

# EmployerAccess

Online User Manual



BlueCross  
BlueShield  
of Georgia



# Table of Contents

<b>Introduction to EmployerAccess</b>	<b>page 2</b>
<b>New Enrollment</b>	<b>page 5</b>
Entering a Probationary Period	page 6
Add Dependents	page 7
Select Coverage	page 8
Assign Coverage	page 9
Other Coverage	page 11
Enrollment Verification	page 12
Incorrect Member ID	page 13
<b>Existing Member Maintenance</b>	<b>page 14</b>
Add Dependents	page 16
Add Coverage	page 17
Change Coverage	page 18
Cancel Coverage	page 20
Re-enrollment	page 21
Reinstate	page 22
Edit Personal Information	page 23
Request ID Card	page 24
Life and Disability	page 25
<b>Group Function</b>	<b>page 27</b>
<b>Pending Activity</b>	<b>page 28</b>
<b>Group Billing</b>	<b>page 29</b>
Open Invoices	page 29
Invoice Details	page 30
Pay Online	page 32
<b>Frequently Asked Questions</b>	<b>page 33</b>

# Introduction

## **EmployerAccess at [bcbsga.com](https://bcbsga.com) - your one-stop health management Web tool.**

Blue Cross and Blue Shield of Georgia (BCBSGa) is making it easier for you to do business with us. In addition to the helpful resources already available on [bcbsga.com](https://bcbsga.com), our online transaction service, EmployerAccess, has been updated to provide:

- Enhanced Content
- Improved availability
- Faster response times
- And a clean new look!

We've added Life and Disability management, which allows you to manage more at your convenience.

The new EmployerAccess offers you even more control over employee information, claim information and accuracy. Error messages signal missing or incomplete information, and electronic prompts guide you from one step to the next.

This manual offers step-by-step instructions on how to effectively use EmployerAccess.

If you have specific questions, refer to the Table of Contents or the FAQs page in the back of the manual.

# Getting Started

- 1 Visit [bcbsga.com](http://bcbsga.com) and click the “Employers” tab.
- 2 Click the orange “Login” button.

Enter your User ID and Password and click “Login.” Now you’re ready to begin using EmployerAccess.

There are links on the Login page to help you if you’ve forgotten your password or need to retrieve your User ID.

The screenshot shows the Blue Cross Blue Shield of Georgia website. At the top left is the logo. Below it is a navigation menu with the following items: Visitors, Members, Agents/Brokers, Providers, and Employers. The 'Employers' item is highlighted with a yellow box and a circled '1'. To the right of the menu is a large banner with a photo of a man and the text 'Welcome to Blue Cross Blue Shield of Georgia. Get the Power of Blue Working for You™'. Below this banner is a button labeled 'Enter'. To the right of the banner is a section titled 'Healthy Extensions' with a 'Learn More' button. Below the banner is a 'Register Now' section with a 'Register' button. To the right of 'Register Now' is a 'Login' section with a 'Login' button highlighted with a yellow box and a circled '2'. To the right of the 'Login' section is a 'Find a Doctor' section with a list of links: Women's Health, 360 Health Program, Medicare Part D, and Quality Programs. Below the 'Find a Doctor' section is a photo of a doctor and the text 'Need to find a Doctor or Hospital? Check the Online Provider Directory.' At the bottom of the page are two columns of links: 'Learn More' and 'Employers | Spotlight'. The footer contains links for 'About Us', 'Privacy Statement', 'Terms of Use', 'Careers', and 'Press Room'. At the very bottom is a disclaimer: 'Blue Cross Blue Shield of Georgia and Blue Cross Blue Shield Healthcare Plan of Georgia are independent licensees of the Blue Cross Blue Shield Association. [Site Map](#)'.

## TIP:

You can navigate EmployerAccess using tabs or “breadcrumbs.” What are breadcrumbs? Hansel and Gretel used the real thing to mark their trail. EmployerAccess marks your trail electronically. Below the tabs are the titles of pages you’ve visited, which appear as links. These are called breadcrumbs and they show you where you’ve been. If you want to get back to any one of them, just click the link.

The Membership main page is called **EmployerAccess Overview**. Think of it as homebase. Here you can start the enrollment process for new employees (subscribers), access pending activity, perform a search for a current subscriber or navigate easily using the tabs at the top.

- 1 Tabs to Employer Details, Billing, Forms, Reports and Profile are embedded at the top. They give you quick access to any of these screens.
- 2 EmployerAccess Overview displays all your pending activity. To access your pending activity, click “View All” on the right.
- 3 Resume or delete pending activity using the hyperlinks to the right of the specific activity. All incomplete work is automatically saved in Pending Activity.

**Note:** You can also access Pending Activity from the “Reports” tab. Any pending activity that was started in a previous version of EmployerAccess will not be shown or available.

- 4 To access benefit information or make changes to a current employee’s benefits, enter the Member ID number (typically the Social Security Number) in the blank box under “View/Change Member Information,” then click “Submit.” You can also reach the information by entering the last and first name, then clicking “Submit.”
- 5 To add a new employee, enter the Member ID number (typically the Social Security Number) in the blank box under “Add New Subscriber,” then click “Submit.”

The first page in the new enrollment process, “Member Information,” will appear.

The screenshot shows the EmployerAccess web application interface. At the top, there are navigation tabs for Membership, Employer, Billing, Forms, Reports, and Profile. Below the tabs, there is a header section with the EmployerAccess logo and a welcome message. The main content area is divided into several sections: Billing Entities, Pending Activity, and View/Change Member Information. The Pending Activity section contains a table with columns for Member ID, Subscriber Name, Type, and User ID. The View/Change Member Information section has input fields for Member ID or HICID, LastName, and FirstName. The Add New Subscriber section has an input field for Member ID. Numbered callouts 1 through 5 point to specific elements: 1 points to the navigation tabs, 2 points to the 'View All' link in the Pending Activity table, 3 points to the 'Resume' and 'Delete' links in the Pending Activity table, 4 points to the input fields in the View/Change Member Information section, and 5 points to the input field in the Add New Subscriber section.

Billing Entry Number	Amount Due
123456789	\$12,378.57
<b>Total Amount Due</b>	<b>\$12,378.57</b>

Member ID	Subscriber Name	Type	User ID	
123456789	JOHN SMITH	Add Coverage	JSMITH123	Resume Delete
123456789	JOHN SMITH	Add Coverage	JSMITH123	Resume Delete
123456789	JOHN SMITH	Re-Estimate	JSMITH123	Resume Delete
123456789	JOHN SMITH	Change Coverage	JSMITH123	Resume Delete

# New Enrollment

## TIP:

Steps are numbered to tell you where you are in the enrollment process. All steps must be completed before an employee is enrolled. If at any time you click “Save and Exit,” your work will be saved in Pending Activity. Please note that the new enrollment is not complete until you have clicked “Confirm” on the Enrollment Verification Screen.

## Step 1. Member Information

This is the beginning page to start the enrollment process.

- 1 To enroll an employee (subscriber), enter the requested information into each blank box, or field. Fields with red arrows (>>) beside them indicate required information.
- 2 If the employee has dependents to enroll, click “Add Dependent.”
- 3 If there are no dependents to enroll, click “Continue.”

June 1, 2008 05:34:00 PM

**EmployerAccess**

Welcome JOHN SMITH [Provider Finder](#) [Help](#) [Log out](#)

[Membership](#) [Employer](#) [Billing](#) [Forms](#) [Reports](#) [Profile](#)

Membership / Member Information

### Member Information for Enrollment

Step 1 Member Information Step 2 Select Coverage Step 3 Assign Coverage Step 4 Other Coverage

Member ID: **J12345678** Group Name: **ABC COMPANY**  
Change Member ID Group Number: **GA12345**

**Subscriber Information**

Last Name >>	Signature Date (MM/DD/YYYY)
First Name >>	Hire Date (MM/DD/YYYY)
Middle Initial	Social Security Number
Gender <input type="radio"/> Male <input type="radio"/> Female	Home Phone Number
Address1 >>	Probation Type (None Selected)
Address2	Group Number (None Selected)
City	Language (English)
State	Origin (None Selected)
Zip Code	
Birth Date (MM/DD/YYYY)	

>> Indicates a Required Field  
\* Actual City and State names are determined by US Postal Zip Code

[Add Dependent](#) [Save and Exit](#) [Cancel Transaction](#) [Continue >>](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## TIP:

If you did not complete all required information, an error message will appear telling you which field needs to be completed. You won't be able to continue to the next screen until completing the required fields.

## Member Information (Entering a Probationary Period)

- 1 If you have only one probationary period, the effective date of coverage is calculated based on the date entered in the "Hire Date" field.
- 2 If you have multiple probationary periods (i.e., an exempt employee is eligible for coverage on the first day of the month following the date of hire and a non-exempt employee is eligible for coverage on the first day of the month following the date of three months of continuous employment - see note below), click the drop down box for "Probation Type" and select the appropriate type. The employee's effective date of coverage will be calculated based on the "Hire Date" and the "Probation Type."
- 3 If the Employee has dependents to enroll, click "Add Dependent."
- 4 If the Employee does not have dependents to enroll, click "Continue."

**Note: Employees must meet eligibility requirements and satisfy their "waiting" period (referred to as probationary period) as defined in your Group Master Application.**

The screenshot displays the 'EmployerAccess' web application interface. At the top, it shows the date 'June 1, 2006 05:34:00 PM' and a 'Contact Us' link. The main header includes the 'EmployerAccess' logo and a welcome message for 'JOHN SMITH' with links for 'Provider Finder', 'Help', and 'Logout'. Below the header, there are navigation tabs for 'Membership', 'Employer', and 'Billing', along with links for 'Forms', 'Reports', and 'Profile'. The main content area is titled 'Membership / Member Information' and 'Member Information for Enrollment'. It features a progress bar with four steps: 'Step 1: Member Information' (highlighted), 'Step 2: Select Coverage', 'Step 3: Assign Coverage', and 'Step 4: Other Coverage'. The form displays member details: Member ID: J12345678, Group Name: ABC COMPANY, and Group Number: GA12345. The 'Subscriber Information' section includes fields for Last Name, First Name, Middle Initial, Gender (Male/Female), Address1, Address2, City, State, Zip Code, Birth Date, Signature Date, Hire Date (highlighted with a yellow box and circled '1'), Social Security Number, Home Phone Number, Probation Type (highlighted with a yellow box and circled '2'), Group Number, Language (English), and Origin. A legend indicates that an asterisk (\*) denotes a required field and a dagger (†) indicates that actual city and state names are determined by the US Postal Zip Code. At the bottom of the form, there are three buttons: 'Add Dependent' (highlighted with a yellow box and circled '3'), 'Save and Exit', and 'Continue' (highlighted with a yellow box and circled '4'). The footer contains a small disclaimer about the site's ownership and data handling.

## Step 1. Members (Add Dependents)

This step is applicable only if you want to add dependents to the employee's benefits. This option is only available for new enrollees.

- 1 Fields requesting dependent information appear below the employee information. Complete the information and click "Add Another Dependent" for each dependent to enroll.
- 2 Otherwise, click "Continue."

February 2, 2007 02:50:12 PM | Employee | BCBSGA

EmployerAccess

Welcome John Smith | Provider Finder | Help | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Membership / Member Information

### Member Information for Enrollment

Step 1 Member Information | Step 2 Select Coverage | Step 3 Assign Coverage | Step 4 Other Coverage

Member ID: 123456789 | Group Name: ABC CO  
Change Member ID | Group Number: 1234567

#### Subscriber Information

Last Name:  | Signature Date (mm/dd/yyyy):

First Name:  | Hire Date (mm/dd/yyyy):

Middle Initial:  | Social Security Number:

Gender:  Male  Female | Home Phone Number:

Address1:  | Probation Type:

Address2:  | Group Number:

City:  | Language:

State:  | Origin:

Zip Code:

Birth Date (mm/dd/yyyy):

Indicates a Required Field  
Actual City and State names are determined by US Postal Zip Code

#### Dependent Information

Last Name:  | Relationship:

First Name:  | Social Security Number:

Middle Initial:

Gender:  Male  Female

Birth Date (mm/dd/yyyy):

Include Dependent:

Indicates a Required Field

Add Another Dependent **1** | Save and Exit | Cancel Transaction | Continue **2**

## Step 2. Select Coverage

Use this screen to select coverage for employees (subscribers) and, if applicable, dependents.

- 1 If your group uses payroll deduction, enter that information in the Payroll Class field.
- 2 To complete this step, simply click the drop-down arrow and select the appropriate medical, vision, life, disability and/or dental coverage.
- 3 When finished, click "Continue."

May 20, 2007 06:41:41 PM | EmployerAccess | BCBSGA | UC 11.1 - Enroll Subscriber | Contact Us

### EmployerAccess

Welcome John Smith | Provider Finder | Help | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Membership / Member Information / Select Coverage

## Select Coverage for Enrollment

Step 1: Member Information | **Step 2: Select Coverage** | Step 3: Assign Coverage | Step 4: Other Coverage

Subscriber Name: JOHN SMITH | Group Name: ABC COMPANY  
Member ID: J12345678 | Group Number: GA12345

#### Coverage Information

Payroll Class: [None Selected] **1**  
Effective Date: 03/01/2006  
Signature Date: 02/01/2006

#### Select Coverage

Medical Coverage: [None Selected] | Dental Coverage: [None Selected] **2**  
Vision Coverage: [None Selected]  
Short Term Disability Coverage: [None Selected]  
Subscriber Life:  Yes  No  
Dependent Life:  Yes  No

\* Indicates a Required Field

Previous | Save and Exit | Cancel Transaction | **Continue** **3**

Provider Finder | Help | Contact Us | Log out

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates. (c)2007 BCBSGA, Inc.

### Step 3. Assign Coverage

The following screen appears if **provider information is not required** (i.e., for PPO medical plan).

You have two options when enrolling an employee's dependents:

- 1 Either check the box to enroll all dependents in selected benefits.
- 2 Or, if individual dependents should be enrolled in a specific benefit plan, simply check the corresponding box to select coverage for that member.
- 3 This screen displays the employee's benefit selections. If you missed something or selected the wrong benefit plan, you can go back by clicking "Previous."
- 4 If everything looks right, click "Continue."

## Step 3a. Assign Coverage

The following screen appears if provider information is required (i.e., for HMO medical plan).

- 1
  - A. Enrolls subscriber and all dependents in selected coverage.
  - B. Enrolls subscriber and all dependents with the same medical Primary Care Physician (PCP).
  - C. Indicates that all members are existing patients of the medical PCP.
  - D. Allows the system to pick a medical PCP for all members.

**EmployerAccess**  
Welcome JOHN SMITH | Provider Finder | Help | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Enrollment / Member Information / Select Coverage / Assign Coverage

### Assign Coverage for Enrollment

Step 1 Member Information | Step 2 Select Coverage | **Step 3 Assign Coverage** | Step 4 Other Coverage

Subscriber Name: JOHN SMITH | Group Name: ABC COMPANY  
Member ID: J12345678 | Group Number: GA12345

**Coverage Assignment Options**

A  Enroll all members in coverage selected  
 B  Same medical PCP ID for all members  
 C  Existing patient  
 D  Auto-Pick PCP ID

PCP ID = Base license number and suffix

**Medical Coverage**

HMO BLUE CROSS HMO (H051908001)

Name	Relationship	Gender	Birth Date	Effective Date	Provider	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	05/01/2006	A <input type="radio"/> PCP ID B <input type="checkbox"/> Existing patient C <input type="radio"/> Auto-Pick PCP ID	<input type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	05/01/2006	<input type="checkbox"/> Existing patient <input type="radio"/> Auto-Pick PCP ID	<input type="checkbox"/>
JESSE SMITH	Child	Male	03/03/2000	05/01/2006	<input type="checkbox"/> Existing patient <input type="radio"/> Auto-Pick PCP ID	<input type="checkbox"/>

**Dental Coverage**

DENTAL NET 2000 SERIES (H051909001)

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	05/01/2006	<input type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	05/01/2006	<input type="checkbox"/>
JESSE SMITH	Child	Male	03/03/2000	05/01/2006	<input type="checkbox"/>

**Life Coverage**

Type	Effective Date
Subscriber Life	05/01/2006
Dependent Life	05/01/2006

\* Indicates a Required Field

< Previous | Save and Exit | Cancel Transaction | Continue >

Provider Finder | Help | Contact Us | Log out

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliated organizations. BCBSGA. Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

- 2
  - A. Indicates that the individual family member is an existing patient of the selected PCP.
  - B. Allows the system to pick a medical PCP for each individual family member.



## Step 5. Enrollment Verification

A verification page will appear and ask you to check the information you entered for accuracy.

- 1 If it's correct, click "Submit."
- 2 If not, click "Previous" and make changes.

Once the information is verified and submitted, a feedback page will confirm whether the employee has been successfully enrolled.

If the data was not successfully transmitted to BCBSGA, you will receive an error message.

June 1, 2008 09:34:00 PM [Contact Us](#)

# EmployerAccess

Welcome **JOHN SMITH** [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Member Information](#) / [Select Coverage](#) / [Assign Coverage](#) / [Other Coverage](#) / [Enrollment Verification](#)

## Enrollment Verification

Subscriber Name: **JOHN SMITH** Group Name: **ABC COMPANY**  
Member ID: **J12345678** Group Number: **GA12345**

**Please review the information below. If the information is correct, please click Submit to complete the transaction. If the information is not correct, please click the Previous button to make changes before completing the transaction.**

### Medical Coverage

**HMAZ-ATLANTA RISK/NO RISK POS WITH CHIRO (1759)**

Name	Relationship	Gender	Birth Date	Effective Date	Provider
JOHN SMITH	Subscriber	Male	01/01/1970	05/01/2003	John Smith (12345678-910)
JANE SMITH	Spouse	Female	02/02/1971	05/01/2003	John Smith (12345678-910)
JESSE SMITH	Child	Male	03/03/2000	05/01/2003	John Smith (12345678-910)

### Dental Coverage

**DNKA DENTAL NEW GA BUSINESS (P009)**

Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	05/01/2003
JANE SMITH	Spouse	Female	02/02/1971	05/01/2003
JESSE SMITH	Child	Male	03/03/2000	05/01/2003

### Life Coverage

Type	Effective Date
Subscriber Life	05/01/2008

**2** [Previous](#) [Save and Exit](#) [Cancel Transaction](#) [Submit](#) **1**

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## How to Correct an Incorrect Member ID (Social Security) number:

If you notice an error in the Member ID (Social Security) number while you are on the Member Information page, you can:

- 1 Click "Change Member ID" on the Member Information page.

Enter the correct Member ID number in the blank field on the Change ID page (not shown) and click "Submit."

You will return to the Member Information screen for continued work.

You can access the "Change Member ID" hyperlink only through this screen.

**Note: You can only change the Member ID during the enrollment process. You cannot change a Member ID once the new enrollment has been confirmed on the verification screen and submitted.**

June 1, 2006 05:34:00 PM [Contact Us](#)

# EmployerAccess

Welcome JOHN SMITH [Provider Finder](#) [Help](#) [Log out](#)

[Membership](#) [Employer](#) [Billing](#) [Forms](#) [Reports](#) [Profile](#)

Membership / Member Information

## Member Information for Enrollment

Step 1 Member Information Step 2 Select Coverage Step 3 Assign Coverage Step 4 Other Coverage

Member ID: J1234 [Change Member ID](#) 1 Group Name: ABC COMPANY Group Number: GA12345

### Subscriber Information

Last Name	<input type="text"/>	Signature Date (mm/dd/yyyy)	<input type="text"/>
First Name	<input type="text"/>	Hire Date (mm/dd/yyyy)	<input type="text"/>
Middle Initial	<input type="text"/>	Social Security Number	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female	Home Phone Number	<input type="text"/>
Address1	<input type="text"/>	Probation Type	<input type="text" value="(None Selected)"/>
Address2	<input type="text"/>	Group Number	<input type="text" value="(None Selected)"/>
City	<input type="text"/>	Language	<input type="text" value="English"/>
State	<input type="text"/>	Origin	<input type="text" value="(None Selected)"/>
Zip Code	<input type="text"/>		
Birth Date (mm/dd/yyyy)	<input type="text"/>		

\* Indicates a Required Field  
Actual City and State names are determined by US Postal Zip Code

[Add Dependent](#) [Save and Exit](#) [Cancel Transaction](#) [Continue >>](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

# Existing Member Maintenance

## Member Search

To perform maintenance on a specific employee and/or dependent, first search for the employee in EmployerAccess. There are two ways to search:

- 1 Enter the employee's Member ID (Social Security Number) or HCID (Health Card Identifier) and click "Submit."
- 2 You can also search by entering the employee's last name (first name optional). A list of search results will appear. Choose the correct name by clicking "Select."

Your search will bring up an Employee/Dependent Details page from which you can view specific information about an employee and easily access different benefit options by using the buttons displayed.

The screenshot displays the EmployerAccess web application interface. At the top, it shows the date and time (January 21, 2017, 11:02:12 PM) and the user's name (John Smith). The main navigation bar includes tabs for Membership, Employer, and Billing. The page content is divided into several sections:

- EmployerAccess Overview:** A welcome message and a photo of three people.
- Billing Entities:** A table showing billing entity numbers and amounts due.
- Pending Activity:** A table listing recent activities for the member.
- Search Form:** A form on the right side of the page with fields for Member ID or HCID, Last Name, and First Name. A yellow box highlights the Member ID or HCID field, and a yellow arrow points to the Submit button. A yellow box also highlights the Last Name and First Name fields.

Billing Entity Number	Amount Due
1234567001	\$12,370.57
<b>Total Amount Due</b>	<b>\$12,370.57</b>

Member ID	Subscriber Name	Type	User ID	Action
123456789	JOHN SMITH	Add Coverage	JSMITH123	Restart Delete
123456789	JOHN SMITH	Add Coverage	JSMITH123	Restart Delete
123456789	JOHN SMITH	Re-Enrollment	JSMITH123	Restart Delete
123456789	JOHN SMITH	Change Coverage	JSMITH123	Restart Delete

## Employee/Dependent Details

Employee/Dependent Details offers a quick overview of employee and dependent information, including coverage, name(s), address, birthdate(s), relationship code for dependents, effective/cancellation dates and provider information.

This screen displays a list of enrolled members and their benefits.

» Contact Us

### EmployerAccess

Welcome JOHN SMITH
Provider Finder
Help
Log out

Membership
Employer
Billing
Forms
Reports
Profile

Membership / Employee/Dependent Details

## Employee/Dependent Details

Subscriber Name: **JOHN SMITH**      Group Name: **ABC COMPANY**  
 Member ID: **123456789**      Group Number: **GA12345**  
 HCID: **12345678910**

**Subscriber/Dependent Information**

Gender	male	<a href="#">Add Coverage</a>	<a href="#">Edit Personal Information</a>
Birth Date	12/17/1949	<a href="#">Change Coverage</a>	<a href="#">Add Dependent</a>
Address	1234 SUNSET DR ATLANTA, GA, 12345	<a href="#">Cancel Coverage</a>	<a href="#">Request ID Cards</a>
Phone Number	404-123-4567	<a href="#">Reinstate</a>	<a href="#">Re-Enroll</a>
		<a href="#">Life and Disability</a>	

**Medical Coverage**

(HMO) Payroll Class: GA722XX

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Provider
JOHN SMITH	Active	Male	Subscriber	12/17/1949	05/01/2003		John Smith (12345678-910)
PAT SMITH	Active	Female	Child	03/22/1980	06/01/2003		John Smith (12345678-910)
JESSIE SMITH	Active	Male	Child	04/30/1982	06/01/2003		John Smith (12345678-910)

**Dental Coverage**

DENTAL NEW GA BUSINESS (DNGB) Payroll Class: GA722XX

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
JOHN SMITH	Active	Male	Subscriber	12/17/1949	05/01/2003	
PAT SMITH	Active	Female	Child	03/22/1980	06/01/2003	
JESSIE SMITH	Active	Male	Child	04/30/1982	06/01/2003	

**Vision Coverage**

AVESIS GROUP NON VOLUNTARY LOW OPTION (VNL) Payroll Class: GA722XX

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
JOHN SMITH	Active	Male	Subscriber	12/17/1949	05/01/2003	
PAT SMITH	Active	Female	Child	03/22/1980	06/01/2003	
JESSIE SMITH	Active	Male	Child	04/30/1982	06/01/2003	

**Disability Coverage**

Payroll Class: GA722XX

Plan Type	
Short Term Disability	Short Term Disability Group GGL (SDIS) Status: Active Effective Date: 05/01/2003 Cancel Date:

**Life Coverage**

Payroll Class: GA722XX

Plan Type	
Basic Life	LIFE (LIFE) Status: Inactive Effective Date: 05/01/2003 Cancel Date: 06/01/2003

## Add or Re-Enroll Dependent(s)

Simply click on “Add Dependents” on the Employee/Dependent Details page to access this screen. On this page you can add or re-enroll dependents to an enrolled employee’s (subscriber’s) coverage. Newborns and new spouses are eligible for coverage on the event date (i.e., birth date or date of marriage).

- 1 Enter the effective date.
- 2 A. If you wish to re-enroll a dependent who has previously been cancelled and has no active coverage, complete the “Inactive Dependent Information” section. The required fields will be pre-populated.  
  
or  
B. If you wish to add a new dependent, complete the “New Dependent Information” section.
- 3 Whether you re-enroll a dependent or add a new dependent, you will need to check the box next to “Include Dependent” (and make sure to uncheck “Include Dependent” box(es) on any blank dependent information).
- 4 Click the “Continue” button.

## Add Coverage

Simply click “Add Coverage” on the Employee/Dependent Details page and access this screen to add coverage to an employee’s (subscriber’s) benefits. Benefits can be added **within 90 days of the current calendar date**.

### To Add Coverage:

- 1 Select the new coverage from the drop-down menu.
- 2 Click “Continue.”

May 30, 2007 08:41:41 PM | Provider | BCBSGA | UC 11.1 - Enroll Subscriber | Contact Us

### EmployerAccess

Welcome John Smith | Provider Finder | Help | Log out

Membership | **Employer** | Billing | Forms | Reports | Profile

Membership / Member Information / Select Coverage

## Select Coverage for Enrollment

Step 1 Member Information | **Step 2 Select Coverage** | Step 3 Assign Coverage | Step 4 Other Coverage

Subscriber Name: JOHN SMITH | Group Name: ABC COMPANY  
Member ID: J12345678 | Group Number: GA12345

#### Coverage Information

Payroll Class:   
Effective Date: 03/01/2006  
Signature Date: 02/01/2006

#### Select Coverage

Medical Coverage: (None Selected) | Dental Coverage: (None Selected)  
Vision Coverage: (None Selected)  
Short Term Disability Coverage: (None Selected)

Subscriber Life:  Yes  No  
Dependent Life:  Yes  No

\* Indicates a Required Field

< Previous | Save and Exit | Cancel Transaction | **Continue >**

Provider Finder | Help | Contact Us | Log out

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA").

## Change Coverage

Simply click the “Change Coverage” button on the Employee/Dependent Details page to add or change payroll classes or make changes to existing benefit coverage.

Here you can:

- 1 Enter the effective date of change.
- 2 A. Select a new subgroup.  
or  
B. Add or change a payroll class.

If you selected a new subgroup (2A), you will proceed to “Select Coverage” by clicking “Continue.”

**Note: Benefit coverage cannot be cancelled through this option.**

If you added or changed a payroll class (2B), click “Submit” (not shown) and your transaction is complete.

**Note: The payroll class must be the same for all active products.**

The screenshot displays the EmployerAccess web application interface. At the top, it shows the date and time (June 1, 2006 05:34:00 PM) and a "Contact Us" link. The main header includes the "EmployerAccess" logo and a welcome message for "JOHN SMITH". Navigation tabs for "Membership", "Employer", and "Billing" are visible, along with "Forms", "Reports", and "Profile" options. The current page is titled "Change Coverage" and shows a progress bar with three steps: "Step 1: Change Coverage" (active), "Step 2 (optional): Select Coverage", and "Step 3 (optional): Assign Coverage". Below the progress bar, subscriber information is displayed: "Subscriber Name: JOHN SMITH", "Member ID: J12345678", "Group Name: ABC COMPANY", and "Group Number: GA12345". The "Change Coverage Information" section contains a "New Effective Date" field (marked with a circled 1), a "Change Subgroup" section (marked with a circled 2A) featuring a dropdown menu and a note "List does not contain current subgroup.", and a "Change Payroll Class" section (marked with a circled 2B) with a text input field and a note "Enter a new payroll class.". A legend indicates that an asterisk (\*) denotes a required field. At the bottom of the form, there are buttons for "Save and Exit", "Cancel Transaction", and "Continue >>". The footer contains a disclaimer: "This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter 'BCBSGA'). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation."

## Change Coverage (Change Subgroup)

- 1 Select new coverage.
- 2 Click "Continue."

February 2, 2007 02:51:56 PM | Prototype | DCBSGA [Contact Us](#)

# EmployerAccess

Welcome **John Smith** [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Employee Dependent Details](#) / [Change Coverage](#) / [Select Coverage](#)

## Select Coverage

Step 1: Change Coverage | **Step 2 (optional): Select Coverage** | Step 3 (optional): Assign Coverage

Subscriber Name:	<b>JOHN SMITH</b>	Group Name:	<b>ABC CO</b>
Member ID:	<b>123456789</b>	Group Number:	<b>1234567</b>

**Select a Plan**

New Effective Date: 02/24/2006

**Medical Coverage**

Current Coverage:	<b>PREFERRED PROVIDER ORGANIZATION GROUP</b>
Current Plan Number:	<b>PPOG</b>
Effective Date:	<b>05/01/2003</b>
New Coverage:	* <input type="text" value="Select One"/>

**Dental Coverage**

Current Coverage:	<b>DENTAL NEW GA BUSINESS</b>
Current Plan Number:	<b>DNGA</b>
Effective Date:	<b>05/01/2003</b>
New Coverage:	* <input type="text" value="DNGA-DENTAL NEW GA BUSINESS"/>

\* Indicates a Required Field

[Previous](#) [Save and Exit](#) [Cancel Transaction](#) **[Continue](#)**

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## Cancel Coverage

On the Employee/Dependent Details page, click “Cancel Coverage.” The Cancel Coverage page will appear.

- 1 Key in the cancellation effective date.
- 2 Under “Cancellation Reason,” select a reason from the drop-down menu.
- 3 Be sure you check the box next to all affected benefits.

**Note: If a cancellation date is on the first of the month, coverage will terminate at midnight on the previous day (i.e. cancel date 9/1/06; coverage ends at midnight 8/31/06). A cancellation date other than the first of the month will terminate at midnight on the date entered (i.e. cancel date 9/15/06; coverage ends at midnight on 9/15/06).**

May 30, 2007 06:25:53 PM | Employee | LBCBSQA | Contact Us

### EmployerAccess

Welcome John Smith | Provider Finder | Help | Log out

Membership | Employee | Billing | Forms | Reports | Profile

Member site / Employee/Dependent Details / Cancel Coverage

## Cancel Coverage

Subscriber Name: JOHN SMITH | Group Name: ABC CO  
Member ID: 123456789 | Group Number: 123456

**Cancellation Information**

Cancellation Date:  (mm/dd/yyyy) **1**

Cancellation Reason:  **2**

\* Indicates a Required Field

**Medical Coverage**

Name	Relationship	Status	Effective Date	Select Member To Cancel
JOHN SMITH	Subscriber	Active	05/01/2003	<input type="checkbox"/>
JANE SMITH	Spouse	Active	05/01/2003	<input type="checkbox"/>
JESSE SMITH	Child	Active	05/01/2003	<input type="checkbox"/>

**Dental Coverage**

Name	Relationship	Status	Effective Date	Select Member To Cancel
JOHN SMITH	Subscriber	Active	05/01/2003	<input type="checkbox"/>

**Vision Coverage**

Name	Relationship	Status	Effective Date	Select Member To Cancel
JOHN SMITH	Subscriber	Active	05/01/2003	<input type="checkbox"/>

**Disability Coverage**

Plan Type	Cancel Coverage
Short Term Disability GA STD (V28100) Status: Active Effective Date: 01/01/06	<input type="checkbox"/>

**Life Coverage**

Plan Type	Cancel Coverage
Basic Life LIFE (LIFE) Status: Active Effective Date: 05/01/2003	<input type="checkbox"/>
Dependent Life LIFE (LIFE) Status: Active Effective Date: 05/01/2003	<input type="checkbox"/>

## Re-Enrollment

To re-enroll a member who's coverage has been cancelled, select "Re-Enroll" from the Employee/Dependent Details page. (Re-enrollment follows the same process as new enrollment.)

- 1 To re-enroll an employee (subscriber), enter the requested information into each blank box, or field. Fields with red arrows (>) beside them indicate required information.
- 2 If the employee has dependents to re-enroll, check the box next to "Include Dependent."
- 3 If the employee has more dependents to enroll, click "Add Dependent."
- 4 Click "Continue."

The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (outlined on pages 8-12).

January 22, 2007 02:55:53 PM | Prototype | 003233A

**EmployerAccess**

Welcome **John Smith** | Provider Finder | Help | Log out

Membership | **Employer** | Billing | Forms | Reports | Profile

Employee/Dependent Details / Member Information

### Member Information for Re-Enrollment

Step 1 Member Information | Step 2 Select Coverage | Step 3 Assign Coverage | Step 4 Other Coverage

Subscriber Name: **JOHN SMITH** | Group Name: **ABC CO**  
Member ID: **123456789** | Group Number: **1234567**

#### Subscriber Information

Last Name:  | Signature Date:

First Name:  | Hire Date:

Middle Initial:

Gender:  Male  Female | Effective Date:

Address1:  | Social Security Number:

Address2:

City:  | Home Phone Number:

State:  | Group Number:

Zip Code:  | Language:

Birth Date:  | Origin:

> Indicates a Required Field  
▶ Actual City and State names are determined by US Postal Zip Code

#### Dependent Information

Last Name:  | Birth Date:

First Name:  | Relationship:

Middle Initial:

Gender:  Male  Female | Social Security Number:

Include Dependent

> Indicates a Required Field

|  |  |

## Reinstate

To reinstate a member with no lapse in coverage, select “Reinstate” from the Employee/Dependent Details page.

- 1 To reinstate an employee and any dependents, check the box marked “Reinstate Member.”  
Be sure to check all applicable benefit boxes.

- 2 Click “Submit.”

**Note: No dependents can be reinstated on cancelled contracts unless the employee (subscriber) is reinstated. Only dependents with the same cancel date as the employee can be reinstated on cancelled contracts.**

January 22, 2007 03:00:31 PM | Prototype | BCBSGA Contact Us

### EmployerAccess

Welcome John Smith [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** Forms Reports Profile

[Employee/Dependent Details](#) / Reinstate Member

## Reinstate Member

Subscriber Name: **JOHN SMITH**      Group Name: **ABC CO**  
Member ID: **123456789**      Group Number: **1234567**

**Medical Plan**

**GA MEDICAL (1234567H008)**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Inactive	Male	Subscriber	01/01/1970	05/01/2003	02/01/2006	<input type="checkbox"/>
JANE SMITH	Inactive	Female	Spouse	02/02/1971	07/01/2004	02/01/2006	<input type="checkbox"/>
JOE SMITH	Inactive	Me	Child	03/03/2000	07/01/2004	02/01/2006	<input type="checkbox"/>

**Dental Plan**

**GA DENTAL (1234567D006)**

Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Inactive	Male	Subscriber	01/01/1970	05/01/2003	02/01/2006	<input type="checkbox"/>
JANE SMITH	Inactive	Female	Spouse	02/02/1971	07/01/2004	02/01/2006	<input type="checkbox"/>
JOE SMITH	Inactive	Male	Child	03/03/2000	07/01/2004	02/01/2006	<input type="checkbox"/>

**Life Coverage**

**LIFE (LIFE)**

Type	Status	Effective Date	Cancel Date	Reinstate Coverage
Subscriber Life	Inactive	05/01/2003	02/01/2006	<input type="checkbox"/>

[Save and Exit](#) [Cancel Transaction](#) [Submit](#)

## Edit Personal Information

- 1 Simply click “Edit Personal Information” on the Employee/Dependent Details page to access the option to change employee (subscriber) and dependent personal information, such as address, phone number, etc.

**Note:** Be sure to verify your changes before submitting the new information.

January 4, 2007 05:35:26 PM | Prototype | BCBSGA Contact Us

### EmployerAccess

Welcome John Smith [Provider Finder](#) [Help](#) [Log out](#)

**Membership** | **Employer** | **Billing** [Forms](#) | [Reports](#) | [Profile](#)

Membership / Employee/Dependent Details / Edit Personal Information

## Edit Personal Information

Subscriber Name: **JOHN SMITH** Group Name: **ABC CO**  
Member ID: **123456789** Group Number: **123456**

#### Subscriber Information

Last Name	<input type="text" value="SMITH"/>	Birth Date (mm/dd/yyyy)	<input type="text" value="01/01/1970"/>
First Name	<input type="text" value="JOHN"/>	Hire Date (mm/dd/yyyy)	<input type="text" value="01/01/1999"/>
Middle Initial	<input type="text" value="S"/>	Social Security Number	<input type="text" value="999999999"/>
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Home Phone Number	<input type="text" value="999999999"/>
Address 1	<input type="text" value="100 MAIN ST"/>	Origin	<input type="text" value="WHITE (NON-HISPANIC)"/>
Address 2	<input type="text"/>	Language	<input type="text" value="NOT PROVIDED"/>
City	<input type="text" value="ATLANTA"/>		
State	<input type="text" value="GA"/>		
Zip Code	<input type="text" value="30345"/>		

\* Indicates a Required Field

#### Dependent Information

Last Name	<input type="text" value="SMITH"/>	Relationship	<input type="text" value="Spouse"/>
First Name	<input type="text" value="JANE"/>	Social Security Number	<input type="text" value="999999999"/>
Middle Initial	<input type="text" value="L"/>		
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Birth Date (mm/dd/yyyy)	<input type="text" value="02/02/1971"/>		

\* Indicates a Required Field

#### Dependent Information

Last Name	<input type="text" value="SMITH"/>	Relationship	<input type="text" value="Child"/>
First Name	<input type="text" value="JESSE"/>	Social Security Number	<input type="text" value="999999999"/>
Middle Initial	<input type="text" value="S"/>		
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female		
Birth Date (mm/dd/yyyy)	<input type="text" value="03/03/2000"/>		

\* Indicates a Required Field

[Save and Exit](#) [Cancel Transaction](#) [Continue >](#)

[Provider Finder](#) | [Help](#) | [Contact Us](#) | [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## Request ID Card

Requesting ID Cards is quick and easy. Simply click “Request ID Cards” on the Employee/Dependent Details page.

- 1 Select Members for whom you’d like to request a card.
- 2 Click “Submit.”

A confirmation screen will let you know the card is on its way.

June 1, 2006 05:34:00 PM [Contact Us](#)

# EmployerAccess

Welcome **JOHN SMITH** [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** [Forms](#) [Reports](#) [Profile](#)

[Membership / Employee/Dependent Details / Request ID Card](#)

## Request ID Card

Subscriber Name: **JOHN SMITH** Group Name: **ABC COMPANY**  
Member ID: **J12345678** Group Number: **GA12345**

**Select Members**

Select	Member Name	Address
<input type="checkbox"/>	Entire Family	
<input type="checkbox"/>	JOHN SMITH	2596 SUNSET DR, ATLANTA, GA 30345
<input type="checkbox"/>	JESSE SMITH	2596 SUNSET DR, ATLANTA, GA 30345
<input type="checkbox"/>	JANE SMITH	2596 SUNSET DR, ATLANTA, GA 30345

[Save and Exit](#) [Cancel Transaction](#) [Submit](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## Life and Disability

To initiate a claim, click “Life and Disability” on the Employee/Department Details page.

- 1 Click “Initiate a Claim” on the Claims Tools page. There are several different kinds of claims you can initiate.

Mar 15, 2005 Contact Us

# EmployerAccess

Welcome JOHN SMITH [Provider Finder](#) [Help](#) [Logout](#)

**Membership** **Employer** **Billing** Forms Reports Profile

[Life & Disability](#) / Claims Tools

## Claims Tools

**Initiate Claim**

[Initiate a Claim](#)  
Initiate a life or disability claim online and download necessary forms. **1**

**Claims Status Reports**

[Status of Employee claims](#)  
Check the status of a particular employee's claim(s). **Future Deliverable**

[Find Provider](#) | [Help](#) | [Contact Us](#) | [Logout](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## TIP:

For all claims other than Short Term Disability, once you have completed your online entries, you will be able to print the claims form for signature and completion.

## Submit Claim

You can initiate a life and/or disability claim for your employees here. Fill in the required information and select a claim at the bottom.

### 1 Life Claims

- Life
- Life – Waiver of Premium

### 2 Disability Claims

- Long Term Disability
- Short Term Disability
- Loss of Sight/Dismemberment

Once you have completed your online entries, you will be able to print the claims form for signature and completion. Short-term disability claims are handled over the phone.

January 4, 2007 05:25:18 PM | Provider: LBCRSGA

**EmployerAccess**

Welcome John Smith | Provider Finder | Help | Logout

Membership | Employer | Billing | Forms | Reports | Profile

Life & Disability / Claims Tools / Initiate Claim

### Submit Claim

As the Group Administrator, you can initiate Life and/or Disability Claims for your employees here. Once you have completed your on-line entries, you will be able to print the claims form for signature and completion. It will still be necessary for you or the member to submit a completed and signed paper form and all documentation for the claim to be paid. Now we'll walk you through the claim by asking you a series of questions.

**Group Information**

Group Number: 123456      Group Name: ABC CO

**Employee Information**

First Name: JOHN  
Last Name: SMITH  
Member ID: 123456789

\* Indicates a Required Field

**Type of Claim**

What type of claim is this?

**Life Claims** (1)

- Life
- Life – Waiver of Premium

**Disability Claims** (2)

- Long Term Disability
- Short Term Disability
- Loss of Sight/Dismemberment

Continue >

Find Provider | Help | Contact Us | Logout

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

# Group Function

## Employer Details

Review preferences and general group information here.

### 1 Billing

This tab allows you to view summary information for all open invoices. Additionally, this functionality provides details on monthly activity, invoice number and total amount due.

### 2 Reports

You can use this tab to view Employee Rosters, generate Activity Reports and help employees find physicians using our online Provider Directory.

### 3 Profile

Use this tab to change your e-mail address, password and/or your secret question.

January 21, 2007 11:02:52 PM | Prototype | BCBSGA [Contact Us](#)

## EmployerAccess

Welcome **John Smith** [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** **Forms** **Reports** **Profile**

### EmployerAccess Overview

Welcome to EmployerAccess, our state-of-the-art, benefits management system.

Group Name: **ABC CO**  
Group Number: **1234567**

**Quick Links**

[Change Login Information](#)

**View / Change Member Information**

Member ID or HCID  [Submit](#)

Last Name

First Name   
(Please enter full first name)

**Add New Subscriber**

Member ID  [Submit](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA, at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

# Pending Activity

This example shows how your Pending Activity folder might look.

- 1 Clicking “Delete” on this screen only removes the action from Pending Activity; it does not cancel the subscriber’s coverage. Cancel Coverage can be accessed from the Employee/Dependent Details page.

**Note: Subscriber information cannot be accessed if that subscriber has work pending in Pending Activity. To ensure full access to all subscriber information, please keep Pending Activity up to date and to a minimum.**

June 1, 2006 05:34:00 PM Contact Us

**EmployerAccess**

Welcome JOHN SMITH Provider Finder Help Log out

**Membership** **Employer** **Billing** Forms Reports Profile

Reports / Pending Activity

## Pending Activity

Group Name: **ABC COMPANY**  
Group Number: **GA12345**

1-9 [View All Results](#)

<input type="checkbox"/>	Member ID	Member Name	Type	User ID	Date	Time	Actions
<input type="checkbox"/>	JS1234567	JOHN SMITH	New Enrollment	jsmith123	03/09/2006	10:15:51 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	BILL SMITH	Add Dependent	jsmith123	03/09/2006	01:01:06 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	HENRY SMITH	Add Dependent	jsmith123	03/01/2006	01:55:38 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	JESSICA SMITH	Add Coverage	jsmith123	02/26/2006	12:41:55 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	DON SMITH	New Enrollment	jsmith123	02/26/2006	05:16:37 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	PHIL SMITH	Change Coverage	jsmith123	02/20/2006	07:42:36 PM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	DONNA SMITH	New Enrollment	jsmith123	02/16/2006	11:18:06 AM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	PAULA SMITH	New Enrollment	jsmith123	01/15/2006	12:34:56 AM	<a href="#">Resume</a> <a href="#">Delete</a>
<input type="checkbox"/>	JS1234567	PARK SMITH	New Enrollment	jsmith123	04/27/2005	02:25:46 AM	<a href="#">Resume</a> <a href="#">Delete</a>

[Select All](#) [Deselect All](#) [Delete](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

# Group Billing

## TIP:

Billing Entities also provides access to invoices and their details.

### Group Billing Transaction Selection

- 1 Select the group number from the Billing Entities page (Billing home page) to access a number of transactions on the Open Invoices page.

### Invoices

- 2 Click on an invoice number to view details.
- 3 Using the links on the left side of the screen, you can pay your bills online, schedule payments, view past invoices and more.
- 4 You can also access some of the above functions using the buttons on the screen.

January 21, 2007 11:02:17 PM | Provider | BCBSGA

EmployerAccess

Welcome John Smith | Provider Finder | Help | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Activities

- Pay Online Now
- Preferences
- Manage Billing Email Addresses

Quick Links

- Download Address Reader

### Billing Entities

Group Number: 1234567  
Group Name: ABC CO

1234567001

Period	Invoice #	Amount Due
No Open Invoices		

1234567001 - ABC CO

Period	Invoice #	Amount Due
August 2006	0005242463	\$12,370.57
Total Amount Due		\$12,370.57

1234567003

Period	Invoice #	Amount Due
No Open Invoices		

Provider Finder | Help | Contact Us | Log out

January 21, 2007 11:08:38 PM | Provider | BCBSGA

EmployerAccess

Welcome John Smith | Provider Finder | Help | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Activities

- Pay Online Now
- Schedule Payments
- View Scheduled Payments
- Past Activities
- View Past Invoices
- View Past Payments
- Preferences
- Manage Employer's Bank Account(s)
- Manage Billing Email Addresses
- Turn Off Paper Bills

### Open Invoices

Billing Entity Number: 1234567001  
Billing Entity Name: ABC CO

Period	Invoice #	Amount Due
August 2006	0005242463	\$12,370.57
Total Amount Due		\$12,370.57

View Past Invoices | View Past Payments

Pay Online Now

## Invoice Details

After selecting an invoice number to review, several options are available. This screen displays your current invoices and the total amount due. All the information on this page appears on your statement.

January 21, 2007 11:00:25 PM | Prototype | DCBSGA Contact Us

### EmployerAccess

Welcome **John Smith** [Provider Finder](#) [Help](#) [Log out](#)



**Membership** | **Employer** | **Billing** [Forms](#) | [Reports](#) | [Profile](#)

[Billing Entities](#) / [Open Invoices](#) / [Invoice Details](#)

### Invoice Details

[Download Bill](#) | [Print Bill](#) | [Pay Online Now](#)

Select Billing Period / Invoice:

Billing Entity Number: 1234567001	Invoice #: 0005242463
Billing Entity Name: ABC CO	Billing Period: 08/01/2006 - 08/31/2006
	Payment Due Date: 08/01/2006
	Subject to Cancellation if not paid by: 09/01/2006

[Bill Summary](#) | [Product Summary](#) | [Bill Details](#) | [Membership Details](#) | [Adjustments](#)

Bill Summary			
PRIOR BALANCE ACTIVITY			
			\$ 0.00
PRIOR BILL ACTIVITY			
JULY	INVOICE #	5189201	\$11,513.52
PAYMENT-CHECK #00001234			\$11,513.52-
			-----
			\$ 0.00
SYSTEM CREDIT			
			\$ 0.00
			-----
SUB-TOTAL			
			\$ 0.00
PAYMENTS IN PROCESS			
			\$ 0.00
ATTACHED-AUGUST			
	INVOICE #	5242463	\$12,370.57
			-----

[Provider Finder](#) | [Help](#) | [Contact Us](#) | [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.

## Invoice/Membership Details

Here you can view each employee within your group.

- 1 To view any billed adjustments for your group, click "Adjustments."

January 21, 2007 11:04:00 PM | Provider | BCBSGA Contact Us

### EmployerAccess

Welcome John Smith Provider Finder Help Log out

[Forms](#) [Reports](#) [Profile](#)

[Membership](#) [Employer](#) [Billing](#)

[Billing Entities / Open Invoices / Invoice Details](#)

[Download Bill](#) [Print Bill](#) [Pay Online Now](#)

**Select Billing Period / Invoice:** August 2006 - 0005242463

Billing Entity Number:	1234567001	Invoice #:	0005242463
Billing Entity Name:	ABC CO	Billing Period:	08/01/2006 - 08/31/2006
		Payment Due Date:	08/01/2006
		Subject to Cancellation if not paid by:	09/01/2006

[Bill Summary](#) | [Product Summary](#) | [Bill Details](#) | [Membership Details](#) | [Adjustments](#) 1

#### Membership Details

<< Prev | Next >>

Select	Line #	Member ID	Member Number (HCID)	Member Name	Pay Loc	Org Type	Org Lvl	Rebo Month	EV	Amount
<b>001</b>										
<input type="checkbox"/>	1	123456789	123456789	SMITH, JOHN		ME	5			\$857.05
<input type="checkbox"/>	2	123456789	123456789	SMITH, JOHN	272	ME	1			\$291.07
<input type="checkbox"/>	3	123456789	123456789	SMITH, JOHN		ME	5			\$857.05
<input type="checkbox"/>	4	123456789	123456789	SMITH, JOHN	264	ME	1			\$291.07
<input type="checkbox"/>	5	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	6	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	7	123456789	123456789	SMITH, JOHN		ME	5			\$857.05
<input type="checkbox"/>	8	123456789	123456789	SMITH, JOHN		ME	5			\$857.05
<input type="checkbox"/>	9	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	10	123456789	123456789	SMITH, JOHN		ME	2			\$857.05
<input type="checkbox"/>	11	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	12	123456789	123456789	SMITH, JOHN		ME	5			\$857.05
<input type="checkbox"/>	13	123456789	123456789	SMITH, JOHN		ME	2			\$857.05
<input type="checkbox"/>	14	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	15	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	16	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	17	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	18	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	19	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	20	123456789	123456789	SMITH, JOHN		ME	5			\$857.05
<input type="checkbox"/>	21	123456789	123456789	SMITH, JOHN	428	ME	1			\$291.07
<input type="checkbox"/>	22	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	23	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<input type="checkbox"/>	24	123456789	123456789	SMITH, JOHN	208	ME	4		N	\$857.05
<input type="checkbox"/>	25	123456789	123456789	SMITH, JOHN		ME	1			\$291.07
<b>Sub Total:</b>										<b>12,370.57</b>
<b>Grand Total:</b>										<b>12,370.57</b>

[Select All](#) | [Deselect All](#) | [Adjust Selected Members](#)

<< Prev | Next >>

[Provider Finder](#) | [Help](#) | [Contact Us](#) | [Log out](#)

This site is owned and operated by Blue Cross Blue Shield of Georgia and its affiliates (hereinafter "BCBSGA"). Any activity on this site is subject to monitoring by BCBSGA at any time. Anyone who uses this site consents to such monitoring and agrees that BCBSGA may use the results for such monitoring without limitation.



# Frequently Asked Questions

## **Can there be more than one administrator in a group who can process eligibility on EmployerAccess?**

- Yes. Each administrator requesting access to EmployerAccess needs to complete the Username Policy and Usage Agreement. All administrators will receive their own User ID and PIN allowing them to use EmployerAccess.

## **Can a group's third-party administrator process the eligibility?**

- Yes. We require a written request from the group if they use the services of a third party on their behalf. BCBSGa will need to approve the use of this third-party administrator. The Internet Eligibility Agreement and the Third-Party Agreement will need to be signed by the group and the administrator.

## **If the group has multiple subgroups, can the administrator process eligibility for all subgroups?**

- Yes. BCBSGa's system is designed to use the subgroup number to determine what groups will be viewable to the group.

## **What is the turnaround time once a group administrator has processed activity through EmployerAccess?**

- Once the group administrator receives the message that the requested action was "successfully completed," the information is in the BCBSGa system within 24 hours.

## **Are groups required to submit membership forms (i.e., enrollment, change, etc.) once activities are processed through EmployerAccess?**

- No. The group is responsible for maintaining the eligibility documentation. This is noted in the Internet Eligibility Agreement, under Section IV, Part A – Establishment and Retention of Membership Information.

**Does BCBSGa have a minimum browser requirement?**

- Yes, Internet Explorer 6.0 or higher.

**Does BCBSGa use passwords?**

- Yes. A User ID and PIN are assigned for all customers as they register to use the Web site.

**What is your encryption process?**

- BCBSGa uses 128-bit encryption starting at the login page. This means that no usernames or passwords pass across the Internet in clear text.

**Do you use Secure Socket Layer (SSL)?**

- Yes. 128-bit SSL certificates are installed on the server supporting the Web site, ensuring an encrypted channel is established between a customer's browser and our Web site. The vendor we use is VeriSign.