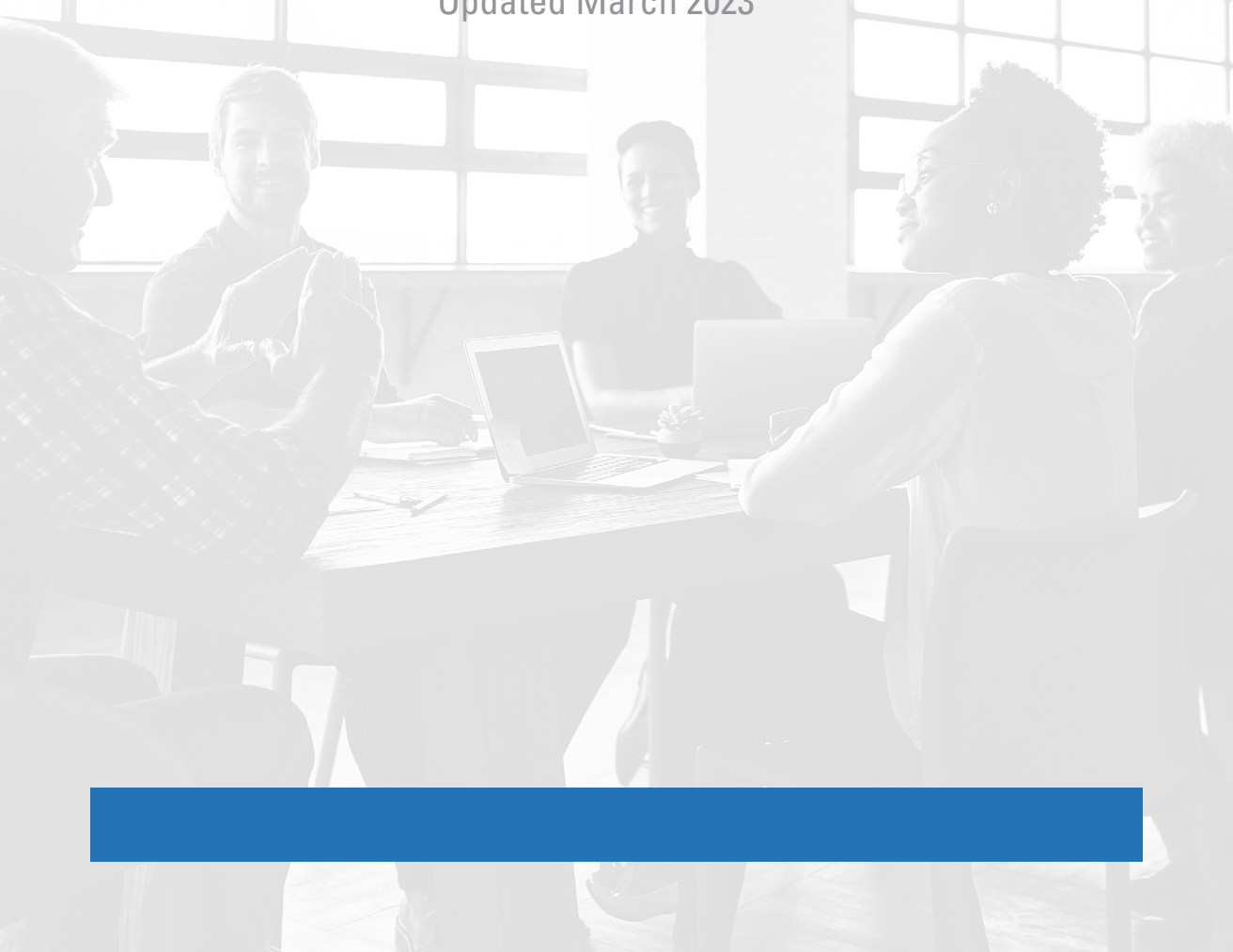




Administrative Manual

Updated March 2023



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Introduction

Blueprint for Employers is a secure, self-service site that lets you manage your group's plan with Arkansas Blue Cross and Blue Shield and Health Advantage. The site hosts an array of tools beyond those available on our public sites, which give you the ability to:

- Add employees and dependents to your group's plan.
- Print temporary ID cards and order replacement ID cards for employees and dependents.
- Request Certificates of Creditable Coverage.
- Submit electronic change forms.
- Track submitted applications as they move through the enrollment process.
- View a Summary of Benefits and Coverage and rates specific to your group.
- View all enrolled employees and their dependents, as well as canceled employees and employees who have been assigned future effective dates.

In addition, Blueprint for Employers offers all the forms, manuals and information currently available in the Employer section of the [Arkansas Blue Cross](#) and [Health Advantage](#) websites.

Accessing Blueprint for Employers

To log in:

1. Follow the site link to access the login screen (*see Fig. 1*):
<https://secure.blueprintforarkansasemployers.com>
2. Enter your username and password.
3. Click **Sign In**.

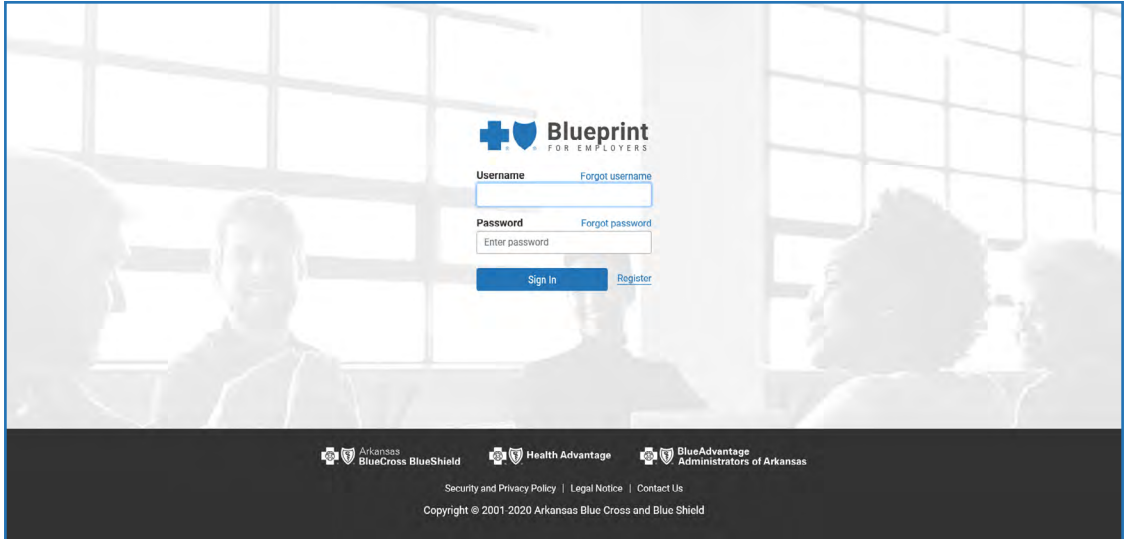


Fig. 1 – Login Screen

Bookmarking the Site

Bookmarking Blueprint for Employers lets you access the website quickly and easily. Below are instructions on how to bookmark the website for different web browsers.

Before completing the following, make sure the address field in your web browser reads <https://secure.blueprintforarkansasemployers.com/>

For Windows

Internet Explorer

Press **Control-D** or select **Add Page to Favorites** from the Favorites menu. This will add the login page to your Favorites bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Favorites bar.

Google Chrome

Press **Control-D** or select **Bookmark this Page...** from the Bookmarks menu. This will add the login page to your Bookmarks bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Bookmarks bar.

Firefox

Press **Control-D** or select **Bookmark this Page...** from the Bookmarks menu. This will add the login page to your Bookmarks bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Bookmarks bar.

For Mac

Safari

Press **Command-D** or select **Add Bookmark...** from the Bookmarks menu. This will add the login page to your Favorites bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Favorites bar.

Firefox

Press **Command-D** or select **Bookmark this Page...** from the Bookmarks menu. This will add the login page to your Bookmarks bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Bookmarks bar.

Select a Group

Blueprint for Employers is designed to accommodate users with multiple groups.

After logging in to Blueprint for Employers, you will be directed to the Group Selection page (see Fig. 2). If you have multiple groups covered by Arkansas Blue Cross or Health Advantage, you must select which group's information you wish to view. Information on Blueprint for Employers is displayed according to which group you selected.

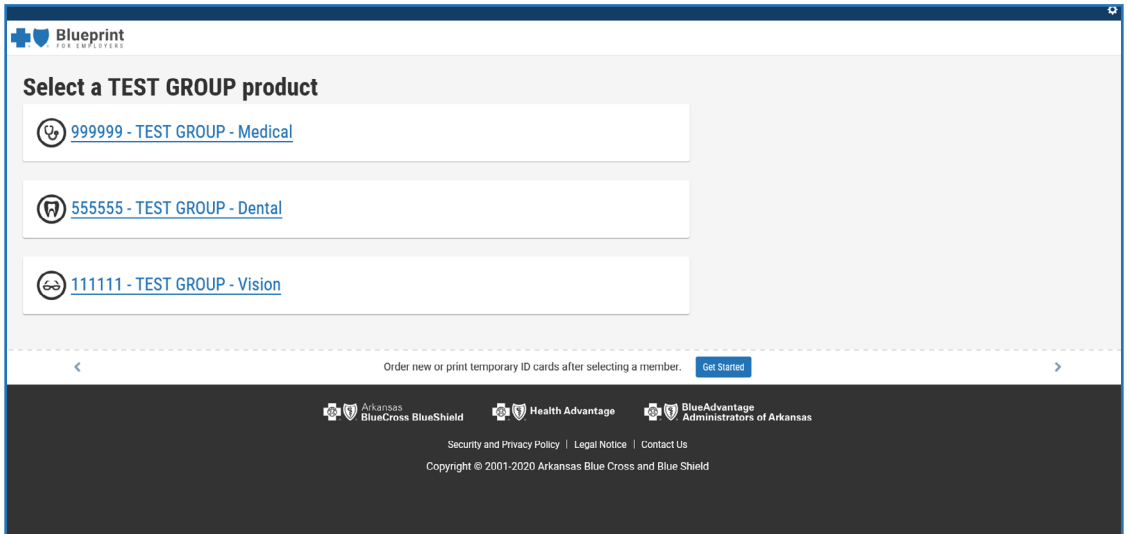


Fig. 2 – Group Selection

Users with multiple groups can switch between groups by selecting the group name link (See Fig. 3) in the top left of the page, which navigates you back to the group selection page.



Fig. 3 – Select a Group

Blueprint for Employers Tools

Blueprint for Employers gives you the tools necessary to regulate your group’s plan. These tools allow you to perform a wide range of administrative functions, including:

- View a Member Listing.
- View Member Details.
- Initiate an Electronic Employee Application.
- Submit an Electronic Medical Application to Add a Dependent to an existing policy.
- Cancel a Medical Electronic Employee Application.
- View Contracts with Future Effective Dates.
- Submit an Electronic Change Request.
- View the status of group additions and changes.
- Replace an ID card.
- Order a Certificate of Creditable Coverage (COC).

Navigation Menu

The Blueprint for Employers navigation menu (*see Fig. 4*) displays links to the site’s main features. To close the menu, click **Close** in the top-left corner.

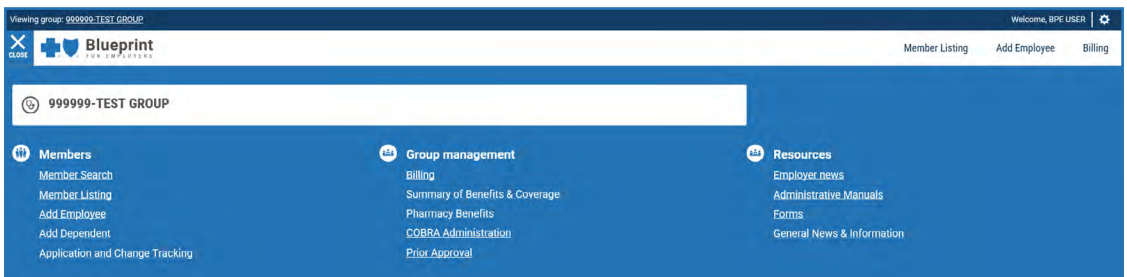


Fig. 4 – Navigation menu

Homepage

The Blueprint for Employers Homepage (*see Fig. 5*) defaults to Member Listing.

To return to the Homepage from any page on the site, click the Blueprint for Employers logo at the top-left corner of the page next to the menu.

To log out of Blueprint for Employers, click the settings gear in the top right corner of the page, then click **Sign-out**.

You can find links to the **Security and Privacy Policy**, **Legal Notice** and **Contact Us** pages at the bottom of the page, just below the logos.

Viewing group: 500000:TEST GROUP Welcome, SFE USER

Member Listing Add Employee Billing

Member Listing

TEST GROUP - 999999

[Future effective contracts](#) [Canceled contracts](#) [Member search](#)

Probationary Period
Effective date is the 1st of the month following probationary period.

Class desc	Probationary period	Eff date	Term date
A	60 Days	12/01/2014	

Select division

TEST GROUP 9999990000

[Save to Excel](#)

Contract #	Name	DOB	Gender	Classification	Orig Eff Date	Coverage
999999999	TEST EMPLOYEE A	04/20/1976	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental
555555555	TEST EMPLOYEE B	08/11/1998	F	CONTRACT HOLDER + 1	05/27/2020	Medical/Dental
111111111	TEST EMPLOYEE C	07/15/1983	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental

Fig. 5 – Homepage

View Member Listing

The Member Listing page displays a list of your group’s employees, their contract number, date of birth, gender, marital status, original effective date and coverage.

The Member Listing page displays by default after logging in to Blueprint for Employers.

Other ways to access Member Listing include:

1. Click the **Member Listing** quick link, located at the top-right of the page (*see Fig. 6*).
2. Click the Blueprint for Employers logo at the top-left corner of the page next to the menu to return to the homepage/Member Listing page (*see Fig. 6*).
3. Click **Member Listing** in the Navigation menu at the top-left of the page.

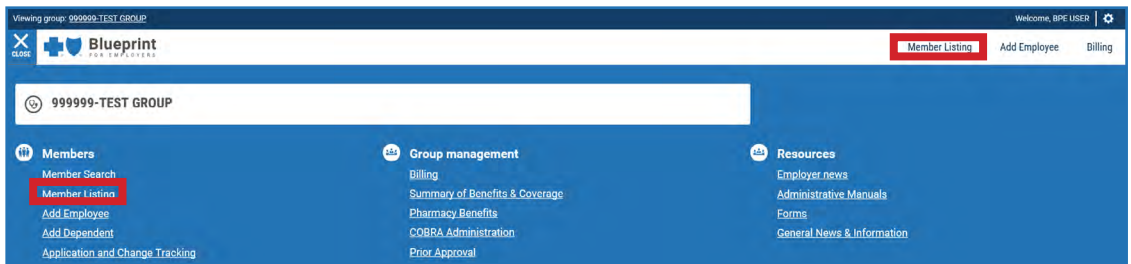


Fig. 6 – Member Listing Links

This page also has links to view Future Effective Contracts and Canceled Contracts, or search for a member. Use the navigation page numbers at the bottom left of the page to navigate through the list of members. Click on any name to view Member Details. Users have the ability to save the Member Listing information to Excel.

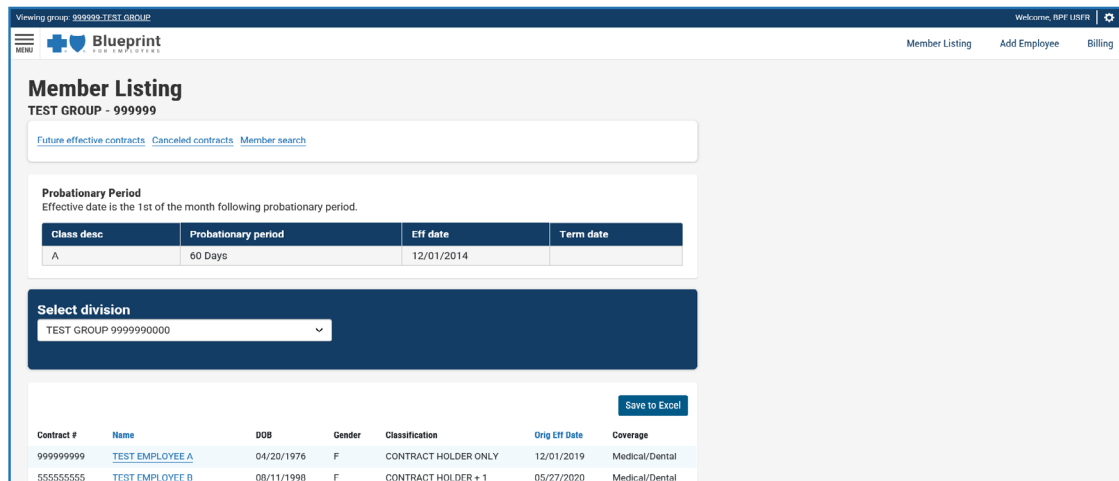


Fig. 7 – Member Listing

View Member Details

On the Member Details page, you can:

- Print a Temporary ID Card.
- Order an ID Card.
- Submit an Electronic Change Request.
- Order a Certificate of Creditable Coverage (COC).
- Add a Dependent.

Users have the ability to save the member details information to Excel.

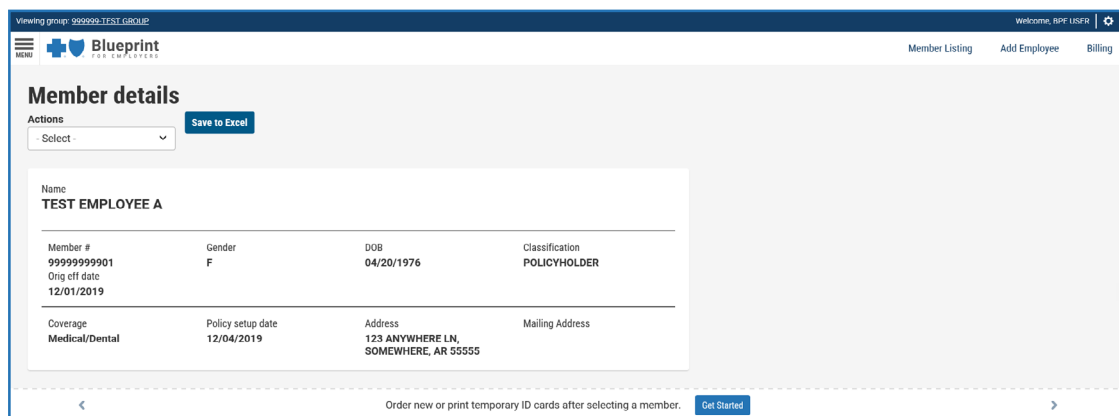


Fig. 8 – Member Details

Note: An employee’s dependents are displayed on their Member Details page.

Member Search

To access member search:

1. Click **Member Search** on the Member Listing Page located at the top of the page (see Fig. 8a).
2. Click **Member Search** in the Navigation menu at the top-left of the page (see Fig. 8b).

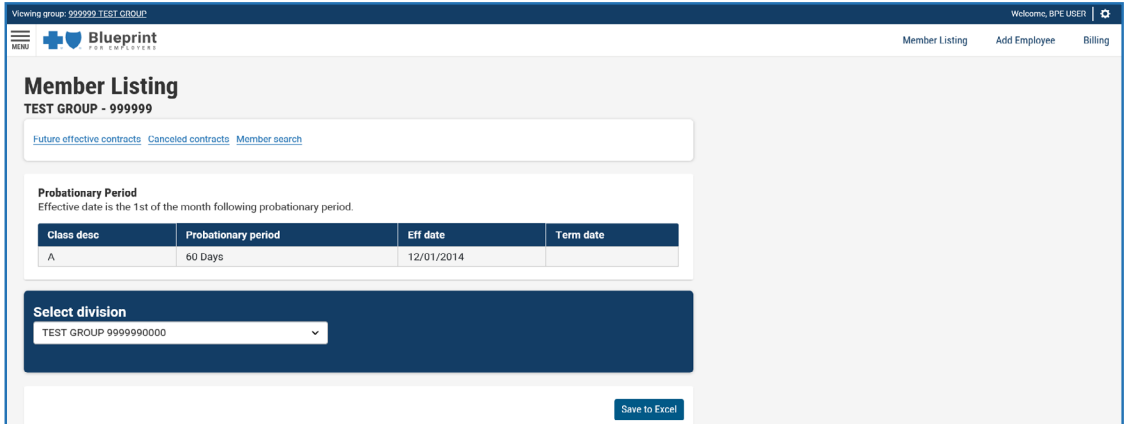


Fig. 8a – Member Search

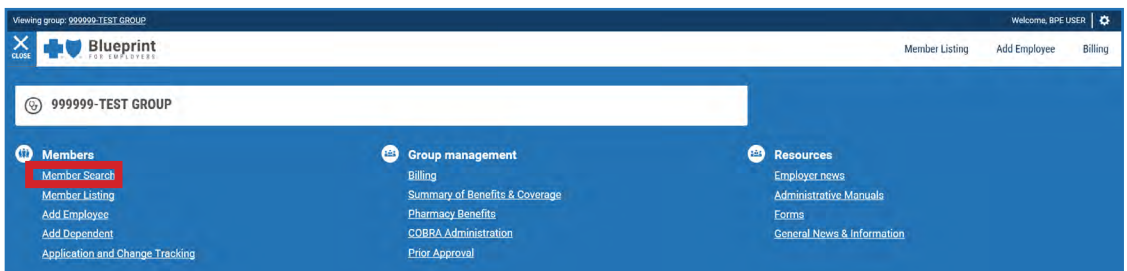


Fig. 8b – Member Search

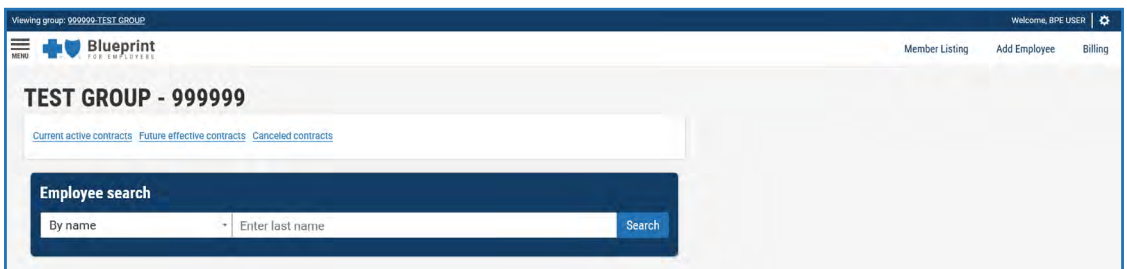


Fig. 9 – Member Search

Search for an employee by:

- Last Name
- Social Security Number
- Contract Number

Initiate an Electronic Employee Application

To start the application process:

1. Click the **Add Employee** quick link, at the top-right of the page or from the navigation menu (see Fig. 10). You will be redirected to the Employee Application.

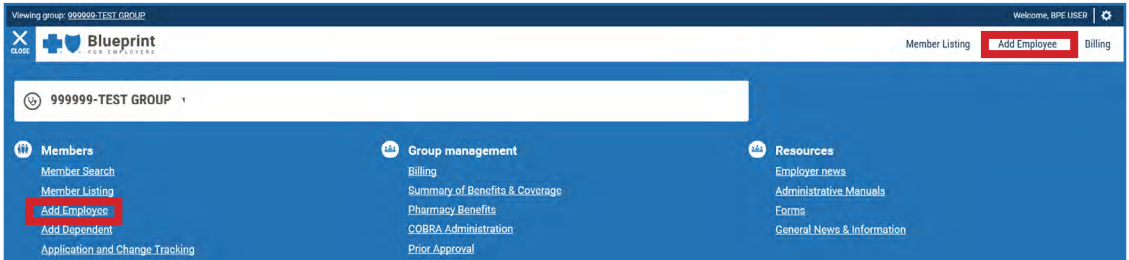


Fig. 10 – Add Employee Link

2. Complete all required fields on the application (see Fig. 11), then click **Continue**. If you wish to send the application to the employee for completion, click **Send to Employee** (skip to Step 15).
3. If the employee is not a new hire, the Reason for Enrollment dropdown menu will display (see Fig. 12).

The screenshot shows a dropdown menu titled 'Reason for enrollment'. Below the dropdown are two buttons: 'Continue' (blue) and 'Send to employee' (grey).

Fig. 12 – Reason for Enrollment

4. Select the qualifying life event from the Reason for Enrollment dropdown menu, then click **Continue**.

The site will direct you to the Who is Applying? page (see Fig. 13).

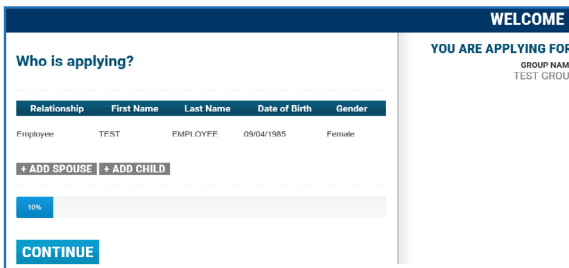
The screenshot shows the 'Who is applying?' page. It features a table with columns: Relationship, First Name, Last Name, Date of Birth, and Gender. The table contains one row for an employee named TEST. Below the table are buttons for '+ ADD SPOUSE' and '+ ADD CHILD'. At the bottom, there is a '10%' progress indicator and a 'CONTINUE' button.

Fig. 13 – Who is Applying?

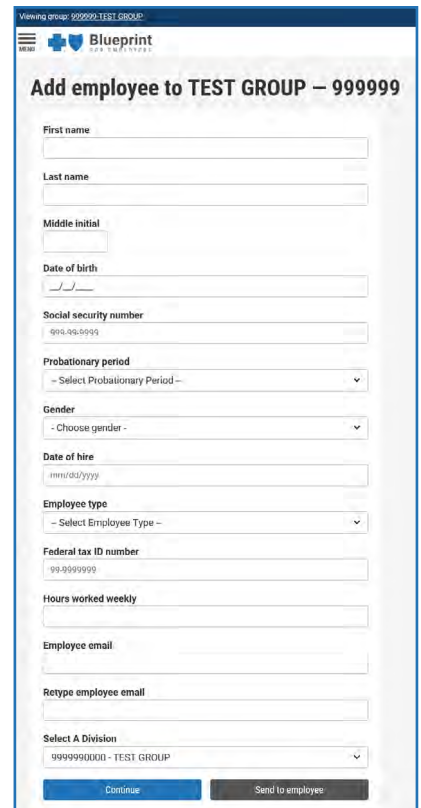
The screenshot shows the 'Add employee to TEST GROUP' form. It includes fields for: First name, Last name, Middle initial, Date of birth, Social security number, Probationary period, Gender, Date of hire, Employee type, Federal tax ID number, Hours worked weekly, Employee email, Retype employee email, and Select A Division. At the bottom, there are 'Continue' and 'Send to employee' buttons.

Fig. 11 – Employee Application

5. Click **Add Spouse** or **Add Child** to add dependents to the employee's coverage. Enter the dependent name, birthdate and gender, then click **Continue** (see Fig. 14).

The site will direct you to the next page, where you will add additional information for each applicant (see Fig. 15).

6. Select the employee's marital status, enter their job title, then click **Continue**.

Note: To add a primary care physician, click the search button. This will launch a pop-up window where you can search for the physician by last name, city and specialty.

The site will direct you to the Summary of Applicants page (see Fig. 16).

7. Review the information for accuracy. Click **Submit**, and you will be directed to the Current/ Previous Insurance Information page (see Fig. 17).

Who is applying?

Relationship	First Name	Last Name	Date of Birth	Gender
Employee	Test	Member	09/04/1985	Female

Spouse: [] [] MM/DD/YYYY Gender []

Child: [] [] MM/DD/YYYY Gender []

CONTINUE

Fig. 14 – Adding Dependents

We need a little more information on each applicant.

Self

First Name: TEST

M. I.: F

Last Name: EMPLOYEE

Suffix: []

DOB: 09/04/1985

Gender: Female

SSN: []

Relationship: Self

Marital Status: Single (including widowed or divorced) Married (including separated)

Job Title: []

Do you want to add a Primary Care Physician (PCP)? Search No

CONTINUE

Fig. 15 – Additional Information

Summary of Medical Insurance Applicants

Applicant	Date of Birth	SSN	Gender
Employee TEST F EMPLOYEE	09/04/1985	[]	Female Change

BACK

Fig. 16 – Summary of Applicants

Current/Previous Insurance Information

Do you or any family members have any previous or current health insurance coverage?
 Yes No

Which option best describes your previous or current health insurance coverage? (Check all that apply)

Medicare

Other Insurance (includes coverage such as AROGs, Medicaid or other commercial carriers)

CONTINUE

Fig. 17 – Current/Previous Insurance Information

8. Indicate whether the applicant had previous or current health insurance coverage. If you select **Yes**, answer the additional related questions and click **Continue**. The site will direct you to the Contact Information page (see Fig. 18).
9. Enter the applicant's contact information, then click **Continue**.
10. Select which family member is or has been covered by the other insurance, then click **Continue** (see Fig. 19).
11. Enter the applicant's other insurance information, then click **Continue** (see Fig. 20).

Fig. 18 – Contact Information

Fig. 19 – Contact Information

Fig. 20 – Other Insurance Information

12. Answer the additional insurance questions and click **Submit** (see Fig. 21).

13. Enter Applicant contact information, then click **Submit** (see Fig. 22).

14. You will be redirected to a confirmation page where you can print a PDF copy of the application (see Fig. 23).

The screenshot shows a web form titled "Vision Insurance" under a "WELCOME" header. The question is "Do you want Vision Insurance?" with radio buttons for "Yes" and "No". A progress bar at the bottom indicates 90% completion. A blue "SUBMIT" button is located at the bottom left. On the right side, a sidebar displays "YOU ARE APPLYING FOR:" followed by "GROUP NAME: TEST GROUP".

Fig. 21 – Other Insurance Question

The screenshot shows a web form titled "Contact Information" under a "WELCOME" header. The form contains fields for "Policy Holder" (TEST F EMPLOYEE), "Email Address" (TESTEMPLOYEE@TEST.COM), "Street or P.O. Box", "City", "State" (a dropdown menu with a checkmark), "Zip", "Primary Phone Number", and "Work Phone Number". A progress bar at the bottom indicates 90% completion. A blue "SUBMIT" button is located at the bottom left. On the right side, a sidebar displays "YOU ARE APPLYING FOR:" followed by "GROUP NAME: TEST GROUP".

Fig. 22 – Contact Information

The screenshot shows a confirmation page titled "Confirmation." under a "WELCOME" header. The text reads: "Congratulations! Your application has successfully been submitted. Your Medical application has been successfully completed. [Print your Medical insurance application \(Recommended\)](#)". A progress bar at the bottom indicates 100% completion. The text "Thank you." is displayed at the bottom right. On the right side, a sidebar displays "YOU ARE APPLYING FOR:" followed by "GROUP NAME: TEST GROUP".

Fig. 23 – Application Confirmation

Send to Employee for Completion

15. If you selected to send to the employee, the employee will receive an email with instructions on how to complete the application (see Fig. 24).

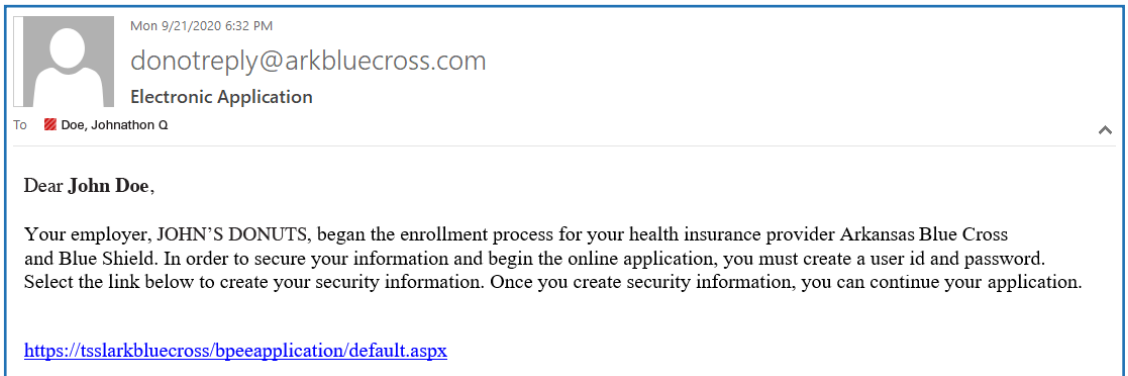


Fig. 24 – New Employee Email

16. Once the employee has completed and submitted their application, the group administrator will receive an email asking for approval (see Fig. 25).

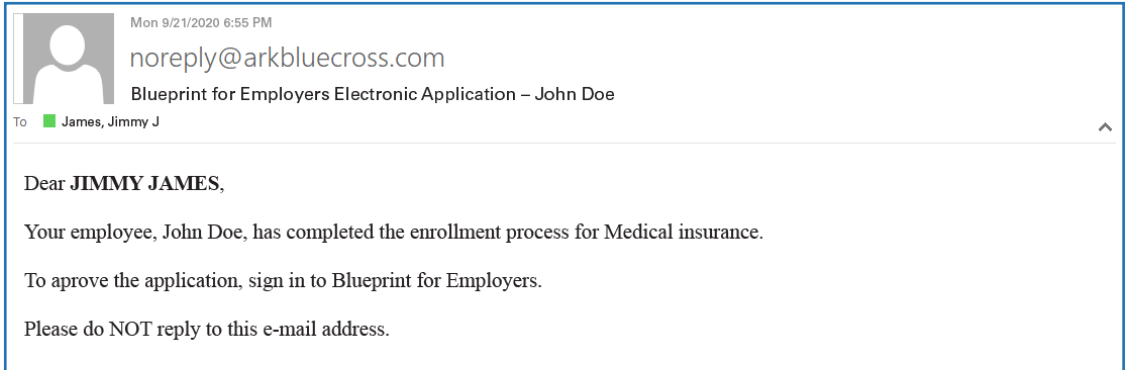
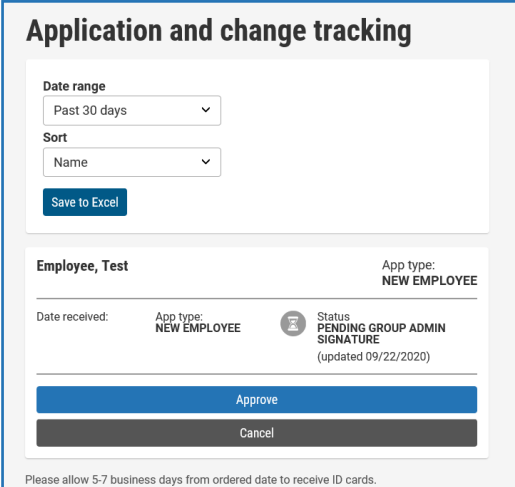


Fig. 25 – New Employee Group Administrator's Email

17. When the employee has completed the application, log in to Blueprint for Employer and click **Application and Change Tracking** under the navigation menu. Application results can be sorted by date range, name, date received, status and status date using the dropdowns (*see Fig. 26*).




Application and change tracking

Date range
Past 30 days

Sort
Name

Save to Excel

Employee, Test App type:
NEW EMPLOYEE

Date received: App type:
NEW EMPLOYEE  Status:
PENDING GROUP ADMIN
SIGNATURE
(updated 09/22/2020)

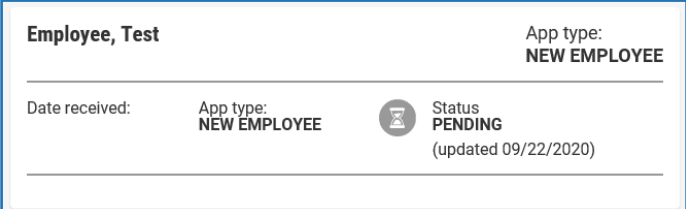
Approve

Cancel

Please allow 5-7 business days from ordered date to receive ID cards.

Fig. 26 – Application and Change Tracking

18. Locate the employee needing approval and click **Approve** (*see Fig. 26*). The application status will change to pending, and the application will be sent for processing (*see Fig. 27*).



Employee, Test App type:
NEW EMPLOYEE


Date received: App type:
NEW EMPLOYEE  Status:
PENDING
(updated 09/22/2020)

Fig. 27 – Application Tracking Pending Status

Submit an Electronic Medical Application to Add a Dependent

To add a dependent to medical:

1. Click **Add Dependent** from the navigation menu (see Fig. 28) or select **Add Dependent** on the Actions dropdown on the Member Details page (see Fig. 29).

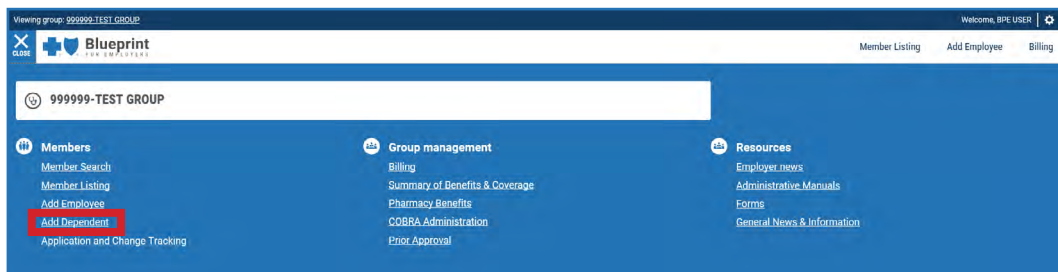


Fig. 28 – Add Dependent

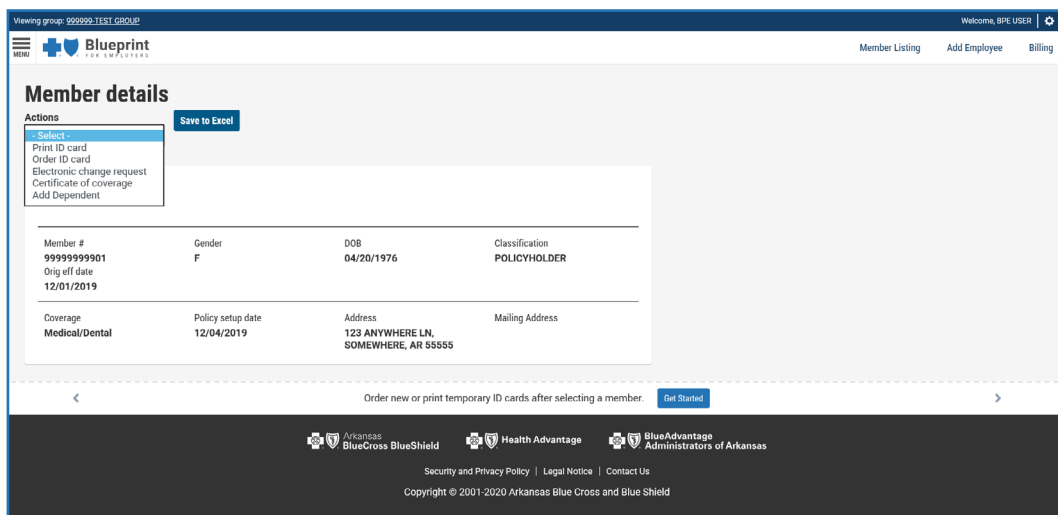


Fig. 29 – Member Detail

2. Click on the employee and you will be directed to the Add Dependent screen (see Fig. 30).
3. Select the reason for adding a family member, enter the employee's email address and then click **Continue Application**. If you wish to send the application to the employee for completion, click **Send to employee**.

Note: Depending on the reason selected, you may be asked to provide a date.

4. If you chose to **Continue Application**, the application pop-up window displays, allowing you to complete the application on the employee's behalf. If you chose to **Send to employee**, the employee will receive an email with instructions on how to complete the application.
5. Once the employee has completed the Add Dependent application, log in to Blueprint for Employers and click **Application and Change Tracking** under the navigation menu. Application results can be sorted by date range, name, date received, status and status date using the dropdowns.
6. Locate the employee and click **Approve** to complete the submission process (see Fig. 31). The status will then update to pending.

Fig. 30 – Adding a Dependent Form

Fig. 31 – Application Tracking, Approve Add Dependent

Dental and Vision Electronic Employee Applications

Dental or Vision Applications can be completed by themselves or combined with the medical application.

If an employee applies for both medical and dental insurance (or vision), the group administrator only needs to initiate the medical application. The process is the same as outlined in the previous section, initiate an **Electronic Employee Application**, with the addition of a dental and/or vision section.

The process is a little different if an employee wants to enroll in dental or vision coverage only, whether they are a new employee or are currently enrolled. The steps and screenshot examples in this section show the process for dental, but the process is the same for vision groups.

To complete a Dental- or Vision-Only Application:

1. When logging in to Blueprint for Employers, select your dental or vision group (see Fig. 32).
2. Click the **Add Employee** quick link, located at the top-right of the page or from the navigation menu (see Fig. 33).
3. Enter the employee's Social Security number and click **Submit** (see Fig. 34). If the employee does not have coverage through your group, you must enter their information. If the employee already has coverage through your group, their SSN will be matched to our membership records, and their information will auto populate.

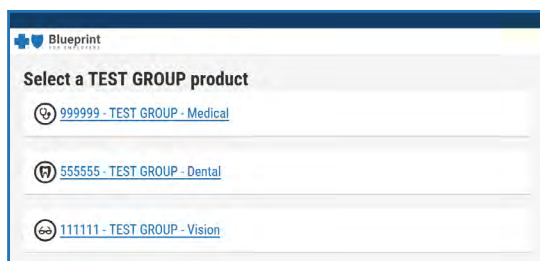


Fig. 32 – Select Dental or Vision

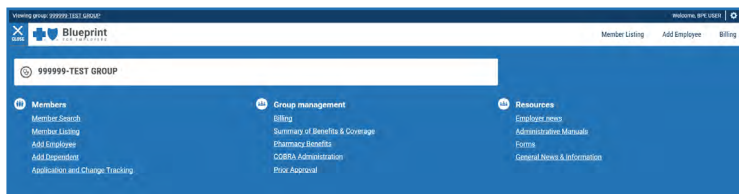


Fig. 33 – Electronic Dental or Vision Application, Add Employee

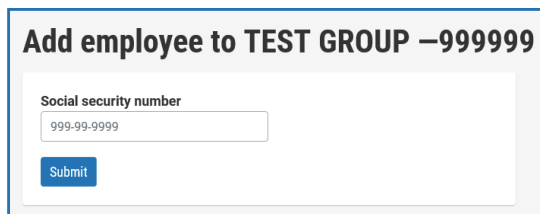


Fig. 34 – Add Employee Dental or Vision Application

- Complete the Employee Dental or Vision Application (see Fig. 35), then click **Submit**.

Note: The group administrator completes the Dental or Vision Application and an employee signature is not required.

- If the employee is not a new hire, the Reason for Enrollment dropdown menu will display (see Fig. 36).

Fig. 36 – Reason for enrollment

- The site will direct you to the Who is applying page (see Fig. 37).

Relationship	First Name	Last Name	Date of Birth	Gender
Employee	TEST	EMPLOYEE	09/04/1965	Female

Fig. 37 – Who is applying page

- Click **Add Spouse** or **Add Child** to add dependents to the employee’s dental or vision coverage. Enter the dependent name, birthdate and gender, then click **Continue** (see Fig. 38).

Fig. 35 – Employee Dental or Vision Application

Relationship	First Name	Last Name	Date of Birth	Gender
Employee	Test	Meiden	09/04/1965	Female
Spouse			MM/DD/YYYY	Gender
Child			MM/DD/YYYY	Gender

Fig. 38 – Add Dependents

8. The site will direct you to another page, where you will add information for each applicant. Enter the dependent's information and click **Continue** (see Fig. 39).
9. The site will direct you to the Summary of Dental Applicants page (see Fig. 40).
10. Review the information and click **Submit**. You will be directed to the Continuing Coverage page (see Fig. 41).

WELCOME

YOU ARE APPLYING FOR
GROUP NAME
TEST GROUP

We need a little more information on each applicant.

Spouse
First Name: Test
M. I.:
Last Name: Spouse
Suffix:
DOB: 01/22/1983
Gender: Male
SSN:
Relationship: Spouse

20%

CONTINUE

Fig. 39 – Additional Dependent Information

WELCOME

YOU ARE APPLYING FOR
GROUP NAME
TEST GROUP

Summary of Dental Insurance Applicants

Applicant	Date of Birth	SSN	Gender
Employee Test User	09/04/1985	[REDACTED]	Female
Spouse Test Spouse	01/22/1983	[REDACTED]	Male Change

BACK

90%

SUBMIT

Fig. 40 – Summary of Applicants

WELCOME

YOU ARE APPLYING FOR
GROUP NAME
TEST GROUP

Continuing Coverage

Do you or any family members have any dental insurance coverage that will continue once this policy goes into effect?

Yes No

90%

SUBMIT

Fig. 41 – Continuing Coverage

11. Indicate whether the employee or their dependent(s) have other dental or vision insurance, and provide the insurance company's name and the employee's policy number.

Click **Submit** and the site will direct you to the Contact Information page (see Fig. 42).

12. Enter the policyholder's contact information and click **Submit**.

13. You will be directed to a confirmation page, where you can print a copy of the application (see Fig. 43).

WELCOME

Contact Information

Policy Holder: TEST F EMPLOYEE
Email Address: TESTEMPLOYEE@TEST.COM
Street or P.O. Box:
City:
State:
Zip:
Primary Phone Number:
Work Phone Number:

90%

SUBMIT

YOU ARE APPLYING FOR:
GROUP NAME
TEST GROUP

Fig. 42 – Contact Information

Confirmation.

Congratulations!
Your application has successfully been submitted.
Your Dental application has been successfully completed
[Print your Dental insurance application \(Recommended\)](#)

100%

Thank you.

YOU ARE APPLYING FOR:
GROUP NAME
TEST GROUP

Fig. 43 – Confirmation

Submit an Electronic Dental or Vision Application to Add a Dependent

To add a dependent to dental or vision:

1. When logging in to Blueprint for Employers, select your dental or vision group (see Fig. 44).

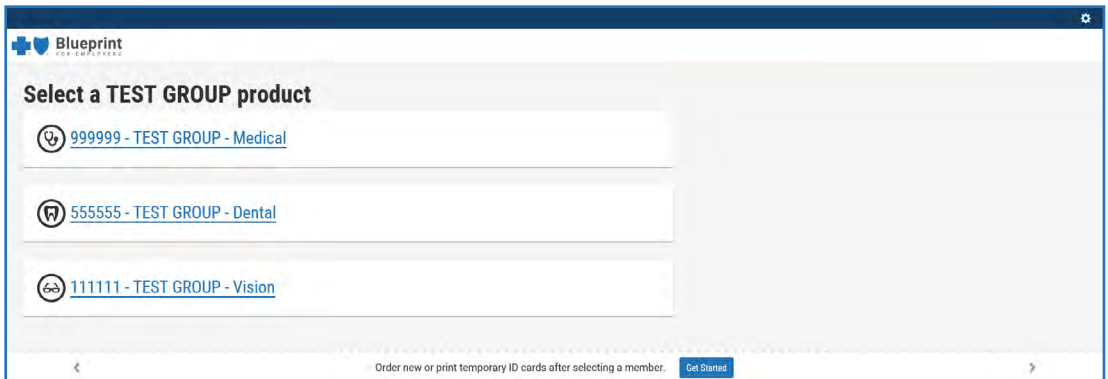


Fig. 44 – Group Selection

2. Click **Add Dependent** from the navigation menu (see Fig. 45) which will redirect you to the Member Listing page or select **Add Dependent** on the Actions dropdown on the Member Details page (see Fig. 46).

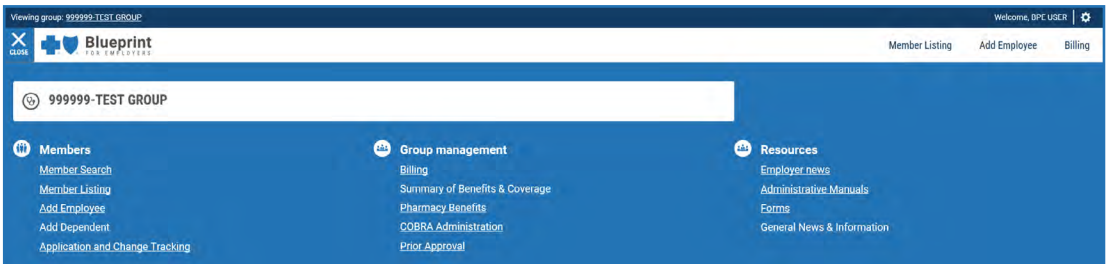


Fig. 45 – Add Dependent

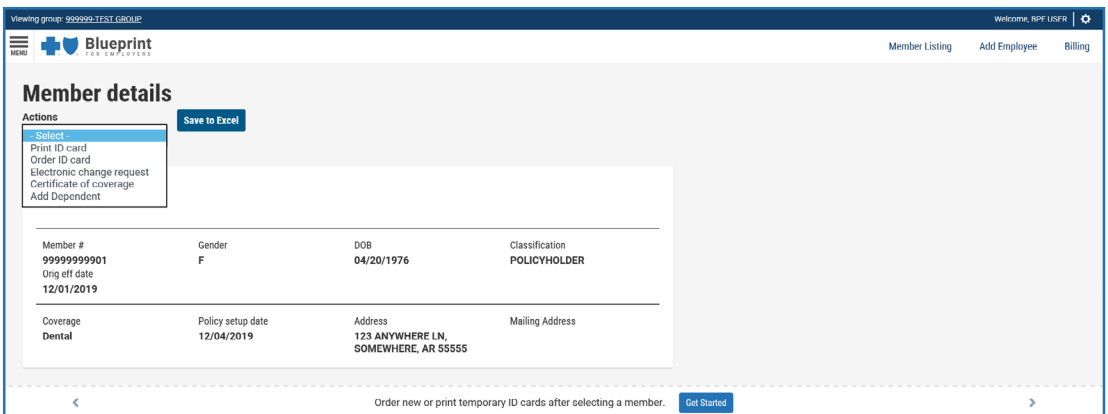


Fig. 46 – Member Detail

3. Click on the employee you want to add a dependent to, and you will be directed to the Add Dependent screen (see Fig. 47).

4. Select the reason for adding a dependent and click **Submit**.

Note: Depending on the reason selected, you may be asked to provide a date.

5. The site will direct you to the Who is applying page (see Fig. 48).

6. Click **Add Spouse** or **Add Child** to add dependents to the employee's dental or vision coverage. Enter the dependent name, birthdate and gender, then click **Continue** (see Fig. 49).

7. The site will direct you to another page, where you will add information for each applicant. Enter the dependent's information and click **Continue** (see Fig. 50).

Fig. 47 – Add Dependent

Fig. 48 – Who is Applying

Fig. 49 – Add Dependent Information

Fig. 50 – Additional Dependent Information

8. The site will direct you to the Summary of Dental Applicants page (see Fig. 51).
9. Review the information and click **Submit**. You will be directed to the Continuing Coverage page (see Fig. 52).

Applicant	Date of Birth	SSN	Gender
Employee: Test User	09/04/1985	██████	Female
Spouse: Test Spouse	01/22/1983	██████	Male Change

90%

SUBMIT

Fig. 51 – Summary of Applicants

10. Indicate whether the employee or their dependent(s) have other dental or vision insurance, and provide the insurance company's name and the employee's policy number.

Click **Submit** and the site will direct you to the Contact Information page (see Fig. 53).

Do you or any family members have any dental insurance coverage that will continue once this policy goes into effect?

Yes No

90%

SUBMIT

Fig. 52 – Continuing Coverage

11. Enter the policyholder's contact information and click **Submit**.
12. You will be directed to a confirmation page, where you can print a PDF copy of the application (see Fig. 54).

Policy Holder: TEST F EMPLOYEE
 Email Address: TESTEMPLOYEE@TEST.COM
 Street or P.O. Box:
 City:
 State:
 Zip:
 Primary Phone Number:
 Work Phone Number:

90%

SUBMIT

Fig. 53 – Contact Information

Confirmation.

Congratulations!

Your application has successfully been submitted.

Your Dental application has been successfully completed
[Print your Dental insurance application \(Recommended\)](#)

100%

Thank you.

Fig. 54 – Confirmation

Cancel a Medical Electronic Employee Application

A medical application sent to the employee for completion can be canceled prior to it being submitted to our office at any point in the process before approval by the group administrator.

Follow the steps below to cancel an application that was sent to an employee for completion:

1. Click **Application and Change Tracking** under the navigation menu. The site will display a list of employee applications and changes submitted within the past 30 days. Application results can be sorted by date range, name, date received, status and status date using the dropdowns (*see Fig. 55*).

The screenshot displays the 'Application and change tracking' interface. At the top, there are two dropdown menus: 'Date range' set to 'Past 30 days' and 'Sort' set to 'Name'. Below these is a 'Save to Excel' button. The main area contains three application entries, each with a header 'Employee, Test' and 'App type: NEW EMPLOYEE'. The first entry has a status of 'PENDING' (updated 09/21/2020). The second entry has a status of 'EMPLOYEE NOTIFIED' (updated 09/22/2020). The third entry has a status of 'PENDING GROUP ADMIN SIGNATURE' (updated 09/22/2020). At the bottom of the interface are two buttons: 'Approve' (blue) and 'Cancel' (dark gray).

Fig. 55 – Application and Change Tracking

Note: If the status is **Pending Group Admin Signature**, you can skip ahead to **page 30**.

1. To cancel an application, click on an Employee name that has an Employee Notified status (see Fig. 56).
2. The site will display their name and email address, along with links to resend an application email to the employee or cancel the application (see Fig. 57).
3. Click **Cancel Application Request**, and you will be directed to the Cancel Pending Application Page (see Fig. 58).

Employee, Test App type:
NEW EMPLOYEE


Date received: App type:
NEW EMPLOYEE  Status
EMPLOYEE NOTIFIED
(updated 09/22/2020)

Fig. 56 – Employee Notified, Select Employee

Electronic Applications


Applicant Name
TEST EMPLOYEE

Email Address
TESTEMPLOYEE@TEST.COM

Fig. 57 – Cancel Application

Cancel pending application

TEST EMPLOYEE
TESTEMPLOYEE@TEST.COM

Date received: App type:
New employee  Status
In progress - Pending group
admin signature
(updated 8/1/2019)

Note: Once the application is canceled, a new application will need to be completed if the employee decides to elect coverage.

Fig. 58 – Cancel Application, Submit

4. Click **Confirm Cancellation**, and a pop-up window will display, asking you to confirm the cancellation request (*see Fig. 59*).
5. Click **OK**, and the site will display a Confirmation page (*see Fig. 60*). Once the application is canceled, a new application needs to be filed if the employee decides to elect coverage.

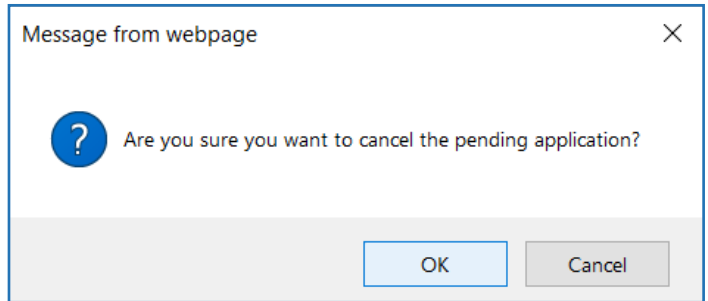


Fig. 59 – Cancel Application Confirmation

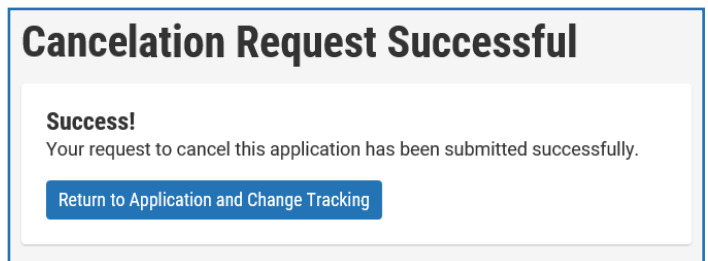
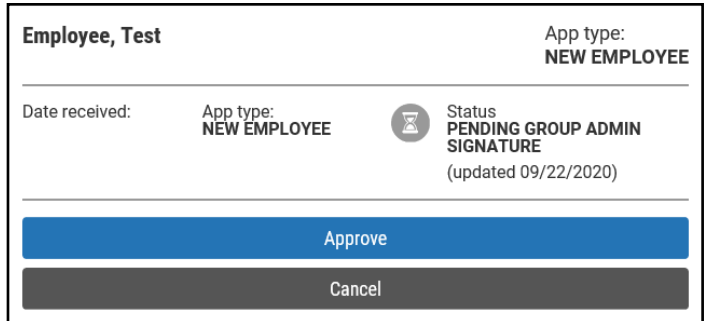


Fig. 60 – Cancellation Confirmation

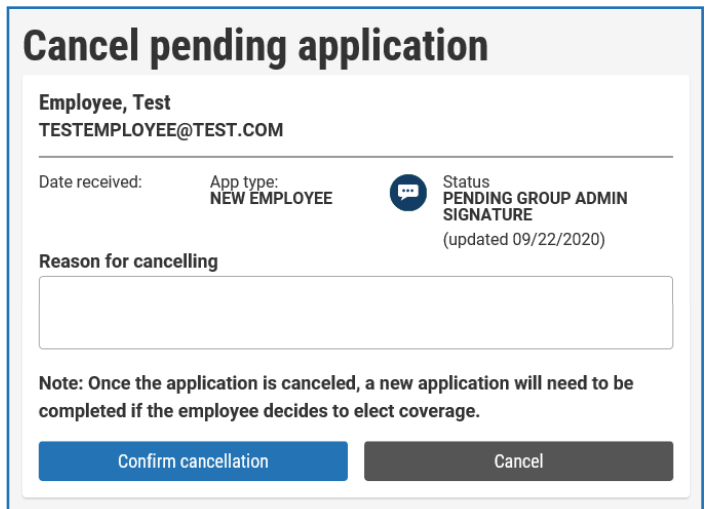
Pending Group Admin Signature

1. Click the **Cancel** button below the employee whose application you want to cancel (See Fig. 61).
2. Enter the reason for canceling, and click **Confirm Cancellation** (see Fig. 62). You will be redirected back to the Application and Change Tracking page.
3. The status in Application and Change Tracking will temporarily show as pending until the application has been canceled by underwriting department (see Fig. 63).



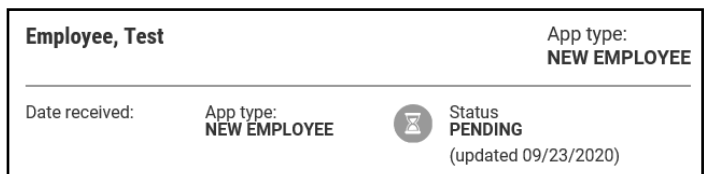
The screenshot shows a card for an application. At the top left, it says "Employee, Test". At the top right, it says "App type: NEW EMPLOYEE". Below this, there are three columns of information: "Date received:" (empty), "App type: NEW EMPLOYEE", and "Status PENDING GROUP ADMIN SIGNATURE (updated 09/22/2020)" with a clock icon. At the bottom, there are two buttons: "Approve" (blue) and "Cancel" (grey).

Fig. 61 – Cancel Application Confirmation



The screenshot shows a dialog box titled "Cancel pending application". It contains the same employee information as Fig. 61: "Employee, Test" and "TESTEMPLOYEE@TEST.COM". Below that, it shows "Date received:", "App type: NEW EMPLOYEE", and "Status PENDING GROUP ADMIN SIGNATURE (updated 09/22/2020)" with a speech bubble icon. There is a text input field labeled "Reason for cancelling". Below the input field, there is a note: "Note: Once the application is canceled, a new application will need to be completed if the employee decides to elect coverage." At the bottom, there are two buttons: "Confirm cancellation" (blue) and "Cancel" (grey).

Fig. 62 – Cancellation Confirmation



The screenshot shows a card for an application. At the top left, it says "Employee, Test". At the top right, it says "App type: NEW EMPLOYEE". Below this, there are three columns of information: "Date received:" (empty), "App type: NEW EMPLOYEE", and "Status PENDING (updated 09/23/2020)" with a clock icon.

Fig. 63 – Application Tracking, Pending

View Canceled Contracts

1. Click the **Member Listing** quick link, located at the top-right of the page (see Fig. 64).

Viewing group: 999999 TEST GROUP

Welcome, BPL USER

Member Listing Add Employee Billing

Member Listing

TEST GROUP - 999999

[Future effective contracts](#) [Canceled contracts](#) [Member search](#)

Probationary Period
Effective date is the 1st of the month following probationary period.

Class desc	Probationary period	Eff date	Term date
A	60 Days	12/01/2014	

Select division

TEST GROUP 9999990000

[Save to Excel](#)

Contract #	Name	DOB	Gender	Classification	Orig Eff Date	Coverage
999999999	TEST EMPLOYEE A	04/20/1976	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental
555555555	TEST EMPLOYEE B	08/11/1998	F	CONTRACT HOLDER + 1	05/27/2020	Medical/Dental
111111111	TEST EMPLOYEE C	07/15/1983	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental

Fig. 64 – Member Listing

2. Click **Canceled Contracts** and the site will display a list of contracts canceled within the past 24 months (see Fig. 65).

Canceled contracts (past 24 months)

[Current active contracts](#) [Future effective contracts](#) [Member search](#)

Canceled contracts (past 24 months)

TEST GROUP 9999990000

[Save to Excel](#)

Contract #	Name	DOB	Gender	Classification	Original Eff Dt	Term Date	Type of Coverage
999999999	EMPLOYEE TEST F	03/17/1992	F	CONTRACT HOLDER + 1	12/01/2018	08/31/2019	Medical
555555555	EMPLOYEE TEST F	02/26/1986	M	CONTRACT HOLDER + 2	02/01/2019	09/30/2019	Medical

Fig. 65 – Canceled Contracts

View Contracts with Future Effective Dates

1. Click the **Member Listing** quick link, located at the top-right of the page (see Fig. 66)

Viewing group: 999999-TEST GROUP | Welcome, BPE USER

Member Listing | Add Employee | Billing

Member Listing

TEST GROUP - 999999

[Future effective contracts](#) | [Canceled contracts](#) | [Member search](#)

Probationary Period
Effective date is the 1st of the month following probationary period.

Class desc	Probationary period	Eff date	Term date
A	60 Days	12/01/2014	

Select division

TEST GROUP 9999990000

[Save to Excel](#)

Contract #	Name	DOB	Gender	Classification	Orig Eff Date	Coverage
999999999	TEST_EMPLOYEE_A	04/20/1976	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental
555555555	TEST_EMPLOYEE_B	08/11/1990	F	CONTRACT HOLDER + 1	05/27/2020	Medical/Dental
111111111	TEST_EMPLOYEE_C	07/15/1983	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental

Fig. 66 – Member Listing

2. Click the **Future Effective Contracts** link on the Member Listing page. The site will display a list of employees with future effective dates (see Fig. 67).

Future effective Contracts

[Current active contracts](#) | [Canceled contracts](#) | [Member search](#)

Future effective contracts

TEST GROUP 9999990000

No contracts found.

Fig. 67 – Future Effective Contracts

View Status of Group Additions and Changes

1. Click **Application and Change Tracking** under the navigation menu (see Fig. 68).

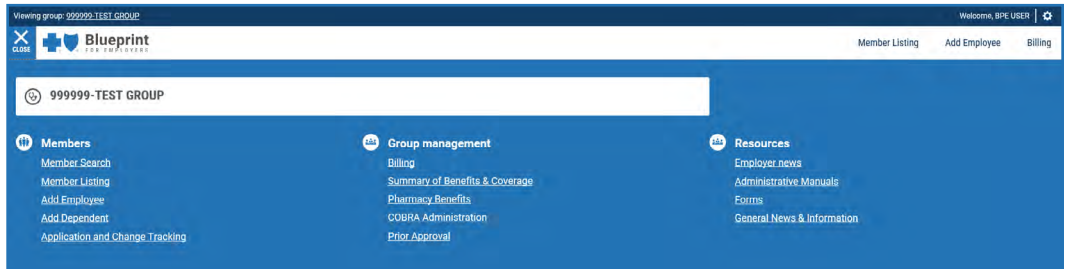


Fig. 68 – Application and Change Tracking-Navigation Menu

2. The site will display a list of employee applications and changes submitted within the past 30 days. Application results can be sorted by date range, name, date received, status and status date using the dropdowns (see Fig. 69).

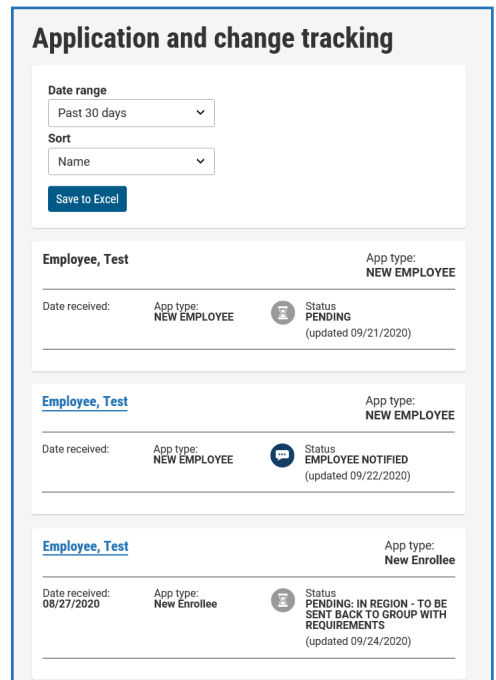



Fig. 69 – Application and Change Tracking

- For members with a pending application, click their name, (see Fig. 70) and you will be directed to the Applicant Detail page (see Fig. 71).
- Click the **requirement** link to see the member's Requirement Details (see Fig. 71).

Employee, Test
App type:
New Enrollee

Date received:
08/27/2020

App type:
New Enrollee



Status
PENDING: IN REGION - TO BE SENT BACK TO GROUP WITH REQUIREMENTS
(updated 09/24/2020)

Fig. 70 – Pending Application

Applicant / Dependent detail

Contact [regional office group additions](#) with any questions regarding application or requirements.

Employee, Test
SSN: 999-99-9999 Effective Date: Relationship: **Self** Decision type:

Employee, Test
SSN: Relationship: **Child - Adopted**

Requirements:

Spouse, Test

Requirement	Action Dt	Action By	Received Dt	Received By
Legal adoption court document				

Employee, Test

Requirement	Action Dt	Action By	Received Dt	Received By
Certificate of creditable coverage				

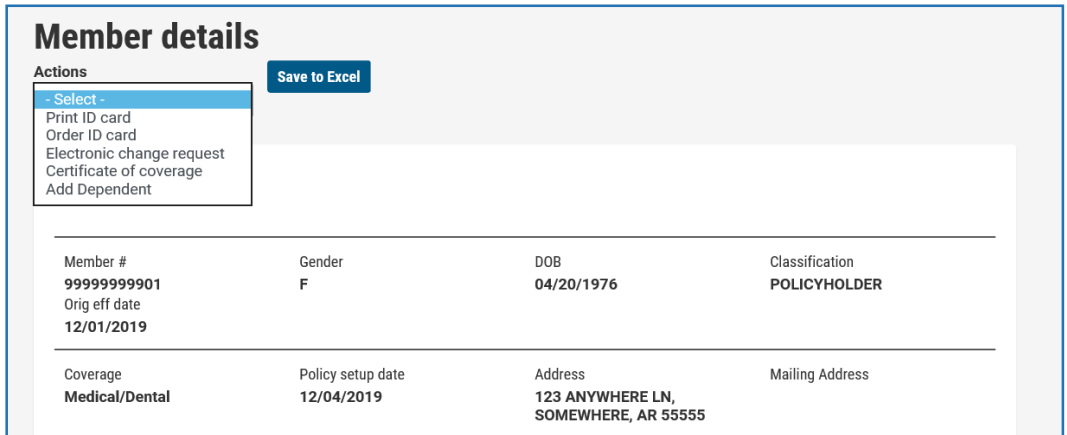
[Back](#)

Fig. 71 – Applicant Detail

Replace an ID Card

To order a replacement ID card:

1. Click **Order ID card** from the Actions dropdown on the Member details page (see Fig. 72). You will be directed to the Order Replacement ID card page (see Fig. 73).



Member details

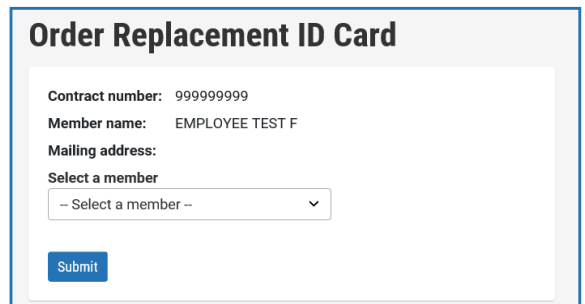
Actions: **Save to Excel**

- Select -
- Print ID card
- Order ID card**
- Electronic change request
- Certificate of coverage
- Add Dependent

Member #	Gender	DOB	Classification
9999999901	F	04/20/1976	POLICYHOLDER
Orig eff date			
12/01/2019			
Coverage	Policy setup date	Address	Mailing Address
Medical/Dental	12/04/2019	123 ANYWHERE LN, SOMEWHERE, AR 55555	

Fig. 72 – Member Details

2. Select the member you wish to order a replacement ID for in the dropdown, then click **Submit**.



Order Replacement ID Card

Contract number: 999999999

Member name: EMPLOYEE TEST F

Mailing address:

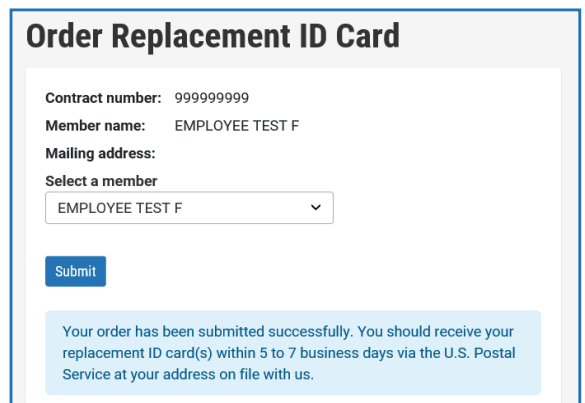
Select a member

-- Select a member --

Submit

Fig. 73 – Replacement ID Card Page

3. A confirmation message displays letting you know that your order has been submitted successfully (see Fig. 74).



Order Replacement ID Card

Contract number: 999999999

Member name: EMPLOYEE TEST F

Mailing address:

Select a member

EMPLOYEE TEST F

Submit

Your order has been submitted successfully. You should receive your replacement ID card(s) within 5 to 7 business days via the U.S. Postal Service at your address on file with us.

Fig. 74 – Replacement ID Card Confirmation

Print a Temporary ID Card

You can print a temporary ID card for a member or dependent while waiting for the replacement ID card to be processed and received.

To print a temporary ID card:

1. Click **Print ID card** from the Actions dropdown on the Member details page (see Fig. 75). You will be directed to the Print Temporary ID card page (see Fig. 76).
2. Select the member in the dropdown and select the type of ID card that you wish to print, then click **Submit** (see Fig. 76).
3. The temporary ID card displays in a separate window (see Fig. 77).
4. Click **Print** (see Fig. 77).

Viewing group: 999999-TEST GROUP

Member details

Actions: **Print ID card**, Order ID card, Electronic change request, Certificate of coverage, Add Dependent

Save to Excel

Member # 9999999901	Gender F	DOB 04/20/1976	Classification POLICYHOLDER
Orig eff date 12/01/2019			
Coverage Medical/Dental	Policy setup date 12/04/2019	Address 123 ANYWHERE LN, SOMEWHERE, AR 55555	Mailing Address

Fig. 75 – Member Details

Print Temporary ID Card

Contract number: 999999999

Member name: EMPLOYEE TEST F

Mailing address:

Select a member
-- Select a member --

Select the id card to print
-- Select Id card --

Submit

Fig. 76 – Print Temporary ID card

Temporary ID Card
Date Generated: 09/24/2020

Arkansas BlueCross BlueShield

True BLUE PPO

Member Name: Test F Employee	Member DOB: 04/20/1976
Member ID: MOV9999999901	Group #: 0999990000
RxBin: 004336	Deductible: \$1000
RxPCN: ADV	CoPay: \$30 PCP/\$50 SPEC
RxGRP: RX3963	
Rx: \$10/\$40/\$70/\$140/\$280	

PP0

www.arkansasbluecross.com
Customer Service: **800-238-5379**
BlueCard® Eligibility: **800-676-BLUE**
Eligibility AR Providers: **800-827-4814**
PPO Provider Locator: **800-810-2583**
Pharmacist Helpline: **800-364-6331**
Pharmacy Customer Service: **800-863-5561**
HealthConnect Blue: **800-318-2384**
MHSA: **877-801-1159**
Virtual Doctor Visits: **MyVirtualHealth.com**

Arkansas Blue Cross and Blue Shield
P.O. Box 2181
Little Rock, AR, 72203-2181
An independent licensee of the Blue Cross and Blue Shield Association.

This temporary ID does not constitute eligibility. To verify eligibility or get claim filing instructions, please call 1-800-238-5379.
Arkansas Blue Cross and Blue Shield within 24 hours at 1-800-451-7352.
Our Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.
CHỖ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

Print

Fig. 77 – Print Temporary ID Card

Submit an Electronic Change Request

Employers may submit an electronic change request for name changes, changes to contact information, termination of coverage or addition/change of a member's primary care provider (PCP).

To submit an electronic change request:

1. Click **Electronic change request** from the Actions dropdown on the Member details page (see Fig. 78). You will be directed to the Policy Summary page (see Fig. 79).

Member #	Gender	DOB	Classification
99999999901	F	04/20/1976	POLICYHOLDER
Orig eff date	12/01/2019		
Coverage	Medical/Dental	Policy setup date	12/04/2019
Address	123 ANYWHERE LN, SOMEWHERE, AR 55555		Mailing Address

Fig. 78 – Electronic Change Request

2. Make any applicable changes to employee name, contact information, termination of coverage or addition/change of a member's primary care provider (PCP), then click **Continue** (see Fig. 79).

POLICY SUMMARY
Select "Continue" after making your changes.

Group Name
TEST GROUP
Contract Number
999999999

ON YOUR POLICY
TEST F EMPLOYEE
SELF
04/20/1976
Female

SELECT AN OPTION TO MAKE A CHANGE

REMOVE MEMBER

CHANGE NAME

CHANGE PCP

CONTACT INFORMATION F01T
HOME ADDRESS: 123 ANYWHERE LN, SOMEWHERE, AR 55555
MAILING ADDRESS: 123 ANYWHERE LN, SOMEWHERE, AR 55555
PHONE: Primary Phone: (555) 555-5555

CONTINUE

Fig. 79 – Policy Summary Page

3. A confirmation message displays letting you know that your policy change request has been submitted successfully (see Fig. 80).

CONFIRMATION

Thanks! Your request for policy changes has been submitted successfully.
Please allow up to 5 days for your request to process.

[Print your Change form insurance application \(Recommended\)](#)


Thank you for the opportunity to serve you!

Fig. 80 – Policy Change Confirmation

Policyholder Name Change

To change the name of a policyholder from the Policy Summary page:

1. Click the **Change Name** button from the Select an Option to Make a Change section (see Fig. 81). The site will direct you to the Change Name page (see Fig. 82).



SELECT AN OPTION TO MAKE A CHANGE

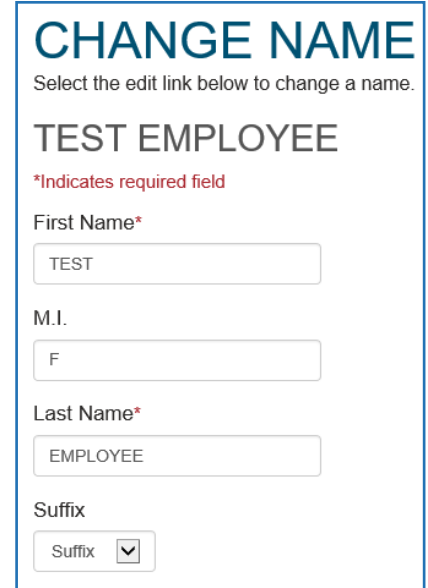
- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

Fig. 81 – Select Change Name

2. Make applicable changes to the policyholder's name, then click **Continue** (see Fig. 82). You will be redirected to the policy summary page (see Fig. 86).
3. Review the updated information (see Fig. 83), and click **Continue**.



CHANGE NAME

Select the edit link below to change a name.

TEST EMPLOYEE

*Indicates required field

First Name*

TEST

M.I.

F

Last Name*

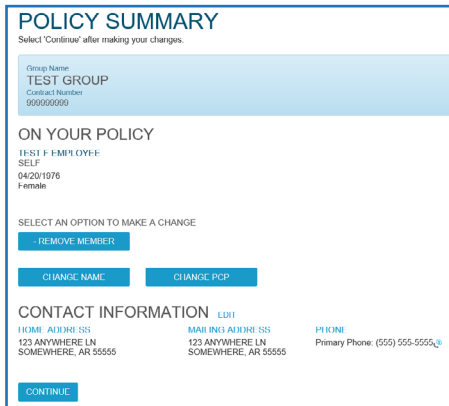
EMPLOYEE

Suffix

Suffix

Fig. 82 – Change Name

4. A confirmation message displays letting you know that your policy change request has been submitted successfully (see Fig. 84).



POLICY SUMMARY

Select 'Continue' after making your changes.

Group Name
TEST GROUP
Contract Number
999999999

ON YOUR POLICY

TEST EMPLOYEE
SELF
04/20/1976
Female

SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

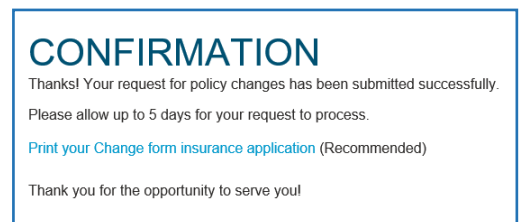
CONTACT INFORMATION

EDIT

HOME ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	MAILING ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	PHONE Primary Phone: (555) 555-5555
--	---	--

CONTINUE

Fig. 83 – Policy Summary-Review Changes



CONFIRMATION

Thanks! Your request for policy changes has been submitted successfully. Please allow up to 5 days for your request to process.

[Print your Change form insurance application](#) (Recommended)

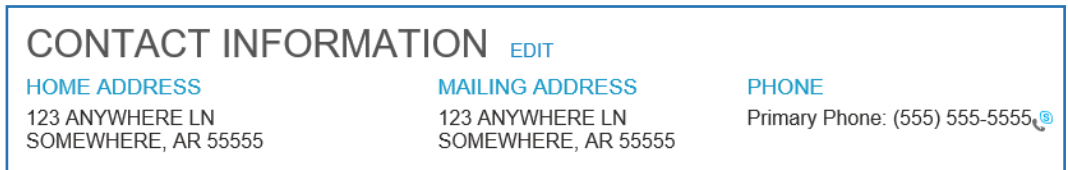
Thank you for the opportunity to serve you!

Fig. 84 – Change Confirmation

Contact Information Change

To change the address or phone number of a policyholder:

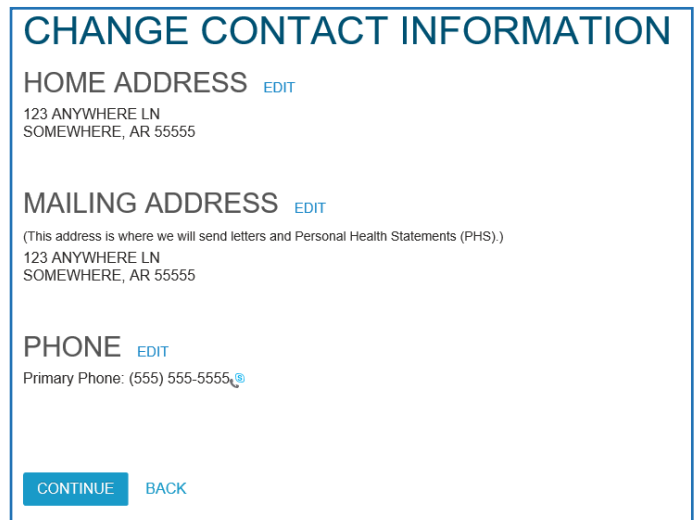
1. Click **Edit** next to Contact Information (*see Fig. 85*), and you will be directed to the Change Contact Information page (*see Fig. 86*).



CONTACT INFORMATION [EDIT](#)

HOME ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	MAILING ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	PHONE Primary Phone: (555) 555-5555 [®]
---	--	--

Fig. 85 – Contact Information Section



CHANGE CONTACT INFORMATION

HOME ADDRESS [EDIT](#)
123 ANYWHERE LN
SOMEWHERE, AR 55555

MAILING ADDRESS [EDIT](#)
(This address is where we will send letters and Personal Health Statements (PHS).)
123 ANYWHERE LN
SOMEWHERE, AR 55555

PHONE [EDIT](#)
Primary Phone: (555) 555-5555[®]

[CONTINUE](#) [BACK](#)

Fig. 86 – Change Contact Information

2. Click the appropriate **Edit** button to update the policyholder’s home address, mailing address or phone number. The site will enable the associated fields for editing.
3. Enter any necessary changes to the contact information and click **Continue**.
4. Review the updated contact information and click **Continue**.
5. A confirmation message displays letting you know that your policy change request has been submitted successfully.

Terminate Coverage

1. To terminate coverage for an employee or dependent:

Click the **Remove Member** button from the Select an Option to Make a Change section (see Fig. 87). The site will direct you to the Remove Member(s) page, which displays the employee and their dependents (see Fig. 88).

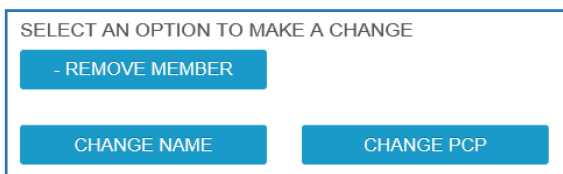
2. Click the check box next to each person you wish to terminate coverage, then click **Continue** (see Fig. 88).

The site will display and enable the Date of termination and Last premium paid date fields for editing (see Fig. 89).

3. Select the termination date from the Date of termination dropdown and enter the last premium paid date, then click **Continue**. You will be directed to the Policy Summary page (see Fig. 90).

4. Review that the member(s) you wish to terminate show Remove-Pending message, then click **Continue** (see Fig. 90).

5. A confirmation message displays letting you know that your policy change request has been submitted successfully.



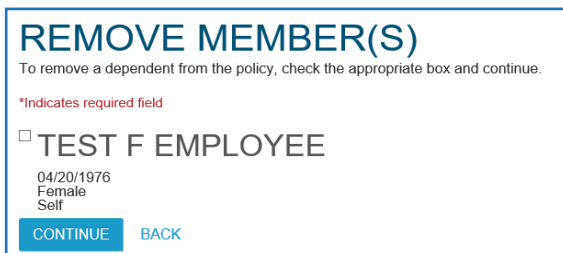
SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

Fig. 87 – Select Remove Member



REMOVE MEMBER(S)

To remove a dependent from the policy, check the appropriate box and continue.

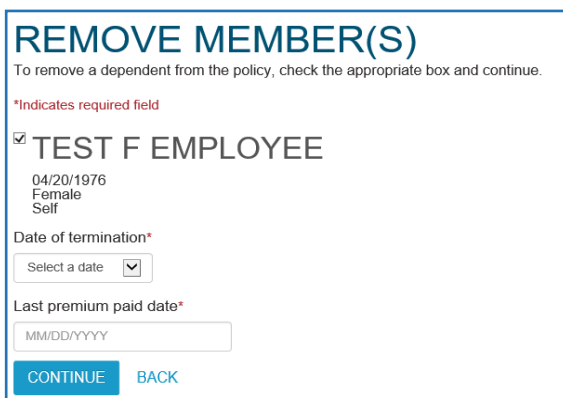
*Indicates required field

TEST F EMPLOYEE

04/20/1976
Female
Self

CONTINUE BACK

Fig.88– Remove Member(s)



REMOVE MEMBER(S)

To remove a dependent from the policy, check the appropriate box and continue.

*Indicates required field

TEST F EMPLOYEE

04/20/1976
Female
Self

Date of termination*

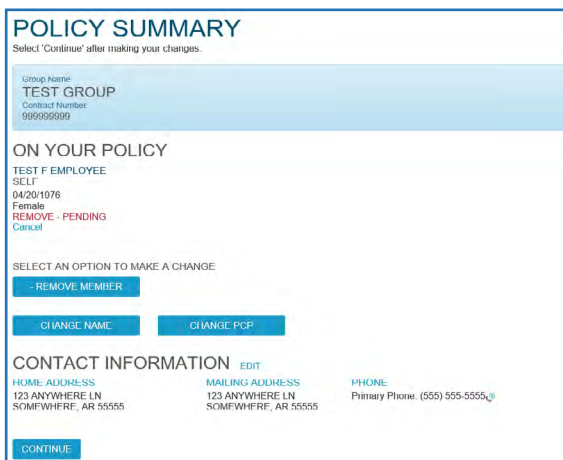
Select a date ▼

Last premium paid date*

MM/DD/YYYY

CONTINUE BACK

Fig. 89 – Date of Termination, Last Premium Paid Date



POLICY SUMMARY

Select "Continue" after making your changes.

Group Name
TEST GROUP
Contract Number
999999999

ON YOUR POLICY

TEST F EMPLOYEE
SELF
04/20/1976
Female
REMOVE - PENDING
Cancel

SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

CONTACT INFORMATION

HOME ADDRESS: 123 ANYWHERE LN, SOMEWHERE, AR 55555

MAILING ADDRESS: 123 ANYWHERE LN, SOMEWHERE, AR 55555

PHONE: Primary Phone: (555) 555-5555

CONTINUE

Fig. 90 – Policy Summary Page-Remove Pending

Change Primary Care Physician (PCP)

To change an employee or dependent's PCP:

1. Click the **Change PCP** button from the Select an Option to Make a Change section (see Fig. 91). The site will direct you to the Change PCP page, which displays the employee and their dependents (see Fig. 92).
2. Click **Add PCP** or **Edit PCP** next to the member you wish to add/edit their PCP. The Physician Search will display in a separate window (see Fig. 93).
3. Enter the physician's last name select the city where they are located, then click **Search** (see Fig. 93).



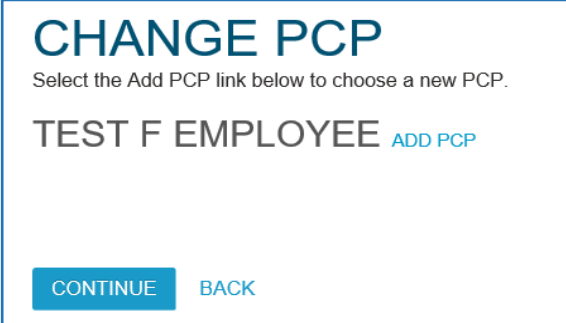
SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

Fig. 91 – Select Change PCP



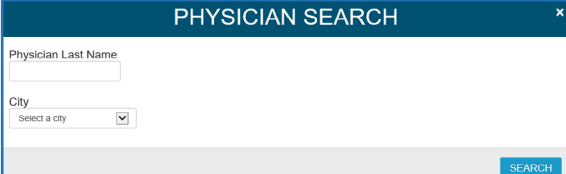
CHANGE PCP

Select the Add PCP link below to choose a new PCP.

TEST F EMPLOYEE [ADD PCP](#)

CONTINUE BACK

Fig. 92 – Change PCP Page



PHYSICIAN SEARCH

Physician Last Name

City

Select a city

SEARCH

Fig. 93 – Physician Search

4. Select the PCP from the list (see Fig. 94).
5. The selected physician is now shown on the Change PCP page (see Fig. 95). Repeat these steps for any other members who need PCP updates, then click **Continue**. You will be redirected to the Policy Summary page (see Fig. 96).
6. If there are no additional changes, click **Continue** (see Fig. 96).
7. A confirmation message displays letting you know that your policy change request has been submitted successfully.

WHO'S YOUR PHYSICIAN? ×

Search Again

Test Physician
 123 Anywhere Lane Ste 100
 Somewhere, AR 55555
 Phone number - (555)555-5555

Fig. 94 – Physician Selection

CHANGE PCP

Select the Add PCP link below to choose a new PCP.

TEST F EMPLOYEE [CHANGE PCP](#)

PCP selected
 Test Physician

[CONTINUE](#) [BACK](#)

Fig. 95 – Review PCP Change

POLICY SUMMARY

Select 'Continue' after making your changes.

Group Name
TEST GROUP
 Contract Number
 99999999

ON YOUR POLICY

TEST F EMPLOYEE
 SELF
 04/20/1976
 Female
 PCP - Test Physician

SELECT AN OPTION TO MAKE A CHANGE

[REMOVE MEMBER](#)

[CHANGE NAME](#) [CHANGE PCP](#)

CONTACT INFORMATION [EDIT](#)

HOME ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	MAILING ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	PHONE Primary Phone: (555) 555-5555
--	---	--

[CONTINUE](#)

Fig. 96 – Policy Summary-Review PCP Change

Bill Payment

There are two different payment methods for groups, eBill manager and the Arkansas Blue Cross payment portal.

Access eBill Manager

Group administrators who use eBill Manager can access their eBill Manager account through Blueprint for Employers once they have a login ID and password.

1. Log in to Blueprint for Employers.
2. Click the **Billing** quick link located at the top-right of the page or click **Billing** under Group management on the navigation menu (see Fig. 97). You will be redirected to the Current Bill page (see Fig. 98).

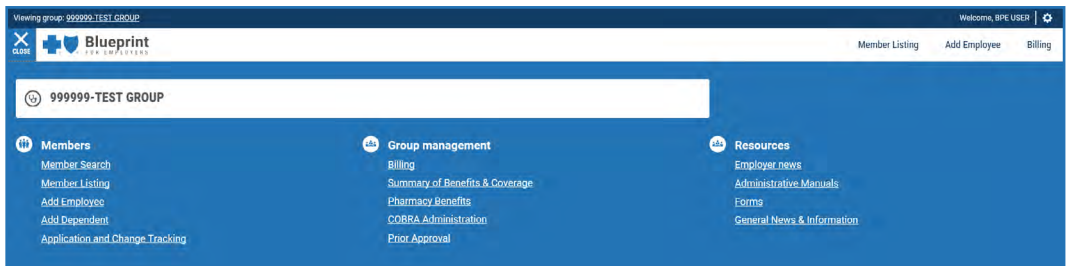


Fig. 97– Navigation Menu-Billing Link

3. Select **View Bill** to display a PDF of the current bill. Click **Pay Bill** to be directed to the Benefitfocus eBilling login page (see Fig. 99).
4. Log in using your eBill Manager username and password.

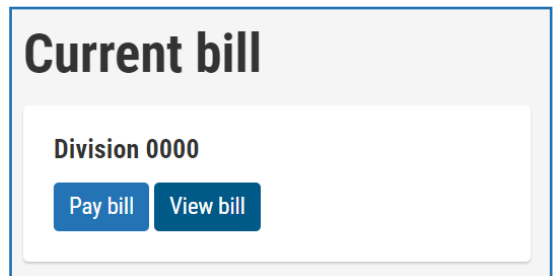


Fig. 98– Current Bill Page

Note: The website is a separate system from *Blueprint for Employers* and requires a different user ID and password.

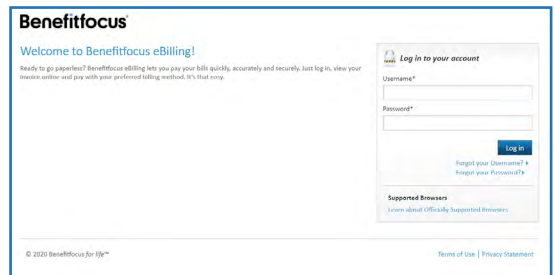


Fig. 99 – Benefitfocus Login Page

Pay Bill

The bill payment portal is available to small groups, and allows group administrators to:

- Make payments as billed using credit card or ACH.
- Set up auto payments.
- View past electronic payments made via the payment portal.

1. Log in to Blueprint for Employers.
2. Click the **Billing** quick link located at the top-right of the page or click **Billing** under Group management on the navigation menu (see Fig. 100). You will be redirected to the Current Bill page (see Fig. 101).

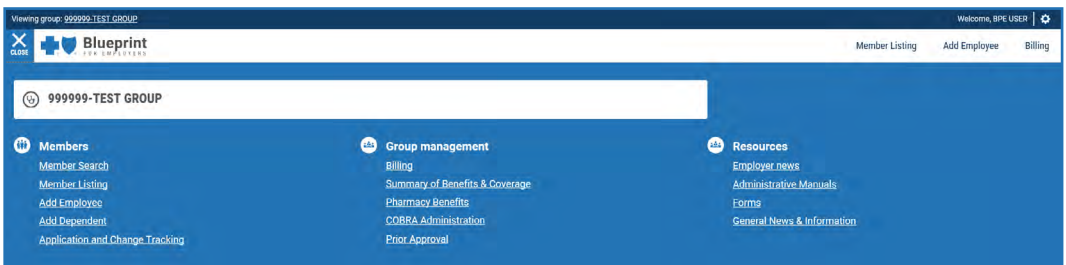


Fig. 100 – Navigation Menu-Billing Link

3. Select **View Bill** to display a PDF of the current bill. Click **Pay Bill** to be directed to the Terms and Conditions Page (see Fig. 102).

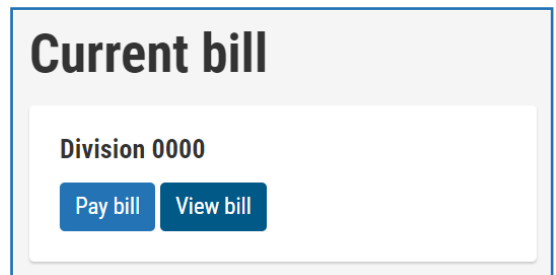


Fig. 101 – Current Bill Page

If any term of these Terms of Service is found to be unenforceable or contrary to law, it will be modified to the least extent necessary to make it enforceable, and the remaining portions of the Terms of Service will remain in full force and effect. No waiver of any right hereunder will be deemed effective unless contained in writing signed by a duly authorized representative of the party against whom the waiver is to be asserted, and no waiver of any past or present right arising from any breach or failure to perform will be deemed to be a waiver of any future rights arising out of these Terms of Service. These Terms of Service supersede all prior Terms of Service, agreements, proposals, negotiations, representations or communications relating to the subject matter. Service Provider may assign its rights hereunder without notice to you. Neither you nor Service Provider shall be liable for failure to fulfill obligations hereunder if such failure is due to any cause or condition beyond such party's reasonable control, including but not limited to natural disaster, acts of God, strikes, fire, floods, war, riots, electrical power failure, communications failure, and decrees of government bodies. The Website and Service may not be accessed or used by any person or entity, or in any jurisdiction, where such distribution or use would be contrary to law or regulation.

I Decline

I Agree

Fig. 102 – Terms and Conditions Page

4. Click **I Agree** and you will be directed to the Account Summary page on the Arkansas Blue Cross payment portal (see Fig. 103).

The screenshot shows the 'Account Summary' page of the Arkansas Blue Cross BlueShield Health Advantage portal. At the top, the user is identified as 'TEST GROUP | 999990000' and there is a 'Sign Out' button. The page features a navigation bar with 'Account Summary', 'Payments', and 'Alerts'. Below this, there are links for 'Account Summary', 'My Profile', 'Link Additional Accounts', and 'Cancel Online Bill Pay'. A message states: 'Your current bill is below. Specific billing statements can be viewed in My Blueprint. Select Payments above to view payment options.' A red 'Please note' indicates that payments may take two to three business days to reflect. The current bill for member ID 'TEST GROUP 999990000' is shown with a 'Total Amount Due' of '\$ 0.00' and a 'Due Date' of '09/01/2020'. An 'Enroll Into AutoPay' button is present. Below this, three sections are listed: 'Scheduled Payments', 'Processed Payments', and 'Automated Payment Enrollments', each with a message stating 'You do not have any [scheduled/processed] payments'.

Fig. 103 – Account Summary Tab

Additional Information

Blueprint for Employers hosts additional links to groups forms, rates and benefits, administrative manuals, pharmacy benefits and information on COBRA and prior approval programs.

Security

Blueprint for Employers is a secure website. Access to the website requires a valid username and password. To create a username and password, a group's Chief Administrator must appoint an Administrator Assistant, then email them an activation code.

- Only the Chief Administrator can appoint an Administrator Assistant.
- The company owner establishes the Chief Administrator.
- The company owner must sign a registration form designating the company's Chief Administrator.

Registering a New Account

After the group's Chief Administrator designates an Administrator Assistant, the Blueprint for Employers support team sends them an activation email containing a link to activate the account.

During activation, the administrator is asked to set up a username, password and secret question, as well as accept the terms and conditions for website use (see Fig. 104).

Register

Username

The username can be a combination of five to ten letters or numbers.

New password

Retype new password

Your password must be between 8 and 20 characters in length and contain all four of the following:

- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character

-- Select a secret question --

Your secret question will be used if you forget your password

Answer to the secret question

Retype answer to the secret question

I agree to these [Terms and Conditions.](#)

Fig. 104 – Registering a New Account

Forgot Login ID or Password

Blueprint for Employers is designed for self-service. You can recover your username and password by following the link from the Blueprint for Employers login page.

Forgot Username

1. Click the **Forgot username** link on the login page (see Fig. 105).
You will be directed to the Forgot Your Username page (see Fig. 106).

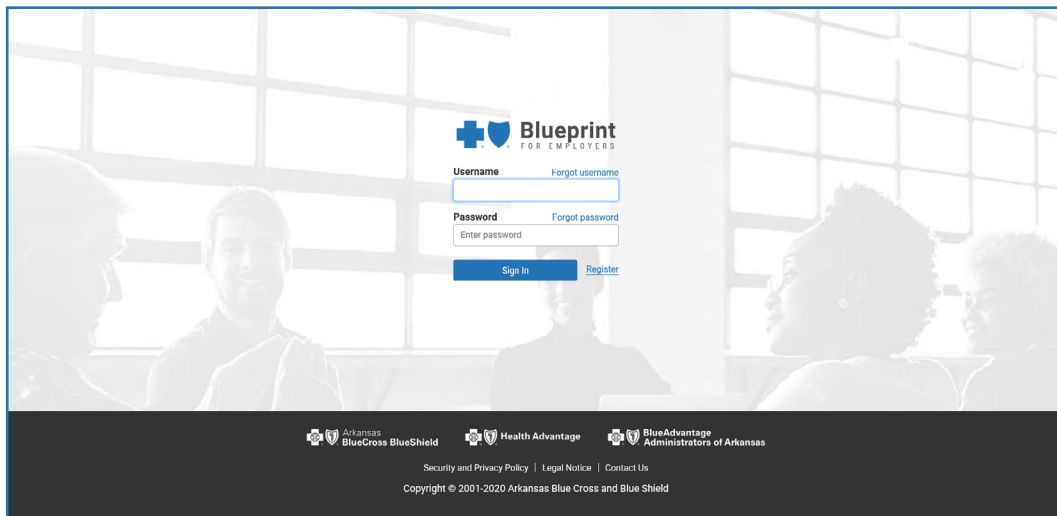


Fig. 105 – Login Page

2. Enter your group tax ID, your first and last name, then click **Submit**.
You will receive an email with your username.

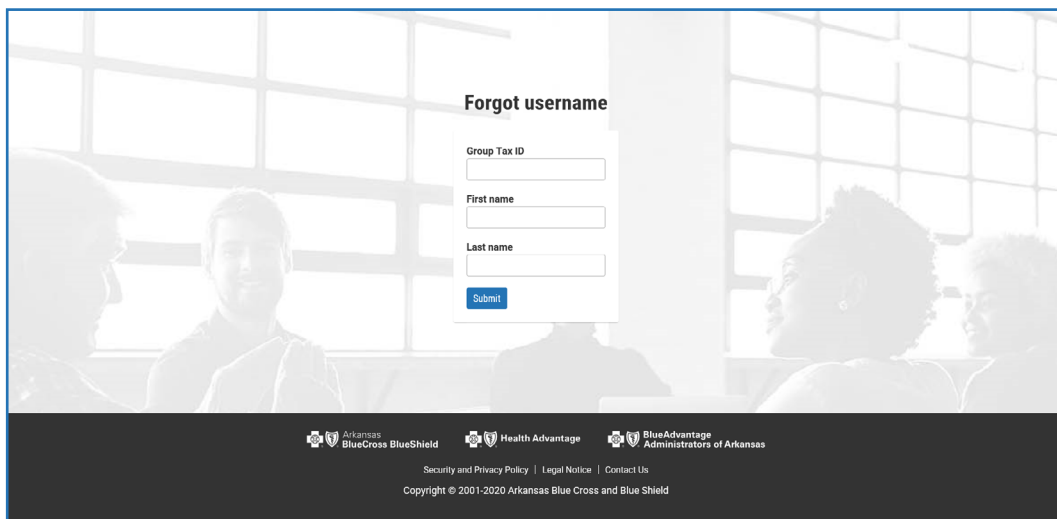
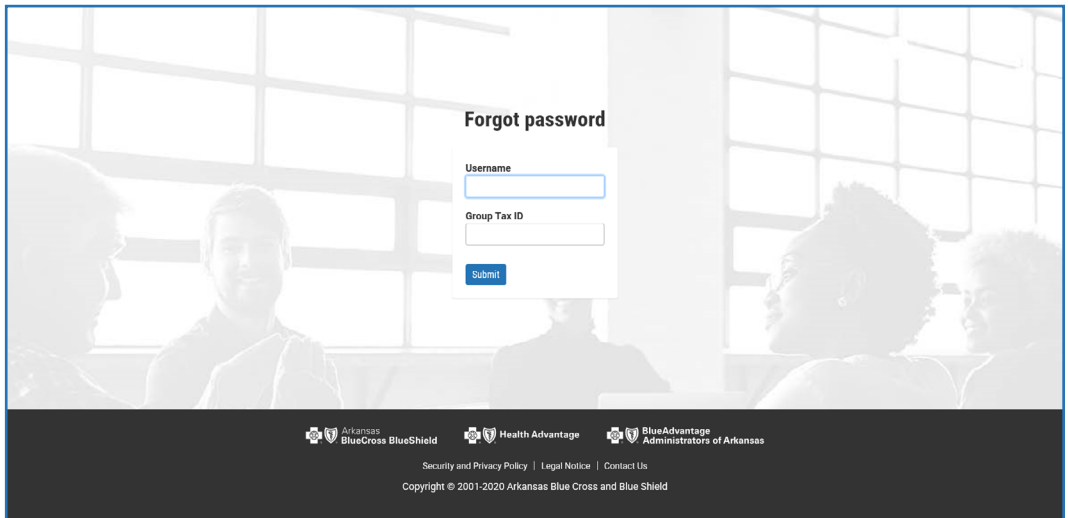


Fig. 106 – Forgot Username Page

Forgot Password

1. Click the **Forgot password** link on the login page (see Fig. 105). You will be directed to the forgot password page (see Fig. 107).
2. Enter your username and Group Tax ID, then click **Submit**.



Forgot password

Username

Group Tax ID

Submit

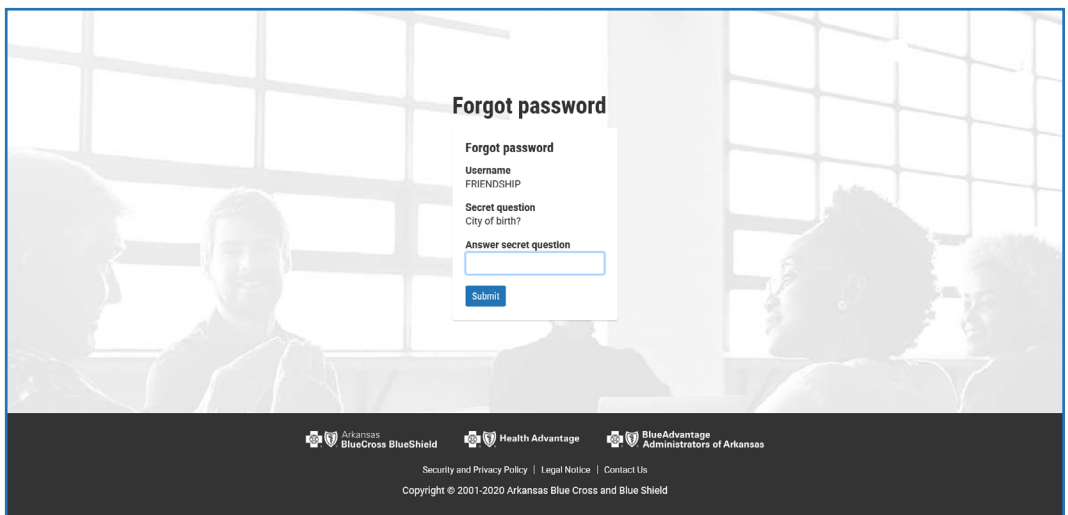
Arkansas BlueCross BlueShield | Health Advantage | BlueAdvantage Administrators of Arkansas

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Fig. 107 – Forgot Password Page

3. Answer your secret question and click **Submit** (see Fig. 108). If answered correctly, you will be prompted to reset your password.



Forgot password

Forgot password

Username
FRIENDSHIP

Secret question
City of birth?

Answer secret question

Submit

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Fig. 108– Forgot Password-Secret Question

Administrator Assistants

A group's Chief Administrator can add additional Administrator Assistants or delete them as needed. The Chief Administrator has an additional link on the homepage labeled Account Management. In this section, the Chief Administrator can appoint or delete an Assistant.

Chief Administrators can also limit an Assistant's access or give them full access to all Blueprint for Employers features. The Assistant's security is established during the setup process.

Add Assistant

To create an Administrator Assistant account:

1. Click the **Account Management** gear on the top right of the page, then click **Add Assistant**. The site will direct you to the Add assistant page (see Fig. 109).
2. Enter the Assistant's first name, last name and email address.
3. Select which site features the Assistant can access.
4. Click **Submit**. The Assistant will receive an email containing an activation link within 24 hours.

Delete Assistant

1. Click **Delete Assistant**.
2. Select the Assistant's name from the dropdown menu.
3. Click **Delete**, and the Assistant will no longer have access to Blueprint for Employers.

Add assistant

First name

Last name

Email

Assistant security
All assistants will be given access to:

- Member listing
- Application Tracking
- Administrative manuals
- Group forms
- Pharmacy benefits
- COBRA administration
- Provider directory

Security features Select all

- Replace ID Cards
- Order Certificate of Creditable Coverage
- Submit Electronic Change Requests
- View Submitted Electronic Change Request
- View or Print Plan Benefits
- View or Print Rate Schedule
- Add Employee
- Add Dependent
- Access Bill Payment

Fig. 109 – Add Assistant

Change the Chief Administrator

Situations may occur when you need to change the Blueprint for Employers Chief Administrator for your group. Changing the Chief Administrator requires owner approval.

The Blueprint for Employers Chief Administrator Change Form is located under **Forms** on the Blueprint for Employers website or under **Forms and group administrator manual** at www.arkbluecross.com/employers or www.healthadvantage-hmo.com/employers.

If your Chief Administrator leaves your employment, complete the Change Chief Administrator Form and notify us at once by either:

- Mailing to the address on the form.
- Faxing to the number on the form.
- Emailing the form to BPESupport@arkbluecross.com.
- Having your agent submit it.