

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: 0 Days 1 month 45 days 2 months

Coverage for: Employees Only Employees + Family

License # (Optional):

STEP 3 Broker Information

Broker Name:

Broker Email:

Broker Agency:

License # (Optional):