

2023 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. ¹
PLEASE TYPE OR PRINT CLEARLY.

Contact name: _____ Title: _____ Federal Tax ID# (EIN): _____
 Group name: _____ City: _____ State: _____ ZIP: _____ Total number of employees: _____
 Email address: _____ Telephone number: _____ Full Time Equivalent (FTE)² count: _____
 *Employer Contribution %: _____ Group/CID #: _____

You will need to choose a new plan from the options listed below. You may contact your Independence account executive or broker 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 four packaged plans, which include medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits.³ If offering four packaged plans, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit. 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	STANDALONE DENTAL
<input type="checkbox"/> PPO Platinum Preferred \$10/\$20/\$200	<input type="checkbox"/> PPO Gold Preferred \$40/\$80/\$600	<input type="checkbox"/> PPO Silver Classic \$3,800/\$40/\$80/70%	<input type="checkbox"/> HMO Bronze Essential \$7,500/\$70/\$140/\$700	<input type="checkbox"/> Preferred Family PPO ⁴
<input type="checkbox"/> PPO Platinum Preferred \$20/\$40/\$250	<input type="checkbox"/> PPO Gold Classic \$1,500/\$20/\$40/80%	<input type="checkbox"/> PPO Silver Secure \$4,750/\$40/\$80/\$600	<input type="checkbox"/> PPO Bronze HSA-0 \$7,450/100%	<input type="checkbox"/> Premier Family PPO ⁴
<input type="checkbox"/> DPOS Platinum Preferred \$10/\$20/\$200	<input type="checkbox"/> PPO Gold Classic \$2,500/\$40/\$80/100%	<input type="checkbox"/> PPO Silver Classic \$5,000/\$50/\$100/90%	<input type="checkbox"/> PPO Bronze HSA-0 \$5,600/50%	<input type="checkbox"/> Deluxe Family PPO ⁴
<input type="checkbox"/> DPOS Platinum Preferred \$20/\$40/\$250	<input type="checkbox"/> DPOS Gold Classic \$1,500/\$30/\$60/90%	<input type="checkbox"/> DPOS Silver Classic \$3,750/\$40/\$80/50%		<input type="checkbox"/> Adult Preventive PPO
<input type="checkbox"/> HMO Platinum Preferred \$10/\$20/\$200	<input type="checkbox"/> DPOS Gold Preferred \$40/\$80/\$650	<input type="checkbox"/> HMO Silver Classic \$4,750/\$40/\$80/70%		<input type="checkbox"/> Adult Preferred PPO
<input type="checkbox"/> HMO Platinum Preferred \$20/\$40/\$250	<input type="checkbox"/> HMO Gold Classic \$2,500/\$40/\$80/100%	<input type="checkbox"/> HMO Silver Classic \$3,750/\$40/\$80/50%		<input type="checkbox"/> Adult Premier PPO with Preventive Incentive
<input type="checkbox"/> HMO Platinum Preferred \$25/\$50/\$400	<input type="checkbox"/> HMO Gold Classic \$1,500/\$30/\$60/90%	<input type="checkbox"/> HMO Silver Secure \$5,000/\$50/\$100/\$600		<input type="checkbox"/> Adult Managed Dental Care ⁵
<input type="checkbox"/> HMO Platinum Preferred \$5/\$15/\$500	<input type="checkbox"/> HMO Gold Preferred \$40/\$80/\$650	<input type="checkbox"/> HMO Silver Proactive		
<input type="checkbox"/> PPO Platinum HSA-50 \$1,800/100%	<input type="checkbox"/> HMO Gold Proactive	<input type="checkbox"/> HMO Silver Proactive Value		
	<input type="checkbox"/> PPO Gold HSA-0 \$2,100/100%	<input type="checkbox"/> PPO Silver HSA-0 \$3,400/90%		
	<input type="checkbox"/> PPO Gold HRA-20 \$3,700/100%	<input type="checkbox"/> PPO Silver HSA-0 \$4,100/100%		
	<input type="checkbox"/> PPO Gold HSA-25 \$2,400/\$25/\$50/90%	<input type="checkbox"/> PPO Silver HSA-0 \$2,300/70%		
		<input type="checkbox"/> EPO Silver HSA-0 \$3,000/80%		

I would like to add medical coverage for dependents to age 30.
 I would like to add the BlueSaver[®] HSA (no monthly fee)⁶. Select one option: Manual enrollment (employee opens account after renewal) Auto enrollment (account opens based on HSA plan election)

Comments _____

Employer signature _____ Effective date _____

* For contributory plan offerings, the employer must contribute a minimum of 25 percent of the lowest cost option's gross monthly premium.
¹ Upgrades and downgrades are only allowed on the group's anniversary date.
² Full-time employees are those who worked on average 30 hours or more a week for more than 120 days in a year. Part-time employees are those who worked on average less than 30 hours per week, but more than 120 days per year.
³ For groups offering a PPO plan for out-of-area enrollment, the PPO benefit level must be equivalent to the benefit plans offered to in-area employees. Group offerings may not exceed four plans, including a plan for out-of-area PPO coverage.
⁴ Coverage is based on the Maximum Allowable Charge (MAC) for the specific covered service. Participating dentists accept contracted MACs as payment in full. Non-participating dentists do not limit their charges and may bill you for the difference between their charge and the benefit paid by the plan.
⁵ Available for HMO and DPOS plans only.
⁶ The BlueSaver[®] HSA has no monthly account fee. For questions about HSA setup and enrollment, please contact your broker or Independence account executive.
 All benefit selections must meet Independence Blue Cross underwriting guidelines including number of plan offerings allowed based on group size.
 Dental plans are administered by United Concordia Companies, Inc., an independent company.
 Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.