



31124



1901 Market Street, Philadelphia, PA 19103

Blue Solutions® 2016 Application for New Small Employer Coverage*

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:

Years 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 employees eligible for health insurance coverage:

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

- Small employers 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

- Small employers must have 70 percent participation, which includes all product lines. Independence and affiliates must be sole provider.
- 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 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. Groups of 2–9 lives must have 100 percent participation. Groups of 10–100 lives must have a minimum of 10 enrolled and 20 percent participation.

Employer contribution requirement

- For contributory plan offerings, the employer 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 employer 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: _____

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Independence Blue Cross Benefit Plans
Blue Solutions®
2016 Application for New Small Employer Coverage*

Company name: _____

Effective date: _____

Copay plans

Product Type: HMO Platinum Preferred \$10/\$20/\$100 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$30/\$60/\$600 Gold Proactive	Product Type: Direct Point of Service Platinum Preferred \$10/\$20/\$100 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$30/\$60/\$600	Product Type: PPO Platinum Preferred \$10/\$20/\$150 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$35/\$70/\$600
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Deductible plans

Product Type: HMO Gold Classic \$1,000 \$25/\$50/90% Gold Classic \$2,000 \$40/\$80/100% Silver Proactive Silver Classic \$2,000 \$25/\$50/70% Silver Secure \$3,500 \$40/\$80/\$600 Silver Classic \$4,250 \$40/\$80/100% Silver Classic \$2,500 \$30/\$60/50% Bronze Essential \$6,000 \$50/\$100/\$700	Product Type: Direct Point of Service Gold Classic \$1,000 \$25/\$50/90% Gold Classic \$2,000 \$40/\$80/100% Silver Classic \$2,000 \$25/\$50/70% Silver Secure \$3,500 \$40/\$80/\$600 Silver Classic \$4,250 \$40/\$80/100% Silver Classic \$2,500 \$30/\$60/50% Bronze Essential \$6,000 \$50/\$100/\$700	Product Type: PPO Gold Classic \$1,000 \$15/\$30/80% Gold Classic \$2,000 \$40/\$80/100% Silver Secure \$3,000 \$30/\$60/\$600 Silver Classic \$3,300 \$40/\$80/100% Silver Classic \$2,500 \$30/\$60/80%
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HRA and HSA Plans with Integrated Prescription Drug benefit

Product Type: PPO HSA High Deductible Health Plan Platinum HSA-50 \$1,500/100% Gold HSA-25 \$2,200/100% Gold HSA-0 \$1,700/100% Gold HSA-50 \$2,200/70% Silver HSA-0 \$2,700/100% Silver HSA-25 \$2,400/50% Silver HSA-0 \$2,400/90% Bronze HSA-0 \$4,000/50% Bronze HSA-0 \$6,550/100%	Product Type: PPO HRA High Deductible Health Plan Platinum HRA-50 \$1,500/100% Gold HRA-25 \$2,200/100% Gold HRA-50 \$2,200/70% Silver HRA-25 \$2,400/50%
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Total number of Personal Choice® applications attached:	Total number of Keystone Health Plan East applications attached:
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IBC Adult Dental Plans		United Concordia Dental¹	
HMO & POS Adult DHMO Rider	PPO/HSA/HRA/HMO & POS Adult Preventive PPO Adult Preferred PPO Adult Premier PPO	Concordia Flex Concordia Plus	Concordia Preferred Concordia Choice Option: _____

1. Requires completed and signed United Concordia group application.
 * All plans accumulate on a contract year basis; all plans include pediatric dental, vision and prescription drug benefits

