



South Carolina

SMALL GROUP ADMINISTRATION

Coordinator's Guide



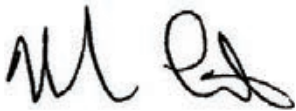
Welcome

Thank you for choosing BlueCross BlueShield of South Carolina as your group health insurance provider. We are happy to have you as part of our BlueCross family. As a group, you have access to:

- Nationally recognized customer service
- Global care
- Easy online billing
- Online membership tools and reporting

This Coordinator's Guide provides valuable information and instructions to assist you in communicating with us. If you have any questions, please feel free to contact us using the contact information at the back of this book.

Sincerely,



Manny Licata
Vice President of Group & Individual Operations

This guide is to assist you with managing your Small Group policy. Our award-winning Membership Customer Service team is available from 8:30 a.m. to 5:30 p.m., Monday through Friday, to help you manage your group benefits and answer questions related to the following:

- Membership enrollments
- Benefit documentation
- Billing and rates
- Online billing and enrollment, along with password resets

As a benefit coordinator, you have access to online tools and important communications from BlueCross, so it is important that the benefit coordinator under your group policy stays current.

When calling Small Group Membership at 800-868-2500, ext. 41010, please be sure to have your group name and number readily available.

If you are asking about a member's claim information, the member must have completed and submitted a Health Insurance Portability and Accountability Act (HIPAA) Authorization form before we can release the information.

This HIPAA form will grant various levels of authorization to specific individuals on the member's behalf. This form must be approved and processed by BlueCross BlueShield of South Carolina before any member information can be released.

Please send benefit coordinator information updates and HIPAA authorization forms via fax to 803-264-0143 or email to group.membership@bcbssc.com.

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Secure Communications

In an effort to be environmentally friendly, we use email as our primary way of contacting our benefits coordinators, agents and members. We encourage you to review your email regularly to keep up to date on any changes and notifications about your policy. You may also want to add us to your contacts to ensure that this information is not misrouted as spam.

When an email contains sensitive information, we will send it secured, and you will need your email password to open it. For assistance, please review these instructions:

Step 1: Open the secure Proofpoint message attachment and select **Click to Read Message**.

Step 2: Complete the registration and continue.

Step 3: Ensure your password meets the requirements.

Please call our technical support team at 803-264-8599 for lockout assistance.



Benefits of Being Blue

You can find complete information about all our valuable discounts and added services at www.SouthCarolinaBlues.com under the Member Perks tab.

DISCOUNT AND VALUE-ADDED PROGRAMS

Sometimes all you need to feel great is a little sprucing up. And saving money in the process makes it even more rewarding. That's why our members enjoy our discounts and value-added programs. With no claims to file and no annual limits, members pay the discounted rate directly to participating providers.

FITNESS AND WELLNESS

Fitness Center Memberships

Getting in shape is now more affordable than ever! We make it easy for our members to save on memberships to local fitness facilities and other exercise centers.

Children's Fitness

With My Gym Children's Fitness Center, choose from a variety of structured, age-appropriate classes that use music, dance, relays, games and more.

Weight Management

Enjoy discounts on weight-loss programs and services, including Jenny Craig. Plus, get one-on-one support to help you lead a healthy lifestyle.

Allergy Relief

You'll breathe easier thanks to special prices on products designed to reduce exposure to indoor allergens.

Alternative Health Care

Where does it hurt? With Natural BlueSM, you can tap into a large network of credentialed acupuncturists, massage therapists, chiropractors, plus diet advisers — all offering extensive discounts. Members also can get information about vitamins and natural supplements, as well as purchase items, such as home fitness equipment, at a discount.

Healthy Reading

Stay health conscious and informed with access to a wide variety of articles and information online. Members also can purchase books, DVDs and CDs at discounted rates.

COSMETIC

Hair Restoration

Suffering from hair loss? You have everything to gain. As a member, you'll save 20 percent on a hair transplantation procedure.

HEARING AND VISION

Hearing Care

Hear that? With Blue, get great savings from TruHearing — a leader in digital hearing aids and ranked No. 1 in customer service. Save on hearing exams and follow-up care, too.

Eye Care

Open your eyes to special savings from Vision One — eye exams, designer frames, lenses and contacts.

Laser Vision Correction

Our members receive exclusive discounts on Lasik vision correction services, including exams, surgery and preoperative and postoperative care.

BLUE365®

BlueCross members have access to Blue365, a website with discounts on everyday products that can help families live healthier, happier lives. Members can enjoy discounts on personal care products, fitness, wellness and lifestyle products and healthy eating, as well as financial services. Blue365 complements a member's health coverage by making it easier and more affordable to make healthy choices. Visit www.Blue365deals.com/BCBSSC for available discounts!

For more information, visit www.SouthCarolinaBlues.com/links/discounts



MY HEALTH TOOLKIT®

Do your members want to know if your plan covers a specific procedure? Do your members need information about their health and dental benefits? Maybe your members just want to check claims and see if we've paid their doctors. They can find all this and more with My Health Toolkit. It gives members secure and convenient access to their benefits information. Members can:

- View claims status and an Explanation of Benefits (EOB).
- Read about benefits and coverage information and check eligibility.
- Verify authorization status for a particular claim.
- View/email a digital ID card.
- Review costs for a procedure through the Treatment Cost Estimator.
- Locate a convenient doctor or hospital.
- Go paperless.
- Coordinate any other health insurance.
- Request a new ID card.

To get started, have your members visit our website at www.SouthCarolinaBlues.com and use their member ID or Social Security number to register or download the free mobile app in the App Store or Google Play.



Member Enrollment

TYPES OF MEMBERSHIP

There are four types of coverage available:



Single



Family



Employee/Spouse



Employee/Child(ren)

ELIGIBLE EMPLOYEES

All employees must satisfy these conditions to be eligible for coverage under a small group contract:

- Be an active, full-time employee of the group.
- Work an average of 30 hours a week.
- Be actively at work on the effective date of coverage.
- Have completed their probationary periods if new hires.

INELIGIBLE EMPLOYEES

- Part-time or seasonal employees

ELIGIBLE DEPENDENTS

An employee's legal spouse and any children through age 25 who are covered under the contract. A dependent child can be a natural or adopted child, stepchild, foster child or a child who's under the member's legal guardianship. This also includes any child of a divorcing/divorced employee who's recognized under a Qualified Medical Child Support Order (QMSCO) as having a right to enrollment under this plan.

INCAPACITATED DEPENDENTS

"Incapacitated dependent" means a child who is (1) incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and (2) dependent upon the employee for support.

The employee must provide written proof of such a dependency and incapacity within 30 days of the dependent's 26th birthday. Written proof of incapacity is an attending physician's statement with the dependent's name and date of birth, along with the named condition causing incapacity and prognosis. The group is responsible for attaching this information to the Membership Application and submitting it to Customer Service by secure email at group.membership@bcbsc.com or fax to 803-264-0143.

Employees can enroll within 30 days of the date they first become eligible for coverage, but may be required to serve a probationary period of up to 90 days. New dependents can enroll within 30 days of the date on which they first become eligible. Be sure you are aware of your group's probationary period.

NOTE: Employees can also enroll, if eligible, under the Special Enrollment terms of the Contract.

APPLICATIONS AND TIMELINESS

We must receive all enrollments within 31 days of the requested effective date. You can access applications online at SouthCarolinaBlues.com/employers/forms/applyforcoverage.aspx. Print version of these forms are in this book. You should submit forms to Customer Service via fax at 803-264-0143 or secure email at group.membership@bcbsc.com.

NOT ACTIVELY AT WORK

To be considered actively at work, the employee:

1. Must have begun and not be absent from work because of leave of absence or temporary layoff, unless the absence is due to a health status-related factor other than substance abuse or chemical dependency.
2. Must be performing the normal duties of his or her occupation at one of the employer's places of business or at a location to which the employee must travel to do his or her job.

CONTINUATION OF COVERAGE

Employees and/or their covered dependents may be eligible to continue their coverage for 18 to 36 months under COBRA or six months under State Continuation. In the event of death, Medicare eligibility, divorce, etc., the outgoing member would have to sponsor the continuation of coverage. Visit www.DOL.gov for more information about COBRA laws.

OTHER INSURANCE INFORMATION

By providing current information on a member's other health insurance coverage, you can help ensure accurate and timely processing of claims. If you do not provide this information, we may delay payment of claims while we investigate the status of other health care coverage. This applies not only to BlueCross BlueShield of South Carolina, but also to any other health care coverage company with which the member has a policy.

Members can update this information online through My Health Toolkit or by contacting Customer Service by secure email at group.membership@bcbsc.com or 800-868-2500, ext. 43475.

CANCELING COVERAGE DUE TO AN EMPLOYEE'S DEATH

If the employee's status is single, we will cancel coverage on the day following the date of death. We will cancel all other coverages effective on the next billing cycle following the date of death.

CANCELING COVERAGE

When your group terminates an employee, the company will still be liable for premiums until you notify us to cancel that employee's coverage. The cancellation will be effective on the first billing cycle after you notify us that we should no longer cover the employee.

You can terminate an employee's coverage by any of these methods:

- Process the termination in BluesEnroll or fax to 803-264-0143.
- Contact Customer Service by phone at 800-868-2500, ext. 41010, or by email at group.membership@bcbsc.com.

PARTICIPATION AUDIT

Monthly audits are conducted to ensure all small groups are meeting the required participation guidelines. If your group falls below the guideline, you may receive an audit inquiry to assist with validating your group participation. Below is a chart outlining the guidelines for groups size 2 – 50. An enrollment indicates that a member is accepting coverage. Any member declining coverage would not be considered an enrollment.

Total Eligible Employees	Employees That Must Be Enrolled
2	2
3 or 4	3
5	4
6 or 7	5
8	6
9 or 10	7
11 – 50	At least 70% of total eligible employees

You can access applications online at www.SouthCarolinaBlues.com/employers.aspx. Print versions of these forms are in this book. You should submit forms to Customer Service via fax at 803-264-0143 or secure email at group.membership@bcbsc.com.

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South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association



Because Companion Life is a separate company from BlueCross BlueShield of South Carolina, Companion Life will be responsible for all services related to life insurance.

MEMBERSHIP APPLICATION

EMPLOYEE INFORMATION (Please Print)

1. Name (Last, First, MI): 2. Birthdate: 3. Male Female 4. Address: (Street) (City) (State) (ZIP) 5. Employee Social Security Number: 6. Phone: () 7. Email (Required): 8. Name of Employer: 9. Group Number: 10. Effective Date of Action Requested: / / 11. Tobacco Use* Yes No

REASON FOR APPLICATION

12. New Member - Full-time employee working an average of 30 hours per week? Yes No Full-time Date of Hire: / / Coverage Change - Reason for Change: Date of Occurrence: / / Cancellation - Date Left Employment: / / Reinstatement - Reason: Return from Layoff Return from Leave COBRA/State Continuation: Start Date: / / Sponsored Membership - Sponsored Member's Social Security Number:

COVERAGE INFORMATION

Plan Type: Gold Silver Bronze PPO HRA HDHP SECURE

13. MEDICAL ELECTION

Employee Only Employee/Spouse Employee/Child(ren) Family No Medical Coverage Due To: (Check one) Other BlueCross Coverage (01) Covered by Military (03) Insurance with Another Company (02) Covered by Medicare (12) Covered by Spouse with this Employer (07) Other (05) Explain:

14. DENTAL ELECTION

Employee Only Employee/Spouse Employee/Child(ren) Family No Dental Coverage

15. LIFE COVERAGE (underwritten by Companion Life)

Life Only (No Medical) Life and AD & D Dependent Life STD LTD No Life Coverage Life Amount: \$ Life Class: Earnings \$ Hourly Weekly Biweekly Monthly Annually

Beneficiary Designation (All Plans - applicable only if life coverage is available and selected)

Primary: Relationship: Contingent: Relationship:

ENROLLMENT INFORMATION (List all individuals to be covered.)

Table with 8 columns: 16., Last Name, First Name, Birthdate (mm/dd/yyyy), Male or Female, Social Security Number, Other Insurance Yes No, Tobacco Use * Yes No. Rows for Spouse, Child, Child, Child, Child.

* Please indicate whether any person age 18 or older has used tobacco four or more times a week in the last six months.

OTHER COVERAGE INFORMATION

17. If you or any of your family members have other health (including Medicare), dental or drug coverage other than with this employer, what is the name of the insurance company and the policyholder's ID number?:

EMPLOYEE CERTIFICATION Authorization to Release Information and Statement of Understanding

I authorize release to Blue Cross and Blue Shield of South Carolina (BlueCross) or its representatives all past and future medical records for myself and eligible dependents and other information deemed necessary by BlueCross to review, process or investigate claims. This authorization includes Medicare Parts A and B claims. I understand the benefits for which I (we) will be eligible are those disclosed in the group contract between the insurer and my employer. I also understand that my coverage may be voided or terminated, or claims denied if fraud or intentional misrepresentations of materials facts have been made on this application subject to the Time Limit on Certain Defenses provisions. The statements made herein are complete and true to the best of my knowledge.

If I do not elect to receive coverage under the group plan offered by my employer and currently do not have other health insurance coverage, I understand that if I wish to enroll later, I will be excluded from coverage for up to 12 months.

Blue Cross and Blue Shield of South Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Signature: Date:

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South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Visit our website at: www.SouthCarolinaBlues.com

OTHER HEALTH/DENTAL COVERAGE QUESTIONNAIRE

Your contract contains a Coordination of Benefits (COB) provision to ensure we provide correct benefits on claims for members with more than one health/dental coverage plan. We need information about possible other health/dental coverage, including Medicare, to process your claims correctly.

Blank lines for ID Number and Date

1. Do you or any dependents have any other group health, dental or Medicare coverage? [] No [] Yes

IF NO, PLEASE SIGN, DATE AND RETURN THIS FORM OR CALL US AT OUR COB HOTLINE (800-931-3401) AND WE WILL PROCESS THIS INFORMATION IMMEDIATELY. IF YOU ANSWERED YES, PLEASE PROCEED TO QUESTION #2.

Your Signature: _____ Date: _____

2. Please list the family members covered by the other policy and the type of coverage you have.

Table with 5 columns: Medical, Hospital, Drug, Dental, Medicare. Includes blank lines for family member names.

For additional family members, attach a separate sheet with the information.

* If you checked Medicare, answer question #7 on page 2.

3. Name of Other Policyholder: _____

Other Policyholder's Date of Birth: _____ Relationship to You: _____

4. Employer's Name, If Coverage is Provided Through an Employer: _____

5. Name of Other Insurance Company and Effective Date of Policy: _____ Effective Date: _____

If policy is now terminated, please give termination date: _____ ID#: _____

6. The Other Insurance Company's Address: _____

7. The Payor ID for the Other Insurance Company (if known): _____

8. If there is a divorce or separation, please list who is responsible for the health care expenses: _____

If there is a copy of a divorce decree, please forward a copy to us.

If there is not a court decree, who has custody of the children? _____

***** SECTION PERTAINS TO MEDICARE COVERAGE ONLY *****

9. Are you actively working? Yes No Start Date: _____ Last Day of Active Employment: _____

10. Are you or any family members covered by Medicare? No Yes
If No, please sign and date below. If Yes, please complete the information below.

• Name: _____ Date of Birth: _____
Medicare Number: _____ Part A Effective Date: _____
Part B Effective Date: _____
Reason for Medicare (check one): Age Disability ESRD Date of First Dialysis: _____

• Name: _____ Date of Birth: _____
Medicare Number: _____ Part A Effective Date: _____
Part B Effective Date: _____
Reason for Medicare (check one): Age Disability ESRD Date of First Dialysis: _____

Your Signature: _____ Date: _____

Please mail or fax this form to the correct plan:

- State Health Plan ("ZCS" and "ZCK" Prefix) State Health Plan: AX-B10
ATTN: COB
P.O. Box 100605, Columbia, SC 29260-0605
Fax: 803-264-4204
- Federal Employee Plan/FEP ("R" Prefix) Federal Employee Customer Service: AX-B05
P.O. Box 100603
Columbia, SC 29260-9982
Fax: 803-736-8341
- Small Group and Individual ("ZCY" Prefix) Group and Individual: AX-F25
ATTN: COB
P.O. Box 100246, Columbia, SC 29202-3246
Fax: 803-264-0172
- Preferred Blue® and All Other BlueCross Plans (Include name of health plan.) BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202

Check your member ID card for Service Center location:
Piedmont (Greenville) Service Center: Fax: 803-264-9128
Columbia Service Center: Fax: 803-264-6572

Voluntary Authorization to Disclose Protected Health Information to a Third Party

RETURN THIS FORM TO:

BlueCross BlueShield of South Carolina, Group and Individual Privacy Official, I-20 at Alpine Road (AX-E05), Columbia, SC 29219-0001 Fax Number: 803-264-0174

SECTION A – MEMBER INFORMATION (INDIVIDUAL WHOSE INFORMATION WILL BE RELEASED):

Name: (Last, First, Middle Initial)	Date of Birth: _____ / ____ / ____	Telephone Number: (including area code)
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Address: (Including ZIP Code) _____

Member's ID Number (as shown on the Member's identification card) or Social Security Number: _____

Spouse's Name* (if included in this authorization): _____ Date of Birth: ____ / ____ / ____

Dependent's Name* age 16 or older to be included in this authorization: _____ Date of Birth: ____ / ____ / ____

*That person must sign this authorization below agreeing to the release of his or her protected health information.

List Dependents **under age 16** to be included in this authorization:

Name: _____	Name: _____
Date of Birth: ____ / ____ / ____	Date of Birth: ____ / ____ / ____

SECTION B – AUTHORIZED PERSON (PERSON OR ORGANIZATION RECEIVING YOUR INFORMATION):

I authorize BlueCross BlueShield of South Carolina to disclose protected health information on the above individuals to:

Name: _____	Agent/Agency Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Relationship to Member: _____	Agency/Agent Number: _____

SECTION C – DESCRIPTION OF INFORMATION TO BE RELEASED: (TYPE OF INFORMATION THAT WILL BE USED OR DISCLOSED).

- Please check only one:
 - I authorize BlueCross BlueShield of South Carolina to disclose any protected health information (except psychotherapy notes) that the above-name individual/entity may request. If applicable, this information may include information pertaining to chronic diseases, behavioral health conditions, communicable diseases including HIV or AIDS, and/or genetic information.
_____ Also include any alcohol and substance abuse records, if applicable. *(Indicate by initialing)*
 - I authorize BlueCross BlueShield of South Carolina to disclose ONLY the following protected health information to the above-named individual/entity.

- This authorization is made: At my request For the following purpose(s): _____

SECTION D – EXPIRATION AND REVOCATION: (WHEN THIS AUTHORIZATION WILL END).

Expiration: This authorization will expire 12 months after termination of coverage under BlueCross BlueShield of South Carolina policy or upon my written revocation, whichever occurs first.

Revocation: I understand that I may revoke this authorization at any time by sending written notice of my revocation to the address shown above. **Please note:** Your revocation will not affect any action taken before receipt of your notice of revocation.

SECTION E – SIGNATURE*/DATE

I understand the nature of this release. I also understand that if the person or organization I authorize to receive the information described in Section C is not subject to federal health information privacy laws, that person or entity may further disclose the protected health information and federal privacy laws may no longer protect it. I understand that authorizing the use and disclosure of my information is not a condition of this health plan, eligibility for benefits or payment of claims.

Signature: _____	Date: _____
Spouse's Signature: _____	Date: _____
Dependent age 16 or older Signature: _____	Date: _____

*If the individual's personal representative signs this authorization, the personal representative must attach legal documentation showing the authority to act as the individual's personal representative.

You should keep a signed copy of this authorization for your records; however, a copy will be provided upon your request.

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Online Enrollment

BluesEnroll is a complimentary online tool that eliminates the need to submit paper membership applications. You can effectively manage your group's benefits by using the enrollment and reporting functionality within BluesEnroll. This user-friendly system allows you to make changes quickly and easily.

You will be provided a username and temporary password to initially access your account. Enter these credentials in the Username and Password fields, respectively, and click Log in to access your account. Once you are logged in to BluesEnroll, you will be prompted to change your password.

- Enrollment is simple, with less paperwork. Employers enter data once instead of filling out stacks of paper forms.
- Your data is safe! BluesEnroll provides secure access through standard web browser encryption and password-protected screens.
- Access BluesEnroll by using the internet from your home, office or where available.
- Enroll a new, full-time employee who is hired after the initial enrollment and meets eligibility requirements.
- Add other eligible members and/or dependents during the group's open enrollment period (group's anniversary date).
- Enroll or update an eligible member refusing coverage.
- Downgrade current coverage for a member.
- Add dependents to an employee's coverage due to a qualifying event, such as loss of other coverage, marriage or the birth of a child.
- Update member information, such as a name, address, beneficiary, etc.
- Create reports to manage your employees' benefits.
- Order ID cards for members.

Contact our Customer Service department by email at group.membership@bcbssc.com or 800-868-2500, ext. 41010, to take advantage of this free service and receive your login ID and password. Forgot your password? Customer Service can also assist with resetting your account.

My BluesEnroll username is: _____

My BluesEnroll password is: _____

NAVIGATING THROUGH YOUR BLUESENROLL ACCOUNT

After logging in to your account, you land on the homepage of the Benefits Administrator role.

From the homepage, you can easily access key features and tools by selecting an option from the main navigation bar on the left side of the page. The main navigation bar consists of seven tabs, each of which is discussed in depth in this guide. Following is an overview of each tab's key functionality.

In addition to the navigation bar, one of the first things you will notice on the homepage is a search bar where you can quickly search for employees by their last name or Social Security number.

You can also click Advanced Search to search for employees using more specific criteria.

Beneath the search bar is a To-Do List, which shows you which employees have tasks that require attention. The list is sortable and divided into specific categories. Select the task links to see which employees in that category require attention.

It is important to remain current with tasks listed under your to-do list. Changes requiring approval must be completed before the data is sent to the carrier; otherwise, active benefits for eligible employees and their dependent(s) will be delayed.

COMPLETING MISSING INFORMATION TASKS

The to-do list shows employees who have incomplete sections. Some of the more common types of incomplete information include:

- Benefit elections that have not been started/completed
- Missing addresses within the employee's profile
- Missing salary information for salary-based benefits
- Invalid data

Follow these steps to enter the incomplete information and remove the employee(s) from the to-do list.

1. Select All Tasks from the View by drop-down box within the To-Do List (if tasks are not displayed).
2. Select the Employee or Dependent Requires More Data link.
3. Select an employee from the populated list to open the employee's record.
4. Select Start within the "Sections To Be Completed" area to complete the missing information.
5. Enter the required information.
6. Select Save at the bottom of the page.

EXPLORING THE EMPLOYEES TAB

The Employees tab is simple in that it provides access to an advanced search tool, which allows you to locate any employee's record in the system or add a new employee to the system.

SEARCHING FOR EMPLOYEES

You can search for an employee(s) by entering a name or Social Security number in the search bar, or you can initiate a more specific search through the Employees tab.

ADDING EMPLOYEES

Follow the steps outlined below to add a new employee(s).

1. Select the Employees tab from the navigation bar.
2. Select Add a new employee.
3. Complete the Personal Information section by entering the employee data in the required* fields (identified with an asterisk*).
4. Complete the Work Information section by entering the employee data in the required* fields (identified with an asterisk*), and select the employee's category values.
5. Select the appropriate Save button at the bottom of the page.

MANAGING AN EMPLOYEE'S RECORD

As an administrator, you have the ability to make changes to employees' records and their enrollments on employees' behalf. This means that you can add, edit, update, delete, recover, search for and make changes to any employee information in the system.

After searching for an employee, you will land on the Employee Search Results page.

From there, you can take the following actions:

- Select the employee's name to view his or her employee record.
- Select an option from the plus icon to quickly access specific sections of the employee's record.

Immediately upon clicking the employee's name, you are taken to the employee's record.

A snapshot of the employee's benefit elections appears. This section provides you with a quick view of the benefits the employee is eligible for, has enrolled in, has refused and has yet to take action on.

UPDATING AN EMPLOYEE'S PERSONAL INFORMATION

Follow the steps below to change an employee's demographic or personal information.

1. Select the Edit link within the Employee profile section of the Overview tab.
2. Complete or make changes to the data in the Personal Information section. Required* fields are indicated with an asterisk*.

NOTE: You can't edit an employees' Social Security number (SSN) once it has been saved in the system. To change an employee's SSN, you will need to contact your systems administrator.

3. Enter today's date in the Effective Date of Change field.
4. Select Save at the bottom of the page.

VIEWING BENEFIT DETAILS AND ELIGIBILITY

The Benefits Snapshot on the employee record Overview tab shows basic information for each benefit for which the employee is enrolled. Other available benefits that have not been elected will display in the Sections To Be Completed box at the top of the page.

Administrators are able to view and make changes to employees' benefits at any time. To do so, click the Benefit details tab within the employee record.

On the Benefit details page, you can see:

- All benefits available to the employee and which ones the employee has elected or refused
- Benefits that need to be started

MANAGING DEPENDENTS AND BENEFICIARIES

You can manage dependent and beneficiary information for employees from the Dependents/Beneficiaries tab. If the benefits for which an employee is eligible do not include beneficiaries, then the page will show only dependent information. Similarly, if the employee has no dependents, but benefits include beneficiaries, beneficiary information only will display on the page.

ADDING A DEPENDENT DUE TO A LIFE EVENT

Follow the steps below to add a dependent to an employee's benefits as a result of a life event.

1. Select the Benefit details tab within the employee record.
2. Select the Edit button associated with the information you wish to update. Then select Edit due to a Change Reason.
3. Select the life event from the drop-down box. Click Next.
4. Select the Yes radio button to continue and enter the required dates (the actual date of the event and when you were notified) for the change. Select Next.
5. Select Edit within the "Coverage Level" section to select the appropriate coverage level.
6. Choose the appropriate coverage level. Select Next.
7. Select Apply Coverage to add an existing dependent to the employee's coverage, or click Add Another Dependent to create a new dependent profile.

8. Continue with the enrollment flow by answering all required questions.
9. Review your selections and click Save.

REMOVING A DEPENDENT DUE TO A LIFE EVENT

Follow the steps below to remove a dependent from an employee's benefits as a result of a life event.

1. Select the Benefit details tab within the employee record.
2. Select the Edit button associated with the benefit.
3. Select Edit due to Change Reason.
4. Select the life event from the drop-down box. Click Next.
5. Review the Coverage Level and Persons Covered sections. If you are dropping a dependent, you may need to change the tier to align with the employee's new coverage level. Select Edit within the "Persons Covered" section.
6. Select the Cancel Coverage button associated with the dependent you are dropping (e.g., the spouse). Click Next.
7. Select Next. Continue making any other applicable changes to the employee's election. Select Save once you are finished.

TERMINATING AN EMPLOYEE

Terminating employment changes the status of the employee from active to terminated and also cancels all benefits for the employee.

Follow the steps below to terminate an employee.

1. Select Terminate Employee from the Manage employee menu.
2. Enter the employment termination date for the employee in the Employment Termination Date field.
3. Indicate whether the employee is being terminated voluntarily, involuntarily or due to gross misconduct (i.e., non-COBRA-qualifying reason) by selecting the appropriate option from the What is the reason for termination drop-down box. Select Next.
4. Verify the benefit cancellation date for each benefit available. This date is prepopulated based on the employee's termination date and your benefit termination rule. Select Save if all the information is correct.

REHIRING AN EMPLOYEE

Once employment is terminated, employees can be rehired, and their benefits can be reinstated. The system allows for a rehiring option to be available dependent on the rehire date.

Follow the steps below to rehire an employee.

1. Select Rehire Employee from the Manage employee menu.
2. Enter the employee's rehire date in the Rehire Date field.
3. Select the appropriate Benefit Reinstatement radio button. Select Next.
 - Selecting Yes, I want to reinstate the employee's benefits with the SAME plan, coverage level, and persons covered will automatically reinstate the employee's benefits with the applicable effective date.
 - Selecting any other option will rehire the employee, but benefits will not be reinstated. Either you or another administrator must then re-enroll the employee in benefits after you complete the rehire process.
4. Review the summary of benefits list with the new coverage dates. Select Next if everything looks correct.
5. Select Save.

DATA AND REPORTING

The Data & Reporting tab provides access to numerous reports you can customize and run to view benefit- and employee-specific information.

ACCESSING STANDARD REPORTS

BenefitFocus offers rich reporting tools, which are easily accessible from the Data & Reporting tab. Reports administrators commonly use can be found within the Standard reports tab, sectioned by categories, including Benefit, Census, Administrative, Payroll, Transaction History, Employee Profile and Surveys.

RUNNING A REPORT

As an administrator, you will likely run reports frequently — particularly the Benefit Detail.

Follow the steps below to run a standard report, such as the Benefit Detail Report.

1. Locate the report from the Standard reports tab.
2. You are redirected to a page to specify your requirements for the report. You should always run a report in an Excel compatible (CSV) format, so the data can be used for other purposes. This option allows you to include additional details, such as employee Social Security numbers, which are not included in the report by default.
3. Select an option from the Additional Details drop-down box if you would like to include other information in the report. For example, you may want to include employees' Social Security numbers or categories.
4. Specify options to group together and sort the information in your report.
5. If desired, select the Mask SSN in Reporting Results checkbox to only see the last four digits of employees' Social Security numbers in the report. Marking this option protects employees' PHI, so you can safely share the report.
6. Select Create Report on the "Your Reports" page, and notice that there is now a "Your Reports" tab. This tab holds the reports you have run. The report will show as RUNNING.
7. When the report is complete, you have the option to download, share or delete it. Select Download to retrieve your report.
8. The report is downloaded to your browser. Select the file to open the report.

SCHEDULING A REPORT

You may need to run a report at a certain interval, such as every month or on Jan. 1. To accomplish this, schedule a report to run on that day.

Follow the steps below to schedule a report to run at a later time. For this example, we will use the Monthly Benefit Detail Report.

1. Locate the report from the Standard reports tab.
2. Enter your report criteria.
3. Select the Create Schedule for Report checkbox, and enter the scheduling criteria
4. Select Create Report. Once you have created a scheduled report, you can edit it or delete it at any time from the Scheduled Reports tab, which only appears if you have created scheduled reports.

MARKING A REPORT AS A FAVORITE

You can mark or unmark standard reports as "favorites" at any time by selecting the star icon next to the report. A yellow star indicates a favorite.

Reports marked as favorites display on the Favorite tab for your convenience.

BLUESENROLL REPORTS

Benefit Comparison

The Benefit Comparison Report shows a side-by-side comparison of benefits for two user-defined set of dates and may be particularly helpful in comparing open enrollment elections to previous or current elections.

Benefit Confirmation Statements

The Benefit Confirmation Statements Report generates an enrollment confirmation report for each employee within the organization or for specified employees.

Benefit Detail

The Benefit Detail Report includes the cost and enrollment summary for each employee. This is a report that is frequently used to get an overall perspective of which employees are enrolled in which benefits. You also have the option to include dependents in this report.

Benefit Refused/Cancellation

The Benefit Refused/Cancellation Report shows any member who refused or canceled coverage. You also have the option to include dependents in this report.

Benefit Summary

The Benefit Summary Report includes the cost and enrollment summary for each plan and coverage level at a group level.

Dual Enrollment

The Dual Enrollment Report displays primary and secondary coverage information for those who have dual enrollments.

Employee Benefit Summary

The Employee Benefit Summary Report is a compilation of employee benefit summary reports for all employees. Each employee benefit summary report includes personal information and a brief overview of elected benefits, as well as:

- Any canceled benefits identified as Canceled beneath the associated name
- For accepted, salary-based benefits, the coverage amount selected, salary percentage and time period

- For benefits with pending EOI, the approved coverage amount plus the amount of any additional coverage requested and/or pending EOI approval

You also have the option to include:

- The benefit element name above the plan name for both accepted and canceled benefits
- The benefit element name instead of the plan name for both declined and refused benefits
- A declination effective date (usually the benefit effective date) for any declined or refused benefit

This report is often used as an open enrollment confirmation report and can be mass-generated for all employees within a group.

Employee Participation

The Employee Participation Report includes detailed information about employee participation in benefits.

CENSUS REPORTS

Basic Work

The Basic Work Report includes employment details about every employee. Fields include hire date, rehire date, category change effective date, salary information, pay frequency and category values for all required category fields under the Work tab. The report also includes termination dates.

Dependent Census

The Dependent Census Report identifies all dependents in the system who are enrolled in benefits. The report includes address, Social Security number and important date information for all dependents.

Employee Census

The Employee Census Report identifies all employees in the system (with or without benefit elections). The report includes address, Social Security number and important date information for all employees. You also have the option to include terminated individuals.

NOTE: Employees and/or their covered dependents may be eligible to continue their coverage for 18 to 36 months under COBRA or six months under State Continuation. In the event of death, Medicare eligibility, divorce, etc., the outgoing member would have to sponsor the continuation of coverage. Visit www.DOL.gov for more information about COBRA laws.

Billing

Your monthly premium is due on the first of each month. If your payment is 30 days past due, your account may be in jeopardy of canceling for delinquency, which can result in unpaid claims. We accept Mastercard, Visa, Discover and bank draft payments.

Your bill consists of five parts:

1. **Billing Summary** — Billing summary includes print date, coverage period, due date, total payments received, current monthly premium and retroactive adjustments.
2. **Print date** — The date BlueCross printed the bill. It is important to consider this date when questioning why an action you requested does not show on your current bill. An action will not appear on a bill if BlueCross does not receive the request in time to process it before the print date.
3. **Current Monthly Premium Breakdown** — Summary of the coverage types and the amount billed for each type of coverage.
4. **Pay Stub** — To be used when submitting payment by mail to ensure payments are posted as requested. One pay stub should be used for each individual account.
5. **Current Roster of Membership** — This is a complete list of all active employees in your group as of the print date on your bill, including refusals and continuation recipients.

PAYMENT OPTIONS



Blue e-BillSM

Benefit coordinators can access their account's billing by logging into Blue e-Bill at www.sclan-group.secureebilling.com. The Pay Now feature allows users to make a one-time payment or set up recurring payments with bank draft or credit card.



Online Bill Pay

Online bill pay can be accessed through your online banking or financial institution's website. Simply search for BlueCross BlueShield of South Carolina, ensuring the address matches PO BOX 6000, Columbia, SC 29260. When making a payment through online bill pay, it is important to include an account number.



Pay by Phone

Users can make payments over the phone by dialing 800-868-2500, ext. 41010.



Check Payments

Check payments can be mailed to:
BlueCross BlueShield of South Carolina
P.O. Box 6000
Columbia, SC 29260

It is important to write the account number on the check, as well as include the original payment stub provided with the invoice. Additional payment stubs can be printed under the Pay Now feature in Blue e-Bill.



Kiosk Locations

BlueCross BlueShield of South Carolina
4101 Percival Road
Columbia, SC 29219

Greenville Retail Center
Magnolia Park Mall
1025 Woodruff Road, Suite A105
Greenville, SC 29607

Monday – Friday, 9 a.m. – 5:30 p.m.

QUESTIONS?

You can find the answers to some of the most commonly asked billing invoice questions by using the Ask a Question feature on the homepage of Blue e-Bill. You can also call Small Group Administration at 800-868-2500, ext. 41010, or email group.membership@bcssc.com.

Blue e-Bill

BlueCross recognizes that your time is valuable. We offer Blue e-Bill as part of our continuing effort to serve you better. Blue e-Bill makes managing your monthly invoices efficient, convenient and easier than ever. Through Blue e-Bill you can:

- View or print current, past and paid invoices.
- Set up recurring bank draft or credit card payments.
- Create various billing reports, view completed reports or schedule reports.
- Make one-time payments via credit card or bank draft.
- Print and export report information in a variety of formats.
- View payment history.
- Receive instant confirmation of payment.
- Send a secure message to a billing auditor.
- Receive electronic payment reminders.
- Manage user accounts for others who make payments to your group account.

Please note that Blue e-Bill is a secure website, so you should not use the Back button on your internet browser. If you select Back, you will have to log back in to the system. Instead of using the Back button, you can use the Navigation Toolbar near the top of the screen and select the link to the section where you would like to go.

To take advantage of this feature, please contact Customer Service by email at group.membership@bcbsc.com or at 800-868-2500, ext. 41010.

ACCESSING YOUR ACCOUNT

Your Username and Password

To access Blue e-Bill, go to the secure website www.scplan-group.secureebilling.com. A BlueCross BlueShield of South Carolina administrator will assign your username and initial password. To ensure the security of this information, you must change your password upon initial login; you must also change it every 90 days. Passwords must be at least eight characters and contain both letters and numbers.

Requesting Your Username

To request your username, you will be required to enter key information — including answers to secret questions, an email address and your full name. Perform these steps to request your username.

1. Select the **Forgot your Username?** link on the login screen.
2. Enter your **First and Last name**.
3. Enter the **Email Address** associated with your e-Bill account.
4. A code will be emailed to you.
5. Enter the code in the **Security Check** field.

6. Select **Submit**.

If your account is on file, you will be presented with your secret question; continue with Step 7 below. Otherwise, you will need to call support to research your account information.

7. Enter the Answer to the secret question.
8. Select **Submit**.
9. Check your email to recover your username.
10. Select the **Login** link to return to the login screen and enter your username and password.

My Blue e-Bill username is: _____

My Blue e-Bill password is: _____

Forgot Your Password

To reset your password, you will be required to enter key information — including answers to secret questions, an email address and your full name. Perform these steps to reset your password.

1. Select the **Forgot your Password?** link on the login screen.
2. Enter your **Username**.
3. A code will be emailed to you.
4. Enter the code in the **Security Check** field.
5. Select **Submit**.
6. Select the **Login** link to return to the login screen.

Changing Your Password

Once you log in to Blue e-Bill, you can change your password. Your password is considered personal and confidential and must be changed every 90 days.

1. Select the **My Account** link in the top right corner of the screen when you log in to Blue e-Bill.
2. Confirm your email address.
3. Enter the **Old Password**.
4. Enter your **New Password** and confirm it.
5. Enter a **Secret Question** and **Answer** in the corresponding fields. You will need this information if you forget your password and need to retrieve it.
6. Select **Save**.

Blue e-Bill Homepage

Once logged in to the system, the first screen you see is the homepage. The homepage gives you quick access to major areas of functionality within the system. Once you have navigated away from the homepage, a navigation trail displays at the top of each screen with links that will take you back to previously accessed pages.

- Homepage Navigation
- Submitting and Reviewing Questions
- Column Sorting

The screenshot displays the Blue e-Bill homepage. At the top left is the South Carolina logo. At the top right, it says "Blue e-Bill" followed by a user profile icon and the text "YOUR NAME". A dark vertical navigation bar on the left contains icons for Home, Billing, Payments, Reports, and Users. The main content area is titled "Home" and shows the user's last login as "06/07/2019 at 12:03:32 PM EST". Below this, it displays "Your Current 06/01/2019 Invoice" with a table showing "Group Name and Numbers" and an "Amount Due" of "\$2,241.30". The table also lists the "Due Date" as "06/01/2019" and the "Coverage Period" as "06/01/2019-06/30/2019". At the bottom of the invoice section are three buttons: "Make a Payment", "Print Invoice", and "View Details". To the right of the invoice section are two boxes: "Ask a Question" with a link to "Ask a Question" and a status "responses Available", and "Payments" with links for "Payment History", "Pending Payments", and "View your payment accounts".

HOMEPAGE NAVIGATION

Navigation Tabs

Above the main buttons are navigation tabs, which include some additional features:

- **Billing** — You can search for, view and pay invoices.
- **Reports** — You can create, view and schedule reports.
- **Setup** — You can set up and maintain new users and payment accounts.

Quick Access Links

- **Payments** — View payment history, payments that have not yet been made and bank account/credit card account information.
- **Users** — Create and manage user accounts.

Navigation Links

- **My Account** — This link allows you to change your system password, secret question and answer, and enter an email address without having to access your account from the Manage Users section of the application.
- **Help** — *The Help Guide* displays general help topics and frequently asked questions.
- **Logout** — This link allows you to securely log out of the system.

Messaging & Notifications

- **System Message** — These messages will typically alert you to any system downtime due to maintenance issues.
- **Carrier Messages** — Any informational messages sent by the carrier display in the bottom right corner of the homepage.

BILLING

The **Billing** tab allows you to search for, review and pay invoices, review payment information, request adjustments and more.

Invoice Details

- Invoice Statuses
- Invoice Quick Links
- Reviewing Invoices
- Searching for Invoices
- Printing Invoices
- Paying Invoices

Reviewing Invoice Details

You can view the details of both consolidated and sub-group invoices. There are multiple ways to review the details for invoices. From the homepage, you can select to view the details of a consolidated invoice, or you can show the individual invoices and display the details of each one. From the **Invoice Search Results** page, you can view the details of the consolidated invoice, or you can expand the invoice and view the details of each individual invoice.

INVOICE DETAILS

Invoice Statuses

- **Current** — All invoices from the current coverage period that do not have a payment applied to them.
- **Prior** — All invoices from a previous coverage period that do not have a payment applied to them.
- **Paid** — All invoices that have payments applied to them.
- **Obsolete** — All invoices that were replaced with exact-match invoices.
- **Pending** — You may be able to **review invoices** before allowing the group representative to have access to them. These invoices remain in a pending state for three calendar days before being moved to a Current status.

Invoice Quick Links

The **Quick Links** section displays on the client's **Invoice Details** page. The buttons that display depend on settings established for your company. The buttons in the **Quick Links** section take you directly to the screen you need:

- **Pay Invoice** — Pay invoices electronically or manually (print a payment stub).
- **Print Invoice** — Print a PDF or CSV (Excel-compatible) version of the invoice.

The **Invoice Details** screen shows the totals for the selected invoice. The **Invoice Level** at the top of the page is a quick reminder of whether you are reviewing a consolidated or non-consolidated invoice.

The **View Financial Totals** tab shows information such as the amount due, current premium and any retroactive adjustments.

Searching for Invoices

If you want to review a specific invoice, you can use the **Search** screen to quickly find invoice information.

1. Select the **Search Invoices** sub-tab from the **Billing** tab.
2. Enter the search criteria for the invoice.
3. Select **Submit**.

Printing Invoices

You can print invoices in PDF format or as comma-separated value (CSV) files that can be opened in Microsoft Excel. An HTML format is also available to view in your web browser or to print.

1. Choose one of the following options to print invoices:
 - a. Select **Print All Now** from the homepage to print all invoices.
 - b. Select an invoice and select the **Print Invoice** button. The **Print Options** screen opens.
2. Select the report format (PDF, HTML or CSV).
3. Select the **Select Invoices** link to choose the specific invoices you want to print.
4. Select the type of information to display on the invoice.
5. Select **Print**. Your invoice report may appear as “Running” or “Pending” while the system generates your results. It may take a few moments to generate the results.
6. Select the **Refresh** button to determine if the report is ready to be downloaded.
7. Select **Download** from the **Options** button to download the report in the format you selected.

Paying Invoices

Note: If auto-draft is enabled, you will not use this procedure to pay invoices. They will be paid according to the auto-draft rules established for the default bank account. Please see Managing Payment Options for details.

There are several places from which you can initiate invoice payment:

- From the homepage, you can pay consolidated invoices or each invoice individually.
- From the **Billing** tab, you can pay invoices from the View Invoices screen via the Options button.
- On the **Invoice Details** screen, you can select the **Pay Invoice** button.

Once you have initiated invoice payment, you can pay the invoice online (electronically) or print the invoice and mail the payment (manually) as described in the following procedures.

Paying Invoices Electronically

1. Select the **Make online payment** radio button and select **Next**.
2. Determine the payment account. To use an existing account, select the corresponding radio button and select **Next**; go to Step 3. To create a new account, select the **Create New Account** radio button and select **Next**; continue with Step 2.a. below.
 - a. (If applicable) Choose the type of account (bank account or credit card account) from the drop-down box and select **Submit**. *Note: Depending on settings established for your company, you may not have this option; begin with Step 2.b. below.*
 - b. Enter the information for the account and select **Next**. Required fields are indicated with an asterisk (*).
 - c. (If applicable) Determine the invoice levels that can access this account and select **Save**. Continue with Step 3.
3. Determine the method of payment and enter the payment date. If you are paying a consolidated invoice, you will have the option to select the invoices you are going to pay; continue with Step 3.a. If you are paying an individual invoice, select the applicable payment method and go to Step 4 below.
 - a. Select the invoices you want to pay.
 - b. Select **Done** to return to the **Payment** screen.
4. Review the payment information. Select any of the applicable links to edit the payment information before you submit it.
5. Select the **Authorization** checkbox.
6. Select **Submit Payment**. You will be taken to the **Confirmation** screen.
7. Print the screen for your records. You can also review the payment information and enable auto-draft from the **Confirmation** screen.
8. Select **Return to Home**.

Paying Invoices Manually

1. Select the **Print payment stub to send in the mail** radio button and select **Next**. If this is a consolidated invoice, you can select which invoices to pay. If there is only one invoice to pay, it will display on the screen before you print it.

Reviewing Payment History

You can search for payments from the **Billing** tab.

1. Select the **Payment History** sub-tab from the **Billing** tab.
2. Enter the search criteria.
3. Select the **Submit** button. All payments matching the criteria display on the Search Results page.
4. Review the payment history information.

Review the invoice or select the invoices you want to pay as shown below for a consolidated invoice and select **Next**. The invoice information opens in a new window.

Print the invoice and mail it with your payment. Close the window.

Select **Cancel** on the **Manual Payment** screen.

Canceling Pending Payments

If you sent a payment electronically in error, you can cancel it if it is still in a **Pending** status.

1. Select the **Payment History** sub-tab from the **Billing** tab.
2. Enter the search criteria.
3. Select the **Submit** button. All payments matching the criteria display on the **Search Results** page.
4. Select **Cancel Payment** from the **Options** button.

SUBMITTING AND REVIEWING QUESTIONS

When this feature is enabled, it allows you to communicate securely with a carrier service representative within Blue e-Bill.

Asking a Question

1. Select the Ask a Question link from the Ask a Question box on the homepage.
2. Select the I want to ask a new question button.
3. Enter your question in the Question field.
4. Select Submit.

Reviewing Replies to Questions

Once a carrier representative has responded to your question, you will see a notification in the Ask a Question box on the homepage.

1. Select the Responses Available link from the Ask a Question box on the homepage.
2. Read the response from the carrier representative.

REPORTS

You can generate information for specific invoice reports and payment reports. The **Reports** tab contains three sub-tabs:

- The **Create Reports** tab displays all available reports. Each report has search criteria and report format (PDF or CSV, for example). You can create a one-time report or schedule reports to run at specific time intervals.
- The **Completed Reports** tab lists all the reports that have been generated within a specified number of days, which is established for your company.
- The **Scheduled Reports** tab displays any reports that have been set up to run for a specific start and end date. You can edit the reports or delete them from the scheduled run.

Here are the actions you can perform to manage reports:

- Creating and Viewing On-Demand Reports
- Scheduling Reports
- Sharing Reports

Creating and Viewing On-Demand Reports

1. Select the **Reports** tab.
2. Select **Create** from the **Options** button for the report you want to generate from the **Reports** tab.
3. Enter the filtering parameters for the report. **Note:** Filter criteria differ depending on the type of report and settings established for your company.
4. Select **Next**.
5. Enter the formatting options, including report output (CSV, HTML or PDF).
6. Select **Submit** to display the report file on the **Completed Reports** tab. Your report may appear as “Running” or “Pending” while the system generates your results. Depending on the size and complexity of the report, it may take a few moments to generate the results.
7. Select the **Refresh** button to determine if the report is ready to be downloaded.
8. Select **Download** from the **Options** button to download the report in the format you selected.

Scheduling Reports

In addition to creating on-demand reports, you can also schedule them. You can set up a report to be run once a week, for example, and the report will run automatically at the designated time. Each report will have a feature to determine when the report should be run: daily, weekly or monthly.

Reports that have been scheduled display on the **Reports – Scheduled Reports** tab. You can edit, share or delete scheduled reports.

If another scheduled report runs during the time period already set for scheduled reports, the system creates another instance of the report, rather than replacing the previously generated report. The scheduled report criteria and the actual report generated will be separated.

To schedule a report, follow these steps:

1. Select **Create** from the **Options** button for the report you want to generate from the **Reports** tab.
2. Enter the filtering parameters for the report.
3. Select **Next**. Note: Filter criteria differ depending on the type of report and carrier settings.
4. Enter the formatting options, including report output (CSV, HTML or PDF) and sorting preferences.
5. Select the **Run this report on a regular schedule** checkbox and enter the scheduling criteria.
6. Select **Submit** to display the report on the **Scheduled Reports** tab. Your report will appear as “Pending” until it is scheduled to run. It will then show a status of “Complete.” Once you review the report, the status changes to “Viewed.”

Sharing Reports

You can copy recurring report criteria to other users. Reports can only be copied to users who have rights to the specific report being shared and users who have rights to the groups on the report. Once the report criteria have been shared, the user who received the criteria will see the shared information under the **Scheduled Reports** tab.

1. Perform the **Scheduling Reports** procedure detailed above.
2. Select **Copy** from the **Options** button for the report you want to share on the **Scheduled Reports** tab.
3. Enter the user’s last name and select **Search**.
4. Select the user(s) from the list.
5. Select **Copy**.

The report will be generated for the user at the time intervals specified in the scheduling options. You will see a message that reads: “Your information has been saved.”

SETUP

User Management

You can manage client accounts through the **Setup – User Accounts** tab. You can search for users to see the type of access you have to their accounts. You cannot view users who have more security than your permission set (e.g., more systems and/or fewer restrictions).

- Creating Users
- Editing Users
- Cloning Users
- Deleting Users

Creating Users

1. Select the **Create Users** button from the **Setup** tab to access user profiles. **Note:** You can also select the **Create Users Account** link from the **Users Account** section of the homepage.
 2. You will enter information on each of the tabs for the user account: Name, Login, Security, System, Restriction and Emails. You must complete required fields, indicated with an asterisk (*), before moving to the next tab.
 3. Enter the user’s demographic information on the **Name** tab and select **Next**.
- Note:** You must ensure that you add an email address if this user will receive emails. Email settings are established on the last tab of the user profile.
4. Create the user’s **Username** and **Password**. Passwords must be 8 – 15 characters and contain both a letter and a number. Users must change their passwords the first time they log in to the system.
 5. Ensure the **Enable Login** checkbox is selected to allow the user to log in to the system.
 6. Select **Next**.
 7. Select the appropriate level of security for the user and select **Next**.

Note: If you have access to more than one label system, be sure to select a User Security level for that label system.

8. Select the system(s) to which the user has access and select **Next**. (Continued on next page.)

9. Select the applicable invoice access on the **Restrictions** tab and select **Next**.
10. Specify the types of email messages that can be sent to the user.

Select **Save** once you have entered all the applicable information for the user. The account information is saved.

11. Select the **Return to Home** link to continue.

Editing Users

1. Select **Manage Users** from the homepage or select **User Accounts** from the **Setup** tab to access user profiles.
2. Search for an existing user by entering the search criteria; then select **Submit**. To search for all users, select **Submit** without entering any criteria in the search fields.
3. Select **Edit User Account** from the **Options** button.
4. Navigate to any of the tabs you need to update.
5. Select **Save** after making your changes.

Cloning Users

You can copy information from one user to another to quickly add new users to the system. This is particularly useful if you need to create several users with the same permission sets.

1. Select **Manage Users** from the client's homepage or select **User Accounts** from the **Setup** tab to access user profiles.
2. Search for an existing user by entering the search criteria; then select **Submit**. To search for all users, select **Submit** without entering any criteria in the search fields.
3. Select **Clone User Account** from the **Options** button.
4. Enter the unique demographic information for the new user on the **Name** tab.
5. Select **Next**.
6. Enter the **Username** and **Password** for the new user.

All other information will be copied from the previous user. Navigate to each tab to update any information for the user.

7. Select **Save** when you are finished making changes.

Deleting Users

1. Select **Manage Users** from the client's homepage or select **User Accounts** from the **Setup** tab to access user profiles.
2. Search for an existing user by entering the search criteria; then select **Submit**. To search for all users, select **Submit** without entering any criteria in the search fields.

3. Select **Delete User Account** from the **Options** button.

Note: Depending on settings established for the insurance carrier, a confirmation box may display after you select **Delete User Account**. If so, continue with Step 4 below. Otherwise, the user account will be deleted.

4. (If applicable) Select **OK** on the confirmation box.

MANAGING PAYMENT ACCOUNT

Depending on permissions established for your account, you can access payment account information by selecting the **Setup – Payment Accounts** tab.

- Bank accounts
 - Creating Bank Accounts
 - Editing Bank Accounts
 - Deleting Bank Account
- Credit card accounts
 - Creating Credit Card Accounts
 - Editing Credit Card Accounts
 - Deleting Credit Card Accounts
- Reviewing Payment Account Audit Data

Creating Bank Account Information

1. Select **Payment Accounts** from the **Setup** tab.
2. Select the **Create Payment Account** button.
3. Select **Bank Account** from the drop-down box and select **Submit**.
4. Enter the bank account information.
5. Select the **Auto-Draft** checkbox if the invoice amount is to be deducted from this account based on the frequency established for automatic payments. Your account will be drafted according to one of these rules:

Day of the Month – You can select from a range of days from which you can pay the invoice when you establish bank accounts (for example: 1 – 10 will allow you to pay on any day from the 1st through the 10th).

Before Due Date – Number of days before the due date you will pay the invoice. This may include the due date.

After Due Date – Number of days after the due date you will pay the invoice.

Day of Month in Billing Period – With this option, payments will only be drafted if this day of the month falls inside the billing period of the invoice.

6. Select **Next**.
7. Determine the invoices that can be paid using this bank account.
8. Select **Save**.
9. Select **Return to Payment Accounts**.

Editing Bank Accounts

1. Select **Payment Accounts** from the **Setup** tab.
2. Select **View/Edit Account** from the **Options** button for the account you want to change.
3. Make applicable changes to the **Basic Information** and **Invoice Restrictions** tabs.

Note: If this bank account is already being used to process payments, you can only change certain information, such as **Account Type** and **Auto-Draft** options.

4. Select **Save**.

Deleting Bank Accounts

1. Search for and select a client's account.
2. Select **Payment Accounts** from the client's **Setup** tab.
3. Select **Delete Account** from the **Options** button for the account you want to delete.

Note: Depending on settings established for the insurance carrier, a confirmation box may display after you select **Delete Account**. If so, continue with Step 4 below. Otherwise, the account will be deleted.

4. (If applicable) Select **OK** on the confirmation box.

Creating Credit Card Account Information

1. Select **Payment Accounts** from the **Setup** tab.
2. Select the **Create Payment Account** button.
3. (If applicable) **Select Credit Card Account** from the drop-down box and select **Submit**.
4. Enter the credit card account information and select **Next**.
5. Enter the billing information and select **Next**.
6. Determine the invoices that can be paid using this credit card account.
7. Select **Save**.
8. Select **Return to Payment Accounts**.

Editing Credit Card Accounts

1. Select **Payment Accounts** from the **Setup** tab.
2. Select **View/Edit Account** from the **Options** button for the account you want to change.
3. Make applicable changes to the **Basic Information**, **Billing Information** and **Invoice Restrictions** tabs.
4. Select **Save**.

Deleting Credit Card Accounts

1. Select **Payment Accounts** from the **Setup** tab.
2. Select **Delete Account** from the **Options** button for the account you want to delete.

Note: Depending on settings established for the insurance carrier, a confirmation box may display after you select **Delete Account**. If so, continue with Step 4 below. Otherwise, the account will be deleted.

3. (If applicable) Select **OK** on the confirmation box.

Reviewing Payment Account Audit Data

1. Select **Payment Accounts** from the **Setup** tab.
2. Select **View/Edit Account** from the **Options** button.
3. Select the **History** button in the top right corner of the screen.

The **Account History** screen opens.

4. (Optional) Perform an advanced search to further narrow the display of results for the **Account History**.
 - a. Select the **Advanced Search** link.
 - b. Enter the search criteria.
 - c. Select **Submit**. You are returned to the **Account History** screen.
5. Select **View** for the type of change you want to review.
6. Review the audit data. Changes are highlighted in yellow.
7. (Optional) Review changes to invoice levels:
 - a. Select the review changes resulting from this update link to see the updates to the invoice levels.
 - b. Review the changes and select **Back** to return to the **Account History** detail screen.
8. Select **Back** to return to the **Account History** screen.
9. Close the screen to return to the **Edit Payment Account** screen.
10. Select **Cancel** to return to **Payment Accounts**.

Annual Plan Renewal

Each year before the group's anniversary date (original enrollment month), renewal rates and benefit information will be mailed to the benefit coordinator and agent of record. Your agent or marketing representative is available to provide any options for your small group plan. Be sure to submit any plan changes before your group's anniversary date by secure email at group.membership@bcbsc.com or fax to 803-264-0143.

ID CARDS

Depending on the type of benefit change requested, ID cards may not be reissued for your employees. Employees may continue to use their existing ID cards.

OPEN ENROLLMENT

Your group's renewal is also an open enrollment period for eligible employees and/or dependents to elect coverage without having to serve the probationary period. If your group offers different plan options, eligible employees can move to a different plan during this time.

ANNUAL CONTRACT INFORMATION

You will also receive an electronic copy of your annual contract information. If you choose to renew your policy with no changes, this contract information would apply for the group's benefits. Always be sure to distribute this contract information to your employees so they have the most up-to-date benefit information.

If you do not wish to make any changes to your group's benefits, all you need to do is continue to pay your monthly billing statement. It's that easy!

Benefit Changes

If you wish to make changes to your group's benefits, please contact your agent or marketing representative. BlueCross BlueShield of South Carolina offers a variety of plan designs to best fit your health insurance needs. Some options may include adding dental, life or another benefit plan to the group's existing benefits (dual option).

Always be sure to distribute benefit summaries to your employees so they are able to take full advantage of their benefits.

Supplemental Group Benefits

We also offer other benefits you can add to your existing plan, such as HRAs and dental coverage. Contact your marketing representative or agent to find out if these options are available with your coverage.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An HRA from BlueCross is a smart solution to maximize cost savings while offering your employees quality benefits that are flexible and affordable. By selecting your reimbursement model and plan structure, you design and control a benefit plan that best meets your needs, then fund HRA accounts through monthly contributions. Employees apply those funds toward medical expenses you deem qualified.

In combination with any BlueCross health plan, HRAs can save both employers and employees a considerable amount on health care costs. There are numerous benefits to the employer, such as:

Cost and Time Savings

- Save money over traditional health plans.
- Save time through automated setup and processing for integrated HRA and health plan administration.

Variety of Choices

- Ability to define contribution amounts, choose from several plan options and outline which expenses are eligible for the HRA.
- Option to offer HRA debit card for convenience, if you select the first-dollar (traditional) reimbursement model.

Program Education

- Detailed member brochure that explains how HRA spending and reimbursements work.
- Access to online tools to improve decision-making and a member's overall health and wellness.

Plan Flexibility

- Option to allow unused funds to roll over into the new plan year and, if so, how much can be carried forward.

PLAN DESIGNS

Option 1: First-Dollar Reimbursement (Traditional HRA)

HRA funds are used first. After the HRA portion of the deductible is met, the member pays the remaining portion, if applicable. Then, health plan coverage begins.

Option 2: Second-Dollar Reimbursement (Deductible HRA)

The member pays first expenses. After the member portion of the deductible is met, HRA funds can combine with health plan coverage to pay qualifying expenses.

Option 3: Percentage Reimbursement (Cost-Share HRA)

HRA funds reimburse a percentage of expenses up to a defined amount. The member pays the remaining percentage. After the deductible is met, health plan coverage begins.

BLUE DENTALSM

Dental coverage gives your employees access to important care that adults and children need for good oral health — and we offer you more coverage choices. Through Blue Dental, we offer several flexible plan designs with rich benefits and access to thousands of dentists. When added to our health coverage plans, Blue Dental provides an integrated approach to whole health care.

Convenience of One Carrier, Two Products

Combining dental benefits with BlueCross health coverage is simple, with just one enrollment form needed for both health and dental coverage, along with one monthly bill. We also make it easy for members, who can use their health ID card to access dental services. Your employees also can get information on their dental benefits and claims securely and online at the same place they access their health info: through their personal account on My Health Toolkit.

Orthodontic Care

Our flexible plan designs offer optional orthodontic coverage. Employees and dependents under age 19 are eligible for coverage. The Orthodontic Care option is available to Preferred groups with 10 or more contracts and groups where at least 50 percent of employees are eligible for coverage and the employer pays at least 50 percent of the single premium. This option is not available with Standard coverage plans. There is a 12-month waiting period for orthodontic benefits. Creditable coverage applies.

Access to Thousands of Dentists

With our network, your employees can select an in-network dentist who will provide them with exceptional care at a reasonable cost. Blue Dental plans are available in Open Access or Select (PPO) variants:

Open Access: Members can choose any licensed dentist, in network or out of network.

Select: Members can choose any licensed dentist, but coinsurance for services from in-network dentists is lower than coinsurance for services from out-of-network dentists, so Select members will pay less for in-network care. Staying in network is easy to do, since our in-state dental network has grown to more than 2,200 access points. Members also can use the national Dental Grid Plus, with more than 260,000 dentists.

Rich Plan Benefits

With Blue Dental, you get these important benefits:

- No deductible on preventive services (i.e., exams, cleanings, X-rays)
- Low deductible for basic and major restorative care
- Coverage for basic restorative services, such as X-rays, fillings and periodontal maintenance and scaling
- Coverage for major restorative services such as surgeries, root canals, crowns, dentures and bridges



Privacy and Security

In 2003, a new portion of the Health Insurance Portability and Accountability Act (HIPAA) created standards to safeguard the medical records and personal health information (PHI) of individuals. This privacy rule requires insurers and other persons to maintain strict rules on using and releasing PHI to other persons or groups. As a result of this rule, BlueCross cannot communicate with a group in ways that would use a member's PHI. We can release information only with a proper authorization (HIPAA Authorization form) from the member stating that some other person can receive information from

us about his or her medical condition or other PHI. HIPAA also requires that if an employee or individual member sends us a request, we must provide him or her with a list of all situations in which we shared his or her PHI with any other entity.

You will be receiving enrollment and cancellation information, which may include PHI, but we will always try to include only the minimum necessary information, as this is also required by HIPAA. If your members want an accounting of other situations in which we have shared PHI, they must make a request directly to BlueCross.



Group Termination

To cancel your small group policy, submit a written request by email to group.membership@bcssc.com or fax to 803-264-0143. Include your group name, account number, requested cancellation date and the reason for your request. We will process cancellation requests on your group's bill date.

To ensure your group is not liable for any paid claims, please submit your request before the requested cancellation date. You may also request a group cancellation form by calling customer service at 800-868-2500, ext. 41010.

Contact Information

Small Group Membership Customer Service:

800-868-2500, ext. 41010
803-264-1010
803-264-0143 (Fax)
M – F 8:30 a.m. – 5:30 p.m.
group.membership@bcbsc.com

Hearing Impaired TTY Number:

800-735-8583

Claims And Benefits Customer Service:

800-868-2500, ext. 43475
803-264-3475
M – F 8:30 a.m. – 5:30 p.m.
group.claims@bcbsc.com (for benefit coordinators and agents only)

Claims Mailing Address:

BlueCross BlueShield of South Carolina Attn: Group Claims
Mail Code: AX-F25
P.O. Box 100300
Columbia, SC 29202-3300

Payments:

BlueCross BlueShield of South Carolina
Cashier's Office, AX-A31
P.O. Box 6000
Columbia, SC 29260
800-868-2500 ext 41010

General Correspondence:

BlueCross BlueShield of South Carolina
Group Membership, AX-G10
P.O. Box 100177
Columbia, SC 29202

Medical Records:**In State**

Fax: 803-264-9703
Email: MedicalRecords.Fax@bcbsc.com

Out Of State

Fax: 803-264-7568
Email: G.I@bcbsc.com

Non-Medical Records Correspondence

Fax: 803-264-0172
Email: GIClaims.Fax@bcbsc.com

Precertification:

800-868-2500, ext. 41904
803-264-1904

Provider Services Directory:

800-810-2583

Dental:

800-868-2500, ext. 42254
803-264-2254

Dental Claims Mailing Address:

BlueCross BlueShield of South Carolina
Dental Claims Department
P.O. Box 100300
Columbia, SC 29202-3300

**Companion Benefit Alternatives*
(Mental Health):**

800-868-2500, ext. 25037
800-868-1032

* Companion Benefit Alternatives is a separate company that manages behavioral health and substance abuse benefits on behalf of BlueCross BlueShield of South Carolina.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ida yí na' idíł kidgo, nihá'áhóót'i' nihí ká'a'doo wolgo kwii ha'át'íshíí bí na'idolkidígi doo bik'é'azláagóó. Ata' halne'é la' bich'í' ha desdizih ninízingo, kojí' bécsh bee hólne' 1-844-516-6328. (Navajo)



BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.