



E b i x / H e a l t h C o n n e c t O n l i n e E n r o l l m e n t

Ebix/HealthConnect Online Enrollment

Ebix/HealthConnect Online Enrollment is an online solution for group application and employee enrollment. The Enrollment module can be integrated with the Ebix/HealthConnect Quoting and/or Renewals applications or deployed on a stand-alone basis. Ebix/HealthConnect Enrollment takes the traditional time-consuming, paper-based enrollment process and turns it into a fast and flexible process for brokers, employer groups and their employees. Through intuitive workflow, Ebix/HealthConnect Online Enrollment enables a broker, in collaboration with their employer contact, to conduct the group enrollment process on the carrier's website. Once initiated by the broker, the service allows employer groups and employees to access, evaluate, and select health plans online, then guides them through the enrollment process. This eliminates many inefficiencies for the carrier, broker, employer and employees, and allows the carrier to process group applications electronically.

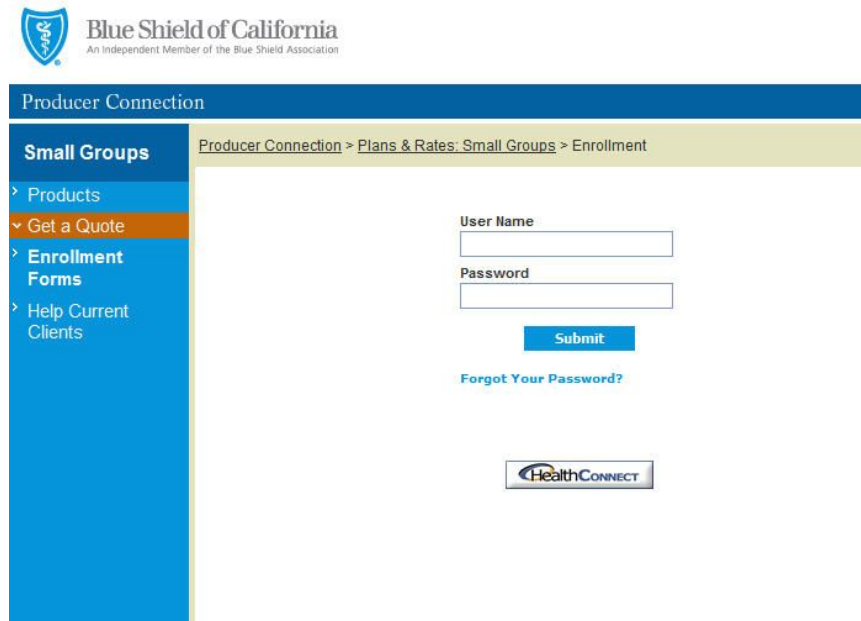
Ebix/HealthConnect Online Enrollment is made up of three main components:

- Employer Application and Employee Setup
- Employee Application
- Carrier Administration



Carrier Branding

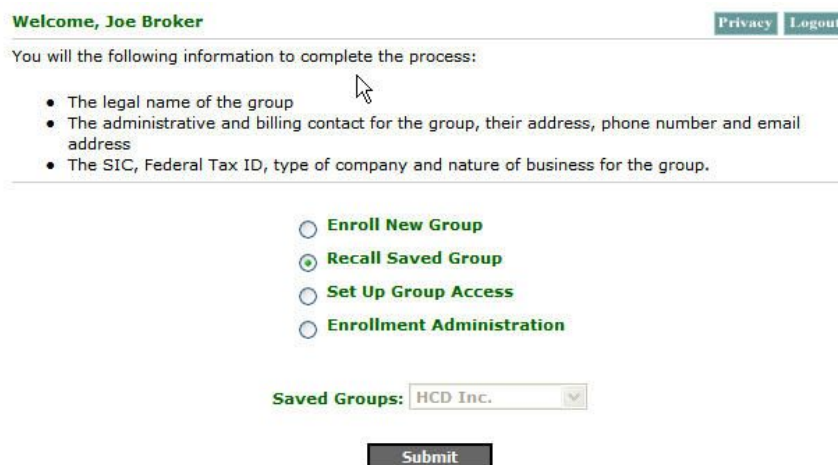
The entire enrollment process is conducted through the carrier's website, and all forms are branded to the carrier's specifications. All navigation is kept intact, allowing the user to reach other areas on the carrier's site easily.



The screenshot shows the Blue Shield of California website interface. At the top left is the Blue Shield of California logo with the text "Blue Shield of California" and "An Independent Member of the Blue Shield Association". Below the logo is a blue navigation bar labeled "Producer Connection". A sidebar on the left contains a menu with "Small Groups" selected, and sub-items: "Products", "Get a Quote", "Enrollment Forms", and "Help Current Clients". The main content area has a breadcrumb trail: "Producer Connection > Plans & Rates: Small Groups > Enrollment". The central part of the page is a login form with fields for "User Name" and "Password", a "Submit" button, and a link for "Forgot Your Password?". At the bottom of the form is the HealthCONNECT logo.

Broker Registration and Group Selection

The broker registers during the initial visit to the Employer Application component. This allows the broker to simply sign on to enroll subsequent groups. Registration can be open (simply type in required information) or closed (must provide ID number to access registration screen). Brokers activate new groups or recall saved groups to begin the enrollment.



The screenshot shows a broker's dashboard. At the top left, it says "Welcome, Joe Broker". To the right are "Privacy" and "Logout" links. Below this is a heading: "You will the following information to complete the process:". A list of requirements follows: "The legal name of the group", "The administrative and billing contact for the group, their address, phone number and email address", and "The SIC, Federal Tax ID, type of company and nature of business for the group.". Below the list are four radio button options: "Enroll New Group", "Recall Saved Group" (which is selected), "Set Up Group Access", and "Enrollment Administration". At the bottom, there is a "Saved Groups:" label followed by a dropdown menu showing "HCD Inc.". A "Submit" button is located at the very bottom.

Plan Selection (optional)

The broker/employer can indicate which plan(s) the group has selected. When an employee enrolls, they are provided with a summary of benefit comparisons of the chosen plans.

Select Plan [Privacy](#) [Logout](#)

Please select the plan(s) that the group will be enrolling in.

Medical Plans

Plan
<input type="checkbox"/> All Plans
<input type="checkbox"/> Access + HMO Plan 10
<input type="checkbox"/> Access + HMO Plan 20
<input checked="" type="checkbox"/> Access + HMO Plan 30
<input type="checkbox"/> Added Advantage POS Plan
<input type="checkbox"/> PPO Active Choice 500
<input type="checkbox"/> PPO Active Choice 750
<input type="checkbox"/> Spectrum PPO 250 Premier
<input type="checkbox"/> Spectrum PPO 250 Standard
<input type="checkbox"/> Spectrum PPO Savings Plan 1250
<input type="checkbox"/> Spectrum PPO Savings Plan 1500

Dental Plans

Plan
<input checked="" type="checkbox"/> None
<input type="checkbox"/> All Plans OR,

Group Application

The broker/employer completes the group application online via "smart forms" that ensure data is complete and validated. Fields are validated by type (date, numeric, SSN, etc.) and all business rules are enforced. Display rules are also in effect; those questions not required based on previous answers will not display.

Employer Application - Part 1 of 8 [Privacy](#) [Logout](#)

Please complete the following information. *Required

General Information

*Group Name	HCD Inc.
*Tax ID	11 - 1111111
*Contact Person	Jonathan Nace
*Address	1461 Lakeland Avenue
	Suite 2
*City	Santa Barbara
*State	CA
*Zip Code	93108
*County	Santa Barbara
*Phone	805 - 563 - 6122
Fax	805 - 563 - 4551
Email Address	jon.nace@hcd.com

Group Authorization

After completing the enrollment process, the group receives an authorization and moves onto employee enrollment.

Employer Application - Part 8 of 8

[Privacy](#) [Logout](#)

Please complete the following information.

*Required

Authorization

The Company certifies that the information provided is complete and accurate. Company shall notify the Insurer promptly of any changes in this information that may affect the eligibility of employees or their dependents, including the addition of any newly eligible employees or dependents. Prior to receiving notification of approval, Company shall notify Insurer promptly of any significant changes in the health status of an eligible employee or dependent including any inpatient hospital admissions. Insurer shall be entitled to rely on the most current information in its possession regarding the eligibility and health status of employees and their dependents in providing coverage under this policy.

I understand that Certificate of Coverage or Summary Plan Description and other documents, notices and communications regarding the health benefit plan(s) indicated on this Application may be transmitted electronically to me and the Company's employees.

I represent to the best of my knowledge the information I have furnished is accurate, and includes any employees and dependent who have elected continuation of insurance benefits. I understand that material omissions misrepresentations in the information requested on this form can result in the voiding or reformation of insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

*Name

*Title

Employee Set-Up

The group administrator is sent an email with further instructions and listing the 'Access Code' for each employee. This 'Access Code' will allow the employees to complete the employee application.

Enter Employees

[Privacy](#) [Logout](#)

Please enter the names of all eligible employees. If you need to add additional lines, click 'Add Employee'.

	*First	*Last	Mid	Suffix	Email	
1.	Jonathan	Nace	J		jon.nace@hcd.com	Delete
2.	Nancy	Kent			nancy.kent@hcd.com	Delete
3.	Robert	Smithe			rob.smithe@hcd.com	Delete

* Required Fields

[Add Employee](#)

[Back](#)

[Save & Exit](#)

[Next](#)

Online Employee Enrollment

Employees enroll on-line in a secure, private environment. Ebix/HealthConnect Enroll guides the employee through the enrollment process, and validates the data to ensure complete enrollment information.

Jonathan Nace : Accept/Decline Coverage

Privacy Logout

Please choose whether you will be enrolling in this plan or waiving coverage.

- Yes, I would like to enroll for group health coverage
 No, I would NOT like to enroll for group health coverage

Medical Information

Choice+ SI-M Non-Gatekeeper Point of Service

	Copay	Deductible Single/Family	Co-Insurance	Out of Pocket Maximum	Prescription
In-Network	\$20 copayment per visit, then 100%	\$0 / \$0	100%	\$0	7/30/50
Out-Network	N/A	\$1000 / \$2000	70%	\$5000	N/A

Dental Information

- None
 P0062 PPO

	Deductible	Annual Maximum	Preventative
	\$50/\$1500	\$1000/\$1000	100/80

Employee Applications

The employee completes the group application online via "smart forms" that ensures data is complete and validated. Fields are validated by type (date, numeric, SSN, etc.) and all business rules are enforced. Display rules are also in effect; those questions not required because of previous answers will not display. A status screen will indicate how far along each employee is in the process.

Current Census

Name	Address	City, State, Zip	DOB	Status
Oscar, John	734 Foster Ave	Palo Alto, DE 19702	01-18-1971	EE
Jones, Bob	32 Elm St	San Mateo, DE 19702	03-28-1970	EE/Fam
Pedota, Paul	255 Spring Street	Lawrence, DE 19702	05-03-1962	EE
Howe, Mary	76 Forest St	San Jose, DE 19702	01-09-1976	EE/Sp
Jensen, Jane	123 J Street	Pleasantville, DE 19702	02-02-1970	EE/Ch
Manson, Mike	32 Gramercy Drive	Mountainville, DE 19702	01-14-1957	EE/Fam
Waters, Ken	678 Union Ave	San Mateo, DE 19702	08-11-1943	EE
Hill, Dave	52 Middle Rd	Santa Cruz, DE 19702	03-23-1968	EE

Back Submit

Submission Summary

Complete group and employee information is available for review. Other important documents can be uploaded and tracked here.

Submission Summary

[Privacy](#)

HCD, Inc. Online Enrollment Case Submission Detail

Group Information

Group Name: HCD, Inc.

[Eligibility Summary](#)

Contact:

Email: tim.farnan@healthconnectsystems.com

[Submit Case](#)

Date Begun: 01/03/2005

Zip Code: 93108

Eligible Employees: 3

Group Application



02-01-05

Submission Checklist

The following is a list of items that must be forwarded along with the application. To download a blank copy of a form, click on the form name (available if underlined). To upload a completed version of the document, click on the upload link and follow the instructions. To download a completed file, right-click, then 'Save as...'

Item	Upload	Download
Employee Salary Schedule - If employer selects Schedule C life coverage. Provided above with group application.		
> P.O.P Application - If enrolling in the Premium Only Plan option.		
Affidavit(s) of domestic partnership for each employee - If employer offers domestic coverage and employee elects it.		
Proof of coverage for each employee - If any employees or enrolling dependents have other coverage. Acceptable forms of		

Completed Application

After completing the enrollment process, the employee is able to print a copy of the Carrier's state filed enrollment form, complete with all data entered during the enrollment process. Available in a pdf file, the data in this document cannot be altered after it has been submitted to the Carrier.



2-50 Small Group Employer Application

www.bluecrossca.com

Blue Cross of California offers: Premier PPO Plans, PPO Copay Plans, High Deductible EPO, Saver HMO, Classic HMO, HMO 100%, Power Select HMO, Dental Net and Dental SelectHMO. BC Life & Health Insurance Company offers: Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Power HealthFund, Advantage PPO; all dental products except Dental Net and Dental SelectHMO; Life and AD&D plans.



1. EMPLOYER INFORMATION

Company Name HCD, Inc.		Group No. (For existing groups)	
Street Address 1461 Lakeland Ave	City Santa Barbara	State CA	ZIP Code 93108
Billing Address 1461 Lakeland Ave	City Santa Barbara	State CA	ZIP Code 93108
Employer is: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other (Explain):	SIC Code 9999	Type of Business (Be specific) Software Development	
Date Business Established (Mo/Yr) 06/12/1994	Company Contact Person Jonathan Nace	Phone No. 805-563-6122	Fax No. 805-563-4551
Has company been insured by Blue Cross in the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date prior Blue Cross coverage terminated:		E-mail Address tim.farnan@healthconnectsystems.com	

2. EMPLOYER MEDICAL CONTRIBUTION OPTION

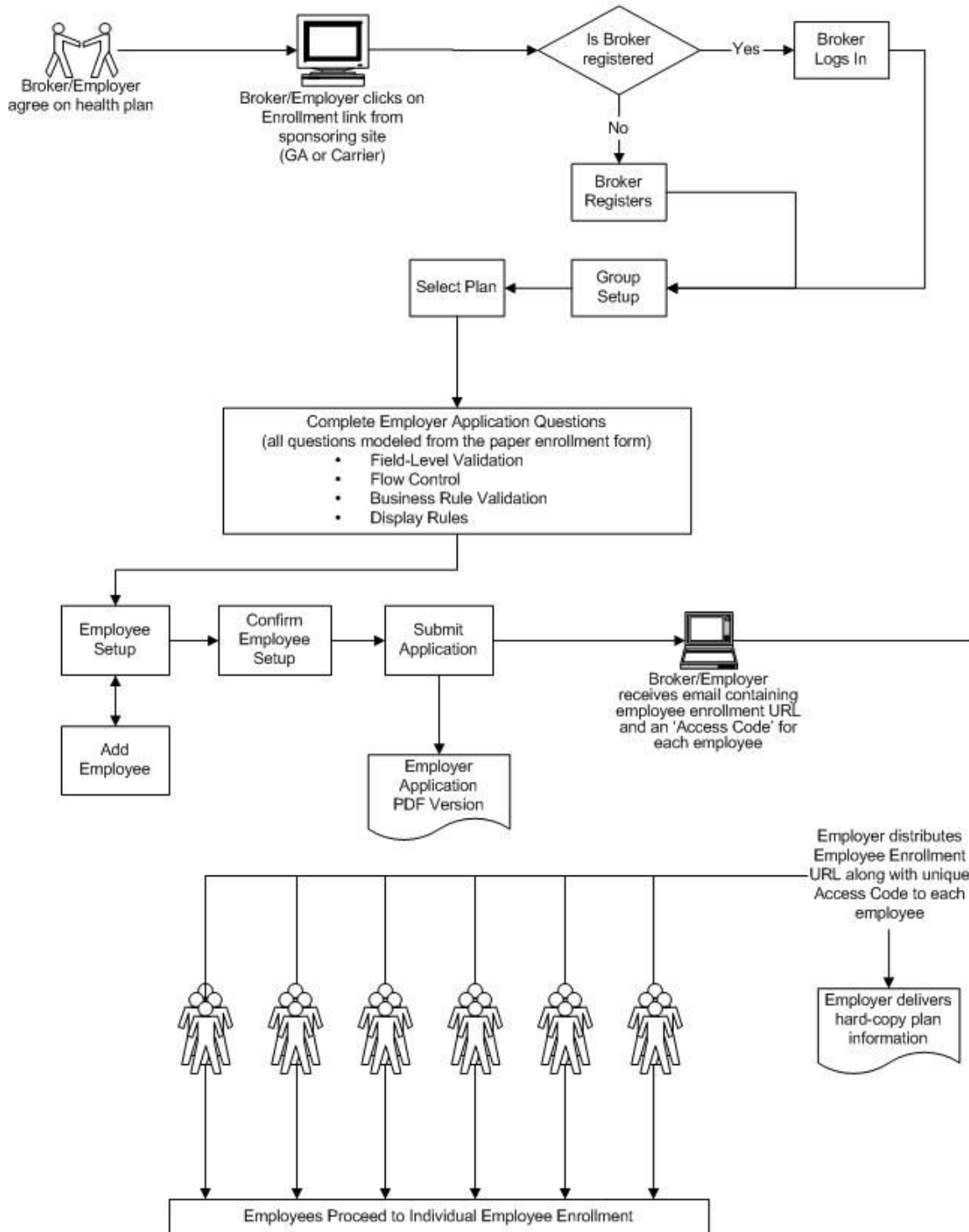
Percentage & Plan Option
Employer contributes* (50% to 100%): 75 %
Plan selected for contribution (excluding Basic PPO):
PPO \$40

2a. MEDICAL COVERAGE SELECTION - Employee Elect Plus

All plans
 OR, designate specific plans (check as many as apply):
 Basic PPO High Deductible EPO
 Saver PPO Saver HMO

HealthConnect Enroll

Employer Application and Employee Setup



The logo for EBIX HEALTH features the word "EBIX" in a bold, black, sans-serif font. The letter "I" is replaced by a blue vertical bar with a blue circular swirl at the top. To the right of "EBIX" is the word "HEALTH" in a bold, blue, sans-serif font.

EBIX HEALTH

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