

To help provide coverage for the growing number of uninsured Pennsylvanians, on June 10, 2009, a state law known as Health Insurance Coverage for Adult Children was signed by Gov. Edward G. Rendell. This law gives you the option to extend health insurance coverage for your employees' adult dependents through age 29 and end coverage when a dependent turns 30.

This allows an adult dependent up to age 30 to remain covered by his or her parents' group health insurance if the adult dependent:

- is not married;
- has no dependents;
- resides in Pennsylvania (unless he or she is enrolled as a full-time student at an institution of higher learning in another state);
- does not have other private health insurance coverage; and
- is not enrolled in or eligible for government benefits.

You have the option to add coverage for adult dependents any time during the year. You will be billed 100 percent of the single subscriber rate for any adult dependents enrolled under your group benefits policy.

If you're interested in learning more about this benefit, please contact The Administrators, Inc. at (800)634-4428.



2010 Benefit Election Form

Company Name:	Email:	For office use only	Effective Date:
Contact Name:		CID:	Date Submitted:
Address:		Group Numbers:	
Show all plans co is offering, new, current or changing. In comments, note non-stand plans being			

Firms with 2-9 enrollees may offer 2 medical from 2 lines of business (3 if 1 HSA) & 1 Rx plan. Firms with 10 or more enrollees may offer 3 medical plans (4 if 1 is an HSA) & 2 Rx. No of the medical plans may be from the same carrier.

Choose Plans	Choose Product	Office Visit Copay PCP/Specialist	Facility Copay Hospital/Outpatient Surgery	Out-of-Network Benefit Individual/Family Deductible (PC & POS Only)	Prescription Plan Generic/Brand/Non-Formulary	Vision (Keystone (KS) riders may be sold only with HMO or POS plans)			Dental (KS riders only) indicate UCCI Dental in comment
Copay Series	† Personal Choice	† C1 - \$10/\$20	† F1 - \$0-day/\$0 OP	† O1 - \$500/\$1500/70%	† \$10/\$20/\$35 † \$250/\$20/\$40/\$60	† None	† Annual	† Biennial	† Basic Dental
Office only: Bill to acct #	† Keystone HMO † Point of Service † Direct POS	† C2 - \$15/\$30 † C3 - \$20/\$40 † C4 - \$30/\$50*	† F2 - \$100-day/\$50 OP † F3 - \$150-day/\$75 OP † F4 - \$250-day/\$125 OP † F5 - \$400-day/\$200 OP**	† O2 - \$1500/\$4500/50%	† \$15/\$35/\$50 † \$0/\$25/\$50 † \$5/\$40/\$60 † \$20/\$40/\$60	† \$35 † \$50 † \$75	† \$100 † \$125 † \$200	† \$250 † \$35 KS Rider † \$100 KS Rider	
Copay Series	† Personal Choice	† C1 - \$10/\$20	† F1 - \$0-day/\$0 OP	† O1 - \$500/\$1500/70%	† \$10/\$20/\$35 † \$250/\$20/\$40/\$60	† None	† Annual	† Biennial	† Basic Dental
Office only: Bill to acct #	† Keystone HMO † Point of Service † Direct POS	† C2 - \$15/\$30 † C3 - \$20/\$40 † C4 - \$30/\$50*	† F2 - \$100-day/\$50 OP † F3 - \$150-day/\$75 OP † F4 - \$250-day/\$125 OP † F5 - \$400-day/\$200 OP**	† O2 - \$1500/\$4500/50%	† \$15/\$35/\$50 † \$0/\$25/\$50 † \$5/\$40/\$60 † \$20/\$40/\$60	† \$35 † \$50 † \$75	† \$100 † \$125 † \$200	† \$250 † \$35 KS Rider † \$100 KS Rider	
Copay Series	† Personal Choice	† C1 - \$10/\$20	† F1 - \$0-day/\$0 OP	† O1 - \$500/\$1500/70%	† \$10/\$20/\$35 † \$250/\$20/\$40/\$60	† None	† Annual	† Biennial	† Basic Dental
Office only: Bill to acct #	† Keystone HMO † Point of Service † Direct POS	† C2 - \$15/\$30 † C3 - \$20/\$40 † C4 - \$30/\$50*	† F2 - \$100-day/\$50 OP † F3 - \$150-day/\$75 OP † F4 - \$250-day/\$125 OP † F5 - \$400-day/\$200 OP**	† O2 - \$1500/\$4500/50%	† \$15/\$35/\$50 † \$0/\$25/\$50 † \$5/\$40/\$60 † \$20/\$40/\$60	† \$35 † \$50 † \$75	† \$100 † \$125 † \$200	† \$250 † \$35 KS Rider † \$100 KS Rider	
Deductible Series	† Personal Choice	Deductible (Individual/Family)		Coinsurance	† \$10/\$20/\$35 † \$250/\$20/\$40/\$60	† None	† Annual	† Biennial	† Basic Dental
Office only: Bill to acct #	† Keystone HMO † Direct POS	† D1 - \$500/\$1500 † D2 - \$1000/\$3000 † D3 - \$2000/\$6000 † D4 - \$3000/\$9000		† N1 - 80% † N2 - 70%	† \$15/\$35/\$50 † \$0/\$25/\$50 † \$5/\$40/\$60 † \$20/\$40/\$60	† \$35 † \$50 † \$75	† \$100 † \$125 † \$200	† \$250 † \$35 KS Rider † \$100 KS Rider	
HRA	Contribution amount † 25% of in-network deductible † 50% of in-network deductible			Claims rollover options † Include claims rollover † Exclude claims rollover		Options for eligible expenses † Include IRS Code 213(d) † Exclude IRS Code 213(d)			
HSA Plans	† Personal Choice	Deductible (Individual/Family)		Coinsurance	Integrated Prescription Drug	† None	† Annual	† Biennial	
Office only: Bill to acct #		† HD1 - \$1500/\$3000 † HD2 - \$2000/\$4000 † HD3 - \$2500/\$5000 † HD4 - \$3000/\$6000		† HC1 - 100% † HC2 - 80%	† With Rx † Without Rx	† \$35 † \$50 † \$75	† \$100 † \$125 † \$200	† \$250	
				Benefit Election † Contract year † Calendar year					
HSA	† Yes, I have employees interested in opening an HSA Account with Bancorp Bank								

Coverage for adult children: Yes, I want to provide Health Insurance coverage to my employees' adult children.

Comments:	If you currently offer prescription drug coverage without coverage for oral contraceptives, you are able to keep this coverage. If, however, you change to another selection, your benefit design will include oral contraceptives.
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Signature required of company officer, or benefits administrator only	Date:
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867 Sussex Blvd.
Broomall, PA 19008
P 610-604-4500 F 610-604-4922

If you are making a plan change, please complete and return by faxing it to 610-604-4922.

*C4 can only be combined with F3, F4 or F5
**F5 can only be combined with C3 or C4 and O2



PA Dependent to 30 – Enrollment application

To qualify for coverage, the adult child must meet all of the following eligibility criteria as either a dependent or a student. As a dependent, the adult child must:

- be a qualified dependent by blood or law of a covered employee/parent/subscriber;
- have a parent/subscriber who is covered under an Independence Blue Cross plan;
- be under 30;
- not be otherwise eligible for coverage within the plan's limiting age provisions;
- be unmarried or not entered into a civil union;
- have no dependents of his or her own;
- be a resident of Pennsylvania (unless he or she is enrolled as a full-time student at an institution of higher learning in another state);
- not have private health insurance coverage;
- not be enrolled in or eligible for government benefits.

A. Group and employee information

Group name _____

Group number _____

Employer signature _____

B. Type of activity

Date of event change – Check all that apply

___/___/___ Add dependent over the limiting age but under 30

___/___/___ Remove dependent over the limiting age but under 30

Reasons _____

C. Covered parent/dependent information

Covered parent/subscriber name _____ ID number _____

Birthdate (MM, DD, YY) ___/___/___ Dependent's SSN _____ Sex M ___ F ___

Dependent's name (last, first, MI) _____

Dependent's address _____

Provider number _____

Employee's signature _____

Return form and other required documentation by fax to The Administrators, Inc.'s Customer Service Department at 610-604-4922 or by mail to The Administrators, Inc.'s Customer Service Department, 867 Sussex Blvd., Broomall, PA 19008.