

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



To ensure compliance with federal health care reform, Blue Cross and Blue Shield of Minnesota requires 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.**

Group name	Group renewal date	Plan year (may be different than the group's renewal date)

Grandfathered plans

As a plan sponsor, you acknowledge your duty to self-report any noncompliance and that you may be required to pay a special tax or penalty should your plans be determined to not comply.

Grandfathered status (please select if appropriate)

- Our health plan(s) is/are grandfathered as the self-insured group employer plan was in place on March 23, 2010

Preventive care (please select one of the following)

As a grandfathered plan you can implement the Health Care Reform (HCR) Preventive Care Package in compliance with federal health care reform without losing grandfathered status. Please see 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

Mix of both grandfathered and non-grandfathered plans

Grandfathered and non-grandfathered status (please select if appropriate)

- 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.

Preventive care (please select one of the following).

As a grandfathered plan you can implement the HCR Preventive Care Package that is in compliance with federal health care reform without losing grandfathered status. Please see 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.

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: _____
