

Materials Request Form

Small Group

Fax to 803-714-6461

Requested By:	Ext.:	Date:
Date Needed at Delivery Location:	Cost Center: 124	Quantity:
Group Name:	LOB: H13	Time Needed:

Small Group Representative: _____

BusinessADVANTAGE

Schedule of Benefits (Provide Copy)*	2016 Preferred Drug List
Summary of Benefits and Coverage (SBC) (Provide Copy)*	Cosmetic Surgery Flier
2016 BusinessADVANTAGE Right Choice Folder (17413)	Natural Blue SM Flier
Affordable Care Act Preventive Care Guide	Personal Health Assessment Flier (15921)
Blue365 [®] Flier	ProSmile Flier
BlueCard [®] Brochure (N20-06-492)	QualSight LASIK Flier
Blue CareOnDemand SM Employer Flier (18229-1-2016)	Summary of Preventive Dental Services
Blue CareOnDemand Member Flier (18087-1-2016)	Treatment Cost Estimator (14883)
BlueChoice HealthPlan Pocket Folder	TruHearing Flier
Bosley Hair Restoration (11974)	TruHearing trifold brochure
BusinessADVANTAGE Adult Vision Flier (16449)	Website Flier (15637)
Caremark Rx Pack Caremark is an independent company that administers prescription drug benefits on behalf of BlueChoice HealthPlan.	VSP Pediatric Vision Flier VSP is an independent company that offers a provider network on behalf of BlueChoice HealthPlan.

Companion Life and First Sun

Life insurance offered by Companion Life Insurance Company and employee assistance program offered by First Sun EAP. Because Companion Life Insurance Company and First Sun EAP are separate companies from BlueChoice HealthPlan, they will be responsible for all services related to life insurance coverage and the employee assistance program.

Companion Life Employer Application (2-19 employees) (# 95121)	Companion Life Employer Application (20+ employees) (#11383)
First Sun EAP – Standard Member Version (15221)	

*Print on Demand

Special Instructions:

Deliver to: ☐ External

☐ Internal

Company Name: _____

Name: _____

Contact: _____

Mail Code: _____

Street Address: _____

Department: _____

City/State/ZIP: _____

Phone: _____

☐ Multiple Locations (Please see attached)

Date: _____

For office use only:

Received: _____ Completed: _____ By: _____

Notes: _____

