

**SMALL GROUP MASTER APPLICATION BENEFIT SELECTIONS**

This form is part of the Group Master Application

**GROUP NAME** \_\_\_\_\_  
**GROUP ID** \_\_\_\_\_  
**PLAN PREFIX** \_\_\_\_\_  
*(Completed by Premera Blue Cross)*

**1. MEDICAL PLAN OPTION – CHOOSE ONE BENEFIT PLAN**

**A. Choice PPO Plans– Heritage and Dental Choice network**

- Choice 750 Gold  Choice 2500 Silver
- Choice 1000 Gold
- Choice 1500 Gold

**Add Adult Vision**

**B. Balance PPO Plans – Heritage Signature and Dental Choice network**

- Balance 250 Platinum  Balance 500 Platinum
- Balance 500 Gold  Balance 2000 Gold
- Balance 1000 Gold  Balance 2500 Gold
- Balance 1500 Gold
- Balance 2000 Silver  Balance 3000 Silver
- Balance 6500 Bronze

**Add Adult Vision**

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

- Balance 500 Gold + Family Dental  Balance 2000 Silver + Family Dental
- Balance 1000 Gold + Family Dental

**Add Adult Vision**

**D. Choice PPO Plans with Family Dental – Heritage and Dental Choice network**

- Choice 750 Gold + Family Dental  Choice 2500 Silver + Family Dental
- Choice 1000 Gold + Family Dental

**Add Adult Vision**

**E. Balance Health Savings Account (HSA) Qualified Plans – Heritage Signature and Dental Choice network**

- Balance HSA Qualified 1500 Gold  Balance HSA Qualified 6200 Bronze
- Balance HSA Qualified 3000 Silver

**Add Adult Vision**

**Add Medical Expense Account\***

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

- Choice HSA Qualified 1500 Gold  Choice HSA Qualified 6200 Bronze
- Choice HSA Qualified 3000 Silver

**Add Adult Vision**

**G. Choice Health Savings Account (H) Qualified Plan Plus Family Dental – Heritage and Dental Choice network**

Choice HSA Qualified 3000 Silver + Family Dental

**Add Adult Vision**

**Add Medical Expense Account\***

**H. Balance Health Savings Account (H) Qualified Plan Plus Family Dental – Heritage Signature and Dental Choice network**

Balance HSA Qualified 3000 Silver + Family Dental

**Add Adult Vision**

**Add Medical Expense Account\***

*\*Note: Medical Expense Account set-up forms are required.*

**I. ONLY For Employers Who Qualify for an Opt-Out of Contraceptive Coverage:  
Balance PPO Plan – Heritage Signature and Dental Choice network**

Balance 1000 Basic Gold

**Add Adult Vision**

**J. ONLY For Employers Headquartered in Pierce, Thurston and Spokane Counties  
Peak Care EPO Plans – Tahoma and Dental Choice network**

Peak Care 1000 Gold

Peak Care 6000 Bronze

Peak Care NOW 4000 Silver

**Add Adult Vision**

**K. Balance EPO Plans – Heritage Signature and Dental Choice network**

Balance EPO 8550 Bronze