



BENEFIT PLAN SELECTION (BPS) - ACA SMALL GROUP

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

Section 1- Account Information:

A. Employer Name:		B. SIC Code	
C. BlueSTAR Account #:		D. Effective Date:	
<ul style="list-style-type: none"> This Benefit Plan Selection Form is for small group off exchange. A group may select up to six health plan options. 		<ul style="list-style-type: none"> All deductibles apply to Out of Pocket Maximum (OPX). An asterisk (*) indicates a coinsurance amount. Two asterisk (**) indicates Per Occurrence does not apply 	

Billing Method Selection

Please select one of the following billing methods.

(For Existing Accounts: If no selection is made, your plans will default to their current billing method.)

- Composite Billing
 Age Billing

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

<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</p> <p><input type="checkbox"/> Option C: FlexHSA Plan</p> <p><input type="checkbox"/> Option B: HSA Bank</p>
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For additional product detail, please utilize Summary of Benefits and Coverage (SBC) and Product Plan Grids

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Other / None

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 Per Occurrence Copay	Preferred Drug Plan	Ped Dental (In/Out)*	
Platinum										
<input type="checkbox"/> P500PPO	N/A	\$250 / \$500	80% / 60%	\$1,250 / \$2,500	\$25	\$45	\$300	\$0/\$10/\$35/\$75/\$150	70%/50%	
<input type="checkbox"/> P502PPO	\$850-1,200	\$2,600 / \$5,200	100% / 100%	\$2,600 / \$5,200	N/A	N/A	N/A	100%*	100%/100%	
Gold										
<input type="checkbox"/> G509PPO	N/A	\$3,250 / \$6,500	100% / 100%	\$3,250 / \$6,500	\$15	\$35	\$400	\$0/\$10/\$35/\$75/\$150	100%/100%	
<input type="checkbox"/> G510PPO	N/A	\$1,500 / \$3,000	80% / 60%	\$3,500 / \$7,000	\$10	\$60	\$400	\$0/\$10/\$35/\$75/\$150	70%/50%	
<input type="checkbox"/> G511PPO	N/A	\$1,000 / \$2,000	80% / 60%	\$3,300 / \$6,600	\$35	\$60	\$400	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> G512PPO	\$425-650	\$2,600 / \$5,200	90% / 70%	\$3,500 / \$7,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
<input type="checkbox"/> G515PPO	N/A	\$500 / \$1,000	80% / 60%	\$5,000 / \$10,000	\$40	\$60	\$400	\$15/\$30/\$50	70%/50%	
<input type="checkbox"/> G517PPO	N/A	\$1,800 / \$3,600	90% / 70%	\$4,000 / \$8,000	\$20	\$40	\$400	\$0/\$10/\$35/\$75/\$150	70%/50%	
<input type="checkbox"/> G518PPO	N/A	\$2,000 / \$4,000	100% / 100%	\$2,000 / \$4,000	N/A	N/A	N/A	100%*	100%/100%	
<input type="checkbox"/> G519PPO	\$800-1075	\$2,600 / \$5,200	80% / 60%	\$5,000 / \$10,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
<input type="checkbox"/> G520PPO	\$1250-1600	\$3,500 / \$7,000	80% / 60%	\$6,000 / \$12,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
<input type="checkbox"/> G521PPO	N/A	\$0 / \$6,850	100% / 80%	\$6,850 / \$13,700	\$35	\$70	\$1,000**	\$0/\$10/\$50/\$100/\$150	70%/70%	
Silver										
<input type="checkbox"/> S500PPO	\$0	\$4,000 / \$8,000	100% / 100%	\$4,000 / \$8,000	N/A	N/A	N/A	100%*	100%/100%	
<input type="checkbox"/> S501PPO	N/A	\$2,700 / \$5,400	80% / 60%	\$6,700 / \$13,400	\$35	\$65	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S502PPO	N/A	\$6,000 / \$12,000	100% / 100%	\$6,000 / \$12,000	\$20	\$40	\$500	\$0/\$10/\$35/\$75/\$150	100%/100%	
<input type="checkbox"/> S503PPO	N/A	\$3,000 / \$6,000	80% / 60%	\$6,450 / \$12,900	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S506PPO	N/A	\$2,350 / \$4,700	70% / 50%	\$6,950 / \$13,900	\$40	\$60	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S508PPO	N/A	\$3,500 / \$7,000	80% / 60%	\$5,500 / \$11,000	\$40	\$60	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
Bronze										
<input type="checkbox"/> B501PPO	\$0	\$5,900 / \$11,800	80% / 60%	\$6,450 / \$12,900	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
<input type="checkbox"/> B520PPO	\$0	\$6,400 / \$12,800	100% / 100%	\$6,400 / \$12,800	N/A	N/A	N/A	100%*	100%/100%	
<input type="checkbox"/> B585PPO	N/A	6,850 / \$13,700	100% / 100%	\$6,850 / \$13,700	N/A	N/A	N/A	100%*	100%/100%	
B. Blue Choice Preferred										
Plan ID	HSA Contr.	Deductible (In/Out)	Colns (In/Out)	OPX (In/Out)	PCP Copay	SPC Copay	ER Per Occurrence Copay	Preferred Drug Plan	Ped Dental (In/Out)*	
Gold										
<input type="checkbox"/> G509BCE	N/A	\$3,250 / \$6,500	100% / 100%	\$3,250 / \$6,500	\$15	\$35	\$400	\$0/\$10/\$35/\$75/\$150	100%/100%	
<input type="checkbox"/> G510BCE	N/A	\$1,500 / \$3,000	80% / 60%	\$3,500 / \$7,000	\$10	\$60	\$400	\$0/\$10/\$35/\$75/\$150	70%/50%	
<input type="checkbox"/> G511BCE	N/A	\$1,000 / \$2,000	80% / 60%	\$3,300 / \$6,600	\$35	\$60	\$400	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> G512BCE	\$425-650	\$2,600 / \$5,200	90% / 70%	\$3,500 / \$7,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
<input type="checkbox"/> G513BCE	\$800-1075	\$2,600 / \$5,200	80% / 60%	\$5,000 / \$10,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
<input type="checkbox"/> G514BCE	\$1250-1600	\$3,500 / \$7,000	80% / 60%	\$6,000 / \$12,000	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	
Silver										
<input type="checkbox"/> S502BCE	N/A	\$6,000 / \$12,000	100% / 100%	\$6,000 / \$12,000	\$20	\$40	\$500	\$0/\$10/\$35/\$75/\$150	100%/100%	
<input type="checkbox"/> S503BCE	N/A	\$3,000 / \$6,000	80% / 60%	\$6,450 / \$12,900	\$30	\$50	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S506BCE	N/A	\$2,350 / \$4,700	70% / 50%	\$6,950 / \$13,900	\$40	\$60	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S526BCE	N/A	\$3,500 / \$7,000	80% / 60%	\$5,500 / \$11,000	\$40	\$60	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S527BCE	N/A	\$2,700 / \$5,400	80% / 60%	\$6,700 / \$13,400	\$35	\$65	\$500	\$0/\$10/\$50/\$100/\$150	70%/50%	
<input type="checkbox"/> S528BCE	\$0	\$4,000 / \$8,000	100% / 100%	\$4,000 / \$8,000	N/A	N/A	N/A	100%*	100%/100%	
Bronze										
<input type="checkbox"/> B520BCE	\$0	\$6,400 / \$12,800	100% / 100%	\$6,400 / \$12,800	N/A	N/A	N/A	100%*	100%/100%	
<input type="checkbox"/> B521BCE	\$0	\$5,900 / \$11,800	80% / 60%	\$6,450 / \$12,900	N/A	N/A	N/A	90%/90%/80%/70%/60%*	70%/50%	

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C. Blue Options™									
Plan ID	HSA Contr.	Deductible (BC/PPO/OON)	Coins (BC/PPO/OON)	OPX (BC/PPO/OON)	PCP Copay (BC/PPO)	SPC Copay (BC/PPO)	ER Per Occurrence Copay	Preferred Drug Plan	Ped Dental (In/Out)*
Gold									
<input type="checkbox"/> G501OPT	N/A	\$700/\$1,500/\$3,000	90%/70%/50%	\$4,200/\$6,000/\$12,000	\$20/\$50	\$40/\$100	\$400	\$0/\$10/\$35/\$75/\$150	70%/50%
<input type="checkbox"/> G502OPT	N/A	\$1,000/\$2,500/\$5,000	90%/70%/50%	\$2,500/\$5,500/\$11,000	\$25/\$50	\$50/\$100	\$400	\$0/\$10/\$35/\$75/\$150	70%/50%
<input type="checkbox"/> G505OPT	N/A	\$1,500/\$3,000/\$6,000	90%/70%/50%	\$3,000/\$5,000/\$10,000	\$15/\$40	\$30/\$80	\$400	\$0/\$10/\$35/\$75/\$150	70%/50%
Silver									
<input type="checkbox"/> S503OPT	\$0	\$2,800/\$4,500/\$9,000	100%/80%/60%	\$2,800/\$6,450/\$12,900	N/A	N/A	N/A	100%*	70%/50%
<input type="checkbox"/> S504OPT	N/A	\$4,000/\$5,000/\$10,000	80%/60%/50%	\$6,000/\$6,850/\$13,700	\$25/\$50	\$50/\$90	\$500	\$0/\$10/\$35/\$75/\$150	70%/50%
D. Blue Precision HMO									
Plan ID	Deductible (In)	Coins (In)	OPX (In)	PCP Copay	SPC Copay	ER Per Occurrence Copay	Drug Plan	Ped Dental (In)*	
Platinum									
<input type="checkbox"/> P502PSN	\$0	100%	\$1,500	\$10	\$45	\$300**	\$0/\$10/\$50/\$100/\$150	100%	
Gold									
<input type="checkbox"/> G518PSN	\$2,500	80%	\$5,000	\$30	\$50	\$400	\$0/\$10/\$50/\$100/\$150	70%	
<input type="checkbox"/> G531PSN	\$0	100%	\$6,850	\$35	\$70	\$1,000**	\$0/\$10/\$50/\$100/\$150	70%	
Silver									
<input type="checkbox"/> S500PSN	\$2,000	80%	\$6,850	\$30	\$50	\$1,000	\$0/\$10/\$50/\$100/\$150	70%	
<input type="checkbox"/> S508PSN	\$5,000	80%	\$6,550	\$25	\$45	\$500	\$0/\$10/\$50/\$100/\$150	70%	
Bronze									
<input type="checkbox"/> B502PSN	\$6,800	50%	\$7,150	\$50	\$100	\$1,000	\$0/80%/80%/70%/60%*	70%	
E. BlueCare Direct									
Plan ID	Deductible (In)	Coins (In)	OPX (In)	PCP Copay	SPC Copay	ER Per Occurrence Copay	Drug Plan	Ped Dental (In)*	
Platinum									
<input type="checkbox"/> P505BCH	\$0	100%	\$1,500	\$10	\$45	\$300**	\$0/\$10/\$50/\$100/\$150	100%	
Gold									
<input type="checkbox"/> G502BCH	\$0	100%	\$6,850	\$35	\$70	\$1,000**	\$0/\$10/\$50/\$100/\$150	70%	
<input type="checkbox"/> G504BCH	\$2,500	80%	\$5,000	\$30	\$50	\$400	\$0/\$10/\$50/\$100/\$150	70%	
Silver									
<input type="checkbox"/> S506BCH	\$2,000	80%	\$6,850	\$30	\$50	\$1,000	\$0/\$10/\$50/\$100/\$150	70%	
<input type="checkbox"/> S508BCH	\$5,000	80%	\$6,550	\$25	\$45	\$500	\$0/\$10/\$50/\$100/\$150	70%	
Bronze									
<input type="checkbox"/> B501BCH	\$6,800	50%	\$7,150	\$50	\$100	\$1,000	\$0/80%/80%/70%/60%*	70%	

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Section 5- Ancillary Product Selection:

Group Number:

A. Dental Products

1. Blue Care Dental*											
Plan Pairings (Groups 10+)			Participation Requirements								
True Group Any one true group high option can be paired with any one true group low option; DILHM12 can be freely paired with any true group.			Voluntary Any one voluntary high option can be paired with any one voluntary low option.			True Group >70% participation >50% employer contribution			Voluntary >25% participation Employers are not required to contribute to Voluntary Dental plans		
High Option DILHR01 DILHR02 DILHR03			Low Option DILLR06 DILLR07 DILLM09			High Option DILHR13 DILHM14			Low Option DILLM15		
Plan ID	Eligibility	Deductible (In/Out)	Annual Max	Coins (In/Out) - Class I	Ortho Maximum	Plan Type	Allocation	Segment			
<input type="checkbox"/> DILHR01	Full	\$25/\$25	\$3,000	100%/100%	\$2,000	Passive	High	True Group			
<input type="checkbox"/> DILHR02	Full	\$50/\$50	\$2,000	100%/100%	\$2,000	Passive	High	True Group			
<input type="checkbox"/> DILHR03	Full	\$50/\$50	\$1,500	100%/100%	\$1,500	Passive	High	True Group			
<input type="checkbox"/> DILHR04	Full	\$50/\$75	\$1,500 / \$1,000	100%/80%	\$1,000	Active	High	True Group			
<input type="checkbox"/> DILLR05	Full	\$50/\$50	\$1,000	100%/100%	\$1,000	Passive	Low	True Group			
<input type="checkbox"/> DILLR06	Full	\$50/\$50	\$1,000	100%/100%	N/A	Passive	Low	True Group			
<input type="checkbox"/> DILLR07	Full	\$75/\$75	\$1,000	90%/90%	N/A	Passive	Low	True Group			
<input type="checkbox"/> DILHM08	Full	\$50/\$50	\$1,000	100%/100%	\$1,000	Passive	High	True Group			
<input type="checkbox"/> DILLM09	Full	\$50/\$50	\$1,000	100%/100%	N/A	Passive	Low	True Group			
<input type="checkbox"/> DILHM10	Full	\$50/\$50	\$1,500 / \$1,000	100%/80%	N/A	Active	High	True Group			
<input type="checkbox"/> DILLM11	Full	\$75/\$75	\$1,000	90%/70%	N/A	Active	Low	True Group			
<input type="checkbox"/> DILHM12	Full	\$25/\$75	\$750	100%/100%	N/A	Passive	High	True Group			
<input type="checkbox"/> DILHR13	Full	\$50/\$50	\$1,500	100%/100%	\$1,500	Passive	High	Voluntary			
<input type="checkbox"/> DILHM14	Full	\$50/\$50	\$1,500 / \$1,000	100%/80%	N/A	Active	High	Voluntary			
<input type="checkbox"/> DILLM15	Full	\$75/\$75	\$1,000	90%/70%	N/A	Active	Low	Voluntary			
<input type="checkbox"/> DILHM16	Full	\$25/\$75	\$750	100%/100%	N/A	Passive	High	Voluntary			

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		(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"/> _____ 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		<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 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

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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 (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:					
<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"/> 1 / 8 / 26 weeks		<input type="checkbox"/> 8 / 8 / 26 weeks		<input type="checkbox"/> 15 / 15 / 26 weeks	
			<input type="checkbox"/> 31 / 31 / 13 weeks *Only available to groups with 10 or more lives enrolled		
			<input type="checkbox"/> 31 / 31 / 26 weeks		

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.

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Section 7 - Signature

Signatures	
Employer / Authorized Purchaser: Title:	Date
Underwriter: Title:	Date

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