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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:
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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:
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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

<p>Product Type: HMO Platinum Preferred \$10/\$20/\$100 Platinum Preferred \$20/\$40/\$150 Platinum Preferred \$30/\$60/\$400 Gold Preferred \$30/\$60/\$650 Gold Proactive</p>	<p>Product Type: Direct Point of Service Platinum Preferred \$10/\$20/\$100 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$30/\$60/\$650</p>	<p>Product Type: PPO Platinum Preferred \$10/\$20/\$150 Platinum Preferred \$20/\$40/\$150 Gold Preferred \$35/\$70/\$600</p>
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Deductible plans

<p>Product Type: HMO 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</p>	<p>Product Type: Direct Point of Service 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</p>	<p>Product Type: PPO 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%</p>
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HRA and HSA Plans with Integrated Prescription Drug benefit

<p>Product Type: PPO HSA High Deductible Health Plan 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%</p>	<p>Product Type: PPO HRA High Deductible Health Plan Gold HRA-25 \$2,900/100%</p> <p>Product Type: EPO HSA High Deductible Health Plan Silver HSA-0 \$3,000/80%</p>
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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 Dental¹

<p>HMO & DPOS Adult DHMO Rider²</p>	<p>PPO/HSA/HRA/HMO & DPOS Adult Preventive PPO Adult Preferred PPO Adult Premier PPO with Preventive Incentive</p>	<p>Concordia Flex Concordia Plus</p>	<p>Concordia Preferred Option: _____</p>
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* All plans accumulate on a contract year basis; all plans include pediatric dental, vision and prescription drug benefits

¹ Requires completed and signed United Concordia group application.

² Adult DHMO is available for HMO and DPOS plans only.



Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deutsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jik'eh. Hódíílnih kojí' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian:

សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.