



Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103

Attention: Small Employer Account Installation Unit

Application for New Small Employer Health Benefits

Section I. Company Information

Full Legal Name of Company:		
Tax ID#:	CID/Group # (for internal use only):	
Customer Address:		
City:	State:	Zip:
Customer Contact:	Phone: ()	Fax:
Nature of Business:	Year in Business:	
Is there any Group Health Plan now in force and to be continued: Yes () No () Name of Carrier:		
Total number of active 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 must select a Flex Copay Series or Flex Deductible Series option and may choose from the Select Drug, vision or dental benefits listed on the rate sheet. Groups of 51+ may purchase freestanding Select Drug as approved by Underwriting.

Dual Option Offerings
• Groups of 10+ eligibles can select a maximum of three medical plans with no more than two from each product line (PPO vs. HMO/POS) and a maximum of two Select Drug Program options. Combinations of offerings will be limited to three total packages of combined medical and drug options. If offered, prescription drug plans must be offered with all medical plans. Differing copayment options can be selected for each of the medical plans.
• Groups of 2-9 eligibles may only offer dual options - one from each product line - PPO vs. HMO/POS along with one Select Drug plan. Combinations of offerings will be limited to two total packages of combined medical and drug options.
• Groups may only purchase Select Drug Programs.

Participation Requirements
• Groups of 2-19 eligible lives must have 100% participation in combined or separate HMO/POS/PPO offerings. IBC requires a minimum of two enrolled lives and will count waivers in the eligibility calculation.
• Groups with 20-99 eligible lives must have 75% participation, which includes all product lines. HMO/POS only groups must also have 75% participation. IBC will count waivers in the eligibility calculations.
• Retiree only groups will not be accepted. For groups covering retirees, 100% participation will be required for active and retired employees. The group must consist of a minimum of 75% active employees.

Employee Contribution Requirement
• For contributory plan offerings, the group must contribute a minimum of 25% of the calculated gross monthly premium or 75% of the single tier rate for each plan offered.

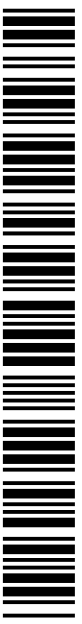
Rate Tiers
• All rates will be offered on a standard 4-tier basis effective January 1, 2004.

Submission Guidelines
• All 2-99 new business customers must be submitted through the Account Installation process.

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

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

<p>Flex Copay Series</p> <p align="center"><u>OPTION 1</u></p> <p>Product: <input type="checkbox"/> HMO <input type="checkbox"/> Direct POS <input type="checkbox"/> POS <input type="checkbox"/> PPO</p> <p>Components:</p> <p>Copay: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4*</p> <p>Facility: <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> F5**</p> <p>Out-of-Network <input type="checkbox"/> O1 <input type="checkbox"/> O2</p> <p>Select Rx Rider:</p> <p><input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$5/\$10/\$25 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$5/\$30/\$50 <input type="checkbox"/> \$10/\$30/\$50 <input type="checkbox"/> with orals <input type="checkbox"/> \$5/\$20/\$35 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> without orals <input type="checkbox"/> \$5/\$15/\$25 <input type="checkbox"/> \$15/\$35/\$50</p>	<p align="center"><u>OPTION 2</u></p> <p>Product: <input type="checkbox"/> HMO <input type="checkbox"/> Direct POS <input type="checkbox"/> POS <input type="checkbox"/> PPO</p> <p>Components:</p> <p>Copay: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4*</p> <p>Facility: <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> F5**</p> <p>Out-of-Network <input type="checkbox"/> O1 <input type="checkbox"/> O2</p> <p>Select Rx Rider:</p> <p><input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$5/\$10/\$25 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$5/\$30/\$50 <input type="checkbox"/> \$10/\$30/\$50 <input type="checkbox"/> with orals <input type="checkbox"/> \$5/\$20/\$35 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> without orals <input type="checkbox"/> \$5/\$15/\$25 <input type="checkbox"/> \$15/\$35/\$50</p>
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<p><input type="checkbox"/> Sole Proprietor (Keystone C3-F4)</p> <p><input type="checkbox"/> Select Rx Rider \$20/\$40/\$60 with orals</p>	<p align="center">* C4 can only be combined with F3, F4, or F5 ** F5 can only be combined with C3 or C4 and O2</p>
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Total Number of Personal Choice Applications Attached: _____

Total Number of Keystone Applications Attached: _____

<p>Flex Deductible Series</p> <p align="center"><u>OPTION 1</u></p> <p>Product: <input type="checkbox"/> HMO <input type="checkbox"/> Direct POS <input type="checkbox"/> PPO</p> <p>Components:</p> <p>Deductible: <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4</p> <p>Network Coinsurance: <input type="checkbox"/> N1 <input type="checkbox"/> N2</p> <p>Select Rx Rider:</p> <p><input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$5/\$30/\$50 <input type="checkbox"/> with orals <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> without orals <input type="checkbox"/> \$15/\$35/\$50</p>	<p align="center"><u>OPTION 2</u></p> <p>Product: <input type="checkbox"/> HMO <input type="checkbox"/> Direct POS <input type="checkbox"/> PPO</p> <p>Components:</p> <p>Deductible: <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4</p> <p>Network Coinsurance: <input type="checkbox"/> N1 <input type="checkbox"/> N2</p> <p>Select Rx Rider:</p> <p><input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$5/\$30/\$50 <input type="checkbox"/> with orals <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> without orals <input type="checkbox"/> \$15/\$35/\$50</p>
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<p>BlueSaverSM HSA Solution PPO Program</p> <p align="center"><u>OPTION 1</u></p> <p>Components:</p> <p>Deductible: <input type="checkbox"/> HD1 <input type="checkbox"/> HD2 <input type="checkbox"/> HD3 <input type="checkbox"/> HD4</p> <p>Coinsurance: <input type="checkbox"/> HC1 <input type="checkbox"/> HC2</p> <p>Integrated Rx:</p> <p><input type="checkbox"/> \$5/\$20/\$45 <input type="checkbox"/> with orals <input type="checkbox"/> without orals</p>	<p align="center"><u>OPTION 2</u></p> <p>Components:</p> <p>Deductible: <input type="checkbox"/> HD1 <input type="checkbox"/> HD2 <input type="checkbox"/> HD3 <input type="checkbox"/> HD4</p> <p>Coinsurance: <input type="checkbox"/> HC1 <input type="checkbox"/> HC2</p> <p>Integrated Rx:</p> <p><input type="checkbox"/> \$5/\$20/\$45 <input type="checkbox"/> with orals <input type="checkbox"/> without orals</p>
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Total Number of Personal Choice Applications Attached: _____

Total Number of Keystone Applications Attached: _____

<p>Freestanding Select Rx Options</p> <p><input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$10/\$30/\$50 <input type="checkbox"/> \$5/\$30/\$50 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$5/\$20/\$35 <input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$5/\$15/\$25 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$5/\$10/\$25 <input type="checkbox"/> with orals <input type="checkbox"/> <input type="checkbox"/> without orals</p>	<p align="center">IBC (Davis) Vision Riders HMO/POS Biennial Benefit</p> <p>Option 1 Option 2</p> <p><input type="checkbox"/> \$35 <input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$100</p>	<p align="center">IBC Dental Riders HMO/POS</p> <p><input type="checkbox"/> Basic <input type="checkbox"/> Value <input type="checkbox"/> Pediatric</p>	<p align="center">Dependent / Student Age:</p> <p align="center">19 / 23</p>
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<p>Supplemental Options</p> <p align="center">United Concordia Dental</p> <p><input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Preferred <input type="checkbox"/> Concordia Plus <input type="checkbox"/> Concordia Choice <input type="checkbox"/> Concordia Access <input type="checkbox"/> Option: _____</p>	<p align="center">Freestanding IBC (Davis) Vision (For HMO, POS and PPO Options)</p> <p><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"/> <input type="checkbox"/> \$75 <input type="checkbox"/> \$250 <input type="checkbox"/> <input type="checkbox"/> \$100</p>
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