# THE BUSINESS COUNCIL OF NEW YORK STATE

# Your Guide to EB360<sup>®</sup>

Stay ahead of the game with real-time data at your fingertips









# Welcome to The Business Council of New York State, Inc. Insurance Fund

For more than 60 years, the Business Council of New York State, Inc. Insurance Fund has been partnering with employers to provide a comprehensive, competitive and stable employee benefits package for employees. The long history of stability and high level of local customer service has allowed the Insurance Fund and the 1,800 insured companies to attract and retain top employees with these programs. Further, by selecting to participate in the Insurance Fund programs, employers gain access to the Powerfully Simple EB360<sup>®</sup> platform for the day to day management of their benefit programs.

EB360<sup>®</sup>, The Business Council of New York State, Inc. Insurance Fund benefits management platform, allows employers access to ongoing program administration, plan information, employee information, documents (including proposals, benefit summaries and certificates), claim forms and ID cards for dental and vision.

EB360<sup>®</sup> is designed to keep members and insurance brokers informed and in control of the insurance programs every step along the way:

- Access plan and employee information with your personalized dashboard
- Monitor benefit selections and enrollment in real time
- Pay your monthly premiums
- Oversee your Business Council plans by computer, mobile phone or tablet

This guide will provide instructions for successfully managing your coverages: Life, Supplemental Life, Dependent Life, Short Term Disability (STD), Long Term Disability (LTD), NY DBL & PFL, as well as Dental and Vision.

# If you have questions, call our Customer Service Center at 800-692-5483.

"AXA" is the brand name of AXA Equitable Financial Services, LLC and its family of companies, including AXA Equitable Life Insurance Company (AXA Equitable) (NY, NY), MONY Life Insurance Company of America (AZ stock company, admin. office: Jersey City, NJ) (MONY America), and AXA Distributors, LLC. All group insurance products are issued either by AXA Equitable or MONY America, which have sole responsibility for their insurance and claims-paying obligations. Some products are not available in all states. 'EB360' is a service mark of AXA Equitable Life Insurance Company, New York, NY.



#### Topics

Welcome to The Business Council	1
Accessing EB360 <sup>®</sup>	2
Navigating the Dashboard	3
Enrollment & Administration Platform	4-12
Reporting	13-14
Billing and Payment	15-17
Documents	

# Accessing EB360<sup>®</sup>

- 1. Open your Google Chrome browser,
- 2. Go to: https://us.axa.com,
- 3. Log in using your AXA.com User ID and password.



#### Navigating the Dashboard

Your dashboard is broken down in 7 sections. The following functionality is available to you:

- 1. Current Benefits view total enrollment by coverage and high-level plans
- 2. Manage Enrollments employees and their coverages can be added, changed or deleted
- 3. Billing Summary view and manage your premiums online
- 4. Claims view any claim activity by line of coverage
- 5. Support BCNY and broker contact information
- 6. My Documents key documents for your Insurance Fund coverages
- 7. BCNYS Helpful Links additional resources for Insurance Fund and BCNYS membership



#### Enrollment & Administration Platform

- Available for groups that don't offer online self-service enrollment to their employees
- Accessible from EB360<sup>®</sup> with no additional login
- Enables these self-service features
  - o Initial enrollment setup via a census file upload
  - o Post enrollment changes
    - Mass changes via spreadsheet
    - Individual-level changes and addition of new employees and dependents
  - Report generation of:
    - Census
    - Benefit elections
    - Confirmation statements

There are two options for navigating to the *Enrollment & Administration Platform*:

Option 1: From the menu option in the upper right-hand corner of your dashboard, select *Enrollment & Administration Platform* link

Option 2: In the Manage Enrollment" section on your dashboard, select *Enrollment & Administration Platform* link.



These links will bring you to the *Enrollment & Administration Platform* landing page where you can access the following:

- Plan Details: Displays all products your group is enrolled in, as well as the rates and features for each product. You can also generate benefit summaries from here.
- Enrollment Actions: Initial and post enrollment changes can be made on employees and dependents. Users can also access individual employee pages from this section.
- Download a blank enrollment file or a pre-populated demographic and benefits file.
- Reporting: Confirmation statements, census reports and benefit election reports are available to generate.

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Plan Details		Enrollment		Reporting	
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#### **Plan Details**

Displays the following:

- Your Coverages with BCNYS
- Rates and features for each product
- Generate benefit summaries for each employee from here

Enrollment & Adminis	stration Platform				
Selected Group: SAGE MultiClass 10	00% ER Paid## (004980)				
Enrolment In Program	Complete				
Group Life					
* Dental					
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Approved Date:		Original Eff Date:		Coverage Code	
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#### **Enrollment Actions**

Navigating the Enrollment Section: You can always navigate back to your group's landing page by simply clicking on the icon in the header.

9 / People Search / People Details		People Details
Brian Summerwood Employée, Active SAGE Test 5		2
Addresses: Resident 11221 5 Teal Street Jacksonville, FL 32065	Contacts: Email 2 - Business Email: test124@test.com	Terminate Employee

#### Individual Employee Post-Enrollment Changes

This function will allow you to make changes to active employees or dependents without uploading a new census file. Changes and additions can be completed on a per person basis.



By selecting Individual Employee Post-Enrollment Changes and clicking next, you will see an employee listing for your group. Here you can search and update employee and dependent coverage. You can also add an entirely new employee and dependent coverage.

**Option A:** Updates to existing employees and dependents

Enrollment & Adm	inistration Platform								
lected Group: SAGE Test 5 (00324	(8)								
Lost Name	First Name	SSN	Role	DOB	Status	Start Date	Termination Date	Cert Number	•
			Employee +						
iner	melissa	*****5808	Employee	10/07/1985	A	04/11/2018		00023420	Terminate
ain	John	*****8157	Employee	01/01/1975	T.	01/01/2008	06/12/2018	00023421	Terromate
ummerwood	Brian	*****7840	Employee	02/01/1976	A	02/01/2009		00023422	Terminate
rèy	James	*****4157	Employee	03/02/1977	A	03/01/2010		00023423	Terminate
ackson	Lauren	*****7157	Employee	05/05/1977	A	03/01/2010		00023424	Terminate
irby	Deborah1	*****6789	Employee	04/21/1987	т	09/03/2007		00023453	Terminate
nthony	Kimberly	*****3259	Employee	06/04/1967	A	11/15/2014		00023454	Terminate
irby	Deborah	*****2999	Employee	07/26/1978	A	09/03/2007		00023455	Terminate
nthony	Kimberly	*****3258	Employee	06/04/1967	A	11/15/2014		00023456	Terminate
mith	Daniel	****5676	Employee	05/16/1949	Α.	02/09/1995		00023457	Terminate
			H H 1 2 3 H	H 10 *					

After clicking on the desired individual, you will be sent to that person's details page. Here you can view the current information and submit any changes.

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SNR:     Role:     Member ID:     Date of Hire:     Class:     Student Ind:     Bolwill User ID:       ****1111     Emoloyee     030 1/2019     1     00480011/2111/V       ODB:     Age:     Satary:     Trainination     Cobre Ind:     Cartificate No:     LDAP ID:       101/2000     19     O024609     EBE/M305468       Bender:     Smoker Ind:     Pay Schedule:     Reinstated Date:     Branch No:     Disability Ind:     Primary Ind:       Anter	Demographic		Ø	Employment		C	Other Information	C
Age:     Salary:     Time Cobre Ind::     Certificate No:     LDAP ID:       Noi/2000     19     Date:     Cobre Ind::     Occ34696     EBEMISORAS       Sender:     Smoker Ind:     Pay Schedule:     Reinstated Date:     Branch No:     Disability Ind:     Primary Ind:       Ade     Amini Status:     Pay Schedule:     Reinstated Date:     Branch No:     Disability Ind:     Primary Ind:       Ade     Varianti Status:	SN:	Role:		Member ID:	Date of Hire:	Class:	Student Ind:	BSwift User ID:
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Gender:     Smoker Ind:     Pey Schedule:     Reinstated Date:     Branch No:     Disability Ind:     Primary Ind:       Able     Antral Status:	01/01/2000	19		Jaiary.	Date:	Coura mu.	00234809	EBEMP303948
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Option B: Add a new employee and coverage

kted Group. SAGE Test 5 (00324) Last Name	8) First Name	23N	Role		Same	Shart Date	Termination Date	Certiliumbes	•
			Employee *						
ner.	melissa	*****SROB	Employee	10/07/1985	A	04/11/2018		00023420	14-COLUMN
aim	IntoL	*****8157	Employee	01/01/1975	T	01/01/2008	06/12/2018	00023421	Jernsmid
minerwood	Brien	*****7840	Employee	02/01/1975	A	02/01/2009		00023422	terro ate
ty	James	*****#157	Employee	03/02/1977	A.	03/01/2010		00023423	Terrowate
ckson	Lauren	****7157	Employee	06/05/1977	A	03/01/2010		00023424	Terrowate
by	Deborah1	*****\$789	Employee	04/21/1987	Ť.	09/03/2007		00023453	Terreti/téte
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by	Deborah	·····2999	Employee	07/26/1978	A	09/03/2007		00023455	Terminate
thony	Kimberly	*****3258	Employee	96/04/1967	A	11/15/2014		00023456	Terro ele
iah	Daniel	*****5676	Employee	05/16/1949	A	02/09/1995		00023457	Serviceste
				N 10 *					

After clicking the Add Employee link, a form will appear. Fill out all the Required fields and then press Continue.

First Name	Middle Nar	ne	Last Name		Suffix	1.1.1
Required			Required		Select suffix	•
Status	SSN		DOB		Gender	
Select Status					Select Gender	*
Required	Required		Required		Required	
Class	Start Date		Termination Date		Contact Ind	
Student Ind None						
Address Type Select Address Type		Address Line 1		Address L	ine 2	
Address Type Select Address Type Required	•	Address Line 1		Address L	ine 2	
Address Type Select Address Type Required Dity	•	Address Line 1 Required State		Address L	ine 2	
Address Type Select Address Type Required Dity	·	Address Line 1 Required State Select State		Address L	line 2	

A confirmation screen will appear for you to review prior to submitting. Once reviewed, press Submit, and the new employee record will be created.

Carlos and a second second			
confirm your changes below		A 1997	1.1
Field	Original Value	Updated Value	
Gender		F	
Marital Status		UNK	
Status		A	
Bswift User Id		004980012358569V	
Last Name		Miner	
First Name		Elsie	
SSN No		012358569	
Date of Birth		Thu May 21 1970 00:00:00 GMT-0400 (Eastern Daylight Time)	
HR Contact Indicator		N	
Class Code		1	
Employee Effective Start Date		Fri Eeb 01 2019 00:00:00 GMT-0500 (Fastern Standard Time)	

After submitting the new employee record, you will be asked if you want to add coverage to the employee. Pressing Yes will navigate you to the employee's page with the Add Coverage form opened.

Add C	overage	
Would y	ou like to add coverage for Elsie	e Miner?
Van	No	

Once the screen appears, select the desired line of coverage. You will want to know ahead of time what class the employee falls under so the correct coverage can be selected.

STD Class [1 Class 1]	-			
L	Q			
Vision Plan [1 Class 1]	-			
Vision Plan [2 Class 2]				
Basic Group Life [1 Class 1]	10			
Basic Group Life [2 Class 2]				
STD Class [1 Class 1]				
STD Class [2 Class 2]	- 11			
LTD Class [1 Class 1]		nt		
LTD Class [2 Class 2]				

Select the Change Reason; note that waiting periods, EOI rules and late entrant rules will apply based on the Change Reason selected.

STD Class [1 Class 1]	7		
Change Reason*			
Select a Change Reason	•		
Administrative Change			
Life Event			
New Hire Enrollment			
Open Enrollment			
Salary Change			
overnue calculated belief	amount		

Input an Effective Date; note that the system will also determine the correct effective date for the coverage. It will alert you if it has calculated a different effective date than what you provided. Effective date is not needed for new hires.

Aud Coverage			
STD Class [1 Class 1]	•		
Change Reason*			
Select a Change Reason	-		
Effective Date* 02/22/2019			
Override calculated bene	efit amount		
		01	

\*Override calculated benefit amount is only available for some user types.

Initial Census Uploading will be performed by The Business Council Customer Service team; if you require the upload capabilities, please contact us and we will provide instructions and training for that function.

#### Reporting

redefining / standards*				Miner, Melissa
ollment & Administration Platform			Reur	n to main Page
ted Group: SAGE MultiClass 100% ER Paid## (004980)				
Iment: In-Progress				
ne of the following functions:				
ne of the following functions;				
of the following functions:				
of the following functions:				
Plan Details	Enrollment		Reporting	
Plan Details Plan details	Enrollment Perform initial and post enrolment changes	4.1	Reporting Generate enrolment reports.	<b>1</b>
Plan Details Plan details and features for each product.	Enrollment Perform initial and post enrollment changes	5-1- 	Reporting Generate enrolment reports.	

- 1. To access the reporting tool, you will need to select the Reporting box and then click on the desired report. Within the reporting tool, you will have the ability to generate three different reports:
  - Confirmation Statement
  - Census EE Only Report
  - Benefit Elections EE Report
- 2. After the report type has been selected, you will be provided with the following report options
  - As of Date This option allows you to set a specific date and generate any report based on the information from that date; or,
  - Reporting Timeframe This option allows you to run the report for a set period.
  - Select employee for report- All of Specific

Cost Contribution:
Employee and Employer Cost Custom Message:
Please specify the desired reporting period:
As of Date: 3/15/2019
Reporting Timeframe: 3/15/2019
3/15/2019
Please select cost display format Monthly Cost
Pay Period Cost
Select employees to whom report need to be generated
Choose 💌

3. Once the reporting period has been selected, clicking on the Generate button will trigger the generation of the report. Once the generation is complete, you will receive a notification. Click on the report name, and it will download the document to your computer.



#### **Report Types**

Confirmation Statements - This report will create a zip file, which contains PDF statements for each employee based on the period selected.

Confirmation Statezip	A.							Show all X
Confirmation Sta	tement 20180710							• 49
								1.21
	Name	Туре	Compressed size	Password	Size		Ratio	Date modified
	5 002855_Anthony_Cousins_2018071	Adobe Acrobat Document	51 KB	No		53 KB	4%	07/10/2018 10:54 AM
		Adobe Accept Decument	51 KB	No		53 KB	4%	07/10/2010 10-54 44
	002855_Brian_Heart_20180/1010541	Adobe Acrobat Document	24 10	1.10		55 10		07/10/2018 10:34 AN

Census EE Only Report – This report will create an excel file, which shows the census data for employees based on the period selected.

Census EE	Only Rep	÷.													Show all
lient Name	Last Name	First Name	Social Security Number	Relationship	Date of Birth	Gender	Time Stat	us Employment Status	Job Title	Department	Location	Division	Benefit Class Name	Salary	Hire Dat
SAGE Test 3	Anderson	Roy	325659889	Employee	6/3/1982	м	· 1	Active						\$60000.00	10/1/2009
SAGE Test 3	Rennett	Roger	999110006	Employee	10/7/1975	M	1	Active						\$100000.00	3/8/2016

Benefit Elections EE Only Report – This report will create an excel file, which shows all coverages for employees based on the period selected.

Client	Group	Last Name	First Name	Middle	Social	Benefit Plan	Coverage	Employee	Employer	Coverage	Benefit
Name	Number			Initial	Security Number	Туре	Effective Date	Cost	Cost	Amount 1	Class Name
SAGE Test 3	002855	Bennett	Roger	R	999110006	Basic Group Life 45327	6/1/2018	\$24.80	\$0.00	\$200000.00	Owners, Executives, and Managers
SAGE Test 3	002855	Bennett	Roger	R	999110006	Basic Group Life AD&D 45326	6/1/2018	\$2.80	\$0.00	\$200000.00	Owners, Executives, an Managers
SAGE Test 3	002855	Bennett	Roger	R	999110006	Dental Plan 21551	6/1/2018	\$83.18	\$83.18		Owners, Executives, an Managers

#### Billing (List Bill)

On your dashboard, you will find Billing Summary.



Click on Invoices & Payments. This will bring you to transactions and includes:

- Summary of Amount Due broken down by Total Due and Overdue Amount
- In the Account History:
  - o Invoices are the billing statements
  - o Receipts are payments made and applied to your account

Total Amount Due - Payment Due 4/1/2019: <mark>\$895.17</mark>	You have the ability to change the method of how you can
Payment Amount	receive your invoice. Please select the method you wish to
Total Amount Due: \$895.17	receive your invoice and click Save.
Overdue Amount: \$596.78	
	©Mail ©Email ⊛Both
	Save
	Pay Now Manage Accounts

Transaction Identifier	Due     Date	Coverage Month	Amount \$	Transaction Type	Transaction	View \$
1000007418	4/1/2019	4/2019	\$895.17	Invoice	3/17/2019	PDF CSV
1000005910	3/1/2019	3/2019	\$596.78	Invoice	2/21/2019	PDF CSV
100001256			\$298.39	Payment	2/9/2019	Receipt
1000004259	2/1/2019	2/2019	\$596.78	Invoice	2/6/2019	PDF CSV
1000001685	1/1/2019	1/2019	\$298.39	Invoice	1/7/2019	PDF CSV

Each of your bills can be viewed as CSV (Excel) files or PDF.

To remit payment to BCNYS, please note:

- Print the PDF file, detach the coupon and mail it with your payment.
- Pay as billed only. Any adjustments will be reflected in the next month's bill.

#### BENEFITS ACCOUNT STATEMENT

Previous Balance	\$596.78
Payments	\$0.00
Current Period Premium Charges	\$298.39
Current Period Fee Charges	\$0.00
Prior Period Premium Adjustments	\$0.00
Prior Period Fee Adjustments	\$0.00
Total Amount Due	\$895.17

The above charges include a \$0.39 per-employee-per-month fee for the Employee Assistance Program (EAP).

Your payment is due by the date shown above. The grace period is thirty (30) days past the due date.

If payment is not received at that time, coverage may be terminated. Please pay in full as billed. Changes will be reflected on your next invoice.

For enquiries, call 1-800-692-5483.

**NOTICE:** When you provide a check as payment, you authorize the use of information from your check for a one-time electronic fund transfer. Funds may be withdrawn on the same day that the check is received and you will not receive your check back from your financial institution.

Please detach and include with payment, keep top portion for your records.

	Account #: Invoice #: Due Date: Total Amount Due:	20000000011905 1000007418 04/01/2019 \$895.17
Amount included: \$		
Please make c	hecks pavable to:	
THE BUSINESS	COUNCIL OF NYS, INC. INSURA	NCE FUND
P.O. Box 2174	9	COMPONENT.

New York, NY 10087-1749

15

# Billing (Self-Administered Billing)

On your dashboard, you will find Billing Summary.



Click on Invoices & Payments or on the icon. This will bring you to transactions and includes:

- Summary of Amount Due broken down by Total Due and any Overdue Amount
- In the Account History:
  - o Invoices are the billing statements
  - o Receipts are payments made and applied to your account

			©Mail Save Pay	your invoice and click ©Email ©Both None Monuge At	Save.	
ccount History Transaction Identifier ᅌ	Due ⊅ Date	Coverage ≎ Month	Repo Amount \$	Transaction \$	Transaction Date \$	View
1000009153	1/1/2019	1/2019	\$21,672.50	Invoice	4/3/2019	PDF CSV

To create your new billing statement, click on Report Enrollment. You will be asked if you want to copy the totals from the previous month's report.



Your invoice is now ready for input and finalization:

Product	Coverage	Coverage Tier	Headcount	Volume	Rate	Rate Basis	Premiu
Life	Life 1/All Active Full Time Eligible Employees	Employee	0.	0	\$0.154	Per \$1000 of Volume	\$0.00
Life	Life 2/All Active Part Time Eligible Employees	Employee	0	0	\$0.154	Per \$1000 of Volume	\$0.00
Life	Life 3/All Active Eligible Community Member or Religious Staff	Employee	Û.	0	\$0.154	Per \$1000 of Volume	\$0.00
AD&D	Basic Group Life AD&D 1/All Active Full Time Eligible Employees	Employee	Û	0	\$0.02	Per \$1000 of Volume	\$0.00
AD&D	Basic Group Life AD&D 2/All Active Part Time Eligible Employees	Employee	0	0	\$0.02	Per \$1000 of Volume	\$0.00
AD&D	Basic Group Life AD&D 3/All Active Eligible Community Member or Religious Staff	Employee	0	0	\$0.02	Per \$1000 of Volume	\$0.00
Supp. Life	Supplemental Life I/All Active Full Time Eligible Employees	Employee	0	0	\$0.181	Per \$1000 of Volume	\$0.00
Supp. Life	Supplemental Life 2/All Active Part Time Eligible Employees	Employee	0	0	\$0.181	Per \$1000 of Volume	\$0.00
Supp. Spouse Life	Supplemental Spouse Life I/All Active Full Time Eligible Employees	Employee	0	0	\$0.181	Per \$1000 of Volume	\$0.00
Supp. Spouse Life	Supplemental Spouse Life 2/All Active Part Time Eligible Employees	Employee	ō	.0.	\$0.181	Per \$1000 of Volume	\$0.00
Supp. Child Life	Supplemental Children's Life 1/All Active Full Time Eligible Employees Employees	Employee	Û.	0	\$0.12	Per \$1000 of Volume	\$0.00
upp. Child Life	Supplemental Children's Life 2/All Active Part Time Eligible Employees	Employee	¢.	0	\$0.12	Per \$1000 of Volume	\$0.0
TD	Long Term Disability I/All Active Full Time Eligible Employees	Employee	0	0	\$0.29	Per \$100 of Volume	\$0.0

You have two options for reporting the headcount and volume totals:

- Option A (preferred) provide the numbers by billing class
- Option B if the rates for each line of coverage are the same, you can "aggregate" lives and volume into one line for each coverage

You can now save your work:

- Save and Close keeps the statement open to review later
- Save and Submit locks you bill and becomes a final billing statement

- You will now be asked to confirm enrollment. This will lock/save your bill.
- Refresh the page.
- Your bill is now ready.

Each of your bills can be viewed as CSV (Excel) files or PDF.

To remit payment to BCNYS, please note:

- Print the PDF file, detach the coupon and mail with your payment.
- Pay as billed only. Any adjustments will be reflected in the next month's bill.

#### BENEFITS ACCOUNT STATEMENT

Previous Balance	\$0.00
Payments	\$0.00
Current Period Premium Charges	\$21,672.50
Current Period Fee Charges	\$0.00
Prior Period Premium Adjustments	\$0.00
Prior Period Fee Adjustments	\$0.00
Total Amount Due	\$21,672.50

Your payment is due by the date shown above. The grace period is thirty (30) days past the due date. If payment is not received at that time, coverage may be terminated. Please pay in full as billed. Changes will be reflected on your next invoice. For enquiries, call 1-800-692-5483.

NOTICE: When you provide a check as payment, you authorize the use of information from your check for a one-time electronic fund transfer. Funds may be withdrawn on the same day that the check is received and you will not receive your check back from your financial institution.



#### Documents

Your important program management documents are included and maintained in the My Documents folder on your dashboard as follows:

- Enrollment contains the latest Benefit Summaries for all of your AXA Life and Disability coverages as well as you Benefit Highlight sheets for Ameritas Dental and Vision plans
- Evidence Reports will display a report of EOI status
- Policies and Welcome Kit contains Certificates for all of your benefits plans
- Proposals display all SOLD proposals
- Enrollment and Admin Template can be used for mass employee/enrollment uploads
- Claim Forms from AXA and Ameritas for their coverages
- ID Cards for Ameritas Dental and Vision plans

-	
	Evidence of Insurability Reports
Ē	Policies and Welcome Kit
	Proposals
REAL R	Enrollment and Admin Template 🖉
1500	Ameritas Dental ID Card
100	Ameritas Dental Claim Form

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IU-2519314A (5/19) (Exp. 5/21)

