



# Small Business

## Health coverage application for EMPLOYERS

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### APPENDIX A

#### Plan Selection

Use this document to select the coverage options and contribution levels that you would like to make available to your employees.

#### Step 1: Define Carrier Choice

Please indicate which carrier(s) you would like to offer your employees. Please note carrier choice must be the same for all employee groups.

- MVP and BCBS
- MVP Only
- BCBS Only

On the next two pages, you will define your employee groups and contribution amounts by group. Please identify each employee in each group by their last name and social security number. If you have more than two groups you will need to attach an additional sheet.

*Please note:* Employers are responsible for ensuring compliance with all state and federal labor laws regarding discrimination and offers of benefits and coverage. There may also be tax consequences associated with these decisions. If you have questions or concerns about fair labor standards, please contact U.S. Department of Labor toll free at (866) 487-2365.



**Step 3: Define Contribution Amounts**

Please define the contribution that you would like to offer to this group of employees.

You may contribute a flat dollar amount or a percentage. If you choose to contribute a percentage, you will select the reference plan in Step 4. A reference plan is the plan in which your employer contribution is based.

Employer Contributions	Single	<input type="radio"/> Dollar (indicate \$)	\$
		<input type="radio"/> Reference Plan (indicate % and select plan below)	%
	Couple	<input type="radio"/> Dollar (indicate \$)	\$
		<input type="radio"/> Reference Plan (indicate% and select plan below)	%
	Parent and Child(ren)	<input type="radio"/> Dollar (indicate \$)	\$
		<input type="radio"/> Reference Plan (indicate% and select plan below)	%
	Family	<input type="radio"/> Dollar (indicate \$)	\$
		<input type="radio"/> Reference Plan (indicate% and select plan below)	%

**Step 4: Select a Reference Plan**

If you have chosen the reference plan option, please select it below.

<input type="radio"/> MVP Platinum Standard	<input type="radio"/> BCBS Platinum Standard
<input type="radio"/> MVP Gold Standard	<input type="radio"/> BCBS Gold Standard
<input type="radio"/> MVP Silver Standard	<input type="radio"/> BCBS Silver Standard
<input type="radio"/> MVP Bronze Standard	<input type="radio"/> BCBS Bronze Standard
<input type="radio"/> MVP Silver HDHP <i>can be paired with a HSA</i>	<input type="radio"/> BCBS Silver HDHP <i>can be paired with a HSA</i>
<input type="radio"/> MVP Bronze HDHP <i>can be paired with a HSA</i>	<input type="radio"/> BCBS Bronze HDHP <i>can be paired with a HSA</i>
<input type="radio"/> MVP Gold HMO 500 Non-Standard	<input type="radio"/> BCBS Gold Blue Rewards Non-Standard
<input type="radio"/> MVP Silver HMO 1700 Non-Standard	<input type="radio"/> BCBS Silver Blue Rewards Non-Standard
<input type="radio"/> MVP Bronze HMO 3000 Non-Standard	<input type="radio"/> BCBS Bronze Blue Rewards CDHP Non-Standard



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