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1901 Market Street, Philadelphia, PA 19103

# Blue Solutions® 2018 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 10-50 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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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®  
2018 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 Platinum Preferred \$30/\$60/\$400 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
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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 \$4,000/\$25/\$50/70% Silver Secure \$4,500/\$40/\$80/\$600 Silver Classic \$4,250/\$40/\$80/100% Silver Classic \$3,250/\$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% Silver Classic \$4,000/\$25/\$50/70% Silver Classic \$3,250/\$40/\$80/100% 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 \$4,250/\$30/\$60/\$600 Silver Classic \$4,750/\$50/\$100/90% Silver Classic \$3,000/\$30/\$60/70%
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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 \$2,400/90% Gold HSA-0 \$1,900/100% Gold HSA-50 \$2,650/60% 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 \$6,650/100%	<b>Product Type: PPO HRA High Deductible Health Plan</b> Gold HRA-25 \$2,900/100%  <b>Product Type: EPO HSA High Deductible Health Plan</b> Silver HSA-0 \$3,000/80%
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Total number of Personal Choice® applications attached:

Total number of Keystone Health Plan East applications attached:

Independence Blue Cross 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 Option: _____
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\* All plans accumulate on a contract year basis; all plans include pediatric dental, vision and prescription drug benefits

<sup>1</sup> Requires completed and signed United Concordia group application.

<sup>2</sup> 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

Form #7105A — PA Broker — Small Employers

Blue Solutions - New Small Employer Application - 2018

For more information contact your independent broker Total Benefit Solutions Inc (215)355-2121

<http://www.totalbenefits.net>