

BlueCross® BlueShield® of South Carolina

Agency Sales Department

Founders Center, 2411 North Oak Street, Suite 104

Myrtle Beach, SC 29577-3165

www.SouthCarolinaBlues.com

(800) 476-8231 • (843) 571-6712 Fax

2 – 99 CHAMBER PROPOSAL REQUEST FORM

Agent's Marketing Rep: Roxanne (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: _____

- New Group 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.

<p>Dual Option: <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 BlueSM plans</p> <p><input type="checkbox"/> Two separate Business BlueSM HDHP plans</p> <p><input type="checkbox"/> Two separate Business True BlueSM Value plans</p> <p><input type="checkbox"/> Business True BlueSM and Business True BlueSM Value plan</p> <p><input type="checkbox"/> Business True BlueSM and HDHP or HD-HRA</p> <p><input type="checkbox"/> Business True BlueSM Value plan and HDHP or HD-HRA</p> <p><input type="checkbox"/> Business BlueSM HDHP and Business BlueSM 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"/> True Blue[®] 90</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"/> Enhanced Preventive <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"/></p> <p>*NOT AVAILABLE AS A DUAL OPTION</p>
<p><input type="checkbox"/> True Blue 80</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"/> Enhanced Preventive <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"/></p>	<p><input type="checkbox"/> True Blue 80</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"/> Enhanced Preventive <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"/></p>
<p><input type="checkbox"/> True Blue 70</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"/> Enhanced Preventive <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/></p>	<p><input type="checkbox"/> True Blue 70</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"/> Enhanced Preventive <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/></p>
<p><input type="checkbox"/> True Blue 60</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"/> Enhanced Preventive <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/></p>	<p><input type="checkbox"/> True Blue 60</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"/> Enhanced Preventive <input type="checkbox"/></p> <p>Office Visit Copayment <input type="checkbox"/> \$25/35</p> <p>Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/></p>

Business True Blue Value Plan
(pick one)

	<input type="checkbox"/> Plan 1		<input type="checkbox"/> Plan 2		<input type="checkbox"/> Plan 3 <small>PCP office visit copayment only</small>		<input type="checkbox"/> Plan 4 <small>PCP office visit copayment only</small>		Options for Business True Blue Value: <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Dental/Vision (not available if another dental option is selected) Enrollment status must be the same for health and dental/vision.
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
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	

Prescription Drug Options (Must choose one:)
 Drug Card Secure Card Secure Card 100 Secure Generic Card Blue RxSM

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
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

Option for High Deductible Health Plans: Chiropractic

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	
	IN	OUT	IN	OUT
Deductible – single	\$2,000	\$2,000	\$3,000	\$3,000
Deductible – family	\$4,000	\$4,000	\$6,000	\$6,000
Coinsurance	100%	60%	100%	60%
Out-of-Pocket – single	\$2,000	\$4,000	\$3,000	\$6,000
Out-of-Pocket – family	\$4,000	\$8,000	\$6,000	\$12,000

Options for HD-HRA:
 \$20/\$40 Office Visit Copayment
 \$35/\$60 Office Visit Copayment
 Chiropractic

Prescription Drug Options: (Must choose one)
 Drug Card Secure Card
 Secure Generic Card Blue RxSM

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						

