

31124

## Blue Solutions® 2022 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 agency:

Producing agency code:

Primary agency:

Primary agency code:

### 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. Premium payment by the employer acknowledges acceptance of renewal and compliance with Underwriting Guidelines and all State/Federal employer requirements, including prohibitions on waiting periods > 90 days.

#### 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 Managed Dental Care is available for HMO and DPOS plans only; This plan requires the selection of a Primary Dental Office (PDO) from the Plan's dental HMO network. The Member's PDO provides routine care and arranges or provides most other Dentally Necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the Member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.
- 100 percent participation is required for all members (age 19+) who are covered under the HMO/DPOS medical plans.
- The PPO plans may be selected along with any of the medical plans; 100 percent participation is required for all members who are covered under the medical plans.
- Dental plans that include Orthodontia coverage are only available for Employers with 10 or more employees.

#### Eligibility requirement

- Employees' probationary periods may not exceed ninety (90) days.

#### 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, the employer 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.

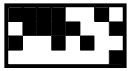
#### Rate tiers

- 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.





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**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®  
2022 Application for New Small Employer Coverage\*

Company name: \_\_\_\_\_ Effective date: \_\_\_\_\_

Coplay plans

<b>Product Type: Keystone HMO</b> Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Platinum Preferred \$30/\$60/\$400 Platinum Preferred \$5/\$15/\$500 Gold Preferred \$40/\$80/\$650 Gold Proactive	<b>Product Type: Direct Point of Service</b> Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Gold Preferred \$40/\$80/\$650	<b>Product Type: PPO</b> Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Gold Preferred \$40/\$80/\$600
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Deductible plans

<b>Product Type: HMO</b> Gold Classic \$1,500/\$30/\$60/90% Gold Classic \$2,500/\$40/\$80/100% Gold Secure \$1,000/\$40/\$80/\$650 Silver Proactive Silver Proactive Value Silver Classic \$4,750/\$30/\$60/70% Silver Secure \$5,000/\$50/\$100/\$600 Silver Classic \$4,500/\$50/\$100/100% Silver Classic \$3,750/\$30/\$60/50% Bronze Essential \$7,500/\$70/\$140/\$700	<b>Product Type: Direct Point of Service</b> Gold Classic \$1,500/\$30/\$60/90% Silver Classic \$3,750/\$30/\$60/50% Bronze Essential \$7,500/\$70/\$140/\$700	<b>Product Type: PPO</b> Gold Classic \$1,500/\$20/\$40/80% Gold Classic \$2,500/\$40/\$80/100% Silver Secure \$4,750/\$40/\$80/\$600 Silver Classic \$5,000/\$50/\$100/90% Silver Classic \$3,750/\$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 \$1,800/100% Gold HSA-25 \$2,400/\$25/\$50/90% Gold HSA-0 \$2,100/100% Silver HSA-0 \$3,700/100% Silver HSA-0 \$2,100/70% Silver HSA-0 \$3,000/90% Bronze HSA-0 \$5,600/50% Bronze HSA-0 \$7,050/100%	<b>Product Type: PPO HRA High Deductible Health Plan</b> Gold HRA-20 \$3,700/100%  <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 Dental Plans

United Concordia Dental<sup>1</sup>

<b>HMO &amp; DPOS</b> Adult Managed Dental Care <sup>2</sup>	<b>PPO/HSA/HRA/HMO &amp; DPOS</b> Preferred Family PPO Premier Family PPO Deluxe Family PPO Adult Preventive PPO Adult Preferred PPO Adult Premier PPO	Concordia Flex Concordia Plus	Concordia Preferred
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\* All plans accumulate on a contract year basis; all plans include pediatric dental, pediatric and adult vision, and prescription drug benefits

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

<sup>2</sup> Adult DHMO Managed Dental Care is available for HMO and DPOS plans only. This plan requires the selection of a Primary Dental Office (PDO) from the Plan's dental HMO network. The Member's PDO provides routine care and arranges or provides most other Dentally Necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the Member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.



To get the Summary of Benefits and Coverage, you can visit [ibx.com](http://ibx.com) or call 1-800-ASK-BLUE (1-800-275-2583) (TTY:711) to request a copy in paper form free of charge.

Independence Blue Cross and Highmark Blue Shield are independent licensees of the Blue Cross and Blue Shield Association