

Blue Solutions®

Application for new small employer health benefits — 2 – 50

This form, and the Blue Solutions product suite, can only be used when a group has between 2 and 50 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 code:

Customer contact:

Phone:

Fax:

Name 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:

Number of hours worked per week for eligibility: _____

Amount of premium paid by employer: 100% Partial ____ % Other

Section II: Third-party representation

Marketing representative name/code: _____

Producing agent: _____

Primary broker:

Broker: _____

Section III: Quote conditions signature

Available benefits

- Groups with 2–50 employees must select Blue Solutions® or Blue Solutions® Choice, which includes prescription drug, vision (adult and pediatric), and pediatric dental benefits.* Groups can offer up to three plans from the Blue Solutions portfolio and up to five plans from the Choice product portfolio. Blue Solutions plans cannot be combined with Blue Solutions Choice plans.

Medical participation requirements

- Groups with 2–50 eligible lives must have 70 percent participation, which includes all product lines. Independence and affiliates must be sole providers.
- Independence 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 up to age 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 100 percent participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for retired employees.

Dental participation requirements

- Adult DHMO follows the medical guidelines, but Adult Dental PPO has different participation requirements. Adult PPO plans: Groups of 2–9 lives must have 100 percent participation. Groups of 10–50 lives must have a minimum of 10 enrolled, or 20 percent. Waivers due to coverage under the spouse (spousal waiver) count toward participation.

Employer contribution requirement

- For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium.
- Per Affordable Care Act regulations, employers should not fund more or less than the federally mandated standards for funding employee deductibles. The high deductible plan design selected will specify the funding requirement; please refer to each plan design for specific funding requirements.

Rate tiers

- All small group medical, prescription drug, vision, and dental plans will be calculated on a member-level build-up rating structure.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply.

Broker of record

Additionally, I have appointed (Broker agency) 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: _____

Independence Blue Cross Benefit Plans
Blue Solutions®
Application for new small employer health benefits — 2 – 50

Company name: _____

Effective date: _____

Coplay plans* (contract year)

Product plan: <input type="checkbox"/> HMO <input type="checkbox"/> Platinum Premier <input type="checkbox"/> Platinum <input type="checkbox"/> Gold Premier <input type="checkbox"/> Gold Proactive	Product plan: <input type="checkbox"/> Direct POS <input type="checkbox"/> Platinum Premier <input type="checkbox"/> Platinum <input type="checkbox"/> Gold Premier	Product plan: <input type="checkbox"/> PPO <input type="checkbox"/> Platinum Premier <input type="checkbox"/> Platinum <input type="checkbox"/> Gold Premier
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Deductible plans* (contract year)

Product plan: <input type="checkbox"/> HMO <input type="checkbox"/> Gold <input type="checkbox"/> Silver Premier <input type="checkbox"/> Silver Proactive <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Bronze Basic**	Product plan: <input type="checkbox"/> Direct POS <input type="checkbox"/> Gold <input type="checkbox"/> Silver Premier <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	Product plan: <input type="checkbox"/> PPO <input type="checkbox"/> Gold <input type="checkbox"/> Silver
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HRA and HSA Plans with Integrated Rx* (contract year)

Product Plan: <input type="checkbox"/> PPO HSA HDHP <input type="checkbox"/> Platinum 50 <input type="checkbox"/> Gold 25 <input type="checkbox"/> Gold <input type="checkbox"/> Gold 50 <input type="checkbox"/> Silver 25 <input type="checkbox"/> Silver <input type="checkbox"/> Bronze Premier <input type="checkbox"/> Bronze	Product Plan: <input type="checkbox"/> PPO HRA HDHP <input type="checkbox"/> Platinum 50 <input type="checkbox"/> Gold 25 <input type="checkbox"/> Gold 50 <input type="checkbox"/> Silver 25
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Total number of Personal Choice® applications attached:

Total number of Keystone Health Plan East applications attached:

IBC Dental Riders

United Concordia Dental¹

Product Plan: <input type="checkbox"/> HMO/DPOS <input type="checkbox"/> Adult	Product Plan: <input type="checkbox"/> ALL LINE OF BUSINESS <input type="checkbox"/> STAND ALONE <input type="checkbox"/> Adult Preventive Dental PPO <input type="checkbox"/> Adult Plus Dental PPO	<input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Plus	<input type="checkbox"/> Concordia Preferred <input type="checkbox"/> Concordia Choice <input type="checkbox"/> Option: _____
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1. Requires completed and signed United Concordia group application.

* Includes prescription drug, vision, and pediatric dental benefits. The HMO Bronze Basic plan excludes adult vision.

To learn more about adult vision options, please contact your Independence account executive or independent broker.

**Excludes adult vision coverage.

