

BlueCross® BlueShield® of South Carolina

Agency Sales Department
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www.SouthCarolinaBlues.com

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2 – 99 CHAMBER PROPOSAL REQUEST FORM

Agent's Marketing Rep: Kathryn (089) Pamela (020) Jason (012)

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"/></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>*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"/></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"/> 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"/></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"/> 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"/></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"/> 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"/></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"/> 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"/></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"/> 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"/></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>

<input type="checkbox"/> 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"/> 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.
	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	
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	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): <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"/> 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	\$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	\$5,200 \$5,200	
Coinsurance	100% 60%	80% 60%	70% 50%	100% 60%	80% 60%	100% 60%	80% 60%	100% 60%	80% 60%	
Out-of-Pocket – single	\$1,500 \$3,000	\$3,000 \$4,500	\$3,000 \$4,500	\$2,600 \$5,200	\$2,600 \$5,200	\$2,600 \$5,200	\$2,600 \$5,200	\$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	\$5,200 \$10,400	\$5,200 \$10,400	\$5,200 \$10,400	\$10,400 \$15,600	\$10,400 \$15,600	
Options for High Deductible Health Plans: <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health										
<input type="checkbox"/> We will open HSA accounts through BlueCross BlueShield of South Carolina.										

<input type="checkbox"/> 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	\$10,000 \$10,000	\$10,000 \$10,000	\$10,000 \$10,000	\$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	\$20,000 \$20,000	\$20,000 \$20,000	\$20,000 \$20,000	\$20,000 \$20,000	
Coinsurance	100% 60%	100% 60%	100% 60%	100% 60%	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	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000	\$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	\$20,000 \$40,000	\$20,000 \$40,000	\$20,000 \$40,000	\$20,000 \$40,000	

Options for HD-HRA: <input type="checkbox"/> \$20/\$40 Office Visit Copayment <input type="checkbox"/> \$35/\$60 Office Visit Copayment <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health	Prescription Drug Options: (Must choose one) <input type="checkbox"/> Drug Card <input type="checkbox"/> Secure Card <input type="checkbox"/> Secure Generic Card <input type="checkbox"/> Blue Rx SM
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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.	/	M F	S	F	EC	ES	/		
8.	/	M F	S	F	EC	ES	/		
9.	/	M F	S	F	EC	ES	/		
10.	/	M F	S	F	EC	ES	/		
11.	/	M F	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.)