

# BLUECONNECT EMPLOYEE GUIDE

Training guide for BCBSND's online benefit enrollment solution

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## WHAT IS BLUECONNECT

BlueConnect is an online enrollment platform that you will use to enroll in your benefits. If you have questions or need assistance contact your Program Coordinator.

## LOGGING INTO BLUECONNECT

To access BlueConnect go to [und.bswift.com](http://und.bswift.com)

To login follow the below steps:

1. From the BlueConnect homepage enter your username and password
  - Your username is the first initial of your first name followed by your full last name. (i.e., Judy Tester is JTester).
  - Your initial password is your date of birth following the format of mmddyyyy, upon login in for the first time you will be required to change it to a password of your choice.
2. Enter a new password of your choice and click Save.

A screenshot of the BlueConnect login page. On the left, there is a "Log In" section with fields for "Username" and "Password", each with a small icon (person and lock respectively). Below these fields are links for "First Time User" and "Forgot Password". A blue "Log In" button with a right arrow is positioned to the right of the password field. To the right of the login form is a large image of a family (a man, a woman, and a child) sitting on a grassy hill under a blue sky. Below the image, a white box contains the text: "Welcome to the BlueCross BlueShield of North Dakota benefits enrollment and administration system - benefits made simple". At the bottom of the page, there are links for "Legal Notice" and "Browser Requirements", and a "Norton SECURED" logo with the text "powered by Symantec" and "AN OUT-OF-BAND CERTIFICATE".

## Change Password

\* Current Password

\* New Password

Passwords must be 8 characters minimum and contain both alpha and numeric characters, no spaces

\* Verify New Password

\* Fields are required

[Save](#) [Cancel](#)

## EMPLOYEE HOMEPAGE

After you have successfully changed your password, you will then see the homepage. The homepage is the page you will see every time you login. The homepage allows you to navigate to different sections of the site.

You can view your current benefits, process life events (i.e., marriage, birth etc.), your profile and a library containing import information and documentation. You can click the tab at the top of the page to view the information or use the links in the middle of the page.

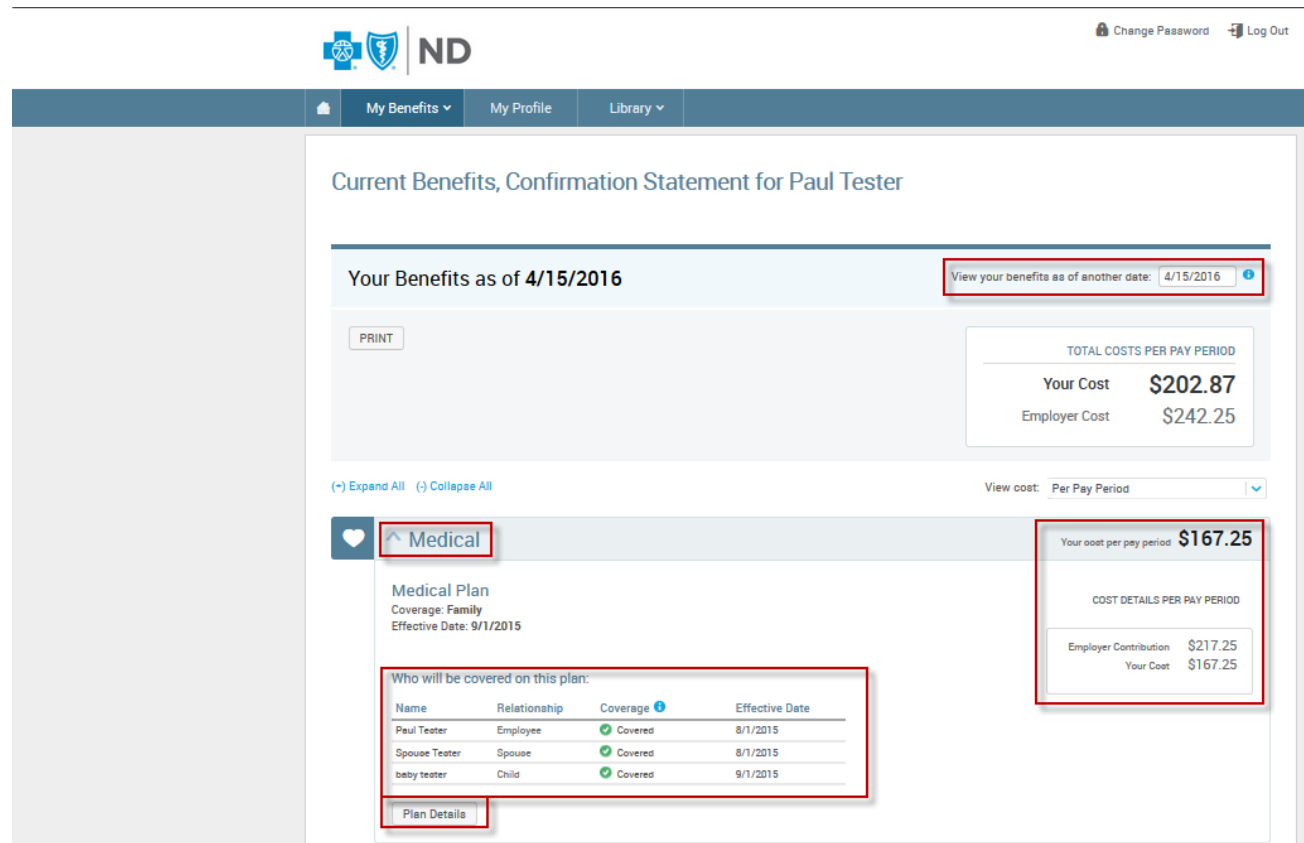
The screenshot displays the BlueConnect Employee Homepage. At the top, there is a navigation bar with three tabs: 'My Benefits', 'My Profile', and 'Library'. The 'My Profile' tab is currently selected. Below the navigation bar, the page is divided into several sections. On the left, there is a 'Welcome' message for 'May Tester' and a 'My Profile' section with links to 'Edit my profile', 'Edit dependent profiles', and 'Change my address'. Below this is a 'My Family' section listing 'Jim Tester' and 'Grace Tester'. Further down is a 'Life Events' section with links for 'Adoption/Legal Guardianship', 'Birth', 'Dependent Becomes Eligible', and 'All other Life Events'. The main content area features a large 'Welcome' image of a family. Below the image, the 'My Benefits' section is displayed, showing 'BlueSaver HDHP with HSA' and 'Dental Plan' with dependent coverage information. On the right side, there is a 'News Panel' with a link to 'View All News Posts' and a 'Library Documents' section with a link to 'Brochure'.

## MY BENEFITS

My benefits will allow you to view your current benefit selections and process life events (i.e., marriage, birth etc.).

### Current Benefits

Current Benefits will show you the plans that you're currently enrolled in, who is covered under that plan, the cost of the plan and applicable plan details (i.e. plan brochure). You do have the ability to view your benefits as of another date if need be.



**Current Benefits, Confirmation Statement for Paul Tester**

**Your Benefits as of 4/15/2016** View your benefits as of another date: 4/15/2016

[PRINT](#)

**TOTAL COSTS PER PAY PERIOD**

Your Cost	<b>\$202.87</b>
Employer Cost	<b>\$242.25</b>

(+) Expand All (-) Collapse All View cost: Per Pay Period

**Medical**

**Medical Plan**  
Coverage: Family  
Effective Date: 9/1/2015

**Who will be covered on this plan:**

Name	Relationship	Coverage	Effective Date
Paul Tester	Employee	Covered	8/1/2015
Spouse Tester	Spouse	Covered	8/1/2015
baby tester	Child	Covered	9/1/2015

[Plan Details](#)

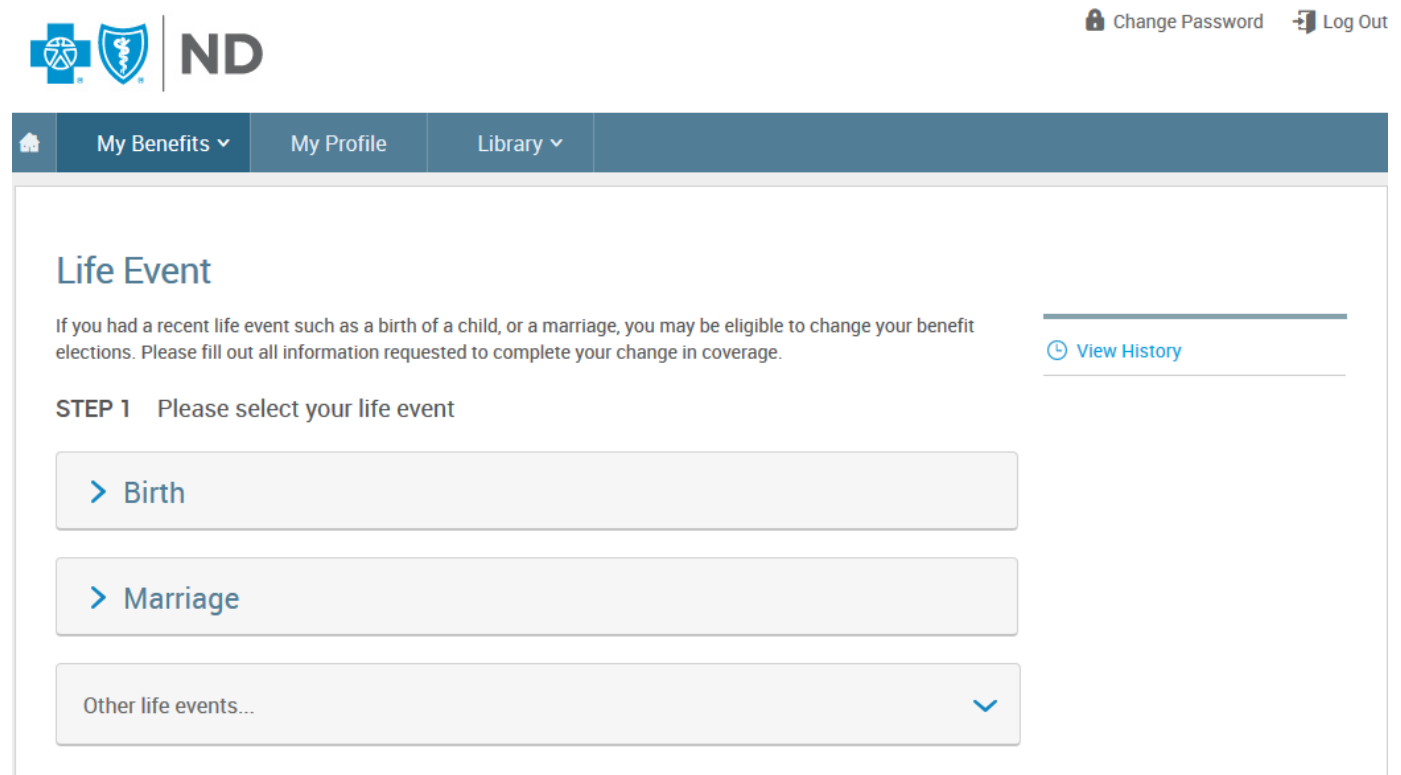
**Your cost per pay period: \$167.25**




**COST DETAILS PER PAY PERIOD**


Employer Contribution	\$217.25
Your Cost	<b>\$167.25</b>

## Life Events

Life Events allow you to process a life event that will open a special enrollment that will allow you to make changes to your benefits. The changes that can be made will depend on the type of life event that has occurred.



  Change Password  Log Out

 My Benefits ▾ My Profile Library ▾

### Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

[View History](#)

**STEP 1** Please select your life event

> Birth

> Marriage

Other life events... ▾

If you need to complete a life event, choose the life event, and complete the necessary information that is required to process the life event. Once you have completed the required information to process a life event you will want to go through the enrollment process to make the necessary benefit changes. Please click [here](#) if you need information on how to complete the enrollment process.

## MY PROFILE

My profile allows you to see the current demographic information that is on file for you and your family, view and/or change beneficiary information, and process a life event.

### Personal Information

This page allows you to see what demographic information is on file for you. If you need to make changes to your demographic information, click the Edit button to make the applicable changes. Some of the fields may not allow you to make changes, please contact your Program Coordinator in this situation.

**Personal Information**

**Demographics**

Prior to beginning your enrollment, all of your personal and family information must be correct below, or, if the information has already been entered, make sure it is accurate.

**May Tester**

**Demographic Information** [Edit](#)

First Name **May**

Middle Initial

Last Name **Tester**

Suffix

Social Security Number **xxx-xx-1245**

Date of Birth **4/10/1980**

Age **36**

Gender **Female**

Marital Status **Divorced**

**Address Information** [Edit](#)

Address 1 **123**

Address 2

City **Fargo**

State **ND**


Zip **58104**

## Family Information

This page allows you to see which family members have been added to your profile and allows you to add a new dependent.

To view and/or make changes to a dependent click on the Edit button. Some of the fields may not allow you to make changes, if there are changes that need to be made but you're unable to do so you will need to contact your Program Coordinator.

To add a new dependent, click on the Add Dependent and complete the required fields. Then click Save to continue.


**ND**

[Change Password](#)
[Log Out](#)

[Home](#)
[My Benefits](#)
[My Profile](#)
[Library](#)


[Personal Information](#)
[Family Information](#)
[Beneficiaries](#)
[Life Event](#)

## Family Information

**Paul Tester**  
Male Employee  
35 years old (12/4/1980)  
SSN: 100-22-5484  
[Edit >](#)

**Spouse Tester**  
Female Spouse  
35 years old (12/4/1980)  
SSN: 100-78-4512  
[Edit >](#)

**baby tester**  
Male Child  
0 years old (9/12/2015)  
[Edit >](#)



## Family Information

### Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

Social Security Number

\* Gender ☐ Male ☐ Female

\* Relationship

\* Fields are required

### Dependent Address Information

\* Address 1

Address 2

\* City

\* State

\* Zip

\* Fields are required

[Save](#)
[Save & Add Another](#)
[Cancel](#)

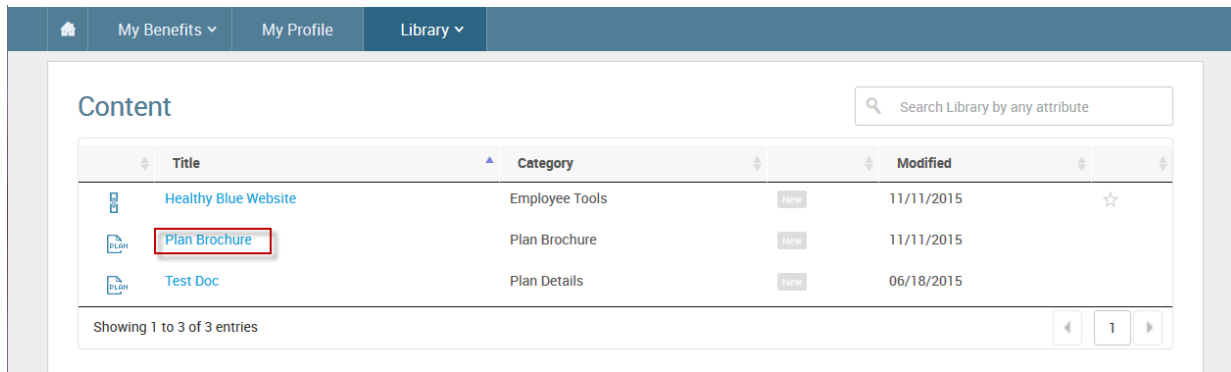


## Life Event








Click [here](#) for more information on life events.

## LIBRARY

The library allows you to view important documents and forms. Such as plan brochures, summary plan descriptions, etc. To view a document in the library, click on the title of the document.



The screenshot displays the BlueConnect Library interface. At the top, there is a navigation bar with links for Home, My Benefits, My Profile, and Library. Below this, the 'Content' section features a search bar labeled 'Search Library by any attribute'. A table lists three documents: 'Healthy Blue Website' (Employee Tools, Modified 11/11/2015), 'Plan Brochure' (Plan Brochure, Modified 11/11/2015), and 'Test Doc' (Plan Details, Modified 06/18/2015). The 'Plan Brochure' title is highlighted with a red box. At the bottom, it indicates 'Showing 1 to 3 of 3 entries' with pagination controls.

	Title	Category		Modified	
	<a href="#">Healthy Blue Website</a>	Employee Tools		11/11/2015	
	<a href="#">Plan Brochure</a>	Plan Brochure		11/11/2015	
	<a href="#">Test Doc</a>	Plan Details		06/18/2015	

Showing 1 to 3 of 3 entries

## ENROLLMENT PROCESS

The enrollment process allows you to enroll in benefits as a new hire, special enrollment period or open enrollment. BlueConnect will walk you through the enrollment process.

To start follow the below steps:

1. From the homepage click on the Change My Elections button
2. Verify the information listed for you is correct and check "I agree" and click Continue. Make the necessary changes or contact your Program Coordinator to update any fields that cannot be edited in BlueConnect

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

First Name Paul  
 Middle Initial  
 Last Name Tester  
 Suffix  
 Social Security Number 100-22-5484  
 Date of Birth 12/4/1980  
 Gender Male  
 \* Marital Status Married

\* Fields are required

### Address

Address 1 123  
 Address 2  
 City Mandan  
 State ND - North Dakota  
 Zip 58104  
 Home Phone XXX-XXX-XXXX  
 Home Email  
 Send Alerts in ☒ English ☐ Spanish  
 Work Email  
 Preferred Email ☒ Home Email ☐ Work Email

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

Please note: If you do give permission above to receive benefit information via email that you consent to receive Plan Documents and all related Plan communications electronically. I understand that I am able to revoke this authorization by writing the Plan Administrator. Please see below for more information.

I understand that:

1. The following documents and/or notices may be provided to me electronically
  1. Summary Plan Descriptions
  2. Summaries of Material Modifications
  3. Summary Annual Reports
  4. COBRA Notices (Not Qualifying Event Notices)
2. I may provide notice of a revised email address or revoke my consent at any time without charge by sending an email to [benefitservicecenter@ixc.com](mailto:benefitservicecenter@ixc.com) or calling 1-800-xxx-xxxx.
3. I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting [benefitservicecenter@ixc.com](mailto:benefitservicecenter@ixc.com) or calling 1-800-xxx-xxxx.
4. In order to access information provided electronically, I must have
  1. A computer with internet access
  2. An email account that allows me to send and receive emails
  3. Word processing software like Microsoft Word or Works, Word Perfect or Adobe Acrobat Reader 5.0 (or higher).

☒ I Agree

1 Your Info

Employee Info

Family Info

2 Your Benefits


3 Enroll

4 Complete

Continue

3. Verify the information listed for your family is correct and check "I agree" and click Continue. If changes are needed make the necessary changes. Contact your Program Coordinator to update any fields that are not editable. If you need to add a dependent, click "Add Dependent" and enter the required information.

To enter your dependents, click on the "+" Add Dependents" link. To verify or edit the information of a family member who has already been entered, click on the person's name.

<b>Paul Tester</b> Male Employee 35 years old (12/4/1980) SSN: 100-22-5484 <a href="#">Edit &gt;</a>	<b>Spouse Tester</b> Female Spouse 35 years old (12/4/1980) SSN: 100-78-4512 <a href="#">Edit &gt;</a>	<b>baby tester</b> Male Child 0 years old (9/12/2015) <a href="#">Edit &gt;</a>	 Add Dependents
--	--	--	--

[Continue](#)

**Dependent Information Notice**  
We have restrictions for qualified dependent coverage under our benefit plans. Enrolling someone who is not qualified as a dependent is considered insurance fraud.  
To be eligible for Medical, Dental, or Vision coverage, your dependent must meet one of the following definitions:  
1) Spouse: your legally married husband/wife  
2) Domestic Partner  
3) Child(ren): unmarried children up to age 26  
4) Disabled Child: unmarried child who is mentally or physically handicapped and incapable of engaging in self-sustaining employment due to such incapacity, and claimed as a Dependent on your IRS tax return. Children include: natural children, stepchildren, legally adopted children, children placed for adoption, and children who you are legally appointed as guardian or limited guardian (cannot be temporary guardian).  
**Who is NOT a qualified dependent?**  
• Boyfriend/girlfriend/fiance  
• Parents  
• Grandparents/relatives  
• Brothers or sisters  
**\*Possible Consequences for Insurance Fraud\***  
• Subject to corrective action up to and including termination  
• Required to repay additional premium costs for covering ineligible person(s)  
• Coverage for the non-qualified person(s) may be canceled back to the date they were first enrolled  
• Pay costs of services received by the non-qualified person(s)  
• Permanently barred from enrolling in any benefit plan if your employment is terminated.  
I have reviewed the above Dependent Information Notice. I consent that the dependents listed in the "Family Information" section is accurate and that all dependents listed are eligible for coverage under the Benefits program.  
PLEASE NOTE: it is acceptable to list children here over the age of 26, but they may not be eligible for benefits.  
☐ I agree

- The system will now step through the benefits that you are eligible to enroll in. You can select "I don't want this benefit (waive)" or you can click on "View Plan Options" to learn more about the benefit. If you click "I don't want this benefit (waive)" move to the next plan listed and make your election choice. If you click on "View Plan Options" you will determine who will be covered under the benefit. Once you have determined who will be covered you then can view the Plan Details for the plan and either select the benefit or waive, after you have made a selection you will be taken back to the Enroll page where you can continue to make your elections.

**Medical** \$175.00  
Your Cost per pay period

PLAN BCBS HDHP / BCBS ND / [View plan details](#)

COVERAGE Family

Paul Tester	Employee	<input checked="" type="checkbox"/> Cover
Spouse Tester	Spouse	<input checked="" type="checkbox"/> Cover
baby tester	Child	<input checked="" type="checkbox"/> Cover

☒ Completed ☒ I don't want this benefit (waive) [View Plan Options](#)

**1 Your Info**  
**2 Your Benefits**  
3 Enroll  
4 Complete

Your Cost per pay period \$210.63

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Who will be covered by this plan?

☒ Paul Tester Employee ☒ Spouse Tester Spouse ☒ baby tester Child [+ Add Dependents](#)

**CURRENT PLAN**

Medical Plan  
BCBS ND  
[View plan details](#)  
[Plan Brochure](#)

Your Cost per pay period: \$167.25  
Tier: Family  
☒ Selected

[Keep Selection](#)

☒ Waive Medical [Waive](#)

[Back](#)

- Once you have made all of your elections you will need to review your benefit selections by clicking "Continue".

**Medical** \$167.25  
Your Cost per pay period

PLAN Medical Plan / BCBS ND / [View plan details](#)

COVERAGE Family

Paul Tester	Employee	<input checked="" type="checkbox"/> Cover
Spouse Tester	Spouse	<input checked="" type="checkbox"/> Cover
baby tester	Child	<input checked="" type="checkbox"/> Cover

☒ Completed ☒ I don't want this benefit (waive) [View Plan Options](#)

**1 Your Info**  
**2 Your Benefits**  
3 Enroll  
4 Complete

Your Cost per pay period \$205.38

Finished selecting benefits? Click the button below to continue.

[Continue](#)

- You will now review your benefit elections to make sure that everything is correct. If you need to make any changes, click on "Edit Selection" under the benefit plan in which a change is needed for to make the necessary change. If no changes are needed read and click "I agree" to the acknowledge statement at the bottom of the page and click "Complete Enrollment".

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$205.38**  
Pay My Payroll

**Medical** ACROSS HD **Your cost per pay period: \$167.25**

Medical Plan **Family** COVERAGE: Family **COST OF THIS PLAN PER PAY PERIOD**

Who will be covered on this plan:	Relationship	Coverage
Paul Tester	Employee	<input checked="" type="checkbox"/> Cover
Suzanne Tester	Spouse	<input checked="" type="checkbox"/> Cover
Baby Tester	Child	<input checked="" type="checkbox"/> Cover


[Edit Selection](#)

Employer Contribution: \$217.25  
Your Cost: \$167.25

**Complete Enrollment**

- Your enrollment is now complete; you can view a confirmation statement or print a copy for your records.

 **Your enrollment is complete!**

 You may make changes to your elections until: **August 28, 2016**

Please view your confirmation statement and verify that your elections are correct.

**Your Confirmation Statement is ready**  
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [PRINT](#)

- You are able to change your elections if necessary by the date listed on the Welcome page after enrollment.

[Home](#) [My Benefits](#) [My Profile](#) [Library](#)


**Your enrollment is complete!**

Last date to make changes: **3/19/2017**

Your Status: **Complete**

[Change My Elections](#)


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 **Welcome,**

**My Profile**

- [Edit my profile](#)
- [Edit dependent profiles](#)
- [Change my address](#)

**My Family**



**News Panel**

[View All News Posts](#)

**Library Documents**

Please visit the Library to see all available documents.  
[Brochure](#)