



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Office Use Only	
Company#	_____
Proposal #	_____
MASS Proposal#	_____
UW Code	_____

- Fully Insured
- Self Funded

**LARGE GROUP (100+ Contracts)**  
**PROPOSAL REQUEST**  
*(to be completed by the Agent or Sales Executive)*

<i>Sales/Account Executive</i> _____	<i>S.E. Code</i> _____	<i>Date</i> _____
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**SECTION 1. Group Name, Address and Prospect Information**

Group Name \_\_\_\_\_ Type of Industry (required) \_\_\_\_\_ SIC Code \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Group Contact \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_ Anniversary Month \_\_\_\_\_

Present and Past Carriers (last 3 years) \_\_\_\_\_

**SECTION 2. Group Demographics and Employer Contribution**

A. Total Number of Owners & Full Time Employees \_\_\_\_\_

B. Total Out-of-State Employees \_\_\_\_\_ List States \_\_\_\_\_

F. Employer Contribution: Single \_\_\_\_\_% Two Party \_\_\_\_\_% Family \_\_\_\_\_% Employee+Child(ren) \_\_\_\_\_%

G. Current Rates: Single \$ \_\_\_\_\_ Two Party \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ Employee+Child(ren) \$ \_\_\_\_\_

**SECTION 3. Agent/Agency Information**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agent E-mail \_\_\_\_\_

Agent Number \_\_\_\_\_ Letter of Record (Y/N) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Commission Requested: Fully Insured Quote: \_\_\_\_\_ Self-Funded Quote(e.g. 10% of reins. prem.) \_\_\_\_\_

**SECTION 4. Checklist**

- 24 months claims & enrollment history
- Separate lists for each plan within the group (enrollment and paid/incurred claims by month)
- Large claims report w/ diagnosis
- Current plan design
- Electronic census
- Current rates
- Renewal from current carrier
- List of any/all claims where the group received specific reimbursement
- Copy of current billing

**SECTION 5. Requested Benefits (Self-Funded Only):**

Specific Attachment Point : \$ \_\_\_\_\_ , \$ \_\_\_\_\_ Aggregate Corridor : \_\_\_\_\_ % , \_\_\_\_\_ %

Stop Loss Term (e.g. 12/12, 12/15, 12/18, etc.) : \_\_\_\_\_ , \_\_\_\_\_

**Sales Executive's Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6. Options to be Quoted**

Single Option       Network Switch Option       Dual Option       Triple Option

Coverage Code Or Network	Availability by Product				UNIQUE (Subject to approval by Regence BCBSU)		
		Option 1	Option 2	Option 3			
BCBS "Traditional"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regence ValueCare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regence HealthWise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BlueChoices</b>							
<b>Health Product</b>							
BlueClassic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BluePreferred		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BlueEssentials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Deductible</b>							
\$ -	BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$ 100	BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$ 250	BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$ 500	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$1,000	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$1,500	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$2,000	BE/BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$3,000	BE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$4,000	BE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>HSA</b>							
\$1,500/3,000		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$2,500/5,000		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$3,500/7,000		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$5,000/10,000		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>M.H./Substance Abuse</b>							
Castastrophic 80%/20%	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Castastrophic 50%/50%	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>Rx Drug Card</b>							
\$ 5 / 20% / 50% / \$50 ded	BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$10/ 20% / 35% / \$50 ded	BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$ 5 / 40% / 50% / \$100 ded	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
\$10/ 50% / 50% / \$100 ded	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Ded Waiver/Rx Card	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>Additional Acc/Inj.</b>	BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>Ded Waiver/Office Visit</b>	BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>EAP</b>	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>Vision</b>							
C Vision	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
AN Vision	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
AM Vision	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>Dental</b>							
F Dental	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
G Dental	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
K Dental	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
S Dental	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
V Dental	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<b>Life</b>							
Basic (\$20K/\$2K)	BE/BP/BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Custom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

- Vitality
- Vitality Basic
  - Vitality Basic + Biometrics
  - Vitality Basic + Custom Rewards
  - Vitality Basic + Biometrics + Custom Rewards