



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:

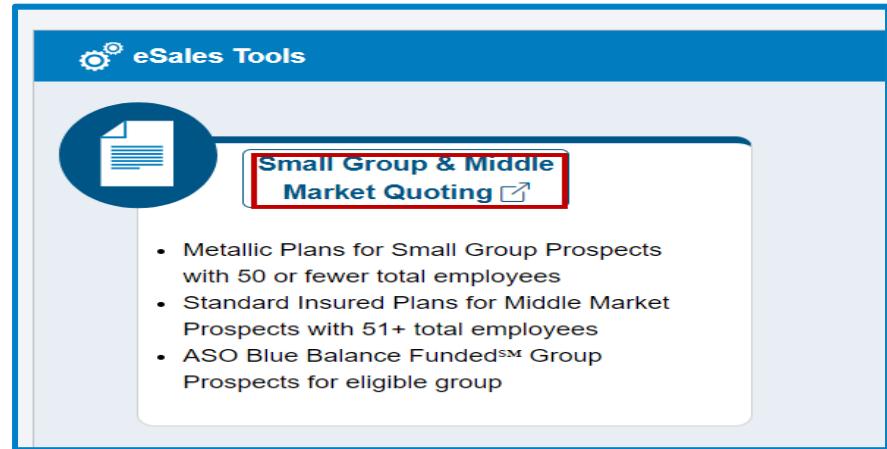
- Add and Quote a New Prospect
- Search for Existing Prospects
- View Recently Run Quotes
- Duplicate Existing Quotes
- Create New Quotes
- Modify Life Insurance Settings
- Download Quote Documents
- View and Print Member Information
Displaying Monthly Premiums

Getting Started

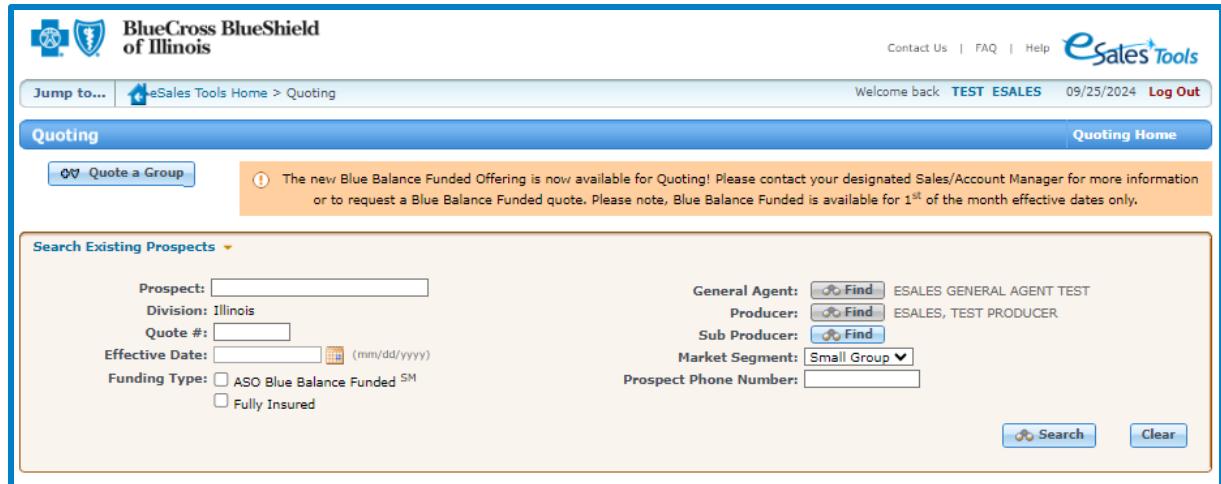
To begin submitting/creating a quote, log into **Blue Access for ProducersSM** (BAPSM).

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

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

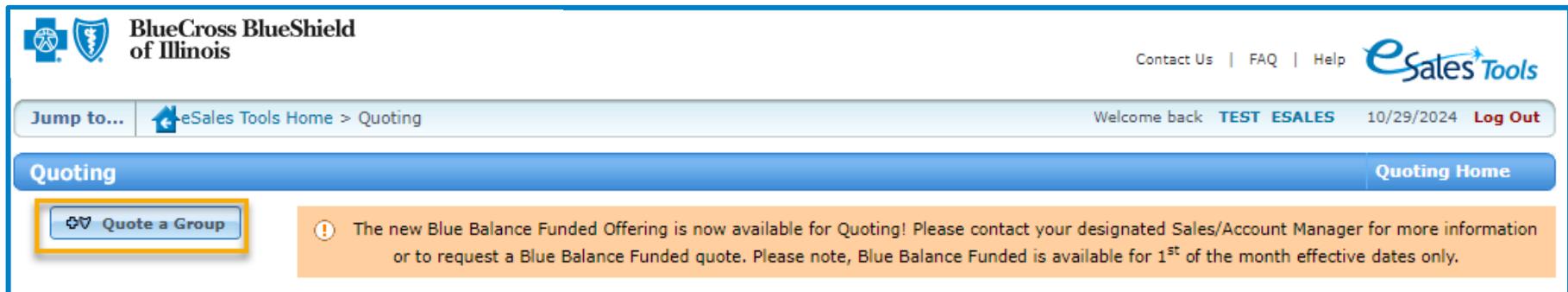


You will be directed to the **Quoting Tool homepage**.



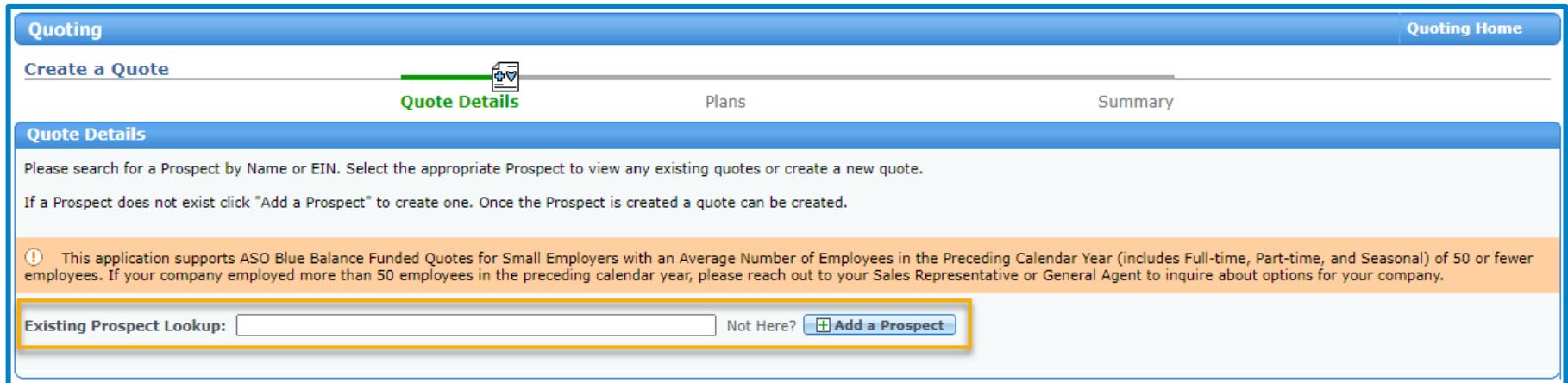
Quoting a Group

1. Select **Quote a Group**.



The screenshot shows the eSales Tools Quoting Home page for BlueCross BlueShield of Illinois. The top navigation bar includes the company logo, a 'Jump to...' link, a 'eSales Tools Home > Quoting' breadcrumb, 'Contact Us | FAQ | Help', and the user 'TEST_ESALES' with a log out link. The main content area has a blue header 'Quoting' and a 'Quoting Home' link. A yellow box highlights the 'Quote a Group' button. A message box contains the text: 'The new Blue Balance Funded Offering is now available for Quoting! Please contact your designated Sales/Account Manager for more information or to request a Blue Balance Funded quote. Please note, Blue Balance Funded is available for 1st of the month effective dates only.'

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



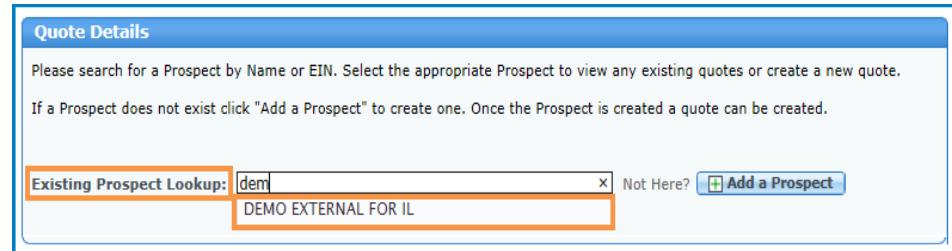
The screenshot shows the 'Create a Quote' page. The top navigation bar includes a 'Quoting' link and a 'Quoting Home' link. Below the navigation, there are tabs for 'Create a Quote' (highlighted in green), 'Quote Details' (highlighted in green), 'Plans', and 'Summary'. The 'Quote Details' section contains instructions: 'Please search for a Prospect by Name or EIN. Select the appropriate Prospect to view any existing quotes or create a new quote.' and 'If a Prospect does not exist click "Add a Prospect" to create one. Once the Prospect is created a quote can be created.' A message box at the bottom 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, there is a 'Existing Prospect Lookup:' input field, a 'Not Here?' link, and an '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.



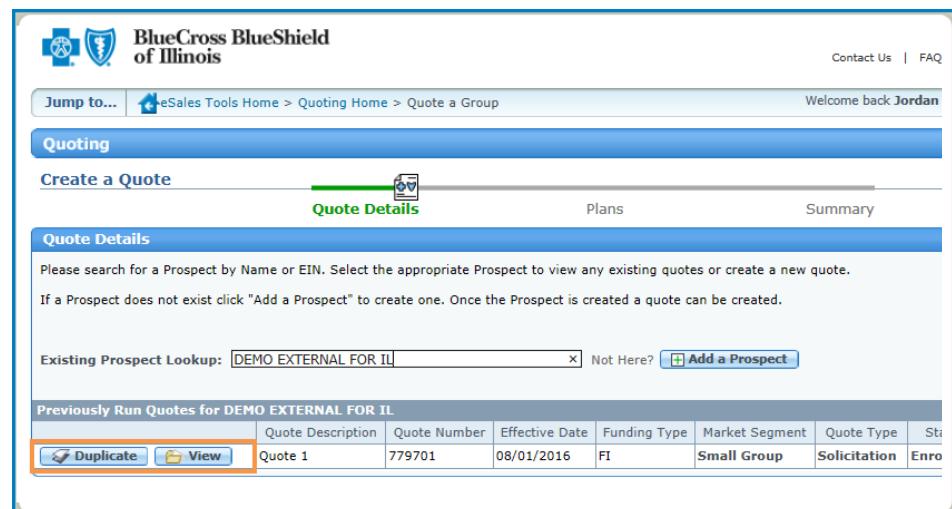
Quote Details

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: 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

Welcome back Jordan

Jump to... eSales Tools Home > Quoting Home > Quote a Group

Quoting

Create a Quote [Quote Details](#) Plans Summary

Quote Details

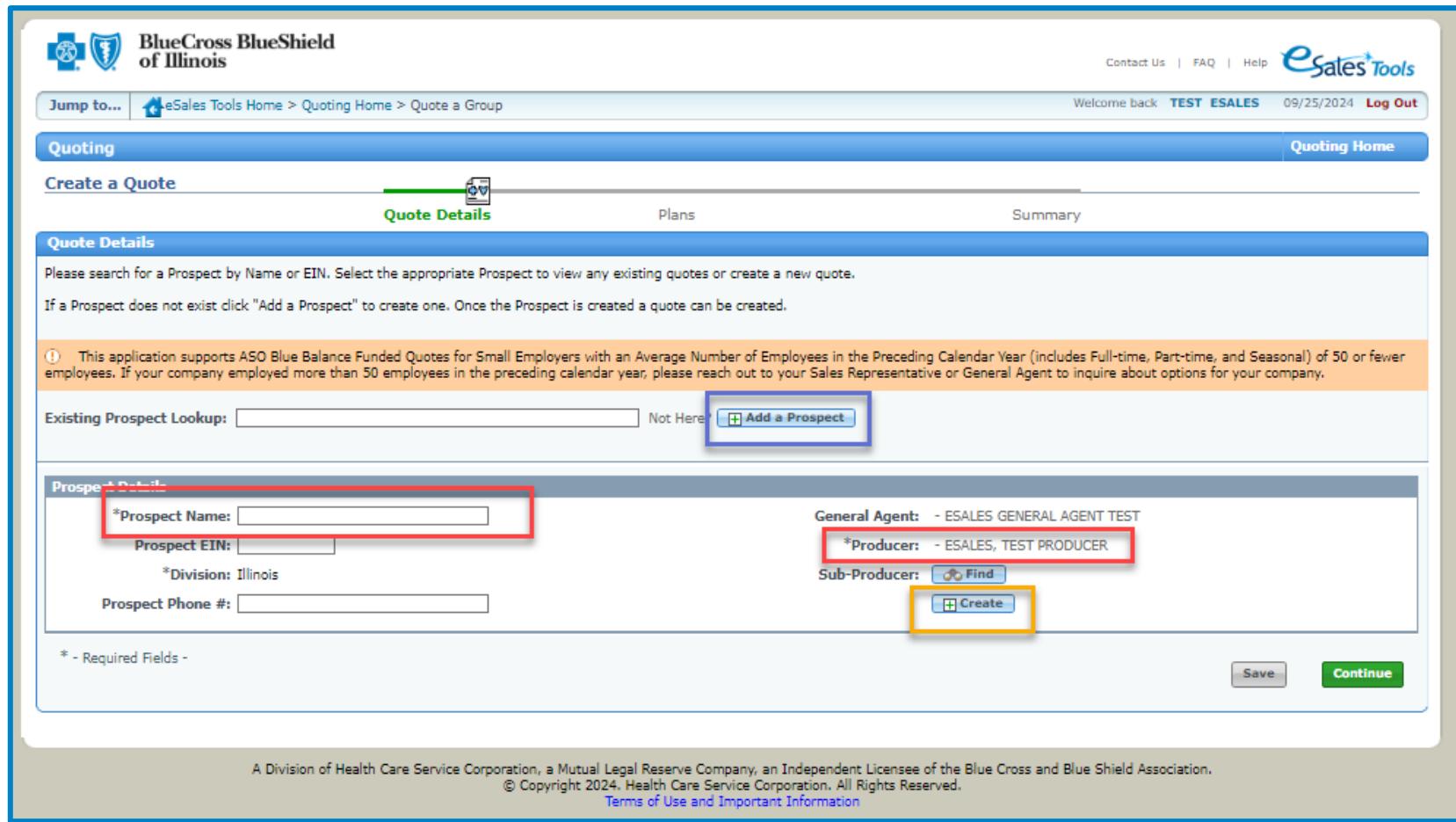
Please search for a Prospect by Name or EIN. Select the appropriate Prospect to view any existing quotes or create a new quote. If a Prospect does not exist click "Add a Prospect" to create one. Once the Prospect is created a quote can be created.

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

	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**.



BlueCross BlueShield of Illinois

Contact Us | FAQ | Help eSales Tools

Jump to... eSales Tools Home > Quoting Home > Quote a Group

Welcome back TEST ESALES 09/25/2024 Log Out

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.

Information: 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: (highlighted with a red box)

Prospect EIN:

*Division: Illinois

Prospect Phone #:

General Agent: - ESALES GENERAL AGENT TEST

*Producer: - ESALES, TEST PRODUCER (highlighted with a red box)

Sub-Producer: [Find](#) [+ Create](#) (highlighted with a yellow box)

* - Required Fields -

Save Continue

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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.

<p>* 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?</p>		<p>: <input checked="" type="radio"/> Fifty (50) or fewer employees <input type="radio"/> Fifty-one (51) or more employees</p>
<p>Quote Description: <input type="text" value="Quote1"/></p>	<p>*Funding Type: <input type="checkbox"/> ASO Blue Balance Funded <small>SM</small> <input type="checkbox"/> Fully Insured</p>	
<p>*Market Segment: <input type="text" value="Small Group"/></p>	<p>*Effective Date: <input type="text"/></p>	
<p>*Number of Enrolled Employees: <input type="text"/></p>	<p>*Product Type:</p>	
<p>*Employer Zip Code: <input type="text"/></p>		
<p>*Employer County: <input type="text" value="--Select--"/></p>		
<p>*SIC Code: <input type="text"/> <input type="button" value="Find"/> <input type="text"/></p>		
<p>Sales Rep. D/C: <input type="text"/> / <input type="text"/></p>		

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

<p>* 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?</p>		<p>:</p> <p><input checked="" type="radio"/> Fifty (50) or fewer employees <input type="radio"/> Fifty-one (51) or more employees</p>
<p>Quote Description: <input type="text" value="Quote1"/></p>	<p>*Funding Type: <input type="checkbox"/> ASO Blue Balance Funded <small>SM</small> <input checked="" type="checkbox"/> Fully Insured</p>	
<p>*Market Segment: <input type="text" value="Small Group"/></p>	<p>*Effective Date: <input type="text" value="10/01/2024"/></p>	
<p>*Number of Enrolled Employees: <input type="text"/></p>	<p>*Product Type: <input checked="" type="radio"/> Health/Dental/Ancillary <input type="radio"/> Dental & Ancillary Only</p>	
<p>*Employer Zip Code: <input type="text"/></p>		
<p>*Employer County: <input type="text" value="--Select--"/></p>		
<p>*SIC Code: <input type="text" value="Find"/> <input type="text"/></p>		
<p>Sales Rep. D/C: <input type="text"/> / <input type="text"/></p>		

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?

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

Quote Description: <input type="text" value="Quote1"/>	*Funding Type: <input checked="" type="checkbox"/> ASO Blue Balance Funded <small>SM</small> <input checked="" type="checkbox"/> Fully Insured
*Market Segment: <input type="text" value="Small Group"/>	*Effective Date: <input type="text" value="01/01/2026"/>
*Number of Enrolled <input type="text"/> Employees:	*Product Type: <input checked="" type="radio"/> Health/Dental/Ancillary <input checked="" type="radio"/> Health
*Employer Zip Code: <input type="text"/>	*Dependent Values: <input checked="" type="radio"/> Yes <input type="radio"/> No
*Employer County: <input type="text" value="--Select--"/>	*Erisa: <input checked="" type="radio"/> Yes <input type="radio"/> No
*SIC Code: <input type="text"/> <input type="button" value="Find"/> <input type="text"/>	*BBF Commission (PCPM): <input type="text" value="\$40.00"/>
Sales Rep. D/C: <input type="text"/> / <input type="text"/>	

Funding Types

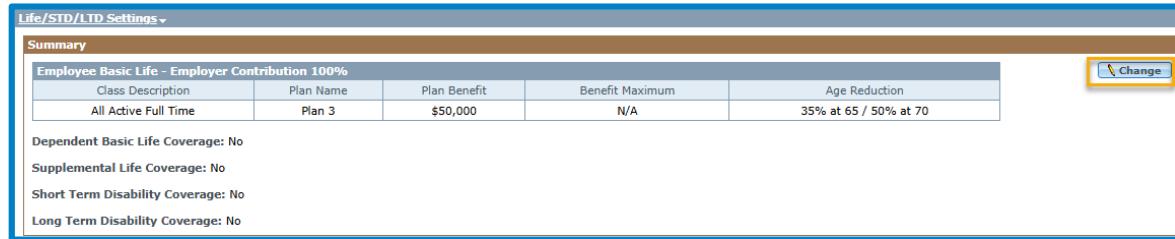
When selecting a Blue Balance Funded quote, the Product Type defaults to Health, but the option of Health/ FI Dental is available.

Note: Blue Balance Funded rates are Illustrative only until submitted to BCBSIL for Underwriting evaluation

<p>* 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?</p>		<p>: <input checked="" type="radio"/> Fifty (50) or fewer employees <input type="radio"/> Fifty-one (51) or more employees</p>
<p>Quote Description: <input type="text" value="Quote1"/></p>	<p>*Funding Type: <input checked="" type="checkbox"/> ASO Blue Balance Funded SM <input type="checkbox"/> Fully Insured</p>	
<p>*Market Segment: <input type="text" value="Small Group"/></p>	<p>*Effective Date: <input type="text" value="11/01/2024"/></p>	
<p>*Number of Enrolled <input type="text"/></p>	<p>*Product Type: <input checked="" type="radio"/> Health <input type="radio"/> Health/FI Dental</p>	
<p>Employees:</p>	<p>*Dependent Values: <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>*Employer Zip Code: <input type="text"/></p>	<p>*Erisa: <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>*Employer County: <input type="text" value="--Select--"/></p>	<p>*BBF Commission (PCPM): <input type="text" value="\$40.00"/></p>	
<p>*SIC Code: <input type="button" value="Find"/> <input type="text"/></p>		
<p>Sales Rep. D/C: <input type="text"/> / <input type="text"/></p>		

Quote Settings

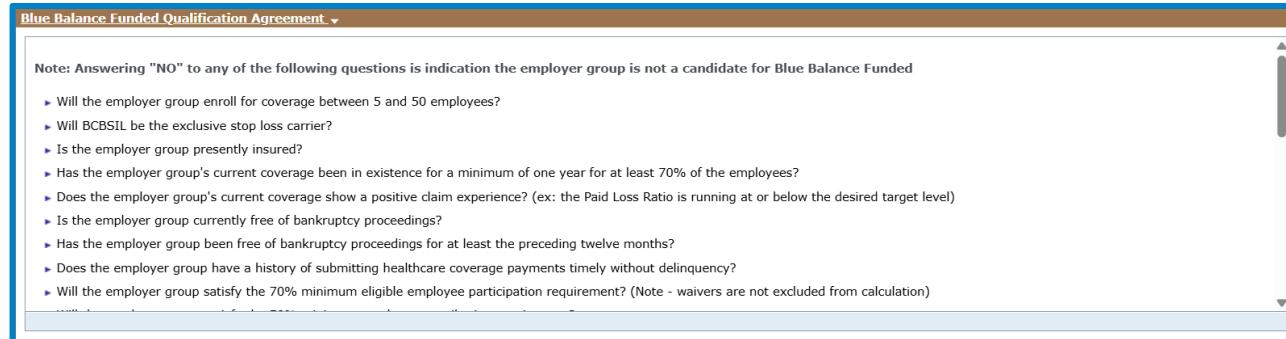
If the Fully Insured funding type has been selected, **Life**, **Short Term Disability**, and **Long Term Disability** will be available. Click **Change** to modify the default settings.



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

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 ▾

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

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		All Active Full Time	<input checked="" type="checkbox"/> Class 2 Description			
Employee Basic Life						
Guaranteee 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 type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" 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 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				
<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 All Active Full Time Class 2 Description Class 2

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

<p>Short Term Disability <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Employer Contribution</p> <p>Enter the Percentage of the Premium that the Employer is going to contribute towards Short Term Disability Coverage.</p> <p>*STD Contribution <input type="text" value="100"/> %</p> <p>Short Term Disability Classes</p> <p><input checked="" type="checkbox"/> Class 1 Description All Active Full Time</p> <p>Short Term Disability Plans</p> <table border="1"><thead><tr><th>Class Description</th><th>Plan Name</th></tr></thead><tbody><tr><td>Basic Short Term Disability</td><td></td></tr><tr><td>Voluntary Short Term Disability</td><td></td></tr></tbody></table>	Class Description	Plan Name	Basic Short Term Disability		Voluntary Short Term Disability		<p>Short Term Disability Classes</p> <p><input checked="" type="checkbox"/> Class 1 Description All Active Full Time <input type="checkbox"/> Class 2 Description Class 2</p> <p>Short Term Disability Plans</p> <table border="1"><thead><tr><th>Class Description</th><th>Plan Name</th><th>Plan Benefit</th><th>Elimination Period(Days) Injury/Sickness</th><th>Maximum Benefit Duration(Weeks)</th></tr></thead><tbody><tr><td>Basic Short Term Disability</td><td></td><td></td><td></td><td></td></tr><tr><td>Voluntary Short Term Disability</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 1</td><td>60% salary weekly max \$750</td><td>0/7</td><td>13</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 2</td><td>60% salary weekly max \$750</td><td>0/7</td><td>26</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 3</td><td>60% salary weekly max \$750</td><td>7/7</td><td>13</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 4</td><td>60% salary weekly max \$750</td><td>7/7</td><td>26</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 5</td><td>60% salary weekly max \$750</td><td>14/14</td><td>13</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 6</td><td>60% salary weekly max \$750</td><td>14/14</td><td>26</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 7</td><td>60% salary weekly max \$1,000</td><td>0/7</td><td>13</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 8</td><td>60% salary weekly max \$1,000</td><td>0/7</td><td>26</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 9</td><td>60% salary weekly max \$1,000</td><td>7/7</td><td>13</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 10</td><td>60% salary weekly max \$1,000</td><td>7/7</td><td>26</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 11</td><td>60% salary weekly max \$1,000</td><td>14/14</td><td>13</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 12</td><td>60% salary weekly max \$1,000</td><td>14/14</td><td>26</td></tr><tr><td><input type="checkbox"/> All Active Full Time</td><td>Plan 13*</td><td>60% salary weekly max \$1,500</td><td>0/7</td><td>13</td></tr></tbody></table>	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
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Voluntary Short Term Disability – Class 2 Plans

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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 All Active Full Time Class 2 Description Class 2

Long Term Disability Plans

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration
All Active Full Time	Plan 1	60% salary monthly max \$3,500	90	SSNRA
All Active Full Time	Plan 2	60% salary monthly max \$3,500	90	5 Years
All Active Full Time	Plan 3	60% salary monthly max \$3,500	180	SSNRA
All Active Full Time	Plan 4	60% salary monthly max \$3,500	180	5 Years
All Active Full Time	Plan 5	60% salary monthly max \$6,000	90	SSNRA
All Active Full Time	Plan 6	60% salary monthly max \$6,000	90	5 Years
All Active Full Time	Plan 7	60% salary monthly max \$6,000	180	SSNRA
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 All Active Full Time Class 2 Description Class 2

Long Term Disability Plans

Class Description	Plan Name	Plan Benefit	Elimination Period(Days)	Maximum Benefit Duration
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<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 All Active Full

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 All Active Full Time Class 2 Description 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				

	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

<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"/>
---	--

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

<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"/>
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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						
Fully Insured Plans		Accident Insurance Plans				
Basic Accident Insurance		Optional Accident Insurance				
Blue Choice Preferred PPO		Blue Choice Preferred PPO				
Blue Precision HMO Network		Blue Precision HMO Network				
Blue Options Product		Blue Options Product				
Blue PPO		Blue PPO				
Dental Plans		Dental Plans				
Standalone Vision Plans		Standalone Vision Plans				
Life Offerings		Life Offerings				
Critical Illness Plans		Critical Illness Plans				
Accident Insurance Plans		Accident Insurance Plans				
Plan Name	Benefit Description	24 hour Coverage	Benefit Coverage			Wellness Rates
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.

	Add Dep.	Last Name	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Retiree
<input type="checkbox"/>		Wilson	Emily	Employee	F	11/01/1990	EO	IL	N
<input type="checkbox"/>		Smith	John	Employee	M	01/01/1986	EF	IL	N
<input type="checkbox"/>		Smith	Jane	Spouse	F	01/01/1980			
<input type="checkbox"/>		Smith	Tim	Dependent	M	01/01/2012			
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
<input type="checkbox"/>				Employee			EO	IL	N
* - Required Fields -									
<input type="button" value="Save"/> <input type="button" value="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	*Retiree	*Zip Code
<input type="checkbox"/>		Wilson	Emily	Employee	F	11/01/1990	EO	IL	N	
<input type="checkbox"/>		Smith	John	Employee	M	01/01/1986	EF	IL	N	
<input type="checkbox"/>		Smith	Jane	Spouse	F	01/01/1980				
<input type="checkbox"/>		Smith	Tim	Dependent	M	01/01/2012				
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
<input type="checkbox"/>				Employee			EO	IL	N	
* - Required Fields -										
<input type="button" value="Save"/> <input type="button" value="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

1 - 10 of 10

	First Name	*Relationship Code	*Gender	*Date of Birth	*Coverage Type	*State	*Zip Code	*Retiree	*Annual Salary	Life Classes	STD Classes	LTD Classes
1	First	Employee	M	01/01/1980	EO	IL	60601	N		Class 2	Class 2	Class 2
2	Spouse	Spouse	F	01/01/1980			60601					
3	Person	Employee	F	12/12/1979	EO	IL	60804	N		All Active Full Time	All Active Full Time	All Active Full Time
4		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
5		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
6		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
7		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
8		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
9		Employee			EO	IL		N		All Active Full Time	All Active Full Time	All Active Full Time
10		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.

Census Count: 10 | Add Rows | Delete Rows

1 - 10 of 10

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

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 Data											
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 Time
Child	Dan	Employee	M	10/05/1979	EO	TX	75081	10,001	All Active Full Time	All Active Full Time	All Active Full Time
April	Emily	Employee	F	11/05/1980	EF	TX	75081	100,000	All Active Full Time	Class 2	All Active Full Time
Sam	Ashley	Spouse	F	06/02/1986			75081				
Janet	Child	Dependent	M	05/06/2000			75081				
Don	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 Time
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 Time
Grow	Denis	Employee	M	10/05/1980	EO	TX	75081	966,600	Class 2	All Active Full Time	All Active Full Time
Don	Test	Employee	F	06/08/1987	EO	TX	75081	630,000	All Active Full Time	All Active Full Time	All Active Full Time
Test	Ash	Employee	M	10/05/1979	EO	TX	75081	790,000	All Active Full Time	All Active Full Time	All Active Full Time

* - 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												Generate Proposal			
Fully Insured Plans															
Blue Choice Preferred PPO															
Plan#	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay* ⁴ /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															
G532BCE ^{*11} \$2500	\$1500/ \$2500	\$35/\$60	80%/50%	\$4500/Unlimited	\$400/80% \$300	\$200/ \$300	\$150/ \$250	70%/50%	\$10/\$20/\$70/\$120/\$150/\$250						
G531BCE ^{*11} \$3000	\$2500/ \$3000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400/80% \$300	\$200/ \$250	\$150/ \$250	70%/50%	\$10/\$20/\$55/\$95/\$150/\$250						
G530BCE ^{*11} \$6500	\$3250/ \$6500	\$15/\$35	100%/100%	\$3250/Unlimited	\$400/100% \$200/ \$300	\$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 \$1000/ \$2000	\$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

BBF Health Only

BBF Health and FI Dental

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](#) 

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](#) 

Fully Insured- either Product Type

Combined Fully Insured and Blue Balance Funded

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](#) 

Summary

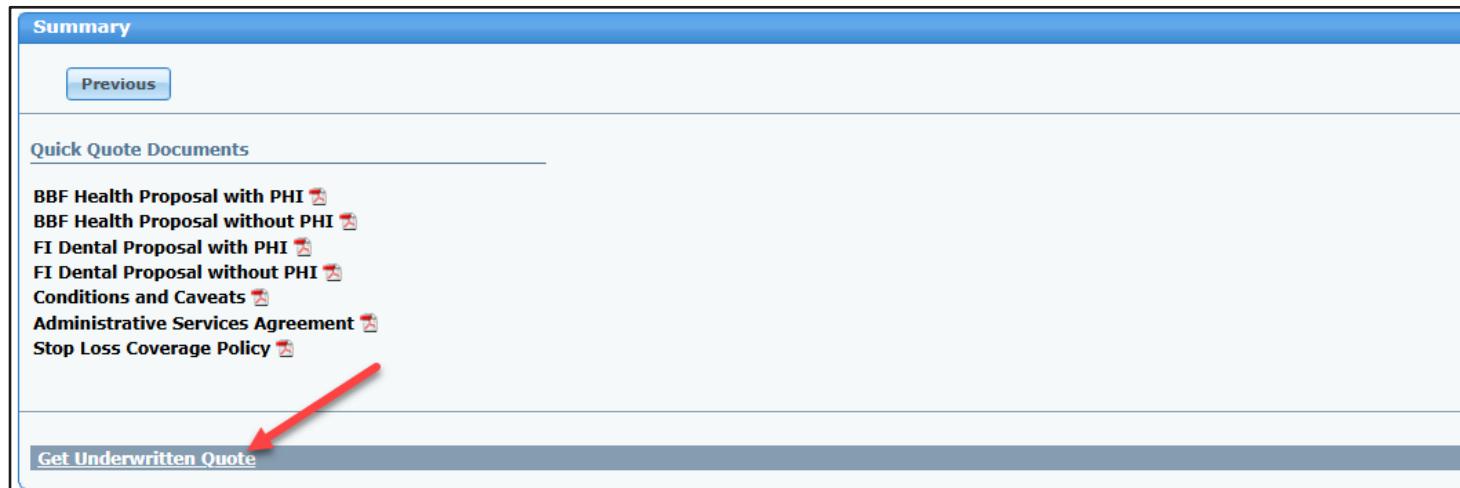
[Previous](#)

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](#) 

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 'Summary' page with a blue header. Below the header, there is a 'Previous' button. The main content area is titled 'Quick Quote Documents' and lists several documents with small red icons next to them:

- 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

At the bottom of the page, there is a dark grey footer bar containing the text 'Get Underwritten Quote'. A red arrow points to this button, indicating it is the target of the user's action.

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...](#)

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

Previously Run Quotes for Demo UW Quote IL

Quote1	Quote Description	Quote Number	Effective Date	Funding Type	Market Segment	Quote Type	Status	Producer	Division	
<input checked="" type="checkbox"/> Duplicate	View	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

*Number of Enrolled Employees: 7 *Product Type: Health Health/FI Dental

*Employer Zip Code: 60515 *Dependent Values: Yes No

*Employer County: DuPage *Erlsa: Yes No

*SIC Code: [Find](#) 5813 - Drinking places *BBF Commission (PCPM): \$35.00

Sales Rep. D/C: /

Census Count: [Add Rows](#) [Delete Rows](#)

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

* - Required Fields

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.

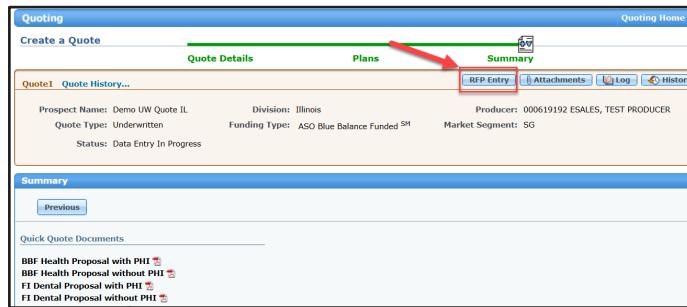
Getting an Underwritten Quote

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.

The screenshot shows the Quoting software interface. At the top, there are tabs for 'Quoting' (selected), 'Create a Quote', 'Quote Details', 'Plans', and 'Summary'. The 'Summary' tab is active. In the main content area, there is a 'Quote History...' section with details: Prospect Name: Demo UW Quote IL, Division: Illinois, Producer: 000619192 E-SALES, TEST PRODUCER; Quote Type: Underwritten, Funding Type: ASO Blue Balance Funded SM, Market Segment: SG; Status: Data Entry In Progress. Below this is a 'Summary' section with a 'Previous' button. Under 'Quick Quote Documents', there are links to various proposals and agreements, each with a red 'X' icon. At the bottom, a red box highlights the 'Documents Needed for Underwriting' section, which lists required documents: * Current Benefit Summary (Missing), * Complete Renewal Document (to include, but not limited to, current and renewal rates) (Missing), and 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



Quoting

Create a Quote

Quote Details Plans Summary

Quote1 Quote History...

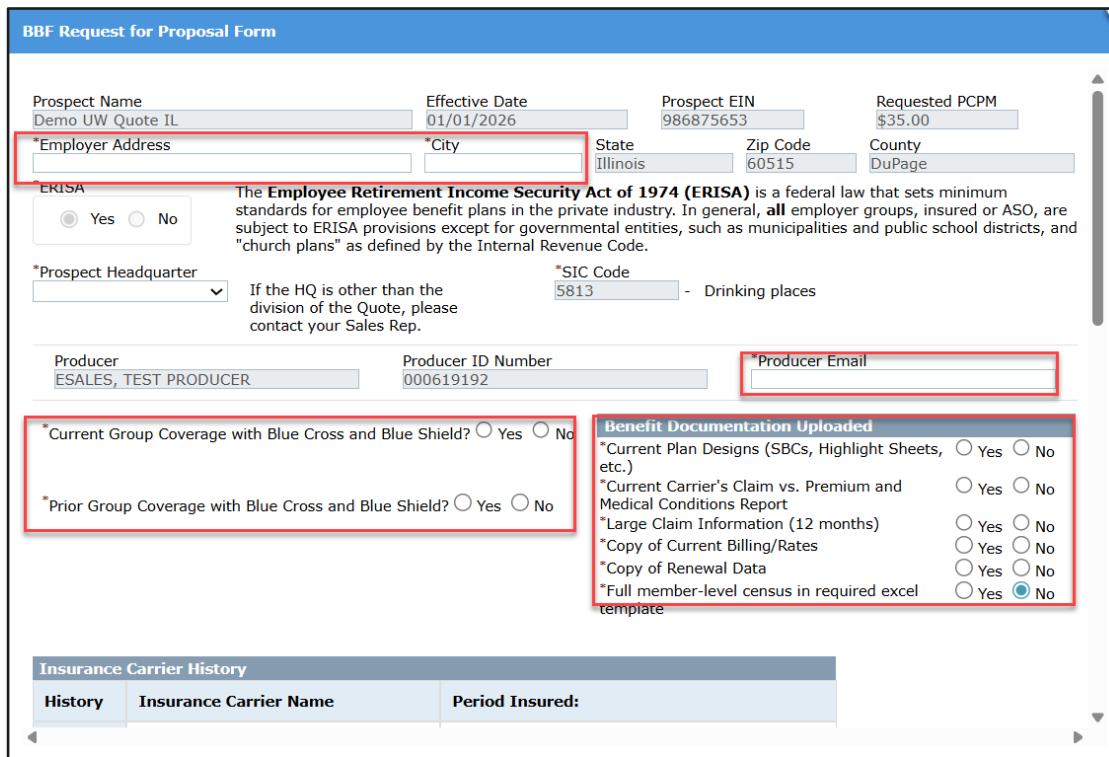
Prospect Name: Demo UW Quote IL Division: Illinois
Quote Type: Underwritten Funding Type: ASO Blue Balance Funded SM
Producer: 000619192 ESALES, TEST PRODUCER
Market Segment: SG
Status: Data Entry In Progress

RFP Entry Attachments Log History

Summary

Quick Quote Documents

BBF Health Proposal with PHI
BBF Health Proposal without PHI
FI Dental Proposal with PHI
FI Dental Proposal without PHI



BBF Request for Proposal Form

Prospect Name: Demo UW Quote IL Effective Date: 01/01/2026 Prospect EIN: 986875653 Requested PCPM: \$35.00

*Employer Address: _____ City: _____ State: Illinois Zip Code: 60515 County: DuPage

ERISA: Yes No

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, **all** employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities and public school districts, and "church plans" as defined by the Internal Revenue Code.

*Prospect Headquarter: _____ If the HQ is other than the division of the Quote, please contact your Sales Rep.

SIC Code: 5813 - Drinking places

Producer: ESALES, TEST PRODUCER Producer ID Number: 000619192 Producer Email: _____

*Current Group Coverage with Blue Cross and Blue Shield? Yes No

*Prior Group Coverage with Blue Cross and Blue Shield? Yes No

Benefit Documentation Uploaded

*Current Plan Designs (SBCs, Highlight Sheets, etc.) Yes No

*Current Carrier's Claim vs. Premium and Medical Conditions Report Yes No

*Large Claim Information (12 months) Yes No

*Copy of Current Billing/Rates Yes No

*Copy of Renewal Data Yes No

*Full member-level census in required excel template Yes No

Insurance Carrier History

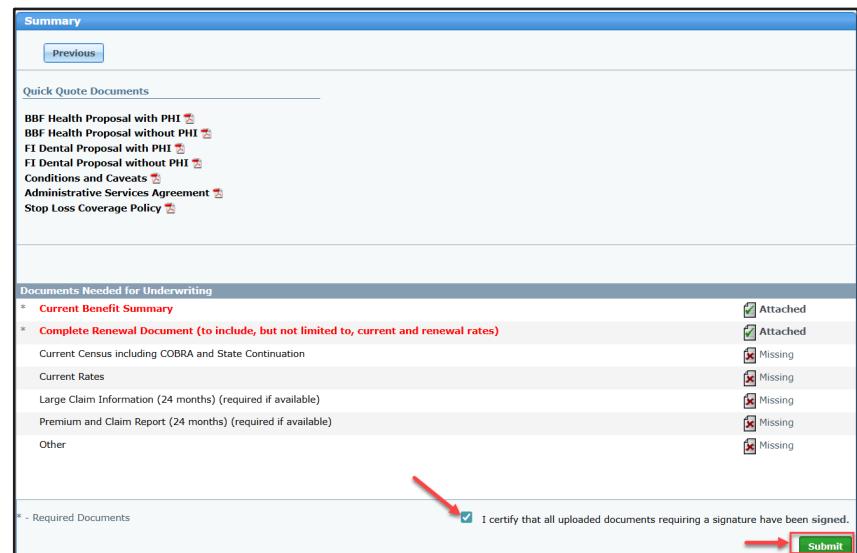
History	Insurance Carrier Name	Period Insured:
---------	------------------------	-----------------

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

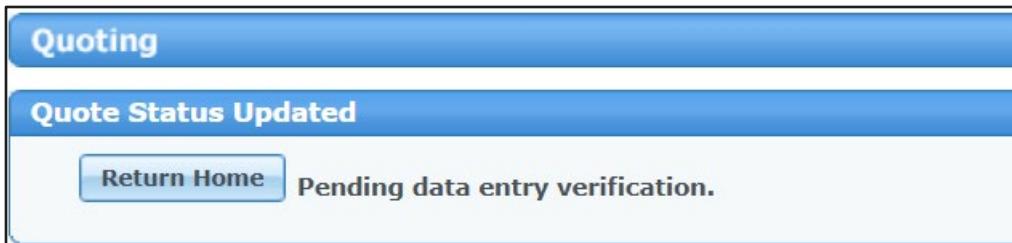
Getting an Underwritten Quote

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



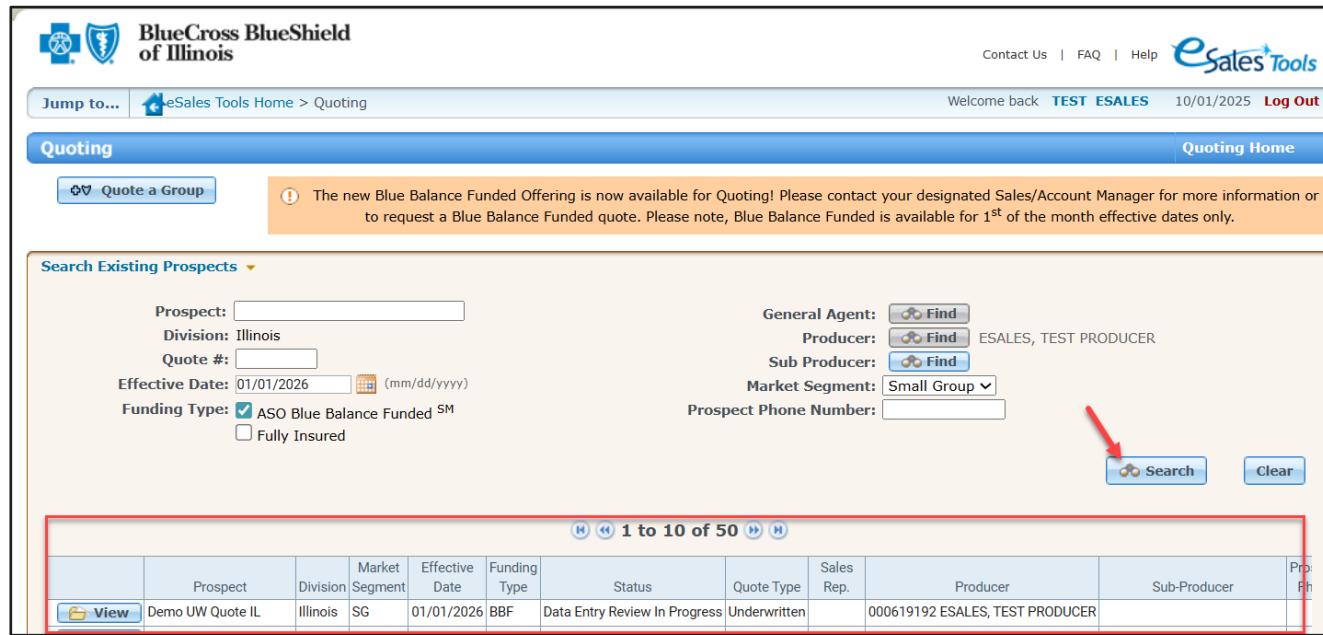
The screenshot shows a 'Summary' page with a 'Previous' button. Below it is a 'Quick Quote Documents' section listing several documents with small red icons next to them. The 'Documents Needed for Underwriting' section follows, listing items like 'Current Benefit Summary' and 'Complete Renewal Document' with checkboxes for 'Attached' (checked) and 'Missing' (unchecked). A red arrow points to a checkbox labeled 'I certify that all uploaded documents requiring a signature have been signed.' Another red arrow points to the green 'Submit' button at the bottom right.

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.



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.



The screenshot shows the Quoting homepage of BlueCross BlueShield of Illinois. The top navigation bar includes the company logo, a 'Jump to...' dropdown, and links for 'eSales Tools Home', 'Quoting', 'Contact Us', 'FAQ', 'Help', and 'Log Out'. A welcome message for 'TEST ESALES' on '10/01/2025' is displayed. A banner message informs users about the 'Blue Balance Funded Offering'. The main search form is titled 'Search Existing Prospects' and includes fields for 'Prospect', 'Division' (set to 'Illinois'), 'Quote #', 'Effective Date' (set to '01/01/2026'), 'Funding Type' (checked for 'ASO Blue Balance Funded SM'), and 'Fully Insured'. It also includes dropdowns for 'General Agent', 'Producer' (set to 'ESALES, TEST PRODUCER'), 'Sub Producer', and 'Market Segment' (set to 'Small Group'). A 'Prospect Phone Number' field is present. Below the search form is a table with 50 rows, with the first row highlighted by a red box and a red arrow pointing to the 'Search' button. The table columns include 'Prospect', 'Division', 'Market Segment', 'Effective Date', 'Funding Type', 'Status', 'Quote Type', 'Sales Rep.', 'Producer', 'Sub-Producer', and 'Prod. Ph'. The first row shows a 'View' button, the prospect 'Demo UW Quote IL', division 'Illinois', segment 'SG', effective date '01/01/2026', funding type 'BBF', status 'Data Entry Review In Progress', quote type 'Underwritten', producer '000619192 ESALES, TEST PRODUCER', and sub-producer 'None'.

	Prospect	Division	Market Segment	Effective Date	Funding Type	Status	Quote Type	Sales Rep.	Producer	Sub-Producer	Prod. Ph
 View	Demo UW Quote IL	Illinois	SG	01/01/2026	BBF	Data Entry Review In Progress	Underwritten		000619192 ESALES, TEST PRODUCER		
1 to 10 of 50											

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
09/30/2025	Data Entry	Completed
10/01/2025	Data Entry Review	In Progress
Activity		
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. 2. BCBS has received paperwork and is reviewing for completeness but the Quote has not been submitted to Underwriting yet.
	Info Received - Data Entry	
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.
	Pending UW Review	
Underwriter Review	UW Re - Review	
	UW Re - Review from Sales	All documentation of the Underwritten Quote has been submitted to Underwriting for review.
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**.