

31124

Blue Solutions® 2023 Application for New Small Employer Coverage*

KHPE HMO/DPOS Plans are underwritten by Keystone Health Plan East. PPO/EPO Plans are underwritten by QCC Insurance Company.

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 four plans from the Blue Solutions portfolio. If offering four packages, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit. 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 shall 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.

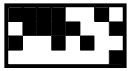
Rate tiers

- 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®
2023 Application for New Small Employer Coverage*

Company name: _____ Effective date: _____

Copay plans

Product Type: Keystone HMO Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Platinum Preferred \$25/\$50/\$400 Platinum Preferred \$5/\$15/\$500 Gold Preferred \$40/\$80/\$650 Gold Proactive	Product Type: Direct Point of Service Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Gold Preferred \$40/\$80/\$650	Product Type: PPO Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Gold Preferred \$40/\$80/\$600
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Deductible plans

Product Type: HMO Gold Classic \$1,500/\$30/\$60/90% Gold Classic \$2,500/\$40/\$80/100% Silver Proactive Silver Proactive Value Silver Classic \$4,750/\$40/\$80/70% Silver Secure \$5,000/\$50/\$100/\$600 Silver Classic \$3,750/\$40/\$80/50% Bronze Essential \$7,500/\$70/\$140/\$700	Product Type: Direct Point of Service Gold Classic \$1,500/\$30/\$60/90% Silver Classic \$3,750/\$40/\$80/50%	Product Type: PPO 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 \$3,800/\$40/\$80/70%
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HRA and HSA Plans with Integrated Prescription Drug benefit

Product Type: PPO HSA High Deductible Health Plan Platinum HSA-50 \$1,800/100% Gold HSA-25 \$2,400/\$25/\$50/90% Gold HSA-0 \$2,100/100% Silver HSA-0 \$4,100/100% Silver HSA-0 \$2,300/70% Silver HSA-0 \$3,400/90% Bronze HSA-0 \$5,600/50% Bronze HSA-0 \$7,450/100%	Product Type: PPO HRA High Deductible Health Plan Gold HRA-20 \$3,700/100% Product Type: EPO HSA High Deductible Health Plan 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:
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Independence Blue Cross Dental Plans		United Concordia Dental ¹	
HMO & DPOS Adult Managed Dental Care ²	PPO/HSA/HRA/HMO & DPOS Preferred Family PPO Premier Family PPO Deluxe Family PPO Adult Preventive PPO Adult Preferred PPO Adult Premier PPO	Concordia Flex Concordia Plus	Concordia Preferred

* All plans accumulate on a contract year basis; all plans include pediatric dental, pediatric and adult vision, and prescription drug benefits
¹ Requires completed and signed United Concordia group application.
² 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 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