



# BlueCross BlueShield of Montana

## Fully Insured Large Group Quote Request Form *(Use "TAB" to move to the next field)*

### SECTION I: GENERAL INFORMATION

<b>Group Name</b>			
<b>Group Mailing Address</b>		<b>Date Submitted</b>	
<b>Group Physical Address</b>			
<b>City, State Zip</b>		<b>Proposed Effective Date</b>	
<b>Phone</b>		<b>Producer Agency</b>	
<b>Group Leader/Contact</b>		<b>Producer Name</b>	
<b>Industry/SIC Code</b>		<b>Commission</b> _____ % of premium	
<b>Total employees / members</b> /		<b>Work Hour Requirement</b> hrs per week	
		<b>Waiting period</b> days / <input type="checkbox"/> Substantive	
<b>Enrolled employees / members</b> /		<b>Current Group Plan</b>	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No group plan in place	
<b>RFP Timeline (dates)</b>			
<b>RFP Due</b>		<b>Group decision likely</b>	
<b>Initial Presentation to Group</b>		<b>Implementation start date</b>	
<b>Finalist Presentation Scheduled</b>		<b>Open Enrollment</b>	

### SECTION II: CURRENT CARRIER DATA

<b>CURRENT CARRIER:</b>				<b>NUMBER OF YEARS:</b>			
WHAT IS THE PRIMARY REASON FOR REQUESTING A BCBSMT PROPOSAL?							
What are the factors you are considering for the selection process? What would a winning proposal need to contain and how will the proposals be evaluated?							
BENEFIT PERIOD: <input type="checkbox"/> CALENDAR YEAR; <input type="checkbox"/> PLAN YEAR				<input type="checkbox"/> Prior carrier Ded / OPX accumulation loads			
CURRENT FUNDING: <input type="checkbox"/> FULLY INSURED; <input type="checkbox"/> LEVEL FUNDED ASO							
CURRENT RATES	SINGLE	TWO-PARTY	EMPLOYEE/ CHILD(REN)	FAMILY	Contribution (EE / Fam) use \$ or %	Network (PPO, HMO, Narrow POS)	HSA or HRA Contribution
High Medical Plan	\$	\$	\$	\$	/		\$
Low Medical Plan	\$	\$	\$	\$	/		\$
Dental	\$	\$	\$	\$	/		
Vision	\$	\$	\$	\$	/		
RENEWAL RATE CHANGE: %;							
RATE CHANGE LAST RENEWAL: %;							

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### SECTION III: Products / Services to include

#### Medical / Rx Plans Requested:

- Blue Choice (Standard PPO Products)
- Blue Directions (benefit admin platform) – (Dent, Vis, Life, Disab)
- Blue Options (narrow network)
- Blue Balance Funded ASO (LG 51+ FTE to 100 enrolled EEs)
- Custom product (available for 151+ EEs)

#### Requested plan options:

- BCBSMT COBRA Admin; Plans to administer (only BCBSMT benefits can be administered)
- EAP (avail 151+ EEs)
- Total Health Management (incentive based wellness)
- Biometric Screening availability
- HSA / HRA / Flex administration
- Retiree coverage (Governmental only)

#### Group Coverages Requested:

- Medical / Rx
- Dental (Contributory);  Dental (Voluntary)
- Vision
- Group Life;  Voluntary Life
- Group STD;  Voluntary STD
- Group LTD;  Voluntary LTD

#### Producer notes and comments:

### Information Submission Checklist

#### Claims Information (Required when available, and essential on groups 100+ employees)

- Attached monthly by month reporting with columns identified for employee and member counts, Paid income, medical, and pharmacy claims for the most recent 24 months.
  - Please attached separate claims reports when quoting Dental, and Vision.

- Attached large claims information for members accumulating over \$50,000 in paid claims over a 12 month period. Including member active and COBRA status, and diagnosis/prognosis information provide current 12 months and prior 12 months information.

#### Census Information

- Attached member level census including the following information:
  - First and Last Name
  - Member Date of Birth
  - Member Zip Code
  - Relationship to Employee (i.e. Spouse or Dependent)
  - Contract type
  - Benefit Plan
  - Medicare Primacy indicator

It is important for the census information to be complete and accurate for demographic and risk assessment.

**The BCBSMT sales executive will provide a template of the census file in Excel.**

- As applicable** - Large groups enrolling less than 50 employees are required to submit an employee level unemployment tax form (UI-5).

#### Benefit and Billing Information

- Attached most recent bill to cross check with census, rates, and premium base.
- Attached a copy of the current Schedule of Benefits plans offered. (SBC or SPD)

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