



BlueCross BlueShield
of Texas

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 FundedSM** 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 Texas 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 Texas, 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 ProducersSM (BAPSM)**.

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 FundedSM 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 Texas

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 1st of the month effective dates only.

Search Existing Prospects

Prospect:

Division: Texas

Quote #:

Effective Date: (mm/dd/yyyy)

Funding Type: ASO Blue Balance FundedSM Fully Insured

General Agent: RESOURCE BROKERAGE LLC

Producer:

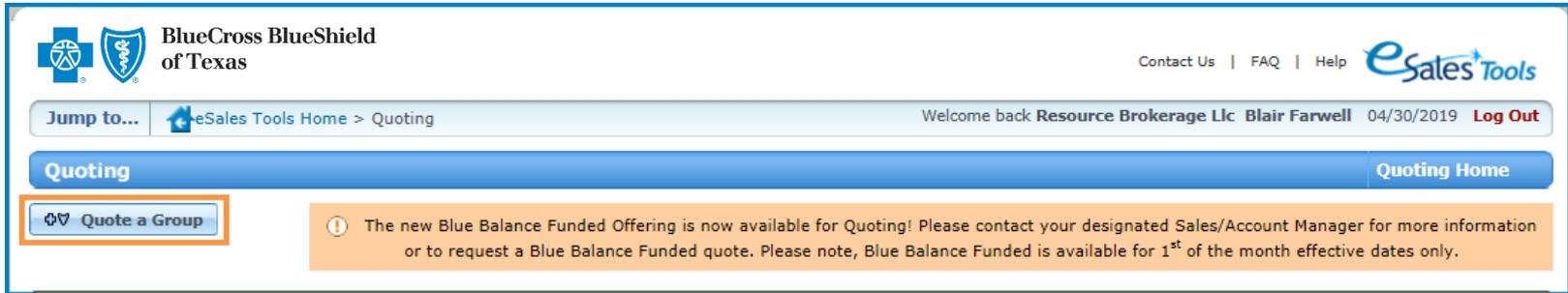
Sub Producer:

Market Segment: Small Group

Prospect Phone Number:

Quoting a Group

1. Select **Quote a Group**.



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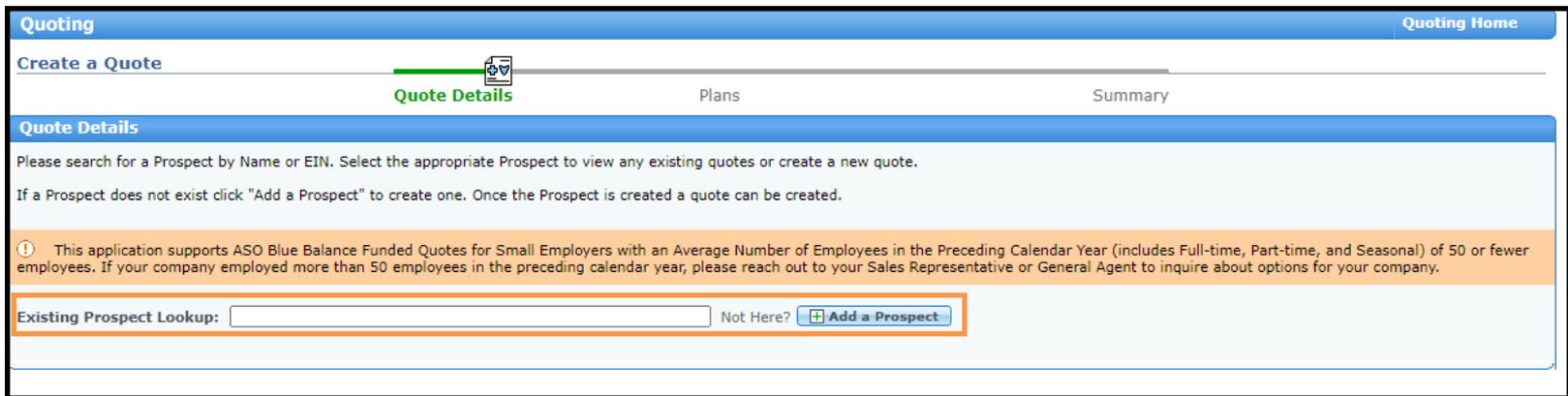
Jump to... eSales Tools Home > Quoting Welcome back Resource Brokerage Lic Blair Farwell 04/30/2019 Log Out

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 1st 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.

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.

Existing Prospect Lookup: x Not Here? [Add a Prospect](#)

DEMO EXTERNAL

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 Texas (BCBSTX) 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.

BlueCross BlueShield of Texas Contact Us | FAQ

Jump to... [eSales Tools Home](#) > [Quoting Home](#) > [Quote a Group](#) Welcome back Jordan

Quoting

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.

Existing Prospect Lookup: x Not Here? [Add a Prospect](#)

Previously Run Quotes for DEMO EXTERNAL

	Quote Description	Quote Number	Effective Date	Funding Type	Market Segment	Quote Type	St
Duplicate View	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 displays the BlueCross BlueShield of Texas eSales Tools interface. At the top, the logo and navigation links (Contact Us, FAQ, Help) are visible. Below the header, a breadcrumb trail reads "Jump to... eSales Tools Home > Quoting Home > Quote a Group". The user is identified as EDWARD SCHULTZ, logged in on 05/20/2019. The main navigation bar includes "Quoting" and "Quoting Home". A progress bar shows the current step is "Quote Details", with "Create a Quote" and "Summary" as other stages. The "Quote Details" section contains instructions for searching for a prospect or creating a new one. A warning message is present regarding ASO Blue Balance Funded Quotes for Small Employers. Below this, there is a search field for "Existing Prospect Lookup" and a button labeled "+ Add a Prospect". The "Prospect Details" section contains several required fields: "*Prospect Name:", "Prospect EIN:", "*Division: Texas", and "Prospect Phone #:". To the right, there are 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 are "Save" and "Continue" buttons and a note "* - Required Fields -".

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, BCBSTX will provide a Fully Insured quote for non-ERISA prospects. At this time, BCBSTX 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 SM
 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: Texas	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 SM
*Employer Zip Code: <input type="text" value="75081"/>	<input checked="" type="checkbox"/> Fully Insured
*Employer County: <input type="text" value="Dallas"/>	*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 SM
 Fully Insured

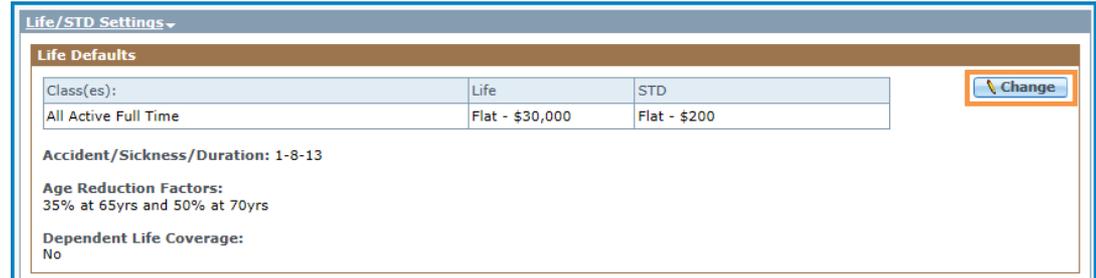
*Effective Date:

*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.

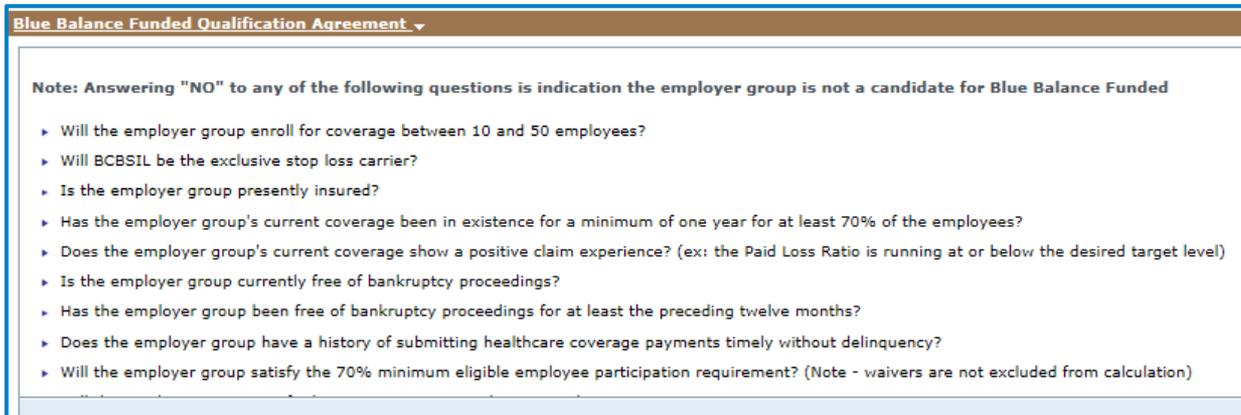


The screenshot shows a web interface for "Life/STD Settings". It features a table for "Life Defaults" with columns for "Class(es)", "Life", and "STD". The table contains one row for "All Active Full Time" with "Flat - \$30,000" under Life and "Flat - \$200" under STD. Below the table, there are sections 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 ten 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 date of BELOW 05/01 will display this Life setting

The screenshot shows the 'Life/STD Settings' interface. At the top, there is a 'Life Defaults' section. It contains a table with the following data:

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

Below the table, there is a 'Change' button. Underneath the table, the following information is displayed:

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 date of 05/01 and ABOVE will display this setting

If **Fully Insured** is selected, numbers of enrolled employees can go up to 50.

If **ASO Blue Balance Funded** is selected, numbers 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' interface. At the top, there is a 'Summary' section. It contains a table with the following data:

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

Below the table, there is a 'Change' button. Underneath the table, the following information is displayed:

Dependent Basic Life Coverage: No

Supplemental Life Coverage: No

Short Term Disability Coverage: No

Long Term Disability Coverage: No

A blue arrow points from the text 'All options defaults to No at first landing.' to the 'Supplemental Life Coverage: No' line.

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 Class 2 Description

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

Class 1 Description Class 2 Description

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: Default to No. Click on **Yes** to add Dependent Basic Life to the account.

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. Click on **Yes** to add Supplement Life to the account.

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.

<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

Short 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"/>		
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

<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%**

Change Life/STD/LTD Settings

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				
<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
<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

Member Census

Importing Census

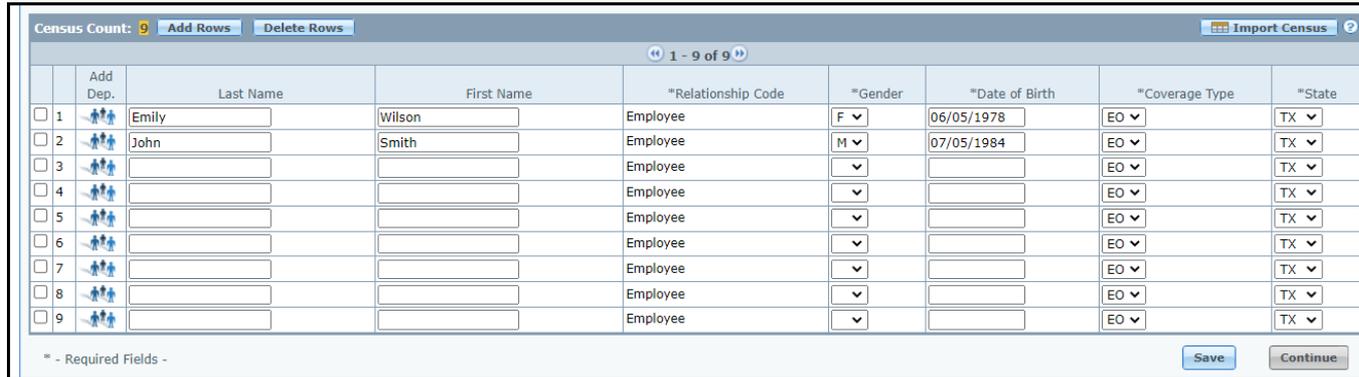
You have two options to enter member census information:

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.

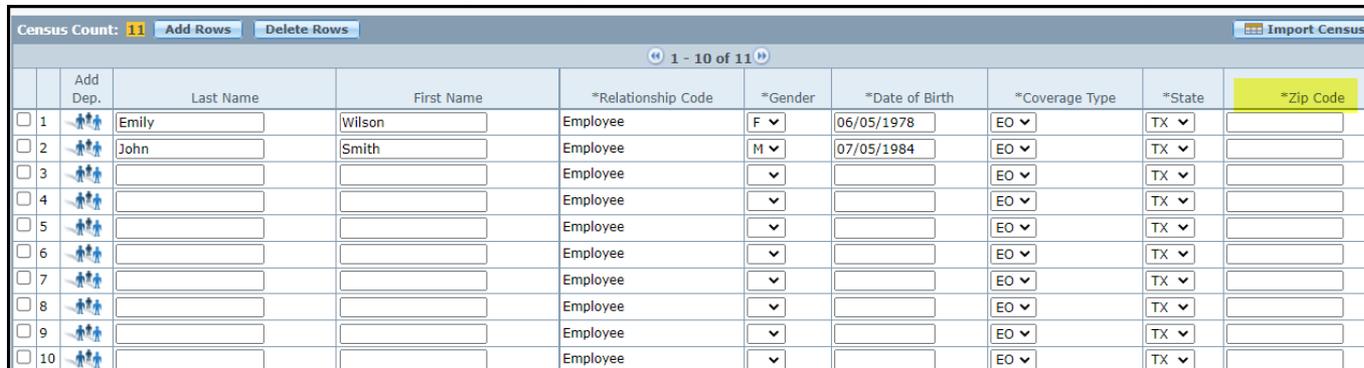


	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State
<input type="checkbox"/>		Emily	Wilson	Employee	F	06/05/1978	EO	TX
<input type="checkbox"/>		John	Smith	Employee	M	07/05/1984	EO	TX
<input type="checkbox"/>				Employee			EO	TX
<input type="checkbox"/>				Employee			EO	TX
<input type="checkbox"/>				Employee			EO	TX
<input type="checkbox"/>				Employee			EO	TX
<input type="checkbox"/>				Employee			EO	TX
<input type="checkbox"/>				Employee			EO	TX
<input type="checkbox"/>				Employee			EO	TX

* - Required Fields -

Buttons: Save, Continue

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"/>		Emily	Wilson	Employee	F	06/05/1978	EO	TX	
<input type="checkbox"/>		John	Smith	Employee	M	07/05/1984	EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	
<input type="checkbox"/>				Employee			EO	TX	

Buttons: Add Rows, Delete Rows, Import Census

Ancillary – Critical Illness Plans

Fully Insured Plans			
Blue Choice Preferred PPO			
Blue Precision HMO Network			
Blue Options Product			
Blue PPO			
Dental Plans			
Standalone Vision Plans			
Life Offerings			
Critical Illness Plans			
Plan Name	Benefit	Benefit Maximum	Rates
Basic Critical Illness			
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	
Voluntary Critical Illness			
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	
Accident Insurance Plans			

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: 11 [Add Rows](#) [Delete Rows](#) [Import Census](#) ?

« 1 - 10 of 11 »

Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Annual Salary	Life Classes	STD Classes	LTD Classes
ily	Wilson	Employee	F	06/05/1978	EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
n	Smith	Employee	M	07/05/1984	EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			All Active Full Time	All Active Full Time	All Active Full Time
		Employee			EO	TX			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: 6 [Add Rows](#) [Delete Rows](#) [Import Census](#) ?

« 1 - 6 of 6 »

	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Annual Salary	Life Classes	STD Classes	LTD Classes
<input type="checkbox"/>				Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>				Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>				Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>				Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>				Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>				Employee			EO	TX		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 16 Reference Guide; visit www.bcbstx.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**.



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 Classe:
<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.

Plans

Previous Continue

Substitution XPL's

View F1 Plans Request/Response View F1 Rating Request/Response View BAGO Plans Request/Response

View BAGO Rating Request/Response

Fully Insured Plans

Blue Choice PPO Network

Plan#	Ded In/Out	Office Visit/Specialist	Coins In/Out	OPX In/Out	ER Copy TM /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx ^{**}	Member Rates	Composite Rates
PPO Plans											
Platinum Plans											
PP11CHC	\$0/\$5000	\$20/\$40	80%/50%	\$6300/Unlimited	\$500/80%	DC/DC	DC/DC	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250		
PP20CHC	\$250/\$500	\$30/\$60	80%/60%	\$1500/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250		
PP30CHC	\$500/\$10000	\$30/\$60	80%/60%	\$1500/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250		
PP21CHC	\$1250/\$2500	\$25/\$45	100%/80%	\$1250/Unlimited	\$400/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250		
Gold Plans											
Blue Advantage HMO Network											
Dental Plans											
Stand-alone Vision Plans											
Life Offerings											
Short Term Disability Plans											
Long Term Disability Plans											
Critical Illness Plans											
Accident Insurance Plans											
Blue Balance Funded Plans											
Blue Choice PPO											
ATBC8206	\$3000/\$6000	\$50/\$100	70%/50%	\$7500/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCF291 ^{11/2/14}	\$3500/\$7000	DC/DC	80%/60%	\$5000/Unlimited	DC	DC/DC	DC/DC	90%/90%/90%/70%/60%/50%	80%/80%/70%/60%/60%/50%		
ATBCF207	\$4000/\$10000	\$35/\$70	60%/50%	\$7900/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCF254 ^{11/2/13}	\$4500/\$9000	\$15/\$30	80%/60%	\$6900/Unlimited	DC	DC/DC	DC/DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350		
ATBCF292 ^{11/2/13}	\$5000/\$10000	DC/DC	100%/70%	\$5000/Unlimited	DC	DC/DC	DC/DC	100%	100%		
ATBCF208	\$5000/\$10000	\$45/\$90	70%/50%	\$5600/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBC8208	\$5000/\$10000	\$45/\$90	70%/50%	\$5600/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCF293 ^{11/2/13}	\$6000/\$12000	DC/DC	100%/70%	\$6000/Unlimited	DC	DC/DC	DC/DC	100%	100%		
Blue Advantage HMO											

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.

Regular Plans

Fully Insured Plans

Dental Plans

Vision Plans

Fully Insured Plans
Blue Preferred PPO Network
Blue Focus POS Network
Dental Plans
Vision Plan

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
Basic Standalone Vision								
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	
Voluntary Standalone Vision								
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
Basic Standalone Vision								
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	
Voluntary Standalone Vision								
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					
Employee Basic Life Plans					
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	
Dependent Basic Life Plans					
Plan 1	\$10,000 Spouse / \$5,000 Child	\$10,000 Spouse / \$5,000 Child			
Supplemental Life Plans					
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
Basic Short Term Disability					
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
Basic Long Term Disability					
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
Basic Critical Illness			
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	
Voluntary Critical Illness			
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
Basic Accident Insurance					
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	
Voluntary Accident Insurance					
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.

Plans

Previous Generate Proposal

Solicitation XMLs

View FI Plans Request/Response View FI Rating Request/Response View BASO Plans Request/Response
View BASO Rating Request/Response

Fully Insured Plans

Blue Choice PPO Network

Plan#	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay***/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Member Rates	Composite Rates
PPO Plans											
Platinum Plans											
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		
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											
Blue Choice PPO											

Proposal Documents

The screenshot displays the BlueCross BlueShield of Texas eSales Tools interface. At the top left is the BlueCross BlueShield of Texas logo. To the right are links for 'Contact Us', 'FAQ', and 'Help', along with the 'eSales Tools' logo. Below the header is a navigation bar with 'Jump to...' and a breadcrumb trail: 'eSales Tools Home > Quoting Home > Quote a Group'. On the right of the navigation bar, it says 'Welcome back: TEST ESALES 03/21/2023 Log Out'. A blue 'Quoting' header bar contains a 'Quoting Home' link. Below this is a 'Create a Quote' section with a green progress bar. The progress bar has three segments: 'Quote Details' (active), 'Plans', and 'Summary' (with a document icon). Below the progress bar is a 'Quote1 Quote History...' section containing a table of quote details:

Prospect Name: AMATEST TX TEST	Division: Texas	Producer: 010022886 TEST PRODUCER ESALES
Quote Type: Solicitation	Funding Type: Fully Insured	Market Segment: SG
Status: Delivered		

Below the details is a 'Summary' section with a 'Previous' button. Underneath is a 'Quick Quote Documents' section with a list of document links, each with a download icon:

- Proposal With PHI
- Proposal Without PHI
- Proposal Cover Sheet
- Cover Letter - Health & Life
- Small Group Disclosure Statement
- Health Plan Options Summary
- Dental Plan Options Summary

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**.