PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA
An Independent Licensee of the Blue Cross Blue Shield Association

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This form is part of the Employer Group Application

Benefit Selection Worksheet
Small Group (1-50)

Group name
Group number

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

A. Medical Benefit Selection

Select at least one medical plan. Note: To purchase a standalone Adult Dental plan, skip Sections A and B and complete Section C.

1. Plus PPO

☐ *Plus Platinum $250/20%/$2500/$15/$50	☐ *Plus Gold $2000/20% $7250/$25/$50	☐ Plus Bronze $5500/ 40%/$9500/$55/$120
☐ *Plus Platinum $500/20%/$2500/$15/$50	☐ Plus Silver $2000/30%/$9000/$35/$85	☐ Plus Bronze $7500/40%/ $9500/$55/$120
☐ *Plus Gold $500/20%/ $7500/$25/$50	☐ Plus Silver $2500/30%/ $9000/$35/$85	☐ Plus Bronze $9500/30%/$10000
☐ *Plus Gold $1000/20%/ $7500/$25/$50	☐ Plus Silver $3000/30%/$9000/$35/$85	
☐ *Plus Gold $1500/20%/$7500/$25/$50	☐ Plus Silver $4000/ 35%/$9000/$35/$85	

*First 2 Designated PCP Office Visits are $5 copay, then Designated PCP copay

2. Plus HSA

☐ Plus HSA Qualified Gold $1800/20%/$4150	☐ Plus HSA Qualified Silver $3750/30%/$8300	☐ Plus HSA Qualified Bronze $5000/50%/$8300
☐ Plus HSA Qualified Silver $3400/30%/$8050		

B. Adult Vision Benefit Selection

Select one adult vision plan. **Note:** Adult Vision plan 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: 1 Vision Exam and Hardware $350 per calendar year

☐ Adult Vision Not Covered

C.	Adult Dental Benefit Selection
	Select one Adult Dental plan. **Note:** Adult Dental plan benefits are available to members aged 19 and older.
1.	**Adult Core Dental — Available for groups with 2+ enrolled employees**
	☐ Adult Core Dental $50/0%-30%-50%/$1000
2.	**Adult Dental Optima — Available for groups with 2+ 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**
	*Enhanced plans cover endodontic and periodontal treatment under basic services **Annual Max Waiver plans waive preventive and diagnostic services from the annual maximum
3.	**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%/$2000 Enhanced*
	☐ Adult Dental Optima $50/0%-20%-50%/$2000 Enhanced*+ Annual Max Waiver**
	☐ Adult Dental Optima $50/0%-20%-50%/$3000 Enhanced*
	*Enhanced plans cover endodontic and periodontal treatment under basic services **Annual Max Waiver plans waive preventive and diagnostic services from the annual maximum
4.	**Adult Dental Optima with $1500 Orthodontia lifetime limit - Available for groups with 26+ employees**
	☐ Adult Dental Optima $50/0%-20%-50%/$2000 Enhanced* Orthodontia
	☐ Adult Dental Optima $50/0%-20%-50%/$2000 Enhanced*+ Annual Max Waiver** Orthodontia
	☐ Adult Dental Optima $50/0%-20%-50%/$3000 Enhanced* Orthodontia
	*Enhanced plans cover endodontic and periodontal treatment under basic services **Annual Max Waiver plans waive preventive and diagnostic services from the annual maximum
5.	**Adult Dental Optima Voluntary — 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
6.	☐ **Adult Dental Not Covered**