



BENEFIT PLAN SELECTION FORM (BPS) FOR HEALTH PLANS

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

Account Information:

Employer Name: _____

BlueSTAR Account #: _____ Policy Effective Date: _____ Policy Anniversary Date: _____

Health Products / Benefit Plan Selection:

- There are four health product categories which include multiple products (i.e., BlueChoice Select) and their applicable benefit plans.
One benefit plan can be selected from each of the categories, not to exceed a total of three health benefit plans.
The Outpatient Prescription Drug Card may vary between products.
Some benefit plans have multiple Plan IDs to identify availability for specific group sizes. Please refer to your Proposal or Renewal Alternatives document for the applicable Plan ID for your group.
BlueAdvantage Entrepreneur (2 - 50 lives) are represented with an "R" for Regulated plans and BluePrint (51+ lives) are represented with an "N" for Non-regulated plans.

Category 1 - Select Network Products

GROUP NUMBER:

The following proposed benefit programs are not considered "grandfathered health plans."

A. BlueChoice Select SM

90%/60% Coinsurance (in/out) - \$1,000/\$2,000 OPX (in/out) - \$20 Office Visit Copayment (OV) \$150 Emergency Room Copayment (ER)

Table with columns: Outpatient Prescription Drug Card, Deductible Options (in/out) with sub-columns for \$250/\$500, \$500/\$1,000, \$1,000/\$2,000, \$1,500/\$3,000, \$2,500/\$5,000, and \$3,500/\$7,000. Rows include options like RBP42323, NBP42323, etc.

80% / 50% Coinsurance (in/out) - \$2,000/\$4,000 OPX (in/out) - \$30 OV \$150 ER

Table with columns: Outpatient Prescription Drug Card, Deductible Options (in/out) with sub-columns for \$250/\$500, \$500/\$1,000, \$1,000/\$2,000, \$1,500/\$3,000, \$2,500/\$5,000, and \$3,500/\$7,000. Rows include options like RBP43433, NBP43433, etc.

B. BlueEdge SM Select HSA

HSA Vendor: [] Option A: ACS/Mellon Bank [] Option B: HSA Bank [] Option C: FlexHSA [] Other / None

Table with columns: Coinsurance (in/out), Office Visit (after deductible), Outpatient Prescription Drugs (after deductible), Deductible & OPX Options (in/out) with sub-columns for \$1,200/\$2,400, \$1,500/\$3,000, \$2,500/\$5,000, and \$2,500/\$5,000 Embedded Deductible. Rows include 100%/70%, 100%/70%, and 80%/50% options.

C. BlueEdgeSM Select Direct HCA

100% / 70% Coinsurance (combined in & out) - OV & Outpatient Prescription Drugs covered at 100% after deductible	90% / 60% Coinsurance (combined in & out) - OV covered at 90% after deductible - Outpatient Prescription Drugs covered at 80% after deductible	80% / 50% Coinsurance (combined in & out) - OV & Outpatient Prescription Drugs covered at 80% after deductible
\$1,500 Deductible & \$0 OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX
<input type="checkbox"/> RBD91127 / NBD91127 – \$750 HCA <input type="checkbox"/> RBD91137 / NBD91137 – \$1,000 HCA	<input type="checkbox"/> RBD92615 / NBD92615 – \$500 HCA <input type="checkbox"/> RBD92625 / NBD92625 – \$750 HCA <input type="checkbox"/> RBD92635 / NBD92635 – \$1,000 HCA	<input type="checkbox"/> RBDA2435 / NBDA2435 – \$1,000 HCA <input type="checkbox"/> RBD93615 / NBD93615 – \$500 HCA <input type="checkbox"/> RBD93625 / NBD93625 – \$750 HCA

D. BlueChoice SelectSM Value Choice

80% / 50% Coinsurance – 80% ER			
Outpatient Prescription Drugs covered at 80%	\$250/\$500 Deductible(in/out)	\$500/\$1,000 Deductible(in/out)	\$1,000/\$2,000 Deductible(in/out)
	<input type="checkbox"/> RBV43705 / NBV43705 \$2,500/\$5,000 OPX (in/out)	<input type="checkbox"/> RBV73805 / NBV73805 \$5,000/\$10,000 OPX (in/out)	<input type="checkbox"/> RBV83705 / NBV83705 \$2,500/\$5,000 OPX (in/out)
	<input type="checkbox"/> RBV43805 / NBV43805 \$5,000/\$10,000 OPX (in/out)		<input type="checkbox"/> RBV83805 / NBV83805 \$5,000/\$10,000 OPX (in/out)

E. CPO - This product is not available in all geographic areas

90% / 80% / 60% Coinsurance (CPO/PPO/out) - \$20 OV \$150 ER		
Outpatient Prescription Drug Card	Deductible & OPX Options (CPO)	Initial Employee Enrollment by CPO Network
	\$500 Deductible with \$2,000 OPX	CO _____ # of Ees. _____ CO _____ # of Ees. _____ CO _____ # of Ees. _____
\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15/35%/50%	<input type="checkbox"/> RCP72423 / NCP72423 <input type="checkbox"/> RCP72426 / NCP72426 <input type="checkbox"/> RCP72424 / NCP72424	TOTAL # OF EMPLOYEES ENROLLED: _____

Category 2 – Consumer Value Products **GROUP NUMBER:**

A. BlueEdgeSM HSA

HSA Vendor: Option A: ACS/Mellon Bank Option B: HSA Bank Option C: FlexHSA Other / None

100% / 80% Coinsurance – OV covered at 100% & Outpatient Prescription Drugs covered at 80%, both after deductible

<input type="checkbox"/> RPSL1A05 / NPSL1A05	\$1,200 Deductible (combined in & out) with \$2,400 OPX (combined in & out)
<input type="checkbox"/> RPS91605 / NPS91605	\$1,500 Deductible (combined in & out) with \$3,000 OPX (combined in & out)

100% / 80% Coinsurance – OV & Outpatient Prescription Drugs covered at 100% after deductible

<input type="checkbox"/> RPSC1807 / NPSC1807	\$2,500 Deductible (combined in & out) with \$5,000 OPX (combined in & out)
<input type="checkbox"/> RPEC1807 / NPEC1807	\$2,500 / \$5,000 Embedded Deductible (in/out) with \$2,500 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPSE1A07 / NPSE1A07	\$3,500 Deductible (combined in & out) with \$5,800 OPX (combined in & out)
<input type="checkbox"/> RPEE1907 / NPEE1907	\$3,500/\$7,000 Embedded Deductible (in/out) with \$3,500/\$14,000 OPX (in/out)
<input type="checkbox"/> RPSH1807 / NPSH1807	\$5,000 Deductible (combined in & out) with \$5,800 OPX (combined in & out)
<input type="checkbox"/> RPEH1807 / NPEH1807	\$5,000/\$10,000 Embedded Deductible (in/out) with \$5,000 / \$20,000 OPX (in/out)

80% / 60% Coinsurance – OV & Outpatient Prescription Drugs covered at 80% after deductible

<input type="checkbox"/> RPSL3A05 / NPSL3A05	\$1,200 / \$2,400 Deductible (in/out) with \$2,400 / \$4,800 OPX (in/out)
<input type="checkbox"/> RPS93505 / NPS93505	\$1,500 / \$3,000 Deductible (in/out) with \$3,000 / \$6,000 OPX (in/out)
<input type="checkbox"/> RPSC3805 / NPSC3805	\$2,500 / \$5,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPEC3805 / NPEC3805	\$2,500 / \$5,000 Embedded Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPSE3A05 / NPSE3A05	\$3,500 / \$7,000 Deductible (in/out) with \$5,800 / \$11,600 OPX (in & out)
<input type="checkbox"/> RPEE3A05 / NPEE3A05	\$3,500 / \$7,000 Embedded Deductible (in/out) with \$5,800 / \$11,600 OPX (in/out)

B. BlueEdgeSM Direct HCA

100% / 80% Coinsurance (combined in & out) – OV & Outpatient Prescription Drugs covered at 100% after deductible	90% / 70% Coinsurance (combined in & out) - OV covered at 90% after deductible - Outpatient Prescription Drugs covered at 80% after deductible		80% /60% Coinsurance (combined in & out) - OV & Outpatient Prescription Drugs covered at 80% after deductible	
\$1,500 Deductible & \$0 OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX
<input type="checkbox"/> RPD91127 / NPD91127 – \$750 HCA <input type="checkbox"/> RPD91137 / NPD91137 – \$1,000 HCA	<input type="checkbox"/> RPD92615 / NPD92615 – \$500 HCA <input type="checkbox"/> RPD92625 / NPD92625 – \$750 HCA <input type="checkbox"/> RPD92635 / NPD92635 – \$1,000 HCA	<input type="checkbox"/> RPDA2435 / NPDA2435 – \$1,000 HCA	<input type="checkbox"/> RPD93615 / NPD93615 – \$500 HCA <input type="checkbox"/> RPD93625 / NPD93625 – \$750 HCA	<input type="checkbox"/> RPDA3435 / NPDA3435 – \$1,000 HCA

C. PPO Value Choice

80% / 60% Coinsurance (in / out) – OV, ER & Outpatient Prescription Drugs covered at 80% after deductible	
<input type="checkbox"/> RPV43705 / NPV43705	\$250 / \$500 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> RPV43805 / NPV43805	\$250 / \$500 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPV73805 / NPV73805	\$500 / \$1,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPV83705 / NPV83705	\$1,000 / \$2,000 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> RPV83805 / NPV83805	\$1,000 / \$2,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
80% / 60% Coinsurance (in / out) - OV & Outpatient Prescription Drugs covered at 80% after deductible \$150 ER	
<input type="checkbox"/> RPVC3705 / NPVC3705	\$2,500 / \$5,000 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> RPVE3905 / NPVE3905	\$3,500 / \$7,000 Deductible (in/out) with \$3,500 / \$7,000 OPX (in/out)
<input type="checkbox"/> RPVH3805 / NPVH3805	\$5,000 / \$10,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
70% / 50% Coinsurance (in / out) – OV, ER & Outpatient Prescription Drugs covered at 70% after deductible	
<input type="checkbox"/> RPV44708 / NPV44708	\$250 / \$500 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> RPV44808 / NPV44808	\$250 / \$500 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPV74708 / NPV74708	\$500 / \$1,000 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> RPV74808 / NPV74808	\$500 / \$1,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> RPV84708 / NPV84708	\$1,000 / \$2,000 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> RPV84808 / NPV84808	\$1,000 / \$2,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)

D. CPO Value Choice - This product is not available in all geographic areas

90%/80%/50% Coinsurance(CPO/ PPO/ out) - OV covered at 90% Outpatient Rx covered at 80% after deductible \$150 ER			
Deductible & OPX Options (CPO)			Initial Employee Enrollment by CPO Network
<input type="checkbox"/> \$1,000 Deductible with \$1,000 OPX	<input type="checkbox"/> \$2,500 Deductible with \$2,500 OPX	<input type="checkbox"/> \$5,000 Deductible with \$5,000 OPX	CO _____ # of Ees. _____ CO _____ # of Ees. _____ CO _____ # of Ees. _____
<input type="checkbox"/> RCV82305 / NCV82305	<input type="checkbox"/> RCVC2705 / NCV2705	<input type="checkbox"/> RCVG2805 / NCV2805	TOTAL # OF EMPLOYEES ENROLLED: _____

Category 3 – HMO Products

GROUP NUMBER:

A. BlueAdvantage[®] HMO

\$150 ER					
Copayments	Outpatient Prescription Drug Card	Plan ID	Copayments	Outpatient Prescription Drug Card	Plan ID
\$20/\$40 (PCP/PSP) OV	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RHHHB103 / NHHB103 <input type="checkbox"/> RHHHB106 / NHHB106 <input type="checkbox"/> RHHHB104 / NHHB104	\$30/\$50 (PCP/PSP) OV	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RHHHB163 / NHHB163 <input type="checkbox"/> RHHHB166 / NHHB166 <input type="checkbox"/> RHHHB164 / NHHB164
\$20/\$40 (PCP/PSP) OV & \$100 per day hospital deductible for first 5 days of confinement per Calendar Year	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RHHHB133 / NHHB133 <input type="checkbox"/> RHHHB136 / NHHB136 <input type="checkbox"/> RHHHB134 / NHHB134	\$30/ \$50 (PCP/PSP) OV & \$250 per day hospital deductible for first 5 days of confinement per Calendar Year	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RHHHB193 / NHHB193 <input type="checkbox"/> RHHHB196 / NHHB196 <input type="checkbox"/> RHHHB194 / NHHB194

B. BlueAdvantage® HMO Value Choice

OV Copayment	ER Copayment	Wellness Copayment	Specialist Visit Copayment	Hospital Confinement Deductible	Outpatient Prescription Drug Card	Plan ID
\$40	\$250	\$0	\$60	\$500 per day for first 3 days of confinement per Calendar Year	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RHVHV023 / NHVBV023 <input type="checkbox"/> RHVHV026 / NHVBV026 <input type="checkbox"/> RHVHV024 / NHVBV024
\$50	\$300	\$0	\$70	\$750 per day for first 3 days of confinement per Calendar Year	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RHVHV033 / NHVBV033 <input type="checkbox"/> RHVHV036 / NHVBV036 <input type="checkbox"/> RHVHV034 / NHVBV034

Category 4 – PPO Products

GROUP NUMBER:

BlueAdvantage® Entrepreneur PPO / BluePrint® PPO

100% / 80% Coinsurance - \$20/\$40 OV \$150 ER

OPX (in/out)	Outpatient Prescription Drug Card	Deductible Options (in/out)	
		\$0 / \$200	This space intentionally left blank
\$0/\$1,000 OPX	\$15/ \$30 / \$50	<input type="checkbox"/> RPP11123 / NPP11123	
		\$500 / \$1,000	This space intentionally left blank
OPX (in/out)	Outpatient Prescription Drug Card	Deductible Options (in/out)	
\$0 / \$1,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP71123 <input type="checkbox"/> NPP71126 <input type="checkbox"/> NPP71124	

90% / 70% Coinsurance \$20/\$40 OV \$150 ER

OPX (in/out)	Outpatient Prescription Drug Card	Deductible Options (in/out)			
		\$500 / \$1,000	\$1,000 / \$2,000		
\$500 / \$1,500 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP72223 <input type="checkbox"/> NPP72226 <input type="checkbox"/> NPP72224	<input type="checkbox"/> NPP82223 <input type="checkbox"/> NPP82226 <input type="checkbox"/> NPP82224		
		\$500 / \$1,000	\$1,000 / \$2,000		
\$1,000 / \$2,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RPP72323 / NPP72323 <input type="checkbox"/> RPP72326 / NPP72326 <input type="checkbox"/> RPP72324 / NPP72324	<input type="checkbox"/> RPP82323 / NPP82323 <input type="checkbox"/> RPP82326 / NPP82326 <input type="checkbox"/> RPP82324 / NPP82324		
\$2,000 / \$4,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP72423 <input type="checkbox"/> NPP72426 <input type="checkbox"/> NPP72424	<input type="checkbox"/> NPP82423 <input type="checkbox"/> NPP82426 <input type="checkbox"/> NPP82424		
		\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000	
\$1,000 / \$2,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP92323 <input type="checkbox"/> NPP92326 <input type="checkbox"/> NPP92324	<input type="checkbox"/> NPPE2323 <input type="checkbox"/> NPPE2326 <input type="checkbox"/> NPPE2324		
\$2,000 / \$4,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> RPP92423 / NPP92423 <input type="checkbox"/> RPP92426 / NPP92426 <input type="checkbox"/> RPP92424 / NPP92424	<input type="checkbox"/> RPPC2423 / NPPE2423 <input type="checkbox"/> RPPC2426 / NPPE2426 <input type="checkbox"/> RPPC2424 / NPPE2424	<input type="checkbox"/> RPPE2423 / NPPE2423 <input type="checkbox"/> RPPE2426 / NPPE2426 <input type="checkbox"/> RPPE2424 / NPPE2424	

80% / 60% Coinsurance - \$20 / \$40 OV \$150 ER

OPX (in/out)	Outpatient Prescription Drug Card	Deductible Options (in/out)	This space intentionally left blank			
		\$250 / \$500				
\$1,000 / \$2,000 OPX	\$15/ \$30 / \$50	<input type="checkbox"/> RPP43323 / NPP43323				
		\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
\$1,000 / \$2,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP73323 <input type="checkbox"/> NPP73326 <input type="checkbox"/> NPP73324	<input type="checkbox"/> NPP83323 <input type="checkbox"/> NPP83326 <input type="checkbox"/> NPP83324	<input type="checkbox"/> NPP93323 <input type="checkbox"/> NPP93326 <input type="checkbox"/> NPP93324	<input type="checkbox"/> NPPE3323 <input type="checkbox"/> NPPE3326 <input type="checkbox"/> NPPE3324	<input type="checkbox"/> NPPE3323 <input type="checkbox"/> NPPE3326 <input type="checkbox"/> NPPE3324
\$2,000 / \$4,000 OPX	\$15/ \$30 / \$50	<input type="checkbox"/> RPP73423 / NPP73423	<input type="checkbox"/> RPP83423 / NPP83423	<input type="checkbox"/> RPP93423 / NPP93423	<input type="checkbox"/> RPPE3423 / NPPE3423	<input type="checkbox"/> RPPE3423 / NPPE3423
	\$10 / \$40 / \$60	<input type="checkbox"/> RPP73426 / NPP73426	<input type="checkbox"/> RPP83426 / NPP83426	<input type="checkbox"/> RPP93426 / NPP93426	<input type="checkbox"/> RPPE3426 / NPPE3426	<input type="checkbox"/> RPPE3426 / NPPE3426
	\$15 / 35% / 50%	<input type="checkbox"/> RPP73424 / NPP73424	<input type="checkbox"/> RPP83424 / NPP83424	<input type="checkbox"/> RPP93424 / NPP93424	<input type="checkbox"/> RPPE3424 / NPPE3424	<input type="checkbox"/> RPPE3424 / NPPE3424
\$3,000 / \$6,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP73523 <input type="checkbox"/> NPP73526 <input type="checkbox"/> NPP73524	<input type="checkbox"/> NPP83523 <input type="checkbox"/> NPP83526 <input type="checkbox"/> NPP83524	<input type="checkbox"/> NPP93523 <input type="checkbox"/> NPP93526 <input type="checkbox"/> NPP93524	<input type="checkbox"/> NPPE3523 <input type="checkbox"/> NPPE3526 <input type="checkbox"/> NPPE3524	<input type="checkbox"/> NPPE3523 <input type="checkbox"/> NPPE3526 <input type="checkbox"/> NPPE3524

BlueAdvantage® Entrepreneur PPO / BluePrint® PPO (cont'd)

80% / 60% Coinsurance - \$30 / \$50 OV \$150 ER

OPX (in/out)	Outpatient Prescription Drug Card	Deductible Options (in/out)				
		\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
\$1,000 / \$2,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP73333 <input type="checkbox"/> NPP73336 <input type="checkbox"/> NPP73334	<input type="checkbox"/> NPP83333 <input type="checkbox"/> NPP83336 <input type="checkbox"/> NPP83334	<input type="checkbox"/> NPP93333 <input type="checkbox"/> NPP93336 <input type="checkbox"/> NPP93334	<input type="checkbox"/> NPPC3333 <input type="checkbox"/> NPPC3336 <input type="checkbox"/> NPPC3334	<input type="checkbox"/> NPPE3333 <input type="checkbox"/> NPPE3336 <input type="checkbox"/> NPPE3334
\$2,000 / \$4,000 OPX	\$15/ \$30 / \$50	<input type="checkbox"/> RPP73433 / NPP73433	<input type="checkbox"/> RPP83433 / NPP83433	<input type="checkbox"/> RPP93433 / NPP93433	<input type="checkbox"/> RPPC3433 / NPPC3433	<input type="checkbox"/> RPPE3433 / NPPE3433
	\$10 / \$40 / \$60	<input type="checkbox"/> RPP73436 / NPP73436	<input type="checkbox"/> RPP83436 / NPP83436	<input type="checkbox"/> RPP93436 / NPP93436	<input type="checkbox"/> RPPC3436 / NPPC3436	<input type="checkbox"/> RPPE3436 / NPPE3436
	\$15 / 35% / 50%	<input type="checkbox"/> RPP73434 / NPP73434	<input type="checkbox"/> RPP83434 / NPP83434	<input type="checkbox"/> RPP93434 / NPP93434	<input type="checkbox"/> RPPC3434 / NPPC3434	<input type="checkbox"/> RPPE3434 / NPPE3434
\$3,000 / \$6,000 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> NPP73533 <input type="checkbox"/> NPP73536 <input type="checkbox"/> NPP73534	<input type="checkbox"/> NPP83533 <input type="checkbox"/> NPP83536 <input type="checkbox"/> NPP83534	<input type="checkbox"/> NPP93533 <input type="checkbox"/> NPP93536 <input type="checkbox"/> NPP93534	<input type="checkbox"/> NPPC3533 <input type="checkbox"/> NPPC3536 <input type="checkbox"/> NPPC3534	<input type="checkbox"/> NPPE3533 <input type="checkbox"/> NPPE3536 <input type="checkbox"/> NPPE3534

Ancillary Products Selection:

Dental Products

DENTAL PPO GROUP NUMBER:

DENTAL HMO GROUP NUMBER:

If Dental is a desired benefit, the Dental HMO (DHMO) product cannot be selected unless a Dental PPO (DPPO) product is also selected.

A. BlueCare Dental Freedom PPO

Selection content contains: Plan ID - Annual Benefit Maximum / Orthodontia Lifetime Maximum – Out-of-Network Reimbursement

High Coverage Allocation		Low Coverage Allocation	
\$25 / \$75 Deductible (ind./fam.)	\$50 / \$150 Deductible (ind/fam)	\$50 / \$150 Deductible (ind/fam)	
<input type="checkbox"/> DHUF01 - \$2,000/\$2,000 - U&C	<input type="checkbox"/> DHUF04 - \$1,500/\$1,500 - U&C	<input type="checkbox"/> DLSF11 - \$1,000/\$1,000 – SMA	<input type="checkbox"/> DLUF19 - \$1,000/N/C – U&C
<input type="checkbox"/> DHUF02 - \$2,000/\$1,500 -U&C	<input type="checkbox"/> DHUF05 - \$1,500/\$1,000 - U&C	<input type="checkbox"/> DLSF20 - \$1,000/N/C - SMA	<input type="checkbox"/> DLUF23 - \$1,250/N/C – U&C
<input type="checkbox"/> DHUF03 - \$1,500/\$1,500 - U&C	<input type="checkbox"/> DHUF07 - \$1,000/\$1,000 - U&C	<input type="checkbox"/> DLUF08 - \$1,000/\$1,000 –U&C	<input type="checkbox"/> DLUF24 - \$1,250/\$1,000 – U&C
<input type="checkbox"/> DHUF06 - \$1,000/\$1,000 - U&C	<input type="checkbox"/> DHSF10 - \$1,000/\$1,000 -SMA	<input type="checkbox"/> DLUF16 - \$1,000/N/C – U&C	<input type="checkbox"/> DLUF25 - \$1,500/\$1,000 – U&C
<input type="checkbox"/> DHUF12 - \$1,500/N/C - U&C	<input type="checkbox"/> DHUF13 - \$1,500/N/C - U&C	<input type="checkbox"/> DLUF18 - \$750/N/C – U&C	
<input type="checkbox"/> DHUF14 - \$1,000/N/C - U&C	<input type="checkbox"/> DHUF15 - \$1,000/N/C - U&C		
	<input type="checkbox"/> DHUF21 - \$1,250/N/C - U&C		
	<input type="checkbox"/> DHUF22 - \$1,250/\$1,000 - U&C		

B. BlueCare Dental Choice PPO

Selection content contains: Plan ID - Annual Benefit Maximum (in/out) - Orthodontia Lifetime Maximum (in/out) – Out-of-Network Reimbursement

High Coverage Allocation	High Coverage Allocation
\$25 / \$75 Deductible (ind./fam.)	\$50 / \$150 Deductible (ind/fam) Continued
<input type="checkbox"/> DHUC01 - \$1,500 / \$1,000 - \$1,000 / \$1,000 - U&C	<input type="checkbox"/> DHSC09 - \$1,250 / \$1,000 – N/C – SMA
\$50 / \$150 Deductible (ind/fam)	Low Coverage Allocation
<input type="checkbox"/> DHUC02 - \$1,000 / \$1,000 - \$1,000 / \$1,000 - U&C	\$50 / \$150 Deductible (ind/fam)
<input type="checkbox"/> DHUC04 - \$1,250 / \$1,000 - \$1,000 / \$1,000 - U&C	<input type="checkbox"/> DLUC08 - \$1,000 / \$1,000 – N/C - U&C
<input type="checkbox"/> DHUC05 - \$1,000 / \$1,000 - \$1,000 / \$1,000 - U&C	<input type="checkbox"/> DLSC10 - \$1,000 / \$1,000 – N/C – SMA

C. BlueCare Dental HMO

BlueCare Dental HMO 710 BlueCare Dental HMO 730

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.

A. Group Term Life / Accidental Death & Dismemberment (AD&D)

Yes **No** Complete Item D below if Term Life benefits vary by class
 Accidental Death & Dismemberment is not available for retirees

Choose a Benefit:	Choose a Reduction Method:
<input type="checkbox"/> \$25,000 per Employee <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	<input type="checkbox"/> 65% of the original amount at age 65 / 50% of the original amount at age 70 (Standard Option – applicable to groups with less than 10 employees) <input type="checkbox"/> 50% of the original amount at age 70

Excess Amounts of Life Insurance:
 Evidence of Insurability will be required for individual life insurance amounts in excess of \$ _____. Such excess insurance amounts shall become effective on the date Evidence of Insurability is approved by Dearborn National 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 his coverage would otherwise be effective, the effective date of his coverage will be the date of his return to Active Work. If an employee does not return to Active Work, he will not be covered.

B. Dependent Life

<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	Children – age birth to 6 months	Children – age 6 months to 19 years/student to age 25
Choose a Plan:	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	
	\$2,000	\$5,000	
	\$100	\$100	\$1,000
			\$2,500

C. Short Term Disability (STD)

Yes **No** Complete Item D 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 Plan:	Choose a Benefit:
<input type="checkbox"/> 1 / 8 / 13 weeks	<input type="checkbox"/> Flat \$ _____ weekly (not to exceed \$250)
<input type="checkbox"/> 1 / 8 / 26 weeks	<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 \$ _____

D. Classes

Please complete this chart if Term Life or Short Term Disability benefits vary by class

Class Description	Term Life / AD&D	Short Term Disability

Electronic Issuance:

(Non-HMO Health and Dental Plans only) The Policyholder consents to receive, via an electronic file or access to an electronic file, a Certificate Booklet provided by HCSC to the Policyholder for delivery to each Insured. The Policyholder further agrees that it is solely responsible for providing each Insured access, via the internet, intranet or otherwise, to the most current version of any electronic file provided by HCSC to the Policyholder and, upon the Insured's request, a paper copy of the Certificate Booklet.

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.

Signatures

Employer / Authorized Purchaser _____	Title _____	Date _____
Underwriter _____	Title _____	Date _____

