



bswift Open Enrollment User Guide

Open Enrollment is your once per year chance to make changes to your benefits, unless you experience a qualifying Life Event. Open Enrollment will run from Monday, **October 3, 2022 through Friday, November 10, 2022, (or a shorter window within this timeframe, as determined by your employer)**. If you would like to make changes to your enrollment, update your address, or update your beneficiaries, please follow the instructions below. **If you do not wish to make any changes to your benefits, no action is required.** Your current elections will remain in place. However, you are encouraged to review your information for accuracy.

Changes entered will take effect on **January 1, 2023**. *Dependent verification documents, such as marriage certificate for spouse or birth certificate for child, must be provided for **newly** enrolled dependents.* Coverage will not take effect unless this documentation is provided before the close of Open Enrollment. Instructions for uploading this documentation are included in the back of this guide.

Accessing Online Enrollment

To update the benefits your employer provides through the Association of California Water Agencies Joint Powers Insurance Authority (ACWA JPIA), please visit the online enrollment website at www.jpia.bswift.com.



Log In

Username

Password

[Forgot Password](#)

Logging In

Your username is your first initial + last name + 2-digit year of birth

Example: If John Smith was born in 1973, his username would be **jsmith73**. When entering your



username, use your full last name (even if hyphenated) without a suffix (e.g. Jr). The username is not case sensitive.

Your password for your first login is the last 4 digits of your social security number. Upon logging into bswift, you will be required to change it to something more secure. Your password will need to contain at least 8 characters, with both alpha and numeric characters. You will then be asked to select a security question and answer, in case you forget your password in the future.

If you cannot remember your password, click on the “Forgot Password” link. If you have not entered an email address in bswift previously you will need to contact your HR or Benefits department, email benefits@acwajpia.com or call 1-800-736-2292, Monday through Friday, 7:30 a.m. to 4:30 p.m., to have your password reset.

*Tip: For successful navigation of the site, do **NOT** use the “back” button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.*

Verify your Personal Information

Before beginning your enrollment, you will be directed to the Employee Information section. Please verify the accuracy of all of your personal information (e.g. address, DOB, etc.). If you need to update your address you can do so directly on the site. This will update your address on file with the insurance companies. **You must also notify your employer.** If your date of birth or social security number is incorrect, please contact your HR or Benefits department.

Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue.

Demographics

First Name Tester

Middle Initial

Last Name Testing

Suffix

Nickname

Social Security Number 111-22-4564

Date of Birth 1/2/1967

Gender Female

Import User ID

- 1 Your Info
 - Employee Info
 - Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue



When done, check “I agree” at the bottom of the page and click “Continue” on the right-hand side of page.

State CA - California

Zip 95621

County

Home Phone XXX-XXX-XXXX

Home Fax XXX-XXX-XXXX

Cell Phone XXX-XXX-XXXX

* Fields are required

I verify that my personal information is correct.

☒ I agree

Continue

Enter your Family Information

Next, you will be taken to the Family Information page. Add all dependents you wish to enroll in benefits before proceeding to the next section. To do this, click on the “Add Dependents” link. You will be prompted to enter your dependent’s information.

Enter all of the required fields. **SSN is a required field.** “This information is required in order to accurately report coverage to the IRS. Inaccurate reporting of insurance information could subject members to a tax penalty by the IRS when they file tax returns. These fees are meant to be applied to tax returns for uninsured individuals but can also be applied in error when coverage can’t be reported to the IRS due to a missing or inaccurate SSN.”

Adding a new dependent here does not enroll that dependent in coverage. Enrollment occurs in the next steps listed below.

Family Information

Tester Testing

Female Employee

49 years old (1/2/1967)

SSN: 111-22-4564

Edit >

Spouse Testing

Male Spouse

53 years old (2/15/1963)

SSN: 222-45-2549

Edit >

Add Dependents

Continue

I agree that the above information is accurate.

☐ I agree

1 Your Info

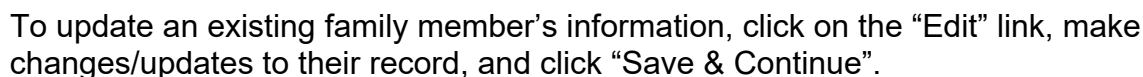
Employee Info

Family Info

2 Your Benefits

3 Enroll

4 Complete



You will see the following message, as a reminder that you must upload proof of relationship documents.

Adding a new Dependent may require the submission of documentation to your Benefits Department or carrier.

OK

When all of your family information is accurate, check “I agree” and click “Continue.”

Entering Your Elections

Next, you will be taken to the Company Wide Enrollment Screen which will show your current benefits.

Your covered dependents will show as “Cover” with a green checked mark next to it. These boxes default to not being checked for new dependents. Click on “View Plan Options” for each plan to review and add dependents.

Rev. 8/16/2021



After clicking on “View Plan Options” the below will appear. You can remove dependents from coverage by clicking on the green checkmark by their name, or add dependents to coverage by adding a green checkmark in any blank boxes. If a dependent is not showing as available to add coverage, you can add dependents by clicking on the Add Dependent link. Otherwise click the “Continue” button.

 Back

Medical

Who will be covered by this plan?

☒ Tester Testing Employee

☒ Spouse Testing Spouse

[+ Add Dependents](#)

 Back

Continue

[Privacy Policy](#) | [Browser Requirements](#)

The next screen will show the plans that are available for the new plan year as well as your elections for the current plan year. The current plan will have “Keep Selection” instead of “Select”.

CURRENT PLAN

Anthem Classic PPO

Anthem Blue Cross PPO RX Maternity

[View plan details](#)

[Plan Brochure](#)

☐ Compare

The PPO plan has a nation-wide network. You have the freedom to see non-PPO providers (at a higher cost). Referrals to specialists are not required.

Your Cost per month:
\$420.72

Tier: Employee + 1

☒ Selected

Keep Selection

Anthem Consumer Driven Health Plan

Anthem Blue Cross PPO HSA RX Maternity High Deductible

[View plan details](#)

[Plan Brochure](#)

☐ Compare

The PPO plan has a nation-wide network. You have the freedom to see non-PPO providers (at a higher cost). Referrals to specialists are not required.

Your Cost per month:
\$0.00

Tier: Employee + 1

Select

Kaiser North Consumer Driven Health Plan

Kaiser RX Maternity High Deductible

[View plan details](#)

Your Cost per month:
\$0.00

Tier: Employee + 1

Select



Once you choose the appropriate election it will bounce back to the Company Wide Enrollment page for you to choose the next benefit plan to review/update if needed.

Anthem HMO Enrollees: Entering your Primary Care Provider

If you elected Anthem HMO coverage, you will be prompted to enter the name and ID number of the Primary Care Provider for each **new** enrollee. **Existing enrollees must contact Anthem at the number on the back of the ID card to change a Primary Care Provider designation.** Making that change in bswift for a currently enrolled participant will **not** update Anthem's records.

Company Wide Enrollment

Medical
Call 1-800-227-3641 to change provider information.

[Provider Website →](#)

Tester Testing, Employee

Primary Physician:

Spouse Testing, Spouse

Primary Physician:

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Physician Selection
Beneficiaries
Other Coverages
Review and Confirm

Your Cost per month \$400.98

[Continue](#)

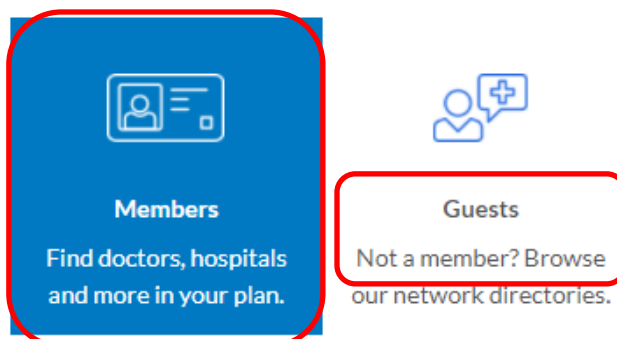
Finding a Primary Care Provider (Anthem CA Care and Value HMOs)

Should you need to search for a Primary Care Provider and corresponding ID number, the "Provider Website" link in bswift will take you to the Anthem website at www.anthem.com/ca.

If you are already enrolled in an Anthem HMO plan, you can register/login as a member to search. If you are new to Anthem HMO, click on the Find Care button and search as a guest. Select "Medical" under What type of care are you searching for? Select "California" for State and for the type of plan, select Medical (Employer-Sponsored). For the network, select "Blue Cross HMO (CACare) – Large Group". Click Continue.

On the next page, enter your zip code, and click the Primary Care box. On the next page, click the PCP button (between Type and Distance) and then check the box next to "Can serve as a Primary Care Physician." Close the pop-up and review your results. Once you've identified an appropriate PCP, you will find the PCP ID under the physician's listing in the directory. The ID is six digits long and made up of numbers and letters.

PPO participants can search for providers in the "Blue Cross (Prudent Buyer) PPO – Large Group" network, but do not need to designate a Primary Care Physician.



Log in to find care providers in your plan. If you don't have an account, [register now](#) or [search as a guest](#).

☒ Members ☐ Members with Medicaid

Login

Important information about Supplemental Life

If this benefit is offered by your employer, **new employee enrollments in Supplemental Life are subject to medical underwriting review** by The Standard, ACWA JPIA's life insurance carrier. If you choose to enroll in Supplemental Life, your coverage amount will equal your Basic Life coverage amount once The Standard has approved the coverage. This is a multiple of salary, or a flat dollar amount, predetermined by your employer's plan.

Supplemental Spouse Life and/or Supplemental Child Life: If this benefit is offered by your employer, Supplemental Spouse Life is equal to 50% of the employee's Supplemental Life coverage. The Supplemental Child Life benefit is \$5,000 for each child. The premium is the same regardless of how many children are covered. The employee must be enrolled in Employee Supplemental Life to be eligible to enroll in Supplemental Spouse Life or Supplemental Child Life. Spouses are subject to medical underwriting approval by The Standard. Children are not subject to medical underwriting if enrolled at the first available opportunity. After that, children will be subject to medical underwriting approval. There is no cost for coverage until it is approved.

To apply for Supplemental Life coverage, complete the Medical History Form found in the Documents section on your [bswift](#) home page, and send it to:



Mail
ACWA JPIA
Employee Benefits: Confidential
PO Box 619082
Roseville, CA 95661-9082

Fax
(916) 786-0906

Secure Email
Send to benefits@acwajpia.com
using the below
[ACWA JPIA Secure Email Link](#)

If you are sending your medical history form via email, please use the secure email link above or your own encrypted email program if you have one available.

Original documents are not required. Please submit only once. Documents are handled confidentially and are never sent to the employer. Follow up communications will occur directly between the employee and The Standard life insurance company.

Beneficiaries

Basic Employee Life and Supplemental Employee Life require beneficiaries. If you have a spouse on file, the primary Beneficiary assignment will default 100% to your spouse. Otherwise, it will default 100% to "My Estate." You can adjust your primary and secondary beneficiary assignments by entering percentages in each column. Primary beneficiaries are required. Secondary beneficiaries are optional. The total percent in *each* column must equal 100%.

All dependents in your family information section will be listed here. If you would like to add additional beneficiaries, click on the "Add Beneficiary" link. Only name and address are required for beneficiaries.

Company Wide Enrollment

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	%
Spouse Testing (Spouse)	%
Total 100%	

[Add New Beneficiary](#)

[Add Secondary Beneficiaries \(optional\)](#)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info
2 Your Benefits
3 Enroll
 Beneficiaries
 Other Coverages
 Review and Confirm
4 Complete

Your Cost per month \$420.72

[Continue](#)

Confirm Your Elections

You will now be on the final review page. Review all of your benefit elections and covered dependents.

The full cost of your benefits may show under Employer Cost. However, you may be responsible for a portion of the cost of your benefits. This varies from employer to



employer. Check with your HR or Benefits department to confirm your cost share for your benefits.

The plans you changed during enrollment will be listed under “Changed Benefits.” As you scroll down you will see each benefit you elected, your dependents and whether or not they are covered. Make sure none of the benefit categories are listed as “incomplete”.

To make any changes to your elections, click on the “Edit Selection” button.

Review and Confirm



Please Review All of Your Selections

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

CHANGED BENEFITS: [Dental](#)

*Indicates changed benefits

Your Total Cost

\$420.72
Per Month



Medical

Your cost per month **\$420.72**

Anthem Classic PPO

Anthem Blue Cross PPO

Coverage: **Employee + 1**

Who will be covered on this plan:

Name	Relationship	Coverage 
Tester Testing	Employee	 Cover
Spouse Testing	Spouse	 Cover

Edit Selection

COST DETAILS PER MONTH

Employer Contribution	\$1,161.58
Your Cost	\$420.72

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Beneficiaries

Other Coverages

Review and Confirm

Complete Enrollment

If any elections show Incomplete, click on the box as shown below and it will allow you to select or waive the coverage.



Supplemental Employee Life

No plan selected

Incomplete: Choose/Decline Coverage

Rev. 8/16/2021

Page 9 of 13



The below page will appear if you have failed to either Select or Waive coverage. Once chosen, bswift will take you back to the Beneficiaries page then you will hit continue on each page until you get the Review and Confirm page again.

Supplemental Employee Life & AD&D Standard	Select
☒ Waive Supplemental Employee Life	Waive

Once you are satisfied with the elections on the Review and Confirm page, check the box to agree and click “Complete Enrollment”.

physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent, designee, or representative of Anthem Blue Cross of California any and all records pertaining to medical history, services rendered, or treatment given to anyone enrolled here under or added here after for purposes of review, investigation, or evaluation of an application, or evaluation of an application or a claim. I also authorize Anthem Blue Cross of California and its affiliates, or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer, or insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Master Agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Anthem Blue Cross of California and its affiliates to process claims. A photocopy of this authorization shall be as valid as the original. Applicant must initial and date this medical information authorization. Dental I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force. Vision I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force. Basic Employee Life ☐ I agree, and I'm finished with my enrollment	Review and Confirm 4 Complete Complete Enrollment
--	--

Confirmation Statement

It is highly recommended that you save/print/email your Confirmation Statement.

You can either Print, Save a PDF, or Email the statement to yourself.

To print or save a PDF, click “Print”. The new window that opens up will be in PDF format. You may print or save the PDF.



Your enrollment is complete!



You may make changes to your elections until: **August 1, 2016**

You have completed your enrollment. Click the "Printer Friendly" link to print out a copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the Enrollment Complete button.

Your Confirmation Statement is ready

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



[VIEW](#)



[PRINT](#)

The Email link will not appear above if you have not entered an email address under your profile. Once you are done here, you may enter your email address under "My Profile". This will also enable you to reset your password yourself, should you forget it in the future.

To see elections other than 2023 elections, enter a date prior to 1/1/2023 and the system will recalculate. This will allow you to print confirmation statements from 2022 and prior.

New Elections, Confirmation Statement for Tester Testing



Your enrollment is complete!



You may make changes to your elections until: **August 1, 2016**

You have completed your enrollment. Click the "Printer Friendly" link to print out a copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the Enrollment Complete button.

Your Benefits as of 1/15/2017

View your benefits as of another date:

[PRINT](#)

TOTAL COSTS PER MONTH

Your Cost	\$420.72
Employer Cost	\$1,274.89

Dependent Verification

You will be required to provide documentation to verify every new dependent you enroll in benefits. Acceptable documents include marriage certificate, birth certificate, registration of domestic partnership, adoption paperwork or court paperwork. Please check with your HR or Benefits department if you have questions about acceptable documentation. If proof of dependent eligibility is not provided, your dependents will not be enrolled in coverage.



Once your enrollment is complete, click on My Profile → Employee File → Add Employee File Document.

Employee File

Mickey Mouse

Search for Uploaded Documents

Title Add Employee File Document

Description

Document Type

Search Cancel Reset Fields

Enter a title for the document, select the Document Type, click “Choose File” to Browse to the document on your computer, and click “Save”. The description is optional.

Employee File

Mickey Mouse

* Title Birth Certificate Baby Boy

Description

* Document Type Benefits\Birth Certificate

* File No file chosen

* Fields are required

Save Cancel

Revisiting/Revising Your Elections

You may return to the bswift website to make changes to your elections at any time throughout Open Enrollment. Once you have completed the Open Enrollment process the first time, you will be taken to the following screen upon login. Click "Change My Elections" and you will be taken back through the steps to update your Open Enrollment elections.

Your enrollment is complete!

Last date to make changes **6/30/2017**

Your Status **Complete**

[Change My Elections](#)

Welcome,
Sonya Baker

My Profile

[Edit my profile](#)

[Edit dependent profiles](#)

[Change my address](#)

My Family

[Christopher L. Dickson](#)

Life Events

[Birth](#)

[Marriage](#)

[All other Life Events](#)

My Forms

[W-4](#)

[I-9](#)

[Enrollment Form](#)

[Enrollment Confirmation Form](#)

Welcome

My Benefits

Effective Date: 6/19/2017

Library

[Documents and Plan Summaries](#)

[Kaiser North Consumer Driven Health Plan](#)

Dependents Covered 1 of 1

[DENTAL](#)

[Delta Dental](#)

Dependents Covered 1 of 1

[BASIC EMPLOYEE LIFE](#)

[Basic Life & AD&D](#)

[SUPPLEMENTAL EMPLOYEE LIFE](#)

[Supplemental Employee Life & AD&D](#)

[SUPPLEMENTAL CHILD LIFE](#)

[Supp Child Life & AD&D](#)

[View All Benefits](#)

Questions

If you have benefit related questions that cannot be answered on this website, please contact your HR or Benefits department. If you have technical **bswift** questions, including login issues, email benefits@acwajpia.com or call (800) 736-2292, Monday through Friday 7:30 a.m. to 4:30 p.m.