

CHECKLIST

for Submitting Sold Groups
(groups with 151+ eligible employees)

Group Name	
Effective Date	

GROUP INFORMATION

Prior Carrier (Verification Required)	Plan Selection (Choose all that apply)	BCBSOK COBRA Administrator
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide carrier name: _____ _____	<input type="checkbox"/> BlueOptions® PPO <input type="checkbox"/> with Health Care Account (HCA) <input type="checkbox"/> BlueChoice® PPO <input type="checkbox"/> with Health Care Account (HCA) <input type="checkbox"/> BluePreferred® PPO <input type="checkbox"/> HSA Blue With Integration? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please select one bank vendor: <input type="checkbox"/> HSA Bank <input type="checkbox"/> Benefit Wallet (formerly ACS/Mellon) <input type="checkbox"/> Flex HSA <input type="checkbox"/> BlueLincs SM HMO <input type="checkbox"/> BlueTraditional® <input type="checkbox"/> Dental <input type="checkbox"/> Connect Your Care (CYC) FSA	<input type="checkbox"/> No <input type="checkbox"/> Yes

REQUIRED ITEMS FOR ALL GROUP SUBMISSIONS (Fully completed and signed)

Fully Insured	ASO
<input type="checkbox"/> Benefit Program Application (BPA) <input type="checkbox"/> Health Care Account (HCA) BPA (if applicable) <input type="checkbox"/> Enrollment Spreadsheet or Enrollment Application/ Change Form for all eligible employees <input type="checkbox"/> Benefit Matrix (completed by BCBSOK representative) <input type="checkbox"/> Rates <input type="checkbox"/> Deductible Credit (see next page for more information) <input type="checkbox"/> Insured Group Certification Form (if applicable) <input type="checkbox"/> BET/Pharmacy Matrix (if applicable; completed by BCBSOK representative) <input type="checkbox"/> COBRA Administrative Services Addendum (if BCBSOK is COBRA administrator)	<input type="checkbox"/> Benefit Program Application (BPA) <input type="checkbox"/> Health Care Account (HCA) BPA (if applicable) <input type="checkbox"/> Enrollment Spreadsheet or Enrollment Application/ Change Form for all eligible employees <input type="checkbox"/> Benefit Matrix (completed by BCBSOK representative) <input type="checkbox"/> Rates <input type="checkbox"/> Deductible Credit (see next page for more information) <input type="checkbox"/> Business Associate Agreement (if applicable) <input type="checkbox"/> Stop Loss Application <input type="checkbox"/> BET/Pharmacy Matrix (required; completed by BCBSOK representative) <input type="checkbox"/> Electronic Payment Form <input type="checkbox"/> COBRA Administrative Services Addendum (if BCBSOK is COBRA administrator)

Please refer to page 2 of this checklist for specific instructions regarding the submission of group paperwork.

BILLING OPTIONS

- Single Bill
- Split By
 - Category (i.e., location, employee type)
 - Product (i.e., BlueChoice, BluePreferred, BlueOptions, etc.)
 - Page Break by Category
- Multiple Bills

Please Explain:

REQUIRED GROUP SUBMISSION FORMS

BPA - The Benefit Program Application is the formal request for group health coverage. It is part of the Group Administration Document and is used to determine which benefits the group has selected to purchase. The BPA is completed jointly by the group and the Agent. It is then signed by the group and counter signed by a licensed and appointed Agent.

Enrollment Spreadsheet - Electronic enrollment spreadsheet should be used in place of the Application/Declination. *This method is the preferred method of enrollment.*

Enrollment Application/Change Form - This form is completed by the employee and is used to select benefits and provide information about themselves and their dependents. This form is also completed by each eligible employee not selecting benefits (declining coverage).

Deductible Credit - In order to receive appropriate credit, employer must provide a report or an EOB from prior carrier showing deductible amounts already met.