



BENEFIT PLAN SELECTION (BPS)

(To Be Used for Mid-Market Group Accounts)

Please complete & return this form in its entirety, including the required signatures

Section 1 - Account Information:

Employer Name:			
BlueSTAR Account #:	Effective Date:	Anniversary Date:	

Health Products / Mid-Market Benefit Plan Selection:

- The Out of Pocket Max for Non-HSA plans listed will not exceed \$7,900 for Individual and \$15,800 for Family medical.
- The Out of Pocket Max for HSA Aggregate plans listed will not exceed \$6,900 for Individual and \$8,150 for Family medical, for HSA Embedded plans listed will not exceed \$6,900 for Individual and \$13,800 for Family medical.
- The Out of Pocket Max is inclusive of all deductibles, copays and coinsurance costs incurred on in-network benefits.
- A group may select up to six health plan options.
- The Prescription Drug Card may vary between products.

Section 2a - Renewing Groups Only: (*If New Business, skip to Section 3)

Current Plan: Please list current plan(s) below	Retaining Plan:	Replacing Plan: Please list replacement plan in space below.
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2b - Renewing Groups Only: (*If New Business, skip to Section 3)

Adding Plan (Medical and/or Dental): Please list new plan(s) below
1.
2.
3.
4.
5.
6.

Section 3 – HSA / FSA Plans:

<p>HSA Vendor: * If HSA is selected, a vendor will need to be selected. (If no selection is made, HSA Vendor will default to Other / None.)</p> <p><input type="checkbox"/> Option A: BenefitWallet® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> <p><input type="checkbox"/> Option B: HSA Bank® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> <p><input type="checkbox"/> Option C: FlexHSA® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> <p><input type="checkbox"/> Option D: Other HSA Vendor / None (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.)</p>	<p>FSA Vendor: * If FSA is selected, a vendor will need to be selected. (If no selection is made, FSA Vendor will default to Other / None.)</p> <p><input type="checkbox"/> Option 1: BenefitWallet® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> <p><input type="checkbox"/> Option 2: HSA Bank® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> <p><input type="checkbox"/> Option 3: FlexHSA® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> <p><input type="checkbox"/> Option 4: Other FSA Vendor / None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.)</p>
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Section 4 – New Business:

GROUP NUMBER:

1. **Blue Directions (Private Exchange) Purchased?** Yes No (If yes, the Blue Directions Addendum is attached and made a part of the policy.)
2. Please select plan designs (Up to a maximum of 6 plans)

A. Blue Choice Options SM *1							
Tiered Network (Blue Choice OPT PPO – BC / PPO – PPO / Out of Network - OON)							
2020 NRMM Plan ID	Deductible (BC/ PPO/ OON)	Coins (BC/ PPO/ OON)	OPX (BC/ PPO/ OON)	OV/SPC (BC//PPO)	ER Copay (BC / PPO)	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCO0000 ^{*2,3}	\$500/ \$1500/ \$3000	90%/ 70%/ 50%	\$4000/ \$5600/ \$16800	\$20/40// \$50/\$100	\$400/\$400	\$0/\$15/\$30/\$50/\$150	\$0/\$15/\$30/\$50/\$150
<input type="checkbox"/> MIBCO0030 ^{*2,3}	\$1000/ \$2500/ \$5000	90%/ 70%/ 50%	\$2500/ \$5500/ \$16500	\$25/\$50// \$50/\$100	\$400/\$400	\$0/\$15/\$30/\$50/\$150	\$0/\$15/\$30/\$50/\$150
<input type="checkbox"/> MIBCO2000 ^{*2,3}	\$500/ \$1500/ \$3000	90%/ 70%/ 50%	\$4000/ \$5600/ \$16800	\$20/\$40// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2010 ^{*2,3}	\$500/ \$1500/ \$3000	100%/ 70%/ 50%	\$500/ \$3000/ \$9000	\$20/\$40// \$50/\$100	\$400/\$400	\$10/\$20/55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2030 ^{*2,3}	\$1000/ \$2500/ \$5000	90%/ 70%/ 50%	\$2500/ \$5500/ \$16500	\$25/\$50// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2040 ^{*2,3}	\$1500/ \$3500/ \$7000	90%/ 70%/ 50%	\$3000/ \$5500/ \$16500	\$30/\$50// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2050 ^{*2,3}	\$4000/ \$5000/ \$10000	80%/ 60%/ 50%	\$5600/ \$5600/ \$16800	\$35/\$55// \$60/\$120	\$500/\$500	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2080 ^{*2,3}	\$250/ \$1000/ \$2000	90%/ 70%/ 50%	\$750/ \$1250/ \$2500	\$20/\$40// \$40/\$80	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

*1 For HMO and PPO plans the Performance Drug List will be utilized. Members pays the difference applies.

*2 ER Copays are per occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*3 The ER Copay is applicable across all tiers.

B. Blue Choice Options SM *1 HSA							
Tiered Network (Blue Choice OPT PPO – BC / PPO – PPO / Out of Network - OON)							
2020 NRMM Plan ID	Deductible (BC/ PPO/ OON)	Coins (BC/ PPO/ OON)	OPX (BC/ PPO/ OON)	OV/SPC (BC/ PPO)	ER Coins (BC / PPO)	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MICOE2060 ^{*4,5}	\$2800/ \$4500/ \$9000	100%/ 80%/ 60%	\$2800/ \$6450/ \$19350	100%/80%	100%	100%	100%
<input type="checkbox"/> MICOE2070 ^{*4,5}	\$3000/ \$4700/ \$9400	100%/ 80%/ 60%	\$3000/ \$6650/ \$19950	100%/80%	100%	100%	100%

*1 For HMO and PPO plans the Performance Drug List will be utilized. Member pays the difference applies

*4 Coinsurance percentage would begin after deductible is met where applicable.

*5 These HSA plans have an embedded deductible.

C. Blue Choice Select PPO SM *1							
2020 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCS2010	\$250/\$500	80%/50%	\$1250/\$3750	\$20/\$20	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2020	\$500/\$1000	90%/60%	\$1500/4500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2030	\$500/\$1000	80%/50%	\$2500/7500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2040	\$1000/\$2000	90%/60%	\$2000/\$6000	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2050	\$1000/\$2000	80%/50%	\$3000/\$9000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2070	\$1500/\$3000	80%/50%	\$3500/\$10500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2090	\$2000/\$4000	80%/50%	\$4000/\$12000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2120	\$2500/\$5000	80%/50%	\$4500/13500	\$30/\$30	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2160	\$4000/\$8000	80%/50%	\$5500/\$16500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

*1 For PPO plans the Performance Drug List will be utilized. Member pays the difference applies.

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Blue Edge SM Select HSA							
2020 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Coins	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIEEE2180 ^{*4}	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESA2110 ^{*4*5}	\$2500/\$5000	80%/50%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESA2120 ^{*4*5}	\$2500/\$5000	100%/100%	\$2500/\$5000	100%/100%	100%	100%	100%

*4 Coinsurance percentage would begin after deductible is met where applicable.

*5 Indicates HSA plans is an aggregate plan.

E. Blue Edge SM HSA							
2020 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Coins	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIEEA2000 ^{*4*5}	\$1500/\$1500	100%/80%	\$3000/\$3000	100%/100%	100%	80%80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2010 ^{*4*5*6}	\$1500/\$3000	80%/60%	\$3000/\$9000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2020 ^{*4*5*6}	\$2500/\$2500	100%/80%	\$5000/\$5000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEA2030 ^{*4*5}	\$2500/\$5000	80%/60%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2040 ^{*4}	\$2800/\$5600	100%/100%	\$2800/\$5600	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE2060 ^{*4}	\$2800/\$5600	80%/60%	\$5600/\$16800	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2070 ^{*4*5}	\$3500/\$7000	80%/60%	\$5800/\$17400	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2080 ^{*4}	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%

*4 Coinsurance percentage would begin after deductible is met where applicable.

*5 Indicates HSA plans is an aggregate plan.

*6 Select preventive categories of prescription drugs will be covered with no member cost share.

F. Blue Print [®] PPO ^{*1}							
2020 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBPP0020	\$500/\$1000	90%/70%	\$1500/\$4500	\$20/\$40	\$150	\$0/\$15/\$30/\$50/\$150	\$0/\$15/\$30/\$50/\$150
<input type="checkbox"/> MIBPP0050	\$1000/\$2000	80%/60%	\$3000/\$9000	\$30/\$50	\$150	\$0/\$15/\$30/\$50/\$150	\$0/\$15/\$30/\$50/\$150
<input type="checkbox"/> MIBPP0070	\$1500/\$3000	80%/60%	\$3500/\$10500	\$30/\$50	\$150	\$0/\$15/\$30/\$50/\$150	\$0/\$15/\$30/\$50/\$150
<input type="checkbox"/> MIBPP0120	\$2500/\$5000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$0/\$15/\$30/\$50/\$150	\$0/\$15/\$30/\$50/\$150
<input type="checkbox"/> MIBPP2000	\$0/\$0	90%/70%	\$1000/\$3000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2010	\$250/\$500	80%/60%	\$1250/\$3750	\$20/\$40	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2020	\$500/\$1000	90%/70%	\$1500/\$4500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2030	\$500/\$1000	80%/60%	\$2500/\$7500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2040	\$1000/\$2000	90%/70%	\$2000/\$6000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2050	\$1000/\$2000	80%/60%	\$3000/\$9000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2060	\$1000/\$2000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2070	\$1500/\$3000	80%/60%	\$3500/\$10500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2080	\$1500/\$3000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2090	\$2000/\$4000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2110	\$2500/\$5000	90%/70%	\$3500/\$10500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2120	\$2500/\$5000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2130	\$2500/\$5000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2140	\$3500/\$7000	80%/60%	\$5500/\$16500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2160	\$4000/\$8000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2170	\$5000/\$10000	80%/60%	\$5600/\$16800	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2180 ^{*4}	\$1000/\$2000	80%/60%	\$3000/\$9000	80%/80%	80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2190 ^{*4}	\$1500/\$3000	80%/60%	\$3500/\$10500	80%/80%	80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2200 ^{*4}	\$2500/\$5000	80%/60%	\$4500/\$13500	80%/80%	80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

*1 For PPO plans the Performance Drug List will be utilized. Member pays the difference applies.

*4 Coinsurance percentage would begin after deductible is met where applicable.

G. Blue Advantage [®] HMO ^{*1}							
2020 NRMM Plan ID	Deductible In-Network	Coins In-Network	OPX In-Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAH2000	\$0	100%	\$1500	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAH2010	\$0	100%	\$1500	\$30/\$50	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAH2020	\$0	100%	\$1500	\$20/\$40	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

*1 For HMO plans the Performance Drug List will be utilized. Member pays the difference applies.

H. Blue Advantage HMO® Value Choice ^{*1}							
2020 NRMM Plan ID	Deductible In Network	Coins In Network	OPX In-Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAV2110	\$0	100%	\$3,000	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV2120	\$0	100%	\$3,000	\$50/\$70	\$400	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV2130	\$1000	80%	\$3,000	\$50/\$70	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAV2140	\$1500	80%	\$4,500	\$50/\$70	\$400	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

*1 For HMO plans the Performance Drug List will be utilized. Member pays the difference applies.

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Section 5 - Ancillary Product Selection:

A. Dental Products

DENTAL PPO GROUP NUMBER:
DENTAL HMO GROUP NUMBER:

1. Blue Care Dental PPO					Participation Requirements					
Plan Pairings (Groups 10+)					Participation Requirements					
Contributory Group		Voluntary			Contributory Group		Voluntary			
High Option	Low Option	High Option	Low Option		>70% Participation >50% Employer contribution		>25% Participation <50% Employer contribution			
DINHR31	DINLR36	DINHR43	DINLR54		Any one of the above Voluntary High Option DPPO plans can be paired with any one of the Voluntary Low Option DPPO plans. Two High Voluntary plans that can be paired are DINHM59 and DINHR43. DINHM46 can be freely paired with any Voluntary High/Low Plan Option.					
DINHR32	DINLR37	DINH44	DINLM55							
DINHR33	DINLM41	DINH46	DINLM56							
DINHR34	DINLM51	DINHR52	DINLR60							
DINH38	DINLR58	DINHR53								
DINH40		DINH59								
DINH42										
DINHR50										
DINH57										
Any one of the above Contributory Group High Option DPPO plans can be paired with any one of the Contributory Group Low Option DPPO plans. Two High Contributory Group plans that can be paired are DINHM57 and DINHR33. DINHM42 can be freely paired with any Contributory Group High/Low Plan Options.										
IL Plan Code	Plan Type	Deductible In/Out (3x) Family Limit	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Ortho Life Maximum	Allocation		
Contributory Group ²										
<input type="checkbox"/> DINHR31	Passive	\$25/\$25	\$3000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High		
<input type="checkbox"/> DINHR32	Passive	\$50/\$50	\$2000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High		
<input type="checkbox"/> DINHR33	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High		
<input type="checkbox"/> DINHR34	Active	\$50/\$75	\$1500/\$1000	90 th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	High		
<input type="checkbox"/> DINLR36	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	Low		
<input type="checkbox"/> DINLR37	Passive	\$75/\$75	\$1000	90 th R&C	90%/70%/50%/NA	90%/70%/50%/NA	N/A	Low		
<input type="checkbox"/> DINHM38	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High		
<input type="checkbox"/> DINHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A	High		
<input type="checkbox"/> DINLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	N/A	Low		
<input type="checkbox"/> DINHM42	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	N/A	High		
<input type="checkbox"/> DINHR50	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	High		
<input type="checkbox"/> DINLM51	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low		
<input type="checkbox"/> DINHM57	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	High		
<input type="checkbox"/> DINLR58 ⁴	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low		
Voluntary Group										
<input type="checkbox"/> DINHR43 ¹	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High		
<input type="checkbox"/> DINHM44 ¹	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A	High		
<input type="checkbox"/> DINHM46	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	N/A	High		
<input type="checkbox"/> DINHR52 ¹	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High		
<input type="checkbox"/> DINHR53 ¹	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	High		
<input type="checkbox"/> DINLR54 ¹	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	Low		
<input type="checkbox"/> DINLM55 ¹	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low		
<input type="checkbox"/> DINLM56 ¹	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A	Low		
<input type="checkbox"/> DINHM59 ¹	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	High		
<input type="checkbox"/> DINLR60 ^{1,4}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low		
Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage). Coinsurance Type - II: Fillings/Non-Surgical Periodontal/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High). Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low). Coinsurance Type - IV: Ortho (both High & Low Coverage). R&C: Reasonable & Customary, MAC: Maximum Allowable Charge. *1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services. *2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit. *3 Only Basic Restorative Services are covered under Class II. *4 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.										

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Section 5 - Ancillary Product Selection:

B. Dental Products

DENTAL PPO GROUP NUMBER:
DENTAL HMO GROUP NUMBER:

2. BlueCare Dental HMO									
Plan Pairings (Groups 10+)					Participation Requirements				
Contributory Group			Voluntary		Contributory Group			Voluntary	
Any one Contributory Group DHMO plan can be paired with any one Contributory Group DPPO option.			Any one Voluntary DHMO plan can be paired with any one Voluntary DPPO option.		>70% Participation >50% Employer contribution			>25% Participation	
IL Plan Code	Plan Type	Deductible In/Out	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Ortho Life Maximum	Allocation	
					In-Network (Class I/II/III/IV)	Out-Of-Network (Class I/II/III/IV)			
Contributory Group									
<input type="checkbox"/> DNCAP710	DHMO	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A	N/A	
<input type="checkbox"/> DNCAP730	DHMO	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A	N/A	
Voluntary									
<input type="checkbox"/> DNCAP810	DHMO	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A	N/A	
<input type="checkbox"/> DNCAP830	DHMO	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A	N/A	

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B. Life Products

GROUP NUMBER:

If Life is a desired benefit, the Group Term Life product must be selected in order to also select Dependent Life and Short Term Disability.

1. Group Term Life / Accidental Death & Dismemberment (AD&D)					
<input type="checkbox"/> Yes <input type="checkbox"/> No Complete Item 4 below if Term Life benefits vary by class					
Choose a Benefit:		Choose a Reduction Method:			
<input type="checkbox"/> Flat Benefit of \$ _____ per Employee <input type="checkbox"/> _____ times Basic Annual Salary (rounded to the next higher multiple of \$1,000, if not already a multiple), up to a Maximum benefit of \$ _____ per Employee		(Only available to groups with 10 or more enrolled lives)			
		<input type="checkbox"/> 35% of the original amount at age 65 / 50% of the original amount at age 70 <input type="checkbox"/> 50% of the original amount at age 70			
		(Only applicable to groups with 2 - 9 enrolled lives)			
		<input type="checkbox"/> 35% of the original amount at age 65, 50% of the original amount at age 70 75% of the original amount at age 75, 85% of the original amount at age 80			
Excess Amounts of Life Insurance:					
Evidence of Insurability will be required for individual life insurance amounts in excess of \$ _____. Such excess insurance amounts shall become effective on the date Evidence of Insurability is approved. Waiver of Premium, in the event of total disability, will terminate at age 65 or when no longer disabled, whichever is earlier. Being Actively at Work is a requirement for coverage. If an employee is not Actively at Work on the day coverage would otherwise be effective, the effective date of coverage will be the date of return to Active Work. If an employee does not return to Active Work, he/she will not be covered.					
2. Dependent Life					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse	Children – age birth to 14 days	Children – age 14 days to 6 months	Children – age 6 months to 26 years / student 26
Choose a Plan:	<input type="checkbox"/> Option 1	\$10,000	\$100	\$100	\$5,000
	<input type="checkbox"/> Option 2	\$5,000	\$100	\$100	\$5,000
	<input type="checkbox"/> Option 3	\$5,000	\$100	\$100	\$2,000
3. Short Term Disability (STD)					
<input type="checkbox"/> Yes <input type="checkbox"/> No Complete Item 4 below if Short Term Disability benefits vary by class Benefit will not exceed 66 2/3% of Basic Weekly Salary and is payable for non-occupational disabilities only					
Choose a Benefit:					
<input type="checkbox"/> Flat \$ _____ weekly (not to exceed \$250)					
<input type="checkbox"/> Salary Based (select one) - <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 66 2/3% of Basic Weekly Salary up to a maximum of \$ _____					
Choose a Plan: Accident/Sickness/Duration					
<input type="checkbox"/> 1 / 8 / 13 weeks <input type="checkbox"/> 8 / 8 / 13 weeks <input type="checkbox"/> 15 / 15 / 13 weeks		<input type="checkbox"/> 31 / 31 / 13 weeks *Only available to groups with 10 or more lives enroll			
<input type="checkbox"/> 1 / 8 / 26 weeks <input type="checkbox"/> 8 / 8 / 26 weeks <input type="checkbox"/> 15 / 15 / 26 weeks		<input type="checkbox"/> 31 / 31 / 26 weeks			
4. Classes					
Please complete this chart if Term Life or Short Term Disability benefits vary by class (3 Max 2 – 9 lives) (6 Max 10+ lives)					
Class Description	Term Life / AD&D		Short Term Disability		

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Additional Provisions:

Use this section to indicate if the account is retaining any plan(s) not shown above or need to indicate any other instruction or important information.

Section 6 – Signatures:

Signatures		
Employer / Authorized Purchaser	Title	Date