

Small Group Benefit Selection Worksheet

This form is part of the Group Master Application

Group name: _____

Group ID: _____

1. Medical plan option – choose one benefit plan

A. Premera Blue Cross HMO Core Plus plans– Sherwood HMO and Dental Choice network

- | | |
|---|---|
| <input type="checkbox"/> Premera Blue Cross HMO Core Plus 500 Gold | <input type="checkbox"/> Premera Blue Cross HMO Core Plus 2000 Silver |
| <input type="checkbox"/> Premera Blue Cross HMO Core Plus 1500 Gold | <input type="checkbox"/> Premera Blue Cross HMO Core Plus 3000 Silver |
| | <input type="checkbox"/> Premera Blue Cross HMO Core Plus 5000 Silver |