



31124

Independence

1901 Market Street, Philadelphia, PA 19103

Blue Solutions®**2026 Application for New Small Employer Coverage***

KHPE HMO/DPOS Plans are underwritten by Keystone Health Plan East.

PPO/EPO Plans are underwritten by Independence Assurance Company.

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 employees eligible for health insurance coverage:		Total number of employees:	
Number of hours worked per week for eligibility: _____			
Amount of premium paid by employer: 100% Partial ()% Other			

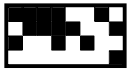
SECTION II: Third-party representation

Marketing representative name/Code:	
Producing agency:	Producing agency code:
Primary agency:	Primary agency code:

SECTION III: Quote conditions signature**Available benefits**

- Small employers must select Blue Solutions®, which includes prescription drug, vision (adult and pediatric), and pediatric dental benefits. Groups can offer up to four plans from the Blue Solutions portfolio. If offering four packages, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit. Premium payment by the employer acknowledges acceptance of renewal and compliance with Underwriting Guidelines and all state/federal employer requirements, including prohibitions on waiting periods > 90 days.

* All plans accumulate on a contract year basis; all plans include pediatric dental, pediatric and adult vision, and prescription drug benefits.



31124

SECTION III: Quote conditions signature (continued)**Medical participation requirements**

- Small employers must have 70 percent employees' participation, which includes all product lines. Independence Blue Cross (IBX) and affiliates must be sole provider.
- IBX will count waivers in the eligibility calculations.
- Credit is given for those eligible employees who opt out because they have coverage through a spouse, have an eligible dependent up to age 26, or are enrolled in Medicare or Medicaid. Only these types of opt-outs or waivers are excluded from the calculation to determine if a group meets the participation requirement.
- 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 70 percent participation for active employees.

Dental participation requirements

- Dental participation requirements must match the medical participation requirements.
- Minimum 2 enrolled employees.
- Dental plans that include orthodontia coverage are only available for employers with 10 or more employees.

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 25 percent of the lowest cost option's gross monthly premium.
- Per Affordable Care Act regulations, the employer should not fund more or less than the federally mandated standards for funding employee deductibles.
- The high deductible plan design selected will specify the funding requirement; please refer to each plan design for specific funding requirements.

Rate tiers

- All small employer medical, prescription drug, vision, and dental plans will be calculated on a member-level build-up rating structure.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply.

Broker of record

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, concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Additionally, I have appointed (Broker agency) 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.

Print name: _____ Title: _____

Signature: _____ Date: _____



Independence Blue Cross Benefit Plans
BlueSolutions®
2026 Application for New Small Employer Coverage*

Company name: _____ Effective date: _____

Coplay plans		
Product Type: Keystone HMO Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Platinum Preferred \$25/\$50/\$400 Platinum Preferred \$5/\$15/\$500 Gold Preferred \$40/\$80/\$650 Gold Proactive	Product Type: Direct Point of Service Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Gold Preferred \$40/\$80/\$650	Product Type: PPO Platinum Preferred \$10/\$20/\$150 Platinum Preferred \$10/\$20/\$200 Platinum Preferred \$20/\$40/\$250 Gold Preferred \$40/\$80/\$500 Gold Preferred \$40/\$80/\$600

Deductible plans		
Product Type: Keystone HMO Gold Classic \$1,500/\$30/\$60/90% Gold Proactive Value Silver Proactive Silver Proactive Value Silver Proactive Basic Silver Classic \$4,750/\$45/\$90/70% Silver Secure \$5,000/\$50/\$100/\$600 Silver Classic \$3,750/\$40/\$80/50% Bronze Essential \$7,500/\$70/\$140/\$700	Product Type: Direct Point of Service Gold Classic \$1,500/\$30/\$60/90% Silver Classic \$3,750/\$40/\$80/50%	Product Type: PPO Gold Classic \$1,500/\$20/\$40/80% Gold Classic \$2,500/\$40/\$80/90% Silver Secure \$4,750/\$40/\$80/\$600 Silver Classic \$5,000/\$50/\$100/90% Silver Classic \$3,800/\$40/\$80/70%

HRA and HSA plans with integrated prescription drug benefit	
Product Type: PPO HSA High Deductible Health Plan Platinum HSA-50 \$1,800/100% Gold HSA-25 \$2,400/\$25/\$50/90% Gold HSA-0 \$2,200/100% Silver HSA-0 \$4,400/100% Silver HSA-0 \$2,400/70% Silver HSA-0 \$3,600/90% Bronze HSA-0 \$5,600/50% Bronze HSA-0 \$8,500/100% Total number of Personal Choice® applications attached: _____	Product Type: PPO HRA High Deductible Health Plan Gold HRA-20 \$4,200/100% Product Type: EPO HSA High Deductible Health Plan Silver HSA-0 \$3,000/80% Total number of Keystone Health Plan East applications attached: _____

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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.

Independence Blue Cross Benefit Plans
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Company name: _____ Effective date: _____

*IBX Dental Copay plans (EPO calendar year plans and Managed Care)	
Product Type: Dental EPO EPO Low Plan EPO High Plan	Product Type: Dental Managed Care† Managed Care Low Plan Managed Care High Plan
IBX Dental Coinsurance plans (PPO calendar year plans)	
Product Type: Dental PPO Preventive Preventive 100/0/0/0 \$1000 MAC or 90th	Product Type: Dental PPO Preferred Preferred PPO 100/50/0/0 \$1000 MAC or 90th
Product Type: Dental PPO Value Value PPO 80/50/20/0 \$1000 Low Value PPO 80/50/20/50 \$1000 Low MAC or 90th	Product Type: Dental PPO Active Active PPO 100/80/50/0 \$1000 Active PPO 100/80/50/0 \$1500 Active PPO 100/90/60/0 \$1000 Active PPO 100/90/60/0 \$1500 MAC or 90th
Product Type: IBX Dental – PPO Premier Premier PPO 100/80/50/0 \$1000 Low Premier PPO 100/80/50/50 \$1000 Low Premier PPO 100/80/50/0 \$1000 Premier PPO 100/80/50/50 \$1000 Premier PPO 100/80/50/0 \$1500 Premier PPO 100/80/50/50 \$1500 Premier PPO 100/80/50/50 \$2000 Premier PPO 100/80/50/50 \$2500 Premier PPO 100/80/50/50 \$3000 Premier PPO 100/80/50/50 \$1500 w/Rollover MAC or 90th	Product Type: IBX Dental – PPO Deluxe Deluxe PPO 100/90/60/0 \$1500 Deluxe PPO 100/90/60/50 \$1500 Deluxe PPO 100/90/60/0 \$2000 Deluxe PPO 100/90/60/50 \$2000 Deluxe PPO 100/90/60/50 \$2500 Deluxe PPO 100/90/60/50 \$3000 Deluxe PPO 100/90/60/50 \$1500 w/ Rollover MAC or 90th
Product Type: IBX Dental – PPO Elite Elite PPO 100/100/50/0 \$2000 Elite PPO 100/100/50/50 \$2000 Elite PPO 100/100/50/50 \$2000 w/ Rollover MAC or 90th	

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† 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.



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