###### LOGORTCL

***QUOTE REQUEST (Small Group)***

##### *PROSPECT INFORMATION*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1. Group Information | | | | | | | | | | | | | | | | | | |
| Legal Name of Business: | | | | | | | | | | | | | | | | | | |
| D/B/A: | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| Mailing Address: (if different from Street) | | | | | | | | | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | | | | | | County: | | | |
| Telephone #: | | | | | | | | | Fax #: | | | | | | | | | |
| Group Administrator: | | | | | | | | | Exec. Contact: | | | | | | | | | |
| E-Mail Address: | | | | | | | | | Fed. Tax I.D. #: | | | | | | | | | |
| Exact Nature of Business: | | | | | | | | | How long have you been in business? | | | | | | | | | |
|  | | | | | | | | | SIC Code: | | | | | | | | | |
| Business Type:  Sole Proprietorship  Legal Partnership  Corporation Government Entity | | | | | | | | | | | | | | | | | | |
| Do you have more than one location?  Yes  No (If yes, please list the addresses of all other locations) | | | | | | | | | | | | | | | | | | |
| Have you ever filed for bankruptcy, or has your firm ever been placed in receivership?  Yes  No  (If yes, please give details and dates.) | | | | | | | | | | | | | | | | | | |
| Section 2. Present Carrier Information | | | | | | | | | | | | | | | | | | |
| Is Arkansas Blue Cross and Blue Shield’s group plan intended to replace any existing coverage? | | | | | | | | | | | | | | | | | Yes  No | |
| What is the name of your present insurance carrier? | | | | | | | | | | | | | | | | |  | |
| How long has your coverage with your current carrier been in force? | | | | | | | | | | | | | | | | |  | |
| Has your company ever had Blue Cross Blue Shield coverage in the past? | | | | | | | | | | | | | | | | | Yes No | |
| If yes, please give dates of coverage and business name at time of coverage: | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | |
| Do you carry Workers’ Compensation coverage on your employees? | | | | | | | | | | | | | | | | | Yes No | |
| If yes, please give name of carrier: | | | | | | | | | | | | | | | | | | |
| Is your group required to comply with COBRA law in the current calendar year? | | | | | | | | | | | | | | | | | Yes No | |
| a. If “Yes,” would you like to utilize the services of Ceridian? | | | | | | | | | | | | | | | | | Yes No | |
| b. If you answered “No” for (a.), who will handle COBRA administration for you? | | | | | | | | | | | | | | | | | | |
| Section 3. Agent Information | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | Agent’s Social Security # -- | | | | | | | | | | | |
| Agency Name | | | | | | | Fed. Tax I. D. # | | | | | | | | | | | |
| Address (City, State, & Zip) | | | | | | | | | | | | | | | | | | |
| Telephone#:       Fax #:       Email: | | | | | | | | | | | | | | | | | | |
| I hold a current appointment with Arkansas Blue Cross and Blue Shield | | | | | | | | | | | | | | | | | Yes  No | |
| I hold a current appointment with Health Advantage | | | | | | | | | | | | | | | | | Yes  No | |
| Marketing Representative ***(to be completed by regional office)*** | | | | | | | | | | | | | | | | | | |
| Section 4. Benefit Selection – Blue Cross Products | | | | | | | | | | | | | | | | | | | |
| Employer Contribution - HEALTH: | | | | | Employer Contribution: | | | | | | Employee:      % | | | | | Dependent:     % | | | |
| **PLATINUM 250-1** (Deductible $250 / Coinsurance: 80%/60%) , Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$30/$50  **PLATINUM 250-2** (Deductible $250 / Coinsurance: 80%/60%) , Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50  **PLATINUM 250-3** (Deductible $250 / Coinsurance: 80%/60%) , Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$40/$60  **PLATINUM 250-4** (Deductible $250 / Coinsurance: 80%/60%) , Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$40/$60 | | | | | | | | | | | | | | | | | | | |
| **PLATINUM 500.1** (Deductible $500 / Coinsurance 80%/60%), Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$30/$50  **PLATINUM 500.2**  (Deductible $500 /Coinsurance 80%/60%), Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50  **PLATINUM 500.3**  (Deductible $500 /Coinsurance 90%/70%), Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$30/$50  **PLATINUM 500.4** (Deductible $500 /Coinsurance 90%/70%), Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50 | | | | | | | | | | | | | | | | | | | |
| **GOLD 1000-1**  (Deductible $1000 / Coins: 80%/60%), Urgent Copay $60, $30 PCP , Prescription Drug Rider $10/$30/$50  **GOLD 1000-2**  (Deductible $1000 / Coins: 80%/60%), Urgent Copay $40, $20 PCP/$40 SCP , Prescription Drug Rider $10/$30/$50/$100  **GOLD 1000-3**  (Deductible $1000 / Coins: 80%/60%), Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50/$100  **GOLD 1000-4**  (Deductible $1000 / Coins: 80%/60%), Urgent Copay $60, $30 PCP , Prescription Drug Rider $10/$40/$60/$120  **GOLD 1000-5**  (Deductible $1000 / Coins: 80%/60%), Urgent Copay $40, $20 PCP/$40 SCP Prescription Drug Rider $10/$40/$60/$120  **GOLD 1000-6**  (Deductible $1000 / Coins: 80%/60%), Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50/$100 | | | | | | | | | | | | | | | | | | | |
| **GOLD 1500-1**  (Deductible $1500 / Coinsurance: 80%/60%) Drug Copay: **Subject to Ded & Coins**.  **GOLD 1500-2**  (Deductible $1500 / Coinsurance:80%/60%) , Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$30/$50  **GOLD 1500-3**  (Deductible $1500 / Coinsurance:80%/60%), Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50  **GOLD 2500-HSA**  (Deductible $2500 / Coinsurance:100%/80%), Drug Copay: **Subject to Ded.** | | | | | | | | | | | | | | | | | | | |
| **SILVER 2000-1** (Deductible $2000 / Coinsurance: 70%/50%), Urgent Copay $60, $30 PCP , Prescription Drug Rider $15/$40/$75/$150  **SILVER 2000-2** (Deductible $2000 / Coinsurance: 70%/50%), Urgent Copay $60, $30 PCP , Prescription Drug Rider$15/$50/$75/$150  **SILVER 2000-3** (Deductible $2000 / Coinsurance: 70%/50%), Urgent Copay N/A, N/A PCP , Prescription Drug Rider$10/$30/$50  **SILVER 2000-4** (Deductible $2000 / Coinsurance: 70%/50%), Urgent Copay N/A, N/A PCP , Prescription Drug Rider$10/$40/$60 | | | | | | | | | | | | | | | | | | | |
| **SILVER 2000-5** (Deductible $2000 / Coins: 70%/50%), ER Copay $150, Urgent Copay $90, $45 PCP, Prescription Drug Rider$15/$50/$80/$160 | | | | | | | | | | | | | | | | | | | |
| **SILVER 2500-1**  (Deductible $2500 / Coinsurance: 80%/60%), Prescription Drug Rider$10/$30/$50  **SILVER 2500-2**  (Deductible $2500 / Coinsurance: 80%/60%), Prescription Drug Rider $10/$40/$60  **SILVER 3600 - HSA**  (Deductible $3600 / Coinsurance: 100%/80%) Drug Copay: **Subject to Ded**  **SILVER 4350 - HSA**  (Deductible $4350 / Coinsurance: 100%/80%) Drug Copay: **Subject to Ded** | | | | | | | | | | | | | | | | | | | |
| **BRONZE 3500**  (Deductible $3500 / Coinsurance: 50%/30%) Drug Copay: **Subject to Ded & Coins**.  **BRONZE 6500 - HSA** (Deductible $6500 / Coinsurance: 100%/80%) Drug Copay: **Subject to Ded** | | | | | | | | | | | | | | | | | | | |
| Section 4. Benefit Selection – Blue Cross Products – Dual Options | | | | | | | | | | | | | | | | | | | |
| **GOLD 1000-4**  (Deductible $1000 / Coinsurance: 80%/60%), Urgent Copay $60, $30 PCP , Prescription Drug Rider $10/$40/$60/$120  Witha **SILVER 2000-5** (Deductible $2000 / Coinsurance: 70%/50%), ER Copay $150, Urgent Copay $90, $45 PCP, Prescription Drug Rider $15/$50/$80/$160 | | | | | | | | | | | | | | | | | | | |
| **SILVER 2000.5** (Deductible $2000 / Coinsurance: 70%/50%), ER Copay $150, Urgent Copay $90, $45 PCP,  Prescription Drug Rider$15/$50/$80/$160 with **BRONZE 3500** (Deductible $3500 / Coinsurance: 50%/30%), Drug Copay: **Subject to Ded & Coins**. | | | | | | | | | | | | | | | | | | | |
| **PLATINUM 500-1** (Deductible $500 / Coinsurance 80%/60%), Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$30/$50 With a **GOLD 1500-3**  (Deductible $1500 / Coinsurance:80%/60%), Urgent Copay $50, $30 PCP/$50 SCP, Prescription Drug Rider $10/$30/$50 | | | | | | | | | | | | | | | | | | | |
| **PLATINUM 500-1** (Deductible $500 / Coinsurance 80%/60%), Urgent Copay $40, $20 PCP/$40 SCP, Prescription Drug Rider $10/$30/$50 Witha **SILVER 2000-5** (Deductible $2000 / Coinsurance: 70%/50%), ER Copay $150, Urgent Copay $90, $45 PCP, Prescription Drug Rider $15/$50/$80/$160 | | | | | | | | | | | | | | | | | | | |
| Section 4. Benefit Selection – Blue Cross Products (Continued) | | | | | | | | | | | | | | | | | | | |
| **DENTAL** (Check Selected Benefit) | | | | | | | | | | | | | | | | | | | |
| **Do you have current dental coverage?** | | | No Prior Coverage | | | Prior Traditional Dental | | | | | | | Prior Voluntary Dental | | | | | | |
| **Stand-Alone Dental Products** | | | Employer Contribution: *(50-100%)* | | | | | | | Employee:      % | | | | Dependent:      % | | | | | |
| Available for 2+lives  Plan III-C  Plan III-D  Basic  Basic + | | | | | | | | | | | | | | | | | | | |
| Available for 5+lives  Plan I  Plan IV-E Plan IV-H Plan IV-I  Plan IV-K Plan IV-L Plan IV-O | | | | | | | | | | | | | | | | | | | |
| PPO 1001  PPO 1002  PPO 1003  PPO 1004  PPO 2001 PPO 2002  PPO 2003  PPO 2004  PPO 3001 | | | | | | | | | | | | | | | | | | | |
| PPO 3002  PPO 3003  PPO 4001  PPO 4002  PPO 4003 | | | | | | | | | | | | | | | | | | | |
| PPO P1001  PPO P1002  PPO P1003  PPO P1004  PPO P2001 PPO P2002  PPO P2003  PPO P2004 | | | | | | | | | | | | | | | | | | | |
| PPO P3001  PPO P3002  PPO P3003  PPO P4001  PPO P4002  PPO P4003 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Voluntary Dental Products** | | | Employer Contribution: *(0 – 49%)* | | | | | | | Employee:      % | | | | Dependent:      % | | | | | |
| **Available for 2+lives**  Essential  Essential + | | | | | | | | | | | | | | | | | | | |
| **Available for 5+ lives**  V-A  V-K  V-L  V-P  V-S  V-T  V-X | | | | | | | | | | | | | | | | | | | |
| PPO V1001  PPO V1002  PPO V1003  PPO V1004  PPO V2001 PPO V2002  PPO V2003  PPO V2004 | | | | | | | | | | | | | | | | | | | |
| PPO V3001  PPO V3002  PPO V3003  PPO V4001  PPO V4002 PPO V4003 | | | | | | | | | | | | | | | | | | | |
| PPO PV1001  PPO PV1002  PPO PV1003  PPO PV1004  PPO PV2001 PPO PV2002  PPO PV2003  PPO PV2004 | | | | | | | | | | | | | | | | | | | |
| PPO PV3001  PPO PV3002  PPO PV3003  PPO PV4001  PPO PV4002 PPO PV4003 | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **VISION**  (Check Selected Benefit) | | | | | | | | | **Stand-Alone Vision Products** | | Employer Contribution: *(50-100%)* | | | Employee:      % | | Dependent:      % | |  | VSP Choice Silver | | VSP Choice Gold | VSP Choice Platinum | |  | | | **Voluntary Vision Products** | | Employer Contribution: *(0 – 49%)* | | | Employee:      % | | Dependent:      % | |  | VSP Choice Silver | | VSP Choice Gold | VSP Choice Platinum | |  | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | Section 4. Benefit Selection – Blue Cross Products – defined contribution | | Check selected benefit plan, options and employer contribution) | | | | | | | | | | | | | | | | | | | | |
| Contributions:Single Contribution Amount:$ **Medical:$       Dental:$       Vision:$** | | | | | | | | | | | | | | | | | | | |
| **Bundle A – Signature** | **Deductible** | **Coinsurance** | | **TrOOP** | | | | **PCP/SCP Copay** | | | | **Urgent Copay** | | | | | | **Drug** | |
| Platinum 500-2 | $500 | 80%/60% | | $1,250 | | | | $30/$50 | | | | $50 | | | | | | $10/$30/$50 | |
| Gold 1000-2 | $1,000 | 80%/60% | | $4,000 | | | | $20/$40 | | | | $40 | | | | | | $10/$30/$50/$100 | |
| Gold 1500-3 | $1,500 | 80%/60% | | $3,500 | | | | $30/$50 | | | | $50 | | | | | | $10/$30/$50 | |
| Silver 3600 HSA | $3,600 | 100%/80% | | $3,600 | | | | NA | | | | NA | | | | | | Subject to Ded. & Coins. | |
| Silver 2000-2 | $2,000 | 70%/50% | | $7,150 | | | | $30 | | | | $60 | | | | | | $15/$50/$75/$150 | |
| **Choose a Dental Plan**  V-A  V-K  V-L  V-P  V-S  V-T  V-X | | | | | | | | | | | | | | | | | | | |
| **Choose a Voluntary Vision Plan**  VSP Choice Silver  VSP Choice Gold  VSP Choice Platinum | | | | | | | | | | | | | | | | | | | |
| Contributions:Single Contribution Amount:$ **Medical:$       Dental:$       Vision:$** | | | | | | | | | | | | | | | | | | | |
| **Bundle B – Value** | **Deductible** | **Coinsurance** | | **TrOOP** | | | | **PCP/SCP Copay** | | | | **Urgent Copay** | | | | | | **Drug** | |
| Gold 1000-2 | $1,000 | 80%/60% | | $4,000 | | | | $20/$40 | | | | $40 | | | | | | $10/$30/$50/$100 | |
| Gold 1500-3 | $1,500 | 80%/60% | | $3,500 | | | | $30/$50 | | | | $50 | | | | | | $10/$30/$50 | |
| Silver 3600 HSA | $3,600 | 100%/80% | | $3,600 | | | | NA | | | | NA | | | | | | Subject to Ded. | |
| Silver 2000-2 | $2,000 | 70%/50% | | $7,150 | | | | $30 | | | | $60 | | | | | | $15/$50/$75/$150 | |
| Bronze 6500 HSA | $6,500 | 100%/80% | | $6,500 | | | | NA | | | | NA | | | | | | Subject to Ded. | |
| **Choose a Dental Plan**  V-A  V-K  V-L  V-P  V-S  V-T  V-X | | | | | | | | | | | | | | | | | | | |
| **Choose a Voluntary Vision Plan**  VSP Choice Silver  VSP Choice Gold  VSP Choice Platinum | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 5. Benefit Selection – Health Advantage Products | | | | | | | | | | |
| Check selected benefit plan, options and employer contribution) | | | | | | | | | | |
| Employer Contribution - HEALTH: | Employer Contribution: | | Employee:      % | | | Dependent:      % | | | | |
| **PLATINUM 250-1** (Deductible $250, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60  **PLATINUM 500-1** (Deductible $500, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60  **PLATINUM 500-2** (Deductible $500, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider  $5/$35/$75 | | | | | | | | | | |
| **GOLD 1000-1** (Deductible $1000, Coinsurance: 80%/60%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60/$120  **GOLD 1000-2** (Deductible $1000, Coinsurance: 80%/60%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $5/$35/$75/$150  **GOLD 1500-1** (Deductible $1500, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60  **GOLD 1500-2** (Deductible $1500, Coinsurance: 80%/60%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $5/$35/$75  **GOLD 1500-3** (Deductible $1500, Coinsurance: 80%/60%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $5/$35/$75/$150  **GOLD 2000 HSA** (Deductible $2000, Coinsurance: 100%/80%) , Drug Copay: **Subject to Ded.** | | | | | | | | | | |
| **SILVER 2500-1** (Deductible $2500, Coinsurance: 70%/50%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60/$120  **SILVER 2500-2** (Deductible $2500, Coinsurance: 70%/50%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$75/$150  **SILVER 2500-3** (Deductible $2500, Coinsurance: 80%/60%) , Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$50/$70/$140  **SILVER 2600 HSA**  (Deductible $2600, Coinsurance: 80%/60%) , Drug Copay**: Subject to Ded. & Coins.** | | | | | | | | | | |
| **SILVER 3000-1**  (Deductible $3000, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $15/$45/$70/$140  **SILVER 3000-2**  (Deductible $3000, Coinsurance: 75%/55%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$75/$150  **SILVER 3600 HSA**  (Deductible $3600, Coinsurance: 100%/80%) , Drug Copay**: Subject to Ded.** | | | | | | | | | | |
| **BRONZE 4000**  (Deductible $4000 / Coinsurance: 60%/40%) Drug Copay**: Subject to Ded. & Coins.**  **BRONZE 4750**  (Deductible $4750 / Coinsurance: 70%/50%) Drug Copay**: Subject to Ded. & Coins.**  **BRONZE 5000** (Deductible $5000 / Coinsurance: 70%/50%) Drug Copay**: Subject to Ded. & Coins.**  **BRONZE 6500 HSA**  (Deductible $6500 / Coinsurance: 100%/80%) Drug Copay: **Subject to Ded.** | | | | | | | | | | |
| Section 5. Benefit Selection – Health Advantage Products – Dual Options | | | | | | | | | | |
| **GOLD 1000-1** (Deductible $1000, Coinsurance: 80%/60%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60/$120 Witha **SILVER 2500-3** (Deductible $2500, Coinsurance: 80%/60%) , Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$50/$70/$140 | | | | | | | | | | |
| **SILVER 2500-1** (Deductible $2500, Coinsurance: 70%/50%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60 /$120 with **BRONZE 4000**  (Deductible $4000 / Coinsurance: 60%/40%) Drug Copay**: Subject to Ded. & Coins**. | | | | | | | | | | |
| **PLATINUM 500-1** (Deductible $500, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60 With a **SILVER 3000-2**  (Deductible $3000, Coinsurance: 75%/55%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$75/$150 | | | | | | | | | | |
| **PLATINUM 500-1** (Deductible $500, Coinsurance: 80%/60%), Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $10/$40/$60 Witha **GOLD 1500-2** (Deductible $1500, Coinsurance: 80%/60%) ,Urgent Copay $55, PCP/SCP Copay: $35/$55, Prescription Drug Rider $5/$35/$75 | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Section 5. Benefit Selection – Health Advantage Products – defined contribution | | | | | | | | Contributions:Single Contribution Amount:$ **Medical:$       Dental:$       Vision:$** | | | | | | | | **Bundle A – Signature** | **Deductible** | **Coinsurance** | **TrOOP** | **PCP/SCP Copay** | **Urgent Copay** | **Drug** | | Platinum 500.1 | $500 | 80%/60% | $1,000 | $35/$55 | $55 | $10/$40/$60 | | Gold 1000-2 | $1,000 | 80%/60% | $5,000 | $35/$55 | $55 | $5/$35/$75/$150 | | Gold 1500-2 | $1,500 | 80%/60% | $3,000 | $35/$55 | $55 | $5/$35/$75 | | Silver 2500-1 | $2,500 | 70%/50% | $7,150 | $35/$55 | $55 | $15/$40/$60/$120 | | Silver 2600 HSA | $2,600 | 80%/60% | $5,500 | NA | NA | Subject to Ded. & Coins. | | **Choose a Dental Plan**  V-A  V-K  V-L  V-P  V-S  V-T  V-X | | | | | | | | **Choose a Voluntary Vision Plan**  VSP Choice Silver  VSP Choice Gold  VSP Choice Platinum | | | | | | | | Contributions:Single Contribution Amount:$ **Medical:$       Dental:$       Vision:$** | | | | | | | | **Bundle B – Value** | **Deductible** | **Coinsurance** | **TrOOP** | **PCP/SCP Copay** | **Urgent Copay** | **Drug** | | Gold 1500-2 | $1,500 | 80%/60% | $3,000 | $35/$55 | $55 | $5/$35/$75 | | Silver 2500-2 | $2,500 | 70%/50% | $7,150 | $35/$55 | $55 | $10/$40/$75/$150 | | Silver 2600 HSA | $2,600 | 80%/60% | $5,500 | NA | NA | Subject to Ded. & Coins. | | Bronze 4000 | $4,000 | 60%/40% | $7,150 | NA | NA | Subject to Ded. & Coins. | | Bronze 6500 HSA | $6,500 | 100%/80% | $6,500 | NA | NA | Subject to Ded. | | **Choose a Dental Plan**  V-A  V-K  V-L  V-P  V-S  V-T  V-X | | | | | | | | **Choose a Voluntary Vision Plan**  VSP Choice Silver  VSP Choice Gold  VSP Choice Platinum | | | | | | | | | | | | | | | | | |
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| Section 6. Employee Information | | | | | | | | | | |
| **Full-Time =** active employee with a minimum of 30 hrs/week & 48 weeks/year | | | | **Enrolling** | | | **Waiving** | | | Total |
| 1. Full-Time Employees who have satisfied their Waiting Period requirement prior to eff. Date (Medical): | | | |  | | |  | | |  |
| 2. New Full-Time Employees who will satisfy Waiting Period within 3 months after the eff. Date (Medical): | | | |  | | |  | | |  |
| 3. COBRA Continuees | | | |  | | |  | | |  |
| 4. Total of lines 1, 2, &3 (Enrolling & Waiving Medical) | | | |  | | |  | | |  |
| 5. New Full-Time Employees who will NOT satisfy the Waiting Period within 3 months after the eff. date: | | | | | | | | | |  |
| 6. Part Time / Seasonal / Temporary Employees | | | | | | | | | |  |
| 7. Total # of Employees (add 4,5, 6) | | | | | | | | | |  |
| ***Complete this section for dental quotes*** | | | | | | | | | | |
| 8. Full-Time Employees who have satisfied their Waiting Period requirement prior to eff. Date (Dental): | | | |  | | | |  | |  |
| 9. New Full-Time Employees who will satisfy Waiting Period within 3 months after the eff. Date (Dental): | | | |  | | | |  | |  |
| 10. Total of lines (Enrolling & Waiving Dental) | | | |  | | | |  | |  |
| 11. Eligible Employees | | | | | | | | | |  |
| ***Complete this section for vision quotes*** | | | | | | | | | | |
| 12. Full-Time Employees who have satisfied their Waiting Period requirement prior to eff. Date (Vision): | | | | |  | | | |  |  |
| 13. New Full-Time Employees who will satisfy Waiting Period within 3 months after the eff. Date (Vision): | | | | |  | | | |  |  |
| Section 7. Waiting Period & Effective Date of Coverage | | | | | | | | | | |
|  | | | | | | | | | | |
| **Class A: All**  Waiting Period for new hires – 1st of the month following  0 days  30 days  60 days | | | | | | | | | | |
| Waive waiting period for initial enrollment?  Yes  No | |  | | | | | | | | |
| Requested effective date, pending approval is | |  | | | | | | | | |
| **Please Note:** If a complete group enrollment packet is not timely, the group, if approved, will be assigned the next available effective date. | | | | | | | | | | |
| Section 8. Census | | | | | | | | | | |
| **Coverage: 1 - Employee Only 2 - Employee & Spouse 3 - Employee & Child 4- Employee, Spouse & Child** | | | | | | | | | | |

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| Emp No | Last Name | First Name | DOB  mm/dd/yyyy | M/F | Relationship  Employee/ Spouse/Child | Health | Dental | Vision | Cobra |
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