



BENEFIT PLAN SELECTION FORM (BPS)

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.

Category 1 - Select Network Products

GROUP NUMBER: \_\_\_\_\_

A. BlueChoice Select SM

Table with 7 columns: Outpatient Prescription Drug Card, Deductible Options (in/out) \$250/\$500, \$500/\$1,000, \$1,000/\$2,000, \$1,500/\$3,000, \$2,500/\$5,000, \$3,500/\$7,000. Rows include 90%/60% and 80%/50% coinsurance options.

B. BlueEdge SM Select HSA

Table with 7 columns: HSA Vendor (Option A: ACS/Mellon Bank, Option B: HSA Bank, Option C: FlexHSA, Other/None), Coinsurance (in/out), Office Visit (after deductible), Outpatient Prescription Drugs (after deductible), Deductible & OPX Options (in/out) \$1,200/\$2,400, \$1,500/\$3,000, \$2,500/\$5,000, \$2,500/\$5,000 Embedded Deductible.

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<b>C. BlueEdge<sup>SM</sup> Select Direct HCA</b>				
<b>100% / 70% Coinsurance</b> (combined in & out) - Office Visit & Outpatient Prescription Drugs covered at 100% after deductible	<b>90% / 60% Coinsurance</b> (combined in & out) - Office Visit covered at 90% after deductible - Outpatient Prescription Drugs covered at 80% after deductible		<b>80% / 50% Coinsurance</b> (combined in & out) - Office Visit & Outpatient Prescription Drugs covered at 80% after deductible	
<b>BlueAdvantage Entrepreneur available for Groups with 2-50 lives</b>				
\$1,500 Deductible & \$0 OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX
<input type="checkbox"/> ECD91127 - \$750 HCA <input type="checkbox"/> ECD91137 - \$1,000 HCA	<input type="checkbox"/> ECD92615 - \$500 HCA <input type="checkbox"/> ECD92625 - \$750 HCA <input type="checkbox"/> ECD92635 - \$1,000 HCA	<input type="checkbox"/> ECDA2435 \$1,000 HCA	<input type="checkbox"/> ECD93615 - \$500 HCA <input type="checkbox"/> ECD93625 - \$750 HCA	<input type="checkbox"/> ECDA3435 \$1,000 HCA
<b>BluePrint available for Groups with 51 or more lives</b>				
\$1,500 Deductible & \$0 OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX
<input type="checkbox"/> ESD91127 - \$750 HCA <input type="checkbox"/> ESD91137 - \$1,000 HCA	<input type="checkbox"/> ESD92615 - \$500 HCA <input type="checkbox"/> ESD92625 - \$750 HCA <input type="checkbox"/> ESD92635 - \$1,000 HCA	<input type="checkbox"/> ESDA2435 \$1,000 HCA	<input type="checkbox"/> ESD93615 - \$500 HCA <input type="checkbox"/> ESD93625 - \$750 HCA	<input type="checkbox"/> ESDA3435 \$1,000 HCA
<b>D. CPO</b> This product is not available in all geographic areas				
<b>90% / 80% / 60% Coinsurance (CPO/PPO/out) - \$20 Office Visit Copayment \$150 Emergency Room Copayment</b>				
Outpatient Prescription Drug Card	Deductible & OPX Options (CPO)			Initial Employee Enrollment by CPO Network
	\$0 Deductible with \$500 OPX	\$250 Deductible with \$1,500 OPX	\$500 Deductible with \$2,000 OPX	
\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15/35%/50%	<input type="checkbox"/> CPO12223 / CPP12223 <input type="checkbox"/> CPO12226 / CPP12226 <input type="checkbox"/> CPO12224 / CPP12224	<input type="checkbox"/> CPO42623 / CPP42623 <input type="checkbox"/> CPO42626 / CPP42626 <input type="checkbox"/> CPO42624 / CPP42624	<input type="checkbox"/> CPO72423 / CPP72423 <input type="checkbox"/> CPO72426 / CPP72426 <input type="checkbox"/> CPO72424 / CPP72424	CO _____ # of Ees. _____ CO _____ # of Ees. _____ CO _____ # of Ees. _____  TOTAL # OF EMPLOYEES ENROLLED: _____

**Category 2 – Consumer Value Products**

**GROUP NUMBER:**

<b>A. BlueEdge<sup>SM</sup> HSA</b>	
HSA Vendor: <input type="checkbox"/> Option A: ACS/Mellon Bank <input type="checkbox"/> Option B: HSA Bank <input type="checkbox"/> Option C: FlexHSA <input type="checkbox"/> Other / None	
<b>100% / 80% Coinsurance – Office Visit covered at 100% &amp; Outpatient Prescription Drugs covered at 80%, both after deductible</b>	
<input type="checkbox"/> BPAL1A05 / EPAL1A05	\$1,200 Deductible (combined in & out) with \$2,400 OPX (combined in & out)
<input type="checkbox"/> BPE91605 / E2E91605	\$1,500 Deductible (combined in & out) with \$3,000 OPX (combined in & out)
<b>100% / 80% Coinsurance – Office Visit &amp; Outpatient Prescription Drugs covered at 100% after deductible</b>	
<input type="checkbox"/> BPEC1807 / E2EC1807	\$2,500 Deductible (combined in & out) with \$5,000 OPX (combined in & out)
<input type="checkbox"/> BPAC1807 / EPEC1807	\$2,500 / \$5,000 Embedded Deductible (in/out) with \$2,500 / \$10,000 OPX (in/out)
<input type="checkbox"/> EOAE1A07 / EPAE1A07	\$3,500 Deductible (combined in & out) with \$5,800 OPX (combined in & out)
<input type="checkbox"/> EOEE1907 / EPEE1907	\$3,500/\$7,000 Embedded Deductible (in/out) with \$3,500/\$14,000 OPX (in/out)
<input type="checkbox"/> EOAH1807 / EPAH1807	\$5,000 Deductible (combined in & out) with \$5,800 OPX (combined in & out)
<input type="checkbox"/> EOEH1807 / EPEH1807	\$5,000/\$10,000 Embedded Deductible (in/out) with \$5,000 / \$20,000 OPX (in/out)
<b>80% / 60% Coinsurance – Office Visit &amp; Outpatient Prescription Drugs covered at 80% after deductible</b>	
<input type="checkbox"/> BPAL3A05 / EPAL3A05	\$1,200 / \$2,400 Deductible (in/out) with \$2,400 / \$4,800 OPX (in/out)
<input type="checkbox"/> BPE93505 / E2E93505	\$1,500 / \$3,000 Deductible (in/out) with \$3,000 / \$6,000 OPX (in/out)
<input type="checkbox"/> BPEC3805 / E2EC3805	\$2,500 / \$5,000 Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> EOEC3805 / EPEC3805	\$2,500 / \$5,000 Embedded Deductible (in/out) with \$5,000 / \$10,000 OPX (in/out)
<input type="checkbox"/> EOAE3A05 / EPAE3A05	\$3,500 / \$7,000 Deductible (in/out) with \$5,800 / \$11,600 OPX (combined in & out)
<input type="checkbox"/> EOEE3A05 / EPEE3A05	\$3,500 / \$7,000 Embedded Deductible (in/out) with \$5,800 / \$11,600 OPX (in/out)

<b>B. BlueEdge<sup>SM</sup> Direct HCA</b>				
<b>100% / 80% Coinsurance</b> (combined in & out) - Office Visit & Outpatient Prescription Drugs covered at 100% after deductible	<b>90% / 70% Coinsurance</b> (combined in & out) - Office Visit covered at 90% after deductible - Outpatient Prescription Drugs covered at 80% after deductible		<b>80% / 60% Coinsurance</b> (combined in & out) - Office Visit & Outpatient Prescription Drugs covered at 80% after deductible	
<b>BlueAdvantage Entrepreneur available for Groups with 2-50 lives</b>				
\$1,500 Deductible & \$0 OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX
<input type="checkbox"/> EPD91127 - \$750 HCA <input type="checkbox"/> EPD91137 - \$1,000 HCA	<input type="checkbox"/> EPD92615 - \$500 HCA <input type="checkbox"/> EPD92625 - \$750 HCA <input type="checkbox"/> EPD92635 - \$1,000 HCA	<input type="checkbox"/> EPDA2435 \$1,000 HCA	<input type="checkbox"/> EPD93615 - \$500 HCA <input type="checkbox"/> EPD93625 - \$750 HCA	<input type="checkbox"/> EPDA3435 \$1,000 HCA
<b>BluePrint available for Groups with 51 or more lives</b>				
\$1,500 Deductible & \$0 OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX	\$1,500 Deductible & OPX	\$2,000 Deductible & OPX
<input type="checkbox"/> EOD91127 - \$750 HCA <input type="checkbox"/> EOD91137 - \$1,000 HCA	<input type="checkbox"/> EOD92615 - \$500 HCA <input type="checkbox"/> EOD92625 - \$750 HCA <input type="checkbox"/> EOD92635 - \$1,000 HCA	<input type="checkbox"/> EODA2435 \$1,000 HCA	<input type="checkbox"/> EOD93615 - \$500 HCA <input type="checkbox"/> EOD93625 - \$750 HCA	<input type="checkbox"/> EODA3435 \$1,000 HCA

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C. PPO Value Choice	
<b>80% / 60% Coinsurance (in / out) - Office Visit &amp; Outpatient Prescription Drugs covered at 80% after deductible \$150 ER Copayment</b>	
<input type="checkbox"/> BPVC3705 / E2VC3705	\$2,500 / \$5,000 Deductible (in/out) with \$2,500 / \$5,000 OPX (in/out)
<input type="checkbox"/> PPVE3905 / E2VE3905	\$3,500 / \$7,000 Deductible (in/out) with \$3,500 / \$7,000 OPX (in/out)
<input type="checkbox"/> BPVH3805 / E2VH3805	\$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			
<b>90% / 80% / 50% Coinsurance(CPO/ PPO/ out)- OV covered at 90% Outpatient Rx covered at 80% after deductible \$150 ER Copayment</b>			
Deductible & OPX Options (CPO)			Initial Employee Enrollment by CPO Network
\$1,000 Deductible with \$1,000 OPX	\$2,500 Deductible with \$2,500 OPX	\$5,000 Deductible with \$5,000 OPX	CO _____ # of Ees. _____ CO _____ # of Ees. _____ CO _____ # of Ees. _____
<input type="checkbox"/> COV82305 / CPV82305	<input type="checkbox"/> COVC2705 / CPVC2705	<input type="checkbox"/> COVG2805 / CPVG2805	TOTAL # OF EMPLOYEES ENROLLED: _____

**Category 3 – HMO Products** GROUP NUMBER: \_\_\_\_\_

A. BlueAdvantage® HMO					
Copayments	Outpatient Prescription Drug Card	Plan ID	Copayments	Outpatient Prescription Drug Card	Plan ID
\$10 / \$30 (PCP/PSP) Office Visit Copay \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPHB013 / E2THB013 <input type="checkbox"/> BPHB016 / E2THB016 <input type="checkbox"/> BPHB014 / E2THB014	This space intentionally left blank		
\$20/\$40 (PCP/PSP) Office Visit Copay \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPHB103 / E2THB103 <input type="checkbox"/> BPHB106 / E2THB106 <input type="checkbox"/> BPHB104 / E2THB104	\$30/\$50 (PCP/PSP) Office Visit & \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPHB163 / E2THB163 <input type="checkbox"/> BPHB166 / E2THB166 <input type="checkbox"/> BPHB164 / E2THB164
\$20/\$40 (PCP/PSP) Office Visit & \$150 ER with \$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"/> BPHB133 / E2THB133 <input type="checkbox"/> BPHB136 / E2THB136 <input type="checkbox"/> BPHB134 / E2THB134	\$30/ \$50 (PCP/PSP)Office Visit & \$150 ER with \$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"/> BPHB193 / E2THB193 <input type="checkbox"/> BPHB196 / E2THB196 <input type="checkbox"/> BPHB194 / E2THB194

B. BlueAdvantage® HMO Value Choice						
Office Visit Copayment	ER Copayment	Wellness Copayment	Specialist Visit Copayment	Hospital Confinement Deductible	Outpatient Prescription Drug Card	Plan ID
\$40	\$250	\$15	\$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"/> E2THV023 / HMOBV023 <input type="checkbox"/> E2THV026 / HMOBV026 <input type="checkbox"/> E2THV024 / HMOBV024
\$50	\$300	\$20	\$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"/> E2THV033 / HMOBV033 <input type="checkbox"/> E2THV036 / HMOBV036 <input type="checkbox"/> E2THV034 / HMOBV034

**Category 4 – PPO Products** GROUP NUMBER: \_\_\_\_\_

Blueprint® PPO / BlueAdvantage® Entrepreneur PPO				
<b>100% / 80% Coinsurance</b>				
OPX (in/out) PCP/PSP Office Visit / ER Copayments	Outpatient Prescription Drug Card	Deductible Options (in/out)		
		\$0 / \$200	\$250 / \$500	\$500 / \$1,000
\$0 / \$1,000 OPX \$10 / \$30 OV / \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP11113 / E2TP103 <input type="checkbox"/> BPP11116 / E2P11116 <input type="checkbox"/> BPP11114 / E2P11114	<input type="checkbox"/> BPP41113 / E2TP109 <input type="checkbox"/> BPP41116 / E2P41116 <input type="checkbox"/> BPP41114 / E2P41114	<input type="checkbox"/> BPP71113 / E2TP112 <input type="checkbox"/> BPP71116 / E2P71116 <input type="checkbox"/> BPP71114 / E2P71114
\$0 / \$1,000 OPX \$20 / \$40 OV / \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP11123 <input type="checkbox"/> BPP11126 <input type="checkbox"/> BPP11124	<input type="checkbox"/> BPP41123 <input type="checkbox"/> BPP41126 <input type="checkbox"/> BPP41124	<input type="checkbox"/> BPP71123 <input type="checkbox"/> BPP71126 <input type="checkbox"/> BPP71124

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**90% / 70% Coinsurance**

OPX (in/out) PCP/PSP Office Visit ER Copayments	Outpatient Prescription Drug Card	Deductible Options (in/out)			
		\$0 / \$200	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000
\$500 / \$1,500 OPX \$10 / \$30 OV 150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP12213 <input type="checkbox"/> BPP12216 <input type="checkbox"/> BPP12214	<input type="checkbox"/> BPP42213 <input type="checkbox"/> BPP42216 <input type="checkbox"/> BPP42214	<input type="checkbox"/> BPP72213 <input type="checkbox"/> BPP72216 <input type="checkbox"/> BPP72214	<input type="checkbox"/> BPP82213 <input type="checkbox"/> BPP82216 <input type="checkbox"/> BPP82214
\$500 / \$1,500 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP12223 <input type="checkbox"/> BPP12226 <input type="checkbox"/> BPP12224	<input type="checkbox"/> BPP42223 <input type="checkbox"/> BPP42226 <input type="checkbox"/> BPP42224	<input type="checkbox"/> BPP72223 <input type="checkbox"/> BPP72226 <input type="checkbox"/> BPP72224	<input type="checkbox"/> BPP82223 <input type="checkbox"/> BPP82226 <input type="checkbox"/> BPP82224
\$1,000 / \$2,000 OPX \$10 / \$30 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP12313 / E2P12313 <input type="checkbox"/> BPP12316 / E2P12316 <input type="checkbox"/> BPP12314 / E2P12314	<input type="checkbox"/> BPP42313 / E2P42313 <input type="checkbox"/> BPP42316 / E2P42316 <input type="checkbox"/> BPP42314 / E2P42314	<input type="checkbox"/> BPP72313 / E2P72313 <input type="checkbox"/> BPP72316 / E2P72316 <input type="checkbox"/> BPP72314 / E2P72314	<input type="checkbox"/> BPP82313 / E2P82313 <input type="checkbox"/> BPP82316 / E2P82316 <input type="checkbox"/> BPP82314 / E2P82314
\$1,000 / \$2,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP12323 / E2P12323 <input type="checkbox"/> BPP12326 / E2P12326 <input type="checkbox"/> BPP12324 / E2P12324	<input type="checkbox"/> BPP42323 / E2P42323 <input type="checkbox"/> BPP42326 / E2P42326 <input type="checkbox"/> BPP42324 / E2P42324	<input type="checkbox"/> BPP72323 / E2P72323 <input type="checkbox"/> BPP72326 / E2P72326 <input type="checkbox"/> BPP72324 / E2P72324	<input type="checkbox"/> BPP82323 / E2P82323 <input type="checkbox"/> BPP82326 / E2P82326 <input type="checkbox"/> BPP82324 / E2P82324
\$2,000 / \$4,000 OPX \$10 / \$30 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	This space intentionally left blank	<input type="checkbox"/> BPP42413 <input type="checkbox"/> BPP42416 <input type="checkbox"/> BPP42414	<input type="checkbox"/> BPP72413 <input type="checkbox"/> BPP72416 <input type="checkbox"/> BPP72414	<input type="checkbox"/> BPP82413 <input type="checkbox"/> BPP82416 <input type="checkbox"/> BPP82414
\$2,000 / \$4,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%		<input type="checkbox"/> BPP42423 <input type="checkbox"/> BPP42426 <input type="checkbox"/> BPP42424	<input type="checkbox"/> BPP72423 <input type="checkbox"/> BPP72426 <input type="checkbox"/> BPP72424	<input type="checkbox"/> BPP82423 <input type="checkbox"/> BPP82426 <input type="checkbox"/> BPP82424

OPX (in/out) PCP/PSP Office Visit ER Copayments	Outpatient Prescription Drug Card	Deductible Options (in/out)		
		\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
\$1,000 / \$2,000 OPX \$10 / \$30 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP92313 <input type="checkbox"/> BPP92316 <input type="checkbox"/> BPP92314	<input type="checkbox"/> BPPC2313 <input type="checkbox"/> BPPC2316 <input type="checkbox"/> BPPC2314	<input type="checkbox"/> BPPE2313 <input type="checkbox"/> BPPE2316 <input type="checkbox"/> BPPE2314
\$1,000 / \$2,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP92323 <input type="checkbox"/> BPP92326 <input type="checkbox"/> BPP92324	<input type="checkbox"/> BPPC2323 <input type="checkbox"/> BPPC2326 <input type="checkbox"/> BPPC2324	<input type="checkbox"/> BPPE2323 <input type="checkbox"/> BPPE2326 <input type="checkbox"/> BPPE2324
\$2,000 / \$4,000 OPX \$10 / \$30 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP92413 / E2P92413 <input type="checkbox"/> BPP92416 / E2P92416 <input type="checkbox"/> BPP92414 / E2P92414	<input type="checkbox"/> BPPC2413 / E2PC2413 <input type="checkbox"/> BPPC2416 / E2PC2416 <input type="checkbox"/> BPPC2414 / E2PC2414	<input type="checkbox"/> BPPE2413 / E2PE2413 <input type="checkbox"/> BPPE2416 / E2PE2416 <input type="checkbox"/> BPPE2414 / E2PE2414
\$2,000 / \$4,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP92423 / E2P92423 <input type="checkbox"/> BPP92426 / E2P92426 <input type="checkbox"/> BPP92424 / E2P92424	<input type="checkbox"/> BPPC2423 / E2PC2423 <input type="checkbox"/> BPPC2426 / E2PC2426 <input type="checkbox"/> BPPC2424 / E2PC2424	<input type="checkbox"/> BPPE2423 / E2PE2423 <input type="checkbox"/> BPPE2426 / E2PE2426 <input type="checkbox"/> BPPE2424 / E2PE2424

**80% / 60% Coinsurance**

OPX (in/out) PCP/PSP Office Visit ER Copayments	Outpatient Prescription Drug Card	Deductible Options (in/out)		
		\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000
\$1,000 / \$2,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP43323 <input type="checkbox"/> BPP43326 <input type="checkbox"/> BPP43324	<input type="checkbox"/> BPP73323 <input type="checkbox"/> BPP73326 <input type="checkbox"/> BPP73324	<input type="checkbox"/> BPP83323 <input type="checkbox"/> BPP83326 <input type="checkbox"/> BPP83324
\$1,000 / \$2,000 OPX \$30 / \$50 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP43333 <input type="checkbox"/> BPP43336 <input type="checkbox"/> BPP43334	<input type="checkbox"/> BPP73333 <input type="checkbox"/> BPP73336 <input type="checkbox"/> BPP73334	<input type="checkbox"/> BPP83333 <input type="checkbox"/> BPP83336 <input type="checkbox"/> BPP83334
\$2,000 / \$4,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP43423 / E2P43423 <input type="checkbox"/> BPP43426 / E2P43426 <input type="checkbox"/> BPP43424 / E2P43424	<input type="checkbox"/> BPP73423 / E2P73423 <input type="checkbox"/> BPP73426 / E2P73426 <input type="checkbox"/> BPP73424 / E2P73424	<input type="checkbox"/> BPP83423 / E2P83423 <input type="checkbox"/> BPP83426 / E2P83426 <input type="checkbox"/> BPP83424 / E2P83424
\$2,000 / \$4,000 OPX \$30 / \$50 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP43433 / E2P43433 <input type="checkbox"/> BPP43436 / E2P43436 <input type="checkbox"/> BPP43434 / E2P43434	<input type="checkbox"/> BPP73433 / E2P73433 <input type="checkbox"/> BPP73436 / E2P73436 <input type="checkbox"/> BPP73434 / E2P73434	<input type="checkbox"/> BPP83433 / E2P83433 <input type="checkbox"/> BPP83436 / E2P83436 <input type="checkbox"/> BPP83434 / E2P83434
\$3,000 / \$6,000 OPX \$20 / \$40 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP43523 <input type="checkbox"/> BPP43526 <input type="checkbox"/> BPP43524	<input type="checkbox"/> BPP73523 <input type="checkbox"/> BPP73526 <input type="checkbox"/> BPP73524	<input type="checkbox"/> BPP83523 <input type="checkbox"/> BPP83526 <input type="checkbox"/> BPP83524
\$3,000 / \$6,000 OPX \$30 / \$50 OV \$150 ER	\$15/ \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP43533 <input type="checkbox"/> BPP43536 <input type="checkbox"/> BPP43534	<input type="checkbox"/> BPP73533 <input type="checkbox"/> BPP73536 <input type="checkbox"/> BPP73534	<input type="checkbox"/> BPP83533 <input type="checkbox"/> BPP83536 <input type="checkbox"/> BPP83534

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OPX (in/out) PCP/PSP Office Visit ER Copayments	Outpatient Prescription Drug Card	Deductible Options (in/out)		
		\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
\$1,000 / \$2,000 OPX \$20 / \$40 OV \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP93323 <input type="checkbox"/> BPP93326 <input type="checkbox"/> BPP93324	<input type="checkbox"/> BPPC3323 <input type="checkbox"/> BPPC3326 <input type="checkbox"/> BPPC3324	<input type="checkbox"/> BPPE3323 <input type="checkbox"/> BPPE3326 <input type="checkbox"/> BPPE3324
\$1,000 / \$2,000 OPX \$30 / \$50 OV \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP93333 <input type="checkbox"/> BPP93336 <input type="checkbox"/> BPP93334	<input type="checkbox"/> BPPC3333 <input type="checkbox"/> BPPC3336 <input type="checkbox"/> BPPC3334	<input type="checkbox"/> BPPE3333 <input type="checkbox"/> BPPE3336 <input type="checkbox"/> BPPE3334
\$2,000 / \$4,000 OPX \$20 / \$40 OV \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP93423 / E2P93423 <input type="checkbox"/> BPP93426 / E2P93426 <input type="checkbox"/> BPP93424 / E2P93424	<input type="checkbox"/> BPPC3423 / E2PC3423 <input type="checkbox"/> BPPC3426 / E2PC3426 <input type="checkbox"/> BPPC3424 / E2PC3424	<input type="checkbox"/> BPPE3423 / E2PE3423 <input type="checkbox"/> BPPE3426 / E2PE3426 <input type="checkbox"/> BPPE3424 / E2PE3424
\$2,000 / \$4,000 OPX \$30 / \$50 OV \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP93433 / E2P93433 <input type="checkbox"/> BPP93436 / E2P93436 <input type="checkbox"/> BPP93434 / E2P93434	<input type="checkbox"/> BPPC3433 / E2PC3433 <input type="checkbox"/> BPPC3436 / E2PC3436 <input type="checkbox"/> BPPC3434 / E2PC3434	<input type="checkbox"/> BPPE3433 / E2PE3433 <input type="checkbox"/> BPPE3436 / E2PE3436 <input type="checkbox"/> BPPE3434 / E2PE3434
\$3,000 / \$6,000 OPX \$20 / \$40 OV \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP93523 <input type="checkbox"/> BPP93526 <input type="checkbox"/> BPP93524	<input type="checkbox"/> BPPC3523 <input type="checkbox"/> BPPC3526 <input type="checkbox"/> BPPC3524	<input type="checkbox"/> BPPE3523 <input type="checkbox"/> BPPE3526 <input type="checkbox"/> BPPE3524
\$3,000 / \$6,000 OPX \$30 / \$50 OV \$150 ER	\$15 / \$30 / \$50 \$10 / \$40 / \$60 \$15 / 35% / 50%	<input type="checkbox"/> BPP93533 <input type="checkbox"/> BPP93536 <input type="checkbox"/> BPP93534	<input type="checkbox"/> BPPC3533 <input type="checkbox"/> BPPC3536 <input type="checkbox"/> BPPC3534	<input type="checkbox"/> BPPE3533 <input type="checkbox"/> BPPE3536 <input type="checkbox"/> BPPE3534

### 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"/> 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"/> 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"/> 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"/> 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"/> DLUF19 - \$1,000/N/C – U&C	
	<input type="checkbox"/> DHUF21 - \$1,250/N/C - U&C	<input type="checkbox"/> DLUF23 - \$1,250/N/C – U&C	
	<input type="checkbox"/> DHUF22 - \$1,250/\$1,000 - U&C	<input type="checkbox"/> DLUF24 - \$1,250/\$1,000 – U&C	
		<input type="checkbox"/> DLUF25 - \$1,500/\$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	<b>\$50 / \$150 Deductible (ind/fam)</b>
<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

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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 Fort Dearborn Life Insurance Company. Waiver of Premium, in the event of total disability, will terminate at age 65 or when no longer disabled, whichever is earlier. Being Actively at Work is a requirement for coverage. If an employee is not Actively at Work on the day 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**

**Yes**    **No**

	Spouse	Children – birth to age 6 months	Children – 6 months to 19 years / student to age 25
<b>Choose a Plan:</b>	<input type="checkbox"/> Option 1   \$2,000	<input type="checkbox"/> Option 2   \$100	<input type="checkbox"/> Option 1   \$1,000
	<input type="checkbox"/> Option 2   \$5,000	<input type="checkbox"/> Option 2   \$100	<input type="checkbox"/> Option 2   \$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 _____

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