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Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

## Renewal Group Master Application – for Group Size 1-50

Please submit a complete and accurate application to our office by the 15th of the month prior to the requested effective date or there may be delays to the processing of any changes to your group. If additional space is needed, please attach a separate page. Group Number Requested Effective Date \_\_\_\_ **SECTION A - GROUP NAME** Group Name: Have there been any changes to the Group's Legal Name, Doing Business As (DBA), or the Name to be used by Regence in the last year? ☐ No – Skip to Section B. ☐ Yes – Make changes below. Group's Legal Name: DBA: Name to be used by Regence: 

Legal DBA **SECTION B - BENEFIT OPTIONS** Medical Plan Options - Select up to 5 different metallic plans between the Regence EmployeeChoice plans and Regence Accountable Health plans. If offering a Regence Accountable Health plan, then at least one Regence EmployeeChoice plan must also be offered to all eligible employees. Pharmacy benefits are embedded in the medical plans. Please attach a signed rate sheet for each medical plan selected. For groups using paper enrollment applications, attach a copy of the EmployeeChoice Request form if offering multiple plans. If offered by class, specify employee class (otherwise leave blank): Attach another page for each class specification if offering different plans per employee class. Network: ⊠ Preferred PPO Regence EmployeeChoice (must select at least one): ☐ Platinum 250 ☐ Gold 500 ☐ Silver 3000 ☐ Bronze 8550 ☐ Platinum 500 ☐ Silver 5500 ☐ Bronze HSA 6000 ☐ Gold 1000 ☐ Platinum 900 ☐ Gold 1500 ☐ Silver HSA 2700 ☐ Bronze Essential 7500 ☐ Gold 2000 ☐ Silver HSA Embedded 3200 ☐ Gold 2500 ☐ Silver HSA 3500 Gold HSA 1600 ☐ Silver HSA 5150 ☐ Silver Essential 2500 ☐ Silver Essential 4000 Network – Available in limited areas; refer to your Sales Representative: ☐ Eastside Health Network Regence Accountable Health: ☐ Platinum 500 ☐ Gold 1000 ☐ Silver HSA 2700 ☐ Bronze HSA 6000 ☐ Silver 3000 ☐ Bronze Essential 7500 Silver Essential 4000 Select medical rate structure: 

Composite Age Banded Health Savings Account (HSA) - Complete only if a Regence HSA-eligible healthplan will be offered. Regence offers integration with HealthEquity, an HSA Administrator. This integration allows HealthEquity to automatically set up health savings accounts for each employee enrolled on a Regence HSA-eligible healthplan and offers employees the ability to pay providers directly from their HSA. Will the group elect HealthEquity to administer its health savings accounts? ☐ No ☐ Yes – Who will pay the monthly fee? ☐ Employer ☐ Employee **Vision Plan Option** – The vision plan is only available with the purchase of a medical plan. Regence Choice Vision

SECTION B - BENEFIT OPTIONS (continue	d)				
<b>Dental Plan Options</b> – Available options are s the signed rate sheet for the dental plan select		ctibles	apply to class	II & class III dental services. Please attach	
	Deductible			Annual Maximum	
☐ Regence Expressions	□ \$25		□ \$1,000	\$1,500 \tag{2,000}	
\$50			□ \$1,000	☐ \$1,500 ☐ \$2,000	
	, <del></del> ·		□ \$1,500 - □	Preventive Care benefits do not	
				accumulate toward the Annual Maximum	
Regence Expressions Rewards	□ \$25 □ \$50		□ \$750 I	S1,000	
Additional Coverage Option:   Orthodontia \$1,000 lifetime maximum (available with 10 or more enrolled employees)					
SECTION C - GROUP INFORMATION CHAN	IGES				
Complete this section if there have been chang or amendments.	ges to the items be	ow. Ref	er to your origi	inal GMA and any subsequent addendums	
Select all items to change, then provide details	•				
Add/Remove Employee Class					
☐ Add/Remove Subgroup for Billing Purposes ☐ Probationary Period:					
☐ Dependent Eligibility If changing to 1st of the month following date of hire,  ☐ Employer Contribution employees hired on the 1st of the month will be effective on:					
☐ Group Address (specify physical, mailing, billing) ☐ their date of hire. ☐ the 1st of the next month. ☐ Group Contact Names ☐ Add/Remove Online Enrollment Access					
Changes to the items below require a <b>Group Change Notification</b> form to be submitted in addition to this form.					
<ul> <li>Name of Business</li> <li>Tax ID Number and/or UBI</li> <li>Headquarters Location</li> <li>Ownership</li> </ul>					
Describe Changes:					
Address Change(s)		Identify Which Address(es) are Changing			
				, ,	
		☐ Physical ☐ Mailing ☐ Billing ☐ All			
SECTION D – ACKNOWLEDGMENTS					
I request the above-described changes on beh	alf of the group. R	equest	ed changes wil	Il not become effective unless approved in	
writing by Regence BlueShield (Regence). App above, but any change of effective date will be operate to amend the group's Group Master Ap Master Application only as necessary to effect Application shall remain in force. If any request Group Master Application for the group's recon-	proval may be for a specified in writing oplication as of the ctuate the request sted change is app	an effec g. If app effective ed and	tive date other proved in writin e date assigne approved cha	than the requested effective date entered ig by Regence, the approved request shall d by Regence, but shall amend that Group nge. All other terms of the Group Master	
Certifies that all forms and processes, electron provided directly by Regence, are in complian Regence for submission to the state insurance	ce with all applica	ble stat	e guidelines a		
It is a crime to knowingly provide false, incomple the company. Penalties include imprisonment,				nce company for the purpose of defrauding	
SECTION E – SIGNATURE					
I certify that the information provided is accura	te to the best of m	y knowl	edge.		
If you type your name below, you understand the legal equivalent of your manual signature			igning this doc	sument and agree your electronic signature	
Group Authorized Representative Signature			Signature Date		
Group Authorized Representative (print name)			Official Title		

Regence BlueShield: 1111 Lake Washington Blvd N, Suite 900, Renton, WA 98056