

Small Group Benefit Selection Worksheet

Complete with the Group Master Application

Group Name _____

Group ID _____

All cost shares represent the member's share of the cost.

1. MEDICAL PLAN OPTIONS

Note: If you are only interested in offering an adult dental plan, complete **section 3** of this form.

A. Plus PPO

<input type="checkbox"/> Plus Platinum \$250/20%/\$2250/\$25/\$50	<input type="checkbox"/> Plus Gold \$2000/20%/\$7000/\$30/\$60	<input type="checkbox"/> Plus Bronze \$5500/30%/\$9400/\$55/\$120
<input type="checkbox"/> Plus Platinum \$500/20%/\$2000/\$25/\$50	<input type="checkbox"/> Plus Silver \$2000/30%/\$8550/\$35/\$85	<input type="checkbox"/> Plus Bronze \$6350/30%/\$9400/\$55/\$120
<input type="checkbox"/> Plus Gold \$500/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Silver \$2500/30%/\$8550/\$35/\$85	<input type="checkbox"/> Plus Bronze \$8550/0%/\$8550
<input type="checkbox"/> Plus Gold \$1000/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Silver \$3000/20%/\$8550/\$35/\$85	
<input type="checkbox"/> Plus Gold \$1500/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Silver \$4000/20%/\$8550/\$35/\$85	

B. Plus HSA

<input type="checkbox"/> Plus HSA Qualified Gold \$1600/20%/\$4000	<input type="checkbox"/> Plus HSA Qualified Silver \$3500/25%/\$7000	<input type="checkbox"/> Plus HSA Qualified Bronze \$6000/50%/\$7500
<input type="checkbox"/> Plus HSA Qualified Silver \$3200/25%/\$7000	<input type="checkbox"/> Plus HSA Qualified Silver \$4500/25%/\$7000	

2. ADULT VISION PLAN OPTIONS

Note: These optional vision benefits are available to members aged 19 and older. Common enrollment is required if members are enrolled in the medical plan. Standalone vision is not available.

Mandated Adult Vision: Vision Exam and Hardware \$350 per calendar year

Core Adult Vision: 1 Exam PCY, HW \$150 every 2 consecutive calendar years

Adult Vision Not Covered

3. ADULT DENTAL PLAN OPTIONS

Note: These optional dental benefits are available to members aged 19 and older.

A. Adult Core Dental – Available for Groups with 2-9 Enrolled Employees

Adult Core Dental \$50/0%-30%-50%/\$1000

B. Adult Dental Optima – Available for Groups with 2-9 Enrolled Employees

Note: The deductible is waived for Preventive and Diagnostic services.

Adult Dental Optima \$50/0%-20%-50%/\$1000

Adult Dental Optima \$50/0%-20%-50%/\$1500

Adult Dental Optima \$50/0%-20%-50%/\$1000 Enhanced*

Adult Dental Optima \$50/0%-20%-50%/\$1000 Enhanced* + Annual Max Waiver**

Adult Dental Optima \$50/0%-20%-50%/\$1500 Enhanced*

Adult Dental Optima \$50/0%-20%-50%/\$1500 Enhanced*+ Annual Max Waiver**

Adult Dental Optima \$50/0%-20%-50%/\$2000 Enhanced*

Adult Dental Optima \$50/0%-20%-50%/\$2000 Enhanced* + Annual Max Waiver**

C. Adult Core Dental – Available for Groups with 10+ Enrolled Employees

Adult Core Dental \$50/0%-30%-50%/\$1000

D. Adult Dental Optima – Available for Groups with 10+ Enrolled Employees

Note: The deductible is waived for Preventive and Diagnostic services.

Adult Dental Optima \$50/0%-20%-50%/\$1000

Adult Dental Optima \$50/0%-20%-50%/\$1500

Adult Dental Optima \$50/0%-20%-50%/\$1000 Enhanced*

Adult Dental Optima \$50/0%-20%-50%/\$1000 Enhanced* + Annual Max Waiver**

Adult Dental Optima \$50/0%-20%-50%/\$1500 Enhanced*

Adult Dental Optima \$50/0%-20%-50%/\$1500 Enhanced* + Annual Max Waiver **

Adult Dental Optima \$50/0%-20%-50%/\$2000 Enhanced*

Adult Dental Optima \$50/0%-20%-50%/\$2000 Enhanced* + Annual Max Waiver**

Adult Dental Optima \$50/0%-20%-50%/\$3000 Enhanced*

E. Adult Voluntary Dental Plan –Available for Groups with 2+ Enrolled Employees

Note: The deductible is waived for Preventive and Diagnostic services. Includes 12-month waiting period for major services

Adult Dental Optima Voluntary \$50/0%-20%-50%/\$1000

F. Adult Orthodontia Plan Options

Note: Option only available to non-voluntary, Adult Dental Optima groups with 26 or more employees enrolled that have selected a dental benefit.

Not Covered

Adult Dental Orthodontia \$0/50%/\$1,500 lifetime limit

G. Adult Dental Not Covered

*Enhanced plans cover endodontic and periodontal treatment under basic services

** Annual Max Waiver plans waive preventive/diagnostic services (Class 1) from annual maximum