

SMALL GROUP MASTER APPLICATION BENEFIT SELECTIONS

This form is part of the Group Master Application

GROUP NAME _____

GROUP ID _____

ALPHA PLAN PREFIX _____

(Completed by Premera Blue Cross)

1. MEDICAL PLAN OPTION – CHOOSE ONE BENEFIT PLAN

A. Choice PPO Plans– Heritage network

- Choice 750 Gold
- Choice 1000 Gold
- Choice 1500 Gold
- Add Adult Vision**
- Choice 2500 Silver
- Choice 5500 Bronze

B. Balance PPO Plans – Heritage Signature network

- Balance 500 Gold
- Balance 1000 Gold
- Balance 1500 Gold
- Add Adult Vision**
- Balance 2000 Silver
- Balance 3000 Silver

C. Balance PPO Plans with Family Dental – Heritage Signature network

- Balance 500 Gold + Family Dental
- Balance 1000 Gold + Family Dental
- Add Adult Vision**
- Balance 2000 Silver + Family Dental

D. Choice PPO Plans with Family Dental – Heritage network

- Choice 750 Gold + Family Dental
- Choice 1000 Gold + Family Dental
- Add Adult Vision**
- Choice 2500 Silver + Family Dental

E. Balance Health Savings Account (HSA) Qualified Plans – Heritage Signature network

- Balance HSA Qualified 1500Gold
- Balance HSA Qualified 3000 Silver
- Add Adult Vision**
- Balance HSA Qualified 6000 Bronze

F. Choice Health Savings Account (HSA) Qualified Plans – Heritage network

- Choice HSA Qualified 1500 Gold
- Choice HSA Qualified 3000 Silver
- Add Adult Vision**
- Choice HSA Qualified 6000 Bronze

G. Choice Health Savings Account (HSA) Qualified Plans – Heritage network

- Choice HSA Qualified 3000 Silver + Family Dental
- Add Adult Vision**

H. ONLY For Employers Who Qualify for an Opt-Out of Contraceptive Coverage – Heritage Signature network

- Balance 1000 Basic Gold
- Add Adult Vision**