



# BCN Request for Proposal



## Group / Employee Census / Agent Information

<b>Date/Time of Request:</b>		<b>Effective Date:</b>	<b>Rate Quarter:</b> <input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr	
<b>Group Name:</b>		<b>Nature of Business/SIC:</b>	<b>City/County/Zip:</b>	
<b>Total # of Eligible Employees:</b> ( ) <b>Total # of Enrolling Employees:</b> ( ) <small>(Provide detailed census – Gender, DOB, Contract Size)</small>		<b>Current BCBSM/BCN Coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, current Group/Suffix #(s):</b>	<b>Renewal Month:</b>	
<b>Agent Name:</b>		<input type="checkbox"/> <b>Email Address/Fax #:</b>		<b>Phone #:</b>

## Blue Care Network Medical & RX Options (\*All plans & riders require 51 enrolling if plan is non sponsored)

<b>Standard HMO &amp; Deductible Plans</b>	<b>Office Visit Copay</b>	<b>Emergency Room Copay</b>	<b>Urgent Care Copay</b>	<b>Coinsurance</b>	<b>Imaging Copay</b>	<b>Optional Copay Riders*</b>	<b>Prescription Drug Options with MOPD2X</b>
<input type="checkbox"/> BCN 5 <input type="checkbox"/> BCN10 <input type="checkbox"/> \$250 Deductible <input type="checkbox"/> \$500 Deductible* <input type="checkbox"/> \$1000 Deductible <input type="checkbox"/> \$1500 Deductible* <input type="checkbox"/> \$2000 Deductible <input type="checkbox"/> \$3000 Deductible <input type="checkbox"/> \$4000 Deductible <input type="checkbox"/> \$5000 Deductible	<input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30	<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150	<input type="checkbox"/> \$35 <input type="checkbox"/> \$50	Deductible Plans only <input type="checkbox"/> 0 % <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%	<input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250  Available with BCN5, BCN 10 and Deductible Plans with 0% coinsurance	<input type="checkbox"/> \$250 Hospital Copay* (for BCN5 only)  <input type="checkbox"/> \$30 Referral Physician Copay* (For All Standard HMO & Deductible Plans) If not selected, the Referral copay is the same as the OV copay	<input type="checkbox"/> \$5/\$30 <input type="checkbox"/> \$5/\$50 <input type="checkbox"/> \$10/\$20 <input type="checkbox"/> \$10/\$40 <input type="checkbox"/> \$15/\$50 <input type="checkbox"/> \$15/40% (\$40/\$100) <input type="checkbox"/> \$10/\$20/\$40 <input type="checkbox"/> \$15/\$50/50% (\$70/\$100)* <input type="checkbox"/> \$20/\$60/50% <input type="checkbox"/> 50%/\$5/\$100

<b>Blue Elect SRO</b>	<b>Tier 1 Office Visit</b>	<b>Emergency Room</b>	<b>Urgent Care</b>	<b>Medicare</b>
<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B*	<input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150	<input type="checkbox"/> \$35 <input type="checkbox"/> \$50	<b>Medicare Options</b> <input type="checkbox"/> BCN65 Medical <input type="checkbox"/> BCN Advantage Medicare <b>Medicare RX Options</b> <input type="checkbox"/> Match active RX Coverage <input type="checkbox"/> Part D Rider

<b>Healthy Living</b>	<b>Enhanced Options</b>	<b>Standard Options</b>
<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 2* <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 6	<input type="checkbox"/> \$5/\$30 Enhanced, \$10/\$40 Standard <input type="checkbox"/> \$5/\$30 Enhanced, \$15/\$50 Standard <input type="checkbox"/> \$5/\$30 Enhanced, 50%(\$5/\$100) Standard <input type="checkbox"/> \$10/\$20 Enhanced, \$10/\$40 Standard	<input type="checkbox"/> \$10/\$20 Enhanced, \$15/\$50 Standard <input type="checkbox"/> \$10/\$20 Enhanced, 50%(\$5/\$100) Standard <input type="checkbox"/> \$10/\$40 Enhanced, 50%(\$5/\$100) Standard <input type="checkbox"/> \$10/\$40 Enhanced, \$15/\$50 Standard

<b>BCN Basic</b> <input type="checkbox"/> BASIC
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## Dental & Vision Options (BCN Blue Vision Choice or Blue Dental Choice ONLY available with BCN medical enrollee)

<b>Vision</b>	<b>Traditional Plus Dental</b>	<b>Community Dental</b>	<b>Dental</b>
<input type="checkbox"/> VSP 12/12/12 <input type="checkbox"/> VSP 24/24/24 <input type="checkbox"/> Blue Vision Choice (Voluntary) 12-12-24, BVC \$10/\$25	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 4 (Preventive) <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 5 (\$50/\$100 ded) <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 6 <input type="checkbox"/> Plan 7	<input type="checkbox"/> CD Plan 2 <input type="checkbox"/> CD Plan 4 <input type="checkbox"/> CD Plan 3 <input type="checkbox"/> CD Plan 5	<b>Blue Dental Choice (Voluntary)</b> <input type="checkbox"/> BDC Plan 2 <input type="checkbox"/> Waive WP <input type="checkbox"/> BDC Plan 3 (Proof of prior coverage required)

## One Subscriber Group (OSG) and Groups of One (GOO) Plans (Sponsorship & Medical Underwriting required)

<input type="checkbox"/> Plan A – BCN10, ER50, IP10, 100V15, FCR, RX 50%C (\$5 minimum/\$100 maximum Copay, MOPD2X)	<input type="checkbox"/> Plan Deductible Pkg 3: BCN10, ER75, UR35, CO20, 1000D, 30%CR, 1500CM, IP10, FCR, RX 50%C (\$5 minimum/\$100 maximum) Copay, MOPD2X
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