

Do you have union negotiated benefits? Yes No If Yes, next scheduled negotiation date: _____

Will this coverage be offered to employees as the sole health insurance option? Yes No

If No, what other carriers will be offered and how many employees are enrolled with each?

Carrier	No. of Employees	Carrier	No. of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any active employee or dependent or COBRA-eligible person or dependent now pregnant? Yes No

Are you aware of any active employee or dependent or COBRA-eligible person or dependent with current health problems?

Yes No

If Yes, explain: _____

Describe large or unusual claims: _____

Are any of your employees and/or dependents unable to perform the usual, ordinary duties of his/her occupation or normal activities due to a medical or mental condition? Yes No

Do you currently have an employee(s) who, by court order (QMCSO), must provide medical insurance for a dependent(s)?

Yes No

If Yes, please attach a copy of the court order and provide the employee's name and Social Security number and the dependent's name and address.

Employee Name: _____ Social Security #: _____ Dependent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Custodial Parent(s): _____

Address: _____ City: _____ State: _____ Zip: _____

If Support Order:

Support Agency Name: _____ Case Number: _____

Support Agency Address: _____ City: _____ State: _____ Zip: _____

We certify that the benefits outlined above are the benefits the group has agreed to purchase. (If purchasing Essential BlueSM for Chambers, please note that the Essential Blue policy provides limited benefits. Review your policy carefully.)

Authorized Group Representative (<i>print name</i>):	Title
Authorized Group Representative's Signature:	Date:
Independent Producer (<i>print name</i>):	BC #:
Independent Producer's Signature:	Date:
District Manager's Signature:	Date:

Sales Representative #: _____ UW Initials: _____ Date: _____



**GROUP QUESTIONNAIRE FOR NEW GROUPS
51 OR MORE EMPLOYEES
(THIS FORM TO BE COMPLETED WHEN SALE IS FINAL)**

Independent Producer Name: _____
(please print)

Premium Enclosed: \$ _____

GROUP INFORMATION:

Group Number: _____ Requested Effective Date: _____

Name of Person Interviewed: _____ Title: _____

Legal Name of Business: _____ Telephone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____
(no PO box)

Tax ID Number (TIN) _____

Nature of Business: _____ NAICS Code _____

Type of Business: Sole Proprietor Partnership Corporation Other *(please identify)* _____

Is the business affiliated with any other business? Yes No If yes, who? _____

Do you file a separate or joint state tax return? Separate Joint In which state is the corporate office located? _____

Contact Information

	(Mr/Mrs/Ms) Name <i>(please print)</i>	Title	Email Address	Phone Number	Fax Number
Executive Contact*					
Management Contact					
Group Administrator*					
Primary Billing Contact					
Alternate Billing Contact					

* must be filled in

Current Carrier Information

Name of medical carrier: _____ Group number: _____

Length of time enrolled: _____ Date of last rate change: _____

Current Employer Contribution: _____ % OR \$ _____
Employee **Dependent**

Current Deductible \$ _____ Current Copay \$ _____ Current Coinsurance \$ _____ Current Out-of-Pocket \$ _____ Current Pharmacy \$ _____

Do you currently have maternity benefits? Yes No If Yes, describe benefits: _____

Do you currently have dental benefits? Yes No If Yes, for how long: _____

Name of dental carrier: _____

Current medical and/or dental rates: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Employee Employee & Spouse Employee & 1 Child Employee & 2+ Children Family

Program(s) Applying For

- Business Bluesm Preferred Blue[®] PPO Access Bluesm PPO HSA Bluesm PPO Chamber Bluesm PPO
 Essential Bluesm for Chambers *(a limited benefit plan)* Basic Standard Catastrophic Dental Vision

(If applying for Basic, Standard or Catastrophic, go directly to the COBRA administration option.)

Dual Option *(Not available for Chamber Blue or Essential Blue for Chambers)*

- Business Bluesm/HSA Bluesm PPO Preferred Blue[®] PPO/HSA Bluesm PPO Access Bluesm PPO/HSA Bluesm PPO

Benefit Options

Business BlueSM Program *(Please check one deductible and one coinsurance, with one corresponding out-of-pocket amount, where applicable.)*

Deductible	Coinsurance	Out-of-Pocket			
		80%/20%		70%/30%	50%/50%
<input type="checkbox"/> \$0* <input type="checkbox"/> \$ 750 <input type="checkbox"/> \$100 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$200 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$300 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$500 *only with 50% coinsurance	<input type="checkbox"/> 80%/20% <input type="checkbox"/> 70%/30% <input type="checkbox"/> 50%/50%	<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$3,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000	<input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 8,000 <input type="checkbox"/> \$ 4,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ 6,000 <input type="checkbox"/> \$12,000	
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	80%/20%	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$2,000	N/A	N/A	
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	100%	N/A	N/A	N/A	

Preferred Blue[®] PPO Program *(Please check one deductible, one copay and one coinsurance, where applicable.)*

Deductible	Copay	Coinsurance		Out-of-Pocket*	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30	<input type="checkbox"/> 90% 70% <input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	<input type="checkbox"/> 90% 70% <input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	\$1,500	\$3,000
<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30	<input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	<input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	\$3,000	\$5,000
<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30	70% 50%	70% 50%	\$4,500	\$6,000
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$30 <input type="checkbox"/> \$40	<input type="checkbox"/> 90% 70% <input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	<input type="checkbox"/> 90% 70% <input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	\$1,500	\$3,000
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$30 <input type="checkbox"/> \$40	<input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	<input type="checkbox"/> 80% 60% <input type="checkbox"/> 70% 50%	\$3,000	\$5,000
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$30 <input type="checkbox"/> \$40	70% 50%	70% 50%	\$4,500	\$6,000

*Out-of-pocket option + deductible option = annual out-of-pocket maximum

Access BlueSM PPO or Chamber BlueSM PPO

(Please check one deductible, one out-of-pocket limit, one annual maximum and one prescription drug option.)

Copayment	Deductible	Coinsurance		Out-of-Pocket Limit	Annual Maximum	Prescription Drug
		In-Network	Out-of-Network			
\$25	<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	80% 60%	80% 60%	<input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000	<input type="checkbox"/> None <input type="checkbox"/> \$10/\$25/\$40, with \$3,000 annual maximum <input type="checkbox"/> \$15/\$30/\$45, with \$3,000 annual maximum <input type="checkbox"/> \$5 copay for generic drugs only. Member pays 100% for brand name drugs. MAC N <input type="checkbox"/> \$250 deductible Brand Only \$10/\$30/\$50 <input type="checkbox"/> \$500 deductible Brand Only \$10/\$30/\$50 <input type="checkbox"/> \$750 deductible Brand Only \$10/\$30/\$50

Essential BlueSM for Chambers – a limited benefit plan *(Please check one deductible option and one prescription drug option.)*

Copayment	Deductible	Coinsurance		Out-of-Pocket Limit (Does not include deductible)	Prescription Drug
		In-Network	Out-of-Network		
\$30	<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	80% 60%	80% 60%	\$ 2,000	<input type="checkbox"/> None <input type="checkbox"/> \$15/\$30/\$45 with \$3,000 annual maximum <input type="checkbox"/> \$5 copay for generic drugs only. Member pays 100% for brand name drugs. MAC N <input type="checkbox"/> \$250 deductible Brand Only \$10/\$30/\$50 <input type="checkbox"/> \$500 deductible Brand Only \$10/\$30/\$50 <input type="checkbox"/> \$750 deductible Brand Only \$10/\$30/\$50

WellConnected *(For groups of 100+ or 50+ if incentive management is purchased)*

Yes No If YES, choose one or more below.

<input type="checkbox"/> Telephonic Coaching <input type="checkbox"/> All employees <input type="checkbox"/> All employees/spouses	<input type="checkbox"/> Incentive Management <input type="checkbox"/> All employees <input type="checkbox"/> All employees/spouses	<input type="checkbox"/> Biometric Screening <input type="checkbox"/> All employees <input type="checkbox"/> All employees/spouses
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Benefit Options (continued)

HSA BlueSM PPO (Please check one deductible, one coinsurance and one prescription drug option.)

UMBRELLA (*The claims of all family members accumulate toward the same family deductible and out-of-pocket maximum. Benefits for all family members begin after the family deductible is met.)

Single		Family*		Coinsurance		Prescription Drugs
Deductible	Out-of-Pocket <small>(Includes deductible and coinsurance)</small>	Deductible	Out-of-Pocket <small>(Includes deductible and coinsurance)</small>	In-Network	Out-of-Network	
<input type="checkbox"/> \$1,100	\$3,000	\$ 2,200	\$ 6,000	<input type="checkbox"/> 90%.....70%		Major Medical Options <input type="checkbox"/> 60% coinsurance after deductible <input type="checkbox"/> 80% coinsurance after deductible <input type="checkbox"/> 100% coinsurance after deductible <small>(\$5,000/\$10,000 deductible only)</small>
<input type="checkbox"/> \$2,000	\$4,000	\$ 4,000	\$ 8,000	<input type="checkbox"/> 80%.....60%		
<input type="checkbox"/> \$3,000	\$5,000	\$ 6,000	\$10,000	<input type="checkbox"/> 100% (\$5,000/\$10,000 deductible only)		
<input type="checkbox"/> \$5,000	\$5,000	\$10,000	\$10,000			

AGGREGATE (One family member will not accumulate more than the individual deductible or out-of-pocket maximum toward the family deductible or out-of-pocket maximum. After one family member has met the individual deductible, benefits begin for that person. After the family deductible has been met, benefits begin for all family members.)

Individual and Family Deductible		Individual and Family Out-of-Pocket <small>(Includes deductible and coinsurance)</small>		Coinsurance		Prescription Drugs
				In-Network	Out-of-Network	
<input type="checkbox"/> \$3,000 / \$ 6,000		\$5,000 / \$10,000		<input type="checkbox"/> 90%.....70%		Major Medical Options <input type="checkbox"/> 60% coinsurance after deductible <input type="checkbox"/> 80% coinsurance after deductible <input type="checkbox"/> 100% coinsurance after deductible <small>(\$5,000/\$10,000 deductible only)</small>
<input type="checkbox"/> \$5,000 / \$10,000		\$5,000 / \$10,000		<input type="checkbox"/> 80%.....60%		
				<input type="checkbox"/> 100% (\$5,000/\$10,000 deductible only)		

Dental (issued separately for HSA Blue SM PPO)		<input type="checkbox"/> Integrated	<input type="checkbox"/> Non-Integrated	Dual: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate desired program below.		Dental Carryover: <input type="checkbox"/> Yes <input type="checkbox"/> No (Not available with Voluntary Dental)			
Traditional Dental <input type="checkbox"/> Incentive <input type="checkbox"/> \$25 Deductible <input type="checkbox"/> \$50 Deductible		Annual Maximum	Waiting Periods	Orthodontia	
Preferred Blue Dental <input type="checkbox"/> Option I <input type="checkbox"/> Option II <input type="checkbox"/> Option III <input type="checkbox"/> \$25 Deductible <input type="checkbox"/> \$50 Deductible		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> \$1,000 lifetime maximum <input type="checkbox"/> \$1,250 lifetime maximum <input type="checkbox"/> \$1,500 lifetime maximum <input type="checkbox"/> No waiting period <input type="checkbox"/> 12 month waiting period <input type="checkbox"/> 24 month waiting period	
Basic Blue Dental (No choice of closed list or waiting periods) <input type="checkbox"/> \$25 Deductible <input type="checkbox"/> \$50 Deductible				Other	
Voluntary Dental (No choice of closed list or waiting periods) <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> \$25 Deductible <input type="checkbox"/> \$50 Deductible		Annual Maximum <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500	Orthodontia (24-month waiting period) <input type="checkbox"/> None <input type="checkbox"/> \$1,250 lifetime maximum <input type="checkbox"/> \$1,000 lifetime maximum <input type="checkbox"/> \$1,500 lifetime maximum		

Prescription Drug Coverage (Not available with Access Blue SM PPO, Chamber Blue SM Essential Blue SM for Chambers or HSA Blue SM PPO)					
<input type="checkbox"/> None		<input type="checkbox"/> Option 6 – 50%/50% coinsurance with \$3000 out-of-pocket			
<input type="checkbox"/> Option 1 – \$10 Generic/\$20 Brand Name		<input type="checkbox"/> Option 7 – \$10/\$25/\$40, 100%			
<input type="checkbox"/> Option 2 – \$10 Generic/\$20 Brand Name w/\$3000 calendar year maximum benefit payment		<input type="checkbox"/> Option 8 – \$15/\$30/\$45, 100%			
<input type="checkbox"/> Option 3 – 80%/20% coinsurance with \$3000 out-of-pocket		<input type="checkbox"/> Option 9 – \$250 deductible Brand Only \$10/\$30/\$50			
<input type="checkbox"/> Option 4 – 70%/30% coinsurance with \$3000 out-of-pocket		<input type="checkbox"/> Option 10 – \$500 deductible Brand Only \$10/\$30/\$50			
<input type="checkbox"/> Option 5 – 60%/40% coinsurance with \$3000 out-of-pocket		<input type="checkbox"/> Option 11 – \$750 deductible Brand Only \$10/\$30/\$50			
Mail Order (90-day multi-month dispensing; mail order copays match retail copays)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contraceptive Coverage (For groups of 100+)		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Vision (VSP) (issued separately for HSA Blue SM PPO)					
Standard		Exam + Materials		Voluntary	
<input type="checkbox"/> Plan CI	<input type="checkbox"/> Exam Only – VSX0 \$0 Copay	<input type="checkbox"/> VSX2 \$100 (12/12)	<input type="checkbox"/> VSX5 \$100 (12/24)	<input type="checkbox"/> Plan V1 \$10/\$25 (12/12)	
<input type="checkbox"/> Plan CII	<input type="checkbox"/> Exam Only – VSX1 \$10 Copay	<input type="checkbox"/> VSX3 \$125 (12/12)	<input type="checkbox"/> VSX6 \$125 (12/24)	<input type="checkbox"/> Plan V2 \$20/\$25 (12/12)	
<input type="checkbox"/> Plan CIII	<input type="checkbox"/> Exam Only – VSX8 \$20 Copay	<input type="checkbox"/> VSX4 \$150 (12/12)	<input type="checkbox"/> VSX7 \$150 (12/24)	<input type="checkbox"/> Plan V3 \$10/\$25 (12/24)	
	<input type="checkbox"/> Exam Only – VSX9 \$25 Copay			<input type="checkbox"/> Plan V4 \$20/\$25 (12/24)	

4th Quarter Carryover (Only allowed with Business Blue) <input type="checkbox"/> Yes <input type="checkbox"/> No	Elective Abortion (Not available for PPO) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supplemental Accident (Not available with Chamber Blue SM PPO, Essential Blue SM for Chambers or HSA Blue SM PPO.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (PPO has a \$300 calendar year maximum per insured. Business Blue SM has a \$500 calendar year maximum per insured).	

Employee Assistance Program (EAP) with Business Psychology Associates	COBRA Administration
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of visits _____ Does Blue Cross bill for EAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Administered by Blue Cross of Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Life and Accidental Death and Dismemberment (Administered and underwritten by selected life insurance companies)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, obtain LifeWise Assurance Company form)	