

EmployerAccess

Online User Manual

Anthem  



Introduction

We value your time and want to make doing business with Anthem Blue Cross and Blue Shield easy for you.

We're proud to introduce EmployerAccess, your benefits management website, where online enrollment, membership and billing functions are just a point and a click away!

EmployerAccess helps you perform benefit functions quickly and accurately in real time. That means no delays in transmitting data — you get the same information that's available on our system.

And, once your data is keyed in, it's available immediately, and you won't need to enter it elsewhere — no duplicating work!

In addition, EmployerAccess offers you more control over employee eligibility information and accuracy of information. Error messages signal when required information is either missing or incomplete, while electronic prompts guide you from screen to screen and from one step to the next.

Electronic channels are changing the face of health care coverage for the better. Information is timelier and quality is improved.

We've committed to using these channels to provide you with a premium level of service.

EmployerAccess uses the speed and convenience of the Internet, so there are no special software requirements. All you need is Internet Explorer 6.0 or later, a mouse and keyboard to electronically enroll, review and maintain your Anthem employee benefits.

EmployerAccess is just one example of what we're doing to serve you better and give you more control of your employee health care benefits.

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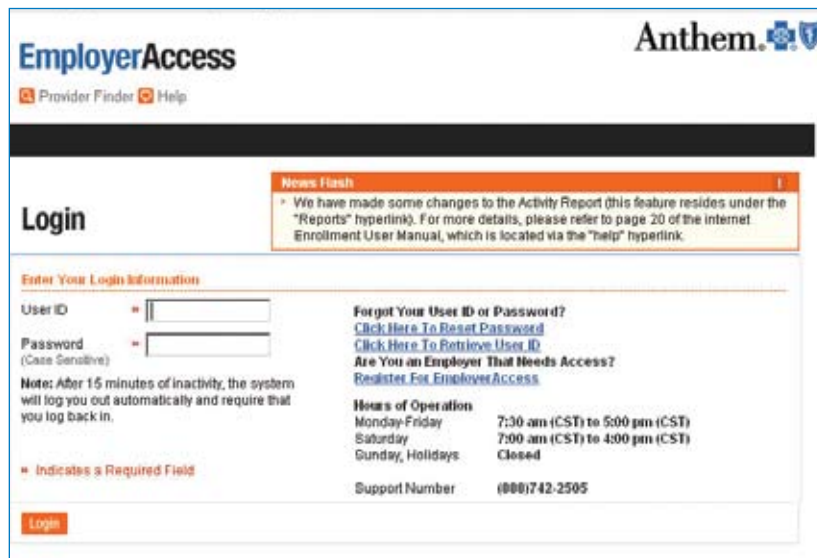
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Getting Started: Log on to EmployerAccess

Go to anthem.com, click the Employer tab and select your state. Then, above the orange Login button, select Groups of 1-50 and click Login.

Login

Enter your existing user ID and case-sensitive password, and then click Login.



The screenshot shows the Anthem EmployerAccess login interface. At the top, the Anthem logo is on the right, and 'EmployerAccess' is on the left with links for 'Provider Finder' and 'Help'. Below this is a black navigation bar. The main content area has a 'Login' heading on the left. To the right of the heading is a 'News Flash' box with a red header and a yellow background, containing a message about changes to the Activity Report. Below the heading is a section titled 'Enter Your Login Information' with two input fields: 'User ID' and 'Password (Case Sensitive)'. To the right of these fields are links for 'Forgot Your User ID or Password?', 'Click Here To Reset Password', 'Click Here To Retrieve User ID', 'Are You an Employer That Needs Access?', and 'Register For EmployerAccess'. Below the input fields is a note about 15-minute inactivity. To the right of the note is a 'Hours of Operation' table. At the bottom left is a 'Login' button. At the bottom right is a 'Support Number'.

Hours of Operation	
Monday-Friday	7:30 am (CST) to 5:00 pm (CST)
Saturday	7:00 am (CST) to 4:00 pm (CST)
Sunday, Holidays	Closed

Support Number: (800)742-2505

Tip:

Because the Login box is embedded in the Anthem Employer page, save it to your Favorites or Bookmarks after you click the Employer tab. That way, you can navigate there directly the next time you need to log on.

Membership

Overview

With the variety of at-a-glance features on the Overview page, you can start the enrollment process, access pending activity, and search for or add a new member.

Pending Activity

Any incomplete work will appear in this space. You'll have the option of resuming work or deleting the recent action. For quick reference, the Type header describes the nature of the activity. If you don't have any work in progress, the Pending Activity chart will be empty.

Billing Entities

Here, you can view all open invoices for each billing location (only one billing location per group).

Change Login Information

Click here to change your login information, including password, e-mail address and secret question.

Note: If you forget your password, you'll be asked for your e-mail address and to answer your secret question on the Login screen.

View/Change Subscriber Information

To access information for current subscribers, make changes to their information or alter benefits, enter their member ID number in the blank box, and then click Search.

Add New Subscriber

Use this box to add a new employee/subscriber by entering the member ID number in the blank box. And, don't forget to check the Open Enrollment Mode box at the top of the page to automatically apply the same enrollment effective date for everyone you enroll that day. This function will only be available during your group's open enrollment period.

The screenshot displays the EmployerAccess web application interface. At the top, the 'EmployerAccess' logo is on the left, and the 'Anthem' logo is on the right. Below the logo, a welcome message 'Welcome UPI Administrator' is followed by links for 'Provider Finder', 'Help', and 'Log out'. The main navigation bar includes 'Membership', 'Employer', and 'Billing'. The 'Membership' tab is active, showing a sub-menu with 'Forms', 'Reports', and 'Profile'. The 'Overview' section features a welcome message and a photo of three people. Below this, there are two tables: 'Pending Activity' and 'Group View Benefits'. The 'Pending Activity' table has columns for Member ID, Subscriber Name, Type, User ID, and Actions. The 'Group View Benefits' table has columns for Contract Number, Description, Effective Date, Product, and Action. On the right side, there is a 'Quick Links' section with a link to 'Change Login Information'. Below that is a 'View / Change Subscriber Information' section with a 'Member ID' input field and a 'Search' button. At the bottom right is an 'Add New Subscriber' section with a 'Member ID' input field and a 'Submit' button.

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

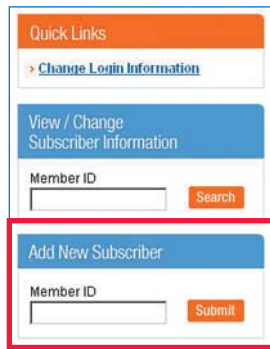
Contract Number	Description	Effective Date	Product	Action
T161	ANTHEM SQ 500-80	04/01/2004	MED	View Details
T165	ANTHEM SQ 1000-80	04/01/2004	MED	View Details
T169	ANTHEM SQ 2000-80	04/01/2004	MED	View Details
T173	ANTHEM SQ 2500-70	04/01/2004	MED	View Details
T759	ANTHEM SQ 1000HDED	04/01/2004	MED	View Details

Membership/Enrollment

Member Information for Enrollment

Enrolling employees online can save time and reduce errors.

To start the enrollment process, find the Add New Subscriber box (highlighted by the red box in Figure 1) on the right side of the Overview page, and then enter the new employee's member ID number (Figure 1).



Quick Links

[Change Login Information](#)

View / Change Subscriber Information

Member ID

Add New Subscriber

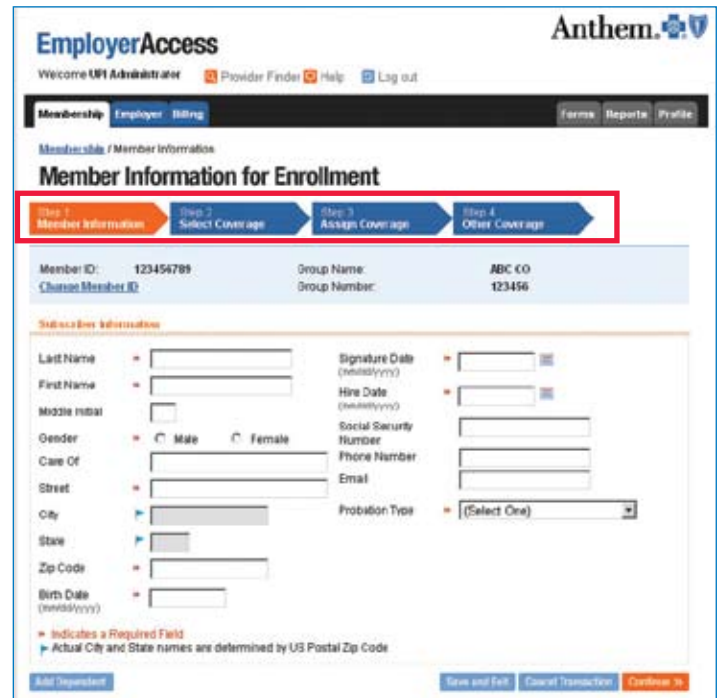
Member ID

(Figure 1)

Member Information for Enrollment (Figure 2)

From here, fill in the required fields, including: employee's name, address, birth date, hire and signature dates, and probation type, if applicable.

Note: If you only have one probationary period, the coverage effective date is calculated based on the date entered in the Hire Date field. If you have multiple probationary periods* (i.e., exempt employees are eligible for coverage on the first day of the month after their date of hire, and non-exempt employees are eligible for coverage on the first day of the month after the date they complete three months of continuous employment), click the drop-down box for Probation Type to select the appropriate type. The employee's



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

Member Info / 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
Chosen Member ID: Group 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 Email

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

(Figure 2)

coverage effective date will be calculated based on the date entered in the Hire Date field and the information selected in the Probation Type field.

*Employees must meet eligibility requirements and satisfy their "waiting" period (referred to as the probationary period) as defined in your Group Administrator Manual.

Tips:

The "flags" (highlighted by the red box in Figure 2) tell you where you are in the enrollment process. You must complete all steps in the process before an employee is enrolled.

If you don't fill in all required fields, an error message will appear telling you which fields need to be completed. You'll need to complete those fields before you can move to the next screen.

Membership/Enrollment

Select Coverage

Next, select from among the different coverages available for your group.

With EmployerAccess, you can enroll your employees in health, dental, vision, life, long-term disability and short-term disability coverage from Anthem, all in one place. To save even more time, only those coverages you offer to employees will be shown.

EmployerAccess **Anthem.**

Welcome UPI Administrator [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 CO
Member ID:	123456789	Group Number:	123456

Coverage Information

Effective Date	04/01/2006
Signature Date	03/07/2006

Select Coverage

Medical Coverage (Select One)	Dental Coverage (Select One)
Life and Disability: ☒	

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

Membership/Enrollment

Assign Coverage

You can now assign coverage and enter the provider number. The information on this page is based on the products the employee has chosen. If the products require a provider, you'll need to make a selection. Otherwise, provider fields won't appear.

Note: A dependent can only enroll in a plan that's offered to and selected by the employee. For example, if the employee is offered and selects a PPO plan, his or her dependent can't select an HMO plan.

Tip:

Check the Coverage Assignment Options box (highlighted by the red box in the example on this page) to enroll all dependents in these benefits. If the individual dependents should be enrolled in a specific benefit plan, simply click the corresponding check box to select coverage for that member.

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

[Membership](#) / [Member Information](#) / [Select Coverage](#) / [Life 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 CO**
Member ID: **123456789** Group Number: **123456**

Coverage Assignment Options
☐ Enroll all members in coverage selected

Medical Coverage
ANTHEM SG 2500-70 (1/1/3)

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006	☒
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006	☐
JESSE SMITH	Child	Male	03/03/2000	04/01/2006	☐

Dental Coverage
ANTHEM SG GOL PREMIUM (25+) (PD09)

Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006	☒
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006	☐
JESSE SMITH	Child	Male	03/03/2000	04/01/2006	☐

Life Coverage

Type	Plan	Effective Date
Basic	ANTHEM SG LIFE PRODUCT (NM67)	04/01/2006
Supplemental	ANTHEM SG SUPP LIFE PRODUCT (PD70)	04/01/2006

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Membership/Enrollment

Other Coverage

Answer “yes” or “no” to the questions about other, prior and Medicare coverage. If you answered “yes” to any questions on this screen, please provide additional information about other and additional coverages where requested.

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

Membership / Member Information / Select Coverage / Life Coverage / Assign Coverage / Other Coverage

Other Coverage for Enrollment

Step 1: Member Information | Step 2: Select Coverage | Step 3: optional: Change Dept & Claims | Step 4: Assign Coverage | **Step 5: Other Coverage**

Subscriber Name: JOHN SMITH Group Name: ABC CO
Member ID: 123456789 Group 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

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

Membership/Enrollment

Enrollment Verification

To complete the enrollment process for a new member, review your selections and click the Submit button.

To make changes, use the Previous button at the bottom of the page rather than your browser's "back" function.

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

Enrollment Verification

Subscriber Name: **JOHN SMITH**

Group Name: **ABC CO**

Member ID: **123456789**

Group Number: **123456**

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

ANTHEM SG 1000 HIGH DED (1759)

Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006
JESSE SMITH	Child	Male	03/03/2000	04/01/2006

Dental Coverage

ANTHEM SG GOLDPREMIUM (25+) (PD89)

Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006
JESSE SMITH	Child	Male	03/03/2000	04/01/2006

Life Coverage

Type	Plan	Effective Date
Basic	ANTHEM SG LIFE PRODUCT (NM67)	04/01/2006
Supplemental	ANTHEM SG SUPP LIFE PRODUCT (PD78)	04/01/2006

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

Membership/Enrollment

Add Coverage Confirmation

After you've submitted your enrollment information, a confirmation line appears on the Membership/Overview page informing you that your “Add coverage . . . has been successfully completed.”

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: 123456

✓ Add coverage for member ID (123456789) has been successfully completed

Pending Activity [View All](#)

Member ID	Member Name	Type	Usay ID	Actions
123456789	JOHN SMITH	Add Dependent	JSMITH123	Resume Delete
123456789	JOHN SMITH	Re-Enrollment	JSMITH123	Resume Delete
123456789	JOHN SMITH	New Enrollment	JSMITH123	Resume Delete
123456789	JOHN SMITH	New Enrollment	JSMITH123	Resume Delete

Group View Benefits [View All](#)

Contract Number	Description	Effective Date	Product	Action
V253	ANTHEM SO 500	04/01/2005	MED	View Details
V255	ANTHEM SO 1000	04/01/2005	MED	View Details
V257	ANTHEM SO 2000	04/01/2005	MED	View Details
V259	ANTHEM SO 2500	04/01/2005	MED	View Details
V261	ANTHEM SO 1000	04/01/2005	MED	View Details

Quick Links

[Change Login Information](#)

View / Change Subscriber Information

Employee ID
 [Search](#)

Add New Subscriber

Employee ID
 [Submit](#)

Membership/Employees

Employee/Dependent Details

The Employee/Dependent Details page gives you complete access to an employee's benefits.

Changing subscriber information or requesting an ID card is easy. You start by clicking one of the blue buttons. Or, you can simply scroll down to review contract and coverage information.

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

[Membership](#) / [Employee/Dependent Details](#)

Employee/Dependent Details

Subscriber Name: **JOHN SMITH**

Member ID: **123456789**

HCID: **123456789**

Group Name: **ABC CO**

Group Number: **123456**

Subscriber Information

Gender	Male	Add Coverage	Edit Personal Information
Birth Date	05/19/1949	Change Coverage	Add Dependent
Address	100 MAIN ST BARRINGTON, IL 60010	Cancel Coverage	Request ID Cards
Phone Number	847- 437-9999	Life and Disability	Re-Enroll

Medical Coverage

ANTHEM SG CIG000 BD (116900)									
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Network ID	Provider	
JOHN SMITH Prior Enrollment Information	Active	Male	Subscriber	05/19/1949	12/01/2005		ANTPLS21		
JANE SMITH Prior Enrollment Information	Active	Female	Spouse	03/11/1952	12/01/2005		ANTPLS21		
JOHN SMITH Prior Enrollment Information	Active	Male	Child	06/10/1993	12/01/2005		ANTPLS21		
JOAN SMITH Prior Enrollment Information	Active	Female	Child	06/10/1993	12/01/2005		ANTPLS21		

Dental Coverage

ANTHEM SG GOLD PREMIUM (25+) (PD8900)									
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Network ID		
JOHN SMITH Prior Enrollment Information	Active	Male	Subscriber	05/19/1949	12/01/2005		ANTPLS21		
JANE SMITH Prior Enrollment Information	Active	Female	Spouse	03/11/1952	12/01/2005		ANTPLS21		

Vision Coverage

ANTHEM SG Vision							
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	
JOHN SMITH Prior Enrollment Information	Active	Male	Subscriber	05/19/1949	12/01/2005		

Life Coverage

Plan Type			
Basic Life	ANTHEM SO LIFE PRODUCT (NM6700)	Subscriber Coverage Amount	30,000.00
	Status: Active		
	Effective Date: 01/01/06		
Supplemental Life	ANTHEM SO SUPP LIFE PRODUCT (PD7800)	Subscriber Coverage Amount	30,000.00
	Status: Active		
	Effective Date: 01/01/06		

Membership/Employees

Add Dependents

Complete the Add Dependents event information, including event reason and date.

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

[Membership](#) / [Employee-Dependent Details](#) / [Add Dependents](#)

Add Dependents

Step 1
Add Dependents

Step 2
Assign Coverage

Step 3
Other Coverage

Subscriber Name: JANE SMITH

Group Name: ABC CO

Member ID: 123456789

Group Number: 123456

Event Information

Event Reason Event Date

Current Members

Name	Relationship	Gender	Birth Date
JANE SMITH	Subscriber	Female	10/02/1970
JOHN SMITH	Spouse	Male	10/02/1970

Inactive Dependent Information

Last Name

Birth Date

First Name

Relationship

Middle Initial

Social Security Number

Gender ☒ Male ☐ Female

☒ Include Dependent ☐ Totally Disabled ☐ Full Time Student

New Dependent Information

Last Name

Birth Date

First Name

Relationship

Middle Initial

Social Security Number

Gender ☒ Male ☐ Female

☐ Include Dependent ☐ Totally Disabled ☐ Full Time Student

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

Membership/Employees

Assign Coverage for Dependents

To add coverage for listed dependents, simply check the Cover this Member box. It's that simple.

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Membership

Employer

Billing

Forms Reports Profile

Membership / Employee/Dependent Details / Add Dependents / Assign Coverage for Add Dependents

Assign Coverage

Step 1
Add Dependents

Step 2
Assign Coverage

Step 3
Other Coverage

Subscriber Name: JANE SMITH

Group Name: ABC CO

Member ID: 123456789

Group Number: 123456

Medical Coverage

ANTHEM SG 500-80 (116100)						
Name	Relationship	Gender	Birth Date	Effective Date	Network ID	Cover This Member
JANE SMITH	Subscriber	Female	10/02/1970	10/01/2005	ANTPLS21	☐
JOHN SMITH	Spouse	Male	10/02/1970	11/03/2005	ANTPLS21	☐
JOE SMITH	Child	Male	12/20/1988	12/01/2006		☒

* Indicates a Required Field

Dental Coverage

ANTHEM SG GOLD PREMIUM (25+) (PD8900)						
Name	Relationship	Gender	Birth Date	Effective Date		Cover This Member
JANE A SMITH	Subscriber	Female	10/02/1970	06/01/2005		☐
JOHN A SMITH	Spouse	Male	10/02/1970	11/03/2005		☐
JOE SMITH	Child	Male	12/20/1988	02/01/2006		☒

* Indicates a Required Field

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

Membership/Employees

Other Coverage for Dependents

Here, you'll indicate other coverage, including prior coverage and health care benefits received from Medicare for the listed member/dependent. If you answered "yes" to any questions on this screen, please provide additional information about other and additional coverages where requested.

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

[Membership](#) / [Employee/Dependent Details](#) / [Add Dependents](#) / [Assign Coverage for Add Dependents](#) / [Other Coverage for Add Dependents](#)

Other Coverage

Step 1
Add Dependents

Step 2
Assign Coverage

Step 3
Other Coverage

Subscriber Name: JANE SMITH
Member ID: 123456789

Group Name: ABC CO
Group 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

New Dependent Information

Name	JOE SMITH	Gender	Male
Relationship	Child	Birth Date	12/20/1988

This member has had prior coverage
☒ Yes ☐ No
If Yes, enter the information below
Begin Date (mm/dd/yyyy)
End Date (mm/dd/yyyy)
Prior Carrier Name
This member has Other Coverage
☒ Yes ☐ No
If Yes, enter the information below
Group ID
Carrier Name
Policy ID
Effective Date

This member has Medicare coverage
☐ Yes ☒ No
If Yes, please check the following
Part A ☐ Yes ☒ No
Effective Date
Part B ☐ Yes ☒ No
Effective Date
Medicare Identification Number

* Indicates a Required Field

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

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Membership/Employees

Verification

You'll be asked to review your information or make changes by clicking the Previous button at the bottom of the page. If your information is accurate, click the Submit button, and your dependent information will be submitted.

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

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

Enrollment Verification

Subscriber Name: **JOHN SMITH**

Group Name: **ABC CO**

Member ID: **123456789**

Group Number: **123456**

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

ANTHEM SG 1000 HIGH DED (T759)				
Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006
JESSE SMITH	Child	Male	03/03/2000	04/01/2006

Dental Coverage

ANTHEM SG GOLDPREMIUM (25+) (PD88)				
Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/01/2006
JANE SMITH	Spouse	Female	02/02/1971	04/01/2006
JESSE SMITH	Child	Male	03/03/2000	04/01/2006

Life Coverage

Type	Plan	Effective Date
Basic	ANTHEM SG LIFE PRODUCT (NM67)	04/01/2006
Supplemental	ANTHEM SG SUPP LIFE PRODUCT (PD78)	04/01/2006

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

Membership/Employees

Cancel Coverage

To cancel this employee's/dependent's coverage, enter the cancellation date and reason. Also select the coverage to be canceled.

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Membership | Employee | Billing | Forms | Reports | Profile

Membership / Employee/Dependent Details / Cancel Coverage

Cancel Subscriber Coverage

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

Cancellation Information

Qualification Date: (mm/dd/yyyy)
Actual effective date will be the First of the Month following this date.

Cancellation Reason: Select Reason

Medical Coverage

Name	Relationship	Status	Effective Date	Cancel Coverage
JOHN SMITH	Subscriber	Active	09/01/2005	☐
JANE SMITH	Spouse	Active	09/01/2005	☐
JOAN SMITH	Child	Active	09/01/2005	☐

Dental Coverage

Name	Relationship	Status	Effective Date
JOHN SMITH	Subscriber	Active	09/01/2005

Vision Coverage

Name	Relationship	Status	Effective Date
JOHN SMITH	Subscriber	Active	09/01/2005

Life Coverage

Plan Type	Product Name	Status	Effective Date
Basic Life	ANTHEM SG LIFE PRODUCT (NM6700)	Active	05/01/2003
Supplemental Life	ANTHEM SG SUPP LIFE PRODUCT (PD78)	Active	05/01/2003

Review your cancellation on the Verification screen before you complete the termination, and then click the Submit button to complete your transaction.

Note: Coverage is canceled on the first of the month after the qualifying event date. **You can't cancel a member retroactively.**

EmployerAccess
Welcome UPI Administrator | Provider Finder | Help | Log out

Membership | Employee | Billing | Forms | Reports | Profile

Membership / Employee/Dependent Details / Cancel Coverage / Verification / Cancel Coverage Verification

Cancel Subscriber Coverage Verification

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

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

Name	Relationship	Cancellation Effective Date
JOHN SMITH	Subscriber	03/01/2006
JANE SMITH	Spouse	03/01/2006
JOAN SMITH	Child	03/01/2006

Dental Coverage

Name	Relationship	Cancellation Effective Date
JOHN SMITH	Subscriber	03/01/2006

Vision Coverage

Name	Relationship	Cancellation Effective Date
JOHN SMITH	Subscriber	03/01/2006

Membership/Employees

Member Information for Re-enrollment

For the re-enrollment process, you'll take the same steps as for the initial enrollment process, following the flags on the screen below (highlighted by the red box):

- Select Coverage
- Life Coverage
- Assign Coverage
- Other Coverage
- Verification

EmployerAccess Anthem.

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Membership **Employee** **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: 123456

Subscriber Information

Last Name: SMITH Signature Date: 03/06/2006
First Name: JOHN Hire Date: 03/06/2006
Middle Initial: Social Security Number:
Gender: ☒ Male ☐ Female Phone Number: 999999999
Care Of: Email:
Street: 123 MAIN STREET Probation Type: (Select One)
City: OREGON
State:
Zip Code: 99999
Birth Date: 05/05/1966

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

Dependent Information

Last Name: SMITH Birth Date: 02/02/1971
First Name: JANE Relationship: Spouse
Middle Initial: Social Security Number:
Gender: ☐ Male ☒ Female
☒ Include Dependent ☐ Totally Disabled ☐ Full Time Student

* Indicates a Required Field

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

Membership/Employees

Request ID Cards or Materials

Choose the item you want to request: an ID card or certificate. If you're requesting a certificate, choose which product. (Please note that life and disability products don't have ID cards.)

Then, select a mailing option and click the Submit button. A confirmation screen will let you know your request has been received.

The screenshot shows the Anthem EmployerAccess web interface. At the top, the 'EmployerAccess' logo is on the left, and the Anthem logo is on the right. Below the logo, a navigation bar includes 'Welcome UPI Administrator', 'Provider Finder', 'Help', and 'Log out'. A secondary navigation bar has tabs for 'Membership', 'Employer', and 'Billing', with 'Forms', 'Reports', and 'Profile' links on the right. The breadcrumb trail reads 'Membership / Employees / Dependent Details / Request ID Card or Materials'. The main heading is 'Request ID Card or Materials'. Below this, a light blue box displays subscriber and group information: Subscriber Name: JOHN SMITH, Member ID: 123456789, Group Name: ABC CO, and Group Number: 123456. The 'Materials Requested' section contains two columns of checkboxes. The first column, 'Select All Applicable Items', has checkboxes for 'ID Card' and 'Evidence of Coverage'. The second column, 'Which Products?', has checkboxes for 'Medical' and 'Dental'. The 'Delivery Information' section has a 'Mail To Address' label and two radio buttons: 'Subscriber' and 'Group', with 'Group' selected. At the bottom right, there are three buttons: 'Save and Exit', 'Cancel Transaction', and 'Submit'.

EmployerAccess Anthem

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Membership | Employer | Billing | Forms | Reports | Profile

Membership / Employees / Dependent Details / Request ID Card or Materials

Request ID Card or Materials

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

Materials Requested

Select All Applicable Items	Which Products?
☐ ID Card	☐ Medical
☐ Evidence of Coverage	☐ Dental

Delivery Information

Mail To Address

☐ Subscriber

☒ Group

Save and Exit | Cancel Transaction | Submit

Employer

View Employer Details

Here, you'll review your company's information, including enrollment dates, new hire employees/probation types, group details and contact information.

EmployerAccess

Anthem.

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

Membership

Employer

Billing

Forms Reports Profile

[Employer](#) / View Employer Details

View Employer Details

Group Name: ABC CO

Group Number: 123456

Edit Address Information

View Group Benefits

Address Information

Billing Address

Address: 100 MAIN ST

Care Of:

City: DENVER

State: CO

Zip Code: 99999

Local Address

Address: 100 MAIN ST

Care Of:

City: DENVER

State: CO

Zip Code: 99999

Phone Number: 999-999-9999

Fax Number: 999-999-9999

Group Email: JSMITH@ABC.COM

Enrollment Information**Enrollment Dates**

New Hire - First of Month Following: YES

Open Enrollment Date: 09/01

Open Enrollment Begins: 08/01

Open Enrollment Ends: 08/30

Group Details

Anniversary Month: April

Waiting Period: 2 Months

COBRA Status:

Medicare Status: Medicare Secondary

Risk Adjustment Factor: 0.96

Agent: JANE DOE

Agent Phone: 999-999-9999

Paid to Date: 12/01/2006

Customer Service: 999-999-9999

New Hire Employee Probation Types**Contact Information****ABC CO Contact Information****Blue Cross Blue Shield Contact Information**

Employer

Benefit Details

In this plan-specific page, you can view your group's medical benefit summary, (i.e., information under the General Provisions, Applicable Provider Network and Benefit Level headings.)

EmployerAccess

Welcome John Smith

Provider Finder

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[View Employer Details](#) / [View Group Benefits](#) / [Benefit Details](#)

Benefit Details

Group Name: ABC CO

Plan Name: BCBS SG 500-50

Group Number: 123456

Effective: 04/13/2006

[Back To Group/Benefits](#)

Medical Benefit Summary

General Provisions	Applicable Provider Network	Benefit Level
Eligibility		
Dependent Eligibility To	All	25 Year(s)
Dependent Maximum Age Limit	All	25 Year(s)
Preexisting Period Prior Effective Date	All	6 Month(s)
Preexisting Waiting Period	All	12 Month(s)
Contract Administration		
Claim Filing Limited Provider Months	All	15 Month(s)
Comprehensive Major Medical		
Individual And Family Deductibles		
Individual Deductible	All	\$500
Family Deductible Occurrences	All	2 Occurrence(s)
Out Of Network Deductible	Non Participating Provider	\$1000
General Basis Of Payment		
General Basis Of Payment	Participating Provider	80%
General Basis Of Payment	Non Participating Provider	60%
Stop Loss Limitations		
First Level Payment	Participating Provider	80%
First Level Payment	Non Participating Provider	60%
Second Level Payment Participating Provider Cop Met	Participating Provider	100%
Second Level Payment Participating Provider Cop Met	Non Participating Provider	70%
Second Level Payment Non Participating Provider Cop Met	Participating Provider	80%
Second Level Payment Non Participating Provider Cop Met	Non Participating Provider	100%
Individual Out Of Pocket	Participating Provider	\$2000
Individual Out Of Pocket	Non Participating Provider	\$10000
Family Out Of Pocket	Participating Provider	\$4000
Family Out Of Pocket	Non Participating Provider	\$20000
Maximum Benefits		
Lifetime Maximum Amount	All	\$5000000
Inpatient Hospital - Medical		
Inpatient We Pay	Participating Provider	80%
Inpatient We Pay	Non Participating Provider	60%
No Pre Authorization Penalty	All	\$500
Ambulatory Surgical Centers		
Ambulatory Surgical Center (asc) We Pay	Participating Provider	80%
Ambulatory Surgical Center (asc) We Pay	Non Participating Provider	60%
Ambulatory Surgical Center (asc) No Preauth Penalty	All	\$50
Inpatient Dental Benefits		
Inpatient Dental We Pay	Participating Provider	80%
Inpatient Dental We Pay	Non Participating Provider	60%
Inpatient Dental Maximum Days	All	3 Day(s)
Skilled Nursing Facility		
Skilled Nursing Facility We Pay	Participating Provider	80%
Skilled Nursing Facility We Pay	Non Participating Provider	60%
Skilled Nursing Facility Per Calendar Year Maximum	All	100 Day(s)
Skilled Nursing Facility Per Day Maximum	All	\$400
No Pre-auth Penalty Skilled Nurs	All	50%
Special Circumstances		
Surface Ambulance		
Ambulance We Pay	Participating Provider	80%
Ambulance We Pay	Non Participating Provider	60%
Grnd Amb Maximum Payment Per Trip	All	\$1000
Air Ambulance		

Billing

Manage Employer’s Bank Account(s)

If you’ve set up one or more bank accounts for online payments, you can manage them here, as well as pay bills online, modify or delete account information, and even add additional accounts.

EmployerAccess

Welcome **FirstName LastName** [Provider Finder](#) [Help](#) [Log out](#)

MembershipEmployerBilling

FormsReportsProfile

[Billing Entities](#) / [Open Invoices](#) / Select Payment Amount

Select Payment Amount

Step 1
Select Payment

Step 2
Select Accounts

Step 3
Authorize Payment

Group Number: 123456

Group Name: ABC COMPANY

Billing Entity	Current Period	Current Invoice	Amount
123456	June 2006	123456789C	\$23,423.13 Billed Amount
			\$23,423.13 Amount Due
	May 2006	123456789C	\$33,523.40 Billed Amount
			\$33,523.40 Amount Due
			\$ 4,233.04 Payment Amount Selected

☒ Pay using a Single Account

☐ Pay using Multiple Accounts

Continue >>

Cancel

Billing

Billing Entities

Here, you can view all open invoices for each billing location (only one billing location per group), if applicable. Click an invoice number to pull up the Invoice Details screen.

Period	Invoice #	Amount Due
June 2006	123456789C	\$38,401.18
May 2006	123456789D	\$23,423.13
Total Amount Due		\$151,875.33

The functionality of the Invoice Details screen includes the following:

- **Bill Summary:** Shows the amount due for the current month, as well as a summary from the previous month
- **Membership Details:** Features a breakdown of the charges for each subscriber for the current billing period
- **Billed Adjustments:** Shows any adjustments, such as late or reinstatement fees
- **COBRA:** Lists COBRA or State Continuation subscribers
- **Workers' Compensation:** Shows the monthly installment premium due, any renewal fees and deposit premium required, and the policy period and policy number
- **Overage Dependents:** Lists any dependents who are approaching the maximum age for the policy
- **Eligibility Changes:** Highlights retroactive adjustments on a subscriber or dependent level

Note: If you have multiple groups in your company (i.e., billing locations), you must access them separately through their individual group account information.

Plan Name	Amount Due	Amount Paid	Balance
Prior Billing			
Plan Name	\$776,538.59	\$766,538.00	\$10,000.59
Plan Name	\$778,453.13	\$769,253.13	\$9,200.00
Subtotal	\$1,554,991.71	\$1,535,791.13	\$19,200.59
Current Billing			
Plan Name	\$776,538.59		\$10,000.59
Plan Name	\$778,453.13		\$9,200.00
Subtotal	\$1,554,991.71		\$19,200.59
Total Amount Due:			\$38,401.18

Billing

Select Payment — Select Amount — Authorize Payment

With the pay online option, you can cover multiple invoices with one payment. Select the desired payment amount and the account to pay from, and then confirm your information on the authorization screen.

EmployerAccess Anthem

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

[Billing Entities](#) / [Open Invoices](#) / Select Payment Amount

Select Payment Amount

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

Group Number: 123456
Group Name: ABC COMPANY

Billing Entity	Current Period	Current Invoice	Amount
123456	June 2006	123456789C	\$23,423.13 Billed Amount \$23,423.13 Amount Due
	May 2006	123456789C	\$33,523.40 Billed Amount \$33,523.40 Amount Due
			\$ 4,233.04 Payment Amount Selected

☒ Pay using a Single Account
☐ Pay using Multiple Accounts

[Continue >>](#) [Cancel](#)

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

Billing

Scheduling Payments

EmployerAccess: Scheduled Payment(s)

To Schedule a payment:

- Enter the payment date in the 'First Payment Date' field in a MM/DD/YYYY sequence.

AND

- Select a payment frequency
- Click Continue

Note: Recurring monthly payments can be set for a specific number of months or with no end date established.

On the following pages, the schedule can be set to be a fixed amount each month or allow the system to determine the payment amount, based upon invoices open at the time of each payment.

Welcome John Doe Provider Finder Help Logout

Admin Membership Employer **Billing** Forms Reports Profile

Online Entities / Open Invoices / Scheduled Payment(s)

Schedule Payment(s)

Step 1: Schedule Payment(s) Step 2: Select Payment Amount Step 3: Select Accounts Step 4: Authorize Payment(s)

Billing Entity Number: 000000-0002
Billing Entity Name: Billing Entity 2

Payment Information

Please note: A payment should be scheduled at least 2 days before its due date. Payment of less than the total amount owed or late payment may negatively affect your coverage. Please refer to the terms and conditions of your contract for further information.

Payment for Billing Entity Number: 000000-0002

First Payment Date: (MM/DD/YYYY) Note: If the last day of the month is selected, future monthly payments will also be the last calendar day of each month.

Payment Frequency: ☒ Monthly by calendar day, no end date
☐ Monthly by calendar day for months (enter 2 to 99)
☐ One time only

Employer Notes: (255 char max)
Employer Notes are provided for your convenience and are not reviewed by your insurance company or bank.

* Indicates a Required Field

Continue Cancel

Billing

Payment Frequency & Amount

EmployerAccess: Select Payment Amount (Monthly frequency)

'First Payment Date' and 'Payment Frequency' are carried forward to the Select Payment Amount page.

Select Payment Amount Entry Method:

- 'Have system determine amount' - Select this method to have the system determine the payment amount based on all open invoices as of each payment date.

Note: This selection pays for all open invoices, as of the scheduled payment date. Invoices with future dates will be included if they have been generated. Scheduling a payment using the "Have system determine amount" option will result in an additional payment being made if your next month's invoice has been generated.

- 'Enter amount \$' - Select this method to enter a fixed amount for each month.

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Admin Membership Employer **Billing** Forms Reports Profile

Billing Entities / Open Invoices / Select Payment Amount

Select Payment Amount

Step 1: Schedule Payment(s) **Step 2: Select Payment Amount** Step 3: Select Accounts Step 4: Authorize Payment(s)

Billing Entity Number: 000000.0002
Billing Entity Name: Billing Entity 2

Payment Information

First Payment Date: 04/15/2009
Payment Frequency: Monthly
Number of Payments: No end date

Select Payment Amount Entry Method

☒ Have system determine amount
NOTE: This selection pays for all open invoices, as of the scheduled payment date. Invoices with future due dates will be included as well if they have been generated.

☐ Enter amount \$

Continue Previous Cancel

Billing

View Past Payments

Here, you'll view 12 rolling months of processed invoices. Click the Details link, and you can view more details.

Note: Pending payments won't appear until they're processed.

EmployerAccess

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MembershipEmployerBillingFormsReportsProfile

[Billing Entities](#) / [Open Invoices](#) / View Past Payments

View Past Payments

Pay Online Now

Billing Entity Number: 123456

Billing Entity Name: ABC CO

Posted Date	Billing Entity	Status	Check/Confirmation #	Payment Amount	Details
03/31/2006	123456	Paid	0000000104	\$1,956.96	Details
03/30/2006	123456	Paid	0000000103	\$5,941.76	Details
03/29/2006	123456	Paid	0000000102	\$3,022.67	Details
02/19/2006	123456	Paid	0000000101	\$1,328.33	Details
02/18/2006	123456	Paid	0000000100	\$1,975.26	Details

[Back to Open Invoices](#)

Forms

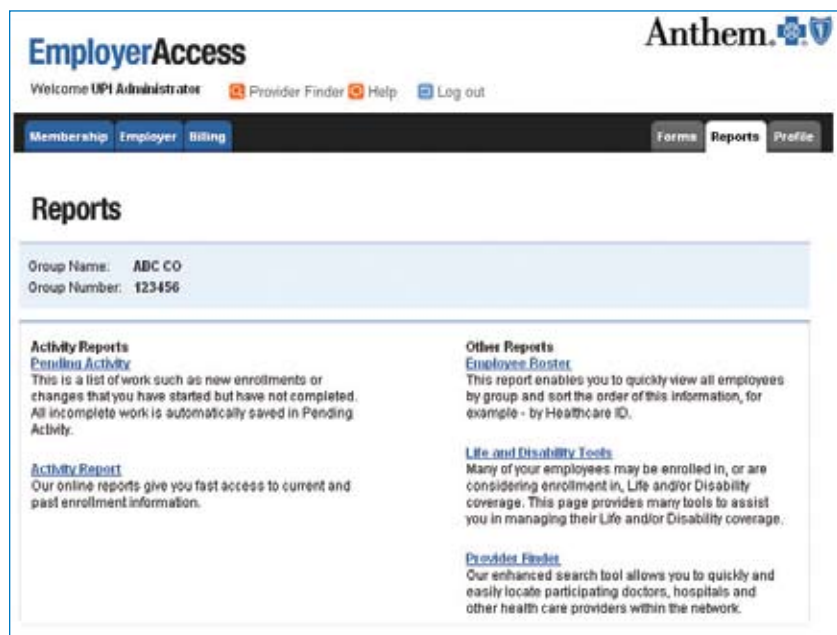
At any point, you can click the Forms tab. The system displays the following links to downloadable PDFs:

- Employee Information Change Form
- Small Group Dental Application
- Small Group Employer Application
- COBRA/State Continuation Form
- Affidavit of Common Law Marriage
- Small Group Benefit Modification Inquiry
- Small Group Employee Application
- Colorado Uniform Application
- Group Administrator Manual
- HIPAA Privacy Practices
- HIPAA Authorization Form

Reports

You'll enjoy instant access to current and past enrollment information, as well as functionality for your life and disability coverage, if applicable, such as:

- Initiating claims.
- Calculating entered claims.
- Downloading conversion and portability forms.



Reports

Employee Roster

Here you can view an alphabetical list of all employees in your group.

EmployerAccess

Anthem

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Reports / Employee Roster

Employee Roster

Group Name: ABC CO

Group Number: 123456

Number of members for group 344888 is 137.

1 - 15

Next >>

View All Results

Member Name	Member ID	Medical	Dental	Life	Action
SMITH, JOHN	123456789	ANTHEM SO 500-80			Select
SMITH, JOHN	123456789	ANTHEM SO 1000-80	ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789	ANTHEM SO 500-80	ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789	ANTHEM SO 500-80	ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789	ANTHEM SO 500-80	ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789	ANTHEM SO 500-80			Select
SMITH, JOHN	123456789	ANTHEM SO 1000-80			Select
SMITH, JOHN	123456789		ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789	ANTHEM SO 2500-70	ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789		ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789			LIFE	Select
SMITH, JOHN	123456789	ANTHEM SO 1000-80	ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789		ANTHEM SO GOLDPREMIUM		Select
SMITH, JOHN	123456789			LIFE	Select
SMITH, JOHN	123456789			LIFE	Select

Note: If you have multiple groups in your company (i.e., billing locations), you must access them separately through their specific group account information.

Reports

Pending Activity

Any incomplete work will appear in this space. You'll have the option of resuming work or deleting the recent action. For quick reference, the Type header describes the nature of the activity.

If you leave before a task is completed, your work is automatically saved. When you return, you can either continue or delete the activity by choosing the desired link.

If you have work in progress, the grid on this page is linked to the Membership/Overview page and your activity is displayed there. If there is no work in progress, the Membership/Overview page won't show the link, and the grid on this page will be empty so you'll know there is no pending activity.

EmployerAccess

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

[Reports](#) / Pending Activity

Pending Activity

Group Name: **ABC CO**
Group Number: **123456**

Pending Activity

1-15 | 16-30 | 31-35 | [View All Results](#)

☐	Member ID	Member Name	Type	User ID	Date	Time	Actions
☐	123456789	JOHN SMITH	Add Coverage	JSMITH123	05/17/2005	03:40:29 PM	Resume Delete
☐	123456789	JOHN SMITH	Add Coverage	JSMITH123	07/19/2005	11:19:34 AM	Resume Delete
☐	123456789	JOHN SMITH	Change Coverage	JSMITH123	08/08/2005	09:27:59 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	08/11/2005	02:18:57 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	08/11/2005	02:21:44 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	08/11/2005	02:37:54 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	09/14/2005	12:28:22 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	10/20/2005	02:16:37 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	10/28/2005	05:04:41 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	11/01/2005	03:14:02 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	11/01/2005	03:34:35 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	11/04/2005	05:13:00 PM	Resume Delete
☐	123456789	JOHN SMITH	New Enrollment	JSMITH123	11/09/2005	03:24:42 PM	Resume Delete
☐	123456789	JIM HARDEN	New Enrollment	JSMITH123	11/22/2005	02:41:15 PM	Resume Delete
☐	123456789	TOUCH K EXECUTE	Change Coverage	JSMITH123	02/10/2006	01:20:28 PM	Resume Delete

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

Profile

Change Login Information

You can change your login information, including your password, e-mail address and secret question.

Note: If you forget your password, you'll be asked for your e-mail address and to answer your secret question on the Login screen.

The screenshot shows the 'EmployerAccess' web application interface. At the top, the 'Anthem' logo is on the right, and the user is logged in as 'John Smith'. Navigation tabs include 'Membership', 'Employer', 'Billing', 'Forms', 'Reports', and 'Profile'. The 'Change Login Information' page is active, displaying a form for updating login details. The form includes fields for 'New Password', 'Re-Enter New Password', 'Email' (pre-filled with 'jsmith123@admin.com'), 'Secret Question' (a dropdown menu showing 'What was the name of your first dog?'), and 'Secret Question Answer'. A red asterisk indicates required fields. A note at the bottom states: 'Note: You will be asked for the answer to your secret question should you forget your password.' At the bottom of the form are 'Continue >' and 'Cancel Transaction' buttons.

EmployerAccess Anthem

Welcome John Smith Provider Finder Help Log out

Membership Employer Billing Forms Reports Profile

Change Login Information

Login Information for jsmith123

Please note that all Passwords are case sensitive. [\(Password Rules\)](#)

New Password

Re-Enter New Password

Email

Secret Question

Secret Question Answer

* Indicates a Required Field

Note: You will be asked for the answer to your secret question should you forget your password.

[Continue >](#) [Cancel Transaction](#)

Provider Finder

Provider Finder is your online resource for finding doctors, hospitals and other health care professionals that participate in your current plan or a different Anthem Blue Cross and Blue Shield plan. Follow the step-by-step instructions to find providers that match your custom search criteria.

Anthem.

[Begin Search](#) / [Refine Search](#)

ProviderFinder

[Search By Location](#) | [Search By Name](#) | [Provider Finder Help](#)

Find Providers Near a Location

Español

Select a Plan

• (None Selected)

Plan Information

Select Provider Type

• (None Selected)

• Indicates a Required Field

Next



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