

# HEALTH INSURANCE PLANS

## SMALL GROUP EMPLOYER BENEFIT SELECTION FORM



Health, Life, and Dental Insurance underwritten by Standard Security Life Insurance Company, New York, New York  
Vision Insurance underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri

Welcome to IAC Group Health Plans! Use this form to design the benefit package that best suits you and your employees' needs. Carefully mark your selections in Section A and Section B of this form and then sign and date the form.

**A. OPTIONAL BENEFITS** Except where noted, the optional benefits are employer-selected and apply to all eligible and enrolling employees.

**Optional Life, AD&D Insurance Benefit Selection**

\$10,000 Life Insurance Minimum Benefit, if elected. Up to \$100,000 is available.  
Choose one option (Be sure to state the full amount in \$1,000 increments, including the minimum required amount of \$10,000):

- A Flat Amount for all Employees regardless of employee class: Amount per Employee \$ \_\_\_\_\_
- A multiple of each employee's salary: \_\_\_\_\_ x Salary
- A Flat Amount for all Employees based on the class of employee:
  - Definition of Class 1 \_\_\_\_\_ Amount \$ \_\_\_\_\_
  - Definition of Class 2 \_\_\_\_\_ Amount \$ \_\_\_\_\_
  - Definition of Class 3 \_\_\_\_\_ Amount \$ \_\_\_\_\_
- No Life Insurance

**Optional Wellness (Preventative Care) Benefit**

Select a calendar year coverage amount:  None  \$350  
 **Option 1**  \$500  \$1000

**Optional Health Empowerment Package**

Optum Care24, Travel Asst., Weight Watchers, AFS  Yes

No

**Optional Texas Mandates Buy Up**

Texas Groups Only  Yes  No

**Optional Dependent Life Insurance Benefit**

Spouse Benefit - \$2,000; Children up to \$1,000 benefit  Yes

No

**Optional 24-Hour Occupational Coverage** (not available in KS & NV)

For owners, officers and sole proprietors only  Yes  No

**Optional Sponsored Health Reimbursement Arrangement (HRA)**

Flexible Benefits  None

**Optional Maternity Benefit**

Mandatory for groups of 15+. Available to groups of 2+\*  Yes  
\*Available to groups of 2+ in AL, IL, KS, MI, NC, OH, TX & WI  No

**Optional Supplemental Accident Benefit**

None  \$1,000

\$500  \$2,000

**Optional IAC Group Dental** (75% participation required; 70% in WI)

Employer Paid Option  Voluntary Option  None

- Value Plan PPO**  
\$250 Annual Maximum
- Economy Plan PPO**  
\$1,000 Annual Maximum
- Superior Plan PPO**  
\$1,500 Annual Maximum  
INCLUDES ORTHO
- Superior Plan Indemnity**  
\$1,500 Annual Maximum  
INCLUDES ORTHO

- Optional - Add-ons for groups of 10+ All plans.**
- Package 1 – Implants, veneers.
  - Package 2 – Treat Endo and Perio as basic rather than major. Except Value
  - Package 3 – Ortho (child only). Except Value
  - Package 4 – Waiver of \$100 deductible for Prev/Diag/Basic/Major Except Value

**Optional Vision Benefit**

- Option 1**  
Separate vision applications required for Employer and Employees for groups in AZ, MI, and TX.  
\$10 Exam Copay  
\$25 Lenses Copay
- If offered, method:
  - Non-voluntary– 100% Employer Paid
  - Modified Non-voluntary– 75% participation required
  - Voluntary
- Option 2**  
\$20 Exam Copay  
\$20 Lenses Copay
- None**

**Rx Benefit Selection**  
Choose one option that will apply to all enrolling employees.

**Option 1 - Rx Discount Only Feature** (automatically included with all plans)

**Option 2**  
Generic \$15 Copay  
Brand/Formulary Deductible \$250  
Formulary \$45  
Non-Formulary \$60  
Specialty Drugs \$90

**Option 3**  
Generic \$10 Copay  
Formulary Brand \$25  
Non-Formulary \$40  
Specialty Drugs \$50

**Option 4\***  
Prescription drugs covered same as any other illness  
  
*\* Not available on the Premium Advantage or Daily Plans*

**Option 5\***  
Generic \$15 Copay  
Brand/Formulary Deductible \$1000 or \$1500 or \$2000 or \$5000 (same as medical deductible selected)  
Formulary \$45  
Non-Formulary \$60  
Specialty Drugs \$90  
*\* Premium Advantage Only*

Employer Name

Employer Signature

DATE

**Initial 12 Month Rate Guarantee**  Yes  No  
(Required in some states)

**Composite Rates** – for groups of 10 or more only  Yes  No  
(Unless otherwise mandated by state insurance law)

**B. Health Benefit Plan Selection**

Define a health benefit plan for your employees or select up to 3 plans from which they may choose. These benefits are combined with the optional benefits designated on the reverse side of this form.

**Employee Choice**  Yes If Yes, designate up to 3 Plan Choices below.  
 No If No, complete only Plan Choice 1 below – this coverage will apply to all eligible and enrolling employees.

**Plan Choice 1**

<p><input type="checkbox"/> <b>Traditions Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$6,000  <input type="checkbox"/> \$8,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 100% / 70%  <input type="checkbox"/> 90% / 70%  <input type="checkbox"/> 80% / 50%</p> <p><u>Maximum Out-of-Pocket</u>  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000  <input type="checkbox"/> \$5,000</p>	<p><input type="checkbox"/> <b>Advantage Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$1,000  <input type="checkbox"/> \$1,500  <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$5,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 80% / 50%</p> <p><u>Maximum Out-of-Pocket</u>  <u>Med Svs. &amp; Supplies/Inpatient Confinement</u>  <input type="checkbox"/> \$2,000 / \$4,000  <input type="checkbox"/> \$3,000 / \$5,000  <input type="checkbox"/> \$4,000 / \$6,000</p>	<p><input type="checkbox"/> <b>High Deductible Health Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Individual / Family Deductible</u>  <input type="checkbox"/> \$1,100 / \$2,200  <input type="checkbox"/> \$1,500 / \$3,000  <input type="checkbox"/> \$2,000 / \$4,000  <input type="checkbox"/> \$2,500 / \$5,000  <input type="checkbox"/> \$3,000 / \$6,000  <input type="checkbox"/> \$4,000 / \$7,000  <input type="checkbox"/> \$4,000 / \$8,000  <input type="checkbox"/> \$5,000 / \$9,000  <input type="checkbox"/> \$5,000 / \$10,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 100% / 70%  <input type="checkbox"/> 80% / 50%</p> <p><input type="checkbox"/> IAC HSA  <input type="checkbox"/> Own HSA Administrator</p>	<p><input type="checkbox"/> <b>Premium Advantage Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$5,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 80% / 50%</p> <p><u>Max Out-of-Pocket</u>  <input type="checkbox"/> \$3,000 / \$3,000</p> <p><u>Max Outpatient Svcs &amp; Supplies</u>  <input type="checkbox"/> \$20,000</p> <p><u>Calendar Year Maximum</u>  <input type="checkbox"/> \$100,000</p>	<p><input type="checkbox"/> <b>Daily Plan</b></p> <p><u>Deductible</u>  <input type="checkbox"/> \$250  <input type="checkbox"/> \$500</p> <p><u>Maximum Out-of-Pocket</u>  <input type="checkbox"/> \$4,000  <input type="checkbox"/> \$6,000  <input type="checkbox"/> \$8,000</p>
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**Plan Choice 2 (complete only if allowing employee choice)**

<p><input type="checkbox"/> <b>Traditions</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$6,000  <input type="checkbox"/> \$8,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 100% / 70%  <input type="checkbox"/> 90% / 70%  <input type="checkbox"/> 80% / 50%</p> <p><u>Maximum Out-of-Pocket</u>  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000  <input type="checkbox"/> \$5,000</p>	<p><input type="checkbox"/> <b>Advantage Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$1,000  <input type="checkbox"/> \$1,500  <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$5,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 80% / 50%</p> <p><u>Maximum Out-of-Pocket</u>  <u>Med Svs. &amp; Supplies/Inpatient Confinement</u>  <input type="checkbox"/> \$2,000 / \$4,000  <input type="checkbox"/> \$3,000 / \$5,000  <input type="checkbox"/> \$4,000 / \$6,000</p>	<p><input type="checkbox"/> <b>High Deductible Health Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Individual / Family Deductible</u>  <input type="checkbox"/> \$1,100 / \$2,200  <input type="checkbox"/> \$1,500 / \$3,000  <input type="checkbox"/> \$2,000 / \$4,000  <input type="checkbox"/> \$2,500 / \$5,000  <input type="checkbox"/> \$3,000 / \$6,000  <input type="checkbox"/> \$4,000 / \$7,000  <input type="checkbox"/> \$4,000 / \$8,000  <input type="checkbox"/> \$5,000 / \$9,000  <input type="checkbox"/> \$5,000 / \$10,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 100% / 70%  <input type="checkbox"/> 80% / 50%</p> <p><input type="checkbox"/> IAC HSA  <input type="checkbox"/> Own HSA Administrator</p>	<p><input type="checkbox"/> <b>Premium Advantage Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$5,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 80% / 50%</p> <p><u>Max Out-of-Pocket</u>  <input type="checkbox"/> \$3,000 / \$3,000</p> <p><u>Max Outpatient Svcs &amp; Supplies</u>  <input type="checkbox"/> \$20,000</p> <p><u>Calendar Year Maximum</u>  <input type="checkbox"/> \$100,000</p>	<p><input type="checkbox"/> <b>Daily Plan</b></p> <p><u>Deductible</u>  <input type="checkbox"/> \$250  <input type="checkbox"/> \$500</p> <p><u>Maximum Out-of-Pocket</u>  <input type="checkbox"/> \$4,000  <input type="checkbox"/> \$6,000  <input type="checkbox"/> \$8,000</p>
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**Plan Choice 3 (complete only if allowing employee choice)**

<p><input type="checkbox"/> <b>Traditions</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$6,000  <input type="checkbox"/> \$8,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 100% / 70%  <input type="checkbox"/> 90% / 70%  <input type="checkbox"/> 80% / 50%</p> <p><u>Maximum Out-of-Pocket</u>  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000  <input type="checkbox"/> \$5,000</p>	<p><input type="checkbox"/> <b>Advantage Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$1,000  <input type="checkbox"/> \$1,500  <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$5,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 80% / 50%</p> <p><u>Maximum Out-of-Pocket</u>  <u>Med Svs. &amp; Supplies/Inpatient Confinement</u>  <input type="checkbox"/> \$2,000 / \$4,000  <input type="checkbox"/> \$3,000 / \$5,000  <input type="checkbox"/> \$4,000 / \$6,000</p>	<p><input type="checkbox"/> <b>High Deductible Health Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Individual / Family Deductible</u>  <input type="checkbox"/> \$1,100 / \$2,200  <input type="checkbox"/> \$1,500 / \$3,000  <input type="checkbox"/> \$2,000 / \$4,000  <input type="checkbox"/> \$2,500 / \$5,000  <input type="checkbox"/> \$3,000 / \$6,000  <input type="checkbox"/> \$4,000 / \$7,000  <input type="checkbox"/> \$4,000 / \$8,000  <input type="checkbox"/> \$5,000 / \$9,000  <input type="checkbox"/> \$5,000 / \$10,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 100% / 70%  <input type="checkbox"/> 80% / 50%</p> <p><input type="checkbox"/> IAC HSA  <input type="checkbox"/> Own HSA Administrator</p>	<p><input type="checkbox"/> <b>Premium Advantage Plan</b></p> <p><u>Copay</u>  <input type="checkbox"/> \$No <input type="checkbox"/> \$40</p> <p><u>Deductible</u>  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$5,000</p> <p><u>Coinsurance</u>  <input type="checkbox"/> 80% / 50%</p> <p><u>Max Out-of-Pocket</u>  <input type="checkbox"/> \$3,000 / \$3,000</p> <p><u>Max Outpatient Svcs &amp; Supplies</u>  <input type="checkbox"/> \$20,000</p> <p><u>Calendar Year Maximum</u>  <input type="checkbox"/> \$100,000</p>	<p><input type="checkbox"/> <b>Daily Plan</b></p> <p><u>Deductible</u>  <input type="checkbox"/> \$250  <input type="checkbox"/> \$500</p> <p><u>Maximum Out-of-Pocket</u>  <input type="checkbox"/> \$4,000  <input type="checkbox"/> \$6,000  <input type="checkbox"/> \$8,000</p>
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Agent Name (please print) \_\_\_\_\_ Agent Signature \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FULLY COMPLETED FORM MUST BE ATTACHED TO THE GROUP EMPLOYER APPLICATION FOR COVERAGE.**

*Administrative Use Only:* Effective Date: \_\_\_\_\_ Group Number: \_\_\_\_\_