Checklist. Would you like to send the EFT form via DocuSign?

Yes
 No

1 The documents shown below will be emailed to the address you indicate. All documents completed in DocuSign will be returned automatically to Anthem.

NAME * testname EMAIL ADDRESS * test@email.com

Cancel Save For Later Previous Next

Documents Sent to Client

The documents have been emailed to the client and will be returned to Anthem when the signature is completed.

Cancel Save For Later Previous Next



- OPTION 1**
'Print and Sign Now'
Screen:
1 Answer the required question with yes/no radio buttons.
2 If Yes is selected, you must enter name and Email Address.
Result: When you click on Next, an email is sent to the email provided and the page with Title 'Documents Sent to Client' shows with text 'The documents have been emailed to the client and will be returned to Anthem when the signature is completed.'
3 Select Next.
If No is selected, you can select the Next button at the bottom of the page and get to the Member Enrollment Type page.

Small Group Enrollment | Choose Signature (Sign on Behalf of Group)

Please Review & Act on These Documents



Here is the completed employer application packet for your signature.

Please review the documents below.

1 CONTINUE OTHER ACTIONS ▾

Note: Anthem provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.
Dental, Vision, Life and Disability: Anthem provides fully insured specialty plan coverage under Anthem Blue Cross and Blue Shield and Anthem Life Insurance Company. This coverage is optional to Southern Ohio Chamber Alliance (SOCA) Benefit Plan employer groups; securing this coverage is not a requirement of SOCA Benefit Plan.
Please complete this form. Use extra sheets of paper if necessary.
Anthem use only

<input type="checkbox"/> New <input type="checkbox"/> Termination <input type="checkbox"/> Reclass	Group no.	Effective date (MMDDYYYY)	UGT no.
--	-----------	---------------------------	---------

Section 1: Effective date
Requested effective date: 07/01/2022 (MMDDYYYY)

Section 2: Health plan(s) — The benefits you have selected are outlined on the attached proposal, herein incorporated by reference.
Anthem provides administrative claims payment services only for medical plans, and does not assume any financial risk or obligation with respect to claims.

<input checked="" type="checkbox"/> Blue Access PPO <input type="checkbox"/> Blue Access Options PPO (3-Tier) <input type="checkbox"/> Blue Access (PPO) HSA <input type="checkbox"/> Link Blue Connection HMO <input type="checkbox"/> Link Blue Connection HMO HSA
--

For employers providing a Health Savings Account (HSA) option:

OPTION 1

DocuSign Message Window:

If you clicked Yes on the "Send EFT via DocuSign" page then the email with DocuSign link is sent. Once received the recipient must do the following:

1 Select the link to open the document via DocuSign, then select the Continue button.



Small Group Enrollment | Choose Signature (Sign on Behalf of Group)

Please review the documents below.

FINISH **OTHER ACTIONS ▾**

1

START

HITECH Act.

Section 1: Group Health Plan information

Group Health Plan's full name – Provide full legal name (e.g., use official corporate name such as "XYZ Company, Inc."): ME Test Account KL_08062021_01

Group Health Plan's health plan no.:

Approved Benefit Office representative (Group Health Plan representative name): Group Admin Contact name 1

Group Health Plan's address (street and P.O. Box, if applicable): Park street

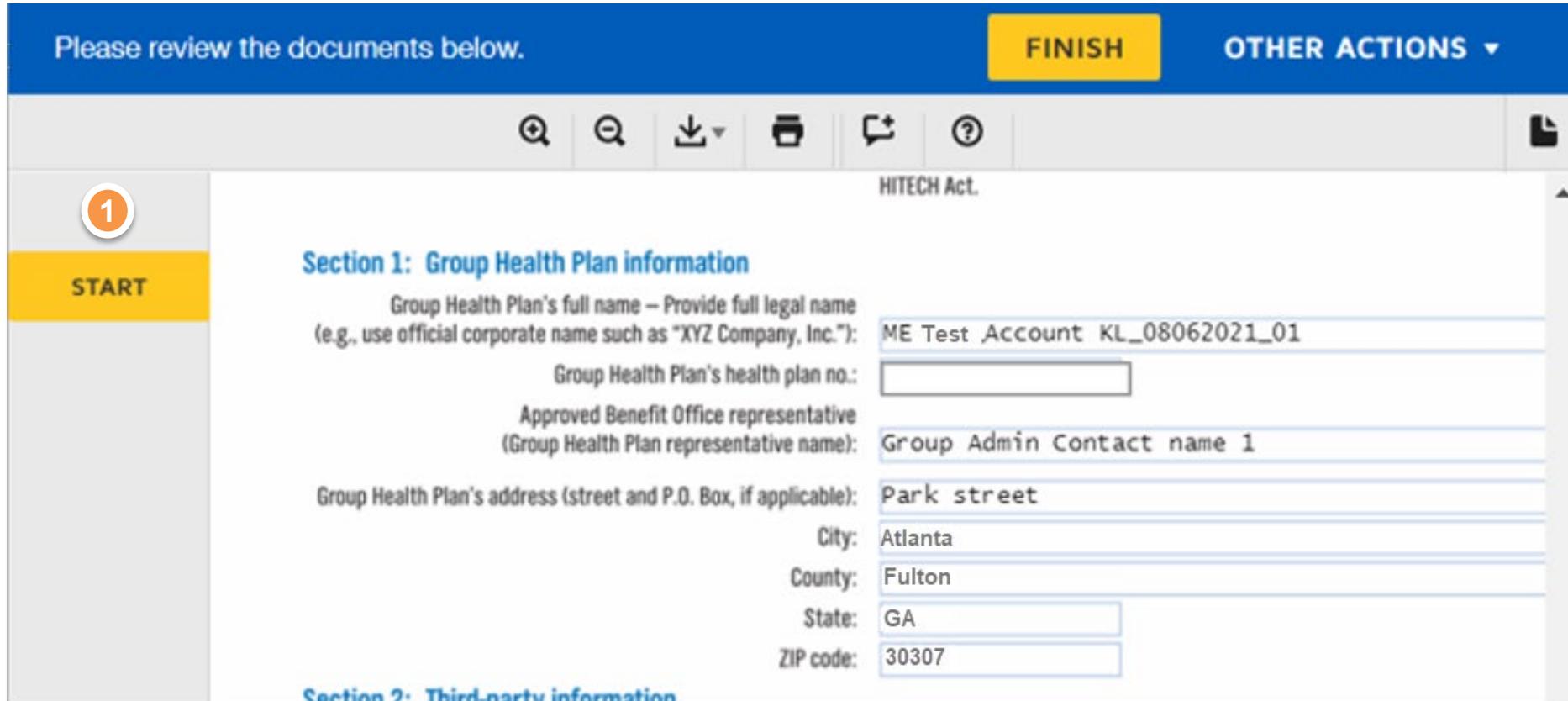
City: Atlanta

County: Fulton

State: GA

ZIP code: 30307

Section 2: Third-party information



OPTION
1 Signature Window:

1 Select the **Start** button then proceed to Sign the DocuSign PDF.

Additional fields will be pre-populated.



Small Group Enrollment | Choose Signature (Sign on Behalf of Group)

OPTION 1 Signature Window:

It will show you a preview of what the signature looks like.

- 1 Select the Adopt And Sign button.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name*

Test Owner

Initials*

TO

SELECT STYLE

DRAW

PREVIEW



By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a physical signature or initial.

1

ADOPT AND SIGN

CANCEL

PREVIOUS
STEP
Broker
Attestation

CURRENT
Sign Now
on Group
Behalf

NEXT STEP
Member
Enrollment

Small Group Enrollment | Choose Signature (Sign on Behalf of Group)

Done! Select Finish to send the completed document.

FINISH OTHER ACTIONS ▾

SG_OFFX_VA_ER (7/17) VA SG_ERAPP-A 1/18 Page 6 of 7

ver Enrollment Application For 1-50 Employee Small Groups Virginia.pdf 6 of 7

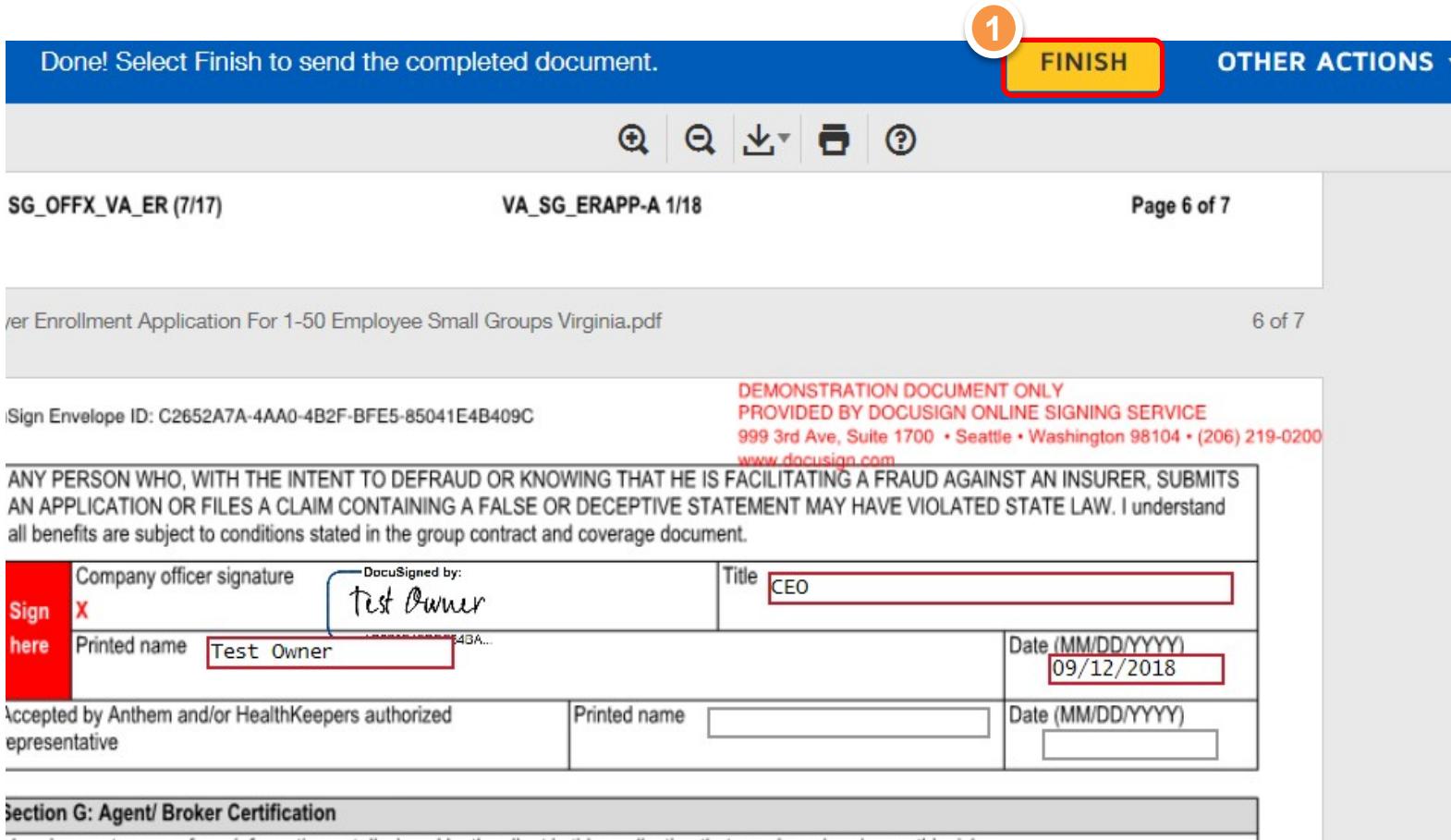
Sign Envelope ID: C2652A7A-4AA0-4B2F-BFE5-85041E4B409C

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED STATE LAW. I understand all benefits are subject to conditions stated in the group contract and coverage document.

Sign here	Company officer signature <input checked="" type="checkbox"/> <i>test Owner</i>	DocuSigned by: <i>test Owner</i>	Title <input type="text"/> CEO
Printed name	<input type="text"/> Test Owner	Date (MM/DD/YYYY) <input type="text"/> 09/12/2018	
Accepted by Anthem and/or HealthKeepers authorized representative	Printed name <input type="text"/>	Date (MM/DD/YYYY) <input type="text"/>	

Section G: Agent/ Broker Certification



OPTION
1 **Signature Window:**

It will insert the signature.

1 Fill in the rest of the signature area and select the **Finish** button.

1 Be sure to match the date the employer signed the application.

Small Group Enrollment | Choose Signature (Sign on Behalf of Group)

OPTION 1
Save a Copy & Submit
Window: The document can be downloaded or printed here...

Save a Copy of Your Document

Sign up for a FREE DocuSign account today and sign all your documents electronically.

Email
TestBroker@Test.com

Password

Confirm Password

Country
-- select --

By clicking the '**SUBMIT**' button, you agree to the [Terms & Conditions](#) and [Privacy Policy](#).

SUBMIT **NO THANKS**



Small Group Enrollment | Choose Signature (Send to Group for Signature)

Choose a Signature Format

This application can be signed electronically by the client or on paper, by you or the client

Choose a signature format: *

- 1
- Send to the client now via DocuSign. Choose this option to request an electronic signature by the client.
 - Sign electronically yourself or get a wet signature. Choose if you can sign on behalf of the client OR if you will have them sign a PDF copy.

Cancel

Save For Later

Next

OPTION 2

Choose a Signature Format Screen:



Here's where the application is signed. It can be sent to the employer for a signature, or you can choose to print and sign now.



In this example, we'll choose the option to 'Send to the client now via DocuSign...', instead of the Sign electronically yourself option, and select Next.



The bottom option is used when you have the completed Employer application.



Our online signature page has content that states, by signing, the broker confirms a hard copy signed application is on file or will be retained.



If also enrolling in specialty, there will be one application for medical and specialty to sign.

PREVIOUS
STEP
Broker
Attestation

CURRENT
Send to
Group to
Sign

NEXT STEP
Member
Enrollment

Small Group Enrollment | Choose Signature (Send to Group for Signature)

OPTION 2 Send to Client Via DocuSign Screen:

Send to the Client via DocuSign

The documents shown below will be emailed to the address you indicate. All documents completed in DocuSign will be returned automatically to Anthem.

Following documents will be sent as part of the Employer Application packet :

- Employer Application
- Participation Agreement
- Business Acknowledgement
- Plan Document
- EFT Form
- ARC Form

1 TITLE *

RECIPIENT NAME *

RECIPIENT EMAIL *

Cancel Save For Later Previous Next

1 Fill in the recipient's Title, Name and Email, then check all applicable document(s) to be sent via DocuSign.

1 If also enrolling in specialty, there will be 2 forms to sign.

2 Select Next.

Result: A Documents Sent to Client message appears

1 There is an 'EFT Form' checkbox at the end of the existing checkboxes, which is auto-checked by default and not editable .



Small Group Enrollment | Choose Signature (Send to Group for Signature)

OPTION 2

Documents Sent to Client Screen:



The application & EFT form has now been emailed to the employer and will be returned to Anthem once signed.



- After the recipient entered is sent the forms, they will receive two separate emails:
- One for the employer application packet (like in the current process) and
 - Another email with just the EFT form.

1



The EFT form should tie to the 'Electronic Debit form' in the document checklist and be in "Document sent for Signature" status if the form has been emailed for signature.



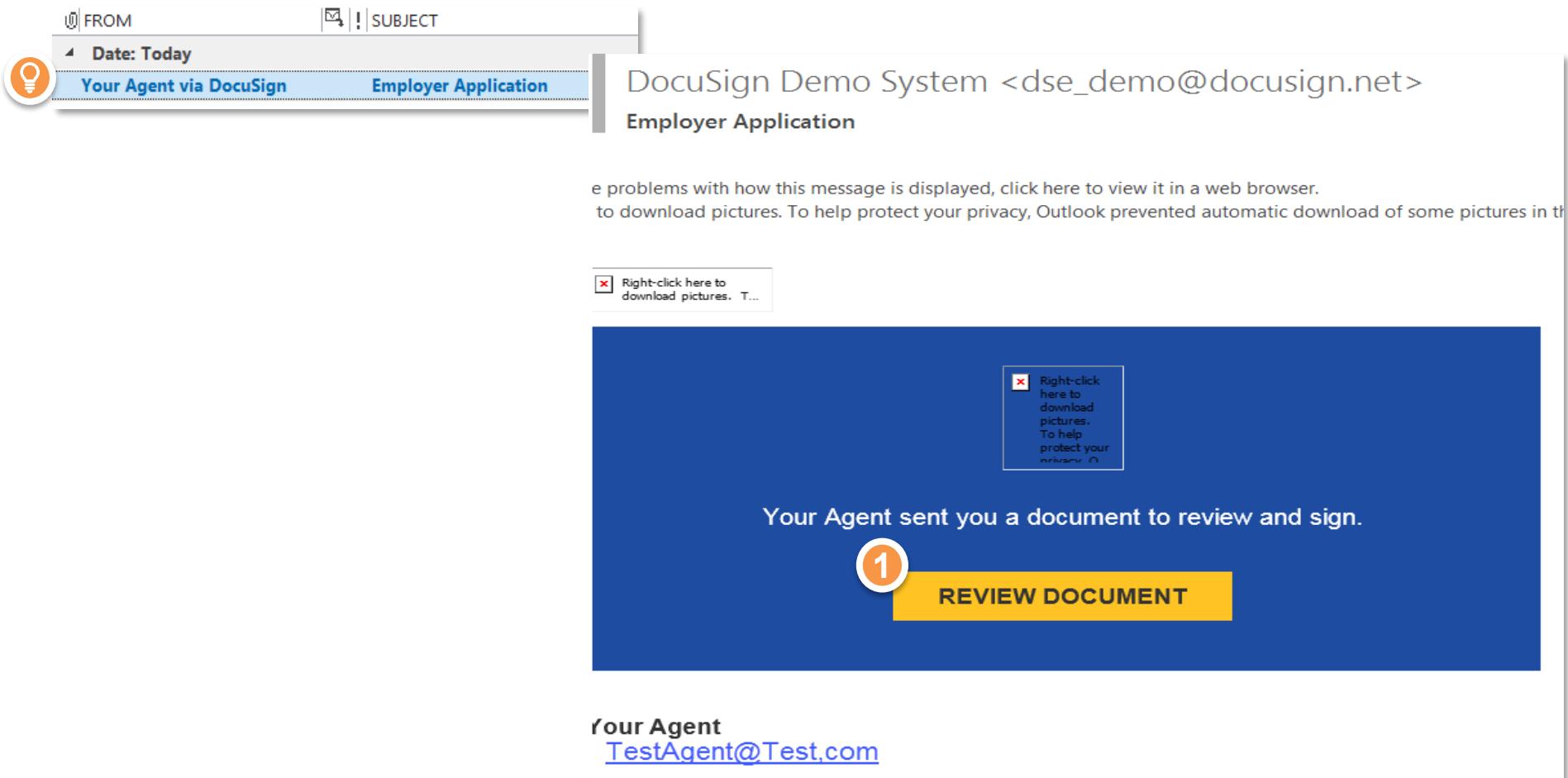
The status will change to "Submitted" once the user finishes the signing process. If the broker opted out of sending EFT form , then it will remain in "Not Submitted" status until the form is manually uploaded by broker.

1

To continue in this example, we will select **Next**.



Small Group Enrollment | Choose Signature (Send to Group for Signature)



OPTION 2 Client Receipt & Review:

Since we had chosen the option to send the document to be Esigned, instead of printing it, the employer will get an email to sign the application

1 The employer will open the email and select the **Review Document** button.



Small Group Enrollment | Choose Signature (Send to Group for Signature)

Please Review & Act on These Documents



Your Agent
Anthem DEV

DocuSign

Here is the completed employer application for your signature.

1

- Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures.

2

[CONTINUE](#)

[OTHER ACTIONS ▾](#)

DocuSign Envelope ID: C2652A7A-4AA0-4B2F-BFE5-85041E4B409C

Employer Enrollment Application
For 1-50 Employee Small Groups

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE

[www.docusign.com](#)
Anthem BlueCross BlueShield
AnthemLife
And Its Affiliate HealthKeepers, Inc.

INSTRUCTIONS

OPTION 2
Employer Review & Actions:

1

The employer will check the Electronic Record and Signature Disclosure checkbox.

2

And select the **Continue** button.

PREVIOUS
STEP
Broker
Attestation

CURRENT
Send to
Group to
Sign

NEXT STEP
Member
Enrollment

Small Group Enrollment | Member Enrollment

Member Enrollment Type

MEMBER ENROLLMENT TYPE *

Online Census Tool

Download our template using the **Download OCE Template** button below. Save the template to your desktop, edit as needed, and save to your computer. To continue the application, simply upload your completed Online Census and supporting documents on the next page.

Download OCE Template

1

NOTE: We pre-filled some information based on your quoting census. Please review the details and correct any errors before submitting. If you made any changes on the OCE template, they'll be highlighted in the file.

By continuing with this Member Enrollment Type, I confirm that I have a signed paper application from the Group Administrator or group contact and will retain this in my records.

2

Cancel **Save For Later**

Previous **Next**

Member Enrollment Type Screen – OCE Template:

1 Follow the instructions on the Member Enrollment Type screen and select **Download OCE Template**.

Note: As stated on screen some of the Census is prepopulated for you to complete.

2 Select **Next**.

Note: Any census changes will require a requote



Small Group Enrollment | Download OCE - Upload Documents

Upload Documents

Color Key
Red Mark: Document is required.
Orange Mark: Document may not be needed.

Click on the link below to download the Online Census Tool, save it to your desktop before editing it, and save your application. Next, continue the application and upload the required documents and the completed Online Census Tool on the next page.

By continuing with this Member Enrollment Type, I confirm that I have a signed paper application from the Group Administrator or group contact and will retain this in my records.

Please note: you must provide member enrollments online using our census enrollment template or by other electronic methods. To ensure you receive the best possible turnaround time in this tool, we can only accept electronic employee enrollment. If you plan to submit the employee enrollment in paper form, please provide the entire enrollment packet via your normal new-business process.

[Download OCE Template](#)

1

Upload Documents

Individual files must be under 10mb each

DOCUMENT NAME	FILE NAME	STATUS	UPLOAD FORM
1. Employer Application Packet		Document Sent for Signature	Choose file
2. ARC Form		Not submitted	Choose file
3. Electronic Debit Form		Document Sent for Signature	Choose file
4. Online Census Tool		Not submitted	Choose file
5. Quote Proposal	00353405-Small-group-quote-Final-Composite-rated.pdf	Uploaded	Choose file
6. Employee Application		Not submitted	Choose file
7. Hold Harmless		Not submitted	Choose file
8. Act Wise Questionnaire		Not submitted	Choose file
9. Sole Proprietor Document		Not submitted	Choose file
10. Other Docs 1		Not submitted	Choose file
11. Other Docs 2		Not submitted	Choose file



Download OCE from Upload Documents Screen:

1
Select Download OCE Template if you still need to download and complete it.

Result: An Excel template will download, pulling in the sold product data that was entered in earlier in the enrollment process.

1
You can download the template, complete it and upload it here or from the Document Uploads page.

1
Do not upload a new Quote Proposal over the system generated Quote Proposal. Use Other Docs if you would like to include another Quote output.

1
Refer to the next two slides for details about the Census and how to upload documents.

Small Group Enrollment | Online Census Member Enrollment

D	E	F	G	AY		
1	VALIDATE DATA		IMPORT	v2.25	MEDICA	
3	Prev	Next		Product List		
4	Please make sure your macro settings are enabled:					?
5	EMPLOYEES SOCIAL	HCID	LAST NAME	FIRST NAME	MEDICAL PRODUCT	MEDICAL P
6	REQUIRED 9 digit - No dashes	Alphanumeric	REQUIRED: Alpha - No special char Max 16 chars	REQUIRED: Alpha - No special char Max 12 chars	Dropdown	Auto
7	123456789		Smith	John		
8	234567890		Doe	Jane	Anthem Bronze Pathway HMO 6650/0%/6650 w/ HSA Anthem Bronze PPO 6350/30%/7150	
9						

In the Downloaded Excel File:

1 Review and complete the downloaded OCE template, ensuring to select the applicable plan option for each sold line of business.

2 Data from the quoting census populates in the same order into applicable fields on the enrollment OCE.

3 Select **Validate Data** button to reveal any data issues to correct.
Result: If any data is incorrect, the field will be highlighted red. Correct all highlighted data, then select the **Validate Data** button again, Continue until all required data has been successfully validated.

4 Any changes made in the template will appear in blue font.

5 Select **Next** if you are on the Member Enrollment screen to get to the Upload Documents screen when the OCE is complete. It is recommended to select the **Save For Later** button on the screen in case the system times out while you complete the OCE.
See Appendix for details for downloading the excel if you run into issues or the OCE Flyer.⁸⁵



Small Group Enrollment | Upload Documents

Upload Documents

Color Key
Red Mark: Document is required.
Orange Mark: Document may not be needed.

If you don't have all of the documents now, use the Save and Exit link and come back to add the rest later.

[Download OCE Template](#)

DOCUMENT NAME	FILE NAME	STATUS	UPLOAD FORM
1. Employer Application Packet		Document Sent for Signature	Choose file
2. ARC Form		Not submitted	Choose file
3. Electronic Debit Form		Document Sent for Signature	Choose file
4. Online Census Tool		Not submitted	Choose file
5. Quote Proposal	00353405-Small-group-quote-Final-Composite-rated.pdf	Uploaded	Choose file
6. Employee Application		Not submitted	Choose file
7. Hold Harmless		Not submitted	Choose file
8. Act Wise Questionnaire		Not submitted	Choose file
9. Sole Proprietor Document		Not submitted	Choose file
10. Other Docs 1		Not submitted	Choose file
11. Other Docs 2		Not submitted	Choose file

Upload Documents 2

Individual files must be under 10mb each

[X Clear All](#)

PREVIOUS STEP
Online
Census → **CURRENT** STEP
Upload
Documents → **NEXT STEP** View
Application

Upload Documents

Screen:



In order to submit the application to the state, you would need to attach the minimally required documents. **These documents are indicated with a red bar next to the document name.**



1 Select **Choose File** to manually upload a file for that document type and select your file to upload.



Result: When the file is attached, the “File Name” cell displays the name of the uploaded file. If the file name is too long, when you hover over it the complete name will be available.



2 Then select **Upload Documents**, NOT Upload Complete to upload the completed OCE template or any other files.



Under status, if you submit doc more than once, it'll state ‘resubmitted’.



Required documents are included in the Employer package and have a red bar to the left. They vary by state. This is the minimum to be submitted, but you should refer to your state's new business checklist for additional documents required for submission.

Continued next slide ...

Small Group Enrollment | Upload Documents, continued

Upload Documents **2**

Individual files must be under 10mb each

DOCUMENT NAME	FILE NAME	STATUS	UPLOAD FORM
1. Employer Application Packet		Document Sent for Signature	Choose file
2. ARC Form		Not submitted	Choose file
3. Electronic Debit Form		Document Sent for Signature	Choose file
4. Online Census Tool		Not submitted	Choose file
5. Quote Proposal 1	00353405-Small-group-quote-	Final-Composite-rated.pdf	Uploaded
6. Employee Application		Not submitted	Choose file
7. Hold Harmless		Not submitted	Choose file
8. Act Wise Questionnaire		Not submitted	Choose file
9. Sole Proprietor Document		Not submitted	Choose file
10. Other Docs 1		Not submitted	Choose file
11. Other Docs 2		Not submitted	Choose file

X Clear All

1 out of 11 documents uploaded

Cancel **Save For Later** **Uploads Complete**

PREVIOUS STEP
Online Census

CURRENT STEP
Upload Documents

NEXT STEP
View Application

Upload Documents Screen, continued:

- 1** In this example, we uploaded a 'Quote Proposal' Document Name.
- 2** The completed OCE template must be uploaded under the Document Name 'Online Census Tool'.
- 3** All documents uploaded must be under 10MB each.
- 4** When all documents have been selected, select the **Upload Documents** button.
- 5** Result: You will receive this message if you've uploaded the minimal required documentation to submit the application.
- 6** We recommend that you upload all documents in the new business checklist provided by your state to complete enrollment. Otherwise, your representative will contact you for additional required documentation to complete the enrollment.
- 7** Scroll to bottom and select the **Uploads Complete** button complete the Enrollment process.

Continued next slide ...

Small Group Enrollment | Upload Documents

Application
MO_Aug1MEWA

 UPLOAD DOCUMENTS  ADD CRM ID  RESEND APPLICATION  PAYMENT SUBMISSION

DETAILS **RELATED**

Application Name Test	Effective Date 1/31/2019
Account Test	Account State Test
Application Number 017169	Status Signatures & Documents Requested
Application ID a200x000000Bzr4AAC	Owner  Test Agency
Opportunity Id 0060x000006XD03AAG	Type Online
ACN	State Test
Total # of Employees 2	Employees Enrolled to Date

Application Record Navigation:



If you had selected the **Uploads Complete** button from the previous screen, you would be taken to the application details record.



Notice that you can always get back to the Upload Documents page from here.



You can also access Application Details and Related Tabs on this screen.



If the status says 'Signatures and Documents Requested', you have not submitted the minimal-required documentation to submit.



If you have submitted the minimal-required documentation, the status will read 'Group submitted, under review'. At this point, a case is created where the internal team works your application. If there was anything not able to provide on the application, please use case comments to relay those details to Anthem. [See Appendix](#) for additional details.

PREVIOUS
STEP
Online
Census

CURRENT
STEP
Upload
Documents

NEXT STEP
View
Application

Small Group Enrollment | View Application Record Details Page

Application
MO_Aug1MEWA

1 UPLOAD DOCUMENTS 2 ADD CRM ID 3 RESEND APPLICATION

3 DETAILS RELATED

Application Name Small Group Application for MO Demo Group - WP Effective: Jul 1 2018	Effective Date 08/01/2020
Account MO_Aug1AltFund	Account State
Application Number 011327	Status Group Submitted, Under Review
Application ID a200x000000lrT0AAK	Owner Test
Opportunity Id	Type Online
ACN	State MO
Total # of Employees 10	Employees Enrolled to Date
# of Eligible Full-Time Employees 10	Member Count 10
Total # of Enrolling Employees 10	Organization Type Corporation
Record Type MO	Dental-Other <input type="checkbox"/>

PREVIOUS STEP Upload Documents → CURRENT STEP View Application

Application Record Navigation:

- Viewing details for the application record will provide the ability to upload additional documents by selecting **Upload Documents** button.
- You will also be able to resend email to employer for their signature by selecting 'Resend Application' button and add CRM ID by selecting the 'Add CRM ID' button to add General Agency tracking number if needed.
- CRM ID is a field added to the system to help GA/Agencies to be able to track records to their internal systems. The GA can add their tracking number to this field. It was requested by some of our larger Gas.
- Application details are available on the Details Tab.

Small Group Enrollment | View Application Details on Related Page

Small Group Application for CO Demo Group - WP Effective: Jul 1 2018

UPLOAD DOCUMENTS ADD CRM ID RESEND APPLICATION

DETAILS RELATED

Document Checklist (22)

DOC NUMBER	DOC NAME	STATUS	FILE NAME	FILE URL
92875	Employer Application	Submitted	2017 Empire Blue Cross Small Group Application - NY.pdf	https://staging-isg.cs95.force.com/broker/0690x000000Sg
92879	Initial Payment/ Check Copy	Submitted	SG ACH - Electronic Debit Initial Payment Form.pdf	https://staging-isg.cs95.force.com/broker/0690x000000Sg
92882	Employee Dep Census Form	Submitted	SG Demand Debit Auth (DDA) FORM.pdf	https://staging-isg.cs95.force.com/broker/0690x000000Sg
92878	Quarterly Withholding Report	Not Submitted		
92890	Payroll/W4	Not Submitted		
92891	Legal Docs	Not Submitted		

Application Products (3)

STATE	PLAN NAME	PRODUCT TYPE	CONTRACT CODE
CO	Classic Complete CO-2Y	Dental	24WG
CO	Anthem Bronze PPO 6650/0%/6650 w/...	Medical	2UXR

Related Page Navigation:



You will be able to view Document Checklist, Application Products, Case, Attachments and Case Comments on Related Tab.



You can add Case Comments by selecting the Case or CRM (General Agency tracking ID) by selecting add CRM ID.



For more information on adding Case Comments click [here](#).



For more information on adding CRM ID [click here](#).

PREVIOUS

STEP
Upload
Documents

CURRENT

STEP
View
Application

CONTENTS |

01 TRAINING OVERVIEW (5 - 11)

02 GENERATE SMALL GROUP QUOTE (13 - 44)

03 SUBMIT ONLINE EMPLOYER APPLICATION (46 - 84)

04 FINAL THOUGHTS (86)

05 APPENDIX (88 - 103)

Your time matters to us; we hope you found this deck helpful in navigating the Small Group Quoting and Enrollment features in Producer Toolbox.

As a reminder; please contact your User Software Support with technical questions or issues:

Phone: End User Support: 888-268-4361

Email: software.support@anthem.com

CONTENTS |

01 TRAINING OVERVIEW (5 - 11)

02 GENERATE SMALL GROUP QUOTE (13 - 43)

03 SUBMIT ONLINE EMPLOYER APPLICATION (46 - 84)

04 FINAL THOUGHTS (86)

05 APPENDIX (88 - 103)

APPENDIX TOPICS

05 APPENDIX

SELECT A REFERENCE TOPIC TO NAVIGATE TO THE
APPLICABLE SLIDE:

[Download Quote in Excel](#)

[Case Stage View](#)

[Online Census Enrollment Details](#)

[Application Status Definitions](#)

[Add Case Comments](#)

[Referencing Case IDs](#)

[Add CRM ID](#)

[System Time Out](#)

Small Group Quote | Download Quote in Excel

Member Enrollment Type

MEMBER ENROLLMENT TYPE *

Online Census Tool

Click on the following link [Download OCE Template](#) to download the Online Census Tool, save it to your desktop before editing it, and save your application.

Next, continue the application and upload the required documents and the completed Online Census Tool on the next page.

By continuing with this Member Enrollment Type, I confirm that I have a signed paper application from the Group Administrator or group contact and will retain this in my records.

Please note: you must provide member enrollments online using our census enrollment template or by other electronic methods. To ensure you receive the best possible turnaround time in this tool, we can only accept electronic employee enrollment. If you plan to submit the employee enrollment in paper form, please provide the entire enrollment packet via your normal new-business process.

Cancel

Save For Later

Previous

Next

Microsoft Visual Basic

Run-time error '91':

Object variable or With block variable not set

1

Continue

End

Debug

Help

Alert Message:

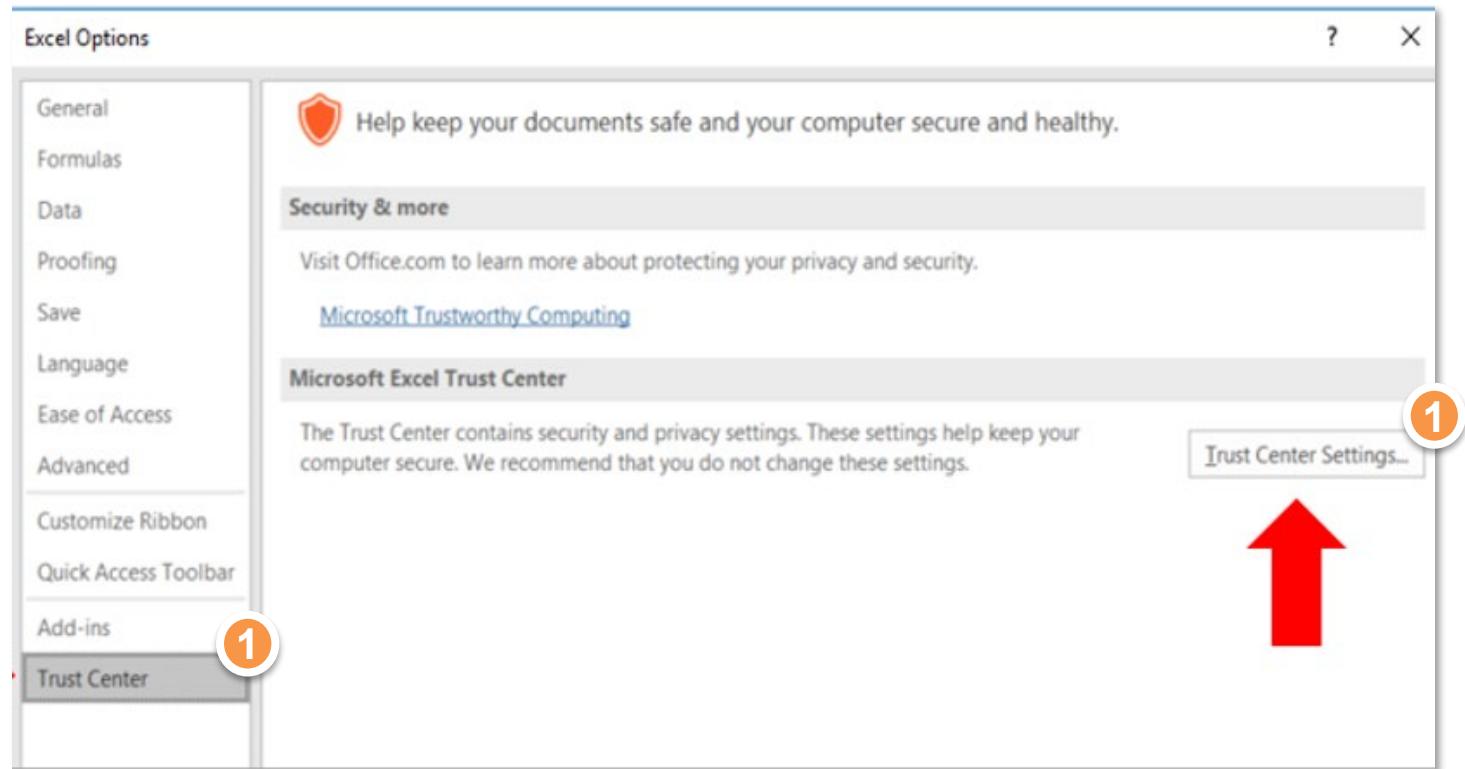
- If you see the following message, when you open the Excel quote file that you downloaded, select the End button.

Now, the next few slides will walk you through how to stop this message from appearing.

Small Group Quote| Download Quote in Excel

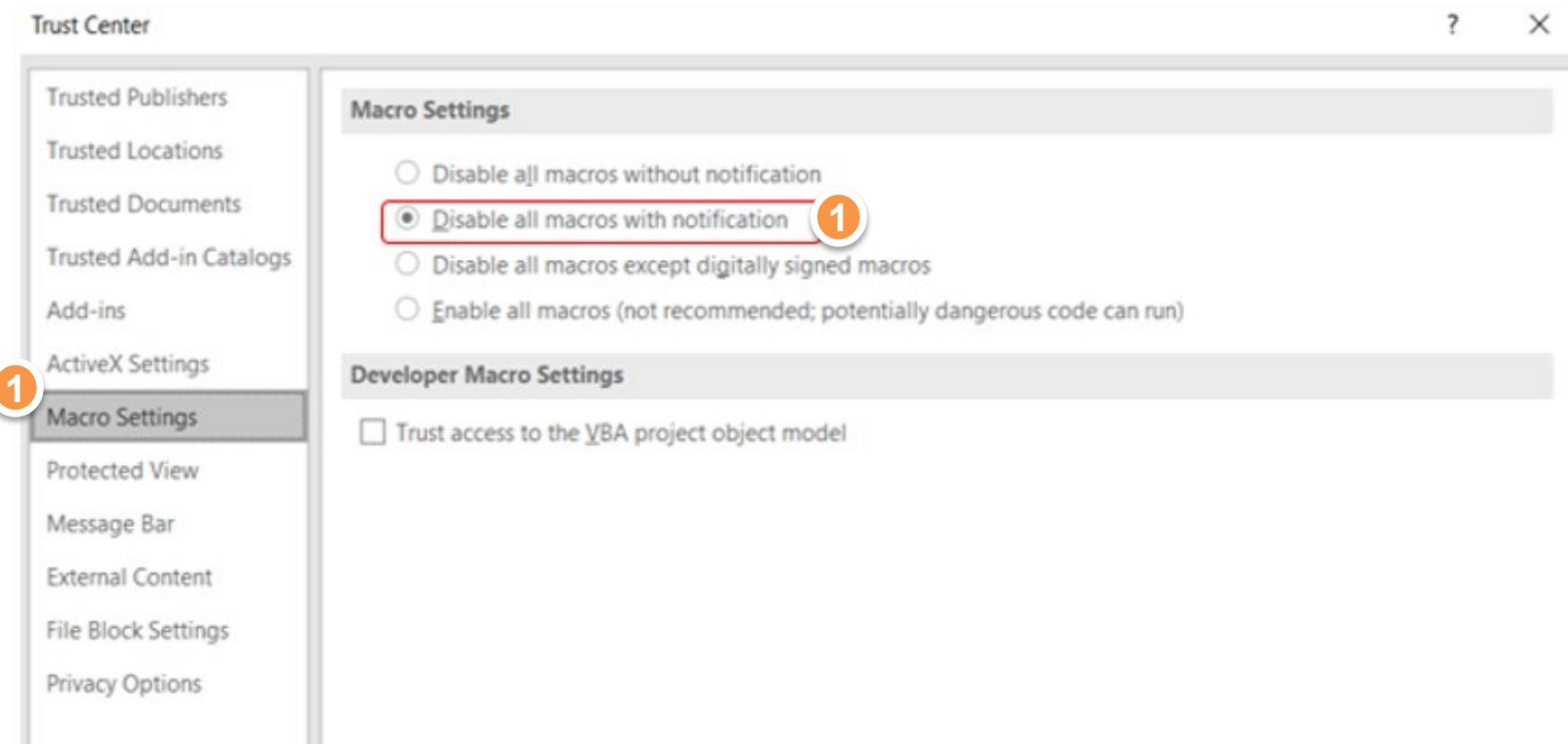
Excel Options:

Here's how to update your security settings:



- 1 In Excel;
Select 'File'
Select 'Options'
Select 'Trust Center'
Select 'Trust Center Settings'

Small Group Quote| Download Quote in Excel



1 Select 'Macro Settings', on the left, and make sure that the radio button 'Disable all macros with notification' is selected.

2 Select 'Ok'
Select 'Ok' again
Close out of Excel
Re-open Excel, and that should do it'

Small Group Enrollment

Online Census Member Enrollment

Validate Data

The screenshot shows a Microsoft Excel spreadsheet titled 'Validate Data'. The ribbon is visible at the top with tabs like FILE, HOME, INSERT, PAGE LAYOUT, FORMULAS, DATA, REVIEW, and VIEW. The 'HOME' tab is selected. The font and alignment tools are visible in the ribbon. The cell AC14 is selected. The data starts with a header row:

	D	E	F	G	N
1	VALIDATE DATA	IMPORT	v2.25		
2	Prev	Next			
3	Please make sure your macro settings are enabled:				
4					
5	EMPLOYEES SOCIAL	HCID	LAST NAME	FIRST NAME	MEMBER SSN
6	REQUIRED 9 digit - No dashes	Alphanumeric	REQUIRED: Alpha - No special char Max 16 chars	REQUIRED: Alpha - No special char Max 12 chars	REQUIRED 9 digit - No dashes
7	123-45-6789		Doe	Jane	123-45-6789

In the Downloaded Excel File:

1

When the Validate Data button is selected, the template will resort the data by 1) listing the Subscriber/Employee first followed by the dependents and 2) sorting the first column 'Employees Social' from smallest to largest. This allows the data process enrollments successfully and for families to be grouped together.

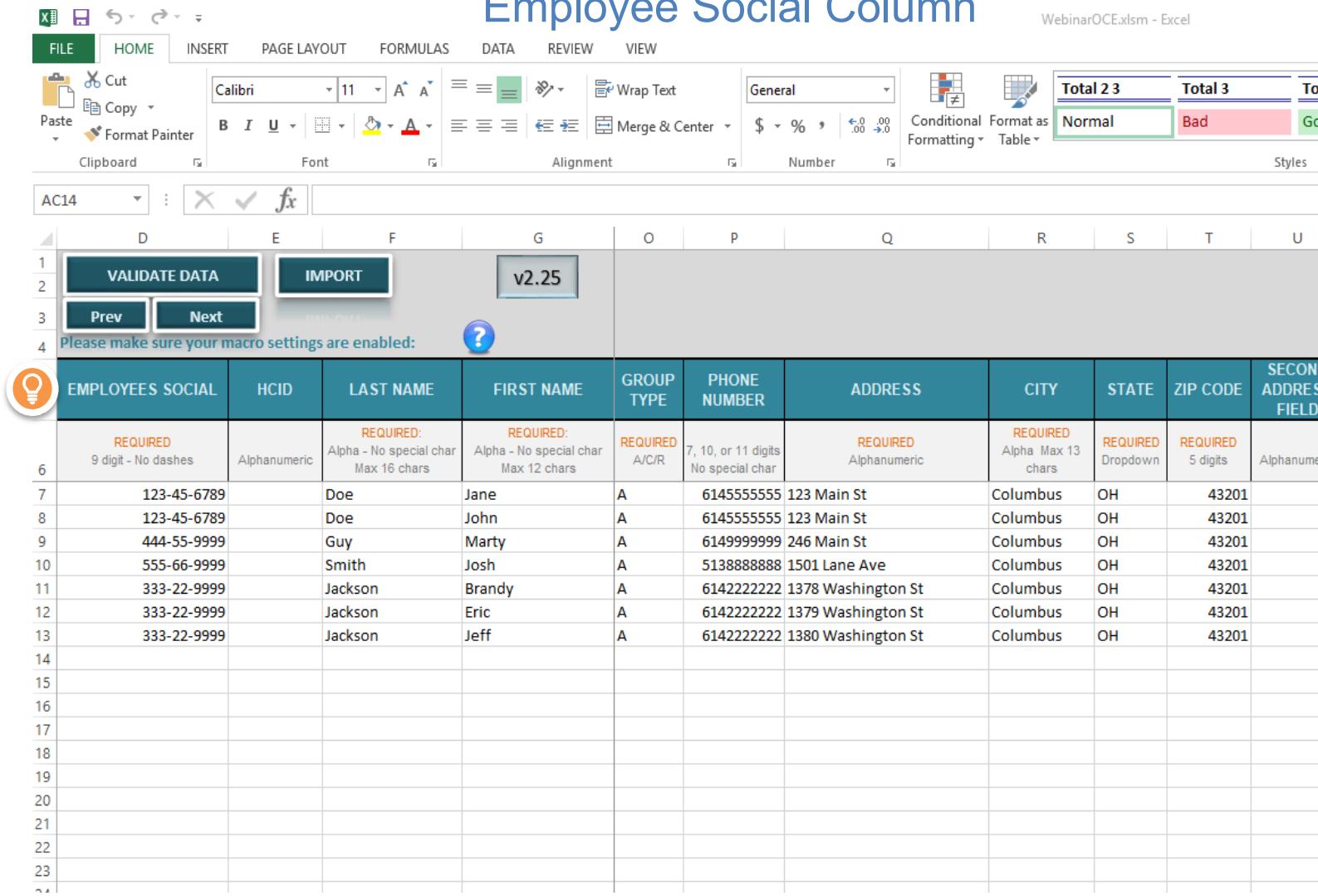
For example, if you add the Employee on row 1 and then add the spouse further down, resorting the data will bring the family together on the template and be ready for processing.

?

Only select the Validate Data button after you are done completing the template so that the sorting will not mess up the process if you are pasting column by column from another source file.

Small Group Enrollment | Online Census Member Enrollment

Employee Social Column



In the Downloaded Excel File:

In the ‘Employees Social’ column, you should **NOT** enter the dashes/hyphens yourself because the system will automatically include those when the numbers are typed out. Please only include the numerical digits in this column and let the file automatically fill in the dashes/hyphens for you.

The ‘Employees Social’ column should only list the enrolling subscriber’s social security number. As you can see, John Doe is enrolling as a Dependent Spouse on Jane Doe’s plan. That is why Jane Doe’s social security number is listed in the ‘Employees Social’ column, even for her spouse, John.

Small Group Enrollment | Online Census Member Enrollment

Member SSN Column

CENSUS ENROLLMENT FORM				
EMPLOYEE SOCIAL	HCID	LAST NAME	FIRST NAME	MEMBER SSN
REQUIRED 9 digit - No dashes	Alphanumeric	REQUIRED: Alpha - No special char Max 16 chars	REQUIRED: Alpha - No special char Max 12 chars	REQUIRED 9 digit - No dashes
123-45-6789		Doe	Jane	123-45-6789
123-45-6789		Doe	John	244-55-6677
444-55-9999		Guy	Marty	444-55-9999
555-66-9999		Smith	Josh	555-66-9999
333-22-9999		Jackson	Brandy	333-22-9999
333-22-9999		Jackson	Eric	111-22-9999
333-22-9999		Jackson	Jeff	232-99-9999

In the Downloaded Excel File:

Locate the 'Member SSN' column by scrolling to the right in excel.

In the 'Member SSN' column, you should **NOT** enter the dashes/hyphens yourself because the system will automatically include those when the numbers are typed out. Please only include the numerical digits in this column and let the file automatically fill in the dashes/hyphens for you.

The 'Member SSN' column should have a separate social security number for each member listed, including dependents.

The 'Member SSN' column requires we provide the social security number for that given individual (read: member), not just the enrolling subscribers.

Small Group Enrollment | Online Census Member Enrollment

Client Comments and Enrolling Employee

The screenshot shows the top portion of the OCE template. It features a header bar with various Excel tabs like FILE, HOME, and REVIEW. Below the header is a toolbar with font and alignment tools. The main table has rows for validation data, import, and navigation buttons (Prev, Next). A note at the top says "Please make sure your macro settings are enabled". The main data table starts with columns for Employee Social, HCID, Last Name, First Name, Client Comments, and Anthem Comments. Row 6 contains validation rules for these fields.

VALIDATE DATA		IMPORT		v2.25		
Prev	Next					
Please make sure your macro settings are enabled:						
EMPLOYEES SOCIAL	HCID	LAST NAME	FIRST NAME	CLIENT COMMENTS	ANTHEM COMMENTS	
REQUIRED 9 digit - No dashes	Alphanumeric	REQUIRED: Alpha - No special char Max 16 chars	REQUIRED: Alpha - No special char Max 12 chars			

The screenshot shows the bottom portion of the OCE template, specifically the coverage section. It includes a header row for medical and dental coverage with dropdown lists for product selection. Below this are rows for each employee, showing their enrollment status for both medical and dental coverage. The dental coverage column for Eric Jackson is highlighted in yellow, indicating he is not enrolled in dental coverage.

VALIDATE DATA		IMPORT		v2.25	AY	AZ	BA	BW	BX	
EMPLOYEES SOCIAL	HCID	LAST NAME	FIRST NAME	EFFECTIVE DATE FOR COVERAGE	MEDICAL PRODUCT	MEDICAL PRODUCT NAME	PRIMARY CARE PHYSICIAN	CURRENT PCP	DENTAL PRODUCT	DENTAL PRODUCT NAME
REQUIRED 9 digit - No dashes	Alphanumeric	REQUIRED: Alpha - No special char Max 16 chars	REQUIRED: Alpha - No special char Max 12 chars		Dropdown	Auto populated	Alphanumeric If product is HMO	Y/N	Dropdown	Auto populated
123-45-6789	Doe	Jane	Jane	5/1/2019 3H9P	Anthem Gold PPO 20/0%/4500				3LUP	Essential Choice Classic VA-C9
123-45-6789	Doe	John	John	5/1/2019 3H9P	Anthem Gold PPO 20/0%/4500				3LUP	Essential Choice Classic VA-C9
444-55-9999	Guy	Marty	Marty	5/1/2019 3H9Z	Anthem Silver PPO 2700/20%/5000 w/HSA				3LUP	Essential Choice Classic VA-C9
555-66-9999	Smith	Josh	Josh	5/1/2019 3H8H	Anthem Gold PPO 750/20%/5500				3LUP	Essential Choice Classic VA-C9
333-22-9999	Jackson	Brandy	Brandy	5/1/2019 3H9P	Anthem Gold PPO 20/0%/4500				3LUP	Essential Choice Classic VA-C9
333-22-9999	Jackson	Eric	Eric	5/1/2019 3H9P	Anthem Gold PPO 20/0%/4500				3LUP	Essential Choice Classic VA-C9
333-22-9999	Jackson	Jeff	Jeff	5/1/2019 3H9P	Anthem Gold PPO 20/0%/4500				3LUP	Essential Choice Classic VA-C9

In the Downloaded Excel File:

1

For VA Brokers, please use the 'Client Comments' column for entering the number of hours worked per week by the employee.



When completing the OCE template, you will only include enrolling employees and their enrolling dependents. If an employee or dependent is waiving all offered lines of business, they will not appear on this census. At minimum, in order to appear on the census, you must enroll in at least one line of business.

Example: In the image to the left, we see that Eric Jackson (dependent spouse of Brandy Jackson) is enrolling in Medical coverage, but he is not enrolling in Dental coverage. The fact that the Dental coverage column is blank for Eric, allows us to know he is not enrolling in that line of business.

Small Group Enrollment | Online Census Member Enrollment

Relationship Code

P18 : X ✓ fx

VALIDATE DATA IMPORT v2.25

Prev Next ?

Please make sure your macro settings are enabled:

EMPLOYEE'S SOCIAL	HCID	LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER	RELATIONSHIP CODE	DOB	EMAIL	MEMBER SSN	GROUP TYPE
REQUIRED 9 digit - No dashes	Alphanumeric	REQUIRED: Alpha - No special char Max 16 chars	REQUIRED: Alpha - No special char Max 12 chars	1 letter	REQUIRED M/F	REQUIRED Dropdown	REQUIRED Date	x@x.x	REQUIRED 9 digit - No dashes	REQUIRED A/C/R
123-45-6789	Doe	Jane		F	SUB		1/1/1971	chris.mitchell@anthem.com	123-45-6789	A
123-45-6789	Doe	John		M	SPS		1/1/1974	chris.mitchell@anthem.com	244-55-6677	A
444-55-9999	Guy	Marty		M	SUB		1/1/1984	chris.mitchell@anthem.com	444-55-9999	A
555-66-9999	Smith	Josh		M	SUB		1/1/1993	chris.mitchell@anthem.com	555-66-9999	A
333-22-9999	Jackson	Brandy		F	SUB		10/20/1980	chris.mitchell@anthem.com	333-22-9999	A
333-22-9999	Jackson	Eric		M	SPS		9/1/1982	chris.mitchell@anthem.com	111-22-9999	A
333-22-9999	Jackson	Jeff		M	CHD		1/15/2017	chris.mitchell@anthem.com	232-99-9999	A

In the Downloaded Excel File:



If an employee is enrolling as a 'spouse', their 'relationship code' should match how they plan to enroll. In other words, if you are an employee that enrolls as a dependent (opposed to being the subscriber), you will not be listed as an 'employee' in the 'relationship code' column.

Example: John Doe is an employee of the company and his wife, Jane, is also an employee.

John is listed as a 'Spouse' in the 'Relationship code' column due to waiving his own employee coverage and choosing to enroll as his wife's dependent spouse.

Small Group Enrollment | Add Case Comments

Add Case Comments

Window:

The screenshot shows the 'Case' screen of the Small Group Enrollment application. At the top, there are fields for Priority (Normal), Status (New), and Case Number (01889984). Below these are tabs for 'DETAILS' and 'RELATED'. On the left, there's a 'Contact Details' section with fields for Contact Name, Broker/Writing Agent 1, Broker/Writing Agent 2, Paid Agency, General Agency, and General Agency Contact. A 'Create Case Comment' button is located at the bottom of this section. A modal window titled 'PLEASE ENTER THE CASE COMMENTS' is open in the center. It contains a 'Public:' checkbox (which is checked) and a 'Comment:' text area containing the text 'Warner Contact: Minnie Mouse at 805-'. At the bottom of the modal are 'Create' and 'Cancel' buttons.

Add Case Comments

Window:

1 Enter contact information in Case Comments after submitting enrollment application.

For example, employer's contribution for dependents was not listed on the application but can be added here.

2 In order to add Case Comments, scroll to the bottom of the Case screen and select 'Create Case Comment'. Select the 'Public' checkbox and enter comments in Comments field. Then select the Create button to add to Case

Small Group Enrollment | Add CRM ID

Application Screen:

The screenshot shows a web-based application interface for a 'Small Group Application for Demo CO 1 Effective: Jun 1 2018'. At the top, there's a blue header bar with three buttons: 'UPLOAD DOCUMENTS', 'ADD CRM ID' (which is highlighted in blue), and 'RESEND APPLICATION'. Below the header, there are two tabs: 'DETAILS' and 'RELATED', with 'RELATED' being the active tab. A modal window titled 'ADD CRM ID ON APPLICATION' is open in the center. It contains a label 'CRM ID *' followed by an input field. At the bottom of the modal are two buttons: 'Cancel' on the left and a blue 'Submit' button on the right.

1 In order to add CRM ID, select the **Add CRM ID** bottom of the Case screen to help track your internal tracking ID in the enrollment system.

2 Select 'Create Case Comment', select the General Agency tracking number under CRM ID

3 Click **Submit** to add the CRM ID

Small Group Enrollment | Alternate Funding Quote Status & Case Stages

Quote Status	Status Definition
Draft	The quote has not been 'Generated' from the online quote flow
Preliminary	The group has less than 5 members on the quoting census AND the broker has not uploaded the required IHQs for the particular quote # in question
Alternate Funded Case Stages	Alternate Funded Case Stage Definition
Preliminary	If a MEWA quote is in 'Preliminary' status, the broker still has to do more work by providing the IHQs in order for the quote to be submitted to UW to review.
Submitted to Underwriting	This status will be listed in one of the following situations: 1) The group has 5 or more members on the quoting census - automatically getting sent to UW for review... OR 2) The group has less than 5 members on the quoting census, but the broker uploaded and submitted the IHQs. This status means the work is in the hands of the UW and the broker will be notified once the group has received the underwritten rates. 3) The state is Ohio - all quotes are submitted to Underwriting
Final	If the group has received a medically underwritten risk factor and the UW has updated the status to 'Final' on the UW Work Bench. This permits the group to 'Review the Final Alternative Funding Options Quote Details', where they can choose to remove plans or lines of business from the final underwritten quote before presenting it to the group.
Presented	This is the ideal status for any group receiving an underwritten quote. Presented status will permit the Broker to access and download the final quote output files, the quote PDF and quote MPC. Also, in order for a broker to begin a group enrollment for a MEWA quote, that quote status has to be listed as 'Presented' in order to begin an application.

Small Group Enrollment | Case Stage View

Application Status	Case Stage View
Group Submitted, Under Review	My In Progress Case Installation Cases
Case/Group Number Assigned	My In Progress Case Installation Cases
Enrollment Complete	My Closed Case Installation Cases
Group Denied	My Closed Case Installation Cases
Group Expired	My Closed Case Installation Cases
Group Returned	My Returned Case Installation Cases

Small Group Enrollment | Application Status Definitions

Application Status	Definition
Enrollment Complete	Final status; the full group enrollment has been completed, and the initial bill has been generated, in the enrollment system.
Group Created	Initial Application record has been started but not yet sent for signature or no documentation has been uploaded/added.
Signatures & Documents Requested	Application form saved or completed and needs to be signed, perhaps using DocuSign, and/or needs to have missing required documents uploaded/added.
Group Submitted, Under Review	Application in SALES, including electronic applications, has been completed and required documents have been uploaded; the application is now considered submitted. This status change triggers the creation of a new Case that is tied to the Account and Application.
Case/Group Number Assigned	Group shell has been created in the enrollment system, and the group/case number has been assigned. Note: The group/case has not yet been approved.
Group Returned	Group has been returned due to missing information or documentation.
Group Cancelled	Group has been cancelled
Group Denied	Group was denied coverage
Group Expired	Group expired as the effective date is no longer valid, missing information was not provided, or the group application was withdrawn.

Small Group Enrollment | Referencing Case IDs

The screenshot shows the Account Details screen for an account named "TEST OH 001". The URL in the browser bar is https://isg.force.com/broker/s/detail/0010Z00002ADEZvQAP. A red box highlights the URL, and a lightbulb icon is overlaid on it. The page includes a header with links like Contact Us, Software Support Phone: 888-268-4361, software.support@anthem.com, and navigation tabs: SEARCH, SMALL GROUPS, CASES AND INQUIRIES, DOCUMENTS LIBRARY, QUOTES. Below the header is a section for "Account TEST OH 001" with fields for Type (New Sales), Home Phone, Website, Account Owner (CHRISTOPHER MITCHELL), Industry, and Billing Address. Buttons include START A QUOTE, ENROLL A GROUP, and LAUNCH ACTWISE QUESTIONNAIRE. At the bottom, a tab labeled "DETAILS" is highlighted with a red box and a number 1, while the "RELATED" tab is shown in a smaller font.

Case screen:

1 Use the Account Details screen to be able to call attention to a specific account.

A unique alpha-numeric coding is tied to that account. It will help the end user support team anytime you need to reference when your data need to be changed or removed.

Locate the 18 digit alpha-numeric case number in the URL when you are in the Details tab; it is everything after the backslash after detail, so in this instance, the case number is 0010Z00002ADEZvQAP.

The URL changes when you are on the Related tab, so ensure you are on the Details tab.

System Time Out

1

Producer Toolbox

Registered Brokers Log in Here

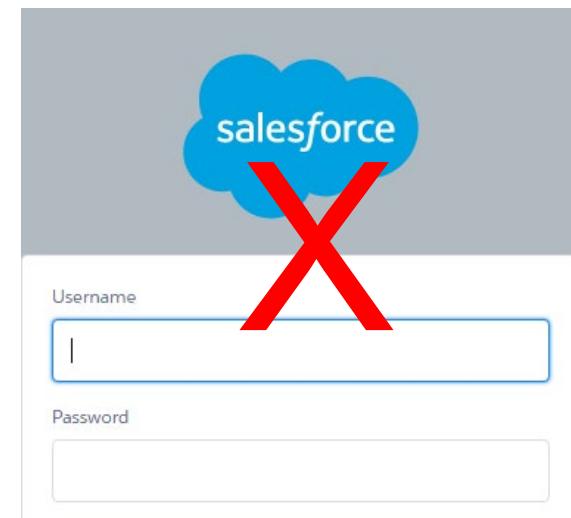
Not signed up? [Register now >](#)

Username

Password

Log In



On Details & Related Tab:



The system automatically times out after 15 minutes



You will need to log back into Producer Toolbox to access SG Quoting and Enrollment



Do not use the Salesforce sign in page to continue working after timing out

Revision History

Date	Changes
Jan 2022	Changed attestation page on slide 65
Feb 2022	Revised Product selection screens. Breadcrumbs moved from side to top of each page
March 2022	Updated to reflect new OH SOCA Benefit Plan and usability improvements