Broker Portal: SGOR Training Guide Small Group Online Renewals



SGOR - Broker Access (Authenticated Access Only)



SGOR - Renewal Dashboard Broker view of small business customers

violan o ranniy	Small Business (1-100)	Large Groups (01+) Medica	ne Eligible	Resources	
SMALL BUSINE itroducing paperless rem elect the business name enewal Months	SS RENEWAL DAS ewals - the way to review a to get started.	SHBOARD nd compare renewa	options, and conven	iently submit renew	Renewa al changes.	Pockets
Jul2019 Aug2019	Sep2019 Oct2	Nov2019	Dec2019 Ja	an2020 Feb20		j →
Business Name *	A-2	Members	Current Premium	New Premium	Renewal Date	
5	LINC	11	\$8,054.65	\$8,778.14	10/1	
HF	NC	10	\$6,789.96	\$7,729.00	10/1	
	TNTER	65	\$30,761.82	\$33,691.58	10/1	
<u>N</u>	3EMENT LLC	3	\$1,004.03	\$1,139.99	10/1	
		49	\$13,163.18	\$14,510.82	10/1	
NI PLLC						
	INION	7	\$3,192.53	\$3,419.11	10/1	

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



SGOR – Renewal Options/Subscriber Roster

Renewal date: 10/01/2	019					
ew RAF: 1.0	Total Membe	rship: 10	Addres	S.	00	
Current RAF: 1.0	Subscribers: 6		City: SI	EY.		
ating Region: 12	g Region: 12 Dependents: 4		State C	ode: CA		
			Zip Co	de: 903		
Renewal options: F		NC				
Please select a renewal option	or start renewal chai	nges:				
	Medical	Dental	Vision	Life		Total
Current Plan 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

Subscriber Roster:	H	INC
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Subscribers: 6 Dependents: 4 Members: 10

	Age	Info	Medical Plan	Other Benefits	Current Dues/Premium	Renewal Plan(s) Dues/Premium
	58	ACTIVE	GOLD FULL PPO 1200/35 OFFEX		\$921.69	\$1,063.94
	44	ACTIVE	GOLD FULL PPO 1200/35 OFFEX		\$513.23	\$583.33
	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX		\$1,086.59	\$1,232.63
1	55	ACTIVE	GOLD FULL PPO 1200/35 OFFEX		\$2,299.50	\$2,598.88
	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX		\$1,086.59	\$1,232.63
	57	ACTIVE	GOLD FULL PPO 1200/35 OFFEX		\$882.36	\$1,017.59

From the Renewal Options page where the Subscriber Roster displays the employees and their current medical plans, click on the blue **Create Renewal Changes** button to view and select Small Business portfolio plans at the group level.

SGOR – Plan Package Selection at the Group Level

SELECT RENEWAL CHANG	GES: H	INC	
Select from our portfolio of medical, denta	al, vision, and life plans a	nd/or update your client's ros	ter to create renewal changes.
Medical Plan(s): H	INC		view medical plan information
Gold Full PPO 1200/35 OffEx			+/- Add or Remove Plans
Dental Plan(s): H	INC		View dental plan information
information Not Available.			+/- Add or Remove Flons
Vision Plan(s)*: H	INC		View vision plan information
Information Not Available.			+/- Add or Remove Plans
Life Plan(s): H	INC		View life plan information
Information Not Available.			+/- Add or Remove Flors
	Upd	ale Subscriber Roster	

SELECT RENEWAL CHANGES: H 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 INC View medical plan information Gold Full PPO 1200/35 OffEx +/- Add or Remove Plans Select a plan package: Single Plan Off Exchange No Medical Plans Off Exchange Mirror Package for Package with Package for Small Small Business with Access Plus & Trio Business with Local Trio ACO HMO **HMO** Access+ HMO

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:

Sing	igle Plan (a) Off Exchange Package with Access Plus & Trio HMO	Off Exchange Package for Small Business with Local Access+ HMO	No Medical Plans
/ledi	ical Plans		
	Bronze Full PPO 6500/50% OffEx+1	Gold Trio HMO 1500/35 Offex	Bronze Full PPO 6000/65 OffEx
	Bronze Full PPO 6500/50% OffEx	Gold Trio HMO 1500/35 OffEx+I	Bronze Full PPO 6000/65 OffEx+1
	Bronze Full PPO Savings 5300/40% OffEx+I	Gold Trio HMO 500/35 Offex+I	Bronze Tandem PPO 4500/70 OffEx
	Bronze Full PPO Savings 5300/40% OffEx	Gold Trio HMO 500/35 OffEx	Bronze Tandem PPO 4500/70 OffEx+1 Silver Access+ HMO
	Bronze Full PPO Savings 6650 Offex+1	Platinum Access + HMO (R) 0/25 OffEx+1	(R)1975/55 OffEx+1 Silver Access+ HMO (R)
	Bronze Full PPO Savings 6650 OffEx	Platinum Access + HMO (R) 0/25 OffEx	1975/55 Offex silver Full PPO 1700/55 Offex
	Bronze Tandem PPO 6500/50% OffEx+I	Platinum Access + HMO (R) 0/20 Offex+I	Silver Full PPO 1700/55
	Bronze Tandem PPO 6500/50% Offex	 Platinum Access+ HMO (R) 0/20 OffEx 	OffEx+1 Silver Full PPO 2000/45 OffEx
	Gold Access+ HMO (R) 0/30 Offex	Platinum Access+ HMO (R) 0/30 OffEx+1	Silver Full PPO 2000/45
	Gold Access+ HMO (R) 0/30 OffEx+I	Platinum Access+ HMO (R) 0/30 OffEx	Silver Full PPO Savings
	Gold Access+ HMO (R) 1500/35 OffEx	Platinum Full PPO 0/10 OffEx	Silver Full PPO Savings
	Gold Access+ HMO (R) 1500/35 OffEx+I	Platinum Full PPO 0/10 OffEx+I	Silver Full PPO Savings
	Gold Access+ HMO (R) 500/35 OffEx	Platinum Full PPO 250/15 OffEx	Silver Full PPO Savings
	Gold Access+ HMO (R) 500/35 OffEx+I	Platinum Full PPO 250/15 OffEx+1	Silver Tandem PPO 1700/55
	Gold Full PPO 0/20 Offex+I	Plafinum Tandem PPO 0/10 OffEx	Silver Tandem PPO 1700/55
	Gold Full PPO 0/20 Offex	Offex+I	GffEx Silver Tandem PPO 2000/45
\checkmark	Gold Full PPO 1200/35 Offex	250/15 Offex	Silver Tandem PPO 2000/45 OffEx+1
	Offex+1 Gold Full PPO 500/30 Offex	250/15 OffEx+1	Silver Tandem PPO Savings 2000/20% Offex FAM+1
	Gold Full PPO 500/30	Offex+1	Silver Tandem PPO Savings 2000/20% Offex FAM
	OffEx+I Gold Full PPO 750/30	Offex Platinum Trio HMO 0/25	Silver Tandem PPO Savings 2000/20% OffEx IND+1
	OffEx+I Gold Full PPO 750/30 OffEx	OffEx+I Platinum Trio HMO 0/25	Silver Tandem PPO Savings 2000/20% OffEx IND*
-	Gold Tandem PPO 750/30	Offex Platinum Trio HMO 0/30	Silver Trio HMO 1975/55 OffEx
	OffEx Gold Tandem PPO 750/30	OffEx+I Platinum Trio HMO 0/30	Silver Trio HMO 1975/55 OffEx+1
	OffEx+I Gold Trio HMO 0/30 OffEx+I	OffEx Bronze Full PPO 4500/70 OffEx	
_	Gold Trio HMO 0/30 Offex	Bronze Full PPO 4500/70 OffEx+I	

Information	n Not Available.		+/- Add or Remove Fig
Enter the to	stal eligible employee cou	nt for this group	
å 1-50 (j	51+		
Select a pla	in package:		
) None (Stand-Alone Dental Plan	Dual Option Dental 💿 Triple Choice Option	
	Dental is included with thi	s group's medical plans.	
B SG Embed Pediatric I	dded Denfal		
SG Embed Pediatric I	Ided Dental INS		
SG tmbec rediation	ided Dental INS O Basic	5milesni Basic Voluntary 50/1000/tei Ortho/U80	smiletw file Gold 50/1500/No Ortho/U80
Bental Pla	dded Cental INS IO Basic Id Dekme	 Smäessa Bodio Voluntary BO/3000/Mo Ortho/U80 Smäessi Bodio Voluntary S0/13000/0180 	 Invites this food doi/1800/Ne ortho/U80 Invites this cold So/1800/offoo/U80
Dental Pla	dded In 5 Io Basic Ial Deluxe Io Plus	Smileski Basic Voluntary 50/1500/No Ortho/U80 Smileski Basic Voluntary 50/1500/Ortho/V80 Smileski Basic Voluntary 78/1500/No Ortho/Mac(NR	 Imiles/M Flus Gold 80/1500/Ne Ortho/U80 Imiles/M Flus Gold 80/1560/Ortho/U80 Imiles/M Flus Gold 80/1560/Ortho/U80/ADV
Dental Pla Dental Pla Dent OHW Dent	dded ins o traic al Delxxe o flus o Volxmary	 Smileski Basic Voluntary S0/1000/teo Critho/U80 Smileski Basic Voluntary Sn/1502/chtho/U80 Smileski Basic Voluntary 21/1000/two Chink Mac(INK Smileski Deluke 2000 Sn/2500/two Chink Juda(INK 	Invites/M Files Gold So/1500/No Ortho/U80 Invites/M Files Gold So/1500/Ortho/U80/ADV Invites/M Files Gold So/1500/Ortho/U80/ADV Invites/M Files Gold So/1500/Ortho/U80/NR
Bo Imbec Pediotic I Dental Pla Dent Dent Dent Dent Dent Dent Dent Dent	dded in S o Basic al Deluxe o Voluntary al HWO Standard	 SmileSM Bosic Voluntary S0/100/Mo Ortho/U80 SmileSM Bosic Voluntary S0/150/crtho/U80 SmileSM Bosic Voluntary 76/1500/No Ortho/MAC/NE SmileSM Delixe 2000 S0/1500/crtho/MAC/NE SmileSM Delixe SmileSM Delixe 	 smiletxi filis Gold 80/1500/Ne Ortho/U60 smiletxi filis Gold 50/1500/Ortho/U80 smiletxi filis Gold 60/1500/Ortho/U80/ADV smiletxi filis Gold 50/1500/Ortho/U80/NR smiletxi Value 50/1500/No Ortho/UAC/NR
Bo trabec Pediatric t Dental Pla O Dent O Dent O Dent O Dent O Dent O Dent	dded INS ID Basic Id Deluxe Id Deluxe Io Voluntary Id INNO Jitodoard Iess 50/1500/hio Urlac/hie	 Smäessi Bolio Voluntaov So/1300/Ne Ortho/Uso Smäessi Bolio Voluntaov So/1300/ortho/Uso Smäessi Bolio Voluntaov 78/1300/Ne Ortho/MAC/NE Smäessi Deluxe 2000 So/1300/Ortho/MAC/NE Smäessi Deluxe 2001 So/1300/Ortho/MAC/NE Smäessi Deluxe Goli Smäessi Deluxe Goli 	Imileski Filis Gold Son 350,140 Ortho/160 Smileski Filis Gold Son 350,044 Son 350,
Big So Embec Pedidric I Dental Pla O Dent O Dent O Dent O Dent O Dent O Dent O Smith O Smith O Smith O Smith	Ided Dental ITS O Basic O Basic O Plus O Voluntary Id HMO Standard Id HMO Standard Id HMO Standard Id HMO Standard Identifications (MAC	 smileski šojic Voluntary so/1300/W6 Ortho/U80 smileski šojic Voluntary so/1300/W6 Ortho/M6/U80 smileski šojic Voluntary 78/1300/W6 Ortho/M6/C/NR smileski Deliuxe 300 so/2500/W6 Ortho/M6/C/NR smileski Deliuxe Gold smileski Deliuxe Gold smileski Deliuxe Gold smileski Deliuxe Gold smileski Deliuxe Kota 	Imileski fika 0old So(1500)Ne Ortho(1080 Smileski fika Gold So(1500)Chto(1080 Smileski fika Gold So(1500)Chto(1080)ADV Imileski fika Gold So(1500)Chto(1080)ADV Imileski Vable S0(1500)No Otho(104C)NR Utimote Central (PO So(1200)NAC)NR Utimote Central (PO So(1200)NAC)NR
Big trademinist of the second	Ided III 5 O Basic III Debose O Plus IO Volumbary III HWO Standard ISSN 50(1)50(1)HO 0(Mac)/NE ISSN 50(1)F00(1)HO 0(Mac)/NE ISSN 50(1)F00(1)HO 0(Mac)/NE	 Smileski Bodio Voluntary S0/1500/We Orthe/160 Smileski Bodio Voluntary S0/1500/We Orthe/140 Smileski Bodio Voluntary 78/1000/We Orthe/140/CNR Smileski Bodio Voluntary S0/1500/We Orthe/140/CNR Smileski Delixer S00 S0/2000/We Orthe/140/CNR Smileski Delixer S00 S0/1500/Orthe/140/MA Smileski Delixer S00 S0/1500/Orthe/140/MA Smileski Delixer Filo 3000 S0/2000/Orthe/140/MA Smileski Delixer Filo 3000 S0/2000/Orthe/140/MA Smileski Delixer Filo 3000 S0/2000/Orthe/140/MA Smileski Milas S0/1500/We Smileski Milas S0/1500/We 	Imileski filos Gold So/1500/Ne Ortho/U80 Smileski filos Gold So/1500/Ortho/U80 Imileski filos Gold So/1500/Ortho/U80/Net Smileski Value St/1500/No Grtho/MAC/Net Utimode Dental FPO So/2000/MAC/Net Utimode Dental FPO So/2000/MAC/Net
Bo Embec Pediatic I Dental Pia Dental Pia Dent De	dded In 5 Io Basic Io Basic Io Basic Io Plus Io Voluntary Io Voluntary Io Voluntary Io Woluntary Io Woluntary Io Woluntary Io Woluntary Io Mandard Issue So/1500/No o/WAC Issue So/1000/No	 smilesxi ibsic Voluntary so/1000/two Citho/U80 smilesxi ibsic Voluntary so/1580/chto/U80 smilesxi ibsic Voluntary 72/1000/two Citho/Mac(INK SmilesXi Delixe 2000 so/1500/chto/Mac(INK SmilesXi Delixe Pold So/1500/chto/Mac(INK smilesxi Delixe Pold So/1500/chto/Mac(INK smilesxi Delixe Pold So/1500/chto/Mac(INK smilesxi Delixe Pold So/1500/chto/Mac(INK smilesxi Pius 200 So/2000/chto/Mac(INK smilesxi Pius 200 So/2000/chto/Mac(INK smilesxi Pius 200 So/2000/chto/Mac(INK smilesxi Pius 201500/No Chto/Mac(INK 	 smiles/M Files Gold 80/1500/No Crtho/U80 smiles/M Files Gold 80/1500/Ortho/U80 smiles/M Files Gold 80/1500/Ortho/U80/ADV smiles/M Files Gold 80/1500/Ortho/U80/NN smiles/M Value 80/1500/No Ortho/U82/NN smiles/M Value 80/1500/No Ortho/MAC/NN utimade Gental FPO 80/2000/NAC/NN utimade Gental FID 80/2000/NAC/NN

SGOR - Plan Selection: Dental, Vision, Life

Uncheck All

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

SG Ped	imbedded iatric Dental				
Denta	l Plans				
0	DHMO Basic	0	SmileSM Basic Voluntary 50/1000/No Ortho/U80		SmileSM Plus Gold 50/1500/No Ortho/U80
0	Dental Deluxe	0	SmileSM Basic Voluntary 50/1500/Ortho/U80	0	SmileSM Plus Gold 50/1500/Ortho/U80
0	DHMO Plus	0	SmileSM Basic Voluntary 75/1000/No Ortho/MAC/NR	0	SmileSM Plus Gold 50/1500/Ortho/U80/ADV
0	DHMO Voluntary	۲	SmileSM Deluxe 2000 50/2000/No Ortho/MAC/NR	0	SmileSM Plus Gold 50/1500/Ortho/U85/NR
0	Dental HMO Standard	0	SmileSM Deluxe 50/1500/Ortho/MAC/NR	0	SmileSM Value 50/1500/No Ortho/MAC/NR
0	SmileSM 50/1500/No Ortho/Mac/NR	0	SmileSM Deluxe Gold 50/1500/Ortho/U85/NR	0	Ultimate Dental PPO 50/2000/MAC/NR
0	SmileSM Basic 50/1000/No Ortho/MAC	0	SmileSM Deluxe Plus 2000 50/2000/Ortho/MAC/NR	0	Ultimate Dental PPO 50/2000/No Ortho/U80
0	SmileSM Basic 50/1000/Ortho/U85	0	SmileSM Plus 50/1500/No Ortho/MAC	0	Ultimate Dental Plus PPO 50/2000/MAC/NR
0	SmileSM Basic 75/1000/No Ortho/Mac/NR	0	SmileSM Plus 50/1500/No Ortho/MAC/WP		
0	SmileSM Basic Voluntary 50/1000/No Ortho/MAC	0	SmileSM Plus 50/1500/Ortho/Mac/NR		

Vision Plan(s)*: H	NC	Yiew vision olan informatio
Information Not Available.		+/- Add or Remove Plans
inter the total eligible employee cou	nt for this group	
Vision Plans	Preferred Vision Rus for	 Ultimate Vision Plus for Small
 Basic Vision Plus 0/0/150/120 	Small Business 0/0/150/120 Preferred Vision Flus 10/25/159/120	Business 0/0/150/120 Utilexcte Vision Plus 10/25/150/120
 Basic Vision Rus 10/25/150/120 	Preferred Vision Voluntary 10/25/120	 Uttimate Vision Voluntary 10/25/150
 Bosic Vision Voluntary 10/25/120 	Freferred Vision for Small Business 0/0/120	 Utilimate Vision for Small Business 0/0/120
Basic Vision 9/0/120	 Preferred Vision for Small Business 0/0/150 	 Utilimate Vision for Small Business 0/0/150
Basic Vision 9/0/150	Freferred Vision 10/25/120	 Uttimate Vision 10/25/120
base vision 10/25/120 base Vision 10/25/150	Preferred Vision 10/25/150	Uttimate Vision 10/25/150
		Hashack All Sour Vision Salactions

Information Not Available.		
		*/- Add or Remove Pla
Enter the total eligible employee count	for this group	
8 2.2 No Life/AD&D plons		
Note: Life Custom Quote is only available Contact your account manager to add o coverage.	For groups with 2-9 eligible employees. Only Flat Amount or update Life plans for groups with 10+ employees, or to a state of the plans of the plans of the plane of the plane.	t Life quotes are available. add Graded or Multiples of Salary
Life AD&D Plans		
Flat amount		
Book: Life and AD&D Insurance - \$15,000	Bosic Life and AD&D Insurance - \$25,000	
-	Bosic Life and AD&D Insurance - \$30,000	
Stosic Life and AD&D Insurance - \$20,000		
Stosic Life and ADLD travrance - \$20,000		
Close Life and ADLD Invesnce - 120,000		
Tools Life and ADED townerse - 120,000 mployer Life Contribution For Employees: 25 * 35 secondent Life	For Dependents (1 • •)	%

Save Dental Selections

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.

Coverage amount listed are per dependent and are only available for employees electing list 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.

S1.000 S2.000 S2.500 S3.000 S1.000 S4.000 No dependent Life plans





SGOR - Update Subscriber Roster (member level plan selection)

SELEC	OUT POT	NEWAL CHA tfolio of medical, de	NGES: H ental, vision, and life pla	.NC ans and/or update your clien	t's roster to create renewal	changes.
				▲ Update Plan(s)		
Subs	cribe	Roster				
Name	Age	Info	Dependents	Medical Plan	Dental Plan	Vision Plan
в. — 2N. К	58	Active	0	Gold Full PPO 1200/35 C 🔻	SmileSM Deluxe Gold 50 ¥	Basic Vision Voluntary 10 🔻
			*Add Dependent		Children's Dental	Subscriber Dependent Life Life
Name	Age	Info	Dependents	Medical Plan	Dental Plan	Vision Plan
L N RO	44	Active	0	Gold Full PPO 1200/35 C V	SmileSM Deluxe Gold 50 V	Basic Vision Voluntary 10 🔻
			+Add Dependent		Children's Dental	Subscriber Dependent Life Life
Name	Age	Info	Dependents	Medical Plan	Dental Plan	Vision Plan
<u>N.</u>	63	Active	0	Gold Full PPO 1200/35 C 🔻	SmileSM Deluxe Gold 50 V	Basic Vision Voluntary 10 🔻
			*Add Dependent		Children's Dental SG Embedded Pediatric (▼	Subscriber Dependent Life Life
Name	Age Ir	nfo	Dependents	Medical Plan	Dental Plan	Vision Plan
8) <u>21.</u> 22 1	55 A	ctive	4	Gold Full PPO 1200/35 C 🔻	SmileSM Deluxe Gold 50 ¥	Basic Vision Voluntary 10 V
			RI	TE Gold Full PPO 1200/35 C V	SmileSM Deluxe Gold 50 V	Basic Vision Voluntary 10 V
			R) NA	Gold Full PPO 1200/35 C V	SmileSM Deluxe Gold 50 V	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

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 CHILDREN'S 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 Current Renewal Selected Benefits Dues/Premium Plan(s) Renewal Changes Dues/Premium Dues/Premium 58 ACTIVE GOLD FULL PPO D,V \$921.69 \$1,063.94 \$1,124.67 HA N 1200/35 OFFEX 44 ACTIVE GOLD FULL PPO D.V \$513.23 \$583.33 \$644.06 10 1200/35 OFFEX 63 ACTIVE GOLD FULL PPO D.V \$1,086.59 \$1,232.63 \$1,293.36 B A 1200/35 OFFEX \$2,299.50 \$2,598.88 \$2,745.14 55 ACTIVE GOLD FULL PPO D,V 1200/35 OFFEX ACTIVE 63 GOLD FULL PPO D,V \$1,086.59 \$1,232.63 \$1,293.36 52 1 1200/35 OFFEX 57 ACTIVE GOLD FULL PPO D,V \$882.36 \$1,017.59 \$1,078.32 ¥ 0 1200/35 OFFEX

SGOR – Alternate/Custom Quote Summary

abilit e	Medica		Dental	Vision	Life	Tote	al
Saved Renewal Changes	GOLD FULL OFFEX	L PPO 1200/35	SMILESM DELUXE 2000 50/2000/NO ORTHO/MAC/NR CHILDREN'S DENTAL (EMBEDDED WITH MEDICAL)	PREFERRED VISION VOLUNTARY 10/25/1	20 NONE		-
		\$7,729.00	\$396.71	\$66	6.71		\$8,192.42
						View F	ull Summary
ubscrib	er Rost	er endents: 4	Members: 10			View F	ull Summary
ubscrib	er Rost	er endents: 4 Age Info	Members: 10 Medical Plan	Other Benefits	Current Dues/Premium	View F Renewal Plan(s) Dues/Premium	v il Summary Selected Renewal Changes Dues/Premium

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

SGOR – Submit Custom Quote/Attestation

Subscriber Roster

Subscribers:6	Dep	endents: 4 Members: 10						
		Age	Info	Medical Plan	Other Benefits	Current Dues/Premium	Renewal Plan(s) Dues/Premium	Selected Renewal Changes Dues/Premium
Ł	М	58	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$921.69	\$1,063.94	\$1,124.67
μ.	2	44	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$513.23	\$583.33	\$644.06
£	A	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$1,086.59	\$1,232.63	\$1,293.36
E	2	55	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$2,299.50	\$2,598.88	\$2,745.14
<u>s</u>	EL	63	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$1,086.59	\$1,232.63	\$1,293.36
2	2	57	ACTIVE	GOLD FULL PPO 1200/35 OFFEX	D,V	\$882.36	\$1,017.59	\$1,078.32

Select Group's Waiting Period: First of the month after date of hire

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 Maria	Last Name Producer]	Cancel	Submit		

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

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 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

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 <u>Renewal Center</u> to view our schedule of when you can submit your client's member-level open enrollment selections online through Employer Connection Plus.

Confirmatio	n Number: { 10					
Plan Inform	ation For: H	C				
	Medical	Dental	Vision	Life		Total
Saved Custom Quote	GOLD FULL PPO 1200/35 OFFEX	SMILESM DELUXE 2000 50/2000/NO ORTHO/MAC/NR CHILDREN'S DENTAL	PREFERRED VISION FOR SMALL BUSINESS 0/0/120	BASIC LIFE AND INSURANCE - \$1	AD&D 5.000	
	\$7,729.00	\$396.71	\$53.20			\$8,178.91
			Print	Page	Back to Broker Dashboard	

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.



