



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. Account #:		D. Effective Date:	
		E. Anniversary Date:	

- Only Individual cost shares are listed out for each plan.
- A group may select up to six health plan options.
- A group may select one dental plan or two dental plans if 10 or more are enrolled.
- For additional product detail, please utilize Summary of Benefits and Coverage (SBC) and Product Plan Grids

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: (*New Business update 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	
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2b- Renewing Groups Only: (*New Business update to Section 3)

Adding Plan (Medical and/or Dental):

Please list new plan(s) below

1.
2.
3.
4.
5.
6.
7.
8.

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Section 3 - New Business

Group Number:

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

A. Blue Choice Preferred								
2023 Plan ID	Deductible (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay ¹	Urgent Care Copay	Non-Preferred Pharmacy**	
Platinum								
<input type="checkbox"/> P5E2BCE	\$250/\$500	\$30/\$60	80%/50%	\$1500/Unlimited	\$400	\$60	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> P5E1BCE	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
Gold								
<input type="checkbox"/> G532BCE	\$1500/\$3000	\$40/\$60	80%/50%	\$6250/Unlimited	\$400	\$75	\$15/\$25/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G531BCE	\$2500/\$5000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> G530BCE	\$4000/\$8000	\$35/\$55	100%/100%	\$4000/\$8000	\$400	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
Silver								
<input type="checkbox"/> S532BCE ²	\$3600/\$7200	\$60/\$80	60%/50%	\$9100/Unlimited	\$500	\$80	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S531BCE	\$5000/\$10000	\$45/\$65	70%/50%	\$9100/Unlimited	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S535BCE	\$7900/\$15800	\$45/\$65	100%/100%	\$7900/\$15800	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Choice Preferred HSA Plans								
2023 Plan ID	HSA Contr.	Deduct (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay	Urgent Care Copay	Non-Preferred Pharmacy**
Gold								
<input type="checkbox"/> G533BCE ³	\$50-\$350	\$3000/\$6000	90%/90%	90%/60%	\$3600/Unlimited	DC/90%	DC/90%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> G535BCE	\$350-\$700	\$3000/\$6000	80%/80%	80%/50%	\$5250/Unlimited	DC/80%	DC/80%	80%/80%/70%/60%/60%/50%
Silver								
<input type="checkbox"/> S534BCE	\$0-\$40	\$5000/\$10000	100%/100%	100%/100%	\$5000/\$10000	DC/100%	DC/100%	100%
<input type="checkbox"/> S5J1BCE	\$150-\$400	\$6000/\$12000	100%/100%	100%/100%	\$6000/\$12000	DC/100%	DC/100%	100%
Bronze								
<input type="checkbox"/> B536BCE	\$0	\$6650/\$13300	80%/80%	80%/50%	\$6900/Unlimited	\$250	DC/80%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> B535BCE	\$0	\$6900/\$13800	100%/100%	100%/100%	\$6900/\$13800	\$250	DC/100%	100%
All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts. Virtual Visits are available from a participating provider for certain non-emergency services **The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply. *1 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. *2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. *3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share								

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B. Blue Precision HMO							
2023 Plan ID	Deductible (In)	Office Visit/ Specialist	Coins (In)	OPX (In)	ER Copay ^{*1}	Urgent Care Copay	Pharmacy
Platinum							
<input type="checkbox"/> P506PSN ^{*2}	\$0	\$10/\$45	100%	\$1500	\$300	\$45	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> P5J1PSN ^{*3}	\$0	\$20/\$30	100%	\$2000	\$300	\$30	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> P5E1PSN ^{*4}	\$1000	\$25/\$50	80%	\$3000	\$400	\$50	\$0/\$10/\$50/\$100/\$150/\$250
Gold							
<input type="checkbox"/> G5J2PSN ^{*5}	\$0	\$50/\$70	100%	\$5000	\$500	\$70	\$10/\$20/\$50/\$100/\$250/\$350
<input type="checkbox"/> G532PSN ^{*4}	\$2750	\$55/\$75	70%	\$9100	\$1000	\$75	\$10/\$20/\$50/\$100/\$250/\$350
Silver							
<input type="checkbox"/> S531PSN ^{*6}	\$3250	\$40/\$60	70%	\$9100	\$1000	\$60	\$10/\$20/\$50/\$100/\$250/\$350
<input type="checkbox"/> S530PSN ^{*7}	\$7000	\$55/\$75	70%	\$9100	\$700	\$75	\$0/\$10/\$50/\$100/\$150/\$250

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

*1 - 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.

*2 - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$45 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*3 - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$60 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*4 - No deductible/coinsurance on capitated services: Imaging, Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*5 - \$400 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$100 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*6 - \$750 copay on Imaging (CT/PET/MRI) \$250 copay on other capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient surgery.

*7 - \$400 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. \$70 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery

C. Blue Options Tiered Network (Blue Options – BCO / PPO – PPO / OON – Out of Network)									
2023 Plan ID	Deductible (BCO/ PPO/ OON)	PCP Copay (BCO/ PPO)	SPC Copay (BCO/ PPO)	Coins (BCO /PPO/ OON)	OPX (BCO/ PPO/ OON)	ER Copay ^{*1}	Urgent Care Copay	Non-Preferred Pharmacy**	
Gold									
<input type="checkbox"/> G506OPT	\$750/ \$2000/ \$4000	\$40/\$60	\$60/\$100	80%/ 60%/ 50%	\$6750/ \$8500/ Unlimited	\$600	\$75	\$20/\$30/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G508OPT	\$1500/ \$3750/ \$7500	\$35/\$60	\$50/\$100	90%/ 70%/ 50%	\$5850/ \$7850/ Unlimited	\$600	\$75	\$20/\$30/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G507OPT	\$2000/ \$3500/ \$7000	\$35/\$60	\$50/\$100	90%/ 70%/ 50%	\$4350/ \$7350/ Unlimited	\$400	\$75	\$20/\$30/\$70/\$120/\$250/\$350	
Silver									
<input type="checkbox"/> S506OPT	\$5250/ \$6250/ \$12500	\$50/70	\$70/\$110	80%/ 60%/ 50%	\$8150/ \$9100/ Unlimited	\$600	\$75	\$20/\$30/\$70/\$120/\$250/350	
Blue Options HSA Plans									
2023 Plan ID	HSA Cont.	Deductible (BCO/ PPO/ OON)	PCP Copay (BCO/ PPO)	SPC Copay (BCO/ PPO)	Coins (BCO /PPO/ OON)	OPX (BCO/ PPO/ OON)	ER Copay	Urgent Care Copay	Non-Preferred Pharmacy**
Gold									
<input type="checkbox"/> G5K1OPT	\$50-\$325	\$3000/ \$4700/ \$9400	100%/80%	100%/80%	100%/ 80%/ 60%	\$3000/ \$6650/ Unlimited	DC/100%	DC/100%	100%
Silver									
<input type="checkbox"/> S507OPT	\$0	\$4600/ \$5300/ \$10600	100%/70%	100%/70%	100%/ 70%/ 50%	\$4600/ \$7050/ Unlimited	DC/100%	DC/100%	100%

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Virtual Visits are available from a participating provider for certain non-emergency services.

**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply

*1 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.

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D. PPO (Participating Provider Options)								
2023 Plan ID	Deductible (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay ^{*1}	Urgent Care Copay	Non-Preferred Pharmacy**	
Platinum								
<input type="checkbox"/> P503PPO	\$250/\$500	\$30/\$60	80%/50%	\$1500/Unlimited	\$400	\$60	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> P5E1PPO	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
Gold								
<input type="checkbox"/> G534PPO	\$1000/\$2000	\$50/\$70	80%/50%	\$7750/Unlimited	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> G532PPO	\$1500/\$3000	\$40/\$60	80%/50%	\$6250/Unlimited	\$400	\$75	\$15/\$25/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G536PPO	\$2000/\$4000	\$45/\$65	90%/60%	\$5750/Unlimited	\$500	\$75	\$15/\$25/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G531PPO	\$2500/\$5000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> G537PPO	\$2700/\$5400	100%/100%	100%/100%	\$2700/\$5400	NA	NA	100%	
<input type="checkbox"/> G530PPO	\$4000/\$8000	\$35/\$55	100%/100%	\$4000/\$8000	\$400	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
Silver								
<input type="checkbox"/> S532PPO ²	\$3600/\$7200	\$60/\$80	60%/50%	\$9100/Unlimited	\$500	\$80	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S531PPO	\$5000/\$10000	\$45/\$65	70%/50%	\$9100/Unlimited	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S535PPO	\$7900/\$15800	\$45/\$65	100%/100%	\$7900/\$15800	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
PPO HSA Plans								
2023 Plan ID	HSA Contr.	Deductible (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay ^{*1}	Urgent Care Copay	Non-Preferred Pharmacy**
Gold								
<input type="checkbox"/> G533PPO ³	\$50-\$350	\$3000/\$6000	90%/90%	90%/60%	\$3600/Unlimited	DC/90%	DC/90%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> G535PPO	\$350-\$700	\$3000/\$6000	80%/80%	80%/50%	\$5250/Unlimited	DC/80%	DC/80%	80%/80%/70%/60%/60%/50%
Silver								
<input type="checkbox"/> S534PPO	\$0-\$40	\$5000/\$10000	100%/100%	100%/100%	\$5000/\$10000	DC/100%	DC/100%	100%
<input type="checkbox"/> S5J1PPO	\$150-\$400	\$6000/\$12000	100%/100%	100%/100%	\$6000/\$12000	DC/100%	DC/100%	100%
Bronze								
<input type="checkbox"/> B536PPO	\$0	\$6650/\$13300	80%/80%	80%/50%	\$6900/Unlimited	\$250	DC/80%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> B535PPO	\$0	\$6900/\$13800	100%/100%	100%/100%	\$6900/\$13800	\$250	DC/100%	100%

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.
Virtual Visits are available from a participating provider for certain non-emergency services.
**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply
*1 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.
*2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.
*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share

Section 4 – Consumer Directed Health Accounts

HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with integration. (If no selection is made, HSA Vendor will default to Other / None.)	FSA Vendor: * Optional FSA vendor integration is available. (If no selection is made, FSA Vendor will default to Other / None.)
<input type="checkbox"/> BenefitWallet [®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> BenefitWallet [®]
<input type="checkbox"/> Flex [®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> Flex [®]
<input type="checkbox"/> HealthEquity [®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> HealthEquity [®]
<input type="checkbox"/> HSA Bank [®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> HSA Bank [®]
<input type="checkbox"/> Other HSA Vendor / None (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.)	<input type="checkbox"/> Other FSA Vendor / None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA.)

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Section 5- Ancillary Product

A. Dental Products

Blue Care Dental									
Plan Pairings (Groups 10+ enrolled)					Participation Requirements				
Contributory Group			Voluntary		Contributory Group			Voluntary	
Any one contributory high option can be paired with any one contributory low option. Exceptions: DILHM57 can be paired with DILHR33 . DILHM42 can be paired with any contributory plan.			Any one voluntary high option can be paired with any voluntary low option. Voluntary plans and contributory plans may not be offered together. DILHM59 can be paired with DILHR43 . DILHM46 can be paired with any voluntary plan.		>70% Participation >50% Employer contribution			>25% Participation Employers are not required to contribute to Voluntary Dental plans	
IL Plan ID	Plan Type	Deductible (In/Out) (3x Family Limit)	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 Group²									
<input type="checkbox"/> DILHR30	Passive	\$25/\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHR31	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHR32	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHR33	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High	
<input type="checkbox"/> DILHR34	Active	\$50/\$75	\$1500/\$1000	90th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	High	
<input type="checkbox"/> DILHR35	Active	\$0/\$50	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILLR36	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	Low	
<input type="checkbox"/> DILLR37	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA	Low	
<input type="checkbox"/> DILHM38	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High	
<input type="checkbox"/> DILHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA	High	
<input type="checkbox"/> DILLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	NA	Low	
<input type="checkbox"/> DILHM42	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	NA	High	
<input type="checkbox"/> DILHR50	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	High	
<input type="checkbox"/> DILLM51	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
<input type="checkbox"/> DILHM57	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	High	
<input type="checkbox"/> DILLR58 ⁴	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
Voluntary²									
<input type="checkbox"/> DILHR43 ¹	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High	
<input type="checkbox"/> DILHM44 ¹	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA	High	
<input type="checkbox"/> DILHR45	Active	\$25/\$75	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHM46	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	NA	High	
<input type="checkbox"/> DILLM49	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	Low	
<input type="checkbox"/> DILHR52 ¹	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High	
<input type="checkbox"/> DILHR53 ¹	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	High	
<input type="checkbox"/> DILLR54 ¹	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	Low	
<input type="checkbox"/> DILLM55 ¹	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
<input type="checkbox"/> DILLM56 ¹	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	NA	Low	
<input type="checkbox"/> DILHM59 ¹	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	High	
<input type="checkbox"/> DILLR60 ^{1,4}	Passive	\$50/\$50	\$1000	90th 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 Perio/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 - Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses.

MAC: Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept the maximum Allowable amount paid to Contracting Dentist as payment in full for Eligible Dental Expenses.

Passive: Plans have the same benefits In and Out of Network

Active: Plans have a richer In Network Benefit

*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.

*4 Preventive/Diagnostic services do not count toward annual max.

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B. Life Products

If Life is a desired benefit, the Group Term Life product must be selected 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. 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 / students 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"/> 31 / 31 / 13 weeks *Only available to groups with 10 or more lives enrolled			
<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						
Class Description	Term Life / AD&D		Short Term Disability			

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Section 6 - Additional Provisions:

Use this section to indicate any other instruction or important information.

Section 7 - Signature

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

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