

**2025 Plan Election Form  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
Fully-insured groups**



To ensure compliance with federal health care reform, Blue Cross and Blue Shield of Minnesota and Blue Plus require that all group plans provide the following information with their renewal and sign and date this form. **Please note that Blue Cross will assume groups are non-grandfathered if not specified below.**

<b>Group name</b>		
<b>Group renewal date</b>	<b>Plan year (may be different than the group's renewal date)</b>	<b>Date of next termination for collective bargaining agreements (if applicable)</b>

**Grandfathered plans**

As a plan sponsor, we have a duty to self-report any noncompliance and may be required to pay a special tax or penalty should our plans be determined to be noncompliant.

**Grandfathered status** (please select all that apply)

- Our health plan(s) is/are grandfathered as the fully insured group employer plan was in place on March 23, 2010
- Our health plan(s) is/are grandfathered as the fully insured group health plan(s) are subject to collective bargaining agreements

The plan agrees to immediately inform Blue Cross of any change in contribution rate during the plan year.

**Preventive care** (please select one of the following)

We understand that as a grandfathered plan we can implement the Health Care Reform (HCR) Preventive Care Package in compliance with federal health care reform without losing our grandfathered status. Please see [employers.bluecrossmn.com](http://employers.bluecrossmn.com) for details on what is covered in the HCR Preventive Care Package.

- We elect the HCR Preventive Care Package
- We do **NOT** elect the HCR Preventive Care Package

Non-grandfathered groups are required to cover preventive services, as defined by health care reform, without cost sharing. The HCR Preventive Care Package will be added upon renewal unless otherwise noted by the group.

**Mix of both grandfathered and non-grandfathered plans**

**Grandfathered and non-grandfathered status** (please select all that apply)

- Our health plan(s) contain multiple subgroups. Some of these subgroups are grandfathered and some are non-grandfathered. Please submit a list of subgroups and designate which are grandfathered or non-grandfathered. Please also include the plan year for each subgroup.
- Some of the health plan(s) is/are grandfathered as our fully insured group health plan(s) are subject to collective bargaining agreements. Please submit a list of subgroups and designate which are grandfathered. Please also include the plan year for each subgroup.

The signing party below, on behalf of our group plan(s), warrants that the information provided in this election form is true and correct, and agrees to hold Blue Cross and Blue Shield of Minnesota and Blue Plus harmless from any liability, and to indemnify Blue Cross and Blue Shield of Minnesota and Blue Plus for any claims brought by third parties resulting from any information the signing party has provided in this form. If returning by email, both parties agree to conduct this transaction electronically.

Signature: \_\_\_\_\_ Typed/printed name: \_\_\_\_\_  
(type or sign)

Title: \_\_\_\_\_ Date: \_\_\_\_\_