



BlueCross BlueShield  
of Montana

# Small Group Quoting Tool User Guide

February 2023



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# Quoting Tool User Guide

## Purpose

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

## Quoting Tool Process Overview

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

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

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Montana 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 Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

# Quoting Availability

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

- Medical, Dental and Ancillary
- Dental and Ancillary Only

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

## What you can do with this tool:

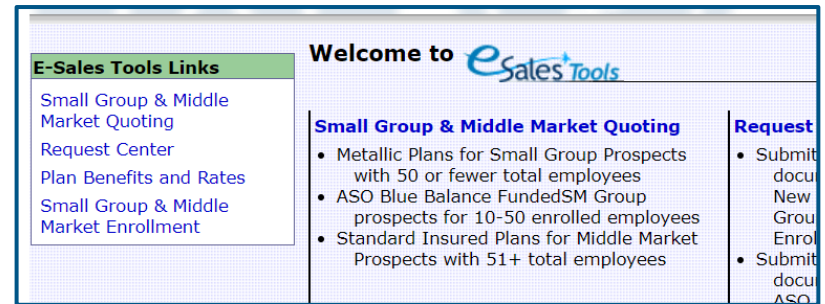
- Add and Quote a New Prospect
- Search for Existing Prospects
- View Recently Run Quotes
- Duplicate Existing Quotes
- Create New Quotes
- Modify Life Insurance Default Settings
- Download Quote Documents
- View and Print Member Information  
Displaying Monthly Amounts the Employer Would Incur

# Getting Started

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

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

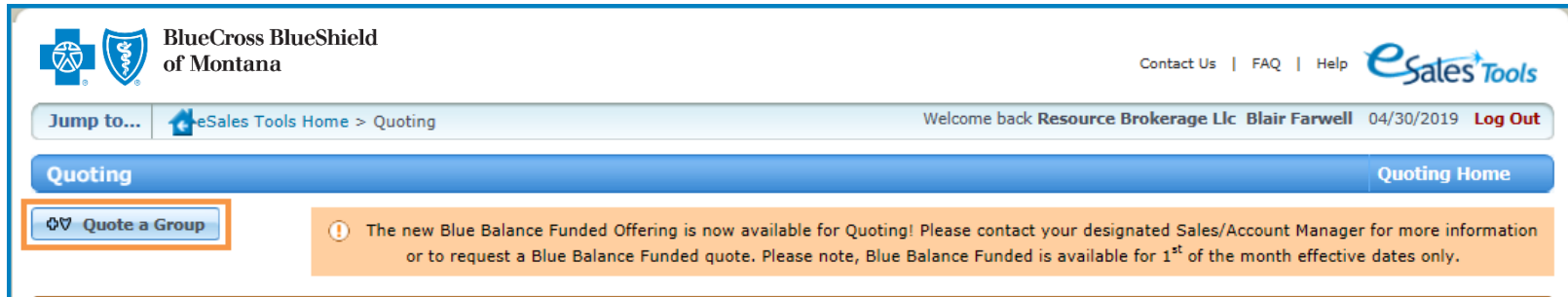
Click **Small Group and Middle Market Quoting**.



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

# Quoting a Group

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



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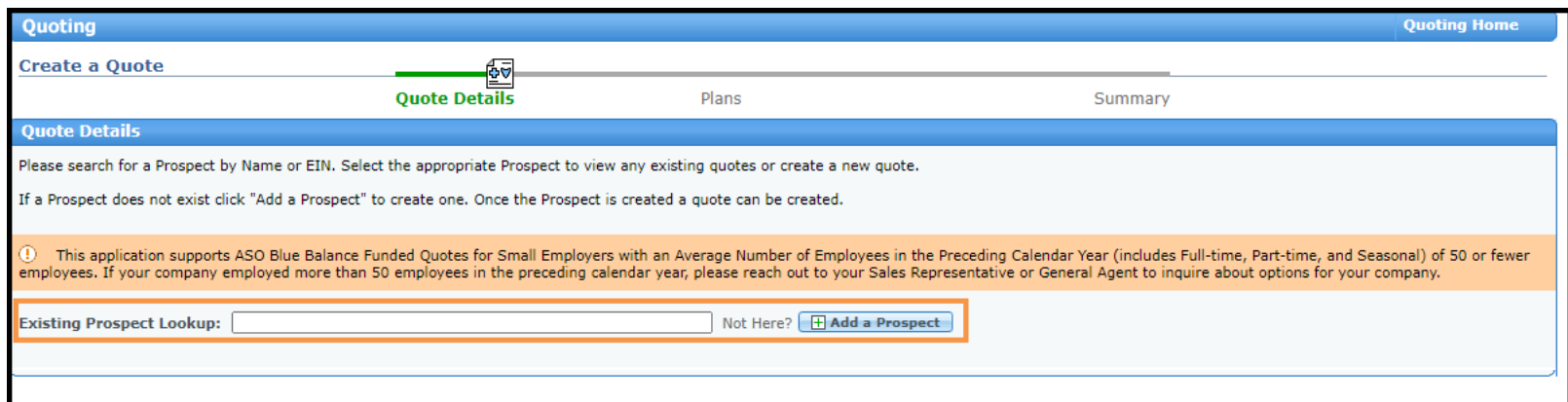
Jump to... eSales Tools Home > Quoting Welcome back Resource Brokerage LLC Blair Farwell 04/30/2019 Log Out

Quoting Quoting Home

**Quote a Group**

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

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



Quoting Quoting Home

Create a Quote

Quote Details Plans Summary

**Quote Details**

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

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

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

# Finding an Existing Prospect

1. Enter a Prospect's name in the **Existing Prospect Lookup** field. Click on the Prospect when it appears, below the field where you entered the name.
2. You are able to **Duplicate** or **View** an existing Blue Cross and Blue Shield of Montana (BCBSMT) quote.
  - When **Duplicate** is selected all the quote details are duplicated, allowing you to make changes to the details for new quotes, as needed.
  - When **View** is selected you are able to view a delivered quote or continue quoting on a prospect.

**Quote Details**

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

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

DEMO EXTERNAL

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

**BlueCross BlueShield of Montana**

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

**Quoting**

Create a Quote

[Quote Details](#) Plans Summary

**Quote Details**

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

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

**Previously Run Quotes for DEMO EXTERNAL**

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



# Adding a Prospect

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

The screenshot displays the BlueCross BlueShield of Montana eSales Tools interface. At the top, the BlueCross BlueShield logo and name are on the left, and navigation links for 'Contact Us', 'FAQ', 'Help', and 'eSales Tools' are on the right. Below this is a breadcrumb trail: 'Jump to... eSales Tools Home > Quoting Home > Quote a Group'. A welcome message reads 'Welcome back EDWARD SCHULTZ 05/20/2019 Log Out'. A blue 'Quoting' header bar contains a 'Quoting Home' link. Below the header, a progress bar shows three steps: 'Create a Quote' (active), 'Quote Details' (highlighted with a green bar and a document icon), 'Plans', and 'Summary'. The 'Quote Details' section contains instructions: 'Please search for a Prospect by Name or EIN. Select the appropriate Prospect to view any existing quotes or create a new quote. If a Prospect does not exist click "Add a Prospect" to create one. Once the Prospect is created a quote can be created.' An informational note states: 'This application supports ASO Blue Balance Funded Quotes for Small Employers with an Average Number of Employees in the Preceding Calendar Year (includes Full-time, Part-time, and Seasonal) of 50 or fewer employees. If your company employed more than 50 employees in the preceding calendar year, please reach out to your Sales Representative or General Agent to inquire about options for your company.' Below this, the 'Existing Prospect Lookup:' field is empty, followed by 'Not Here: + Add a Prospect' (the button is highlighted with an orange box). The 'Prospect Details' section contains several fields: '\*Prospect Name:' (text box, highlighted with an orange box), 'Prospect EIN:' (text box), '\*Division:' (dropdown menu set to 'Montana'), 'Prospect Phone #:' (text box), 'General Agent:' (text box), '\*Producer:' (text box, highlighted with an orange box), and 'Sub-Producer:' (text box). A '+ Create' button (highlighted with an orange box) is located at the bottom right of the 'Prospect Details' section. At the very bottom, a legend indicates '\* - Required Fields -' and there are 'Save' and 'Continue' buttons.

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Jump to... eSales Tools Home > Quoting Home > Quote a Group Welcome back EDWARD SCHULTZ 05/20/2019 Log Out

Quoting Quoting Home

Create a Quote

Quote Details Plans Summary

Quote Details

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

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

Existing Prospect Lookup: Not Here: + Add a Prospect

Prospect Details

\*Prospect Name: Prospect EIN: \*Division: Montana Prospect Phone #: General Agent: \*Producer: Sub-Producer: + Create

\* - Required Fields - Save Continue



# Creating a New Quote

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

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

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

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

Quote Description:

\*Market Segment:

\*Number of Enrolled Employees:

\*Employer Zip Code:

\*Employer County:

\*SIC Code:

Sales Rep. R/D/T:  /  /

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

\*Effective Date:

\*Product Type:

# Product Types Prior to 5/1/2023

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

Prospect Details

\*Prospect Name: AMATEST ABC Test

Prospect EIN:

\*Division: Montana

Prospect Phone #:

\*Public Entity: ☐ Yes ☒ No

General Agent: [Find](#)

\*Producer: - BAPTHREE PRODUCER

Sub-Producer: [Find](#)

[Create](#)

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

Quote Description: Quote1

\*Market Segment: Small Group

\*Number of Enrolled Employees: 2

\*Employer Zip Code: 59047

\*Employer County: Park

\*SIC Code: [Find](#)

Sales Rep. R/D/T: / /

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

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

\*Effective Date: 03/01/2023

\*Product Type: ☒ Health/Dental/Life  
☐ Life Only

Life/STD Settings

# Product Types Starting on 5/1/2023

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

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

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

Quote Description:

\*Market Segment:

\*Number of Enrolled Employees:

\*Employer Zip Code:

\*Employer County:

\*SIC Code:

Sales Rep. R/D/T:  /  /

\*Receive Date:

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

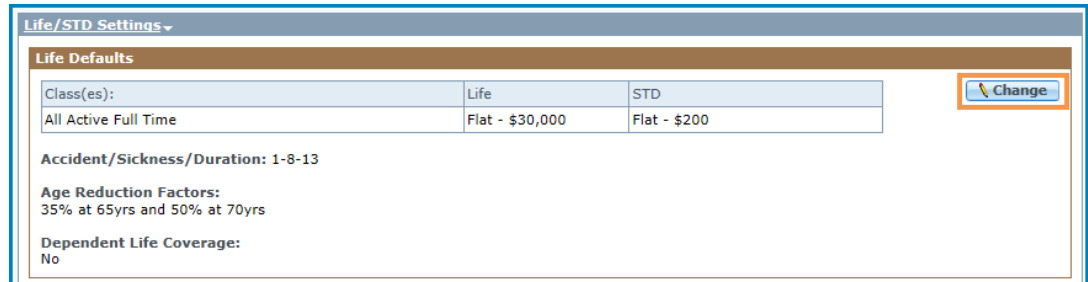
\*Effective Date:

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



# Quote Settings

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



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

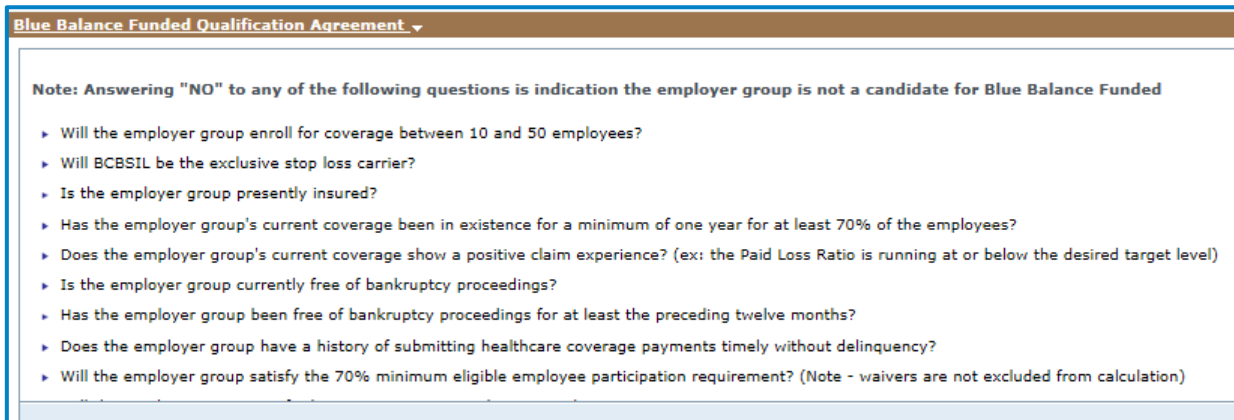
Class(es):	Life	STD
All Active Full Time	Flat - \$30,000	Flat - \$200

Accident/Sickness/Duration: 1-8-13

Age Reduction Factors:  
35% at 65yrs and 50% at 70yrs

Dependent Life Coverage:  
No

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



The screenshot shows a 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 nine questions, each preceded by a right-pointing arrow.

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

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

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

# Life, STD and LTD Settings

## Life/STD Settings

**NOTE: Effective date of BELOW 05/01 will display this Life setting**

Life/STD Settings

Life Defaults

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

Change

Accident/Sickness/Duration: 1-8-13

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

Dependent Life Coverage:  
No

## Life/STD/LTD Settings

**NOTE: Effective date of 05/01 and ABOVE will display this setting**

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

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

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

Life/STD/LTD Settings

Summary

Employee Basic Life - Employer Contribution 100%

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

Change

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.

SMALL GROUP QUOTING GUIDE

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# Life, STD and LTD Settings

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

**Life/STD/LTD Settings**

**Summary**

**Employee Basic Life - Employer Contribution 100%**


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

Dependent Basic Life Coverage: No

Supplemental Life Coverage: No

Short Term Disability Coverage: No

Long Term Disability Coverage: No



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

**Change Life/STD/LTD Settings**

**Life Offerings**

**Employer Contribution**

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

\*Term Life Contribution  %

**Life Classes**

☒ Class 1 Description

☐ Class 2 Description

**Employee Basic Life**

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

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

**Dependent Basic Life** ☒ Yes ☐ No

**Supplemental Life** ☐ Yes ☒ No

# Life Offerings

Term Life Contribution: Any number 1–100.

Employer Contribution for Life cannot be above 100%.

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

## Life Classes

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

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

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



# Dependent and Supplemental Life

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

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

**Supplemental Life:** Defaults to No. Click on **Yes** to add Supplement Life to the account.

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

# Short Term Disability – Class 1 Plans

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

Short Term Disability ☒ Yes ☐ No

Employer Contribution

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

\*STD Contribution  %

Short Term Disability Classes

☒ Class 1 Description  ☐ Class 2 Description

Short Term Disability Plans

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

# Short Term Disability – Class 2 Plans

## Short Term Disability Class 2 plans:

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

Short Term Disability ☐ Yes ☐ No

Employer Contribution

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

\*STD Contribution  %

Short Term Disability Classes

☒ Class 1 Description  ☒ Class 2 Description

Short Term Disability Plans

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

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

# Voluntary Short Term Disability – Class 1 Plans

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

<input type="checkbox"/>	Class 2	Plan 13	60% salary weekly max \$1,500	0/7	13
<input type="checkbox"/>	Class 2	Plan 14	60% salary weekly max \$1,500	0/7	26
<input type="checkbox"/>	Class 2	Plan 15	60% salary weekly max \$1,500	7/7	13
<input type="checkbox"/>	Class 2	Plan 16	60% salary weekly max \$1,500	7/7	26
<input type="checkbox"/>	Class 2	Plan 17	60% salary weekly max \$1,500	14/14	13
<input type="checkbox"/>	Class 2	Plan 18	60% salary weekly max \$1,500	14/14	26

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

Short Term Disability Classes

☒ 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				
Voluntary Short Term Disability				
<input type="checkbox"/> All Active Full Time	Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/> All Active Full Time	Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/> All Active Full Time	Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/> All Active Full Time	Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/> All Active Full Time	Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/> All Active Full Time	Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/> All Active Full Time	Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/> All Active Full Time	Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/> All Active Full Time	Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/> All Active Full Time	Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/> All Active Full Time	Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/> All Active Full Time	Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/> All Active Full Time	Plan 13*	60% salary weekly max \$1,500	0/7	13

# Voluntary Short Term Disability – Class 2 Plans

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

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

Short Term Disability ☒ Yes ☐ No

Employer Contribution

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

\*STD Contribution  %

Short Term Disability Classes

☒ Class 1 Description 
☒ Class 2 Description

Short Term Disability Plans

Class Description	Plan Name	Plan Benefit	Elimination Period(Days) Injury/Sickness	Maximum Benefit Duration (Weeks)
Basic Short Term Disability				
Voluntary Short Term Disability				
<input type="checkbox"/> Class 2	Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/> Class 2	Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/> Class 2	Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/> Class 2	Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/> Class 2	Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/> Class 2	Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/> Class 2	Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/> Class 2	Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/> Class 2	Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/> Class 2	Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/> Class 2	Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/> Class 2	Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/> Class 2	Plan 13*	60% salary weekly max \$1,500	0/7	13
<input type="checkbox"/> Class 2	Plan 14*	60% salary weekly max \$1,500	0/7	26
<input type="checkbox"/> Class 2	Plan 15*	60% salary weekly max \$1,500	7/7	13
<input type="checkbox"/> Class 2	Plan 16*	60% salary weekly max \$1,500	7/7	26
<input type="checkbox"/> Class 2	Plan 17*	60% salary weekly max \$1,500	14/14	13
<input type="checkbox"/> Class 2	Plan 18*	60% salary weekly max \$1,500	14/14	26

\* Only available for 10-50 lives

# Long Term Disability – Class 1 Plans

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

Long Term Disability ☒ Yes ☐ No

Employer Contribution

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

\*LTD Contribution  %

Long Term Disability Classes

☒ Class 1 Description  ☐ Class 2 Description

Long Term Disability Plans

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

# Long Term Disability – Class 2 Plans

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

**Long Term Disability** ☐ Yes ☐ No

**Employer Contribution**  
Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage  
\*LTD Contribution  %

**Long Term Disability Classes**  
☒ Class 1 Description  ☒ Class 2 Description

**Long Term Disability Plans**

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



# Voluntary Long Term Disability – Class 1 Plans

Click on the arrow to display the Voluntary Long Term Disability

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

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

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

# Voluntary Long Term Disability – Class 2 Plans

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

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

**Change Life/STD/LTD Settings**

**Long Term Disability** ☒ Yes ☐ No

**Employer Contribution**  
Enter the Percentage of the Premium that the Employer is going to contribute towards Long Term Disability Coverage.  
\*LTD Contribution  %

**Long Term Disability Classes**  
☒ Class 1 Description  ☒ Class 2 Description

**Long Term Disability Plans**

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


# Member Census

## Importing Census

You have two options to enter member census information:

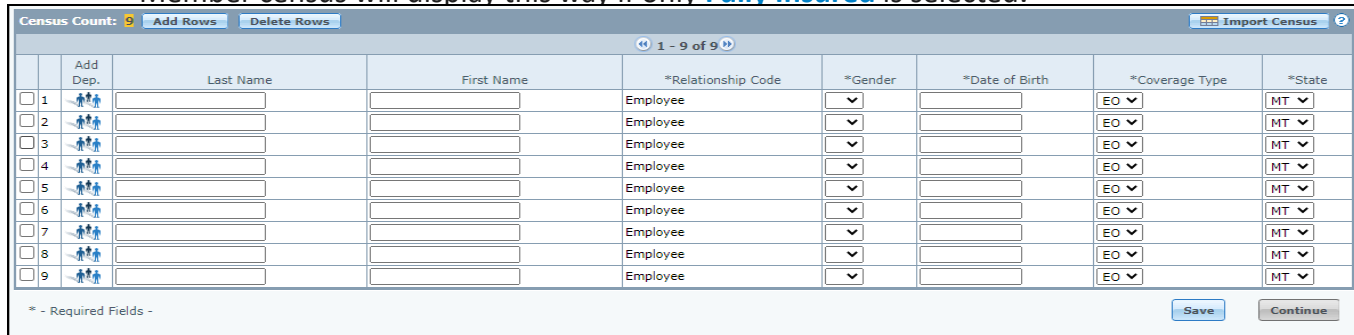
1. Enter the member information **manually** on the census page, or
2. Use a **census template** to import membership information to the census page.

### 1. Manual Entry

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

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

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

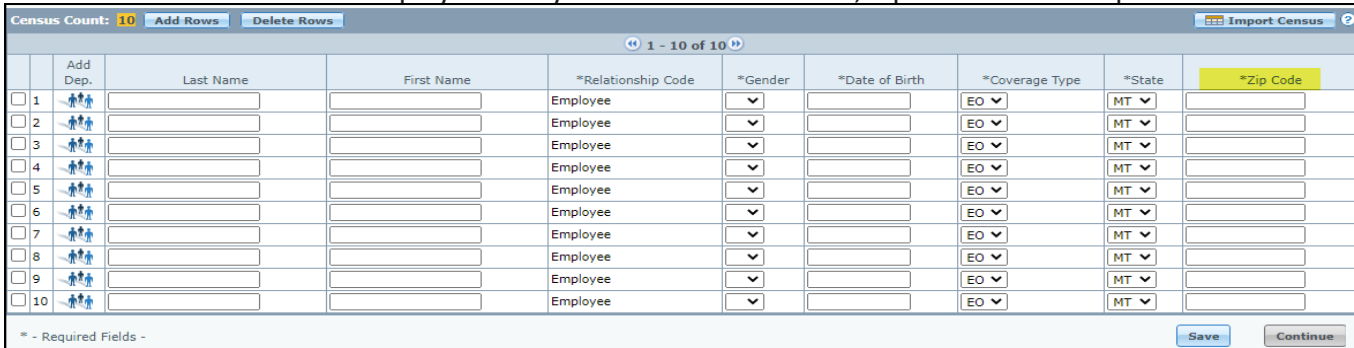


	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State
<input type="checkbox"/>				Employee	▼		EO ▼	MT ▼
<input type="checkbox"/>				Employee	▼		EO ▼	MT ▼
<input type="checkbox"/>				Employee	▼		EO ▼	MT ▼
<input type="checkbox"/>				Employee	▼		EO ▼	MT ▼
<input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

\* - Required Fields -

Save Continue

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



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

\* - Required Fields -

Save Continue

# Member Census

Member census will display this way if **Life, STD and LTD Classes** are selected;  
ZIP code and Annual Salary will be required along with the member information.

Census Count: 10 Add Rows Delete Rows Import Census ?

1 - 10 of 10

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

\* - Required Fields - Save Continue

## 2. Importing Census

Click on the **Import Census** button.

Census Count: 10 Add Rows Delete Rows Import Census ?

1 - 10 of 10

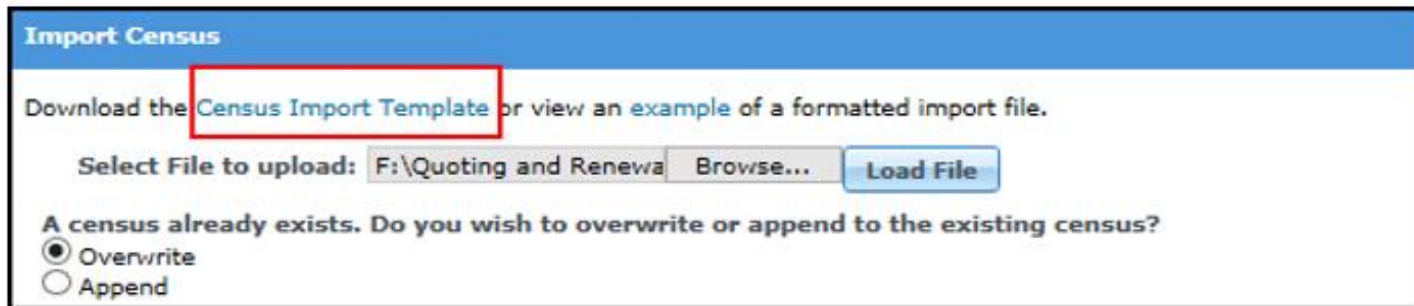
Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Annual Salary	Life Classes	STD Classes	LTD Classes
		Employee	▼		EO ▼	MT ▼			All Active Full Time ▼	All Active Full Time ▼	All Active Full Time
		Employee	▼		EO ▼	MT ▼			All Active Full Time ▼	All Active Full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

\* - Required Fields - Save Continue

# Member Census

## Census Import Template

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



**Import Census**

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

Select File to upload: F:\Quoting and Renewa

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

☒ Overwrite  
☐ Append

# Member Census

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

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

**Import Census**

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

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

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

☒ Overwrite  
☐ Append

**Save & Close**

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

# Member Census

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

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

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

Census Count: 10 Add Rows Delete Rows Import Census ?

1 - 10 of 10

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

\* - Required Fields -

Save Continue



# Benefit Design Options

Plans page displays with all available plans for the group

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

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

**Plans**

Previous Continue

Solicitation XOLs

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

View BASO Rating Request/Response

**Fully Insured Plans**

**Blue Choice PPO Network**

Plan#	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay***/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Member Rates	Composite Rates
<b>PPO Plans</b>											
<b>Platinum Plans</b>											
P9M1CHC	\$0/\$5000	\$20/\$40	80%/50%	\$6300/Unlimited	\$500/80%	DC/DC	DC/DC	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250		
P620CHC	\$250/\$500	\$30/\$60	80%/60%	\$1500/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250		
P9K3CHC	\$500/\$10000	\$30/\$60	80%/60%	\$1500/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250		
P621CHC	\$1250/\$2500	\$25/\$45	100%/80%	\$1250/Unlimited	\$400/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250		
<b>Gold Plans</b>											
<b>Blue Advantage HMO Network</b>											
<b>Dental Plans</b>											
<b>Standalone Vision Plans</b>											
<b>Life Offerings</b>											
<b>Short Term Disability Plans</b>											
<b>Long Term Disability Plans</b>											
<b>Critical Illness Plans</b>											
<b>Accident Insurance Plans</b>											
<b>Blue Balance Funded Plans</b>											
<b>Blue Choice PPO</b>											
ATBCB206	\$3000/\$6000	\$50/\$100	70%/50%	\$7350/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCP291**1*2*4	\$3500/\$7000	DC/DC	80%/60%	\$5000/Unlimited	DC	DC/DC	DC/DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%		
ATBCP207	\$4000/\$10000	\$35/\$70	60%/50%	\$7900/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCP294**1*2*5	\$4500/\$9000	\$15/\$30	80%/60%	\$6900/Unlimited	DC	DC/DC	DC/DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350		
ATBCP292**1*2*3	\$5000/\$10000	DC/DC	100%/70%	\$5000/Unlimited	DC	DC/DC	DC/DC	100%	100%		
ATBCP208	\$5000/\$10000	\$45/\$90	70%/50%	\$5600/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCB208	\$5000/\$10000	\$45/\$90	70%/50%	\$5600/Unlimited	\$500/DC	DC/DC	DC/DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		
ATBCP293**1*2*3	\$6000/\$12000	DC/DC	100%/70%	\$6000/Unlimited	DC	DC/DC	DC/DC	100%	100%		
<b>Blue Advantage HMO</b>											

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

# Ancillary Products

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

## Standalone Vision Plans

- Basic Standalone Vision
- Voluntary Standalone Vision

## Critical Illness Plans

- Basic Critical Illness
- Voluntary Critical Illness







## Accident Insurance Plans

- Basic Accident Insurance
- Voluntary Accident Insurance

















# Ancillary – Standalone Vision Plans

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

# Ancillary – Critical Illness Plans

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

# Ancillary – Accident Insurance Plans

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

# Generating the Proposal

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

Plans

Previous

Generate Proposal

Solicitation XMLs

View FI Plans Request/Response

View FI Rating Request/Response

View BASO Plans Request/Response


View BASO Rating Request/Response


Fully Insured Plans

Blue Choice PPO Network

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

# Proposal Documents

**BlueCross BlueShield  
of Montana**

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[Quote1](#) [Quote History...](#)

**Prospect Name:** DEMO EXTERNAL TB

**Quote Type:** Solicitation

**Status:** Delivered

**Division:** Montana

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










**Producer:** Jordan Taggart

**Market Segment:** SG

**Summary**

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[Conditions and Caveats](#)  
[Administrative Services Agreement](#)  
[Stop Loss Coverage Policy](#)

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

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



# Helpful Resources



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



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



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