

**BlueCross® BlueShield® of South Carolina**

**Agency Sales Department**

**www.SouthCarolinaBlues.com**

**Founders Center, 2411 North Oak Street, Suite 104**

**Myrtle Beach, SC 29577-3165**

**(800) 476-8231 • (843) 571-6712 FAX**

**2 – 50 PROPOSAL REQUEST FORM**

Agent's Marketing Rep:  \_\_\_\_\_ (079)

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 Blue<sup>SM</sup> Complete (Preferred Blue<sup>®</sup>) with any one HDHP or HD-HRA.
- One Business Blue<sup>SM</sup> Secure with any one Business Blue<sup>SM</sup> Basic or HDHP, or HD-HRA.
- One Business Blue<sup>SM</sup> 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"/> <b>Business Blue Complete (Preferred Blue)</b>	<b>Coinsurance: (pick one)</b>	<b>Deductible: (pick one)</b>	<b>Out-of-Pocket: (In/Out) (pick one)</b>	<b>Options for Business Blue Complete (Preferred Blue):</b> <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"/> \$5,000/10,000	
	<input type="checkbox"/> \$2,000			
	<input type="checkbox"/> \$3,000			

<input type="checkbox"/> <b>Business Blue Secure</b>	<b>Coinsurance: (pick one)</b>	<b>Deductible: (In/Out) (pick one)</b>	<b>Out-of-Pocket: (In/Out) (pick one)</b>	<b>Options for Business Blue Secure:</b> <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.  <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>
	<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"/> \$5,250/10,500	
	<input type="checkbox"/> \$4,250/8,500			
	<input type="checkbox"/> \$5,250/10,500			

<input type="checkbox"/> <b>Business Blue Basic (pick one)</b>	<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>		<b>Options for Business Blue Basic:</b> <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.  <b>Prescription Drug Options: (Must choose one)</b> <input type="checkbox"/> Basic Card <input type="checkbox"/> Basic Card 100 <input type="checkbox"/> Basic Generic Card <input type="checkbox"/> Blue Rx
	<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	\$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"/> <b>Plan 5</b>		<input type="checkbox"/> <b>Plan 6</b>		<input type="checkbox"/> <b>Plan 7</b>		<input type="checkbox"/> <b>Plan 8</b>		
	<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	\$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"/> <b>Business Blue<sup>SM</sup> High Deductible Health Plan (HSA Qualified HDHP)</b>	<input type="checkbox"/> <b>HD1</b>		<input type="checkbox"/> <b>HD2</b>		<input type="checkbox"/> <b>HD3</b>		<input type="checkbox"/> <b>HD4</b>		<input type="checkbox"/> <b>HD5</b>		
	<b>IN</b>	<b>OUT</b>	<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	\$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	\$5,200    \$10,400	\$10,400    \$15,600	\$10,400    \$15,600		
		<input type="checkbox"/> <b>HD6</b>		<input type="checkbox"/> <b>HD7</b>		<input type="checkbox"/> <b>HD8</b>		<input type="checkbox"/> <b>HD9</b>		<input type="checkbox"/> <b>HD10</b>	
		<b>IN</b>	<b>OUT</b>	<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	\$2,600    \$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 Blue<sup>SM</sup> 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						

