

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%/\$3000/ \$15/\$50	☐ Plus Silver \$2000/30%/\$10000/\$35/\$85	☐ Plus Bronze \$5500/40%/\$12000/\$55/\$120
	☐ **Plus Gold \$500/25%/\$9000/\$25/\$50	☐ Plus Silver \$2500/30%/\$10000/\$35/\$85	☐ Plus Bronze \$7500/40%/\$12000/\$55/\$120
	☐ **Plus Gold \$1000/25%/\$9000/\$25/\$50	☐ Plus Silver \$3000/30%/\$10000/\$35/\$85	☐ Plus Bronze \$9500/40%/\$12000
	☐ **Plus Gold \$1500/25%/\$9000/\$25/\$50	☐ Plus Silver \$4000/30%/\$10000/\$35/\$85	
	*First 2 Designated PCP Office Visits are \$5 copay, then Designated PCP copay. (Platinum) **First 2 Designated PCP Office Visits are \$10 copay, then Designated PCP copay. (Gold)		
2.	Plus HSA		
	☐ Plus HSA Qualified Gold (Embedded) \$1850/20%/\$7500	☐ Plus HSA Qualified Silver \$3750/30%/\$8500	☐ Plus HSA Qualified Bronze \$5000/50%/\$8700
	☐ Plus HSA Qualified Silver \$3400/30%/\$8500		

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