

eEnrollment User Guide



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eEnrollment



Q: What is the cutoff time to enter transactions into eEnrollment?

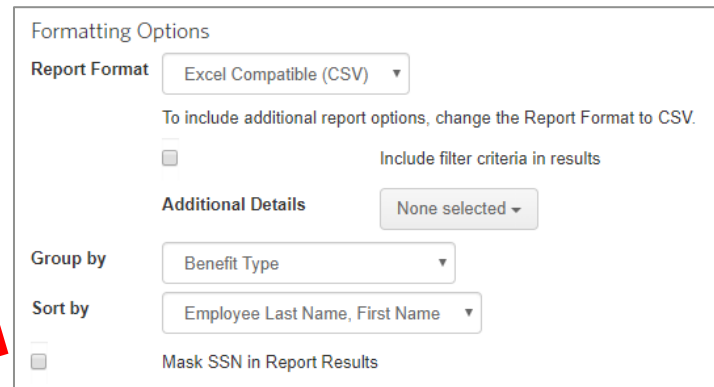
A: All transactions entered by 2 pm CST will be sent to Blue Cross that day. After 2 pm CST the screen will look the same but, transactions will not be sent to Blue Cross until the next business day at 2 pm CST.

Q: Will eEnrollment allow me to terminate an employee and enroll them in COBRA/State Continuation on the same day?

A: eEnrollment will allow it, but we advise against it. Please terminate the employee and allow the transaction to process before enrolling them in COBRA/State Continuation. You may also enter the termination prior to 2 pm CST and enroll in COBRA/State Continuation after 2 pm CST. This ensures both transactions are sent to Blue Cross.

Q: How do I mask SSN when I run a report?

A: Any report containing SSN has the option to mask SSN when selecting report criteria. It is a checkbox under Formatting Options. For your employees' protection, please consider masking SSN whenever possible.



The screenshot shows a 'Formatting Options' form with the following fields and controls:

- Report Format:** A dropdown menu currently set to 'Excel Compatible (CSV)'. Below it is a note: 'To include additional report options, change the Report Format to CSV.'
- Include filter criteria in results:** A checkbox that is currently unchecked.
- Additional Details:** A dropdown menu currently set to 'None selected'.
- Group by:** A dropdown menu currently set to 'Benefit Type'.
- Sort by:** A dropdown menu currently set to 'Employee Last Name, First Name'.
- Mask SSN in Report Results:** A checkbox that is currently unchecked. A red arrow points to this checkbox from the left.

For the answers to other frequently asked questions, please refer to our Frequently Asked Questions document.

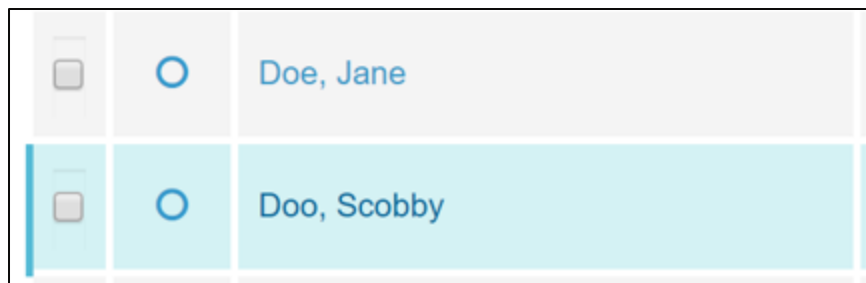
Search for an Employee

- In the search field, enter the employee's full name, last name only, partial name, or SSN into the search field.
- To view a full roster of employees, enter a comma “,” in the search field.



A search interface with a header 'Search' and a 'Search' button. Below the header is a dropdown menu labeled 'Name or SSN' and a text input field containing a comma. The 'Search' button is to the right of the input field.

- To view the employee record, click on employee's name





<input type="checkbox"/>	<input type="radio"/>	Doe, Jane
<input type="checkbox"/>	<input type="radio"/>	Doo, Scobby

Subsequent Application (New Hire)



Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Subsequent Application

- From the Home screen, click the  button.
- Enter demographic and work information. Required fields are identified with an asterisk (*). Click  at bottom of page.


Add New Employee


Personal Information


SSN*

First* / Middle / Last* / Suffix

Preferred Name (if different from first name)

Date of Birth* 

Gender* 

Marital Status* 

Note: *The following ONLY applies to groups with Life or Disability products.*

- You will see two Life Class fields per product displayed as Class Even Year* and Class Odd Year*.
- You must make a selection for each drop-down in order to continue enrollment.
- **If you do not make a selection the subscriber will not be eligible to enroll in benefits.**

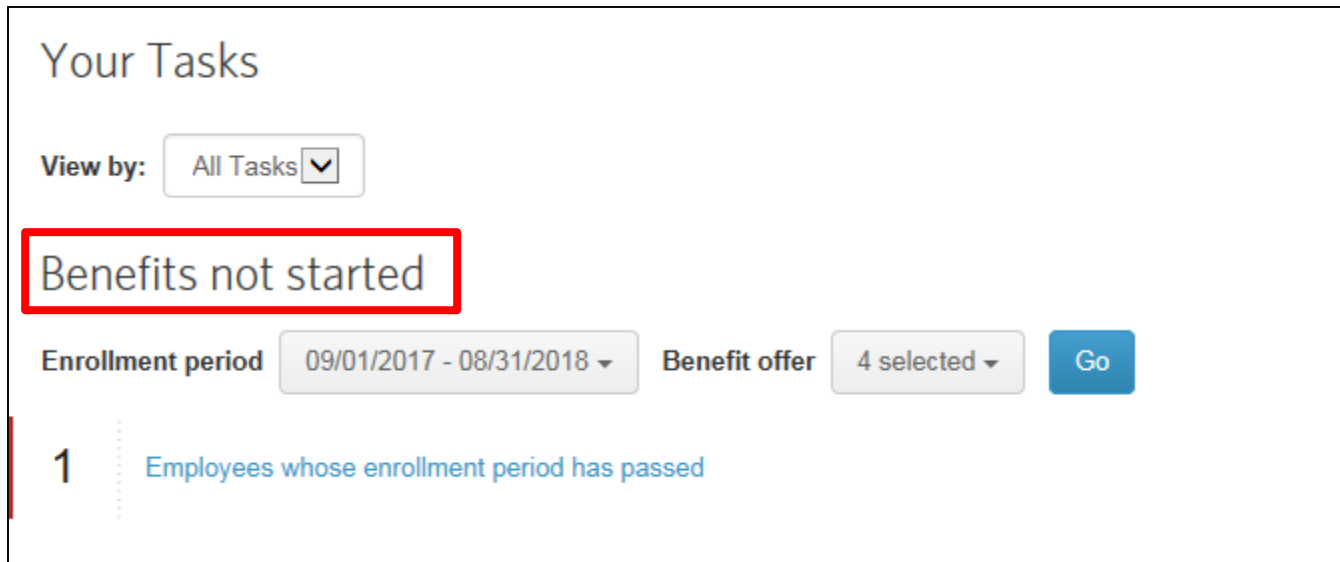
Class*	---Please Select---	▼
GTL Class Even Year*	Waived or Ineligible	▼
GTL Class Odd Year*	Waived or Ineligible	▼
Location*	---Please Select---	▼
Voluntary Life Class Even Year*	Waived or Ineligible	▼
Voluntary Life Class Odd Year*	Waived or Ineligible	▼

*Even Year = benefits begin in an even year (ex. 1/1/18 thru 12/31/18)

*Odd Year = benefits begin in an odd year (ex. 1/1/19 thru 12/31/19)

Subsequent Application (cont.)

- The employee is now saved in eEnrollment as an Active Employee, but is not enrolled in any benefits
 - If you exit eEnrollment after saving the employee but before enrolling them in benefits, you will find a task* on your group's Home screen when logging back in.



Your Tasks

View by: All Tasks ▾

Benefits not started

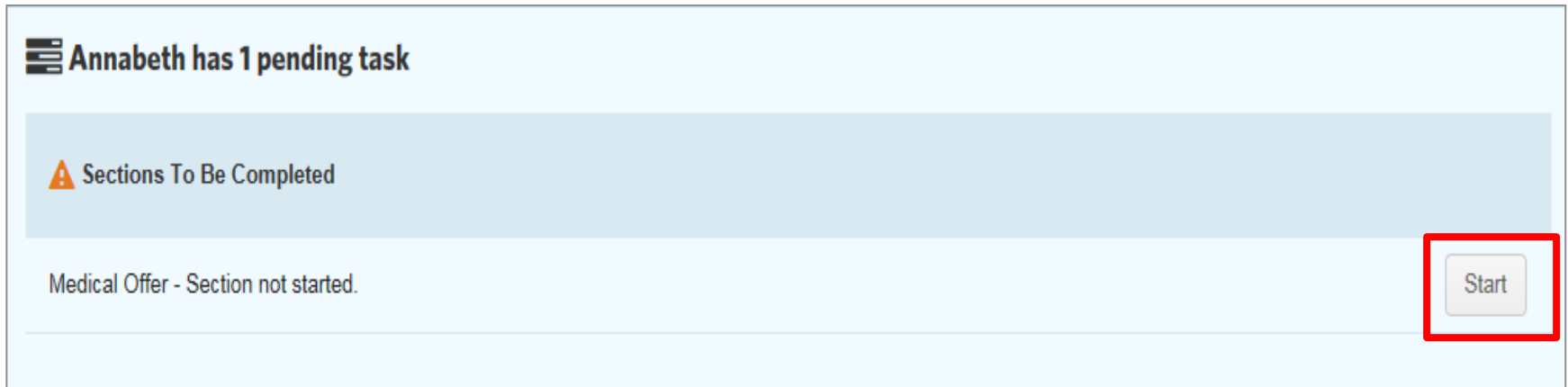
Enrollment period 09/01/2017 - 08/31/2018 ▾ Benefit offer 4 selected ▾ Go

1 Employees whose enrollment period has passed

*A 'Benefits not started' task indicates the employee has not been enrolled in benefits and the transaction has not been submitted to BCBSLA.

Subsequent Application (cont.)

- Click **Start** to enroll the new Active Employee in benefits*



Annabeth has 1 pending task

Sections To Be Completed

Medical Offer - Section not started.

Start

**If adding a new hire during your group's Open Enrollment period, please review pages 16 - 18.*

Subsequent Application (cont.)

- Make benefit elections and click [Next](#)

Current Benefits

Medical Offer

Plan

*Select A Plan Offered By Blue Cross and Blue Shield of Louisiana

PPO 1

PPO 1 Details

Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
\$1,000	\$3,000	\$5,000	\$10,000	\$40 copay

[View all plan details](#)

PPO 2

PPO 2 Details

Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
\$500	\$1,000	\$3,000	\$6,000	\$30 copay

[View all plan details](#)

Decline Coverage

Decline coverage for this person

[Next](#)

Subsequent Application (cont.)

- Select coverage level and click **Next** .

Persons covered on this plan must be between the ages of 0 Years and 120 Years.
Select a Coverage Level for PPO 2

Employee Only

Employee and Spouse

Employee and Child(ren)

Employee and Family

Decline Coverage

Decline coverage for this employee

Next

Note: If coverage level other than Employee Only selected, you are prompted to enter dependent information.

Subsequent Application (cont.)

- Answer Medicare and Additional Insurance Questions and click 

Medicare

Is the employee and/or any covered dependent enrolled in Medicare?

Yes

No, neither the employee nor any covered dependent is enrolled in Medicare.



Additional Insurance

*Currently, do any of the persons covered under this benefit have other health insurance?

Do not include Blue Cross and Blue Shield of Louisiana medical insurance that the employee currently has through BCBSLA TEST GROUP.

Yes, and I have all the required information: Policy Number, Policyholder, Carrier's Name, and Effective Date.

Yes, but I do NOT have all the required details.

No, neither the employee nor any dependent has had health insurance.






Subsequent Application (cont.)

- Review information on the page for accuracy and click  .

Current Benefits

Medical Offer





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

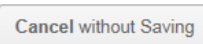

Medical	Accepted	
Plan	PPO 2	
Coverage Level	Employee Only	

Persons Covered

Name	Relationship
Annabeth Chase	Subscriber
<input type="text"/>	

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

Medicare	None	
Additional Insurance	None	
Waive Wait Period	No	
Effective Date	01/23/2018	

Subsequent Application During Open Enrollment



Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Subsequent Application During Open Enrollment (OE)

- When both the Current and Open Enrollment benefits are available, you will need to enroll or decline benefits for both benefit periods.
- You will first be presented with the Current Benefits for selection.

Current Benefits

BCBSLA Offer 2018

Plan

Please Note: Test Person is eligible to enroll in benefits in multiple enrollment periods.

- To elect benefits effective prior to 04/01/2019, proceed by accepting benefits.
- To elect benefits effective on or after 04/01/2019, decline benefits and you will be taken to the open enrollment period.

***Select A Plan Offered By Blue Cross and Blue Shield of Louisiana**

Premier Blue Copay 100/70 (INCLUDES PHARMACY)

Premier Blue Copay 100/70 (INCLUDES PHARMACY) Details

Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
None	None	\$2500	\$5000	\$25

[View all plan details](#)

Blue POS Copay 100/70 (INCLUDES PHARMACY)

Blue POS Copay 100/70 (INCLUDES PHARMACY) Details

Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
None	None	\$2500	\$5000	\$25

[View all plan details](#)

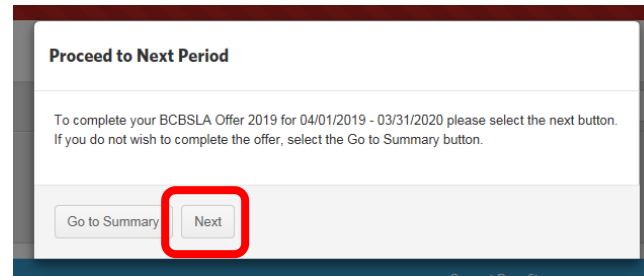
Decline Coverage

Decline coverage for this person

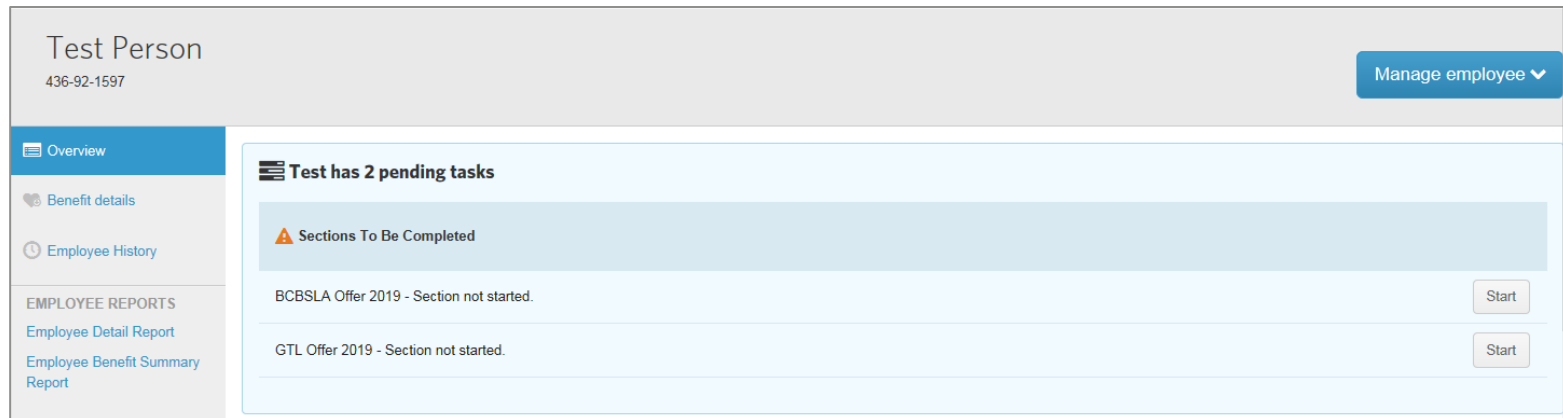
[Next](#)

Subsequent Application During Open Enrollment (OE) (cont.)

- After making benefit selections in the Current Benefits period, a message box will be presented. To make benefit selections for the OE period, click 'Next' and continue through benefit elections.



- If you click on 'Go to Summary,' you have not completed benefit elections and there will be a task(s) on the subscriber's Overview screen.



Test Person
436-92-1597

Manage employee

Overview

Benefit details

Employee History

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Test has 2 pending tasks

Sections To Be Completed

BCBSLA Offer 2019 - Section not started. Start

GTL Offer 2019 - Section not started. Start

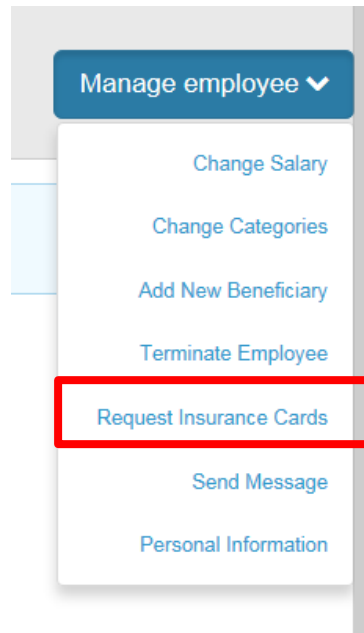
Order ID Cards



Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Order ID Cards

- From the Employee Navigation Bar, search for and open the employee's record.
- Click **Manage employee** ▼ on the right side of the screen.
- Select 'Request Insurance Cards' from the drop-down menu.



Note: Request Insurance Cards option will not be available during a subscriber's initial eligibility and open enrollment period. They can be ordered one (1) month after a member's initial eligibility and anytime outside of open enrollment.

Order ID Cards (cont'd)

- Select number of ID cards needed for each product, as applicable, from the drop-down menu.
- Click **Send card request**.

Request Insurance Cards

Please select the number of cards that you need.

	Health	
Dental: DENTAL 2017-2018	Please Select ▾	(Maximum of 2)
Medical: Single Blue Saver Individual (\$5000) Family (\$10000) 2017-2018	Please Select ▾	(Maximum of 3)


Cancel Coverage* for an Employee

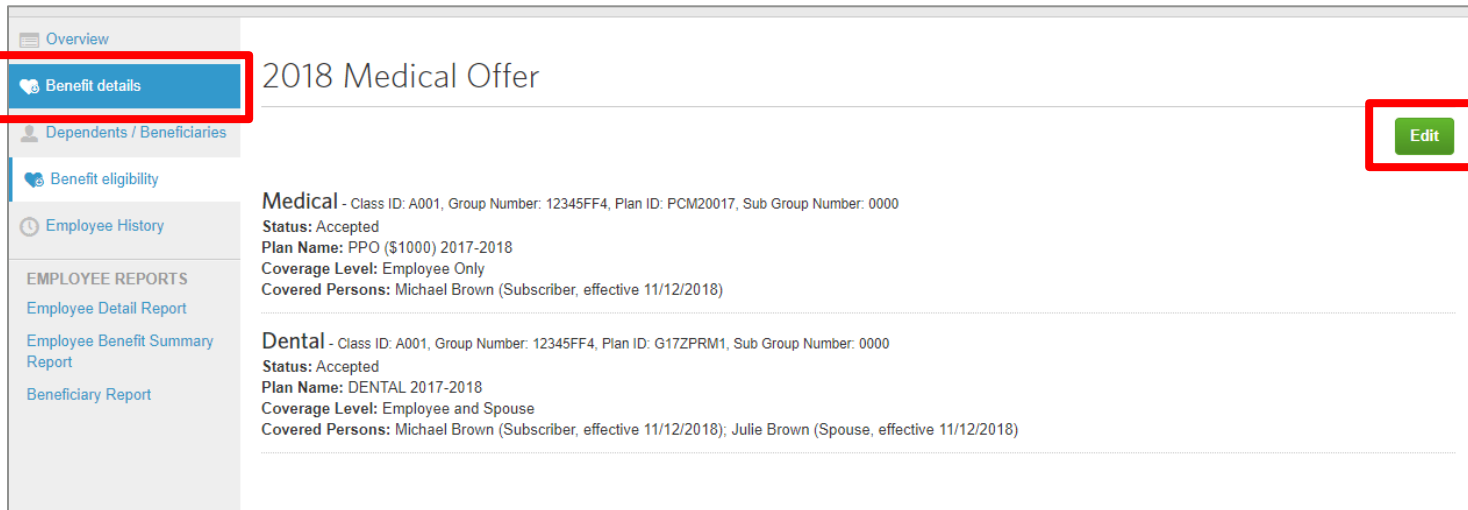
**Cancelling coverage does not terminate employment;
subscriber remains an active employee.*



Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Cancel Coverage for an Active Employee

- From the Employee Navigation Bar, search for and open the employee's record.
- Select 'Benefit Details' tab on the left.
- Select the  button to right of the screen.



Overview

Benefit details

2018 Medical Offer

Dependents / Beneficiaries

Benefit eligibility

Employee History

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Beneficiary Report

Medical - Class ID: A001, Group Number: 12345FF4, Plan ID: PCM20017, Sub Group Number: 0000
Status: Accepted
Plan Name: PPO (\$1000) 2017-2018
Coverage Level: Employee Only
Covered Persons: Michael Brown (Subscriber, effective 11/12/2018)

Dental - Class ID: A001, Group Number: 12345FF4, Plan ID: G17ZPRM1, Sub Group Number: 0000
Status: Accepted
Plan Name: DENTAL 2017-2018
Coverage Level: Employee and Spouse
Covered Persons: Michael Brown (Subscriber, effective 11/12/2018); Julie Brown (Spouse, effective 11/12/2018)

Edit

Cancel Coverage for an Active Employee (cont.)

- On the next screen locate the product you are trying to cancel (e.g. medical, dental, vision) and click **Cancel Benefits for All** under that product section.

Current Benefits
2018 Medical Offer

Medical

Changes Requiring a Change Reason

Medical Accepted

Plan PPO (\$1000) 2017-2018

Coverage Level Employee and Child(ren)

Persons Covered

Name	Relationship	Effective Date
Life Person	Subscriber	02/01/2018
	Alternate ID: AM0767653	
Manny Person	Child	02/01/2018
	Alternate ID: AM0769447	

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

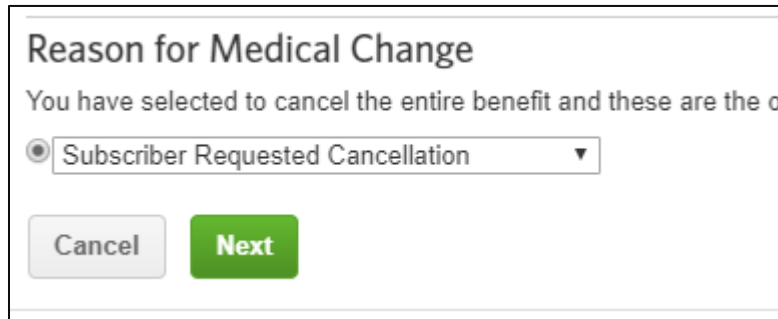
[Edit due to Change Reason](#) [Cancel Benefits for All](#)

Cancellation of coverage is by product. If your group offers more than one product (ex. Medical and Dental) follow the previous steps for each product.

This will cancel benefits for the subscriber and all covered dependents. If you are trying to cancel coverage for a dependent only, please go to the *Cancel Coverage for a Dependent* section.

Cancel Coverage for an Active Employee (cont.)

- Select reason for cancellation, click **Next** .



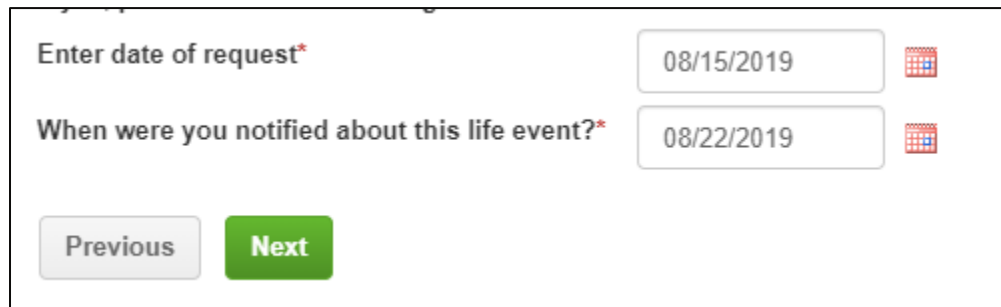
Reason for Medical Change

You have selected to cancel the entire benefit and these are the o

Subscriber Requested Cancellation

Cancel Next

- Enter date of request and date you were notified, click **Next** .



Enter date of request* 08/15/2019

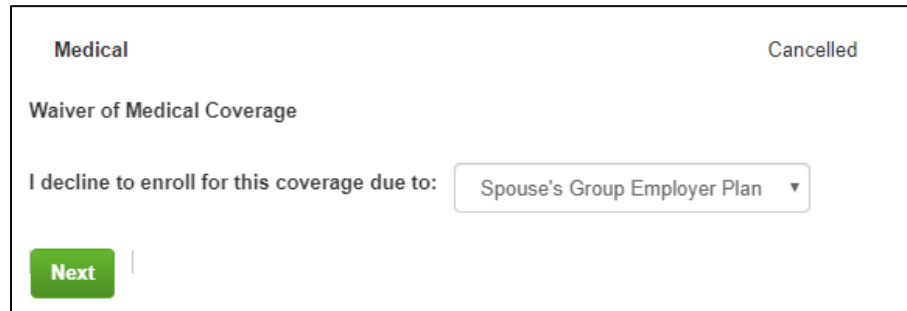
When were you notified about this life event?* 08/22/2019

Previous Next

Cancellation of coverage is by product. If your group offers more than one product (ex. Medical and Dental), follow the previous steps for each product.

Cancel Coverage for an Active Employee (cont.)

- Select reason for cancellation from the drop-down, click **Next** .



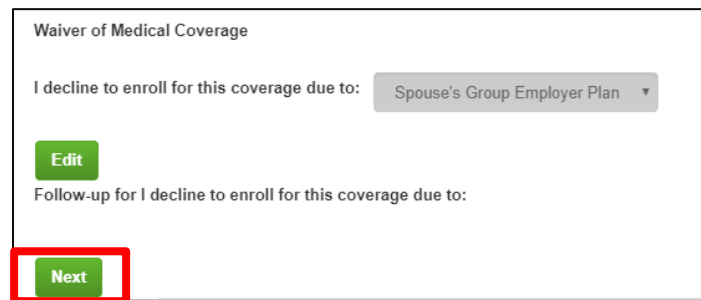
Medical Cancelled

Waiver of Medical Coverage

I decline to enroll for this coverage due to: Spouse's Group Employer Plan ▼

Next

- Click **Next** again on the following screen.



Waiver of Medical Coverage

I decline to enroll for this coverage due to: Spouse's Group Employer Plan ▼

Edit

Follow-up for I decline to enroll for this coverage due to:

Next

Cancellation of coverage is by product. If your group offers more than one product (ex. Medical and Dental), follow the previous steps for each product.

Cancel Coverage for an Active Employee (cont.)

- Review information on the page, edit if necessary and click **Next**.

Reason for Change	Subscriber Requested Cancellation on 08/15/2019	Edit
Medical	Cancelled	Edit
Declination Reason	Reasons: I decline to enroll for this coverage due to: Spouse's Group Employer Plan Company: Blue Cross and Blue Shield of Louisiana	Edit
End Date	Enter an end date.* <input type="text" value="08/31/2019"/>	
Next		

- Review information on the next page, click **Save**.

Medical		
You may edit this benefit by clicking on the section's corresponding Edit button.		
Change Reason	Subscriber Requested Cancellation on 08/15/2019	Edit
Medical	Cancelled	Edit
End Date	08/31/2019	Edit
Dental		
Changes Requiring a Change Reason		
Dental	Coverage Declined	
Edit due to Change Reason		
Effective Date	07/01/2019	Edit
Cancel without Saving	Save	Save and Go to Benefits


Cancellation of coverage is by product. If your group offers more than one product (ex. Medical and Dental), follow the previous steps for each product.

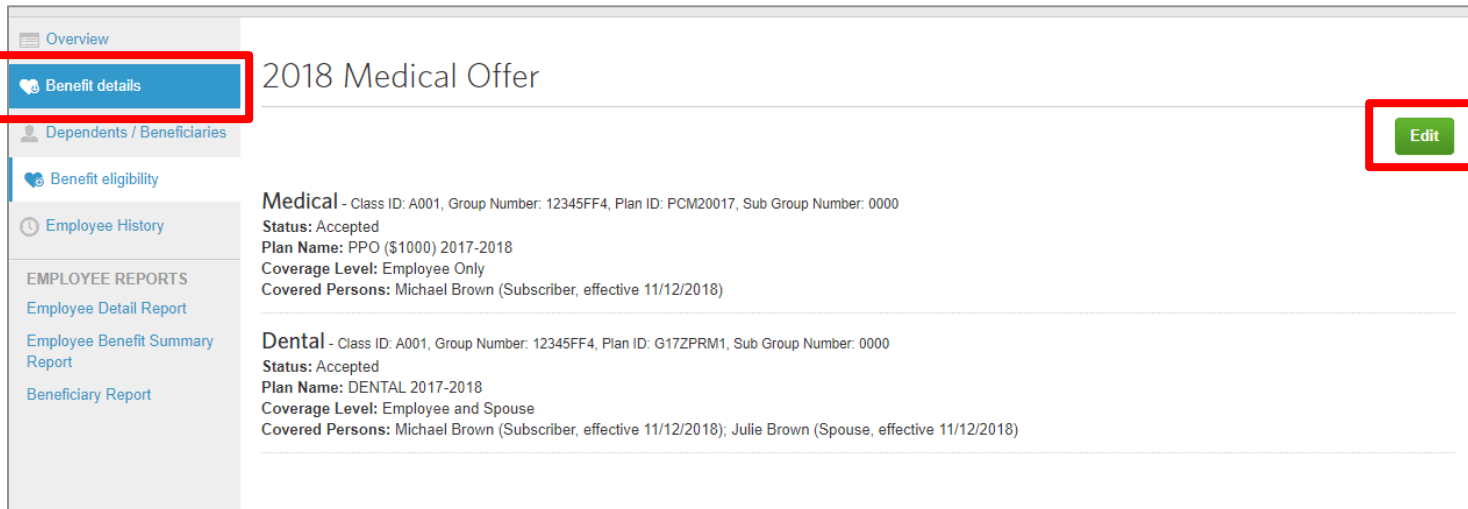
Cancel Coverage for an Employee for Open Enrollment*

**Follow these steps only when the coverage cancellation date is equal to the group's renewal date. For all other cancellation dates, see previous section (pg. 20).*



Cancel Coverage for an Active Employee for Open Enrollment

- From the Employee Navigation Bar, search for and open the employee's record.
- Select 'Benefit Details' tab on the left.
- Select the  button to right of the screen.



Overview

Benefit details

2018 Medical Offer

Dependents / Beneficiaries

Benefit eligibility

Employee History

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Beneficiary Report

Medical - Class ID: A001, Group Number: 12345FF4, Plan ID: PCM20017, Sub Group Number: 0000
Status: Accepted
Plan Name: PPO (\$1000) 2017-2018
Coverage Level: Employee Only
Covered Persons: Michael Brown (Subscriber, effective 11/12/2018)

Dental - Class ID: A001, Group Number: 12345FF4, Plan ID: G17ZPRM1, Sub Group Number: 0000
Status: Accepted
Plan Name: DENTAL 2017-2018
Coverage Level: Employee and Spouse
Covered Persons: Michael Brown (Subscriber, effective 11/12/2018); Julie Brown (Spouse, effective 11/12/2018)

Edit

Cancel Coverage for an Active Employee for Open Enrollment (cont.)

- On the next screen locate the product you are trying to cancel (e.g., medical, dental, vision) and click **Cancel Benefits for All** under that product section.

Current Benefits
2018 Medical Offer

Medical

Changes Requiring a Change Reason

Medical Accepted

Plan PPO (\$1000) 2017-2018

Coverage Level Employee and Child(ren)

Persons Covered

Name	Relationship	Effective Date
Life Person	Subscriber	02/01/2018
	Alternate ID: AM0767653	
Manny Person	Child	02/01/2018
	Alternate ID: AM0769447	

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

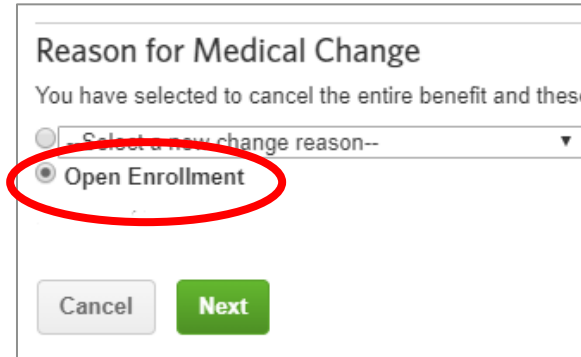
[Edit due to Change Reason](#) [Cancel Benefits for All](#)

Cancellation of coverage is by product. If your group offers more than one product (ex. Medical and Dental) follow the previous steps for each product.

This will cancel benefits for the subscriber and all covered dependents. If you are trying to cancel coverage for a dependent only, please go to the Cancel Coverage for a Dependent section.

Cancel Coverage for an Active Employee for Open Enrollment (cont.)

- Select Open Enrollment as the reason for change, click **Next** .



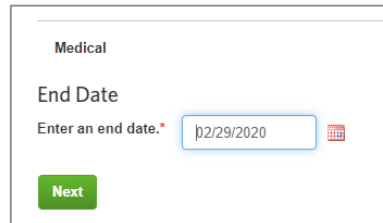
Reason for Medical Change

You have selected to cancel the entire benefit and these

Select a new change reason--


Open Enrollment

- The cancellation date will be calculated for you as the last day of the previous participation period. Click **Next** then **Save** on the following page.
 - This cancels benefits the last day of the previous participation period and waives/declines benefits for the open enrollment period.



Medical

End Date

Enter an end date.* 

Cancellation of coverage is by product. If your group offers more than one product (ex. Medical and Dental), follow the previous steps for each product.

Terminate an Employee

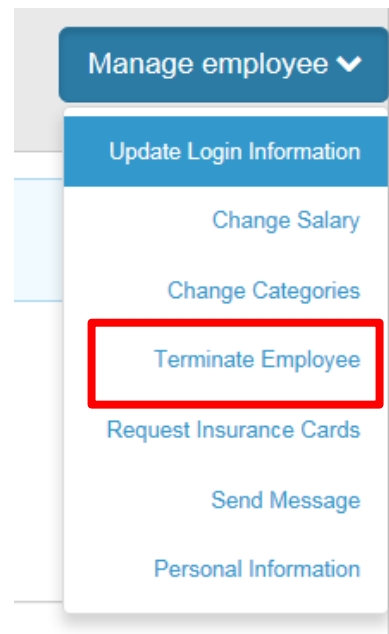
Terminates Employment and All Coverage



Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Terminate an Employee

- From the Employee Navigation Bar, search for and open the employee's record.
- Select Terminate Employee from the **Manage employee** drop-down menu.



Important! You must resolve any pending tasks prior to terminating an employee or the termination will not be sent to Blue Cross.


Terminate an Employee (cont.)

- Enter employee's date of termination and reason for the termination then click **Next**.

Terminate Employment

Step 1 of 2

Dates

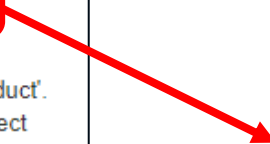
Employment Termination Date* 

Termination Reason

What is the reason for termination?*

If employee Termination is due to gross misconduct or any other reason for which State Continuation benefits are revoked please select 'Involuntary due to Gross Misconduct'. If the termination allows the employee to be eligible for State Continuation benefits, please select either 'Voluntary' or 'Involuntary'.

If employee Termination is due to death of the employee, enter the date of death as the Employment Termination Date.



--Please Select--

--Please Select--

Voluntary

Involuntary

Involuntary due to Gross Misconduct


Death of employee


Terminate an Employee (cont.)

- Review information for accuracy then click .

Terminate Employment


Step 2 of 2


Employment Termination Date
 08/29/2019

Termination Reason
 Termination - State Continuation Eligible

Cancel Current Elections

BCBSLA Offer 2019

Election	Cancellation	Information
Medical : HMOLA POS Plan 57 (INCLUDES PHARMACY)	<input type="text" value="08/31/2019"/> 	Retro-termination rule: You can only terminate benefit elections 31 days prior to today's date. Termination rule: End of month that employment ends



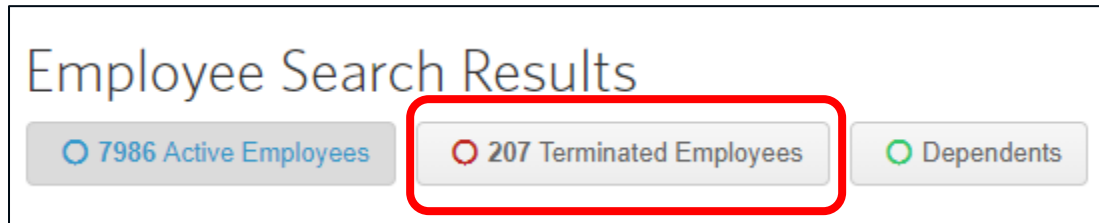
Rehire an Employee



Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Rehire an Employee

- From the Employee Navigation Bar, search for and open the employee's record from the Terminated Employees list.




- Select Rehire Employee from the **Manage employee** drop-down menu.




Rehire an Employee (cont.)

- Enter the employee's rehire date and click  .

Rehire Date and Login Information

Rehire Date* 



Note: *If rehiring an employee within 30 days of their termination, benefits will be reinstated with no lapse in coverage*

Rehire an Employee (cont.)

- Select how to reinstate benefits for the employee and click  .

Benefit Reinstatement


Do you want to reinstate benefits for this employee?*

Yes, I want to reinstate the employee's benefits with the SAME plan, coverage level, and persons covered.

Yes, I want to reinstate the employee's benefits, but I want to CHANGE the plan, coverage level or persons covered.

No, I want the employee to make the benefit elections.

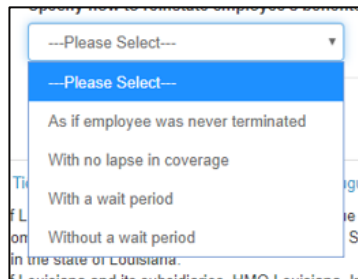
No, I do not want to reinstate benefits for the employee at this time.



Note: if choosing to change employee benefits (2nd option) you will be led through benefit options to make elections for employee

Rehire an Employee (cont.)

- Select how to reinstate benefits and click **Next**.
 - Options available in drop-down menu are based on length of time employee has been terminated and may differ from those shown below.



Rehire Employee

Step 3

Myriam Boyers

Original Hire Date 05/29/2018

Termination Date 07/27/2018

Last Rehire Date 11/07/2018

Summary of Previous Benefits


2018 Medical Offer

Medical: PPO (\$1000) 2017-2018
Cancellation Date: 07/31/2018

2018 Life Offer

Group Term Life: Group Term Life 2017-2018
Cancellation Date: 07/31/2018

Rehire Date and Login Information

 **Rehire Date** 11/07/2018

Benefit Reinstatement

Reinstatement the employee's benefits with the SAME plan, coverage level, and persons covered.

Reinstatement Strategy

Specify how to reinstate employee's benefits.*

---Please Select---

Next

Rehire an Employee (cont.)

- Review information on the following screen and click **Next**.

Rehire Employee

Step 4

ANDREW

Original Hire Date 08/06/2014

Termination Date 08/31/2018

Last Rehire Date 08/29/2019

Summary of Previous Benefits
Nothing to reinstate.

Rehire Date and Login Information
 Rehire Date 08/29/2019

Benefit Reinstatement
 Reinstatement the employee's benefits with the SAME plan, coverage level, and persons covered.

Reinstate Strategy
 With no lapse in coverage

Benefits To Reinstate
Nothing to reinstate.

Next

Rehire an Employee (cont.)

- If all information is correct, click  on the next page.

Rehire Employee

ANDREW ...

Original Hire Date 08/06/2014

Termination Date 08/31/2018

Last Rehire Date 08/29/2019

Summary of Previous Benefits
Nothing to reinstate.

Rehire Date and Login Information
 Rehire Date 08/29/2019

Benefit Reinstatement
 Reinstatement the employee's benefits with the SAME plan, coverage level, and persons covered.

Reinstate Strategy
 With no lapse in coverage

Benefits To Reinstatement
Nothing to reinstate.

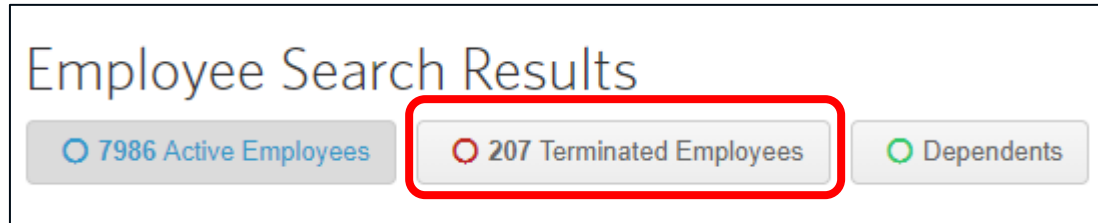
Enroll Terminated Employee in COBRA or State Continuation



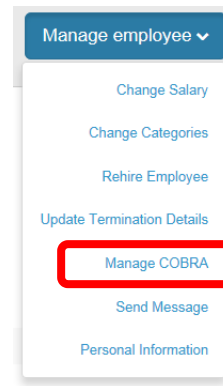
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Enroll Terminated Employee in COBRA / State Continuation

- From the Employee Navigation Bar, search for and open the employee's record from the Terminated Employees list.



- Select Manage COBRA from the **Manage employee** drop-down menu.



Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA

Enroll Terminated Employee in COBRA / State Continuation (cont.)

- Select product to enroll in and click **Add Policy**.
- Select the qualifying event from the drop-down menu.

COBRA Benefits

COBRA MEDICAL Offer 2018

*Qualifying Event

Choose an existing event

- If applicable, select the appropriate plan to enroll in, continue through the workflow and click **Save**.

• The member's previous plan has been defaulted for you to speed up the COBRA enrollment process. If this is not the correct plan for the COBRA enrollment, please make the correct selection.

Plan

*Select A Plan Offered By Blue Cross and Blue Shield of Louisiana

PPO 1

PPO 1 Details

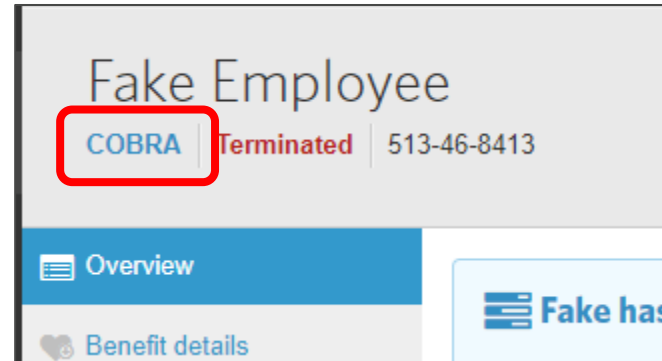
Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
\$1,000	\$3,000	\$5,000	\$10,000	\$40 copay

[View all plan details](#)

Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA

Enroll Terminated Employee in COBRA / State Continuation (cont.)

- You will then see COBRA or State Continuation benefits on the subscriber Overview screen




- Click on 'Benefit details' tab to view COBRA or State Continuation Benefits



Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA

Enroll Terminated Employee in COBRA / State Continuation (cont.)

- You will see 'Enrolled' next to the employee's name when they are actively enrolled in COBRA coverage.



Overview

Benefit details

Dependents

Benefit eligibility

Employee History

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Report

COBRA Offers

Manage COBRA

COBRA MEDICAL Offer 2018

Medical - Class ID: COBR, Group Number: 12345FF4

PPO (\$1000) 2017-2018

Tammy : (Enrolled)

Effective Date: 08/01/2019

Expiration Date: 12/31/2019

AMANDA : (Eligible)

Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA

Cancel COBRA or State Continuation Coverage

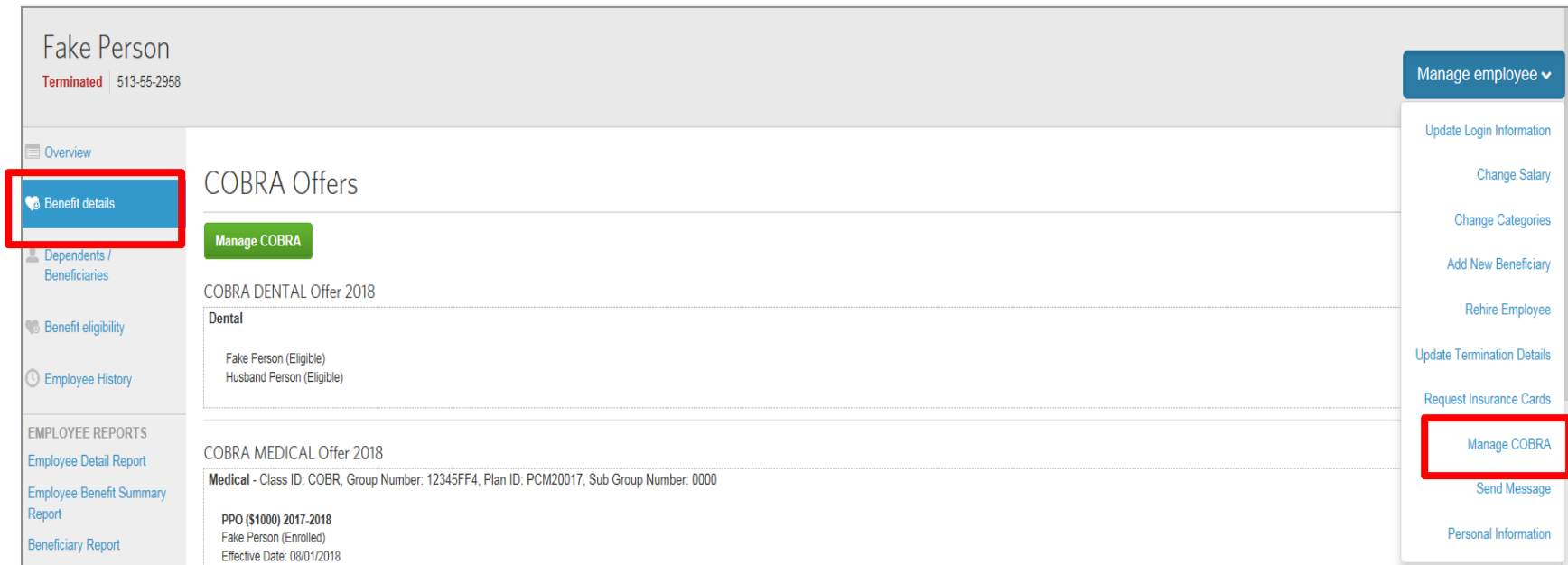


Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Cancel COBRA or State Continuation coverage

- From the Employee Navigation Bar, search for and open the employee's record and click on 'Benefit details' tab.
- Select 'Manage COBRA' from the **Manage employee** drop-down menu.



The screenshot displays the user interface for an employee's record. At the top, the employee is identified as 'Fake Person' with a status of 'Terminated' and a phone number '513-56-2958'. A navigation bar on the left includes 'Overview', 'Benefit details' (highlighted with a red box), 'Dependents / Beneficiaries', 'Benefit eligibility', and 'Employee History'. Below the navigation bar, the 'COBRA Offers' section is visible, featuring a green 'Manage COBRA' button. The offers listed include 'COBRA DENTAL Offer 2018' with 'Dental' details for 'Fake Person (Eligible)' and 'Husband Person (Eligible)', and 'COBRA MEDICAL Offer 2018' with 'Medical' details for 'Class ID: COBR, Group Number: 12345FF4, Plan ID: PCM20017, Sub Group Number: 0000', 'PPO (\$1000) 2017-2018', 'Fake Person (Enrolled)', and 'Effective Date: 09/01/2018'. On the right side, a 'Manage employee' dropdown menu is open, listing various actions such as 'Update Login Information', 'Change Salary', 'Change Categories', 'Add New Beneficiary', 'Rehire Employee', 'Update Termination Details', 'Request Insurance Cards', 'Manage COBRA' (highlighted with a red box), 'Send Message', and 'Personal Information'.

Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA.

Cancel COBRA or State Continuation coverage (cont.)

- Click **Edit** button to the right of the screen.

COBRA MEDICAL Offer 2018

Medical

Covered Persons

PPO (\$1000) 2017-2018 **Edit**

Participant	Start Date	Last Effective Date	End Date	SSN
Husband Person, Spouse	08/01/2018	08/01/2018	01/31/2020	
Fake Person, Subscriber	08/01/2018	08/01/2018	01/31/2020	513-55-2958

Eligible Persons

No other persons are eligible for this COBRA benefit.

Add Policy

- Select **Cancel Benefits for All**.

COBRA Benefits

COBRA MEDICAL Offer 2018

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

Qualifying Event	Employee termination on 07/15/2018	Edit
Medical	Accepted	Cancel Benefits for All
Plan	PPO (\$1000) 2017-2018	Edit
Persons Covered		Edit

Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA.

Cancel COBRA coverage (cont.)

- Select the reason for cancellation then click **Next** .

COBRA Benefits

COBRA MEDICAL Offer 2018


Reason for Medical Change


You have selected to cancel the entire benefit and these are the only reasons available.

Subscriber Requested Cancellation

- Enter the date of the cancellation request and when you were notified and click **Next** .

If yes, please enter the following:

Enter date of request* 

When were you notified about this life event?* 

Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA.

Cancel COBRA coverage (cont.)

- Select the reason for declining coverage and click **Next**.

COBRA Benefits
COBRA MEDICAL Offer 2018

Reason for Change	Subscriber Requested Cancellation on 01/10/2019
Qualifying Event	Employee termination on 07/15/2018
Medical	Cancelled


Waiver of Medical Coverage

I decline to enroll for this coverage due to:

Next

- Enter the date COBRA benefits are to end and click **Next**.

End Date

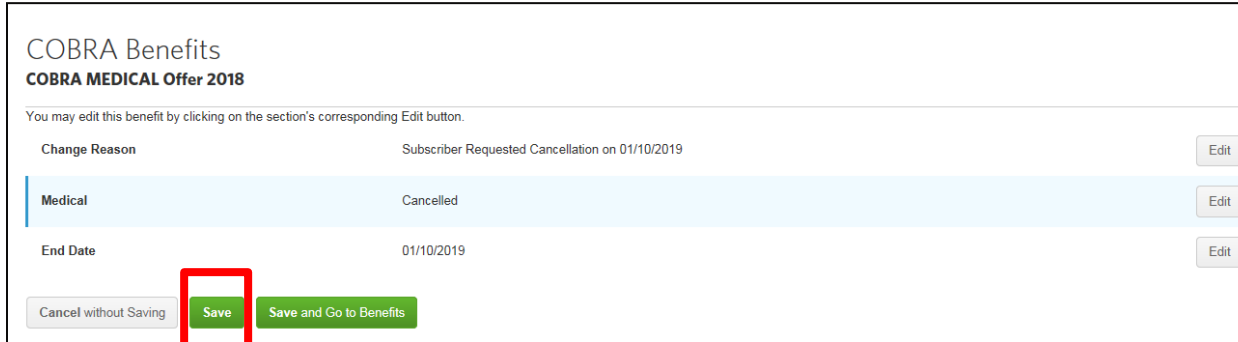
Enter an end date.* 

Next

Note: If you are a State Continuation group, you will see “State Continuation” instead of COBRA.

Cancel COBRA coverage (cont.)

- Review information presented and click **Save**.



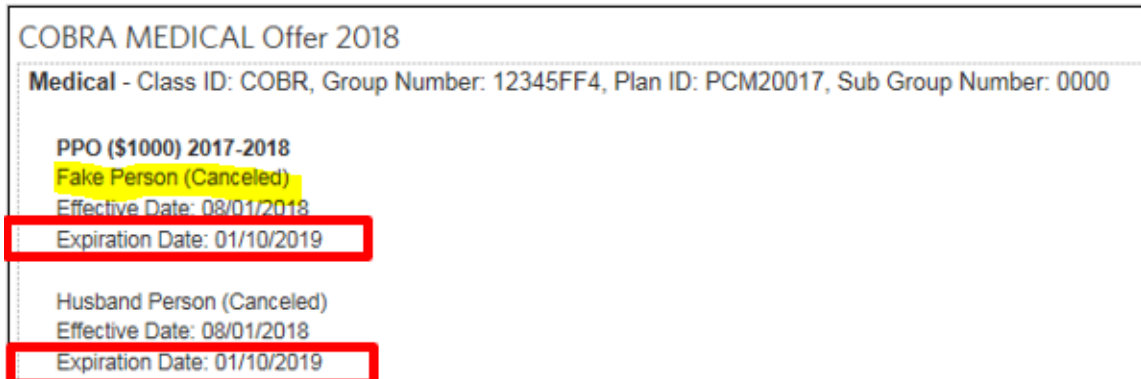
COBRA Benefits
COBRA MEDICAL Offer 2018

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

Change Reason	Subscriber Requested Cancellation on 01/10/2019	Edit
Medical	Cancelled	Edit
End Date	01/10/2019	Edit

Cancel without Saving **Save** Save and Go to Benefits

- When you go to the employee's 'Benefit details' tab and the new COBRA Expiration Date will be displayed. It will also have "Canceled" in parentheses next to member names.



COBRA MEDICAL Offer 2018

Medical - Class ID: COBR, Group Number: 12345FF4, Plan ID: PCM20017, Sub Group Number: 0000

PPO (\$1000) 2017-2018
Fake Person (Canceled)
Effective Date: 08/01/2018
Expiration Date: 01/10/2019

Husband Person (Canceled)
Effective Date: 08/01/2018
Expiration Date: 01/10/2019

Note: If you are a State Continuation group, you will see "State Continuation" instead of COBRA

Enroll a COBRA / State Continuation Exception

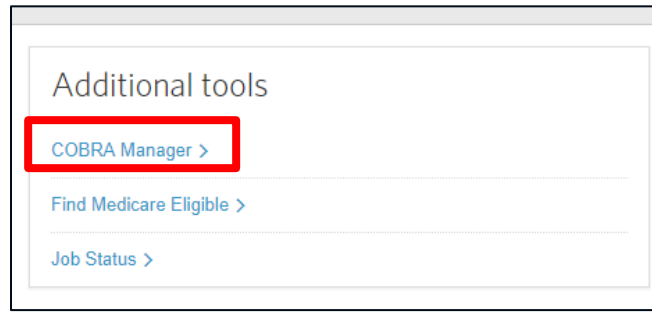
The COBRA/State Continuation Exception feature allows you to add COBRA/State Continuation elections for non-employees (e.g., spouse of a former employee)



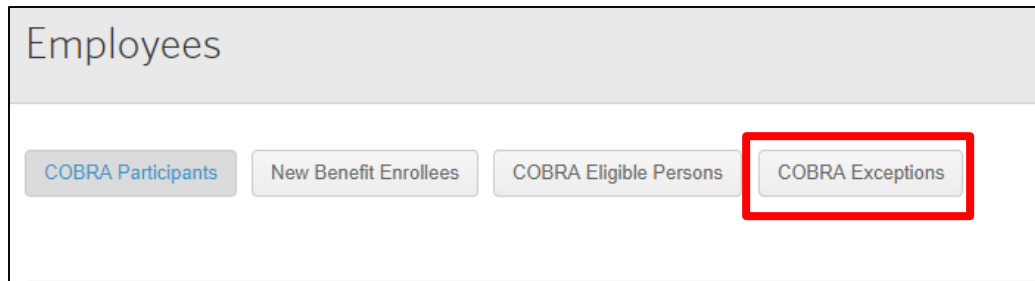
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Enroll a COBRA / State Continuation Exception

- From the Home screen, click on COBRA or State Continuation Manager under Additional tools.



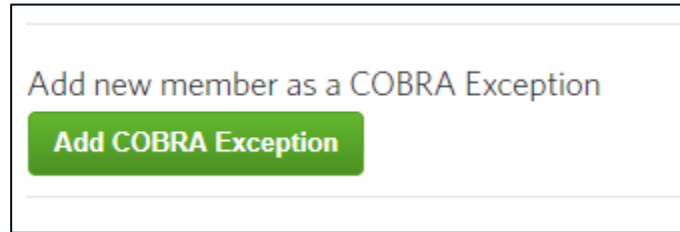
- On the next screen, select  .



Note: You will see either “COBRA” or “State Continuation” as applicable to your group.

Enroll a COBRA / State Continuation Exception (cont.)

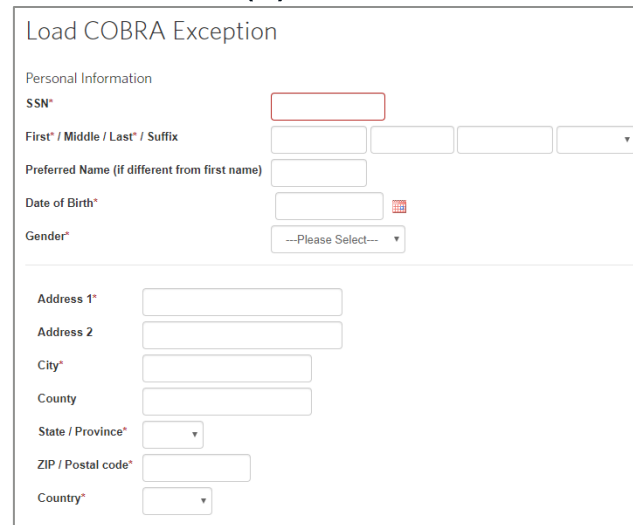
- Click on **Add COBRA Exception**.



Add new member as a COBRA Exception

Add COBRA Exception

- Enter demographic information on the next screen. Required fields are identified with an asterisk (*). Click **Save** at bottom of page.




Load COBRA Exception

Personal Information

SSN*

First* / Middle / Last* / Suffix

Preferred Name (if different from first name)

Date of Birth* 

Gender*

Address 1*

Address 2

City*

County

State / Province*

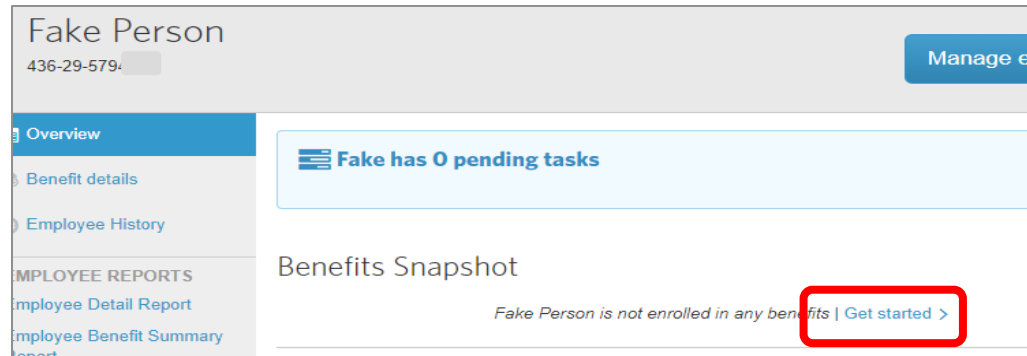
ZIP / Postal code*

Country*

Note: You will see either “COBRA” or “State Continuation” as applicable to your group.

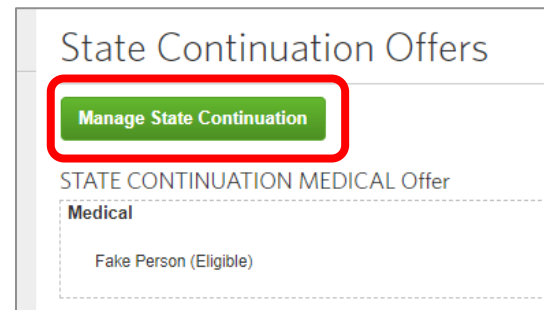
Enroll a COBRA / State Continuation Exception (cont.)

- Click on 'Get started' under Benefits Snapshot.



The screenshot shows a user profile for 'Fake Person' with ID '436-29-579'. A 'Manage enrollment' button is in the top right. A navigation menu on the left includes 'Overview', 'Benefit details', 'Employee History', and 'EMPLOYEE REPORTS' (with sub-items 'Employee Detail Report' and 'Employee Benefit Summary Report'). A light blue banner states 'Fake has 0 pending tasks'. Below this is the 'Benefits Snapshot' section, which contains the text 'Fake Person is not enrolled in any benefits | Get started >'. The 'Get started >' link is highlighted with a red rectangular box.

- Click on **Manage State Continuation**.

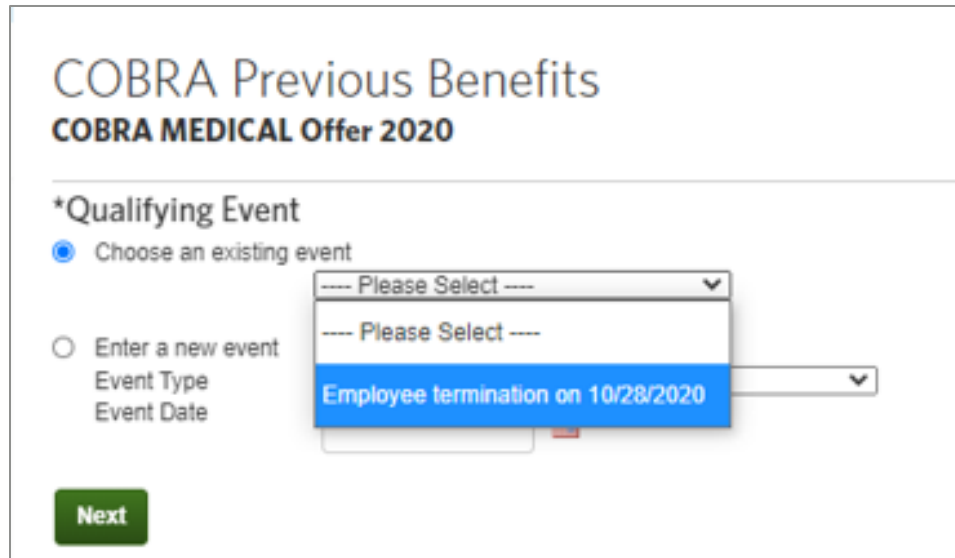


The screenshot shows the 'State Continuation Offers' page. A green button labeled 'Manage State Continuation' is highlighted with a red rectangular box. Below the button, the text reads 'STATE CONTINUATION MEDICAL Offer' and 'Medical'. Underneath, it says 'Fake Person (Eligible)'.

Note: You will see either “COBRA” or “State Continuation” as applicable to your group

Enroll a COBRA / State Continuation Exception (cont.)

- On the next screen, click **Add Policy**.
- Select Event Type from the drop-down menu, enter Event Date, and click **Next**.



The screenshot shows a web form titled "COBRA Previous Benefits" with a subtitle "COBRA MEDICAL Offer 2020". Under the heading "*Qualifying Event", there are two radio button options: "Choose an existing event" (which is selected) and "Enter a new event". Below the "Enter a new event" option, there are fields for "Event Type" and "Event Date". A dropdown menu is open, showing "Please Select" at the top and "Employee termination on 10/28/2020" as the selected option. A green "Next" button is located at the bottom left of the form.

Note: You will see either "COBRA" or "State Continuation" as applicable to your group

Enroll a COBRA / State Continuation Exception (cont.)

- Make benefit elections and click **Next**.

State Continuation Benefits
STATE CONTINUATION MEDICAL Offer

Qualifying Event: Death of employee on 08/28/2019 Edit

Medical: Accepted

Plan

Select A Plan Offered By Blue Cross and Blue Shield of Louisiana

Blue Saver Option 22 (INCLUDES PHARMACY)

Blue Saver Option 22 (INCLUDES PHARMACY) Details

Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
\$2800	\$5600	\$5000	\$10000	Deductible then coinsurance

[View all plan details](#)

Blue Saver Option 22 (INCLUDES PHARMACY)

Blue Saver Option 22 (INCLUDES PHARMACY) Details

Individual Deductible	Family Deductible	Individual Out of Pocket Max	Family Out of Pocket Max	Primary Care Physician (PCP) Office Visits
\$2800	\$5600	\$5000	\$10000	Deductible then coinsurance

[View all plan details](#)

Next

- Add dependents, if applicable, and click **Next**.

Persons Covered

Persons covered on this plan must be 120 Years old or younger.

Eligible for Coverage

Covered	Name	Relationship	
<input checked="" type="checkbox"/>	Fake Person	Subscriber	Waive Coverage

Add Another Dependent


Next

Note: You will see either “COBRA” or “State Continuation” as applicable to your group

Enroll a COBRA / State Continuation Exception (cont.)

- Enter the date COBRA/State Continuation benefits began and click **Next**.


State Continuation Start Date

When did State Continuation benefits start? 

Next

- The following page will display the calculated effective date, click **Next**.

Effective Date

Enter an effective date.* 

Next

- **Note:** You will see either “COBRA” or “State Continuation” as applicable to your group

Enroll a COBRA / State Continuation Exception (cont.)

- Review information on the page for accuracy, make corrections as needed using the Edit buttons and click **Save** when you are ready to submit the transaction.

State Continuation Benefits

STATE CONTINUATION MEDICAL Offer

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

Qualifying Event	Death of employee on 08/28/2019	Edit
Medical	Accepted	
Plan	Blue Saver Option 22 (INCLUDES PHARMACY)	Edit
Persons Covered		Edit

Name	Relationship
Fake Person	Subscriber

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

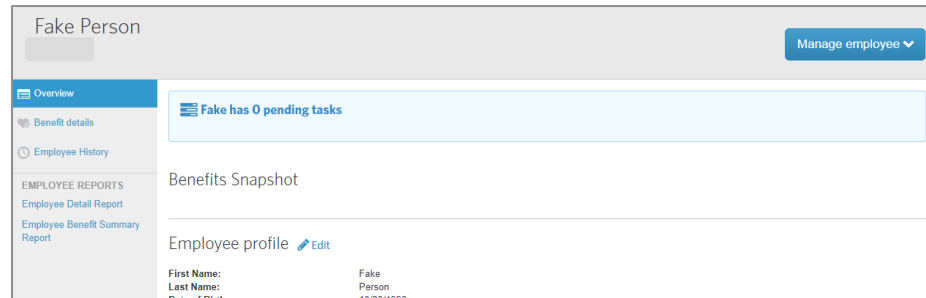
Coverage Level	Employee Only	
State Continuation Start Date	08/28/2019	Edit
Effective Date	08/28/2019	Edit

[Cancel without Saving](#) [Save](#) [Save and Go to Benefits](#)

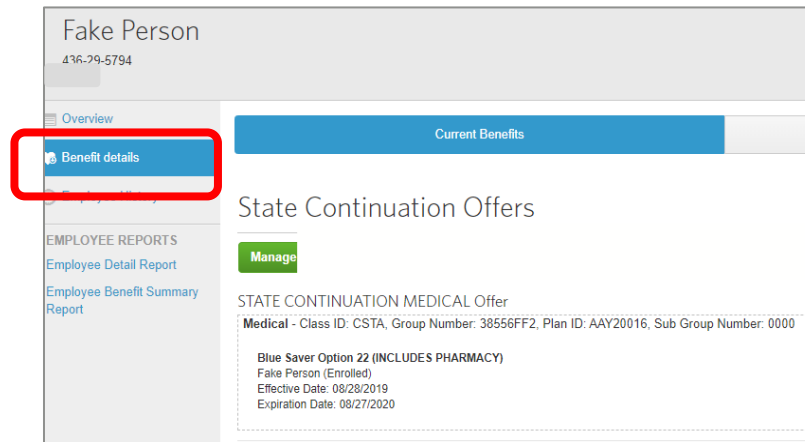
- Note:** If you are a State Continuation group, you will see “State Continuation” instead of COBRA.

Enroll a COBRA / State Continuation Exception (cont.)

- You will not see COBRA or State Continuation benefits on the subscriber Overview screen.



- Click on the 'Benefit details' tab to view COBRA or State Continuation Benefits.



- Note:** If you are a State Continuation group, you will see “State Continuation” instead of COBRA

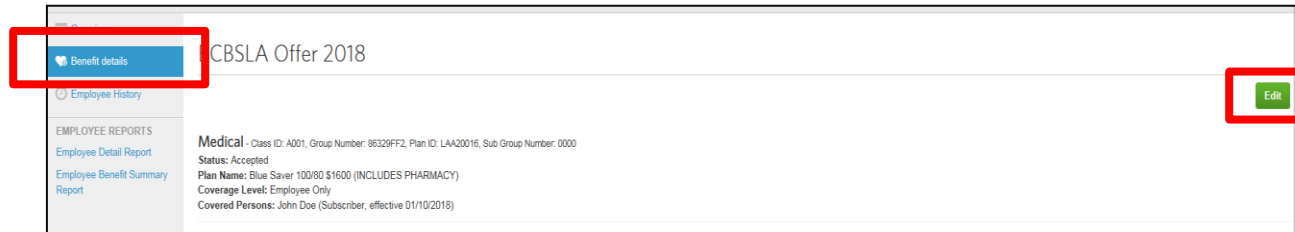
Add Dependent



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Add a Dependent

- From the Employee Navigation Bar, search for and open the employee's record.
- Select 'Benefit details' tab, then **Edit** to the right of screen.



CBSLA Offer 2018

Benefit details (highlighted)

Employee History

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Medical - Class ID: A001, Group Number: 86329FF2, Plan ID: LAA20016, Sub Group Number: 0000

Status: Accepted

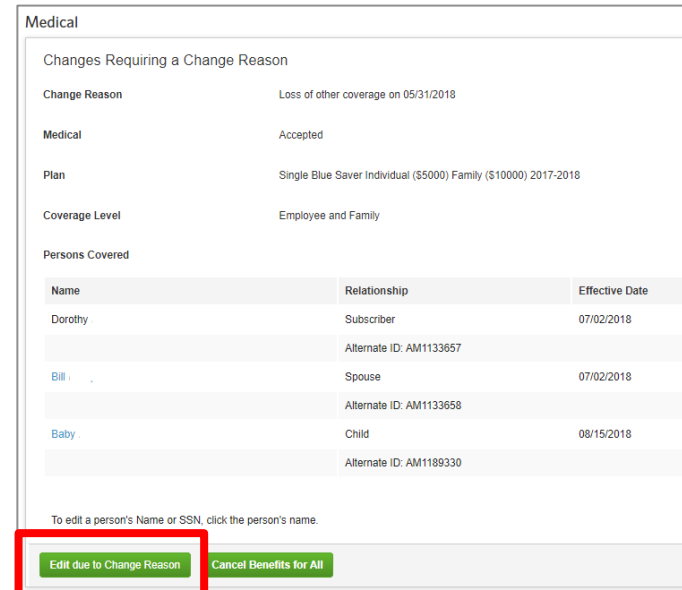
Plan Name: Blue Saver 100/80 \$1600 (INCLUDES PHARMACY)

Coverage Level: Employee Only

Covered Persons: John Doe (Subscriber, effective 01/10/2018)

Edit (highlighted)

- On the next screen, select **Edit due to Change Reason** under the product dependent is being added to



Medical

Changes Requiring a Change Reason

Change Reason: Loss of other coverage on 05/31/2018

Medical: Accepted

Plan: Single Blue Saver Individual (\$5000) Family (\$10000) 2017-2018

Coverage Level: Employee and Family

Persons Covered

Name	Relationship	Effective Date
Dorothy	Subscriber	07/02/2018
	Alternate ID: AM1133657	
Bill	Spouse	07/02/2018
	Alternate ID: AM1133658	
Baby	Child	08/15/2018
	Alternate ID: AM1189330	

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

Edit due to Change Reason (highlighted) Cancel Benefits for All

Add a Dependent (cont.)

- Select the Qualifying Life Event from drop-down menu, then click **Next** .

Reason for Medical Change
You are making a change to benefit elections. Why are you making this change?

--Select a new change reason--

- If your group is in Open Enrollment you will have the option to select it as the Qualifying Life Event

You are making a change to benefit elections. Why are you making this change?


--Select a new change reason--


Open Enrollment

Add a Dependent (cont.)

- Enter date of Qualifying Life Event and when you were notified, then click **Next**.

If yes, please enter the following:

Please enter the date of birth* 

When were you notified about this life event?* 

- If Applicable, Coverage Level, then Persons Covered.

Coverage Level	Employee and Child(ren)	<input type="button" value="Edit"/>
Persons Covered		
Name	Relationship	Effective Date
Jane Buck	Subscriber	02/01/2018
	Alternate ID: AM0133200	
Beau Buck	Child	02/01/2018
	Alternate ID: AM0769048	

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

- Once workflow is complete, click **Save**.

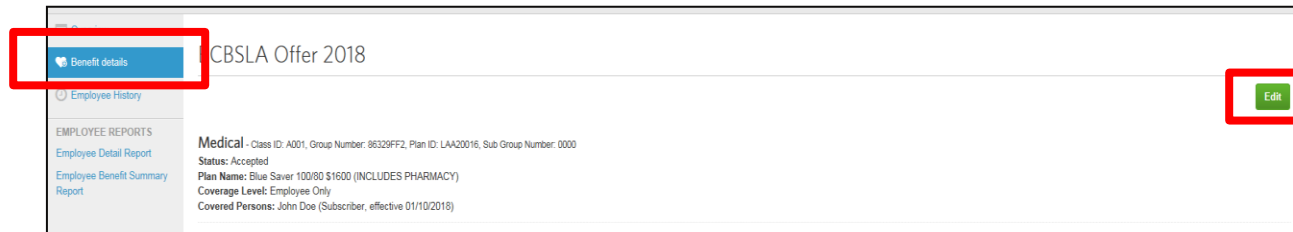
Cancel Coverage for a Dependent



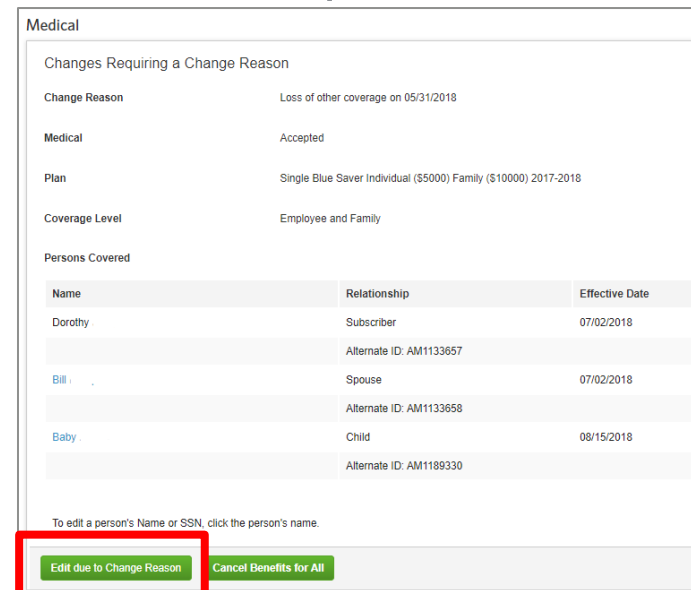
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Cancel Coverage for a Dependent

- From the Employee Navigation Bar, search for and open the employee's record.
- Select 'Benefit details' tab, then **Edit** to the right of screen.



- On the next screen, select **Edit due to Change Reason** under the product dependent is being cancelled from



Cancel Coverage for a Dependent (cont.)

- Select the Qualifying Life Event from the drop down, then click **Next**.

Reason for Medical Change

You are making a change to benefit elections. Why are you making this change?


Subscriber Requested Cancellation


Other (Correction, etc.)

Cancel **Next**

- Enter Date of Qualifying Life Event and date notified, then click **Next**.

If yes, please enter the following:

Enter date of event* 

When were you notified about this life event?* 

Previous **Next**

Cancel Coverage for a Dependent (cont.)

- If Applicable, edit Coverage Level, then Persons Covered.

Coverage Level	Employee and Child(ren)	<input type="button" value="Edit"/>
Persons Covered		<input type="button" value="Edit"/>
Name	Relationship	Effective Date
Jane Buck	Subscriber	02/01/2018
	Alternate ID: AM0133200	
Beau Buck	Child	02/01/2018
	Alternate ID: AM0769048	

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

- Once workflow is completed, click .

Data & Reporting



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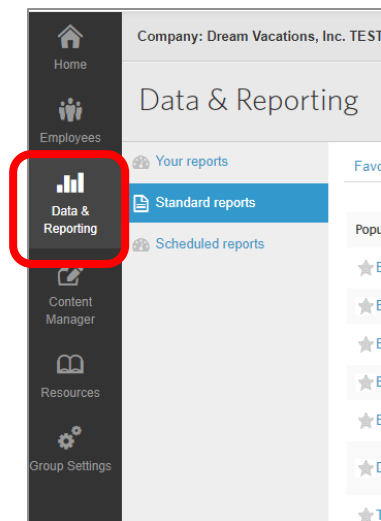
eEnrollment includes numerous reports you can use to access the information you need quickly. The most commonly used reports are:

Benefit detail – includes enrollment information for each covered employee

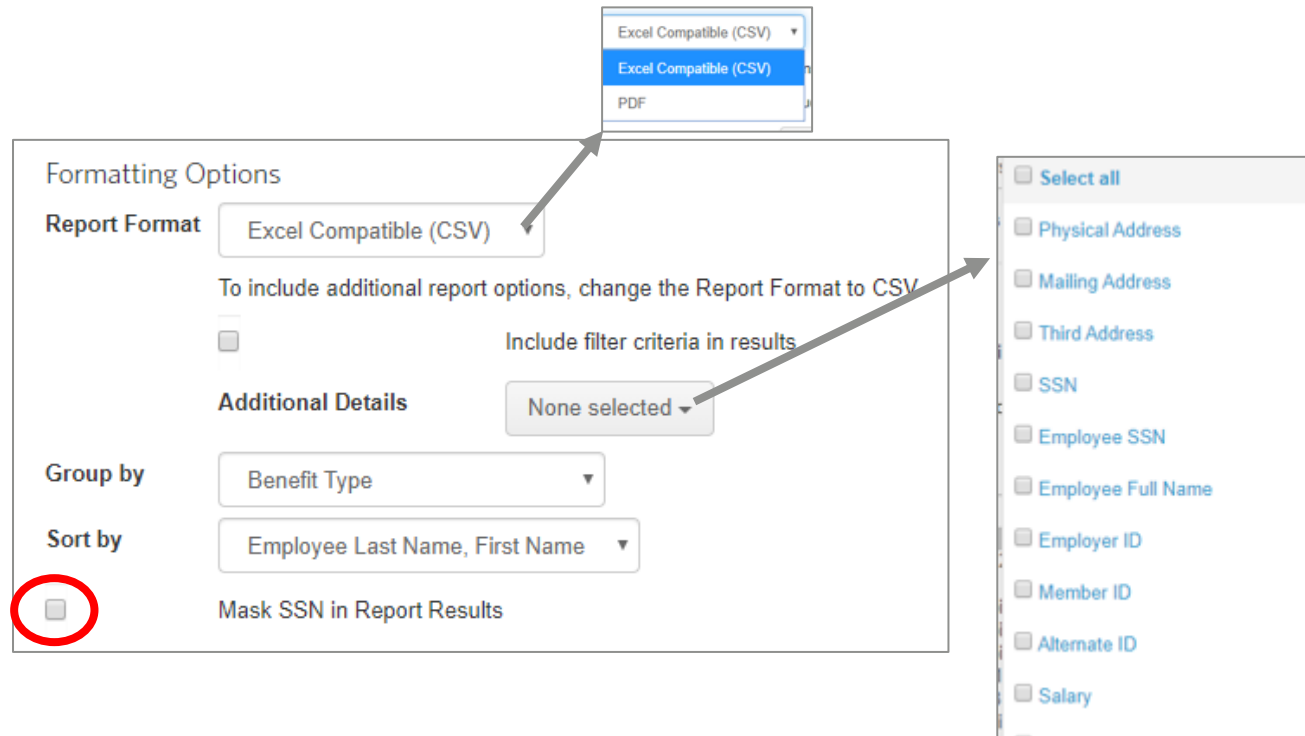
Employee census – includes name, address and effective date information for each employee

Dependent Census – includes the option to show dependents turning a particular age (26) between dates you specify

These reports and more can be accessed by clicking on the Data & Reporting tab on the primary navigation bar.



Once you have selected a report to run you can customize the report using the Formatting Options. The example below is from the Benefit detail report.



Formatting Options

Report Format: Excel Compatible (CSV)

To include additional report options, change the Report Format to CSV

Include filter criteria in results

Additional Details: None selected

Group by: Benefit Type

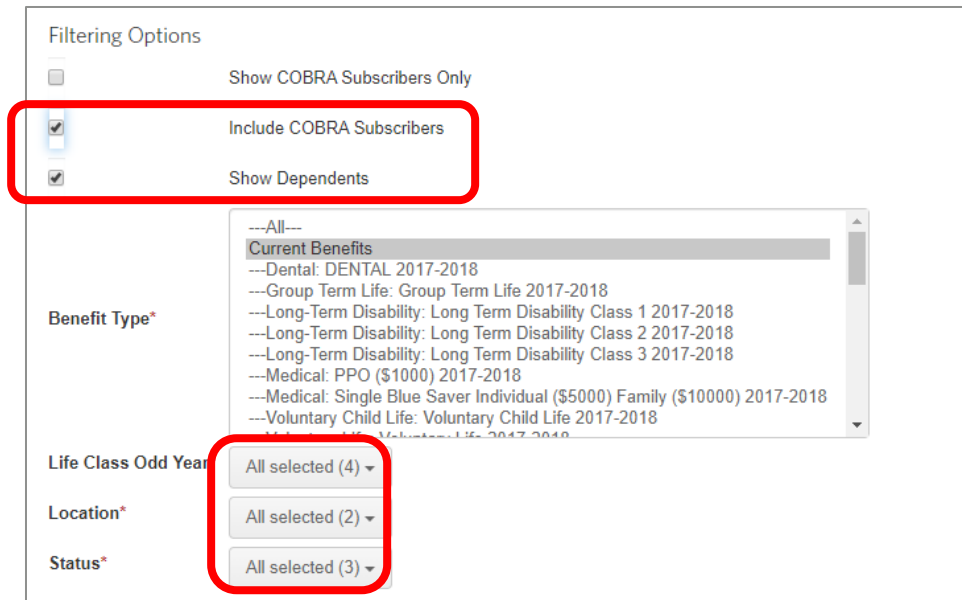
Sort by: Employee Last Name, First Name

Mask SSN in Report Results

- Select all
- Physical Address
- Mailing Address
- Third Address
- SSN
- Employee SSN
- Employee Full Name
- Employer ID
- Member ID
- Alternate ID
- Salary

Any report containing SSN has the option to mask SSN when selecting report criteria. For your employees' protection, please consider masking SSN whenever possible.

Filtering Options allow you to refine your report results even further. For example, in the Benefits detail report you can choose to include dependents in the report as well as COBRA subscribers.



Filtering Options

Show COBRA Subscribers Only

Include COBRA Subscribers

Show Dependents

Benefit Type*

- All---
- Current Benefits
- Dental: DENTAL 2017-2018
- Group Term Life: Group Term Life 2017-2018
- Long-Term Disability: Long Term Disability Class 1 2017-2018
- Long-Term Disability: Long Term Disability Class 2 2017-2018
- Long-Term Disability: Long Term Disability Class 3 2017-2018
- Medical: PPO (\$1000) 2017-2018
- Medical: Single Blue Saver Individual (\$5000) Family (\$10000) 2017-2018
- Voluntary Child Life: Voluntary Child Life 2017-2018
- Voluntary Life: Voluntary Life 2017-2018

Life Class Odd Year: All selected (4) ▾

Location*: All selected (2) ▾

Status*: All selected (3) ▾

If your group has multiple subgroups (Location) or classes (Status) you can elect to include only those needed.

You have selected Filtering Options, click

[Create Report](#)

Once your report is complete, select Download under Actions.

Your Reports

These are the reports that you have recently generated. Pending reports are refreshed every 30 seconds and will be automatically available when processing is complete.

Status	Created	Available until	Report Details	Criteria	Actions
COMPLETE	01/29/2020 02:58 PM	02/03/2020 02:58 PM	Medical Transaction History Report (Dream Vacations, Inc. TESTING), 4 KB	GROUP: Dream Vacations, Inc. TESTING FORMATTING OPTIONS: Report Format = Excel Sorted by Last Name, First Name FILTERED BY: Date Range: 11/01/2019 - 01/29/2020	+ Download Delete

Reports remain available in the tool for five (5) calendar days. The report expiration date is displayed as a reminder for you.

Helpful Information



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Qualifying Event Documentation

Only 5 transactions require additional documentation:

- Overage dependent
- Adoption – within 31 days of birth
- Adoption – not within 31 days of birth
- Qualified Medical Child Support Order or Court Order
- Loss of Medicaid

Qualifying Event Documentation

At the time the transaction is entered into eEnrollment, the person entering the transaction should:

1) Send an email to the appropriate Regional Enrollment Team based on your location:

- New Orleans/Houma: NOLAHoumaEBTeam@bcbsla.com
- Baton Rouge: BatonRougeEBTeam@bcbsla.com
- Lafayette/Lake Charles: LafLCEBTeam@bcbsla.com
- Shreveport/Monroe/Alexandria: ShrevMonAlexEBTeam@bcbsla.com

2) Include the following in the email:

- 1) Group name and number,
- 2) Subscriber name and ID,
- 3) Dependent name, and
- 4) Required documentation

PLEASE NOTE: *a send-back letter may still go out requesting the documentation. If it has already been submitted, please disregard the send-back letter.*



	eEnrollment	eBilling
Access	<p>Blue Cross Service Desk: (225) 298-7567, Option3 (800) 258-3005, Option 3 eBusinessServiceDesk@bcbsla.com</p>	<p>Blue Cross Service Desk: (225) 298-7567, Option 3 (800) 258-3005, Option 3 eBusinessServiceDesk@bcbsla.com</p>
Navigation	<p>Announcements Section on Home Screen: Link to training registration page, this User Guide, Quick Tips and other resource materials</p> <p>eEnrollment Resources Tab: Benefits Administrator Role Training Videos Benefits Administrator Role user Guide 2018_4 Benefitfocus Benefits Administrator Quick Tips</p> <p>eEnrollment Help Line: 855-236-2885 (authentication required)</p>	<p>Carrier Resources Section on Home Screen: Link to User Guide, Quick tips and other helpful resources</p> <p>Online Billing Help Line: 855-236-2885 (authentication required)</p>
Training	<p>Click here to register for a live, online training.</p> <p>You can also register by clicking the link found in the Announcements section of your group’s Home screen.</p>	<p>Click here to register for a live, online training.</p> <p>You can also register by clicking the link found in the Carrier Resources section of your group’s Home screen.</p>