

# 2025 Small Employer Renewal and Savings Form

You will need to choose a new plan(s) from the options listed below.

## Platinum

- PPO Platinum Preferred \$10/\$20/\$150
- PPO Platinum Preferred \$10/\$20/\$200
- PPO Platinum Preferred \$20/\$40/\$250
- DPOS Platinum Preferred \$10/\$20/\$200
- DPOS Platinum Preferred \$20/\$40/\$250
- HMO Platinum Preferred \$10/\$20/\$200
- HMO Platinum Preferred \$20/\$40/\$250
- HMO Platinum Preferred \$25/\$50/\$400
- HMO Platinum Preferred \$5/\$15/\$500
- PPO Platinum HSA-50 \$1,800/100%

## Gold

- PPO Gold Preferred \$40/\$80/\$500
- PPO Gold Preferred \$40/\$80/\$600
- PPO Gold Classic \$1,500/\$20/\$40/80%
- PPO Gold Classic \$2,500/\$40/\$80/90%
- DPOS Gold Classic \$1,500/\$30/\$60/90%
- DPOS Gold Preferred \$40/\$80/\$650
- HMO Gold Classic \$1,500/\$30/\$60/90%
- HMO Gold Preferred \$40/\$80/\$650
- HMO Gold Proactive
- HMO Gold Proactive Value
- PPO Gold HSA-0 \$2,200/100%
- PPO Gold HRA-20 \$4,000/100%
- PPO Gold HSA-25 \$2,400/\$25/\$50/90%

## Silver

- PPO Silver Classic \$3,800/\$40/\$80/70%
- PPO Silver Secure \$4,750/\$40/\$80/\$600
- PPO Silver Classic \$5,000/\$50/\$100/90%
- DPOS Silver Classic \$3,750/\$40/\$80/50%
- HMO Silver Classic \$4,750/\$45/\$90/70%
- HMO Silver Classic \$3,750/\$40/\$80/50%
- HMO Silver Secure \$5,000/\$50/\$100/\$600
- HMO Silver Proactive
- HMO Silver Proactive Value
- PPO Silver HSA-0 \$3,600/90%
- PPO Silver HSA-0 \$4,400/100%
- PPO Silver HSA-0 \$2,400/70%
- EPO Silver HSA-0 \$3,000/80%

## Bronze

- HMO Bronze Essential \$7,500/\$70/\$140/\$700
- PPO Bronze HSA-0 \$8,300/100%
- PPO Bronze HSA-0 \$5,600/50%

- I would like to add medical coverage for dependents to age 30.
- I would like to add the BlueSaver<sup>®</sup> HSA (no monthly fee)<sup>1</sup>. Select one option:
  - Manual enrollment (employee opens account after renewal)
  - Auto enrollment (account opens based on HSA plan election)

**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.<sup>2</sup> 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.

You may contact your Independence Blue Cross (IBX) 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.

## IBX Dental Copay Plans (EPO and Managed Care)<sup>3</sup>

### Dental EPO

- EPO Low Plan
- EPO High Plan

### Dental Managed Care<sup>4</sup>

- Managed Care Low Plan
- Managed Care High Plan

## IBX Dental Coinsurance Plans (PPO)<sup>3</sup>

- MAC or  90th R&C      MAC or 90th R&C must be selected if electing a dental PPO plan.

### Dental PPO

- Preventive PPO 100%/0%/0%/0% \$1,000

### Dental PPO Preferred

- Preferred PPO 100%/50%/0%/0% \$1,000

### Dental PPO Value

- Value PPO 80%/50%/20%/0% \$1,000 Low
- Value PPO 80%/50%/20%/50% \$1,000 Low

### Dental PPO Active

- 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

### 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

### 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

### Dental PPO Elite

- Elite PPO 100%/100%/50%/0% \$2,000
- Elite PPO 100%/100%/50%/50% \$2,000

Please type or print clearly.

Contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Group name: \_\_\_\_\_

Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Employer contribution %<sup>5</sup>: \_\_\_\_\_

Federal Tax ID# (EIN): \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Full Time Equivalent (FTE)<sup>6</sup> count: \_\_\_\_\_

Group/CID #: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer signature \_\_\_\_\_

Effective date \_\_\_\_\_



Complete all sections, 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>7</sup>



You may contact your IBX 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.

<sup>1</sup> The BlueSaver<sup>®</sup> HSA has no monthly account fee. All fees associated with the QHDHP medical plan will still be incurred. For questions about HSA setup and enrollment, please contact your broker or IBX account executive.

<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 in-area employees. Group offerings may not exceed four plans, including a plan for out-of-area PPO coverage.

<sup>3</sup> Not all groups are eligible for dental, please consult your account executive for underwriting guidelines.

<sup>4</sup> Managed Dental Care plans require the selection of a Primary Dental Office (PDO) from the Plan's dental Managed Care 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.

<sup>5</sup> For contributory plan offerings, the employer must contribute a minimum of 25 percent of the lowest cost option's gross monthly premium.

<sup>6</sup> 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.

<sup>7</sup> Upgrades and downgrades are only allowed on the group's anniversary date.

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

Dental Plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.