



BENEFIT PLAN SELECTION (BPS) - ACA SMALL GROUP

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

Section 1- Account Information:

Table with 5 columns: A. Employer Name, B. SIC Code, C. Account #, D. Effective Date, E. Anniversary Date

- Only Individual cost shares are listed out for each plan.
A group may select up to six health plan options.
A group may select one dental plan or two dental plans if 10 or more are enrolled.
For additional product detail, please utilize Summary of Benefits and Coverage (SBC) and Product Plan Grids

Billing Method Selection

Please select one of the following billing methods.

(For Existing Accounts: If no selection is made, your plans will default to their current billing method.)

- Composite Billing
Age Billing

Section 2a- Renewing Groups Only: (*New Business update to Section 3)

Table with 3 columns: Current Plan, Retaining Plan, Replacing Plan. Rows 1-7 for plan selection.

Section 2b- Renewing Groups Only: (*New Business update to Section 3)

Adding Plan (Medical and/or Dental):

Please list new plan(s) below

Form with 8 numbered rows for adding new plans.

Section 3 - New Business

Group Number:

Please select plan designs (Up to a maximum of 6 plans)

A. Blue Choice Preferred								
2024 Plan ID	Deductible (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay ¹	Urgent Care Copay	Non-Preferred Pharmacy**	
Platinum								
<input type="checkbox"/> P5E2BCE	\$250/\$500	\$30/\$60	80%/50%	\$1500/Unlimited	\$400	\$60	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> P5E1BCE	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
Gold								
<input type="checkbox"/> G532BCE	\$1500/\$3000	\$40/\$60	80%/50%	\$6250/Unlimited	\$400	\$75	\$15/\$25/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G531BCE	\$2500/\$5000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> G530BCE	\$4000/\$8000	\$50/\$70	100%/100%	\$5500/\$11000	\$500	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
Silver								
<input type="checkbox"/> S532BCE ²	\$3600/\$7200	\$60/\$80	60%/50%	\$9100/Unlimited	\$500	\$80	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S531BCE	\$5000/\$10000	\$45/\$65	70%/50%	\$9100/Unlimited	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S535BCE	\$7900/\$15800	\$45/\$65	100%/100%	\$9000/\$18000	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Choice Preferred HSA Plans								
2024 Plan ID	HSA Contr.	Deduct (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay	Urgent Care Copay	Non-Preferred Pharmacy**
Gold								
<input type="checkbox"/> G533BCE	\$50-\$350	\$3200/\$6400	90%/90%	90%/60%	\$3700/Unlimited	DC/90%	DC/90%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> G535BCE	\$350-\$700	\$3200/\$6400	80%/80%	80%/50%	\$5250/Unlimited	DC/80%	DC/80%	80%/80%/70%/60%/60%/50%
Silver								
<input type="checkbox"/> S534BCE	\$0-\$40	\$5250/\$10500	100%/100%	100%/100%	\$5250/\$10500	DC/100%	DC/100%	100%
<input type="checkbox"/> S5J1BCE	\$150-\$400	\$6250/\$12500	100%/100%	100%/100%	\$6250/\$12500	DC/100%	DC/100%	100%
Bronze								
<input type="checkbox"/> B536BCE	\$0	\$6950/\$13900	80%/80%	80%/50%	\$7300/Unlimited	\$250	DC/80%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> B535BCE	\$0	\$7200/\$14400	100%/100%	100%/100%	\$7200/\$14400	\$250	DC/100%	100%
<input type="checkbox"/> B5N1BCE	\$0	\$7250/\$14500	70%/70%	70%/50%	\$7500/Unlimited	\$1000	DC/70%	80%/80%/70%/60%/60%/50%
All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts. Virtual Visits are available from a participating provider for certain non-emergency services **The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply. *1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance. *2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.								

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B. Blue Precision HMO

2024 Plan ID	Deductible (In)	Office Visit/ Specialist	Coins (In)	OPX (In)	ER Copay ^{*1}	Urgent Care Copay	Pharmacy
Platinum							
<input type="checkbox"/> P506PSN ^{*2}	\$0	\$10/\$45	100%	\$1500	\$300	\$45	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> P5J1PSN ^{*3}	\$0	\$20/\$30	100%	\$2000	\$300	\$30	\$0/\$10/\$50/\$100/\$150/\$250
<input type="checkbox"/> P5E1PSN ^{*4}	\$1000	\$25/\$50	80%	\$3000	\$400	\$50	\$0/\$10/\$50/\$100/\$150/\$250
Gold							
<input type="checkbox"/> G5J2PSN ^{*5}	\$0	\$50/\$70	100%	\$5000	\$500	\$70	\$10/\$20/\$50/\$100/\$250/\$350
<input type="checkbox"/> G532PSN ^{*4}	\$2750	\$55/\$75	70%	\$9100	\$1000	\$75	\$10/\$20/\$50/\$100/\$250/\$350
<input type="checkbox"/> G5N1PSN ^{*6}	\$0	\$50/\$75	80%	\$6500	\$500	\$75	\$10/\$20/\$50/\$100/\$250/\$350
Silver							
<input type="checkbox"/> S531PSN ^{*6}	\$3250	\$30/\$60	70%	\$9100	\$500	\$60	\$10/\$20/\$50/\$100/\$250/\$350
<input type="checkbox"/> S530PSN ^{*7}	\$7000	\$55/\$75	70%	\$9100	\$700	\$75	\$0/\$10/\$50/\$100/\$150/\$250

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

*1 - ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$45 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*3 - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$60 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*4 - No deductible/coinsurance on capitated services: Imaging, Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*5 - \$400 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$100 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.

*6 - \$750 copay on Imaging (CT/PET/MRI) \$250 copay on other capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient surgery.

*7 - \$400 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. \$70 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery

C. Blue Options

Tiered Network (Blue Options – BCO / PPO – PPO / OON – Out of Network)

2024 Plan ID	Deductible (BCO/ PPO/ OON)	PCP Copay (BCO/ PPO)	SPC Copay (BCO/ PPO)	Coins (BCO /PPO/ OON)	OPX (BCO/ PPO/ OON)	ER Copay ^{*1}	Urgent Care Copay	Non-Preferred Pharmacy**
Platinum								
<input type="checkbox"/> P5N1OPT	\$250/ \$750/ \$1500	\$15/\$30	\$30/\$60	90%/ 70%/ 50%	\$2250/ \$6750/ Unlimited	\$200	\$75	\$20/\$30/\$70/\$120/\$250/\$350
Gold								
<input type="checkbox"/> G506OPT	\$750/ \$2000/ \$4000	\$40/\$60	\$60/\$100	80%/ 60%/ 50%	\$6750/ \$8500/ Unlimited	\$600	\$75	\$20/\$30/\$70/\$120/\$250/\$350
<input type="checkbox"/> G508OPT	\$1500/ \$3750/ \$7500	\$35/\$60	\$50/\$100	90%/ 70%/ 50%	\$5850/ \$7850/ Unlimited	\$600	\$75	\$20/\$30/\$70/\$120/\$250/\$350
<input type="checkbox"/> G507OPT	\$2000/ \$3500/ \$7000	\$35/\$60	\$50/\$100	90%/ 70%/ 50%	\$4350/ \$7350/ Unlimited	\$400	\$75	\$20/\$30/\$70/\$120/\$250/\$350
Silver								
<input type="checkbox"/> S506OPT	\$5250/ \$6250/ \$12500	\$50/70	\$70/\$110	80%/ 60%/ 50%	\$8150/ \$9100/ Unlimited	\$600	\$75	\$20/\$30/\$70/\$120/\$250/350

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Blue Options HSA Plans									
2024 Plan ID	HSA Cont.	Deductible (BCO/ PPO/ OON)	PCP Copay (BCO/ PPO)	SPC Copay (BCO/ PPO)	Coins (BCO /PPO/ OON)	OPX (BCO/ PPO/ OON)	ER Copay	Urgent Care Copay	Non-Preferred Pharmacy**
Gold									
<input type="checkbox"/> G5K1OPT	\$50-\$325	\$3200/ \$4700/ \$9400	100%/80%	100%/80%	100%/ 80%/ 60%	\$3200/ \$6650/ Unlimited	DC/100%	DC/100%	100%
Silver									
<input type="checkbox"/> S507OPT	\$0	\$4800/ \$5500/ \$16500	100%/70%	100%/70%	100%/ 70%/ 50%	\$4800/ \$7250/ Unlimited	DC/100%	DC/100%	100%
<input type="checkbox"/> S5N1OPT	\$0	\$5250/ \$6250/ \$18750	100%/70%	100%/70%	100%/ 70%/ 50%	\$5250/ \$7500/ Unlimited	DC/100%	DC/100%	100%

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Virtual Visits are available from a participating provider for certain non-emergency services.
**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply
*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

D. PPO (Participating Provider Options)								
2024 Plan ID	Deductible (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay ¹	Urgent Care Copay	Non-Preferred Pharmacy**	
Platinum								
<input type="checkbox"/> P503PPO	\$250/\$500	\$30/\$60	80%/50%	\$1500/Unlimited	\$400	\$60	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> P5E1PPO	\$500/\$1000	\$20/\$40	90%/60%	\$1500/Unlimited	\$400	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
Gold								
<input type="checkbox"/> G534PPO	\$1000/\$2000	\$50/\$70	80%/50%	\$7750/Unlimited	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> G532PPO	\$1500/\$3000	\$40/\$60	80%/50%	\$6250/Unlimited	\$400	\$75	\$15/\$25/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G536PPO	\$2000/\$4000	\$45/\$65	90%/60%	\$5750/Unlimited	\$500	\$75	\$15/\$25/\$70/\$120/\$250/\$350	
<input type="checkbox"/> G531PPO	\$2500/\$5000	\$20/\$60	80%/50%	\$5000/Unlimited	\$400	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
<input type="checkbox"/> G537PPO	\$2800/\$5600	100%/100%	100%/100%	\$2800/\$5600	DC/100%	DC/100%	100%	
<input type="checkbox"/> G530PPO	\$4000/\$8000	\$50/\$70	100%/100%	\$5500/\$11000	\$500	\$75	\$10/\$20/\$55/\$95/\$150/\$250	
Silver								
<input type="checkbox"/> S532PPO ²	\$3600/\$7200	\$60/\$80	60%/50%	\$9100/Unlimited	\$500	\$80	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S531PPO	\$5000/\$10000	\$45/\$65	70%/50%	\$9100/Unlimited	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
<input type="checkbox"/> S535PPO	\$7900/\$15800	\$45/\$65	100%/100%	\$9000/\$18000	\$500	\$75	\$10/\$20/\$70/\$120/\$150/\$250	
PPO HSA Plans								
2024 Plan ID	HSA Contr.	Deductible (In/Out)	Office Visit/ Specialist	Coins (In/Out)	OPX (In/Out)	ER Copay ¹	Urgent Care Copay	Non-Preferred Pharmacy**
Gold								
<input type="checkbox"/> G533PPO	\$50-\$350	\$3200/ \$6400	90%/90%	90%/ 60%	\$3700/Unlimited	DC/90%	DC/90%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> G535PPO	\$350-\$700	\$3200/ \$6400	80%/80%	80%/ 50%	\$5250/Unlimited	DC/80%	DC/80%	80%/80%/70%/60%/60%/50%
Silver								
<input type="checkbox"/> S534PPO	\$0-\$40	\$5250/ \$10500	100%/100%	100%/ 100%	\$5250/\$10500	DC/100%	DC/100%	100%
<input type="checkbox"/> S5J1PPO	\$150-\$400	\$6250/ \$12500	100%/100%	100%/ 100%	\$6250/\$12500	DC/100%	DC/100%	100%
Bronze								
<input type="checkbox"/> B536PPO	\$0	\$6950/ \$13900	80%/80%	80%/ 50%	\$7300/Unlimited	\$250	DC/80%	80%/80%/70%/60%/60%/50%
<input type="checkbox"/> B535PPO	\$0	\$7200/ \$14400	100%/100%	100%/ 100%	\$7200/\$14400	\$250	DC/100%	100%
<input type="checkbox"/> B5N1PPO	\$0	\$7250/ \$14500	70%/70%	70%/ 50%	\$7500/Unlimited	\$1000	DC/70%	80%/80%/70%/60%/60%/50%

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**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply
*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.
*2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.

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Section 4 – Consumer Directed Health Accounts

HCSC has preferred relationships with the vendors listed below. By selecting one of these vendors, employers agree to have the necessary data shared with the preferred vendor for purposes of plan administration. A vendor-specific set-up form is required to be submitted for first time vendor integration.

<p>HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with enrollment, BAM-SSO and claims integration. (If no selection is made, HSA Vendor will default to Other / None.)</p>	<p>FSA Vendor: * Optional FSA vendor enrollment, BAM-SSO and claims integration is available. Clients who are renewing an FSA are required to re-submit employee elections with their renewal paperwork to continue the FSA plan. Note: Integration features vary for Flex FSA. (If no selection is made, FSA Vendor will default to Other / None.)</p>
<p><input type="checkbox"/> Flex[®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p>	<p><input type="checkbox"/> Flex[®]</p>
<p><input type="checkbox"/> HealthEquity[®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p>	<p><input type="checkbox"/> HealthEquity[®]</p>
<p><input type="checkbox"/> HSA Bank[®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p>	<p><input type="checkbox"/> HSA Bank[®]</p>
<p><input type="checkbox"/> Other HSA Vendor / None (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.)</p>	<p><input type="checkbox"/> Other FSA Vendor / None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA.)</p>

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Section 5- Ancillary Products

A. Dental Products

Blue Care Dental									
Plan Pairings (Groups 10+ enrolled)					Participation Requirements				
Contributory Group			Voluntary		Contributory Group			Voluntary	
Any one contributory high option can be paired with any one contributory low option. Exceptions: DILHM57 can be paired with DILHR33 . DILHM42 can be paired with any contributory plan.			Any one voluntary high option can be paired with any voluntary low option. Voluntary plans and contributory plans may not be offered together. DILHM59 can be paired with DILHR43 . DILHM46 can be paired with any voluntary plan.		>70% Participation >50% Employer contribution			>25% Participation Employers are not required to contribute to Voluntary Dental plans	
IL Plan ID	Plan Type	Deductible (In/Out) (3x Family Limit)	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Ortho Life Maximum	Allocation	
					In-Network (Class I / II / III / IV)	Out-of-Network (Class I / II / III / IV)			
Contributory Group²									
<input type="checkbox"/> DILHR30	Passive	\$25/\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHR31	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHR32	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHR33	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High	
<input type="checkbox"/> DILHR34	Active	\$50/\$75	\$1500/\$1000	90th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	High	
<input type="checkbox"/> DILHR35	Active	\$0/\$0	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILLR36	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	Low	
<input type="checkbox"/> DILLR37	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA	Low	
<input type="checkbox"/> DILHM38	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High	
<input type="checkbox"/> DILHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA	High	
<input type="checkbox"/> DILLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	NA	Low	
<input type="checkbox"/> DILHM42	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	NA	High	
<input type="checkbox"/> DILHR50	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	High	
<input type="checkbox"/> DILLM51	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
<input type="checkbox"/> DILHM57	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	High	
<input type="checkbox"/> DILLR58 ⁴	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
Voluntary²									
<input type="checkbox"/> DILHR43 ¹	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	High	
<input type="checkbox"/> DILHM44 ¹	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA	High	
<input type="checkbox"/> DILHR45 ¹	Active	\$25/\$75	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	High	
<input type="checkbox"/> DILHM46	Passive	\$25/\$75	\$750	MAC	100%/80% ³ /NA/NA	100%/80% ³ /NA/NA	NA	High	
<input type="checkbox"/> DILLM49 ¹	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	Low	
<input type="checkbox"/> DILHR52 ¹	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	High	
<input type="checkbox"/> DILHR53 ¹	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	High	
<input type="checkbox"/> DILLR54 ¹	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	Low	
<input type="checkbox"/> DILLM55 ¹	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	
<input type="checkbox"/> DILLM56 ¹	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	NA	Low	
<input type="checkbox"/> DILHM59 ¹	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	High	
<input type="checkbox"/> DILLR60 ^{1,4}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	Low	

Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage).
 Coinsurance Type - II: Fillings/Non-Surgical Perio/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).
 R&C: Reasonable & Customary - Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses
 MAC: Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept the maximum Allowable amount paid to Contracting Dentist as payment in full for Eligible Dental Expenses.
 Passive: Plans have the same benefits In and Out of Network
 Active: Plans have a richer In Network Benefit
¹ Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prostodontics/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.
⁴ Preventive/Diagnostic services do not count toward annual max.

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B. Standalone Vision, Life, Disability, Accident, and Critical Illness Products

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	No
<input type="checkbox"/> Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	No
<input type="checkbox"/> Plan 4	12/12/12	\$10	\$130	No	No	Yes	No
<input type="checkbox"/> Plan 5	12/12/24	\$10	\$150	No	No	Yes	No
<input type="checkbox"/> Plan 6	12/12/12	\$10	\$150	No	No	Yes	No
<input type="checkbox"/> Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	No
<input type="checkbox"/> Plan 8	12/12/24	\$25	\$130	No	No	Yes	No
<input type="checkbox"/> Plan 9	12/12/24	\$25	\$ 150	No	No	Yes	No
<input type="checkbox"/> Plan 10	12/12/12	\$25	\$150	No	No	Yes	No
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	No
<input type="checkbox"/> Plan 3	12/12/24	\$10	\$130	Yes	No	Yes	No
<input type="checkbox"/> Plan 4	12/12/12	\$10	\$130	No	No	Yes	No
<input type="checkbox"/> Plan 5	12/12/24	\$10	\$150	No	No	Yes	No
<input type="checkbox"/> Plan 6	12/12/12	\$10	\$150	No	No	Yes	No
<input type="checkbox"/> Plan 7	12/12/12	\$10	\$150	No	Yes	Yes	No
<input type="checkbox"/> Plan 8	12/12/24	\$25	\$130	No	No	Yes	No
<input type="checkbox"/> Plan 9	12/12/24	\$25	\$150	No	No	Yes	No
<input type="checkbox"/> Plan 10	12/12/12	\$25	\$150	No	No	Yes	No
If Life is a desired benefit, the Group Term Life product must be selected to also select Dependent Life and Supplemental Life.							
Group Term Life / Accidental Death & Dismemberment (AD&D)	Yes <input type="checkbox"/>			No <input type="checkbox"/>			
Group Term Life / Accidental Death & Dismemberment (AD&D) Plans							
Plan Name	Plan Benefit			Benefit Maximum	Age Reduction		
<input type="checkbox"/> Plan 1	\$15,000			N/A	35% at 65 / 50% at 70		
<input type="checkbox"/> Plan 2	\$25,000			N/A	35% at 65 / 50% at 70		
<input type="checkbox"/> Plan 3	\$50,000			N/A	35% at 65 / 50% at 70		
<input type="checkbox"/> Plan 4	\$100,000			N/A	35% at 65 / 50% at 70		
<input type="checkbox"/> Plan 5	1 x Salary			\$150,000	35% at 65 / 50% at 70		
<input type="checkbox"/> Plan 6	2 x Salary			\$200,000	35% at 65 / 50% at 70		
Dependent Basic Life Plans							
Plan Name	Plan Benefit			Benefit Maximum			
<input type="checkbox"/> Plan 1	\$10,000 Spouse / \$5,000 Child			\$10,000 Spouse / \$5,000 Child			
Supplemental Life Plans							
Plan Name	Plan Benefit			Benefit Maximum			
<input type="checkbox"/> Plan 1	Employee / Spouse / Child			\$500,000 Employee / \$150,000 Spouse / \$10,000 Child			
Short-Term Disability	Yes <input type="checkbox"/>			No <input type="checkbox"/>			
Short-Term Disability Plans							
Plan Name	Plan Benefit			Elimination Period (Days) Injury / Sickness	Maximum Benefit Duration (Weeks)		

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Basic Short-Term Disability			
<input type="checkbox"/> Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/> Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/> Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/> Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/> Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/> Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/> Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/> Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/> Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/> Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/> Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/> Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/> Plan 13	60% salary weekly max \$1,500	0/7	13
<input type="checkbox"/> Plan 14	60% salary weekly max \$1,500	0/7	26
<input type="checkbox"/> Plan 15	60% salary weekly max \$1,500	7/7	13
<input type="checkbox"/> Plan 16	60% salary weekly max \$1,500	7/7	26
<input type="checkbox"/> Plan 17	60% salary weekly max \$1,500	14/14	13
<input type="checkbox"/> Plan 18	60% salary weekly max \$1,500	14/14	26

* Only available for 10-50 lives

Voluntary Short-Term Disability			
<input type="checkbox"/> Plan 1	60% salary weekly max \$750	0/7	13
<input type="checkbox"/> Plan 2	60% salary weekly max \$750	0/7	26
<input type="checkbox"/> Plan 3	60% salary weekly max \$750	7/7	13
<input type="checkbox"/> Plan 4	60% salary weekly max \$750	7/7	26
<input type="checkbox"/> Plan 5	60% salary weekly max \$750	14/14	13
<input type="checkbox"/> Plan 6	60% salary weekly max \$750	14/14	26
<input type="checkbox"/> Plan 7	60% salary weekly max \$1,000	0/7	13
<input type="checkbox"/> Plan 8	60% salary weekly max \$1,000	0/7	26
<input type="checkbox"/> Plan 9	60% salary weekly max \$1,000	7/7	13
<input type="checkbox"/> Plan 10	60% salary weekly max \$1,000	7/7	26
<input type="checkbox"/> Plan 11	60% salary weekly max \$1,000	14/14	13
<input type="checkbox"/> Plan 12	60% salary weekly max \$1,000	14/14	26
<input type="checkbox"/> Plan 13*	60% salary weekly max \$1,500	0/7	13
<input type="checkbox"/> Plan 14*	60% salary weekly max \$1,500	0/7	26
<input type="checkbox"/> Plan 15*	60% salary weekly max \$1,500	7/7	13
<input type="checkbox"/> Plan 16*	60% salary weekly max \$1,500	7/7	26
<input type="checkbox"/> Plan 17*	60% salary weekly max \$1,500	14/14	13
<input type="checkbox"/> Plan 18*	60% salary weekly max \$1,500	14/14	26

Long-Term Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Long-Term Disability Plans				
Plan Name	Plan Benefit	Elimination Period (Days)	Maximum Benefit Duration	
Basic Long-Term Disability				
<input type="checkbox"/> Plan 1	60% salary monthly max \$3,500	90	SSNRA	
<input type="checkbox"/> Plan 2	60% salary monthly max \$3,500	90	5 Years	
<input type="checkbox"/> Plan 3	60% salary monthly max \$3,500	180	SSNRA	
<input type="checkbox"/> Plan 4	60% salary monthly max \$3,500	180	5 Years	
<input type="checkbox"/> Plan 5	60% salary monthly max \$6,000	90	SSNRA	
<input type="checkbox"/> Plan 6	60% salary monthly max \$6,000	90	5 Years	
<input type="checkbox"/> Plan 7	60% salary monthly max \$6,000	180	SSNRA	
<input type="checkbox"/> Plan 8	60% salary monthly max \$6,000	180	5 Years	

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Voluntary Long-Term Disability				
<input type="checkbox"/> Plan 1	60% salary monthly max \$6,000	90	SSNRA	
<input type="checkbox"/> Plan 2	60% salary monthly max \$6,000	90	5 Years	
<input type="checkbox"/> Plan 3	60% salary monthly max \$6,000	180	SSNRA	
<input type="checkbox"/> Plan 4	60% salary monthly max \$6,000	180	5 Years	
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		
<input type="checkbox"/> Plan 3	\$10,000 Employee / \$2,500 Spouse / \$2,500 Child	Up to 3 times benefit amount		
Accident	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
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

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<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

Classes

Please complete this chart if Group Term Life, Short-Term Disability, or Long-Term Disability benefits vary by class

Class Description	Group Term Life / AD&D	Short-Term Disability	Long-Term Disability

Section 6 - Additional Provisions:

Use this section to indicate any other instruction or important information.

Section 7 - Signature

Signatures	
Employer / Authorized Purchaser: Title:	Date
Underwriter: Title:	Date

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