South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

BlueMeasure[SM] Benefit Selection

☐ New Group

☐ Change (Reason):__________________

Requested Effective Date:________/________/__________
Chamber Name:________________________________

1. ***Company /Employer Data (information required)*** Group Number___ ___ - ___ ___ ___ ___ ___ - ___ ___

Company Name: ____

Physical Address:____
(Street) (City) (County) (State) (ZIP)

Mailing Address: ____
(if different from physical address) (Street) (City) (County) (State) (ZIP)

Billing Address: ____
(if different from mailing address) (Street) (City) (County) (State) (ZIP)

Nature of Business: ____

Identify How Taxes are Filed: ☐ Corp ☐ S Corp ☐ LLC ☐ Partnership ☐ Sole Proprietorship

☐ Agricultural/Farm ☐ Non-Profit ☐For Profit ☐New Business, not yet filed

List Each Owner(s)/Partner(s) and the Percent of Ownership: 1. ______________________ /____%
2. ____________________/______% 3. ____________________ /______%

Employer Identification No. (EIN):_______________________________ SIC Code: __ __ __ __

Prior Carrier:____

2. ERISA Status *(information required)*

ERISA ☐	Non-ERISA ☐	Government or Municipality ☐	Church Plan ☐

3. ***Contact Information for Group Plan (information required)***

Benefit Coordinator #1_______________________________________
Telephone:________-_________-_________ Email:___________________________
Benefit Coordinator #2 _______________________________________
Email:____
Agency Name:___________________________ Agent: _________________________ Agent Code _______ - ______
Agency Administrator:____________________________________Telephone:_______-_______-_________
Agent Email:____

4. Participation Requirements: The group must meet at least 70 percent participation of the eligible employees enrolling in the employer sponsored group health plan. Participation is determined by dividing the total enrolled employees by the total eligible employees. All eligible employees that waive coverage count against the participation threshold.

If employer contribution is 100% of the premium for employee only coverage, then all eligible employees must enroll in coverage making the participation requirement 100%.

Eligible Employees	Minimum Enrollment	Participation Percent
20	14	70%
50	35	70%

5. Participation (information required)

Eligible employees must be actively at work an average of 30 hours per week.

A. Total Employees, including Part-Time.. _______

B. Full-Time Eligible Employees.. _______

C. Employees in Waiting Period... _______

D. Eligible Employees... _______

Eligible employees must be actively at work an average of 30 hours per week.

E. Waivers/Refusals... _______

F. Enrolled Employees... _______

G. Waiting Period for new employees ☐ One month* ☐ Two months* ☐ 90 days Exact
(*1st of the month following end of waiting period/ full-time date of hire)

6. *Additional Information (if applicable)*

Please complete **ALL** of these questions: (these questions will help to determine if you are eligible for COBRA or State Continuation)

A. Please list all out-of-state locations covered by this plan and their number of employees:

Employees	***City***	***State***	***ZIP Code***	***Percentage of Ownership***

B. Do you own any other company under "common control" that should be considered with this group for group size purposes? "Common control" is defined in the Internal Revenue Code, § 414 (b) and (c).

☐ **Yes** ☐ **No If yes, please list below:**

____

____

7. *Benefit Information (information required)*

Benefit Period: ☐ Calendar Year ☐ Contract Year

8. ***Benefit Selection (required for health benefits)***

	Product	Coinsurance	Single Deductible	Single Out of Pocket	Family Deductible	Family Out of Pocket
☐	BlueMeasure HD 1	0%	$3,000	$3,000	$6,000	$6,000
☐	BlueMeasure HD 2	0%	$3,500	$3,500	$7,000	$7,000
☐	BlueMeasure HD 3	0%	$4,000	$4,000	$8,000	$8,000
☐	BlueMeasure HD 4	0%	$6,900	$6,900	$13,800	$13,800
☐	BlueMeasure 5	20%	$1,000	$2,500	$2,000	$5,000
☐	BlueMeasure 6	20%	$1,500	$3,500	$3,000	$7,000
☐	BlueMeasure 7	25%	$2,500	$4,000	$5,000	$8,000
☐	BlueMeasure 8	30%	$2,000	$5,000	$4,000	$10,000
☐	BlueMeasure 9	40%	$3,000	$5,500	$6,000	$11,000
☐	BlueMeasure 10	30%	$3,500	$6,000	$7,000	$12,000
☐	BlueMeasure 11	40%	$4,000	$7,000	$8,000	$14,000
☐	BlueMeasure 12	40%	$5,000	$8,000	$10,000	$16,000
☐	BlueMeasure 13	10%	$7,000	$8,000	$14,000	$16,000
☐	BlueMeasure 14	40%	$6,500	$8,150	$13,000	$16,300
☐	BlueMeasure 15	15%	$0	$9,100	$0	$18,200
☐	BlueMeasure 16	50%	$250	$8,700	$500	$17,400
☐	BlueMeasure 17	50%	$3,000	$6,500	$6,000	$13,000
☐	BlueMeasure HD 18	0%	$2,600	$2,600	$5,200	$5,200
☐	BlueMeasure HD 19	0%	$3,200	$3,200	$6,400	$6,400
☐	BlueMeasure HD 20	20%	$4,400	$7,050	$8,800	$14,100

The information above is provided to ensure this group is administered in accordance with all federal and state laws. The group understands and agrees it is required to provide updated information in the event significant changes occur in the group status or group member eligibility and is fully responsible for assuring eligibility of group members. If any information is found to be inconsistent with these responses, BlueCross reserves the right to update the Payment Terms as outlined in Article V of the Administrative Services Agreement.

***Authorized Group Signature:*______________________________________** ***Date:*______________________**