



P.O. Box 3048, MS 732  
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## Small Group Dental Benefit Selection Worksheet

This form is part of the Group Master Application

Group Name \_\_\_\_\_

Group ID \_\_\_\_\_

### 1. Dental Benefit Options – 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 2-4 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