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| **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:** | |  | | | | | |
| **Account #:** | |  | **Effective Date:** | |  | **Anniversary Date:** |  |
| **Health Products / Mid-Market Medical and/or Dental Plan Selection:** | | | | | | | |

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

|  |  |  |
| --- | --- | --- |
| Please list current plan(s) below | Retaining Plan(s): | Replacing Plan(s):  Please list replacement plan in space below. |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |

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

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| --- |
| Adding Plan (Medical and/or Dental):  Please list new plan(s) below |
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**Section 3 – New Business: GROUP NUMBER:**

1. Blue Directions (Private Exchange) Purchased? Yes No 
   1. (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 Advantage HMO®\*1** | | | | | | | |
| 2024 Plan ID | Deductible  In Network | Coins  In-Network | OPX  In-Network | OV/SPC | ER  Copay | Non-Preferred Pharmacy | Preferred Pharmacy |
| **MIBAH2000** | $0 | 100% | $1500 | $40/$60 | $350 | $0/$10/$35/$75/$150/$250 | $0/$10/$35/$75/$150/$250 |
| **MIBAH2010** | $0 | 100% | $1500 | $30/$50 | $250 | $0/$10/$50/$100/$150/$250 | $0/$10/$50/$100/$150/$250 |
| **MIBAH2020** | $0 | 100% | $1500 | $20/$40 | $250 | $0/$10/$50/$100/$150/$250 | $0/$10/$50/$100/$150/$250 |

\*1 Pharmacy benefits based on the Performance Drug List at HMO Network pharmacies.

|  |  |  |  |  |  |  |  |  |
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| |  | | --- | | **B. Blue Advantage HMO® Value Choice\*1** | | | | | | | | |
| 2024 Plan ID | Deductible  In Network | Coins  In Network | OPX  In-Network | OV/SPC | ER  Copay | Non-Preferred Pharmacy | Preferred Pharmacy |
| **MIBAV2110** | $0 | 100% | $3,000 | $40/$60 | $350 | $0/$10/$35/$75/$150/$250 | $0/$10/$35/$75/$150/$250 |
| **MIBAV2120** | $0 | 100% | $3,000 | $50/$70 | $400 | $0/$10/$35/$75/$150/$250 | $0/$10/$35/$75/$150/$250 |
| **MIBAV4014\*\*** | $0 | 80% | $6,500 | $20/$40 | $400 | $0/$10/$50/$100/$150/$250 | $0/$10/$50/$100/$150/$250 |
| **MIBAV2130\*\*** | $1000 | 80% | $3,000 | $50/$70 | $250\*\* | $0/$10/$50/$100/$150/$250 | $0/$10/$50/$100/$150/$250 |
| **MIBAV2140\*\*** | $1500 | 80% | $4,500 | $50/$70 | $400\*\* | $0/$10/$50/$100/$150/$250 | $0/$10/$50/$100/$150/$250 |
| **MIBAV2152\*\*** | $3000 | 80% | $8,700 | $20/$40 | $400\*\* | $0/$10/$50/$100/$150/$250 | $0/$10/$50/$100/$150/$250 |

\*1 Pharmacy benefits based on the Performance Drug List at HMO Network pharmacies.

\*\*MIBAV2130, MIBAV2140, MIBAV2152 and MIBAV4014 have a Per Occurrence Deductible (POD) on ER, IP & OP Surg. Calendar Year Deductible and Coinsurance applies after POD.

|  |  |  |  |  |  |  |  |
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| **C. BlueEdge SM Select HSA\*2\*3** | | | | | | | |
| 2024 Plan ID | Deductible  In/Out | Coins  In/Out | OPX  In/Out | OV/SPC | ER  Coins. | Non-Preferred Pharmacy | Preferred Pharmacy |
| **MIESA2122** | $2500/$5000 | 100%/100% | $2500/$5000 | 100%/100% | 100% | 100% | 100% |
| **MIESA3113** | $2500/$5000 | 80%/50% | $5000/$15000 | 80%/80% | 80% | 80%/80%/70%/60%/60%50% | 90%/90%/80%/70%/60%50% |
| **MIESE3153** | $3500/$7000 | 80%/50% | $7000/$21000 | 80%/80% | 80% | 80%/80%/70%/60%/60%50% | 90%/90%/80%/70%/60%50% |
| **MIESE2052** | $4000/$8000 | 100%/80% | $4000/$24000 | 100%/100% | 100% | 100% | 100% |
| **MIESE4014** | $5000/$10000 | 100%/100% | $5000/$10000 | 100%/100% | 100% | 100% | 100% |
| **MIESE3073** | $5000/$10000 | 80%/50% | $7000/$21000 | 80%/80% | 80% | 80%/80%/70%/60%/60%50% | 90%/90%/80%/70%/60%50% |
| **MIESE3183** | $6000/$12000 | 100%/100% | $6000/$12000 | 100%/100% | 100% | 100% | 100% |
| **MIESE4024** | $7500/$15000 | 100%/100% | $7500/$15000 | 100%/100% |  | 100% | 100% |
| Plans are HSA compatible. The 5th character in the Plan # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.  \*For Pharmacy services, coinsurance applies after Deductible has been met.  \*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies  \*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share. | | | | | | | |

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| **D. Blue Edge SM  HSA\*2\*3** | | | | | | | | | | | | | |
| 2024 Plan ID | | Deductible  In/Out | | Coins  In/Out | | OPX  In/Out | | OV/SPC | | ER  Coins | | Non-Preferred Pharmacy | Preferred Pharmacy |
| **MIEEA3005** | | $1800/$1800 | | 100%/80% | | $3600/$3600 | | 100%/100% | | 100% | | 80%/80%/70%/60%/60%/50% | 90%/90%/80%/70%/60%/50% |
| **MIEEA3015** | | $1800/$3600 | | 80%/60% | | $3600/$10800 | | 80%/80% | | 80% | | 80%/80%/70%/60%/60%/50% | 90%/90%/80%/70%/60%/50% |
| **MIEEA2020** | | $2500/$2500 | | 100%80% | | $5000/$5000 | | 100%/100% | | 100% | | 100% | 100% |
| **MIEEA3033** | | $2500/$5000 | | 80%/60% | | $5000/$15000 | | 80%/80% | | 80% | | 80%/80%/70%/60%/60%/50% | 90%/90%/80%/70%/60%/50% |
| **MIEEE4045** | | $3500/$7000 | | 100%/100% | | $3500/$7000 | | 100%/100% | | 100% | | 100% | 100% |
| **MIEEA3093** | | $3500/$7000 | | 80%/60% | | $5800/$17400 | | 80%/80% | | 80% | | 80%/80%/70%/60%/60%/50% | 90%/90%/80%/70%/60%/50% |
| **MIEEE3053** | | $3500/$7000 | | 80%/60% | | $7000/$21000 | | 80%/80% | | 80% | | 80%/80%/70%/60%/60%/50% | 90%/90%/80%/70%/60%/50% |
| **MIEEE2052** | | $4000/$8000 | | 100%/80% | | $4000/$24000 | | 100%/100% | | 100% | | 100% | 100% |
| **MIEEE4014** | | $5000/$10000 | | 100%/100% | | $5000/$10000 | | 100%/100% | | 100% | | 100% | 100% |
| **MIEEE3073** | | $5000/$10000 | | 80%/60% | | $7000/$21000 | | 80%/80% | | 80% | | 80%/80%/70%/60%/60%/50% | 90%/90%/80%/70%/60%/50% |
| **MIEEE3083** | | $6000/$12000 | | 100%/100% | | $6000/$12000 | | 100%/100% | | 100% | | 100% | 100% |
| **MIEEE4024** | | $7500/$15000 | | 100%/100% | | $7500/$15000 | | 100%/100% | | 100% | | 100% | 100% |
| Plans are HSA compatible. The 5th character in the Plan # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.  \*For Pharmacy services, coinsurance applies after Deductible has been met.  \*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.  \*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share. | | | | | | | | | | | | | |
| **E.** **Blue Choice Select PPOSM \*2** | | | | | | | | | | | | | |
| 2024 Plan ID | Deductible  In/Out | | Coins  In/Out | | OPX  In/Out | | OV/SPC | | ER  Copay | | Non-Preferred Pharmacy | | Preferred Pharmacy |
| **MIBCS2010** | $250/$500 | | 80%/50% | | $1250/$3750 | | $20/$20 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2020** | $500/$1000 | | 90%/60% | | $1500/$4500 | | $20/$20 | | $200 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 |
| **MIBCS2030** | $500/$1000 | | 80%/50% | | $2500/$7500 | | $20/$20 | | $200 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 |
| **MIBCS2040** | $1000/$2000 | | 90%/60% | | $2000/$6000 | | $20/$20 | | $200 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 |
| **MIBCS2050** | $1000/$2000 | | 80%/50% | | $3000/$9000 | | $30/$30 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2070** | $1500/$3000 | | 80%/50% | | $3500/$10500 | | $30/$30 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2084** | $1500/$3000 | | 80%/50% | | $4500/$13500 | | $30/$50 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2090** | $2000/$4000 | | 80%/50% | | $4000/$12000 | | $30/$30 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2120** | $2500/$5000 | | 80%/50% | | $4500/$13500 | | $30/$30 | | $200 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 |
| **MIBCS1124** | $3000/$6000 | | 80%/50% | | $6000/$18000 | | $30/$50 | | $200 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 |
| **MIBCS2144** | $3500/$7000 | | 80%/50% | | $5500/$16500 | | $20/$40 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2160** | $4000/$8000 | | 80%/50% | | $5500/$16500 | | $30/$30 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS2174** | $5000/$10000 | | 80%/50% | | $5600/$16800 | | $40/$60 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCS1174** | $5000/$10000 | | 80%/50% | | $8550/$25650 | | $40/$60 | | $200 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

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| **F. Blue Choice Options SM \*2\*3 HSA - Tiered Network (Blue Choice OPT PPO – BCO / PPO – PPO / Out of Network - OON)** | | | | | | | | | | | | | | | | | | | |
| 2024 Plan ID | Deductible  (BCO/  PPO/  OON) | | | Coins  (BCO/ PPO/  OON) | | | OPX  (BCO/  PPO/  OON) | | | OV/SPC (BCO/ PPO) | | | ER Coins  (BCO / PPO) | | Non-Preferred Pharmacy | | | | Preferred Pharmacy |
| **MICOE4065** | $3500/  $4600/  $10500 | | | 100%/  80%/  60% | | | $3500/  $6550/ $19650 | | | 100%/  80% | | | 100% | | 100% | | | | 100% |
| **MICOE3023** | $4000/  $5700/  $12000 | | | 100%/  80%/  60% | | | $4000/  $7500  $22500 | | | 100%/  80% | | | 100% | | 100% | | | | 100% |
| **MICOE3053** | $3500/  $5000/  $10000 | | | 80%/  60%/  50% | | | $5500/  $7000/ $21000 | | | 80%/  60% | | | 80% | | 80%/80%/70%/60%/60%/50% | | | | 90%/90%/80%/70%/60%/50% |
| **MICOE3073** | $5000/  $6000/  $12000 | | | 80%/  60%/  50% | | | $6000/  $7000/ $21000 | | | 80%/  60% | | | 80% | | 80%/80%/70%/60%/60%/50% | | | | 90%/90%/80%/70%/60%/50% |
| **MICOE3013** | $6000/  $7000/  $14000 | | | 80%/  60%/  50% | | | $7000/  $7500/  $22500 | | | 80%/  60% | | | 80% | | 80%/80%/70%/60%/60%/50% | | | | 90%/90%/80%/70%/60%/50% |
| Plans are HSA compatible. The 5th character in the Plan # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.  \*For Pharmacy services, coinsurance applies after Deductible has been met.  \*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.  \*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share. | | | | | | | | | | | | | | | | | | | |
| **G.** **Blue Choice Options SM - Tiered Network (Blue Choice OPT PPO – BCO/ PPO – PPO / Out of Network - OON)** | | | | | | | | | | | | | | | | | | | |
| 2024 Plan ID | | Deductible  (BCO/  PPO/  OON) | Coins  (BCO/  PPO/  OON) | | | OPX  (BCO/  PPO/  OON | | | OV/SPC  (BCO//PPO) | | | ER Copay\*\*  (BCO/ PPO) | | | | | Non-Preferred Pharmacy | | Preferred Pharmacy |
| **MIBCO2080\*2** | | $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 |
| **MIBCO2010\*2** | | $500/  $1500/  $3000 | 100%/  70%/  50% | | | $500/  $3000/  $9000 | | | $20/$50//  $40/$100 | | | $400/$400 | | | | | $10/$20/$55/$95/$150/$250 | | $0/$10/35/$75/$150/$250 |
| **MIBCO2000\*2** | | $500/  $1500/  $3000 | 90%/  70%/  50% | | | $4000/  $5600/  $16800 | | | $20/$50//  $40/$100 | | | $400/$400 | | | | | $10/$20/$55/$95/$150/$250 | | $0/$10/35/$75/$150/$250 |
| **MIBCO2030\*2** | | $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 |
| **MIBCO2040\*2** | | $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 |
| **MIBCO1201\*2** | | $2500/  $4000/  $8000 | 80%/  60%/  50% | | | $4500/  $5500/  $16500 | | | 80%/60%//  80%/60% | | | 80%/80% | | | | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 |
| **MIBCO2050\*2** | | $4000/ $5000/  $10000 | 80%/  60%/  50% | | | $5600/  $5600/  $16800 | | | $35/$60// $55/$120 | | | $500/$500 | | | | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| **MIBCO4074\*2** | | $5000/ $6000/  $18000 | 80%/  60%/  50% | | | $6600/  $7600/  $22800 | | | $40/$65// $60/$120 | | | $500/$500 | | | | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 |
| \*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.  \*\* Denotes Per Occurrence Deductible on service. Calendar Year Deductible and Coinsurance applies after POD. | | | | | | | | | | | | | | | | | | | |
| **H. Blue Print® PPO** | | | | | | | | | | | | | | | | | | | | |
| 2024 Plan ID | | | Deductible  In/Out | | | Coins  In/Out | | | OPX  In/Out | | | OV/SPC | | | ER  Copay | | Non-Preferred Pharmacy | | Preferred Pharmacy | |
| **MIBPP2000\*2** | | | $0/$0 | | | 90%/70% | | | $1000/$3000 | | | $20/$40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2010\*2** | | | $250/$500 | | | 80%/60% | | | $1250/$3750 | | | $20/$40 | | | $150 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 | |
| **MIBPP2020\*2** | | | $500/$1000 | | | 90%/70% | | | $1500/$4500 | | | $20/$40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2030\*2** | | | $500/$1000 | | | 80%/60% | | | $2500/$7500 | | | $20/$40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP1031\*2** | | | $500/$1000 | | | 80%/60% | | | $6000/$18000 | | | $20/$40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2040\*2** | | | $1000/$2000 | | | 90%/70% | | | $2000/$6000 | | | $20/$40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2050\*2** | | | $1000/$2000 | | | 80%/60% | | | $3000/$9000 | | | $30/$50 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2060\*2** | | | $1000/$2000 | | | 80%/60% | | | $4000/$12000 | | | $30/$50 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2070\*2** | | | $1500/$3000 | | | 80%/60% | | | $3500/$10500 | | | $30/$50 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2080\*2** | | | $1500/$3000 | | | 80%/60% | | | $4500/$13500 | | | $30/$50 | | | $150 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 | |
| **MIBPP2090\*2** | | | $2000/$4000 | | | 80%/60% | | | $4000/$12000 | | | $30/$50 | | | $150 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 | |
| **MIBPP1091\*2** | | | $2000/$4000 | | | 80%/60% | | | $6000/$18000 | | | $30/$50 | | | $150 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 | |
| **MIBPP2110\*2** | | | $2500/$5000 | | | 90%/70% | | | $3500/$10500 | | | $20/$40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2120\*2** | | | $2500/$5000 | | | 80%/60% | | | $4500/$13500 | | | $30/$50 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2200\*2** | | | $2500/$5000 | | | 80%/60% | | | $4500/$13500 | | | 80%/80% | | | 80% | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2130\*2** | | | $2500/$5000 | | | 80%/60% | | | $5500/$16500 | | | $30/$50 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP1121\*2** | | | $3000/$6000 | | | 80%/60% | | | $6000/$18000 | | | $30/$50 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2140\*2** | | | $3500/$7000 | | | 80%/60% | | | $5500/$16500 | | | $20$/40 | | | $150 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP2160\*2** | | | $4000/$8000 | | | 80%/60% | | | $5500/$16500 | | | $30/$50 | | | $150 | | $10/$20/$55/$95/$150/$250 | | $0/$10/$35/$75/$150/$250 | |
| **MIBPP2170\*2** | | | $5000/$10000 | | | 80%/60% | | | $5600/$16800 | | | $40/$60 | | | $250 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| **MIBPP1171\*2** | | | $5000/$10000 | | | 80%/60% | | | $8550/$25650 | | | $40/$60 | | | $250 | | $10/$20/$70/$120/$150/$250 | | $0/$10/$50/$100/$150/$250 | |

\*1 Pharmacy benefits based on the Enhanced Drug List at Advantage Network pharmacies.

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies. .

**Section 4 – HSA / FSA / HRA Plans:**

Blue Cross and Blue Shield of Illinois has preferred relationships with the vendors listed below. By selecting one of these vendors, employers agree to have the necessary data shared with the preferred vendor for the purposes of plan administration. A [vendor-specific employer setup form](https://www.bcbsil.com/producer/forms/downloads/mid-market-group-forms) is required to be submitted for first-time vendor integration.

|  |  |  |
| --- | --- | --- |
| **Preferred HSA Vendor:**    **\* If HSA is selected, you have the option of selecting an HSA vendor with enrollment, Blue Access for Members Single Sign On (BAM-SSO), and claims integration.**  (If no selection is made, HSA Vendor will default to Other/None.) | **Preferred FSA Vendor:**    **\* If FSA is selected, you have the option of selecting an FSA vendor with enrollment, Blue Access for Members Single Sign On (BAM-SSO) and claims integration. Clients who are renewing their FSA are required to resubmit employee elections with their renewal paperwork to continue the FSA plan.**  **Note: Integration features vary for Flex.**  (If no selection is made, FSA Vendor will default to Other / None.) | **Preferred HRA Vendor:**    **\* If HRA is selected, you have the option of selecting an HRA vendor with enrollment, Blue Access for Members Single Sign On (BAM-SSO), and claims integration. Clients who are renewing their HRA are required to resubmit employee elections with their renewal paperwork to continue the HRA plan.**  **Note: Integration features vary for Flex.**  (If no selection is made, FSA Vendor will default to Other / None.) |
| Flex | Flex | Flex |
| HealthEquity | HealthEquity | HealthEquity |
| HSA Bank | HSA Bank | HSA Bank |
| Other Non-Preferred HSA Vendor/None  (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.) | Other Non-Preferred FSA Vendor/None  (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.) | Other Non-Preferred HRA Vendor/None  (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.) |

**Section 5 - Ancillary Product Selection:**

**Dental Products**

**DENTAL PPO GROUP NUMBER:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Blue Care Dental PPO** | | | | | | | |
| **Contributory DPPO** | | | | | **Voluntary DPPO** | | |
| **Plan Pairings (Groups 10+)**  **High Allocation Low Allocation**  DINHR30 DINLR36  DINHR31          DINLR37  DINHR32          DINLM41  DINHR33          DINLM51  DINHR34          DINLR58  DINHR35  DINHM38  DINHM40  DINHM42  DINHR50  DINHM57  Any one of the above Contributory High Allocation DPPO plans can be paired with any one of the Contributory Low Allocation DPPO plans.  Two High Contributory plans that can be paired are DINHM57 and DINHR33.  DINHM42 can be freely paired with any Contributory High or Low Allocation Plan.  **Participation Requirements**  >70% Participation  >50% Employer contribution | | | | | **Plan Pairings (Groups 10+)**  **High Allocation      Low Allocation**  DINHR43           DINLM49  DINHM44           DINLR54  DINHR45 DINLM55  DINHM46           DINLM56  DINHR52           DINLR60  DINHR53  DINHM59  Any one of the above Voluntary High Allocation DPPO plans can be paired with any one of the Voluntary Low Allocation DPPO plans.  Two High Voluntary plans that can be paired are DINHM59 and DINHR43.  DINHM46 can be freely paired with any Voluntary High or Low Allocation Plan.  **Participation Requirements**  >25% Participation  <50% Employer contribution | | |
| **Contributory DHMO** | | | | | **Voluntary DHMO** | | |
| Any one Contributory DHMO plan can be paired with any one Contributory DPPO Allocation Plan.  **Participation Requirements**  >70% Participation  >50% Employer contribution | | | | | Any one Voluntary DHMO plan can be paired with any one Voluntary DPPO Allocation Plan.  **Participation Requirements**  >25% Participation | | |
| **Contributory\*2 DPPO** | | | | | | | |
| **IL Plan Code** | **Plan**  **Type** | **Deductible**  **In/Out**  **(3x) Family Limit** | **Annual**  **Benefit**  **Max** | **Out-of-Network**  **Reimb.** | **Coinsurance** | | **Ortho Life Maximum** |
| **In-Network**  **(Class I/II/III/IV)** | **Out-Of-Network**  **(Class I/II/III/IV)** |
| **High Allocation** | | | | | | | |
| DINHR30\*5 | Passive | $25/$25 | $5000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | $2000 |
| DINHR31\*5 | Passive | $25/$25 | $3000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | $2000 |
| DINHR32\*5 | Passive | $50/$50 | $2000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | $2000 |
| DINHR33\*5 | Passive | $50/$50 | $1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | $1500 |
| DINHR34\*5 | Active | $50/$75 | $1500/$1000 | 90th R&C | 100%/80%/50%/50% | 80%/60%/50%/50% | $1000 |
| DINHR35\*5 | Active | $0/$0 | $2000 | 90th R&C | 100%/90%/60%/50% | 100%/80%/50%/50% | $2000 |
| DINHM38 | Passive | $50/$50 | $1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | $1000 |
| DINHM40 | Active | $50/$50 | $1500/$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | N/A |
| DINHM42 | Passive | $25/$75 | $750 | MAC | 100%/80%\*3/NA/NA | 100%/80%\*3/NA/NA | N/A |
| DINHR50 | Passive | $50/$50 | $1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | N/A |
| DINHM57\*5 | Passive | $50/$50 | $1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | $1500 |
| **Low Allocation** | | | | | | | |
| DINLR36 | Passive | $50/$50 | $1000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | N/A |
| DINLR37 | Passive | $75/$75 | $1000 | 90th R&C | 90%/70%/50%/NA | 90%/70%50%/NA | N/A |
| DINLM41 | Active | $75/$75 | $1000 | MAC | 90%/70%/50%/NA | 70%/50%/30%/NA | N/A |
| DINLM51 | Passive | $50/$50 | $1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | $1000 |
| DINLR58\*4 | Passive | $50/$50 | $1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | $1000 |

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).

High Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II.

Low Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. Low allocation means that these services are covered in Type III.

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.

\*5 Implants are covered at the same percentage as prosthodontics.

**Section 5 - Ancillary Product Selection:**

**DENTAL GROUP NUMBER:**

**Dental Products**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Voluntary DPPO** | | | | | | | | | |
| **IL Plan Code** | **Plan**  **Type** | **Deductible**  **In/Out**  **(3x) Family Limit** | **Annual**  **Benefit**  **Max** | **Out-of-Network**  **Reimb.** | | **Coinsurance** | | | **Ortho Life Maximum** |
| **In-Network**  **(Class I/II/III/IV)** | | **Out-Of-Network**  **(Class I/II/III/IV)** |
| **High Allocation** | | | | | | | | | |
| DINHR43\*1 | Passive | $50/$50 | $1500 | 90th R&C | 100%/80%/50%/50% | | | 100%/80%/50%/50% | $1500 |
| DINHM44\*1 | Active | $50/$50 | $1500/$1000 | MAC | 100%/80%/50%/NA | | | 80%/60%/40%/NA | N/A |
| DINHR45\*1 | Active | $25/$75 | $2000 | 90th R&C | 100%/90%/60%/50% | | | 100%/80%/50%/50% | $2000 |
| DINHM46 | Passive | $25/$75 | $750 | MAC | 100%/80%\*3/NA/NA | | | 100%/80%\*3/NA/NA | N/A |
| DINHR52\*1 | Passive | $50/$50 | $1000 | 90th R&C | 100%/80%/50%/50% | | | 100%/80%/50%/50% | $1000 |
| DINHR53\*1 | Passive | $50/$50 | $1500 | 90th R&C | 100%/80%/50%/NA | | | 100%/80%/50%/NA | N/A |
| DINHM59\*1 | Passive | $50/$50 | $1500 | MAC | 100%/100%/60%/50% | | | 100%/100%/60%/50% | $1500 |
| **Low Allocation** | | | | | | | | | |
| DINLM49\*1 | Passive | $50/$50 | $1000 | MAC | 100%/80%/50%/NA | | | 100%/80%/50%/NA | N/A |
| DINLR54\*1 | Passive | $50/$50 | $1000 | 90th R&C | 100%/80%/50%/NA | | | 100%/80%/50%/NA | N/A |
| DINLM55 \*1 | Passive | $50/$50 | $1000 | MAC | 100%/80%/50%/50% | | | 100%/80%/50%/50% | $1000 |
| DINLM56 \*1 | Active | $50/$100 | $750 | MAC | 100%/80%/50%/NA | | | 100%/50%/50%/NA | N/A |
| DINLR60\*1\*4 | Passive | $50/$50 | $1000 | 90th R&C | 100%/80%/50%/50% | | | 100%/80%/50%/50% | $1000 |
| **Contributory DHMO** | | | | | | | | | |
| DNCAP710 | N/A | N/A | N/A | N/A | Copay Schedule | | Copay Schedule | | N/A |
| DNCAP730 | N/A | N/A | N/A | N/A | Copay Schedule | | Copay Schedule | | N/A |
| **Voluntary DHMO** | | | | | | | | | |
| DNCAP810 | N/A | N/A | N/A | N/A | Copay Schedule | | Copay Schedule | | N/A |
| DNCAP830 | N/A | N/A | N/A | N/A | Copay Schedule | | Copay Schedule | | N/A |

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).

High Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II.

Low Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. Low allocation means that these services are covered in Type III.

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.

**C. 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 4 below if Term Life benefits vary by class |
| **Choose a Benefit:** | **Choose a Reduction Method:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | (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. 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:** | Option 1 | $10,000 | $100 | | $100 | $5,000 | |
| Option 2 | $5,000 | $100 | | $100 | $5,000 | |
| Option 3 | $5,000 | $100 | | 100 | $2,000 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Short Term Disability (STD)** | | | | |
| **Yes**  **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:** | | | | | | 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 | | | | | | | |
| **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** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| **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 | |