



**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:**

<b>Employer Name:</b>			
<b>Account #:</b>	<b>Effective Date:</b>	<b>Anniversary Date:</b>	

**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
- a. (If yes, the Blue Directions Addendum is attached and made a part of the policy.)
2. Please select plan designs (Up to a maximum of 6 plans)

A. Blue Advantage HMO <sup>®1</sup>							
2022 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"/> MIBAH2010	\$0	100%	\$1500	\$30/\$50	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAH2020	\$0	100%	\$1500	\$20/\$40	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

\*1 Pharmacy benefits based on the Performance Drug List at HMO Network pharmacies.

B. Blue Advantage HMO® Value Choice <sup>*1</sup>							
2022 Plan ID	Deductible In Network	Coins In Network	OPX In-Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBAV2110	\$0	100%	\$3,000	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV2120	\$0	100%	\$3,000	\$50/\$70	\$400	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBAV2130**	\$1000	80%	\$3,000	\$50/\$70	\$250**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAV2140**	\$1500	80%	\$4,500	\$50/\$70	\$400**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBAV2152**	\$3000	80%	\$8,700	\$20/\$40	\$400	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

\*1 Pharmacy benefits based on the Performance Drug List at HMO Network pharmacies.

\*\*MIBAV2130, MIBAV2140 and MIBAV2152 have a Per Occurrence Deductible on ER, IP & OP Surg. Calendar Year Deductible and Coinsurance applies after POD.

C. BlueEdge <sup>SM</sup> Select HSA <sup>*2</sup>							
2022 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"/> MIESA2110	\$2500/\$5000	80%/50%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE1151	\$3500/\$7000	80%/50%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIESE2181	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies

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

D. Blue Edge <sup>SM</sup> HSA <sup>*2</sup>							
2022 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Coins	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIEEA2000	\$1500/\$1500	100%/80%	\$3000/\$3000	100%/100%	100%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2010 <sup>*3</sup>	\$1500/\$3000	80%/60%	\$3000/\$9000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2020 <sup>*3</sup>	\$2500/\$2500	100%/80%	\$5000/\$5000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEA2030	\$2500/\$5000	80%/60%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2041	\$2900/\$5800	100%/100%	\$2900/\$5800	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE2061	\$2900/\$5800	80%/60%	\$5800/\$17400	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE1051	\$3500/\$7000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEA2070	\$3500/\$7000	80%/60%	\$5800/\$17400	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2052 <sup>*3</sup>	\$4000/\$8000	100%/80%	\$4000/\$24000	100%/100%	100%	100%	100%
<input type="checkbox"/> MIEEE1071	\$5000/\$10000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MIEEE2080	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%

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

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

\*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

E. Blue Choice Select PPO <sup>SM</sup> *2							
2022 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBCS2010	\$250/\$500	80%/50%	\$1250/\$3750	\$20/\$20	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2020	\$500/\$1000	90%/60%	\$1500/\$4500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2030	\$500/\$1000	80%/50%	\$2500/\$7500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2040	\$1000/\$2000	90%/60%	\$2000/\$6000	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2050	\$1000/\$2000	80%/50%	\$3000/\$9000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2070	\$1500/\$3000	80%/50%	\$3500/\$10500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2090	\$2000/\$4000	80%/50%	\$4000/\$12000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCS2120	\$2500/\$5000	80%/50%	\$4500/\$13500	\$30/\$30	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCS2160	\$4000/\$8000	80%/50%	\$5500/\$16500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

F. Blue Choice Options <sup>SM</sup> 2 HSA - Tiered Network (Blue Choice OPT PPO – BCO / PPO – PPO / Out of Network - OON)							
2022 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"/> MICOE2061	\$2900/ \$4600/ \$9200	100%/ 80%/ 60%	\$2900/ \$6550/ \$19650	100%/ 80%	100%	100%	100%
<input type="checkbox"/> MICOE1051	\$3500/ \$5000/ \$10000	80%/ 60%/ 50%	\$5500/ \$7000/ \$21000	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
<input type="checkbox"/> MICOE1071	\$5000/ \$6000/ \$12000	80%/ 60%/ 50%	\$6000/ \$7000/ \$21000	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 # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

F. Blue Choice Options <sup>SM</sup> - Tiered Network (Blue Choice OPT PPO – BCO/ PPO – PPO / Out of Network - OON)							
2022 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"/> MIBCO2080 <sup>*2</sup>	\$250/ \$1000/ \$2000	90%/ 70%/ 50%	\$750/ \$1250/ \$2500	\$20/\$40// \$40/\$80	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2010 <sup>*2</sup>	\$500/ \$1500/ \$3000	100%/ 70%/ 50%	\$500/ \$3000/ \$9000	\$20/\$50// \$40/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2000 <sup>*2</sup>	\$500/ \$1500/ \$3000	90%/ 70%/ 50%	\$4000/ \$5600/ \$16800	\$20/\$50// \$40/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2030 <sup>*2</sup>	\$1000/ \$2500/ \$5000	90%/ 70%/ 50%	\$2500/ \$5500/ \$16500	\$25/\$50// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO2040 <sup>*2</sup>	\$1500/ \$3500/ \$7000	90%/ 70%/ 50%	\$3000/ \$5500/ \$16500	\$30/\$50// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBCO1201 <sup>*2</sup>	\$2500/ \$4000/ \$8000	80%/ 60%/ 50%	\$4500/ \$5500/ \$16500	80%/60%// 80%/60%	80%/80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBCO2050 <sup>*2</sup>	\$4000/ \$5000/ \$10000	80%/ 60%/ 50%	\$5600/ \$5600/ \$16800	\$35/\$60// \$55/\$120	\$500/\$500	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

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

H. Blue Print® PPO							
2022 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
<input type="checkbox"/> MIBPP2000 <sup>2</sup>	\$0/\$0	90%/70%	\$1000/\$3000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2010 <sup>2</sup>	\$250/\$500	80%/60%	\$1250/\$3750	\$20/\$40	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2020 <sup>2</sup>	\$500/\$1000	90%/70%	\$1500/\$4500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2030 <sup>2</sup>	\$500/\$1000	80%/60%	\$2500/\$7500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP1031 <sup>2</sup>	\$500/\$1000	80%/60%	\$6000/\$18000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2040 <sup>2</sup>	\$1000/\$2000	90%/70%	\$2000/\$6000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2050 <sup>2</sup>	\$1000/\$2000	80%/60%	\$3000/\$9000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2060 <sup>2</sup>	\$1000/\$2000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2070 <sup>2</sup>	\$1500/\$3000	80%/60%	\$3500/\$10500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2080 <sup>2</sup>	\$1500/\$3000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2090 <sup>2</sup>	\$2000/\$4000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP1091 <sup>2</sup>	\$2000/\$4000	80%/60%	\$6000/\$18000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2110 <sup>2</sup>	\$2500/\$5000	90%/70%	\$3500/\$10500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2120 <sup>2</sup>	\$2500/\$5000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2200 <sup>2</sup>	\$2500/\$5000	80%/60%	\$4500/\$13500	80%/80%	80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2130 <sup>2</sup>	\$2500/\$5000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP1121 <sup>2</sup>	\$3000/\$6000	80%/60%	\$6000/\$18000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2140 <sup>2</sup>	\$3500/\$7000	80%/60%	\$5500/\$16500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP2160 <sup>2</sup>	\$4000/\$8000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
<input type="checkbox"/> MIBPP2170 <sup>2</sup>	\$5000/\$10000	80%/60%	\$5600/\$16800	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> MIBPP1171 <sup>2</sup>	\$5000/\$10000	80%/60%	\$8550/\$25650	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

\*1 Pharmacy benefits based on the Enhanced Drug List at Advantage Network pharmacies.

\*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

#### Section 4 – HSA / FSA / HRA Plans:

If electing an HSA/FSA/HRA vendor for the first time, the vendor's Employer Setup Form needs to be completed.

HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with integration. (If no selection is made, HSA Vendor will default to Other/None.)	FSA Vendor: * If FSA is selected, you have the option of selecting an FSA vendor with integration. (If no selection is made, FSA Vendor will default to Other/None.)	HRA Vendor: * If HRA is selected, you have the option of selecting an HRA vendor with integration. (If no selection is made, HRA Vendor will default to Other/None.)
<input type="checkbox"/> Option A: BenefitWallet® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> Option A: BenefitWallet®	<input type="checkbox"/> Option A: BenefitWallet®
<input type="checkbox"/> Option B: Flex® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> Option B: Flex®	<input type="checkbox"/> Option B: Flex®
<input type="checkbox"/> Option C: HealthEquity® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> Option C: HealthEquity®	<input type="checkbox"/> Option C: HealthEquity®
<input type="checkbox"/> Option D: HSA Bank® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	<input type="checkbox"/> Option D: HSA Bank®	<input type="checkbox"/> Option D: HSA Bank®
<input type="checkbox"/> Option E: Other 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"/> Option E: Other 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"/> Option E: Other HRA Vendor/None (Select this option if using an HRA vendor other than above or are not offering an employer sponsored HRA vendor.)

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.01/05/2022

**Section 5 - Ancillary Product Selection:**

**Dental Products**

**DENTAL PPO GROUP NUMBER:**

Blue Care Dental PPO	
Contributory DPPO	Voluntary DPPO
<p><b>Plan Pairings (Groups 10+)</b></p> <p><b>High Allocation</b>                      DINHR31                      DINHR32                      DINHR33                      DINHR34                      DINHM38                      DINHM40                      DINHM42                      DINHR50                      DINHM57</p> <p><b>Low Allocation</b>                      DINLR36                      DINLR37                      DINLM41                      DINLM51                      DINLR58</p> <p>Any one of the above Contributory High Allocation DPPO plans can be paired with any one of the Contributory Low Allocation DPPO plans.</p> <p>Two High Contributory plans that can be paired are DINHM57 and DINHR33.</p> <p>DINHM42 can be freely paired with any Contributory High or Low Allocation Plan.</p> <p><b>Participation Requirements</b>                      &gt;70% Participation                      &gt;50% Employer contribution</p>	<p><b>Plan Pairings (Groups 10+)</b></p> <p><b>High Allocation</b>                      DINHR43                      DINHM44                      DINHM46                      DINHR52                      DINHR53                      DINHM59</p> <p><b>Low Allocation</b>                      DINLR54                      DINLM55                      DINLM56                      DINLR60</p> <p>Any one of the above Voluntary High Allocation DPPO plans can be paired with any one of the Voluntary Low Allocation DPPO plans.</p> <p>Two High Voluntary plans that can be paired are DINHM59 and DINHR43.</p> <p>DINHM46 can be freely paired with any Voluntary High or Low Allocation Plan.</p> <p><b>Participation Requirements</b>                      &gt;25% Participation                      &lt;50% Employer contribution</p>
Contributory DHMO	Voluntary DHMO
<p>Any one Contributory DHMO plan can be paired with any one Contributory DPPO Allocation Plan.</p> <p><b>Participation Requirements</b>                      &gt;70% Participation                      &gt;50% Employer contribution</p>	<p>Any one Voluntary DHMO plan can be paired with any one Voluntary DPPO Allocation Plan.</p> <p><b>Participation Requirements</b>                      &gt;25% Participation</p>

Contributory <sup>2</sup> DPPO							
IL Plan Code	Plan Type	Deductible In/Out (3x) Family Limit	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)	
<b>High Allocation</b>							
<input type="checkbox"/> DINHR31	Passive	\$25/\$25	\$3000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR32	Passive	\$50/\$50	\$2000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DINHR33	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DINHR34	Active	\$50/\$75	\$1500/\$1000	90 <sup>th</sup> R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000
<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% <sup>3</sup> /NA/NA	100%/80% <sup>3</sup> /NA/NA	N/A
<input type="checkbox"/> DINHR50	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINHM57	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
<b>Low Allocation</b>							
<input type="checkbox"/> DINLR36	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLR37	Passive	\$75/\$75	\$1000	90 <sup>th</sup> R&C	90%/70%/50%/NA	90%/70%/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 <sup>4</sup>	Passive	\$50/\$50	\$1000	90 <sup>th</sup> 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 these services are covered in Type III.

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

\*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.

\*2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

\*3 Only Basic Restorative Services are covered under Class II.

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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\*4 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.

**Section 5 - Ancillary Product Selection:**

**Dental Products**

**DENTAL GROUP NUMBER:**

Voluntary DPPO							
IL Plan Code	Plan Type	Deductible In/Out (3x) Family Limit	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)	
<b>High Allocation</b>							
<input type="checkbox"/> DINHR43 <sup>*1</sup>	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DINHM44 <sup>*1</sup>	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A
<input type="checkbox"/> DINHM46	Passive	\$25/\$75	\$750	MAC	100%/80% <sup>*3</sup> /NA/NA	100%/80% <sup>*3</sup> /NA/NA	N/A
<input type="checkbox"/> DINHR52 <sup>*1</sup>	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINHR53 <sup>*1</sup>	Passive	\$50/\$50	\$1500	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINHM59 <sup>*1</sup>	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
<b>Low Allocation</b>							
<input type="checkbox"/> DINLR54 <sup>*1</sup>	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
<input type="checkbox"/> DINLM55 <sup>*1</sup>	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DINLM56 <sup>*1</sup>	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A
<input type="checkbox"/> DINLR60 <sup>*1*4</sup>	Passive	\$50/\$50	\$1000	90 <sup>th</sup> R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<b>Contributory DHMO</b>							
<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
<b>Voluntary DHMO</b>							
<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).

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

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\*2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

\*3 Only Basic Restorative Services are covered under Class II.

\*4 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.



**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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**Section 6 – Signatures:**

Signatures		
Employer / Authorized Purchaser	Title	Date