


Helpful tips to use RapidRate

Updates to the tool starting with January 1, 2014 quotes

You'll notice that the Rapid Rates tool looks a little different when quoting plans effective January 1, 2014 and later. This is to reflect the new small group metallic plans and requirements from the Affordable Care Act (ACA). These are some helpful instructions to navigate you through this tool.

On the **Proposal & Group Information** page:

1. The Group Risk Profile option will still be available for 11/1/13 and 12/1/13 proposals. Group Risk Factors are no longer applicable on the metallic plans 1/1/14 and beyond, please select "No" when creating these proposals.

PREMERA | 
BLUE CROSS BLUE SHIELD OF ALASKA

[Switch Users](#) [RapidRate Help](#) [Log Out](#)

RapidRate™ Proposal & Group Information

Proposal Information * = Required Field

To start the proposal process, please enter the following demographic information.

Proposal Title: *

Proposed Effective Date: *

If you are creating a quote for someone other than yourself, select the Broker's name from the drop-down menu below.

Broker Name: *

Proposal Type

Group Risk Profile: *	<input type="radio"/> Yes	<input type="radio"/> No
-----------------------	---------------------------	--------------------------

Group Information

Group Legal Name:

NAICS Code: * [Look up NAICS code or description](#)

ZIP: * [change city](#) City: State:

Average Number of Employees on Payroll: *

Eligibility Questions

<input type="radio"/> Yes	<input type="radio"/> No	Does the group average 2-50 employees on payroll with at least 1 working a minimum of 30 hours per week?
<input type="radio"/> Yes	<input type="radio"/> No	Are you quoting for only a segment of the group?
<input type="radio"/> Yes	<input type="radio"/> No	Is the Group headquartered outside of the State of Alaska?
<input type="radio"/> Yes	<input type="radio"/> No	Does the group have employees residing in Hawaii? (We cannot offer coverage to employees residing in Hawaii. Please do not include them in the group census.)

On the **Current Coverage for Groups 2-50** page:

1. Medical duration of current coverage has been removed. Current coverage for medical is no longer a rating factor for groups effective January 1, 2014 and later.

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

RapidRate™ Current Coverage for Groups 2-50

Proposal Title: Test Proposal Group Name: Test Group

Current Coverage * Required Field

Select the duration of current coverage for medical and dental benefits.

Medical: * None

Dental: * None

BACK CANCEL SAVE & FINISH LATER CONTINUE

Conditions of Use

On the **Census Information** page:

1. Columns “Medicare Primary” and “Cobra/COC” have been removed. These values are no longer applicable to the Metallic Medical plans as of January 1, 2014.
2. Columns “Relationship to Subscriber” and “Family ID” have been added. RapidRate will need to collect this member data for rating purposes.
 - a. Relationship to Subscriber column selections: Self, Spouse/DP and Dependent. If Spouse/DP and/or Dependent are selected, there must be a Self with the same Family ID associated.
 - b. Family ID column: This is limited to 10 characters and can be any alphanumeric combination. The Family ID is a unique family identifier for each family group in the census. e.g. For one family, the Family ID would be “smith” for all members of that family group. This tells the system they are all associated with one family.
3. The Census Upload Template has been updated to accommodate the additional fields.

RapidRate™ Census Information

Proposal Title: AK #1
Group Name: AK #1

Download Member Census Template

1. Click the Download Member Census Template link ([if this template is opening in a browser window click here](#)).
2. Enter your census information for uploading in this template.
3. Save the completed census template to your computer before you upload it into RapidRate.

[Download Member Census Template](#)

Upload Census File

Note: To upload a census file you must have already downloaded the compatible Census Template (see above), populated the required fields, and saved the file.

1. Click the Browse button to locate the census CSV file on your computer.
2. Click the Upload File button.

Enroll Members

Member Count: 15

* = Required

	*Gender	*Birth Date (mm/dd/yyyy)	*Age 	*Relation to Subscriber	*Family Id	*Medical/Dental	Delete
1	M	06 / 01 / 1965	48	Self	smith	Both	<input type="checkbox"/>
2	F	05 / 01 / 1965	48	Spouse/DP	smith	Both	<input type="checkbox"/>
3	M	09 / 04 / 1990	23	Dependent	smith	Both	<input type="checkbox"/>
4	F	08 / 19 / 1974	39	Self	grant	Medical only	<input type="checkbox"/>
5	M	08 / 01 / 1997	16	Dependent	grant	Medical only	<input type="checkbox"/>
6	F	06 / 20 / 1960	53	Self	clark	Dental only	<input type="checkbox"/>

On the **Product Selection** page:

1. If the effective date is January 1, 2014 and beyond - the Products filter on the medical will reflect the new list of metallic small group plans. The Heritage Select and Heritage Plus plan families are no longer available. Previous product filters that applied to these plans will no longer appear either.

PREMERA BLUE CROSS BLUE SHIELD OF ALASKA

RapidRate™ Select Products

[RapidRate Help](#) [Log Out](#)

Please see below for your Product Selections.

Proposal Title: AK #1 Group Name: AK #1 [\(Group & Current Coverage Info\)](#)
 Proposal Status: Rated Online Member Count: 15

1. Select Product Filtering Options

Select all the product types you would like to view. If you select *All Products* a complete list of product types will display.

Products	Plans
<input type="checkbox"/> Medical	All -
<input type="checkbox"/> Dental	All
<input checked="" type="checkbox"/> All Products	

* Hold down the CTRL key to make multiple selections or to deselect items.

[SHOW PRODUCTS](#)

2. Select Products to Include in Proposal [Select All](#) | [Clear All](#)

Select the products to include in your proposal. Products selected remain at the top of the product list.

Select	Type	Plan	Description	Monthly Premium Total
<input type="checkbox"/>	Medical	Metallic	Gold Plus PCP 500	\$7,309.00
<input type="checkbox"/>	Medical	Metallic	Gold Plus PCP 750	\$7,092.00
<input type="checkbox"/>	Medical	Metallic	Gold Plus PCP 1000	\$6,993.00
<input type="checkbox"/>	Medical	Metallic	Gold Plus PCP 1500	\$6,866.00
<input type="checkbox"/>	Medical	Metallic	Gold Plus HSA 1300	\$6,406.00

After **View/Print Proposal** is selected the finalized proposal will have the below changes:

1. There will be a small table reflecting the Age Bands of the census that was submitted
2. New metallic medical plans rates are now displayed in one Monthly Premium Total. Previously medical rates were broken down and displayed by tier EE, ES, ESC and EC. Dental rates will still be displayed by tier.

Rate Exhibit

AGE BANDS			
0-19	3	40	1
23	1	42	1
28	1	48	2
36	1	50	1
39	2		

Medical	Monthly Premium Total
Gold Plus PCP 500	\$7,309.00
Gold Plus PCP 750	\$7,092.00
Gold Plus PCP 1000	\$8,993.00
Gold Plus PCP 1500	\$8,866.00
Gold Plus HSA 1300	\$8,406.00
Gold Plus HRA 1300	\$8,940.00
Gold Plus HSA 1500	\$8,178.00
Gold Plus HRA 1500	\$8,956.00
Gold Plus HRA 1500 HIGH	\$8,571.00
Silver Plus HSA 1700	\$8,095.00
Silver Plus PCP 1700	\$8,320.00
Silver Plus PCP 2000	\$8,283.00

3. Census displayed will reflect the new columns of Relationship to Subscriber and Family ID that were added.

Member Census

Effective Date: 01/01/2014 NAICS Code: 311520 ZIP Code: 99615
 Prior Dental: None County: ALASKA

Birth Date	Age	Sex	Family Id	Relationship To Subscriber	Medical	Dental
09/23/1980	33	Male	adams	Self	-	✓
10/25/1974	39	Male	boyer	Self	✓	✓
12/13/1985	28	Female	boyer	Spouse/DP	✓	✓
02/05/1995	18	Female	boyer	Dependent	✓	✓
03/12/2000	13	Female	boyer	Dependent	✓	✓
06/20/1960	53	Female	clark	Self	-	✓
08/19/1974	39	Female	grant	Self	✓	-
08/01/1997	16	Male	grant	Dependent	✓	-
04/08/1977	36	Male	jones	Self	✓	✓

4. Underwriting Assumptions have also been updated with the new requirements of the ACA regulations. Please review to understand the changes.



**Metallic
Small Group Underwriting Assumptions**

1. This proposal is valid for one month beyond the quoted effective date. The funding arrangement and rates quoted are contingent upon the accuracy and completeness of the information contained in the original RFP submission or available at the time the renewal is released. If at any time prior to the effective date of coverage the group or the agent learn of any information that could materially affect the overall group risk that was not disclosed on the RFP, they must inform Premera Blue Cross Blue Shield of Alaska. In such circumstance, we reserve the right to review and adjust our quoted rates, fees and/or contract terms, and/or withdraw the quote entirely.
2. All rates are guaranteed for a 12-month period, except in case of:
 - An amendment of the benefit plan or contract;
 - Addition or deletion of a subsidiary, corporate division, or affiliated company;
 - Any change in the employee eligibility or probationary period; or
 - A change in mandated benefits or taxes charged to plans offered by Premera Blue Cross Blue Shield of Alaska and related subsidiaries.
3. Proposed rates and benefits are based on the information received at the time of proposal. Final rates and benefits are based on actual enrollment.
4. Small employers, who average 2-50 employees on payroll, must have at least 1 employee working a minimum of 30 hours per week in order to qualify for group coverage.