

# Group Quote Request Form (group size 2-50)



<i>Broker Name</i>		<i>Broker number</i>		<i>Date submitted</i>		<i>Requested effective date</i>			
<i>Type</i> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Reinstatement		<i>Current carrier</i>		<i>Association</i>		<i>Type of industry</i>		<i>Rates</i> <input type="checkbox"/> Composite <input type="checkbox"/> Age/Sex	
<i>Broker fax no.</i>		<i>Broker phone no.</i>		<i>Broker e-mail</i>		<i>Group name</i>		<i>Group no.</i>	
<i>Group contact name</i>		<i>Group phone no.</i>		<i>Group address</i>		<i>City, State, ZIP code</i>		<i>SIC code</i>	

## Blue Access<sup>SM</sup> PPO

Options	Network										Out-of-Network							Rx Plans
	Office Visit Copay, PCP	Office Visit Copay, SCP	In-network Deductible Single	In-network Deductible Family	Inpatient Copay	Outpatient Surgery	Outpatient Other	Professional	In-network OOP Max Single	In-network OOP Max Family	ER Copay	Urgent Care Network	OON Deductible Single	OON Deductible Family	Covered Services Co-Insurance	Out-of-Network OOP Max Single	Out-of-Network OOP Max Family	
1 <input type="checkbox"/>	\$10	\$10	\$0	\$0	NCS	NCS	NCS	NCS	None	None	\$200	\$75	\$300	\$900	20%	\$2,000	\$4,000	C, G, K, M
2 <input type="checkbox"/>	\$15	\$15	\$250	\$750	10%	10%	10%	10%	\$1,500	\$3,000	200/10%	\$75	\$500	\$1,500	30%	\$3,000	\$6,000	C, G, K, M
3 <input type="checkbox"/>	\$30	\$30	\$0	\$0	\$250	\$100	20%	NCS	\$2,000	\$4,000	\$200	\$75	\$300	\$900	30%	\$4,000	\$8,000	C, G, K, M
4 <input type="checkbox"/>	\$20	\$20	\$0	\$0	20%	20%	20%	20%	\$1,500	\$3,000	200/20%	\$75	\$500	\$1,500	40%	\$3,000	\$6,000	C, G, K, M
5 <input type="checkbox"/>	\$15	\$15	\$250	\$750	20%	20%	20%	20%	\$1,500	\$3,000	200/20%	\$75	\$500	\$1,500	40%	\$3,000	\$6,000	C, G, K, M
6 <input type="checkbox"/>	\$20	\$20	\$500	\$1,500	20%	20%	20%	20%	\$1,000	\$2,000	200/20%	\$75	\$1,000	\$3,000	40%	\$2,000	\$4,000	C, G, K, M
7 <input type="checkbox"/>	\$15	\$15	\$500	\$1,500	10%	10%	10%	10%	\$2,500	\$5,000	200/10%	\$75	\$1,000	\$3,000	30%	\$5,000	\$10,000	C, G, K, M
8 <input type="checkbox"/>	\$20	\$50	\$500	\$1,500	20%	20%	20%	20%	\$1,000	\$2,000	200/20%	\$75	\$1,000	\$3,000	40%	\$2,000	\$4,000	C, G, K, M
9 <input type="checkbox"/>	\$15	\$45	\$500	\$1,500	10%	10%	10%	10%	\$2,500	\$5,000	200/10%	\$75	\$1,000	\$3,000	30%	\$5,000	\$10,000	C, G, K, M
10 <input type="checkbox"/>	\$25	\$25	\$1,000	\$3,000	0%	0%	0%	0%	\$1,000	\$3,000	\$200	\$75	\$2,000	\$6,000	20%	\$5,000	\$10,000	C, G, K, M
11 <input type="checkbox"/>	\$30	\$30	\$750	\$2,250	20%	20%	20%	20%	\$2,000	\$4,000	200/20%	\$75	\$1,500	\$4,500	40%	\$4,000	\$8,000	C, G, K, M
12 <input type="checkbox"/>	\$25	\$50	\$1,000	\$3,000	0%	0%	0%	0%	\$1,000	\$3,000	\$200	\$75	\$2,000	\$6,000	20%	\$5,000	\$10,000	C, G, K, M
13 <input type="checkbox"/>	\$20	\$20	\$1,000	\$3,000	20%	20%	20%	20%	\$4,000	\$8,000	200/20%	\$75	\$2,000	\$6,000	40%	\$8,000	\$16,000	C, G, K, M
14 <input type="checkbox"/>	\$25	\$25	\$2,000	\$6,000	0%	0%	0%	0%	\$2,000	\$6,000	\$200	\$75	\$4,000	\$12,000	20%	\$8,000	\$16,000	C, G, K, M
15 <input type="checkbox"/>	\$20	\$50	\$1,000	\$3,000	20%	20%	20%	20%	\$4,000	\$8,000	200/20%	\$75	\$2,000	\$6,000	40%	\$8,000	\$16,000	C, G, K, M
16 <input type="checkbox"/>	\$25	\$50	\$2,000	\$6,000	0%	0%	0%	0%	\$2,000	\$6,000	\$200	\$75	\$4,000	\$12,000	20%	\$8,000	\$16,000	C, G, K, M
17 <input type="checkbox"/>	\$25	\$25	\$2,500	\$7,500	20%	20%	20%	20%	\$5,000	\$10,000	20%	\$75	\$5,000	\$15,000	50%	\$10,000	\$20,000	C, G, K, M
18 <input type="checkbox"/>	\$30	\$30	\$2,500	\$7,500	30%	30%	30%	30%	\$5,000	\$10,000	200/30%	\$75	\$5,000	\$15,000	50%	\$10,000	\$20,000	C, G, K, M
D1 <input type="checkbox"/>	\$20	\$20	\$250	\$500	20%	20%	20%	20%	\$2,000	\$4,000	200/20%	\$75	\$500	\$1,000	40%	\$4,000	\$8,000	C, G, K, M
D2 <input type="checkbox"/>	\$15	\$15	\$500	\$1,000	20%	20%	20%	20%	\$2,000	\$4,000	200/20%	\$75	\$1,000	\$2,000	40%	\$4,000	\$8,000	C, G, K, M
D3 <input type="checkbox"/>	\$20	\$20	\$500	\$1,000	20%	20%	20%	20%	\$3,000	\$6,000	200/20%	\$75	\$1,000	\$2,000	40%	\$6,000	\$12,000	C, G, K, M
D4 <input type="checkbox"/>	\$30	\$30	\$750	\$1,500	20%	20%	20%	20%	\$2,000	\$4,000	200/20%	\$75	\$1,500	\$3,000	40%	\$4,000	\$8,000	C, G, K, M

# Group Quote Request Form (group size 2-50)



## Blue Access<sup>SM</sup> PPO

Options	Network										Out-of-Network						Rx Plans	
	Office Visit Copay, PCP	Office Visit Copay, SCP	In-network Deductible Single	In-network Deductible Family	Inpatient Copay	Outpatient Surgery	Outpatient Other	Professional	In-network OOP Max Single	In-network OOP Max Family	ER Copay	Urgent Care Network	OON Deductible Single	OON Deductible Family	Covered Services Co-Insurance	Out-of-Network OOP Max Single		Out-of-Network OOP Max Family
D5 <input type="checkbox"/>	\$20	\$20	\$1,000	\$2,000	20%	20%	20%	20%	\$4,000	\$8,000	200/20%	\$75	\$2,000	\$4,000	40%	\$8,000	\$16,000	C, G, K, M
D6 <input type="checkbox"/>	\$30	\$50	\$2,500	\$5,000	0%	0%	0%	0%	\$2,500	\$5,000	\$200	\$75	\$5,000	\$10,000	40%	\$10,000	\$20,000	C, G, K, M
D7 <input type="checkbox"/>	\$25	\$25	\$2,500	\$5,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	\$75	\$5,000	\$10,000	50%	\$10,000	\$20,000	C, G, K, M
D8 <input type="checkbox"/>	\$30	\$50	\$3,000	\$6,000	0%	0%	0%	0%	\$3,000	\$6,000	\$200	\$75	\$6,000	\$12,000	40%	\$12,000	\$24,000	C, G, K, M
D9 <input type="checkbox"/>	\$30	\$50	\$4,000	\$8,000	0%	0%	0%	0%	\$4,000	\$8,000	\$200	\$75	\$8,000	\$16,000	40%	\$16,000	\$32,000	C, G, K, M
D10 <input type="checkbox"/>	\$30	\$50	\$5,000	\$10,000	0%	0%	0%	0%	\$5,000	\$10,000	\$200	\$75	\$10,000	\$20,000	40%	\$20,000	\$40,000	C, G, K, M
D11 <input type="checkbox"/>	\$30	\$50	\$5,000	\$10,000	20%	20%	20%	20%	\$10,000	\$20,000	200/20%	\$75	\$10,000	\$20,000	40%	\$20,000	\$40,000	C, G, K, M

## Anthem Essential PPO

Options	Network										Out-of-Network						Rx Plans	
	Office Visit Copay, PCP	Office Visit Copay, SCP	In-network Deductible Single	In-network Deductible Family	Inpatient Copay	Outpatient Surgery	Outpatient Other	Professional	In-network OOP Max Single	In-network OOP Max Family	ER Copay	Urgent Care Network	OON Deductible Single	OON Deductible Family	Covered Services Co-Insurance	Out-of-Network OOP Max Single		Out-of-Network OOP Max Family
HS1 <input type="checkbox"/>	\$20/50%		\$1,000	\$3,000	\$500/20%	20%	20%	20%	\$5,000	\$10,000	\$200/20%		\$2,000	\$6,000	50%	\$10,000	\$20,000	M
HS2 <input type="checkbox"/>	\$20/50%		\$2,000	\$6,000	\$750/20%	20%	20%	20%	\$5,000	\$10,000	\$200/20%		\$4,000	\$12,000	50%	\$10,000	\$20,000	M
HS3 <input type="checkbox"/>	\$20/50%		\$2,500	\$7,500	\$1000/20%	20%	20%	20%	\$5,000	\$10,000	\$200/20%		\$5,000	\$15,000	50%	\$10,000	\$20,000	M
HS4 <input type="checkbox"/>	\$20/50%		\$5,000	\$15,000	\$1000/20%	20%	20%	20%	\$10,000	\$20,000	\$200/20%		\$10,000	\$30,000	50%	\$20,000	\$40,000	M

## Blue Priority<sup>®</sup> Plus POS

Options	Network										Out-of-Network						Rx Plans	
	Office Visit Copay, PCP	Office Visit Copay, SCP	In-network Deductible Single	In-network Deductible Family	Inpatient Copay	Outpatient Surgery	Outpatient Other	Professional	In-network OOP Max Single	In-network OOP Max Family	ER Copay	Urgent Care Network	OON Deductible Single	OON Deductible Family	Covered Services Co-Insurance	Out-of-Network OOP Max Single		Out-of-Network OOP Max Family
1 <input type="checkbox"/>	\$20	\$50	\$1,000	\$3,000	20%	20%	20%	20%	\$4,000	8,000	\$200/20%	\$75	\$2,000	\$6,000	40%	\$8,000	\$16,000	B, F
2 <input type="checkbox"/>	\$20	\$50	\$500	\$1,500	20%	20%	20%	20%	\$1,000	2,000	\$200/20%	\$75	\$1,000	\$3,000	40%	\$2,000	\$4,000	B, F
3 <input type="checkbox"/>	\$15	\$15	\$500	\$1,500	10%	10%	10%	10%	\$2,500	5,000	\$200/10%	\$75	\$1,000	\$3,000	30%	\$5,000	\$10,000	B, F
4 <input type="checkbox"/>	\$20	\$20	\$150	\$450	\$500	\$300	20%	NCS	\$1,500	3,000	\$200	\$75	\$500	\$1,500	40%	\$3,000	\$6,000	B, F
5 <input type="checkbox"/>	\$15	\$15	\$200	\$600	10%	10%	10%	10%	\$1,000	2,000	\$200/10%	\$75	\$400	\$1,200	30%	\$2,000	\$4,000	B, F

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## Rx Plans

Rx Code	Retail Copays	Mail Service Copays	Non-Network Copays	Deductible	OOP Maximum
B	\$10/\$25/\$40	\$10/\$65/\$120	50% (min \$40)		
C	\$10/\$25/\$40/25% w \$150 max	\$10/\$65/\$120/25% w \$150 max.*	50% (min \$40)		\$2,500 - 4th tier
F	\$10/\$30/\$60	\$10/\$75/\$180	50% (min \$60)		
G	\$10/\$30/\$60/25% w \$150 max	\$10/\$75/\$180/25% w \$150 max*	50% (min \$60)		\$2,500 - 4th tier
K	\$15/\$30/25% - w \$150 max	\$15/\$75/25% w \$150 max*	50% (min \$60)		\$2,500 - 3rd tier
M	\$10/100%	\$10/100%	50% generic/100% brand		

Medicare Rx Options	
<input type="checkbox"/>	Wrap
<input type="checkbox"/>	Subsidy
<input type="checkbox"/>	Waiver

\* Subsidy is only available to 100+ size groups.

<input type="checkbox"/>	Refill by mail
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