

**BlueCross® BlueShield® of South Carolina**

**Agency Sales Department**  
**Mail Route AX-340**  
**www.SouthCarolinaBlues.com**

**I-20 at Alpine Road, Columbia, SC 29219**  
**(803) 788-0222 or (800) 288-2227**  
**(803) 865-3876 Fax**

**2 – 50 PROPOSAL REQUEST FORM**

Agent's Marketing Rep: ☐ Paige (080) ☐ Vicki (058) ☐ Stephanie (043) ☐ Lisa (099)

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: \_\_\_\_\_

**Dual Option:** ☐ Yes ☐ No Dual Options are available to groups of seven or more enrolled members only.

Dual Options may consist of the following combinations:

- ☐ One Business Blue<sup>SM</sup> Complete (Preferred Blue<sup>®</sup>) with any one HDHP or HD-HRA.
- ☐ One Business Blue<sup>SM</sup> Secure with any one Business Blue<sup>SM</sup> Basic or HDHP, or HD-HRA.
- ☐ One Business Blue<sup>SM</sup> Basic with any one HDHP or HD-HRA.
- ☐ One Business Blue Complete and any one Business Blue Secure or Business Blue Basic.

The following Business Blue Complete (Preferred Blue) *may not* be included in any dual options:

Plans with 90/70 coinsurance levels    Plans with \$250 or \$500 deductible

**All Contracts will be issued as:** ☐ Calendar Year Deductible ☐ Benefit Period Deductible

☐ 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.

<input type="checkbox"/> <b>Business Blue Complete (Preferred Blue)</b>	<b>Coinsurance: (pick one)</b>	<b>Deductible: (pick one)</b>	<b>Out-of-Pocket: (In/Out) (pick one)</b>	<b>Options for Business Blue Complete (Preferred Blue):</b> <input type="checkbox"/> \$20/\$40 Office Visit Copayment <input type="checkbox"/> Prescription Drug Card <input type="checkbox"/> \$35 /\$60 Office Visit Copayment <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Chiropractic <input type="checkbox"/> Sustained Health
	<input type="checkbox"/> 90/70	<input type="checkbox"/> \$250	<input type="checkbox"/> \$1,500/3,000	
	<input type="checkbox"/> 80/60	<input type="checkbox"/> \$500	<input type="checkbox"/> \$2,000/4,000	
	<input type="checkbox"/> 70/50	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$3,000/6,000	
	<input type="checkbox"/> 60/40	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$5,000/10,000	
	<input type="checkbox"/> \$2,000			
	<input type="checkbox"/> \$3,000			

<input type="checkbox"/> <b>Business Blue Secure</b>	<b>Coinsurance: (pick one)</b>	<b>Deductible: (In/Out) (pick one)</b>	<b>Out-of-Pocket: (In/Out) (pick one)</b>	<b>Options for Business Blue Secure:</b> <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.  <b>Prescription Drug Options: (Must choose one)</b> <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 <sup>SM</sup>
	<input type="checkbox"/> 80/60	<input type="checkbox"/> \$1,250/2,500	<input type="checkbox"/> \$1,750/3,500	
	<input type="checkbox"/> 70/50	<input type="checkbox"/> \$1,750/3,500	<input type="checkbox"/> \$2,250/4,500	
	<input type="checkbox"/> 60/40	<input type="checkbox"/> \$2,250/4,500	<input type="checkbox"/> \$3,750/7,500	
	<input type="checkbox"/> 50/50	<input type="checkbox"/> \$3,250/6,500	<input type="checkbox"/> \$5,250/10,500	
	<input type="checkbox"/> \$4,250/8,500			
	<input type="checkbox"/> \$5,250/10,500			

<input type="checkbox"/> <b>Business Blue Basic (pick one)</b> Deductible – single Deductible – family Coinsurance Out-of-Pocket – single Out-of-Pocket – family	<input type="checkbox"/> <b>Plan 1</b>		<input type="checkbox"/> <b>Plan 2</b>		<input type="checkbox"/> <b>Plan 3</b>		<input type="checkbox"/> <b>Plan 4</b>		<b>Options for Business Blue Basic:</b> <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.  <b>Prescription Drug Options: (Must choose one)</b> <input type="checkbox"/> Basic Card <input type="checkbox"/> Basic Card 100 <input type="checkbox"/> Basic Generic Card <input type="checkbox"/> Blue Rx
	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	
	\$500	\$1,500	\$500	\$1,500	\$1,000	\$3,000	\$1,000	\$3,000	
	\$1,500	\$4,500	\$1,500	\$4,500	\$3,000	\$9,000	\$3,000	\$9,000	
	80%	60%	60%	40%	80%	60%	60%	40%	
	Unlimited		\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	
		\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000		
	<input type="checkbox"/> <b>Plan 5</b>		<input type="checkbox"/> <b>Plan 6</b>		<input type="checkbox"/> <b>Plan 7</b>		<input type="checkbox"/> <b>Plan 8</b>		
	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	
Deductible – single	\$1,500	\$4,500	\$1,500	\$4,500	\$2,500	\$5,000	\$5,000	\$10,000	
Deductible – family	\$4,500	\$13,500	\$4,500	\$13,500	\$5,000	\$10,000	\$10,000	\$20,000	
Coinsurance	80%	60%	60%	40%	80%	60%	70%	50%	
Out-of-Pocket – single	\$6,000	\$12,000	\$6,000	\$12,000	\$7,500	\$15,000	Unlimited		
Out-of-Pocket – family	\$12,000	\$24,000	\$12,000	\$24,000	\$15,000	\$30,000	Unlimited		

<input type="checkbox"/> <b>Business Blue<sup>SM</sup> High Deductible Health Plan (HSA Qualified HDHP)</b>  Deductible – single Deductible – family Coinsurance Out-of-Pocket – single Out-of-Pocket – family  Deductible – single Deductible – family Coinsurance Out-of-Pocket – single Out-of-Pocket – family	<input type="checkbox"/> <b>HD1</b>		<input type="checkbox"/> <b>HD2</b>		<input type="checkbox"/> <b>HD3</b>		<input type="checkbox"/> <b>HD4</b>		<input type="checkbox"/> <b>HD5</b>	
	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>
	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,600	\$2,600	\$2,600	\$2,600
	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$5,200	\$5,200	\$5,200	\$5,200
	100%	60%	80%	60%	70%	50%	100%	60%	80%	60%
	\$1,500	\$3,000	\$3,000	\$4,500	\$3,000	\$4,500	\$2,600	\$5,200	\$5,200	\$7,800
	\$3,000	\$6,000	\$6,000	\$9,000	\$6,000	\$9,000	\$5,200	\$10,400	\$10,400	\$15,600
	<input type="checkbox"/> <b>HD6</b>		<input type="checkbox"/> <b>HD7</b>		<input type="checkbox"/> <b>HD8</b>		<input type="checkbox"/> <b>HD9</b>		<input type="checkbox"/> <b>HD10</b>	
	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>
	\$2,600	\$2,600	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$5,000	\$5,000
	\$5,200	\$5,200	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$10,000	\$10,000
	70%	50%	100%	60%	80%	60%	70%	50%	100%	60%
\$5,200	\$7,800	\$3,500	\$5,500	\$5,500	\$7,500	\$5,500	\$7,500	\$5,000	\$10,000	
\$10,400	\$15,600	\$7,000	\$11,000	\$11,000	\$15,000	\$11,000	\$15,000	\$10,000	\$20,000	

**Options for High Deductible Health Plans:**    ☐ Chiropractic    ☐ Sustained Health

☐ We will open HSA accounts through BlueCross BlueShield of South Carolina.

☐ **Business Blue<sup>SM</sup> High Deductible for HRA**

(Not HSA Qualified)

	<input type="checkbox"/> <b>HD-HRA1</b>		<input type="checkbox"/> <b>HD-HRA2</b>		<input type="checkbox"/> <b>HD-HRA3</b>		<input type="checkbox"/> <b>HD-HRA4</b>		<input type="checkbox"/> <b>HD-HRA5</b>	
	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
Deductible – family	\$4,000	\$4,000	\$6,000	\$6,000	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Coinsurance	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
Out-of-Pocket – family	\$4,000	\$8,000	\$6,000	\$12,000	\$10,000	\$20,000	\$15,000	\$30,000	\$20,000	\$40,000

**Options for HDHRA:**

- ☐ \$20/\$40 Office Visit Copayment
- ☐ \$35/\$60 Office Visit Copayment
- ☐ Chiropractic
- ☐ Sustained Health

**Prescription Drug Options: (Must choose one)**

- ☐ Drug Card
- ☐ Secure Card
- ☐ Secure Generic Card
- ☐ Blue Rx

**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)
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.			S	F	EC	ES	/		
8.	/	M F	S	F	EC	ES	/		
9.	/		S	F	EC	ES	/		
10.	/	M F	S	F	EC	ES	/		
11.	/		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.)