



## Standalone Specialty Benefits

**PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.**

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

**Important:** Include a copy of the life quote with your new group submission for all groups selecting Blue Shield of California life insurance that have 10 or more eligible employees.

### **Standalone Dental Insurance 1-100 employees**

- Employer Application
  - Master Group Application
- Employee Application
- Refusal of Coverage
  - Required **only** for groups with one enrolled employee<sup>1</sup>.
- First month's premium
  - Business binder check **or**
  - Small Group Initial Payment Form
- Proof of coverage for major services from prior carrier to waive 12 month waiting period for major services for Voluntary Dental PPO and Voluntary Dental INO plans.
  - Summary of Benefits illustrating "major" services benefits **and**
  - Current dental bill and dental bill from previous 12 months **or**
  - Current dental renewal and prior year's dental renewal

### **Standalone Life Insurance<sup>2</sup> 2-100 employees**

- Employer Application
  - Master Group Application
- Employee Application
- Refusal of Coverage
  - Required **only** for groups with one enrolled employee<sup>1</sup>.
- First month's premium
  - Business binder check **or**
  - Small Group Initial Payment Form

<sup>1</sup> A refusal of coverage is not required for groups enrolling in a voluntary option. If participation guidelines are not being met (number of eligible employees vs. number of enrolled employees) as listed on the Employer Master Group Application, please indicate on the submission coverage sheet how many are valid waivers and how many are non-valid waivers. A valid waiver is an employee covered under other group coverage not offered by the same employer. Only non-valid waivers will be counted against the participation guidelines stated above.

<sup>2</sup> Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

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**After approval, prior carrier termination letter must be submitted by the employer or broker.**

### **Standalone Vision Insurance<sup>2</sup> 1-100 employees**

- Employer Application
  - Master Group Application
- Employee Application
- Refusal of Coverage
  - Required **only** for groups with one enrolled employee<sup>1</sup>.
- First month's premium
  - Business binder check **or**
  - Small Group Initial Payment Form

### **Dental Insurance 1-100 employees**

- 65% participation<sup>3</sup> of eligible employees (contributory). 1 enrolled (voluntary)
- 50% contribution (contributory); 0% contribution (voluntary)
- A husband and wife and/or domestic partnership of the same employer may enroll separately or together. If final enrollment is 1 employee, a refusal of coverage<sup>1</sup> would be required for the spouse/domestic partner enrolled as a dependent; except for voluntary plans.
- 2 life owner only groups are eligible for standalone Dental product purchase.
- Dual option is available at 1 or more enrolled employees; choose any 2 dental plans from the dental portfolio.
- Triple option is available at 1 or more enrolled employees, the following combination of plans is available:
  - 3 HMO's
  - 2 HMO's and a PPO
  - 2 HMO's and an INO
  - \*2 PPO's or 2 INO's and an HMO or 1 PPO, 1 INO and 1 HMO
- When a non-voluntary plan is combined with a voluntary plan, 65% participation and 50% contribution is required.
- When more than one voluntary plan is offered without any contributory plans, there are no participation or contribution requirements.
- Blue Shield must be the only dental plan offered.

### **Life Insurance<sup>2</sup> 2-100 employees**

- 65% participation<sup>3</sup> of eligible employees (contributory). 100% participation (non-contributory)
- 25% contribution
- A husband and wife and/or domestic partnership of the same employer may enroll separately or together. If final enrollment is 1 employee, a refusal of coverage<sup>1</sup> would be required for the spouse/domestic partner enrolled as a dependent.
- 2 life owner only groups are eligible for standalone Life Insurance product purchase.
- Blue Shield must be the only life insurance plan offered.

### **Vision Insurance<sup>2</sup> 1-100 employees**

- 65% participation<sup>3</sup> of eligible employees (contributory). 3 enrolled employees (voluntary)
- 25% contribution (contributory); 0% contribution (voluntary)
- A husband and wife and/or domestic partnership of the same employer may enroll separately or together. If final enrollment is 1 employee, a refusal of coverage<sup>1</sup> would be required for the spouse/domestic partner enrolled as a dependent.
- 2 life owner only groups are eligible for standalone Vision product purchase.
- Blue Shield must be the only vision plan offered.

1 A refusal of coverage is not required for groups enrolling in a voluntary option. If participation guidelines are not being met (number of eligible employees vs. number of enrolled employees) as listed on the Employer Master Group Application, please indicate on the submission coverage sheet how many are valid waivers and how many are non-valid waivers. A valid waiver is an employee covered under other group coverage not offered by the same employer. Only non-valid waivers will be counted against the participation guidelines stated above.

2 Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

3 Check with your Word & Brown sales representative for current participation promotions and exceptions.

\* **Only available when purchased with Blue Shield Small Business medical coverage**

**After approval, prior carrier termination letter must be submitted by the employer or broker.**