



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.

Requested Effective Date _____

Group Number

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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 – 1 to 2 employees enrolling: Select 1 plan. 3 or more employees enrolling: Select up to 5 plans. 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**

Plan Selections available on Preferred PPO:

- | | | | |
|--|--|---|--|
| ☐ Platinum 250 | ☐ Gold 1000 | ☐ Silver 3500 | ☐ Bronze 9700 |
| ☐ Platinum 500 | ☐ Gold 1500 | ☐ Silver 7000 | ☐ Bronze HSA 6500 |
| ☐ Platinum 2100 | ☐ Gold 2500 | ☐ Silver HSA 3000 | ☐ Bronze Essential 8500 |
| | ☐ Gold Sustain 3800 | ☐ Silver HSA Embedded 3600 | |
| | ☐ Gold HSA 1800 | ☐ Silver HSA 3500 | |
| | | ☐ Silver HSA 6000 | |
| | | ☐ Silver Essential 4500 | |

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 who has chosen to participate.

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 (continued)

Dental Plan Options – Available options are shown below. Deductibles apply to class II & class III dental services. Please attach a signed rate sheet for the dental plan selected.

Non-Network Provider Allowed Amount

☐ MAC* inside the four-state area we serve (Washington, Idaho, Oregon and Utah) and 85% UCR** outside the four states.

☐ 90% UCR** in and outside the four-state area we serve. Not available for Regence Expressions ValueCare.

*Maximum Allowable Charge (MAC) is the predetermined fee set by Regence for specific dental procedures.

**Usual and Customary Rate (UCR) fee schedule in the geographic area in which the expense is incurred for non-network reimbursement.

	Deductible	Annual Maximum
☐ Regence Expressions ☐ Regence Expressions ValueCare	☐ \$25 ☐ \$50	☐ \$1,000 ☐ \$1,500 ☐ \$1,500 - Preventive Care benefits do not accumulate toward the Annual Maximum (only when \$50 deductible is selected) ☐ \$2,000
☐ Regence Expressions Rewards	☐ \$25 ☐ \$50	☐ \$750 ☐ \$1,000
Optional Orthodontia (available with 10 or more enrolled employees)	☐ \$1,000 Lifetime Maximum (not available when \$50 ded/\$1,500 max or \$50 ded/\$2,000 max is selected) ☐ \$1,500 Lifetime Maximum (only available when \$50 ded/\$1,500 max or \$50 ded/\$2,000 max is selected)	

SECTION C – GROUP INFORMATION CHANGES

Complete this section if there have been changes to the items below. Refer to your original GMA and any subsequent addendums or amendments.

Select all items to change, then provide details in the space below.

- | | |
|---|--|
| ☐ Add/Remove Employee Class | ☐ Probationary Period: |
| ☐ Add/Remove Online Enrollment Access | If changing to 1st of the month following date of hire , |
| ☐ Add/Remove Subgroup for Billing Purposes | employees hired on the 1 st of the month will be effective on: |
| ☐ Domestic Partner Eligibility | ☐ their date of hire. ☐ the 1 st of the next month. |
| ☐ Employer Contribution | Part-time employees transferring to full-time will start their |
| ☐ Group Address (specify physical, mailing, billing) | probationary periods on the: |
| ☐ Group Contact Names | ☐ original hire date (retroactive). |
| ☐ Number of Working Hours for Eligibility | ☐ date the employee transfers to full-time hours. |

Changes to the items below require a **Group Change Notification** form to be submitted in addition to this form.

- | | | | |
|--------------------|----------------------------|-------------------------|-------------|
| • Name of Business | • Tax ID Number and/or UBI | • Headquarters Location | • Ownership |
|--------------------|----------------------------|-------------------------|-------------|

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 behalf of the group. Requested changes will not become effective unless approved in writing by Regence BlueShield (Regence). Approval may be for an effective date other than the requested effective date entered above, but any change of effective date will be specified in writing. If approved in writing by Regence, the approved request shall operate to amend the group's Group Master Application as of the effective date assigned by Regence, but shall amend that Group Master Application only as necessary to effectuate the requested and approved change. All other terms of the Group Master Application shall remain in force. If any requested change is approved, the group should retain a copy of this Regence Renewal Group Master Application for the group's record.



SECTION D – ACKNOWLEDGMENTS (continued)

Certifies that all forms and processes, electronic or otherwise, used by the group for enrollment purposes, other than those provided directly by Regence, are in compliance with all applicable state guidelines and regulations and/or have been provided to the state insurance regulator for approval prior to use.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SECTION E – SIGNATURE

I certify that the information provided is accurate to the best of my knowledge.

If you type your name below, you understand that you are electronically signing this document and agree your electronic signature is the legal equivalent of your manual signature on this application.

Group Authorized Representative Signature (No producer signatures)	Signature Date
Group Authorized Representative (print name)	Official Title

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