

GROUP MASTER APPLICATION DENTAL BENEFIT SELECTIONS

This form is part of the Group Master Application

(Completed by Premera Blue Cross)

GROUP NAME _____

GROUP ID _____

ALPHA PLAN PREFIX _____

1. DENTAL BENEFIT OPTIONS — CHOOSE ONE BENEFIT PLAN

Please Note: Comprehensive pediatric dental coverage is included with all medical plans. If selecting a dental plan, choose one of the following.

A. Dental Optima - Available for Groups with 2-4 Enrolled Employees

- Adult Dental Optima 1000
- Adult Dental Optima 1500

B. Dental Optima - Available for Groups with 5+ Enrolled Employees

- Adult Dental Optima 1000
- Adult Dental Optima 1500
- Adult Dental Optima 2000
- Adult Dental Optima 1000 Enhanced
- Adult Dental Optima 1500 Enhanced
- Adult Dental Optima 2000 Enhanced

C. Dental Optima Enhanced + - Available for Groups with 5+ Enrolled Employees

- Adult Dental Optima 1500 Enhanced +

D. Dental Optima Voluntary - Available for Groups with 5+ Enrolled Employees

- Adult Dental Optima Voluntary 1000

2. OTHER DENTAL OPTIONS

A. Orthodontia

Note: Option only available to groups with 26 or more employees enrolled that are selecting a non-voluntary plan

- Ortho \$1,500