

# Employer Application Supplement

## STEP 1 Group Plan Selections

Make a plan selection from the following options (Vertical, Horizontal, Single, and or Dental) 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):

Gold  Silver  Bronze

**Single Plan Option** - Please choose from one plan below:

### Anthem

- Bronze Pathway X PPO  
 Silver Pathway X PPO  
 Gold Pathway X PPO

- Bronze Pathway X PPO w/HSA  
 Silver Pathway X PPO w/HSA

### Anthem Group Dental

- Anthem Dental Family  
 Anthem Dental Family Enhanced

### ConnectiCare (CBI)

- Choice Bronze POS  
 Choice Silver B POS

- Choice Bronze POS HSA  
 Choice Silver POS HSA

- Choice Silver A POS  
 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	

## STEP 3 Broker Information

Broker Name:	Broker Email:
Broker Agency:	Broker NPN #: