

Small Group Benefit Selection Worksheet

This form is part of the Group Master Application

Group Name: _____

Group ID: _____

Plan Prefix: _____

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 3000 Silver

- Balance 2000 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
 Add Medical Expense Account*

G. Choice Health Savings Account (I) 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 (I) 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 NOW 4000 Silver Peak Care 6000 Bronze
- Add Adult Peak Care Vision

K. Balance EPO Plan – Heritage Signature and Dental Choice network

- Balance EPO 8550 Bronze
 Add Adult Vision