

# 2016 Small Employer Renewal and Savings Form

Complete all sections below, sign and date, and return this form by mail, or fax to 215-241-2231, at least 30 days prior to your anniversary date.<sup>1</sup>

**PLEASE TYPE OR PRINT CLEARLY**

Contact name \_\_\_\_\_ Title \_\_\_\_\_ Total number of employees \_\_\_\_\_  
 Group name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
 Email address \_\_\_\_\_ Telephone number \_\_\_\_\_ Group/CID # \_\_\_\_\_

You will need to choose a new plan from the options listed below. You may contact your IBC account executive for additional information. For your convenience, you will be automatically enrolled in the recommended coverage if we do not hear from you 30 days prior to your anniversary date.

Please note: Small employer groups may select a maximum of three packaged plans, which include medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits.<sup>2,3</sup> If you currently have more options than what is permitted, you must reduce the number of plans you offer. Based on this requirement, please limit the number of plans you offer by selecting the option(s) you would like below and returning this form.

PLATINUM	GOLD	SILVER	BRONZE	DENTAL
PPO Platinum Preferred \$10/\$20/\$150	PPO Gold Preferred \$35/\$70/\$600	PPO Silver Classic \$3,300 \$40/\$80/100%	DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Adult Preventive PPO
PPO Platinum Preferred \$20/\$40/\$150	PPO Gold Classic \$1,000 \$15/\$30/80%	PPO Silver Classic \$2,500 \$30/\$60/80%	HMO Bronze Essential \$6,000 \$50/\$100/\$700	Adult Preferred PPO
DPOS Platinum Preferred \$10/\$20/\$100	PPO Gold Classic \$2,000 \$40/\$80/100%	PPO Silver Secure \$3,000 \$30/\$60/\$600	PPO Bronze HSA-0 \$6,550/100%	Adult Premier PPO with Preventive Incentive
DPOS Platinum Preferred \$20/\$40/\$150	DPOS Gold Classic \$1,000 \$25/\$50/90%	DPOS Silver Classic \$2,000 \$25/\$50/70%	PPO Bronze HSA-0 \$4,000/50%	Adult DHMO
HMO Platinum Preferred \$10/\$20/\$100	DPOS Gold Preferred \$30/\$60/\$600	DPOS Silver Classic \$4,250 \$40/\$80/100%		
HMO Platinum Preferred \$20/\$40/\$150	DPOS Gold Classic \$2,000 \$40/\$80/100%	DPOS Silver Classic \$2,500 \$30/\$60/50%		
PPO Platinum HSA-50 \$1,500/100%	HMO Gold Classic \$1,000 \$25/\$50/90%	DPOS Silver Secure \$3,500 \$40/\$80/\$600		
PPO Platinum HRA-50 \$1,500/100%	HMO Gold Preferred \$30/\$60/\$600	HMO Silver Classic \$2,000 \$25/\$50/70%		
	HMO Gold Classic \$2,000 \$40/\$80/100%	HMO Silver Classic \$4,250 \$40/\$80/100%		
	HMO Gold Proactive	HMO Silver Classic \$2,500 \$30/\$60/50%		
	PPO Gold HSA-0 \$1,700/100%	HMO Silver Secure \$3,500 \$40/\$80/\$600		
	PPO Gold HSA-25 \$2,200/100%	HMO Silver Proactive		
	PPO Gold HSA-50 \$2,200/70%	PPO Silver HSA-0 \$2,700/100%		
	PPO Gold HRA-25 \$2,200/100%	PPO Silver HSA-0 \$2,400/90%		
	PPO Gold HRA-50 \$2,200/70%	PPO Silver HSA-25 \$2,400/50%		
		PPO Silver HRA-25 \$2,400/50%		

I would like to offer Blue Solutions Choice.    I would like to add medical coverage for dependents to age 30.    I have employees interested in opening an HSA account with Bank of America®.

Comments \_\_\_\_\_

Employer signature \_\_\_\_\_ Effective date \_\_\_\_\_

<sup>1</sup> Upgrades and downgrades are only allowed on the group's anniversary date.

<sup>2</sup> For groups offering a PPO plan for out-of-area enrollment, the PPO benefit level must be equivalent to the benefit plans offered to the in area employees. Group offerings may not exceed 3 plans, including a plan for out-of-area PPO coverage.

<sup>3</sup> Groups have the option of offering employees up to a maximum of five health plans with Blue Solutions Choice.

All benefit selections must meet Independence Blue Cross underwriting guidelines including number of plan offerings allowed based on group size.