



Small Group Quoting Tool User Guide

September 2025

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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 Illinois 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 Illinois, 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 5–50 employees. This funding type is a Medical-only option but can be quoted alongside Fully Insured Dental.

What you can do with this tool:

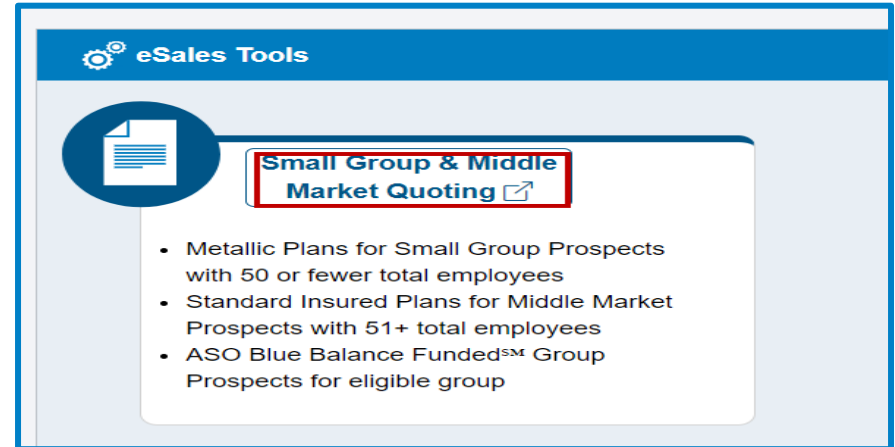
- Add and Quote a New Prospect
- Search for Existing Prospects
- View Recently Run Quotes
- Duplicate Existing Quotes
- Create New Quotes
- Modify Life Insurance Settings
- Download Quote Documents
- View and Print Member Information
Displaying Monthly Premiums

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**.

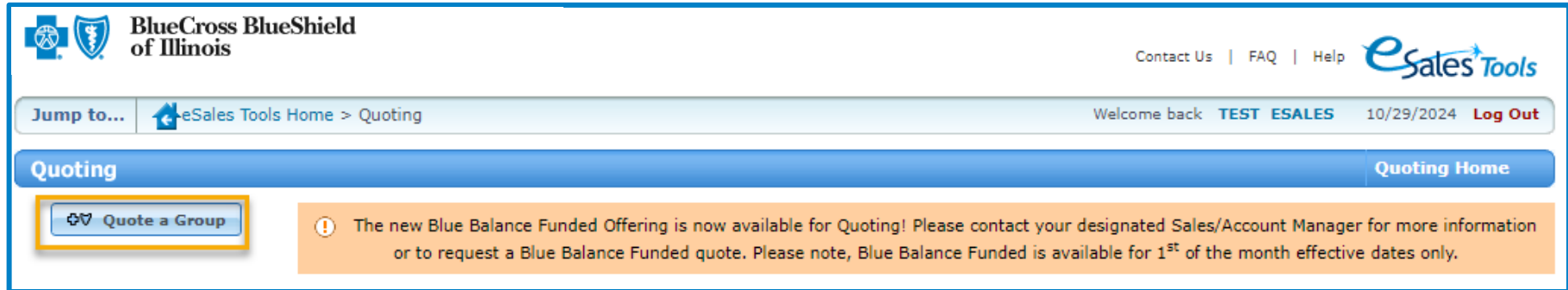
The screenshot shows the 'BlueCross BlueShield of Illinois' logo and 'eSales Tools' header. The breadcrumb trail is 'Jump to... > eSales Tools Home > Quoting'. The page title is 'Quoting' with a 'Quoting Home' link. A button 'Quote a Group' is visible. An orange notification banner states: 'The new Blue 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.' Below this is a 'Search Existing Prospects' section with the following fields:

- Prospect:
- Division:
- Quote #:
- Effective Date: (mm/dd/yyyy)
- Funding Type: ☐ ASO Blue Balance FundedSM ☐ Fully Insured
- General Agent: ESALES GENERAL AGENT TEST
- Producer: ESALES, TEST PRODUCER
- Sub Producer:
- Market Segment:
- Prospect Phone Number:

At the bottom right are 'Search' and 'Clear' buttons.

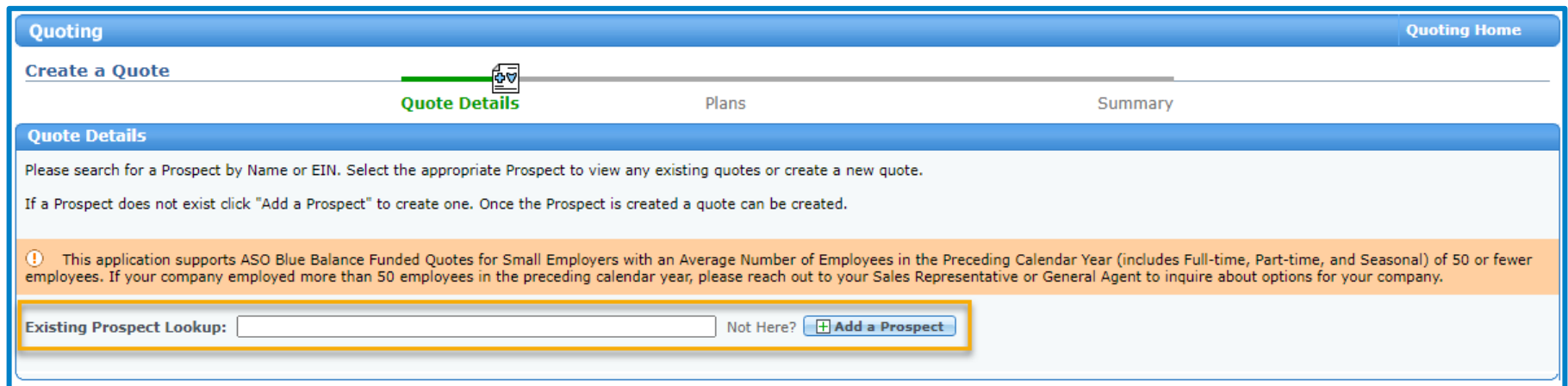
Quoting a Group

1. Select **Quote a Group**.



The screenshot shows the top navigation bar with the BlueCross BlueShield of Illinois logo and links for Contact Us, FAQ, Help, and eSales Tools. Below the navigation bar is a breadcrumb trail: Jump to... > eSales Tools Home > Quoting. A welcome message reads: Welcome back TEST ESALES 10/29/2024 Log Out. The main content area has a blue header with 'Quoting' and a 'Quoting Home' link. Below this, a yellow box highlights the 'Quote a Group' button. An orange informational banner states: 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 'Quoting' section with a 'Quoting Home' link. Below the header is a 'Create a Quote' section with a progress bar showing three steps: 'Quote Details' (selected), '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 orange informational banner 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, a yellow box highlights the 'Existing Prospect Lookup:' field, the 'Not Here?' link, and the 'Add a Prospect' button.

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.

2. **Duplicate** or **View** an existing Blue Cross and Blue Shield of Illinois (BCBSIL) 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.

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.

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	St
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 Illinois. The top navigation bar includes links for 'Contact Us', 'FAQ', 'Help', and the 'eSales Tools' logo. A breadcrumb trail shows 'Jump to... > eSales Tools Home > Quoting Home > Quote a Group'. The user is logged in as 'TEST ESALES' on '09/25/2024', with a 'Log Out' option.

The main section is titled 'Quoting' and contains a 'Create a Quote' button. Below this is a progress bar with three steps: 'Quote Details' (active), 'Plans', and 'Summary'.

The 'Quote Details' section includes 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.' A warning message 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.'

The 'Existing Prospect Lookup' section has a text input field and a button labeled '+ Add a Prospect'.

The 'Prospect Details' section contains the following fields:

- *Prospect Name: [Text Input Field]
- Prospect EIN: [Text Input Field]
- *Division: Illinois
- Prospect Phone #: [Text Input Field]
- General Agent: - ESALES GENERAL AGENT TEST
- *Producer: - ESALES, TEST PRODUCER
- Sub-Producer: [Find Button]
- [Create Button]

A legend indicates '* - Required Fields'. At the bottom right are 'Save' and 'Continue' buttons.

Footer text: '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, BCBSIL will provide a Fully Insured quote for non-ERISA prospects. At this time, BCBSIL will provide Blue Balance Funded quotes only for ERISA-regulated prospects.

Note: Blue Balance Funded is available for groups with 5–50 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 BCBSIL medical only coverage).

Note: Blue Balance Funded rates are Illustrative only until submitted to BCBSIL 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 BCBSIL 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?

Quote Description:

*Market Segment:

*Number of Enrolled Employees:

*Employer Zip Code:

*Employer County:

*SIC Code:

Sales Rep. D/C: /

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

*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 BCBSIL 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

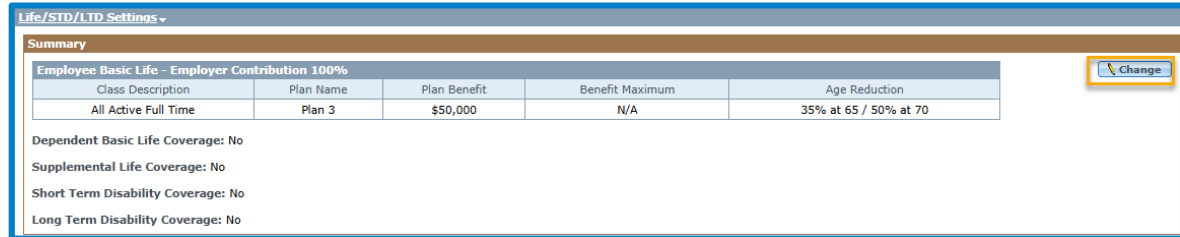
*Dependent Values: ☒ Yes ☐ No

*Erisa: ☒ Yes ☐ No

*BBF Commission (PCPM):

Quote Settings

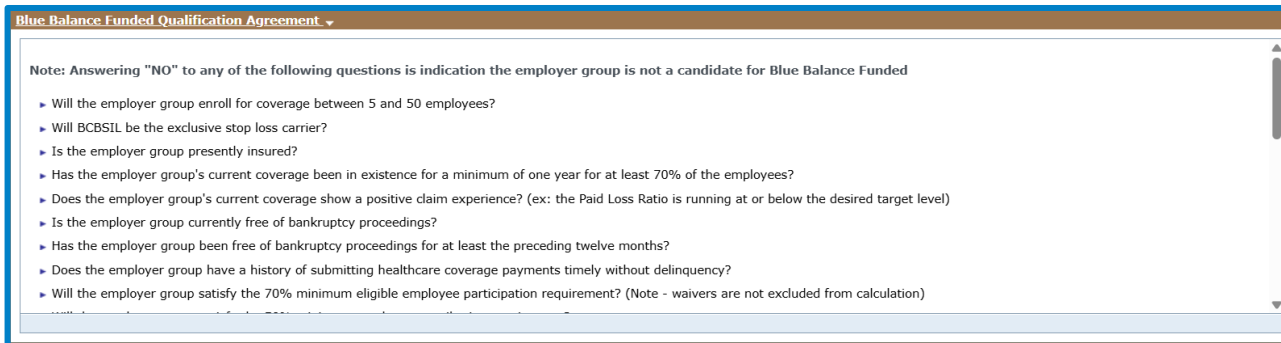
If the Fully Insured funding type has been selected, **Life**, **Short Term Disability**, and **Long Term Disability** will be available. Click **Change** to modify the default settings.



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

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.



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 5 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

If **Fully Insured** is selected, the number of enrolled employees can have less than 5 members.

If **ASO Blue Balanced Funded** is selected, the number of enrolled employees cannot be less than 5 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 for Fully Insured quotes.

Life/STD/LTD Settings ▾

Summary

Employee Basic Life - Employer Contribution 100%

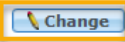
Class Description	Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
All Active Full Time	Plan 3	\$50,000	N/A	35% at 65 / 50% at 70

Dependent Basic Life Coverage: No

Supplemental Life Coverage: No

Short Term Disability Coverage: No

Long Term Disability Coverage: No



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					
<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: 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 ☐ Class 2 Description

Short Term Disability Plans

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

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

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 ☐ 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 Preferred PPO			
Blue Precision HMO Network			
Blue Options Product			
Blue PPO			
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.

Plans

Previous

Generate Proposal

Fully Insured Plans

Blue Choice Preferred PPO

Blue Precision HMO Network

Blue Options Product

Blue PPO

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	

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.

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

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.

The screenshot shows the 'Member Census' form for the 'Fully Insured' selection. The form has a header with 'Census Count: 9', 'Add Rows', 'Delete Rows', and 'Import Census'. Below the header is a table with columns: 'Add Dep.', 'Last Name', 'First Name', '*Relationship Code', '*Gender', '*Date of Birth', '*Coverage Type', '*State', and '*Retiree'. The table contains 9 rows. The first row is for 'Wilson, Emily' (Employee, Female, 11/01/1990, EO, IL, N). The second row is for 'Smith, John' (Employee, Male, 01/01/1986, EF, IL, N). The third row is for 'Smith, Jane' (Spouse, Female, 01/01/1980, EF, IL, N). The fourth row is for 'Smith, Tim' (Dependent, Male, 01/01/2012, EF, IL, N). The remaining five rows are for additional dependents, each with a 'blue family' icon in the 'Add Dep.' column. A red box highlights the 'Add Dep.' column and the 'blue family' icons. At the bottom, there is a '* - Required Fields -' label and 'Save' and 'Continue' buttons.

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

The screenshot shows the 'Member Census' form for the 'ASO BBF' selection. The form has a header with 'Census Count: 9', 'Add Rows', 'Delete Rows', and 'Import Census'. Below the header is a table with columns: 'Add Dep.', 'Last Name', 'First Name', '*Relationship Code', '*Gender', '*Date of Birth', '*Coverage Type', '*State', '*Zip Code', and '*Retiree'. The table contains 9 rows. The first row is for 'Wilson, Emily' (Employee, Female, 11/01/1990, EO, IL, N). The second row is for 'Smith, John' (Employee, Male, 01/01/1986, EF, IL, N). The third row is for 'Smith, Jane' (Spouse, Female, 01/01/1980, EF, IL, N). The fourth row is for 'Smith, Tim' (Dependent, Male, 01/01/2012, EF, IL, N). The remaining five rows are for additional dependents, each with a 'blue family' icon in the 'Add Dep.' column. A red box highlights the '*Zip Code' column. At the bottom, there is a '* - Required Fields -' label and 'Save' and 'Continue' buttons.

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.

	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Retiree	*Annual Salary	Life Classes	STD Classes	LTD Classes
<input type="checkbox"/>	First	Employee	M	01/01/1980	EO	IL	60601	N		Class 2	Class 2	Class 2
<input type="checkbox"/>	Spouse	Spouse	F	01/01/1980			60601					
<input type="checkbox"/>	Person	Employee	F	12/12/1979	EO	IL	60804	N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		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.

	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Retiree	*Annual Salary	Life Classes	STD Classes	LTD Classes
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
<input type="checkbox"/>		Employee			EO	IL		N		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.BCBSIL.com/producer
- Users will also be able to download the Smart Census Import Tool via the Small Group and Middle Market Quoting application

Import Census

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

Select File to upload: No file chosen

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** ?

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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 Preferred PPO

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											
Blue Gold Plans											
GS32BCE**	\$1500/\$2500	\$35/\$60	80%/50%	\$4500/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250		
GS31BCE**	\$2500/\$3000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250		
GS30BCE**	\$3250/\$6500	\$15/\$35	100%/100%	\$3250/Unlimited	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250		
Blue Precision HMO Network											
BlueCare Direct Network											
Blue Options Product											
Blue PPO											
Dental Plans											
Life Offerings											

Blue Balance Funded Plans

BluePrint PPO

Plan#	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER	IP Copay	OP Copay	Preferred Rx	Non Preferred Rx	Total Monthly Charges
PPO Benefit Design Options										
AILPPOX01	\$500/\$1000	\$20/\$40	80%/60%	\$2500/\$7500	\$150	NA/\$300	NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
AILPPOX02	\$1000/\$2000	\$30/\$50	80%/60%	\$3000/\$9000	\$150	NA/\$300	NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
AILPPOX03	\$3500/\$7000	\$20/\$40	80%/60%	\$5500/\$16500	\$150	NA/\$300	NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
AILPPOX04	\$5000/\$10000	\$40/\$60	80%/60%	\$5600/\$16800	\$250	NA/\$300	NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Choice Options PPO - Blue Choice//PPO										
Blue Choice Select PPO										
BlueEdge HSA										
BlueEdge Select HSA										

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

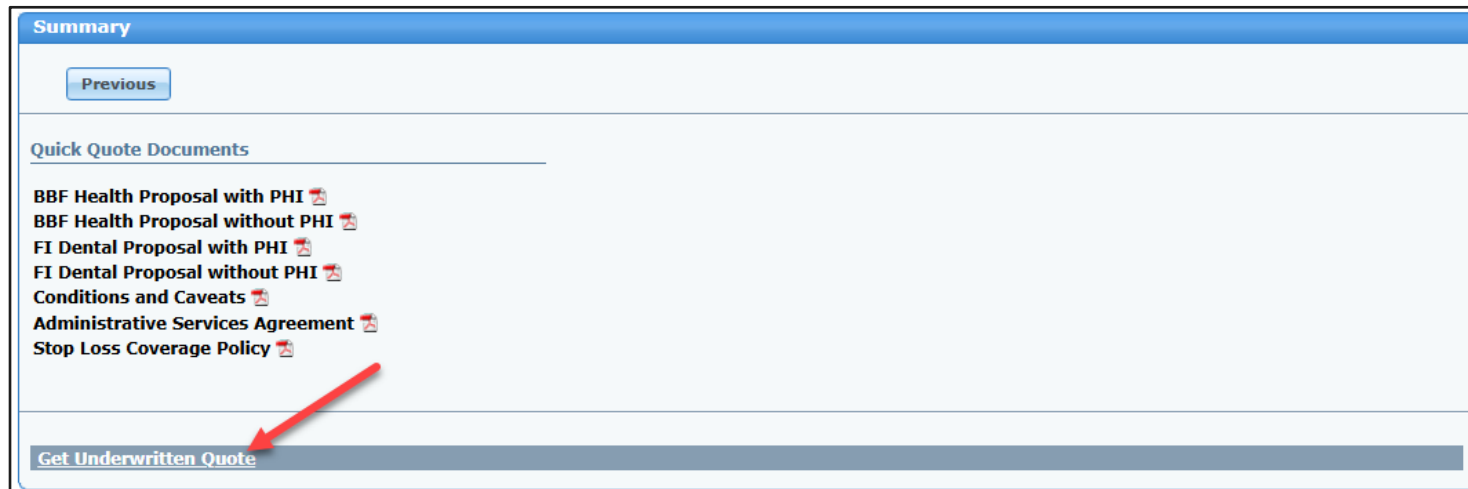
Administrative Services Agreement

Stop Loss Coverage Policy

Combined Fully Insured and Blue Balance Funded

Getting an Underwritten Quote

If User then wants to move forward with the Blue Balance Funded Quote and get more detailed rates, they can select [Get Underwritten Quote](#) link on the bottom of the page.



The screenshot shows a web interface titled "Summary" with a blue header. Below the header is a "Previous" button. A section titled "Quick Quote Documents" lists several documents: "BBF Health Proposal with PHI", "BBF Health Proposal without PHI", "FI Dental Proposal with PHI", "FI Dental Proposal without PHI", "Conditions and Caveats", "Administrative Services Agreement", and "Stop Loss Coverage Policy". At the bottom of the page, a grey bar contains the link "Get Underwritten Quote", which is pointed to by a red arrow.

Getting an Underwritten Quote

User will notice that Quote Type has been updated to show **Underwritten** and Status as **Data Entry In Progress**.

User will need to enter the **Prospect EIN** to proceed. User also has the ability to certain fields to get the most accurate quote.

Quote1 Quote History... RFP Entry Attachments Log History

Prospect Name: Demo UW Quote IL Division: Illinois Producer: 000619192 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 Demo UW Quote IL

Quote Description	Quote Number	Effective Date	Funding Type	Market Segment	Quote Type	Status	Producer	Division
Quote1	1101951	01/01/2026	BBF	SG	Underwritten	Data Entry In Progress	ESALES, TEST PRODUCER	Illinois

Prospect Details

*Prospect Name: Demo UW Quote IL General Agent: -
*Prospect EIN: *Producer: - ESALES, TEST PRODUCER
*Division: Illinois Sub-Producer: -
Prospect Phone #:

*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
*Market Segment: Small Group
*Effective Date: 01/01/2026
*Product Type: ☐ Health
: ☒ Health/FI Dental
*Number of Enrolled Employees: 7
*Dependent Values: ☐ Yes ☐ No
*Employer Zip Code: 60515
*Erisa: ☐ Yes ☐ No
*Employer County: DuPage
*BBF Commission (PCPM): \$35.00
*SIC Code: Find 5813 - Drinking places
Sales Rep. D/C: /

Census Count: Add Rows Delete Rows Import Census

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Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Retiree
1	One	Emp	Employee	M	12/12/1965	EO	IL	60515	N
2	Two	Emp	Employee	M	11/11/1955	ES	IL	60804	N
2.1	Two	Sp	Spouse	F	10/10/1955			60402	
3	Three	Emp	Employee	M	09/09/1968	EC	IL	60181	N
3.1	Three	Dep	Dependent	F	08/08/2008			60181	
3.2	Three	Dep	Dependent	F	07/07/2000			60181	
4	Four	Emp	Employee	M	06/06/1965	EF	IL	60188	N
4.1	Four	Sp	Spouse	F	05/05/1980			60188	
4.2	Four	Dep	Dependent	M	04/04/2010			60188	
4.3	Four	Dep	Dependent	F	03/03/2002			60188	
5	Five	Emp	Employee	M	03/03/2003	EO	IL	60402	N
6	Six	Emp	Employee	F	01/01/1968	EO	MT	59001	N
7	Seven	Emp	Employee	M	12/12/1965	EO	MT	59001	N

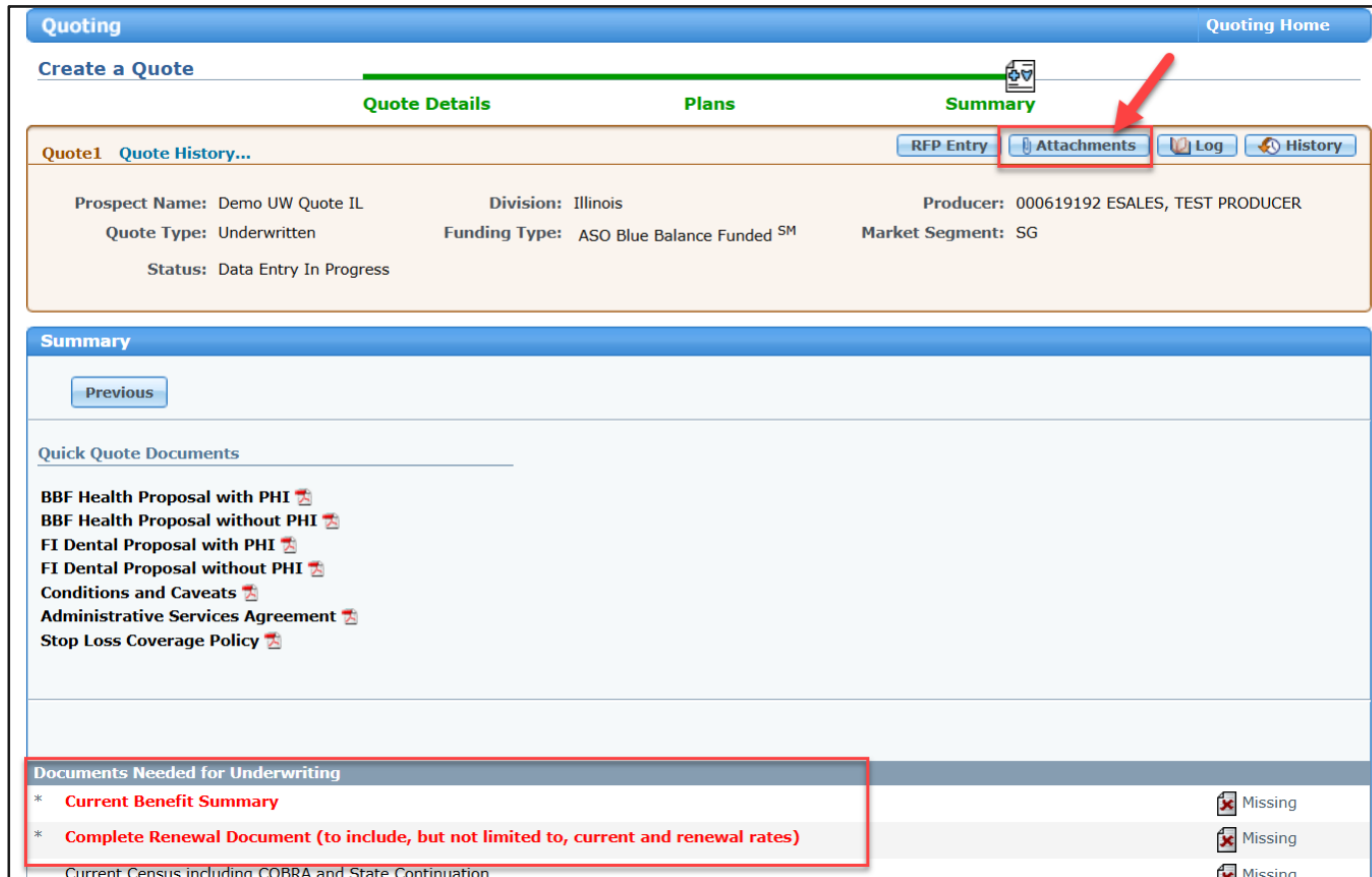
* - Required Fields -

Save Continue

After required fields have been completed, User will select the **Continue** button. Plans page will be displayed again. User will select the **Continue** button again to proceed to Summary page.

Getting an Underwritten Quote

On the Summary page, User will need to attach documents using the [Attachments](#) button and adding the required documents listed in the [Documents Needed for Underwriting](#) section.



Quoting Quoting Home

[Create a Quote](#)

Quote Details **Plans** **Summary**

[Quote1](#) [Quote History...](#) [RFP Entry](#) [Attachments](#) [Log](#) [History](#)

Prospect Name: Demo UW Quote IL Division: Illinois Producer: 000619192 ESALES, TEST PRODUCER
Quote Type: Underwritten Funding Type: ASO Blue Balance Funded SM Market Segment: SG
Status: Data Entry In Progress

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
- Conditions and Caveats
- Administrative Services Agreement
- Stop Loss Coverage Policy

Documents Needed for Underwriting

* Current Benefit Summary	Missing
* Complete Renewal Document (to include, but not limited to, current and renewal rates)	Missing
Current Census including COBRA and State Continuation	Missing

Getting an Underwritten Quote

User will need to select the **RFP Entry** button to input data required

The screenshot shows the 'Quoting Home' interface. At the top, there's a 'Create a Quote' button and a navigation bar with 'Quote Details', 'Plans', and 'Summary'. The 'Summary' tab is selected, and the 'RFP Entry' button is highlighted with a red box and an arrow. Below the navigation bar, there's a section for 'Quote Details' with fields for Prospect Name, Division, Producer, Quote Type, Funding Type, and Market Segment. The 'Summary' section below shows a 'Previous' button and a list of 'Quick Quote Documents'.

Required Information within the RFP Entry window will be marked with a red asterisk. Most of the information that was entered in the Quote Details page will default and be grayed out. If changes need to be made to these fields, please return to the Quote Details page to update.

Complete all required fields. Click Save. User can then close window

The screenshot shows the 'BBF Request for Proposal Form'. It contains several sections with fields and checkboxes. The 'Prospect Name' field is 'Demo UW Quote IL'. The 'Effective Date' is '01/01/2026'. The 'Prospect EIN' is '986875653'. The 'Requested PCPM' is '\$35.00'. The 'Employer Address' and 'City' fields are highlighted with a red box. The 'State' is 'Illinois' and the 'Zip Code' is '60515'. The 'County' is 'DuPage'. The 'ERISA' section has a 'Yes' radio button selected. The 'Prospect Headquarter' dropdown is set to 'DuPage'. The 'Producer' is 'ESALES, TEST PRODUCER' and the 'Producer ID Number' is '000619192'. The 'Producer Email' field is highlighted with a red box. The 'Current Group Coverage with Blue Cross and Blue Shield?' and 'Prior Group Coverage with Blue Cross and Blue Shield?' sections have 'Yes' radio buttons selected. The 'Benefit Documentation Uploaded' section has a list of documents with 'Yes' or 'No' radio buttons. The 'Full member-level census in required excel template' has a 'Yes' radio button selected. The 'Insurance Carrier History' section has a table with columns for 'History', 'Insurance Carrier Name', and 'Period Insured:'.

Getting an Underwritten Quote

After RFP Entry and Attachment activities are completed, User will select the “I certify that all updated documents requiring a signature have been signed.” box to activate the **Submit** button

Summary

[Previous](#)

Quick Quote Documents

- BBF Health Proposal with PHI
- BBF Health Proposal without PHI
- F1 Dental Proposal with PHI
- F1 Dental Proposal without PHI
- Conditions and Caveats
- Administrative Services Agreement
- Stop Loss Coverage Policy

Documents Needed for Underwriting

Document	Status
* Current Benefit Summary	Attached
* Complete Renewal Document (to include, but not limited to, current and renewal rates)	Attached
Current Census including COBRA and State Continuation	Missing
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](#)

Once the button is selected, the Quote will be routed internally to continue with the processing of the Underwritten Quote. Message will be received upon submission.

Quoting

Quote Status Updated

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

Searching and Tracking Quotes

To search for an account, this can be done on the Quoting Homepage by entering any criteria available and selecting the [Search](#) button. Results will display on the page.

BlueCross BlueShield of Illinois

Contact Us | FAQ | Help eSales Tools

Jump to... eSales Tools Home > Quoting Welcome back TEST ESALES 10/01/2025 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 1st of the month effective dates only.

Search Existing Prospects

Prospect:

Division: Illinois

Quote #:

Effective Date: 01/01/2026 (mm/dd/yyyy)

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

General Agent:

Producer: ESALES, TEST PRODUCER

Sub Producer:

Market Segment: Small Group

Prospect Phone Number:

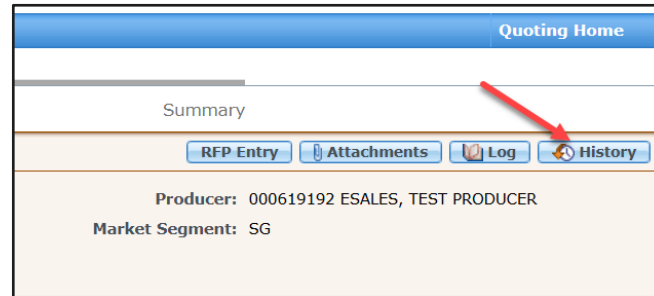
1 to 10 of 50

	Prospect	Division	Market Segment	Effective Date	Funding Type	Status	Quote Type	Sales Rep.	Producer	Sub-Producer	Pro. Fin.
<input type="button" value="View"/>	Demo UW Quote IL	Illinois	SG	01/01/2026	BBF	Data Entry Review In Progress	Underwritten		000619192 ESALES, TEST PRODUCER		

In the search results, User will click on the [View](#) button to go into the account.

Searching and Tracking Quotes

User can view the status of their account by clicking on the History button on the top right of the Quote Details page for any of their accounts.



Activity History			
Activity Date	Activity	In Progress/Completed	Duration
09/30/2025	Data Entry	Completed	0 day(s)
10/01/2025	Data Entry Review	In Progress	0 day(s)

Activity	Status	Definition
Data Entry	Data Entry In Progress	Data Entry in Progress status is defined as one of the following. 1. A Producer, General Agent, Sales or Operations has initiated an Underwritten Quote but the Quote has not been submitted to Underwriting yet.
	Info Received - Data Entry	2. BCBS has received paperwork and is reviewing for completeness but the Quote has not been submitted to Underwriting yet.
Data Entry Review	Data Entry Review in Progress	Documentation of an Underwritten Quote has been submitted to BCBS for review but the Quote has not been submitted to Underwriting yet.
	Info Received - Data Entry Review	
More Info Required	More Info Needed - Data Entry	BCBS has requested additional information and the submitter is in the process of obtaining requested information.
Underwriter Review	Pending UW Review	
	UW Re - Review	All documentation of the Underwritten Quote has been submitted to Underwriting for review.
	UW Re - Review from Sales	
Submitter Review	More Info Needed - UW Review	UW has requested additional information and the submitter is in the process of obtaining requested information.
	Info Received - Submitter Review	

Status can be seen on the Activity History popup with data of how long it was in each activity. Definition of each activity of an account can go through is provided on the bottom.

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**.