



Independence Blue Cross
1901 Market Street, Philadelphia, PA 19103

Application for New Employer Health Benefits – 51+

This form and plan designs can only be used when a group has 51+ total employees.
Total employees represents 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 <ul style="list-style-type: none">• 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, dental and/or vision options.• Groups with less than 500 contracts, must purchase a prescription drug plan alongside the elected medical option/s.
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Independence Blue Cross/Keystone Health Plan East Benefit Plans
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SECTION III — Quote Conditions Signature

Participation Requirements

A minimum participation of 75 percent 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 cannot represent more than 10 percent of the total group enrollment.

IBC 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.

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 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 ibxpress.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 QCC Insurance Company, and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.

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Company Name:

Effective Date:

Copoly Plans (contract year)		
PPO	DPOS	POS
PPO \$15/\$35/\$150	DPOS \$20/\$40/\$250	POS \$20/\$40/\$250
PPO \$20/\$40/\$250	DPOS \$30/\$60/\$400	POS \$30/\$60/\$400
PPO \$30/\$60/\$400	DPOS \$40/\$70/\$500	POS \$40/\$70/\$500
PPO \$40/\$70/\$500	DPOS \$50/\$80/\$500 + \$250	POS \$50/\$80/\$500 + \$250
PPO \$50/\$80/\$500 + \$250		

Deductible/Copay Plans (contract year)		
PPO	DPOS	POS
PPO \$1,500/\$20/\$40/100%	DPOS \$2,500/\$30/\$60/100%	POS \$2,500/\$30/\$60/100%
PPO \$2,500/\$30/\$60/100%	DPOS \$3,000/\$30/\$60/100%	POS \$3,000/\$30/\$60/100%
PPO \$3,000/\$30/\$60/100%	DPOS \$5,000/\$40/\$70/100%	POS \$5,000/\$40/\$70/100%
PPO \$5,000/\$40/\$70/100%	DPOS \$3,000/\$30/\$60/90%	POS \$3,000/\$30/\$60/90%
PPO \$6,000/\$20/\$40/100%	DPOS \$4,000/\$30/\$60/90%	POS \$4,000/\$30/\$60/90%
PPO \$3,000/\$30/\$60/90%	DPOS \$5,000/\$30/\$60/90%	POS \$5,000/\$30/\$60/90%
PPO \$4,000/\$30/\$60/90%	DPOS \$2,000/\$30/\$60/80%	POS \$2,000/\$30/\$60/80%
PPO \$5,000/\$30/\$60/90%		POS \$3,500/\$20/\$40/70%
PPO \$2,000/\$30/\$60/80%		

HSA Plans w/Integrated RX (contract year)*	Choice Advantage (Site of Service) Plans (contract year)
PPO \$2,000/100% PPO \$2,500/100% PPO \$3,000/100% PPO \$5,000/100% PPO \$6,350/100% PPO \$2,500/90% PPO \$3,000/90% PPO \$4,000/90% PPO \$2,000/80% PPO \$3,000/80% PPO \$5,000/80% PPO \$5,000/70% PPO \$3,000/\$30/\$60/\$500 PPO \$4,000/\$40/\$70/\$250 PPO \$5,000/\$40/\$70/100% PPO \$5,000/\$40/\$70/\$250	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	IBC (Davis) Vision Riders Biennial Benefit	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

United Concordia Dental

Concordia Flex

Concordia Preferred

Concordia Plus

Option _____

Freestanding IBC (Davis) Vision

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



Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilfgrieche in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.