



BlueCross BlueShield  
of Illinois

# Small Group Quoting Tool User Guide

February 2023



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# Quoting Tool User Guide

## Purpose

The purpose of this user guide is to provide **step-by-step instructions** and guidance to Producers as they complete their tasks, using the Quoting Tool.

## Quoting Tool Process Overview

The Quoting Tool allows the user to quickly create quotes for **Fully Insured** and **Blue Balance Funded<sup>SM</sup>** ASO quotes for small groups with an average of 50 or fewer employees in the preceding calendar year (including full-time, part-time, and seasonal).

If your group employed **more than 50 employees** in the preceding calendar year, talk with your sales executive or general agent to learn more about your group's options.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

# Quoting Availability

**Fully Insured** quotes are available for small businesses with 1–50 employees. This option includes:

- Medical, Dental and Ancillary
- Dental and Ancillary Only

**Blue Balance Funded** quotes are available for small businesses with 10–50 employees. This is a Medical-only option.

## What you can do with this tool:

- Add and Quote a New Prospect
- Search for Existing Prospects
- View Recently Run Quotes
- Duplicate Existing Quotes
- Create New Quotes
- Modify Life Insurance Default Settings
- Download Quote Documents
- View and Print Member Information  
Displaying Monthly Amounts the Employer Would Incur

# Getting Started

To begin submitting/creating a quote, log into **Blue Access for Producers<sup>SM</sup>** (BAP<sup>SM</sup>).

Navigate to the eSales Tools Home Page by clicking **Group**, then **Quote a Group**.

Click **Small Group and Middle Market Quoting**.

**E-Sales Tools Links**

- Small Group & Middle Market Quoting
- Request Center
- Plan Benefits and Rates
- Small Group & Middle Market Enrollment

**Welcome to eSales Tools**

**Small Group & Middle Market Quoting**

- Metallic Plans for Small Group Prospects with 50 or fewer total employees
- ASO Blue Balance Funded<sup>SM</sup> Group prospects for 10-50 enrolled employees
- Standard Insured Plans for Middle Market Prospects with 51+ total employees

**Request**

- Submit docu New Group Enrol
- Submit docu ASO

You will be directed to the **Quoting Tool homepage**.

**BlueCross BlueShield of Illinois**

Contact Us | FAQ | Help **eSales Tools**

Jump to... [eSales Tools Home](#) > Quoting Welcome back Resource Brokerage Lic Blair Farwell 04/30/2019 Log Out

**Quoting** [Quoting Home](#)

[Quote a Group](#)

**The new Blue Balance Funded Offering is now available for Quoting! Please contact your designated Sales/Account Manager for more information or to request a Blue Balance Funded quote. Please note, Blue Balance Funded is available for 1<sup>st</sup> of the month effective dates only.**

**Search Existing Prospects**

Prospect:

Division: Illinois

Quote #:

Effective Date:  (mm/dd/yyyy)

Funding Type:  ASO Blue Balance Funded<sup>SM</sup>  
 Fully Insured

General Agent: [Find](#) RESOURCE BROKERAGE LLC

Producer: [Find](#)

Sub Producer: [Find](#)

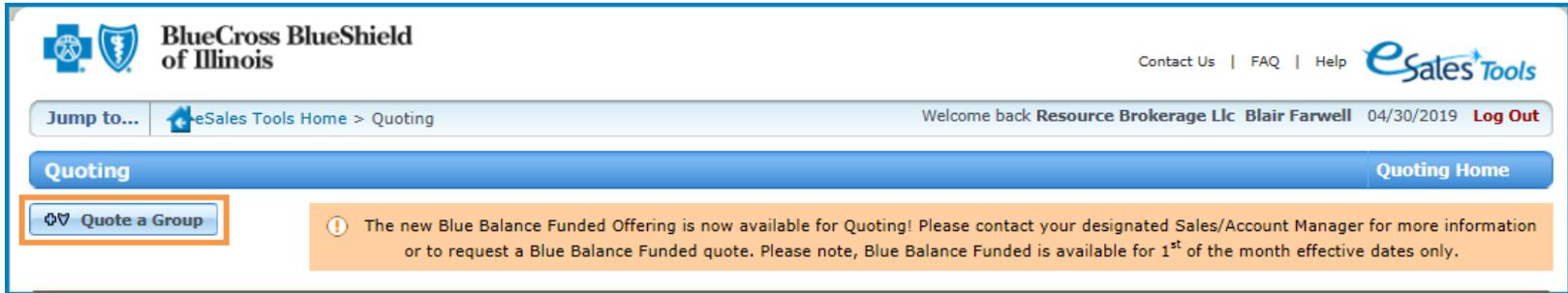
Market Segment: Small Group

Prospect Phone Number:

[Search](#) [Clear](#)

# Quoting a Group

## 1. Select **Quote a Group**.



BlueCross BlueShield of Illinois

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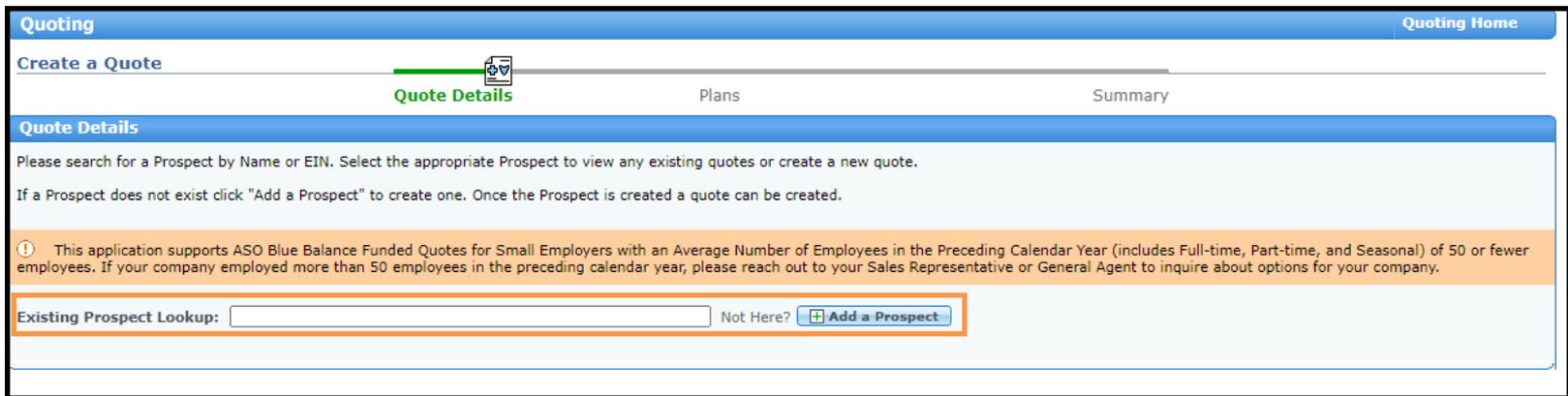
Jump to... eSales Tools Home > Quoting Welcome back Resource Brokerage Lic Blair Farwell 04/30/2019 Log Out

Quoting Quoting Home

**Quote a Group**

The new Blue Balance Funded Offering is now available for Quoting! Please contact your designated Sales/Account Manager for more information or to request a Blue Balance Funded quote. Please note, Blue Balance Funded is available for 1<sup>st</sup> of the month effective dates only.

## 2. Find an existing Prospect or create a new prospect.



Quoting Quoting Home

Create a Quote

Quote Details Plans Summary

Quote Details

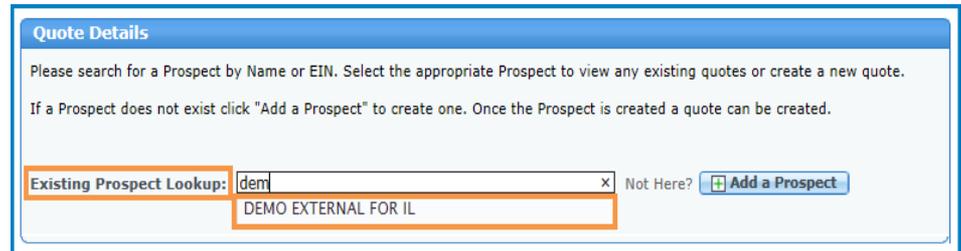
Please search for a Prospect by Name or EIN. Select the appropriate Prospect to view any existing quotes or create a new quote.  
If a Prospect does not exist click "Add a Prospect" to create one. Once the Prospect is created a quote can be created.

This application supports ASO Blue Balance Funded Quotes for Small Employers with an Average Number of Employees in the Preceding Calendar Year (includes Full-time, Part-time, and Seasonal) of 50 or fewer employees. If your company employed more than 50 employees in the preceding calendar year, please reach out to your Sales Representative or General Agent to inquire about options for your company.

Existing Prospect Lookup:  Not Here? **Add a Prospect**

# Finding an Existing Prospect

1. Enter a Prospect's name in the **Existing Prospect Lookup** field. Click on the Prospect when it appears, below the field where you entered the name.

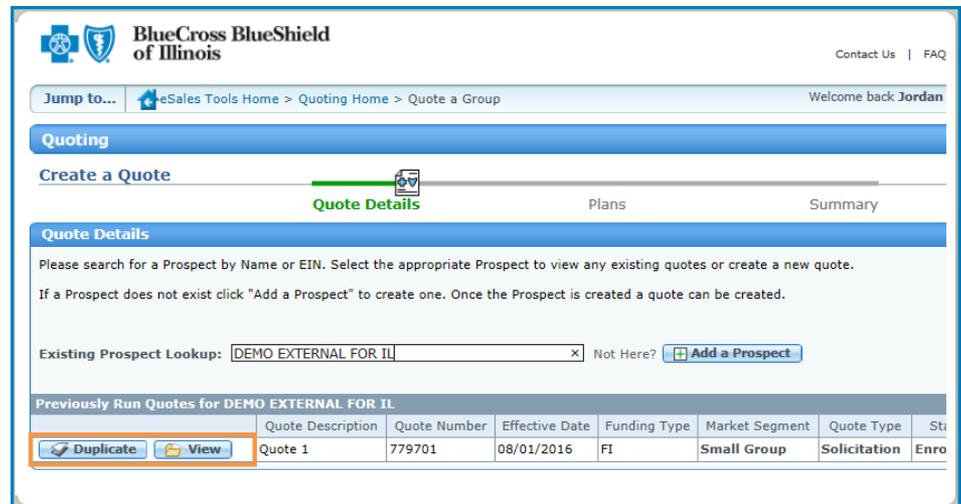


The screenshot shows a web form titled "Quote Details". It contains a text input field labeled "Existing Prospect Lookup:" with the text "dem" entered. Below the input field, a dropdown menu is open, displaying "DEMO EXTERNAL FOR IL". To the right of the input field is a "Not Here?" link and an "Add a Prospect" button. The form also includes instructions: "Please search for a Prospect by Name or EIN. Select the appropriate Prospect to view any existing quotes or create a new quote. If a Prospect does not exist click 'Add a Prospect' to create one. Once the Prospect is created a quote can be created."

Enter at least 3 characters to look up an existing prospect.

2. You are able to **Duplicate** or **View** an existing Blue Cross and Blue Shield of Illinois (BCBSIL) quote.

- When **Duplicate** is selected all the quote details are duplicated, allowing you to make changes to the details for new quotes, as needed.
- When **View** is selected you are able to view a delivered quote or continue quoting on a prospect.



The screenshot shows the BlueCross BlueShield of Illinois website interface. It features a navigation bar with "Jump to..." and "Sales Tools Home > Quoting Home > Quote a Group". Below this is a "Quoting" section with a "Create a Quote" button and a progress bar showing "Quote Details" as the active step. The "Quote Details" form is visible, with the "Existing Prospect Lookup" field containing "DEMO EXTERNAL FOR IL". Below the form is a table titled "Previously Run Quotes for DEMO EXTERNAL FOR IL".

	Quote Description	Quote Number	Effective Date	Funding Type	Market Segment	Quote Type	St
<a href="#">Duplicate</a> <a href="#">View</a>	Quote 1	779701	08/01/2016	FI	Small Group	Solicitation	Enro

# Adding a Prospect

Select **Add a Prospect** in Quote Details. Enter **mandatory data** in Prospect Details (fields marked with an asterisk), then click **Create**.

The screenshot shows the BlueCross BlueShield of Illinois eSales Tools interface. At the top, there is a navigation bar with the company logo, contact information, and user details (Edward Schultz, 05/20/2019). Below this is a breadcrumb trail: Home > Quoting Home > Quote a Group. The main content area is titled 'Quoting' and features a progress bar with three steps: 'Create a Quote', 'Quote Details', 'Plans', and 'Summary'. The 'Quote Details' step is currently active. Below the progress bar, there is a section for 'Quote Details' with instructions on how to search for or add a prospect. A warning message is displayed, stating that the application supports ASO Blue Balance Funded Quotes for Small Employers with an Average Number of Employees in the Preceding Calendar Year (includes Full-time, Part-time, and Seasonal) of 50 or fewer employees. Below the warning, there is a search field for 'Existing Prospect Lookup' and a button labeled '+ Add a Prospect'. The 'Prospect Details' section contains several required fields marked with an asterisk: '\*Prospect Name:', '\*Prospect EIN:', '\*Division: Illinois', and '\*Prospect Phone #:'. There are also fields for 'General Agent:' and '\*Producer:', and a 'Sub-Producer:' field. A '+ Create' button is located at the bottom right of the 'Prospect Details' section. At the very bottom, there is a legend for '\* - Required Fields -' and two buttons: 'Save' and 'Continue'.

# Creating a New Quote

Once a new prospect or quote is duplicated, **complete all the required information fields** (identified with asterisks) to create a new quote. Although the tool currently shows that all prospects must be regulated by ERISA, BCBSIL will provide a Fully Insured quote for non-ERISA prospects. At this time, BCBSIL will provide Blue Balance Funded quotes only for ERISA-regulated prospects.

**Note:** Blue Balance Funded is available for groups with 10–50 employees. The group’s current coverage must have been effective for a minimum of one year, for at least 75% of all eligible employees.

\* How many employees (full-time, part-time, seasonal) did your company average on business days in the preceding calendar year? If your company did not exist in the preceding calendar year, how many employees (full-time, part-time, seasonal) does your company reasonably expect to average on business days in the current calendar year?

:  Fifty (50) or fewer employees  
 Fifty-one (51) or more employees

Quote Description:

\*Market Segment:

\*Number of Enrolled Employees:

\*Employer Zip Code:

\*Employer County:

\*SIC Code:

Sales Rep. R/D/T:  /  /

\*Funding Type:  ASO Blue Balance Funded <sup>SM</sup>  
 Fully Insured

\*Effective Date:

\*Product Type:

# Product Types Prior to 5/1/2023

Quotes with **effective dates prior to 5/1/2023** display current product types

### Prospect Details

*Prospect Name: <input type="text" value="AMATEST ABC Test"/>	General Agent: <input type="button" value="Find"/>
Prospect EIN: <input type="text"/>	*Producer: - BAPTHREE PRODUCER
*Division: Illinois	Sub-Producer: <input type="button" value="Find"/>
Prospect Phone #: <input type="text"/>	<input type="button" value="Create"/>
*Public Entity: <input type="radio"/> Yes <input checked="" type="radio"/> No	

\* How many employees (full-time, part-time, seasonal) did your company average on business days in the preceding calendar year? If your company did not exist in the preceding calendar year, how many employees (full-time, part-time, seasonal) does your company reasonably expect to average on business days in the current calendar year?

Quote Description: <input type="text" value="Quote1"/>	<input type="radio"/> Fifty (50) or fewer employees
*Market Segment: <input type="text" value="Small Group"/>	<input type="radio"/> Fifty-one (51) or more employees
*Number of Enrolled Employees: <input type="text" value="2"/>	*Funding Type: <input type="checkbox"/> ASO Blue Balance Funded <sup>SM</sup>
*Employer Zip Code: <input type="text" value="60025"/>	<input checked="" type="checkbox"/> Fully Insured
*Employer County: <input type="text" value="Cook"/>	*Effective Date: <input type="text" value="03/01/2023"/>
*SIC Code: <input type="button" value="Find"/> <input type="text"/>	*Product Type: <input checked="" type="radio"/> Health/Dental/Life
Sales Rep. R/D/T: <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Life Only

Life/STD Settings ▾

# Product Types Starting on 5/1/2023

Quotes with **effective dates on 5/1/2023 and beyond** display updated product types

\* How many employees (full-time, part-time, seasonal) did your company average on business days in the preceding calendar year? If your company did not exist in the preceding calendar year, how many employees (full-time, part-time, seasonal) does your company reasonably expect to average on business days in the current calendar year?

Fifty (50) or fewer employees  
 Fifty-one (51) or more employees

Quote Description:

\*Market Segment:

\*Number of Enrolled Employees:

\*Employer Zip Code:

\*Employer County:

\*SIC Code:

Sales Rep. R/D/T:  /  /

\*Receive Date:

\*Funding Type:  ASO Blue Balance Funded <sup>SM</sup>  
 Fully Insured

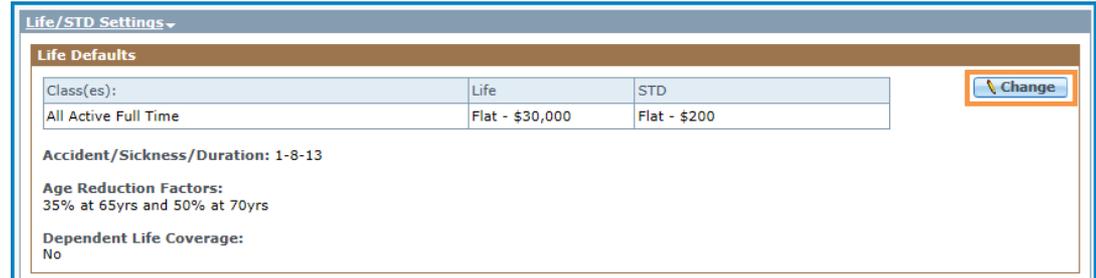
\*Effective Date:

\*Product Type:  Health/Dental/Ancillary  
 Dental & Ancillary Only



# Quote Settings

If the Fully Insured funding type has been selected, **Life** and **Short-Term Disability** will be available. Click **Change** to modify the default settings.

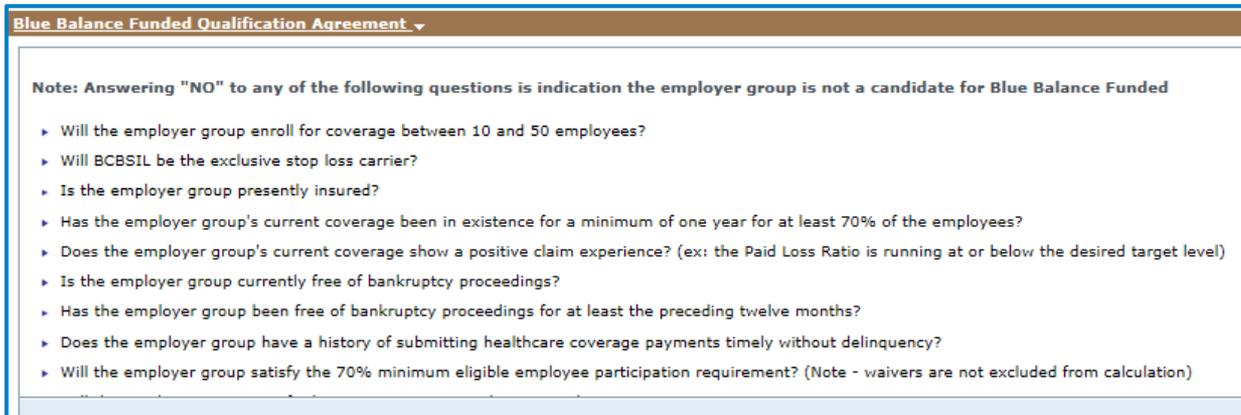


The screenshot shows a web interface for "Life/STD Settings". It features a table for "Life Defaults" with columns for "Class(es)", "Life", and "STD". The table contains one row for "All Active Full Time" with "Flat - \$30,000" under Life and "Flat - \$200" under STD. Below the table, there are sections for "Accident/Sickness/Duration: 1-8-13", "Age Reduction Factors: 35% at 65yrs and 50% at 70yrs", and "Dependent Life Coverage: No". A "Change" button is located in the top right corner of the table area.

Class(es):	Life	STD
All Active Full Time	Flat - \$30,000	Flat - \$200

Accident/Sickness/Duration: 1-8-13  
Age Reduction Factors:  
35% at 65yrs and 50% at 70yrs  
Dependent Life Coverage:  
No

If Blue Balance Funded is selected, the **Blue Balance Funded Qualification Agreement** will display. Please read through the questionnaire. If the answer to any question is **No**, the employer group may not be eligible for Blue Balance Funded.



The screenshot shows a questionnaire titled "Blue Balance Funded Qualification Agreement". It includes a note: "Note: Answering 'NO' to any of the following questions is indication the employer group is not a candidate for Blue Balance Funded". Below the note is a list of nine questions, each preceded by a right-pointing arrow.

**Note: Answering "NO" to any of the following questions is indication the employer group is not a candidate for Blue Balance Funded**

- ▶ Will the employer group enroll for coverage between 10 and 50 employees?
- ▶ Will BCBSIL be the exclusive stop loss carrier?
- ▶ Is the employer group presently insured?
- ▶ Has the employer group's current coverage been in existence for a minimum of one year for at least 70% of the employees?
- ▶ Does the employer group's current coverage show a positive claim experience? (ex: the Paid Loss Ratio is running at or below the desired target level)
- ▶ Is the employer group currently free of bankruptcy proceedings?
- ▶ Has the employer group been free of bankruptcy proceedings for at least the preceding twelve months?
- ▶ Does the employer group have a history of submitting healthcare coverage payments timely without delinquency?
- ▶ Will the employer group satisfy the 70% minimum eligible employee participation requirement? (Note - waivers are not excluded from calculation)

The Blue Balance Funded Qualification Agreement section **only applies to Blue Balance Funded** and is not required for Fully Insured quotes.

# Life, STD and LTD Settings

## LIFE/STD Settings

**NOTE: Effective dates prior to 05/01 will display this Life setting.**



The screenshot shows the 'Life/STD Settings' window. It has a 'Life Defaults' section with a table of settings and a 'Change' button on the right.

Class(es):	Life	STD
All Active Full Time	Flat - \$30,000	Flat - \$200

Accident/Sickness/Duration: 1-8-13  
Age Reduction Factors:  
35% at 65yrs and 50% at 70yrs, 75% at 75yrs, 85% at 80yrs  
Dependent Life Coverage:  
No

## Life/STD/LTD Settings

**NOTE: Effective dates after 05/01 will display this setting.**

If **Fully Insured** is selected, the number of enrolled employees should be 50 members or less.

If **ASO Blue Balance Funded** is selected, the number of enrolled employees cannot be less than 10 or greater than 50.

**Life** defaults to the amount and the information below but can be changed by selecting the change button on the right-hand side.



The screenshot shows the 'Life/STD/LTD Settings' window with a 'Summary' section. It includes a table with columns for Class Description, Plan Name, Plan Benefit, Benefit Maximum, and Age Reduction. Below the table are several coverage options, all set to 'No'. A 'Change' button is highlighted with a red box.

Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70

Dependent Basic Life Coverage: No  
Supplemental Life Coverage: No  
Short Term Disability Coverage: No  
Long Term Disability Coverage: No

All options defaults to **No** at first landing.

Dependent Basic Life Coverage: No  
Supplemental Life Coverage: No  
Short Term Disability Coverage: No  
Long Term Disability Coverage: No

# Life, STD and LTD Settings

Clicked on **Change** button to make changes to any of the plans listed above.

Life/STD/LTD Settings - Summary

Employee Basic Life - Employer Contribution 100%

Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70

Dependent Basic Life Coverage: No  
Supplemental Life Coverage: No  
Short Term Disability Coverage: No  
Long Term Disability Coverage: No

**Change**

When the **Change** button is click, Life offering box opens.

Change Life/STD/LTD Settings

Life Offerings

Employer Contribution

Enter the Percentage of the Premium that the Employer is going to contribute towards Life Coverage.

\*Term Life Contribution  %

Life Classes

Class 1 Description All Active Full Time  Class 2 Description Class 2

Employee: Basic Life

Guarantee Issue:  
50k (2 - 9 Lives)  
200k (10 - 50 Lives)

Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
<input type="checkbox"/> All Active Full Time	Plan 1	\$15,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 2	\$25,000	N/A	35% at 65 / 50% at 70
<input checked="" type="checkbox"/> All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 4	\$100,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 5	1 x Salary	\$150,000	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 6	2 x Salary	\$200,000	35% at 65 / 50% at 70

Dependent Basic Life  Yes  No

Supplemental Life  Yes  No

# Life Offerings

Term Life Contribution: Any number 1–100.

Employer Contribution for Life cannot be above 100%.

**NOTE:** If you enter a contribution amount under 100 **before** selecting a Life plan, the contribution will **auto-default** back to 100% upon plan selection. To adjust, go back and **manually re-enter** the desired contribution amount **after** selecting a Life plan.

## Life Classes

**Class 1 Default:** All Active Full Time.

**Class 2 Description: (Optional):** User can type in the description for Class 2, with up to 20 characters; Class 2 plans will display for plan selection.

Life Classes				
<input checked="" type="checkbox"/> Class 1 Description <input type="text" value="All Active Full Time"/>		<input checked="" type="checkbox"/> Class 2 Description <input type="text" value="Class 2"/>		
Employee Basic Life				
Guarantee Issue: 50k (2 - 9 Lives) 200k (10 - 50 Lives)				
Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
<input type="checkbox"/> All Active Full Time	Plan 1	\$15,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 2	\$25,000	N/A	35% at 65 / 50% at 70
<input checked="" type="checkbox"/> All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 4	\$100,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 5	1 x Salary	\$150,000	35% at 65 / 50% at 70
<input type="checkbox"/> All Active Full Time	Plan 6	2 x Salary	\$200,000	35% at 65 / 50% at 70
<input type="checkbox"/> Class 2	Plan 1	\$15,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> Class 2	Plan 2	\$25,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> Class 2	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> Class 2	Plan 4	\$100,000	N/A	35% at 65 / 50% at 70
<input type="checkbox"/> Class 2	Plan 5	1 x Salary	\$150,000	35% at 65 / 50% at 70
<input type="checkbox"/> Class 2	Plan 6	2 x Salary	\$200,000	35% at 65 / 50% at 70

# Dependent and Supplemental Life

**Dependent Basic Life:** Defaults to No. When Yes is clicked, the plans open and default to Plan 1.

Dependent Basic Life <input checked="" type="radio"/> Yes <input type="radio"/> No			
Guarantee Issue: \$10,000 spouse / \$5,000 Children			
Plan Name	Plan Benefit	Benefit Maximum	
<input checked="" type="checkbox"/> Plan 1	\$10,000 Spouse / \$5,000 Child	\$10,000 Spouse / \$5,000 Child	

**Supplemental Life:** Defaults to No. When Yes is clicked, the plans open and default to Plan 1.

Supplemental Life <input checked="" type="radio"/> Yes <input type="radio"/> No			
Guarantee Issue: Fully underwritten (2 - 5 Lives) \$30,000 (6 - 9 Lives) \$50,000 (10 - 25 Lives) \$100,000 (26 - 50 Lives)			
Plan Name	Plan Benefit	Benefit Maximum	
<input checked="" type="checkbox"/> Plan 1	Employee / Spouse / Child	\$500,000 Employee / \$150,000 Spouse / \$10,000 Child	

# Short Term Disability – Class 1 Plans

**Short Term Disability Classes:** Defaults to **NO** on landing, when **Yes** is selected, Defaults to **Plan 8** but can be changed to any of the other plans per the group's request. Employer Contribution for Basic Short Term Disability should be 25% or above.

**Short Term Disability**  Yes  No

---

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage.

\*STD Contribution  %

---

**Short Term Disability Classes**

Class 1 Description   Class 2 Description

---

**Short Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days) Injury/Sickness	Maximum Benefit Duration (Weeks)
Basic Short Term Disability				
<input type="checkbox"/> All Active Full Time	Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/> All Active Full Time	Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/> All Active Full Time	Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/> All Active Full Time	Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/> All Active Full Time	Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/> All Active Full Time	Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/> All Active Full Time	Plan 7	60% salary weekly max \$1,000	0/7	13
<input checked="" type="checkbox"/> All Active Full Time	Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/> All Active Full Time	Plan 9	60% salary weekly max \$1,000	7/7	13

# Short Term Disability – Class 2 Plans

## Short Term Disability Class 2 plans:

For the Class 2 plans to display, click on the box next to Class 2 Description. There will be no plans selected by default, select a plan based on the group's request.

Short Term Disability  Yes  No

---

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage.

\*STD Contribution  %

---

**Short Term Disability Classes**

Class 1 Description   Class 2 Description

---

**Short Term Disability Plans**

<input type="checkbox"/>	Class 2	Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/>	Class 2	Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/>	Class 2	Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/>	Class 2	Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/>	Class 2	Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/>	Class 2	Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/>	Class 2	Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/>	Class 2	Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/>	Class 2	Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/>	Class 2	Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/>	Class 2	Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/>	Class 2	Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/>	Class 2	Plan 13	60% salary weekly max \$1,500	0/7	13
<input type="checkbox"/>	Class 2	Plan 14	60% salary weekly max \$1,500	0/7	26
<input type="checkbox"/>	Class 2	Plan 15	60% salary weekly max \$1,500	7/7	13
<input type="checkbox"/>	Class 2	Plan 16	60% salary weekly max \$1,500	7/7	26
<input type="checkbox"/>	Class 2	Plan 17	60% salary weekly max \$1,500	14/14	13
<input type="checkbox"/>	Class 2	Plan 18	60% salary weekly max \$1,500	14/14	26

Voluntary Short Term Disability  
\* Only available for 10-50 lives

# Voluntary Short Term Disability – Class 1 Plans

Click on the arrow to display the Voluntary Short Term Disability plans.

Short Term Disability  Yes  No

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage.

\*STD Contribution  %

**Short Term Disability Classes**

Class 1 Description   Class 2 Description

**Short Term Disability Plans**

Class Description	Plan Name
Basic Short Term Disability	
Voluntary Short Term Disability	

**Short Term Disability Classes**

Class 1 Description   Class 2 Description

**Short Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days) Injury/Sickness	Maximum Benefit Duration (Weeks)
Basic Short Term Disability				
Voluntary Short Term Disability				
<input type="checkbox"/> All Active Full Time	Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/> All Active Full Time	Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/> All Active Full Time	Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/> All Active Full Time	Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/> All Active Full Time	Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/> All Active Full Time	Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/> All Active Full Time	Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/> All Active Full Time	Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/> All Active Full Time	Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/> All Active Full Time	Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/> All Active Full Time	Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/> All Active Full Time	Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/> All Active Full Time	Plan 13*	60% salary weekly max \$1,500	0/7	13

# Voluntary Short Term Disability – Class 2 Plans

For the **Class 2** plans to display for Short Term Disability, click on the box next to Class 2 Description. There will be no plans selected by default, select a plan based on the group's request.

Employer Contribution for Short Term Disability cannot be above **24%**

Short Term Disability  Yes  No

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage.

\*STD Contribution  %

**Short Term Disability Classes**

Class 1 Description   Class 2 Description

**Short Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days) Injury/Sickness	Maximum Benefit Duration (Weeks)
Basic Short Term Disability				
Voluntary Short Term Disability				

<input type="checkbox"/>	Class 2	Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/>	Class 2	Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/>	Class 2	Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/>	Class 2	Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/>	Class 2	Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/>	Class 2	Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/>	Class 2	Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/>	Class 2	Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/>	Class 2	Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/>	Class 2	Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/>	Class 2	Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/>	Class 2	Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/>	Class 2	Plan 13**	60% salary weekly max \$1,500	0/7	13
<input type="checkbox"/>	Class 2	Plan 14**	60% salary weekly max \$1,500	0/7	26
<input type="checkbox"/>	Class 2	Plan 15**	60% salary weekly max \$1,500	7/7	13
<input type="checkbox"/>	Class 2	Plan 16**	60% salary weekly max \$1,500	7/7	26
<input type="checkbox"/>	Class 2	Plan 17**	60% salary weekly max \$1,500	14/14	13
<input type="checkbox"/>	Class 2	Plan 18**	60% salary weekly max \$1,500	14/14	26

\*\* Only available for 10-50 lives

# Long Term Disability – Class 1 Plans

**Long Term Disability:** Defaults to **NO** on landing, when Yes is selected,  
Defaults to Plan 7 but can be changed to any of the other plans per the group's request.

Long Term Disability  Yes  No

---

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage.

\*LTD Contribution  %

---

**Long Term Disability Classes**

Class 1 Description   Class 2 Description

---

**Long Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration	
Basic Long Term Disability					
<input type="checkbox"/>	All Active Full Time	Plan 1	60% salary monthly max \$3,500	90	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 2	60% salary monthly max \$3,500	90	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 3	60% salary monthly max \$3,500	180	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 4	60% salary monthly max \$3,500	180	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 5	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 6	60% salary monthly max \$6,000	90	5 Years
<input checked="" type="checkbox"/>	All Active Full Time	Plan 7	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 8	60% salary monthly max \$6,000	180	5 Years
Voluntary Long Term Disability					

# Long Term Disability – Class 2 Plans

For Class 2 plans to display, click on the box next to Class 2 Description. There will be no plans selected by default, select a plan based on the group's request.

Long Term Disability  Yes  No

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage.

\*LTD Contribution  %

**Long Term Disability Classes**

Class 1 Description   Class 2 Description

**Long Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration
-------------------	-----------	--------------	--------------------------	--------------------------

<input type="checkbox"/>	Class 2	Plan 1	60% salary monthly max \$3,500	90	SSNRA
<input type="checkbox"/>	Class 2	Plan 2	60% salary monthly max \$3,500	90	5 Years
<input type="checkbox"/>	Class 2	Plan 3	60% salary monthly max \$3,500	180	SSNRA
<input type="checkbox"/>	Class 2	Plan 4	60% salary monthly max \$3,500	180	5 Years
<input type="checkbox"/>	Class 2	Plan 5	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/>	Class 2	Plan 6	60% salary monthly max \$6,000	90	5 Years
<input type="checkbox"/>	Class 2	Plan 7	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/>	Class 2	Plan 8	60% salary monthly max \$6,000	180	5 Years

Voluntary Long Term Disability

# Voluntary Long Term Disability – Class 1 Plans

Click on the arrow to display the Voluntary Long Term Disability

<input type="checkbox"/>	Class 2	Plan 4	60% salary monthly max \$3,500	180	5 Years
<input type="checkbox"/>	Class 2	Plan 5	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/>	Class 2	Plan 6	60% salary monthly max \$6,000	90	5 Years
<input type="checkbox"/>	Class 2	Plan 7	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/>	Class 2	Plan 8	60% salary monthly max \$6,000	180	5 Years
Voluntary Long Term Disability 					

**Voluntary Long Term Disability** plans display, no plan is selected by default, select a voluntary plan based on the group's plan selection.

Long Term Disability Classes					
<input checked="" type="checkbox"/>	Class 1 Description	<input type="text" value="All Active Full Time"/>	<input type="checkbox"/>	Class 2 Description	<input type="text" value="Class 2"/>
Long Term Disability Plans					
Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration	
Basic Long Term Disability					
Voluntary Long Term Disability					
<input type="checkbox"/>	All Active Full Time	Plan 1	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 2	60% salary monthly max \$6,000	90	5 Years
<input type="checkbox"/>	All Active Full Time	Plan 3	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/>	All Active Full Time	Plan 4	60% salary monthly max \$6,000	180	5 Years

# Voluntary Long Term Disability – Class 2 Plans

For the **Class 2** plans to display for Voluntary Long Term Disability, click on the box next to Class 2 Description. There will be no plans selected by default, select a plan based on the group's request.

Employer Contribution for Long Term Disability cannot be above **24%**

Long Term Disability  Yes  No

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage.

\*LTD Contribution  %

**Long Term Disability Classes**

Class 1 Description   Class 2 Description

**Long Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration
Basic Long Term Disability				
Voluntary Long Term Disability				

**Long Term Disability Classes**

Class 1 Description   Class 2 Description

**Long Term Disability Plans**

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration
<input type="checkbox"/> Class 2	Plan 1	60% salary monthly max \$6,000	90	SSNRA
<input type="checkbox"/> Class 2	Plan 2	60% salary monthly max \$6,000	90	5 Years
<input type="checkbox"/> Class 2	Plan 3	60% salary monthly max \$6,000	180	SSNRA
<input type="checkbox"/> Class 2	Plan 4	60% salary monthly max \$6,000	180	5 Years
<input type="checkbox"/> All Active Full Time	Plan 4	60% salary monthly max \$6,000	180	5 Years
<input type="checkbox"/> Class 2	Plan 1	60% salary monthly max \$6,000	90	SSNRA

# Member Census

## Importing Census

You have two options to enter member census information:

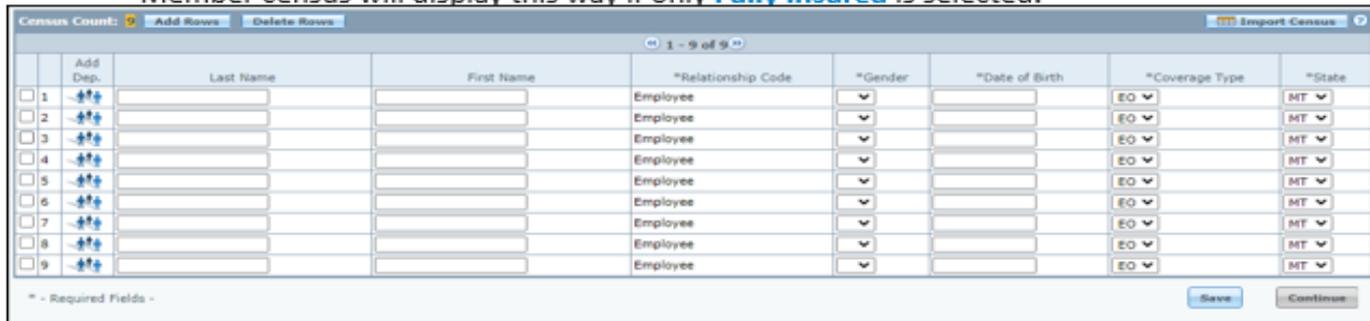
1. Enter the member information **manually** on the census page, or
2. Use a **census template** to import membership information to the census page.

### 1. Manual Entry

Select the “blue family” icon  (just left of the last name field) to create additional rows for each dependent enrolling in coverage. This button can be selected multiple times to add multiple dependents.

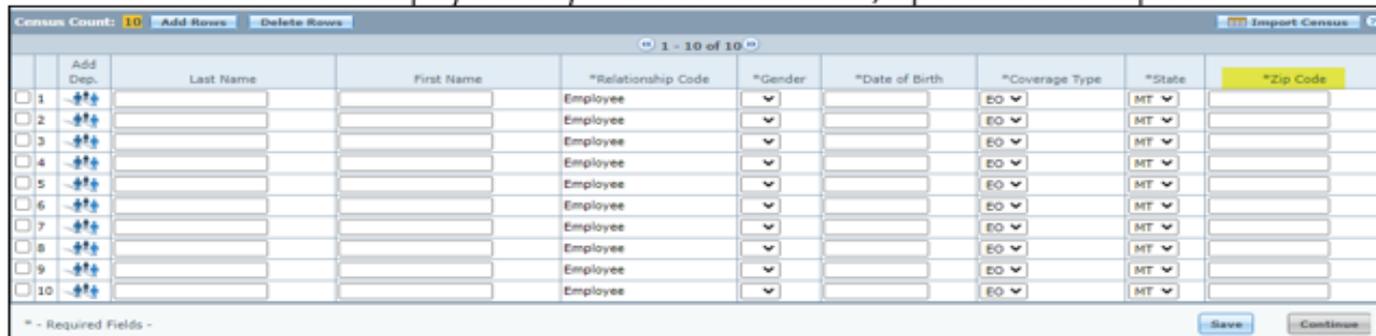
Complete all required fields and select **Create Rate** to proceed to the Rate Summary window.

Member census will display this way if only **Fully Insured** is selected.



	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT
<input type="checkbox"/>				Employee			EQ	MT

Member census will display this way if **ASO BBF** is selected, Zip code will be required.



	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	
<input type="checkbox"/>				Employee			EQ	MT	

# Member Census

Member census will display this way if **Life, STD and LTD Classes** are selected;

ZIP code and Annual Salary will be required along with the member information.

Census Count: 10 Add Rows Delete Rows Import Census

1 - 10 of 10

Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Annual Salary	Life Classes	STD Classes	LTD Classes
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time

\* - Required Fields - Save Continue

## 2. Importing Census

Click on the **Import Census** button.

Census Count: 10 Add Rows Delete Rows Import Census

1 - 10 of 10

Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Annual Salary	Life Classes	STD Classes	LTD Classes
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	IL ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time

\* - Required Fields - Save Continue

# Member Census

## Census Import Template

- The Smart Census Import Tool Version 16 can be downloaded via Blue Access for Producers along with the Version 15 Reference Guide; visit [www.bcbsmt.com/producer](http://www.bcbsmt.com/producer)
- Users will also be able to download Version 16 via the small group and middle market enrollment application

**Import Census**

Download the **Census Import Template** or view an example of a formatted import file.

Select File to upload: F:\Quoting and Renewa

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite  
 Append

# Member Census

To upload census, click on **Browse**, select a file to be uploaded and click on **Load File**. Then, click on **Save & Close**.

Select File to upload: F:\Quoting and Renewal  
**Browse...** **Load File**

**Import Census**

Download the [Census Import Template](#) or view an example of a formatted import file.

Select File to upload:  CensusToolV...022 1010.xlsx **Load File**

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite  
 Append

**Save & Close**

		Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Annual Salary	Life Classes	STD Class
<input type="checkbox"/>	1	H	Nb	Employee	F	06/05/1987	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	2	Bn	Zxsd	Employee	M	06/01/1974	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	3	Lkj	Df	Employee	M	10/06/1987	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	4	Gh	Ee	Employee	F	11/02/1987	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	5	Hi	Dg	Employee	F	05/11/1983	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	6	Ee	Egt	Employee	M	11/06/1987	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	7	Gv	Bg	Employee	M	05/06/1981	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	8	Oi	Bff	Employee	F	10/05/1970	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	9	Ds	Er	Employee	M	07/25/1978	EO	NM		All Active Full Time	All Active Full Ti
<input type="checkbox"/>	10	Ut	Yj	Employee	F	10/06/1979	EO	NM		All Active Full Time	All Active Full Ti

# Member Census

Census should be loaded on the next section. Click **Save**.

If errors are found, a message will populate with a list of the errors.

If no errors are found, click **Continue** to proceed to the plans page.

Census Count: 10 Add Rows Delete Rows Import Census ?

« 1 - 10 of 10 »

Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Annual Salary	Life Classes	STD Classes	LTD Classes
	H	Nb	Employee	F	06/05/1987	EO	NM	54,000	Class 2	All Active Full Time	All Active Full Time
	Bn	Zxsd	Employee	M	06/01/1974	EO	NM	69,000	All Active Full Time	All Active Full Time	Class 2
	Lkj	Df	Employee	M	10/06/1987	EO	NM	78,000	All Active Full Time	Class 2	All Active Full Time
	Gh	Ee	Employee	F	11/02/1987	EO	NM	63,000	All Active Full Time	All Active Full Time	All Active Full Time
	Hi	Dg	Employee	F	05/11/1983	EO	NM	90,000	Class 2	All Active Full Time	All Active Full Time
	Ee	Egt	Employee	M	11/06/1987	EO	NM	100,000	All Active Full Time	Class 2	All Active Full Time
	Gv	Bg	Employee	M	05/06/1981	EO	NM	89,000	All Active Full Time	All Active Full Time	Class 2
	Oi	Bff	Employee	F	10/05/1970	EO	NM	63,000	All Active Full Time	All Active Full Time	All Active Full Time
	Ds	Er	Employee	M	07/25/1978	EO	NM	78,000	Class 2	All Active Full Time	All Active Full Time
	Ut	Yj	Employee	F	10/06/1979	EO	NM	90,000	All Active Full Time	All Active Full Time	Class 2

\* - Required Fields -

Save Continue

# Benefit Design Options

Plans page displays with all available plans for the group.

You can view benefit design options by clicking on the **plan type**.

Then, scroll within the plan type to view each benefit design. Get rate details by clicking the **magnifying glass icons** under the Member and Composite Rate columns.

The screenshot shows a web interface for viewing benefit plans. At the top, there are navigation buttons for 'Previous' and 'Continue'. Below that, there are buttons for 'View F1 Plans Request/Response', 'View F1 Rating Request/Response', 'View BASO Plans Request/Response', and 'View BASO Rating Request/Response'. The main content area is titled 'Fully Insured Plans' and contains several sections of tables. The first section is 'Blue Choice PPO Network' with a sub-section 'PPO Plans'. This table has columns for Plan#, Ded In/Out, Office Visit/Specialist, Coins In/Out, OPX In/Out, ER Copy/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx, Member Rates, and Composite Rates. A red box highlights the magnifying glass icons in the Member Rates and Composite Rates columns for the first four rows of the PPO Plans table. Below this are sections for 'Blue Advantage HMO Network', 'Dental Plans', 'Standalone Vision Plans', 'Life Offerings', 'Short Term Disability Plans', 'Long Term Disability Plans', 'Critical Illness Plans', and 'Accident Insurance Plans'. The final section is 'Blue Balance Funded Plans' with a sub-section 'Blue Choice PPO' containing another table with similar columns and magnifying glass icons in the Member Rates and Composite Rates columns.

**Note:** “Rate” refers to monthly premiums for fully insured ACA/Small Group Plans. Final composite rates are dependent on enrollment demographics. If you ran an initial Blue Balance Funded quote, “Rate” refers to the administrative fees, stop loss premiums and projected claims, which can vary with enrollment. Please talk with your sales executive for an underwritten quote.

# Ancillary Products

On the plans page, user can now see all the ancillary products, their benefits and rates.

## **Standalone Vision Plans**

- Basic Standalone Vision
- Voluntary Standalone Vision

## **Life Offerings**

- Employee Basic Life Plans
- Dependent Basic Life Plans
- Supplemental Life Plans

## **Critical Illness Plans**

- Basic Critical Illness
- Voluntary Critical Illness

## **Short Term Disability Plans**

- Basic Short Term Disability

## **Long Term Disability Plans**

- Basic Long Term Disability

## **Accident Insurance Plans**

- Basic Accident Insurance
- Voluntary Accident Insurance

# Ancillary – Standalone Vision Plans

Standalone Vision Plans								
Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb	Rates
<b>Basic Standalone Vision</b>								
Plan 1	12/12/24	\$25	\$100	No	No	No	No	
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes	
Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes	
Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes	
Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes	
Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes	
Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes	
Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes	
Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes	
Plan 10	12/12/12	\$25	\$150	No	No	Yes	Yes	
<b>Voluntary Standalone Vision</b>								
Plan 1	12/12/24	\$25	\$100	No	No	No	No	
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes	
Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes	
Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes	

# Ancillary – Standalone Vision Plans

Standalone Vision Plans								
Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb	Rates
<b>Basic Standalone Vision</b>								
Plan 1	12/12/24	\$25	\$100	No	No	No	No	
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes	
Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes	
Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes	
Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes	
Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes	
Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes	
Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes	
Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes	
Plan 10	12/12/12	\$25	\$150	No	No	Yes	Yes	
<b>Voluntary Standalone Vision</b>								
Plan 1	12/12/24	\$25	\$100	No	No	No	No	
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes	
Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes	
Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes	
Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes	
Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes	
Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes	
Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes	
Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes	

# Ancillary – Life Offerings

Life Offerings					
<b>Employee Basic Life Plans</b>					
All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70	
Class 2	Plan 2	\$25,000	N/A	35% at 65 / 50% at 70	
Plan Name	Plan Benefit	Benefit Maximum		Rates	
<b>Dependent Basic Life Plans</b>					
Plan 1	\$10,000 Spouse / \$5,000 Child	\$10,000 Spouse / \$5,000 Child			
<b>Supplemental Life Plans</b>					
Plan 1	Employee / Spouse / Child	\$500,000 Employee / \$150,000 Spouse / \$10,000 Child			

# Ancillary – Short Term Disability Plans / Long Term Disability

Short Term Disability Plans					
Class Description	Plan Name	Plan Benefit	Elimination Period (Days) Injury/Sickness	Maximum Benefit Duration (Weeks)	Rates
<b>Basic Short Term Disability</b>					
All Active Full Time	Plan 8	60% salary weekly max \$1,000	0/7	26	
Class 2	Plan 2	60% salary weekly max \$750	0/7	26	

Long Term Disability Plans					
Class Description	Plan Name	Plan Benefit	Elimination Period (Days)	Maximum Benefit Duration	Rates
<b>Basic Long Term Disability</b>					
All Active Full Time	Plan 7	60% salary monthly max \$6,000	180	SSNRA	
Class 2	Plan 8	60% salary monthly max \$6,000	180	5 Years	

# Ancillary – Critical Illness Plans

Critical Illness Plans			
Plan Name	Benefit	Benefit Maximum	Rates
<b>Basic Critical Illness</b>			
Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount	
Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child	Up to 3 times benefit amount	
Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount	
<b>Voluntary Critical Illness</b>			
Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount	
Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child	Up to 3 times benefit amount	
Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount	

# Ancillary – Accident Insurance Plans

Accident Insurance Plans						
Plan Name	Benefit Description	24 hour Coverage	Benefit Coverage	Wellness	Rates	
<b>Basic Accident Insurance</b>						
Plan 1	Benefits for treatment and injuries due to an accident	No	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40		
Plan 2	Benefits for treatment and injuries due to an accident	No	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50		
Plan 1 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40		
Plan 2 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50		
Smart Plan 1	Benefits for treatment due to an accident	No	Emergency room - \$175 / Hospital confinement - \$200 / Ground Ambulance - \$400	\$0		
Smart Plan 2	Benefits for treatment due to an accident	No	Emergency room - \$200 / Hospital confinement - \$300 / Ground Ambulance - \$400	\$0		
Smart Plan 1 - 24 Hr	Benefits for treatment due to an accident	Yes	Emergency room - \$175 / Hospital confinement - \$200 / Ground Ambulance - \$400	\$0		
Smart Plan 2 - 24 Hr	Benefits for treatment due to an accident	Yes	Emergency room - \$200 / Hospital confinement - \$300 / Ground Ambulance - \$400	\$0		
<b>Voluntary Accident Insurance</b>						
Plan 1	Benefits for treatment and injuries due to an accident	No	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40		
Plan 2	Benefits for treatment and injuries due to an accident	No	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50		
Plan 1 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$75 / Hospital confinement - \$150 / Ground Ambulance - \$120	\$40		
Plan 2 - 24 Hr	Benefits for treatment and injuries due to an accident	Yes	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50		
Smart Plan 1	Benefits for treatment due to an accident	No	Emergency room - \$175 / Hospital confinement - \$200 / Ground Ambulance - \$400	\$0		
Smart Plan 2	Benefits for treatment due to an accident	No	Emergency room - \$200 / Hospital confinement - \$300 / Ground Ambulance - \$400	\$0		
Smart Plan 1 - 24 Hr	Benefits for treatment due to an accident	Yes	Emergency room - \$175 / Hospital confinement - \$200 / Ground Ambulance - \$400	\$0		
Smart Plan 2 - 24 Hr	Benefits for treatment due to an accident	Yes	Emergency room - \$200 / Hospital confinement - \$300 / Ground Ambulance - \$400	\$0		

# Generating the Proposal

Next section will be the Plan section displaying all Health, Dental and Life offerings. To generate the quote, click on the **Generate Proposal** on the right-hand side of the page.

The screenshot shows a web application interface for generating a proposal. At the top right, there is a green button labeled "Generate Proposal". Below this, there are several navigation buttons: "Previous", "View FI Plans Request/Response", "View FI Rating Request/Response", "View BASO Plans Request/Response", and "View BASO Rating Request/Response".

The main content area is titled "Fully Insured Plans" and contains a table of insurance plans. The table has the following columns: Plan#, Ded In/Out, Office Visit/ Specialist, Coins In/Out, OPX In/Out, ER Copy\*\*\*/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx\*\*, Member Rates, and Composite Rates. The table is divided into sections: "Blue Choice PPO Network", "PPO Plans", "Platinum Plans", "Gold Plans", "Blue Advantage HMO Network", "Dental Plans", "Standalone Vision Plans", "Life Offerings", "Short Term Disability Plans", "Long Term Disability Plans", "Critical Illness Plans", "Accident Insurance Plans", "Blue Balance Funded Plans", and "Blue Choice PPO".

Plan#	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copy***/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Member Rates	Composite Rates
<b>Blue Choice PPO Network</b>											
<b>PPO Plans</b>											
<b>Platinum Plans</b>											
P9M1CHC	\$0/\$5000	\$20/\$40	80%/50%	\$6300/Unlimited	\$500/80%	DC/DC	DC/DC	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250		
P620CHC	\$250/\$500	\$30/\$60	80%/60%	\$1500/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250		
P9K3CHC	\$500/\$10000	\$30/\$60	80%/60%	\$1500/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250		
P621CHC	\$1250/\$2500	\$25/\$45	100%/80%	\$1250/Unlimited	\$400/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250		
<b>Gold Plans</b>											
<b>Blue Advantage HMO Network</b>											
<b>Dental Plans</b>											
<b>Standalone Vision Plans</b>											
<b>Life Offerings</b>											
<b>Short Term Disability Plans</b>											
<b>Long Term Disability Plans</b>											
<b>Critical Illness Plans</b>											
<b>Accident Insurance Plans</b>											
<b>Blue Balance Funded Plans</b>											
<b>Blue Choice PPO</b>											

# Proposal Documents

The screenshot displays the BlueCross BlueShield of Illinois eSales Tools interface. At the top, the logo and navigation links (Contact Us, FAQ, Help) are visible. The user is logged in as Jordan Taggart on 05/01/2019. The breadcrumb trail shows the path: eSales Tools Home > Quoting Home > Quote a Group. The main navigation bar includes 'Quoting' and 'Quoting Home'. Below this, there are tabs for 'Quote Details', 'Plans', and 'Summary', with 'Summary' being the active tab. The 'Quote1' section shows details for a quote: Prospect Name: DEMO\_EXTERNAL\_TB, Division: Illinois, Producer: Jordan Taggart, Quote Type: Sol (with a dropdown menu showing 'Dental Plans' and 'Vision Plan'), and Status: Delivered. The 'Summary' section includes a 'Previous' button and a 'Quick Quote Documents' list with the following items: Proposal With PHI, Proposal Without PHI, Proposal Cover Sheet, Product Purchasing and General Underwriting Guidelines, Health Plan Options Summary, Dental Plan Options Summary, Conditions and Caveats, Administrative Services Agreement, and Stop Loss Coverage Policy. To the right of the screenshot, there is explanatory text about proposal documents.

**Proposal documents** are generated and available to download and print.

**Note:** If the group accepts the proposal, additional enrollment documents are required.

# Helpful Resources



For questions about quoting, enrollment and benefits, please talk with **your sales executive** or **general agent**.



For technical issues with the eSales Quoting tool, please contact our ITG Service Center at **1-888-706-0583**.



For questions regarding any of the information within this user manual or the enrollment process, please email us at: **[SGMM\\_TechSupport@hcsc.com](mailto:SGMM_TechSupport@hcsc.com)**.