



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

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| 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 300 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 shall 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 Independence Assurance Company — independent licensees of the Blue Cross and
Blue Shield Association.

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Company Name:

Effective Date:

| Coplay 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 |
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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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Company Name:

Effective Date:

| 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

Independence Blue Cross Dental Plans¹

Managed dental care plan options²

PPO preventive family plan option

PPO comprehensive family plan options

ePPO family plan options

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

¹ Dental Plans are underwritten by QCC Insurance Company.

² Managed Dental Care plan options require the selection of a Primary Dental Office (PDO) from the Plan's dental HMO network. The Member's PDO provides routine care and arranges or provides most other Dentally Necessary 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.

