



**Immediate release**

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## **SCBIO, BlueCross BlueShield SC announce health insurance program for members**

*Neace Lukens central administration for SCBIO program*

SCBIO, BlueCross Blue Shield of South Carolina and Neace Lukens Insurance Agency will offer SCBIO members comprehensive health insurance, insurance administration and other value added benefits beginning January 1, 2012.

"This is a huge added benefit for all entrepreneurs and life science businesses of SCBIO that are trying to get their businesses off the ground while keeping costs low," said Michael Bolick, Chairman of SCBIO.

"SCBIO appreciates the commitment and diligent effort by BlueCross BlueShield of South Carolina and Neace Lukens to get this done."

The insurance program offers members:

- A full range of insurance programs with the BlueCross network at a rate not available to individual members;
- Ease of administration through Neace Lukens for individual and company concerns;
- Added value through attractively priced dental, vision, disability and life insurance products.

Enrollment will begin in November and December.

"BlueCross has a tradition of working with entrepreneur companies because we know how much they can contribute to South Carolina's economy. To be able to assist them with great benefits to attract quality employees is an honor," said Jim Deyling, president of the BlueCross unit of S.C. BlueCross' group of companies.

BlueCross is an independent licensee of the Blue Cross and Blue Shield Association.

### **Value priced package, huge network**

"Neace Lukens works with a number of life science associations throughout the country and this partnership is yet another benefit to working together through SCBIO to advance life science businesses in South Carolina," said Kerri Colditz, Neace Lukens senior account executive.

Under the agreement, SCBIO members will be able to obtain:

- Medical plans based on BCBS endorsed underwriting, access to the national BCBS provider networks, and full plan design options for all plans currently offered in South Carolina by BlueCross BlueShield.
- Package savings discounts for additional lines of coverage through Companion Life for Dental, Vision, Short term Disability, and Life insurance products
- Value added services and underwriting discounts as the SCBIO group grows in membership
- BlueCross BlueCross BlueShield endorsed services and support provided to all participating companies through sponsorships, seminars, and individual company initiatives

### **Administration, accounting help**

Small companies will get the benefit of years of insurance market experience through Neace Lukens' administration that will provide:

- A central point of contact for all questions and consultation.
- Streamlined administration to help with employee communication, enrollment and billing tasks, ongoing accounting questions and strategic benefit planning support.
- Wellness programs and assistance with healthcare cost management throughout the year at no additional charge

### **Individual attention; Better benefits with growth**

Each SCBIO member company will have the opportunity to meet with BlueCross and Neace Lukens in November and December to evaluate their current plans against the options being offered through the SCBIO affiliation. The plans include a number of unique benefits of joining this partnership as well as cost control features and discounts for coverage.

Each company will be evaluated separately from other SCBIO members, but plan experience and benefit offerings will be of better value than what individual companies can currently obtain on their own in the market.

As the plan grows over the next 12 to 18 months, and acceptable performance is demonstrated, SCBIO members will have the prospect of additional value added services and a true association underwritten plan.

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## **Steps to Enroll**

Submit your company's census information by Dec. 15 to get Jan. 1 coverage.

**Step 1:** Join SCBIO

**Step 2:** Fill in Insurance Census form from SCBIO Web site. Fill in the information on prospective covered employees . **Fax to: Kerri Colditz, senior executive, Neace Lukens: 503.259.9222 ([kerri.colditz@neacelukens.com](mailto:kerri.colditz@neacelukens.com)) Phone: 800-928-2011.**

**Step 3:** Confer with Neace Lukens to compare benefits and plans with your current coverage. You decide what coverage is optimum.

An IPAD 2 will be given away to a lucky company that has sent in the census by Dec. 15.

## **Insurance Census Form Instructions:**

**Fill out only the top portion of page 1 then go to page 3.**

## BlueCross® BlueShield® of South Carolina

**Agency Sales Department**  
**Mail Route ER-105**  
**www.SouthCarolinaBlues.com**

**1180 Sam Rittenberg Blvd., Suite 100**  
**Charleston, SC 29407**  
**(800) 476-8231 • (843) 571-6712 Fax**

### 2 – 50 PROPOSAL REQUEST FORM



Agent's Marketing Rep:  John (033)  Julie (070)

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: \_\_\_\_\_

Leave Blank.  
Go to Page 3

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> <input type="checkbox"/> 90/70 <input type="checkbox"/> 80/60 <input type="checkbox"/> 70/50 <input type="checkbox"/> 60/40	<b>Deductible: (pick one)</b> <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000	<b>Out-of-Pocket: (In/Out) (pick one)</b> <input type="checkbox"/> \$1,500/3,000 <input type="checkbox"/> \$2,000/4,000 <input type="checkbox"/> \$3,000/6,000 <input type="checkbox"/> \$5,000/10,000	<b>Options for Business Blue Complete (Preferred Blue):</b> <input type="checkbox"/> \$20/\$40 Office Visit Copayment <input type="checkbox"/> Enhanced Preventive <input type="checkbox"/> \$35 /\$60 Office Visit Copayment <input type="checkbox"/> Prescription Drug Card <input type="checkbox"/> Chiropractic <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Dental Standard Option <input type="checkbox"/> Dental High Option <input type="checkbox"/> 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.
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<input type="checkbox"/> <b>Business Blue Secure</b>	<b>Coinsurance: (pick one)</b> <input type="checkbox"/> 80/60 <input type="checkbox"/> 70/50 <input type="checkbox"/> 60/40 <input type="checkbox"/> 50/50	<b>Deductible: (In/Out) (pick one)</b> <input type="checkbox"/> \$1,250/2,500 <input type="checkbox"/> \$1,750/3,500 <input type="checkbox"/> \$2,250/4,500 <input type="checkbox"/> \$3,250/6,500 <input type="checkbox"/> \$4,250/8,500 <input type="checkbox"/> \$5,250/10,500	<b>Out-of-Pocket: (In/Out) (pick one)</b> <input type="checkbox"/> \$1,750/3,500 <input type="checkbox"/> \$2,250/4,500 <input type="checkbox"/> \$3,750/7,500 <input type="checkbox"/> \$5,250/10,500	<b>Options for Business Blue Secure:</b> <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> Dental/Vision 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"/> BlueRx <sup>SM</sup>
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<input type="checkbox"/> <b>Business Blue Basic</b> (pick one)	<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"/> Dental/Vision
	<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	\$500	\$1,500	\$500	\$1,500	\$1,000	\$3,000	\$1,000	\$3,000	
Deductible – family	\$1,500	\$4,500	\$1,500	\$4,500	\$3,000	\$9,000	\$3,000	\$9,000	
Coinsurance	80%	60%	60%	40%	80%	60%	60%	40%	
Out-of-Pocket – single	Unlimited		\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	
Out-of-Pocket – family	Unlimited		\$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>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>	
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</b> (HSA Qualified HDHP)	<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>
Deductible – single	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,600	\$2,600	\$2,600	\$2,600
Deductible – family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$5,200	\$5,200	\$5,200	\$5,200
Coinsurance	100%	60%	80%	60%	70%	50%	100%	60%	80%	60%
Out-of-Pocket – single	\$1,500	\$3,000	\$3,000	\$4,500	\$3,000	\$4,500	\$2,600	\$5,200	\$5,200	\$7,800
Out-of-Pocket – family	\$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>
Deductible – single	\$2,600	\$2,600	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$5,000	\$5,000
Deductible – family	\$5,200	\$5,200	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$10,000	\$10,000
Coinsurance	70%	50%	100%	60%	80%	60%	70%	50%	100%	60%
Out-of-Pocket – single	\$5,200	\$7,800	\$3,500	\$5,500	\$5,500	\$7,500	\$5,500	\$7,500	\$5,000	\$10,000
Out-of-Pocket – family	\$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:**

<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Dental High Option	2-6 size groups = 100% of those enrolled in health must enroll in dental. Enrollment status must be the same for health and dental.
<input type="checkbox"/> Dental Standard Option	<input type="checkbox"/> Orthodontics (13-50 Enrolled)	

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

<input type="checkbox"/> <b>Business Blue<sup>SM</sup> High Deductible for HRA</b> (Not HSA Qualified)	<input type="checkbox"/> <b>HD-HRA1</b>		<input type="checkbox"/> <b>HD-HRA2</b>		<b>Options for HDHRA:</b> <input type="checkbox"/> \$20/\$40 Office Visit Copayment <input type="checkbox"/> Dental Standard Option <input type="checkbox"/> \$35/\$60 Office Visit Copayment <input type="checkbox"/> Dental High Option <input type="checkbox"/> Chiropractic <input type="checkbox"/> Orthodontics (13-50 enrolled)
	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	
Deductible – single	\$2,000	\$2,000	\$3,000	\$3,000	<b>Prescription Drug Options: (Must choose one)</b> <input type="checkbox"/> Drug Card <input type="checkbox"/> Secure Card <input type="checkbox"/> Secure Generic Card <input type="checkbox"/> Blue Rx
Deductible – family	\$4,000	\$4,000	\$6,000	\$6,000	
Coinsurance	100%	60%	100%	60%	
Out-of-Pocket – single	\$2,000	\$4,000	\$3,000	\$6,000	

**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 or services. Companion Life is solely responsible.**

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