

# Blue Solutions® Choice

## Help control your costs and offer employees more options

Helping to manage your health care costs can be just as easy as budgeting your yearly office expenses. Sometimes referred to as "defined contribution" products, Blue Solutions Choice products take the guesswork out of how much it will cost to provide comprehensive health coverage to your employees. And while you benefit from more predictable costs, your employees get the benefit of more health care coverage choices.

### How It Works

1. **Set your health care budget.** You determine the fixed dollar amount you will provide your employees to spend on their health care coverage.
2. **Pick the benefit plans** your employees can choose from.
3. **Your employees use the fixed dollar amount to shop** for a health care plan that makes sense for them. Blue Solutions Choice allows employees to choose the health care plan that best meets their health coverage needs from the options provided.

You will be able to choose health care plan options for your employees from a large portfolio of plans. While choice plays an important role in this new model, sometimes too many choices can be confusing. With that in mind, inside you will find the maximum number of plans you can select for your employees.

## Your current health plan vs. Blue Solutions Choice

Your current health care plan...	Blue Solutions Choice...	You should care because...
is a "one-size-fits-all" approach.	gives you the ability to offer a variety of health plans to your employees who may have diverse needs.	your employees will be more satisfied.
makes it hard to budget your health care dollars because of annual premium increases.	helps you manage your annual budget because you set a fixed dollar amount to spend on each employee.	you have more control of your budget.
could leave some employees less satisfied because you can only offer a few plans. Plus, employees don't know the cost of their health care.	increases employee satisfaction because employees pick their health care plan based on their needs and reveals the true dollar value of the health care benefits you provide.	your employees will understand and value the money you spend on their health care benefits.
puts all the administration responsibility on you.	streamlines benefits administration because employees enroll in health plans online and call us if they have questions.	it saves you time and your employees get great service.

### Your employees have more choices

Groups between 2 and 99 employees have up to 5 health plans to choose from.



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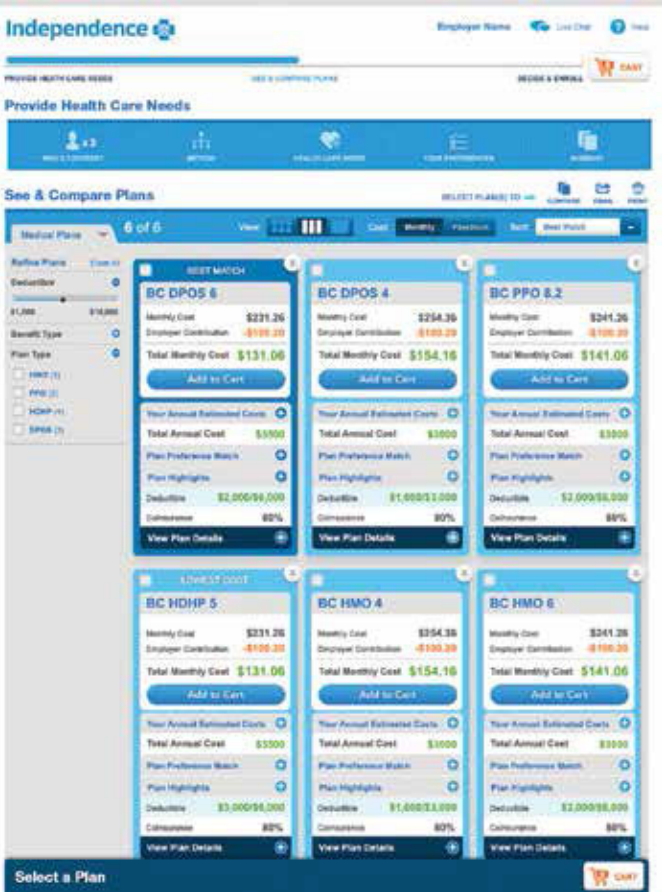
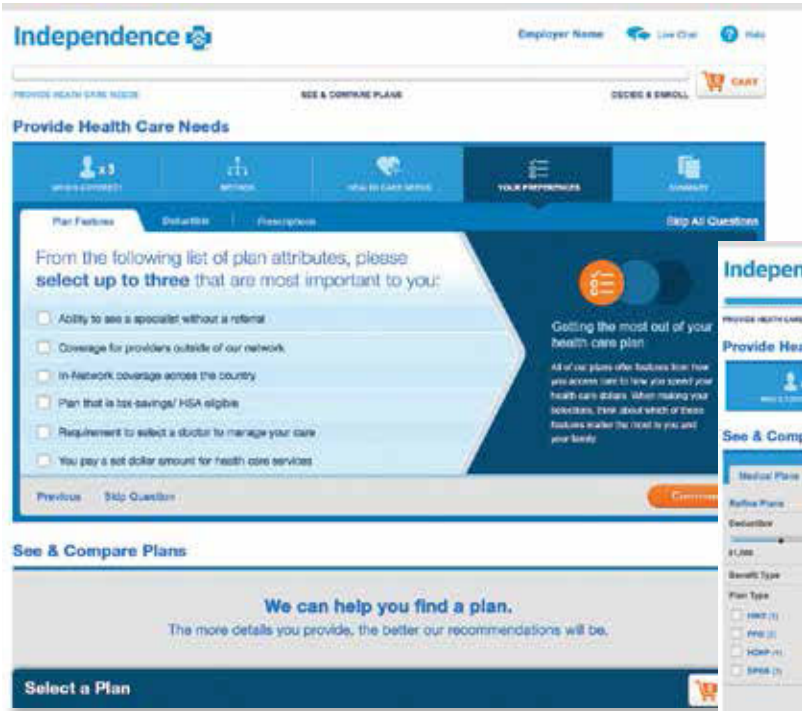
# Enrollment is easy!

Blue Solutions Choice simplifies the administration of the enrollment process because members will choose their health plan online. You won't have to organize an open enrollment, distribute enrollment materials, or collect paperwork. You will need to provide an email address for each employee. We will use the address to send them a link to their unique page on our shopping website and to remind them when your open enrollment begins and ends.



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Members will shop for their health care plan online. Blue Solutions Choice provides tools to guide employees through the experience of choosing their health care plan. They will be asked simple questions about prescription drug utilization, deductibles, and referral preferences. Then, the selection tool will suggest the health care plans that are best suited for them. Employees select their plans and enroll online. It's that easy!



## Underwriting Guidelines (2-50)<sup>1</sup>

### Blue Solutions Choice products

- Blue Solutions Choice products for groups of 2-50 are packaged with medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits.
- Blue Solutions Choice products cannot be combined with coverage options from non-Blue Solutions Choice products.
- Groups of 2-50 can select a maximum of 5 defined contribution packages.

### Blue Solutions Choice product guidelines

- The Blue Solutions Choice product for groups of 2-50 is packaged with medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits.
- Blue Solutions Choice products cannot be combined with coverage options from non-Blue Solutions Choice products.

### Participation requirements

- Groups of 2-50 must have 70 percent participation, which includes all product lines. IBC and affiliates must be sole carrier.
- IBC will count waivers in the eligibility calculations.
- Credit is given for those eligible subscribers 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 participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for retired employees. The group must consist of a minimum of 70 percent active employees.

### Employer contribution requirement<sup>2</sup>

- For contributory plan offerings, employers must contribute a minimum of 25 percent of the lowest cost options gross monthly premium.

### Off-anniversary benefit change

- Upgrades and downgrades to Blue Solutions Choice products will be allowed only on anniversary.

### High deductible health plan funding limitation<sup>2</sup>

- Per the 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.

### Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

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For a list of services that require preapproval, visit:

[www.ibx.com/preapproval](http://www.ibx.com/preapproval)

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<sup>1</sup> This represents only a partial listing of the benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy. The managed care plan may not cover all of your health care expenses. Read your contract/benefit booklet/member handbook carefully to determine which health care services are covered. If you need more information, please call :

<sup>2</sup> As permitted by the state and federal laws and regulations.

## Underwriting Guidelines (51-99)<sup>1</sup>

### Blue Solutions Choice products

- For Blue Solutions Choice products, employers contribute a defined amount toward the employee's premium. The employee is responsible for paying the remainder of the premium after the employer contribution.
- The employer can offer its employees up to 5 Blue Solutions Choice products from the Choice product portfolio.
- Choice products are available to groups of 51–99 employees (new and existing business).



### Blue Solutions Choice product guidelines

- Employers may choose from several Select Drug<sup>®</sup> and Basic Drug plan options.
- If the employer decides to offer vision, drug, or dental coverage with Blue Solutions Choice products, the listed coverage's (vision, drug or dental) must be offered with all Blue Solutions Choice products offered by the employer.
- Employers may not offer the same Blue Solutions Choice product with different drug, dental, and/or vision products.
- Blue Solutions Choice products cannot be combined with coverage options from non-Blue Solutions Choice products.

### Participation requirements<sup>2</sup>

- Groups of 51-99 must have a minimum of 75 percent participation, which includes all product lines.

### Employer contribution requirement<sup>1</sup>

- For contributory plan offerings, employers must contribute a minimum of 25 percent of the lowest cost options gross monthly premium or 75 percent of the single tier rate of the lowest cost option offered.

### Off-anniversary benefit change

- Upgrades and downgrades to Blue Solutions Choice products will be allowed only on anniversary.

### Rate tiers

- A four-tiered rating structure is standard.

### High deductible health plan funding limitation<sup>2</sup>

- For fully insured accounts that offer a high deductible health plan (HDHP), the employer cannot fund more than 50 percent of the annual deductible. Providing a secondary/supplemental product to fund the annual employee/family deductible (including the employer covering the cost of the deductible) is not permitted.

### Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

