

# EmployerAccess<sup>SM</sup>

Internet Enrollment User Manual

Anthem   
Blue Cross



# Table of Contents

<b>Introduction to EmployerAccess</b>	<b>page 3</b>
<b>Getting Started</b>	<b>page 4</b>
<b>EmployerAccess Overview</b>	<b>page 7</b>
<b>Enrollment</b>	<b>page 9</b>
Entering a Probationary Period	page 10
Add Dependents	page 11
Select Coverage	page 12
Department and Clock Information	page 13
Life Coverage	page 14
Assign Coverage	page 15
Other Coverage	page 17
How to Correct an ID	page 18
<b>Existing Member Maintenance</b>	<b>page 19</b>
Employee Dependent Details	page 20
Add or Re-Enroll Dependent(s)	page 21
Add Coverage	page 22
Change Coverage	page 23
Cancel Coverage	page 24
Re-Enrollment	page 25
Change Life Benefits	page 26
Reinstate	page 27
Edit Personal Information	page 28
Request ID Card	page 29
Life and Disability	page 30
Initiate Claim	page 31
<b>Group Function</b>	<b>page 32</b>
<b>Pending Activity</b>	<b>page 33</b>
<b>Group Billing</b>	<b>page 34</b>
Invoice Details	page 35
Invoice/Membership Details	page 36
Pay Online	page 37
<b>Helpful Tips for Adding New Employees and Dependents, and Enrolling in Life Products</b>	<b>page 38</b>
<b>Helpful Tips for Changing Life Benefits</b>	<b>page 40</b>
<b>Frequently Asked Questions</b>	<b>page 41</b>

# Introduction

## **EmployerAccess at [anthem.com/ca/employeraccess/lg/](https://www.anthem.com/ca/employeraccess/lg/) – your one-stop health management Web portal.**

Anthem Blue Cross is making it easier for you to do business with us. In addition to the helpful resources already available at [anthem.com/ca](https://www.anthem.com/ca/), our online transaction service, EmployerAccess, has been updated to provide:

- Enhanced content
- Ability to pay bills online
- Schedule payments
- And a clean new look!

Plus, we are adding easier security administration, password administration and authentication, which will make it easier to find forgotten passwords and change passwords.

We've added Life and Disability management, which allows you to manage your life claims information.

The new EmployerAccess offers you even more control over employee eligibility and information 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 use EmployerAccess effectively.

If you have specific questions, refer to the Table of Contents or the helpful tips located throughout the manual.

# Getting Started

- 1 Visit [anthem.com/ca](http://anthem.com/ca) and click the “Employers” tab.
- 2 Select “Groups of 51+”
- 3 Click the orange “Login” button.



# Getting Started

View the valuable information on the “Announcing EmployerAccess” screen to help you get started. Here you’ll find links to help you:

- Login
  - Download training materials
  - Power Point presentation and a Quick Reference Guide
  - Learn more and view FAQs
  - Visit [anthem.com/ca](http://anthem.com/ca)
- 1** To get started, select the “Login” button

**EmployerAccess Login**  
Not Registered? Find out how to enjoy secure access to personalized information.  
[How to Register](#)  
Converting from MybcLink? [Re-Register Now](#)  
Access personalized services and information. **1**  
[Login](#)

**MyHealth@**  
Blue Cross of California  
Powered by **W&M MD**  
Health info on a wealth of topics.  
[Learn More](#)

**Find A Doctor**  
Search our provider directory when you need a doctor, hospital, pharmacy or other health care provider.  
[Find a Doctor](#)

**Announcing... EmployerAccess**  
Anthem Blue Cross' new online benefits management system. Access when and where you need it.

**Take Better Control of Your Employees' Health Plans.**

- Easier to Use
- Improved Reliability
- Faster Response Time
- Enhanced Content
- ...and a more efficient YOU

Plus, now you can manage all of your employees' dental, vision and life plans all in one seamless online experience.

That's right, manage benefits comprehensively with EmployerAccess, your one-stop health management web portal.

EmployerAccess has lightning fast navigation, and is packed with time-saving tools, including online enrollment, contract maintenance, benefits inquiry, online billing, reporting, provider search, the ability to save work for future completion and more – to help you do the rest of your job even better.

Check out the links below to learn more about EmployerAccess.

**More Information About EmployerAccess**

View the EmployerAccess [Online Demo](#).

- [Login](#)
- [How to Register](#)
- [Download Power Point Presentation](#)
- [Download Training Materials](#)
- [Download a Quick Reference Guide](#)
- [Access Online Group Billing Account Setup Instructions](#)
- [Learn more/FAQs](#)
- [Visit www.anthem.com/ca](#)

# Getting Started

## TIP:

Save this page in your “favorites” list so you can access this information quickly.

## Login Page

- 1 Enter your valid User ID/Password
- 2 Select Login

The screenshot shows the EmployerAccess login page. At the top left is the 'EmployerAccess' logo, and at the top right is the 'Anthem' logo. The main heading is 'Login'. Below this is a section titled 'Enter Your Login Information' which contains two input fields: 'User ID' and 'Password (Case Sensitive)'. A red asterisk is next to each field, and a circled '1' is placed to the right of the password field. Below the fields is a note: 'Note: After 15 minutes of inactivity, the system will log you out automatically and require that you log back in.' To the right of the input fields are two links: 'Forgot Your Password? Click Here to Reset Password' and 'Are You an Employer That Needs Access? Register For Employer Access'. Below these links is a table for 'Hours of Operation':

Hours of Operation	
Monday-Friday	7:00am to 7:00pm
Saturday	7:00am to 4:00pm
Sunday, Holidays	Closed

Below the table is a legend: 'Indicates a Required Field'. At the bottom left is an orange 'Login' button with a circled '2' next to it. At the bottom center is a note: 'Please click here if you are an existing mybcclink user and have not already re-registered.'



# EmployerAccess Overview

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 To automatically enroll an employee with the Open Enrollment effective date that appears on the overview page, click on the box. This open enrollment feature appears only during your group's open enrollment period.
- 3 EmployerAccess Overview displays all your pending activity. To view all incomplete work items, click the "View All" tab on the right.
- 4 Resume or delete pending activity using the hyperlinks to the right of the specific activity. All incomplete work is automatically saved in Pending Activity.

The screenshot shows the EmployerAccess Overview page. At the top, there is a navigation bar with tabs for Membership, Employer, Billing, Forms, Reports, and Profile. A welcome message for John Smith is displayed. The main content area includes a header with the company name and a navigation bar. Below this, there is a section for Open Enrollment Mode with a checkbox and a date field. A table of Pending Activity is shown with columns for ID Number, Subscriber Name, Type, User ID, and Actions. A Billing Entities table is also present. On the right side, there are sections for Quick Links, View/Change Member Information, and Add New Subscriber, each with input fields and a Submit button. Numbered callouts 1 through 6 are placed on the page to highlight specific features and actions.

**Note:** You can also access pending activity from the "Reports" tab.

- 5 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 name and the first name, then clicking "Submit."
- 6 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.

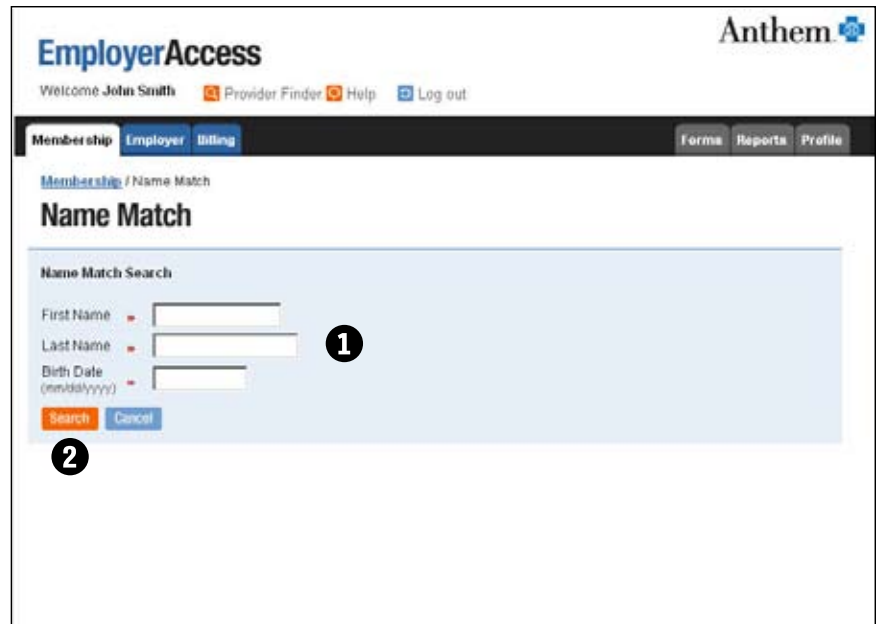
## EmployerAccess Overview

**Note:** This screen is displayed if the ID Number entered on the EmployerAccess Overview page under "Add New Subscriber" exists under a different employer in the Blue Cross database (i.e., member had coverage with a different employer).

**1** Type the requested information

**2** click "Search."

If a complete match is found, you will be prompted to continue with the enrollment process. If a complete match is not found, contact your Enrollment and Billing representative.



The screenshot shows the EmployerAccess web application interface. At the top right is the Anthem logo. Below it, the text "Welcome John Smith" is followed by links for "Provider Finder", "Help", and "Log out". A navigation bar contains "Membership", "Employer", and "Billing" tabs, with "Forms", "Reports", and "Profile" buttons on the right. The main content area is titled "Name Match" and contains a "Name Match Search" form. The form has three input fields: "First Name", "Last Name", and "Birth Date (mm/dd/yyyy)". A "Search" button is highlighted in orange, and a "Cancel" button is in blue. A circled "1" is placed to the right of the input fields, and a circled "2" is placed below the "Search" button.



# 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. Once you’ve completed the steps, a message bar will appear on the Overview page, letting you know you have successfully completed the transaction.

## 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.”

**EmployerAccess** Anthem

Welcome John Smith

Membership **Employer Billing** Forms Reports Profile

Membership / Member Information

### Member Information for Enrollment

Step 1 Member Information Step 2 Select Coverage Step 3 (optional) Dept & Clock Information Step 4 (optional) Life Coverage Step 5 Assign Coverage Step 6 Other Coverage

ID Number: 123456789 Case Name: ABC CO  
[Change ID Number](#) Case Number: 123456

#### Subscriber Information

Last Name  Signature Date (mm/dd/yyyy)

First Name  Hire Date (mm/dd/yyyy)

Middle Initial  Social Security Number

Gender  Male  Female  Phone Number

Care Of  Extension

Street  Probation Type

City

State

Zip Code

Birth Date (mm/dd/yyyy)

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

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

## 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 date of hire, and a non-exempt employee is eligible for coverage on the first day of the month following completion 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.**

**EmployerAccess** Anthem

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 (optional) Dept & Clock Information Step 4 (optional) Life Coverage Step 5 Assign Coverage Step 6 Other Coverage

ID Number: 123456789 Case Name: ABC CO  
Change ID Number Case Number: 123456

#### Subscriber Information

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

First Name:  Hire Date (mm/dd/yyyy):  1

Middle Initial:

Gender:  Male  Female Social Security Number:

Care Of:  Phone Number:

Street:  Extension:

City:  Probation Type: (None Selected) 2

State:

Zip Code:

Birth Date (mm/dd/yyyy):

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

Continue Save and Exit Cancel Transaction Add Dependent 3 4

## Member Information (Add Dependents)

This step is applicable only if you want to add dependents to the employee's benefits.

**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.”

**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 (optional) Dept & Clock Information | Step 4 (optional) Life Coverage | Step 5 Assign Coverage | Step 6 Other Coverage

ID Number: 123456789 | Case Name: ABC CO  
Change ID Number | Case Number: 123456

#### Subscriber Information

Last Name \*  | Signature Date (mm/dd/yyyy) \*

First Name \*  | Hire Date (mm/dd/yyyy) \*

Middle Initial

Gender \*  Male  Female | Social Security Number

Care Of  | Phone Number

Street \*  | Extension

City  | Probation Type \*

State

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 \*  | Birth Date (mm/dd/yyyy) \*

First Name \*  | Relationship \*

Middle Initial

Gender \*  Male  Female | Dependent Status

Social Security Number

Include Dependent  Totally Disabled  Full Time Student  IRS Dependent

\* Indicates a Required Field

#### Dependent Information

Last Name \*  | Birth Date (mm/dd/yyyy) \*

First Name \*  | Relationship \*

Middle Initial

Gender \*  Male  Female | Dependent Status

Social Security Number

Include Dependent  Totally Disabled  Full Time Student  IRS Dependent

\* Indicates a Required Field

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

## Step 2. Select Coverage

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

- 1 To complete this step, simply click the drop-down arrow and select the appropriate Medical, Dental, Vision, Flexible Spending Account, Dependent Care Spending Account, and/or Life coverage.
- 2 If your plan uses department or clock numbers, you will enter that information in this section.

**Note: If the "Apply to All Coverages" box is unchecked, you will proceed to Step 3 (Department and Clock Information).**

- 3 When finished, click "Continue."

**Note: Step 3 (Department and Clock Information) and Step 4 (Life Coverage) of the enrollment process are optional depending upon your selection on the Select Coverage page.**

**EmployerAccess** Anthem

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 (optional) Dept & Clock Information Step 4 (optional) Life Coverage Step 5 Assign Coverage Step 6 Other Coverage

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

**Coverage Information**

Effective Date: **04/06/2006** Department Number:   
Signature Date: **03/06/2006** Clock Number:   
Apply To All Coverages:

**Select Coverage**

Medical Coverage: (None Selected)  
Dental Coverage: (None Selected)  
Vision Coverage: (None Selected)  
Basic/Dependent Life Coverage: (None Selected)  
Supplemental Life Coverage: (None Selected)  
Accidental Death and Dismemberment Coverage: (None Selected)  
Supplemental Accidental Death and Dismemberment Coverage: (None Selected)

Continue < Previous Save and Exit Cancel Transaction

### Step 3. Department and Clock Information

- 1 On this page you can enter a different Department Number/ Clock Number for each selected coverage.

**EmployerAccess** Anthem

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

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

[Membership](#) / [Member Information](#) / [Select Coverage](#) / Dept & Clock Information

### Department & Clock Information

Step 1 Member Information → Step 2 Select Coverage → **Step 3 (optional) Dept & Clock Information** → Step 4 (optional) Life Coverage → Step 5 Assign Coverage → Step 6 Other Coverage

Subscriber Name: **JOHN SMITH** Case name: **ABC CO**  
 ID Number: **100505175** Case Number: **123456**

Department Number:   
 Clock Number:   
 Apply To All Coverages:

Coverage	Department Number	Clock Number
Medical Coverage 123456H001 - BLUE CROSS HMO	<input type="text"/>	<input type="text"/>
Dental Coverage 123456D001 - DENTAL NET 2000 SERIES	<input type="text"/>	<input type="text"/> <b>1</b>
Vision Coverage 123456V001 - BLUE VIEW BC L&H	<input type="text"/>	<input type="text"/>
Flexible Spending Account 1234560016 - FLEX HEALTH SPENDING ACCO	<input type="text"/>	<input type="text"/>
Dependent Care Spending Account 1234560015 - FLEX DEPENDENT SPENDING A	<input type="text"/>	<input type="text"/>
Basic/Dependent Life Coverage 1234560017 - BASIC LIFE TERM	<input type="text"/>	<input type="text"/>
Accidental Death and Dismemberment Coverage 1234560018 - ADD	<input type="text"/>	<input type="text"/>
Supplemental Life Coverage 1234560023 - SUPP LIFE TERM	<input type="text"/>	<input type="text"/>
Supplemental Accidental Death and Dismemberment Coverage 1234560024 - SUPP ADD	<input type="text"/>	<input type="text"/>

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

## Step 4. Life Coverage

If you have selected Life coverage, you will be directed to the following screen:

- 1 Select Benefit Values and/or enter Subscriber Annual Salary
- 2 When finished, click "Continue."

**EmployerAccess** Anthem

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

Membership **Employer** Billing Forms Reports Profile

Membership / Member Information / Select Coverage / Dept & Clock Information / Life Coverage

### Life Coverage

Step 1 Member Information → Step 2 Select Coverage → Step 3 (optional) Dept & Clock Information → **Step 4 (optional) Life Coverage** → Step 5 Assign Coverage → Step 6 Other Coverage

Subscriber Name: **JOHN SMITH** Case name: **ABC CO**  
ID Number: **123456789** Case Number: **123456**

#### Basic Dependent Life

Selected Coverage **LIFE WITH DEP-ACTIVE (1234560021)** \*  **1**

Subscriber Benefit Value:  Spouse Benefit Value:  Child(ren) Benefit Value:

Minimum Benefit Amt / PCT: \$0 Maximum Benefit Amt / PCT: \$200,000

Any benefit amount over \$ 100,000 will require evidence of insurability.  
A family member's amount of insurance may not exceed 50% of the subscriber's amount of coverage.

#### Accidental Death and Dismemberment

Selected Coverage **ADD-ACTIVE (1234560018)** \*  **1**

Subscriber Benefit Value:

Minimum Benefit Amt / PCT: \$0 Maximum Benefit Amt / PCT: \$200,000

Any benefit amount over \$ 100,000 will require evidence of insurability.

#### Supplemental Life

Selected Coverage **SUPP LIFE TERM-ACTIVE (1234560023)**

Subscriber Benefit Value:

Any benefit amount over \$ 100,000 will require evidence of insurability.

#### Supplemental Accidental Death and Dismemberment

Selected Coverage **SUPP ADD-ACTIVE (1234560024)**

Subscriber Benefit Value:

Any benefit amount over \$ 100,000 will require evidence of insurability.

\* Indicates a Required Field

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

**2**



## Step 5. Assign Coverage

The following screen appears **if provider information is not required (e.g., for PPO medical and dental plans).**

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

- 1 Either check the box to enroll all dependents in selected coverage...
- 2 Or, if individual dependents should be enrolled in a specific coverage, 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."

**EmployerAccess**
Anthem

Welcome John Smith
 Provider Finder
 Help
 Log out

Membership
Employer
Billing
Forms Reports Profile

Membership / Member Information / Select Coverage / Dent & Clock Information / Life Coverage / Assign Coverage

### Assign Coverage for Enrollment

Step 1  
Member Information

Step 2  
Select Coverage

Step 3 (optional)  
Dent & Clock Information

Step 4 (optional)  
Life Coverage

Step 5  
Assign Coverage

Step 6  
Other Coverage

Subscriber Name: <b>JOHN SMITH</b>	Case name: <b>ADC CO</b>	
ID Number: <b>123456789</b>	Case Number: <b>123456</b>	

**Coverage Assignment Options**

Enroll all members in coverage selected 1

Same medical PMG/PA for all members

PMG/PA =  [Provider Finder](#)

Auto-Pick PMG/PA for all members

Same dental office for all members

Dental Office =  [Provider Finder](#)

**Medical Coverage**

HMO (123456H001)						
Name	Relationship	Gender	Birth Date	Effective Date	Provider/Provider Finder	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input type="radio"/> PMG/PA <span style="margin-left: 20px;">=</span> <input type="text"/> <input type="radio"/> Auto-Pick PMG/PA	2
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="radio"/> PMG/PA <span style="margin-left: 20px;">=</span> <input type="text"/> <input type="radio"/> Auto-Pick PMG/PA	

**Dental Coverage**

DENTAL 2000 SERIES (123456D001)						
Name	Relationship	Gender	Birth Date	Effective Date	Provider/Provider Finder	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	Dental Office <span style="margin-left: 20px;">=</span> <input type="text"/>	3

**Vision Coverage**

ANTHEM VISION (123456V001)						
Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member	
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	4	

**Life Coverage**

Type	Plan	Effective Date
Basic/Dependent Life	BASIC LIFE TERM (1234560017)	04/06/2006
Accidental Death and Dismemberment	ADD (1234560018)	04/06/2006
Supplemental	SUPP LIFE TERM (1234560023)	04/06/2006
Supplemental Accidental Death and Dismemberment	SUPP ADD (1234560024)	04/06/2006

\* Indicates a Required Field

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

4
3



## Step 5a. Assign Coverage

The following screen appears if provider information is required (e.g., for HMO medical and dental plans).

**1** A. Enrolls subscriber and all dependents in selected coverage.

B. Enrolls subscriber and all dependents with the same medical Primary Medical Group (PMG)/Independent Physicians Association (IPA).

C. Allows the system to pick a medical PMG/IPA for all members.

**2** Enter a provider for each member.

**Note:** To help employees find provider information, you may select the Provider Finder link located on this page.

**EmployerAccess**
Anthem

Welcome John Smith
 Provider Finder
 Help
 Log out

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

Membership / Member Information / Select Coverage / Dept & Clock Information / Life Coverage / Assign Coverage

### Assign Coverage for Enrollment

Step 1  
Member Information
Step 2  
Select Coverage
Step 3 (optional)  
Dept & Clock Information
Step 4 (optional)  
Life Coverage
Step 5  
Assign Coverage
Step 6  
Other Coverage

Subscriber Name: **JOHN SMITH**

Case Name: **ABC CO**

ID Number: **123456789**

Case Number: **123456**

**1** Coverage Assignment Options

Enroll all members in coverage selected

Same medical PMG/IPA for all members

PMG/IPA =>  [Provider Finder](#)

Auto-Pick PMG/IPA for all members

Same dental office for all members

Dental Office =>  [Provider Finder](#)

**Medical Coverage**

**HMO (123456I001)**

Name	Relationship	Gender	Birth Date	Effective Date	Provider <a href="#">Provider Finder</a>	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input type="radio"/> PMG/IPA <span style="margin-left: 10px;">=&gt; <input type="text"/></span> <a href="#">Provider Finder</a>	<input checked="" type="checkbox"/>
					<input type="radio"/> Auto-Pick PMG/IPA	
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="radio"/> PMG/IPA <span style="margin-left: 10px;">=&gt; <input type="text"/></span> <a href="#">Provider Finder</a>	<input type="checkbox"/>
					<input type="radio"/> Auto-Pick PMG/IPA	

**Dental Coverage**

**DENTAL 2000 SERIES (123456D001)**

Name	Relationship	Gender	Birth Date	Effective Date	Provider <a href="#">Provider Finder</a>	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	Dental Office <span style="margin-left: 10px;">=&gt; <input type="text"/></span> <a href="#">Provider Finder</a>	<input checked="" type="checkbox"/>

**Vision Coverage**

**ANTHEM VISION (123456V001)**

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>

**Life Coverage**

Type	Plan	Effective Date
Basic/Dependent Life	BASIC LIFE TERM (1234560017)	04/06/2006
Accidental Death and Dismemberment	ADD (1234560018)	04/06/2006
Supplemental	SUPP LIFE TERM (1234560023)	04/06/2006
Supplemental Accidental Death and Dismemberment	SUPP ADD (1234560024)	04/06/2006

**2** => Indicates a Required Field

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

## Step 6. Other Coverage

This is the final screen in the new enrollment process.

- 1 Indicate “Yes” or “No” by clicking the corresponding circle.
- 2 Clicking “No” to this question will automatically activate “No” in the corresponding check boxes below. Clicking “Yes” to this question prompts you to complete the necessary Prior Coverage information.
- 3 Enter the appropriate begin and end date for each member who had prior coverage. If no prior coverage information is provided, enter the hire date as the prior coverage begin date and leave the end date blank. This does not apply if you are processing in the Open Enrollment mode or if the employee has chosen an HMO plan.

**Note:** Clicking “No” to this question, “Does any member being added have Medicare coverage?” will automatically activate “No” in the corresponding check boxes below. Clicking “Yes” to this question prompts you to complete the necessary information below, which is used to document Medicare information.

- 4 This is the last step in the enrollment process. Click “Submit” to complete the enrollment process.

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

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

Membership / Member Information / Select Coverage / Dept. & Clock Information / Life Coverage / Assign Coverage / Other Coverage

### Other Coverage for Enrollment

Step 1 Member Information | Step 2 Select Coverage | Step 3 (optional) Dept. & Clock Information | Step 4 (optional) Life Coverage | Step 5 Assign Coverage | **Step 6 Other Coverage**

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

#### Other Coverage

Does any member being added have other coverage?  
 Yes  No

Does any member being added have prior coverage?  
 Yes  No

Does any member being added have Medicare coverage?  
 Yes  No

\* Indicates a Required Field

#### Subscriber Information

Name	JOHN SMITH	Gender	Male
Relationship	Subscriber	Birth Date	01/01/1970

**This member has prior coverage**  
 Yes  No

If Yes, enter the information below

Begin Date (mm/dd/yyyy)  **3**

End Date (mm/dd/yyyy)

**This member has Medicare coverage**  
 Yes  No

If Yes, please check the following

Part A  Yes  No  
Effective Date (mm/dd/yyyy)

Part B  Yes  No  
Effective Date (mm/dd/yyyy)

Medicare Identification Number

\* Indicates a Required Field

**Submit** | < Previous | Save and Exit | Cancel Transaction

**4**

## How to Correct an Incorrect ID Number

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

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

Enter the correct 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 ID Number hyperlink only through this screen.

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

**EmployerAccess** Anthem

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 (optional) Dept & Clock Information Step 4 (optional) Life Coverage Step 5 Assign Coverage Step 6 Other Coverage

ID Number: 123456789 Case Name: ABC CO  
[Change ID Number](#) 1 Case Number: 123456

#### Subscriber Information

Last Name First Name Middle Initial Gender Care Of Street City State Zip Code Birth Date Signature Date Hire Date Social Security Number Phone Number Extension Probation Type

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

Continue Save and Exit Cancel Transaction Add Dependent

# 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 ID Number (Social Security Number) or HCID (Health Card Identification) and click "Submit."
- 2 You can also search by entering the employee's last name and first name.

Your search will bring up an Employee/Dependent Details page from which you can view specific information about an employee and easily initiate member update transactions by using the buttons displayed.

The screenshot displays the EmployerAccess web application interface. At the top, it says "EmployerAccess" and "Anthem". Below that, it says "Welcome John Smith" and provides links for "Provider Finder", "Help", and "Log out". The main navigation bar includes "Membership", "Employer", and "Billing", with "Forms", "Reports", and "Profile" on the right. The page features an "EmployerAccess Overview" section with a photo of three people and a "Quick Links" section with a "Change Login Information" link. There are two main data sections: "Pending Activity" and "Billing Entities".

Pending Activity					<a href="#">View All</a>
ID Number	Subscriber Name	Type	User ID	Actions	
123456789	SMITH, JOHN	New Enrollment	JSMITH001	<a href="#">Resume</a>   <a href="#">Delete</a>	

Billing Entities	
Billing Entry Number	Amount Due
123456789	\$2,070.00
<b>Total Amount Due</b>	<b>\$2,070.00</b>

On the right side, there is a "View / Change Member Information" section with input fields for "ID Number", "Last Name", and "First Name", each with a "Submit" button. A circled "1" is next to the "Submit" button for the ID Number field, and a circled "2" is next to the "First Name" field. Below this is an "Add New Subscriber" section with an "ID Number" input field and a "Submit" button.

## 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 (if applicable).

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

- New ID Number Option allows you to view another employee's information without having to return to the Overview page.
- You can easily access prior enrollment information by clicking on the Prior Enrollment link located below the member(s) name.

**EmployerAccess** | Anthem

Welcome John Smith | Provider Finder | Help | Log out

Membership | Employees | Billing | Payroll | Reports | Profile

Member ID: (Employee/Dependent Details)

### Employee/Dependent Details

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

**Address Information:**

Address: 100 MAIN ST  
 BEVERLY HILLS, CA 90212  
 Telephone Number: 909-595-1234  
 Extension: 1234

[Add Coverage](#) | [Edit Personal Information](#)  
[Change Coverage](#) | [Add Dependent](#)  
[Cancel Subscriber Coverage](#) | [Request ID Cards](#)  
[Cancel Dependent Coverage](#) | [Life and Disability](#)  
[Renewal](#) | [No Email](#)  
[Change Life Benefits](#)

**Medical Coverage**

Plan Name	Status	Gender	Relationship	Date of Birth	Effective Date	Cancellation Date	Provider
BLUE CROSS HMO (123456789)	Future Active	Male	Subscriber	12/21/1972	03/01/2006		SEIFA COMPLUTY MEDICAL CLINIC (DRS)

**Dental Coverage**

Plan Name	Status	Gender	Relationship	Date of Birth	Effective Date	Cancellation Date
PURE IT (DENTAL) DENTAL (123456789)	Future Active	Male	Subscriber	12/21/1972	03/01/2006	

**Vision Coverage**

Plan Name	Status	Gender	Relationship	Date of Birth	Effective Date	Cancellation Date
BLUE CROSS LIFE & HEALTH BLUE VIEW (123456789)	Future Active	Male	Subscriber	12/21/1972	03/01/2006	

**Flexible Spending Account**

Plan Name	Status	Effective Date	Cancellation Date
Flexible Health Spending Account	Future Active	03/01/2006	

**Dependent Care Spending Account**

Plan Name	Status	Effective Date	Cancellation Date
Flexible Dependent Spending Account	Future Active	03/01/2006	

**Life Coverage**

Plan Name	Status	Effective Date	Cancellation Date	Subscriber Annual Salary	Subscriber Selected Value
Basic Life	Future Active	03/01/2006		\$100,000	1,000
Accidental Death and Dismemberment	Future Active	03/01/2006		\$100,000	\$100,000
Supplemental Life	Future Active	03/01/2006		\$40,000	\$10,000
Supplemental Accidental Death and Dismemberment	Future Active	03/01/2006		\$10,000	0,000



## Add or Re-Enroll Dependent(s)

Simply click on “Add Dependent” 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.

- 1 Select the event reason.
- 2 Enter the event date.
- 3 If you wish to add a new dependent, complete the “New Dependent Information” section.

New spouses and newborn dependents may be added through EmployerAccess within 31 days of marriage or birth. A dependent spouse and/or child(ren) (not due to a marriage or birth), may only be added during the group’s open enrollment period. Loss of a dependent’s coverage cannot be completed online.

- 4 Whether you re-enroll a dependent or add a new dependent, make sure the box next to “Include Dependent” is checked (and make sure to uncheck “Include Dependent” box(es) on any blank dependent information).
- 5 Click the “Continue” button.

**Note:** You can only re-enroll a dependent on this page if they are not active in any other products. If active in another product, the “Add Coverage/Dependent Level” option is used.

**Note:** A separate transaction is required when re-enrolling and adding new dependents.

## 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 60 days of the current calendar date**.

### To Add Coverage:

- 1 Click on the appropriate button for who is adding coverage (subscriber or dependent).
- 2 Enter the Signature Date.
- 3 Click “Continue”.

The remaining steps of the Add Coverage enrollment process mirror the steps in the new enrollment process (outlined on pages 12-17 for the subscriber level and pages 15-17 for the dependent level).

**Note: The Signature Date entry field is not applicable in Open Enrollment Mode. If Open Enrollment Mode is selected, the group’s Open Enrollment Effective Date will be pre-populated.**

**EmployerAccess** Anthem

Welcome John Smith Provider Finder Help Log out

Membership Employer Billing Forms Reports Profile

Membership / Add Coverage

### Add Coverage

Step 1 Add Coverage Step 2 Select Coverage Step 3 (optional) Dept & Clock Information Step 4 (optional) Life Coverage Step 5 Assign Coverage Step 6 Other Coverage

Subscriber Name: JOHN SMITH Case Name: ABC CO  
ID Number: 123456789 Case Number: 123456

You are:

Adding new subscriber level coverage  
 Adding new dependent level coverage

Effective Date: 02/01/2006

Signature Date: \*

\* Indicates a Required Field

Continue >> Save and Exit Cancel Transaction



## Change Coverage

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

Changes can also be made to enroll an active subscriber to COBRA or a Retiree plan, and update department or clock numbers.

**1** Select "Type of Change."

**2** Click “Continue.”

**EmployerAccess** Anthem

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

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

[Membership](#) / Change Coverage

### Change Coverage

Step 1: Change Coverage | Step 2: Change Plans | Step 3 (optional): Dept & Clock Information | Step 4: Assign Coverage

Subscriber Name:	JOHN SMITH	Case Name:	ABC CO
ID Number:	123456789	Case Number:	123456

**Type of Change**

Active

COBRA

Retiree

Change Department, Clock, Claim Category, and/or Claim Reporting

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

## Cancel Coverage

On the Employee/Dependent Details page, click the “Cancel Subscriber Coverage” button to cancel the subscriber coverage, or click the “Cancel Dependent Coverage” button to cancel dependent coverage. The appropriate Cancel Coverage screen 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.
- 4 Click the “Submit” button to complete the transaction.

**Note:** The cancellation effective date is the first day the employee/department will no longer be covered by the employer-sponsored plan. For example, if the employee’s last day of coverage is July 31, the cancellation effective date would be August 1. If the employee’s last day of employment is July 13, and you cover employees through the end of the month, the cancellation effective date will be August 1.

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

Membership | Employer | Billing | Forms | Reports | Profile

Membership / Cancel Subscriber Coverage

### Cancel Subscriber Coverage

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

**Cancellation Reason**

Cancellation Date:  (1)  
Cancellation Reason:  (2)  
\* Indicates a Required Field

**Medical Coverage**

ANthem BLUE CROSS HMO (123456H001)	Coverage Type: Active
Effective Date: 02/15/2006	Cancel Coverage: <input type="checkbox"/> (3)

**Access RX**

ANthem BLUE CROSS HMO (123456H001)	Coverage Type: Active
Effective Date: 02/15/2006	Cancel Coverage: <input type="checkbox"/>

**Dental Coverage**

DENTAL NET (123456D001)	Coverage Type: Active
Effective Date: 02/15/2006	Cancel Coverage: <input type="checkbox"/>

**Vision Coverage**

ANthem BLUE CROSS LIFE & HEALTH BLUE VIEW (123456V001)	Coverage Type: Active
Effective Date: 02/15/2006	Cancel Coverage: <input type="checkbox"/>

**Life Coverage**

Type	Product	Cancel Coverage
Basic Life	LIFE WITH DEPENDENTS (1234560021) Effective Date: 02/15/2006	<input type="checkbox"/>
Accidental Death and Dismemberment (AD&D)	ACCIDENTAL DEATH/DISMEMBERMENT (1234560020) Effective Date: 02/15/2006	<input type="checkbox"/>
Supplemental Life	SUPPLEMENTAL LIFE TERM (1234560023) Effective Date: 02/15/2006	<input type="checkbox"/>
Supplemental Death and Dismemberment (AD&D)	SUPPLEMENTAL Death/Dismemberment (1234560023) Effective Date: 02/15/2006	<input type="checkbox"/>

(4)

## Re-Enrollment

To re-enroll a member whose 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 Click “Continue.”

The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (outlined on pages 12-17).

**Note: A separate transaction is required when adding new dependents.**

**EmployerAccess** Anthem

Welcome John Smith Provider Finder Help Log out

Membership Employer Billing Forms Reports Profile

Member Information / Member Information

### Member Information for Re-Enrollment

Step 1 Member Information Step 2 Select Coverage Step 3 (optional) Dept & Clock Information Step 4 (optional) Life Coverage Step 5 Assign Coverage Step 6 Other Coverage

Subscriber Name: JOHN SMITH Case Name: ADC CO  
ID Number: 123456789 Case Number: 123456

**Subscriber Information**

Last Name: SMITH Signature Date:   
 First Name: JOHN Hire Date: 12/31/1999  
 Middle Initial:  Gender:  Male  Female  
 Care Of:  Social Security Number:   
 Street: 100 MAIN STREET Phone Number:   
 City: WOODLAND HILLS Extension:   
 State: CA Probation Type: (None Selected)  
 Zip Code: 91367  
 Birth Date: 01/01/1970

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

**Dependent Information**

Last Name: SMITH Birth Date: 03/03/2004  
 First Name: JANE Relationship: Child  
 Middle Initial:  Dependent Status: (Select One)  
 Gender:  Male  Female Social Security Number:

Include Dependent  Totally Disabled  Full Time Student  IRS Dependent

Indicates a Required Field

**Dependent Information**

Last Name: SMITH Birth Date: 02/02/1983  
 First Name: LUCY Relationship: Student  
 Middle Initial:  Dependent Status: (Select One)  
 Gender:  Male  Female Social Security Number:

Include Dependent  Totally Disabled  Full Time Student  IRS Dependent

Indicates a Required Field

Continue Save and Exit Cancel Transaction

## Change Life Benefits

On the Employee/Dependent Details page, click the “Change Life Benefits” button to update Life Benefits if a member has elected the Life coverage.

**1** Complete the following data fields:

- Effective Date (required field)
- Signature Date (automatically defaults to today’s date)
- Reason – Select “Reason” from the drop-down menu

**2** Select the “Change This Coverage” option.

**Note: Change Life Benefits is not available in Open Enrollment Mode.**

**EmployerAccess** Anthem

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

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

[Membership](#) / [Change Life Benefits](#)

### Change Life Benefits

Subscriber Name: **JOHN SMITH** Case Name: **ABC CO**  
 ID Number: **123456002** Case Number: **123456**

**Change Details**

Change Effective Date (mm/dd/yyyy)  **1**  
 Signature Date (mm/dd/yyyy)   
 Reason

**Life Coverage**

Type	Product	Current Coverage	Change Coverage
Basic/Dependent Life	BASIC LIFE TERM (1234560017) (Contributory Plan) Effective Date: 09/01/2005	Subscriber Annual Salary \$40,000 Subscriber Coverage Amount \$40,000 Subscriber Selected Value 1.00	<input type="checkbox"/> <b>Change This Coverage</b> <b>2</b> Annual Salary <input type="text" value="\$40,000.00"/> Subscriber Benefit Value <input type="text" value="1.00"/> Minimum Benefit AmtPct \$0 Maximum Benefit AmtPct \$200,000 Any benefit amount over \$100,000 will require evidence of insurability A family member's amount of insurance may not exceed 50% of the subscriber's amount of coverage.
Accidental Death and Dismemberment	ACCIDENTAL DEATH/DISEMBEUREMENT (1234560018) (Contributory Plan) Effective Date: 09/01/2005	Subscriber Annual Salary \$40,000 Subscriber Coverage Amount \$40,000 Subscriber Selected Value 1.00	<input type="checkbox"/> <b>Change This Coverage</b> <b>2</b> Annual Salary <input type="text" value="\$40,000"/> Benefit Value <input type="text" value="1.00"/> Minimum Benefit AmtPct \$0 Maximum Benefit AmtPct \$200,000 Any benefit amount over \$100,000 will require evidence of insurability A family member's amount of insurance may not exceed 50% of the subscriber's amount of coverage.

## Reinstate

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

- 1 To reinstate an employee and 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.**

**EmployerAccess**
Anthem

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

Membership **Employer** Billing
Forms Reports Profile

Membership / Reinstate Member

### Reinstate Member

Subscriber Name: **JOHN SMITH**  
ID Number: **123456789**

Case Name: **ABC CO**  
Case Number: **123456**

**Medical Plan**

PRUDENT BUYER INCENTIVE (123456H008)							
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Not Active	Male	Subscriber	01/01/1970	12/01/2005	03/01/2006	<input type="checkbox"/>
LUCY SMITH	Not Active	Female	Child	02/02/1990	02/01/2006	03/01/2006	<input checked="" type="checkbox"/> <b>1</b>
AMY SMITH	Not Active	Female	Child	03/03/2004	05/01/2005	12/01/2005	<input type="checkbox"/>

**Dental Plan**

PRUDENT BUYER CHOICE DENTAL - PB (123456D006)							
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Not Active	Male	Subscriber	01/01/1970	12/01/2005	03/01/2006	<input type="checkbox"/>
LUCY SMITH	Not Active	Female	Child	02/02/1990	05/01/2005	03/01/2006	<input type="checkbox"/>
AMY SMITH	Not Active	Female	Child	03/03/2004	05/01/2005	12/01/2005	<input type="checkbox"/>

**Vision Plan**

ANTHEM BLUE CROSS LIFE & HEALTH BLUE VIEW (123456V001)							
Name	Status	Gender	Relationship	Date Of Birth	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Not Active	Male	Subscriber	01/01/1970	05/01/2005	12/01/2005	<input type="checkbox"/>
AMY SMITH	Not Active	Female	Child	03/03/2004	05/01/2005	12/01/2005	<input type="checkbox"/>

**Flexible Spending**

Type	Plan	Cancel Date	Reinstate Coverage
Flexible Spending Account	FLEXIBLE HEALTH SPENDING ACCOUNT (1234560016)	03/01/2006	<input type="checkbox"/>
Dependent Care Spending Account	FLEXIBLE DEPENDENT SPENDING ACCOUNT (123456001)	03/01/2006	<input type="checkbox"/>

**Life Coverage**

Type	Plan	Cancel Date	Reinstate Coverage
Basic/Dependent Life	BASIC LIFE TERM (1234560017)	03/01/2006	<input type="checkbox"/>
Accidental Death and Dismemberment	ACCIDENTAL DEATH/DISEMBEUREMENT (1234560018)	03/01/2006	<input type="checkbox"/>

Submit
Save and Exit
Cancel Transaction

2



## 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.

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

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

Membership / Edit Personal Information

### Edit Personal Information

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

#### Subscriber Information

1

Last Name: SMITH | Birth Date: 01/01/1970  
First Name: JOHN | Hire Date: 03/05/2005  
Middle Initial: | Social Security Number: |  
Gender:  Male  Female | Phone Number: |  
Care Of: | Extension: |  
Street: 100 MAIN ST  
City: SANDOGA PARK  
State: CA  
Zip: 91304

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

#### Dependent Information

1

Last Name: SMITH | Relationship: Child  
First Name: JAMES | Social Security Number: |  
Middle Initial: |  
Gender:  Male  Female  
Birth Date: 02/02/2000  
 Totally Disabled  Full Time Student  IRS Dependent

\* Indicates a Required Field

#### Dependent Information

Last Name: SMITH | Relationship: Child  
First Name: STEPHEN | Social Security Number: |  
Middle Initial: |  
Gender:  Male  Female  
Birth Date: 03/03/2005  
 Totally Disabled  Full Time Student  IRS Dependent

\* Indicates a Required Field

Submit | Save and Exit | Cancel Transaction

## Request ID Card

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

- 1 Select a “Mail To” option. The ID card can be mailed to the group or the employee’s home address. The Subscriber Address is the default.
- 2 Select members for whom you’d like to request a card.
- 3 Click “Submit.”

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

**EmployerAccess** Anthem

Welcome John Smith Provider Finder Help Log out

Membership Employer Billing Forms Reports Profile

Membership / Request ID Card

### Request ID Card

Subscriber Name:	JOHN SMITH	Case Name:	ABC CO
ID Number:	123456789	Case Number:	123456

**Delivery Information**

**Mail To Address**

Subscriber Address

Group Bill Address

**Select Members**

Select This Member	Member Name
<input checked="" type="checkbox"/>	Entire Family
<input type="checkbox"/>	JOHN SMITH
<input type="checkbox"/>	JANE SMITH
<input type="checkbox"/>	JOE SMITH

**Select**

Select	Member Name
<input type="checkbox"/>	JOHN SMITH
<input type="checkbox"/>	JANE SMITH
<input type="checkbox"/>	JOE SMITH

Submit Cancel

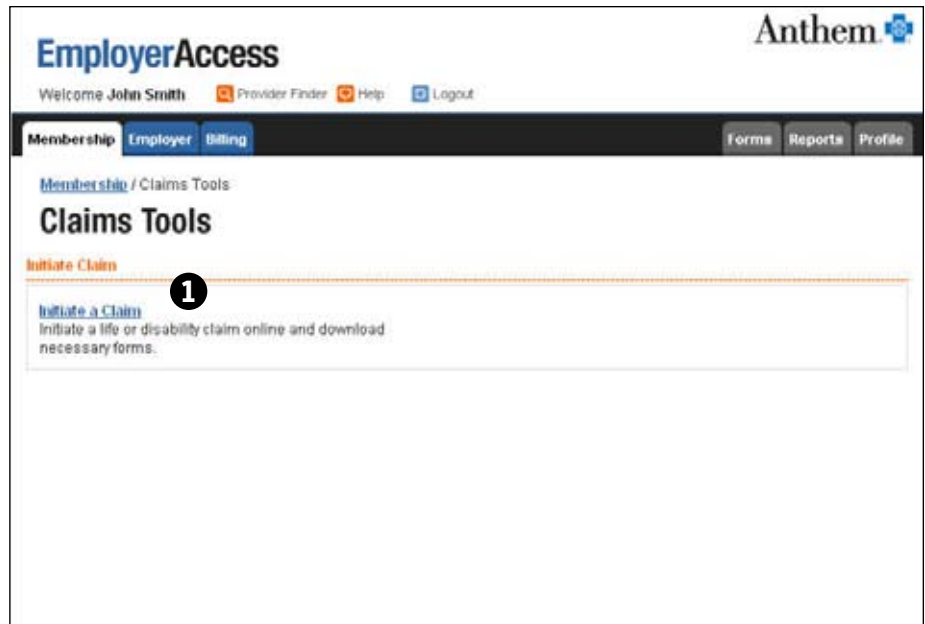


## Life and Disability

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

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

**Note:** The “Life and Disability” option is available on the Employee/Dependent Details page only if a member has elected the Life coverage.



## Initiate 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 or Dependent Life
- Accelerated Death Benefit
- Accidental Death
- Life - Waiver of Premium

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.

**EmployerAccess** Anthem

Welcome John Smith Provider Finder Help Logout

Membership Employer Billing Forms Reports Profile

Life & Disability / Claims Tools / Initiate Claim

### Submit Claim

As the Case Administrator, you can initiate Life and/or Disability Claims for your employees here. For all claims other than Short Term Disability, once you have completed your on-line entries, you will be able to print the claims form for signature and completion.

- You will need 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.

For Short Term Disability claims your entries will be submitted to our claims department for processing and follow-up. Now we'll walk you through the claim by asking you a series of questions.

**Group Information**

Case Number: 123456 Case Name: ABC CO

**Employee Information**

Employee First Name >   
Employee Last Name >   
ID Number > 123456789  
\* Indicates a Required Field

**Type of Claim**

What type of claim is this?

Life Claims	Disability Claims
<input type="radio"/> Life or Dependent Life	<input type="radio"/> Short Term Disability
<input type="radio"/> Accelerated Death Benefit	<input type="radio"/> Long Term Disability
<input type="radio"/> Accidental Death	<input type="radio"/> Loss of Sight/Dismemberment
<input type="radio"/> Life - Waiver of Premium	

Continue >

# Group Function

## 1 Employer

Review preferences, group benefits and other general information with this tab. The Groups/Benefits screen displays a listing of groups within the current case. To view the medical benefits, simply click on the “View Benefits” link.

## 2 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.

## 3 Forms

This tab includes the Logon Agreement form

## 4 Reports

You can use this tab to view your Pending Activity, generate Subscriber/Dependent Listings or Activity Reports. You can also access the Life and Disability Tools and help employees find physicians using our Provider Finder link.

## 5 Profile

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

**EmployerAccess** Anthem

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

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

**1** **2** **3** **4** **5**

### EmployerAccess Overview

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

**Pending Activity** [View All](#)

ID Number	Subscriber Name	Type	User ID	Actions
123456789	SMITH, JOHN	New Enrollment	JSMITH001	<a href="#">Resume</a>   <a href="#">Delete</a>

**Billing Entities**

Billing Entity Number	Amount Due
123456789	\$2,070.00
<b>Total Amount Due</b>	<b>\$2,070.00</b>

**Quick Links**

[Change Login Information](#)

**View / Change Member Information**

ID Number  [Submit](#)

Last Name

First Name

(Please enter full first name)

**Add New Subscriber**

ID Number  [Submit](#)

# Pending Activity

This example shows how your Pending Activity folder might look.

- 1 Clicking "Delete" on a transaction on this page allows you to cancel the transaction that was in process and saved. It does not cancel any existing coverage for the subscriber/dependent. If "Delete" is selected on the bottom of the page, an entry is required to be selected by the ID number.

**Note: To ensure full access to subscriber information and accurate records, please be aware of pending activity and process or delete transactions in a timely manner.**

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

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

Reports / Pending Activity

## Pending Activity

Case Name: ABC CO  
Case Number: 123456

Pending Activity							1-12	<a href="#">View All Results</a>
ID Number	Subscriber Name	Type	User ID	Date	Time	Actions		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/07/2006	10:21:31 AM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/10/2006	01:05:10 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/11/2006	10:01:53 AM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	Add Coverage	JSMITH123	04/11/2006	11:06:32 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	Add Coverage	JSMITH123	04/11/2006	11:10:01 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/17/2006	01:57:13 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/17/2006	05:51:05 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/19/2006	02:09:16 AM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/24/2006	03:43:06 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	04/24/2006	03:46:34 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	05/08/2006	01:36:39 PM	<a href="#">Resume</a> <a href="#">Delete</a>		
<input type="checkbox"/> 123456789	SMITH, JOHN	New Enrollment	JSMITH123	05/10/2006	11:03:15 AM	<a href="#">Resume</a> <a href="#">Delete</a>		

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

# 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.
- 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, manage billing e-mail addresses, and more.

**Note:** You can also access some of the above functions using the buttons on the screen.

**Activities**

- Pay Online Now
- Download Self Bill Formats and Tutorials
- Preferences
- Manage Billing Email Addresses

### Billing Entities

Case Number: 144230  
Case Name: Wyle Laboratories

144230M001 - Wyle Laboratories

Period	Invoice #	Amount Due
June 2006	000176333C	\$38,401.18
May 2006	000176333D	\$23,423.13
<b>Total Amount Due</b>		<b>\$151,075.33</b>

130642C001 - Communication Tech Inc

Period	Invoice #	Status	Amount Due
June 2006	000153785A	Worksheet Not Entered	
May 2006	000153785B	Worksheet in Progress	

120351M141 - Greif

Period	Invoice #	Status	Amount Due
June 2006	000153785A	Worksheet Not Entered	
May 2006	000153785B	Worksheet Submitted	\$12,345.45
<b>Total Amount Due</b>			<b>\$12,345.45</b>

145219EAP1 - Thomas Dodge of ParkABC

## Invoice Details

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

**Note: The Outstanding Adjustments section of the invoice is now conveniently located on the Open Invoices page.**

**EmployerAccess**
Anthem

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

Membership **Employer** Billing
Forms Reports Profile

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

### Invoice Details

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

Select Billing Period / Invoice: April 2007 - 000999999G

Billing Entity Number: 12345618001	Invoice #: 000999999G
Billing Entity Name: ABC CO	Billing Period: 04/01/2007 - 05/01/2007
Group Contact: CONTACT, GROUP	Date Billed: 03/19/2007
Premium Specialist: SPECIALIST, PREMIUM	Payment Due Date: 04/01/2007
Desk Number: 9999	Invoice Status: OPEN
Telephone Number: (999) 999-9999	

**Bill Summary**
Product Summary
Membership Details
Billed Adjustments
COBRA
Overseas Dependents
Eligibility Changes

**ANTHEM BLUE CROSS**

Department 5812  
 Los Angeles, CA, 90074-5812

Prior Bill Amount:	\$4,950.00
Amount Paid:	\$0.00
AMT. TRANSFERRED OUT	\$0.00
AMT. TRANSFERRED IN	\$0.00
RETURNED BY BANK	\$0.00
REFUND	\$0.00
WRITE OFFS	\$0.00
CASH CORRECTION+BACKOUTS	\$0.00
REVERSE REFUND	\$0.00
REVERSE WRITE-OFF AMOUNT	\$0.00
NSF REVERSE REFUND AMOUNT	\$0.00
Prior Balance Due:	\$4,950.00
MBR DETAIL SUB-TOTAL	\$420.00
ELIG ADJ SUB-TOTAL	\$0.00
MANUAL ADJ SUB-TOTAL	\$0.00
<b>Total Amount Due:</b>	<b>\$5,370.00</b>

ANTHEM BLUE CROSS IS COLLECTING PREMIUM DOLLARS ON BEHALF OF ANTHEM BC LIFE & HEALTH



## Invoice/Membership Details

- Here you can view each employee within your group by clicking on the "Membership Details" link. You can view additional information about an invoice by clicking on the additional links in the "Invoice Details" section.

### Invoice Details

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

Select Billing Period/Invoice: June 2003 - 000176333C

Billing Entity Number: <b>144230M001</b>	Invoice#: <b>000176333C</b>
Billing Entity Name: <b>Wyle Laboratories</b>	Billing Period: <b>06-01-2003 - 06-31-2003</b>
Group Contact: <b>Cindy Smith</b>	Date Billed: <b>05-01-2003</b>
Premium Specialist: <b>John Smith</b>	Payment Due Date: <b>06-01-2003</b>
Desk Number: <b>4716</b>	Invoice Status: <b>Open</b>
Telephone Number: <b>(818) 703-4968</b>	

<a href="#">Bill Summary</a>	<a href="#">Product Summary</a>	<a href="#">Membership Details</a>	<a href="#">Billed Adjustments</a>	<a href="#">COBRA</a>	<a href="#">Coverage Dependents</a>	<a href="#">Eligibility Changes</a>
------------------------------	---------------------------------	------------------------------------	------------------------------------	-----------------------	-------------------------------------	-------------------------------------

#### Membership Details << Prev | Next >>

Member ID No.	Employee Number	Subscriber Name	COBRA End Date	Group No./Suffix	Group Type	Product Type	Volume	Contract Type	Number Covered	Premium Amount
<b>1234567890</b>										
111222333	RC	MURRAY, WIGLESWORTH	05/15/2005	1334RC	A	PBPC		S	1	\$409.98
222333444	RC	PECCANTI, BRUCE E	05/15/2005	1334RC	A	PBPC		S	1	\$409.98
333444555	RD	CRAWFORD, RONALD A	05/15/2005	1334RD	A	PBPC		2P	2	\$766.55
				1334RF	A	PBPC		S	1	\$409.98
				1334RE	A	PBPC		S	1	\$400.98
444555666	RD	NEWTON, GARY J	05/15/2005	1334RE	R	PBPC		2P	2	\$766.55
555666777	RE	PETERSON, TERRY L	05/15/2005	1334RE	R	PBPC		2P	2	\$739.72
666777888	RE	TORTORICH, FRANK L	05/15/2005	1334RE	R	PBPC		2P	2	\$739.72
777888999	RE	WILLERT, GARY M	05/15/2005	1334RE	R	PBPC		2P	2	\$739.72
				1334RF	R	PBPC		S	1	\$409.98
				1334RE	R	PBPC		S	1	\$400.98
888999000	RF	AIKEN, ROSS B	05/15/2005	1334RF	R	PBPC		2P	2	\$712.90
999000111	RF	CABRI, ELAINE L	05/15/2005	1334RF	R	PBPC		S	1	\$381.27
000111222	RF	GARCIA, NICK	05/15/2005	1334RF	R	PBPC		2P	2	\$712.90
<b>Subtotal for Department #123456789C</b>										<b>\$412.38</b>
<b>1234567890</b>										
000999888	RF	JACKSON, JIMMIE L	05/15/2005	1334RF	R	PBPC		2P	2	\$712.90
999888777	RF	VOSS, BEVERLY J	05/15/2005	1334RF	R	PBPC		2P	2	\$712.90
888777666	SA	BAXTER, JEFFREY C	05/15/2005	1334SA	A	PBPC		FAM	3	\$917.29
				1334RE	A	PBPC		2P	2	\$739.72
				1334RE	A	PBPC		2P	2	\$739.72
				1334RF	A	PBPC		S	1	\$409.98
				1334RE	A	PBPC		S	1	\$400.98
777666555	SA	BURNS, LISA R	05/15/2005	1334SA	A	PBPC		FAM	5	\$917.29
666555444	SA	BURTON, STEVEN A	05/15/2005	1334SA	A	PBPC		FAM	3	\$917.29
555444333	SA	CHAPIN PINOTTI, ELIZABETH	05/15/2005	1334SA	A	PBPC		FAM	4	\$917.29
444333222	SA	DUTRA, DAVID L	05/15/2005	1334SA	A	PBPC		FAM	5	\$917.29
333222111	SA	FRY, RANDAL L	05/15/2005	1334SA	A	PBPC		FAM	3	\$917.29
222111000	SA	HUNTER, CHARLEEN	05/15/2005	1334SA	A	PBPC		2P	2	\$917.29
111000999	SA	KNOBELAUCH, PATRICIA A N	05/15/2005	1334SA	A	PBPC		2P	2	\$917.29
<b>Subtotal for Department #123456789C</b>										<b>\$980.86</b>

<< Prev | Next >>

#### Legend

S - Subscriber Only	LSUB - Life Subscriber
2P - Two Party Contract	LSPS - Life Spouse
FAM - Family Contract	LCHD - Life Child
DEP - One Dependent	LDEP - Life spouse + Child(ren)
DEPS - Two or More Dependents	*1 - Rate Per \$10
S+DEP - Subscriber + 1 Dependent (No Spouse)	*2 - Rate Per \$100
S+DEPS - Subscriber + 2 or More Dependents (No Spouse)	*3 - Rate Per \$1000
	*4 - Flat Rate
	*5 - Refer to Group Policy



## TIP:

You have the option to pay online from almost any screen in the Billing section. Look for the “Pay Online Now” button.

### Pay Online

EmployerAccess offers you the convenience and flexibility of paying your monthly bill(s) online. You have the option to pay multiple invoices at one time.

- 1 Check the box marked “Pay” for each invoice you choose.

**Note: When selecting to pay an invoice, you will be required to pay as billed.**

- 2 Choose to pay using a single account or multiple accounts.

- 3 Click “Continue.”

Next, you will be able to select a bank account and authorize your payment. You'll receive confirmation that the payment is being sent to the bank.

**Note: You are still required to pay all invoices in a timely manner in accordance with the terms of your group contract.**

**Select Payment Amount**

Step 1 Select Payment Step 2 Select Accounts Step 3 Authorize Payment

Case Number: 144230M001  
Case Name: Wyle Laboratories

Billing Entry	Current Period	Current Invoice	Amount
144230M001	June 2006	000176333C	<input checked="" type="checkbox"/> Pay \$38,401.18 Billed Amount \$38,401.18 Amount Due
	May 2006	000176333D	<input checked="" type="checkbox"/> Pay \$23,423.13 Billed Amount \$23,423.13 Amount Due
130642C001	June 2006	000153785A	<input type="checkbox"/> Pay \$12,345.45 Billed Amount \$12,345.45 Amount Due
	May 2006	000153785B	<input type="checkbox"/> Pay \$12,345.45 Self Billed Amount \$12,345.45 Amount Due
120351M111	June 2006	000153785A	Submit Self Bill
	May 2006	000153785B	<input checked="" type="checkbox"/> Pay \$12,345.45 Self Billed Amount \$12,345.45 Amount Due
145219CAP1	May 2006		Submit Self Bill Life Worksheet <input checked="" type="checkbox"/> Pay \$12,345.45 Self Billed Amount \$12,345.45 Amount Due

Pay using a Single Account **2**  
 Pay using Multiple Accounts

**3** Continue > Cancel

# Helpful Tips for Adding New Employees and Dependents, and Enrolling in Life Products

## Enrollment

### General

- An Open Enrollment effective date is automatically assigned if the box under 'Open Enrollment Mode' is selected on the EmployerAccess Overview page.
- An incorrect date of hire may produce a wrong eligibility effective date. You cannot correct this error through EmployerAccess. Please contact your Blue Cross Enrollment and Billing representative to correct the wrong date.
- Employees can make provider changes at the Blue Cross Member Services site at [anthem.com/ca](http://anthem.com/ca). The employee can also make the change by calling Customer Service at the toll-free number located on the member ID card.
- After you 'Submit' the transaction, you will receive a message saying the transmission was successful if Blue Cross received the information. You will receive an error message if Blue Cross did not receive the information. The Processing Date is the date that Blue Cross successfully receives the information.

### Dependent

- You cannot enroll disabled dependents through EmployerAccess. Please complete the Disabled Dependent Certification form and submit it to Blue Cross for processing.
- To enroll a dependent only in COBRA, you must submit a completed paper enrollment form to Blue Cross.
- To enroll a dependent due to adoption or loss of coverage outside open enrollment, you must submit a completed paper enrollment form to Blue Cross.

### Medical/Dental

- During Open Enrollment, you may make eligibility changes outside the 60-day timeframe for:
  - New Enrollment
  - Add Coverage
  - Add Dependent(s)
  - Change Coverage
  - Re-Enroll
- Retroactive additions allow a 60-day window to process. The 60-day period is based upon the current date. Changes beyond this timeframe must be submitted to Blue Cross.

## Provider Selection

- If an employee's choice of primary care physician creates an error message saying the physician is no longer accepting patients, but the employee is an existing patient of the physician, a paper enrollment form needs to be completed and sent to Blue Cross.
- You may choose to have the system pick a primary care physician for an employee by typing "PIC" immediately after the Independent Physicians Association (IPA) code, (e.g., 0DFPIC).
- If you receive an error message saying "PMG or IPA Missing, or Invalid", please check that you are entering a numeral "0" instead of the letter "O" as the first character of your PMG (Primary Medical Group) or IPA (Independent Physicians Association) code.

## Life Products

- Life products are not available for selection in "Open enrollment Mode".
- Select "Basic Life" when enrolling an employee only in a life product(s).
- Select "Life with Dependents" when enrolling an employee and his or her dependent in a life product(s).
- Dependent(s) information is not required when enrolling in life product(s).
- There might be a reduction in benefit amount for employees' ages 65 and older.
- Evidence of Insurability is required if the calculated benefit amount is over the guaranteed amount.
- Only employees are eligible for Supplemental Life and AD&D.
- Employees (subscribers) must enroll in Basic Life to enroll in Supplemental Life.

## Definitions

**Contributory** – employee pays a portion or all of the cost. Since the employee pays a portion of the costs, he/she must elect life benefit within 31 days of his/her eligibility date.

**Late Enrollment:** If the employee elects the contributory Life benefit after the initial 31 days from the eligibility date, the employee must complete and submit an Evidence of Insurability to Blue Cross.

Increase in benefit, other than due to salary change, may be done only within 31 days of the eligibility date.

Decrease in benefit may be processed at any time, as long as the effective date of change is within the 90-day retro guideline. Additionally, if the effective date of change is a future date, the effective date of change can only be up to six months of the current date.

**Non-Contributory** – the benefit is free to employees and the employer pays the entire premium.

**Guarantee Issue Amount** – Coverage guaranteed to a certain amount; for any amount above the guarantee issue the subscriber (employee) must submit an Evidence of Insurability.

# Helpful Tips for Changing Life Benefits

Increase Coverage:	Go to Option:
Change from Basic Life to Dependent Life	Change Coverage
Add Supplemental Life or Supplemental AD&D	Add Coverage
Change to a higher selected value (amount selection or multiplier)	Change Life Benefits
Increase benefit due to salary change	Change Life Benefits
Change to another life coverage resulting in a higher benefit amount	Change Coverage
Decrease Coverage:	Go to Option:
Change from Dependent Life to Basic Life	Change Coverage
Delete Supplemental Life or Supplemental AD&D	Cancel Subscriber Coverage
Change to a lower selected value (amount selection or multiplier)	Change Life Benefits
Decrease due to salary change	Change Life Benefits
Change to another life coverage resulting in a lower benefit amount	Change Coverage

- Coverage amount change for contributory and non-contributory products cannot be process in one transaction. You must process the change one transaction at a time.
- If a subscriber (employee) elects to change from Basic Life to Dependent Life (due to a qualifying event) or vice versa, a completed paper enrollment form needs to be sent to Blue Cross.
- Increase or reduction in benefit for non-contributory life products whose effective dates are beyond the ninety day guideline need to be sent to Blue Cross for processing.
- Retroactive benefit changes with effective date that is less than the current benefit effective date should be sent to Blue Cross.
- Change Life Benefits is not available in Open Enrollment Mode.

# 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 Logon ID Policy and Usage Agreement. Each administrator will receive their own User ID and PIN allowing them access to 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 to act on their behalf. Blue Cross 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.

## **If the client has multiple entities, can the group administrator process eligibility for all groups?**

- Yes. The system is designed to use the case number to determine what groups will be viewable to the client.

## **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 Blue Cross database.

## **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 Anthem Blue Cross have a minimum browser requirement?**

- Yes, Internet Explorer 6.0 or higher.

## **Does Anthem Blue Cross use passwords?**

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

## **What is your encryption process?**

- Anthem Blue Cross 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.

