



BENEFIT PLAN SELECTION (BPS)-ACA SMALL GROUP

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

Section 1- Account Information:

Form with fields for Employer Name, BlueSTAR Account #, Effective Date, and Anniversary Date. Includes instructions: 'This Benefit Plan Selection Form is for small group off exchange...' and 'A group may select up to six health plan options.'

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

Table with 3 columns: Current Plan (Please list current plan(s) below), Retaining Plan (Yes/No), and Replacing Plan (Please list replacement plan in space below). Rows 1-6.

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

Adding Plan:

Form for adding a plan with a header 'Please list new plan(s) below' and numbered rows 1-6.

Section 3- HSA

HSA Vendor selection form with instructions: '* If HSA is selected, a vendor will need to be selected. (If no selection is made, HSA Vendor will default to Other / None.)' and options: Option A: BenefitWallet, Option B: HSA Bank, Option C: FlexHSA Plan, Other / None.

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Section 4- New Business:

GROUP NUMBER:

Please select plan designs (Up to a maximum of 6 plans)

A. PPO								
Plan ID	HSA Contr.	Deductible (In/Out)	Colns (In/Out)	OPX (In/Out)	PCP Copay	SPC Copay	ER Copay	Rx Plan.
Platinum								
<input type="checkbox"/> P500PPO	N/A	\$250 / \$500	80% / 60%	\$1,250 / \$2,500	\$25	\$45	\$300	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> P501PPO	\$1,500	\$2,600 / \$5,200	90% / 70%	\$3,500 / \$7,000	N/A	N/A	90%*	90%*
Gold								
<input type="checkbox"/> G512PPO	N/A	\$0 / \$6,600	100% / 80%	\$6,600 / \$13,200	\$30	\$60	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G515PPO	N/A	\$500 / \$1,000	80% / 60%	\$5,000 / \$10,000	\$40	\$60	\$400	\$15/\$30/\$50
<input type="checkbox"/> G511PPO	N/A	\$1,000 / \$2,000	80% / 60%	\$3,000 / \$6,000	\$30	\$50	\$400	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> G510PPO	N/A	\$1,500 / \$3,000	80% / 60%	\$3,500 / \$7,000	\$10	\$60	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G517PPO	N/A	\$1,800 / \$3,600	90% / 70%	\$4,000 / \$8,000	\$20	\$40	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G518PPO	N/A	\$2,000 / \$4,000	100% / 100%	\$2,000 / \$4,000	N/A	N/A	N/A	100%*
<input type="checkbox"/> G512PPO	\$500	\$2,600 / \$5,200	90% / 70%	\$3,500 / \$7,000	N/A	N/A	90%*	90%*
<input type="checkbox"/> G519PPO	\$1,000	\$2,600 / \$5,200	80% / 60%	\$5,000 / \$10,000	N/A	N/A	80%*	80%*
<input type="checkbox"/> G509PPO	N/A	\$3,250 / \$6,500	100% / 100%	\$3,250 / \$6,500	\$30	\$50	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G520PPO	\$1,500	\$3,500 / \$7,000	80% / 60%	\$6,000 / \$12,000	N/A	N/A	80%*	80%*
<input type="checkbox"/> G513PPO	\$1,000	\$4,000 / \$8,000	100% / 100%	\$4,000 / \$8,000	N/A	N/A	N/A	100%*
Silver								
<input type="checkbox"/> S506PPO	N/A	\$2,000 / \$4,000	70% / 50%	\$6,350 / \$12,700	\$40	\$60	\$500	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S503PPO	N/A	\$3,000 / \$6,000	80% / 60%	\$6,350 / \$12,700	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S502PPO	N/A	\$6,000 / \$12,000	100% / 100%	\$6,000 / \$12,000	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150
Bronze								
<input type="checkbox"/> B519PPO	N/A	\$5,000 / \$10,000	80% / 60%	\$6,600 / \$13,200	\$30*	\$60*	80%*	80%*
<input type="checkbox"/> B520PPO	N/A	\$6,000 / \$12,000	100% / 100%	\$6,000 / \$12,000	N/A	N/A	N/A	100%*
B. Blue Choice PPO								
Plan ID	HSA Contr.	Deductible (In/Out)	Colns (In/Out)	OPX (In/Out)	PCP Copay	SPC Copay	ER Copay	Rx Plan
Gold								
<input type="checkbox"/> G511CHC	N/A	\$1,000 / \$2,000	80% / 60%	\$3,000 / \$6,000	\$30	\$50	\$400	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> G510CHC	N/A	\$1,500 / \$3,000	80% / 60%	\$3,500 / \$7,000	\$10	\$60	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G512CHC	\$500	\$2,600 / \$5,200	90% / 70%	\$3,500 / \$7,000	N/A	N/A	N/A	90%*
<input type="checkbox"/> G513CHC	\$1,000	\$2,600 / \$5,200	80% / 60%	\$5,000 / \$10,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*
<input type="checkbox"/> G509CHC	N/A	\$3,250 / \$6,500	100% / 100%	\$3,250 / \$6,500	\$30	\$50	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G514CHC	\$1,500	\$3,500 / \$7,000	80% / 60%	\$6,000 / \$12,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*
Silver								
<input type="checkbox"/> S506CHC	N/A	\$2,000 / \$4,000	70% / 50%	\$6,350 / \$12,700	\$40	\$60	\$500	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S503CHC	N/A	\$3,000 / \$6,000	80% / 60%	\$6,350 / \$12,700	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S502CHC	N/A	\$6,000 / \$12,000	100% / 100%	\$6,000 / \$12,000	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150
Bronze								
<input type="checkbox"/> B521CHC	N/A	\$5,000 / \$10,000	80% / 60%	\$6,600 / \$13,200	\$30*	\$60*	N/A	90%/90%/80%/70%/60%*
<input type="checkbox"/> B520CHC	N/A	\$6,000 / \$12,000	100% / 100%	\$6,000 / \$12,000	N/A	N/A	N/A	100%*
C. Blue Options PPO™								
Plan ID	HSA Contr.	Deductible (In/Out)	Colns (In/Out)	OPX (In/Out)	PCP Copay	SPC Copay	ER Copay	Rx Plan
Gold								
<input type="checkbox"/> G501OPT	N/A	\$500 BC, \$1,500 PPO	90% BC, 70% PPO	\$4,000 BC, \$6,000 PPO	\$20 BC, \$50 PPO	\$40 BC, \$100 PPO	\$400	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G502OPT	N/A	\$1,000 BC, \$2,500 PPO	90% BC, 70% PPO	\$2,500 BC, \$5,500 PPO	\$25 BC, \$50 PPO	\$50 BC, \$100 PPO	\$400	\$0/\$10/\$35/\$75/\$150
Silver								
<input type="checkbox"/> S503OPT	N/A	\$2,500 BC, \$4,500 PPO	100% BC, 80% PPO	\$2,500 BC, \$6,600 PPO	N/A	N/A	N/A	100%*
<input type="checkbox"/> S504OPT	N/A	\$4,000 BC, \$5,000 PPO	80% BC, 60% PPO	\$6,000 BC, \$6,600 PPO	\$35 BC, \$60 PPO	\$55 BC, \$120 PPO	\$500	\$0/\$10/\$35/\$75/\$150

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D. Blue Precision HMO							
Plan ID	Deductible (In)	CoIns (In)	OPX (In)	PCP Copay	SPC Copay	ER Copay	Rx Plan
Platinum							
<input type="checkbox"/> P501PSN	\$0	100%	\$1,500	\$25	\$45	\$300	\$0/\$10/\$50/\$100/\$150
Gold							
<input type="checkbox"/> G531PSN	\$0	100%	\$6,600	\$30	\$60	\$400*	\$0/\$10/\$35/\$75/\$150
<input type="checkbox"/> G518PSN	\$2,000	80%	\$5,000	\$30	\$50	\$400	\$0/\$10/\$50/\$100/\$150
Silver							
<input type="checkbox"/> S508PSN	\$5,000	80%	\$6,350	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150
Bronze							
<input type="checkbox"/> B522PSN	\$6,000	70%	\$6,250	\$25	\$100	\$600	70%/70%/60%/50%/50%*

Section 5- Ancillary Product Selection:

A. Dental Products

GROUP NUMBER:

1. Blue Care Dental*											
Plan ID	Eligibility	Ded (In/Out)	Annual Max	Ortho Type and Maximum	Plan Type	Plan ID	Eligibility	Ded (In/Out)	Annual Max	Ortho Type and Maximum	Plan Type
<input type="checkbox"/> DPKH21NATSILO	Child Only	\$50/\$50	Unlimited	Ped Only INN & OON	Active PPO	<input type="checkbox"/> DPKL21NATSILO	Child Only	\$75/\$75	Unlimited	Ped Only INN & OON	Active PPO
<input type="checkbox"/> DPFH21NATSILO	Full	\$50/\$50	Adult: \$1,500 Child: Unlimited	Ped Only INN & OON	Active PPO	<input type="checkbox"/> DPFL21NATSILO	Full	\$75/\$75	Adult: \$1,000 Child: Unlimited	Ped Only INN & OON	Active PPO
<input type="checkbox"/> DPFH25NATSILO	Full	\$50/\$50	Adult: \$1,500 Child: Unlimited	Full Ortho \$1,500	Passive PPO	<input type="checkbox"/> DPFL26NATSILO	Full	\$75/\$75	Adult: \$1,000 Child: Unlimited	Ped Only INN & OON	Passive PPO
<input type="checkbox"/> DPFH27NATSILO	Full	\$50/\$50	Adult: \$2,000 Child: Unlimited	Full Ortho \$2,000	Passive PPO	<input type="checkbox"/> DPFH30NATSILO	Full	\$50/\$50	Adult: In/Out \$1,250/ \$1,000 Child: Unlimited	Full Ortho \$1,000	Active PPO
<input type="checkbox"/> DPFL30NATSILO	Full	\$75/\$75	Adult: \$750 Child: Unlimited	Ped Only INN & OON	A: Active PPO No Maj C: Active PPO	*Please Note: Only One ACA Dental Plan May Be Selected.					

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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)

Yes **No** Complete Item D below if Term Life benefits vary by class

Choose a Benefit:

- Flat Benefit of \$_____ per Employee
- _____ 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

Choose a Reduction Method:

(Only available to groups with 10 or more enrolled lives)

- 35% of the original amount at age 65 / 50% of the original amount at age 70
- 50% of the original amount at age 70

(Only applicable to groups with 2 - 9 enrolled lives)

- 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 by Dearborn National® Life Insurance Company. 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

Yes **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)

Yes **No** Complete Item D below if Short Term Disability benefits vary by class (3 Max 2 – 9 lives) (6 Max 10+ lives)
Benefit will not exceed 66 2/3% of Basic Weekly Salary and is payable for non-occupational disabilities only

Choose a Benefit:

- Flat \$_____ weekly (not to exceed \$250)
- Salary Based (select one) - 50% 60% 66 2/3% of Basic Weekly Salary up to a maximum of \$_____

Choose a Plan: Accident/Sickness/Duration

- 1 / 8 / 13 weeks 8 / 8 / 13 weeks 15 / 15 / 13 weeks * 31 / 31 / 13 weeks *Only available to groups with 10 or more lives enrolled
- 1 / 8 / 26 weeks 8 / 8 / 26 weeks 15 / 15 / 26 weeks * 31 / 31 / 26 weeks

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4. Classes

Please complete this chart if Term Life or Short Term Disability benefits vary by class

Class Description	Term Life / AD&D	Short Term Disability

Electronic Issuance:

(Non-HMO Health and Dental Plans only) The Policyholder consents to receive, via an electronic file or access to an electronic file, a Certificate Booklet provided by HCSC to the Policyholder for delivery to each Insured. The Policyholder further agrees that it is solely responsible for providing each Insured access, via the internet, intranet or otherwise, to the most current version of any electronic file provided by HCSC to the Policyholder and, upon the Insured's request, a paper copy of the Certificate Booklet.

Section 6 - 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 7 - Signatures:

Signatures	
Employer / Authorized Purchaser Title	Date
Underwriter Title	Date

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