

2018 Employer Application Supplement

STEP 1 Group Plan Selections

Make a plan selection from the following options (Vertical, Horizontal, Single) below:

Vertical (Access to one carrier and all plans that are available for that carrier):

Anthem ConnectiCare (CBI)

Horizontal (Access to all carriers and plans that are available for that carrier):

Platinum Gold Silver Bronze

Single (Access to only the plan selected below):

Anthem

Bronze Pathway X PPO Bronze Pathway X PPO w/HSA Bronze Pathway X HMO w/HSA
 Silver Pathway X PPO Silver Pathway X PPO w/HSA Silver Pathway X HMO w/HSA
 Gold Pathway X PPO Gold Pathway X HMO Platinum Pathway X PPO

ConnectiCare (CBI)

Choice Bronze POS Choice Bronze POS HSA Choice Silver POS
 Choice Silver POS HSA Passage Gold POS PCP

STEP 2 Eligibility Requirements

Coverage Effective Date (mm/dd/yyyy) / /	Waiting Period: <input type="checkbox"/> 0 Days <input type="checkbox"/> 1 month <input type="checkbox"/> 45 days <input type="checkbox"/> 2 months
Coverage for: <input type="checkbox"/> Employees Only <input type="checkbox"/> Employees + Family	License # (Optional):

STEP 3 Broker Information

Broker Name:	Broker Agency:	License # (Optional):
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