



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 must match when choosing different products that have it.
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), \$500 / \$1,000, \$1,000 / \$2,000, \$1,500 / \$3,000, \$2,500 / \$5,000, \$3,500 / \$7,000. Rows include options for \$15 / \$30 / \$50, \$10 / \$40 / \$60, and \$15 / 35% / 50%.

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), \$500 / \$1,000, \$1,000 / \$2,000, \$1,500 / \$3,000, \$2,500 / \$5,000, \$3,500 / \$7,000. Rows include options for \$15 / \$30 / \$50, \$10 / \$40 / \$60, and \$15 / 35% / 50%.

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), \$2,500 / \$5,000 Deductible, \$2,500 / \$5,000 Embedded Deductible. Rows include 100%/70%, 100%/70%, and 80%/50% options.

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**C. BlueEdge<sup>SM</sup> Select Direct HCA**

<b>100% / 70% Coinsurance</b> (combined in & out) - OV & Outpatient Prescription Drugs covered at 100% after deductible	<b>90% / 60% Coinsurance</b> (combined in & out) - OV covered at 90% after deductible - Outpatient Prescription Drugs covered at 80% after deductible		<b>80% / 50% Coinsurance</b> (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"/> 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	<input type="checkbox"/> RBDA3435 / NBDA3435 – \$1,000 HCA

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

90% / 80% / 60% Coinsurance (CPO/PPO/out) - \$20 OV \$150 ER		
<b>Outpatient Prescription Drug Card</b>	<b>Deductible &amp; OPX Options (CPO)</b>	<b>Initial Employee Enrollment by CPO Network</b>
	<b>\$500 Deductible with \$2,000 OPX</b>	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. BlueEdge<sup>SM</sup> 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 / NP SH1807	\$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. BlueEdge<sup>SM</sup> Direct HCA**

<b>100% / 80% Coinsurance</b> (combined in & out) – OV & Outpatient Prescription Drugs covered at 100% after deductible	<b>90% / 70% Coinsurance</b> (combined in & out) - OV covered at 90% after deductible - Outpatient Prescription Drugs covered at 80% after deductible		<b>80% / 60% Coinsurance</b> (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

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**C. PPO Value Choice**

**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)

**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 / NCVG2805	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"/> RHHVB023 / NHVB023 <input type="checkbox"/> RHHVB026 / NHVB026 <input type="checkbox"/> RHHVB024 / NHVB024
\$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"/> RHHVB033 / NHVB033 <input type="checkbox"/> RHHVB036 / NHVB036 <input type="checkbox"/> RHHVB034 / NHVB034

**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 / \$1,000 OPX	\$15/ \$30 / \$50 \$10/\$40/\$60 \$15/35%/50%	\$500 / \$1,000 <input type="checkbox"/> NPP71123 <input type="checkbox"/> NPP71126 <input type="checkbox"/> NPP71124	This space intentionally left blank

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

OPX (in/out)	Outpatient Prescription Drug Card	Deductible Options (in/out)	
\$500 / \$1,500 OPX	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	\$500 / \$1,000 <input type="checkbox"/> NPP72223 <input type="checkbox"/> NPP72226 <input type="checkbox"/> NPP72224	\$1,000 / \$2,000 <input type="checkbox"/> NPP82223 <input type="checkbox"/> NPP82226 <input type="checkbox"/> NPP82224

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

**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	
\$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	
OPX (in/out)	Outpatient Prescription Drug Card	\$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"/> NPPC2323 <input type="checkbox"/> NPPC2326 <input type="checkbox"/> NPPC2324	<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 / NPPC2423 <input type="checkbox"/> RPPC2426 / NPPC2426 <input type="checkbox"/> RPPC2424 / NPPC2424	<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)				
		\$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"/> NPPC3323 <input type="checkbox"/> NPPC3326 <input type="checkbox"/> NPPC3324	<input type="checkbox"/> NPPE3323 <input type="checkbox"/> NPPE3326 <input type="checkbox"/> NPPE3324
\$2,000 / \$4,000 OPX	\$15 / \$30 / \$50	<input type="checkbox"/> RPP73423 / <input type="checkbox"/> NPP73423	<input type="checkbox"/> RPP83423 / <input type="checkbox"/> NPP83423	<input type="checkbox"/> RPP93423 / <input type="checkbox"/> NPP93423	<input type="checkbox"/> RPPC3423 / <input type="checkbox"/> NPPC3423	<input type="checkbox"/> RPPE3423 / <input type="checkbox"/> NPPE3423
	\$10 / \$40 / \$60	<input type="checkbox"/> RPP73426 / <input type="checkbox"/> NPP73426	<input type="checkbox"/> RPP83426 / <input type="checkbox"/> NPP83426	<input type="checkbox"/> RPP93426 / <input type="checkbox"/> NPP93426	<input type="checkbox"/> RPPC3426 / <input type="checkbox"/> NPPC3426	<input type="checkbox"/> RPPE3426 / <input type="checkbox"/> NPPE3426
	\$15 / 35% / 50%	<input type="checkbox"/> RPP73424 / <input type="checkbox"/> NPP73424	<input type="checkbox"/> RPP83424 / <input type="checkbox"/> NPP83424	<input type="checkbox"/> RPP93424 / <input type="checkbox"/> NPP93424	<input type="checkbox"/> RPPC3424 / <input type="checkbox"/> NPPC3424	<input type="checkbox"/> RPPE3424 / <input type="checkbox"/> 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"/> NPPC3523 <input type="checkbox"/> NPPC3526 <input type="checkbox"/> NPPC3524	<input type="checkbox"/> NPPE3523 <input type="checkbox"/> NPPE3526 <input type="checkbox"/> NPPE3524

**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 / <input type="checkbox"/> NPP73433	<input type="checkbox"/> RPP83433 / <input type="checkbox"/> NPP83433	<input type="checkbox"/> RPP93433 / <input type="checkbox"/> NPP93433	<input type="checkbox"/> RPPC3433 / <input type="checkbox"/> NPPC3433	<input type="checkbox"/> RPPE3433 / <input type="checkbox"/> NPPE3433
	\$10 / \$40 / \$60	<input type="checkbox"/> RPP73436 / <input type="checkbox"/> NPP73436	<input type="checkbox"/> RPP83436 / <input type="checkbox"/> NPP83436	<input type="checkbox"/> RPP93436 / <input type="checkbox"/> NPP93436	<input type="checkbox"/> RPPC3436 / <input type="checkbox"/> NPPC3436	<input type="checkbox"/> RPPE3436 / <input type="checkbox"/> NPPE3436
	\$15 / 35% / 50%	<input type="checkbox"/> RPP73434 / <input type="checkbox"/> NPP73434	<input type="checkbox"/> RPP83434 / <input type="checkbox"/> NPP83434	<input type="checkbox"/> RPP93434 / <input type="checkbox"/> NPP93434	<input type="checkbox"/> RPPC3434 / <input type="checkbox"/> NPPC3434	<input type="checkbox"/> RPPE3434 / <input type="checkbox"/> 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

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## 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

### 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.

#### 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"/> 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"/> Flat Benefit of \$_____ per Employee	<input type="checkbox"/> 50% of the original amount at age 70
<input type="checkbox"/> _____ times Basic Annual Salary (rounded to the next higher multiple of \$1,000, if not already a multiple), up to a Maximum benefit of \$_____ per Employee	

#### 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
<input type="checkbox"/> Option 1	\$2,000	\$100	\$1,000
<input type="checkbox"/> Option 2	\$5,000	\$100	\$2,500

Dearborn National is a separate company that does not provide Blue Cross and Blue Shield of Illinois products or services. Dearborn National is solely responsible for the life and disability coverage provided.

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**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:**

1 / 8 / 13 weeks

Flat \$ \_\_\_\_\_ weekly (not to exceed \$250)

1 / 8 / 26 weeks

Salary Based (select one) -  50%  60%  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.

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**Signatures**

Employer / Authorized Purchaser \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Underwriter \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_