



31124



1901 Market Street, Philadelphia, PA 19103

# Blue Solutions® 2017 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® which includes prescription drug, vision (adult and pediatric), and pediatric dental benefits. \*Groups can offer up to three plans from the Blue Solutions portfolio.

### 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. 100 percent Adult DHMO is required for all medical enrollees. Adult DHMO is available for HMO and DPOS plans only. The PPO plans may be selected along with any of the medical plans. 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: \_\_\_\_\_

Form #7105A — PA Broker — Small Employers

31124



**Independence Blue Cross Benefit Plans**  
**Blue Solutions®**  
**2017 Application for New Small Employer Coverage\***

Company name: \_\_\_\_\_

Effective date: \_\_\_\_\_

**Copay plans**

<b>Product Type: HMO</b> Platinum Preferred \$10/\$20/\$100 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$30/\$60/\$650 Gold Proactive	<b>Product Type: Direct Point of Service</b> Platinum Preferred \$10/\$20/\$100 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$30/\$60/\$650	<b>Product Type: PPO</b> Platinum Preferred \$10/\$20/\$150 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$35/\$70/\$600
--	--	--

**Deductible plans**

<b>Product Type: HMO</b> Gold Classic \$1,000 \$25/\$50/90% Gold Classic \$2,000 \$40/\$80/100% Silver Proactive Silver Classic \$2,500 \$25/\$50/70% Silver Secure \$3,500 \$40/\$80/\$600 Silver Classic \$4,250 \$40/\$80/100% Silver Classic \$2,750 \$30/\$60/50% Bronze Essential \$6,850 \$50/\$100/\$700	<b>Product Type: Direct Point of Service</b> Gold Classic \$1,000 \$25/\$50/90% Gold Classic \$2,000 \$40/\$80/100% Silver Classic \$2,500 \$25/\$50/70% Silver Secure \$3,500 \$40/\$80/\$600 Silver Classic \$4,250 \$40/\$80/100% Silver Classic \$2,750 \$30/\$60/50% Bronze Essential \$6,850 \$50/\$100/\$700	<b>Product Type: PPO</b> 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%
--	--	---

**HRA and HSA Plans with Integrated Prescription Drug benefit**

<b>Product Type: PPO HSA High Deductible Health Plan</b> Platinum HSA-50 \$1,600/100% Gold HSA-25 \$2,400/100% Gold HSA-0 \$1,900/100% Gold HSA-50 \$2,650/70% Silver HSA-0 \$3,200/100% Silver HSA-0 \$2,100/70% Silver HSA-0 \$2,700/90% Bronze HSA-0 \$5,200/50% Bronze HSA-0 \$6,550/100%	<b>Product Type: PPO HRA High Deductible Health Plan</b> Platinum HRA-50 \$1,850/100% Gold HRA-25 \$2,900/100%
--	--

Total number of Personal Choice® applications attached:

Total number of Keystone Health Plan East applications attached:

**IBC Adult Dental Plans**

**United Concordia Dental<sup>1</sup>**

<b>HMO &amp; DPOS</b> Adult DHMO Rider <sup>2</sup>	<b>PPO/HSA/HRA/HMO &amp; DPOS</b> Adult Preventive PPO Adult Preferred PPO Adult Premier PPO with Preventive Incentive	Concordia Flex Concordia Plus	Concordia Preferred Concordia Choice Option: _____
--	---	----------------------------------	--

\* All plans accumulate on a contract year basis; all plans include pediatric dental, vision and prescription drug benefits

1. Requires completed and signed United Concordia group application.

2. Adult DHMO is available for HMO and DPOS plans only.



Independence Blue Cross and Highmark Blue Shield are independent licensees of the Blue Cross and Blue Shield Association

Blue Solutions - New Small Employer Application - 2017

For more information contact your independent broker at Total Benefit Solutions Inc

(215)355-2121 <http://www.totalbenefits.net>

## Language Access Services

If you, or someone you're helping, has questions about Independence Blue Cross, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-275-2583 TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independence Blue Cross, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-275-2583 TTY 711.

如對 Independence Blue Cross 有任何問題，請您或您所幫助的人联系我们提供的免費多語言信息服務。翻譯服務請撥打 1-800-275-2583。

Nếu quý vị hoặc người mà quý vị đang trợ giúp có câu hỏi về Independence Blue Cross, quý vị có quyền nhận được trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để yêu cầu thông dịch viên, hãy gọi số 1-800-275-2583.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу программы Independence Blue Cross, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-275-2583.

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Independence Blue Cross, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-275-2583 uffrufe.

Independence Blue Cross 와 관련하여 궁금한 사항이 있으신 경우, 귀하 또는 귀하의 지원을 받는 사람은 관련 정보 및 지원을 해당 언어로 무료로 받으실 수 있습니다. 통역사와 상담하시려면 1-800-275-2583 로 전화해 주십시오.

Se tu o qualcuno che stai aiutando avete domande su Independence Blue Cross, hai il diritto di ottenere gratuitamente aiuto e informazioni nella tua lingua. Per parlare con un interprete, puoi chiamare il numero 1-800-275-2583.

إذا كان لديك أو لدى شخص تساعد أسئلة بخصوص Independence Blue Cross، فلديك الحق في الحصول على المعلومات الضرورية بلغتك دون أي تكلفة. للتحدث مع مترجم اتصل بـ 1-800-275-2583.

Si vous, ou quelqu'un que vous aidez, a des questions à propos d'Independence Blue Cross, vous avez le droit d'obtenir gratuitement de l'aide et l'information dans votre langue. Pour parler à un interprète, appelez 1-800-275-2583.

Wenn Sie selbst oder eine Person, der Sie helfen, Fragen über Independence Blue Cross haben, so haben Sie das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache anzufordern. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-275-2583 an.

જો તમને અથવા તમે કોઈને મદદ કરી રહ્યા તેમાંથી કોઈને Independence Blue Cross વિશે પ્રશ્નો હોય, તો તમને મદદ અને માહિતી તમારી ભાષામાં કોઈપણ ખર્ચ વિના મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, આ 1-800-275-2583 પર કોલ કરો

Jeśli Ty lub osoba, której pomagasz macie pytania odnośnie do programu Independence Blue Cross, mogą Państwo uzyskać bezpłatną informację i pomoc w Waszym języku. Aby porozmawiać z tłumaczem, proszę zadzwonić pod numer 1-800-275-2583.

Si ou menm, oswa yon moun w ap ede, gen kesyon konsènan Independence Blue Cross, ou gen dwa pou resewva èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele 1-800-275-2583.

បើអ្នក ឬក៏នរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Independence Blue Cross អ្នកមានសិទ្ធិក្នុងការទទួលជំនួយនិង ព័ត៌មានជាភាសារបស់អ្នក ដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ សូមហៅទូរសព្ទទៅលេខ 1-800-275-2583 ។

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Independence Blue Cross, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-275-2583.

Díí kwe'é atah nilínígíí Independence Blue Cross haada yit'éego bína ídílkidgo éi doodago háida bíká anilyeedígíí t'áadoo le'é yína'ídílkidgo bee ná ahóót'i'díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'á doo bááh ílínígóó. Ata' halne'ígíí kojí' bich'i' hodíílnih 1-800-275-2583.

Kung ikaw, o ang taong iyong tinutulungan, ay may mga katanungan tungkol sa Independence Blue Cross, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang interpreter, tumawag sa 1-800-275-2583.

ご本人やお客様の周りの人が、Independence Blue Cross についてご質問などがある場合、無料でご希望の言語でのサポートや情報を入手することができます。インタプリタをご利用の方は、1-800-275-2583 までお電話ください。

اگر شما یا شخصی که به وی کمک می کنید، در رابطه با Independence Blue Cross سوالی دارید، این حق برای شما محفوظ است که بدون نیاز به پرداخت هر نوع هزینه، اطلاعات مربوطه را به زبان خود دریافت نمایید. جهت گفتگو با یک مترجم، با شماره 1-800-275-2583 تماس حاصل فرمایید.

**Nondiscrimination Notice & Notice of Availability of Auxiliary Aids & Services**

Independence Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Blue Cross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters, and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You have five ways to file a grievance directly with Independence Blue Cross: in person or by mail: Independence Blue Cross, ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103; by phone: 888-377-3933 (TTY 711), by fax: 215-761-0245, or by email: [civilrightscoordinator@ibx.com](mailto:civilrightscoordinator@ibx.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800- 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Effective Date: July 18, 2016, Version 1.0