

Group Administrator Guide to Member Maintenance



April 2022



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Introduction

Member Maintenance is an online application used to perform real time, member level maintenance for enrolled Blue Cross and Blue Shield of North Carolina (Blue Cross NC) employer groups. Transactions completed in the application are automatically delivered, in real time, to the Blue Cross NC membership system.

The Member Maintenance application is available for employer groups through Employer Services at <u>BlueCrossNC.com/Employer</u>.

51+ groups contracted to utilize eBenefitsNow or eExchange for maintenance have "read only" access to the Member Maintenance application via Blue Cross NC Employer Services. Only select eExchange Group(s) with "update" access granted, can make changes in the Member Maintenance application. Groups with "read only" access can still utilize the Blue Cross NC Member Maintenance application for group documents, download or request duplicate subscriber ID cards and generate a membership roster.

Within the application, the following transactions can be performed:

- Download a Membership Roster
- Download the Group Enrollment Details
- Download a Subscriber Summary
- Add a Subscriber
- Add a Dependent to an Existing Subscriber
- Terminate a Subscriber
- Terminate a Dependent
- Modify the Subscriber's Demographic Information
- Modify the Subscriber's Benefit Election
- Cancel Coverage for a Line of Business
- Open Enrollment Qualifying Event
- Modify the Subgroup for a Subscriber
- Modify the Class for a Subscriber
- Access Group Documents
- Download or Request a Duplicate Subscriber ID Card
- Enroll in COBRA or State Continuation
- Reinstate in COBRA or State Continuation
- Reinstate a Subscriber



- Re-enroll a Subscriber
- Assign and Modify Subgroup and Classes
- > Other Coverage information for Coordination of Benefits

COBRA Compliant Fully-Insured Groups:

Blue Cross NC contracts with WageWorks to help fully-insured groups provide COBRA-compliant services. If a group chooses not to use WageWorks' services, the group administrator is responsible for tracking COBRA membership and collecting fees from members. Neither WageWorks or Blue Cross NC assume any responsibility for a group's COBRA administration, if an administrator other than WageWorks is chosen.

It is the group's responsibility to:

- 1. Notify WageWorks AND Blue Cross NC of all employee/continuant changes.
- 2. Report the termination to Blue Cross NC AND enter the employee termination into the WageWorks website when a COBRA-eligible employee terminates.
- 3. Report the following to Blue Cross NC, just as other member maintenance:
 - When a continuant elects COBRA coverage
 - When a continuant terminates

Please note: The Member Maintenance application only impacts the Blue Cross NC coverage and does not submit information to any COBRA administrator, including WageWorks.

Employer Access, Authorization & Administration

Employer Access to Maintenance (8-digit group numbers)

Member Maintenance is accessed via the Employer Services portal (<u>BlueCrossNC.com/Employer</u>). Groups who are not registered for Employer Services may reference the <u>Quick Start Guide</u> for assistance.

Once registered for Employer Services, or after logging in using a current user ID and password, the Member Maintenance link is accessed from the Employer Services home page and under the heading Administration.

Authorization

Groups do not have to provide permission to their agent within Employer Services or the maintenance application for the agent to have access to perform maintenance.

A signed Agent of Record and Authorization Form (PAuth) must be retained by the Agent of Record to perform maintenance. This form grants permission to submit electronic documents and signatures on behalf of the group.

Availability

The Member Maintenance application is not available between the hours of 6:30 p.m. and 12:00 a.m. daily.



Users will be timed out after 15 minutes of inactivity. Any transactions in process will be lost and need to be started again.

Questions

Group administrators should contact the Group Service Advisor line at 877-237-6275 or their agent with any questions.



Group Home Page

			А	ction					Comments
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	nc 🕅 🕅	-						CAUSE	be utilized for search
		Group Enrollment Det	ails + Add Subs	scriber 🔳 Doci	ments 🛛 🔳 M	embership Ro	ster		purposes also. One or all
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Download a Membership Roster

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Step	Action															Comments
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Download the Group Enrollment Details

Action								Comm	ents
From the G									
nc 🕅 🕅							C	ose	
	C Group Enrollment Det	tails + Add Subs	scriber 🔳 Doc	cuments 🔲 🔳 M	embership Ro	oster			
Find a Subscrib									
To locate a subscriber's reco	ord, enter at least part of their name or ID.		Class	ID	Subr	group ID			
Last Name	First Name								
Last Name	First Name	Subscriber ID	Class				+ Find		
Last Name	First Name	Subscriber ID	Class				→ Find		
	First Name						→ Find		
					Class ID	Subgroup ID	 Find Actions 		
We list up to 50 subscriber	s on the home page. Use the fields above	to locate additional sub	scribers and Press th	e 'Find' button					
We list up to 50 subscriber	s on the home page. Use the fields above Subscriber ID	to locate additional sub	scribers and Press th Effective Date	e 'Find' button	Class ID	Subgroup ID	Actions		
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ep	Action	Comments
	The Group Enrollment Details information will automatically	
	download. The details document can be printed or saved.	
	· ·	
	A sample Group Enrollment Details is below.	
	🔯 🚺 BlueCross BlueShield	
	Group Enrolment Details. Page 1	
	Group #:	
	Agent Nerve:	
	Group Contact Information	
	Physical Address: Address Line 2: City:	
	State: Zlp:	
	Group Administrator: Administrator Phone: (919)655-1212 E-Mail Address:	
	Current Benefits & Eligibility	
	Class Ma Class Name F170M	
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	Product Selection: MED Blue Options 1-2-3 3500 H Rx:\$0/\$10/75%/75%	
	Dental Blue Preferred Balanced \$1500 Blue 2020 Exam Only 2NV \$20	
	Contract Effective Date: 05/01/2021	
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	Blue 20/20 Exam Only 2NV/320	
	Confract Effective Dete: 05/01/2021	

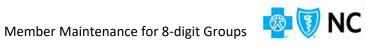
Find a Subscriber - Search

ep	Action								Comments
	From the G	iroup Home	ner Tip: The up/down arrows						
	Last Name	, First Name,	se within the headers can b						
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Download a Subscriber Summary

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Step	Action		
	A sample Sub	scriber Summar	'y is below.
	Subscriber Summary As Of: [05:53	PM - May 23, 2021] BlueShield	
	of North C		
	Subscriber Summary		
	Sub Group: 1002-	UM	
	Subscriber Information Member ID: Employee Name:	Gender: Data of Birth: Hira D	ate: Marital Status: Employment Status:
	10388792100		1753 Single Active
	Dependent Information		and the second
	Member ID: Dependent Name:	Gender: Date of Birth: Relat	ionship to Subscriber: Enrollment Status:
	Benefits		
	Prior Benefits Member Name;	Class: 1002- FI TDM Benefits:	Effective Date:
	EMILY ABOTT	MED:Blue Options 1750 CX:Rx:50/\$4/\$40/\$55/25%	05/01/2020
	· · · · · · · · · · · · · · · · · · ·	Dental Blue Preferred Balanced;\$1500 Blue 20/20 Exam Only 2NV;\$20	05/01/2020 05/01/2020
	Current Benefits	Class: 1002- FI TDM	ALL AND A
	Member Name:	Benefits:	Effective Date:
	EMILY ABOTT	MED:Blue Options 1750 CX;Rx:\$0/\$4/\$40/\$55/25%	05/01/2021
		Dental Blue Preferred Balanced;\$1500 Blue 20/20 Exam Only 2NV;\$20	05/01/2021 05/01/2021
	Other Insurance		

Add a Subscriber

Step	Action	Comments
1	From the Group Home Page, click the Add Subscriber button.	
	🚭 🕅 NC	
	Group Enrollment Details Add Subscriber Generation Generation	
	Last Name First Name Subscriber ID Class ID Subgroup ID	
2	The Add Subscriber: Dates page displays, enter the Subscriber Hire Date and the Signature Date, using the calendar icon pick box. Click the Continue button when completed.	Tip: Manual entry inside the date field is not permitted. The calendar pick box must be utilized.
	Add Subscriber: Dates *Subscriber Hire Date 04/26/2021 *Signature Date 04/26/2021 04/26/2021 1 2 3 4 5 6 7 8 9 10 1 1 2 3 4 4 5 6 7 8 9 10 1 2 3 4 5 25 27 28 29 30	The Subscriber Hire Date and Signature Date will determine if the transaction is a timely new hire or is being added due to a Qualifying Event . These steps reflect a timely new hire.



Step	Action	Comments
3	Add Subscriber: Select Class and Subgroup page displays, if applicable to the group's invoice structure. Select the Class and Subgroup for the Subusing the dropdown menu. Click the Continue button.	scriber transaction will require selection of class and subgroup, if the group has
	Group Home Close	multiple classes and subgroups based on the group's invoice structure.
	Add Subscriber: Select Class and Subgroup	If the group has only one
	1001-QUIN FI TDM	class and one subgroup,
	QUIN FI TDM	this page will not be displayed.
	× Cancel	
4	Enter the subscriber information in the Subscriber Information ta Notice the Hire Date , Effective Date and Signature Date are all pr populated and locked based on dates entered on the previous scr	e- pick box, select year first,
	Group Home Cli	defaulting to an inaccurate
	Add Subscriber Use the fields below to enter Subscriber information	pick box defaults to the
	See the nexts below to entire subscitze information	youngest age available to be enrolled. If you see a
	*Rogunad "First Name "Date of Birth "	reduced list of months,
	Marital Status *Gender Subscriber Status Email Address Hire Date Married	update the year.
	*Address 1 Phone Effective Date 4611 University Dr. (819) 999-9999 07/25/2021	Suffixes should be entered
	Address 2 "SSN Signature Date 111-11-1111 04/26/2021 "Zip Code "City County State	behind the last name in the Last Name field.
	27707 SHANNON PLAZA v Durham NC	Fields with a red asterisk
	Cancel Continue Continue Continue Continue Continue	are required.
	Click the Continue button when finished. Please note: The Effective Date is calculated based on Blue Cross NC burrules based on Hire Date and Signature Date.	city, County and State will auto-populate based on the ZIP Code entered and USPS verification. If multiple cities are associated with the address, select the corresponding option in the city drop down box.



Step	Action	Comments
5	After clicking Continue , the following Add Subscriber page will be displayed with an additional tab for Dependent Information . Click the Add Dependent button to add dependents, if applicable, or click the	
	Continue button to move to the next screen. <i>If no dependents will be added, skip to step number 8.</i>	
	Group Home Close	
	Add Subscriber Use the fields below to enter Subscriber information	
	Subscriber Information Add Dependent Add Dependent	
	Name Gender Date of Birth Relationship to Subscriber Enrollment Status There are currently no dependents associated with this Subscriber <	
	X Cancel	
	* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
6	Enter the dependent's information on the Add Dependent: Details screen.	Tip: If entering a dependent child,
	Group Home Close	Custodial Parent
	Add Dependent: Details	question must be completed. Always
	"First Name Middle "Last Name "Gender "Date of Birth "Relationship to Subscriber SSN Male 05/01/2018 Child	select No if there is no custodial
	"Is there a Custodial Arrangement? No ∽	arrangement.
	X Cancel + Submit Dependent	
	Once completed, click Submit Dependent.	



Step	Action	Comments
7	If additional dependents are to be added, click Add Dependent and continue same process as step 5. When all dependents have been added, click Continue .	Tip: Notice the Enrollment Status reflects the dependents as pending. This is a temporary status until the full new
	Cancel Close Add Subscriber Use the fields below to enter Subscriber information Subscriber Information Add Dependent Information Add Dependent Information Add Dependent Add Dependent Add Dependent Add Dependent Actions Pending Made 05:01:2018 Citid Pending Modily * 1 certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	subscriber enrollment has been sent to our membership system. That occurs in Step 13 with the Certify & Submit button.
8	After clicking Continue , the Add Subscriber screen will display with an additional tab for Benefits . Use the drop down to select chosen benefits for the subscriber and any dependent(s). The Effective Date field will auto-populate by the system once benefits are chosen, as shown below.	Tip: A pop up for prior coverage displays for any member that is newly selecting dental coverage (if applicable). It's important to enter prior dental coverage so appropriate waiting periods can be applied. Dependents can only elect
	Self Intervent BauenBitis Effective Date Effective Date Self 1001-QUIN FI TDM Medical: MED:Blue Options 1-2-3 3500 H;Rx:\$0/\$1075%/75%/75 07/25/2021 Dental: Dental: Dental: Dental: Dental: Dental: 07/25/2021 Vision Blue 20/20 Exam Only 2NV;\$20 07/25/2021 07/25/2021 07/25/2021 Chrid 1001-QUIN FI TDM Medical: MED:Blue Options 1-2-3 3500 H;Rx:\$0/\$10/75%/75%/75%/75%/75%/75%/75%/75%/75%/75%	All enrolled groups have a default Class assigned in the Blue Cross NC
	Vision Vision Vision I certify all information submitted is accurate to the best of my knowledge and that i will retain the supporting documents as required. Click Continue when completed. Please note: The Effective Date field will auto-populate once benefits are chosen, based on the hire date and signature date.	membership system. The medical product description includes the Rx benefit associated with the medical plan. This helps with identifying the correct plan when more than one medical plan is offered by the group. The medical product description may also include HSA or HRA, if applicable.



Step	Action	Comments
9	After clicking Continue , the Add Subscriber screen will display with an additional tab for Other Insurance .	Tip: Other Medical Insurance Information and/or
	Group Home Close	Medical Coverage
	Add Subscriber Use the fields below to enter Subscriber information	Information can be added during Add
	Subscriber Information 🕹 Dependent Information 💩 Benefits 🕂 Other Insurance	Subscriber transaction.
	Other Medical Insurance Information * Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active? No Medicare Coverage Information * ts anyone on this policy covered by Medicare?	
	No. V	
	Cancel Continue Continue Continue Continue Continue	
10	To add Other Medical Insurance Information, select Yes. Click on Add Other Coverage button.	
	Add Subscriber Use the fields below to enter Subscriber Information	
	Subscriber Information & Dependent Information & Benefits + Other Insurance	
	Other Medical Insurance Information * Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active? Yes * Add Other Coverage	
	Additional Carrier Effective Date Termination Date Members Covered There are currently no entries Please use Add Other Coverage button to add a policy. There are currently no entries Please use Add Other Coverage button to add a policy. There are currently no entries Please use Add Other Coverage button to add a policy.	
	Medicare Coverage Information * Is anyone on this policy covered by Medicare? No ~	
	Cancel Continue Continue I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	



ер	Action	Comments
11	Add Other Coverage: Details page displays. Click Submit when all required	
	fields are completed.	
	Group Home Search Logout	
	Add Other Coverage: Details	
	Aud Otter Overlage, Detalis	
	*Insurance Carrier	
	*Policy Number 123456789	
	*Policy Holder First Name *Policy Holder Last Name	
	*Policy Holder Date of Birth	
	"Effective Date	
	01/01/2021 📾	
	Termination or Expected Termination Date 05/21/2021	
	"What kind of Coverage? Individual ~	
	*Persons Covered?	
	☑ MARA BECK Relationship to other coverage policy holder: Self ✓	
	X Cancel + Sulamit	
12	Other Insurance tab displays with other coverage information details. If	
	there is no other coverage to add, select Continue.	
	Group Home Close	
	Add Subscriber	
	Use the fields below to enter Subscriber information	
	🛔 Subscriber Information 🌲 Dependent Information 🎄 Benefits 🔸 Other Insurance	
	Other Medical Insurance Information	
	* Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active?	
	7507	
	+ Add Other Coverage	
	Add Other Coverage Add Other Coverage Effective Date Termination Date Members Covered	
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	Additional Carrier Effective Date Termination Date Members Covered Adma 01001/2021 05/31/2021 MARA BECK Medicare Coverage Information * Is anyone on this policy covered by Medicare?	
	Additional Carrier Effective Date Termination Date Members Coverage Adma 0101/2021 05/31/2021 MARA BECK	
	Additional Carrier Effective Date Termination Date Members Covered Aetria 0101/2021 05/31/2021 MARA BECK Medicare Coverage Information *Is anyone on this policy covered by Medicare?	
	Additional Carrier Effective Date Termination Date Members Covered Adma 01001/2021 05/31/2021 MARA BECK Medicare Coverage Information * Is anyone on this policy covered by Medicare?	



tep	Action					Comments
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	additional tab for	the Summa	ry. This tab reflects	a summary of t	ne	Summary is
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	NC				Group Home Close	it will display the
	NC NC				Croup nome (Crose	Enrollment Status
	Add Subscriber					Pending. The
	Use the fields below to enter Subscriber in	formation				enrollment hasn't
	Subscriber Information	🛃 Dependent Informatio	n 🧟 Benefits 🕂 Other Insurance	E I Summary		been Certified &
	Subscriber Information					Submitted to the
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	Dependent Information					not enrolled yet.
		ender Date of Birth	Relationship to Subscriber	Enrollment Status Pending		Steps 11 & 12
			Ginu	Penuing		provide instructions
	Subgroup Information Subgroup Name	Subgroup ID	Subgroup Effective Date	Subgroup Termination Date		on downloading an
	QUIN FI TDM	1001	07/25/2021	12/31/9999		updated Employee
						Summary.
	Benefit Information	Class: 1001-Q				Culture like a Curat
		p to Subscriber Bene		Effective Date	Term Date	Subscriber Status
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			20/20 Exam Only 2NV;\$20	07/25/2021	12/31/9999	Employee or Cobra (or State
	Other Medical Insurance In		Tormination Data	Manchan Canada		Continuation) statu
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		te additional subscribers and Press the 'Find'				
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	10413646600	03/01/2021	1001		View/Modify	
	10414013500	03/01/2021	1001	1001	View/Modify	
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m	lembership	system in step	59 (Certify &	k Submit).				
	Subscriber Su	BlueCross I of North Ca	BlueShield					
	Subscriber Su	mmary						
	MARA E	BECK						
		r Information						
	Member ID: 10417686100		Gender: Female	Date of Birth:	Hire Da 04/26/2		Employment Status: Active	
	Depender Member ID:	t Information Dependent Name:	Gendar:	Date of Birth:	Polotic	onship to Subscriber:	Enrollment Status:	
	10417686101	DAVID BECK	Male		Child		Active	
	Benefits							
	Current Benefi	ts	Class: 1001-QU	IN FI TDM				
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			Blue 20/20 Exa	m Only 2NV;\$20		07/25/2021		
	DAVID BECK		MED:Blue Optic H;Rx:\$0/\$10/75			07/25/2021		
			Dental Blue Pre	ferred Balanced;	\$1500	07/25/2021		
	Same							
	Other Insur	ance						



How to Add a Dependent to an Existing Subscriber

							Close	
	B Group Enrollment Deta	ails + Add Subs	scriber 🔲 Doo	suments 🔳 Me	mbership Ro	ster		
Find a Subscriber								
To locate a subscriber's record, enter at Last Name Fire	t least part of their name or ID. st Name	Subscriber ID	Class	ID	Subg	roup ID		
							⇒ Find	
We list up to 50 subscribers on the hor	me page Use the fields above t	to locate additional sub:	scribers and Press th	e 'Find' button				
Subscriber Name	Subscriber ID	Date of Birth	Effective Date	Term Date	Class ID	Subgroup ID	Actions	
	10388792100		04/01/2020		1002	1002	View/Modify	
	10388792400		04/01/2020		1002	1002	View/Modify	
	10388791700		04/01/2020		1002	1002	View/Modify	
	10388795100		04/01/2020		1002	1002	View/Modify	
Click the Add De	-		 Terminate Subs 	ucriber + Add	Dependent	+ Add COB	Group Home (
	imary 📔 ID card Requ	uest/Download	- Terminate Subs	scriber) 🕇 Add Summary	Dependent	+ Add COB	Group Home	
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Step	Action	Comments
3	Enter the dependent information and click the Continue button when finished.	Tip: Domestic Partner will be displayed as one of the options that can be selected under Relationship to Subscriber, only if group has elected to provide coverage for domestic partners.
4	Adding dependents to an existing subscriber requires a Qualifying Event (QE). Select the QE from the drop down choices.	Tip: To add a dependent during open enrollment, the group's renewal must be completed in our membership system first. The QE Open Enrollment will only display for selection after the renewal has processed and within the 30 day post effective date open enrollment window. See the Open Enrollment Qualifying Event section in this document for more details.
5	Once the QE has been selected, enter the Qualifying Event Date and Signature Date. Click Continue.	 Tip: For the Qualifying Events below, a future Qualifying Event Date can be selected: Adoption Placement for Adoption/Foster Court ordered dependent coverage Loss of other coverage Loss of other coverage The Qualifying Event date can be up to 30 days in the future from the Signature date. Signature date cannot be > 120 days in the past (i.e., from the current/system /transaction date).



Step	Action	Comments
6	Select the benefits for the dependent from the drop down options. The dependents can enroll in any benefits for which the subscriber is currently enrolled.	Tip: The dependent(s) can enroll in one or all benefits which the
	Group Home Close	Subscriber has enrolled in.
	Add Dependent: Select Benefits for JORDAN ABRAHAM	
	Medical MED:Blue Options 1750 CX;Rx:\$0/\$4/\$40/\$55/25%	
	Dental Duental Blue Preferred Balanced;\$1500 ~	
	Vision Blue 20/20 Exam Only 2NV;\$20	
	Cancel Submit Dependent	
	Click Submit Dependent when completed.	
7	Other Medical Insurance Information page displays. Click Certify and Submit.	
	Group Home Close	
	Other Medical Insurance Information	
	* Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active?	
	No	
	Medicare Coverage Information	
	* Is anyone on this policy covered by Medicare?	
	No V	
	X Cancel A Certify and Submit*	
8	The Add Dependent: Status screen indicates the dependent was added	
	successfully.	
	Group Home Close	
	Add Dependent: Status	
	JORDAN ABRAHAM was added successfully	
	OK	
	Click the Ok button.	



ne screen retu	rns to the Subs	criber Informa	tion tab. To dov	vnload a	
•	dependent the	at was added, c	lick Download S	subscriber	
Summary.					
- Marc				Group Home Close	
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🛓 Download Subscriber Summary	ID card Request/Download	- Terminate Subscriber +	Add Dependent - Terminate Dep	endent + Add COB	
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Subscriber Information	Pependent Information	🚵 Benefits 🗮 Summary			
				Modify Subscriber	
First Name		Middle Last Name		Date of Birth	
JESSICA		ABRAHAM		11/07/1985	
Marital Status Gend		Email Address	Hire Date	Term Date	
Single Y Fe	emale 🗸 Active		01/01/1753		
Address 1 4611 UNIVERSITY DR.			Phone (919) 555-1212	Effective Date 04/01/2020	
			(919) 505-1212	0110112020	
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How to Terminate a Subscriber

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	Group Enroliment Deta	alls 🕂 Add Sub	oscriber 📃 🔲 Doo	cuments III M	embership Ro	ister		
Find a Subscriber								
To locate a subscriber's record, en	ter at least part of their name or ID.							
Last Name	First Name	Subscriber ID	Class	ID	Subç	group ID	_	
							➔ Find	
We list up to 50 subscribers on th	e home page. Use the fields above	to locate additional sut	bscribers and Press th	e 'Find' button.				
Subscriber Name	Subscriber ID	Date of Birth	Effective Date	Term Date	Class ID	Subgroup ID		
	10388792100	10/17/1984			1002	1002	View/Modify	
	10388792400	11/07/1985			1002	1002	View/Modify	
	10388791700	09/18/1952			1002	1002	View/Modify	
	10388795100	09/10/1969			1002	1002	View/Modify	
	10413646600	04/13/1972			1001	1001	View/Modify	
	10414013500	11/16/1967			1001	1001	View/Modify	
	10417686100	05/01/1987			1001	1001	View/Modify	
BLAIR RYAN	10414014300	06/17/1986			1001	1001	View/Modify	
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Step	Action	Comments			
3	The Terminate Subscriber: (subscriber name) page displays. Select the	Tip: Some Termination			
	Termination Reason from the drop down box and enter the Termination	Reasons below will			
	Date. Once all selections are made, select the check box next to the	require additional			
	statement of understanding and click Certify and Submit .	'Signature Date' field to			
	statement of understanding and ellek certify and submit.	complete:			
	Group Home Clase	Other Coverage			
	Terminate Subscriber: RYAN BLAIR	Medicare Primary			
	"Termination Reason	Military			
	Left Employment ~	• FMLA-Subscriber's			
	*Termination Date 04/12/2021	Request			
	Dependent Name Gender Date of Birth Relationship to Subscriber	• Subscriber's			
	NIA BLAIR Female 11/05/1991 Spouse	Request			
	☑ I understand that choosing to Terminate will end coverage for the Subscriber and the dependent(s) listed above.				
		Terminating a subscriber			
	Cancel Cartify and Submit	with enrolled			
	" I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	dependents will			
	L	terminate all members.			
4	The Terminate Subscriber: Status screen indicates the subscriber (and	Tip: This status screen			
	any dependents) was terminated successfully. Click the OK button.	does not reflect all the			
		members associated with			
	Group Home Close	the termination—only			
		the Subscriber. However,			
	Terminate Subscriber: Status	when a Subscriber is			
	torminate equotinue, etalate	terminated, all covered			
	RYAN BLAIR was terminated successfully.	dependents are			
		terminated, as			
	V OK	acknowledged on the			
		previous screen.			
		p			
5	The screen returns to the Group Home Page. The terminated subscriber				
	now indicates a date in the Term Date column.				
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How to Terminate a Dependent

C Group Enrollment Details Add Subscriber E Documents Membership Roster Find a Subscriber's roord, anter at least part of their name or ID. att Name First Name Subscriber ID Class ID Subscriber on the home page. Use the fields above to locate additional subscribers and Press the "Find" button. Subscriber Name Subscriber ID Date of Binh Effective Date Term Date Class ID Subgroup ID Actions 10380702100 04/01/2020 1002 1002 VewrModry 	
Find a Subscriber a locate a subscriber's record, enter at least part of their name or ID as Name First Name Subscriber ID Class ID Subgroup ID We list up to 50 subscribers on the nome page. Use the fields above to locate additional subscribers and Press the "Find" button. Subscriber Name Subscriber ID Class ID	
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Ant Name First Name First Name Subscriber ID Class ID Subgroup ID We list up to 50 subscribers on the home page. Use the fields above to locate additional subscribers and Press the Find button. Image: Subscriber ID Image: Date of Birth Effective Date Term Date Class ID Subgroup ID Actions Subscriber Name Image: Subscriber ID Image: Date of Birth Effective Date Term Date Class ID Subgroup ID Actions Image: I	
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10414014300 01/30/2021 04/30/2021 1001 1001 View/Medity	
BON, JOHN 10414013800 01/30/2021 1001 View/Modify	
Download Subscriber Summary III ID card Request/Download - Terminate Subscriber + Add Dependent - Terminate Dependent + Add COB Change Subgroup	
Subscriber Information Ar Dependent Information A Benefits	
First Name Middle Last Name Date of Birth	
JOHN BON	
JOHN BON	
JOHN BON Marital Status Gender Subscriber Status Email Address Hire Date Term Date Married ✓ Male ✓ Active 11/01/2020 11/01/2020	
JOHN BON BON Marital Status Gender Subscriber Status Email Address Hire Date Term Date	
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JOHN BON Marital Status Gender Subscriber Status Email Address Hire Date Married ✓ Male Acdres	



Step	Action	Comments
3	Select the Termination Reason from the drop down, and enter the	
	Termination Date and Signature Date. Select the applicable dependent(s) to	
	be terminated. Once all selections are made, select the check box next to the	
	statement of understanding and click Certify and Submit .	
	Group Home Close	
	Terminate Dependents for JOHN BON	
	*Termination Reason	
	Ofher Coverage	
	"Termination Date 04/28/2021	
	*Signature Date 04/28/2021 mm	
	Select Dependent Name Gender Date of Birth Relationship to Subscriber	
	MARYBETH BOND Female 10/16/1991 Spouse	
	SI understand that choosing to Terminate will end coverage for the selected dependent(s) listed above from the Subscriber's policy.	
	Certify and Submit: ' (certify all information submitted is accurate to the best of my knowledge and that will retain the supporting documents as required.	
4	The Terminate Dependents: Status page indicates the dependent(s) was	
	terminated successfully.	
	Group Home Close	
	Terminate Dependents: Status	
	The following dependents were successfully terminated from the policy of JOHN BON MARYBETH BOND	
	<mark>✓ OK</mark>	
5	The Subscriber Information tab displays. Click the Download Subscriber	
_	Summary button.	
	Group Home Close	
	🛓 Download Subscriber Summary 🔠 ID card Request/Download 🚽 Terminale Subscriber 🕇 Add Dependent 🕇 Add COB 🖌 Change Subgroup	
	Re-Enroll Reinstate	
	Subscriber Information & Dependent Information & Benefits	
	First Name Middle Last Name Date of Birth	
	JOHN BON	
	Marital Status Gender Subscriber Status Email Address Hire Date Term Date Married	
	Address 1 Phone Effective Date	
	01/30/2021	
	Zip Code City County State 27519 CARY Viake NG	
	The summary automatically desurbands	
	The summary automatically downloads.	



The Enrollment Status for the newly terminated dependent is now reflected as Termed. The Subscriber Summary can be printed or saved.	Action	Comments
as Termed. The Subscriber Summary can be printed or saved.	The Enrollment Status for the newly terminated dependent is now reflected	
Subscriber Summary As 01: [10:24 PM - May 23, 2021] Subscriber Summary Subscriber Summary JOHN BON Subscriber Information Member ID: Employee Name: Conder: Date of Birth: Hire Date: Marial Status: Employment Status: 11/01/2020 Marined Active Dependent Information Member ID: Dependent Name: Conder: Date of Birth: Relationship to Subscriber. Termed Dependent Name: Conder: Date of Birth: Relationship to Subscriber. Termed Dependent Name: Conder: Date of Birth: Relationship to Subscriber. Termed Dependent Name: Conder: Date of Birth: Relationship to Subscriber. Termed Dependent Name: Conder: Spouse Dependent Name: Const: 1001-QUIN FI TDM Member Name: Denefits Class: 1001-QUIN FI TDM JOHN BON MED:Bite Options 5000 01/30/2021 JOHN BON MED:Bite Options 5000 01/30/2021 MARYBETH BOND MED:Bite Options 5000 01/30/2021 Mary Berlin Bond MED:Bite Options 5000 01/30/2021 Crick: 3044/40/356525% Dental Bite Preferred Balanced; \$1500 01/30/2021 Mary Berlin Bond Class: 1001-QUIN FI TDM Member Name: Empeditis Effective		
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Member Name: Benefits: Effective Date: JOHN BON MED:Blue Options 5000 C;Rx:\$0/\$4/\$40/\$55/25% 01/30/2021 MARYBETH BOND MED:Blue Options 5000 Dental Blue Preferred Balanced;\$1500 01/30/2021 MARYBETH BOND MED:Blue Options 5000 C;Rx:\$0/\$4/\$40/\$55/25% 01/30/2021 Current Benefits Class: 1001-QUIN FI TDM Member Name: Benefits: Effective Date:	Benefits	
JOHN BON MED:Blue Options 5000 C;Rx:\$0/\$4/\$40/\$55/25% 01/30/2021 01/30/2021 MARYBETH BOND MED:Blue Options 5000 C;Rx:\$0/\$4/\$40/\$55/25% 01/30/2021 01/30/2021 Current Benefits Class: 1001-QUIN FI TDM Member Name: Benefits: Effective Date:	Prior Benefits Class: 1001-QUIN FI TDM	
C;Rx:\$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced;\$1500 01/30/2021 C;Rx:\$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced;\$1500 01/30/2021 C;Rx:\$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced;\$1500 01/30/2021 Current Benefits Class: 1001-QUIN FI TDM Member Name: Benefits: Effective Date:		
MARYBETH BOND MED:Blue Options 5000 C;Ro:\$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced;\$1500 01/30/2021 Current Benefits Class: 1001-QUIN FI TDM Member Name: Benefits: Effective Date:	JOHN BON MED:Blue Options 5000 01/30/2021 C;Rx:\$0/\$4/\$40(\$55/25%	
C;Rx:\$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced;\$1500 01/30/2021 Current Benefits Class: 1001-QUIN FI TDM Member Name: Benefits: Effective Date:		
Current Benefits Class: 1001-QUIN FI TDM Member Name: Benefits: Effective Date:		
Member Name: Benefits: Effective Date:	Dental Blue Preferred Balanced;\$1500 01/30/2021	
	Current Benefits Ciass: 1001-QUIN FI TDM	
JOHN BON Dental Blue Preferred Balanced;\$1500 05/01/2021	Member Name: Benefits: Effective Date:	
1	JOHN BON Dental Blue Preferred Balanced;\$1500 05/01/2021	1
	JOHN BON Dental Blue Preferred Balanced;\$1500 05/01/2021	



How to Modify the Subscriber's Demographic Information

rom the Gro								Comments
	oup Home Page	e, locate	the sub	scriber 1	that ha	as demo	ographic	
nformation t	o be updated.	Click Vie	w/Mod	ifv.				
				,				
nc 🕅 🕅							Close	
	Group Enroliment Det	ails 🕂 Add Sub	scriber 🛛 🔳 Doc	uments III M	embership Ros	ter		
	El cicup Entoinient Bor				emberemp rioa			
Find a Subscribe	r							
	enter at least part of their name or ID.						_	
Last Name	First Name	Subscriber ID	Class	ID	Subg	roup ID		
							➔ Find	
We list up to 50 subscribers or	the home page. Use the fields above	to locate additional sub	scribers and Press th	e 'Find' button.				
Subscriber Name	Subscriber ID	Date of Birth	Effective Date	Term Date	Class ID	Subgroup ID	♦ Actions	
	10388792100		04/01/2020		1002	1002	View/Modity	
	10388792400		04/01/2020		1002	1002	View/Modify	
	10388791700		04/01/2020		1002	1002	View/Modify	
	10388795100		04/01/2020		1002	1002	View/Modify	
			CONTRACTOR OF THE OWNER OWNE		1001	1001	View/Modify	
apex, lauren	riber Informat	t ion tab,	click Mc	odify Su	bscrib	-	vannouly	
		tion tab,		odify Su	-	er.	me Close	
On the Subsc	riber Informat		click Mc	odify Su	-	er. Group He	amè Close	
Dn the Subsc	riber Informat		click Mc		bscrib	er. Group He	amè Close	
Dn the Subsc The Subsc NC	riber Informat	vnload – Termina	click Mc		bscrib	er. Group He	amè Close	
On the Subsc	riber Informat	vnload – Termina	click Mc		bscrib	er. Group Ho	ome Close Ibgroup	
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Dn the Subsc Dn the Subsc NC Download Subscriber Subscriber Subscriber Informat	riber Informat	n 🔒 Benefits	click Mc		bscrib	er. Group Ho Change Su	ome Close bgroup	
Dn the Subsc Dn the Subsc NC Covinional Subscriber S Subscriber Informat First Name LAUREN Marital Status	ummary I Dependent Informatio	n 💩 Benefits Middle Last No	click Mc		+ Add COB	er. Group Ho Change Su	ome Close bgroup	
Don the Subsc Download Subscriber S Download Subscriber Informat First Name LAUREN. Marital Status Single ~	ummary 🗈 ID card Request/Doc on 🛃 Dependent Informatic	n 🍰 Benefits Middle Last Ni APE:	click Mc		+ Add COB	er. Group Ho Change Su Change Su Date of Birth Term Date	ome Close bgroup	
Dn the Subsc Dn the Subsc NC Covinional Subscriber S Subscriber Informat First Name LAUREN Marital Status	ummary Dependent Informatio	n 🍰 Benefits Middle Last Ni APE:	click Mc		+ Add COB	er. Group Ho Change Su (* Modify Subs Date of Birth	ome Close bgroup eniber	
Don the Subsc Download Subscriber S Download Subscriber Informat First Name LAUREN. Marital Status Single ~	ummary Dependent Informatio	n 🍰 Benefits Middle Last Ni APE:	click Mc		+ Add COB	Croup Ho Change Su Change Su Date of Birth Term Date Effective Dat	ome Close bgroup eniber	
Don the Subsc Download Subscriber S Download Subscriber Informat First Name LAUREN Marital Status Single ~ Address 1	ummary Dependent Informatio	n 🍰 Benefits Middle Last Ni APE:	click Mc		+ Add COB	Croup Ho Change Su Change Su Date of Birth Term Date Effective Dat	ome Close bgroup eniber	
Don the Subscr Don the Subscr Download Subscriber S Download Subscriber S Download Subscriber Informat Single Address 1 Address 2 Jip Code City	criber Information	n & Benefits Middle Last Ni APE Email Ac	click Mc		+ Add COB Hire Date 12/01/2020 Phone Stat	Croup Ho Change Su Change Su Date of Birth Term Date Effective Dat 03/01/202	ome Close bgroup eniber	
Dn the Subsc Cn the Subsc NC Subscriber Informat First Name LAUREN Marital Status Single ~ Address 1 Address 2	criber Information	n & Benefits Middle Last Ni APE Email Ac	click Mc		+ Add COB Hire Date 12/01/2020 Phone	Croup Ho Change Su Change Su Date of Birth Term Date Effective Dat 03/01/202	ome Close bgroup eniber	
Dn the Subscr Dn the Subscr Download Subscriber S Subscriber Informat First Name LAUREN Marital Status Single ~ Address 1 Address 2 Zip Code City	criber Information	n & Benefits Middle Last Ni APE Email Ac	click Mc		+ Add COB Hire Date 12/01/2020 Phone Stat	Croup Ho Change Su Change Su Date of Birth Term Date Effective Dat 03/01/202	ome Close bgroup eniber	



Step	Action				Comments
3	NC NC			Group Home Close	Tip: Date of Birth
	Modify Subscriber			*Required	and SSN (social
					security number) are
	"First Name LAUREN	Middle "Last Name APEX		*Date of Birth	not editable. Any
	Marital Status Gender	Subscriber Status Email Address	Hire Date	Term Date	changes to these
	Single 😽 Male	- Active -	12/01/2020		fields must be
	"Address 1		Phone (919) 999-9999	Effective Date 03/01/2021	completed outside of
	Address 2				the member
					maintenance
	*Zip Code *City 27707 SHANNON PLAZA	County	Sta		application and be sent to Blue Cross NC
	27707 SHANNON PLAZA	A - Durham		ю.	
	Cancel	mit			for processing.
		urate to the best of my knowledge and that I will retain the supporting do	cuments as required.		Domographie
	Chief der Mehrenstone				Demographic
	The Modify Subse	riber page displays.			changes can be
					performed on
	First Name, Last N	lame, Middle Initial, Marital	Status, Gender	r, Subscriber	terminated
	Status*, Email Ado	dress, Address 1 & 2 and Zip	Code can all be	e modified.	subscribers and/or
					dependents.
	*Subscriber status (can be modified from Active to	Retiree only for	groups that	
		ge. Please note: Retiree covera	-		
		rket who have the benefit appr			
	contract.	iket who have the benefit appr			
	contract.				
	Once information	is updated, click Certify and	Submit.		
4	The Modify Subsc	riber: Status page indicates t	the Subscriber I	nformation	
	was updated succe	essfully. Click Ok .			
	NC 💀 🕅 NC		G	roup Home Close	
	Modify Subscriber: S	Status			
	Subscriber Information for L	AUREN APEX was successfully updated.			
	V OK				
1	1				



How to Modify the Subscriber's Benefit Election

rom tha C	roup Home Pag		tho cut	occribor	that he	s hone	fi+	Comments Tip: Benefits can
					liat lie	is belle		modified for a
normation	to be updated.		ew/ivio	any.				subscriber with t
nc 🕅							Close	
								Events:
	Group Enrollment Det	ails + Add Sub	scriber 🔲 🔲 Doo	cuments 📃 🔳 N	embership Roste			
Find a Subscrib	ber							Loss of Othe
To locate a subscriber's reco	ord, enter at least part of their name or ID.							Coverage
Last Name	First Name	Subscriber ID	Class	s ID	Subgro	JD D	-	Marriage
							♣ Find	Birth
We list up to 50 subscribers	s on the home page. Use the fields above	to locate additional sub	bscribers and Press th	ne 'Find' button				Adoption
Subscriber Name	Subscriber ID	Date of Birth	Effective Date	Term Date	Class ID	Subgroup ID	Actions	Placement f
	10388792100		04/01/2020		1002	1002	View/Modify	Adoption/Fo
	10388792400		04/01/2020		1002	1002	View/Modify	
	10388791700		04/01/2020		1002	1002	View/Modify	Court Order
	10388795100		04/01/2020		1002	1002	View/Modify	Dependent
AMAL, JUSTIN	10399035100		04/01/2021		1001	1001	View/Modify	Coverage
								Spouse D
								 Spouse Div Open Enrol Period (Op
								 Spouse Dive Open Enrol Period (Open Enrollment display onc
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								 Spouse Div Open Enro Period (Op Enrollment display ond group's rer has been p and for 30 following t
NC Nownload Subscribe Subscriber Inform First Name		nitoad – Termina n 🔥 Benefits Middle Last Na	ate Subscriber +	e Benef	+ Add COB	Group Hon Change Subsc Control Modily Subsc Date of Birth	group.	 Spouse Dive Open Enroll Period (Ope Enrollment display once group's ren has been pr and for 30 c following th
NC Download Subscribe Subscriber Inform First Name JUSTIN	r Summary 🔲 ID card Request/Dow nation 🛛 🛃 Dependent Information	n Benefits Middle Last Na AMA	ate Subscriber +		+ Add COB	Group Hon C Change Sub C Modily Subsci Date of Birth	group.	 Spouse Dive Open Enroll Period (Ope Enrollment display once group's ren has been pr and for 30 c following th
NC Nownload Subscribe Subscriber Inform First Name	r Summary 🛛 🖩 ID card Request/Dow	n Benefits Middle Last Na AMA	ate Subscriber +		+ Add COB	Group Hon	group.	 Spouse Dive Open Enroll Period (Ope Enrollment display once group's ren has been pr and for 30 c following th
NC Download Subscribe Subscriber Inform First Name JUSTIN Marital Status	r Summary 🔠 ID card Request/Dow nation 🛃 Dependent Informatio Gender Subscriber Status	n Benefits Middle Last Na AMA	ate Subscriber +		+ Add COB	Group Hon C Change Sub C Modily Subsci Date of Birth	group.	 Spouse Dive Open Enroll Period (Ope Enrollment display once group's ren has been pr and for 30 c following th
Control Subscriber Subscriber Inform First Name JUSTIN Marital Status Single	r Summary 🔠 ID card Request/Dow nation 🛃 Dependent Informatio Gender Subscriber Status	n Benefits Middle Last Na AMA	ate Subscriber +		+ Add COB Hire Date 01/01/1753	Group Hon Change Suby Ge Modify Subsco Date of Birth Term Date	group.	 Spouse Dive Open Enroll Period (Ope Enrollment display once group's ren has been pr and for 30 c following th
Control Subscriber Subscriber Inform First Name JUSTIN Marital Status Single	r Summary 🔠 ID card Request/Dow nation 🛃 Dependent Informatio Gender Subscriber Status	n Benefits Middle Last Na AMA	ate Subscriber +		+ Add COB Hire Date 01/01/1753 Phone	Group Hon Change Sub Change Sub Cate of Birth Term Date Effective Date	group.	 Spouse Dive Open Enroll Period (Ope Enrollment display once group's ren has been pr and for 30 c following th
NC Download Subscriber Subscriber Inform Pirst Name JUSTIN Marital Status Single Address 1	r Summary III ID card Request/Dow nation Cependent Information Gender Subscriber Status Male V Active	n Benefits Middle Last Na AMA	ate Subscriber +		+ Add COB Hire Date 01/01/1753 Phone	Group Hon Change Sub Change Sub Cate of Birth Term Date Effective Date	group.	Spouse Dive



	click the Medify Barr	fite button			omments
	, click the Modify Bene	ents button.			
nc 🛛			Group Home Close		
🛓 Download Subscriber Summary 📗 🗐 ID ca	ard Request/Download - Terminate Subscriber +	Add Dependent + Add CC	B Change Subgroup		
Subscriber Information	dent Information 🔒 Benefits 🗮 Summary				
Benefit Information			C Modify Benefits		
Prior Benefits Name Relationship to Subscribe	Class: 1001-QUIN FI TDM	Effective Date	Term Date Actions		
JUSTIN AMAL Self	MED Blue Options 5000 C,Rx \$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced,\$1500	04/01/2021 04/01/2021	04/30/2021 04/30/2021		
	Blue 20/20 Exam Only 2NV \$20	04/01/2021	04/30/2021		
Current Benefits Name Relationship to Subscribe	Class: 1001-QUIN FI TDM	Effective Date Term Dat	Actions		
JUSTIN AMAL Self	Dental Blue Preferred Balanced,\$1500	05/01/2021	Cancel Coverage		
	Blue 20/20 Exam Only 2NV,\$20	05/01/2021	Cancel Goverage		
The Modify Benefits:	Qualifying Event Details	page display	S		
nc			Group Home Close		
Modify Benefits: Qualifying	g Event Details				
Qualifying Event					
Loss of Other Coverage	~				
*Other Coverage Type Other	~				
Qualifying Event Date					
05/01/2021 🛗 *Signature Date					
05/01/2021 🛗					
X Cancel					
	2				
Complete the Quali	fying Event, Other Cov	erage Type	(if choosing L	oss of	
complete the quui			. –		
Other Coverage) dr				and	
	k Continue.			and	
Signature Date. Clic		_	_		
Signature Date. Clic On the Modify Bene	efits page, select the be	enefits to be	e modified. Us	e the drop	
Signature Date . Clic On the Modify Bene down to make bene	efits page, select the be fit selections. The Effe	enefits to be	e modified. Us	e the drop	
Signature Date . Clic On the Modify Bene down to make bene coverage will autom	efits page, select the be fit selections. The Effe	enefits to be	e modified. Us	e the drop	
Signature Date. Clic On the Modify Bene down to make bene coverage will autom	efits page, select the be fit selections. The Effe	enefits to be	e modified. Us or newly adde	e the drop	
Signature Date . Clic On the Modify Bene down to make bene coverage will autom	efits page, select the be fit selections. The Effe	enefits to be	e modified. Us or newly adde	e the drop	
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Signature Date. Clic On the Modify Bene down to make bene coverage will autom	efits page, select the be efit selections. The Effe natically populate.	enefits to be	e modified. Us or newly adde	e the drop	
Signature Date. Clic On the Modify Bene down to make bene coverage will autom Modify Benefits Current Benefits Name Relationship to Subscriber 2 C	efits page, select the be efit selections. The Effe natically populate.	enefits to be ctive Date f	e modified. Us or newly adde	e the drop	
Signature Date. Clic On the Modify Bene down to make bene coverage will autom Modify Benefits Current Benefits Name Relationship to Subscriber 2 C	efits page, select the be efit selections. The Effe natically populate.	enefits to be ctive Date f	e modified. Us or newly adde	e the drop	
Signature Date. Clic On the Modify Bene down to make bene coverage will autom Modify Benefits Current Benefits Name Relationship to Subscriber 2 C	efits page, select the be efit selections. The Effe natically populate.	enefits to be ctive Date f	e modified. Us or newly adde	e the drop	
down to make bene coverage will autom	efits page, select the be efit selections. The Effe natically populate.	enefits to be ctive Date f	e modified. Us or newly adde	e the drop	



Step	Action	Comments
6	The Other Medical Insurance Information displays. Click Certify and Submit.	
	Group Home Close	
	Other Medical Insurance Information	
	* Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active?	
	Medicare Coverage Information	
	° is anyone on this policy covered by Medicare? No ∽	
	K Cancel	
6	The Modify Benefits: Status screen indicates the Benefit Information was updated successfully. Click Ok .	Tip: To verify the transaction, download the
	Group Home Close	Subscriber Summary which is
	Modify Benefits: Status	available after every subscriber and
	Benefit Information for JUSTIN AMAL was successfully updated.	member transaction.



How to Cancel Coverage for a Line of Business

						removes enre
🐵 🗑 NC					Close	in a line of co
						or product bu
🖾 Group Enrollm	ent Details + Add Sut	iscriber 🔠 Documents 🗐	Membership Roster			not terminat
Find a Subscriber						member enti
To locate a subscriber's record, enter at least part of their nam	e or ID.					from coverage
Last Name First Name	Subscriber ID	Class ID	Subgrou	ip ID		full terminati
					→ Find	requested,
We list up to 50 subscribers on the home page. Use the field	s above to locate additional su	oscribers and Press the 'Find' button				Terminate
Subscriber Name 🗘 Subscrib	er ID 🗢 Date of Birth	Effective Date 🗘 Term Date	e Class ID 🖨	Subgroup ID	Actions	Subscriber o
1038879	2100	04/01/2020	1002	1002	View/Modify	Terminate
1038879	2400	04/01/2020	1002	1002	View/Modify	Dependent a
1038879	1700	04/01/2020	1002	1002	View/Modify	appropriate
ALBERT, DANA 1038879	5100	04/01/2020	1002	1002	View/Modify	
1039903	5100	04/01/2021	1001	1001	View/Modify	transactions
1041364	5600	03/01/2021	1001	1001	View/Modify	utilize.
1041401	3500	03/01/2021	1001	1001	View/Modify	
On the Subscriber Inform a		ck the Benefits	tab.			
On the Subscriber Informa		ck the Benefits	tab.	Group H	ome Close	
r∰ ₩ NC	ation tab, cli					
	ation tab, cli	ite Subscriber 🔒 Add Dependent			ome Close Add CCB	
r∰ ₩ NC	ation tab, cli	ite Subscriber 🔒 Add Dependent				
Download Subscriber Summary	est/Download – Termina Change	Ne Subscriber + Add Dependent Subgroup				
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Download Subscriber Summary ID card Requ Subscriber Information Compared Information	est/Download - Termina commation & Benefitts Middle Last /	Ne Subscriber + Add Dependent Subgroup		ependent + /	Add COB	
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	est/Download - Termin Commation Benefits Middle Last f	Ne Subscriber + Add Dependent Subgroup Subgroup Summary Iame LERT	- Terminate De Hire Date 01/01/1753	Pendent + A	Add COB	
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	est/Download - Termin Commation Benefits Middle Last f	Ne Subscriber + Add Dependent Subgroup Subgroup Summary Iame LERT	- Terminata De Hire Date 01/01/1753 Phone	C2 Modify Sub Date of Birth Term Date Effective Da	Add COB	
Download Subscriber Summary Download Subscriber Summary Subscriber Information First Name DANA Martial Status Gender Subscrib Martied Marted Address 1 Address 2	est/Download - Termin contailon & Benefits Middle Last AL er Status Email J	Ne Subscriber + Add Dependent Subgroup Subgroup Summary Iame LERT	- Terminate De Hire Date 01/01/1783 Phone (919) 555-1212	C2 Modify Sub Date of Birth Term Date Effective Da	Add COB	
Download Subscriber Summary Download Subscriber Summary Subscriber Information First Name DANA Marital Status Gender Subscrib Marited Address 1	est/Download - Termin Commation Benefits Middle Last f	Ne Subscriber Add Dependent Subgroup	- Terminate De Hire Date 01/01/1783 Phone (919) 555-1212	C Modify Subi Date of Birth Term Date Effective Da 2 04/01/202	Add COB	



tep	Action					Comments
3	On the Ben	efits tab, s	elect Cancel Coverage for t	he corresponding m	nember	Tip: Cancelling a
	and benefit	•				specific line of
	NC 💀			Gro	up Home Close	coverage on a
						subscriber also
	A Download Subscr	riber Summary 🔳 IE		to Dependent - Terminate Dependent	+ Add COB	cancels that coverage
			Change Subgroup			or line of business for
						any enrolled
	👗 Subscriber In	formation 🛃 Dep	pendent Information 🕈 Benefits 🗮 Summary			dependents.
	5.00			CZ Mo	tity Benefits	
	Benefit Informat	tion		-		
	Current Benefits		Class: 1002 NIVAN FI TDM			
	DANA ALBERT	Relationship to Subsc Self	riber Benefits MED Blue Options 1750 CX Rx \$0/\$4/\$40/\$55/25%	Effective Date Term Date Action 05/01/2021 Cancel	Coverage	
			Dental Blue Preferred Balanced,\$1500 Blue 20/20 Exam Only 2NV:\$20	05/01/2021 Cancel	Coverage Coverage	
	Jessy Albert	Spouse	MED Blue Options 1750 CX,Rx \$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced.\$1500	05/01/2021 Cancel 05/01/2021 Cancel	Coverage	
			Blue 20/20 Exam Only 2NV:\$20		Coverage	
	Bobby Albert	Child	MED:Blue Options 1750 CX:Rx:\$0/\$4/\$40/\$55/25% Dental Blue Preferred Balanced;\$1500	05/01/2021 Cancel	Coverage Coverage	
			Blue 20/20 Exam Only 2NV:\$20	05/01/2021 Cancel	Coverage	
			ion Reason from the drop d	lown, enter the Can	cellation	
	Date and Si	gnature D	ate.			
	nc 🕅 🕅	-		Gro	up Home Close	
	Cancel Coverage	e for Jessy Albert : N	MED:Blue Options 1750 CX;Rx:\$0/\$4/\$40/\$55/25%			
			a second second second second			
	*Cancellation Reason Other Coverage		~			
	*Cancellation Date					
	05/12/2021 🛗					
	*Signature Date 05/12/2021 🛗					
	× Cancel	Certify and Submit*				
	* I certify all information	on submitted is accurate	to the best of my knowledge and that I will retain the supporting do	cuments as required.		
	Click the Ce	rtify and S	Submit button.			
		-				
	The Cancel	Coverage:	Status screen indicates the	e coverage was upda	ated	Tip: To verify the
	successfully	-		5 1		transaction,
				and the second	-	download the
	nC 🕅 🧟 🖉	and the second second		Group Home	Close	Subscriber Summary
						which is available
ļ	Cancel Co	verage: Status	Ś			after every
						subscriber and
	Coverage for J	essy Albert was su	uccessfully updated.			member transaction.
	🗸 Ok					



Open Enrollment Qualifying Event

Step	Action	Comments
1	Once a group has been processed for renewal by Blue Cross NC, a Qualifying	Tip: If the Open
	Event of Open Enrollment will display in the drop-down selection.	Enrollment QE is not
		displaying, then the
	Open Enrollment will display for 30 days following the renewal date.	group renewal has
	Group Home Close	not yet been processed by Blue
		Cross NC.
	Modify Benefits: Qualifying Event Details	
	*Qualifying Event	For enrolled
	v v	members requesting
	Loss of Other Coverage	Open Enrollment
	Marriage Birth	changes, use the
	Adoption	Modify Benefits
	Placement for Adoption/Foster Court Ordered Dependent Coverage Spouse Divorcé	button from the subcriber's benefit
	Open Enrollment Period	tab. Enter the
		subscriber changes
	Select Open Enrollment Period as the Qualifying Event, enter the required	prior to any
	Signature Date and click Continue to proceed with the rest of the requested	dependent changes.
	transaction.	This will ensure the
		correct plans are
	As soon as the renewal has been processed, Open Enrollment will display as an	available for
	available QE option for all transaction requests as appropriate (Add a Subscriber,	dependents to elect.
	Add a Dependent, Modify Benefits, etc.).	
		There is no black-out
		period for renewal Open Enrollment
		processing in the
		maintenance
		application.



How to Modify the Subgroup for a Subscriber

Groups can request an account structure to include multiple subgroups with Blue Cross NC. Subgroups are multiple billing locations. To transfer an employee to another work location (subgroup), follow the below steps.

Step	Action	Comments
1	From the Group Home page, locate the subscriber that has a subgroup	
	to be updated. Click View/Modify.	
	🚭 🗑 NC	
	🔯 Group Errollment Details 🛛 🕂 Add Subscriber 🖉 Documentis 🖉 Merrbership Roster	
	Find a Subscriber	
	To locate a subscriber's record, enter at least part of their name or ID.	
	Last Name First Name Subscriber ID Class ID Subgroup ID	
	We list up to 50 subscribers on the home page. Use the fields above to locate additional subscribers and Press the Trind button.	
	Subscriber Name Subscriber ID	
	ABOTT, EMILY 10388752100 04/01/2020 1002 1002 View/likedy 10388752400 04/01/2020 1002 1002 View/likedy	
	10388791700 04/012020 1002 1002 View/Modify	
	10389795100 04/01/2020 1002 1002 View/Modify	
2	To change the subgroup of the subscriber, select the Change Subgroup	Tip: The 'Change
	button.	Subgroup' button only
	Group Home Close	appears if there are
	🛓 Download Subscriber Summary 🔳 ID card Request/Download 🦳 Terminate Subscriber 🕴 Add Dependent 🚺 🕈 Add COB 🖉 Change Subgroup	multiple subgroups
		available for the group.
	🛓 Subscriber Information 🛛 & Dependent Information 🔒 Benefits 🛛 🗮 Summary	
	27 Modify Subscriber	
	First Name Date of Birth EMILY ABOTT	
	Marital Status Gender Subscriber Status Email Address Hire Date Term Date	
	Single v Male v Active 01/01/1753 Address 1 Phone Effective Date	
	(919) 555-1212 0-4/01/2020	
	Address 2	
	Zip Code City County State	
	27707 DURHAM ~ Durham NC	
3	The Change Subgroup page displays. Select the New Subgroup from	
	the New Subgroup drop-down menu. Enter the effective date for the	
	subscriber on their new subgroup. Click Done .	
	Group Home Close	
	and the second se	
	Change Subgroup	
	Current Subgroup	
	NIVAN FI TDM	
	QUIN FI TDM ~	
	Effective Date	
	06/01/2021 🛗	
	X Cancel	



Step	Action		Comments
4	The Change Subgroup: Status page displays. Click	Ok.	Tip: To verify the transaction, download the
	NC NC	Group Home Close	Subscriber Summary which is available after
	Change Subgroup: Status Subgroup was successfully changed.		every subscriber and member transaction.
	✓ OK		

How to Modify the Class for a Subscriber

Groups can request an account structure to include classes with Blue Cross NC. A class is a sub-section of employees that are separated in designated groupings on one invoice with one payment remittance for the group. Examples of a class are departments, divisions, locations, etc.

How to Modify the Class for a Subscriber without QLE

tep	Action			Comments
1	When a group has more t	han one class with th	e same benefits, the	Tip: Select the Modify
	Modify Class button disp	Benefits button to mov		
	message: "Modify Class r	a subscriber from one		
	class to another if the cla	e class to another when		
	effective the first of the f		•	classes have different
	utilized to change benefi	•	• •	
				other benefit changes.
	This function may be use	d when classes are set	t up on the group account	•
	as locations, departments			required for any change
	are the same.			in benefit.
	Select Modify Class.			A subscriber's class
	Select Modify Class.		Group Home Search Logout	change will change the
	NC	Summan — Terminale Subscriber 🔶 Add De		
		Summary – Terminale Subscriber + Add Dep		change will change the
	Download Subscriber S			change will change the
	NC			change will change the
	Download Subscriber S	rmation 🍰 Benefits 🗮 Summary	pendent Add COB	change will change the
	Download Subscriber Download Subscriber Subscriber Information Dependent Info Modify Class may be utilized to move members from of following month. Modify Benefits may be utilized to cha	rmation 🍰 Benefits 🗮 Summary	pendent Add COB	change will change the
	Download Subscriber Download Subscriber Subscriber Information Modify Class may be utilized to move members from on following month. Modify Benefits may be utilized to cha Benefit Information	rmation 🍰 Benefits 🗮 Summary	pendent + Add COB	change will change the
	Download Subscriber Download Subscriber Subscriber Information Modify Class may be utilized to move members from on following month. Modify Benefits may be utilized to cha Benefit Information	e class to another if the classes have the same bene nge benefits for a member with a Qualifying Life Eve	pendent + Add COB	change will change the
	Download Subscriber Download Subscriber Subscriber Information Modify Class may be utilized to move members from of following month. Modify Benefits may be utilized to cha Benefit Information Pror Benefits Class. 10	e class to another if the classes have the same bene nge benefits for a member with a Qualifying Life Eve 02-Class 2	pendent + Add COB	change will change the
	Coverious Subscriber Dependent Info Subscriber Information Modify Class may be utilized to more members from of following month. Modify Benefits may be utilized to cho Benefit Information Prior Benefits Class: 10 Name Relationship to Subscriber JENNA ABOTT Set	rmalion & Benefits E Summary e class to another if the classes have the same bene inge benefits for a member with a Qualifying Life Eve 22-Class 2 Benefits MED Blue Options 3500 DX:Rx 50/s15/545/590/25%	Add COB Affis. Class changes are effective the first of the Int. If Modify Class If Modify Benefits Effective Date Term Date Actions 02/01/2021 04/30/2021	change will change the
	Current Benefits Class: 10	mation Benefits Summary eclass to another if the classes have the same bene me class to another if the classes have the same bene member with a Qualifying Life Eve 2class 2 Benefits MED Blue Options 3500 DX Rx 50/s15/545/590/25% Blue 20/20 Exam Only 2NV 320	Add COB Affis. Class changes are effective the first of the Int. If Modify Class If Modify Benefits Effective Date Term Date Actions 02/01/2021 04/30/2021	change will change the
	Subscriber Information Subscriber Information Subscriber Information Modify Class may be utilized to move members from or following month. Modify Benefits may be utilized to char Benefit Information Prior Benefits Class: 10 Name Relationship to Subscriber JENNA ABOTT Set UENNA ABOTT Set UENNA ABOTT Set		Add COB	change will change the



2 Modify Class page				Comments	
	ge displays. Se	elect the Class from the d	ropdown		
menu.					
nc		Gro	oup Home Search Logout		
Modify Class					
Wouny Class					
Current Benefits					
Name Relationship to Subs		Benefits	Effective Date		
	1002-Class 2 • 1002-Class 2 1001-CLIN ELTOM	Medical: MED:Blue Options 3500 DX;Rx:\$0/\$15/\$45/\$90/25% Dental:			
	CON-2011 T TOM	Vision: Blue 20/20 Exam Only 2NV:\$20			
× Cancel V Certify and Su	ubrrait*				
" I certify all information submitted is ac	ccurate to the best of my knowledge and	t that I will retain the supporting documents as required.			
Click Certify and S	Submit The Eff	ective Date for the new clas	ss will he the	Tip: After selection of	
first day of the ne				Class, the Effective Date	
	Xe monen.				
				-	ł
-∰ØNC		Grou	up Home Search Logout	populates on the right.	
		Grou	up Home Search Logout	-	
- ∰ ₩ NC		Grou	up Home Search Logout	-	
Modify Class				-	
Modify Class		Benefits	Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc	eriber Class 1001-QUIN FI TDM ~		Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc		Benefits Medicai: MED Blue Options 3500 DX;For \$0/\$15/\$45/\$90/25%	Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc		Benefits Medicat: MED.Blue Optione 3500 DX;Rx;50/515/545/590/25% Dental	Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc	1001-DUIN FI TDM 🔍	Benefits Medicat: MED.Blue Optione 3500 DX;Rx;50/515/545/590/25% Dental	Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc JENNA ABOTT Self	1001-QUIN FITDM v	Benefits Medicat: MED.Blue Optione 3500 DX;Rx;50/515/545/590/25% Dental	Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc JENNA ABOTT Ser K Cancel	1001-QUIN FITDM v	Benefits Medicati MED Blue Options 3500 DX;Rc:\$0/\$15;845:\$90/25% Oentat Vision: Blue 20/20 Exam Only 2NV(\$20	Effective Date	-	
Modify Class Current Benefits Name Relationship to Subsc JENNA ABOTT Set X Cance	1001-QUIN FITDM v	Benefits Medicati MED Blue Options 3500 DX;Rc:\$0/\$15;845:\$90/25% Oentat Vision: Blue 20/20 Exam Only 2NV(\$20	Effective Date	-	

How to Modify the Class for a Subscriber with QLE

Step	Action								Comments
1	From the Gro updated. Clic			cate th	ie subs	cribe	er that	has a class to	o be
	NC Subi Rr QUIN	ibhandari FI TDM (14161065) B Group Enro	ilment Details	Add Subscriber	🔳 Membership	Roster		Search Logout	
	Find a Subscriber To locate a subscriber's record, or Lest Neme	ter at least part of their name or ID.	Subscriber ID	Cless	ID	Sub	group ID	→ Fing	
	We list up to 50 subscribers on the	e home page. Use the fields above Subscriber ID	Io locale additional subs	cribers and Press the	e 'Find' button	Class ID	Subgroup ID	Actions	
	Subscriber Name	10388792100	· Care Of Birdi	04/01/2020	· ····· Date	1002	1001	View/Modity	
		10388792400							



Step	Action	Comments
2	From the Subscriber Home page, select the Benefits tab. From the	
	Benefits tab, select the Modify Benefits button.	
	Group Home Close	
	🛓 Download Subscriber Summary 🔳 ID card Request/Download 🦳 Terminate Subscriber 🕴 + Add DOB 🖌 Change Subgroup	
	👗 Subscriber Information 🔹 Dependent Information 💰 Benefits	
	Benefit Information	
	Prior Benefits Class: 1002-NVAN F1 TDM Name Relationship to Subscriber Benefits Effective Date Term Date Actions	
	LARA ADAMS Self MED Blue Options 1750 CX/Rx \$0154/55/25% 05/01/2020 04/30/2021 Dental Blue Preferred Salanced \$1500 05/01/2020 04/30/2021	
	Bluie 2020 Exxem Desy 24V/328 05/01/2020 04/30/2021	
	Corrent Benefits Class: 1002-NIVAN F1 TDM Name Relationship to Subscriber Benefits Effective Date Term Date Actions	
	LARA ADAMS Self MED Blue Options 1750 CK Rx 50/54/540/55525% 05/01/2021 Cancel Coverage Dental Blue Proferred Balanced 51500 05/01/2021 Cancel Coverage Blue 2020 Exam Only 204/530 05/01/2021 Cancel Coverage	
	Blue 20/20 Exem Only 24V/\$20 05/01/2021 Cancel Coverage.	
2	The Modify Ponofite Qualifying Event Datails page displays Complete	
3	The Modify Benefits: Qualifying Event Details page displays. Complete the Qualifying Event Details and enter the Qualifying Event Date and	
	Signature Date. Click Continue .	
	Group Home Close	
	Modify Benefits: Qualifying Event Details	
	*Qualifying Event Adoption	
	"Qualifying Event Date	
	05/20/2021 🛗	
	*Signature Date	
	05/20/2021 🛗	
	Cancel	
4	The Modify Benefits page displays. Select the desired Class from the	
	drop-down menu under the Class column.	
	Group Hame Close	
	Modify Benefits	
	Current Bensfits	
	Name Relationship to Subscriber Class Benefits Effective Data LARA ADAMS Self APPA ADAMS APPA ADAMS	
	Dread Augusts Selin 1002-NIVAN FT TDM Medical MED/Blue Options 1750 CX:Rb:50/84/840(550/25%) 05/01/2021 1001-QUIN FT TDM 1001-QUIN FT TDM Dental Dental Built Preferred Balanced\$1500 05/01/2021	
	Vision: Blue 20/20 Exam Only 2NV/\$20 v 05/01/2021	
	Cancel Certify and Submit*	
	* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	



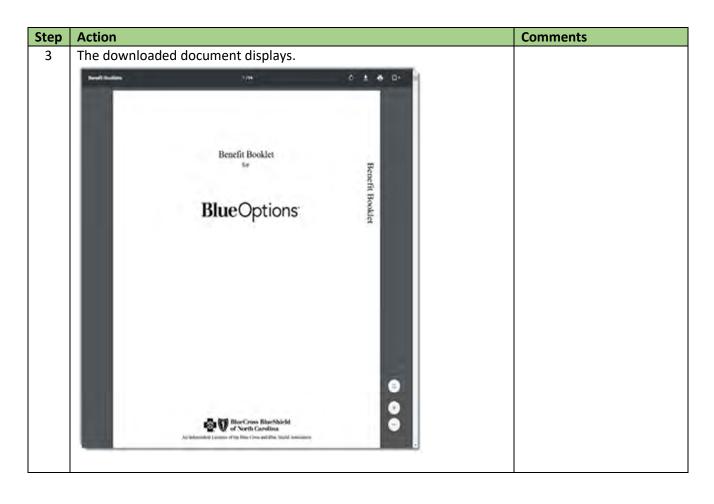
Step	Action	Comments
5	After selecting the Class , select the Benefits . Click Certify and Submit .	
	Group Home Close	
	Modify Benefits	
	Current Benefits	
	Name Relationship to Subscriber Class Benefits Effective Date LARA ADAMS Self 1001 / 011N EI TDM v Methods Methods 3 3500 H Biv S0/510/756//756//756//756//756//756//756//756	
	LANA ADAMS Self 1001-DUIN FI TDM Medical. MED.Blue Options 1-2-3 3500 H;Rx:\$0151075%/75%/75%/75%/75% O5/202021 Dentai Dentai Dentail Dentail Dentail 05/202021 05/20/2021 Vision Blue 20/20 Exam Only 2NV;\$20 05/20/2021 05/20/2021 05/20/2021	
	Cancel Centify and Submit: I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
6	The Other Medical Insurance Information displays. Select Certify and Submit.	Tip: If the subscriber and or the dependent has other coverage, the
	Other Medical Insurance Information	information can be added here.
	* Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active?	
	Medicare Coverage Information	
	* Is anyone on this policy covered by Medicare?	
	Carrool Cotify and Submit:	
7	The Modify Benefits: Status page displays. Click Ok.	
	Group Home Close	
	Modify Benefits: Status	
	Benefit Information for LARA ADAMS was successfully updated.	
	<pre>✓ OK</pre>	



How to Access Group Documents in Member Maintenance

Step	Action	Comments
1	From the Group home page, select the Documents button.	Tip: 51+ groups
	Real Close	contracted to utilize
	Group Enrollment Details + Add Subscriber III Documents III Membership Roster	eBenefitsNow have "read
		only" access to the Blue
	Find a Subscriber To locate a subscribe's record, enter at least part of their name or ID	Cross NC Member
	Last Name First Name Subscriber ID Class ID Subgroup ID	Maintenance application.
	t → Find	However, agents and
	Subscriber Name 🗘 Subscriber ID 🗘 Date of Birth Effective Date 🗢 Term Date Class ID 🗢 Subgroup ID 🗢 Actions	group administrators may
	10413835300 00117/2021 1003 1001 View/Modify	utilize Member
	10416537000 01/01/2021 03/31/2021 1001 1001 View/Modify	Maintenance to access
		group documents and
		generate a membership
		roster.
2	The Group Document Download page displays. From the Select	Tip: Documents are
-	Contract Period drop-down menu, select the applicable Contract	available for the group's
	Period, Document Type and Product Type. Select the Download	prior, current and
	Document button.	renewal contract periods,
		if applicable.
	Group Home Close	
	Cours Description	Benefit Booklets, Uniform
	Group Documents Download	Coverage Documents and
	*Select Contract Period	Group Contracts are the
	Current	group documents
	*Select Document Type	
	Benefit Booklets Select a Product	available for viewing or
	Blue Options 3000 D	download.
	x Cancel	The group specific
		products enrolled for the
		selected contract period
		will display for selection.
	🔁 Blue Options 3000pdf 🔿 Show all 🗙	
	Click the PDF file on the lower left portion of the screen to view, save or	
	print.	



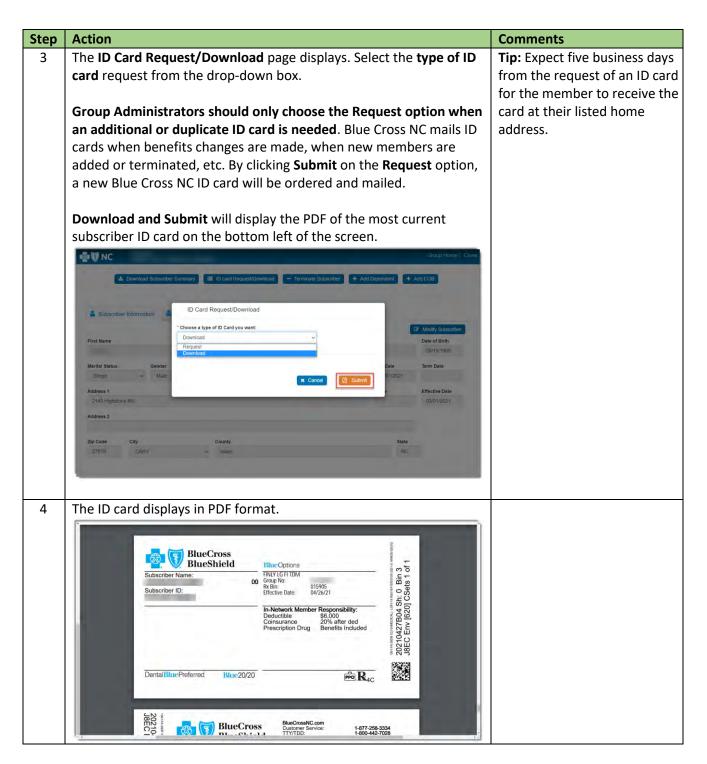




How to Download ID Cards in Member Maintenance

Step	Action	Comments
1	From the Group Home Page, locate the Subscriber. Click	Tip: 51+ groups contracted
	View/Modify.	to utilize eBenefitsNow have
	🚭 🗑 NC Close	"read only" access to
		Member Maintenance.
	🔝 Group Errollment Details 🕈 + Add Subscriber 📰 Documents 📰 Membership Roster	Group administrators may
	Find a Subscriber	utilize Member Maintenance
	To locate a subscriber's record, enter at least part of their name or ID	
	Last Name First Name Subscriber ID Class ID Subgroup ID	to download Blue Cross NC
		ID cards, group documents
	Subscriber Name 🗘 Subscriber ID 🗘 Date of Birth Effective Date 🗢 Term Date Class ID 🗘 Subgroup ID 🗘 Actions	and generate a membership
	10413040300 03/01/2021 1003 1001 Viewil/kidify	roster.
2	The subcariber page displays Click the ID Card Persuent (Deverland	
2	The subscriber page displays. Click the ID Card Request/Download	
	button.	
	Group Home Close	
	🛓 Download Subscriber Summary 🔲 ID card Request/Download – Terminate Subscriber + Add Dependent + Add COB	
	👗 Subscriber Information 🛛 🌡 Dependent Information 🔒 Benefits 🗮 Summary	
	a second se	
	First Name Middle Last Name Date of Birth	
	Marital Status Gender Subscriber Status Email Address Hire Date Term Date	
	Single v Male v Active 03/01/2021	
	Address 1 Phone Effective Date 03/01/2021	
	Address 2	
	Zip Code City County State 27519 CARY v Wake NC	
	27519 CARY v Wake NG	







Subscriber Status: Retiree

Please note: Retiree coverage is only permitted for groups rated in the 51+ market who have the benefit approved and included in their group contract. Select Retiree from the Subscriber Status dropdown to add a subscriber with Retiree status. Image: Contract Contract	Tip: Retiree coverage is not permitted for groups rated as a Small Employer and meet the definition of a Small Employer as defined by
subscriber with Retiree status.	
Use the fields below to enter Subscriber information ************************************	definition of a Small
Subscriber status can also be updated to "Retiree" through Modify Subscriber.	Tip: Terminated Subscribers with "Retiree" status are eligible for reinstatement, as applicable.
Marital Status Gender Status Email Address Hire Date Term Date * Address 1 01/01/2021 01/01/2021 01/01/2021 01/01/2021 Address 2 Phone Effective Date 01/01/2021 *Zip Code *City County State ?Zip Code *City County State % Cancel V Wake NC	



Enroll COBRA/State Continuation (State C&C)

How to Enroll COBRA/State Continuation for a Subscriber Policy

Step	Action	Comments
1	Find a Subscriber Find a Subscriber Totale a subscriber's record; ender a step per of their name or ID Subscriber / Broot Subscriber / Name Find a Subscriber / D Subscriber / D<	Tip: Members cannot be enrolled onto COBRA/State Continuation (State C&C) until after the termination date of the active policy (e.g., the COBRA/State Continuation button will not appear for future term date members). A member must have been covered by the group for at least three consecutive months to be eligible for State Continuation. A member must have been covered by the group for at least one day to be eligible for COBRA.
2	The Subscriber Information tab displays. Click COBRA to enroll the subscriber in a COBRA policy. Please note: If the group is compliant with State Continuation per Blue Cross NC records, then the transaction button will display 'State C&C' instead of COBRA.	Tip: If the subscriber is not eligible for COBRA or State Continuation, the transaction button will not appear. State Continuation applies to groups who had less than 20 employees the prior year.



Step	Action	Comments
3	Next, the Select Members to be enrolled page displays. Select the applicable dependent(s) to be enrolled on COBRA along with the subscriber. After selecting the members, click Continue to proceed.	Tip: Only dependents who were effective as of policy termination (i.e., same termination date as
	Graup Home Close	subscriber) are eligible for
	Select Member(s) to be enrolled into COBRA	the COBRA/State Continuation enrollment
	Select Name Gender Date of Birth Relationship to Subscriber Termination Date Image: Jemina Albert Female Subscriber 04/30/2021	transaction.
	Howard Albert Male Spouse 04/30/30/1 Gancei Continue	After a subscriber has been processed with COBRA status, dependents with the qualifying life event of marriage, birth and adoption/foster may be added to a COBRA/State Continuation policy.
4	Add COBRA Member page displays along with the Subscriber Information tab. Modify the subscriber's information in the Subscriber Information tab, where applicable. Click Continue.	Tip: Date of Birth and SSN (social security number) are not editable. Any changes to these fields
	Add COBRA Member	must be completed
	Subscriber Information	outside of the member maintenance application
	*First Name Middle *Last Name 'Date of Birth Jernima Albert Imited in the second s	and sent to Blue Cross NC
	Marital Status Gender Subscriber Status Email Address Hire Date Married V Fernale V Termed jemima@abc.com 04/01/2021	for processing.
	*Address 1 Phone Effective Date 05:01/2021 Address 2	Other demographic changes can be performed
	'Zip Code 'City County State 27707 DURHAM Ourmann NC	on terminated subscribers and/or dependents.
	Cancel Continue I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
	Effective Date is retroactive to the termination date and not editable based on COBRA guidelines. First Name , Last Name , Middle Initial , Marital Status, Gender, Email Address, Address 1 & 2 and Zip Code can be modified.	



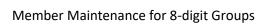
Step	Action	Comments
5	Next the Add COBRA Member page displays with the Dependent(s) Information Tab. Click Continue.	Tip: Domestic partners and children of domestic
	Add COBRA Member	partners are not eligible for COBRA coverage.
	Subscriber Information Arre Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status Howard Abert 10417700201 Male Spouse Termed	Domestic partners and children of domestic partners are eligible for State Continuation coverage.
	· I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required. Please note: If no dependent(s), click Continue.	
6	After completing the above step on the Add COBRA Member page, the Benefits tab appears to select eligible benefits for each member. After selecting the benefits, click the Continue button.	Tip: COBRA/State Continuation member's benefits will default to those that were in effect
	Group Home Close Add COBRA Member	at the time of termination. The subscriber can only downgrade their benefits from the original subscriber's policy and
	Current Benefits	cannot upgrade benefits
	Name Relationship to Subscriber Class Benefits Effective Date Jamma Albert Self 1001-All Member v Medical MED:Blue Options 6000 D;Rx:\$0\\$10\30%/30\%/30\%/30\%/30\%/30\% 03:01/2021 Dental Blue Preferred Balanced;\$1750 05:01/2021	while enrolling into COBRA/State
	Howard Albert Spouse 1001-All Members Medical MED:Blue Options 6000 D;Rx:S0%10/30%/30%/30%/30%/30%/30%/30%/30%/30%/30	Continuation.
	Cancel Frevious Continue I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	If the subscriber was previously enrolled in multiple products (e.g.,
		medical, dental & vision), they can remove a product(s) but cannot add new products to their election.
		COBRA/State Continuation members can choose from all available (health, vision and dental) products during the group's annual renewal period.



Add COBRA Member									Comments
Add COBRA Member Other Medical Instance Information """"""""""""""""""""""""""""""""""""	NC NC	A Member,	Other	Insuranc	e page di	isplays.	Click Co	ntinue.	
I dependent information I dependent information I dependent information I tent with the set of the s	Group Home Close								1
Subscriber information Image: Course with the formation with the party because a start? Notice to be activate with the party information Image: Course with the party information Image: The Add COBRA Member page, the Summary tab appears which lisplays the subscriber information, dependent(s) information and energific information along with the effective date of the COBRA status overage. Tip: The COBRA/State Continuation will only displays the subscriber information, dependent(s) information and energific information along with the effective date of the COBRA status overage. Tip: The COBRA/State Continuation will only displays the subscriber information (the performation is complete) Subscriber information is complete. The Group Home page, displays the subscriber information is complete. Add COBRA Member Developed the the memory is backeter Subscriber information is complete. The Group Home page, display after the Certis submit transaction is complete. Add COBRA Member Developed the the memory is backeter Developed the the memory is backeter is									
Other Medical Insurance Information									
Image: Subscripter information Image: Subscripter information Image: Subscripte	🛓 Subscriber Information 🔹 Dependent Information 🎄 Benefits 🔸 Other Insurance								
* Language and bla policy covered by Medicard? * Burgeon and bla policy covered by Medicard? * No * The COBRA/State Cont the Add COBRA Member page, the Summary tab appears which displays the subscriber information, dependent(s) information and benefit information along with the effective date of the COBRA status coverage. Add COBRA Member Subscriber information	" Does the subscr		e other health cov	rerage that will be in fo	rce when this policy bec	omes active?			
Tieretty at Information submitted is accurate to the base of Pray knowledge and that i will retain the supporting documents as required. Tip: The COBRA/State Continuation and one pendent(s) information and one enfit information along with the effective date of the COBRA status overage. Image: Image	' Is anyone on thi		7						
The result will information submitted is accurate to the based of my knowledge and that i will retain the supporting documents as required.									
Tip: The COBRA/State Continuation along with the effective date of the COBRA status coverage.			_						
displays the subscriber information, dependent(s) information and benefit information along with the effective date of the COBRA status coverage.	° I certify all information	submitted is accurate to the be				ents as required.			
displays the subscriber information, dependent(s) information and benefit information along with the effective date of the COBRA status coverage.	On the Ad	d COBRA M	lember	r page, tł	ne Summ	ary tab	appears	which	Tip: The COBRA/State
benefit information along with the effective date of the COBRA status coverage.						-	••		-
coverage. Status of COBRA/State Image: Subscriber Information Image: Subgroup Information Im					•				
Crocup Home Close Continuation will only Add COBRA Member Subscriber Information Benefits Other Insurance Subscriber Information Continuation will only Subscriber Information Benefits Other Insurance Subscriber Status Subscriber Information Continuation will only Name Member ID Gender Date of Birth Hire Date Mariad Status Subscriber Status The Group Home page Dependent Information Benefits Subgroup Kame Subgroup Lib Subgroup Effective Date Subgroup Termsing The Group Home page Subgroup Name Subgroup Effective Date Subgroup Termsing Continuation expiration		ormation a			nective u		IE COBI	A status	
Add COBRA Member Subscriber Information Subscriber Information Member ID Gender Dependent Information Member ID Gender Dependent Information Member ID Gender Dete of Birth Hire Date 04012021 Maried Subscriber Enrollment Status Subscriber Status The Group Home page display after the Certin Submit transaction is complete. The Group Home page display the COBRA/Stat Continuation expiration date after successfully completing the	overage.								-
Add COBRA Member	nc 🕅 🕅							Group Home Close	
Subscriber Information & Dependent Information & Benefits + Other Insurance E summary Subscriber Information Name Member ID Gender Date of Birth Hire Date Marited Status Dependent Information Name Member ID Gender Date of Birth Relationship to Subscriber Enrolment Status Subgroup Information Determination Subgroup Information Subgroup Informat									display after the Certify &
Subscriber Information Name Gender Date of Birth Hire Date Marital Status Subscriber Status The Group Home page Jemima Albert 10417700200 Female 0401/2021 Marital Termed The Group Home page Dependent Information Marie Gender Date of Birth Relationship to Subscriber Enrollment Status Subgroup Information Subgroup Information Subgroup Information Termed Continuation expiration Subgroup Name Subgroup Effective Date Subgroup Fermination Date Subgroup Effective Date Subgroup Termination Date									Submit transaction is
Subscriber Information Name Member ID Gender Date of Birth Hire Date Marital Status Subscriber Status The Group Home page Jemina Albert 10417700200 Female 04012021 Maried Termed The Group Home page Dependent Information Marie Gender Date of Birth Relationship to Subscriber Enrollment Status Continuation expiration Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status Continuation expiration Subgroup Information Subgroup Information Subgroup Information Date Subgroup Effective Date Subgroup Termination Date Continuation expiration		formation 2+ Depend	dent Information	Benefits	+ Other Insurance	Summar			
Jemima Albert 10417700200 Female 0401/2021 Married Termed Dependent Information Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status Subgroup Information Subgroup Information Subgroup Name Subgroup Effective Date Subgroup Termination Date	 Subscriber In 						У		
Dependent Information Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status display the COBRA/Status Howard Albert 104177002b1 Male Spouse Termed Continuation expiration Subgroup Name Subgroup Effective Date Subgroup Termination Date Subgroup Termination Date Completing the							У		
Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status Howard Abert 10417700201 Male Spouse Termed Subgroup Information Subgroup Effective Date Subgroup Termination Date Continuation expiration completing the	Subscriber Infor	mation Member ID	Gender	Date of Birth				r Status	complete.
Howard Albert 10417700281 Male Spouse Termed Subgroup Information Subgroup Effective Date Subgroup Termination Date date after successfully completing the	Subscriber Infor Name	mation Member ID		Date of Birth		Marital Status	Subscribe	r Status	complete. The Group Home page wil
Subgroup Information date after successfully completing the Subgroup Name Subgroup Effective Date Subgroup Termination Date	Subscriber Infor Name Jemima Albert Dependent Infor	mation Member ID 10417700200	Female		04/01/2021	Marital Status Married	Subscribe		complete. The Group Home page wil display the COBRA/State
Subgroup Name Subgroup ID Subgroup Effective Date Subgroup Termination Date Completing the	Subscriber Infor Name Jemima Albert Dependent Infor Name	mation Member ID 10417700200 mation Member ID	Female Gender		04/01/2021 Relationship to Su	Marital Status Married	Subscribe Termed Enrollment		complete. The Group Home page wil display the COBRA/State Continuation expiration
1001 04/01/2021 12/31/9999 COBRA/State Continue	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert	mation Member ID 10417700200 mation Member ID 10417700201	Female Gender		04/01/2021 Relationship to Su	Marital Status Married	Subscribe Termed Enrollment		complete. The Group Home page wil display the COBRA/State
	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform	mation Member ID 10417700200 rmation Member ID 10417700201 10417700201	Female Gender Male	Date of Birth	04/01/2021 Relationship to Su Spouse	Marital Status Married	Subscrib Termed Enrollment Termed		complete. The Group Home page wildisplay the COBRA/State Continuation expiration date after successfully
transaction	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform	mation Member ID 10417700200 rmation Member ID 10417700201 10417700201 Subgroup	Female Gender Male	Date of Birth	04/01/2021 Relationship to Su Spouse	Marital Status Married bbscriber Subgroup Te	Subscrib Termed Enrollment Termed		complete. The Group Home page wildisplay the COBRA/State Continuation expiration date after successfully completing the
Benefit Information	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform	mation Member ID 10417700200 rmation Member ID 10417700201 10417700201 Subgroup	Female Gender Male	Date of Birth	04/01/2021 Relationship to Su Spouse	Marital Status Married bbscriber Subgroup Te	Subscrib Termed Enrollment Termed		complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation
	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name	mation Member ID 10417700200 rmation Member ID 10417700201 nation Subgroup 1001	Female Gender Male	Date of Birth Subgroup Effective I 04/01/2021	04/01/2021 Relationship to Su Spouse	Marital Status Married bbscriber Subgroup Te	Subscrib Termed Enrollment Termed		complete. The Group Home page wildisplay the COBRA/State Continuation expiration date after successfully completing the
Jemima Albert Self MED Blue Options 6000 D.Rx:\$0(\$10):09%30%30% 05:01/2021 12/319999	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name Benefit Informat Current Benefits	mation Member ID 10417700200 mation Member ID 10417700201 10417700201 10417700201 ion	Female Gender Male ID	Date of Birth Subgroup Effective I 04/01/2021 Members	04/01/2021 Relationship to Su Spouse	Marital Status Married bbscriber Subgroup Te	Subscribe Termed Enrollment Termed	Status	complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation
	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name Benefit Informat Current Benefits Name	mation Member ID 10417700200 mation Member ID 10417700201 10417700201 10417700201 10417700201 1041 1041 1041 1041 1041 1041 1041	Female Gender Male ID Class: 1001-All rr Bender MED	Date of Birth Subgroup Effective I 04/01/2021 Members Offis Dible Options 6000 D.R	e401/2021 Relationship to Su Spouse Date	Marital Status Married blocofiber Subgroup Te 12/31/9999	Enrollment Termed Enrollment Termed Effective Date 05/01/2021	Status Term Date 12/3/19999	complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation
Howard Albert Spouse MED blie Options bollu Dykxs/03/10/30%/30%/30%/30%/30% 06/01/2021 12/319999 Dental Blue Preferred Balanced \$1750 05/01/2021 12/31/9999	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name Subgroup Name Benefit Informat Current Benefits Name Jemima Albert	mation Member ID 10417700200 rmation Member ID 10417700201 10417700201 10417700201 1041 1041	Female Gender Male ID Class: 1001-All r Beno	Date of Birth Subgroup Effective I 04/01/2021 Members effts Blue Options 6000 D.R tal Blue Proferred Balance	edd01/2021 Relationship to Su Spouse Date cx \$0\$10/30%/30%/30%/30%/30%/30%/30%/37%	Marital Status Marited bbscriber Subgroup Te 12/31/9999	Enrollment Termed	Status Term Date 12/31/9999 12/31/9999	complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation
	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name Benefit Informat Current Benefits Name	mation Member ID 10417700200 mation Member ID 10417700201 10417700201 10417700201 10417700201 1041 1041 1041 1041 1041 1041 1041	Female Gender Male ID Class: 1001-All rr Benx MED MED MED	Date of Birth Subgroup Effective i 04/01/2021 Members effts DBlue Options 6000 D, R Blue Porterred Balan D, Blue Options 6000 D, R	0 440 1/2021 Relationship to St Spouse Date x \$0(\$10)30%/30%/30%/30%/30%/30%/30%/30%/30%/30%/	Marital Status Marited bbscriber Subgroup Te 12/31/9999	Subscribe Termed Enrollment Termed mination Date Effective Date 05/01/2021 05/01/2021	Status Term Date 1231/9999 12/31/9999	complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation
	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name Benefit Informat Current Benefits Name Jemima Albert	mation Member ID 10417700200 rmation Member ID 10417700201 10417700201 10417700201 1041 1041	Female Gender Male ID Class: 1001-All rr Ben MED Dent	Date of Birth Subgroup Effective 04/01/2021 Members effts 2:Blue Options 6000 D, R al Blue Preferred Balan Eat Blue Preferred Balan	04/01/2021 Relationship to Su Spouse Date bx:\$0/510/30%/30%/30%/30%/30%/30%/30%/30%/30%/30	Marital Status Marital Abscriber Subgroup Te 12/31/9999	Subscribe Termed Enrollment Termed mination Date Effective Date 05/01/2021 05/01/2021	Status Term Date 1231/9999 12/31/9999	complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation
* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	Subscriber Infor Name Jemima Albert Dependent Infor Name Howard Albert Subgroup Inform Subgroup Name Benefit Informat Current Benefits Name Jemima Albert	mation Member ID 10417700200 mation Member ID 10417700201 10417700201 10417700201 10417700201 10417700201 10417700201 104 10417700201 104 104 104 104 104 104 104 104 104 1	Female Gender Male ID Class: 1001-All K MED Dent K K Cencel	Date of Birth Subgroup Effective I 04/01/2021 Members offis DBue Options 6000 DR DBue Options 6000 DR Lat Blue Preferred Balan	04/01/2021 Relationship to SU Spouse Date x 50/610/39/5/30/5/30/5/30/5/3 x 50/610/39/5/30/5/30/5/30/5/3 x 50/610/39/5/30/5/30/5/30/5/3 + Certify and SU	Marital Status Married bbscriber Subgroup Te 12/31/9999	Subscribe Termed Enrollment Termed mination Date Effective Date 05/01/2021 05/01/2021	Status Term Date 1231/9999 12/31/9999	complete. The Group Home page wild display the COBRA/State Continuation expiration date after successfully completing the COBRA/State Continuation



ep	Action									Comments	
)	The Subscriber: the dependent(s								and		
	nc	F	-				Group	Home C	Close		
	Policy: Status										
	The following Member(s) Jemima Albert Howard Albert	have been successful	ly enrolled into CC	OBRA.							
	✓ OK										
	Find a Subscriber To locate a subscriber's record, enter at le	C Group Envolment Details	+ Add Subscribe	er 🔪 🔠 Docume		nbership Roste	er	COBRA	Close	Summary can be generated by sele continuant from to Group Home pag Subscriber Summ reflect an Enrolln Status of COBRA/	he e. The ary will nent
	expiration date.	C Group Envolment Details					er	COBR/	Close	generated by sele continuant from t Group Home pag Subscriber Summ reflect an Enrolln	he e. The ary will
	expiration date.	Group Enrollment Details east part of their name or ID. Name	+ Add Subscribe	er Docume Class ID Effective Date	ento Mer	nbership Rost Subgra	er Sup ID Subgroup ID	Actions	Close	generated by sele continuant from t Group Home pag Subscriber Summ reflect an Enrolln Status of COBRA/ Continuation as appropriate.	he e. The h ary will h ent State
	expiration date.	Group Enrollment Details east part of their name or ID. Name Subscriber ID 10404389100	+ Add Subscribe	Class ID Effective Date 10/01/2020	Term Date 04/30/2021	Subgra Class ID 1002	er Dup ID • Subgroup ID 1001	 Actions Vewilde 	Close	generated by sele continuant from f Group Home pag Subscriber Summ reflect an Enrolln Status of COBRA/ Continuation as appropriate.	he e. The h ary will h ent State tinuatior
	Expiration date.	Group Enrolment Details east part of their name or ID Name	+ Add Subscribe	Class ID Class ID Effective Date 10/01/2020 04/01/2021	ento Mer	Subgro Class ID 1002 1001	er Dup ID \$ Subgroup ID 1001 1001	Actions Vew/Mo Vew/Mo	Close nd dify dify	generated by sele continuant from t Group Home pag Subscriber Summ reflect an Enrolln Status of COBRA/ Continuation as appropriate.	he e. The h ary will h ent State tinuation
	expiration date.	Group Enrollment Details east part of their name or ID. Name Subscriber ID 10404389100	+ Add Subscribe	Class ID Effective Date 10/01/2020	Term Date 04/30/2021	Subgra Class ID 1002	er Dup ID • Subgroup ID 1001	 Actions Vewilde 	Close nd dity dity dity	generated by sele continuant from f Group Home pag Subscriber Summ reflect an Enrolln Status of COBRA/ Continuation as appropriate.	tinuation the day
	expiration date.	Croup Enrolment Details east part of their name or ID. Name Subscriber ID 16494380100 1041720200 10413835300	+ Add Subscribe	er Elective Date Elective Date 10/01/2020 04/01/2021 03/17/2021	e Term Date 04/30/2021 10/31/2022	Subgro Class ID 1002 1001	er Dup ID 1001 1001	Actions VewHole VewHole VewHole	Close nd dity dity dity dity	generated by sele continuant from the Group Home page Subscriber Summe reflect an Enrollin Status of COBRA/ Continuation as appropriate. COBRA/State Corr Coverage begins	tinuation che day che day che day c's





How to Enroll COBRA/State Continuation Dependent-Only Policy

Step	Action	Comments
1	From the Group Home Page , locate the subscriber on which a dependent will be added to a COBRA/State Continuation and click View/Modify.	Tip: To enroll a member into COBRA/State Continuation, a terminated member must be selected.
	Close	Dependents may enroll on their own COBRA/State Continuation policy for the following termination reasons:
	Subscriber Name Subscriber ID Date of Birth Effective Date Term Date Class ID Subgroup ID Actions 10404389100 10017020 04/30/2021 1002 1001 Vewiftodity 10414389100 4/4012021 10/31/2022 1001 1001 Wewiftodity 10414389100 6/4012021 10/31/2022 10/01 10/01 Wewiftodity 104143835300 6/301/2021 0/331/2021 10/01 10/01 Wewiftodity 10416937000 6/301/2021 0/331/2021 10/01 10/01 Wewiftodity 104169275500 6/301/2021 0/331/2021 10/01 10/01 Viewiftodity Chedwick, Bob 10/416537700 0/10/12021 10/1 10/01 Viewiftodity	 Death of Subscriber Medicare Primary Military Divorce Overage Dependent Laid Off Left Employment Reduction in Hours
2	Select "COBRA" to enroll the dependent(s) into COBRA.	Tip: A member must have been covered by the group for at least one day to be eligible for COBRA. A member must have been covered by the group for at least three consecutive months to be eligible for State Continuation. The transaction button will not appear if the subscriber is not eligible for COBRA or State Continuation.



р	Action	Comments
3	The Select Member(s) to be enrolled into COBRA page displays.	Tip: In this example, the dependent's termination reason is "Divorce" , so the dependents of the subscriber are eligible to enroll in Cobra/State Continuation. Only dependents can enroll into COBRA/State because of divorce.
	Select the applicable dependent(s) to be enrolled into COBRA. Once all selections are made, click the Continue button to enroll the members into COBRA.	divorce. Domestic partners and children of domestic partners are not eligible for COBRA coverage. Domestic partners and children of domestic partners are eligible for State Continuation coverage.
ł	The Subscriber information displays on the Add COBRA Member page. Select Continue to add other dependent(s) if applicable.	Tip: Date of Birth and SSN (social security number) are not editable. Any changes to these fields must be completed outside of the member maintenance application and sent to Blue Cross NC for processing.



Step	Action	Comments
5	Select the Continue button. The Benefits tab displays.	
	Group Home Close	
	Add COBRA Member	
	Subscriber information	
	Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status	
	There are currently no dependents associated with this Subscriber	
	★ Cancel	
	* Lertify all information submitted is accurate to the best of my knowledge and that i will retain the supporting documents as required.	
6	On the Benefits page, select the available Benefits for the subscriber or the dependent(s). Use the drop-down to make benefit selections. The Effective Date will automatically populate. Once the Benefits are selected, click Continue.	Tip: Members can reduce the level of coverage when initially enrolling on COBRA/State Continuation but cannot
	Group Home Disse	add coverage.
	Add COBRA Member	Example: If a group is on
	Subscriber Information	a high/low plan, the
	Current Benefits	subscriber can move
	Name Relationship to Subscriber Class Benefits Effective Date	from the high plan to the
	Gina Chandwick Seit 1001-All Members v Dental Dental Blue Preferred Balanced \$1750 v 04/10/2021	low plan but cannot
		move from the low plan
	X Cares + Previous	to the high plan. If a subscriber was enrolled
	Certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	in multiple products (e.g.,
		medical, dental and
		vision), they may choose
		to waive a product when
		they enroll on COBRA/State
		COBRA/State Continuation, but they
		cannot elect new
		products.



Step	Action	Comments
7	Add COBRA Member, Other Insurance page displays. Click Continue.	
	Group Home Close	
	Add COBRA Member	
	Subscriber Information & Dependent Information & Benefits + Other Insurance	
	Other Medical Insurance Information * Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active? No ~	
	Medicare Coverage Information * Is anyone on this policy covered by Medicare? No	
	× Cancel ← Previous → Continue	
	* Centre retritivall information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
8	Choose the Certify and Submit button to complete the transaction.	Tip: The COBRA
	· · · · · · · · · · · · · · · · · · ·	termination date is only
	Group Home Close	, shown after submitting the
		COBRA transaction
	Add COBRA Member	successfully.
	Subscriber Information 🕹 Dependent Information 🎄 Benefits 🕇 Other Insurance 🧮 Summary	
	Subscriber Information	
	Name Member ID Gender Date of Birth Hire Date Mantal Status Subscriber Status Gina Chandwick Male Divolced Termed	
	Dependent Information	
	Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status	
	There are currently no dependents associated with this Subscriber	
	Subgroup Information	
	Subgroup Name Subgroup ID Subgroup Effective Date Subgroup Termination Date	
	1001 0101/2021 12/31/9999	
	Benefit Information	
	Current Benefits Class; 1001-All Members	
	Name Relationship to Subscriber Benefits Effective Date Term Date Gina Chandwick Self Dental Blue Préferred Balanced \$1750 04/10/2021 12/3/19999	
	Cently all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
	recently an anomalous parameter in account in the part of my knowing and shirt will recent the appointing accounting as required.	



The Policy	y: Status screen indicates that the dependent(s) were add	ed Tip: In this example,
successfu	the dependent spou	
	becomes the new	
		subscriber of the
📲 🕅 N(COBRA policy. A new	
		Subscriber ID is
Policy: S	Status	
		created only when t
The followin Gina Chang	ig Member(s) have been successfully enrolled into COBRA.	original subscriber is
	ibscriber ID is: 104177013	not enrolling on the
		COBRA policy and th
V Ok		dependent becomes
		the subscriber of the
1		policy.
		policy.
subscribe	n returns to the Group Home Page. The COBRA policy r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	Tip: The new subscriber ID is only given when a dependent becomes the subscriber once
subscriber Date for t	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy. C Group Errolment Details + Add Subscriber To Documents Hermoscribe Roster	ation subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State
subscriber Date for t	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy. C Group Errolment Details + Add Subscriber To Documents Hermoscribe Roster	ation subscriber ID is only given when a dependent becomes the subscriber once enrolled on
subscriber Date for t	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation.
subscriber Date for t	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation.
subscriber Date for t	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	ation subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation. Come COBRA/State C&C coverage begins the
subscriber Date for t In the subscript To locate a subscriber's Last Name	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	ation subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation. Core COBRA/State C&C coverage begins the subscriber once enrolled on comparison continuation.
subscriber Date for t In the subscript To locate a subscriber's Last Name	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	ation subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation. Come COBRA/State C&C coverage begins the
subscriber Date for t In the subscript To locate a subscriber's Last Name	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation. COBRA/State C&C coverage begins the day after the member's termination
subscriber Date for t In the subscript To locate a subscriber's Last Name	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	ation subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation. Find COBRA/State C&C coverage begins the day after the member's termination date, so there is no
subscriber Date for t In the subscript To locate a subscriber's Last Name	r is shown with the new Subscriber ID and COBRA Termin he COBRA policy.	subscriber ID is only given when a dependent becomes the subscriber once enrolled on COBRA/State Continuation. COBRA/State C&C coverage begins the day after the member's termination



Reinstate COBRA or State Continuation (State C&C)

tep	Action							Comments
1	the COBRA	iroup Home p policy and cli Group Enrolmen	Tip: Only COBRA/State Continuation members terminated prior to their calculated COBRA/State Continuation expiration/end date are eligible to be reinstated.					
	Find a Subscrib To locate a subscribor's rec Last Name	DOF ord, enter at least part of their name o First Name	r ID. Subscriber ID	Class ID	Subgr	oup ID	→ Find	If the subscriber is included in COBRA/State
	policy can Leave of at	Subserier 1040438 1041777 1041382 1041782 1041582 1041582 e: Tip: Only su reinstate thei osence is not a n reason code	ato 2020 5300 7000 Abscribers r COBRA p a COBRA/	10/01/2020 94/01/2021 01/01/2021 01/01/2021 01/01/2021 01/01/2021			Actions Vew/Mo2ily Vew/Mo2ily Vew/Mo2ily Vew/Mo2ily Vew/Mo2ily	Continuation reinstatement, only dependents who were effective as of policy termination (i.e., same termination date as subscriber) are eligible fo reinstatement. The subscriber may exclude any eligible dependent(s) from reinstatement.
								The COBRA policy's term date can be seen on the Group Home page once the subscriber enrolls on COBRA.



Step	Action				Comments
2	From the Subscriber Home Pag	Tip: If the group is State Continuation compliant,			
	INC Plan Admin FINLY LG FI TDM (14165016)	the Reinstate C&C button			
	Lownload Subs	criber Summary 🕜 Reinstate COBRA]		appears.
	Subscriber Information	Benefits ESummary			
	First Name Mir Mason	ddie Last Name Biden		Modify Subscriber	
	Marital Status Gender Subscriber Status	Email Address	Hire Date	Term Date	
	Married v Male v COBRA_TERMED		07/06/1956	04/30/2021 Effective Date	
			(919) 000-0000	01/01/2021	
	Address 2				
	Zip Code City 27707 SHANNON PLAZA ~	County	Stat	-	
	Select Member(s) to be Reinstated to COBRA Select Name Gender Date of Birth Mate	Relationship to Subscriber Subscriber	Terminatio 04/30/2021	Group Home Close	included in COBRA/State Continuation reinstatement, only dependents who were
	Liem Biden Male K Cancel Continue	Oterd	04/30/2021		effective on the COBRA /State Continuation policy as of the subscriber/policy termination date are
	Select the applicable member(s Click Continue.) to be reinstated	l to the COB	RA policy.	eligible for COBRA/State Continuation reinstatement. The subscriber may exclude any eligible dependent(s) from reinstatement.
					If the subscriber was terminated, he must be reinstated to reinstate the COBRA/State Continuation policy and any eligible dependent(s).



Step	Action	Comments
4	The Add COBRA Reinstate Member page appears with Subscriber	
	Information. Click Continue.	
	Group Home Close	
	Add COBRA Reinstate Member	
	Subscriber Information	
	"First Name Middle "Last Name "Date of Birth Masorn Bislern "Ellipsilon" "Ellipsilon"	
	Marital Status Gender Subscriber Status Email Address Hire Date Marited Male COBRA_TERMED mason@123.com 07/09/1956	
	"Address 1 Phone Effective Date	
	(919) 000-0000 06/01/2/021 Address 2	
	Zip Code "City County State .27707 SHANNON PLAZA Durham NC	
	X Cantel	
	I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
5	The Add COBRA Reinstate Member page appears with Dependent(s)	
	Information. Click Continue.	
	Group Home Close	
	Add COBRA Reinstate Member	
	Les Subscriber Information	
	Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status	
	Liam Biden 10412780001 Male Child COBRA_TERMED	
	X Cancel	
	* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
6	The Add COBRA Reinstate Member page appears with benefits	Tip: Reinstatement
	information for the selected member(s). Click Continue.	(effective) date must be
	Group Home Close	equal to or later than
	Add COBRA Reinstate Member	current/ transaction date minus the group's
	Subscriber Information & Dependent Information	retroactive period (in
	Current Benefits	days).
	Name Relationship to Subscriber Class Benefits Effective Date	
	Mason Bidem Self 1003-Class 3 MED Blue Options 6000 D/Rx 50/s10/30%/30%/30%/30%/30%/30%/30%/30%/30%/30	For the coverage period
		that coincides with their
	🗙 Cances 🗲 Previous 😽 Continue	COBRA/State Continuation termination, member(s)
	* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	must be enrolled in the
		same COBRA/State
		Continuation benefits that
		were in effect when
		member was terminated.



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	OBRA Reins								
ick Conti	nue. The A	dd COE	3RA Re	einstat	e Men	nber p	bage ap	pears v	with
	nformation								
ibmit bu								•	
nc 🕅 🕅								Group Home	Close
Add COBRA	Reinstate Membe	- 2							
Subscriber I		dent Information	n 🔒 Benefit		r Insurance				
Subschuer (dent mitormattor	n as benetin	ts T Othe	a insurance	Summa Summa	ly		-
Subscriber Info	ormation Member ID	Gender	Date of Birth	Hire D	lato N	larital Status	Subscribe	ar Status	
Mason Biden	10412780000	Male	Date of Dirat	07/06/		larried	COBRA_T		
Dependent Info	ormation								
Name	Member ID	Gender	Date of Birth	Relation	nship to Subscrib	er	Enrollment		
Liam Biden	10412780001	Male		Child			COBRA_TE	RMED	
Subgroup Infor		UD.	Subgroup Effec	tive Date		Subgroup	rmination Date		
Subgroup Name	1001		01/01/2021	ante pare		12/31/9999	Date		
Benefit Informa		Class: 1003-CI	ace 3						
Current Benefit	Relationship to Subscriber						Effective Date	Term Date	
Mason Biden	Self		Blue Options 6000	D;Rx:\$0/\$10/30%	6/30%/30%/30%		05/01/2021	09/30/2022	
Liam Biden	Child	MED	Blue Options 6000	D;Rx:\$0/\$10/30%	6/30%/30%/30%		05/01/2021	09/30/2022	
e Policy ere adde	n submitted is accurate to the l : Status pag d successfu	ge disp	lays wł	I retain the suppo				mber(s)	
e Policy ere adde e v NC Policy: St	: Status pag d successfu atus Member(s) have beer	ge disp Ily. Cli	lays wh ick Ok.	nere it	states				
e Policy ere adde v v nc Policy: St The following Mason Bider Liam Biden	t Status pag d successfu atus Member(s) have beer	ge disp Ily. Cli	iays wh	into COBRA	states	that	Grou	ip Home (Close
e Policy ere adde in it NC Policy: St The following Mason Bider Liam Biden	: Status pag d successfu atus Member(s) have beer	ge disp Ily. Cli n successfult	lays which is a second se	nere it	states	that	Grou	ip Home (Close
e Policy ere adde in the following Mason Bider Liam Biden i ok e Group viewed	t Status pag d successfu atus Member(s) have beer	ge disp Ily. Cli n successfult	lays which is a second se	nere it	states	that	Grou	ip Home (Close
e Policy: Pre adde The following Mason Bider Liam Biden	: Status pag d successfu atus Member(s) have beer	e disp lly. Cli n successfult e displ n Date	lays wh ick Ok. y Reinstated ays, wh column	here it into COBRA	states	that	Grou	ip Home (on date	Close
e Policy: Pre adde The following Mason Bider Liam Biden	: Status pag d successfu atus Member(s) have beer	e disp lly. Cli n successfult e displ n Date	lays which is a second se	here it into COBRA	states	that	erminati	ip Home (on date	Close
e Policy Policy: St The following Mason Bider Liem Biden	E Status pag d successfu atus Member(s) have beer h Home pag in the Term	e disp lly. Cli n successfult e displ n Date	lays wh ick Ok. y Reinstated ays, wh column	here it into COBRA	states	that BRA te	erminati	ip Home (on date	Close
e Policy: ere adde of NC Policy: St The following Mason Bider Liam Biden Control of NC e Group viewed viewed Tind a Subscr	E Status pag d successfu atus Member(s) have beer h Home pag in the Term C Group Error iber	e displ lly. Cli n successfull e displ n Date	lays wh ick Ok. y Reinstated ays, wh column	here it into COBRA here th n.	states	that BRA te	erminati	ip Home (on date	Close
ere adde ere adde Policy: St The following Mason Bider Liem Biden We Group e viewed We We Find a Subsor	E Status pag d successfu atus Member(s) have beer h Home pag in the Term	e displ lly. Cli n successfull e displ n Date	lays wh ick Ok. y Reinstated ays, wh column	here it into COBRA	states	that BRA te	erminati	ip Home (on date	Close
Policy: St Policy: St Deficy: St	E Status pag d successfu atus Member(s) have beer h Home pag in the Term C Group Error iber	e displ lly. Cli n successfull e displ n Date	lays wh ick Ok. y Reinstated ays, wh column	here it into COBRA here th n.	states	that BRA te	erminati	on date	Close
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ere adde ere adde Policy: St The following Mason Bider Liam Biden We Group e viewed We We We Find a Subscr To locate a subscripter of Lat Heme	E Status pag d successfu atus Member(s) have beer b Home pag in the Term C Group Error iber cord, enter at least part of their re First Name	e displ lly. Cli h successfult n Date mer (D. subsettor (D. subsettor (D. subsettor (D. subsettor (D. subsettor (D.	Iays which is a set of the set of	here it into COBRA here th n. """""""""""""""""""""""""""""""""""	states states record	that BRA te	erminati up ID \$ Subgroup ID 1001	on date	Close
ere adde ere adde Policy: St The following Mason Bider Liam Biden E Group e viewed Wiewed Wiewed Find a Subsor To locate a subsorter or Last Mane	E Status pag d successfu atus Member(s) have beer b Home pag in the Term Cod, enter al least part of ther ne First Name	e displ lly. Cli n successfull n Date mort Details mort Details	Idays which is a second	here it into COBRA here th n. ciase ID Ciase ID	riting documents states	that BRA te	erminati up 10	on date Cree € Find	Close

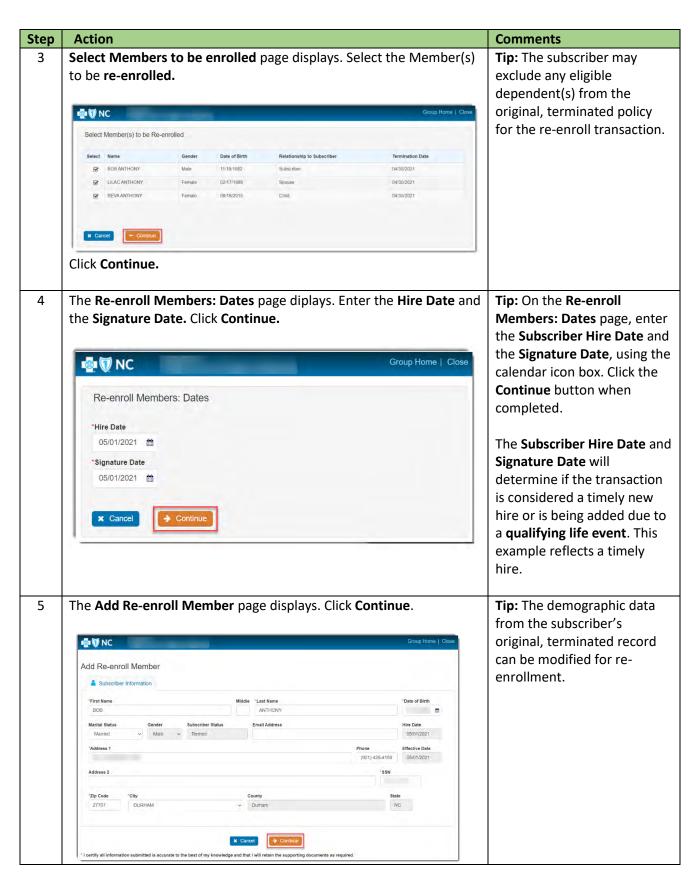


Re-enroll a Subscriber

The **re-enroll** transaction should be utilized when a terminated subscriber (including or excluding dependents) on a group policy needs to be re-enrolled in the same group resulting in <u>a gap in coverage</u> and a new subscriber ID number. For example, a terminated subscriber is re-hired as an employee whereas the contractual probationary period applies and is used to determine the new effective date for the subscriber. To prevent duplicate entry, this function displays the demographic information from the prior (terminated) member record(s) that can modified as needed for the new policy.

Step	Action			Comments
1	From the Group Home pag	e, locate the subscriber t	o re-enroll. Click	Tip: If a subscriber was
	View/Modify.			terminated, he/she must
	nc		Close	be re-enrolled from the
				terminated policy for any
	Group Enrollment Detail	is + Add Subscriber III Documents III Member	rship Roster	eligible dependents to re-
	Find a Subscriber			enroll.
	To locate a subscriber's record, enter at least part of their name or ID.	Asserta		ernon.
	Last Name First Name	Subscriber ID Class ID	Subgroup ID	
				The subscriber may
	Subscriber Name 🗘 Subscriber ID	Date of Birth Effective Date Term Date	Class ID 💠 Subgroup ID 💠 Actions	exclude any eligible
	ANTHONY, BOB 10404386100	10/01/2020 04/30/2021 1	1002 1001 View/Modify	dependent(s) from the
	10417700200		1001 1001 View/Modify	original, terminated policy
	10413635300		1003 1001 View/Modily 1003 1001 View/Modily	during the re-enroll
	10412780000 10416537000		1003 1001 View/Modify 1001 1001 View/Modify	transaction.
2	Click Re-Enroll.			Tip: All demographic data
	nc 💀		Group Home Close	from the member's
		criber Summary / COBRA / Re-Enroll / Rein		original, terminated
	L Download Subsc	criber Summary 🖉 COBRA 🖉 Re-Enroll 🖉 Rein	Istate	record can be modified for
				re-enrollment.
	Subscriber Information	ation 💩 Benefits 🗮 Summary		re enronnent.
			C Modify Subscriber	
	First Name BOB	Middle Last Name	Date of Birth	
	1010X 101 X01 - 100 X0			
	Marital Status Gender Subscriber St Married ~ Male ~ Termed	atus Email Address	Hire Date Term Date 01/01/1753 04/30/2021	
	Address 1		Phone Effective Date	
	all characteristics		(921) 425-4158 10/01/2020	
	Address 2			
	Zip Code City 27707 DURHAM ~	County Durham	State	
	CONTRACT CONTRACTOR	Current	NO	
	L			
L	1			







Step	Action				Comments
6	The Add Re-enroll N		e displays with	Dependent(s)	
	Information. Click C	ontinue.			_
	NC NC	-		Group Home Clos	56
	Add Re-enroll Member				
	🛓 Subscriber Information 🔒 Dep	endent Information			
	Name Member ID		of Birth Relationship to Subscrit		
	LILAC ANTHONY 10404386101 REVA ANTHONY 10404386102	Female Female	Spouse Child	Termed	
		× Cancel	Previous Continue		
	* I certify all information submitted is accurate to the	he best of my knowledge and tha	t i will retain the supporting documents as	required.	
7	Add Re-enroll Mem	ber page dis	plays with Bene	efits tab. Select the	Tip: The benefits available to
	applicable Benefits f				dependent(s) are limited to
	Benefits for the subs	scriber and o	dependent(s), c	ick Continue.	those selected by the
	NC NC			Group Home Close	subscriber.
	Add Re-enroll Member				
	Subscriber information	endent information 🛛 🤱 Be	nefits		
	Current Benefits				
	Name Relationship to Subscriber BOB ANTHONY Set		Benefits	Effective Date	
		1001-All Membe 👻	Medical: MED.Blue Options 1-2-3 2500 Dental: Dental Blue Preferred Balanced	H;Rx:S0/S10/100%/100%/1 V 05/01/2021 4;S1750 V 05/01/2021	
			Vision Blue 20/20 Exam Plus 26NV;\$1	0;\$150 • 05/01/2021	
	LILAC ANTHONY Spouse	1001-All Members		H;Rx:\$0/\$10/100%/100%/1 v 05/01/2021	
			Dental Dental Blue Preferred Balanced	4(\$1750	
	REVA ANTHONY Child	1001-All Members	Medical; MED:Blue Options 1-2-3 2500	H;Rx:\$0/\$10/100%/100%/1 👻 05/01/2021	
			Dental: Vision:	· · · · · · · · · · · · · · · · · · ·	
			VISION		
				-	
	" I certify all information submitted is accurate to th		Previous Continue I will retain the supporting documents as re-	quired.	
					·
8	The Add Re-enroll N	lember, Otl	ner Insurance ta	b displays. Click	
	Continue.			Group Home Close	
				Choop Home / Case	
	Add Re-enroll Member	nt Information	+ Other Incurrence		
	Other Medical Insurance Information				
	* Does the subscriber and/or dependent(s) have on No +	other health coverage that will be in	force when this policy becomes active?		
	Medicare Coverage Information 'Is anyone on this policy covered by Medicare?				
	Na Y				
	*) certify all information submitted is accurate to the be-	Cancel A Prev			



Action The Add F	Re-enroll N	lember	, Sumn	nary tal	o display	/s. Click	Certi	fy and	Comme	กเร	
Submit.											
nc 🕅 🕅							Group Home	Close			
Add Re-enroll	Member										
Subscriber In	formation 🏄 Depende	ent Information	🔒 Benefits	+ Other Insurance	e 🔳 Summary						
Subscriber Infor	mation										
Name BOB ANTHONY	Member ID 10404386100	Gender	Date of Birth	Hire Date 05/01/2021	Marital Status	Subscribe	r Status				
Dependent Infor											
Name	Member ID	Gender	Date of Birth	Relationship to	Subscriber	Enrollment	Status				
LILAC ANTHONY REVA ANTHONY	10404386101 10404386102	Female		Spouse		Termed					
Subgroup Inform	nation										
Subgroup Name	Subgroup I		bgroup Effective Da	ate	Subgroup Tem	nination Date					
_	1001	10	01/2020		12/31/9999						
Benefit Informat	ion										
Current Benefits Name	Relationship to Subscrib	Class: 1001-All Men Der Benefits				Effective Date	Term Date				
BOB ANTHONY	Self	Dental B	lue Preferred Balance	0 H;Rx:\$0/\$10/100%/10 ed;\$1750	0%/100%	05/01/2021 05/01/2021	12/31/9999 12/31/9999				
LILAC ANTHONY	Spouse	MED:Blu	20 Exam Plus 26NV 3 ie Options 1-2-3 2500	0 H;Rx:50/\$10/100%/10	0%/100%	05/01/2021	12/31/9999 12/31/9999				
REVAANTHONY	Child	Dental B	lue Preferred Balance	ed,\$1750 0 H:Rx:\$0/\$10/100%/10		05/01/2021	12/31/9999				
	and a second						10010000				
Confirm R	edentited is accurate to the be e-enroll pa	ige disp	lays. C	lick Con	tinue.	rance	i ll Sut	mmary			
Confirm R	e-enroll pa	ation	lays. C	lick Con	tinue. Other Insu			mmary			
embe 14043	e-enroll pa endent Inform Confirm Re-ei u are about to per	ation (ation (nroll form a re-er 05/01/2021	Ilays. C	lick Con	tinue. Other Insu I result in a g	ap in covera	age of				
embe 14043	e-enroll pa endent Informa Confirm Re-er u are about to per '30/2021 through 'ou do not wish to	ation (ation (nroll form a re-er 05/01/2021	Ilays. C	lick Con	tinue. Other Insu I result in a g	ap in covera	age of	ction			
Confirm R embe Yo 14043 Memi 10404	e-enroll pa endent Informa Confirm Re-er u are about to per '30/2021 through 'ou do not wish to	ation	Ilays. C	lick Con	tinue. Other Insu I result in a g acel and perfo	ap in covera	age of ate transac	e	-	en a subs	
Confirm R embe Yo 14043 Memi 10404	e-enroll pa endent Informa Confirm Re-ei u are about to per '30/2021 through ou do not wish to tead	ation	Ilays. C	lick Con	tinue. Other Insu I result in a g acel and perfo	ap in covera	age of ate transac	etion	-	a new su	
Confirm R embe Yo 14043 Memi 10404 10404 The Policy Policy: S	e-enroll pa endent Informa Confirm Re-ei u are about to per i30/2021 through i ou do not wish to tead	age disp ation 4 nroll form a re-er 05/01/2021 have a gap	Ilays. C	lick Con	tinue. Other Insu I result in a g acel and perfo	ap in covera	age of ate transact Continu Click C	etion	enrolls,	a new su	
Confirm R embe Yo 14043 Memt 10404 10404 The Policy Policy: S The followin BOB ANTH LILAC ANTH REVA ANTH	e-enroll pa endent Informa Confirm Re-en u are about to per (30/2021 through 1 ou do not wish to tead y: Status pa tatus g Member(s) have bee pony Hony	age disp ation (1) form a re-er 05/01/2021 have a gap	Ilays. C	lick Con	tinue. Other Insu I result in a g acel and perfo	ap in covera	age of ate transact Continu Click C	etion	enrolls,	a new su	



Step	Action						Comments
10	search filter displayed in ID in the Su	Home page disp field followed the Effective E bscriber ID colu	by the Fin Date colum	d button.The	new effectiv	e date is scriber	Tip: The prior subscriber policy is still reflected on the Group Home page and Membership Roster for reference.
	Find a Subscribe	Group Enrollment Datail	5 + Add Subscriber	🔳 Documents 🛛 🔳 Mer	nbership Röster	Close	
	Last Name	First Name	Subscriber ID	Class ID	Subgroup ID		
						Find	
	Subscriber Name	Subscriber ID	Date of Birth Ef	fective Date 🗢 Term Date	Class ID 🗢 Subgroup ID	 Find Actions 	
	Subscriber Name ANTHONY, BOB	Subscriber ID 10417701400		fective Date 💠 Term Date	Class ID \$ Subgroup ID 1001 1001	1.1	

Reinstate a Subscriber

The **reinstate** transaction should be utilized when a terminated member needs to be reactivated on the same group <u>without a gap</u> in coverage. If the subscriber is included in reinstatement, only dependents who were effective as of policy termination (i.e., same termination date as subscriber) are eligible for reinstatement. Terminated dependents of an active subscriber policy can also be reinstated. For example, if a subscriber and/or dependent is terminated in error, the reinstate transaction should be utilized to add the member back onto the same policy with no gap in coverage.

) כ	Action								
	From the G	roup Ho	me Pag	e, select	the sub	scriber	to be	e reinsta	ited.
	Click View/I	-	0	,					
		mouny.							Close
	nc 🕅 🕅								Ciose
		🖪 Gro	up Enrollment Detail	s + Add Subscri	ber 🔳 Docum	ments 🔲 🖩 Mer	nbership Ros	er	
	Find a Subscrib To locate a subscriber's reco Last Name			Subscriber ID	Class II	5	Subgr	oup ID	
									➔ Find.
	Subscriber Name		Subscriber ID	Date of Birth	Effective Date	Term Date	Class ID	Subgroup ID	Actions
			· · · · · · · · · · · · · · · · · · ·		Encouve Bute				
	-		10417701400		05/01/2021		1001	1001	View/Mocity
						04/30/2021		1001 1001	View/Modity View/Modity
			10417701400		05/01/2021	04/30/2021 10/31/2022	1001		
			10417701400 10404386100		05/01/2021		1001 1002	1001	View/Mooity
			10417701400 10404386100 10417700200		05/01/2021 10/01/2020 04/01/2021		1001 1002 1001	1001	View/Macity View/Macity



Step	Action	Comments
2	Select Reinstate.	
	Group Home Close	
	Lownload Subscriber Summary COBRA Re-Enroll Reinstate	
	Subscriber Information 4 Dependent Information 4 Benefits 🗮 Summary	
	Image: Comparison of the second sec	
	Juan Blair	
	Marital Status Gender Subscriber Status Email Address Hire Date Term Date v Male Termed 01/01/2021 03/01/2021 03/01/2021	
	Address 1 Phone Effective Date 01/01/2021	
	Address 2	
	Zip Code City County State	
	Zip Code Cliy County State 27519 CARY Vake NC	
3	The Select Members to be Reinstated page displays.	Tip: When the subscriber
	Group Home Close	is included in
	Select Member(s) to be Reinstated	reinstatement, only
	Select Name Gender Date of Birth Relationship to Subscriber Termination Date	dependents who were
	😰 Juan Blan Male Subscriber 0331/2021	effective as of the policy
		termination (having same termination date as
	W Cancel Continue	subscriber) are eligible for
	Salast the member(s) to be reinstated aligh Centinue	reinstatement.
	Select the member(s) to be reinstated, click Continue.	
		Terminated dependents of
		an active subscriber can
		be reinstated as well as
		terminated subscribers
		including eligible dependent(s).
4	Add Reinstate Member page with Subscriber Information tab displays.	Tip: Hire Date, Date of
-	Click Continue.	Birth and Social Security
	Group Hame Close	Number (SSN) are not
		editable during
	Add Reinstate Member	reinstatement of a
	Subscriber Information First Name Middle 'Last Name 'Date of Birth	subscriber.
	Juan Blair Die of Differ	
	Marital Status Gender Subscriber Status Email Address Hire Date Single Male Termed 01/01/2021	
	Address 1 Phone Effective Date	
	(919) 969-9899 04/01/2021	
	"Zip Code "City County State 27519 CARY Wake NC	
	X Cancel	
	* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	



5 The Dependent Information tab displays. Click Continue.	
Add Reinstate Member Subscriber Information Name Member ID Gender Date of Birth Relationably to Subscriber Enrollment Status	
Subscriber Information Dependent Information Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status	
Name Member ID Gender Date of Birth Relationship to Subscriber Enrollment Status	
X Cancel + Previous + Continue	
* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
6 The Benefits tab displays. Click Continue. Tip: Only product(s)	
Group Home 1 Close effective as of the da	
Add Reinstate Member	
Subscriber Information Dependent Information Benefits eligible for reinstater Members cannot add	
change or remove	1,
Current Benefits Effective Date Name Relationship to Subscriber Class Benefits Effective Date	nent
Juan Blair Self 1001-All Members MED Blue Options 1-2-3 2500 H.Rx \$0\$101100%/100%/100%/100%/100%/100%/100%	
Blue 20/20 Exam Plus 20/V/\$10,5150 04/01/2021 that coincides with	
subscribers' terminat	ion.
★ Cancel	
* I certify all information submitted is accurate to the best of my knowledge and that I will retain the supporting documents as required.	
7 The Add Reinstate Member. Other Insurance tab displays. Click	
7 The Add Reinstate Member, Other Insurance tab displays. Click Continue.	
Group Home Close	
Add Reinstate Member	
Subscriber Information 4 Dependent Information 1 Benefits + Other Insurance	
Other Medical Insurance Information "Does the subscriber and/or dependent(s) have other health coverage that will be in force when this policy becomes active?	
No ~ Medicare Coverage Information	
* Is anyone on this policy covered by Medicare?	
Carlos Control Contro Control Control Control Control Con	



Action							Comments	
he Add I	Reinstate Me	mber, Sumi	mary tab d	isplays. C	lick Cert	ify and	Tip: The effective da	e for
Submit.							reinstating a subscrib	oer is
							equal to the subscrib	
nc 🕅 🔤						Group Home Clos		s one
Add Reinst	ate Member						day (i.e., no gap in coverage).	
🔒 Subscrib	er Information 🛃 Depend	lent Information 🔒 Ber	enefits 🕂 Other Insur	ance 📕 Summa	ry		coverage).	
Subscriber	nformation							
Name	Member ID	Gender Date of Birth	Hire Date	Marital Status	Subscriber	Status		
Juan Blair	10416537000	Male	01/01/2021	Single	Termed			
Dependent	nformation							
Name	Member ID Gender	Date of Birth	Relationship to Subs	criber	Enrollment Sta	itus		
There are cu	rently no dependents associated with	this Subscriber.						
Subgroup In	formation							
Subgroup N	ame Subgroup	ID Subgroup E	Effective Date	Subgroup 1	ermination Date			
	1001	01/01/2021		12/31/9999				
Benefit Info		Class: 1001-All Members						
Name	Relationship to Subscriber	Benefits			Effective Date	Term Date		
Juan Blair	Self		3 2500 H:Rx:\$0/\$10/100%/100	6/100%	04/01/2021	12/31/9999		
		Dental Blue Preferred Ba Blue 20/20 Exam Plus 26	alanced;\$1750		04/01/2021 04/01/2021	12/31/9999 12/31/9999		
_	ation submitted is accurate to the l /: Status page IC	est of my knowledge and that I			Group	Home Close		
The Polic	/: Status page	est of my knowledge and that I	I will retain the supporting d		Group	Home Close		
The Policy	/: Status page	est of my knowledge and that I	I will retain the supporting d		Group	Home Close		
The Polic	/: Status paga IC Status	est of my knowledge and that i	I will retain the supporting d		Group	Home Close		
The Polic	y: Status pag IC Status ving Member(s) have be	est of my knowledge and that i	I will retain the supporting d		Group	Home Close		
The Policy Policy The follow	y: Status pag IC Status ving Member(s) have be	est of my knowledge and that i	I will retain the supporting d		Group	Home Close		
The Policy Policy The follow	y: Status pag IC Status ving Member(s) have be	est of my knowledge and that i	I will retain the supporting d		Group	Home Close		
The Policy Policy The follow	y: Status pag IC Status ving Member(s) have be	est of my knowledge and that i	I will retain the supporting d		Group	Home Close		
The Policy Policy The follo Juan Bla	y: Status page IC Status ving Member(s) have be ir	eest of my knowledge and that it e displays. C	I will retain the supporting d		Group	Home Close		
The Policy Policy The follo Juan Bla	y: Status pag IC Status ving Member(s) have be	eest of my knowledge and that it e displays. C	I will retain the supporting d		Group		Tip: Reinstatement r	
The Policy Policy The follo Juan Bla	y: Status page IC Status ving Member(s) have be ir	eest of my knowledge and that it e displays. C	I will retain the supporting d		Group	Home Close		
The Policy Policy The follo Juan Bla	y: Status page IC Status ving Member(s) have be ir	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	I will retain the supporting d	couments as required.	Group		Tip: Reinstatement r	r ID
The Policy Policy The follo Juan Bla	y: Status page IC Status ving Member(s) have be ir	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	I will retain the supporting d		Group		Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follo Juan Bla	y: Status page IC Status ving Member(s) have be ir D Home page	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	I will retain the supporting d	couments as required.	Group		Tip: Reinstatement r the former subscribe	r ID
The Policy Policy The follo Juan Bla Image of the follo The Group	y: Status page IC Status ving Member(s) have be ir D Home page D Home page	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	r will retain the supporting d Click Ok. Istated.	couments as required.			Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follo Juan Bla Construction The Group Pind a Subscr	y: Status page IC Status ving Member(s) have be ir D Home page	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	I will retain the supporting d	couments as required.		Close	Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follo Juan Bla ICAN The Group	y: Status page IC Status ving Member(s) have be ir D Home page D Home page	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	r will retain the supporting d Click Ok. Istated.	couments as required.			Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follor Juan Bla (COMP The Group The Group (COMP A Subscr To locate a subscript's D	y: Status page IC Status ving Member(s) have be ir D Home page D Home page	eest of my knowledge and that it e displays. C hen successfully Rein: displays.	r will retain the supporting d Click Ok. Istated.	Membership Roster	10	Close	Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follor Juan Bla I Constant The Group The Group	y: Status page IC Status ving Member(s) have be ir D Home page D Home page C Group Errollme ther cod, enter at less part of their name First Name	eest of my knowledge and that it e displays. C hen successfully Rein: displays. t Details + Add Subscribe ar ID. Subscriber ID	r vill retain the supporting d Click Ok. Istated. ar E Documents (Class ID	Membership Roster	ID Subgroup ID 🗘 4	Close	Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follor Juan Bla Control of the Group The Group The Group	y: Status page IC Status ving Member(s) have be ir D Home page O Home page C Croup Enrolme iber cod, enter at least part of their name First Name	eest of my knowledge and that it e displays. C hen successfully Rein: displays. t Details + Add Subscriber sr ID. Subscriber ID subscriber ID ther ID + Date of Birth	r will retain the supporting d Click Ok. Istated. Istated. Class ID Effective Date	E Memberthip Roster Subgroup Date Class ID \$ 1001	ID Subgroup ID ÷ 4 1001	Close Find Actions	Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follor Juan Bla Control of the Group The Group The Group The Group The Group	y: Status page IC Status ving Member(s) have be ir D Home page C Group Errolme iber cord, enter at least part of their name First Name	eest of my knowledge and that it e displays. C hen successfully Rein: displays. t Details + Add Subscribe r ID. Subscriber ID ther ID + Date of Birth praco estico	I will retain the supporting d Click Ok. Stated. Stated. Effective Date • Term 05/01/2021 0/450 04/01/2021 0/450	Less ID Loss	ID Subgroup ID ÷ 4 1001 1 1001 1	Close Find keton Verwilkely Verwilkely Verwilkely	Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follor Juan Bla Control of the Group The Group The Group The Group The Group	y: Status page IC Status ving Member(s) have be ir D Home page C Croup Errolmat iber cord, enter at least part of their name First Name	eest of my knowledge and that it e displays. C e displays. C en successfully Rein: displays. clbana + Add Subscriber subscriber ID subscriber ID subscriber ID	I will retain the supporting d Click Ok. stated. or Elective Date Class ID Effective Date • Terms 0501/2021 10/31 1001/2021 10/31 04/01/2021 10/31 03/17/2021 10/31		ID Subgroup ID ¢ 4 1001 1001	Close P Fina Actions Verwithodiy Verwithodiy Verwithodiy	Tip: Reinstatement r the former subscribe number since there i	r ID
The Policy Policy The follo Juan Bla Control of the State Policy The Group The Group The Group The Group The Group The Group The Group	y: Status page IC Status ving Member(s) have be ir D Home page C Group Errolme iber cord, enter at least part of their name First Name	ees of my knowledge and that it e displays. C hen successfully Rein: displays. displays. subscriber ID subscriber ID	I will retain the supporting d Click Ok. Stated. Stated. Effective Date • Term 05/01/2021 0/450 04/01/2021 0/450		ID Subgroup ID + 4 1001 1001 1001 1001	Close Find keton Verwilkely Verwilkely Verwilkely	Tip: Reinstatement r the former subscribe number since there i	r ID



Helpful Tips

Listed below are helpful tips and reminders to assist with processing member maintenance in the new application.

- The Membership Roster is available as of the effective date after a new group is enrolled in our membership system.
- Member Maintenance is real time. Upon clicking 'Certify and Submit', the policy is automatically enrolled. It takes approximately 24 hours on average for pharmacy benefits to update in Prime.
- The qualifying event Open Enrollment will only display as an available QE once a group's renewal has been processed in our membership system and for 30 days following the effective date.
- Utilize the Cancel Coverage link to remove a line of business from a member. Utilize the Terminate button to remove a member from <u>all</u> lines of coverage.
- The Member Maintenance application is used only for specific member maintenance tasks. Group level changes (such as probationary period changes, adding or removing domestic partners, etc.) are handled at renewal via the group application.
- Fields that are not marked with a red asterisk (*) are optional fields.
- Domestic addresses and ZIP codes are validated against the United States Postal Service (USPS) database.
- If there are two cities within the same ZIP code, the member maintenance application will provide options. Remember to select the city according to what the member provides.
- Select the year first from the calendar (pick option). Selecting the year first allows all months to appear for selection.
- The maintenance application will not process a date of hire in the future or a future qualifying event. This is a Blue Cross NC business rule that is also followed with paper processing by the Membership team. Coverage cannot be provided prior to the hiring event or the qualifying event.

Enroll COBRA/State Continuation

- A member must have been covered by the group for at least one day to be eligible for COBRA.
- A member must have been covered by the group for at least three consecutive months to be eligible for State Continuation.
- Members cannot be enrolled onto COBRA/State Continuation until after the termination date of the active policy (e.g., the COBRA/State Continuation button will not appear for future term date member(s).
- > Domestic partners and children of domestic partners are not eligible for COBRA coverage.
- > Domestic partners and children of domestic partners are eligible for State Continuation coverage.
- Retirees are not eligible for COBRA/State Continuation coverage.
- Members can reduce the level of coverage when initially enrolling on COBRA/State Continuation but cannot add coverage. Examples: If a group is on a high/low plan, the subscriber can move from the high plan to the low plan, but not move from the low plan to the high plan. If a subscriber was enrolled in multiple products (e.g., medical, dental and vision), they may choose to waive a product when they enroll on COBRA/State Continuation, but they cannot elect new products to their coverage.
- COBRA/State Continuation members may choose from all available (medical, vision and dental) products upon renewal. The renewal coverage period is the coverage period following the coverage period that coincides with the member's termination.



Reinstate COBRA/State Continuation

- COBRA/State Continuation policies or members terminated prior to their calculated COBRA/State Continuation expiration/end date are eligible to be reinstated.
- If a subscriber is included in a COBRA/State Continuation reinstatement, only dependents who were effective as of the policy termination (i.e., same termination date as subscriber) are eligible for reinstatement. Any eligible dependent(s) may be excluded from reinstatement.
- If a subscriber was terminated, the subscriber must be reinstated to reinstate any eligible dependents previously covered on the COBRA/State Continuation policy.
- For an active COBRA/State Continuation subscriber to reinstate a terminated dependent, the dependent(s) must have been enrolled on the COBRA/State Continuation policy prior to the termination.

Re-Enroll a Subscriber

> Probationary periods are waived for employees re-hired within 90 days of being laid off.

Reinstate a Subscriber

- Only members with the same termination date may be reinstated within the same reinstate transaction.
- New dependents cannot be added to a policy for any coverage period during the reinstatement transaction.
- Retirees are eligible for reinstatement.

Helpful Tips for adding COB (coordination of benefits) during Enroll COBRA/State Continuation, Reinstate and Re-enroll

Enroll COBRA/State Continuation

- If a member(s) has other coverage information/COB, the member is not eligible to enroll into COBRA/State Continuation policy.
- A member can enroll into COBRA/State Continuation policy, only after the other coverage/COB is terminated.
- > The COBRA/State C&C button will not appear until the other coverage/COB is terminated.

Reinstate COBRA/State Continuation

- If a member(s) has other coverage information/COB, the member is not eligible to reinstate their COBRA/State Continuation policy.
- ▶ The COBRA/State C&C button will not appear until the other coverage/COB is terminated.

Re-Enroll a Termed Member

> Other coverage information/COB can be added to a member(s) during Re-enroll transaction.

Reinstate a Termed Member

- If a member(s) has other coverage information/COB during termination, the same COB information would be available after successfully reinstating the subscriber or dependent(s).
- If a member(s) does not have other coverage information/COB during termination, the COB information can be added after successfully reinstating the subscriber or dependent(s).

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