

BlueCross® BlueShield® of South Carolina

Agency Sales Department
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2 – 50 PROPOSAL REQUEST FORM

Agent's Marketing Rep: Julie (033) April (070)

Agent's Name: _____ Agent's BlueCross Number: _____

Agent's Phone Number: _____ Agent's Fax Number: _____

Effective Date: _____ Group Name: _____

Group Address: _____

Employer Identification No. (EIN): _____ County in which group is located: _____

SIC Code: _____ Description of Business: _____

Workers' Compensation: Yes No

of Employees _____ Do you have any employees out-of-state? Yes No

If yes, multi location? Yes No

* Include the following for all locations out-of-state: City: _____ State: _____ ZIP Code: _____

Dual Option: Yes No Dual Options are available to groups of seven or more enrolled members only.

Dual Options may consist of the following combinations:

- One Business BlueSM Complete (Preferred Blue[®]) with any one HDHP or HD-HRA.
- One Business BlueSM Secure with any one Business BlueSM Basic or HDHP, or HD-HRA.
- One Business BlueSM Basic with any one HDHP or HD-HRA.
- One Business Blue Complete and any one Business Blue Secure or Business Blue Basic.

The following Business Blue Complete (Preferred Blue) *may not* be included in any dual options:

Plans with 90/70 coinsurance levels Plans with \$250 or \$500 deductible

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

<input type="checkbox"/> New Group Administered By: <input type="checkbox"/> BlueCross <input type="checkbox"/> TCC <input type="checkbox"/> Renewal <input type="checkbox"/> Change (Reason): _____

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

<input type="checkbox"/> Business Blue Complete (Preferred Blue)	Coinsurance: (pick one)	Deductible: (pick one)	Out-of-Pocket: (In/Out) (pick one)	Options for Business Blue Complete (Preferred Blue): <input type="checkbox"/> \$20/\$40 Office Visit Copayment <input type="checkbox"/> Prescription Drug Card <input type="checkbox"/> \$35 /\$60 Office Visit Copayment <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health
	<input type="checkbox"/> 90/70	<input type="checkbox"/> \$250	<input type="checkbox"/> \$1,500/3,000	
	<input type="checkbox"/> 80/60	<input type="checkbox"/> \$500	<input type="checkbox"/> \$2,000/4,000	
	<input type="checkbox"/> 70/50	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$3,000/6,000	
	<input type="checkbox"/> 60/40	<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000	<input type="checkbox"/> \$5,000/10,000	

<input type="checkbox"/> Business Blue Secure	Coinsurance: (pick one)	Deductible: (In/Out) (pick one)	Out-of-Pocket: (In/Out) (pick one)	Options for Business Blue Secure: <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Sustained Health <input type="checkbox"/> Dental/Vision (not available if another dental option is selected) Enrollment status must be the same for health and dental/vision. Prescription Drug Options: (Must choose one) <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 SM
	<input type="checkbox"/> 80/60	<input type="checkbox"/> \$1,250/2,500	<input type="checkbox"/> \$1,750/3,500	
	<input type="checkbox"/> 70/50	<input type="checkbox"/> \$1,750/3,500	<input type="checkbox"/> \$2,250/4,500	
	<input type="checkbox"/> 60/40	<input type="checkbox"/> \$2,250/4,500	<input type="checkbox"/> \$3,750/7,500	
	<input type="checkbox"/> 50/50	<input type="checkbox"/> \$3,250/6,500 <input type="checkbox"/> \$4,250/8,500 <input type="checkbox"/> \$5,250/10,500	<input type="checkbox"/> \$5,250/10,500	

<input type="checkbox"/> Business Blue Basic (pick one)	<input type="checkbox"/> Plan 1		<input type="checkbox"/> Plan 2		<input type="checkbox"/> Plan 3		<input type="checkbox"/> Plan 4		Options for Business Blue Basic: <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Sustained Health <input type="checkbox"/> Dental/Vision (not available if another dental option is selected) Enrollment status must be the same for health and dental/vision. Prescription Drug Options: (Must choose one) <input type="checkbox"/> Basic Card <input type="checkbox"/> Basic Card 100 <input type="checkbox"/> Basic Generic Card <input type="checkbox"/> Blue Rx
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
	Deductible – single	\$500 \$1,500	\$500 \$1,500	\$1,000 \$3,000	\$1,000 \$3,000				
	Deductible – family	\$1,500 \$4,500	\$1,500 \$4,500	\$3,000 \$9,000	\$3,000 \$9,000				
	Coinsurance	80% 60%	60% 40%	80% 60%	60% 40%				
	Out-of-Pocket – single	Unlimited	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000				
	Out-of-Pocket – family	Unlimited	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000				
	<input type="checkbox"/> Plan 5		<input type="checkbox"/> Plan 6		<input type="checkbox"/> Plan 7		<input type="checkbox"/> Plan 8		
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
	Deductible – single	\$1,500 \$4,500	\$1,500 \$4,500	\$2,500 \$5,000	\$5,000 \$10,000				
Deductible – family	\$4,500 \$13,500	\$4,500 \$13,500	\$5,000 \$10,000	\$10,000 \$20,000					
Coinsurance	80% 60%	60% 40%	80% 60%	70% 50%					
Out-of-Pocket – single	\$6,000 \$12,000	\$6,000 \$12,000	\$7,500 \$15,000	Unlimited					
Out-of-Pocket – family	\$12,000 \$24,000	\$12,000 \$24,000	\$15,000 \$30,000	Unlimited					

<input type="checkbox"/> Business BlueSM 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	\$2,600 \$2,600	\$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	\$5,200 \$5,200	\$5,200 \$5,200	\$5,200 \$5,200	
	Coinsurance	100% 60%	80% 60%	70% 50%	100% 60%	80% 60%	100% 60%	80% 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	\$5,200 \$7,800	\$5,200 \$7,800	\$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	\$10,400 \$15,600	\$10,400 \$15,600	\$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	\$3,500 \$3,500	\$5,000 \$5,000	\$5,000 \$5,000		
	Deductible – family	\$5,200 \$5,200	\$7,000 \$7,000	\$7,000 \$7,000	\$7,000 \$7,000	\$7,000 \$7,000	\$10,000 \$10,000	\$10,000 \$10,000		
	Coinsurance	70% 50%	100% 60%	80% 60%	70% 50%	100% 60%	100% 60%	100% 60%		
Out-of-Pocket – single	\$5,200 \$7,800	\$3,500 \$5,500	\$5,500 \$7,500	\$5,500 \$7,500	\$5,500 \$7,500	\$5,000 \$10,000	\$5,000 \$10,000			
Out-of-Pocket – family	\$10,400 \$15,600	\$7,000 \$11,000	\$11,000 \$15,000	\$11,000 \$15,000	\$11,000 \$15,000	\$10,000 \$20,000	\$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 BlueSM 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%	100%	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 HDHRA:

- \$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)

2-6 size groups = 100% of those enrolled in health must enroll in dental. Enrollment status must be the same for health and dental.

Probation Period 30 Days 60 Days 90 Days Groups with 2-6 employees 90 Days only

Life Insurance and AD&D: Flat Amount: _____ Based on Earnings: _____ % of Earnings Dependent Life Coverage: Yes No

** Short-Term Disability: Flat Weekly Benefit: _____ for 13 wks or 26 wks % of Earnings: _____ % Max Weekly Benefit: _____

** Long-Term Disability: Percentage of Earnings: _____ % Elimination Period: 90 days 180 days *Note: The job title of each employee is needed.*

***STD and LTD are offered through Companion Life.*

Companion Life is a separate life insurance company that does not provide 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.

Plan Requests – Fill in what plans you want to be run by the proposal coordinator (Marketing Assistant).

Plan Requests	Selection A	Selection B	Selection C	Selection D	Selection E	Selection F
Plan Type						
Deductible						
Coinsurance						
Out-of-Pocket						
Rx Card						

PROPOSAL CENSUS FORM

EMPLOYEE NAME	DOB MM / YY	SEX	COVERAGE TYPE (see explanation below)				SPOUSE'S DOB MM / YY	LIFE AMT.	ANNUAL SALARY (if applicable)
			S	F	EC	ES			
1.	/	M F	S	F	EC	ES	/		
2.	/	M F	S	F	EC	ES	/		
3.	/	M F	S	F	EC	ES	/		
4.	/	M F	S	F	EC	ES	/		
5.	/	M F	S	F	EC	ES	/		
6.	/	M F	S	F	EC	ES	/		
7.			S	F	EC	ES	/		
8.	/	M F	S	F	EC	ES	/		
9.	/		S	F	EC	ES	/		
10.	/	M F	S	F	EC	ES	/		
11.	/		S	F	EC	ES	/		
12.	/	M F	S	F	EC	ES	/		
13.	/	M F	S	F	EC	ES	/		
14.	/	M F	S	F	EC	ES	/		
15.	/	M F	S	F	EC	ES	/		
16.	/	M F	S	F	EC	ES	/		
17.	/	M F	S	F	EC	ES	/		
18.	/	M F	S	F	EC	ES	/		
19.	/	M F	S	F	EC	ES	/		
20.	/	M F	S	F	EC	ES	/		
21.	/	M F	S	F	EC	ES	/		
22.	/	M F	S	F	EC	ES	/		
23.	/	M F	S	F	EC	ES	/		
24.	/	M F	S	F	EC	ES	/		
25.	/	M F	S	F	EC	ES	/		
26.	/	M F	S	F	EC	ES	/		
27.	/	M F	S	F	EC	ES	/		
28.	/	M F	S	F	EC	ES	/		
29.	/	M F	S	F	EC	ES	/		
30.	/	M F	S	F	EC	ES	/		
31.	/	M F	S	F	EC	ES	/		
32.	/	M F	S	F	EC	ES	/		

COVERAGE TYPE: S = Single Coverage
 F = Family Coverage
 EC = Employee and Child(ren) Coverage
 ES = Employee and Spouse Coverage

DOB = Date of Birth
 (Must be month and year, for example: 02/48 –
 can no longer accept age.)