



TOTAL
BENEFIT
SOLUTIONS
INC

(215)355-2121 • 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 . 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.

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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/\$20/\$150
In-Network Benefits	Personal Choice PPO	Keystone HMO	Personal Choice PPO
Deductible	Employee: \$0.650 Family: \$13,300	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: \$13,300	Employee: T1: \$7,850 - T2: \$7,850 - T3: \$7,850 Family: T1: \$14,700 - T2: \$14,700 - T3: \$14,700	Employee: \$3,500 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 x 5 days deductible waived T2: \$900/day x 5 days after deductible T3: \$1,000/day x 5 days after deductible	\$150/day x 5 days
Outpatient Facility	0% after deductible	T1: \$250 T2: \$750 after deductible T3: \$1,250 after deductible	FS: 10% up to \$35 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"/> \$20.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$12.81
<input type="checkbox"/> I would like to decline medical coverage			
Signature: _____		Date: _____	

This benefit summary provides selected highlights of the employee benefits 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 stated 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 plans, 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)

 **TOTAL BENEFIT SOLUTIONS INC**
427 E. STREET ROAD,
FEASTERVILLE, PA 19053
(215)355-2121 Office
(888)287-3186 Fax
<http://www.totalbenefits.net>
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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.
- Retroactive 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 if you have any questions or concerns.
Thank you!

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