



BlueCross BlueShield
of Texas

Small Group Quoting Tool User Guide

September
2024



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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 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, 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:

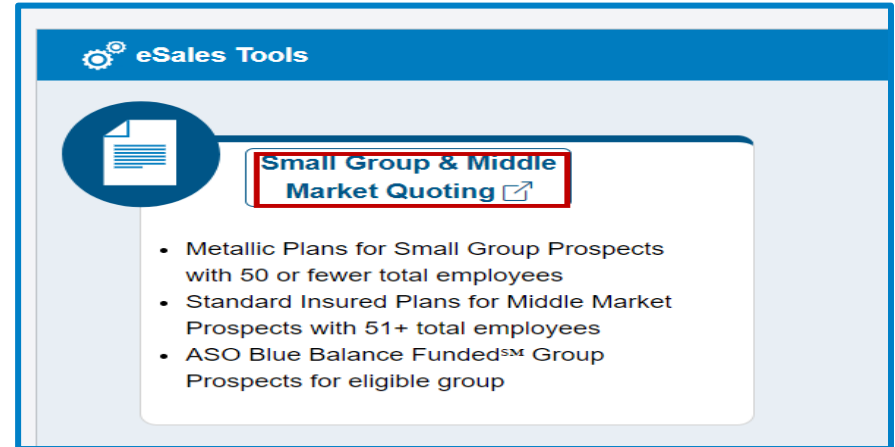
- Add and Quote a New Prospect
- Search for Existing Prospects
- View Recently Run Quotes
- Duplicate Existing Quotes
- Create New Quotes
- Modify Life Insurance Settings
- Download Quote Documents
- View and Print Member Information
Displaying Monthly Premiums

Getting Started

To begin submitting/creating a quote, log into **Blue Access for ProducersSM** (BAPSM).

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

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

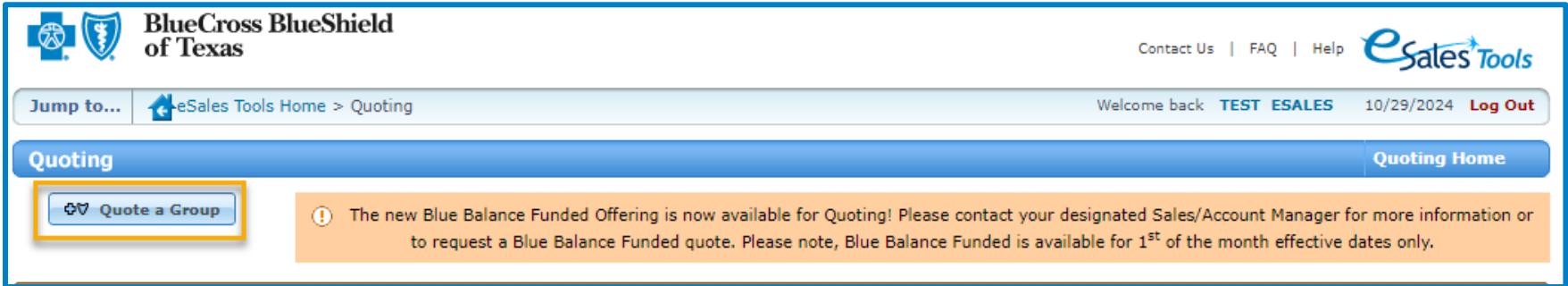


You will be directed to the **Quoting Tool homepage**.

A screenshot of the BlueCross BlueShield of Texas eSales Tools Quoting homepage. The page has a blue header with the BlueCross BlueShield of Texas logo and 'eSales Tools' text. Below the header, there's a navigation bar with 'Jump to...' and 'eSales Tools Home > Quoting'. The main content area has a blue bar with 'Quoting' and 'Quoting Home'. Below this, there's a 'Quote a Group' button and an orange alert box with a warning icon and text: '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.' The main form area is titled 'Search Existing Prospects' and contains several input fields: 'Prospect:', 'Division: Texas', 'Quote #:', 'Effective Date:' (with a calendar icon and '(mm/dd/yyyy)' text), 'Funding Type:' (with checkboxes for 'ASO Blue Balance FundedSM' and 'Fully Insured'), 'General Agent:' (with a 'Find' button), 'Producer:' (with a 'Find' button and 'ESALES, TEST PRODUCER' text), 'Sub Producer:' (with a 'Find' button and 'ESALES, TEST SUBPRODUCER' text), 'Market Segment:' (with a dropdown menu showing 'Small Group'), and 'Prospect Phone Number:'. At the bottom right, there are 'Search' and 'Clear' buttons.

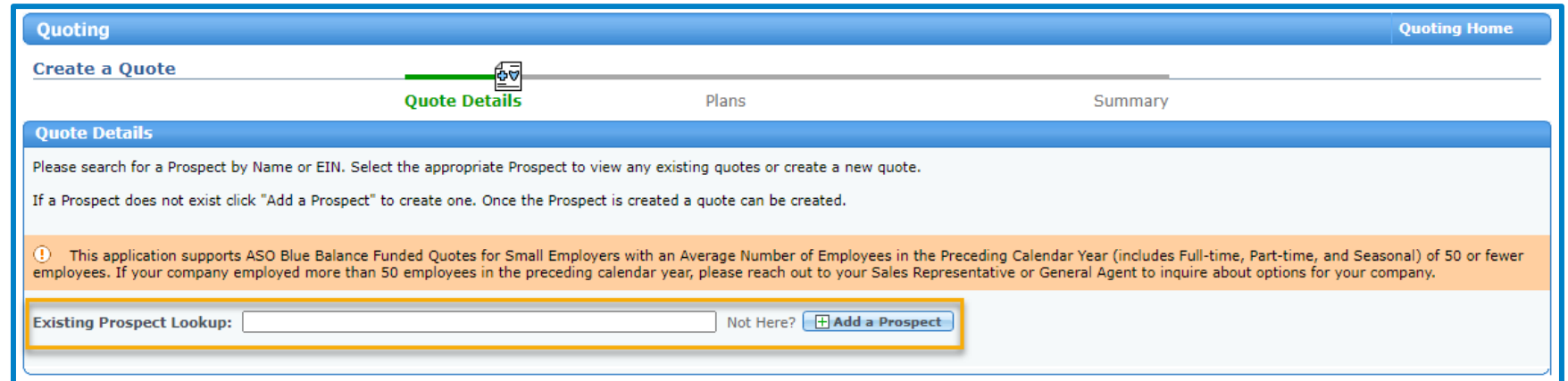
Quoting a Group

1. Select **Quote a Group**.



The screenshot shows the BlueCross BlueShield of Texas eSales Tools interface. The top navigation bar includes the company logo, links for Contact Us, FAQ, and Help, and the eSales Tools logo. Below the navigation bar, there is a breadcrumb trail: Jump to... > eSales Tools Home > Quoting. The main content area has a blue header with 'Quoting' and a 'Quoting Home' link. A yellow box highlights the 'Quote a Group' button, which is represented by a heart icon and the text 'Quote a Group'. To the right of the button, there is an orange informational message: '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.'

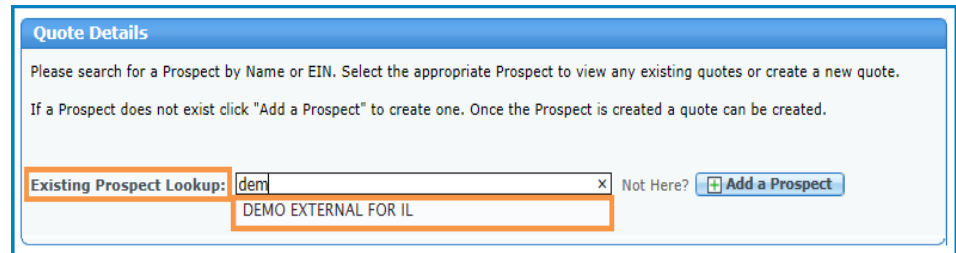
2. Find an existing Prospect or create a new prospect.



The screenshot shows the 'Create a Quote' section of the eSales Tools interface. The 'Quote Details' tab is selected, and the 'Add a Prospect' button is highlighted with a yellow box. The page includes instructions for searching for a Prospect by Name or EIN, and a note about the application's support for 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. The 'Existing Prospect Lookup' field is empty, and the 'Add a Prospect' button is visible.

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.



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](#)

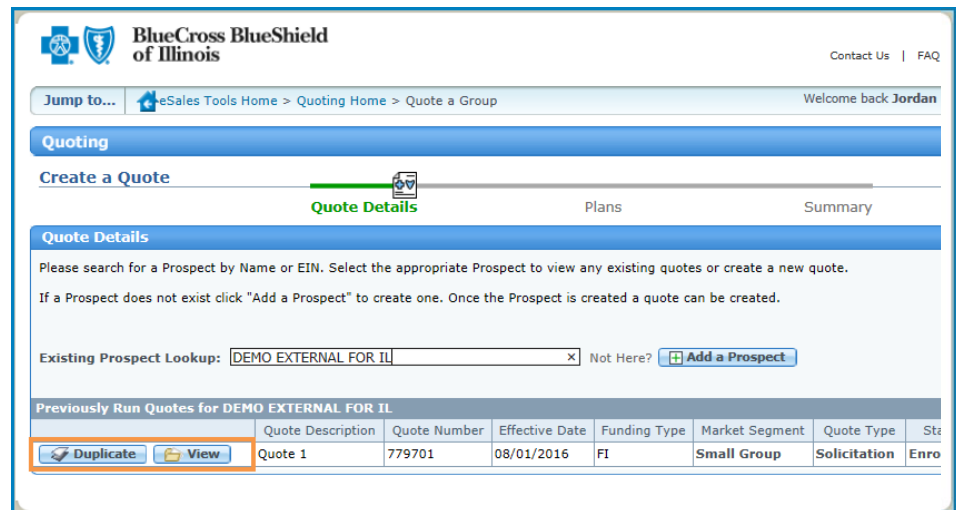
DEMO EXTERNAL FOR IL

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.



BlueCross BlueShield of Illinois [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 FOR IL

	Quote Description	Quote Number	Effective Date	Funding Type	Market Segment	Quote Type	Sta
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). Producer and Division default based on the ID used to log in. Click **Create**.

The screenshot displays the 'eSales Tools' interface for BlueCross BlueShield of Texas. The breadcrumb trail indicates the user is in the 'Quote a Group' section. The 'Quoting' tab is active, and the 'Create a Quote' process is shown with a progress bar. The 'Quote Details' step is highlighted, and the 'Add a Prospect' button is circled in blue. Below this, the 'Prospect Details' section contains several fields: '*Prospect Name' (circled in red), 'Prospect EIN', '*Division: Texas', and 'Prospect Phone #'. To the right, the 'General Agent' is set to 'ESALES GENERAL AGENT TEST', and the '*Producer' is set to 'ESALES, TEST PRODUCER' (circled in red). The 'Sub-Producer' field has a 'Find' button, and the 'Create' button is circled in orange. At the bottom right, there are 'Save' and 'Continue' buttons. A footer note states: 'A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2024, Health Care Service Corporation. All Rights Reserved. Terms of Use and Important Information'.

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.

* 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. D/C: /

*Funding Type: ☐ ASO Blue Balance Funded SM
☐ Fully Insured

*Effective Date:

*Product Type:

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

* 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. D/C: /

*Funding Type: ☐ ASO Blue Balance Funded SM
☒ Fully Insured

*Effective Date:

*Product Type: ☒ Health/Dental/Ancillary
☐ Dental & Ancillary Only

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

* 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. D/C: /

*Funding Type: ☒ ASO Blue Balance Funded SM
☒ Fully Insured

*Effective Date:

*Product Type: ☒ Health/Dental/Ancillary
☒ Health

*Dependent Values: ☐ Yes ☐ No

*Erisa: ☐ Yes ☐ No

*BBF Commission (PCPM):

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

* 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. D/C: /

*Funding Type: ☒ ASO Blue Balance Funded SM
☐ Fully Insured

*Effective Date:

*Product Type: ☒ Health
☐ Health/FI Dental

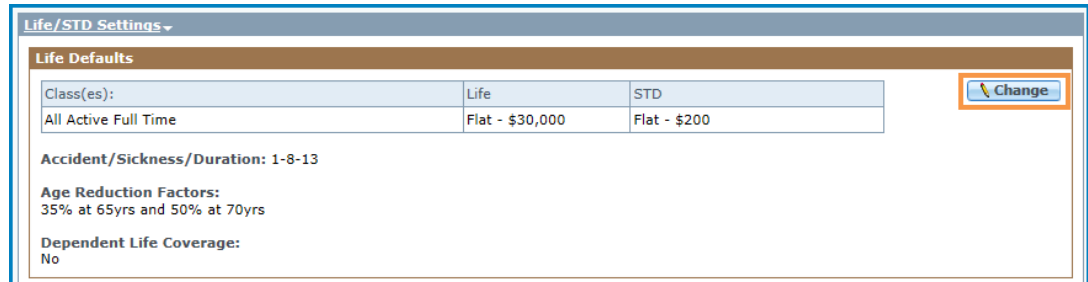
*Dependent Values: ☒ Yes ☐ No

*Erisa: ☒ Yes ☐ No

*BBF Commission (PCPM):

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.



The screenshot shows a window titled "Life/STD Settings" with a tab labeled "Life Defaults". Inside the tab, there is a table with three columns: "Class(es)", "Life", and "STD". The first row of the table shows "All Active Full Time" under "Class(es)", "Flat - \$30,000" under "Life", and "Flat - \$200" under "STD". To the right of the table is a "Change" button. Below the table, there are three sections: "Accident/Sickness/Duration: 1-8-13", "Age Reduction Factors: 35% at 65yrs and 50% at 70yrs", and "Dependent Life Coverage: No".

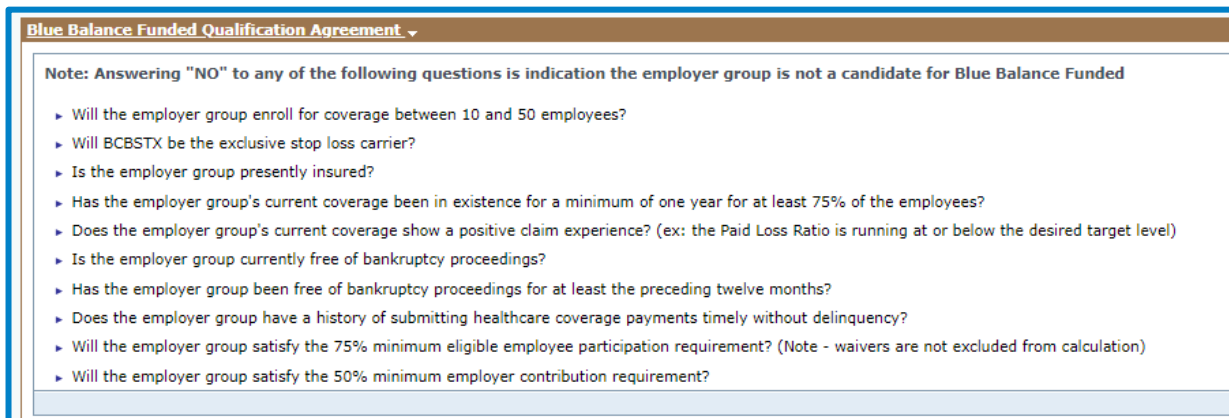
Class(es)	Life	STD
All Active Full Time	Flat - \$30,000	Flat - \$200

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 window titled "Blue Balance Funded Qualification Agreement". It contains 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 BCBSTX 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 75% 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 75% minimum eligible employee participation requirement? (Note - waivers are not excluded from calculation)
- ▶ Will the employer group satisfy the 50% minimum employer contribution requirement?

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

Life, STD and LTD Settings

LIFE/STD Settings

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

The screenshot shows the 'Life/STD Settings' form. The 'Life Defaults' section is active. It contains a table with columns for 'Class(es):', 'Life', and 'STD'. The first row shows 'All Active Full Time' with a 'Life' benefit of 'Flat - \$30,000' and an 'STD' benefit of 'Flat - \$200'. A 'Change' button is located to the right of the table. Below the table, there are sections for 'Accident/Sickness/Duration: 1-8-13', 'Age Reduction Factors: 35% at 65yrs and 50% at 70yrs, 75% at 75yrs, 85% at 80yrs', and 'Dependent Life Coverage: No'.

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

Accident/Sickness/Duration: 1-8-13

Age Reduction Factors: 35% at 65yrs and 50% at 70yrs, 75% at 75yrs, 85% at 80yrs

Dependent Life Coverage: No

Life/STD/LTD Settings

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

If **Fully Insured** is selected, the number of enrolled employees should be 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.

The screenshot shows the 'Life/STD/LTD Settings' form. The 'Summary' section is active. It contains a table with columns for 'Class Description', 'Plan Name', 'Plan Benefit', 'Benefit Maximum', and 'Age Reduction'. The first row shows 'All Active Full Time' with a 'Plan Name' of 'Plan 3', a 'Plan Benefit' of '\$30,000', a 'Benefit Maximum' of 'N/A', and an 'Age Reduction' of '35% at 65 / 50% at 70'. A 'Change' button is located to the right of the table. Below the table, there are sections for 'Dependent Basic Life Coverage: No', 'Supplemental Life Coverage: No', 'Short Term Disability Coverage: No', and 'Long Term Disability Coverage: No'.

Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
All Active Full Time	Plan 3	\$30,000	N/A	35% at 65 / 50% at 70

Dependent Basic Life Coverage: No

Supplemental Life Coverage: No

Short Term Disability Coverage: No

Long Term Disability Coverage: No

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

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

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

Dependent and Supplemental Life

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

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

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

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

Short Term Disability – Class 1 Plans

Short Term Disability ☒ 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 ☒ 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

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

Short Term Disability Plans

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

Short Term Disability Classes

☒ Class 1 Description ☐ Class 2 Description

Short Term Disability Plans

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

Voluntary Short Term Disability – Class 2 Plans

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	Elimination Period(Days)	Maximum Benefit Duration
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 ☒ 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

Long Term Disability ☐ Yes ☐ No

Employer Contribution

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

*LTD Contribution %

Long Term Disability Classes

☒ Class 1 Description ☒ Class 2 Description

Long Term Disability Plans

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

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

Voluntary Long Term Disability – Class 1 Plans

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

Long Term Disability Plans

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

Long Term Disability Classes

☒ Class 1 Description ☐ Class 2 Description

Long Term Disability Plans

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

Long Term Disability ☐ Yes ☐ No

Employer Contribution

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

*LTD Contribution %

Long Term Disability Classes

☒ Class 1 Description ☒ Class 2 Description

Long Term Disability Plans

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

Long Term Disability Classes







☒ Class 1 Description ☒ Class 2 Description

Long Term Disability Plans

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







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.

The screenshot shows the 'Member Census' form with the 'Fully Insured' option selected. The form displays a table with 9 rows. The first row is pre-filled with 'Emily Wilson' as the dependent, 'Employee' as the relationship, 'F' as gender, '06/05/1978' as date of birth, 'EO' as coverage type, and 'TX' as state. The 'Add Dep.' button (blue family icon) is highlighted in the first column. The 'Census Count' is 9, and the 'Import Census' button is visible in the top right.

	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

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

The screenshot shows the 'Member Census' form with the 'ASO BBF' option selected. The form displays a table with 10 rows. The first row is pre-filled with 'Emily Wilson' as the dependent, 'Employee' as the relationship, 'F' as gender, '06/05/1978' as date of birth, 'EO' as coverage type, and 'TX' as state. The 'Add Dep.' button (blue family icon) is highlighted in the first column. The 'Census Count' is 10, and the 'Import Census' button is visible in the top right. A new column, '*Zip Code', is added to the table and is highlighted with an orange border.

	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	

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

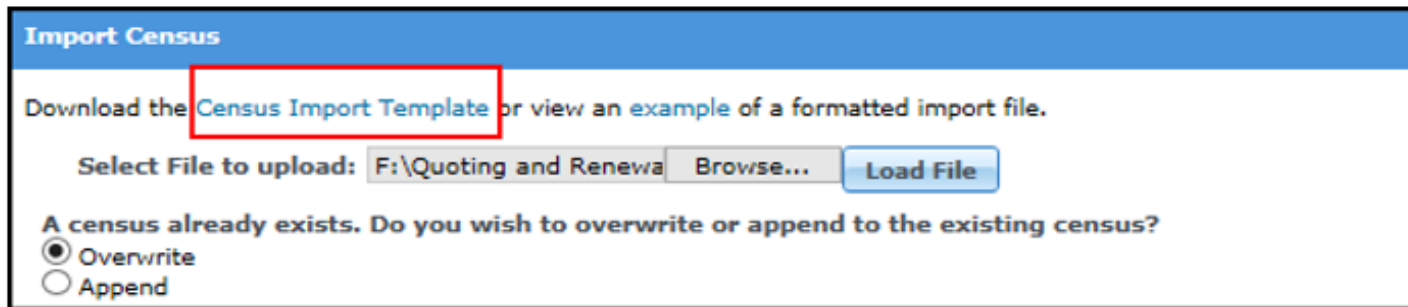
	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Annual Salary	Life Classes	STD Classes	LTD Classes
<input type="checkbox"/>	1			Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>	2			Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>	3			Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>	4			Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>	5			Employee			EO	TX		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>	6			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 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



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 a 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: CensusToolv1...23 1138.xlsx

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

☒ Overwrite
☐ Append

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

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.

Census Count: 13 **Add Rows** **Delete Rows** **Import Census** ?

1 - 10 of 13

Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Annual Salary	Life Classes	STD Classes	LTD Classes
Ashley	John	Employee	M	06/08/1987	EO	TX	75081	651,425	Class 2	All Active Full Time	All Active Full Tim
Child	Dan	Employee	M	10/05/1979	EO	TX	75081	10,001	All Active Full Time	All Active Full Time	All Active Full Tim
April	Emily	Employee	F	11/05/1980	EF	TX	75081	100,000	All Active Full Time	Class 2	All Active Full Tim
Sam	Ashley	Spouse	F	06/02/1986			75081				
Janet	Child	Dependent	M	05/06/2000			75081				
Jon	April	Employee	M	06/08/1987	EO	TX	75081	60,000	All Active Full Time	All Active Full Time	Class 2
Denis	Sam	Employee	F	10/05/1989	EO	TX	75081	80,000	All Active Full Time	All Active Full Time	All Active Full Tim
Test	Janet	Employee	F	11/05/1980	EO	TX	75081	500,000	All Active Full Time	All Active Full Time	Class 2
Ash	Jon	Employee	M	06/02/1997	EO	TX	75081	600,000	All Active Full Time	Class 2	All Active Full Tim
Grow	Denis	Employee	M	10/05/1980	EO	TX	75081	966,600	Class 2	All Active Full Time	All Active Full Tim
Jon	Test	Employee	F	06/08/1987	EO	TX	75081	630,000	All Active Full Time	All Active Full Time	All Active Full Tim
Test	Ash	Employee	M	10/05/1979	EO	TX	75081	790,000	All Active Full Time	All Active Full Time	All Active Full Tim

* - Required Fields -

 **Save** **Continue**

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.

Plans

Previous

Generate Proposal

Fully Insured Plans

Blue Choice PPO Network

Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Coinsurance In-Network//Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Deductible In-Network//Out-of-Network	Non-Preferred Pharmacy	Member Rates	Composite Rates
PPO Plans												
Platinum												
P9M1CHC	\$0// \$5000	\$6300// Unlimited	90%// 50%	\$20/\$20	\$40	\$500// 90%	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250		
P620CHC	\$350// \$700	\$1600// Unlimited	80%// 60%	\$35/\$35	\$70	\$300// 80%	\$35	\$150// \$250	\$100// \$200	\$10/\$20/\$55/\$95/\$150/\$250		
Blue Advantage HMO Network												
Dental Plans												
Standalone Vision Plans												
Life Offerings												
Critical Illness Plans												
Accident Insurance Plans												
Blue Balance Funded Plans												
Blue Choice PPO												
Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Coinsurance In-Network//Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Deductible In-Network//Out-of-Network	Non Preferred Pharmacy	Total Monthly Health Charges	
PPO Benefit Design Options												
ATBCP201	\$500// \$1000	\$3000// Unlimited	80%// 60%	\$30/\$30	\$60	\$500// DC	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCB501	\$1000// \$2000	\$3000// Unlimited	80%// 50%	\$0/\$0	\$100	\$500// DC	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCP501	\$1000// \$2000	\$3000// Unlimited	80%// 50%	\$0/\$0	\$100	\$500// DC	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250		
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. 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

Summary

Previous

Quick Quote Documents

BBF Health Proposal with PHI

BBF Health Proposal without PHI

Conditions and Caveats

Administrative Services Agreement

Stop Loss Coverage Policy

BBF Health Only

Summary

Previous

Quick Quote Documents

BBF Health Proposal with PHI

BBF Health Proposal without PHI

FI Dental Proposal with PHI

FI Dental Proposal without PHI

Product Purchasing and General Underwriting Guidelines

Conditions and Caveats

Administrative Services Agreement

Stop Loss Coverage Policy

BBF Health and FI Dental

Summary

Previous

Quick Quote Documents

Proposal With PHI

Proposal Without PHI

Product Purchasing and General Underwriting Guidelines

Fully Insured- either Product Type

Summary

Previous

Quick Quote Documents

Proposal With PHI

Proposal Without PHI

Product Purchasing and General Underwriting Guidelines

Conditions and Caveats

Administrative Services Agreement

Stop Loss Coverage Policy

Combined Fully Insured and Blue Balance Funded

Underwritten Quote

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

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: [eSales Tools Home](#) > [Quoting Home](#) > [Quote a Group](#). A welcome message for 'TEST ESALES' dated 10/31/2024 is shown. The main section is titled 'Quoting' and includes a 'Quoting Home' link. A progress bar for 'Create a Quote' shows three steps: 'Quote Details' (active), 'Plans', and 'Summary' (indicated by a document icon). Below the progress bar, a table displays quote details for 'Quote1':

Quote1 Quote History...		
Prospect Name: AMATEST TX	Division: Texas	Producer: 010022886 ESALES, TEST PRODUCER
Quote Type: Solicitation	Funding Type: ASO Blue Balance Funded SM	Market Segment: SG
Status: Delivered		

Below the details, a 'Summary' section contains a 'Previous' button. Under 'Quick Quote Documents', a list of documents is shown with download icons: 'BBF Health Proposal with PHI', 'BBF Health Proposal without PHI', 'Conditions and Caveats', 'Administrative Services Agreement', and 'Stop Loss Coverage Policy'. At the bottom, a button labeled 'Get Underwritten Quote' is highlighted with an orange box.

Underwritten Quote

User will be returned to the [Quote Details](#) page. If necessary, quote details and census information can be edited.

Quoting Quoting Home

Create a Quote Quote Details Plans Summary

Quote1 Quote History... Attachments Log History

Prospect Name: AMATEST TX Division: Texas Producer: 010022886 ESALES, TEST PRODUCER
Quote Type: Underwritten Funding Type: ASO Blue Balance Funded SM Market Segment: SG
Status: Data Entry In Progress

Quote Details

Attention
Life Only Subscribers will not be included in Blue Balance Funded Quote.

Previously Run Quotes for AMATEST TX

Quote Description	Quote Number	Effective Date	Funding Type	Market Segment	Quote Type	Status	Producer	Division
Quote1	1081083	01/01/2025	BBF	SG	Underwritten	Data Entry In Progress	ESALES, TEST PRODUCER	Texas

Prospect Details

*Prospect Name: AMATEST TX General Agent:
Prospect EIN: *Producer: - ESALES, TEST PRODUCER
*Division: Texas Sub-Producer: - ESALES, TEST SUBPRODUCER
Prospect Phone #:
*Public Entity: ☒ Yes ☐ 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?
: ☒ Fifty (50) or fewer employees
☐ Fifty-one (51) or more employees

Quote Description: Quote1 *Funding Type: ASO Blue Balance Funded SM

Scroll to the bottom of the page and click [Continue](#)

<input type="checkbox"/> 9	William	Sharon	Employee	F	05/08/1989	ES	TX	73301
<input type="checkbox"/> 9.1	William	George	Spouse	M	06/29/1989			73301
<input type="checkbox"/> 10	Light	Evans	Employee	F	07/04/1986	CO	TX	73301

* - Required Fields -

Save Continue

Underwritten Quote

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

The screenshot shows the 'Plans' page with a 'Previous' button and a 'Continue' button. Below the navigation buttons is a section titled 'Blue Balance Funded Plans' with a sub-header 'Blue Choice PPO'. A table lists three PPO Benefit Design Options: ATBCP201, ATBCB501, and ATBCP501. Each row shows details for Individual Deductible, Out-of-Pocket Max, Coinsurance, Primary Care/Virtual Visit, Specialist Office Visit, ER Copay/Coinsurance, Urgent Care Visit, In-Patient Deductible, Out-Patient Deductible, and Non Preferred Pharmacy.

Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Coinsurance In-Network//Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Deductible In-Network//Out-of-Network	Non Preferred Pharmacy
ATBCP201	\$500// \$1000	\$3000// Unlimited	80%// 60%	\$30/\$30	\$60	\$500// DC	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250
ATBCB501	\$1000// \$2000	\$3000// Unlimited	80%// 50%	\$0/\$0	\$100	\$500// DC	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250
ATBCP501	\$1000// \$2000	\$3000// Unlimited	80%// 50%	\$0/\$0	\$100	\$500// DC	\$75	DC// DC	DC// DC	\$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage HMO

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.

The screenshot shows the 'Summary' page with a 'Previous' button. Below the navigation button is a section titled 'Quick Quote Documents' with a list of documents: BBF Health Proposal with PHI, BBF Health Proposal without PHI, Conditions and Caveats, Administrative Services Agreement, and Stop Loss Coverage Policy. Below this is a section titled 'Documents Needed for Underwriting' with a list of documents: Blue Balance Funded ASO Quote Request Form, Current Benefit Summary, Current Census including COBRA and State Continuation, Complete Renewal Document (to include, but not limited to, current and renewal rates), Current Rates, Large Claim Information (24 months) (required if available), Premium and Claim Report (24 months) (required if available), and Other. Each document has a 'Missing' status icon. At the bottom, there is a checkbox for 'I certify that all uploaded documents requiring a signature have been signed.' and a 'Submit' button.

Quick Quote Documents

- BBF Health Proposal with PHI
- BBF Health Proposal without PHI
- Conditions and Caveats
- Administrative Services Agreement
- Stop Loss Coverage Policy

Documents Needed for Underwriting

- * Blue Balance Funded ASO Quote Request Form
- * Current Benefit Summary
- * Current Census including COBRA and State Continuation
- * Complete Renewal Document (to include, but not limited to, current and renewal rates)
- Current Rates
- Large Claim Information (24 months) (required if available)
- Premium and Claim Report (24 months) (required if available)
- Other

* - Required Documents

☐ I certify that all uploaded documents requiring a signature have been signed.

Submit

Underwritten Quote

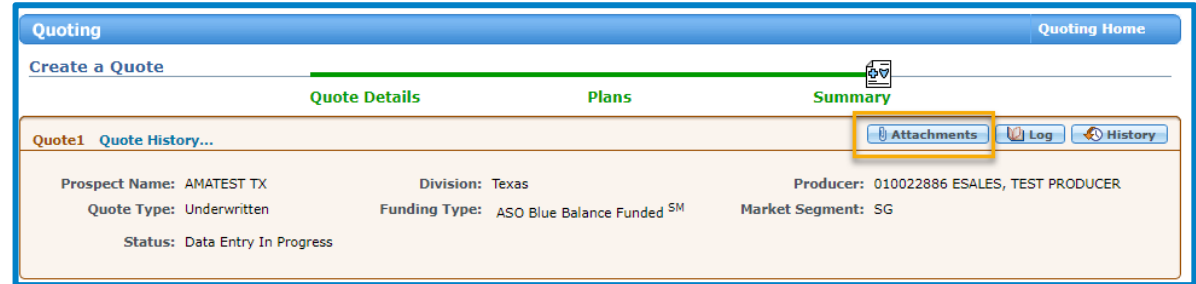
Click **Attachments** button

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

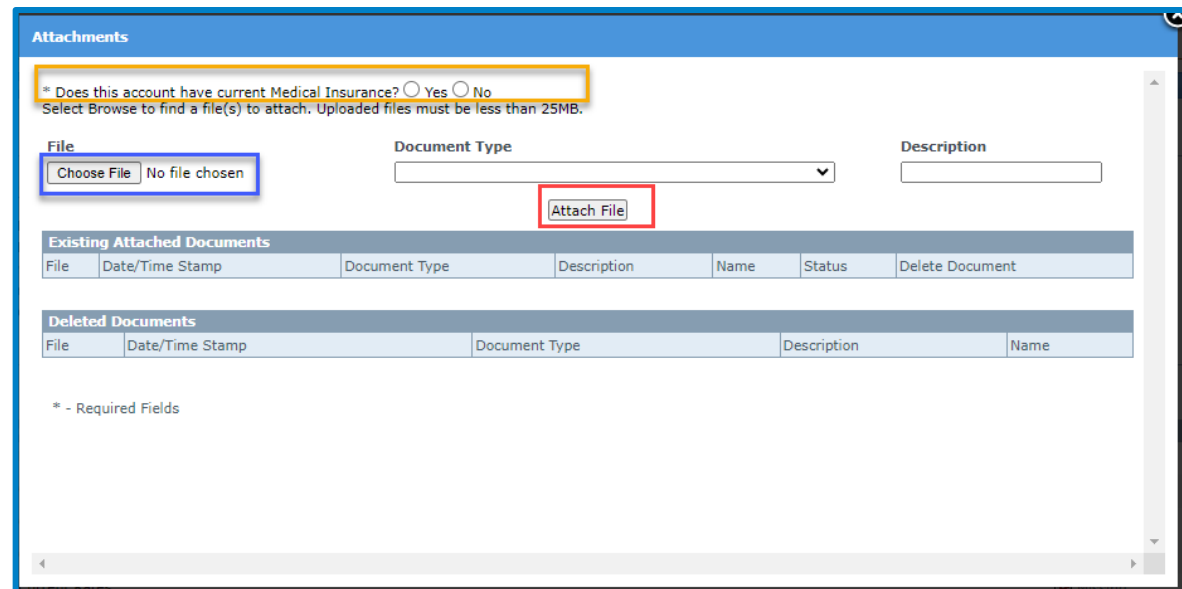
In order to select files, there must be a selection made for the “**Does the account have current Medical Insurance**” question.

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

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



The screenshot shows the 'Quoting' application interface. At the top, there's a 'Quoting Home' link. Below it, a 'Create a Quote' button is visible. The main navigation bar includes 'Quote Details', 'Plans', and 'Summary'. The 'Quote Details' tab is active, showing a 'Quote1' and a 'Quote History...' link. A yellow box highlights the 'Attachments' button. Below the navigation bar, the quote details are displayed: Prospect Name: AMATEST TX, Division: Texas, Producer: 010022886 ESALES, TEST PRODUCER, Quote Type: Underwritten, Funding Type: ASO Blue Balance Funded SM, Market Segment: SG, and Status: Data Entry In Progress.



The screenshot shows the 'Attachments' window. At the top, there's a question: '* Does this account have current Medical Insurance? Yes No'. Below it, a message says 'Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.' The 'File' section has a 'Choose File' button (highlighted with a blue box) and a 'No file chosen' label. The 'Document Type' section has a dropdown menu. The 'Description' section has a text input field. A red box highlights the 'Attach File' button. Below these sections, there are two tables: 'Existing Attached Documents' and 'Deleted Documents'. The 'Existing Attached Documents' table has columns: File, Date/Time Stamp, Document Type, Description, Name, Status, and Delete Document. The 'Deleted Documents' table has columns: File, Date/Time Stamp, Document Type, Description, and Name. At the bottom, there's a note: '* - Required Fields'.

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.

Attachments

* Does this account have current Medical Insurance? ☒ Yes ☐ No
Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.

File: No file chosen Document Type: Description:

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BBF Request Form.doc	Thu Oct 31 15:33:26 CDT 2024	Blue Balance Funded ASO Quote Request Form		TEST, ESALES	COMPLETED	<input checked="" type="button" value="Delete Document"/>
Benefit Summaries.docx	Thu Oct 31 15:32:58 CDT 2024	Current Benefit Summary		TEST, ESALES	COMPLETED	<input checked="" type="button" value="Delete Document"/>
Group Census.xlsx	Thu Oct 31 15:33:16 CDT 2024	Current Census including COBRA and State Continuation		TEST, ESALES	COMPLETED	<input checked="" type="button" value="Delete Document"/>
Group Renewal.pdf	Thu Oct 31 15:33:38 CDT 2024	Complete Renewal Document (to include, but not limited to, current and renewal rates)		TEST, ESALES	COMPLETED	<input checked="" type="button" value="Delete Document"/>

Deleted Documents

File	Date/Time Stamp	Document Type	Description	Name
------	-----------------	---------------	-------------	------

Summary

Quick Quote Documents

- BBF Health Proposal with PHI
- BBF Health Proposal without PHI
- Conditions and Caveats
- Administrative Services Agreement
- Stop Loss Coverage Policy

Documents Needed for Underwriting

Document Name	Status	Action
Blue Balance Funded ASO Quote Request Form	Attached	<input checked="" type="button" value="Attached"/>
Current Benefit Summary	Attached	<input checked="" type="button" value="Attached"/>
Current Census including COBRA and State Continuation	Attached	<input checked="" type="button" value="Attached"/>
Complete Renewal Document (to include, but not limited to, current and renewal rates)	Attached	<input checked="" type="button" value="Attached"/>
Current Rates	Missing	<input checked="" type="button" value="Missing"/>
Large Claim Information (24 months) (required if available)	Missing	<input checked="" type="button" value="Missing"/>
Premium and Claim Report (24 months) (required if available)	Missing	<input checked="" type="button" value="Missing"/>
Other	Missing	<input checked="" type="button" value="Missing"/>

* - Required Documents ☐ I certify that all uploaded documents requiring a signature have been signed.

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.

Summary

[Previous](#)

Quick Quote Documents

- BBF Health Proposal with PHI
- BBF Health Proposal without PHI
- Conditions and Caveats
- Administrative Services Agreement
- Stop Loss Coverage Policy

Documents Needed for Underwriting

* Blue Balance Funded ASO Quote Request Form	Attached
* Current Benefit Summary	Attached
* Current Census including COBRA and State Continuation	Attached
* Complete Renewal Document (to include, but not limited to, current and renewal rates)	Attached
Current Rates	Missing
Large Claim Information (24 months) (required if available)	Missing
Premium and Claim Report (24 months) (required if available)	Missing
Other	Missing

* - Required Documents

☒ I certify that all uploaded documents requiring a signature have been signed.

Submit

BlueCross BlueShield of Texas

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[Jump to...](#) [eSales Tools Home](#) > [Quoting Home](#) Welcome back **TEST ESALES** 11/01/2024 **Log Out**

Quoting [Quoting Home](#)

Quote Status Updated

[Return Home](#) Pending data entry verification.

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**.