



Independence Blue Cross
 1901 Market Street
 Philadelphia, PA 19103

Application for New Small Employer Health Benefits – 51-99

This form and the Blue Solution suite of plan designs can only be used when a group has between 51 and 99 total employees. Total employees represents all active full-time, part-time, and seasonal employees on the payroll as of the requested effective date.

Section I. Company Information

Full Legal Name of Company:		
Tax ID#:	CID/Group #(internal use only):	
Customer Address:		
City:	State:	Zip:
Customer Contact:	Phone: ()	Fax: ()
Nature of Business:	Year 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 eligibles:	Total number of employees:	
Amount of Premium paid by employer: <input type="checkbox"/> 100% <input type="checkbox"/> Partial _____% <input type="checkbox"/> Other		
Number of Hours Worked per Week for Eligibility: _____		

Section II: Third Party Representation

Marketing Representative Name/Code:	
Producing Agent:	
Primary Broker/Association:	Broker/Association ID#:

Section III: Quote Conditions Signature

Available Benefits

- Groups with 51-99 employees (including active full-time, part-time, and seasonal workers) must select a Blue Solutions® Copay, Deductible or HSA-qualified High Deductible Health Plan and may also choose from the Select Drug, vision or dental benefits listed on the rate sheet. Groups may purchase freestanding select drug as approved by Underwriting.

Dual-option offerings

- Groups of 51-99 enrolled contracts (active subscribers) can select a maximum of three medical plans and up to two select drug programs including basic drug options.

Participation Requirements

- Groups with 51-99 eligible lives (employees that qualify for benefits) must have 75 percent participation, which includes all product lines. HMO/POS-only groups must also have 75 percent participation.
- IBC 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 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 75 percent participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for active and retired employees. The group must consist of a minimum of 75 percent active employees.

Employer contribution requirement

- For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium or 75 percent of the single-tier rate for each plan offered.

Rate tiers

- A four-tiered rating structure is standard. Other rating structures may be available with approval from the Underwriting department. The tiered rating structure must be consistent between Personal Choice and Keystone products.

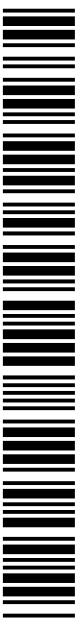
Submission guidelines

- All offerings are subject to final Underwriting review and acceptance. Additional guidelines and policies may apply.

Additionally, I have appointed (Broker Agency / Association) 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/Keystone Health Plan East Benefit Plans
Application for New Small Employer Health Benefits – 51-99**

Company Name: _____ **Effective Date:** _____

Copay Plans

OPTION 1

- Product:** POS Direct POS
Plan: POS Plus 1A DPOS Plus 1A
 POS Plus 2A DPOS Plus 2A
 POS Plus 3A DPOS Plus 3A
 POS Plus 4A
Product: PPO
Plan: PPO Plus 1A PPO Plus 3A
 PPO Plus 2A PPO Plus 4A

OPTION 2

- Product:** POS Direct POS
Plan: POS Plus 1A DPOS Plus 1A
 POS Plus 2A DPOS Plus 2A
 POS Plus 3A DPOS Plus 3A
 POS Plus 4A
Product: PPO
Plan: PPO Plus 1A PPO Plus 3A
 PPO Plus 2A PPO Plus 4A

Deductible Plans

OPTION 1

- Product:** POS Direct POS
Plan: POS Plus 5A DPOS Plus 4A
 POS Plus 6A DPOS Plus 5A
 POS Plus 7A DPOS Plus 6A
Product: PPO
Plan: PPO Plus 5A PPO Plus 8A*
 PPO Plus 6A PPO Plus 9A*
 PPO Plus 7A PPO Plus 10A*

OPTION 2

- Product:** POS Direct POS
Plan: POS Plus 5A DPOS Plus 4A
 POS Plus 6A DPOS Plus 5A
 POS Plus 7A DPOS Plus 6A
Product: PPO
Plan: PPO Plus 5A PPO Plus 8A*
 PPO Plus 6A PPO Plus 9A*
 PPO Plus 7A PPO Plus 10A*

BlueSaverSM HSA Plans w/ Integrated RX *

OPTION 1

- Product:** PPO HDHP (contract year)
Plan: HDHP Plus 1A HDHP Plus 4A
 HDHP Plus 2A HDHP Plus 5A
 HDHP Plus 3A

OPTION 2

- Product:** PPO HDHP (contract year)
Plan: HDHP Plus 1A HDHP Plus 4A
 HDHP Plus 2A HDHP Plus 5A
 HDHP Plus 3A

BlueSaverSM Health Reimbursement Account (HRA)

- Medical Package Code: _____ Annual Fund Rollover: None All
 IRS 213(d) Eligible Expenses Ind: Yes No Cap on the Total Balance in the HRA? Yes No
 Claims Rollover: Yes No If yes, Cap Amount: _____
 Employer Contribution: 25% of Deductible Funding Method: _____
 50% of Deductible

Total Number of Personal Choice Applications Attached: _____

Total Number of Keystone Applications Attached: _____

Select Rx Options

- \$10/\$20/\$35 \$15/\$35/\$50
 \$10/\$40/\$70 \$20/\$40/\$60
 \$10/\$45/\$75 \$250/\$20/\$40/\$60
 \$250/\$10/\$45/\$70

Prescription Rx Options

- \$4/Brand Discount \$7/50% (\$125)

**IBC (Davis) Vision Riders
POS**

Biennial Benefit

- | | |
|--------------------------------|--------------------------------|
| <u>Option 1</u> | <u>Option 2</u> |
| <input type="checkbox"/> \$35 | <input type="checkbox"/> \$35 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 |

**IBC
Dental Riders
POS**

- Basic
 Value
 Pediatric

**Dependent /
Student Age:**

26 / 26

Supplemental Options

United Concordia Dental

- Concordia Flex Concordia Preferred
 Concordia Plus Concordia Choice
 Option: _____

**Freestanding IBC (Davis) Vision
(For POS and PPO Options)**

- | | | |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> \$35 | <input type="checkbox"/> \$125 |
| <input type="checkbox"/> Biennial | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$200 |
| | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$250 |
| | <input type="checkbox"/> \$100 | |

* Rx includes oral contraceptive coverage

