



GUIDE

for submitting small group quote requests
(groups with 2–50 eligible employees)

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, is committed to providing excellent service to you, our producers, as well as to all of our customers.

The following information is provided to help you prepare quote requests for small group business. To obtain the most accurate pre-screen rates, please follow these steps:

Qualify the group (see the next page for details).

Submit the information in one of three ways:

1 Direct input into eSales Tools: This is the fastest and preferred method. All information, including all supporting documentation, should be submitted electronically. Please use the electronic attachment feature in eSales Tools. If underwriting is required, the quote will go directly to underwriting. Quotes are returned to the e-mail address you provide.

2 E-mail: You may also request quotes via e-mail. Send your quote requests, including electronic files of all supporting documentation to sbscquotes@bcbstx.com.

3 Fax: If you are unable to submit the quote request directly into eSales Tools or via email, please fax it to **866-802-7498**.

When submitting new requests, please provide the following information:

- Company information
- Employee information
- Effective date
- Other considerations
- Producer information

Quote requests will be processed in the order in which they are received. Final rates will be generated after the completed enrollment package has been submitted to BCBSTX, evaluated and approved by underwriting.



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Qualifying the group

Is the business a candidate for small employer group coverage?

Use this formula to determine if a business is a candidate for small employer group coverage:

Count the total employees on the payroll

- + New hires (not yet on payroll)
- Part-time employees (work less than 30 hours per week)
- Seasonal employees
- Temporary employees
- Employees with other group coverage (do not subtract those who have an individual health policy)
- Terminated employees
- = Result

A result between two and 50 indicates that the business is a candidate for small employer group coverage.

Example 1:

75 Total employees on payroll

- + 2 New hires (not yet on payroll)
- 30 Part-time employees
- 0 Seasonal employees
- 0 Temporary employees
- 1 Employee with other group coverage
- 2 Recently terminated employees
- = 44

The result of 44 is between two and 50, so the business is a candidate for small employer group coverage.

Will the required number of eligible employees enroll in the small group coverage plan?

At least 75 percent of eligible employees are required to enroll in the small group coverage plan. Use the following formula to determine if the participation requirement will be met:

Count the total employees on the payroll

- + New hires (not yet on payroll)
- Part-time employees
- Seasonal employees
- Temporary employees
- Employees declining because they have other group coverage
- Terminated employees
- Employees serving an eligibility waiting period
- = Result

The result multiplied by .75 equals the number of employees who must enroll. Report this as a whole number and round down.

Example 2:

75 Total employees on payroll

- + 2 New hires (not yet on payroll)
- 30 Part-time employees
- 0 Seasonal employees
- 0 Temporary employees
- 1 Employee declining because of having other group coverage
- 2 Recently terminated employees
- 6 Employees serving an eligibility waiting period
- = 38

38 multiplied by .75 = 28.50

28 is the minimum number of employees who must enroll in the small employer group health plan.

Information to include

Company information

Company information should include the following:

- **Business name and address:** The legal name of the business, the address of the company headquarters and the ZIP code (the complete address is preferred).
- **Standard industry code (SIC):** The four-digit SIC is required.
- **Employer identification number (EIN):** The EIN is preferred for quotes, but will be required when enrolling a sold group.
- **Public entity designation:** Is the company a public entity? Designate if applicable.
- **Do mental health parity regulations apply?** Did you have an average of more than 50 total employees (full-time, part-time, seasonal or partners) for the preceding calendar year?
- **Medical questionnaire (including any related supporting documentation):** In order to receive the most accurate prescreen rate, you must submit a completed medical questionnaire summarizing all known medical conditions for all eligible employees and their dependents. This also includes employees who do not intend to enroll in the group coverage and any COBRA- or continuation-eligible participants.

Please provide any known details concerning:

- Diagnosis, prognosis and treatment dates
- Medications (including names and dosage)
- Current status for all reported known medical conditions (e.g., if fully recovered, provide date; if ongoing, provide status; if pregnancy, provide the due date)

All health quotes are subject to underwriting review. Therefore, any related medical information from current or prior preliminary requests or reconsideration/change requests will be evaluated to determine the appropriate risk, if any, to be applied to the quote.

Employee information

Employee information should include **a complete census**. The preferred format for census submissions is Microsoft Excel, which allows BCBSTX to process requests more quickly than with other formats, such as PDFs.

Each census should include **all eligible participants**:

- COBRA- and continuation-eligible participants, whether taking coverage or not (retirees are ineligible for small group coverage)
- All those applying for or declining coverage; please remember to include:
 - New hires
 - Employees serving the waiting period
 - Employees with other group or individual coverage
 - Employees covered by Medicare

The following is requested for each employee:

- Name (preferred)
- Gender (required)

- Date of birth (preferred)
or
Age (required)
- Home ZIP code (preferred)
- Salary (if a quote for life or STD/LTD coverage based on salary is desired)
- Type of coverage, including coverage code (required):
 - Employee only.....EO
 - Employee and spouse.....ES
 - Employee and child.....EC
 - Employee and family.....EF
 - Life with health elsewhere.....LH
 - Decline.....DC
 - COBRA/continuation.....CO
 - COBRA/continuation with spouse.....CS
 - COBRA/continuation with child.....CC
 - COBRA/continuation with family.....CF

Information to include, continued

Types of quotes

BCBSTX offers numerous benefit plans. The quote you receive may include the following types of coverage:

- Health
- Dental
- Life*
- Short-term disability (STD)*
- Long-term disability (LTD)*

When requesting a quote for life, short-term disability or long-term disability coverage, the census should indicate the type of coverage needed. If that coverage is based on the employee's salary, then the salary must be provided on the census.

Effective date

The effective date of the policy for small group coverage will be either the first or the 15th day of the month. HMO plans only become effective on the first day of the month. The effective date should not be a prior date, but can be up to 80 days in the future. If no effective date is specified, the following guidelines will be used:

- If the request is received by the 20th day of the month, then the effective date used is the first day of the next month.
- If the request is received after the 20th day of the month, then the effective date used is the first day of the month following the next month.

Other considerations

- **Residency requirements:** In order for a company to be eligible for coverage, the majority of its employees must live or work in Texas. If a company has employees who live or work in other states, then there must be at least as many eligible employees in Texas as in any other single state. Requests received for companies with headquarters outside of Texas, but with a majority of employees residing in Texas, can be evaluated case by case.
- **TEFRA and maternity coverage mandates:** If either of the following categories applies to the group, indicate that on the quote request or when entering the quote in eSales Tools.
 - **TEFRA (Tax Equity and Fiscal Responsibility Act of 1982):** TEFRA applies when an employer has 20 or more full-time and/or part-time employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year.
 - **Maternity:** This coverage is required when a company has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year.

Reconsideration requests

A request for reconsideration can be made when a previously completed quote request needs to be adjusted for one or more of the following reasons:

- **Effective date change** – please specify the date requested.
- **Change in census** – please specify the change(s) and provide related information, such as hire date for new hires or termination date for terminations, as well as any COBRA or continuation declination paperwork, as available.
- **Medical information** – please specify what information you are providing (e.g., medication and dosage information, outcome of surgery, pregnancy, etc.).

Reconsideration tips – the reconsideration request should be submitted in the same way as the original request.

If submitting additional medical information, specify the condition the revised information is related to, and what changed. If there is a census change, the affected employees must be specifically identified, with the individual reason for the change (e.g. due to coverage level changes, additions due to new hires or changes due to terminations). If adding employees to the census or removing them from it, provide the individual reason for each change requested. This should also include basic information such as hire date and termination date (including COBRA or continuation declination documentation, if available), other coverage date or carrier information, if available; and other pertinent information.

* Life, short-term disability and long-term disability products and services are marketed under the Dearborn National brand and are underwritten and/or provided by Fort Dearborn Life Insurance Company. Fort Dearborn Life Insurance Company does not provide Blue Cross and Blue Shield of Texas products and services, and is a separate company.

Information to include, continued

Reconsideration requests continued

eSales Tools note: Medical information related to a quote request must be entered directly into eSales Tools, with supporting documentation attached electronically. Notes can be entered if necessary. Do not delete or revise any existing medical information or attachments when submitting reconsideration requests directly in eSales Tools. When entering this medical information, enter only one condition per line in the "Details of Medical History" section. See the next page for examples. Any change of information could affect the rating and/or medical load on the quote, and may be subject to additional review by underwriting.

Producer information:

When submitting a quote request, please provide the following basic producer information:

- Requesting agent's name
- Agency name, if applicable
- E-mail address for requestor
- E-mail address that the quote should be sent to if different from the requestor's
- Phone number for requestor
- BCBSTX producer number

To obtain a quote, all agents must be appointed and contracted with BCBSTX. If you are not yet appointed and need a quote, contact the appropriate regional sales executive, who can assist you with the appointment and quote process.

To locate the BCBSTX regional sales office in your area, go to bcbstx.com/contact.htm.



Examples

If this information is on the medical questionnaire from the group for John Doe's medical:

Health No. _____
Life No. _____

If you have indicated medical conditions on the previous page, please provide details for each person with the condition. If more than one person has the condition, add a separate entry for each person. See the example in the first line.

Name of Person with Condition (Optional)	Age	Gender	Relation to Insured*	Condition/ Diagnosis Details	Treatment/ Medication Details	Date(s) Treated	Current Status
John Doe	60	M	Self	Tennis Elbow	Naproxin	06/01/2008	Full recovery
				Fibromyalgia	Lyrica	01/01/2007	
				Herniated Disc	Hydrocodone	10/01/2008	

Enter the following on the summary page in eSales Tools:

<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Other Severe Arthritis
<input type="checkbox"/> 1 Joint Disorders	<input type="checkbox"/> 1 Back Disorders
<input type="checkbox"/> 1 Muscle Disorders	<input type="checkbox"/> Bone Disorders

Enter one condition per line on the screen that lists conditions, as shown below:

Medical Questionnaire

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Details of Medical History

Selected conditions from the previous page are populated below. Select the person with the condition and provide further detail. If more than one person has the condition, select Duplicate Selected to add a separate entry for each person.

Row	Question	Person	Relationship	Age	Sex	Detailed Condition/ Diagnosis	Treatment/Rx Prescribed	Treatment Date (mm/dd/yyyy)	Date of Recovery (mm/dd/yyyy)
<input type="checkbox"/>	3C - Joint Disorder	John Doe	Employee	60	M	Tennis Elbow	Naproxen	06/01/2008	
<input type="checkbox"/>	3C - Back Disorder	John Doe	Employee	60	M	Herniated disc	Hydrocodone	10/01/2008	
<input type="checkbox"/>	3C - Muscle Disorder	John Doe	Employee	60	M	Fibromyalgia	Lyrica	01/01/2007	



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