



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association



Companion Life is a separate company that does not offer BlueCross BlueShield of South Carolina products. These products are offered by Companion Life, not BlueCross BlueShield of South Carolina. BlueCross BlueShield of South Carolina has no responsibility for these products.

Group Request For Coverage Chamber

Administered By: BlueCross TCC Renewal Change (Reason):

On behalf of this health plan, TCC administers benefits. TCC is a separate third party administrator that administers health plans.

Registered Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Service Marks of the Blue Cross and Blue Shield Association.

1. Company Information Group Number

Company Name: Requested Eff. Date: Physical Address: Mailing Address: Billing Address: Group located within city limits: Identify how taxes are filed: List each owner(s)/partner(s) and the percent of ownership: Mail ID Cards: Employer Identification No. (EIN):

2. Contact Information

Group Administrator: Title: Telephone: Fax: E-mail: Agency Name: Agent: Agent Code: Agency Administrator: Telephone: E-mail:

3. Participation Information

Eligible employees must be actively at work a minimum of 30 hours per week, 48 weeks a year.

- A. Total Employees, including part-time... B. Full-time Employees... C. Not Eligible... D. Eligible Employees... E. Employees Not Electing Coverage... F. Enrolled Employees...

Table with 2 columns: Total Full-Time Eligible Employees, Allowed Number of Employee(s) Not Electing Coverage. Rows include categories like Less than 4, 4 to 7, 8 to 11, 12 to 14, 15 or more.

- Group Dental participation = 75% of those enrolled in health must take dental except: 2 - 6 size groups = 100% of those enrolled in health must enroll in dental. Enrollment status must be the same for health and dental. 7 - 50 size groups with dental only coverage must have a minimum of seven enrolled employees, with at least 75% of all full-time eligible employees enrolled.

Health and Dental/Vision must be the same for all members of Business True BlueSM Value plan.

G. Employer Contribution (Minimum 25% contribution required for health. If 100%, then all full-time employees must enroll.)

Employee Health % Employee Dental % Employee Life %

H. Waiting Period for new employees (1st or 15th day of the month following full-time date of hire)

- Groups with 7 or more enrolled employees 30 days 60 days 90 days 180 days
Groups with 2 - 6 enrolled employees 90 days (mandatory)

I. Group Life Insurance: Participation Requirement = Same as Health (Underwritten by Companion Life)

**4. Underwriting Information**

Please complete **ALL** of the following questions:

A. Do you currently have Workers' Compensation Coverage?  NO  YES, name of carrier: \_\_\_\_\_

B. Are there any out-of-state locations to be covered by this plan?  NO  YES, please list the City, State, ZIP Code and the number of Employees: \_\_\_\_\_

C. Are there any Employees who are not actively at work or disabled?  NO  YES, please list the Employer's Name; Reason not at work; Nature of Disability and Prognosis: \_\_\_\_\_

D. Are there any individuals, including any dependents covered by or eligible for, State Continuation or COBRA coverage?  NO  YES, please list the Name; Qualifying Date; Coverage End Date and the Current Status/Prognosis.

E. List present and prior carriers for past 3 years. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

F. Please provide details of any of the following questions answered "yes" in the space provided below:

1. Have any employees or dependents to be covered incurred claims in excess of \$2,500 in the last 12 months? .....  Yes  No

2. In the past 10 years, have any employees or dependents to be covered been treated for any of the following conditions or health problems: heart or circulatory disease, diabetes, organ or tissue transplant — pending or completed, kidney failure or disease, emphysema, cystic fibrosis, cirrhosis of the liver, sickle cell anemia, AIDS, cancer of any kind, including Hodgkin's disease, leukemia, malignant melanoma, sarcoma, lymphoma or brain tumors? .....  Yes  No

3. Are any employees or spouses now pregnant? .....  Yes  No  
If yes, what is the expected due date? \_\_\_\_\_  
Are multiple births expected or is there a history of pregnancy complications? .....  Yes  No

4. In this section or in an attached signed document, please provide details of any yes answers to questions 1 and 2:

First Name	Diagnosis	Diagnosis Date(s)	Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. Benefit Information**

**Name of Chamber:** \_\_\_\_\_

<p><b>Dual Option:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, choose your Dual Option combination:</p> <p><input type="checkbox"/> Two separate Business True Blue<sup>SM</sup> plans</p> <p><input type="checkbox"/> Two separate Business Blue<sup>SM</sup> HDHP plans</p> <p><input type="checkbox"/> Two separate Business True Blue<sup>SM</sup> Value plans</p> <p><input type="checkbox"/> Business True Blue and Business True Blue Value Plan</p> <p><input type="checkbox"/> Business True Blue and HDHP or HD-HRA</p> <p><input type="checkbox"/> Business True Blue Value Plan and HDHP or HD-HRA</p> <p><input type="checkbox"/> Business Blue<sup>SM</sup> HDHP and Business Blue<sup>SM</sup> HD-HRA</p> <p><i>*True Blue 90 not available as dual option with other Business True Blue plans.</i></p>	<p><input type="checkbox"/> <b>Business True Blue 90</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500</p> <p>Out-of-pocket <input type="checkbox"/> \$1,500/3,000 <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$15/25 <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/></p> <p>Chiropractic <input type="checkbox"/></p> <p>Sustained Health <input type="checkbox"/></p> <p><b>*NOT AVAILABLE AS A BUY-UP OPTION</b></p>
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<p><input type="checkbox"/> <b>Business True Blue 80</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500</p> <p>Out-of-pocket <input type="checkbox"/> \$1,500/3,000 <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$15/25 <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health <input type="checkbox"/></p>	<p><input type="checkbox"/> <b>Business True Blue 80</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500</p> <p>Out-of-pocket <input type="checkbox"/> \$1,500/3,000 <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$15/25 <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health <input type="checkbox"/></p>
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<p><input type="checkbox"/> <b>Business True Blue 70</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Out-of-pocket <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000 <input type="checkbox"/> \$5,000/10,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health <input type="checkbox"/></p>	<p><input type="checkbox"/> <b>Business True Blue 70</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Out-of-pocket <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000 <input type="checkbox"/> \$5,000/10,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health <input type="checkbox"/></p>
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<p><input type="checkbox"/> <b>Business True Blue 60</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Out-of-pocket <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000 <input type="checkbox"/> \$5,000/10,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health <input type="checkbox"/></p>	<p><input type="checkbox"/> <b>Business True Blue 60</b></p> <p>Deductible <input type="checkbox"/> \$350 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Out-of-pocket <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000 <input type="checkbox"/> \$5,000/10,000</p> <p>Prescription Drug Card <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health <input type="checkbox"/></p>
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<p><input type="checkbox"/> <b>Business True Blue Value Plan</b> (pick one)</p>	<input type="checkbox"/> <b>Plan 1</b>	<input type="checkbox"/> <b>Plan 2</b>	<input type="checkbox"/> <b>Plan 3</b>	<input type="checkbox"/> <b>Plan 4</b>	<p><b>Options for Business True Blue Value Plan:</b></p> <p><input type="checkbox"/> Supplemental Accident</p> <p><input type="checkbox"/> Sustained Health</p> <p><input type="checkbox"/> Dental/Vision (not available if another dental option is selected)</p>					
			<small>(PCP office visit copayment only)</small>	<small>(PCP office visit copayment only)</small>						
	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>		<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	
Deductible – single	\$2,000	\$4,000	\$3,500	\$7,000	\$2,000	\$4,000	\$3,500	\$7,000		
Deductible – family	\$4,000	\$8,000	\$7,000	\$14,000	\$4,000	\$8,000	\$7,000	\$14,000		
Coinsurance	80%	60%	60%	40%	80%	60%	60%	40%		
Out-of-Pocket – single	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000		
Out-of-Pocket – family	\$15,000	\$30,000	\$15,000	\$30,000	\$15,000	\$30,000	\$15,000	\$30,000		
<b>Prescription Drug Options (Must choose one:)</b>										
<input type="checkbox"/> Drug Card			<input type="checkbox"/> Secure Card			<input type="checkbox"/> Secure Card 100		<input type="checkbox"/> Secure Generic Card		<input type="checkbox"/> Blue Rx <sup>SM</sup>

**Business Blue High Deductible Health Plan**

(HSA Qualified HDHP)

	<input type="checkbox"/> HD1		<input type="checkbox"/> HD2		<input type="checkbox"/> HD3		<input type="checkbox"/> HD4		<input type="checkbox"/> HD5	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible – single	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,600	\$2,600	\$2,600	\$2,600
Deductible – family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$5,200	\$5,200	\$5,200	\$5,200
Coinsurance	100%	60%	80%	60%	70%	50%	100%	60%	80%	60%
Out-of-Pocket – single	\$1,500	\$3,000	\$3,000	\$4,500	\$3,000	\$4,500	\$2,600	\$5,200	\$5,200	\$7,800
Out-of-Pocket – family	\$3,000	\$6,000	\$6,000	\$9,000	\$6,000	\$9,000	\$5,200	\$10,400	\$10,400	\$15,600
	<input type="checkbox"/> HD6		<input type="checkbox"/> HD7		<input type="checkbox"/> HD8		<input type="checkbox"/> HD9		<input type="checkbox"/> HD10	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible – single	\$2,600	\$2,600	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$5,000	\$5,000
Deductible – family	\$5,200	\$5,200	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$10,000	\$10,000
Coinsurance	70%	50%	100%	60%	80%	60%	70%	50%	100%	60%
Out-of-Pocket – single	\$5,200	\$7,800	\$3,500	\$5,500	\$5,500	\$7,500	\$5,500	\$7,500	\$5,000	\$10,000
Out-of-Pocket – family	\$10,400	\$15,600	\$7,000	\$11,000	\$11,000	\$15,000	\$11,000	\$15,000	\$10,000	\$20,000

**Options for High Deductible Health Plans:**     Chiropractic                       Sustained Health

We will open HSA accounts through BlueCross BlueShield of South Carolina.

**Business Blue High Deductible for HRA**

(Not HSA Qualified)

	<input type="checkbox"/> HD-HRA1		<input type="checkbox"/> HD-HRA2		<input type="checkbox"/> HD-HRA3		<input type="checkbox"/> HD-HRA4		<input type="checkbox"/> HD-HRA5	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible – single	\$2,000	\$2,000	\$3,000	\$3,000	\$5,000	\$5,000	\$7,500	\$7,500	\$10,000	\$10,000
Deductible – family	\$4,000	\$4,000	\$6,000	\$6,000	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Coinsurance	100%	60%	100%	60%	00%	60%	100%	60%	100%	60%
Out-of-Pocket – single	\$2,000	\$4,000	\$3,000	\$6,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000
Out-of-Pocket – family	\$4,000	\$8,000	\$6,000	\$12,000	\$10,000	\$20,000	\$15,000	\$30,000	\$20,000	\$40,000

**Options for HD-HRA:**

- \$20/\$40 Office Visit Copayment
- \$35/\$60 Office Visit Copayment
- Chiropractic
- Sustained Health

**Prescription Drug Options: (Must choose one)**

- Drug Card                       Secure Card
- Secure Generic Card         Blue Rx

**Options for all Business Blue Plans:**

- Dental High Option                       Dental Standard Option                       Orthodontics (13-50 Enrolled)

All contracts will be issued as:     Calendar Year Deductible     Benefit Period Deductible

Note: Information provided on this form may be verified by phone, personal interview or other means prior to or after requested effective date.

The statements furnished herein are true and correct to the best of my knowledge and belief, and they are offered to Blue Cross and Blue Shield of South Carolina, an independent licensee of the Blue Cross and Blue Shield Association, and/or Companion Life Insurance Company as part of an application for group insurance covering the employees or members of the firm or organization I represent. I understand that any misstatements or omission of information may be the basis for cancellation of any coverage granted.

Coverage is not effective until approved in writing by the Underwriting department at the home office of Blue Cross and Blue Shield of South Carolina and/or Companion Life Insurance Company. Any existing coverage should not be terminated before receipt of approval.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Principal or Executive Correspondent)

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Agent)