



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 #(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: 100% Partial _____% 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, or HSA-qualified High Deductible Health Plan (HDHP) 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. In addition, groups may add an HSA-qualified HDHP.

• Combinations of offerings will be limited to three total packages of combined medical and drug options (PPO vs. HMO/POS), plus one HSA-qualified HDHP.
• If prescription drug plans are offered, they must be offered with all medical plans (maximum two drug options). (see exception for HSA-qualified options below).

• Differing copayment options can be selected for each of the medical plans., but different drug options cannot be offered with identical medical plans. (see exception for HSA-qualified options below).

• **Groups of 2-9 eligibles** can select a maximum of two medical plans with no more than one from each product line (PPO vs. HMO/POS) and one Select Drug plan. In addition, groups may add an HSA-qualified HDHP.

• Combinations of offerings will be limited to two total packages of combined medical and drug options, plus one HSA-qualified HDHP.

• If a prescription drug plan is offered, it must be offered with all medical plans (maximum one drug option). (see exception for HSA-qualified options below).

• Differing copayment options can be selected for each of the medical plans., but different drug options cannot be offered with identical medical plans. (see exception for HSA-qualified options below).

• Groups may not offer the same medical plan with two different prescription drug, dental and/or vision riders.

• **Exception for HSA-qualified options applicable to 2-9 and 10+ eligible** - When multiple options are offered, the following prescription drug coverage rules apply:

(1) When one option is an HSA-qualified HDHP with integrated drug, other non-HSA-qualified plans are not required to include drug coverage.

(2) When one option is an HSA-qualified HDHP with no drug, other non-HSA-qualified plans may either include or exclude drug coverage.

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: _____

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| <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: Copay: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4* Facility: <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> F5** Out-of-Network <input type="checkbox"/> O1 <input type="checkbox"/> O2</p> <p>Select Rx Rider: (includes orals) <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60</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: Copay: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4* Facility: <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> F5** Out-of-Network <input type="checkbox"/> O1 <input type="checkbox"/> O2</p> <p>Select Rx Rider: (includes orals) <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60</p> |
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Total Number of Personal Choice Applications Attached: _____
Total Number of Keystone Applications Attached: _____

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| <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: Deductible: <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 Network Coinsurance: <input type="checkbox"/> N1 <input type="checkbox"/> N2</p> <p>Select Rx Rider: (includes orals) <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60</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: Deductible: <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 Network Coinsurance: <input type="checkbox"/> N1 <input type="checkbox"/> N2</p> <p>Select Rx Rider: (includes orals) <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60</p> |
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BlueSaverSM Health Reimbursement Account (HRA)

Medical Package Code: _____ Annual Fund Rollover: None All

IRS 213(d) Eligible Expenses Ind: Yes No Cap on the Total Balance in the HRA? Yes No

Claims Rollover: Yes No If yes, Cap Amount: _____

Employer Contribution: 25% of Deductible Funding Method: _____
 50% of Deductible

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| <p>BlueSaverSM HSA Solution PPO Program</p> <p align="center"><u>OPTION 1</u></p> <p>Components: Deductible: <input type="checkbox"/> HD1 <input type="checkbox"/> HD2 <input type="checkbox"/> HD3 <input type="checkbox"/> HD4 Coinsurance: <input type="checkbox"/> HC1 <input type="checkbox"/> HC2</p> <p>Integrated Rx (includes orals): <input type="checkbox"/> \$5/\$20/\$45</p> | <p align="center"><u>OPTION 2</u></p> <p>Components: Deductible: <input type="checkbox"/> HD1 <input type="checkbox"/> HD2 <input type="checkbox"/> HD3 <input type="checkbox"/> HD4 Coinsurance: <input type="checkbox"/> HC1 <input type="checkbox"/> HC2</p> <p>Integrated Rx (includes orals): <input type="checkbox"/> \$5/\$20/\$45</p> |
|---|---|

Total Number of Personal Choice Applications Attached: _____
Total Number of Keystone Applications Attached: _____

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| <p>Freestanding Select Rx Options (includes orals)</p> <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60 <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60 | <p>IBC (Davis) Vision Riders HMO/POS Biennial Benefit</p> <p><u>Option 1</u> <u>Option 2</u></p> <input type="checkbox"/> \$35 <input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$100 | <p>IBC Dental Riders HMO/POS</p> <input type="checkbox"/> Basic <input type="checkbox"/> Value <input type="checkbox"/> Pediatric | <p>Dependent / Student Age:</p> <p align="center">19 / 23</p> |
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| Supplemental Options | Freestanding IBC (Davis) Vision (For HMO, POS and PPO Options) |
| <p>United Concordia Dental</p> <input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Preferred <input type="checkbox"/> Concordia Plus <input type="checkbox"/> Concordia Choice <input type="checkbox"/> Option: _____ | <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"/> \$75 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 |

* C4 can only be combined with F3, F4, or F5
 ** F5 can only be combined with C3 or C4 and O2

