

Broker Portal: SGOR Training Guide Small Group Online Renewals

SGOR - Broker Access (Authenticated Access Only)

The screenshot displays the Blue Shield of California Broker Connection interface. At the top, the logo and 'broker connection' text are visible, along with a 'Log In or Register' button. The main navigation bar includes links for 'Individual & Family', 'Small Business (1-100)', 'Large Groups (101+)', 'Medicare Eligible', and 'Resources'. The central content area features a 'Small Business 1-100' section with a 'Browse Plans' button and a 'Renewal Center for 1-100' section. The bottom navigation bar is expanded, showing a list of links under 'Small Business (1-100)', with a red arrow pointing to 'View Client List'. Other links include 'New Group Submission Status', 'Online Renewal', 'Administer Member Level Changes', and 'Renewal and Post Enrollment packets'. The right side of the navigation bar includes 'Small Business Home', 'Medical Plans', 'Dental Plans', 'Vision Plans', and 'Life and AD&D Plans'. The far right of the navigation bar includes 'Sales Collateral', 'Forms & Applications', 'Product Cycle Updates', 'News & Announcements', 'Learn About Our Tools', and 'Contact Sales and Support Offices'. A 'Producer Connection Log Out' button is also present in the top right corner.



SGOR - Renewal Dashboard

Broker view of small business customers


- Individual & Family
- Small Business (1-100)**
- Large Groups (101+)
- Medicare Eligible
- Resources

SMALL BUSINESS RENEWAL DASHBOARD Renewal Packets

Introducing paperless renewals - the way to review and compare renewal options, and conveniently submit renewal changes.

Select the business name to get started.

Renewal Months

Jul2019 Aug2019 Sep2019 **Oct2019** Nov2019 Dec2019 Jan2020 Feb2020 ←  →

Total Groups: 7

Business Name ▼ A-Z	Members	Current Premium	New Premium	Renewal Date
S [redacted] INC	11	\$8,054.65	\$8,778.14	10/1
HF [redacted] INC	10	\$6,789.96	\$7,729.00	10/1
IN [redacted] CENTER	65	\$30,761.82	\$33,691.58	10/1
A [redacted] CEMENT LLC	3	\$1,004.03	\$1,139.99	10/1
NI [redacted] P LLC	49	\$13,163.18	\$14,510.82	10/1
L [redacted] UNION	7	\$3,192.53	\$3,419.11	10/1
V [redacted] SCHOOL	40	\$20,146.24	\$21,940.50	10/1

[View All](#)

Broker lands on the Small Business Renewal Dashboard where the groups are listed according to their renewal month

SGOR – Plan Package Selection at the Group Level

SELECT RENEWAL CHANGES: H [redacted] INC
Select from our portfolio of medical, dental, vision, and life plans and/or update your client's roster to create renewal changes.

Medical Plan(s): H [redacted] INC [View medical plan information](#)
Gold Full PPO 1200/35 OffEx
+/- Add or Remove Plans

Dental Plan(s): H [redacted] INC [View dental plan information](#)
Information Not Available.
+/- Add or Remove Plans

Vision Plan(s)*: H [redacted] INC [View vision plan information](#)
Information Not Available.
+/- Add or Remove Plans

Life Plan(s): H [redacted] INC [View life plan information](#)
Information Not Available.
+/- Add or Remove Plans

Update Subscriber Roster

SELECT RENEWAL CHANGES: H [redacted] NC
Select from our portfolio of medical, dental, vision, and life plans and/or update your client's roster to create renewal changes.

Medical Plan(s): H [redacted] INC [View medical plan information](#)
Gold Full PPO 1200/35 OffEx
+/- Add or Remove Plans

Select a plan package:

Single Plan Off Exchange Package with Access Plus & Trio HMO Off Exchange Package for Small Business with Local Access+ HMO Minor Package for Small Business with Trio ACO HMO No Medical Plans

By clicking on the **+/- Add or Remove Plans** blue button, you will be brought to the screen where you can select a plan package via radio button, eventually displaying a list of portfolio plans offered for selection during the Open Enrollment period.



SGOR – Plan Selection: Medical and Dental

Select a plan package:

Single Plan
 Off Exchange Package with Access Plus & Trio HMO
 Off Exchange Package for Small Business with Local Access+ HMO
 Mirror Package for Small Business with Trio ACO HMO
 No Medical Plans

Medical Plans

<input type="checkbox"/> Bronze Full PPO 4500/50% OffEx+	<input type="checkbox"/> Gold Trio HMO 1500/35 OffEx	<input type="checkbox"/> Bronze Full PPO 4000/45 OffEx
<input type="checkbox"/> Bronze Full PPO 4500/50% OffEx	<input type="checkbox"/> Gold Trio HMO 1500/35 OffEx+	<input type="checkbox"/> Bronze Full PPO 4000/45 OffEx+
<input type="checkbox"/> Bronze Full PPO Savings 5300/40% OffEx+	<input type="checkbox"/> Gold Trio HMO 500/35 OffEx+	<input type="checkbox"/> Bronze Tandem PPO 4500/70 OffEx
<input type="checkbox"/> Bronze Full PPO Savings 5300/40% OffEx	<input type="checkbox"/> Gold Trio HMO 500/35 OffEx	<input type="checkbox"/> Bronze Tandem PPO 4500/70 OffEx+
<input type="checkbox"/> Bronze Full PPO Savings 6650 OffEx+	<input type="checkbox"/> Platinum Access+ HMO (R) 0/25 OffEx+	<input type="checkbox"/> Silver Access+ HMO (R) 1775/55 OffEx+
<input type="checkbox"/> Bronze Full PPO Savings 6650 OffEx	<input type="checkbox"/> Platinum Access+ HMO (R) 0/25 OffEx	<input type="checkbox"/> Silver Access+ HMO (R) 1775/55 OffEx
<input type="checkbox"/> Bronze Tandem PPO 4500/50% OffEx+	<input type="checkbox"/> Platinum Access+ HMO (R) 0/20 OffEx+	<input type="checkbox"/> Silver Full PPO 1700/55 OffEx+
<input type="checkbox"/> Bronze Tandem PPO 4500/50% OffEx	<input type="checkbox"/> Platinum Access+ HMO (R) 0/20 OffEx	<input type="checkbox"/> Silver Full PPO 2000/45 OffEx
<input type="checkbox"/> Gold Access+ HMO (R) 0/30 OffEx	<input type="checkbox"/> Platinum Access+ HMO (R) 0/30 OffEx+	<input type="checkbox"/> Silver Full PPO 2000/45 OffEx+
<input type="checkbox"/> Gold Access+ HMO (R) 0/30 OffEx+	<input type="checkbox"/> Platinum Access+ HMO (R) 0/30 OffEx	<input type="checkbox"/> Silver Full PPO Savings 2000/20% OffEx FAM+H
<input type="checkbox"/> Gold Access+ HMO (R) 1500/35 OffEx	<input type="checkbox"/> Platinum Full PPO 0/10 OffEx	<input type="checkbox"/> Silver Full PPO Savings 2000/20% OffEx FAM*
<input type="checkbox"/> Gold Access+ HMO (R) 1500/35 OffEx+	<input type="checkbox"/> Platinum Full PPO 0/10 OffEx+	<input type="checkbox"/> Silver Full PPO Savings 2000/20% OffEx IND+H
<input type="checkbox"/> Gold Access+ HMO (R) 500/35 OffEx	<input type="checkbox"/> Platinum Full PPO 250/15 OffEx	<input type="checkbox"/> Silver Full PPO Savings 2000/20% OffEx IND*
<input type="checkbox"/> Gold Access+ HMO (R) 500/35 OffEx+	<input type="checkbox"/> Platinum Full PPO 250/15 OffEx+	<input type="checkbox"/> Silver Tandem PPO 1700/55 OffEx
<input type="checkbox"/> Gold Full PPO 0/20 OffEx+	<input type="checkbox"/> Platinum Tandem PPO 0/10 OffEx	<input type="checkbox"/> Silver Tandem PPO 1700/55 OffEx+
<input type="checkbox"/> Gold Full PPO 0/20 OffEx	<input type="checkbox"/> Platinum Tandem PPO 0/10 OffEx+	<input type="checkbox"/> Silver Tandem PPO 2000/45 OffEx
<input checked="" type="checkbox"/> Gold Full PPO 1200/35 OffEx	<input type="checkbox"/> Platinum Tandem PPO 250/15 OffEx	<input type="checkbox"/> Silver Tandem PPO 2000/45 OffEx+
<input type="checkbox"/> Gold Full PPO 1200/35 OffEx+	<input type="checkbox"/> Platinum Tandem PPO 250/15 OffEx+	<input type="checkbox"/> Silver Tandem PPO Savings 2000/20% OffEx FAM+H
<input type="checkbox"/> Gold Full PPO 500/30 OffEx	<input type="checkbox"/> Platinum Trio HMO 0/20 OffEx+	<input type="checkbox"/> Silver Tandem PPO Savings 2000/20% OffEx FAM*
<input type="checkbox"/> Gold Full PPO 500/30 OffEx+	<input type="checkbox"/> Platinum Trio HMO 0/20 OffEx	<input type="checkbox"/> Silver Tandem PPO Savings 2000/20% OffEx FAM
<input type="checkbox"/> Gold Full PPO 750/30 OffEx+	<input type="checkbox"/> Platinum Trio HMO 0/25 OffEx+	<input type="checkbox"/> Silver Tandem PPO Savings 2000/20% OffEx IND+H
<input type="checkbox"/> Gold Full PPO 750/30 OffEx	<input type="checkbox"/> Platinum Trio HMO 0/25 OffEx	<input type="checkbox"/> Silver Tandem PPO Savings 2000/20% OffEx IND*
<input type="checkbox"/> Gold Full PPO Savings 750/30 OffEx	<input type="checkbox"/> Platinum Trio HMO 0/25 OffEx	<input type="checkbox"/> Silver Trio HMO 1975/55 OffEx
<input type="checkbox"/> Gold Tandem PPO 750/30 OffEx	<input type="checkbox"/> Platinum Trio HMO 0/30 OffEx+	<input type="checkbox"/> Silver Trio HMO 1975/55 OffEx+
<input type="checkbox"/> Gold Tandem PPO 750/30 OffEx+	<input type="checkbox"/> Platinum Trio HMO 0/30 OffEx	
<input type="checkbox"/> Gold Trio HMO 0/30 OffEx+	<input type="checkbox"/> Bronze Full PPO 4500/70 OffEx	
<input type="checkbox"/> Gold Trio HMO 0/30 OffEx	<input type="checkbox"/> Bronze Full PPO 4500/70 OffEx+	

Dental Plan(s): H INC [View dental plan information](#)

Information Not Available.

Enter the total eligible employee count for this group

1-50
 51+

Select a plan package:

None
 Stand-Alone Dental Plan
 Dual Option Dental
 Triple Choice Option

Children's Dental is included with this group's medical plans.

SG Embedded Pediatric Dental

Dental Plans

<input type="radio"/> DHMO Basic	<input type="radio"/> SmileSM Basic Voluntary 50/1000/No Ortho/UBO	<input type="radio"/> SmileSM Plus Gold 50/1500/No Ortho/UBO
<input type="radio"/> Dental Deluxe	<input type="radio"/> SmileSM Basic Voluntary 50/1500/Ortho/UBO	<input type="radio"/> SmileSM Plus Gold 50/1500/Ortho/UBO
<input type="radio"/> DHMO Plus	<input type="radio"/> SmileSM Basic Voluntary 75/1000/No Ortho/MAC/NE	<input type="radio"/> SmileSM Plus Gold 50/1500/Ortho/UBO/ADV
<input type="radio"/> DHMO Voluntary	<input type="radio"/> SmileSM Deluxe 2000 50/2000/No Ortho/MAC/NE	<input type="radio"/> SmileSM Plus Gold 50/1500/Ortho/UBS/NE
<input type="radio"/> Dental HMO Standard	<input type="radio"/> SmileSM Deluxe 50/1500/Ortho/MAC/NE	<input type="radio"/> SmileSM Value 50/1500/No Ortho/MAC/NE
<input type="radio"/> SmileSM 50/1500/No Ortho/MAC/NE	<input checked="" type="radio"/> SmileSM Deluxe Gold 50/1500/Ortho/UBS/NE	<input type="radio"/> Ultimate Dental PPO 50/2000/MAC/NE
<input type="radio"/> SmileSM Basic 50/1000/No Ortho/MAC	<input type="radio"/> SmileSM Deluxe Plus 2000 50/2000/Ortho/MAC/NE	<input type="radio"/> Ultimate Dental PPO 50/2000/No Ortho/UBO
<input type="radio"/> SmileSM Basic 50/1500/Ortho/UBS	<input type="radio"/> SmileSM Plus 50/1500/No Ortho/MAC	<input type="radio"/> Ultimate Dental Plus PPO 50/2000/MAC/NE
<input type="radio"/> SmileSM Basic 75/1000/No Ortho/MAC/NE	<input type="radio"/> SmileSM Plus 50/1500/No Ortho/MAC/WF	
<input type="radio"/> SmileSM Basic Voluntary 50/1500/No Ortho/MAC	<input type="radio"/> SmileSM Plus 50/1500/Ortho/MAC/NE	

SGOR - Plan Selection: Dental, Vision, Life

Children's Dental is included with this group's medical plans.

- SG Embedded Pediatric Dental

Dental Plans

- | | | |
|--|--|--|
| <input type="radio"/> DHMO Basic | <input type="radio"/> SmileSM Basic Voluntary 50/1000/No Ortho/U80 | <input type="radio"/> SmileSM Plus Gold 50/1500/No Ortho/U80 |
| <input type="radio"/> Dental Deluxe | <input type="radio"/> SmileSM Basic Voluntary 50/1500/Ortho/U80 | <input type="radio"/> SmileSM Plus Gold 50/1500/Ortho/U80 |
| <input type="radio"/> DHMO Plus | <input type="radio"/> SmileSM Basic Voluntary 75/1000/No Ortho/MAC/NR | <input type="radio"/> SmileSM Plus Gold 50/1500/Ortho/U80/ADV |
| <input type="radio"/> DHMO Voluntary | <input checked="" type="radio"/> SmileSM Deluxe 2000 50/2000/No Ortho/MAC/NR | <input type="radio"/> SmileSM Plus Gold 50/1500/Ortho/U85/NR |
| <input type="radio"/> Dental HMO Standard | <input type="radio"/> SmileSM Deluxe 50/1500/Ortho/MAC/NR | <input type="radio"/> SmileSM Value 50/1500/No Ortho/MAC/NR |
| <input type="radio"/> SmileSM 50/1500/No Ortho/Mac/NR | <input type="radio"/> SmileSM Deluxe Gold 50/1500/Ortho/U85/NR | <input type="radio"/> Ultimate Dental PFO 50/2000/MAC/NR |
| <input type="radio"/> SmileSM Basic 50/1000/No Ortho/MAC | <input type="radio"/> SmileSM Deluxe Plus 2000 50/2000/Ortho/MAC/NR | <input type="radio"/> Ultimate Dental PFO 50/2000/No Ortho/U80 |
| <input type="radio"/> SmileSM Basic 50/1000/Ortho/U85 | <input type="radio"/> SmileSM Plus 50/1500/No Ortho/MAC | <input type="radio"/> Ultimate Dental Plus PFO 50/2000/MAC/NR |
| <input type="radio"/> SmileSM Basic 75/1000/No Ortho/Mac/NR | <input type="radio"/> SmileSM Plus 50/1500/No Ortho/MAC/WF | |
| <input type="radio"/> SmileSM Basic Voluntary 50/1000/No Ortho/MAC | <input type="radio"/> SmileSM Plus 50/1500/Ortho/Mac/NR | |

Vision Plan(s)*: H NC [View vision plan information](#)

Information Not Available.

Enter the total eligible employee count for this group

1-50 51+

Vision Plans

- | | | |
|--|--|---|
| <input type="radio"/> None | <input type="radio"/> Preferred Vision Plus for Small Business 0/0/150/120 | <input type="radio"/> Ultimate Vision Plus for Small Business 0/0/150/120 |
| <input type="radio"/> Basic Vision Plus 0/0/150/120 | <input type="radio"/> Preferred Vision Plus 10/25/150/120 | <input type="radio"/> Ultimate Vision Plus 10/25/150/120 |
| <input type="radio"/> Basic Vision Plus 10/25/150/120 | <input checked="" type="radio"/> Preferred Vision Voluntary 10/25/120 | <input type="radio"/> Ultimate Vision Voluntary 10/25/150 |
| <input type="radio"/> Basic Vision Voluntary 10/25/120 | <input type="radio"/> Preferred Vision for Small Business 0/0/120 | <input type="radio"/> Ultimate Vision for Small Business 0/0/120 |
| <input type="radio"/> Basic Vision 0/0/120 | <input type="radio"/> Preferred Vision for Small Business 0/0/150 | <input type="radio"/> Ultimate Vision for Small Business 0/0/150 |
| <input type="radio"/> Basic Vision 0/0/150 | <input type="radio"/> Preferred Vision 10/25/120 | <input type="radio"/> Ultimate Vision 10/25/120 |
| <input type="radio"/> Basic Vision 10/25/120 | <input type="radio"/> Preferred Vision 10/25/150 | <input type="radio"/> Ultimate Vision 10/25/150 |
| <input type="radio"/> Basic Vision 10/25/150 | | |

Life Plan(s): H INC [View life plan information](#)

Information Not Available.

Enter the total eligible employee count for this group

2-9 No Life/AD&D plans

Note: Life Custom Quote is only available for groups with 2-9 eligible employees. Only Flat Amount Life quotes are available. Contact your account manager to add or update Life plans for groups with 10+ employees, or to add Graded or Multiples of Salary Life coverage.

Life AD&D Plans

Flat amount

- | | |
|---|--|
| <input checked="" type="radio"/> Basic Life and AD&D Insurance - \$15,000 | <input type="radio"/> Basic Life and AD&D Insurance - \$25,000 |
| <input type="radio"/> Basic Life and AD&D Insurance - \$30,000 | <input type="radio"/> Basic Life and AD&D Insurance - \$30,000 |

Employer Life Contribution

For Employees: % For Dependents: %

Dependent Life

Coverage amounts listed are per dependent, and are only available for employees electing life and AD&D insurance. The maximum dependent benefit may not be more than 50% of the employee benefit. Benefits for children 14 days to 6 months are 10% of the total benefit, and there is no coverage for infants from birth to 14 days. AD&D insurance is not available for dependents.

\$1,000 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000 No dependent life plans

After selecting plans from each section (medical, dental, vision), click on the applicable blue **Save Medical Selections**, **Save Dental Selections**, **Save Vision Selections**, or **Save Life Selections** buttons.



SGOR - Update Subscriber Roster (member level plan selection)

SELECT RENEWAL CHANGES: H [REDACTED] .NC
Select from our portfolio of medical, dental, vision, and life plans and/or update your client's roster to create renewal changes.

[▲ Update Plan\(s\)](#)

Subscriber Roster

Name	Age	Info	Dependents	Medical Plan	Dental Plan	Vision Plan
[REDACTED]	58	Active	0	Gold Full PPO 1200/35 C ▼	SmileSM Deluxe Gold 50 ▼	Basic Vision Voluntary 10 ▼
			+Add Dependent	Children's Dental SG Embedded Pediatric I ▼		Subscriber Life <input type="checkbox"/> Dependent Life <input type="checkbox"/>
[REDACTED]	44	Active	0	Gold Full PPO 1200/35 C ▼	SmileSM Deluxe Gold 50 ▼	Basic Vision Voluntary 10 ▼
			+Add Dependent	Children's Dental SG Embedded Pediatric I ▼		Subscriber Life <input type="checkbox"/> Dependent Life <input type="checkbox"/>
[REDACTED]	63	Active	0	Gold Full PPO 1200/35 C ▼	SmileSM Deluxe Gold 50 ▼	Basic Vision Voluntary 10 ▼
			+Add Dependent	Children's Dental SG Embedded Pediatric I ▼		Subscriber Life <input type="checkbox"/> Dependent Life <input type="checkbox"/>
[REDACTED]	55	Active	4	Gold Full PPO 1200/35 C ▼	SmileSM Deluxe Gold 50 ▼	Basic Vision Voluntary 10 ▼
			RI: [REDACTED] TE	Gold Full PPO 1200/35 C ▼	SmileSM Deluxe Gold 50 ▼	Basic Vision Voluntary 10 ▼
			RI: [REDACTED] NA	Gold Full PPO 1200/35 C ▼	SmileSM Deluxe Gold 50 ▼	Basic Vision Voluntary 10 ▼

After selecting plans at the group level from the previous screens, by clicking on the blue **Update Subscriber Roster** button at the bottom of the page, you will be brought to the Subscriber Roster screen where you select plans at the Member level.



SGOR - Quick Summary View & Subscriber Quote Summaries (member level plans listed)

QUICK SUMMARY: H 5

Review, edit, or email the renewal changes to the client. To submit renewal changes to Blue Shield select Submit Renewal Changes.

View the subscriber roster to compare current to quoted plan(s) by subscriber. Select a subscriber name to view member level details.

Select the Return to Renewal Options button to view your client's Current and Renewal Plans options.

Renewal Option Summaries

	Medical	Dental	Vision	Life	Total
Current Plan(s) Dues/Premium	GOLD FULL PPO 1200/35 OFFEX	NONE	NONE	NONE	
	\$6,789.96	-	-	-	\$6,789.96
Renewal Plan(s) Dues/Premium	GOLD FULL PPO 1200/35 OFFEX	NONE	NONE	NONE	
	\$7,729.00	-	-	-	\$7,729.00
Renewal Changes Plan(s) Dues/Premium	GOLD FULL PPO 1200/35 OFFEX	SMILESM DELUXE 2000 50/2000/NO ORTHO/MAC/NR CHILDRENS DENTAL (EMBEDDED WITH MEDICAL)	PREFERRED VISION FOR SMALL BUSINESS 0/0/120	BASIC LIFE AND AD&D INSURANCE - \$15,000	
	\$7,729.00	\$396.71	\$53.20	-	\$8,178.91

Edit Renewal Changes

Email Renewal Changes

Back to Broker Dashboard

Submit Renewal Changes

Return to Renewal Options

View Full Summary

After completing the member level changes and clicking on **Get Quotes** button, you are brought to the Quick Summary screen where the renewal quotes are displayed in the Subscriber Roster table.

Subscriber Roster

Subscribers: 6 Dependents: 4 Members: 10

	Age	Info	Medical Plan	Other Benefits	Current Dues/Premium	Renewal Plan(s) Dues/Premium	Selected Renewal Changes Dues/Premium
H H	58	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$921.69	\$1,063.94	\$1,124.67
L L	44	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$513.23	\$583.33	\$644.06
D D	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$1,086.59	\$1,232.63	\$1,293.36
R R	55	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$2,299.50	\$2,598.88	\$2,745.14
S S	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$1,086.59	\$1,232.63	\$1,293.36
V V	57	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$882.36	\$1,017.59	\$1,078.32



SGOR – Alternate/Custom Quote Summary

SUBMIT: F [REDACTED] **5**

Review plan(s) selected and electronically sign the authorization to submit the renewal changes to Blue Shield. The esignature name fields are case sensitive and must match the first and last name of the registered user.

Submit Group Renewal Changes

	Medical	Dental	Vision	Life	Total
Saved Renewal Changes	GOLD FULL PPO 1200/35 OFFEX	SMILESM DELUXE 2000 50/2000/NO ORTHO/MAC/NR CHILDREN'S DENTAL (EMBEDDED WITH MEDICAL)	PREFERRED VISION VOLUNTARY 10/25/120	NONE	
	\$7,729.00	\$396.71	\$66.71	-	\$8,192.42

[View Full Summary](#)

Subscriber Roster

Subscribers: 6 Dependents: 4 Members: 10

	Age	Info	Medical Plan	Other Benefits	Current Dues/Premium	Renewal Plan(s) Dues/Premium	Selected Renewal Changes Dues/Premium
[REDACTED]	58	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$921.69	\$1,063.94	\$1,126.66
[REDACTED]	44	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$513.23	\$583.33	\$646.05

From this screen you can view the quoted monthly premium of the selected renewal plans.



SGOR – Submit Custom Quote/Attestation

Subscriber Roster

Subscribers: 6 Dependents: 4 Members: 10

	Age	Info	Medical Plan	Other Benefits	Current Dues/Premium	Renewal Plan(s) Dues/Premium	Selected Renewal Changes Dues/Premium
[Redacted]	58	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$921.69	\$1,063.94	\$1,124.67
[Redacted]	44	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$513.23	\$583.33	\$644.06
[Redacted]	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$1,086.59	\$1,232.63	\$1,293.36
[Redacted]	55	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$2,299.50	\$2,598.88	\$2,745.14
[Redacted]	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$1,086.59	\$1,232.63	\$1,293.36
[Redacted]	57	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$882.36	\$1,017.59	\$1,078.32

Select Group's Waiting Period:

Authorization and esignature

This is an application for coverage. The group understands that no contract for coverage will exist until Blue Shield has completed its review and communicated to the applicant or the applicant's broker that the application has been accepted and a group health service contract has been issued. The group representative certifies that, to the best of his or her knowledge and belief, all of the responses provided in this application are true, correct, and complete. The group understands that if it has committed fraud or made an intentional misrepresentation of any material fact in conjunction with this application within the first 24 months of issuance of coverage, Blue Shield may pursue one of the following remedies: Coverage may be cancelled or the applicable dues/premiums may be adjusted, or following notice, the health service contract may be rescinded.

The group understands that no requested change(s) will be effective until Blue Shield has processed this request and assigned an effective date. The group or the group's broker will be notified by Blue Shield of the change, or Blue Shield can be contacted for confirmation.

I AGREE

Producer Information and esignature

First Name: Last Name:

Once you have reviewed the plan changes, you are brought to the screen where you can submit the renewal changes.

This is the section where the waiting period is selected from a dropdown list and where the broker provides an e-signature. The name entered must match the first and last name on the Broker's profile and is case sensitive.

Hitting the **Submit** button will complete the renewal changes.

SGOR – Submitted Custom Quote & Confirmation of Renewal Submission

SUBMIT: F [REDACTED] 5

Review plan(s) selected and electronically sign the authorization to submit the renewal changes to Blue Shield. The esignature name fields are case sensitive and must match the first and last name of the registered user.

Submit Group Renewal Changes

	Medical	Dental	Vision	Life	Total
Saved Renewal Changes	GOLD FULL PPO 1200/35 OFFEX	SMILESM DELUXE 2000 50/2000/NO ORTHO/MAC/NR CHILDRENS DENTAL (EMBEDDED WITH MEDICAL)	PREFERRED VISION FOR SMALL BUSINESS 0/0/120	BASIC LIFE AND AD&D INSURANCE - \$15,000	
	\$7,729.00	\$396.71	\$53.20	-	\$8,178.91

[View Full Summary](#)

You have the option to **Print Page** (the confirmation page) or simply navigate **Back to Broker Dashboard** to start the renewal for another small business client.

After submitting the plan renewal changes a confirmation number will be generated for reference.

THANK YOU FOR YOUR SUBMISSION

Thank you for completing your renewal online! Please visit our [Renewal Center](#) to view our schedule of when you can submit your client's member-level open enrollment selections online through Employer Connection Plus.

Confirmation Number: 4 [REDACTED] 10

Plan Information For: F [REDACTED] C

	Medical	Dental	Vision	Life	Total
Saved Custom Quote	GOLD FULL PPO 1200/35 OFFEX	SMILESM DELUXE 2000 50/2000/NO ORTHO/MAC/NR CHILDRENS DENTAL (EMBEDDED WITH MEDICAL)	PREFERRED VISION FOR SMALL BUSINESS 0/0/120	BASIC LIFE AND AD&D INSURANCE - \$15,000	
	\$7,729.00	\$396.71	\$53.20	-	\$8,178.91

[Print Page](#)

[Back to Broker Dashboard](#)



