



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 \$7,350 for Individual and \$14,700 for Family medical. The Out of Pocket Max for HSA Aggregate plans listed will not exceed \$6,650 for Individual and \$7,350 for Family medical, for HSA Embedded plans listed will not exceed \$6,650 for Individual and \$13,300 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)

Table with 3 columns: Current Plan, Retaining Plan, Replacing Plan. Rows 1-6.

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

Adding Plan (Medical and/or Dental): Please list new plan(s) below. Rows 1-6.

Section 3 - HSA / FSA Plans:

HSA Vendor and FSA Vendor selection options: Option A (BenefitWallet), Option B (HSA Bank), Option C (FlexHSA), Option D (FSA ConnectYourCare), Option E (FSA Other / None), Option F (HSA Other / None).

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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 <sup>SM</sup> *1							
Tiered Network (Blue Choice OPT PPO – BC / PPO – PPO / Out of Network - OON)							
2018 NRMM Plan ID	Deductible (BC/ PPO/ OON)	Coins (BC/ PPO/ OON)	OPX (BC/ PPO/ OON)	PCP Copay (BC/ PPO)	ER Copay (BC / PPO)	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCO100 <sup>*2,3</sup>	\$500/ \$1500/ \$3000	90%/ 70%/ 50%	\$4000/ \$5600/ \$12000	\$20/\$50	400/400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO101 <sup>*2,3</sup>	\$500/ \$1500/ \$3000	100%/ 70%/ 50%	\$500/ \$3000/ \$6000	\$20/\$50	400/400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO102 <sup>*2,3</sup>	\$500/ \$1500/ \$3000	90%/ 70%/ 50%	\$2500/ \$5500/ \$11000	\$20/\$50	400/400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO103 <sup>*2,3</sup>	\$1000/ \$2500/ \$5000	90%/ 70%/ 50%	\$2500/ \$5500/ \$11000	\$25/\$50	400/400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO104 <sup>*2,3</sup>	\$1500/ \$3500/ \$7000	90%/ 70%/ 50%	\$3000/ \$5500/ \$11000	\$30/\$50	400/400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO105 <sup>*2,3</sup>	\$4000/ \$5000/ \$10000	80%/ 60%/ 50%	\$5600/ \$5600/ \$13200	\$35/\$60	500/500	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO106 <sup>*4</sup>	\$2700/ \$4500/ \$9000	100%/ 80%/ 60%	\$2700/ \$6450/ \$12900	DC	N/A	100%	100%

\*1 For HMO and PPO plans the Performance Drug List will be utilized. Members pays the difference applies.  
 \*2 ER Copays are pre-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.  
 \*4 DC indicates Deductible and Coinsurance applies.

B. Blue Choice Select <sup>SM</sup> *1							
2018 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	PCP Copay	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCS101	\$250/\$500	80%/50%	\$1250/\$2500	\$20	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS102	\$500/\$1000	90%/60%	\$1500/\$3000	\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS103	\$500/\$1000	80%/50%	\$2500/\$5000	\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS104	\$1000/\$2000	90%/60%	\$2000/\$4000	\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS105	\$1000/\$2000	80%/50%	\$3000/\$6000	\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS107	\$1500/\$3000	80%/50%	\$3500/\$7000	\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS109	\$2000/\$4000	80%/50%	\$4000/\$8000	\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS110	\$2000/\$4000	80%/50%	\$5500/\$11000	\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS112	\$2500/\$5000	80%/50%	\$4500/\$9000	\$30	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS115	\$4000/\$8000	100%/100%	\$4000/\$8000	\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS116	\$4000/\$8000	80%/50%	\$5500/\$11000	\$30	\$200	\$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. Member pays the difference applies.

C. Blue Advantage <sup>®</sup> HMO *1							
2018 NRMM Plan ID	Deductible In-Network	Coins In-Network	OPX In-Network	PCP Copay	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAH100	\$0	N/A	\$1500	\$40	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAH101	\$0	N/A	\$1500	\$30	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAH102	\$0	N/A	\$1500	\$20	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

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

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D. Blue Advantage HMO® Value Choice*1							
2018 NRMM Plan ID	Deductible In Network	Coins In Network	OPX In-Network	PCP Copay	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAV001	\$0	N/A	\$3,000	\$40	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV002	\$0	N/A	\$3,000	\$50	\$400	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

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

E. Blue Edge SM Select HSA							
2018 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	PCP Copay	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBES001*4*5	\$2500 / \$5000	80%/50%	\$5000/\$10000	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBES002*4*5	\$2500 / \$5000	100%/100%	\$2500/\$5000	DC	N/A	100%	100%

\*4 DC indicates Deductible and Coinsurance applies.

\*5 Indicates HSA plan is an aggregate plan.

F. Blue Edge SM HSA							
2018 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	PCP Copay	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBEE100*4*5	\$1500/\$1500	100%/80%	\$3000/\$3000	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBEE101*4*5	\$1500/\$3000	80%/60%	\$3000/\$6000	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBEE102*4*5	\$2500/\$2500	100%/80%	\$5000/\$5000	DC	N/A	100%	100%
<input type="checkbox"/> MIBEE103*4*5	\$2500/\$5000	80%/60%	\$5000/\$10000	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBEE104*4	\$2700/\$5400	100%/100%	\$2700/\$5400	DC	N/A	100%	100%
<input type="checkbox"/> MIBEE105*4	\$2700/\$5400	90%/70%	\$3500/\$7000	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBEE106*4	\$2700/\$5400	80%/60%	\$5400/\$10800	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBEE107*4*5	\$3500/\$7000	80%/60%	\$5800/\$11600	DC	N/A	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIBEE108*4	\$6000/\$12000	100%/100%	\$6000/\$12000	DC	N/A	100%	100%

\*4 DC indicates Deductible and Coinsurance applies.

\*5 Indicates HSA plan is an aggregate plan.

G. Blue Print® PPO*1							
2018 NRMM Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	PCP Copay	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBPP100	\$0/\$0	90%/70%	\$250/\$1000	\$20	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP101	\$250/\$500	80%/60%	\$1250/\$2500	\$20	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP102	\$500/\$1000	90%/70%	\$1500/\$3000	\$20	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP103	\$500/\$1000	80%/60%	\$2500/\$5000	\$20	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP104	\$1000/\$2000	90%/70%	\$2000/\$4000	\$20	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP105	\$1000/\$2000	80%/60%	\$3000/\$6000	\$30	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP106	\$1000/\$2000	80%/60%	\$4000/\$8000	\$30	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP107	\$1500/\$3000	80%/60%	\$3500/\$7000	\$30	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP108	\$1500/\$3000	80%/60%	\$4500/\$9000	\$30	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP109	\$2000/\$4000	80%/60%	\$4000/\$8000	\$30	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP110	\$2000/\$4000	80%/60%	\$5500/\$11000	\$30	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP111	\$2500/\$5000	90%/70%	\$3500/\$7000	\$20	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP112	\$2500/\$5000	80%/60%	\$4500/\$9000	\$30	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP113	\$2500/\$5000	80%/60%	\$5500/\$11000	\$30	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP114	\$3500/\$7000	80%/60%	\$5500/\$11000	\$20	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP115	\$4000/\$8000	100%/100%	\$4000/\$8000	\$30	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP116	\$4000/\$8000	80%/60%	\$5500/\$11000	\$30	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP117	\$5000/\$10000	80%/60%	\$5600/\$11200	\$40	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

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**Section 5 - Ancillary Product Selection:**

**A. Dental Products**

**DENTAL PPO GROUP NUMBER:**

**DENTAL HMO GROUP NUMBER:**

1. Blue Care Dental*									
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	Employers are not required to contribute to Voluntary Dental plans
DINHR01	DINLR06		DINHR13	DINLM25					
DINHR02	DINLR07		DINHR22	DINLM26					
DINHR03	DINLM21		Any one of the above two voluntary high option plans (DINHR13, DINHR22) can be paired with any one of the above two voluntary low option plans (DINLM25, DINLM26). DINHM16 can be paired freely with any voluntary plan option.						
Any one of the above three contributory group high option plans (DINHR01, DINHR02, DINHR03) can only be paired with any one of the above three contributory group low option plans (DINLR06, DINLR07, DINLM21); DINHM12 can be paired freely with any contributory plan option.									
IL Plan Code	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)			
<b>Contributory Group<sup>2</sup></b>									
<input type="checkbox"/> DINHR01	Passive	\$25/\$25	\$3000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DINHR02	Passive	\$50/\$50	\$2000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DINHR03	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High	
<input type="checkbox"/> DINHR04	Active	\$50/\$75	\$1500/\$1000	90 <sup>th</sup> R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	High	
<input type="checkbox"/> DINLR06	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	Low	
<input type="checkbox"/> DINLR07	Passive	\$75/\$75	\$1000	90 <sup>th</sup> R&C	90%/70%/50%/NA	90%/70%/50%/NA	N/A	Low	
<input type="checkbox"/> DINHM08	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High	
<input type="checkbox"/> DINHM10	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A	High	
<input type="checkbox"/> DINLM11	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	N/A	Low	
<input type="checkbox"/> DINHM12	Passive	\$25/\$75	\$750	MAC	100%/80% <sup>3</sup> /NA/NA	100%/80% <sup>3</sup> /NA/NA	N/A	High	
<input type="checkbox"/> DINHR20	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	High	
<input type="checkbox"/> DINLM21	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
<b>Voluntary Group</b>									
<input type="checkbox"/> DINHR13 <sup>1</sup>	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High	
<input type="checkbox"/> DINHM14 <sup>1</sup>	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A	High	
<input type="checkbox"/> DINHM16	Passive	\$25/\$75	\$750	MAC	100%/80% <sup>3</sup> /NA/NA	100%/80% <sup>3</sup> /NA/NA	N/A	High	
<input type="checkbox"/> DINHR22 <sup>1</sup>	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High	
<input type="checkbox"/> DINHR23 <sup>1</sup>	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	High	
<input type="checkbox"/> DINLR24 <sup>1</sup>	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	Low	
<input type="checkbox"/> DINLM25 <sup>1</sup>	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
<input type="checkbox"/> DINLM26 <sup>1</sup>	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A	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									

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2. BlueCare Dental HMO								
Plan Pairings (Groups 10+)					Participation Requirements			
<b>Contributory Group</b> Any one Contributory DHMO can be paired with any one Contributory PPO option.			<b>Voluntary</b> Any one Voluntary DHMO option can be paired with one voluntary PPO option.		<b>Contributory Group</b> >70% Participation >50% Employer contribution		<b>Voluntary</b> >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)		
<b>Contributory Group</b>								
<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
<b>Voluntary Group</b>								
<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.

<b>1. Group Term Life / Accidental Death &amp; Dismemberment (AD&amp;D)</b>					
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Complete Item 4 below if Term Life benefits vary by class					
<b>Choose a Benefit:</b>		<b>Choose a Reduction Method:</b>			
<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			
<b>Excess Amounts of Life Insurance:</b>					
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.					
<b>2. Dependent Life</b>					
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		<b>Spouse</b>	<b>Children – age birth to 14 days</b>	<b>Children – age 14 days to 6 months</b>	<b>Children – age 6 months to 26 years / student 26</b>
<b>Choose a Plan:</b>	<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
<b>3. Short Term Disability (STD)</b>					
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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					
<b>Choose a Benefit:</b>					
<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 \$ _____					
<b>Choose a Plan: Accident/Sickness/Duration</b>					
<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 *			
<b>4. Classes</b>					
Please complete this chart if Term Life or Short Term Disability benefits vary by class (3 Max 2 – 9 lives) (6 Max 10+ lives)					
<b>Class Description</b>	<b>Term Life / AD&amp;D</b>	<b>Short Term Disability</b>			

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 GA-10-9-SMGRP BPSF HCSC MM Rev. 9/12/2018

**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 6 – Signatures:**

Signatures		
Employer / Authorized Purchaser	Title	Date
Underwriter	Title	Date

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