BlueCross BlueShield of Texas

Small Group Quoting Tool User Guide

September 2024

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

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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 Small Group and Middle Market Quoting tool.

Quoting Tool Process Overview

The Quoting tool allows the user to quickly create quotes for **Fully Insured** and **Blue Balance Funded℠** 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, contact 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 funding type is a Medical-only option but can be quoted alongside Fully Insured Dental.

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 Settings
- Download Quote Documents
- View and Print Member Information Displaying Monthly Premiums

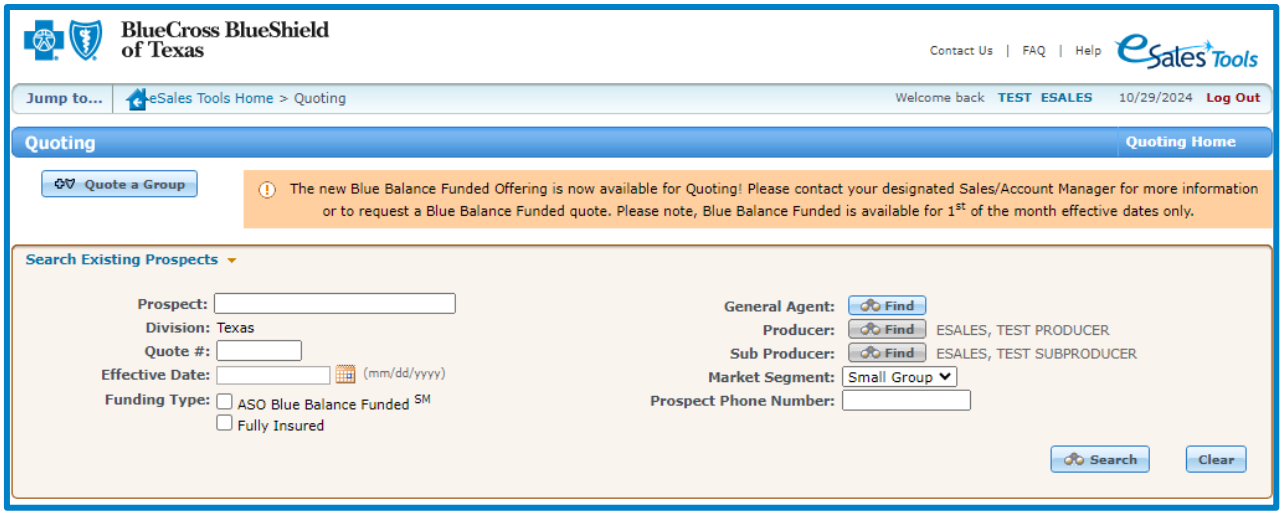
Getting Started

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

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

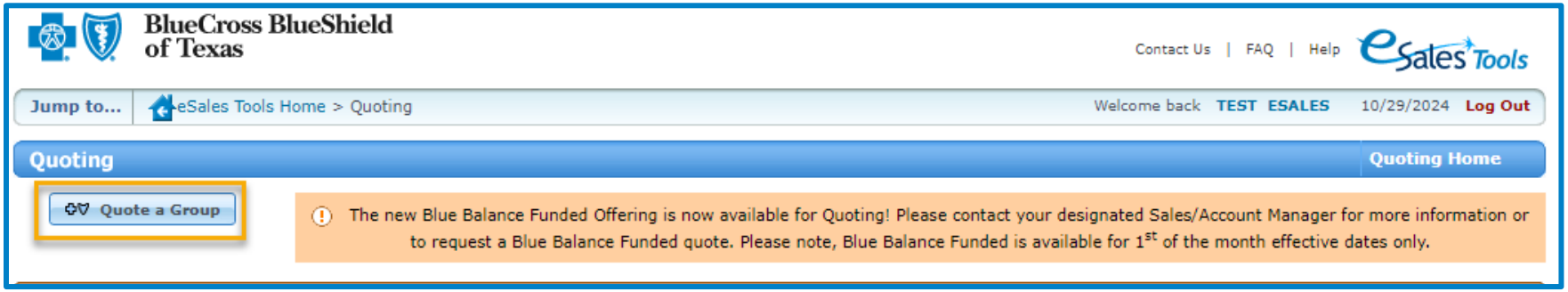
Click **Small Group and Middle Market Quoting**.

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

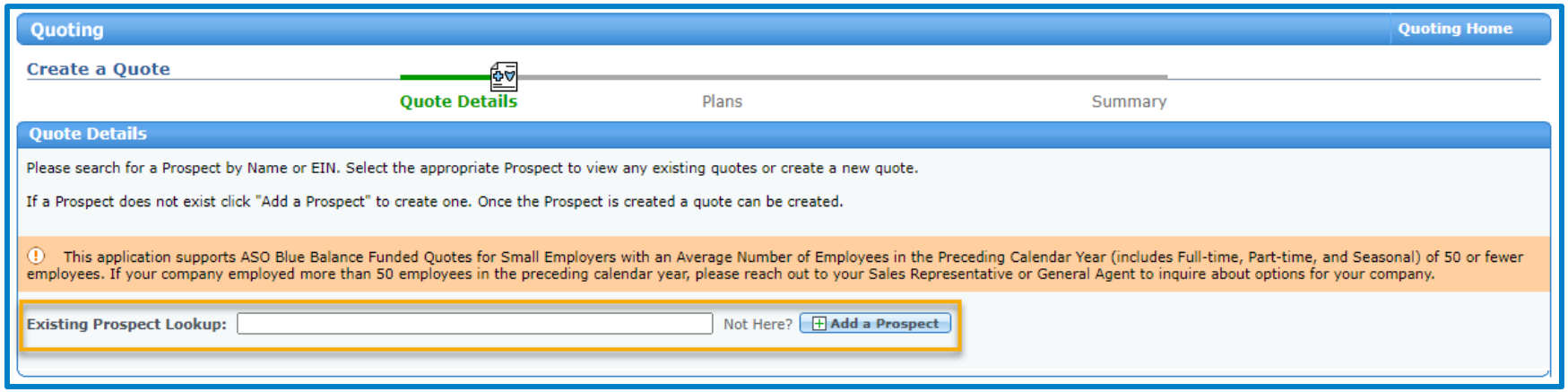


Quoting a Group

1. Select **Quote a Group**.

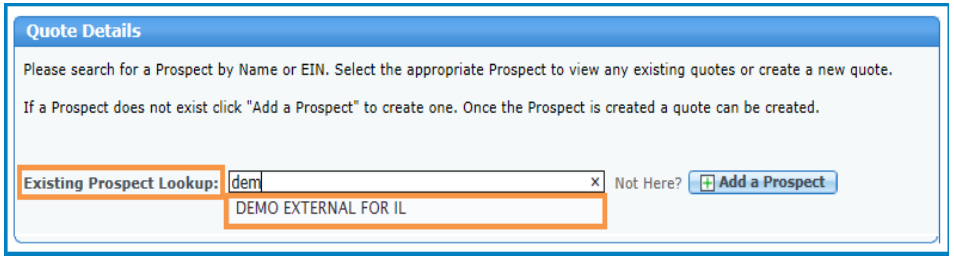


2. Find an existing Prospect or create a new prospect.



Finding an Existing Prospect

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

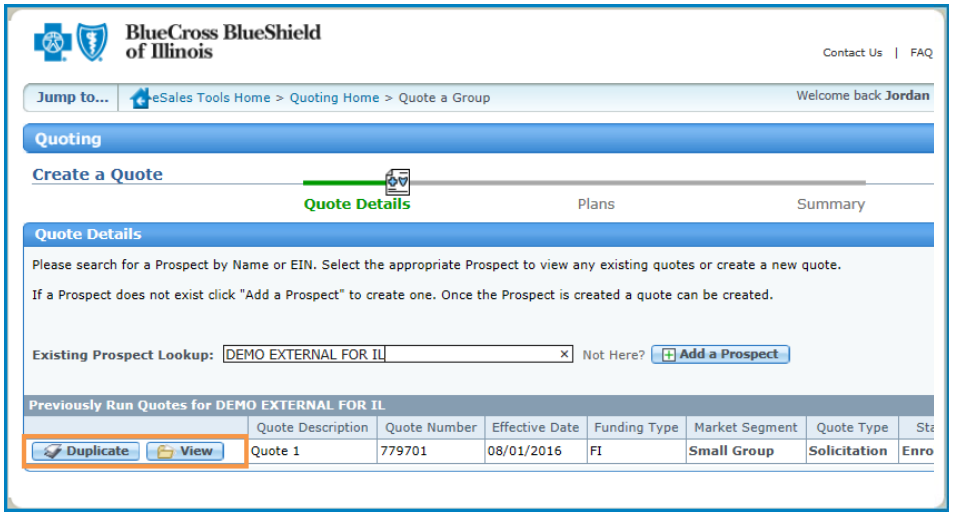


Enter at least 3 characters to look up an existing prospect.

2. **Duplicate** or **View** an existing Blue Cross and Blue Shield of Texas (BCBSTX) quote.

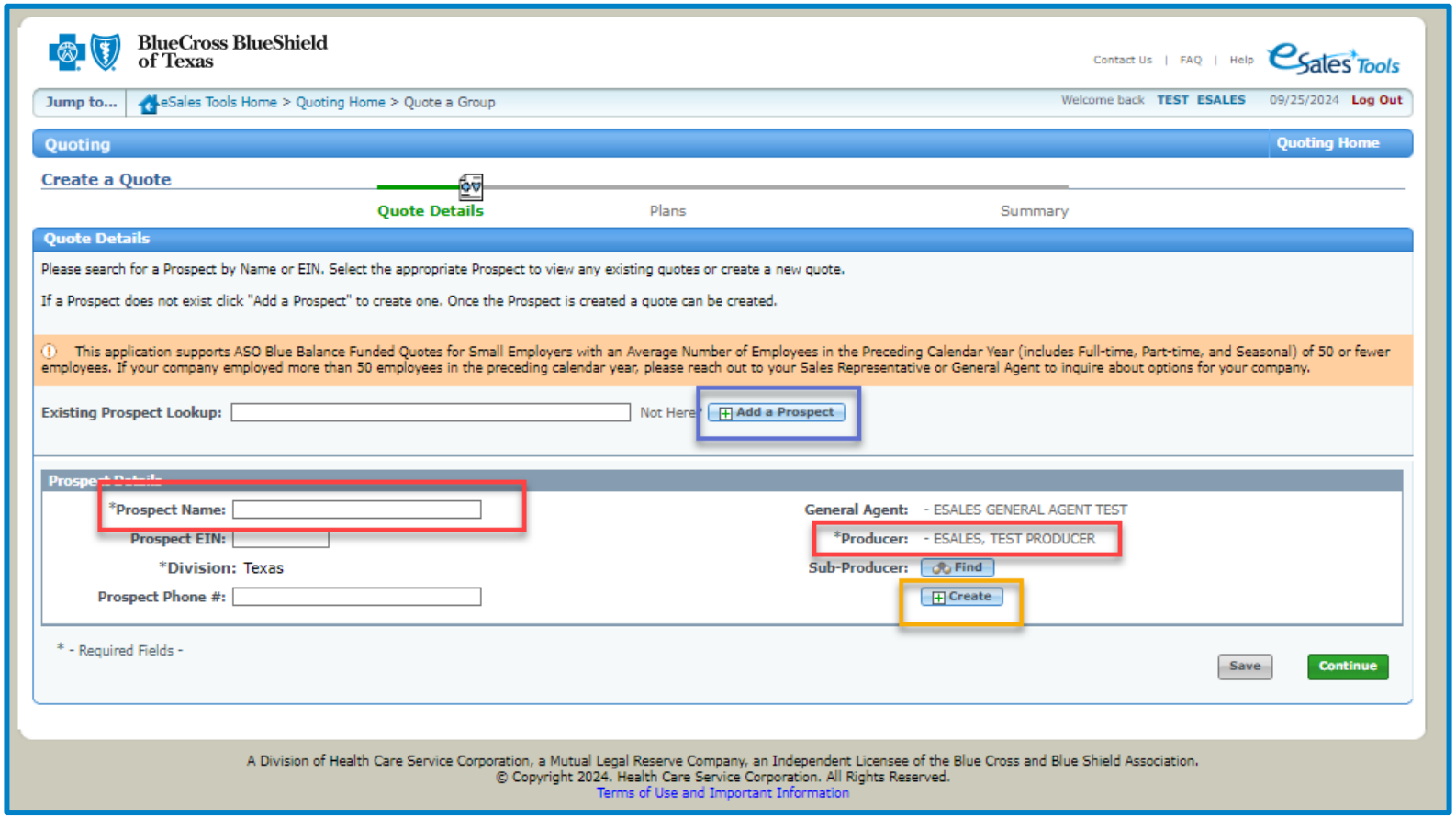
Note: Users can only view quotes associated with their BAP Login ID

- 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.



Adding a Prospect

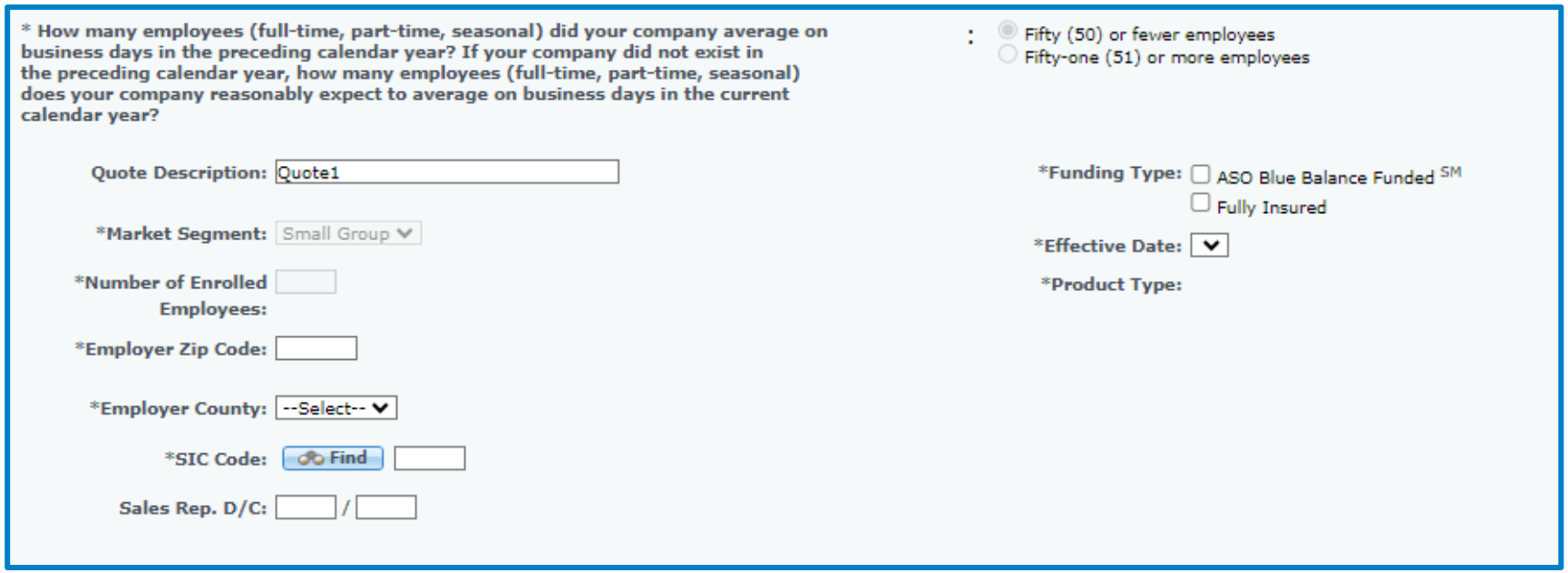
Select **Add a Prospect** in Quote Details. Enter **mandatory data** in Prospect Details (fields marked with an asterisk). Producer and Division default based on the ID used to log in. Click **Create**.



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 70% of all eligible employees.

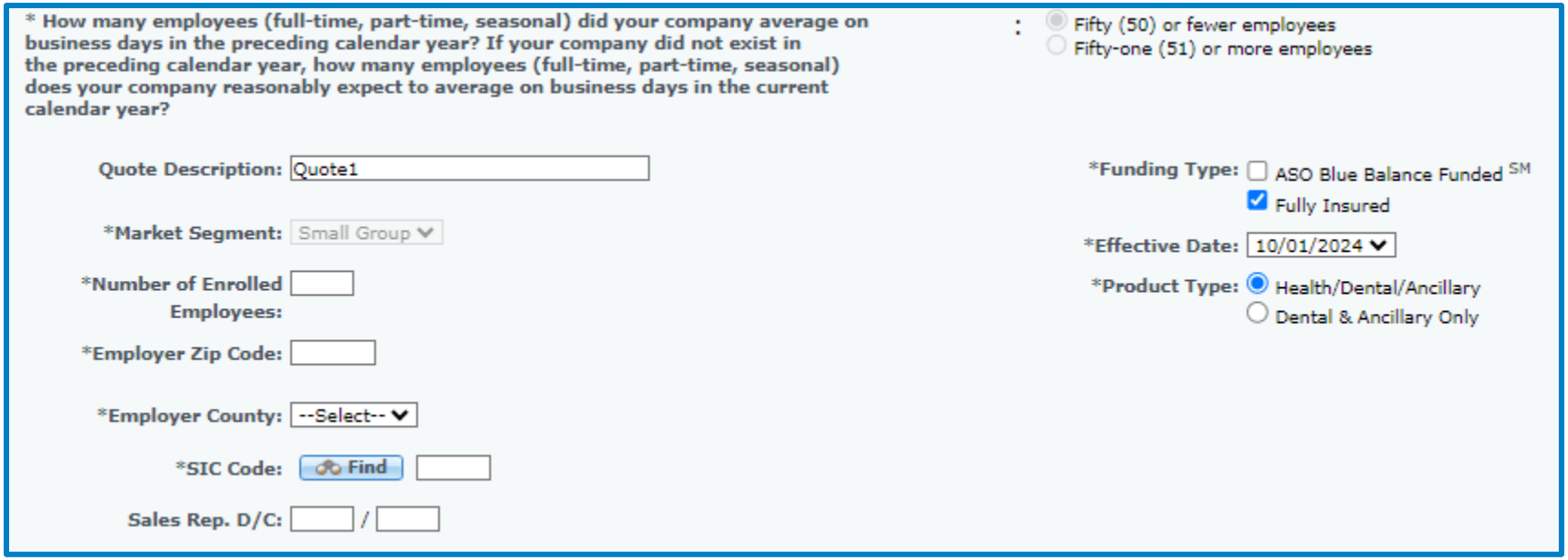


Funding Types

Users can select Fully Insured only, Fully Insured and Blue Balance Funded, or Blue Balance Funded only. Product Type options vary by Funding Type selection.

Fully Insured Product Type selection defaults to Health/ Dental/ Ancillary, but the option of Dental & Ancillary Only is available (should not be used by accounts with existing BCBSTX medical only coverage).

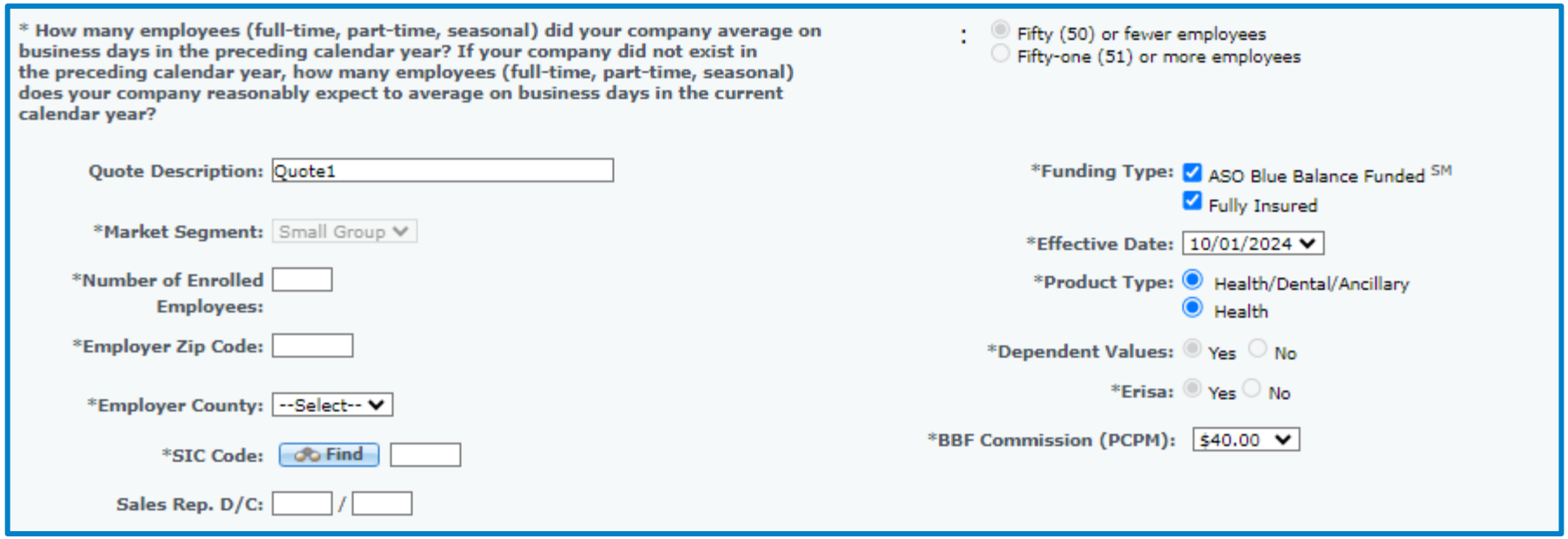
Note: Blue Balance Funded rates are Illustrative only until submitted to BCBSTX for Underwriting evaluation



Funding Types

When selecting a combined Fully Insured and Blue Balance Funded quote, the Product Type defaults to Health/Dental/Ancillary for Fully Insured, and Health for Blue Balance Funded. The Product Types can not be changed.

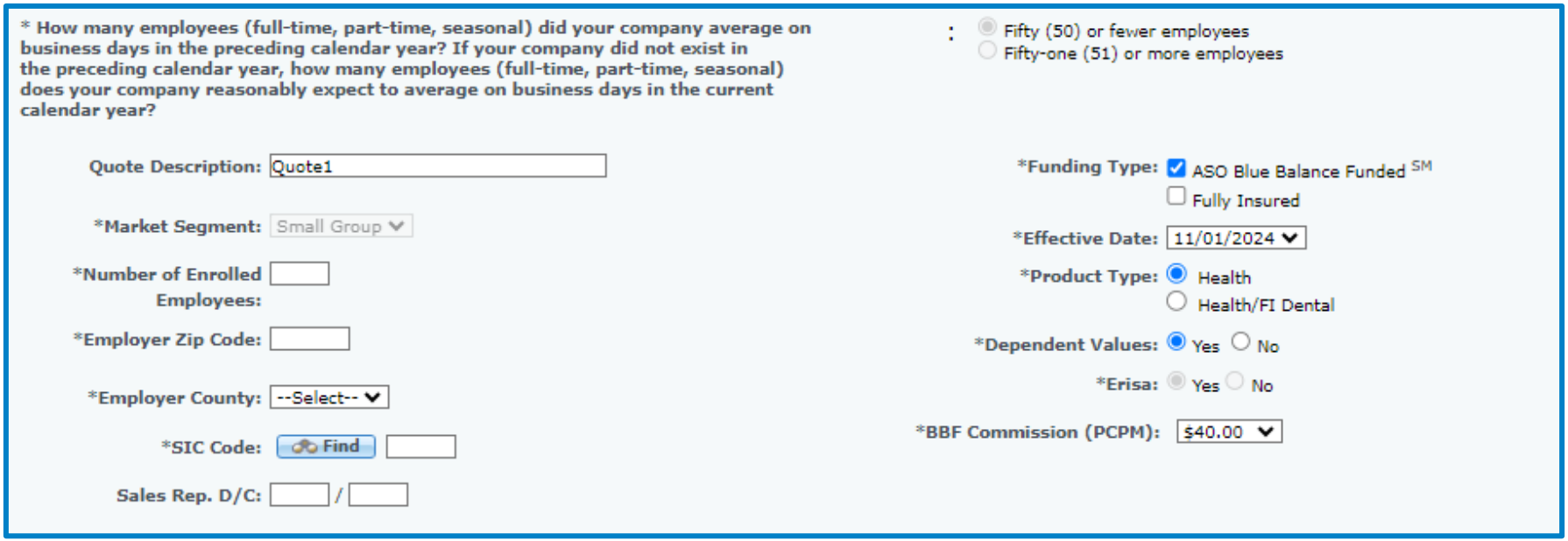
Note: Blue Balance Funded rates are Illustrative only until submitted to BCBSTX for Underwriting evaluation



Funding Types

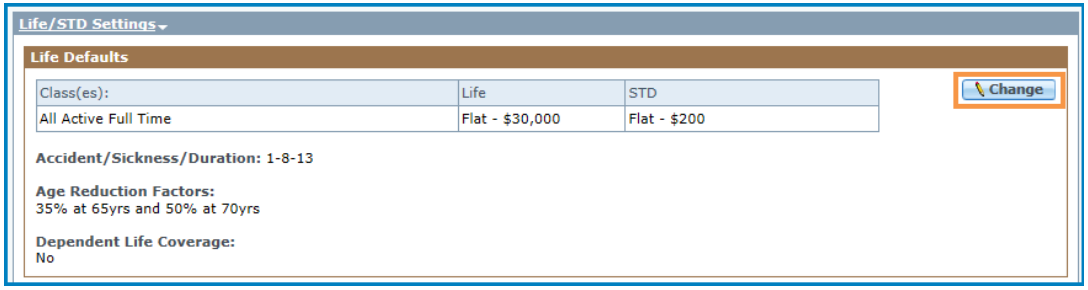
When selecting a Blue Balance Funded quote, the Product Type defaults to Health, but the option of Health/ FI Dental is available.

Note: Blue Balance Funded rates are Illustrative only until submitted to BCBSTX for Underwriting evaluation

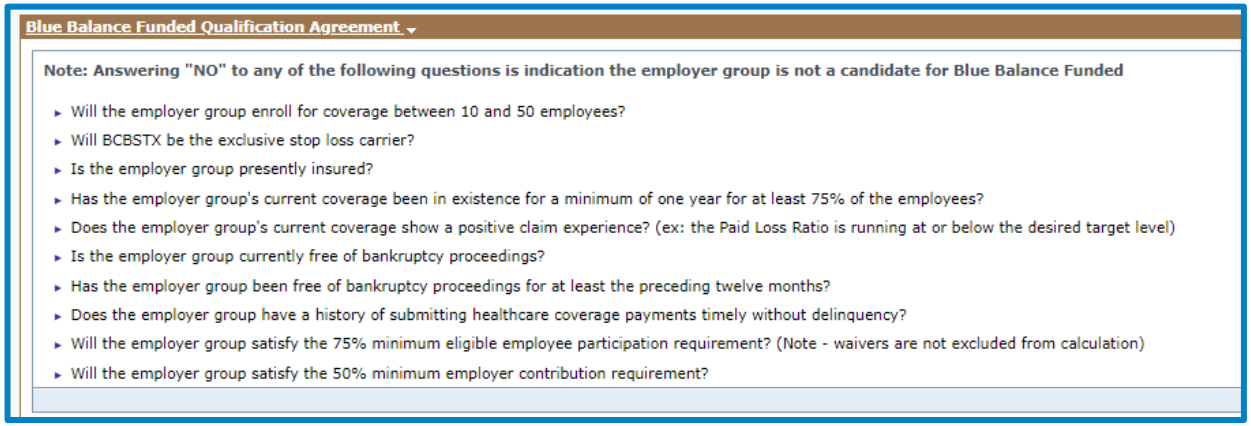


Quote Settings

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



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

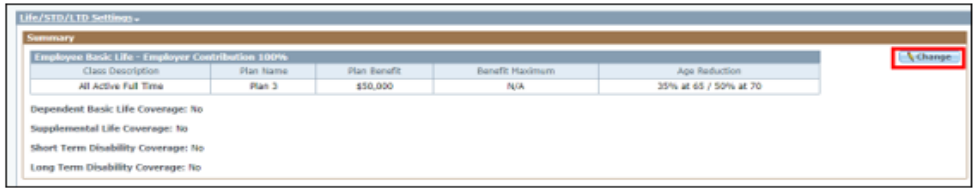
Life, STD and LTD Settings

LIFE/STD Settings
NOTE: Effective dates prior to 05/01 will display this Life setting.

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 10 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.



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

Life Offerings

Term Life Contribution

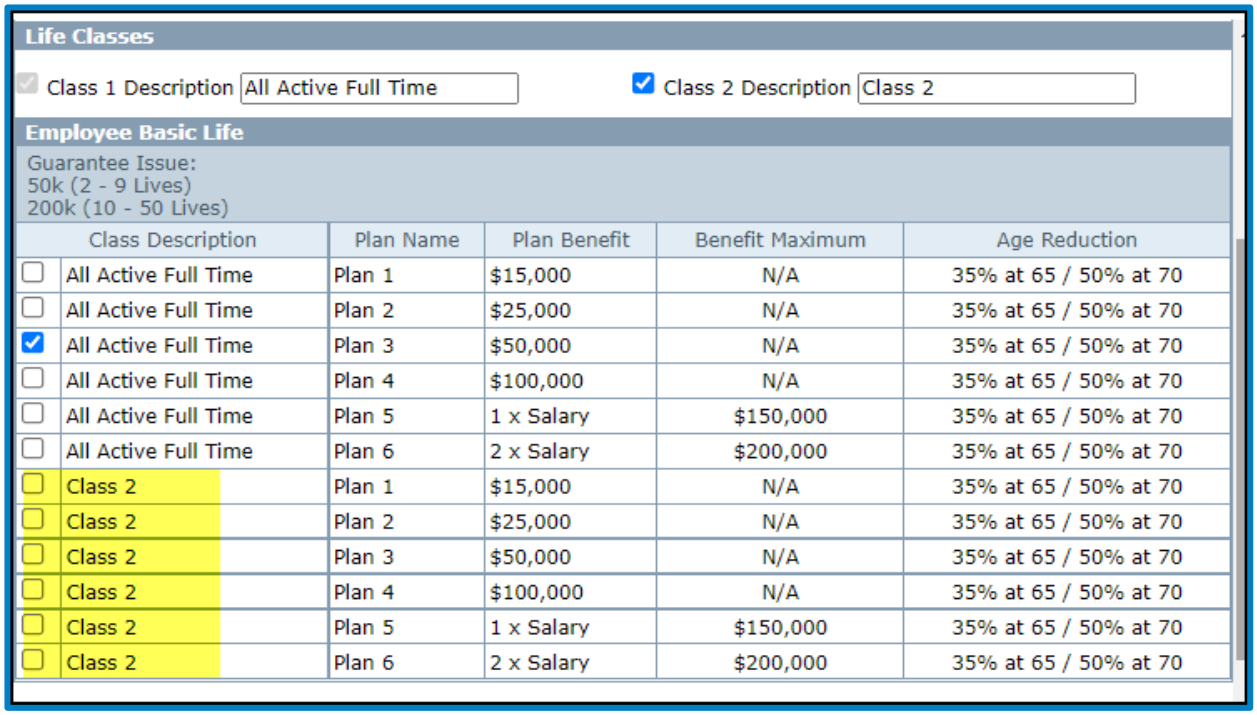
Any number 1–100. Employer Contribution for Life cannot be above 100%.

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:
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: 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
☐	All Active Full Time	Plan 1	$15,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 2	$25,000	N/A	35% at 65 / 50% at 70
☑	All Active Full Time	Plan 3	$50,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 4	$100,000	N/A	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 5	1 x Salary	$150,000	35% at 65 / 50% at 70
☐	All Active Full Time	Plan 6	2 x Salary	$200,000	35% at 65 / 50% at 70
☐	Class 2	Plan 1	$15,000	N/A	35% at 65 / 50% at 70
☐	Class 2	Plan 2	$25,000	N/A	35% at 65 / 50% at 70
☐	Class 2	Plan 3	$50,000	N/A	35% at 65 / 50% at 70
☐	Class 2	Plan 4	$100,000	N/A	35% at 65 / 50% at 70
☐	Class 2	Plan 5	1 x Salary	$150,000	35% at 65 / 50% at 70
☐	Class 2	Plan 6	2 x Salary	$200,000	35% at 65 / 50% at 70

Dependent and Supplemental Life

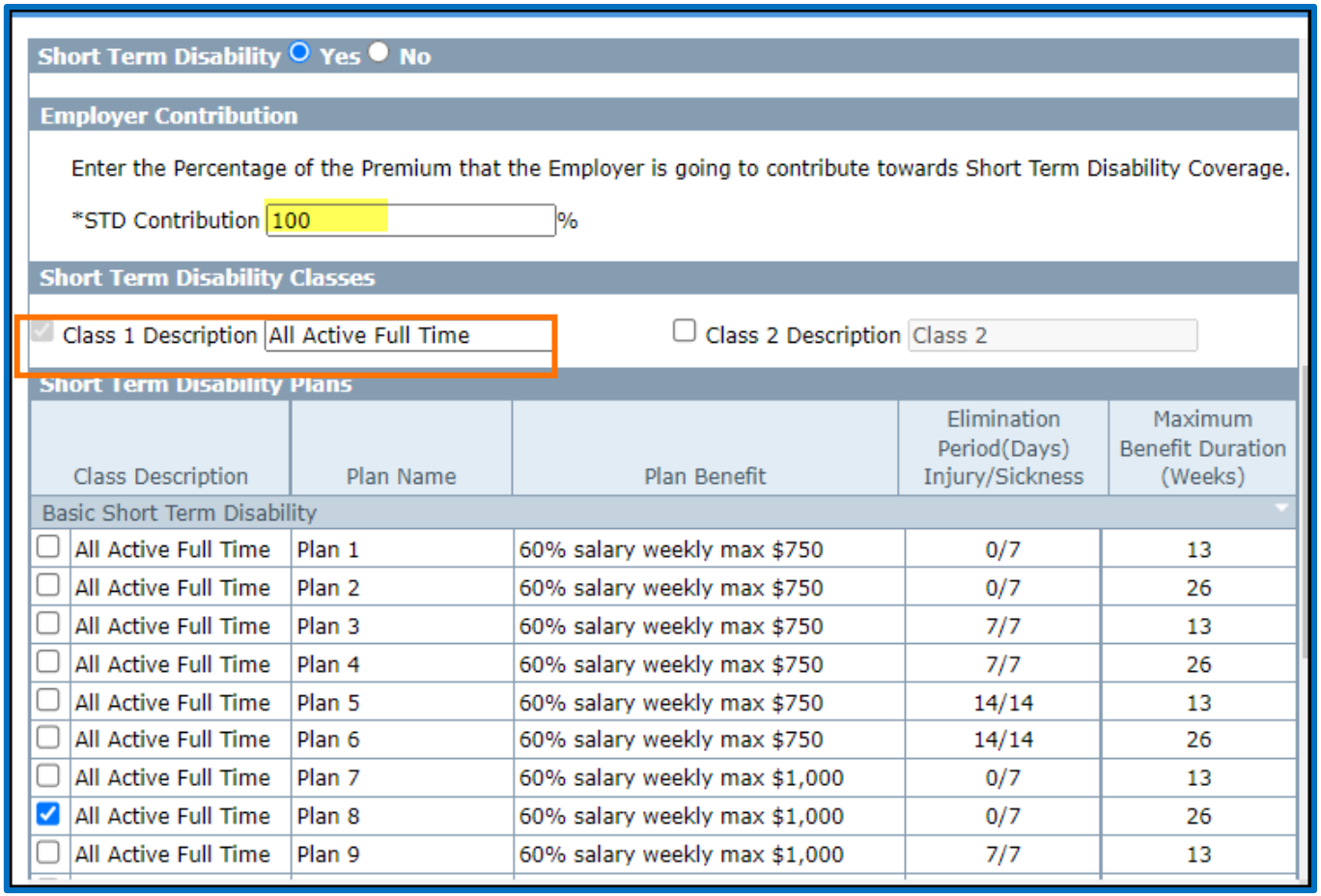
Dependent Basic Life: Defaults to No. When Yes is clicked, the plans open and default to Plan 1.

Dependent Basic Life ◉ Yes ○ No			
Guarantee Issue: $10,000 spouse / $5,000 Children			
	Plan Name	Plan Benefit	Benefit Maximum
☑	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 ◉ Yes ○ 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
☑	Plan 1	Employee / Spouse / Child	$500,000 Employee / $150,000 Spouse / $10,000 Child

Short Term Disability – Class 1 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 100 %

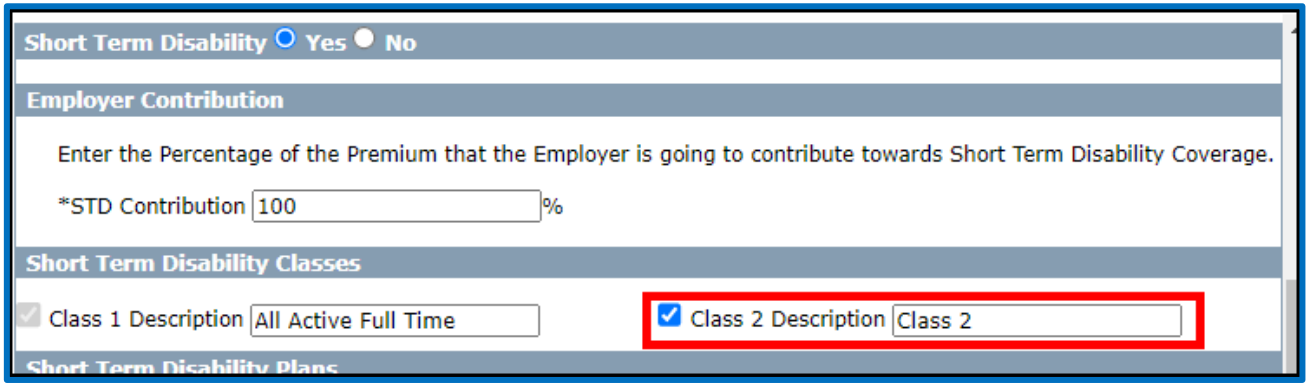
Short Term Disability Classes

☑ Class 1 Description All Active Full Time ☐ Class 2 Description 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				
☐ All Active Full Time	Plan 1	60% salary weekly max $750	0/7	13
☐ All Active Full Time	Plan 2	60% salary weekly max $750	0/7	26
☐ All Active Full Time	Plan 3	60% salary weekly max $750	7/7	13
☐ All Active Full Time	Plan 4	60% salary weekly max $750	7/7	26
☐ All Active Full Time	Plan 5	60% salary weekly max $750	14/14	13
☐ All Active Full Time	Plan 6	60% salary weekly max $750	14/14	26
☐ All Active Full Time	Plan 7	60% salary weekly max $1,000	0/7	13
☑ All Active Full Time	Plan 8	60% salary weekly max $1,000	0/7	26
☐ All Active Full Time	Plan 9	60% salary weekly max $1,000	7/7	13

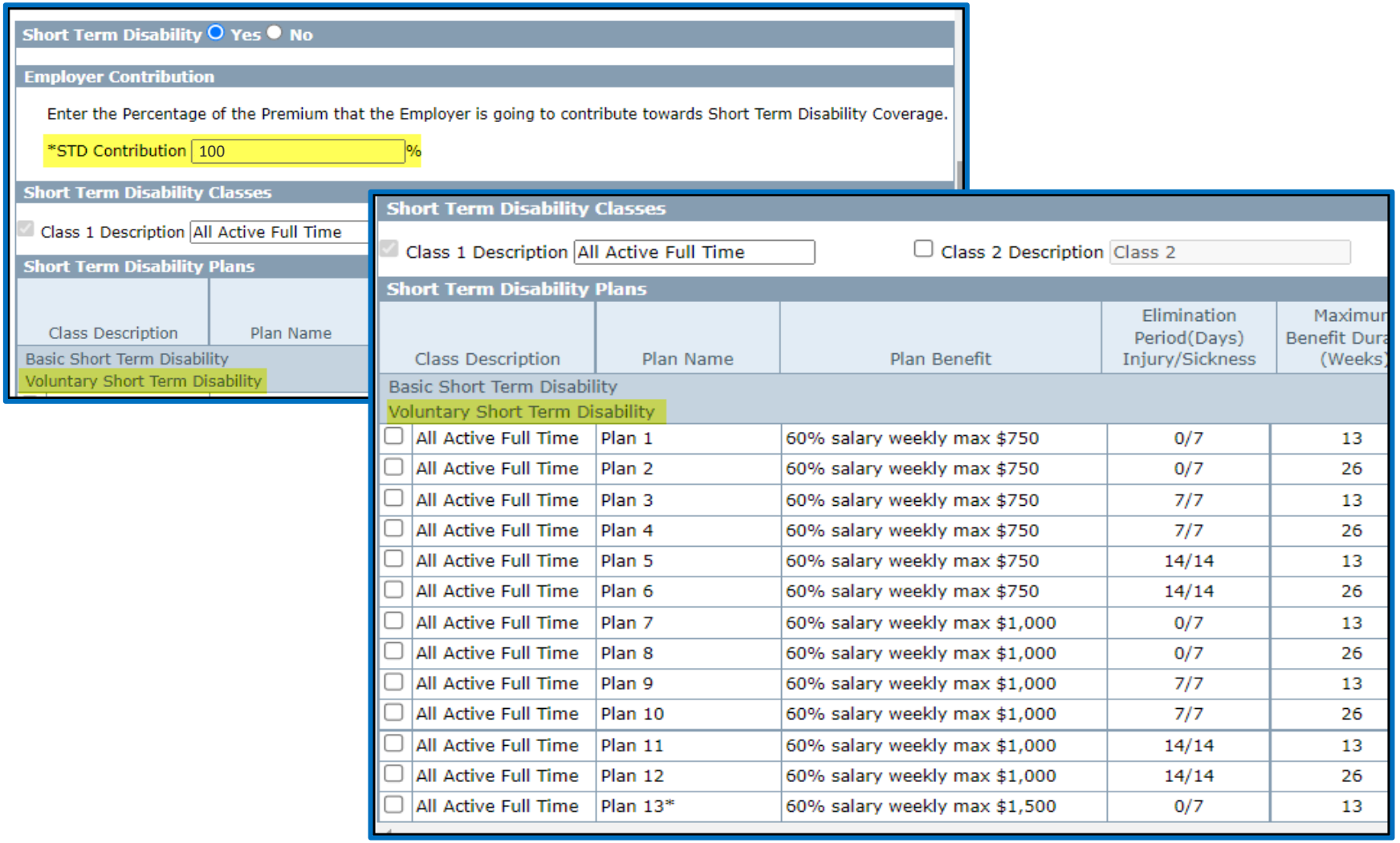
Short Term Disability – Class 2 Plans



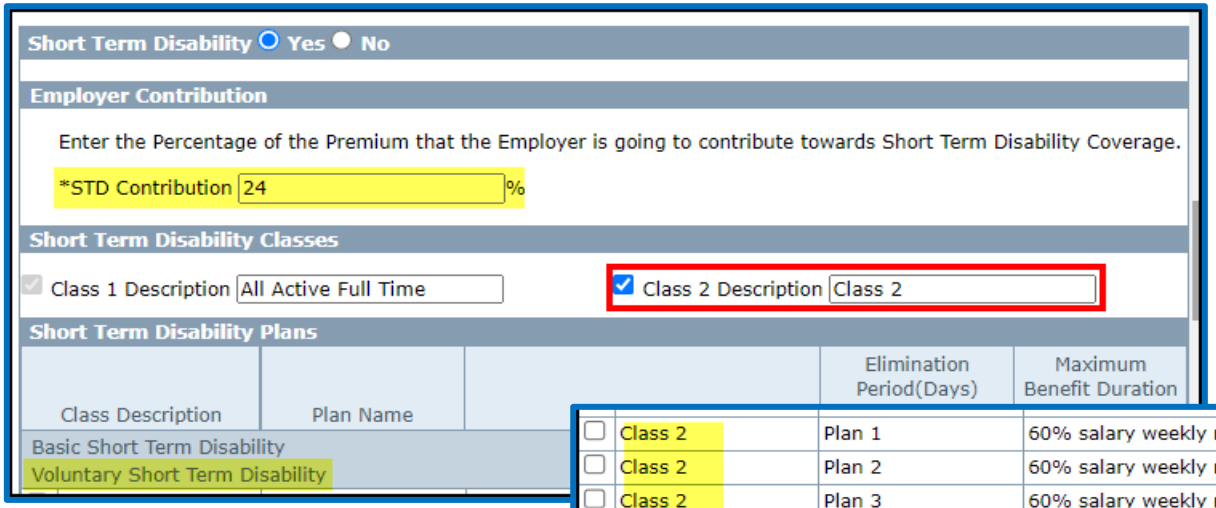
☐	Class 2	Plan 1	60% salary weekly max $750	0/7	13
☐	Class 2	Plan 2	60% salary weekly max $750	0/7	26
☐	Class 2	Plan 3	60% salary weekly max $750	7/7	13
☐	Class 2	Plan 4	60% salary weekly max $750	7/7	26
☐	Class 2	Plan 5	60% salary weekly max $750	14/14	13
☐	Class 2	Plan 6	60% salary weekly max $750	14/14	26
☐	Class 2	Plan 7	60% salary weekly max $1,000	0/7	13
☐	Class 2	Plan 8	60% salary weekly max $1,000	0/7	26
☐	Class 2	Plan 9	60% salary weekly max $1,000	7/7	13
☐	Class 2	Plan 10	60% salary weekly max $1,000	7/7	26
☐	Class 2	Plan 11	60% salary weekly max $1,000	14/14	13
☐	Class 2	Plan 12	60% salary weekly max $1,000	14/14	26
☐	Class 2	Plan 13	60% salary weekly max $1,500	0/7	13
☐	Class 2	Plan 14	60% salary weekly max $1,500	0/7	26
☐	Class 2	Plan 15	60% salary weekly max $1,500	7/7	13
☐	Class 2	Plan 16	60% salary weekly max $1,500	7/7	26
☐	Class 2	Plan 17	60% salary weekly max $1,500	14/14	13
☐	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



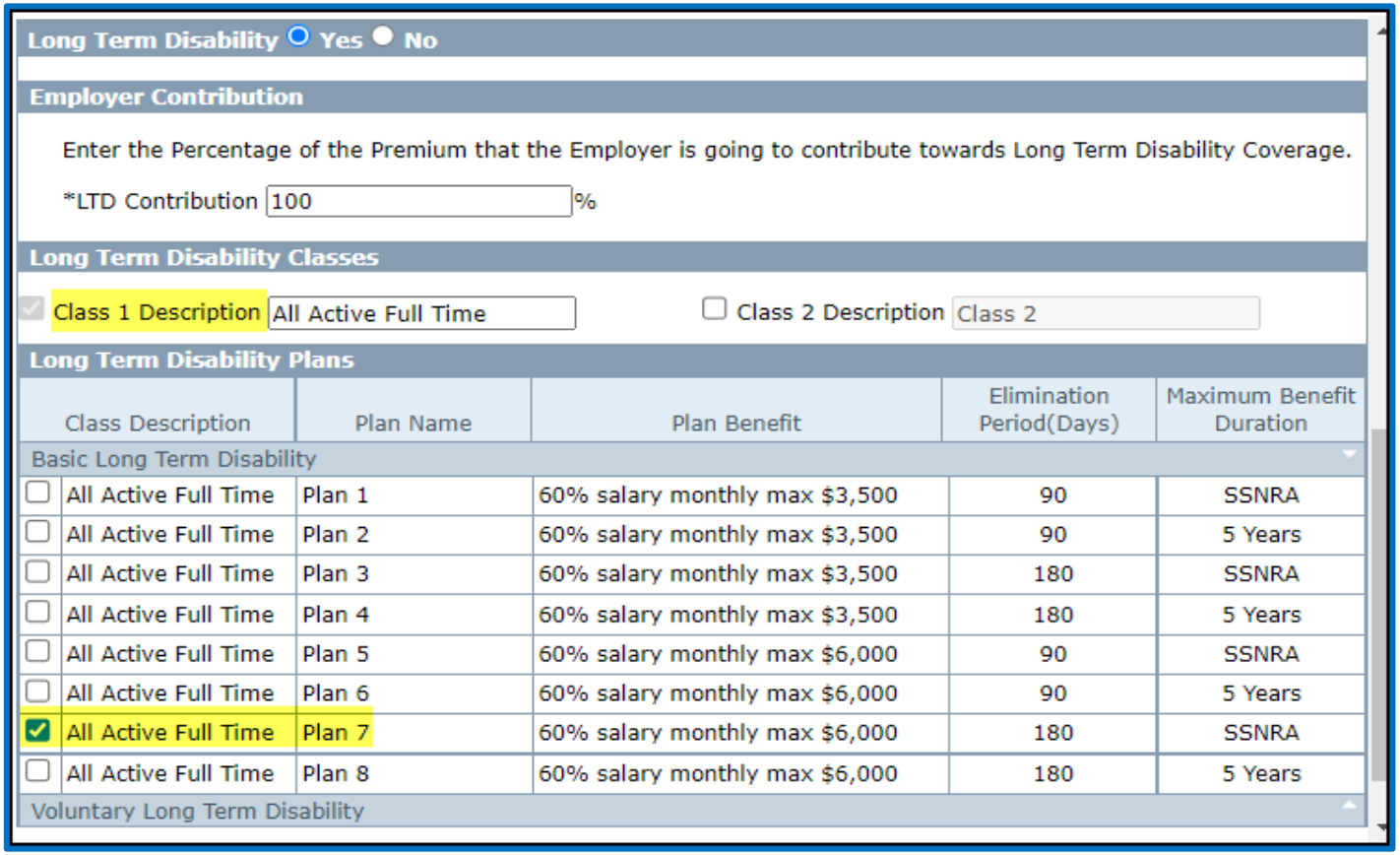
Voluntary
Short Term Disability – Class 2 Plans



☐	Class 2	Plan 1	60% salary weekly max $750	0/7	13
☐	Class 2	Plan 2	60% salary weekly max $750	0/7	26
☐	Class 2	Plan 3	60% salary weekly max $750	7/7	13
☐	Class 2	Plan 4	60% salary weekly max $750	7/7	26
☐	Class 2	Plan 5	60% salary weekly max $750	14/14	13
☐	Class 2	Plan 6	60% salary weekly max $750	14/14	26
☐	Class 2	Plan 7	60% salary weekly max $1,000	0/7	13
☐	Class 2	Plan 8	60% salary weekly max $1,000	0/7	26
☐	Class 2	Plan 9	60% salary weekly max $1,000	7/7	13
☐	Class 2	Plan 10	60% salary weekly max $1,000	7/7	26
☐	Class 2	Plan 11	60% salary weekly max $1,000	14/14	13
☐	Class 2	Plan 12	60% salary weekly max $1,000	14/14	26
☐	Class 2	Plan 13*	60% salary weekly max $1,500	0/7	13
☐	Class 2	Plan 14*	60% salary weekly max $1,500	0/7	26
☐	Class 2	Plan 15*	60% salary weekly max $1,500	7/7	13
☐	Class 2	Plan 16*	60% salary weekly max $1,500	7/7	26
☐	Class 2	Plan 17*	60% salary weekly max $1,500	14/14	13
☐	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 ◉ Yes ○ No

Employer Contribution

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

*LTD Contribution 100 %

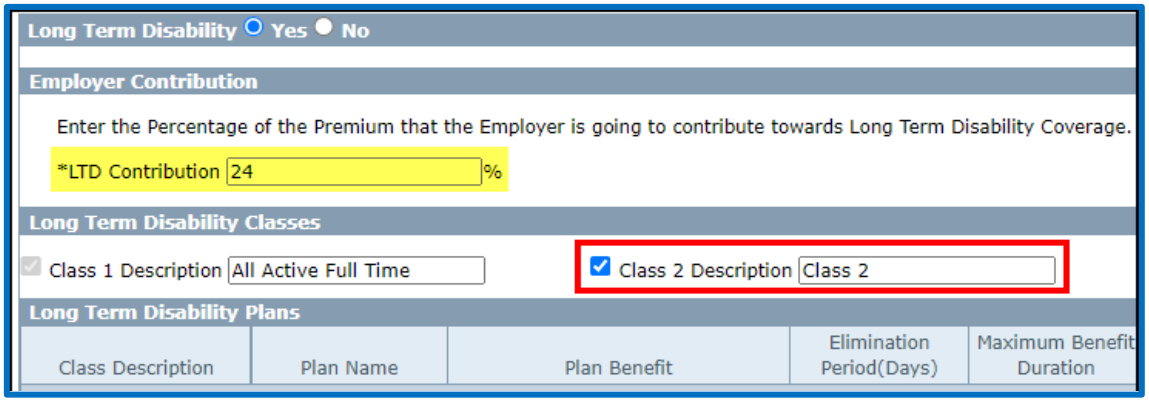
Long Term Disability Classes

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

Long Term Disability Plans

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration
Basic Long Term Disability				
☐ All Active Full Time	Plan 1	60% salary monthly max $3,500	90	SSNRA
☐ All Active Full Time	Plan 2	60% salary monthly max $3,500	90	5 Years
☐ All Active Full Time	Plan 3	60% salary monthly max $3,500	180	SSNRA
☐ All Active Full Time	Plan 4	60% salary monthly max $3,500	180	5 Years
☐ All Active Full Time	Plan 5	60% salary monthly max $6,000	90	SSNRA
☐ All Active Full Time	Plan 6	60% salary monthly max $6,000	90	5 Years
☑ All Active Full Time	Plan 7	60% salary monthly max $6,000	180	SSNRA
☐ All Active Full Time	Plan 8	60% salary monthly max $6,000	180	5 Years
Voluntary Long Term Disability				

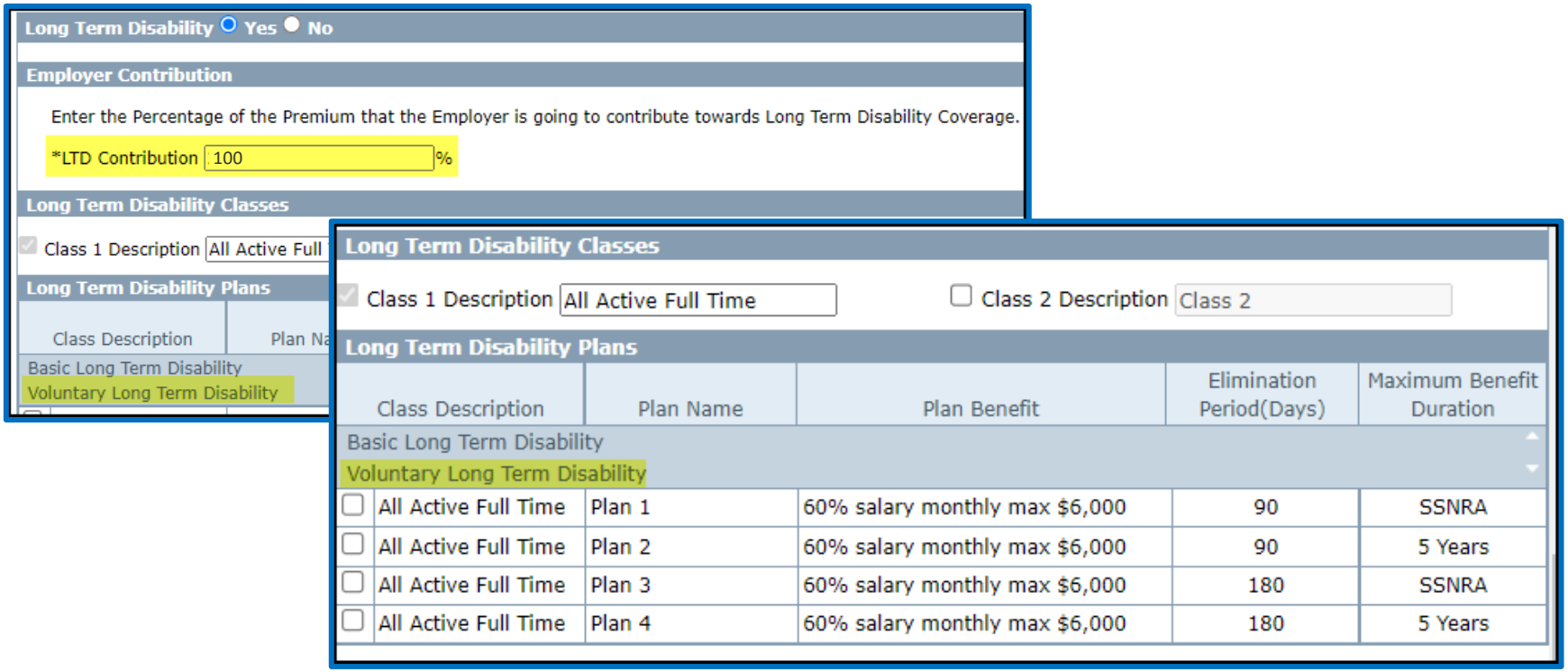
Long Term Disability – Class 2 Plans



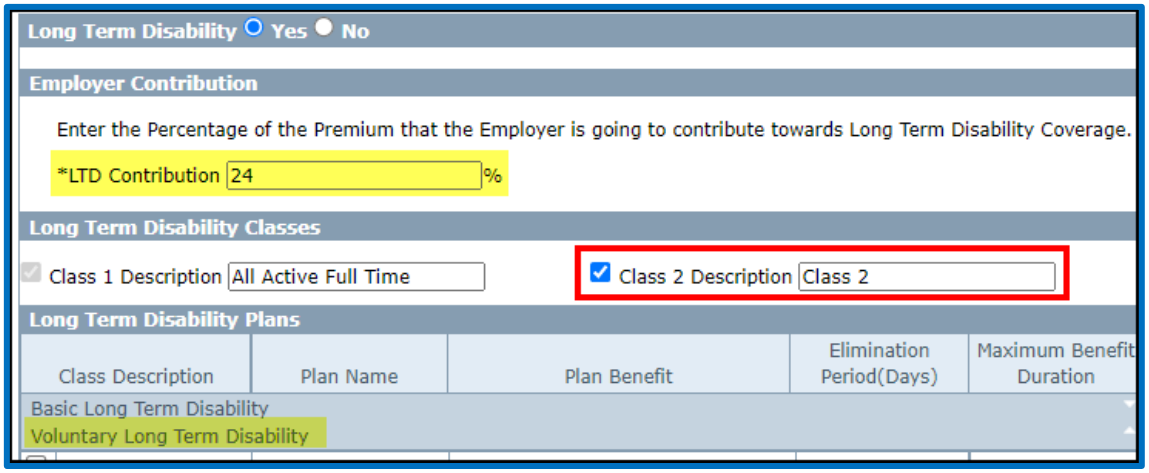
☐	Class 2	Plan 1	60% salary monthly max $3,500	90	SSNRA
☐	Class 2	Plan 2	60% salary monthly max $3,500	90	5 Years
☐	Class 2	Plan 3	60% salary monthly max $3,500	180	SSNRA
☐	Class 2	Plan 4	60% salary monthly max $3,500	180	5 Years
☐	Class 2	Plan 5	60% salary monthly max $6,000	90	SSNRA
☐	Class 2	Plan 6	60% salary monthly max $6,000	90	5 Years
☐	Class 2	Plan 7	60% salary monthly max $6,000	180	SSNRA
☐	Class 2	Plan 8	60% salary monthly max $6,000	180	5 Years

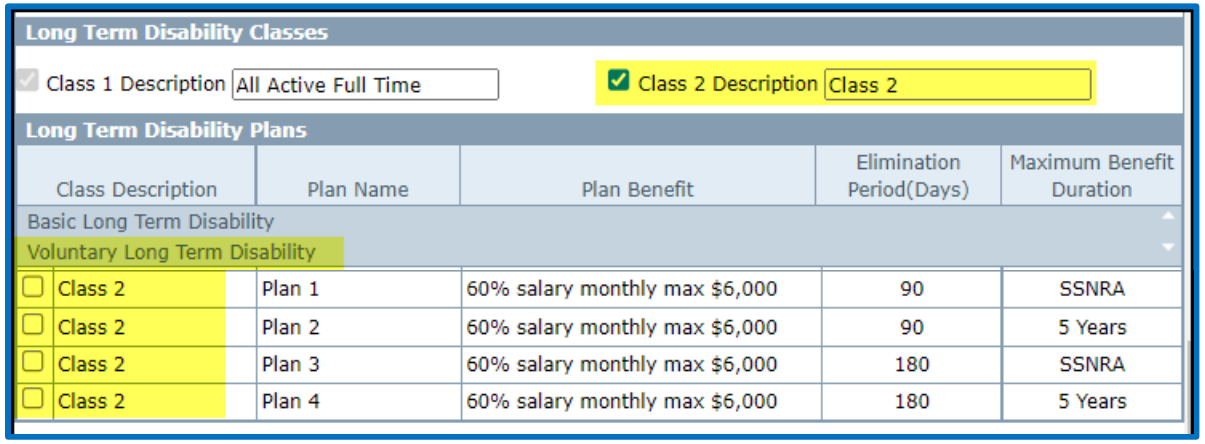
Voluntary Long Term Disability

Voluntary
Long Term Disability – Class 1 Plans



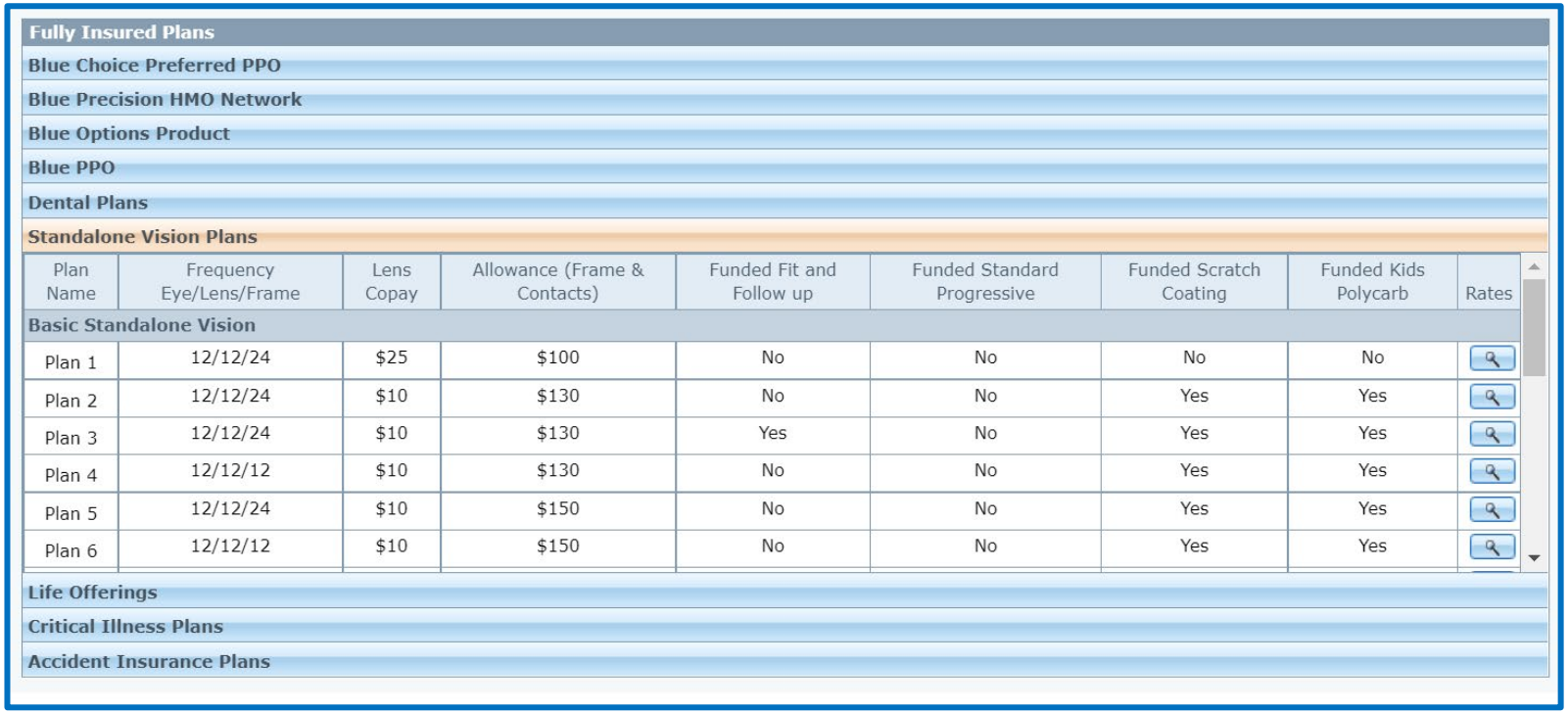
Voluntary
Long Term Disability – Class 2 Plans





Ancillary – Standalone Vision Plans

Standalone Vision plans do not display on the Quote Details page, therefore do not require selection for rates to generate. The plans will display on the Rates page.



Fully Insured Plans

Blue Choice Preferred PPO

Blue Precision HMO Network

Blue Options Product

Blue PPO

Dental 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	

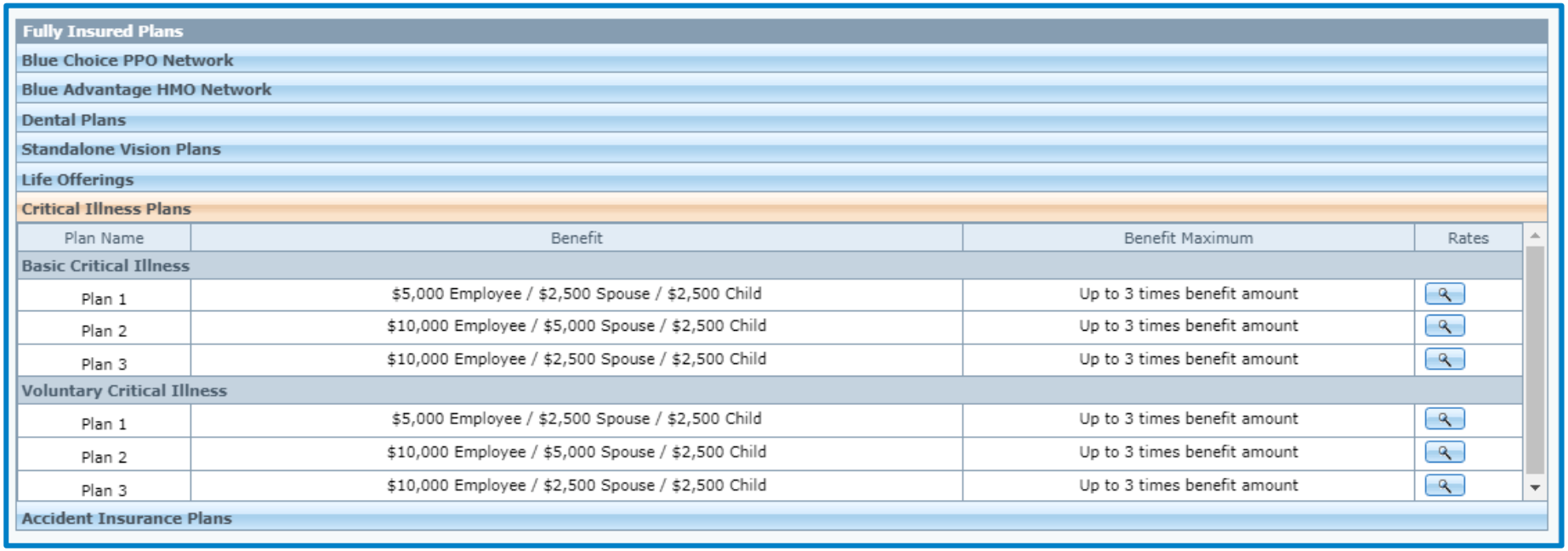
Life Offerings

Critical Illness Plans

Accident Insurance Plans

Ancillary – Critical Illness Plans

Critical Illness plans do not display on the Quote Details page, therefore do not require selection to generate rates. The plans will display on the Rates page if there are 10 or more employees.



Fully Insured Plans

Blue Choice PPO Network

Blue Advantage HMO Network

Dental Plans

Standalone Vision Plans

Life Offerings

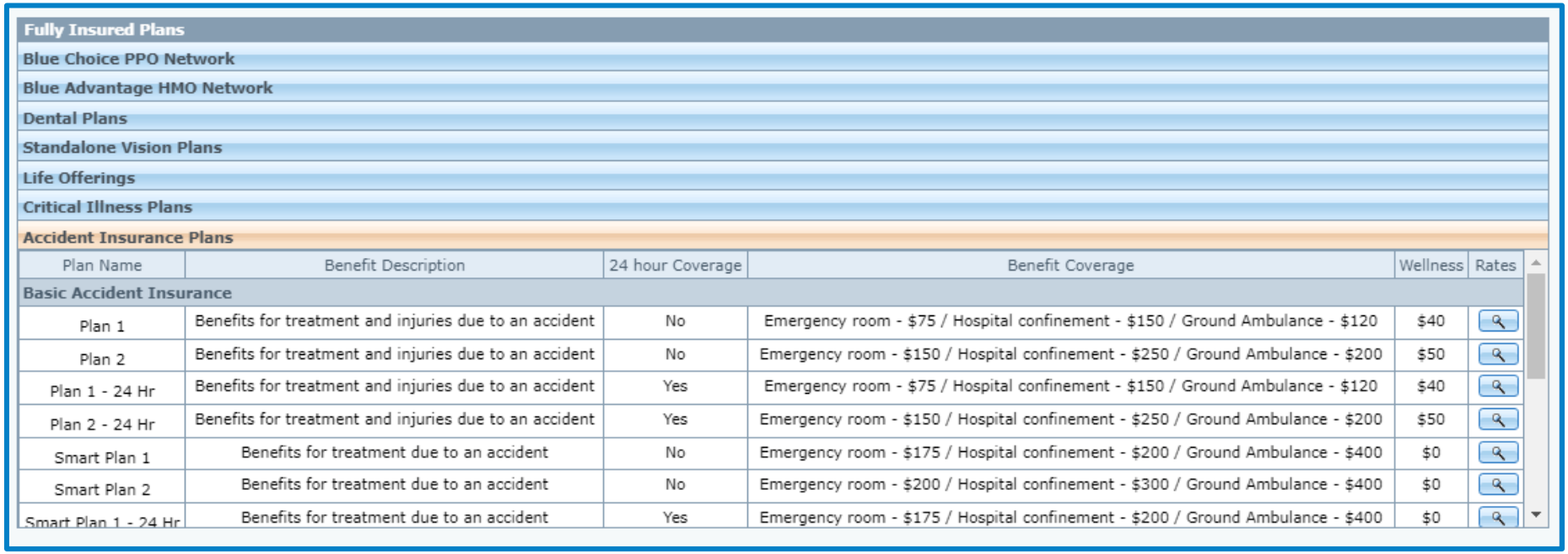
Critical Illness Plans

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

Ancillary – Accident Insurance Plans

Accident Insurance plans do not display on the Quote Details page, therefore do not require selection to generate rates. The plans will display on the Rates page if there are 10 or more employees.



Fully Insured Plans

Blue Choice PPO Network

Blue Advantage HMO Network

Dental Plans

Standalone Vision Plans

Life Offerings

Critical Illness 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	

Member Census

Importing Census

There are two options to enter member census information:

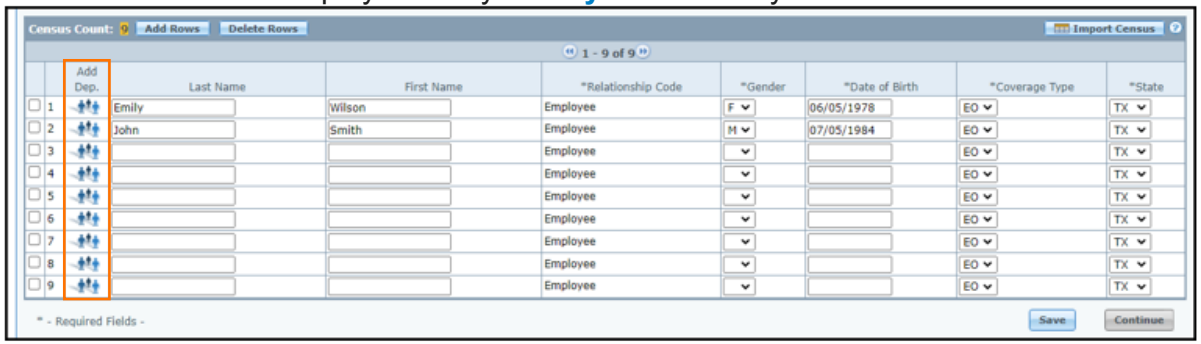
1. Enter the member information **manually** on the census page, or
2. Use a **census template** to import membership information to the census page.

1. Manual Entry

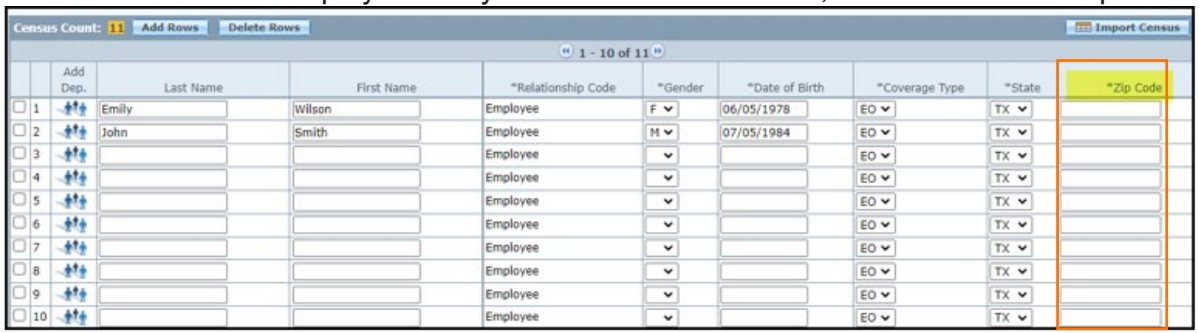
Select the “blue family” icon (just left of the last name field) to create additional rows for each dependent enrolling in coverage. This button can be selected multiple times to add multiple dependents.

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

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

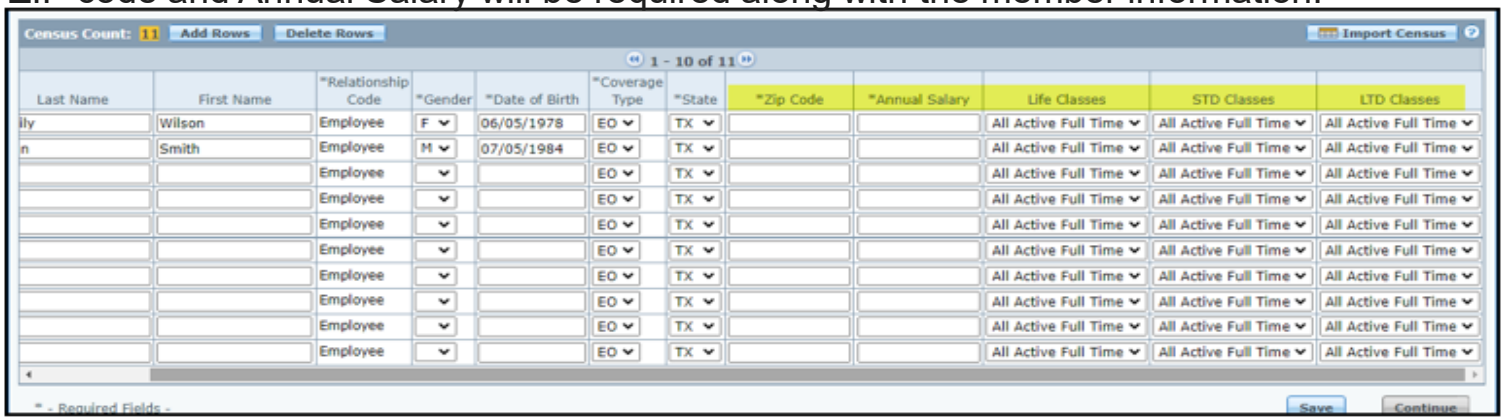


Member census will display this way if **ASO BBF** is selected; ZIP code will be required.



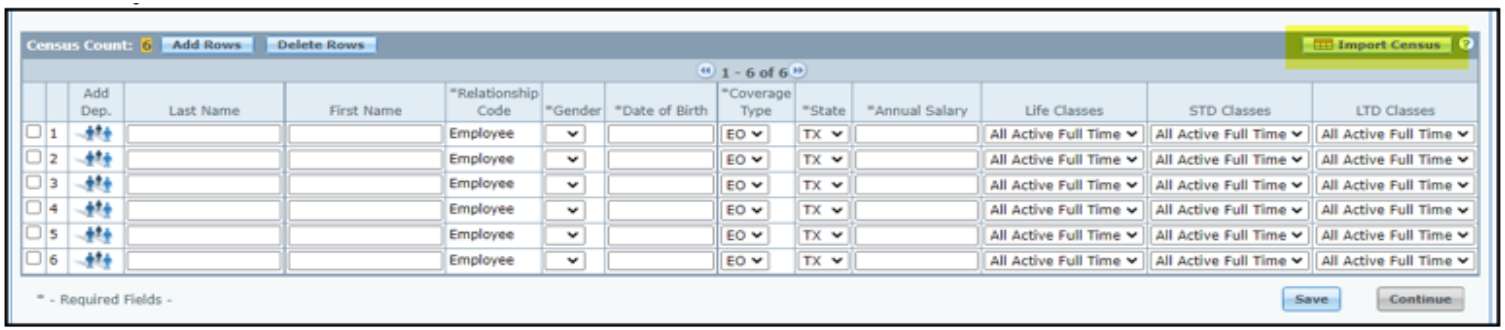
Member Census

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.



2. Importing Census

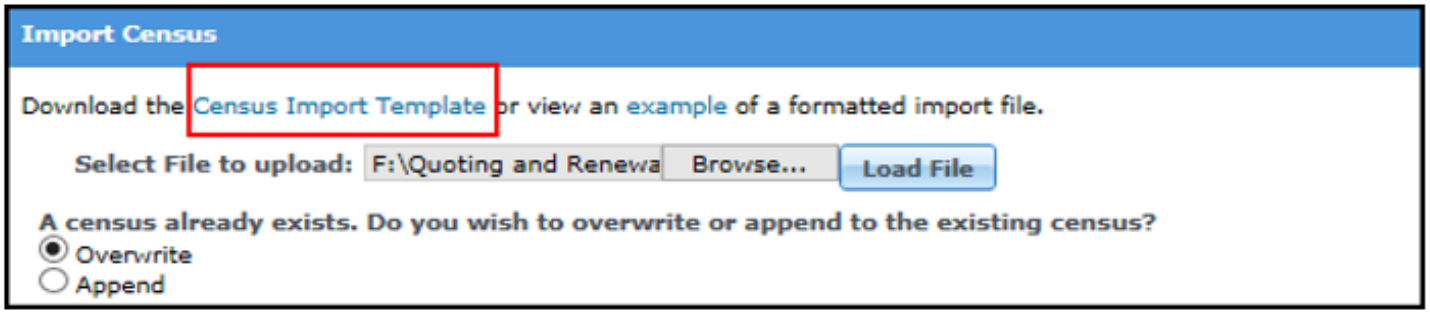
Click on the **Import Census** button.



Member Census

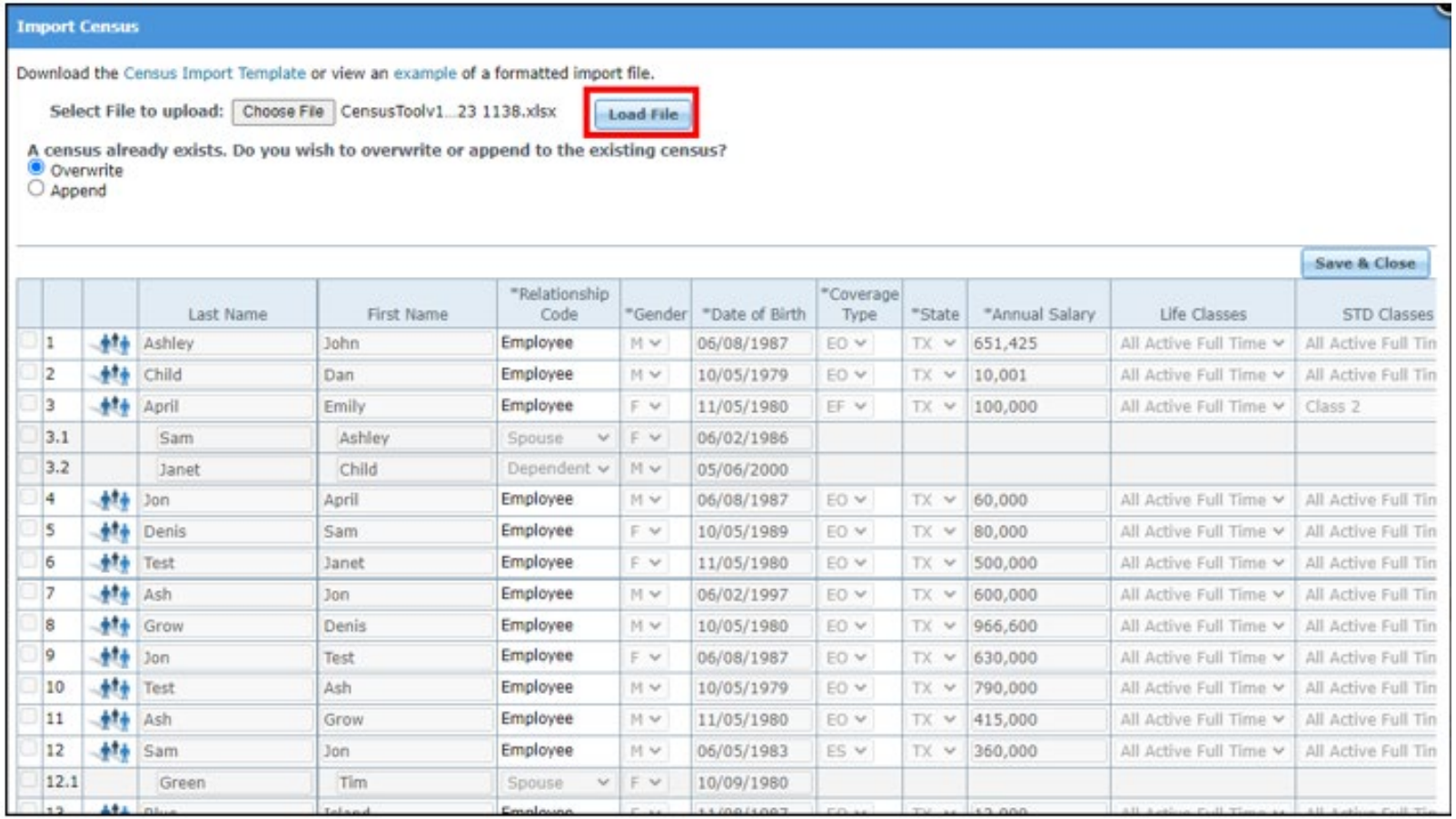
Census Import Template

- The Smart Census Import Tool can be downloaded via Blue Access for Producers along with the Reference Guide by visiting **www.BCBSTX.com/producer**
- Users will also be able to download the Smart Census Import Tool via the Small Group and Middle Market Enrollment application



Member Census

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



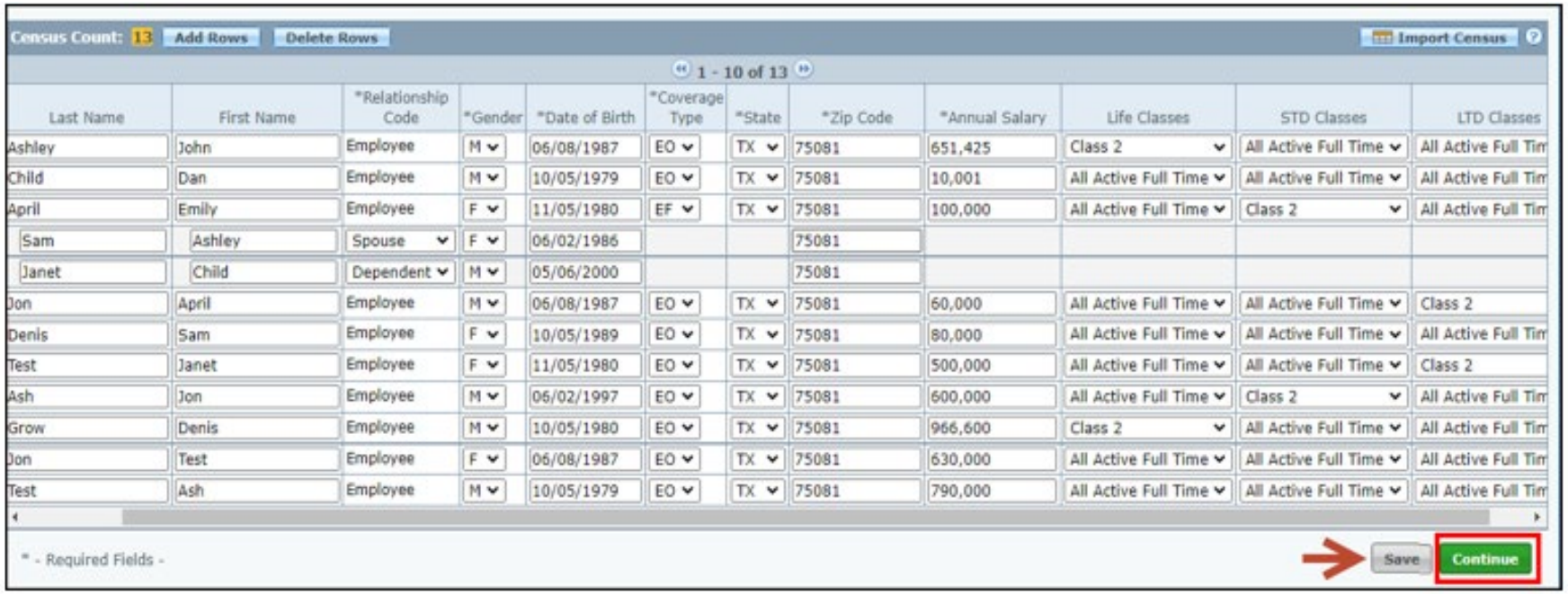
		Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Annual Salary	Life Classes	STD Classes
1		Ashley	John	Employee	M	06/08/1987	EO	TX	651,425	All Active Full Time	All Active Full Tin
2		Child	Dan	Employee	M	10/05/1979	EO	TX	10,001	All Active Full Time	All Active Full Tin
3		April	Emily	Employee	F	11/05/1980	EF	TX	100,000	All Active Full Time	Class 2
3.1		Sam	Ashley	Spouse	F	06/02/1986					
3.2		Janet	Child	Dependent	M	05/06/2000					
4		Jon	April	Employee	M	06/08/1987	EO	TX	60,000	All Active Full Time	All Active Full Tin
5		Denis	Sam	Employee	F	10/05/1989	EO	TX	80,000	All Active Full Time	All Active Full Tin
6		Test	Janet	Employee	F	11/05/1980	EO	TX	500,000	All Active Full Time	All Active Full Tin
7		Ash	Jon	Employee	M	06/02/1997	EO	TX	600,000	All Active Full Time	All Active Full Tin
8		Grow	Denis	Employee	M	10/05/1980	EO	TX	966,600	All Active Full Time	All Active Full Tin
9		Jon	Test	Employee	F	06/08/1987	EO	TX	630,000	All Active Full Time	All Active Full Tin
10		Test	Ash	Employee	M	10/05/1979	EO	TX	790,000	All Active Full Time	All Active Full Tin
11		Ash	Grow	Employee	M	11/05/1980	EO	TX	415,000	All Active Full Time	All Active Full Tin
12		Sam	Jon	Employee	M	06/05/1983	ES	TX	360,000	All Active Full Time	All Active Full Tin
12.1		Green	Tim	Spouse	F	10/09/1980					

Member Census

The census data is displayed on the Quote Details page. 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.

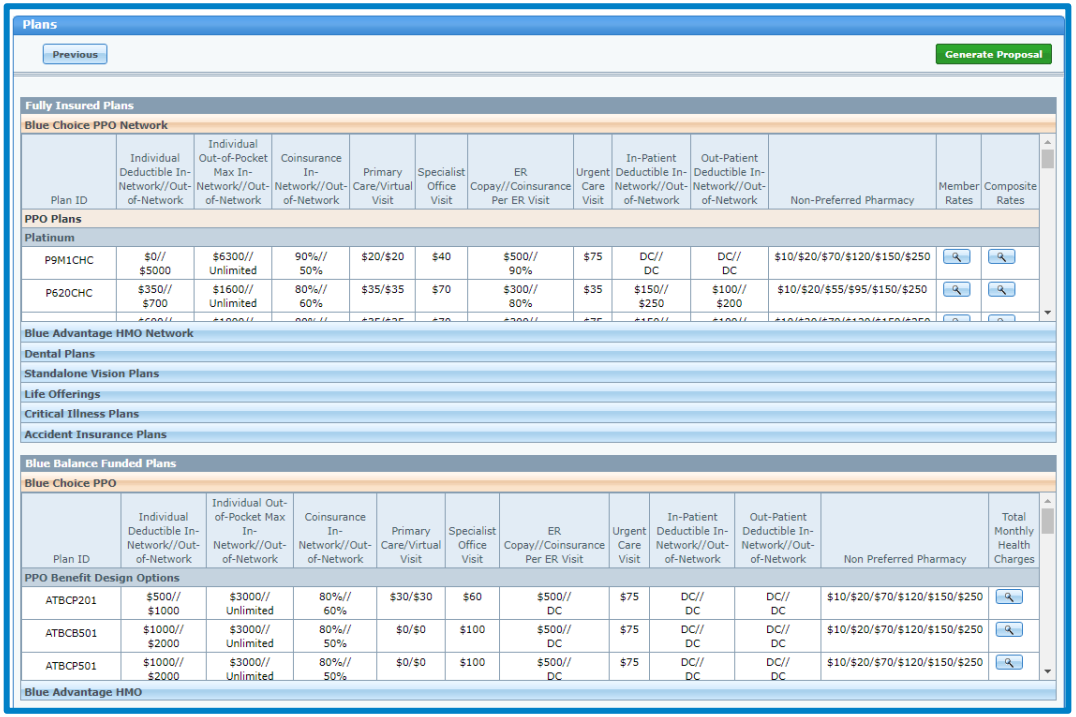


Benefit Design Options

Benefit design options can be viewed 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.

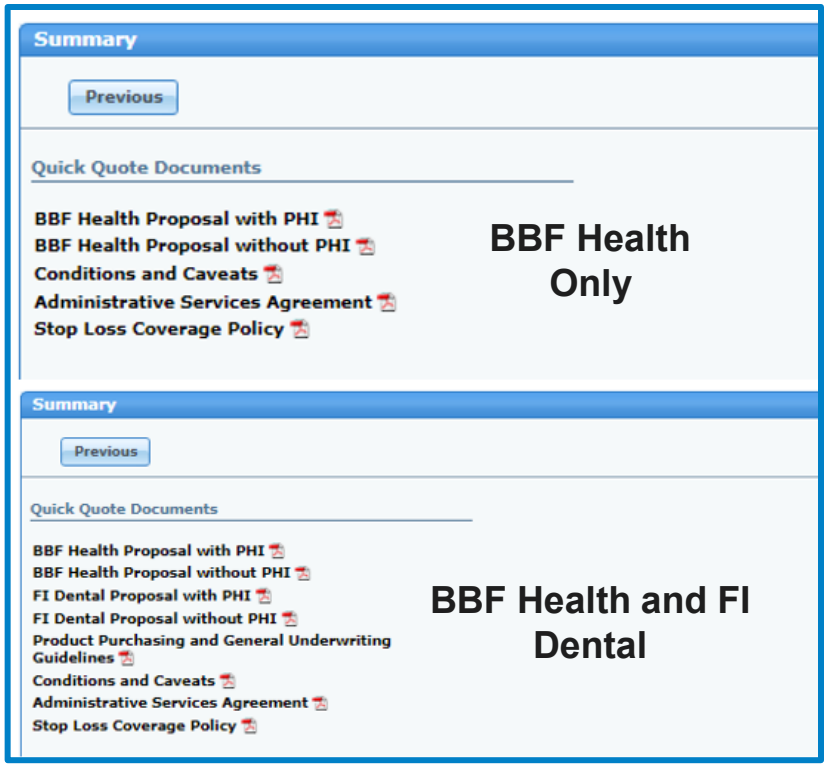
Click **Generate Proposal** to generate proposal documents.

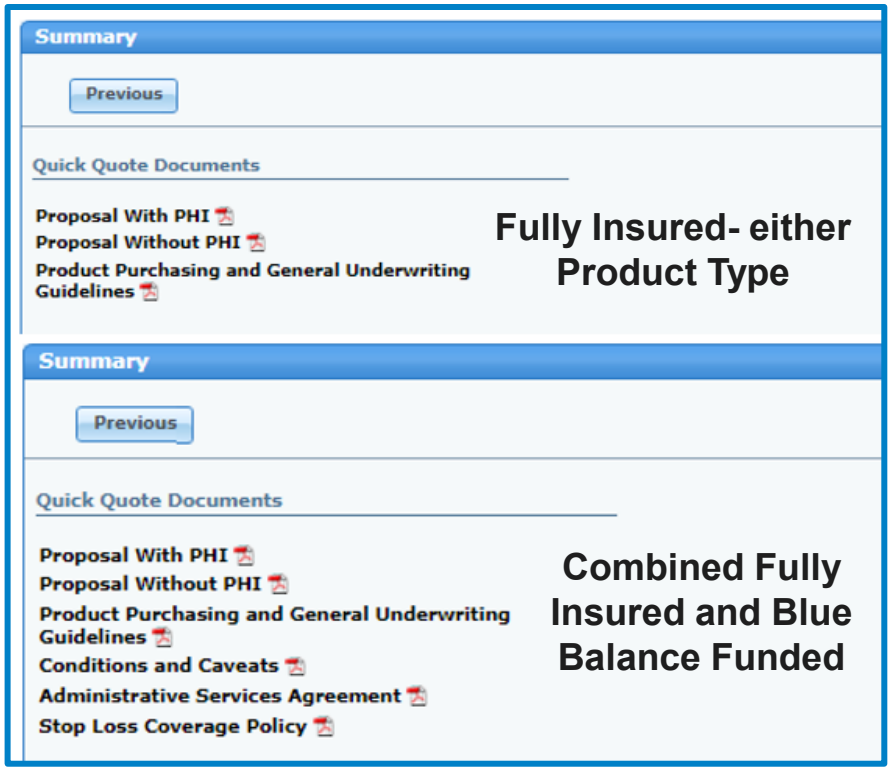


Note: “Rate” refers to monthly premiums for fully insured ACA/Small Group Plans. Final composite rates are dependent on enrollment demographics. If you ran an initial Blue Balance Funded quote, “Rate” refers to the administrative fees, stop loss premiums and projected claims, which can vary with enrollment.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

Proposal Documents

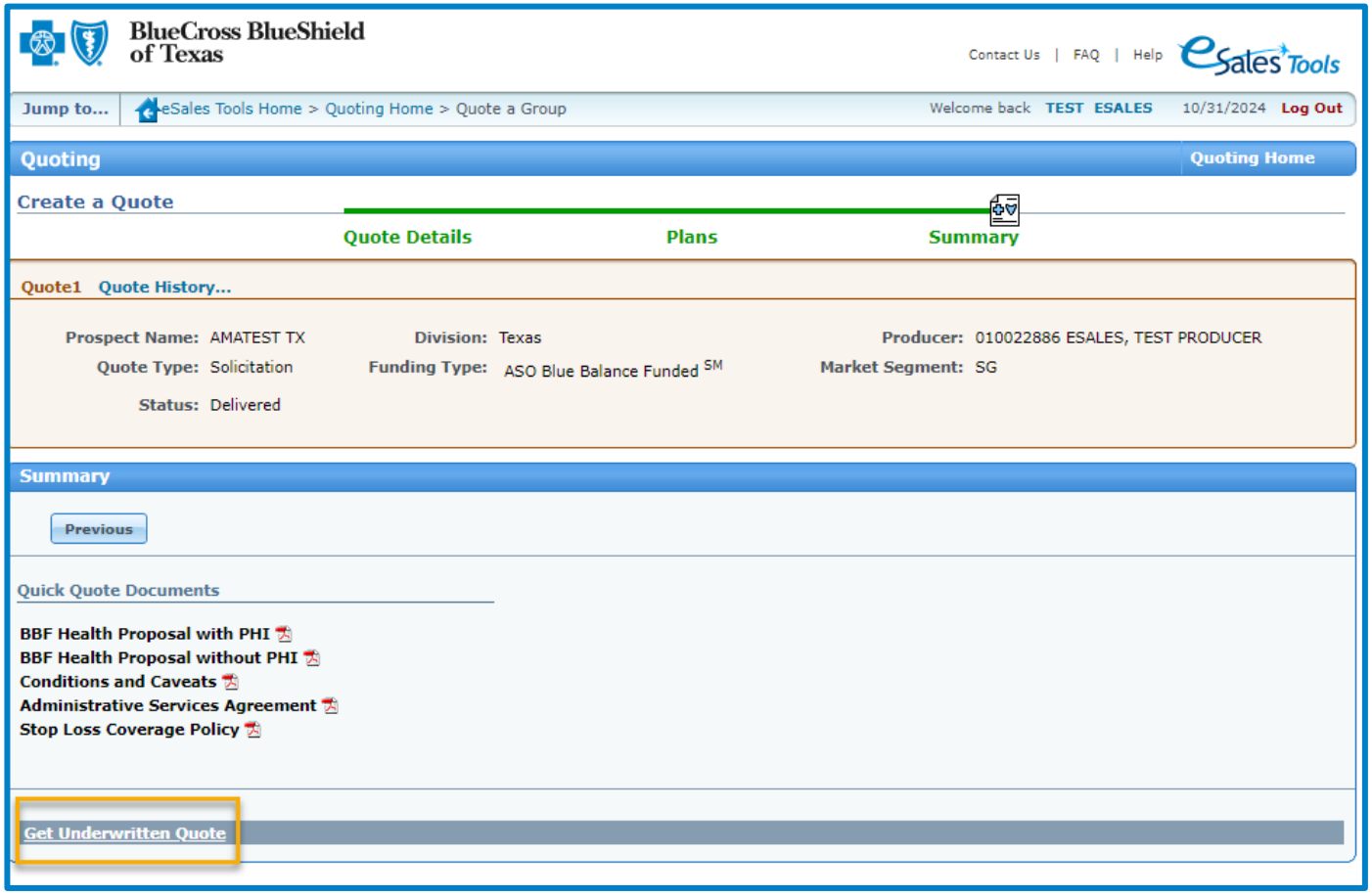
Proposal documents generate and are available to download and print. The reports produced vary based on Funding Type and Product Type selections





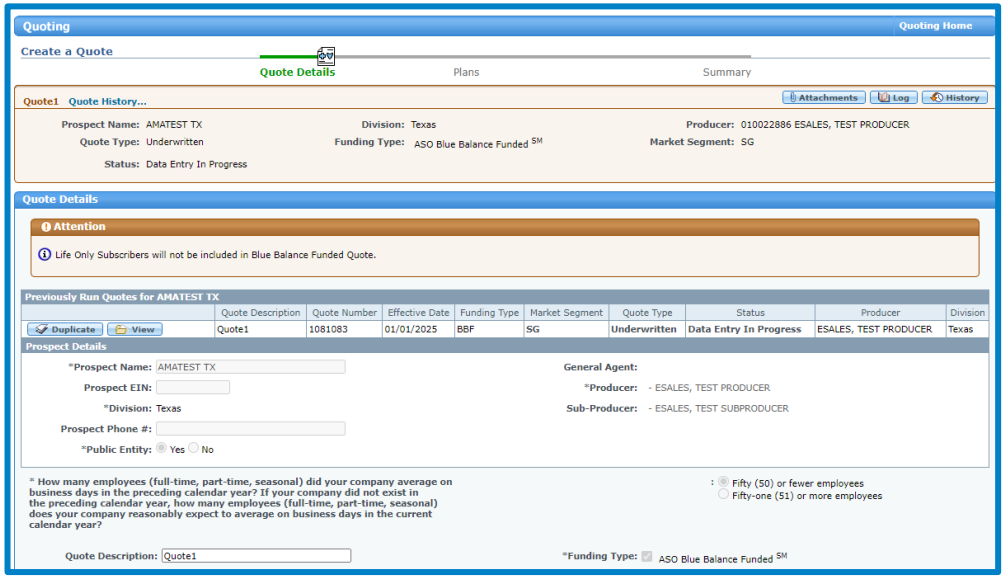
Underwritten Quote

To submit the quote for Underwriting review, click “Get Underwritten Quote” beneath the Quick Quote Documents.

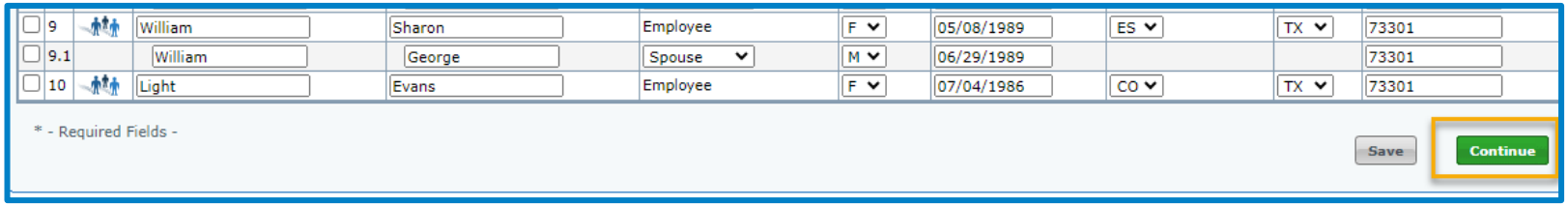


Underwritten Quote

User will be returned to the **Quote Details** page. If necessary, quote details and census information can be edited.

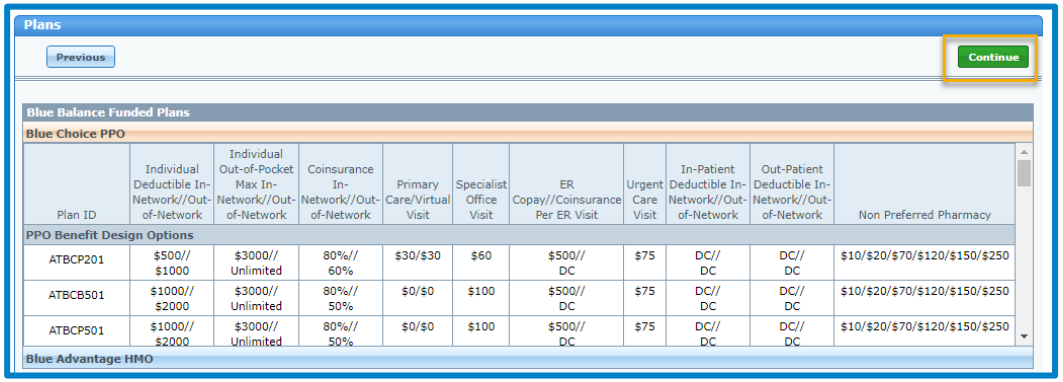


Scroll to the bottom of the page and click **Continue**

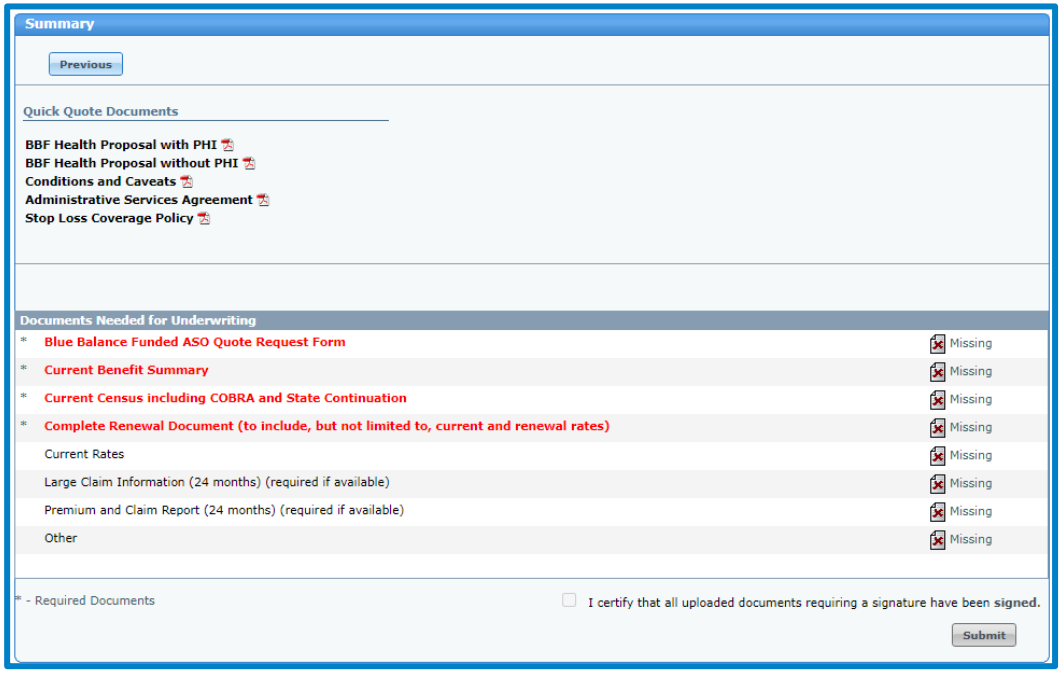


Underwritten Quote

User is brought to the **Plans** page. Click Continue.



The **Summary** page and Quick Quote Documents display, along with Documents Needed for Underwriting. Documents in **bold red with asterisks** are required to be submitted.



Underwritten Quote

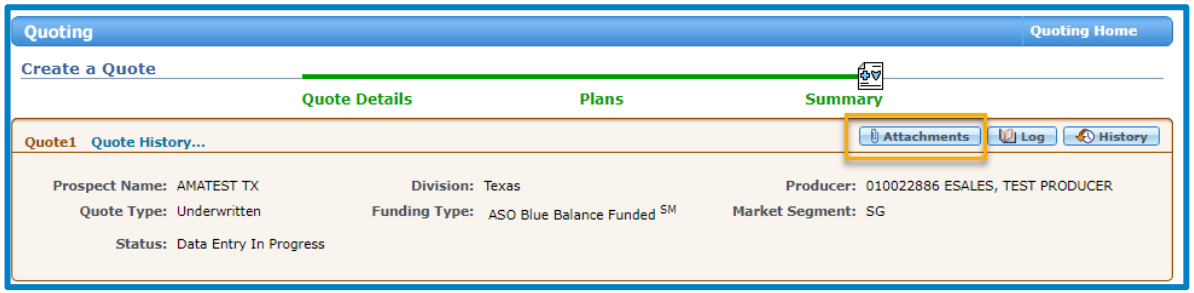
Click **Attachments** button

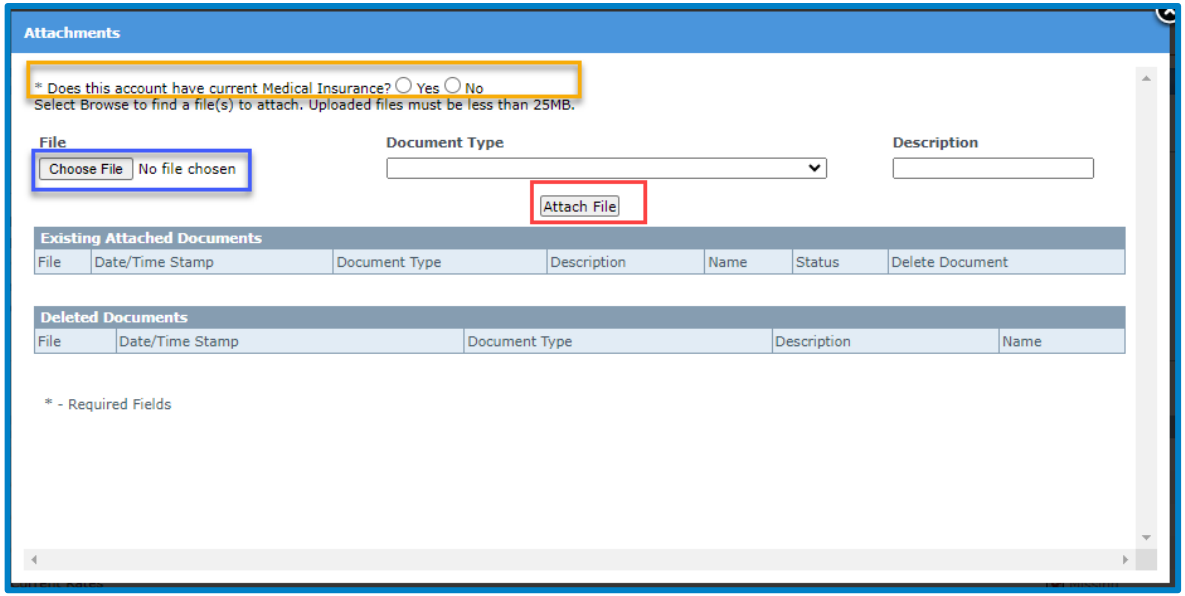
The Attachments window opens, and the user can attach files required for Underwriting review.

In order to select files, there must be a selection made for the "**Does the account have current Medical Insurance**" question.

Click **Choose File** to select the appropriate files.

When the file name appears, select the Document Type from the dropdown, and click **Attach File**.

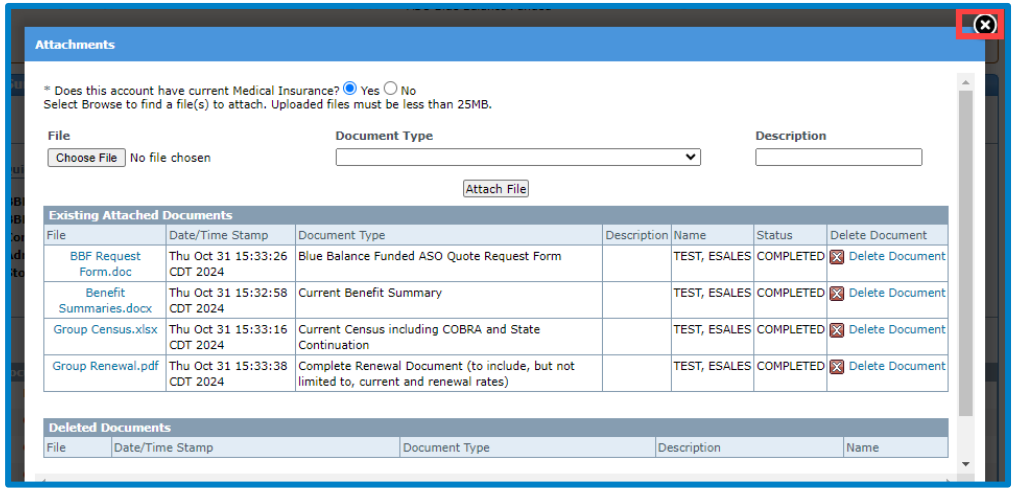


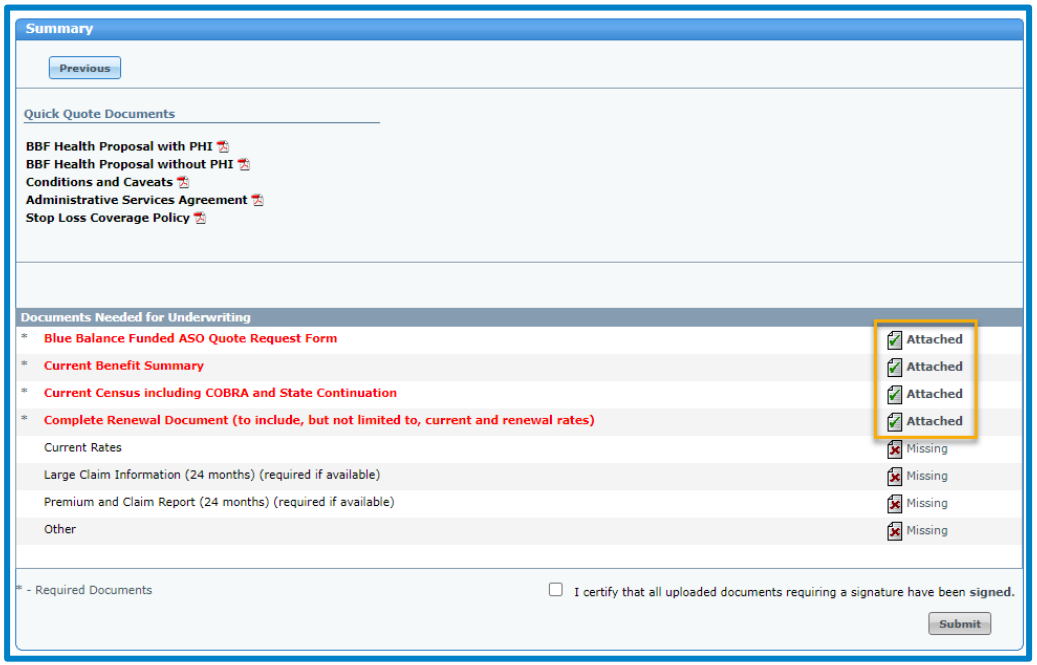


Underwritten Quote

Attached files appear under the Existing Attached Files section. If any files are deleted, they will move to the Deleted Documents section.

Once all files are uploaded click the ‘x’ in the top right corner.



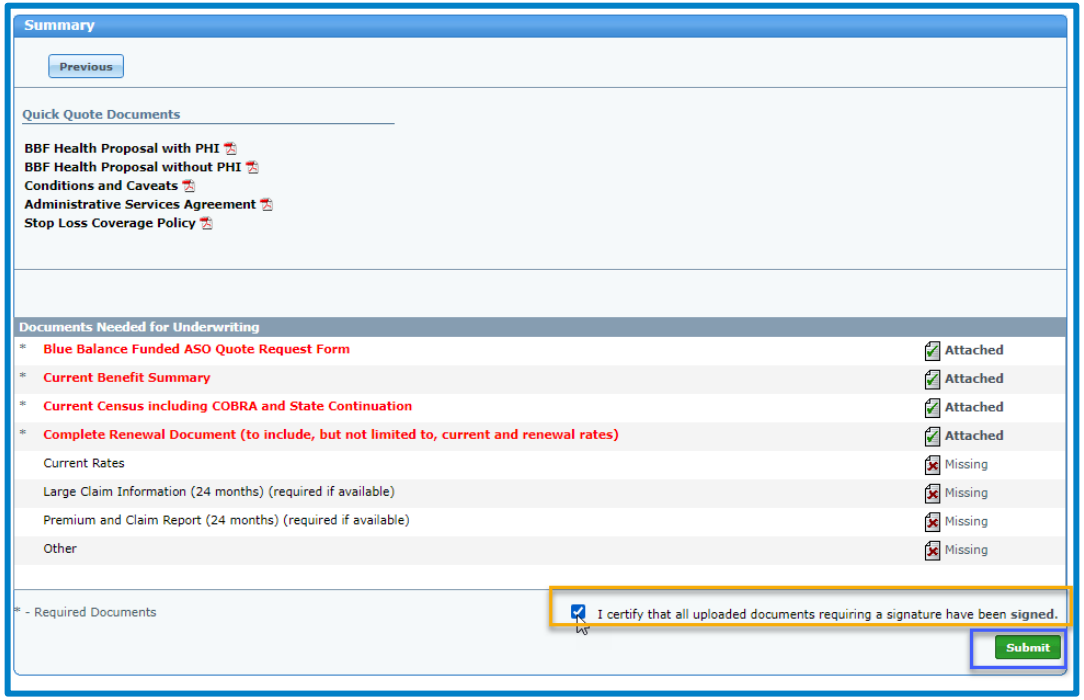


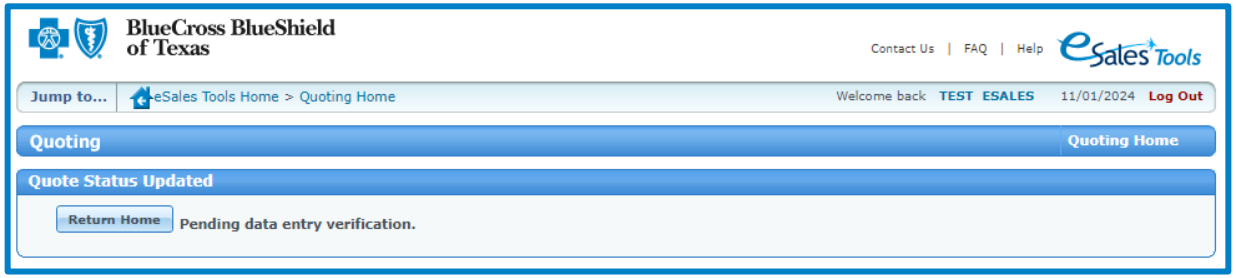
The **Summary** page will now show all attached files as “Attached.”

Underwritten Quote

With all required documents attached, the certification box at the bottom of the page will no longer be grayed out. Click the certification box and the **Submit** button will turn from gray to green.

Click **Submit** and the quote is sent to BCBS for Underwriting review.





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**.