



**BlueCross BlueShield
of Nebraska**

Blue Cross and Blue Shield of Nebraska Online Quote Calculator

Blue Cross and Blue Shield of Nebraska Online Quote Calculator User Guide

ACCESSING QUOTE CALCULATOR.....3

RUNNING A QUOTE – INPUT PAGE3

Proposed Insured Information..... 4

Demographic Information 4

New Member Quote..... 4

New Member Quote (Single):..... 5

Existing Member Quote 5

Select Plan(s) View 6

VIEWING A QUOTE – QUOTE PAGE & PROPOSAL COUPON9

OPTIONS AVAILABLE ON QUOTE PAGE.....11

E-mail 11

Print..... 11

DENTAL ESSENTIALS12

ACCESSING QUOTE CALCULATOR

To access the quote calculator:

1. Go to www.nebraskablue.com.
2. Click on **Agents and Brokers**
3. Here you will be prompted for a username and password.

Username: bcbsne

Password: nebraska


4. Click **Login**
5. Under the *Advertising and Sales Tools* heading on the left side of the page click on **Broker Quote Tool**



This will take you to the input page of the quote calculator.

RUNNING A QUOTE – INPUT PAGE

Input page:



**BlueCross BlueShield
of Nebraska**
One less thing to worry about.™

Broker Quote Tool

Complete the fields below then click the Select Plans button to generate a quote.

Proposed Insured Information

Name:	<input type="text"/>	City:	<input type="text"/>
Address 1:	<input type="text"/>	State:	<input type="text"/>
Address 2:	Optional <input type="text"/>	Zip:	<input type="text"/>
Phone:	Optional <input type="text"/>	County:	Select County <input type="text"/>
E-mail address:	Optional <input type="text"/>		

Demographic Information

Type of quote:

Rate Effective Date: (mm/dd/yyyy)

Class:

Proposed Insured's Sex: Male Female

Proposed Insured's Birthdate: (mm/dd/yyyy)

Used tobacco in the last 12 months?: No Yes

Include Dental: No Yes

Proposed Insured Information

Complete the fields under the proposed insured information. The following fields are required:

- Name
- Address 1
- City
- State
- Zip
- **County

*** County is only required if the zip code entered is a zip code in one of these 8 counties: Burt, Cass, Dodge, Douglas, Otoe, Sarpy, Saunders, and Washington. County has been added in order to provide quotes for the new SelectBlue Product. SelectBlue is available in the 8 counties listed above.*

BlueCross BlueShield of Nebraska
One less thing to worry about.

Broker Quote Tool

Complete the fields below then click the Select Plans button to generate a quote.

Proposed Insured Information

Name:	Testing	City:	Omaha
Address 1:	78 Happy Trails Way	State:	NE
Address 2:	Optional	Zip:	68127
Phone:	Optional	County:	Douglas
E-mail address:			

Demographic Information

The first field prompts the user for the **Type of quote** they would like to run. User is able to select:

- New Member Quote, or
- Existing Member Quote

New Member Quote

- New Member Quote should be used when quoting a new business rate.
- Complete the information as it pertains to your client. All fields are required.
- The **Rate Effective Date** field should be completed based on when the Proposed Insured would like coverage to begin.
- Also, you will see the Demographic Information fields change based on the **Class** selection; as well as the **Select Plan(s)** options will vary based on **Rate Effective Date** and **Class** option selected.

New Member Quote (Single):

Demographic Information	
Type of quote:	New Member Quote
Rate Effective Date:	01/01/2013 (mm/dd/yyyy)
Class:	Single
Proposed Insured's Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Proposed Insured's Birthdate:	07/27/1986 (mm/dd/yyyy)
Used tobacco in the last 12 months?:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Include Dental:	<input checked="" type="radio"/> No <input type="radio"/> Yes
<input type="button" value="Select Plans"/> <input type="button" value="Reset"/>	

New Member Quote (Family):

Demographic Information	
Type of quote:	New Member Quote
Rate Effective Date:	10/01/2012 (mm/dd/yyyy)
Class:	Family
Proposed Insured's Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Proposed Insured's Birthdate:	03/04/1975 (mm/dd/yyyy)
Used tobacco in the last 12 months?:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Spouse Birthdate:	07/15/1971 (mm/dd/yyyy)
Used tobacco in the last 12 months?:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Number of Children:	1
Include Dental:	<input type="radio"/> No <input checked="" type="radio"/> Yes
<input type="button" value="Select Plans"/> <input type="button" value="Reset"/>	

Existing Member Quote

- Existing Member Quote should be used when quoting business for an existing member
 - Member code is located in the bottom left corner of member's Renewal Coverage Information Sheet
 - The **Rate Effective Date** field should be completed based on when the Proposed Insured would like coverage to begin and will need to be a date between January and December of the calendar year following the current calendar year
 - For existing members, effective date must be in range 01/01/2013 to 12/31/2013
- Rate Effective Date:**
- 12/01/20 (mm/dd/yyyy)
- **Current Plan Type** and **Current Deductible** are required and once completed, **Select Plan(s)** options will vary based on the entries into these fields

Existing Member Quote (Single):


Demographic Information	
Type of quote:	New Member Quote
Rate Effective Date:	10/01/2012 (mm/dd/yyyy)
Class:	Single
Proposed Insured's Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Proposed Insured's Birthdate:	03/04/1975 (mm/dd/yyyy)
Used tobacco in the last 12 months?:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Include Dental:	<input type="radio"/> No <input checked="" type="radio"/> Yes
<input type="button" value="Select Plans"/> <input type="button" value="Reset"/>	

Existing Member Quote (Family):

Demographic Information	
Type of quote:	Existing Member Quote
Rate Effective Date:	01/01/2013 (mm/dd/yyyy)
Class:	Family
Proposed Insured's Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Proposed Insured's Birthdate:	07/27/1986 (mm/dd/yyyy)
Spouse Birthdate:	09/14/1987 (mm/dd/yyyy)
Number of Children:	2
Member Code:	X - BBB <small>(Member code is located in the bottom left corner of member's Renewal Coverage Information Sheet)</small>
Current Plan Type:	BlueEssentials
Current Deductible:	BlueEssentials \$1,000
Include Dental:	<input checked="" type="radio"/> No <input type="radio"/> Yes
<input type="button" value="Select Plans"/> <input type="button" value="Reset"/>	

Select Plan(s) View

To select the plan type(s) you wish to quote for your client, click on the title bar of the plan name.



Broker Quote Tool

Please select up to three plans that require underwriting and up to three plans that do not require underwriting then click the Submit button to generate a quote.

New Colors

Select Plan(s)
BlueEssentials Choice - Family ▼
BlueEssentials Choice HSA - Family ▼
BlueEssentials - Family ▼
BlueEssentials HSA - Family ▼
SelectBlue - Family ▼
SelectBlue HSA - Family ▼
TempCare - Family ▼

This will open the plan to illustrate the deductible options available. Each deductible option will list the Member Rate, Spouse and Children Rates (if applicable), Total Rate, if Underwriting is required, and Benefit Changes (N/A for new quotes).

Select Plan(s)							
BlueEssentials Choice Family							
Deductible	Member Rate	Spouse Rate	Child Rate	Total Rate	UW Required	Benefit Changes	
<input type="checkbox"/>	\$1,000	\$113.38	\$151.88	\$109.10	\$374.36	Yes	Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%
<input type="checkbox"/>	\$2,500	\$92.70	\$124.18	\$89.20	\$306.08	Yes	Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%
<input type="checkbox"/>	\$5,000	\$78.23	\$104.80	\$75.28	\$258.31	Yes	Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%
<input type="checkbox"/>	\$7,500	\$65.04	\$87.13	\$62.59	\$214.76	Yes	Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%
<input type="checkbox"/>	\$10,000	\$60.14	\$80.57	\$57.87	\$198.58	Yes	Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%
<input type="checkbox"/>	\$1,000 + maternity	\$113.38	\$262.05	\$109.10	\$484.53	Yes	Gain: Maternity benefit, Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%
<input type="checkbox"/>	\$2,500 + maternity	\$92.70	\$214.25	\$89.20	\$396.15	Yes	Gain: Maternity benefit, Add: \$100 ER Copay Coinsurance Changes from 20%/40% to 30%/50%

You may select up to 3 Plans that require underwriting and up to 3 Plans that do not require underwriting. In order to select additional plans, you will need to modify your request – by clicking “**Modify**”, deselect the selected options, and click “**Select Plans**”.

BlueEssentials - Family							
	Deductible	Member Rate	Spouse Rate	Child Rate	Total Rate	UW Required	Benefit Changes
<input checked="" type="checkbox"/>	\$500	\$163.71	\$219.30	\$157.53	\$540.54	Yes	No Benefit Change
<input checked="" type="checkbox"/>	\$1,000	\$153.32	\$205.39	\$147.53	\$506.24	No	No Benefit Change
<input checked="" type="checkbox"/>	\$1,500	\$135.96	\$182.13	\$130.83	\$448.92	No	No Benefit Change
<input type="checkbox"/>	\$2,000	\$133.44	\$178.76	\$128.41	\$440.61	No	No Benefit Change
<input type="checkbox"/>	\$3,500	\$121.29	\$162.48	\$116.71	\$400.48	No	No Benefit Change
<input checked="" type="checkbox"/>	\$500 + maternity	\$163.71	\$378.38	\$157.53	\$699.62	Yes	Gain: Maternity Benefits
<input type="checkbox"/>	\$1,000 + maternity	\$153.32	\$354.37	\$147.53	\$655.22	No	Gain: Maternity Benefits
<input checked="" type="checkbox"/>	\$1,500 + maternity	\$135.96	\$314.24	\$130.83	\$581.03	No	Gain: Maternity Benefits
<input type="checkbox"/>	\$2,000 + maternity	\$133.44	\$308.43	\$128.41	\$570.28	No	Gain: Maternity Benefits
<input type="checkbox"/>	\$3,500 + maternity	\$121.29	\$280.33	\$116.71	\$518.33	No	Gain: Maternity Benefits
BlueEssentials HSA - Family							
SelectBlue - Family							
	Deductible	Member Rate	Spouse Rate	Child Rate	Total Rate	UW Required	Benefit Changes
<input checked="" type="checkbox"/>	\$1,000	\$104.73	\$140.30	\$100.78	\$345.81	Yes	Gain Select-In-Network, \$25 OV Copay, Lose: \$0 Rx Generic Copay, Move from \$300 Accident benefit to \$250/yr Coinsurance Changes from 20%/40% to 30%/50%/60%

Once you have selected your quote options, click [Submit].

VIEWING A QUOTE – QUOTE PAGE & PROPOSAL COUPON

Once you click the [Submit] button, the quote page will appear:

The screenshot displays a quote page with the following sections:

- Proposed Insured Information:** A light blue header bar at the top.
- Proposed Insured Information (Left Side):** A box containing the text "Proposed Insured Information" with an arrow pointing to the "Testing This Address Omaha, Ne 68104" section.
- Testing This Address Omaha, Ne 68104:** A red-bordered box containing the address and quote details: "Quote Date: 09/16/2012" and "Rate Effective Date: 01/01/2013".
- Disclaimer Statement and SBC Information:** A box on the left with arrows pointing to the disclaimer text.
- Disclaimer Text:** A large blue-bordered box containing the following text:

This chart contains a general description of benefits. Please refer to the contract for the actual terms and conditions that apply, as well as any exclusions and limitations. In the event there are discrepancies with the information on the chart, the terms and conditions of the contract will govern. This is a quote based on your age, gender and current underwritten status on record with Blue Cross and Blue Shield of Nebraska. Please note: If you select a plan which requires underwriting, actual rates may vary based on your current relative health status, tobacco usage and final underwriting approval. If you are found to be ineligible to transfer to an underwritten plan, you will be able to maintain your current coverage with no change in rating.

Ages are calculated, and rates are in effect, as of January 1st, 2013

Please Note: If any covered member is currently pregnant or an expectant father, you cannot add maternity coverage. Any change to a BlueBasics Plan may require underwriting.
- Summary of Benefits and Coverage:** A section below the disclaimer with the following text:

Summary of Benefits and Coverage
Beginning September 23, 2013, all insurers must produce the same document describing their health plans. The Department of Health and Human Services (HHS) has issued a uniform template that must be used (commonly referred to as the Summary of Benefits and Coverage, or SBC). To view your plan's SBC please visit our website at www.nebraskablue.com.

You will see the top sections contain the Proposed Information and Demographic Information that was completed on the prior input page, as well as a disclaimer statement.

Please remember – as stated in the disclaimer statement – This is a quote based on the proposed insured's age, gender and tobacco status. Actual rates may vary based on the proposed insured's relative health status, tobacco usage and final underwriting approval.

As you scroll down the page, you will see quotes for all options selected on the prior input page. The **Proposal Coupon** will also provide you with information for each plan quoted, such as deductible amount, coinsurance percentage and drug coverage information; as well as the premium amount for each subscriber.

The color coding continues to the Proposal Coupon.



Plan Selections									
Coverage Option Information Sheet Underwriting Required	Proposed Coverage								
	Quote #1			Quote #2			Quote #3		
	SelectBlue Opt 3 - \$1000			SelectBlue Opt 1 - \$1500					
	Select Network	In-Network	Out-of-Network	Select Network	In-Network	Out-of-Network	Select Network	In-Network	Out-of-Network
Deductible ¹	\$1,000	\$1,500	\$3,000	\$1,500	\$2,500	\$5,000	N/A	N/A	N/A
Coinsurance Percent for Most Covered Services	30%	50%	60%	30%	50%	60%	N/A	N/A	N/A
Coinsurance Limit ¹	\$2,000	\$3,500	\$7,000	\$3,500	\$7,000	\$14,000	N/A	N/A	N/A
Primary Care Physician Office Visit	\$25 Office Visit Copay (6 per year)			\$30 Office Visit Copay (6 per year)			N/A		
ER Services	\$300 copay (waived if admitted) plus deductible and coinsurance			\$300 copay (waived if admitted) plus deductible and coinsurance			N/A		
Preventive Care ²	\$25 Office Visit / Services Copay (Routine Mamms, Paps, Immunizations covered @ 100%)			\$30 Office Visit / Services Copay (Routine Mamms, Paps, Immunizations covered @ 100%)			N/A		
First Dollar Accident Benefit	\$250 per covered person - not subject to deductible and coinsurance			\$250 per covered person - not subject to deductible and coinsurance			N/A		
Prescription Drug Benefit	\$10/25% (\$30 min/\$60 max)/50% (\$85 min/\$170 max); \$100 drug deductible			\$15/25% (\$30 min/\$60 ax)/50%(\$85 min/ \$170 max); \$100 drug deductible			N/A		
Proposed Insured Rate	\$104.73			\$99.66			N/A		
Spouse Rate	N/A			N/A			N/A		
Child Rate	\$211.64			\$201.39			N/A		
Total Monthly Rate	\$316.37			\$301.05			N/A		
	Please apply for this plan Online or complete a paper application.			Please apply for this plan Online or complete a paper application.			Please apply for this plan Online or complete a paper application.		
Disclaimer (if applicable):									
For Internal Use Only (Basic Code)	1257			1255					

Disclaimer Statement

If **no** Underwriting is required, a Disclaimer will display in the Proposal Coupon.

OPTIONS AVAILABLE ON QUOTE PAGE

Within the Demographic Information box, you have three buttons to use if you so choose: E-mail, Print and Modify.

Demographic Information		
Proposed Insured	Male - Age 27	DOB: 01/22/1985
Number of children	2	
<input type="button" value="E-Mail"/> <input type="button" value="Print"/> <input type="button" value="Modify"/>		

The below information will provide you with a description on the function of each of these buttons.

E-mail

Within this quote calculator, you have the capability to e-mail a copy of the quote to your client. To do so, click the [E-mail] button. This will create a new box with fields to enter the appropriate e-mail address information.

<input type="button" value="E-Mail"/> <input type="button" value="Print"/> <input type="button" value="Modify"/>	
Please enter information for the "To:" and "From:" fields for the e-mail. Separate multiple addresses with semi-colon, e.g. "user@domain.com; user2@domain2.com"	
To:	<input type="text"/>
From:	<input type="text"/>
Optional Cc:	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

- Enter your client email address, plus any additional address in the "To" box.
- You **must include your email address** in the "From" box.
- Once you have entered the email address information, simply click the [Submit] button. Once you click the [Submit] button the screen will refresh.

The email your client will receive will look exactly as the quote page from the online quoting calculator.

Print

If you would like to print a copy of the quote for your records, or to mail a quote to your client, simply click the [Print] button located on the quote page. Your **Print** box should appear on screen. Simply select the printer options as well as number of copies and click [Print]

Modify

If you need to modify any of the Proposed Insured Information, Demographic Information or make a change to the selected plans, click the [Modify] button to return to the initial input page. You will then be able to make the appropriate changes to the quote. To view the quote with the revised information, click the [Submit] button.

DENTAL ESSENTIALS

In order to view the DentalEssentials Benefits and Rates, Click **“here”** to view dental benefits. The link is found on the **Select Plans** page.

Broker Quote Tool

Please select up to three plans that require underwriting and up to three plans that do not require underwriting then click the Submit button to generate a quote.

Select Plan(s)

BlueEssentials Choice - Single	▼
BlueEssentials Choice HSA - Single	▼
BlueEssentials - Single	▼
BlueEssentials HSA - Single	▼
SelectBlue - Single	▼
SelectBlue HSA - Single	▼
Blue Basics - Single	▼
TempCare - Single	▼

Click [here](#) to view dental benefits

Once you have clicked on the link for Dental Benefits, the DentalEssentials PDF will display.

DentalEssentials

Offering Four Valuable Options

Regardless of the DentalEssentials option chosen, you can take advantage of a dental coverage plan that meets your needs.

Dental Essentials								
	Option 1		Option 2		Option 3		Option 4	
Deductible	\$50 per person per calendar year		\$50 per person per calendar year		\$50 per person per calendar year		\$50 per person per calendar year	
Annual Benefit Maximum	\$1,000 per person per calendar year		\$1,000 per person per calendar year		\$1,000 per person per calendar year		\$1,000 per person per calendar year	
Coinsurance	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Coverage A services	0% (deductible waived in-network)	20%	0% (deductible waived in-network)	20%	0% (deductible waived)		0% (deductible waived)	
Coverage B services (6 Month Waiting Period*)	20%	30%	20%	30%	20%		20%	
Coverage C Services (12 Month Waiting Period)	50%	50%	N/A	N/A	50%		N/A	
PREMIUM RATES								
Option	Option 1		Option 2		Option 3		Option 4	
Single	\$26.50		\$21.00		\$30.50		\$24.50	
Married Couple	\$53.00		\$42.00		\$61.00		\$49.00	
Single Parent (one parent and eligible dependant children)	\$84.00		\$66.50		\$104.00		\$82.00	
Family (two parents and eligible dependant children)	\$110.50		\$87.50		\$134.50		\$106.50	