



31124

Blue Solutions®

2021 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 DHMO is available for HMO and DPOS plans only; 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.

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®

2021 Application for New Small Employer Coverage*

Company name: _____ Effective date: _____

Coplay plans

Product Type: Keystone HMO <input type="checkbox"/> Platinum Preferred \$10/\$20/\$200 <input type="checkbox"/> Platinum Preferred \$20/\$40/\$250 <input type="checkbox"/> Platinum Preferred \$30/\$60/\$400 <input type="checkbox"/> Gold Preferred \$40/\$80/\$650 <input type="checkbox"/> Gold Proactive	Product Type: Direct Point of Service <input type="checkbox"/> Platinum Preferred \$10/\$20/\$200 <input type="checkbox"/> Platinum Preferred \$20/\$40/\$250 <input type="checkbox"/> Gold Preferred \$40/\$80/\$650	Product Type: PPO <input type="checkbox"/> Platinum Preferred \$10/\$20/\$200 <input type="checkbox"/> Platinum Preferred \$20/\$40/\$250 <input type="checkbox"/> Gold Preferred \$40/\$80/\$600
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Deductible plans

Product Type: HMO <input type="checkbox"/> Gold Classic \$1,500/\$30/\$60/90% <input type="checkbox"/> Gold Classic \$2,500/\$40/\$80/100% <input type="checkbox"/> Gold Secure \$1,000/\$40/\$80/\$650 <input type="checkbox"/> Silver Proactive <input type="checkbox"/> Silver Proactive Value <input type="checkbox"/> Silver Classic \$4,750/\$30/\$60/70% <input type="checkbox"/> Silver Secure \$5,000/\$50/\$100/\$600 <input type="checkbox"/> Silver Classic \$4,500/\$50/\$100/100% <input type="checkbox"/> Silver Classic \$3,750/\$30/\$60/50% <input type="checkbox"/> Bronze Essential \$7,500/\$70/\$140/\$700	Product Type: Direct Point of Service <input type="checkbox"/> Gold Classic \$1,500/\$30/\$60/90% <input type="checkbox"/> Silver Classic \$3,750/\$30/\$60/50% <input type="checkbox"/> Bronze Essential \$7,500/\$70/\$140/\$700	Product Type: PPO <input type="checkbox"/> Gold Classic \$1,500/\$20/\$40/80% <input type="checkbox"/> Gold Classic \$2,500/\$40/\$80/100% <input type="checkbox"/> Silver Secure \$4,750/\$40/\$80/\$600 <input type="checkbox"/> Silver Classic \$5,000/\$50/\$100/90% <input type="checkbox"/> Silver Classic \$3,750/\$30/\$60/70%
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HRA and HSA Plans with Integrated Prescription Drug benefit

Product Type: PPO HSA High Deductible Health Plan <input type="checkbox"/> Platinum HSA-50 \$1,800/100% <input type="checkbox"/> Gold HSA-25 \$2,400/\$25/\$50/90% <input type="checkbox"/> Gold HSA-0 \$2,100/100% <input type="checkbox"/> Silver HSA-0 \$3,700/100% <input type="checkbox"/> Silver HSA-0 \$2,100/70% <input type="checkbox"/> Silver HSA-0 \$3,000/90% <input type="checkbox"/> Bronze HSA-0 \$5,600/50% <input type="checkbox"/> Bronze HSA-0 \$7,000/100%	Product Type: PPO HRA High Deductible Health Plan <input type="checkbox"/> Gold HRA-20 \$3,700/100% Product Type: EPO HSA High Deductible Health Plan <input type="checkbox"/> 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 Dental¹

HMO & DPOS <input type="checkbox"/> Adult DHMO ²	PPO/HSA/HRA/HMO & DPOS <input type="checkbox"/> Preferred Family PPO <input type="checkbox"/> Premier Family PPO <input type="checkbox"/> Deluxe Family PPO <input type="checkbox"/> Adult Preventive PPO <input type="checkbox"/> Adult Preferred PPO <input type="checkbox"/> Adult Premier PPO	<input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Plus	<input type="checkbox"/> 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

¹ Requires completed and signed United Concordia group application.

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

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