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One Source: How to complete a benefit change

1. Login to the OneSource dashboard.



2. Enter the customer ID. Click "Search."

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3. Click on "Instant Guidance."

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HOME MY ACCOUNTS MY QUOTES SUPPORT REQUEST RENEWAL CON	TRACTS REPORTS ?
Guote MIDEASTERN MICHIGAN LIB-Quote-AQ	Instant Gui
ACTIONS	a nce
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Quote Number 00041766	Quote Name MIDEASTERN MICHIGAN LIB-Quote-AQ
Agent Name HARVEY LLEE	Account Name MIDEASTERNI MICHIGAN LIB
✓ Quote Status Information	
Quote Status Active	Requested Effective Date 5/1/2021
FTE5 0	Requested Renewal Month May 1st
Expected Active Enrolling	Requested Renewal Date 5/1/2021
Days from Effective Date 68	
✓ Contribution Type	
Parts Part De d'an Tree	Voice Costribution Tore



4. Click "Help me with a GWC."





5. Click on "Group Wide Change."

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DETAILS RELATED Quote Number Quote Number Quote Sumber Quote Summe	Contentianes In 1967 - La 1988 (IN. N. 1988 (Inclusion)) Account Name
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Days from Effective Date 68 ປຸມີ & antribution Type	
Dental Contribution Type	Vision Contribution Type

6. Enter the requested effective date.

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7. Select products and click on "Next" to begin.

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HOME MY ACCOUNTS MY QUOTES SUF	PORT REQUEST RENEWAL CONTRACTS	REPORTS		
0	Product Selection			
	Product Selection Product Selection On this page you can Add a Bendf Fockage to an existing Add a Bendf Fockage to an existing Add a mergina yargung Choose to offer freetlanding detail or Let's take a tour!	x t group segments tous segment vision		
Group Segment: 007016714_0000 Medical Community Blue [®] PPO Platinum §	Dental Blue Dental PPO Plus ^{ee} 100/80/5i	Vision Vision PPO Plus [_] 80/50/50 Pedia	Add Benvits Package Edit Group Segment Deber Group Segment	

8. Use the "Edit Group" button to update the new products for the group. Click "Next" to proceed.

0	O I Product Selection		
	Product Select	tion	
			Edit Group Segment
Group Segment: 007015716 0000			Edit Group Segment Use the Edit Group button to update the product(s) offered to group segment.
Group Segment: 007016716,0000 Medical	Dental	Vision	Edit Group Segment Use the Edit Group button to update the product(s) offered to group segment.
Group Segment: 007016716,0000 Medical Community Blue ²⁴ PPO Platinum \$	Dental Blue Dental PPO Plus ^m 100/80/5(Vision Vision PPO Plus ^{ee} (Edit Group Segment Use the Edit Group button to update the product(s) offered to group segment.
Group Segment: 007016716,0000 Medical Community Blue [®] PPO Platinum S	Destal Blue Destal PPO Plus ^m 100/80/5l	Vision Vision PPO Plus‴ (Edit Group Segment Use the East Group button to update the product(s) of great to group segment. BACK DISID/SUFFERIN Edit Group Segment

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One Source: How to complete a benefit change

9. The "Delete" button will remove all benefits as well as group segment. Only click this if the intention is to delete the segment from the group.

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0	Product Selection		
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	Product Selecti	OII	
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Group Segment: 007016716_0000	Product select		Delete Group Segment
Group Segment: 007016716_0000	Product select	Vision	Delete Group Segment Calcing this turtion will remove all benefit(s) from this group i and drefet the group segment.
Group Segment: 007016716_0000 Medical Community Blue** PPO Platinum 5	Product select Detal Bige Dental PPO Plus [™] 100/80/5i	Vision Vision PPO Plus ⁼ 80	Delete Group Segment Cicking this button will remove all benefit(s) from this group to and delete the group segment.
Group Segment: 007016716_0000 Medical Community Blue** PPO Platinum \$	Dettal Blue Dental PPO Plus ^m 100/80/51	Vision Vision PPO Plus ⁼ 80	Delete Group Segment Calcing this tuttor will remove all benefit(s) from this group re- and deelse the group regment.

10. Click "Edit Group Segment" to change the products offered in this segment. Click "Next."

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۰	Product Selection	· · · · · ·	
	Product Selection	on	
	Product Selection Use the Edit Group button to change the proc group segment or Click Delete Segment	x ucts offered to the	
Group Segment: 007016716_0000			
Medical Community Blue [™] PPO Platinum \$	Dental Blue Dental PPO Plus [™] 100/80/5(Vision Vision PPO Plus [™] 80/50/50 Pedia	Add Benefit Package Edit Group Segment
			Delete Group Segment





11. A drop down medical box will appear. Use this to change the group's medical package or remove medical from the group. Continue to do this for dental and vision. Once all lines of coverage match the Part C agreement, click "Save Changes" and then "Next."

	Use the Edit Group button to change the pro- group segment or Click Delete Segment.	lucts offered to the		
		BACK		
Group Segment: 007016716_0000				
Medical	■ Dental ■ Blue Dental PPO Plus [™] 100/80/50 ▼	Vision Vision PPO Plus [™] 80/50/50 Pediat♥	Cancel Save Changes	
Simply Blue [™] HRA PPO Gold \$1500	(\$50) ane?			
Not Offered		No		
Do you need to add a Common Co	untrol segment?			
	Yes	No		
Would you like to offer freestand	ing dental to this account (BCBSM only)?			
	Yes	No		

12. Answer all questions and click "Next."



2020 Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. We provide health insurance in Michigan. State and Federal Privacy lavs prohibit unauthorized access to Member's private information. Individuals attempting unauthorized access will be prosecuted.





13. Confirm the selections are correct on the Summary of Groupings page. Click "Next." The product package will appear at the top of the screen for reference. Click "Next." Note: Current products are listed in black font, the new products will display in blue font.

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HOME MY ACCO	ounts myquotes su	IPPORT REQUEST RENEWAL CONTR	ACTS REPORTS	
	•	• •	Employee Census	
	Product Package S Product Package(s) w	Selection All display at the top of the screen for reference	ensus	
		NEXT		
	Medical Plan	Dental Plan	Vision Plan	
GS-Package- attini -2-re_attini	Medical Plan Simply Blue ¹¹¹ HRA PPO Gold \$1500 (\$50)	Dental Plan Blue Dental [™] PPO SG 80/50/50 (50/50/50)	Vision Plan Vision PPO Plus ^{ee} 80/50/50 Pediatric SG	LECEND Current Product Hendy Quoted Product
GS-Package- arthr Ord_arm	Medical Plan Simply Blue ^{ue} HRA PPO Gold \$1500 (\$50)	Dental Plan Blue Dental PPO SC 80/50/50 (50/50/50)	Vision Plan Vision PPO Plus ⁺⁺ 80/50/50 Pediatric 5G	LEGEND Current Product Newly Quoted Product Add Employee
GS-Package antific C-d_antifi Last Name	Medical Plan Simply Blue ^{III} HRA PPO Cold 51500 (550) First Name Gender	Dental Plan Blue Dental PPO SG 80/50/50 (50/50/50) Birth Date Relationship Type	Vision Plan Vision PPO Plus 80/50/50 Pediatric SG	LECEND Carrent Product Newly Quanted Product Newly Quanted Product Add Employee Add Employee Selection Medical Dental Vision

14. Click on "Add Employees" to add any new employees to the plan. Click "Next."







15. Confirm all employee fields are complete. Click "Next." Verify the employee is in the correct group segment. Click "Next." Once all lines of coverage have been verified for the employee, click "Save."

		Medical	Plan		Dental Plan		Vision Pl	an					
So-Fac CONTRACT	x389- 16,0000	Simply Blue ^{**} H \$1500	IRA PPO Gold (\$50)	Blue Den	tal ^{***} PPO SG 80/5 (50/50/50)	50/50 Vit	ion PPO Plus" Pediatric	80/50/50 SG	Current Newly C	U Product Juoted Produ	EGEND		
												Add Empk	yee
	Last Name	First Name	Gender	Birth Date	Relationship	Member Type	Status	Package"	CDH Selection	Medical	Dental	Vision	
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Employee	2												
v 0	lastname	ERIC	*	11/16/1962	Employee	Regular 🛩	Enrolling 🛩	GS-Packag 👻	~	•		0	~

16. To process the documents, select they type of signature (eSignature or wet signature) and click "Next."







17. Complete the group representative section and click "Next."

ooo	Croup/Agent Contact
	Group/Agent Contact Select the Group Representative below.
Please enter the emil addresses of the required documents / agreements.	e group's representative and agent the
Group Representative Name & Pos	sition Croup Rep Tessi
Agent Name (missiPer) (17	Asom Fores' no-reply@bcbsm.com
	Save for later

18. Click "Sign All Documents." Click "Next."

HOME MYACCOUNTS MYQUOTES SUPPORT REQUE	LST RENEWALCONTRACTS REPORTS
ooo	O O O Document eSignature
	Document eSignature
Sign All Doc	uments Cick: Sign AII Documents * This step may take a moment.
	Save for later 🕑
	Net





19. Cogna Composer will load the eSignature documents. Once the documents have been uploaded the Cogna Composer box will disappear. Click "Next."

	Search	https://uat-bcbsmi-grpcrm.cs50.force.com/bcbsmquoting/ape
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	E - Sign Group Enrollment Documents Following Documents will be sent for DocuSign	
	Coverage Agreement	
	Next Previous	OBy visiting

20. The Consent to eSignature page will open. Check the box to agree to the terms and conditions and click "Next."

Consent to eSignature Consent to exignature By checking the box below, the agent for the applicable group customer ("Agent") agrees to sign the coverage agreement documents ("Agreements") using an electronic signature ("E-Signature"). Agent 's E-Signature is the legal equivalent of a manual/handwritten signature on the Agreements. By providing Agent's E-Signature below, the Agent is legally bound by the terms and conditions in the Agreements. Agent agrees that no certification authority or other third-party verification is necessary to validate Agent's E-Signature or the Agreements. Consent to eSignature agreements. Consent to eSignature To process electronically, this box must be	HOME MTACCOUN	NTS MY QUOTES SUPPORT REQUEST RENEWAL CONTRACTS REPORTS	
Consent to eSignature By checking the box below, the agent for the applicable group customer ("Agent") agrees to sign the coverage agreement documents ("Agreements") using an electronic signature ("Agent") agrees to sign the coverage equivalent of a manual/handwrithen signature on the Agreements. By providing Agent's E-Signature is the legal equivalent of a manual/handwrithen signature on the Agreements. By providing Agent's E-Signature or the rot efficiency or other third-party verification is necessary to validate Agent's E-Signature or the Agreements. Consent to eSignature To process electronically, this box must b		ooooo	Consent to eSignature
By checking the box below, the agent for the applicable group customer ("Agent") agrees to sign the coverage agreement documents ("Agreements") using an electronic signature ("E-Signature"). Agent's E-Signature is the legal equivalent of a manual/handwritten signature on the Agreements. By providing Agent's E-Signature below, the Agent is legally bound by the terms and conditions in the Agreements. Agent agrees that no certification authority or other third-party verification is necessary to validate Agent's E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of Agent's E-Signature or the Agreements. Consent to eSignature To process dectoncing the box must be appeared to be been used on the target of the sector of the box must be the sector of the base and one file to be proteined on one of the sector of the box must be to process dectoncing the box must be to proces dectoncing the box must be		Consent to eSignature	
Lawren to the terms and confilters to electronically size confirmed documents		By checking the box below, the agent for the applicable group customer ("Agent") ag	rees to sign the coverage
Page et to the terms and consistons to electromically sign emoliment documents.		agreement documents ("Agreements") using an electronic signature ("E-Signature"). equivalent of a manual/handwritten signature on the Agreements. By providing Age Agent is legally bound by the terms and conditions in the Agreements. Agent agrees or other third-party verification is necessary to validate Agent's E-Signature, and that or third-party verification will not in any way affect the enforceability of Agent's E-Si	Agent's E-Signature is the legal nt's E-Signature below, the that no certification authority t the lack of such certification gnature or the Agreements.





21. The Document Upload Checklist box will appear. Upload any required documents. Note: required documents are indicated with a red asterisk. Click "Next."

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	Document Upload Checklist		
Group Enrollment Member ECOS Fores PPTRM VRA Lande 6	Document Upload Chacklist Required documents are indicated with a red asterisk (*) but additional documentation may be required based on your account's specific underwriting needs. For more details about required documentation, taite a look at the <u>Overbourd Chilles Submission Checklist</u> Let's take look around.	0	
DUBIN PROVIDENCE P			
Generate C Additional Docum	BCB54 HRA Intale Form		

22. If any new members need to be added, click "Next" in the "Member ECOS forms" box.







23. A box "Additional Documents" will pop up. Load any additional documents at this time. Click "Next."

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61996-2020 Blue Cross Blue Shield of Michigan and Blue Care Network Grass and Ender Distance Issues within an	Protoco care nonprofit corporations and independent licensee informations of the standard notices information to	s of the Blue Cross and Blue	Shield Association. We provide he	ith insurance in Michigan.

24. Confirm and submit, click "Next."

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Additional Documents (Optional) Confirm and Submit Conce all documentation has been signed and uptracted, click the	lidance
the dbox to confirm. BACK T Prose confirm and click Submit: if all the necessary documents are usinated.	
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25. Click on the paperclip to upload files. Double click on the appropriate files to upload.

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Doc	cument Upload Checklist	ent Upload Checklist documentation has been signed and uploaded, o utton at the bottom of the page.	dick the By WaldMe
✓ Group Enrollment Documents			
Member ECOS Forms	Upload File	R	
BCBSM HRA Intake Form			
Generate BCBSM HRA Intake	Upload Signed BCBSM / IRA	ntale Fores	
0			

26. Check the box to confirm and click "Submit." The group wide change is complete.

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	BCBSM HRA Intake Form			?
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