



Independence Blue Cross
1901 Market Street, Philadelphia, PA 19103

Blue Solutions® Choice

Application for New Small Employer Health Benefits – 51-99

This form and the Blue Solutions suite of plan designs can only be used when a group has between 51 and 99 total employees. Total employees represents all active full-time, part-time, and seasonal employees on the payroll as of the requested effective date.

Section I. Company Information

| | | |
|---|--|--------------------------------|
| Full Legal Name of Company: | | |
| Tax ID#: | CID/Group #(internal use only): | |
| Customer Address: | | |
| City: | State: | Zip: |
| Customer Contact: | Phone: () | Fax: () |
| Nature of Business: | Year in Business: | Customer Email Address: |
| Is there any Group Health Plan now in force and to be continued: Yes () No () Name of Carrier: | | |
| Total number of eligibles: | Total number of employees: | |
| Amount of Premium paid by employer: <input type="checkbox"/> 100% <input type="checkbox"/> Partial _____% <input type="checkbox"/> Other | | |
| Number of Hours Worked per Week for Eligibility: _____ | | |

Section II: Third Party Representation

| | |
|--|--------------------------------|
| Marketing Representative Name/Code: | |
| Producing Agent: | |
| Primary Broker/Association: | Broker/Association ID#: |

Section III: Quote Conditions Signature

Available Benefits
• Groups with 51-99 employees (including active full-time, part-time, and seasonal workers) must select Blue Solutions® Plus or Blue Solutions® Choice options and may also choose from the Select Drug, vision or dental benefits listed on the rate sheet. Groups can offer multiple Blue Solutions® Choice plans from the Choice product portfolio. Blue Solutions® Choice cannot be combined with coverage options from non-Blue Solutions® Choice product portfolios.

Participation Requirements
 Groups with 51-99 eligible lives (employees that qualify for benefits) must have 75 percent participation, which includes all product lines. HMO/ POS-only groups must also have 75 percent participation.
 IBC will count waivers in the eligibility calculations.
 Credit is given for those eligible employees who opt out because they have coverage through a spouse, as an eligible dependent to 26, or are enrolled in Medicare or Medicaid. Only these types of opt-outs, or waivers, are excluded from the calculation to determine if a group meets the 75 percent participation requirement.
 Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for active and retired employees. The group must consist of a minimum of 75 percent active employees.

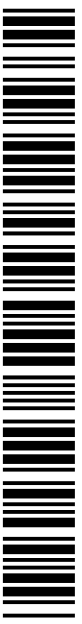
Employer contribution requirement
 For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium or 75 percent of the single-tier rate for each plan offered.

Rate tiers
 A four-tiered rating structure is standard. Other rating structures may be available with approval from the Underwriting department. The tiered rating structure must be consistent between Personal Choice and Keystone products.

Submission guidelines
 All offerings are subject to final Underwriting review and acceptance. Additional guidelines and policies may apply.

Additionally, I have appointed (Broker Agency / Association) to represent our employment group. I understand that, if eligible, commissions on the account will be paid by the carrier and additional compensation known as "override commissions" may be earned from the carrier for meeting overall sales and retention goals.

| | |
|--------------------------|---------------------|
| Print Name: _____ | Title: _____ |
| Signature: _____ | Date: _____ |



Blue Solutions® Choice

Application for New Small Employer Health Benefits – 51-99

Company Name: _____

Effective Date: _____

| Copay Plans (calendar year) | | | |
|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <u>OPTION 1</u> | | <u>OPTION 2</u> | |
| Product: | <input type="checkbox"/> POS | <input type="checkbox"/> Direct POS | Product: |
| Plan: | <input type="checkbox"/> POS Plus 1B | <input type="checkbox"/> DPOS Plus 1B | <input type="checkbox"/> POS |
| | <input type="checkbox"/> POS Plus 2B | <input type="checkbox"/> DPOS Plus 2B | <input type="checkbox"/> Direct POS |
| | <input type="checkbox"/> POS Plus 3B | <input type="checkbox"/> DPOS Plus 3B | <input type="checkbox"/> POS Plus 1B |
| | <input type="checkbox"/> POS Plus 4B | | <input type="checkbox"/> POS Plus 2B |
| Product: | <input type="checkbox"/> PPO | | <input type="checkbox"/> POS Plus 3B |
| Plan: | <input type="checkbox"/> PPO Plus 1B | <input type="checkbox"/> PPO Plus 3B | <input type="checkbox"/> POS Plus 4B |
| | <input type="checkbox"/> PPO Plus 2B | <input type="checkbox"/> PPO Plus 4B | <input type="checkbox"/> PPO Plus 1B |
| | | | <input type="checkbox"/> PPO Plus 2B |
| | | | <input type="checkbox"/> PPO Plus 3B |
| | | | <input type="checkbox"/> PPO Plus 4B |

| Deductible Plans (calendar year) | | | |
|---|--------------------------------------|--|--|
| <u>OPTION 1</u> | | <u>OPTION 2</u> | |
| Product: | <input type="checkbox"/> POS | <input type="checkbox"/> Direct POS | Product: |
| Plan: | <input type="checkbox"/> POS Plus 5B | <input type="checkbox"/> DPOS Plus 4B | <input type="checkbox"/> POS |
| | <input type="checkbox"/> POS Plus 6B | <input type="checkbox"/> DPOS Plus 5B | <input type="checkbox"/> Direct POS |
| | <input type="checkbox"/> POS Plus 7B | <input type="checkbox"/> DPOS Plus 6B | <input type="checkbox"/> POS Plus 5B |
| Product: | <input type="checkbox"/> PPO | | <input type="checkbox"/> POS Plus 6B |
| Plan: | <input type="checkbox"/> PPO Plus 5B | <input type="checkbox"/> PPO Plus 8B* | <input type="checkbox"/> POS Plus 7B |
| | <input type="checkbox"/> PPO Plus 6B | <input type="checkbox"/> PPO Plus 9B* | <input type="checkbox"/> DPOS Plus 4B |
| | <input type="checkbox"/> PPO Plus 7B | <input type="checkbox"/> PPO Plus 10B* | <input type="checkbox"/> DPOS Plus 5B |
| | | | <input type="checkbox"/> DPOS Plus 6B |
| | | | <input type="checkbox"/> PPO Plus 5B |
| | | | <input type="checkbox"/> PPO Plus 8B* |
| | | | <input type="checkbox"/> PPO Plus 6B |
| | | | <input type="checkbox"/> PPO Plus 9B* |
| | | | <input type="checkbox"/> PPO Plus 7B |
| | | | <input type="checkbox"/> PPO Plus 10B* |

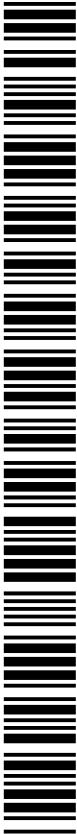
| HRA and HSA Plans w/ Integrated RX * (contract year) | | | |
|---|---------------------------------------|--------------------------------------|---------------------------------------|
| <u>OPTION 1</u> | | <u>OPTION 2</u> | |
| Product: | <input type="checkbox"/> PPO HRA HDHP | Product: | <input type="checkbox"/> PPO HRA HDHP |
| | <input type="checkbox"/> PPO HSA HDHP | | <input type="checkbox"/> PPO HSA HDHP |
| Plan: | <input type="checkbox"/> HDHP Plus 1B | <input type="checkbox"/> HRA Plus 3B | Plan: |
| | <input type="checkbox"/> HDHP Plus 3B | | <input type="checkbox"/> HDHP Plus 1B |
| | <input type="checkbox"/> HDHP Plus 4B | | <input type="checkbox"/> HDHP Plus 3B |
| | | | <input type="checkbox"/> HRA Plus 3B |
| | | | <input type="checkbox"/> HDHP Plus 4B |

Total Number of Personal Choice Applications Attached: _____

Total Number of Keystone Applications Attached: _____

| | | | |
|---|--|--|--|
| Select Rx Riders <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$10/\$45/\$75 <input type="checkbox"/> \$250/\$10/\$45/\$70 <input type="checkbox"/> \$7/50% (\$125) | IBC (Davis) Vision Riders POS Biennial Benefit <u>Option 1</u> <u>Option 2</u> <input type="checkbox"/> \$35 <input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$100 | IBC Dental Riders POS <input type="checkbox"/> Basic <input type="checkbox"/> Value <input type="checkbox"/> Pediatric | Dependent / Student Age: <p style="text-align: center; font-size: 1.2em;">26 / 26</p> |
|---|--|--|--|

| Supplemental Options | Freestanding IBC (Davis) Vision (For POS and PPO Options) |
|---|--|
| United Concordia Dental <input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Preferred <input type="checkbox"/> Concordia Plus <input type="checkbox"/> Concordia Choice <input type="checkbox"/> Option: _____ | <input type="checkbox"/> Annual <input type="checkbox"/> \$35 <input type="checkbox"/> \$125 <input type="checkbox"/> Biennial <input type="checkbox"/> \$50 <input type="checkbox"/> \$200 <input type="checkbox"/> \$75 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 |



* Rx includes oral contraceptive coverage