



TOTAL  
BENEFIT  
SOLUTIONS  
INC

(215)355-2121 • [WWW.TOTALBENEFITS.NET](http://WWW.TOTALBENEFITS.NET)  
WE WORK FOR YOUR BENEFIT

# ONBOARDING YOUR EMPLOYEES

With Total Benefit Solutions Inc  
(215)355-2121



The first step is to get the employee pricing by sending over the employee name, gender, effective date, date of birth and tobacco user status to your Total Benefit Solutions account manager or our group client help desk at [groupservices@totalbenefits.net](mailto:groupservices@totalbenefits.net) . Be sure to include all family members who may be enrolling to get the most accurate figures.

Your account manager will return a [customized plan selection form](#) to you for that employee along with an enrollment [transaction authorization \(ETA\)](#) and any required enrollment forms.

After plan selection/s are completed by employee (or waived) please return all documents including [the ETA form to](#) your account manager or to our HIPAA secure fax at 1(888)287-3186

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After enrollments are completed you will receive confirmations from us that they are done including proof from the carriers. If you do not receive these notifications, we may have not received your forms so please inquire if you do not hear back within 24 hours!

Please be sure to audit your next invoice for accuracy and notify us immediately of any discrepancies! Carriers only allow a limited amount of time to make corrections should any be discovered later, usually only 30 days and notify us immediately if anything is incorrect.

# ONBOARDING EMPLOYEES

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Employee name: Ed MacConnell  
EMA Group Inc

Medical Plan Selection Form  
Independence Blue Cross - May 1, 2018

Plan Name	Personal Choice PPO Bronze-0 \$0,650/100% HSA	Keystone HMO Silver Proactive	Personal Choice PPO Platinum Preferred \$10,620/\$150
In-Network Benefits:	Personal Choice PPO	Keystone HMO	Personal Choice PPO
Deductible	Employee: \$0,650 Family: \$13,800	Employee: T1: \$0 - T2: \$5,500 - T3: \$5,500 Family: T1: \$0 - T2: \$11,000 - T3: \$11,000	Employee: \$0 Family: \$0
Coinurance (Member / Carrier)	0% / 100%	T1: 0% / 100% - T2: 5% / 95% - T3: 10% / 90%	0% / 100%
Maximum-Out-Of-Pocket	Employee: \$0,650 Family: \$13,800	Employee: T1: \$7,850 - T2: \$7,850 - T3: \$7,850 Family: T1: \$14,700 - T2: \$14,700 - T3: \$14,700	Employee: \$5,500 Family: \$7,000
Referrals Required	Not Required	Required	Not Required
Primary Care Physician Visit	0% after deductible	T1: \$40 T2: \$50 deductible waived T3: \$60 deductible waived	\$10
Specialist Visit	0% after deductible	T1: \$80 T2: \$100 deductible waived T3: \$120 deductible waived	\$20
Diagnostic Laboratory	0% after deductible	T1: 0% T2: 0% deductible waived T3: 0% deductible waived	FS: 0% Hosp: 50%
Radiology	0% after deductible	T1: \$120 T2: \$120 deductible waived T3: \$120 deductible waived	FS: \$70 Hosp: \$100
Imaging (CT/PET Scans, MRIs)	0% after deductible	T1: \$250 T2: \$250 deductible waived T3: \$250 deductible waived	FS: \$175 Hosp: \$215
Urgent Care	0% after deductible	T1: \$100 T2: \$100 deductible waived T3: \$100 deductible waived	\$70
Inpatient Hospitalization	0% after deductible	T1: \$500/day x5 days deductible waived T2: \$900/day x5 days after deductible T3: \$1,900/day x5 days after deductible	\$150/day x5 days
Outpatient Facility	0% after deductible	T1: \$250 T2: \$750 after deductible T3: \$1,250 after deductible	FS: 10% up to \$85 Hosp: 10% up to \$155
Emergency Room	0% after deductible	T1: \$550 T2: \$550 deductible waived T3: \$550 deductible waived	\$125
Pharmacy: Prescription Card	Generic: \$0 after deductible Preferred Brand: \$0 after deductible Non-preferred Brand: \$0 after deductible	Generic: \$15 Preferred Brand: 50% up to \$400 Non-preferred Brand: 50% up to \$500	Generic: \$7 Preferred Brand: \$40 Non-preferred Brand: \$70
Out-Of-Network Benefits:			
Deductible	Employee: \$10,000 Family: \$20,000	Emergency Care Only	Employee: \$2,000 Family: \$4,000
Coinurance (Member / Carrier)	50% / 50%	Emergency Care Only	50% / 50%
Maximum-Out-Of-Pocket	Employee: \$20,000 Family: \$40,000	Emergency Care Only	Employee: \$5,000 Family: \$10,000
Employee Contributions / pay period	Denote your selection with a checkmark.		
Ed MacConnell	<input type="checkbox"/> \$98.00	<input type="checkbox"/> \$98.00	<input type="checkbox"/> \$812.81
<input type="checkbox"/> I would like to decline medical coverage			
Signature: _____	Date: _____		


This benefit summary provides a general overview of the employee benefit program being offered. It is not a legal document and shall not be construed as a guarantee of benefits. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Your employer reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

## Custom Selection Form



## Enrollment Transaction Form (ETA) for adding or removing employees from your plan



 (215)355-2121 Office  
(888)287-3186 Fax  
<http://www.totalbenefits.net>

427 E. STREET ROAD,  
FEASTERVILLE, PA 19053

ENROLLMENT TRANSACTION AUTHORIZATION

PLEASE FAX THIS FORM TO OUR SECURE E-FAX (888)287-3186

GROUP NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

PLEASE CHECK TYPE OF TRANSACTION:  ENROLL  CHANGE  TERMINATE

MEMBER NAME: \_\_\_\_\_

MEMBERS ID# OR SOCIAL: \_\_\_\_\_ DOB: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

REQUESTED EFFECTIVE DATE OF THIS TRANSACTION: \_\_\_\_\_

PLEASE CHECK BENEFIT SELECTIONS  MEDICAL PLAN: \_\_\_\_\_  DISABILITY  DENTAL

SUPPLEMENTAL  LIFE  OTHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

EMPLOYER AUTHORIZATION: \_\_\_\_\_

NOTICE:

- When adding new employees to any plan, the original application forms must be completed, signed and submitted to us before the transaction can be completed. Incomplete applications will delay the processing time. Applications that require a PCP selection, that is omitted, will have a PCP auto-assigned by the carrier.
- Enrollment changes are coordinated with your group billing cycle and are subject to your insurer's guidelines.
- Retrospective enrollment requests are subject to approval by your insurer.

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As always please contact your Total Benefit Solutions Inc account manager or group services team at (215)355-2121 by phone or by email at [groupservices@totalbenefits.net](mailto:groupservices@totalbenefits.net) if you have any questions or concerns.  
Thank you!

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