

This form is part of the Employer Group Application
Dental Benefit Selection Worksheet
Small Group (1-50)

Group name

Group number

Dental Benefit Selection

Choose one benefit plan.

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

A. Dental Optima – Available for Groups with 2+ Enrolled Employees

- ☐ Premera Blue Cross Adult Dental Optima 1000
- ☐ Premera Blue Cross Adult Dental Optima 1500

B. Dental Optima – Available for Group with 5+ Enrolled Employees

- ☐ Premera Blue Cross Adult Dental Optima 1000
- ☐ Premera Blue Cross Adult Dental Optima 1500
- ☐ Premera Blue Cross Adult Dental Optima 2000
- ☐ Premera Blue Cross Adult Dental Optima 1000 Enhanced
- ☐ Premera Blue Cross Adult Dental Optima 1500 Enhanced
- ☐ Premera Blue Cross Adult Dental Optima 2000 Enhanced
- ☐ Premera Blue Cross Adult Dental Optima 1500 Enhanced +

C. Dental Optima with \$1500 Ortho – Available for Groups with 26+ Enrolled Employees

- ☐ Premera Blue Cross Adult Dental Optima 1000 Orthodontia
- ☐ Premera Blue Cross Adult Dental Optima 1500 Orthodontia
- ☐ Premera Blue Cross Adult Dental Optima 2000 Orthodontia
- ☐ Premera Blue Cross Adult Dental Optima 1000 Enhanced Orthodontia
- ☐ Premera Blue Cross Adult Dental Optima 1500 Enhanced Orthodontia
- ☐ Premera Blue Cross Adult Dental Optima 2000 Enhanced Orthodontia
- ☐ Premera Blue Cross Adult Dental Optima 1500 Enhanced + Orthodontia

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

- ☐ Premera Blue Cross Adult Dental Optima Voluntary 1000