

BENEFIT PLAN SELECTION (BPS)
(To Be Used for Mid-Market Group Accounts)

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

Section 1 - Account Information:

Employer Name:			
Account #:	Effective Date:	Anniversary Date:	

Health Products / Mid-Market Medical and/or Dental Plan Selection:

Section 2 - Renewing Groups Only: (*If New Business, skip to Section 3)

Please list current plan(s) below	Retaining Plan(s):		Replacing Plan(s): Please list replacement plan in space below.
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2.
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5.
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6.
7.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7.
8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8.

Section 2b - Renewing Groups Only: (*If New Business, skip to Section 3)

Adding Plan (Medical and/or Dental): Please list new plan(s) below
1.
2.
3.
4.
5.
6.
7.
8.

Section 3 – New Business:

GROUP NUMBER:

- Blue Directions (Private Exchange) Purchased? Yes No
(If yes, the Blue Directions Addendum is attached and made a part of the policy.)
- Please select plan designs (Up to a maximum of 6 plans)

A. Blue Advantage HMO®							
2026 Plan ID	Deductible In Network	Coins In-Network	OPX In-Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAH2000	\$0	100%	\$1500	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAH2016	\$0	100%	\$1500	\$40/\$70	\$350	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBAH2026	\$0	100%	\$1500	\$30/\$60	\$350	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350

Pharmacy benefits based on the Performance Annual Drug List at HMO Network pharmacies.

B. Blue Advantage HMO® Value Choice							
2026 Plan ID	Deductible In Network	Coins In Network	OPX In-Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAV2116	\$0	100%	\$3000	\$50/\$80	\$450	\$5/\$15/\$45/\$85/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBAV2126	\$0	100%	\$3000	\$60/\$90	\$500	\$5/\$15/\$45/\$85/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBAV4016	\$0	80%	\$6500	\$30/\$60	\$500**	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBAV2136	\$1250	80%	\$3500	\$60/\$90	\$350**	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBAV2146	\$1750	80%	\$5000	\$60/\$90	\$500**	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBAV2152	\$3000	80%	\$8700	\$20/\$40	\$400**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Pharmacy benefits based on the Performance Annual Drug List at HMO Network pharmacies.

** Denotes Per Occurrence Deductible on service. Calendar Year Deductible and Coinsurance applies after POD.

C. BlueEdge SM Select HSA							
2026 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Coins.	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIESA2122	\$2500/\$5000	100%/100%	\$2500/\$5000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESA3113	\$2500/\$5000	80%/50%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE3153	\$3500/\$7000	80%/50%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE2052	\$4000/\$8000	100%/80%	\$4000/\$24000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESE4014	\$5000/\$10000	100%/100%	\$5000/\$10000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESE3076	\$5000/\$10000	80%/50%	\$7500/\$22500	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE3183	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIESE4024	\$7500/\$15000	100%/100%	\$7500/\$15000	100%/100%	100%	100%	100%

Plans are HSA compatible. The 5th character in the Plan ID indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

Coinsurance applies after the medical deductible is met, as applicable.

Pharmacy benefits based on the Performance Full Drug List at Preferred Network pharmacies

All HSA compatible HDHP plans include select preventive categories of prescription drugs covered with no member cost share.

D. Blue Edge SM HSA							
2026 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Coins	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIEEA3005	\$1800/\$1800	100%/80%	\$3600/\$3600	100%/100%	100%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA3015	\$1800/\$3600	80%/60%	\$3600/\$10800	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2020	\$2500/\$2500	100%/80%	\$5000/\$5000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEA3033	\$2500/\$5000	80%/60%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE4045	\$3500/\$7000	100%/100%	\$3500/\$7000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEA3096	\$3500/\$7000	80%/60%	\$6300/\$18900	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE3053	\$3500/\$7000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2052	\$4000/\$8000	100%/80%	\$4000/\$24000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE4014	\$5000/\$10000	100%/100%	\$5000/\$10000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE3076	\$5000/\$10000	80%/60%	\$7500/\$22500	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE3083	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%

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

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<input type="checkbox"/> MIEEE4024	\$7500/\$15000	100%/100%	\$7500/\$15000	100%/100%	100%	100%	100%
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Plans are HSA compatible. The 5th character in the Plan ID indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

Coinsurance applies after the medical deductible is met, as applicable.

Pharmacy benefits based on the Performance Full Drug List at Preferred Network pharmacies

All HSA compatible HDHP plans include select preventive categories of prescription drugs covered with no member cost share.

E. Blue Choice Select PPOSM

2026 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCS5006	\$250/\$500	80%/50%	\$1250/\$3750	\$30/\$30	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2016	\$500/\$1000	80%/50%	\$1750/\$5250	\$30/\$30	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2026	\$750/\$1500	90%/60%	\$2000/\$6000	\$30/\$30	\$400	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBCS2036	\$750/\$1500	80%/50%	\$3000/\$9000	\$30/\$30	\$400	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBCS2046	\$1000/\$2000	90%/60%	\$2500/\$7500	\$30/\$30	\$400	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBCS2056	\$1250/\$2500	80%/50%	\$3500/\$10500	\$40/\$40	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2076	\$1500/\$3000	80%/50%	\$4000/\$12000	\$40/\$40	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2086	\$2000/\$4000	80%/50%	\$5000/\$15000	\$40/\$40	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2096	\$2250/\$4500	80%/50%	\$4500/\$13500	\$40/\$40	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2126	\$2500/\$5000	80%/50%	\$5000/\$15000	\$40/\$40	\$400	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBCS1126	\$3000/\$6000	80%/50%	\$6500/\$19500	\$40/\$40	\$400	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBCS2146	\$3500/\$7000	80%/50%	\$6000/\$18000	\$30/\$30	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2166	\$4250/\$8500	80%/50%	\$6000/\$18000	\$40/\$40	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS2176	\$5000/\$10000	80%/50%	\$6100/\$18300	\$50/\$50	\$400	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCS1176	\$5000/\$10000	80%/50%	\$8550/\$25650	\$50/\$50	\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

Pharmacy benefits based on the Performance Full Drug List at Preferred Network pharmacies.

F. Blue Choice OptionsSM HSA - Tiered Network (Blue Choice OPT PPO – BCO / PPO – PPO / Out of Network - OON)

2026 Plan ID	Deductible (BCO/ PPO/ OON)	Coins (BCO/ PPO/ OON)	OPX (BCO/ PPO/ OON)	OV/SPC (BCO/ PPO)	ER Coins (BCO / PPO)	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MICOE4066	\$3500/ \$4600/ \$10500	100%/ 80%/ 60%	\$3500/ \$6800/ \$20400	100%/ 80%	100%	100%	100%
<input type="checkbox"/> MICOE3026	\$4000/ \$5700/ \$12000	100%/ 80%/ 60%	\$4000/ \$7750/ \$23250	100%/ 80%	100%	100%	100%
<input type="checkbox"/> MICOE3056	\$3500/ \$5000/ \$10000	80%/ 60%/ 50%	\$5500/ \$7250/ \$21750	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MICOE3076	\$5000/ \$6000/ \$12000	80%/ 60%/ 50%	\$6000/ \$7250/ \$21750	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MICOE3016	\$6000/ \$7000/ \$14000	80%/ 60%/ 50%	\$7000/ \$7750/ \$23250	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%

Plans are HSA compatible. The 5th character in the Plan ID indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

Coinsurance applies after the medical deductible is met, as applicable.

Pharmacy benefits based on the Performance Full Drug List at Preferred Network pharmacies

All HSA compatible HDHP plans include select preventive categories of prescription drugs covered with no member cost share.

G. Blue Choice Options SM - Tiered Network (Blue Choice OPT PPO – BCO/ PPO – PPO / Out of Network - OON)							
2026 Plan ID	Deductible (BCO/ PPO/ OON)	Coins (BCO/ PPO/ OON)	OPX (BCO/ PPO/ OON)	OV//SPC (BCO/PPO)	ER Copay (BCO/ PPO)	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCO2086	\$500/ \$1250/ \$2500	90%/ 70%/ 50%	\$1250/ \$1500/ \$4500	\$30/\$50// \$60/\$90	\$500**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO2006	\$750/ \$1750/ \$3500	90%/ 70%/ 50%	\$4500/ \$6100/ \$18300	\$30/\$60// \$60/\$110	\$500**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO2016	\$750/ \$1750/ \$3500	100%/ 70%/ 50%	\$750/ \$3500/ \$10500	\$30/\$60// \$60/\$110	\$500**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO2036	\$1000/ \$2500/ \$5000	90%/ 70%/ 50%	\$3000/ \$6000/ \$18000	\$35/\$60// \$70/\$110	\$500**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO2046	\$1500/ \$3750/ \$7500	90%/ 70%/ 50%	\$3500/ \$6000/ \$18000	\$40/\$60// \$70/\$110	\$500**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO5006	\$2000/ \$4000/ \$8000	90%/ 70%/ 50%	\$4500/ \$6500/ \$13000	\$40/\$60// \$70/\$110	\$500**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO1205	\$2500/ \$4000/ \$8000	80%/ 60%/ 50%	\$5000/ \$6000/ \$18000	80%/60%// 80%/60%	80%/60%	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBCO5016	\$3000/ \$4500/ \$9000	80%/ 60%/ 50%	\$5500/ \$6500/ \$13000	\$45/\$70// \$75/\$130	\$600**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO2056	\$4250/ \$5250/ \$10000	80%/ 60%/ 50%	\$6100/ \$6100/ \$18300	\$45/\$70// \$75/\$130	\$600**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBCO4076	\$5250/ \$6250/ \$18750	80%/ 60%/ 50%	\$7100/ \$8100/ \$24300	\$50/\$75// \$80/\$130	\$600**	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350

Pharmacy benefits based on the Performance Full Drug List at Preferred Network pharmacies.

Coinsurance applies after the medical deductible is met, as applicable.

** Denotes Per Occurrence Deductible on service. Calendar Year Deductible and Coinsurance applies after POD.

H. BluePrint [®] PPO							
2026 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SP C	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBPP2000	\$0/\$0	90%/70%	\$1000/\$3000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP5006	\$250/\$500	80%/60%	\$1250/\$3750	\$30/\$60	\$350	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBPP2016	\$500/\$1000	80%/60%	\$1750/\$5250	\$30/\$60	\$350	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBPP2026	\$750/\$1500	90%/70%	\$2000/\$6000	\$30/\$60	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2036	\$750/\$1500	80%/60%	\$3000/\$9000	\$30/\$60	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP1036	\$750/\$1500	80%/60%	\$6500/\$19500	\$30/\$60	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2046	\$1000/\$2000	90%/70%	\$2500/\$7500	\$30/\$60	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2056	\$1250/\$2500	80%/60%	\$3500/\$10500	\$40/\$70	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2066	\$1250/\$2500	80%/60%	\$4500/\$13500	\$40/\$70	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2076	\$1500/\$3000	80%/60%	\$4000/\$12000	\$40/\$70	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2086	\$2000/\$4000	80%/60%	\$5000/\$15000	\$40/\$70	\$350	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBPP2096	\$2250/\$4500	80%/60%	\$4500/\$13500	\$40/\$70	\$350	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBPP1096	\$2250/\$4500	80%/60%	\$6500/\$19500	\$40/\$70	\$350	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350
<input type="checkbox"/> MIBPP2116	\$2750/\$5500	90%/70%	\$4000/\$12000	\$30/\$60	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2126	\$2500/\$5000	80%/60%	\$5000/\$15000	\$40/\$70	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2136	\$2750/\$5500	80%/60%	\$6000/\$18000	\$40/\$70	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP1126	\$3000/\$6000	80%/60%	\$6500/\$19500	\$40/\$70	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2146	\$3500/\$7000	80%/60%	\$6000/\$18000	\$30/\$60	\$350	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP2166	\$4250/\$8500	80%/60%	\$6000/\$18000	\$40/\$70	\$350	\$15/\$25/\$65/\$105/\$250/\$350	\$5/\$15/\$45/\$85/\$250/\$350

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

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GA-10-9-MM BPSF HCSC Rev.02/26/2026

<input type="checkbox"/> MIBPP2176	\$5000/\$10000	80%/60%	\$6100/\$18300	\$50/\$80	\$450	\$15/\$25/\$80/\$130/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350
<input type="checkbox"/> MIBPP1171	\$5000/\$10000	80%/60%	\$8550/\$25650	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Pharmacy benefits based on the Performance Full Drug List at Preferred Network pharmacies.
Coinsurance applies after the medical deductible is met, as applicable.

Section 4 – HSA / FSA / HRA Plans:

Blue Cross and Blue Shield of Illinois has preferred relationships and integration with the vendors listed below. By selecting one of these vendors, employers agree to have the necessary data shared with the integrated vendor for the purposes of plan administration. A [vendor-specific employer setup form](#) is required to be submitted for first-time vendor integration.

Integrated HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with enrollment, balance and transaction displayed on Blue Access for Members, and claims integration. Note: Integration features vary by vendor. (If no selection is made, HSA Vendor will default to Other/None.)	Integrated FSA Vendor: * If FSA is selected, you have the option of selecting an FSA vendor with enrollment, balance and transaction displayed on Blue Access for Members, and claims integration. Clients who are renewing their FSA are required to resubmit employee elections with their renewal paperwork to continue the FSA plan. Note: Integration features vary by vendor. (If no selection is made, FSA Vendor will default to Other / None.)	Integrated HRA Vendor: * If HRA is selected, you have the option of selecting an HRA vendor with enrollment, balance and transaction displayed on Blue Access for Members, and claims integration. Clients who are renewing their HRA are required to resubmit employee elections with their renewal paperwork to continue the HRA plan. Note: Integration features vary by vendor. (If no selection is made, FSA Vendor will default to Other / None.)
<input type="checkbox"/> Flex®	<input type="checkbox"/> Flex®	<input type="checkbox"/> Flex®
<input type="checkbox"/> HealthEquity® If HealthEquity is selected, BCBSIL to send HSA enrollment to HealthEquity: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HealthEquity®	<input type="checkbox"/> HealthEquity®
<input type="checkbox"/> HSA Bank®	<input type="checkbox"/> HSA Bank®	<input type="checkbox"/> HSA Bank®
<input type="checkbox"/> Other Non-Integrated HSA Vendor/None (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.)	<input type="checkbox"/> Other Non-Integrated FSA Vendor/None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.)	<input type="checkbox"/> Other Non-Integrated HRA Vendor/None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.)

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Section 5 - Ancillary Product Selection:

DENTAL PPO GROUP NUMBER:

Dental Products

Blue Care Dental PPO							
Contributory DPPO				Voluntary DPPO			
Plan Pairings (Groups 10+)				Plan Pairings (Groups 10+)			
High Allocation				High Allocation			
Low Allocation				Low Allocation			
DINHR30		DINLR36		DINHR43		DINLR47	
DINHR31		DINLM41		DINHM44		DINLR48	
DINHR32		DINLM51		DINHR45		DINLR54	
DINHR33		DINLR58		DINHM46		DINLR54	
DINHR34		DINLR62		DINHR53		DINLM55	
DINHR35				DINHM59		DINLM56	
DINHM38						DINLR60	
DINHM40				Any one of the above Voluntary High Allocation DPPO plans can be paired with any one of the Voluntary Low Allocation DPPO plans.			
DINHM42				Two High Voluntary plans that can be paired are DINHM59 and DINHR43.			
DINHR50				DINHM46 can be freely paired with any Voluntary High or Low Allocation Plan.			
DINHR57				Participation Requirements			
DINHR61				>25% Participation			
Any one of the above Contributory High Allocation DPPO plans can be paired with any one of the Contributory Low Allocation DPPO plans.				<50% Employer contribution			
Two High Contributory plans that can be paired are DINHM57 and DINHR33.							
DINHM42 can be freely paired with any Contributory High or Low Allocation Plan.							
Participation Requirements				Participation Requirements			
>70% Participation				>25% Participation			
>50% Employer contribution				<50% Employer contribution			
Contributory DHMO				Voluntary DHMO			
Any one Contributory DHMO plan can be paired with any one Contributory DPPO Allocation Plan.				Any one Voluntary DHMO plan can be paired with any one Voluntary DPPO Allocation Plan.			
Participation Requirements				Participation Requirements			
>70% Participation				>25% Participation			
>50% Employer contribution							
Contributory DPPO							
IL Plan Code	Plan Type	Deductible In/Out (3x) Family Limit 1	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Ortho Life Maximum
					In-Network (Class I/II/III/IV)	Out-Of-Network (Class I/II/III/IV)	
High Allocation							
<input type="checkbox"/> DINHR30 ⁴	Passive	\$25/\$25	\$5000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR31 ⁴	Passive	\$25/\$25	\$3000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR32 ⁴	Passive	\$50/\$50	\$2000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR33 ⁴	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DINHR34 ⁴	Active	\$50/\$75	\$1500/\$1000	90 th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000
<input type="checkbox"/> DINHR35 ⁴	Active	\$0/\$0	\$2000	90 th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHM38	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A
<input type="checkbox"/> DINHM42	Passive	\$25/\$75	\$750	MAC	100%/80% ² /NA/NA	100%/80% ² /NA/NA	N/A
<input type="checkbox"/> DINHR50	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINHM57 ⁴	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
<input type="checkbox"/> DINHR61	Passive	\$50/\$50	\$2000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Low Allocation							
<input type="checkbox"/> DINLR36	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	N/A
<input type="checkbox"/> DINLM51	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLR58 ³	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLR62	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000

Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II: Fillings/Non-Surgical Periodontal/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

High Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II.

Low Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. Low allocation means that

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GA-10-9-MM BPSF HCSC Rev.02/26/2026

these services are covered in Type III.

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

*1 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

*2 Only Basic Restorative Services are covered under Class II.

*3 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.

*4 Implants are covered at the same percentage as prosthodontics.

Voluntary DPPO							
IL Plan Code	Plan Type	Deductible In/Out (3x) Family Limit 1	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Ortho Life Maximum
					In-Network (Class I/II/III/IV)	Out-Of-Network (Class I/II/III/IV)	
High Allocation							
<input type="checkbox"/> DINHR43	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DINHM44	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A
<input type="checkbox"/> DINHR45	Active	\$25/\$75	\$2000	90 th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHM46	Passive	\$25/\$75	\$750	MAC	100%/80% ² /NA/NA	100%/80% ² /NA/NA	N/A
<input type="checkbox"/> DINHR53	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINHM5	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation							
<input type="checkbox"/> DINLR47	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLR48	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLM49	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLR54	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLM55	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLM56	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A
<input type="checkbox"/> DINLR60 ³	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Contributory DHMO							
<input type="checkbox"/> DNCAP710	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
<input type="checkbox"/> DNCAP730	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
Voluntary DHMO							
<input type="checkbox"/> DNCAP810	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
<input type="checkbox"/> DNCAP830	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A

Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II: Fillings/Non-Surgical Periodontal/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

High Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II.

Low Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. Low allocation means that these services are covered in Type III.

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

*1 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

*2 Only Basic Restorative Services are covered under Class II.

*3 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.

C. Supplemental Health and Vision Products

GROUP NUMBER:

Standalone Vision		Yes <input type="checkbox"/>			No <input type="checkbox"/>		
Standalone Vision Plans							
Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb
Basic Standalone Vision							
<input type="checkbox"/> Plan 1	12/12/24	\$25	\$100	No	No	No	No
<input type="checkbox"/> Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes
<input type="checkbox"/> Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes
<input type="checkbox"/> Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 10	12/12/12	\$25	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 11	12/12/12	\$25	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 12	12/12/12	\$10	\$200	No	No	Yes	Yes
<input type="checkbox"/> Plan 13	12/12/12	\$25	\$200	No	No	Yes	Yes
<input type="checkbox"/> Plan 14	12/12/24	\$25	\$200	No	No	Yes	Yes
Voluntary Standalone Vision							
<input type="checkbox"/> Plan 1	12/12/24	\$25	\$100	No	No	No	No
<input type="checkbox"/> Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	Yes
<input type="checkbox"/> Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 5	12/12/24	\$10	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 6	12/12/12	\$10	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	Yes
<input type="checkbox"/> Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 9	12/12/24	\$25	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 10	12/12/12	\$25	\$150	No	No	Yes	Yes
<input type="checkbox"/> Plan 11	12/12/12	\$25	\$130	No	No	Yes	Yes
<input type="checkbox"/> Plan 12	12/12/12	\$10	\$200	No	No	Yes	Yes
<input type="checkbox"/> Plan 13	12/12/12	\$25	\$200	No	No	Yes	Yes
<input type="checkbox"/> Plan 14	12/12/24	\$25	\$200	No	No	Yes	Yes
Critical Illness		Yes <input type="checkbox"/>			No <input type="checkbox"/>		
Critical Illness Plans							
Plan Name	Plan Benefit			Benefit Maximum			
Basic Critical Illness							
<input type="checkbox"/> Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child			Up to 3 times benefit amount			
<input type="checkbox"/> Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child			Up to 3 times benefit amount			
<input type="checkbox"/> Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child			Up to 3 times benefit amount			
Voluntary Critical Illness							
<input type="checkbox"/> Plan 1	\$5,000 Employee / \$2,500 Spouse / \$2,500 Child			Up to 3 times benefit amount			
<input type="checkbox"/> Plan 2	\$10,000 Employee / \$5,000 Spouse / \$2,500 Child			Up to 3 times benefit amount			

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GA-10-9-MM BPSF HCSC Rev.02/26/2026

<input type="checkbox"/> Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount		
Accident Plans				
Plan Name	Benefit Description	24-hour coverage	Benefit Coverage	Wellness
Basic Accident				
<input type="checkbox"/> Plan 1	Benefit for treatment and injuries due to an accident	No	Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200	\$40
<input type="checkbox"/> Plan 2	Benefit for treatment and injuries due to an accident	No	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
<input type="checkbox"/> Plan 1 – 24 Hr	Benefit for treatment and injuries due to an accident	Yes	Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200	\$40
<input type="checkbox"/> Plan 2 – 24 Hr	Benefit for treatment and injuries due to an accident	Yes	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
<input type="checkbox"/> Smart Plan 1	Benefits for treatment due to an accident	No	Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400	\$0
<input type="checkbox"/> Smart Plan 2	Benefits for treatment due to an accident	No	Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400	\$0
<input type="checkbox"/> Smart Plan 1 – 24 Hr	Benefits for treatment due to an accident	Yes	Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400	\$0
<input type="checkbox"/> Smart Plan 2 – 24 Hr	Benefits for treatment due to an accident	Yes	Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400	\$0
Voluntary Accident				
<input type="checkbox"/> Plan 1	Benefit for treatment and injuries due to an accident	No	Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200	\$40
<input type="checkbox"/> Plan 2	Benefit for treatment and injuries due to an accident	No	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
<input type="checkbox"/> Plan 1 – 24 Hr	Benefit for treatment and injuries due to an accident	Yes	Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200	\$40
<input type="checkbox"/> Plan 2 – 24 Hr	Benefit for treatment and injuries due to an accident	Yes	Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200	\$50
<input type="checkbox"/> Smart Plan 1	Benefits for treatment due to an accident	No	Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400	\$0
<input type="checkbox"/> Smart Plan 2	Benefits for treatment due to an accident	No	Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400	\$0
<input type="checkbox"/> Smart Plan 1 – 24 Hr	Benefits for treatment due to an accident	Yes	Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400	\$0
<input type="checkbox"/> Smart Plan 2 – 24 Hr	Benefits for treatment due to an accident	Yes	Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400	\$0

Plan Name	Hospital Admission Once per calendar year	Daily Hospital Confinement Up to 30 days per calendar year	Intensive Care Unit Admission - once per calendar year	Daily ICU Confinement-up to 10 days per calendar year	Newborn Confinement – (Routine Nursery care)	Wellness – Once per calendar year
Basic Hospital Indemnity						
<input type="checkbox"/> Plan 1	\$500	\$100/day	\$500	\$100/day	\$50/day	\$50/day
<input type="checkbox"/> Plan 2	\$1,000	\$100/day	\$1,000	\$100/day	\$50/day	\$50/day
<input type="checkbox"/> Plan 3	\$2,000	\$200/day	\$2,000	\$200/day	\$50/day	\$50/day
Voluntary Hospital Indemnity						
<input type="checkbox"/> Plan 1	\$500	\$100/day	\$500	\$100/day	\$50/day	\$50/day
<input type="checkbox"/> Plan 2	\$1,000	\$100/day	\$1,000	\$100/day	\$50/day	\$50/day
<input type="checkbox"/> Plan 3	\$2,000	\$200/day	\$2,000	\$200/day	\$50/day	\$50/day

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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.

Broker Authorization for Group Changes

For Accident, Critical Illness, Hospital Indemnity, and Vision insurance, I authorize the Broker of Record, including any subsequently named Broker of Record, to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. I also agree that the policy change requests will not become effective until approved. It is also agreed to implement or revoke this consent, the Policyholder must submit a request in writing to Blue Cross Blue Shield of Illinois, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148. This consent will not become effective until it is received by us and shall remain in effect until we receive revocation of the authorization in accord with the above.

Section 6 – Signatures:

Signatures		
Employer / Authorized Purchaser	Title	Date

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