



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.
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2.
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5.
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6.
7.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7.
8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8.

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.
7.
8.

Section 3 – New Business:

GROUP NUMBER:

1. Blue Directions (Private Exchange) Purchased? Yes No
 - a. (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
<input type="checkbox"/> MIBAH2000	\$0	100%	\$1500	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAH2010	\$0	100%	\$1500	\$30/\$50	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> 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.

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
<input type="checkbox"/> MIBAV2110	\$0	100%	\$3,000	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV2120	\$0	100%	\$3,000	\$50/\$70	\$400	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV4014**	\$0	80%	\$6,500	\$20/\$40	\$400	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAV2130**	\$1000	80%	\$3,000	\$50/\$70	\$250**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAV2140**	\$1500	80%	\$4,500	\$50/\$70	\$400**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> 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.

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
<input type="checkbox"/> MIESA2122	\$2500/\$5000	100%/100%	\$2500/\$5000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESA3113	\$2500/\$5000	80%/50%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE3153	\$3500/\$7000	80%/50%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE2052	\$4000/\$8000	100%/80%	\$4000/\$24000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESE4014	\$5000/\$10000	100%/100%	\$5000/\$10000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESE3073	\$5000/\$10000	80%/50%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE3183	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESE4024	\$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.

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
<input type="checkbox"/> MIEEA3005	\$1800/\$1800	100%/80%	\$3600/\$3600	100%/100%	100%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA3015	\$1800/\$3600	80%/60%	\$3600/\$10800	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2020	\$2500/\$2500	100%/80%	\$5000/\$5000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEA3033	\$2500/\$5000	80%/60%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE4045	\$3500/\$7000	100%/100%	\$3500/\$7000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEA3093	\$3500/\$7000	80%/60%	\$5800/\$17400	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE3053	\$3500/\$7000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2052	\$4000/\$8000	100%/80%	\$4000/\$24000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE4014	\$5000/\$10000	100%/100%	\$5000/\$10000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE3073	\$5000/\$10000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE3083	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%
<input type="checkbox"/> 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 PPO SM *2							
2024 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCS2010	\$250/\$500	80%/50%	\$1250/\$3750	\$20/\$20	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2020	\$500/\$1000	90%/60%	\$1500/\$4500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2030	\$500/\$1000	80%/50%	\$2500/\$7500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2040	\$1000/\$2000	90%/60%	\$2000/\$6000	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2050	\$1000/\$2000	80%/50%	\$3000/\$9000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2070	\$1500/\$3000	80%/50%	\$3500/\$10500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2084	\$1500/\$3000	80%/50%	\$4500/\$13500	\$30/\$50	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2090	\$2000/\$4000	80%/50%	\$4000/\$12000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2120	\$2500/\$5000	80%/50%	\$4500/\$13500	\$30/\$30	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS1124	\$3000/\$6000	80%/50%	\$6000/\$18000	\$30/\$50	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2144	\$3500/\$7000	80%/50%	\$5500/\$16500	\$20/\$40	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2160	\$4000/\$8000	80%/50%	\$5500/\$16500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2174	\$5000/\$10000	80%/50%	\$5600/\$16800	\$40/\$60	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> 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.

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
<input type="checkbox"/> MICOE4065	\$3500/ \$4600/ \$10500	100%/ 80%/ 60%	\$3500/ \$6550/ \$19650	100%/ 80%	100%	100%	100%
<input type="checkbox"/> MICOE3023	\$4000/ \$5700/ \$12000	100%/ 80%/ 60%	\$4000/ \$7500 \$22500	100%/ 80%	100%	100%	100%
<input type="checkbox"/> 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%
<input type="checkbox"/> 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%
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> MIBPP2000 ^{*2}	\$0/\$0	90%/70%	\$1000/\$3000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2010 ^{*2}	\$250/\$500	80%/60%	\$1250/\$3750	\$20/\$40	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2020 ^{*2}	\$500/\$1000	90%/70%	\$1500/\$4500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2030 ^{*2}	\$500/\$1000	80%/60%	\$2500/\$7500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP1031 ^{*2}	\$500/\$1000	80%/60%	\$6000/\$18000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2040 ^{*2}	\$1000/\$2000	90%/70%	\$2000/\$6000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2050 ^{*2}	\$1000/\$2000	80%/60%	\$3000/\$9000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2060 ^{*2}	\$1000/\$2000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2070 ^{*2}	\$1500/\$3000	80%/60%	\$3500/\$10500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2080 ^{*2}	\$1500/\$3000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2090 ^{*2}	\$2000/\$4000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP1091 ^{*2}	\$2000/\$4000	80%/60%	\$6000/\$18000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2110 ^{*2}	\$2500/\$5000	90%/70%	\$3500/\$10500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2120 ^{*2}	\$2500/\$5000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2200 ^{*2}	\$2500/\$5000	80%/60%	\$4500/\$13500	80%/80%	80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2130 ^{*2}	\$2500/\$5000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP1121 ^{*2}	\$3000/\$6000	80%/60%	\$6000/\$18000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2140 ^{*2}	\$3500/\$7000	80%/60%	\$5500/\$16500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2160 ^{*2}	\$4000/\$8000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2170 ^{*2}	\$5000/\$10000	80%/60%	\$5600/\$16800	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> 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.

Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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GA-10-9-MM BPSF HCSC Rev.08/16/2024

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](#) is required to be submitted for first-time vendor integration.

<p>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.)</p>	<p>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.)</p>	<p>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.)</p>
<input type="checkbox"/> Flex®	<input type="checkbox"/> Flex®	<input type="checkbox"/> Flex®
<input type="checkbox"/> HealthEquity®	<input type="checkbox"/> HealthEquity®	<input type="checkbox"/> HealthEquity®
<input type="checkbox"/> HSA Bank®	<input type="checkbox"/> HSA Bank®	<input type="checkbox"/> HSA Bank®
<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)

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Section 5 - Ancillary Product Selection:

DENTAL PPO GROUP NUMBER:

Dental Products

Blue Care Dental PPO							
Contributory DPPO				Voluntary DPPO			
Plan Pairings (Groups 10+)				Plan Pairings (Groups 10+)			
High Allocation		Low Allocation		High Allocation		Low Allocation	
DINHR30		DINLR36		DINHR43		DINLM49	
DINHR31		DINLR37		DINHM44		DINLR54	
DINHR32		DINLM41		DINHR45		DINLM55	
DINHR33		DINLM51		DINHM46		DINLM56	
DINHR34		DINLR58		DINHR52		DINLR60	
DINHR35				DINHR53			
DINHM38				DINHM59			
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.				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 Contributory plans that can be paired are DINHM57 and DINHR33.				Two High Voluntary plans that can be paired are DINHM59 and DINHR43.			
DINHM42 can be freely paired with any Contributory High or Low Allocation Plan.				DINHM46 can be freely paired with any Voluntary High or Low Allocation Plan.			
Participation Requirements >70% Participation >50% Employer contribution				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.				Any one Voluntary DHMO plan can be paired with any one Voluntary DPPO Allocation Plan.			
Participation Requirements >70% Participation >50% Employer contribution				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							
<input type="checkbox"/> DINHR30 ⁵	Passive	\$25/\$25	\$5000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR31 ⁵	Passive	\$25/\$25	\$3000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR32 ⁵	Passive	\$50/\$50	\$2000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR33 ⁵	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DINHR34 ⁵	Active	\$50/\$75	\$1500/\$1000	90 th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000
<input type="checkbox"/> DINHR35 ⁵	Active	\$0/\$0	\$2000	90 th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHM38	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A
<input type="checkbox"/> DINHM42	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	N/A
<input type="checkbox"/> DINHR50	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINHM57 ⁵	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation							
<input type="checkbox"/> DINLR36	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLR37	Passive	\$75/\$75	\$1000	90 th R&C	90%/70%/50%/NA	90%/70%/50%/NA	N/A
<input type="checkbox"/> DINLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	N/A
<input type="checkbox"/> DINLM51	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLR58 ⁴	Passive	\$50/\$50	\$1000	90 th 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.

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*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 Products

DENTAL GROUP NUMBER:

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							
<input type="checkbox"/> DINHR43 ^{*1}	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DINHM44 ^{*1}	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A
<input type="checkbox"/> DINHR45 ^{*1}	Active	\$25/\$75	\$2000	90 th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHM46	Passive	\$25/\$75	\$750	MAC	100%/80% ^{*3} /NA/NA	100%/80% ^{*3} /NA/NA	N/A
<input type="checkbox"/> DINHR52 ^{*1}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINHR53 ^{*1}	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINHM59 ^{*1}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation							
<input type="checkbox"/> DINLM49 ^{*1}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLR54 ^{*1}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLM55 ^{*1}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLM56 ^{*1}	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A
<input type="checkbox"/> DINLR60 ^{*1*4}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Contributory DHMO							
<input type="checkbox"/> DNCAP710	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
<input type="checkbox"/> DNCAP730	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
Voluntary DHMO							
<input type="checkbox"/> DNCAP810	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
<input type="checkbox"/> 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)					
<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 <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 <input type="checkbox"/> 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 / 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			
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 (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