Independence

Independence Blue Cross
1901 Market Street, Philadelphia, PA 19103

Application for New Employer Health Benefits – 51+

DPOS and POS Plans are underwritten by Keystone Health Plan East and QCC Insurance Company.
EPO and PPO Plans are underwritten by Independence Assurance Company

This form and these plan designs can only be used when a group has 51+ total employees.
Total employees represent all active full-time, part-time, and seasonal employees on the payroll as of the requested effective date.

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:
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 eligibles:	Total number of employees:	
Domestic partner coverage being offered?: ☐ Yes ☐ No		

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:	
Name of producing broker agency:	
Name of primary broker agency:	Broker ID/Code associated with the account:

SECTION III — Quote conditions signature

Available benefits

- A maximum of three benefit packages may be offered with a maximum of two drug plan options.
- Identical medical plans cannot be offered with different drug and/or vision options.
- Independence Blue Cross (IBX) pharmacy is required for customers with less than 500 enrolled employees.

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SECTION III — Quote conditions signature

Participation requirements

☐ A minimum participation of 75 percent of employees is required for each worksite.

☐ For groups covering early retirees (under age 65), 100 percent participation of the early retiree population is required. The group must consist of a minimum of 75 percent participation for the active employees. Early retirees (under age 65 retirees not eligible for Medicare) cannot represent more than 10 percent of the customer's total enrollment.

☐ IBX will count valid waivers in the eligibility calculations.

☐ Credit is given for valid waivers who are eligible employees opting out because they have coverage through a spouse, as an eligible dependent to 26, or employees enrolled in Veteran coverage, Medicare, Medicaid, or any other government issued coverage.

Dental participation requirement

☐ Dental participation requirements must match or exceed the medical participation requirements.

☐ Minimum 75% participation rate.

Eligibility requirement

☐ Employees probationary periods shall not exceed 90 days.

Employer contribution requirement

☐ For contributory plan offerings, the employer must contribute a minimum of 50 percent of the calculated gross monthly premium for each plan offered.

Rate tiers

☐ All lines of business must have the same rate tier structure.

Submission guidelines

☐ All offerings are subject to final Underwriting review and acceptance. The guidelines listed in this document are for informational purposes only and not intended to be all inclusive or a description or summary of applicable laws.

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.

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.

Print name: _____ Title: _____

Signature: _____ Date: _____

To view the Summary of Benefits and Coverage (SBC) for your plans,
visit ibx.com or call 1-800-ASK-BLUE (TTY:711) to request a paper copy.
Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and Independence Assurance Company — independent licensees of the Blue Cross and Blue Shield Association.

Independence Blue Cross/Keystone Health Plan East Benefit Plans

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Company name: _____ **Effective date:** _____

Copay plans (contract year)

PPO

- ☐ PPO $15/$35/$150
- ☐ PPO $20/$40/$250
- ☐ PPO $30/$60/$400
- ☐ PPO $40/$70/$500
- ☐ PPO $50/$80/$500 – $250
- ☐ PPO $20/$40/$250 & VPCP

EPO

- ☐ EPO $20/$40/$250
- ☐ EPO $30/$60/$400

DPOS

- ☐ DPOS $20/$40/$250
- ☐ DPOS $30/$60/$400
- ☐ DPOS $40/$70/$500
- ☐ DPOS $50/$80/$500 – $250

POS

- ☐ POS $20/$40/$250
- ☐ POS $30/$60/$400
- ☐ POS $40/$70/$500
- ☐ POS $50/$80/$500 – $250

Deductible/Copay plans (contract year)

PPO

- ☐ PPO $500/$20/$40/100%
- ☐ PPO $1,000/$20/$40/100%
- ☐ PPO $1,500/$20/$40/100%
- ☐ PPO $2,500/$30/$60/100%
- ☐ PPO $3,000/$30/$60/100%
- ☐ PPO $5,000/$40/$70/100%
- ☐ PPO $6,000/$20/$40/100%
- ☐ PPO $3,000/$30/$60/90%
- ☐ PPO $4,000/$30/$60/90%
- ☐ PPO $5,000/$30/$60/90%
- ☐ PPO $2,000/$30/$60/80%
- ☐ PPO $2,000/$30/$60/80%
- ☐ PPO $2,500/$30/$60/100% & VPCP

EPO

- ☐ EPO $1,500/$20/$40/100%
- ☐ EPO $2,500/$30/$60/100%
- ☐ EPO $3,000/$30/$60/100%

DPOS

- ☐ DPOS $2,500/$30/$60/100%
- ☐ DPOS $3,000/$30/$60/100%
- ☐ DPOS $5,000/$40/$70/100%
- ☐ DPOS $3,000/$30/$60/90%
- ☐ DPOS $4,000/$30/$60/90%
- ☐ DPOS $5,000/$30/$60/90%
- ☐ DPOS $2,000/$30/$60/80%

POS

- ☐ POS $2,500/$30/$60/100%
- ☐ POS $3,000/$30/$60/100%
- ☐ POS $5,000/$40/$70/100%
- ☐ POS $3,000/$30/$60/90%
- ☐ POS $4,000/$30/$60/90%
- ☐ POS $5,000/$30/$60/90%
- ☐ POS $2,000/$30/$60/80%
- ☐ POS $3,500/$20/$40/70%

Independence Blue Cross/Keystone Health Plan East Benefit Plans

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HSA plans w/Integrated Rx (contract year)*

PPO

- ☐ PPO HSA $2,000/100%
- ☐ PPO HSA $2,500/100%
- ☐ PPO HSA $3,000/100%
- ☐ PPO HSA $5,000/100%
- ☐ PPO HSA $6,350/100%
- ☐ PPO HSA $2,500/90%
- ☐ PPO HSA $3,000/90%
- ☐ PPO HSA $4,000/90%
- ☐ PPO HSA $2,000/80%
- ☐ PPO HSA $3,000/80%
- ☐ PPO HSA $5,000/80%
- ☐ PPO HSA $5,000/70%
- ☐ PPO HSA $2,000/$30/$60/$500
- ☐ PPO HSA $3,000/$30/$60/$500 & VPCP
- ☐ PPO HSA $3,000/$30/$60/$500
- ☐ PPO HSA $4,000/$40/$70/$250
- ☐ PPO HSA $5,000/$40/$70/100%
- ☐ PPO HSA $5,000/$40/$70/$250

EPO

- ☐ EPO HSA $3,000/$30/$60/$500
- ☐ EPO HSA $4,000/$40/$70/$250
- ☐ EPO HSA $5,000/$40/$70/$250

Choice Advantage (Site of Service) plans (contract year)

- ☐ POS CA $40/$85/$500
- ☐ PPO CA $40/$85/$500
- ☐ PPO CA $3,000/$25/$65/80%
- ☐ PPO CA $4,000/$30/$75/90%

Deductible/Coinsurance plans*

- ☐ PPO $4,000/90% w/ Integrated Rx

Total number of Personal Choice applications attached: _____

Total number of Keystone applications attached: _____

* Plans include Integrated Rx of $3/$20/$40/$70/50% up to $500 maximum.

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Rx plans	Vision Eyewear Riders (Biennial)	Dependent/Student age:
☐ $3/$15/$35/$50/50% up to $500 max ☐ $3/$20/$40/$60/50% up to $500 max ☐ $3/$25/$50/$75/50% up to $500 max	☐ $35 ☐ $100	26/26

Supplemental options

IBX Dental
Copay plans (EPO calendar year plans & Managed Care)

Dental EPO	Dental Managed Care*
☐ EPO Low Plan ☐ EPO High Plan	☐ Managed Care Low Plan ☐ Managed Care High Plan

IBX Dental
Coinsurance plans (PPO) calendar year plans

Dental PPO Preventive	Dental PPO Preferred
☐ Preventive 100/0/0/0 $1,000 ☐ MAC or ☐ 90th	☐ Preferred PPO 100/50/0/0 $1,000 ☐ MAC or ☐ 90th
Dental PPO Value	**Dental PPO Active**
☐ Value PPO 80/50/20/0 $1,000 Low ☐ Value PPO 80/50/20/50 $1,000 Low ☐ MAC or ☐ 90th	☐ Active PPO 100/80/50/0 $1,000 ☐ Active PPO 100/80/50/0 $1,500 ☐ Active PPO 100/90/60/0 $1,000 ☐ Active PPO 100/90/60/0 $1,500 ☐ MAC or ☐ 90th

*Managed Care dental plans require the selection of a Primary Dental Office (PDO) from the Plan's Managed Care dental network. The Member's PDO provides routine care and arranges or provides most other necessary and appropriate Dental 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.

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IBX Dental
Coinsurance plans (PPO) calendar year plans

IBX Dental PPO Premier

- ☐ Premier PPO 100/80/50/0 $1,000 Low
- ☐ Premier PPO 100/80/50/50 $1,000 Low
- ☐ Premier PPO 100/80/50/0 $1,000
- ☐ Premier PPO 100/80/50/50 $1,000
- ☐ Premier PPO 100/80/50/0 $1,500
- ☐ Premier PPO 100/80/50/50 $1,500
- ☐ Premier PPO 100/80/50/50 $2,000
- ☐ Premier PPO 100/80/50/50 $2,500
- ☐ Premier PPO 100/80/50/50 $3,000
- ☐ Premier PPO 100/80/50/50 $1,500 /w Rollover

☐ MAC or ☐ 90th

IBX Dental PPO Deluxe

- ☐ Deluxe PPO 100/90/60/0 $1,500
- ☐ Deluxe PPO 100/90/60/50 $1,500
- ☐ Deluxe PPO 100/90/60/0 $2,000
- ☐ Deluxe PPO 100/90/60/50 $2,000
- ☐ Deluxe PPO 100/90/60/50 $2,500
- ☐ Deluxe PPO 100/90/60/50 $3,000
- ☐ Deluxe PPO 100/90/60/50 $1,500 /w Rollover

☐ MAC or ☐ 90th

IBX Dental PPO Elite

- ☐ Elite PPO 100/100/50/0 $2,000
- ☐ Elite PPO 100/100/50/50 $2,000
- ☐ Elite PPO 100/100/50/50 $2,000 w/Rollover

☐ MAC or ☐ 90th

Freestanding Vision plans

- ☐ VC 150: 12/12/24 – Voluntary
- ☐ VC 150: 12/12/24
- ☐ VC 150: 12/12/12 – Voluntary
- ☐ VC 150: 12/12/12
- ☐ VC 130: 12/12/24 w/ Copay – Voluntary
- ☐ VC 130: 12/12/24 w/ Copay
- ☐ VC 130: 12/12/24 – Voluntary
- ☐ VC 130: 12/12/24
- ☐ VC 130: 12/12/12 – Voluntary
- ☐ VC 130: 12/12/12
- ☐ VC 100: 24/24/24
- ☐ VC 100: 12/12/24 – Voluntary
- ☐ VC 100: 12/12/24
- ☐ VC 100: 12/12/12 – Voluntary
- ☐ VC 100: 12/12/12