Guide to using the plan administrator website



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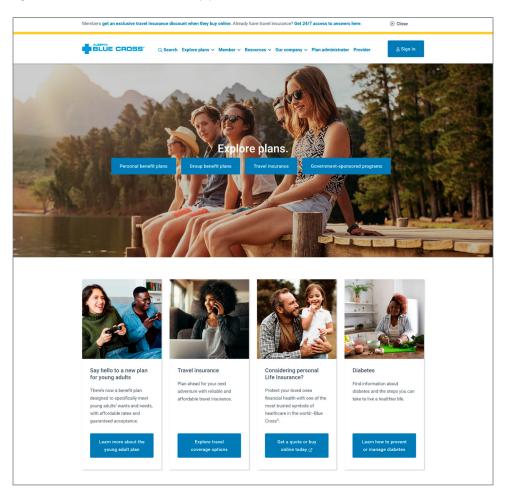
Chapter 1: Introduction

Advantages of updating through the Alberta Blue Cross secure website

The web site for plan administrators has been designed to balance your need for convenience and ease of use with the necessity of maintaining the security of your plan members' information. Through the site, you have 7-day-a-week access for submitting employee eligibility information, checking the status of recent updates to employee files, ordering new Alberta Blue Cross ID cards, viewing your plan's Statements of Account, and more. In addition, tracking updates and changes to plan member's files has never been easier because each update submitted through the site receives a unique confirmation number.

The website address

Go to <u>www.ab.bluecross.ca</u> then click the *Sign in* button in the top right-hand corner and choose *Group plan administrators*.



Members ge	et an exclusive travel insurance discount when the	ey buy online. Already have travel insurance? Get	t 24/7 access to answers here. 🛞	Close
	JE CROSS [®] Q Search Explore plan	ns 🗸 Member 🗸 Resources 🗸 Our company	y 🗸 Plan administrator Provider	윤 Sign in
Home >	Sign in			
	Sign in			
	Select which portal you would like to log in to.			
	2	<u>8</u>	2	
	Plan members	Group plan administrators	Plan advisors	
	٤	ស	69	
	Health providers	Dental providers	Optical providers	

Balancing convenience and security

The Terms of Use outlined near the end of this document are intended to establish operating procedures that appropriately restrict access to confidential information and clearly explain the rights and responsibilities of all parties involved. The Terms of Use may be amended occasionally, so please refer to the website for the most up-to-date version.

All information accessed through the website is confidential and is intended for your use only as the group's plan administrator.

Keep your file copies

Although employee transfers, enrolments, terminations, reinstatements and information updates can be submitted through the website, it is important to keep original signed and dated applications and change forms on file in case they are requested. Failure to provide necessary support documents when requested could affect coverage provided.

Please refer to the Terms of Use at the end of this document and on the website for a description of document retention requirements.

Chapter 2: Summary of site features

Tip: Ensure pop-up's are enabled.

At the top of each page, there is a menu with the following main headings:

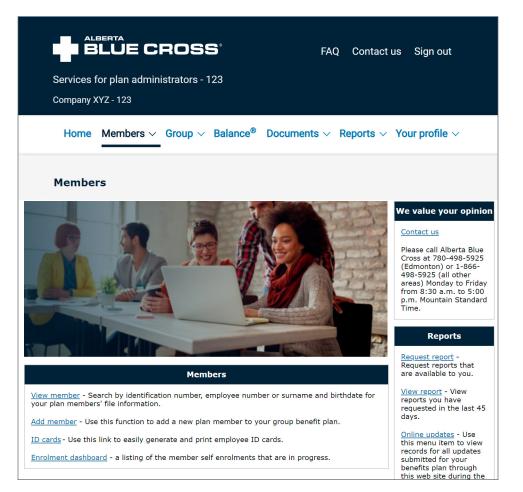


Home—This is the first page of the website. It contains links to most of the content in the site.

Member—View member information including the following:

- *View member*—Search for your plan member's file by entering information such as ID number, employee number or last name and birth date.
- Add member—Use this function to add a new plan member to your group benefit plan.
- **Request ID cards**—If one of your plan members needs new ID cards you can use this feature to order them online or to print them immediately. 2 identification cards will be issued for each request.

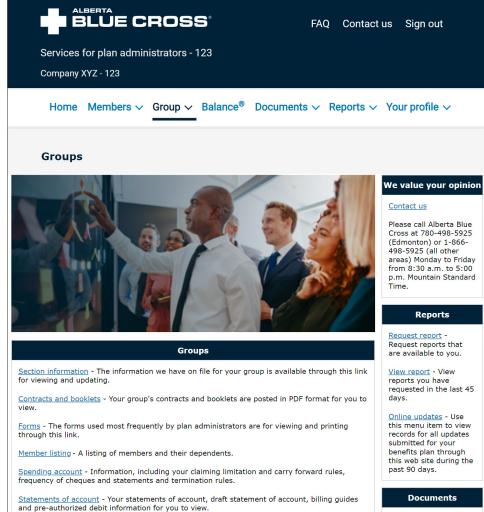
Services Company X	for plan administrators - 123 (YZ - 123
Home	Members ^ Group ~ Balance® Documents ~ Reports ~ Your profile ~
	Members overview
	View member
	Add member
	Request ID cards
	Enrolment dashboard
adminis	trators' secure website



Group—Most information in the *Group* area of the site is in Adobe Portable Document Format (PDF) or Excel spreadsheets. The *Group* content includes:

- **Section information**—View and update the address we have on file for your company. The name of the plan administrator for this section and contact information for your sales and service representatives are also available here.
- **Contracts and booklets**—Your group's contracts and benefit booklets are available in PDF format.
- Forms—Print the forms used most frequently by plan administrators.
- *Member listing*—Run a report listing plan members, their dependents and their benefits.
- **Spending account** (*if applicable*)—Information including your claiming limitation and carry-forward rules, policy year, reimbursement choice, termination rules, payments and/ or statements, dependent claims and method of allocating credits.
- Statements of account—This is available in both PDF and Excel format for the last 12 months. If applicable, the pre-authorized debit banking information we have on file for you is also available on this page as well as a printable Guide to Your Statement of Account.
- **Over-age reports**—These reports contain a listing of dependents approaching benefit age limits.

		ROS	5 °	F	AQ (Contact u	s Sign out	
Services f	for plan admin KYZ - 123	istrators - 1	123					
Home	Members \vee	Group ^	Balance®	Documents N	Rep	ports \vee '	Your profile	~
		Contracts Forms Member I Spending Statemen Overage r	formation and bookle isting account ts of accour	nt				
	bers h for members pers and reque			erminate		comp	as your bany moved cations?	



Overage reports - A listing of dependents approaching benefit age limits.

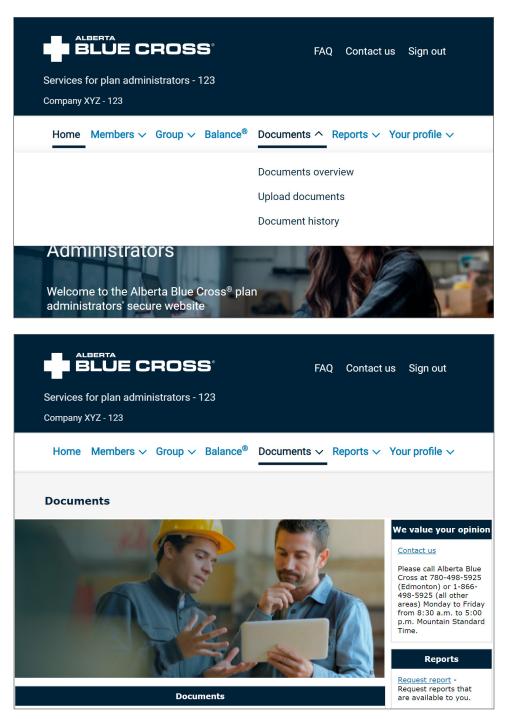
MUW decision reports - A listing of MUW decision reports.

areas) Monday to Friday from 8:30 a.m. to 5:00 p.m. Mountain Standard

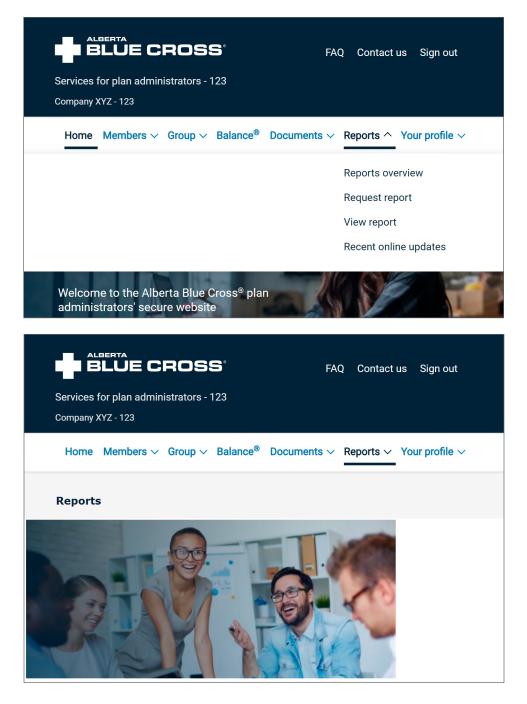
this menu item to view records for all updates this web site during the past 90 days.

Upload documents -Use this functionality to send files and documents to Alberta Blue Cross.

Documents—Click on *Documents* to view records for all updates submitted for your benefit plan through this website. You may search a date range or by confirmation, ID, employee number, last name, or a quick search of the past 90 days.



Reports—Click on *Reports* to view records for all updates submitted for your benefit plan through this website. You may search a date range or by confirmation, ID, employee number, last name, or a quick search of the past 90 days.

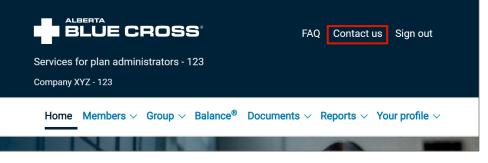


Your profile

- **Change password**—Click on the **Change password** menu item to change your password at any time from within the website.
- **Reminder questions and answers**—During website registration you are asked to provide security questions and answers. This information is used to identify you when you phone our offices or online if you should ever happen to forget your password.

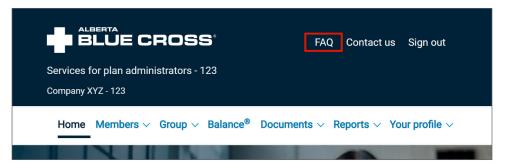
ALBERTA FAQ Contact of Cont	us Sign out
Home Members \checkmark Group \checkmark Balance [®] Documents \checkmark Reports \checkmark	Your profile 🔨
	Profile overview Change password Reminder questions and answers Member self enrolment email alerts
User account	Reports Request report - Request reports that are available to you.
<u>Change password</u> - Update your secure password. <u>Reminder questions and answers</u> - Update your reminder questions. <u>Member self enrolment email alerts</u> - Update your email alert preference.	View report - View reports you have requested in the last 45 days. Online updates - Use this menu item to view

Contact us—Submit your questions here and we'll reply by email or phone as soon as possible. If your information is of a confidential or personal nature, please contact us directly via phone at 780-498-5925 (Edmonton and area) or toll-free in other areas of Canada and the U.S. at 1-866-498-5925. Our regular office hours are Monday to Friday from 8:30 a.m. to 5 p.m. Mountain Time.



FAQs

- Tips to help you use the website effectively. These are based on site users' questions and will be updated as needed.
- Answers to the most common questions group administrators ask about their Alberta Blue Cross plans:
 - Employee eligibility, waiting periods, changes in eligibility, terminations, making your payment, coordination of benefits and who can answer your questions.



Chapter 3: Members

Tip: To speed up the process of adding a plan member, make sure you have the member's email and mailing address, including their postal code.

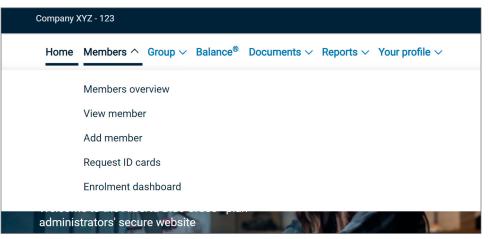
Adding a new plan member

This function allows you to add a new member and their eligible dependents to your benefit plan. 2 identification cards will be issued upon completion of processing by Alberta Blue Cross. (Note: to add a new dependent to an existing employee's file, see the *Viewing and updating information for a plan member* section.)

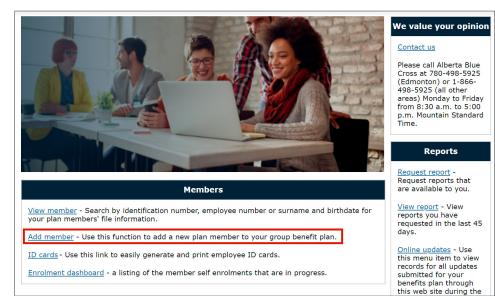
Although you will not be required to submit the paper application, it must be signed, dated and kept in your files to be produced if requested.

There are 2 ways to begin:

Click on *Members* in the top menu bar, then choose *Add member* from the sub-menu.



Or, navigate to the *Members* page of the website and choose *Add member* from the descriptions in the *Members* block.



The group number will be filled in for you so you only need to enter the section you'd like the member to be enrolled in. Class information will be provided automatically based on the section indicated.

Enter group information	
Group Information	
*Group number	00000
*Section	C12 Blank
*Class	Class
	Next

View potential matches

When you click *Next* on the *Create member general information* screen, the website may display possible matches to the information you've entered to help avoid the creation of duplicate records. If there are no possible matches, you will proceed to the *Create* screen.

Member general	demographic info	rmation					
Preferr	Last name Doe				st name	Tim	
	Birth date Jan	01, 1990			Gender	Male	
	ealth number						
Matching partici	ipants						
	ipants	ype Birth date	Group	PHN	Status	Effective	Termination
Matching partici how all <u>Hide all</u> Name	ipants	ype Birth date Jan 01, 1990	Group 999-A-A	PHN	Status	Effective Aug 01, 2023	Termination
Matching partici how all <u>Hide all</u> Name E Doe, Jane	ipants Participant t			PHN			Termination
Matching partici	ipants Participant t Nember	Jan 01, 1990	999-A-A	PHN	1	Aug 01, 2023	Termination

Show—expands the table to show dependents associated with this plan member.

Copy and continue—base a new plan member's information on the information available for an existing file.

Edit—modifies an existing file.

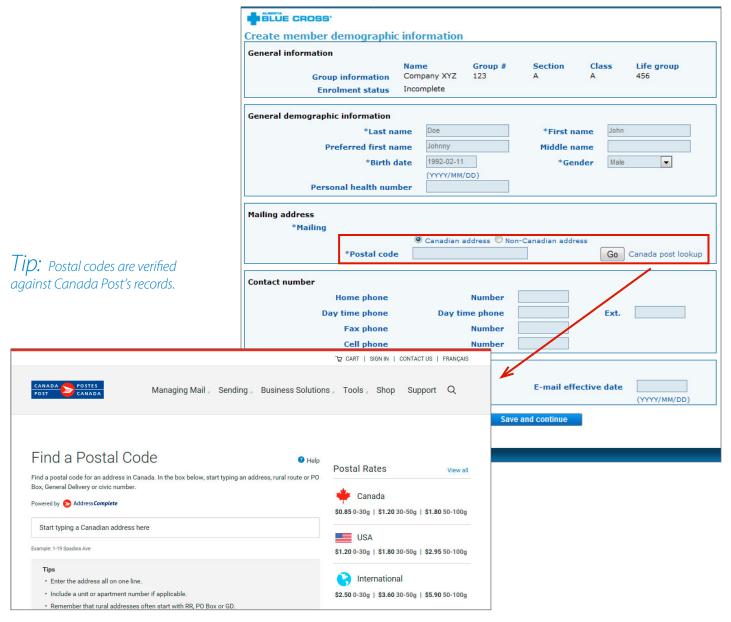
View—allows you to take a closer look at the file to determine if it is an exact match or just a similar file.

Next—continue and create a new file.

Add a mailing address, phone numbers and an email address

Enter the member's postal code and click Go.

If you don't know the postal code, click on *Canada post lookup*. Once you have the postal code, enter it in the field provided and click *Go*.



Tip: Once you look up a postal code, please copy and paste it into the postal code field.

Tip: What if there isn't a valid Canadian postal code for the plan member? (This could happen if the plan member is living in a new district.)

If the address cannot be verified after entering the postal code and address, use the "Other" radio button to enter it manually.

Click **OK** and enter the address without the postal code.

Based on the postal code, the street, city, province and country will be populated. All you need to do is enter the number (for example, 10212).

	🔘 Canadian address 🖲 Non-Canadian address
■ Country	
Additional information	(Examples: Department of Medicine, Accounts Receivable)
Address line 1	
Address line 2	
Address line 3	
City	Province/State
Postal/Zip Code	

If you cannot enter the postal code, you may leave the field blank and click Go.

Mailing address *Mailing		
*Postal code	Canadian address Non-Canadian address	Go Canada post lookup

You will see an information message like the one below. Click **OK** to continue.

Create member i	bluelink.ab.bluecros ou have not entered a vithout the postal code	postal code. Do				
General information Group informat Enrolment sta	tion AA Test Group tus Incomplete	999	Section A	Canx A	ass	Life group 777-001-A
Member information						
* Last na	me Doe		* First	t name	Tim	
Preferred first na	me		Middl	e name		
* Birth d	1770 01 01			Gender	Male	*
Personal health num	(VVVV-MM-DD)					
Mailing address Mailing Postal co	-	dress 🔿 Non-C		nada posi	t. lookue	
Contact number						
Home phone	Number					
Day time phone	Number				Ext.	
Fax Phone	Number					

Mailing * Country	Canadian address
Additional information	(Examples: Department of Medicine, Accounts Receivable)
Address line 1	
Address line 2	
Address line 3	
City	Province/State
Postal/Zip Code	
	Reset
E-mail	
Primary e-mail	jdoe@demonstration.ca E-mail effective date

Click on *Non-Canadian* address to enter addresses for plan members outside Canada.

Single/family, date hired and employee information

- Enter the requested information about the type of coverage (for example, single or family), date of hire and signature date.
- Effective dates will be calculated for you based on your plan's rules.
- Date of receipt will always be today's date.

Group information Enrolment status	Company XYZ Incomplete	123	A	A	456
Member general demographic inform	nation				
Name Doe,	John				
Birth Date Feb	11, 1992			Gender	Male
Participant coverage *Participant coverage	amily 💌				
Member eligibility date attributes			-1	Date of hire	20XX-04-01
Employee signature date	20XX-04-01	1	Date	e of receipt	(YYYY/MM/DD) Apr 01, 20XX
	(YYYY/MM/DD)			
Effective date				Waive waitir	a period
System calculated effective date					
Member attributes					
Employee number			Depa	rtment ident	ifier
Unique identifier				Union ident	ifier
*Weekly hours worked					

Tip: If you leave the effective date blank on any screen, the website will display it as 1800-01-01 or Jan 01, 1800.

Tip: If your group administers its own waiting periods, there will not be an automatically-calculated effective date and instead there will be a field where you can enter the appropriate effective date. Once the employee signature date and date of hire are entered, and if the member qualifies, the "Waive waiting period" check box will appear.

Member eligibility date attrib	utes		
		Date of hire	20XX-04-01 (YYYY-MM-DD)
* Employee signature date	20XX-04-01 (YYYY-MM-DD)	Date of receipt	April 01, 20XX
Effective date	Jul 01, 20XX	Waive waiting period	
System calculated effective date	Jul 01, 20XX		

If you check the box, a warning message will appear.

Create member information	
AWarning message	
I understand that waiving the waiting period is done as an exception to the contract.	
Cancel OK	
Click Cancel to go back to the Edit page and make changes. Click OK to accept the changes and continue.	

Once you click **OK**, the dates will change accordingly.

Member eligibility date attrib	outes		
		Date of hire	20XX-04-01 (YYYY-MM-DD)
* Employee signature date	20XX-04-01 (YYYY-MM-DD)	Date of receipt	April 01, 20XX
Effective date	April 01, 20XX	Waive waiting period	~
System calculated effective date	April 01, 20XX		

Tip: Depending on the type of dependent you're adding, additional information may be required

Add dependents, if applicable

Create member general infor	mations				
General information					
Group information Enrolment status	Name Company XYZ Incomplete	Group # 123	Section A	Class A	Life group 456
Spouse information					
*Last name			*Firs	t name	
Preferred first name			Middle	e name	
*Dependent Type					
*Birth date				Gender	
Personal health number	(YYYY/MM/DD)		Unique ide	entifier	
Dependent information					
*Last name			*Firs	t name	
Preferred first name			Middle	e name	
*Dependent Type					
*Birth date			•	Gender	
int/Uncle other/Sister	(YYYY/MM/DD)		Unique id	entifier	
other/Sister-in-law hild ommon-law child ster child randchild randparent ece/Nephew irent					

Tip: Contact us for additional information on processing over-age dependents

Over-age dependents

If you add a dependent who is 21 or older, you will need to check either the Disability or Student indicator. If an over-age student finishes school before reaching the age of 25, you must enter a termination date. **Unchecking the Student indicator will not terminate their coverage.**



Waiving coverage and coordination of benefits

Indicate which benefits the plan member wishes to waive (if any) due to spousal coverage and add coordination of benefits details, if applicable.

Create Waiver or Coordination of Benefits

Group information Company Enrolment status Incomple Waiver information The member chooses to waive the following benefit HEALTH Waive ONO Yes Participant Doe, John Doe, Jane Other coverage information	ste	A erage.	A	456 Terminatio
Vaiver information The member chooses to waive the following benefit HEALTH Waive No O Yes Participant Doe, John Doe, Jane Other coverage information *Name	ts due to spousal cov Effective Jul 01, 20XX Jul 01, 20XX	erage.		Terminatio
The member chooses to waive the following benefit HEALTH Waive No Yes Participant Doe, John Doe, Jane Other coverage information *Name	Effective Jul 01, 20XX Jul 01, 20XX	erage.		Terminatio
HEALTH Waive ONO Yes Participant Doe, John Doe, Jane Other coverage information *Name	Effective Jul 01, 20XX Jul 01, 20XX	erage.		Terminatio
Waive No Wres	Jul 01, 20XX Jul 01, 20XX			Terminatio
Waive No Wres	Jul 01, 20XX Jul 01, 20XX		_	Terminatio
Participant Doe, John Doe, Jane Other coverage information *Name	Jul 01, 20XX Jul 01, 20XX			Terminatio
Doe, John Doe, Jane Other coverage information *Name	Jul 01, 20XX Jul 01, 20XX			Terminatio
Doe, Jane Other coverage information *Name	Jul 01, 20XX			
Other coverage information *Name				
*Name	.			
*Policy number				1011 1120
Note: Please ensure employee understands that if l penefits at a later date unless their application occu				
sententes at a later date diffess their application occu		commutation of sp		.go.
DENTAL				
Walve Vo Ves				
IFE/DISABILITY				
Waive O No Yes				
Note: Subject to group contract participation requi	irements)			
Coordination of Benefits				
Does the member wish to coordinat company?	e health and/or de	ntal benefit wi	th another	insurance
No O Yes - If yes, please indicate:				
	e of insured			
*Name of insurance				
	icy number			
Benef	its covered 🛛 🕅 H	ealth 🗖 Dental 🗌	Drugs Vis	sion

Tip: If a dependent coordinates benefits, but the member doesn't, please contact Group Administration and we will enter the coordination information.

Tip: To add coordination of benefits or a waiver after initial enrolment, contact group administration.

Tip: Choose the *Save* button instead of *Save and continue* if you would like to partially complete the enrolment and come back later to finish it. *Tip:* Salary is only required if it is needed to calculate the volume of coverage for your employee. For example if your basic life benefit is based on 2 times the annual salary, we would need to know the salary in order to calculate the appropriate coverage.

Tip: Choose the occupation category from the drop-down list that most closely matches the occupation of the member then enter the exact occupation in the field below.

Create health and/or dental benefits

Create h	ealth and /o	r dental	benefit	5				
General in	formation							
	Group info	ormation	Name Company		oup # 3	Section A	Class A	Life group 456
	Enrolme	nt status	Incomple	te				
Mandatory	/ health and/or	dental en	rolment p	ackages				
Details	Benefit	Particip package		Effective (YYY-MM-D		nation	Waive s	tatus
Show	Dental	Family	1	20XX-07-0	01			
Optional h	ealth and/or d	ental bene	fits					
Details	Benefit	Particip package		Effective (YYY-MM-D		nation	Waive s	tatus
No	o information to d	isplay.						
			100					
		Back	Delet	te Si	ive	Save and con	tinue	

Add life and/or disability benefit information (if applicable)

he occupation Create li	Create life and/or disability benefits							
the drop-down General in	formation							
osely matches the he member then	Group information Enrolment status	Name Company XYZ Incomplete	Group # 123	Section A	Class A	Life group 456		
occupation in the	or disability benefits							
Benefit		Participant package coverage	Over-age class	Effective (YYYY-MM-DD)		Termination		
Basic Life		Single		20XX-07-01				
AD&D		Single		20XX-07-01				
Dep Life		Family		20XX-07-01				
WI		Single		20XX-07-01				
LTD		Single		20XX-07-01				
Optional li	ife benefits							
Benefit		Participant package coverage	Over-age class	Effective (YYYY-MM-DD)		Termination		
	*Salary (\$) 30,000 rked per week ation category				quency type			
	Occupation Back	Delete	Save	Save and cont	inue			
Hospitality (e.g. hotel) and food service Foreman/supervisor in production & manufacturing Health & education (nurse, teacher, social worker, nurse Police, fire and pilots Labourers and heavy equipment operators Mgmt, IT professionals, accountants, lawyers, engineers Executives Assembler, shipper and warehousing Lab techs, dental assistants, therapists, installation profe Sheet metal worker, pipe fitter, welder, machinist, constr Plumber, mechanic, cabinetmaker, electrician Sales, service & retail Office & clerical (e.g. bookkeeper, customer service)	(white colla							

Create spending account benefits

	Name Group information Company Enrolment status Incomplete	XYZ 123		ction	Class A	Life group 456
Spendin	g account benefits					
Benefit	Participant package coverage	je		ctive YY-MM-DD)		Termination
No inform	ation to display.					
	ation to display.					
Optional	spending account benefits	Participant	package coverage	Effective (YYYY-MM	-DD)	Termination
Optional	spending account benefits	Participant Family	package coverage		I-DD)	Termination
	spending account benefits Benefit		package coverage		I-DD)	Termination

Review the information you are about to submit

• If any changes are needed, click on an *Edit* button to make changes before you submit the enrolment.

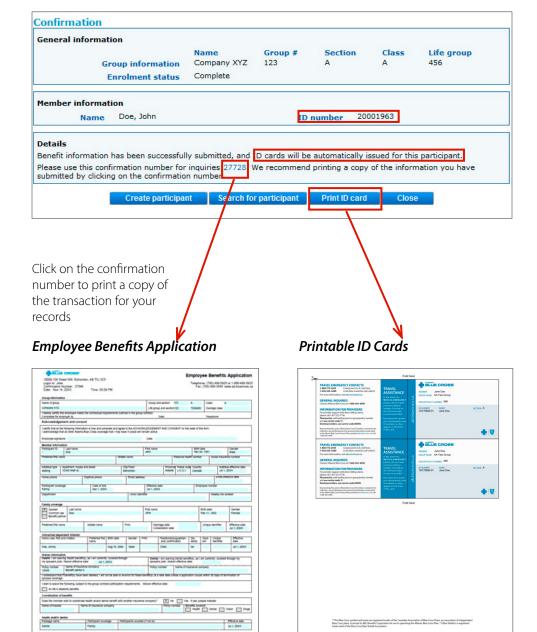
Review					
General information					
Name Group information Compa			Section A	Clas: A	s Life group 456
Enrolment status Incom	plete				
Member demographic profile					
Last name Doe			F	irst name	John
Preferred first name			Mid	dle name	
Birth date Jan	01, 1990			Gender	Male
Personal health number					
Address 1234	45 Main ST EDN	IONTON AB L1L	1L1 Canada		
Use type Number				Ext.	
No information to display.					
Primary e-mail	[Edit	Effec	tive date	
Participant coverage					
Participant coverage	Effe	ective date		Terminatio	n date
Family	Apr	01, 20XX			
		Edit			
Member eligibility date attributes	;				
			Da	te of hire	Jan 01, 20XX
Employee signature date Jan	01, 20XX		Date	of receipt	Feb 05, 20XX
Effective date Apr	01, 20××				
System calculated effective Apr date	01, 20××				
uate	Г	Edit			
	L				
Member attributes					
Employee number			Department		
Unique identifier			Union	identifier	
Weekly hours worked					
		Edit			
Waiver or Coordination of Bene	fite				
Coordination of benefits					
Name of insured			y number		
Name of insurance company		Edit	s covered] Dental 🗌 Drugs 🗌 Vis
	Dele		omit		

Tip: Be very careful about clicking the **Delete** button. A warning message will appear, but if you disregard this, you will lose all the information you enter for this plan member.

and the second se	luecross.ca says		
Are you sure yo	u want to delete this	record?	
This action cann	not be undone!		
			_

Confirmation and ID card

• In most cases you will receive an ID number for the plan member and be able to print an ID card for them immediately. You will also be able to view and save a PDF containing details for your records.



Tip: You may print ID cards for the plan member, but it is not necessary; Alberta Blue Cross will mail the cards.

Tip: Unsure of the spelling? For last names, you may use an asterisk [*] after 3 characters to replace the last part of the name. For example, if you are searching for MACDONALD you may enter MAC* to find all entries beginning with MAC. These could include, for example, MACDERMID and MACDIARMID.

Viewing and updating information for an existing member

The processes for updating, transferring and terminating plan members are very similar. For all of those processes, you begin with step 1, searching for the member's file.

Use a benefit change form (ABC 20058 for Life and/or Disability Benefits groups or ABC 20065 for Health and Dental groups) as a guide for gathering the information you will need to submit through the site. Forms are available under *Group* > *Forms* on the top menu on all webpages.

earch criteria			
earch criteria			
at far an esta court on the	since \$1 and the \$10 and	weeks with the first first same fields only	
	prease his out the LD i	number or the Last/First name felds only.	
ID number			
Lest name		First name	
Preferred name		Hiddle name	
Birth date	(2) ····································	Tracking identifier	
	(mm-MH-00)		
Group number	999	Participant type	*
Personal health number		Social insurance number	
Registration number		Coverage number	
Unique identifier		Employee number	

Updating information such as addresses, benefits or dependent information Step 1:

- Click on the *Member* link at the top of the page, and then click on *View member*.
- Enter information you know about the member in the fields provided. Specific information, such as an ID number will take you directly to the member's file. If you enter general information, such as a last name only, you may be presented with several search results to choose from.
- Alberta Blue Cross ID number: this must be the plan member's Alberta Blue Cross ID number. You may include the dash and the 2 numbers after the dash, for example, 1234567-89, if available.
- Employee number: this number would be issued by your organization and may be used as the Alberta Blue Cross ID number (the number printed on the Alberta Blue Cross ID cards) as well.
- Birth date: this field can help narrow your search for an individual member's record, but may only be used if you have also entered a last name. The format for dates throughout the website is YYYY-MM-DD.

After clicking the *Search* button, you will either go straight to the member's record or see records for 1 or more plan member information if there are potential matches.

Step 2:

Once you find the file you need, you will be taken to the *View participant enrolment* screen. Buttons at the bottom of the page allow you to terminate or transfer the plan member or reinstate a terminated plan member. Quick links provide opportunities to edit the member's address, phone or change their benefit status from family or single coverage.

Step 3:

To edit member information, you may either:

- Use the quick links in the *General information* section of the *View participant enrolment* screen, or
- Select the *Member* tab and click the grey edit member button near the bottom of the page.

	formatio		-			
м	ember	Name Doe.Jane	1D 25042294-01	Birth date Jan 01, 1990	Over-age class	
roup inform	nation	Name AA Test Group	Group 999	Section A	Class A	Life group number 777-001-A
Eff	ective	Apr 01, 2023		Participant o	overage Single	
		Edit add	ress Edit.salary E	dit participant cove	rage Add dependents	
verview	Member	Dependent	Health/dental	Vellness Life/dis	ability Spending acc	ount
Contacts		10 T5	UE CROSS PLACE 0 8 ST NW EDMONTO 3 3CS Canada			
	Day tir	me phone			Home phone	
Participant	t covera	iges				
articipant co	verage	Effect	live	Termination		
ingle		Apr 01	. 2023			
ingle		Apr 01	1, 2023			
ingle / Dependent	5	Apr 01	1, 2023			
				Termination	Termination reason O	ver-age
Dependent		Type Birth		Termination		ver-age
Dependent amo		Type Birth		Termination		ver-age
Dependent	to displa	Type Birth	date Effective	Termination		ver-age
Dependent ame o information Benefits enefit packs	to displa	Type Birth	date Effective Eligibility period			ver age
Dependent anno o information r Benefits enefit packar ealth	to displa	Type Birth	date Effective Eligibility period Effective Apr 01, 202	13		ver-age
Dependent information Benefits enefit packar eaith ental	to displa	Type Birth	date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202	13		ver-age
Dependent anno o information r Benefits enefit packar ealth	to displa	Type Birth	date Effective Eligibility period Effective Apr 01, 202	13		ver-age
Dependent ame o information r Benefits confit packas ealth ental fe and/or Disa	to displa ges bility	Type Birth	date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202	13		ver-age
Dependent information Benefits enefit packar eaith ental	to displa ges bility	Type Birth	date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202	13	n reason O	ver-age
Dependent amo o information Penefits confit pocker ealth ental fe and/or Disa	to displi pers bility priods	Type Birth B/- Effect	date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202	3	n reason O	ver-age
Dependent ame o information r Benefits entit packar ealth antal fe and/or Disa 7 Subsidy pe evel o information	to displi per bility to displi	Type Birth B/- Effect	date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202	3	n reason O	ver-age
Dependent anne o information Penefits entit packa ealth ental fe and/or Disa Subsidy pe evel o information Eligibility ;	to displa controls bility to displa periods	Type Birth By: Effect By:	date Effective Eligibility period Effective Apr 01, 203 Effective Apr 01, 203 Effective Apr 01, 203	13 13 13 Termination	n reason O	ver-age
Dependent anne o information Penefits enefit packa ealth eantal fe and/or Disa Subsidy pe evel o information Eligibility (roup 5	to displa bility to displa periods ection	Type Birth By: Effect By: Class (date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202 Effective Apr 01, 202	13 13 13 Termination	n reason O	ver-age
Dependent anne o information Penefits entit packa ealth ental fe and/or Disa Subsidy pe evel o information Eligibility ;	to displa bility to displa periods ection	Type Birth By: Effect By: Class (date Effective Eligibility period Effective Apr 01, 203 Effective Apr 01, 203 Effective Apr 01, 203	13 13 13 Termination	n reason O	ver-age
Dependent anne o information Penefits enefit packa ealth eantal fe and/or Disa Subsidy pe evel o information Eligibility (roup 5	to displa bility to displa periods ection	Type Birth By: Effect By: Class (date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202 Effective Apr 01, 202	13 13 13 Termination	n reason O	ver-age
Dependent anne o information Penefits enefit packa ealth eantal fe and/or Disa Subsidy pe evel o information Eligibility (roup 5	to displa bility to displa periods ection	Type Birth By: Effect By: Class (date Effective Eligibility period Effective Apr 01, 202 Effective Apr 01, 202 Effective Apr 01, 202	13 13 13 Termination	rmination reason	ver-age

Follow the instructions to make changes to member information such as name, birth date, participant coverage (for example single or family), address and contact information.

▼ General informatio	n			(b) A second s second second s second second secon second second sec	
	Name Doe, Jane	ID 25042294-01	Birth date Jan 01, 1990	Over-age class	
Group information	Name AA Test Group	Group 999	Section A	Class A	Life group number 777-001-A
Effective	Apr 01, 2023		Participant	coverage Single	
	Edit address	Edit salary Ed	it participant cove	arage Add dependents	8
Overview Membe	er Dependent	Health/dental	Wellness Life/	disability Spending a	ccount > -
Member information					
	Gender Female				
Personal health	number				
Employee	number		De	partment identifier	
	of hire Jan 01, 2				
Employee signat	ure date Jan 01,	2023			
▼ Participant covera Include history □	ges				
Participant coverage		Effective		Termination	
Single		Apr 01, 2023			
Subsidy level	iy.	Subsidy effecti	ve	Subsidy term	ination
Addresses Include history	ıy.	Subsidy effecti	ve	Subsidy term	lination
Include history Subsidy level No information to displa V Addresses Include history		Subsidy effecti	ve	Subsidy term Effective	ination Termination
include history Subsidy level Io information to displa V Addresses Include history Use type Addre	255				
include history Subsidy level Io information to displa V Addresses Include history Use type Addre	255			Effective	
Include history Subsidy level So information to displa Addresses Include history Use type Addre Mailing BLUE	255			Effective	
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Include history Subsidy level Io information to displa V Addresses Include history Use type V Phones Use type Io information to displa V Email	CROSS PLACE 0 100	09 108 ST NW ED		Effective 5 Canada Jan 01, 1800	
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include history Subsidy level So information to displa Addresses Include history Use type Addre Phones Use type So information to displa Email Include history Use type Primary Direct deposit info	CROSS PLACE 0 1000 ry. Email address declined@ab.blue	09 108 ST NW ED Number		Effective 25 Canada Jan 01, 1800 Ext. Effective	Termination
include history Subsidy level Io information to displa Addresses Include history Use type Io information to displa Femail Include history V Direct deposit info include history Account holder	CROSS PLACE 0 1000 Ny. Email address declined@ab.blue rmation	09 108 ST NW ED Number cross.ca	MONTON AB T5J 3C	Effective 25 Canada Jan 01, 1800 Ext. Effective Jun 29, 2023	Termination
include history Subsidy level Io information to displa V Addresses Include history Use type Addre Mailing BLUE V Phones Use type Io information to displa V Email Include history Primary V Direct deposit info include history Account holder name	ess CROSS PLACE 0 1000 ty. Email address declined@ab.blue rmation Transit	09 108 ST NW ED Number	MONTON AB T5J 3C	Effective 25 Canada Jan 01, 1800 Ext. Effective Jun 29, 2023	Termination
include history Subsidy level Io information to displa V Addresses Include history Use type Addre Mailing BLUE V Phones Use type Io information to displa V Email Include history Use type Primary V Direct deposit info include history Account holder name Io information to displa	ess CROSS PLACE 0 1000 ny. Email address declined@ab.bluet rmation Transit ny.	09 108 ST NW ED Number cross.ca	MONTON AB T5J 3C	Effective 25 Canada Jan 01, 1800 Ext. Effective Jun 29, 2023	Termination
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include history Subsidy level Io information to displa Addresses Include history Use type Io information to displa Phones Use type Io information to displa Enclude history Use type Primary I Direct deposit info Include history Account holder Iname Io information to displa Previous members I Previous members I Previous members I Io Information to Io	Email address declined@ab.blue rmation Transit ry. Birth date	09 108 ST NW ED Number cross.ca Institutior	MONTON AB T5J 3C	Effective 25 Canada Jan 01, 1800 Ext. Effective Jun 29, 2023 unt Effectiv	Termination Termination
include history Subsidy level Subsidy level So information to displa Addresses Include history Use type So information to displa Femail Include history Direct deposit info include history So Direct deposit info include history Caccount holder name So information to displa Fereinal So Information to displa So Information to dinforma	Email address declined@ab.blue rmation Transit ry. Birth date	09 108 ST NW ED Number cross.ca Institution Effecti	MONTON AB T5J 3C	Effective 25 Canada Jan 01, 1800 Ext. Effective Jun 29, 2023 unt Effectiv	Termination Termination
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Step 4:

Review the changes you've made and if necessary, make revisions. Click on the *Submit* button to confirm your changes.

Step 5:

Record the update's confirmation number for your files. Click the confirmation number to save the PDF for your files, with the option to print.

Terminating a plan member

- Click on *Member > View* member then search for the plan member you need to terminate.
- Click the *Terminate member* button at the bottom of the member's file.
- Enter the requested information and click Next.
- Date of receipt—field will be auto-populated with today's date in a non editable format.
- Termination reasons should be chosen from the drop-down list which includes the following: casual status, laid off, leave of absence, left employment, lock out, maternity leave, member deceased, parental leave, other coverage, over age, part time employment, retired, sabbatical and strike.
- **Date employment terminated**—enter the date the employee will cease, or has ceased, working for your organization.
- **System calculated termination date**—in most cases, this will be calculated for you based on the termination date you enter.

oup information					
Group information	Name Company XYZ	Group # 123	Section A	Class A	
Life Group number	456				
ermination information					
1	ID number	1234567891			
	Name	Doe, John			
*Date	of reciept	20XX-09-10			
Terminat	ion reason	Casual status	-		
*Date employment t	erminated	20XX-11-01			
		(YYYY-MM-DD)			
System calculated termin	ation date	20XX-11-01			
		(YYYY-MM-DD)			

After you click the *Next* button, you will see a review screen which allows you to make sure you've entered the termination correctly. Edit the information, if necessary, then click *Submit*.

eneral information					
	Name	Group #	Section	Class	Life group
Group information	Company XYZ	123	А	A	456
Enrolment status	Incomplete				
ermination information					
ID number	20001480				
Name	Doe, John				
Date of receipt	Nov 20, 20XX				
Termination reason	Casual status				
Date employment terminated	Nov 01, 20XX				
System calculated termination date	Nov 30, 20XX				
Termination date	Nov 30, 20XX				
	ſ				
	l	Edit			

You will see a confirmation page telling you that the information has been successfully submitted. Click on the confirmation number to print a copy of the termination for your records.

Tip: When an employee is reinstated, we will send ID cards automatically, so there is no need to order them.

Reinstating a terminated plan member

Use *Member* > *View* member to find the member's file. The *Overview* tab will contain information about the termination and at the bottom of the page, you will find buttons for reinstating the member.

	on				
Member	Name Doe, Jane	ID 25042294-01	Birth date Jan 01, 1990	Over-age class	
Group information	Name AA Test Group	Group 999	Section A	Class A	Life group number 777-001-A
Effective	Apr 01, 2023		Participant o	overage Single	
Termination	Jun 30, 2023				
Termination reason	Maternity/parenta	al leave			
	Edit addres	s <u>Edit salary</u> <u>Ed</u>	lit participant cove	rage Add dependents	
Overview Member	Dependent H	lealth/dental W	/ellness Life/dis	ability Spending accou	unt
Contacts Mailin		CROSS PLACE 0 ST NW EDMONTO C5 Canada			
Day ti	me phone			Home phone	
Participant covera	ages				
articipant coverage	Effective	1	Termination	1	
ingle	Apr 01, 2	023	Jun 30, 2023		
ingic					
7 Dependents					
				Termination	v su sauce.
ame	Type Birth dat	te Effective	Termination	n reason Ove	r-age
o information to displ	ay.				
Benefits					
enefit packages	Eli	gibility period			
ealth	Eff	ective Apr 01, 202	3 to Jun 30, 2023		
ental	Eff	ective Apr 01, 202	3 to Jun 30, 2023		
fe and/or Disability	Eff	ective Apr 01, 202	3 to Jun 20, 2023		
Subsidy periods					
evel	Effective	•	Termination)	
o information to displ	ay.				
7 Eligibility periods					
nanan memerekan sa	ass Effective	Termination	Termination reaso	Date employn on terminated	ent
roup Section C			Marken (market)	eave Jun 20, 2023	
roup Section Cl 99 A A	Apr 01, 202	3 Jun 30, 2023	Maternity/parental I	eave Jun 20, 2023	

General information	<u>on</u>					
Member	Name Doe, Joh	<u>ın</u>	ID 20001480-01	Birth date Nov 24, 1991	Over-age class	
Group information	Name Compan	y XYZ	Group 123	Section A	Class A	Life group number 456
Effective	Jan 01, 3	20XX		Participant c	overage Single	
Termination	Sep 31,	20XX				
Termination reason	Casual s	tatus				
Reinstatement infor	mation		<u>D</u>	/iew XML]		
* Group		123				
	Section	A			Blank	
	* Class		eligible employe	-		
* Date returned	to work	(YYYY-M	M-DD)			

Reinstating a plan member without a lapse will result in a warning message being displayed. If you click *OK*, the member will be reinstated without a gap in their benefits.

Reinstate Member	
Reinstatement information	
Group number	123
Section	A
Class	A - All eligible employees
Warning System will reinstate member with	iout lapse.
	Do you wish to continue? Cancel OK

Tip: Contact us for additional information on processing over-age dependents.

Health/dental tab

, actual unioning	tion				
Member	Name Doe, Jane	ID 25042294-01	Birth date Jan 01, 1990	Over-age cla	55
Group information	Name AA Test Group	Group 999	Section A	Class A	Life group number 777-001-A
Effective	Apr 01, 2023		Participant o	overage Single	
	Edit addres	e Editesland Ed	lit participant cove	rage Add depend	laste
Overview Mem	ber Dependent	Health/dental	Wellness Life	disability Spen	ding account > -
igibility period -		Health/dental	Wellness Life,	/disability Spen	ding account 🗦 👻
ligibility period 🔹	999-A-A (Apr 01 20		Wellness Life,	/disability Spen	ding account > 👻
ligibility period 💌	999-A-A (Apr 01 20		Wellness Life Billing waiver	/disability Spen	ding account > • Benefit restricted
ligibility period nclude history 7 Enrolled benefit Benefit	999-A-A (Apr 01 20	23 -) 🗸	Billing	Individual	Benefit
ligibility period nclude history ▼ Enrolled benefit	999-A-A (Apr 01 20 S Effective	23 -) 🗸	Billing	Individual	Benefit restricted

Life/disability tab

- Benefit
- Beneficiary
- Member salary and occupation
- Coverage

Overview Member	Dependent Health/denta	I Wellness Life/dis	ability Spending acc	ount > •
	< Benefit I	Beneficiary Member sa	alary and occupation	Coverage Claims
999-A-A (Apr 01 2023 -) *			
clude history				
7 Enrolled benefits Benefit	Effective			
		Tern	nination	Billing waiver
E Basic Life	Apr 01, 2023			
± AD&D	Apr 01, 2023			
E WI	Apr 01, 2023			
E LTD	Apr 01, 2023			
		Edit W	aive	
	Add			

Edit salary

Edit address Edit salary Edit participant coverage Add dependents

When a plan member has a change in salary, it is updated by going to the member salary and occupation tab. Click *Edit*, then *Add*, enter the new salary amount, frequency and hours worked per week. Member occupation can be updated if applicable. Click *Next* and review the changes made. Click *Submit* to complete the edit.

General infor	matio	n				
Mer	mber	Name Doe, John	ID 20001480-01	Birth date Nov 24, 1991	Over-age class	
Group inform	ation	Name Company XYZ	Group 123	Section A	Class A	Life group number 456
Effe	ctive	Jan 01, 20XX		Participant co	overage Single	
						12.00
	Edit	address Editicalar	ry Edit participa	ant coverage Add	dependents Edit depe	Indente
	<u>Edit</u>	address <u>Edit sala</u> ı	ry Edit participa	ant coverage Add	dependents Edit depe	<u>indents</u>
•		address <u>Edit salaı</u>	ry Edit participa	ant coverage Add	dependents Edit depe	<u>endents</u>
1ember salary					dependents Edit depe	<u>indents</u>
	,		Hours worked pe	er Effective		indents
	,					indents
alary (\$)	Fre	equency type	Hours worked pe	er Effective		indents
alary (\$)	Fre	equency type	Hours worked pe	er Effective (YYYY-MM-D		indents
alary (\$)	Fre	equency type	Hours worked pe	er Effective (YYYY-MM-D		indents
Member salary alary (\$) 40,000	Fre	equency type	Hours worked pe	er Effective (YYYY-MM-D		indents
alary (\$)	Fre	equency type	Hours worked pe	er Effective (YYYY-MM-D		indents
alary (\$) 10,000	Fr Ar Ar	equency type	Hours worked pe week	er Effective (YYYY-MM-D 2016-08-09		

Request ID cards

You can request ID cards after adding or updating a member's information or without making changes to the file.

On the *Home* page click on *Request ID cards* or at the top of the page, click on *Member* > *Request ID cards*. Enter the individual's ID number and then click *Look* up to find the individual.

ID card parameters * ID number	Look up
	Cancel

If you don't know the member's ID number, leave the ID number field blank and click on the *Look up* button. Then use the search feature to find the individual.

Search criteria			
Search criteria			
Hint: For accurate search results,	please fill out the ID r	number or the Last/First name fields only.	
ID number			
Last name	12	First name	
Preferred name		Hiddle name	
Birth date	(1111-MH-00)	Tracking identifier	
Group number		Participant type	*
Personal health number		Social insurance number	
Registration number		Coverage number	
Unique identifier		Employee number	

Depending on how general your search was, you may receive several search results. Click the round (radio) button to the left of the individual you want, and then click *OK*.

Sear	rch re	sults								
▶ <u>Se</u>	arch C	riteria								
Sear	ch resu	ults								
Show	r all Hig	<u>de all</u>								
	Details	Name	ID number	Туре	Birth dat	e (Group	PHN	Effective	Termination
\odot	Show	Doe, John	20001480-01	м	Nov 24,	1991	123	12345678	Jan 01, 20XX	
0	▶ <u>Show</u>	Doe, Jane	20001480-01	S	Feb 11,	1992	123	23456789	Jan 01, 20XX	
			M:	Member	S: Spouse	C: Child	0:0	ther		
				Sea	ach again	Clos	e			

Choose *Print now* to see a PDF ID card that you may print immediately, or choose *Submit* to have Alberta Blue Cross mail cards to the individual.

*ID number	123456 Look	c up	
Name	Doe, John	Birth date	Nov 24, 1991
Group/Section/Class	123-A-A	Group name	Company XYZ
Address	12345 Main ST, EDMONTO	N, AB, L1L1L1, Canada	

Chapter 4: Group

Section information

This is where you can find and change address information for each section of your group. You will also be able to check the names of administrators assigned to each section as well as the contact information for your sales and service representatives.

General information			
	Name	Number	
Group informa	tion Company XYZ	123	
Select an available s	ection Blank		
Section information			
Section name	А		
Phone	780-555-5555		
Fax			
Benefits	Spending Account, Dental, Health		
Mailing address			
Street address	12345 67 Avenue	City	Edmonton
Province/State	AB	Postal/Zip	T2T 2T2
		Edit	
Administrator			
Sales and servive representation	entative		

Contracts and booklets

Available in PDF format here.

General information		
Group information	Name Company XYZ	Number 123
▼ <u>Contracts</u>		
Your contract provides a detailed deso like to view.	cription of benefits ar	ad an explanation of terms. Please indicate below which contract yo
Contact your sales or service represent areas) for information about obtaining		500 (Edmonton and area) or toll free at 1-800-661-6995 (all other ir contract.
Available contracts		
Health and dental		
10 11 IE-		
• Life		
▼ Contract Amendments		
Your contract amendments will provid	le you with information	on on any modifications that have been made to the terms of your
contract. Please indicate below which		
contract. Please indicate below which Available Amendments		
contract. Please indicate below which		on on any modifications that have been made to the terms of your Ild like to view.
contract. Please indicate below which Available Amendments		
contract. Please indicate below which Available Amendments		
contract. Please indicate below which Available Amendments		
contract. Please indicate below which Available Amendments		
contract. Please indicate below which Available Amendments No amendments available	amendment you wou	ıld like to view.
contract. Please indicate below which Available Amendments	amendment you wou	ıld like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & F	amendment you wou Benefits at a Glance	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 <u>Employee benefits booklets & F</u> Your benefits booklets have been des	amendment you wou Benefits at a Glance igned to provide deta	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b	amendment you wou Benefits at a Glance igned to provide deta een designed to prov	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b	amendment you wou Benefits at a Glance igned to provide deta een designed to prov	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which	amendment you wou Benefits at a Glance igned to provide deta een designed to prov	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & F Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which	amendment you wou Benefits at a Glance igned to provide deta een designed to prov	ald like to view.
contract. Please indicate below which Available Amendments No amendments available V Employee benefits booklets & E Your benefits booklets have been dess program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank	amendment you wou Benefits at a Glance igned to provide deta een designed to prov	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank 7 Benefits booklets	amendment you wou <u>Benefits at a Glance</u> igned to provide deta een designed to prov s section's booklet an	ald like to view.
contract. Please indicate below which Available Amendments No amendments available V Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank <u>V</u> Benefits booklets Group number Section code	amendment you wou Benefits at a Glance igned to provide deta een designed to prov	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank 7 Benefits booklets	amendment you wou <u>Benefits at a Glance</u> igned to provide deta een designed to prov s section's booklet an	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank 7 Benefits booklets Group number Section code No booklets available	amendment you wou <u>Benefits at a Glance</u> igned to provide deta een designed to prov s section's booklet an	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank 7 Benefits booklets Group number Section code	amendment you wou <u>Benefits at a Glance</u> igned to provide deta een designed to prov s section's booklet an	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank 7 Benefits booklets Group number Section code No booklets available 7 Benefits at a Glance	amendment you wou <u>Benefits at a Glance</u> igned to provide deta een designed to prov s section's booklet an	ald like to view.
contract. Please indicate below which Available Amendments No amendments available 7 Employee benefits booklets & E Your benefits booklets have been des program. Benefits at a Glance have b booklet. Please indicate, below, which Select a Section Blank <u>7 Benefits booklets</u> Group number Section code No booklets available <u>7 Benefits at a Glance</u>	amendment you wou Benefits at a Glance igned to provide deta een designed to prov a section's booklet an Class code	ald like to view.

Tip: Use the drop-down menu to choose the section needed.

Forms

All of the downloadable forms can be found in PDF format here.

Company XYZ - 123	
Home Members ~	Group ^ Balance® Documents ~ Reports ~ Your profile ~
	Group overview
	Section information
	Contracts and booklets
	Forms
	Member listing
	Spending account
	Statements of account
	Overage reports
	MUW decision reports

Home Members V Group V Balance® Documents V Reports V Your profile V

Groups



Groups

 $\underline{Section\ information}$ - The information we have on file for your group is available through this link for viewing and updating.

<u>Contracts and booklets</u> - Your group's contracts and booklets are posted in PDF format for you to view.

 $\underline{\mbox{Forms}}$ - The forms used most frequently by plan administrators are for viewing and printing through this link.

Member listing - A listing of members and their dependents.

Spending account - Information, including your claiming limitation and carry forward rules, frequency of cheques and statements and termination rules.

We value your opinion

Contact us

Please call Alberta Blue Cross at 780-498-5925 (Edmonton) or 1-866-498-5925 (all other areas) Monday to Friday from 8:30 a.m. to 5:00 p.m. Mountain Standard Time.

Reports

Request report -Request reports that are available to you.

<u>View report</u> - View reports you have requested in the last 45 days.

Online updates - Use this menu item to view records for all updates submitted for your benefits plan through this web site during the past 90 days. *Tip:* Member listings are only available for the sections you have access to.

Member listing

7 General information			
General Information			
Group information	Name Company XYZ	Number 123	
Active member report			
Select report format	O Excel		
Section I Select all Deselect all	Include Dependent	information 🗌 Bene	fit information
		02	04
01			ake a few minutes. Thank you for your

Member listings can be obtained in either PDF or Excel formats. These listings include employee ID information and, by selecting the appropriate checkbox, the report can also include dependant and benefit information.

Spending account information (if applicable)

Contains rules and information about spending accounts.

▼ General information				
Group informati	Name on Company XYZ - 123	Number 23197		
Statement of account Select an available section	on A v			
Select an available section	on A V			
Select an available section	on A 🗸 to		Statement	
Select an available section Statement of account			Statement pdf excel	
Statement of account Select an available section Statement of account from Jul 01, 2023 Jun 01, 2023	to			

Tip: Use the drop-down to choose from your available sections.

Contact us to turn off paper bills or to sign up for preauthorized debit.

Statements of account

Statements of account are available in both PDF and Excel formats and will display data from the last 12 months.

Statement of account		
Select an available secti	on A V	
▼ Statement of account		
from	to	Statement
Jul 01, 2023	Jul 31, 2023	pdf excel
Jun 01, 2023	Jun 30, 2023	pdf excel
May 01, 2023	May 31, 2023	pdf excel
Pre-Authorized Debit info	ormation	
Draft statement of account		
If you are making a request a Select an available secti		e produced until after 7 a.m. the following day.
Select an available secti Requested timestamp		e produced until after 7 a.m. the following day. Statement
Select an available secti Requested timestamp	on A V	
Select an available secti Requested timestamp Io draft statement available	on A V Status Generate	
Select an available secti Requested timestamp to draft statement available Understanding your statem	on A V Status Generate	Statement
Select an available secti Requested timestamp to draft statement available Understanding your statem	on A Status Generate Thent of account Account is filed in your Group Administra	Statement
Select an available secti Requested timestamp to draft statement available Understanding your statem Guide to Your statement of A bormat Guide to Your statement Statement of Account to Statement of Account to our Alberta Blue Cross benefit eing billed. If your payment h	on A Status Generate Teent of account account is filed in your Group Administra t of Account attorial video plan is a prepaid program. Your payme	Statement tor's binder. Click below to view it online in printable PD nt is due the first day of the month in which your group g days from the first of every month, any claims
Select an available secti Requested timestamp to draft statement available Understanding your statem Guide to Your statement of A ormat Guide to Your statement of A cornat Guide to Your statement of Account to Your Alberta Blue Cross benefit heing billed. If your payment h ncurred/submitted during that vaditions, terminations, and/or	on A Status Generate Generate tof account account is filed in your Group Administra t of Account atorial video plan is a prepaid program. Your payme as not been received within five working period will be returned to your employe changes will be processed when Albert	Statement tor's binder. Click below to view it online in printable PD nt is due the first day of the month in which your group g days from the first of every month, any claims
Select an available secti Requested timestamp to draft statement available Understanding your statem A Guide to Your statement of A ormat Guide to Your statement of A cormat Guide to Your statement of Account to Your Alberta Blue Cross benefit being billed. If your payment h ncurred/submitted during that viditions, terminations, and/or vidiustments will appear on you	on A Status Generate Generate tof account account is filed in your Group Administra t of Account utorial video plan is a prepaid program. Your payme as not been received within five working period will be returned to your employe r changes will be processed when Albert ur Statement of Account.	Statement tor's binder. Click below to view it online in printable PDI nt is due the first day of the month in which your group g days from the first of every month, any claims tes.

Over-age dependent validation reports

Over-age dependent validation reports list dependents who are approaching benefit age limits. These monthly and annual reports are available in both PDF and Excel format. *Note: reports are only available for months in which there are over-age dependents.*

General information				
Group information	Name Company XYZ	Number 123		
Overage dependent validation re	eports			
Select January 🗸				
Section				
Select all Deselect all				
15B	600	E01	□ F8	🗌 F3
🗌 44A	E22	E03	🗌 F1	E13
800	E21	100	E33	E12
	E20	22L	E11	400
801		02A	F4	29A

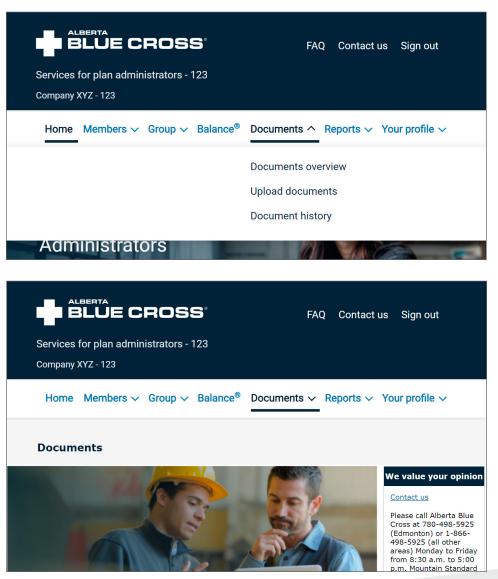
Chapter 5: Documents

Finding recently submitted updates

Choose *Recent online updates* from the menu at the top of any page.

There are 6 ways to find the record for a submitted update. You may choose to search for:

- A specific date range or updates submitted during the past 90 days.
- A particular confirmation number.
- The Alberta Blue Cross ID number for the plan member whose file has been updated.
- The employee number for the plan member whose file has been updated,
- The plan member's last name.
- Birth date (must be entered with a last name).



Recent online upd Search for online tra			
Search by date			
Start	date 🛛 🖓 🕜	End date	VYYY-MM-DD
	\Box Updates submitted during the past 90 days		
▼ <u>Search for a specif</u>	ic transaction		
Confirmation number	0		
Alberta Blue Cross ID number	0		
Employee number			
Last name	Tip: Enter an asterisk (*) after the first three characters		
Birth date	VVVY-MM-DD		
	Reset Search		

Click the *Search* button to go to the next page.

Depending on the search method you've used, and the number of updates on file for your group, your search could result in several entries (see screen below).

General information	tion				
Group in	nformation	Name Company XYZ		Number 123	
r <u>Search criteria</u> ⊽		Updates submitted dur	ing the pact 90 day	e	
		opulated dabinited dai	ing the past so day		
					∑,
					<u></u> ₹
Results	Confir	mation number \$	Status \$	Update type \$	Name 🕈
Results ate submitted \$	Confir 12345		<mark>Status</mark> ≎ Complete	Update type ≎ ID card request	
Results late submitted \$ Jan 01, 20XX		6			Name 🕈
Results Jate submitted \$ Jan 01, 20XX Dec 31, 20XX	<u>12345</u>	<u>6</u> 7	Complete	ID card request	Name≑ Doe, John
Results Nate submitted Jan 01, 20XX Deo 31, 20XX Deo 28, 20XX Deo 20, 20XX	<u>12345</u> 23456	<u>6</u> 7 8	Complete Complete	ID card request Create	Name ≎ Doe, John Smith, Jane
Results Date submitted Jan 01, 20XX Dec 31, 20XX Dec 28, 20XX	<u>12345</u> 23456 <u>3456</u> 7	6 7 8 9	Complete Complete Complete	ID card request Create Update	Name ≎ Doe, John Smith, Jane Brown, Sam
Results Date submitted \$ Jan 01, 20XX Dec 31, 20XX Dec 28, 20XX Dec 20, 20XX	12345 23456 <u>34567</u> 45678	6 7 8 9 0	Complete Complete Complete Complete	ID card request Create Update Create	Name \$ Doe, John Smith, Jane Brown, Sam John, Jimmy

Common questions about updates

How can I find out if my update has been processed?

Click on the *Recent online updates* link in the top menu to run a search to find your update. Click on the name of the individual and look at the status column for a status of either "in progress" or "complete."

I submitted an update through the website. Why doesn't it appear on the list of recent transactions?

All updates that were successfully submitted through the plan administrator website will have a confirmation number assigned to them and will appear on the list of recent transactions. If you do not have a confirmation number for your update, it is possible the update was not submitted successfully. Please call Alberta Blue Cross for assistance.

Why do I see old information for a plan member when I know an update has been completed?

Try clicking the *Refresh* button on your browser. Sometimes when you return to a page you've looked at previously, your browser displays a page it has saved in a temporary file on your computer rather than obtaining a new page from the website. This is intended to save you time and to save the network the burden of some additional traffic. Refreshing your screen allows you to view the most recent information on online services and discard any "cached," or temporarily saved files.

How do I find out about a plan member update that was not submitted through the website?

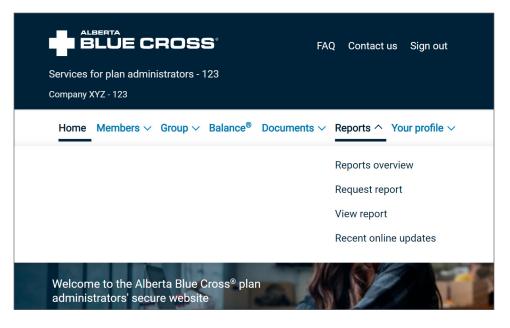
If you have submitted a paper form with a plan member update, find its status by calling your Alberta Blue Cross administrator at 780-498-5925 (Edmonton and area) or toll-free at 1-866-498-5925 (all other areas), Monday to Friday from 8:30 a.m. to 5 p.m. Mountain Time.

Please note: Updates will be processed and your records changed as quickly as possible, but some updates, because of their complexity, may take longer than others to process.

Chapter 6: Reports

In the reports section of the site you can request and view health, dental and life reports based on group or section.

To request a report, you'll select *Request report* from the *Reports* menu.





Then you will choose whether you'd like to view the reports by group or by section.

Request report			
Set report scope			
▼ General information			
	Name	Number	
Group information	Company XYZ	123	
Report scope			
Report by group \bigcirc Report by s	ection		
		Next	

After clicking *Next* you'll see a list of all the available reports. You can select as many as you'd like and adjust the time frames as necessary.

	Description of all available repo
ealth and Dental reports	1-10 of 11 Vext
eport	From To
Health Claims and Premium by Month	2015 ▼ Apr ▼ 2017 ▼ Jul ▼
Health Benefit Summary	2015 ▼ Apr ▼ 2017 ▼ Jul ▼
Health and Dental Claims Summary	2015 ▼ Apr ▼ 2017 ▼ Jul ▼
Drug Profile by Pharmacologic-Therapeutic Classification PTC	2015 ¥ Apr ¥ 2017 ¥ Jul ¥
Drug Claims by Category	2015 ¥ Apr ¥ 2017 ¥ Jul ¥
Distribution of Drug Claims by Dollar Range	2015 ¥ Apr ¥ 2017 ¥ Jul ¥
Dental Claims and Premium by Month	2015 ¥ Apr ¥ 2017 ¥ Jul ¥
Top 75 Dental Procedures	2015 ¥ Apr ¥ 2017 ¥ Jul ¥
Dental Claims by Category	2015 V Apr V 2017 V Jul V
Distribution of Dental Claims by Dollar Range	2015 ▼ Apr ▼ 2017 ▼ Jul ▼

After clicking *Next* you will see a review page listing the reports you've requested and if you approve, you will then click *Submit*, which will take you to the confirmation page.

Report and date		Description of all available reports
Health and Dental reports Report		Dates
Health Claims and Premium by Month		Apr 2015 to Jul 2017
	Bac <u>k</u> Submit	

Clicking *View report* will take you to the view report page where you can view the reports you've requested and their status.

Confirmation information Thank you. Your request for reports has been successfully submmitted. Processing time will vary depending upon the type of report and the amount of information you requested.	
<u>View report</u>	

View report

Name	Number			
Company XYZ	123			
Sections		1998-03527 1999-03527	ription of all avai	
Sections		Report period	Date posted	ilable repo Status
Sections		1998-03527 1999-03527	•	
		Report period	Date posted	Status
		Report period Mar 2015 to Jun 2017	Date posted Jul 19, 2017	Status Ready

Analytics panel

Step by step instructions

Step 1:

Select the Analytics panel option from the Reports drop-down menu.

			€♦ Sign out
Plan Advisor Site	Home	Groups Dash	aboard Reports ▲ Account ♥ Resources Request reports
Welcome!		Here are som	View report status ne importa Analytics panel
Account: Internal Alberta Blue Cross Access agreement number: intsuctrid		Request reports Browse resource	View reports Manage account information

Step 2:

Input the group number or name you would like to view data for.

Search By group number 99 Search	ne	
Search tips For a broader search, you can replace anything that For example: • 123* will find everything beginning with 123 • 'ABC will find everything ending with ABC • '123* will find anything containing 123	comes before or after your search using an asterisk (').	
Results GROUP NUMBER 0 0000099/0000099 Report by: Group O Section 2	GROUP NAME BEZZ & COMPANY TEST GROUP	sections D, SV1, SV2, SV3, SV4, TS1, TS2, TS3, TST

- 1. **Input group number here if searching for specific group or group name.** There is currently no functionality to allow for selecting multiple groups for reporting, though you can view multiple groups to select from.
- 2. Select whether you want to be able to select certain sections/ranges of sections, or view all data for that group.
- 3. Select "Next".

The following step is only applicable if "Report by <u>Section</u>" was selected.

Step 3:

Select the applicable section(s) you would like to view data for.

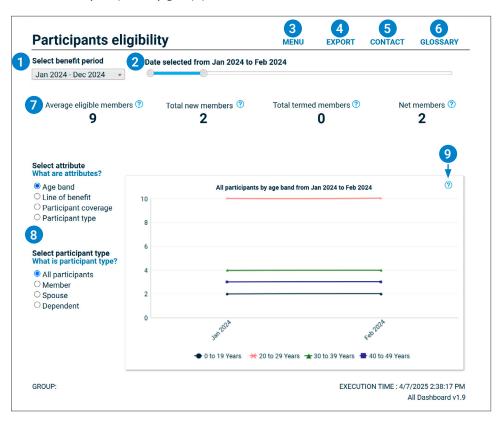
View analytics panel							
Group: BEZZ & COMPANY TEST GROUP							
Policy number: 99							
Rate Anniversary Date: NOV							
	ACTIVE SECTIONS						
D	BEZZ & COMPANY TEST GROUP		SV1	GROUP SALES OEA DEMO			
SV2	GROUP SALES OEA DEMO		SV3	GROUP SALES OEA DEMO			
SV4	GROUP SALES OEA DEMO	~	TS1	BEZZ & COMPANY TEST GROUP			
T52	BEZZ & COMPANY TEST GROUP	~	TS3	BEZZ & COMPANY TEST GROUP			
TST	BEZZ & COMPANY TEST GROUP						
Back					Reset	Next	

Select the boxes next to the section(s) you want to view, they will turn green with checkmark upon selection.

*Only applicable if you've selected Report by 'Section' option on previous page.

Step 4:

Select the Analytics panel by group parameters.

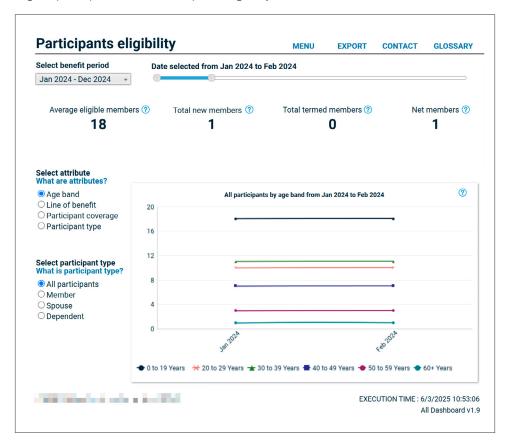


- 1. Use the benefit period dropdown to select a specific benefit period (it always defaults to the main Health benefit period on this page) or select **'All benefit periods'** to view a 5+ year trend.
- 2. Use the date range slider to view a specific year, quarter, or month.
- 3. Use the menu option to navigate between tabs for overall or specific lines of benefit views.
- 4. Export the screen you are seeing in either PDF (for sharing) or machine-readable csv file (to produce your own analysis).
- 5. Find contact forms to get your analytics panel and data-related questions directly to a team that can assist you.
- 6. Open another window with helpful information and glossary definitions for the data you are viewing.
- 7. Selected KPIs to highlight overall trends for quick insights.
- 8. Select different attributes and/or metrics for different perspectives in your analysis.
- 9. Tooltips are located on each graph or KPI to increase understanding and transparency in the information you're looking at.

Keeping participant's data safe and secure

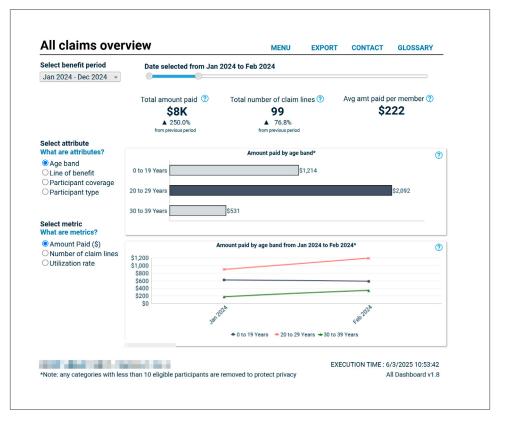
For smaller groups (especially those under 50 lives), you may notice that data appears to be missing from any claims utilization graphs depicting the age band. This is an intentional filter meant to protect the participant's data private when the category contains less than 10 individuals in the selected date range.

For example, this group only shows 3 age band categories (0-19, 20-29, and 30-39) had 10 or more participants in the Jan–Feb 2024 period. All age band categories will display as eligible participants on the Participants eligibility tab:



Please note: Groups with fewer than 10 lives do not have access to the analytics panel. This is updated live, so a group that has 10 members one day and 9 members the next will have its analytics panel disabled on the day it has 9 members.

Only the 0-19, 20-29, and 30-39 will be displayed in a Claims by Age band graph:



Other attribute categories will still show the full amount of claims paid per category.

Troubleshooting/FAQ

Problem:

The analytics panel appears empty/I cannot select any dropdown menus:

Answer:

The analytics panel data is refreshed nightly between 3 a.m. and 6 a.m. MT, during that time this screen is expected to appear. Please check back after 6 a.m. MT, and if the problem still persists, please contact your rep for assistance.

Select benefit period	Da	ite selected from Dec 2024 to I	Dec 2024		
Jan 2024 - Dec 2024					0
Average eligible memb	oers 🕐	Total new members ⑦ O	Total terme	d members ⑦ 0	Net members ⑦ O
Select attribute What are attributes?					
 Age band Line of benefit Participant coverage Participant type 	Data Una	available or Restricted, All participants by	y line of benefit fror	n Dec 2024 to Dec 2024	0
Select participant type What is participant type?					
 All participants Member Spouse Dependent 					
GROUP:				EXECUTION	TIME : 4/7/2025 2:43:15 Pl All Dashboard v1

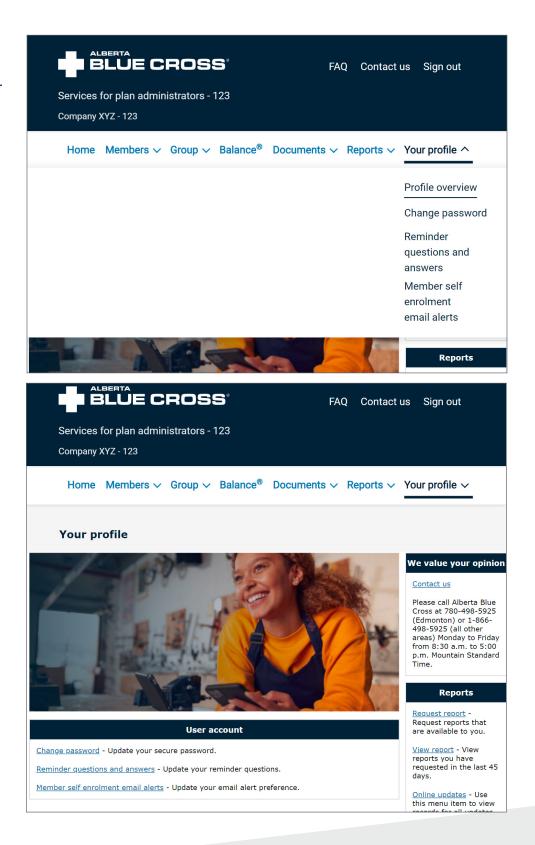
Question:

Why are there multiple benefit periods in the dropdown menu?

Answer:

This can occur if a group has sections with different benefit periods on the Health line of benefits. By using the 'Report by section' option upon navigating to the Analytics panel, you can filter on sections that share a Health line of benefit to have a more definitive view or use the 'All benefit periods' options to see trends regardless of benefit periods. See the line of benefit tab in the Glossary for further information.

Chapter 7: Your profile information



Passwords/security questions

Changing your password

Choose *Your profile* > *Change password* in the menu bar at the top of the page.

Changing your security questions and answers

Choose Your profile> Reminder questions and answers in the menu bar at the top of the page.

Answer the questions provided and enter current password

Depending what you want to do (only questions, telephone or password change), you will need to fill out different information.

Submit the change to Alberta Blue Cross by clicking the *Submit* button. If you have correctly entered the information, you will see a page confirming that the change has been submitted.

Your profile						
Change reminder questions						
Answers to security questions are not case sensitive recommend creating answers that are different from also be used ~!@ $^{\infty}()_+{}=[];,./$	but must contain between 1 and 128 characters. We your password or login ID. The following special chara	cters may				
Online security questions and answers The answers you provide here will remain private. The	ey will be used to verify your identity online.					
First question	Choose a security question	\checkmark				
Answer						
Second question	Choose a security question	~				
Answer						
Telephone security questions and answers Alberta Blue Cross staff may use this information to	verify your identity when you call our offices.					
Third question	Choose a security question	~				
Answer						
Fourth question	Choose a security question	~				
Answer						
Enter password In order to make this account change, you must corr	rectly enter your current password.					
Password						
Submit						

Please note: For security

reasons, your reminder/security answers cannot contain your password, and your questions and answers must all be different. There is no time limit for how long a security question can be active.

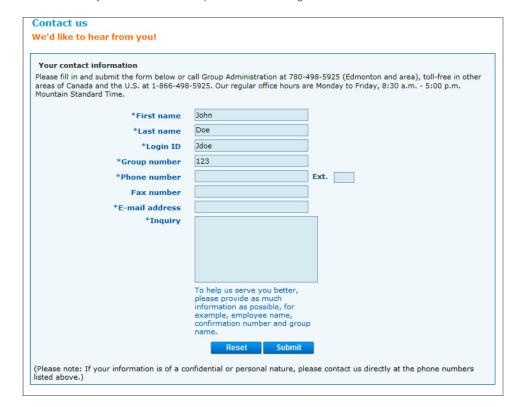
Chapter 8: Signing out securely

You will be automatically signed out after 30 minutes of inactivity, but we recommend using the *Sign out* function in the top right corner of the main page to close your web session securely.

To protect plan members' privacy and security we recommend signing out whenever you will be away from your computer.

Chapter 9: Contact us

The *Contact us* page is linked from all menus on the site and provides you with an email form to fill out for your Alberta Blue Cross inquiries. Your first name, last name, login ID and group number will be automatically populated for your convenience. You can reset the information if you make a mistake prior to submitting it.



Chapter 10: Terms of use

Your responsibilities

Your role in ensuring security

The Terms and Conditions outlined here are intended to establish operating procedures that appropriately restrict access to confidential information and clearly explain the rights and responsibilities of all parties involved.

Since the Terms and Conditions could be amended, we recommend reviewing them regularly.

Document retention

Plan administrators must retain original application and change forms for employees either for the entire course of their employment or the date the employee is no longer eligible to make application for a claim under their policy, whichever is later. Application and change forms must be duly signed, dated and stored in a secure place.

Failure to provide necessary support documents when requested to do so could severely impact coverage provided. Should the original form be required for examination, and it is found to be unsigned and undated, the application will be considered void.

Alberta Blue Cross reserves the right to conduct on-site audits in order to verify the existence and integrity of any application or change form submitted through secure online services for plan administrators, and may request that the original application or change form be forwarded to them at any time.

Requirements for claim applications for life insurance benefits (if applicable)

When a claim for life insurance benefits for an employee or their dependents is made, the plan administrator must forward all original applications and change forms on file for that employee or dependent with the claim submission. Beneficiary information, including the latest beneficiary change, must be retained for 2 years following submission of the claim.

Beneficiary changes are permitted. In the case of irrevocable beneficiary designations, a signed letter from the irrevocable beneficiary is required.

Disclaimer against loss or damages

Plan administrators use the secure online services website solely at their own risk. The website and its contents are provided "as is" and "as available" and Alberta Blue Cross, to the fullest extent permitted by law, disclaims all warranties of every kind, whether express or implied, statutory or otherwise. Alberta Blue Cross explicitly disclaims any representation, warranty or condition of merchantability, fitness for particular uninterrupted or error-free services, or inter-operability of products and services, whether arising by usage or trade, course of dealing, course of performance, statute or otherwise.

Alberta Blue Cross, its affiliates and their respective officers, directors, agents, employees and suppliers are not responsible for any loss or damage the policy holder and its representative(s), or any other party claiming through the policy holder, may suffer in connection with use, misuse or inability to use the secure online services for plan administrators website as well as any links from this site and the information obtained from them. This limitation applies regardless of the form of action, whether based on warranty, contract, tort or other legal theory. Alberta Blue Cross assumes no responsibility or liability for any damage to the plan administrator's computer equipment or property, or any business losses resulting from viruses in connection with the plan administrator's access to or use of the secure online services website as a result of receiving or using data, text, images, files or other site materials.

Alberta Blue Cross is not responsible for, and will not be liable to the plan administrator or anyone else, for any damages in connection with an e-mail sent to Alberta Blue Cross or an e-mail Alberta Blue Cross sends to the plan administrator at their request.

Site content

Any use of the content of the secure online services for plan administrators website not expressly permitted by these terms of use is a breach of this agreement and may violate copyright, trademark or other laws. All rights not expressly granted herein are reserved.

All rights of ownership associated with secure online services for plan administrators are retained entirely by Alberta Blue Cross and will not be transferred, assigned, loaned, leased, rented, licensed, sold, distributed or otherwise disposed of in any way whatsoever without prior written consent of Alberta Blue Cross.

All of the contents of the secure online services for plan administrators website, including links and the Terms and Conditions, may at any time be revised with or without notice. The Policyholder's representative is bound by revisions to the Terms and Conditions and should therefore review them regularly. (Please refer to the Terms and Conditions posted here for the most recent version.)

Alberta Blue Cross may, for the plan administrator's convenience, provide links throughout the secure online services to other websites, or may reference other products, services, processes, trade names, trademarks, manufacturers or suppliers. Such links or references do not necessarily constitute or imply endorsement, sponsorship or recommendation by Alberta Blue Cross. It is the plan administrator's responsibility to verify any information contained within linked sites before relying on it.

All information and software on the secure online services for plan administrators website is protected by copyright laws and cannot be sold, published, distributed or used by the policy holder or its representative(s) for commercial purposes. The plan administrator is free to use the content for administering the policy holder's benefit plan provided they acknowledge all copyright notices and other proprietary notices. They may in no way modify, reformulate, disassemble, reverse engineer or decrypt any of the secure online services for plan administrators contents.

The secure online services for plan administrators website may contain registered and unregistered trademarks, trade names and service marks belonging to, or used under license by, Alberta Blue Cross. The appearance of such marks and names does not convey any rights to the plan administrator to use them.

Agreement and consent

The policy holder irrevocably consents to the exclusive jurisdiction of the courts of Alberta (and federal courts situated in Alberta) in connection with any matter arising under the secure online services for plan administrators Terms and Conditions and agrees to be bound by these laws. The secure online services for plan administrators Terms and Conditions will be governed by and construed in accordance with Alberta law (and Canadian laws applicable in Alberta), without regard to conflict of law principles or provisions.

In using secure online services for plan administrators, the policy holder representative(s) agrees to comply with appropriate and legally required standards of privacy, confidentiality and security, including those specified in the secure online services for plan administrators Terms and Conditions.

By accessing and using the website, the plan administrator, on behalf of the policy holder, consents to the Terms and Conditions and to Alberta Blue Cross collecting, using, storing and disclosing personal information for the purposes of verifying and assessing claims and managing your benefit plan.

Chapter 11: Glossary Adobe Portable Document format (PDF): Files in this format can be read with a free, downloadable software package called Adobe Reader. The software is available from the Adobe web site at the following address: <u>http://www.adobe.com/prodindex/acrobat/</u>readstep.html

Confirmation number: Each update submitted through the site is assigned a "confirmation number" to facilitate tracking inquiries and to verify submission.

ID number: The plan member's number on his/her Alberta Blue Cross identification card. This could be an identification number issued by Alberta Blue Cross or an employee number.

Member: The primary plan member, in most cases the employee in a group plan.

Participant: Any individual with coverage under the plan. This could be the primary plan member or dependents.

Participant coverage: Single, family or couple. Called "benefit status" on our forms.

Participant type: Member, Spouse, Child, Other.

Plan administrators agreement number: Each "policy holder agreement" form includes an agreement number in the top right-hand corner. The agreement number, a group number, first and last name must be used to verify your identity the first time you enter the site, and subsequently if you need to reset your password.

Radio buttons: Named after the buttons on old-fashioned, console radios, these buttons always come in groups of 2 or more. They allow you to choose only 1 of a set of option. When you push in 1 button on the radio, the other buttons pop out.

Review page: After you have changed the information on a plan member's file through the update, transfer, reinstate or terminate functions, you will see a "review page" where you can review and revise information before finally submitting it to Alberta Blue Cross.

Security question: When you registered for site access, you would have chosen 4 security questions to answer. 2 of these are used to verify your identity when calling our offices, and 2 can be used to verify your identity should you need to reset your password.



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