

BENEFIT PLAN SELECTION (BPS)

(To Be Used for Mid-Market Group Accounts)

Please complete & return this form in its entirety, including the required signatures

Section 1 - Account Information:						
Employer Name:						
Account #:		Effective Date:		Anniversary Date:		

Health Products / Mid-Market Medical and/or Dental Plan Selection:

Section 2 - Renewing Groups Only: (*If New Business, skip to Section 3)

Please list current plan(s) below	Retaining Plan(s):		Replacing Plan(s): Please list replacement plan in space below.
1.	□ Yes	🗆 No	1.
2.	□ Yes	🗆 No	2.
3.	□ Yes	🗆 No	3.
4.	□ Yes	🗆 No	4.
5.	□ Yes	🗆 No	5.
6.	□ Yes	🗆 No	6.
7.	□ Yes	🗆 No	7.
8.	□ Yes	🗆 No	8.

Section 2b - Renewing Groups Only: (*If New Business, skip to Section 3)

Adding Plan (Medical and/or Dental): Please list new plan(s) below
1.
2.
3.
4.
5.
6.
7.
8.

Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Section 3 – New Business:

- 1. Blue Directions (Private Exchange) Purchased? Yes \Box No \Box
- a. (If yes, the Blue Directions Addendum is attached and made a part of the policy.)
- 2. Please select plan designs (Up to a maximum of 6 plans)

A. Blue Advantage HMO [®]							
2023 Plan ID	Deductible In Network	Coins In-Network	OPX In-Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
MIBAH2000	\$0	100%	\$1500	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
□MIBAH2010	\$0	100%	\$1500	\$30/\$50	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
MIBAH2020	\$0	100%	\$1500	\$20/\$40	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

*1 Pharmacy benefits based on the Performance Drug List at HMO Network pharmacies.

B. Blue Advanta	B. Blue Advantage HMO [®] Value Choice ^{*1}							
2023 Plan ID	Deductible In Network	Coins In Network	OPX In- Network	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy	
□ MIBAV2110	\$0	100%	\$3,000	\$40/\$60	\$350	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	
□ MIBAV2120	\$0	100%	\$3,000	\$50/\$70	\$400	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	
□ MIBAV2130**	\$1000	80%	\$3,000	\$50/\$70	\$250**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	
□ MIBAV2140**	\$1500	80%	\$4,500	\$50/\$70	\$400**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	
□ MIBAV2152**	\$3000	80%	\$8,700	\$20/\$40	\$400**	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	

*1 Pharmacy benefits based on the Performance Drug List at HMO Network pharmacies.

**MIBAV2130, MIBAV2140 and MIBAV2152 have a Per Occurrence Deductible (POD) on ER, IP & OP Surg. Calendar Year Deductible and Coinsurance applies after POD.

Select HSA*2*3						
Deductible	Coins	OPX		ER	Non Proferred Pharmacy	Preferred Pharmacy
In/Out	In/Out	In/Out	00/3FC	Coins.	Non-Freieneu Friannacy	Freiened Friannacy
\$2500/\$5000	100%/100%	\$2500/\$5000	100%/100%	100%	100%	100%
\$2500/\$5000	80%/50%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%50%	90%/90%/80%/70%/60%50%
\$3500/\$7000	80%/50%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%50%	90%/90%/80%/70%/60%50%
\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%
	Deductible In/Out \$2500/\$5000 \$2500/\$5000 \$3500/\$7000	Deductible In/Out Coins In/Out \$2500/\$5000 100%/100% \$2500/\$5000 80%/50% \$3500/\$7000 80%/50%	Deductible In/Out Coins In/Out OPX In/Out \$2500/\$5000 100%/100% \$2500/\$5000 \$2500/\$5000 80%/50% \$5000/\$15000 \$3500/\$7000 80%/50% \$7000/\$21000	Deductible In/Out Coins In/Out OPX In/Out OV/SPC \$2500/\$5000 100%/100% \$2500/\$5000 100%/100% \$2500/\$5000 80%/50% \$5000/\$15000 80%/80% \$3500/\$7000 80%/50% \$7000/\$21000 80%/80%	Deductible In/Out Coins In/Out OPX In/Out OV/SPC ER Coins. \$2500/\$5000 100%/100% \$2500/\$5000 100%/100% 100% \$2500/\$5000 80%/50% \$5000/\$15000 80%/80% 80% \$3500/\$7000 80%/50% \$7000/\$21000 80%/80% 80%	Deductible In/Out Coins In/Out OPX In/Out OV/SPC ER Coins. Non-Preferred Pharmacy \$2500/\$5000 100%/100% \$2500/\$5000 100%/100% 100%/100% 100% \$2500/\$5000 80%/50% \$5000/\$15000 80%/80% 80% 80%/80%/70%/60%/60%50% \$3500/\$7000 80%/50% \$7000/\$21000 80%/80% 80% 80%/80%/70%/60%/60%50%

Plans are HSA compatible. The 5th character in the Plan # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

*For Pharmacy services, coinsurance applies after Deductible has been met.

*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies

*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

D. Blue Edge SM	HSA ^{*2*3}						
2023 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Coins	Non-Preferred Pharmacy	Preferred Pharmacy
□ MIEEA3003	\$1600/\$1600	100%/80%	\$3200/\$3200	100%/100%	100%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
MIEEA3013	\$1600/\$3200	80%/60%	\$3200/\$9600	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
□ MIEEA2020	\$2500/\$2500	100%80%	\$5000/\$5000	100%/100%	100%	100%	100%
□ MIEEA3033	\$2500/\$5000	80%/60%	\$5000/\$15000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
	\$3200/\$6400	100%/100%	\$3200/\$6400	100%/100%	100%	100%	100%
	\$3200/\$6400	80%/60%	\$6200/\$18600	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
□ MIEEA3093	\$3500/\$7000	80%/60%	\$5800/\$17400	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
□ MIEEE3053	\$3500/\$7000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
□ MIEEE2052	\$4000/\$8000	100%/80%	\$4000/\$24000	100%/100%	100%	100%	100%
□ MIEEE3073	\$5000/\$10000	80%/60%	\$7000/\$21000	80%/80%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%
	\$6000/\$12000	100%/100%	\$6000/\$12000	100%/100%	100%	100%	100%

Plans are HSA compatible. The 5th character in the Plan # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

*For Pharmacy services, coinsurance applies after Deductible has been met.

*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

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E. Blue Choice S	elect PPO ^{SM *2}						
2023 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
□ MIBCS2010	\$250/\$500	80%/50%	\$1250/\$3750	\$20/\$20	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
	\$500/\$1000	90%/60%	\$1500/\$4500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBCS2030	\$500/\$1000	80%/50%	\$2500/\$7500	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBCS2040	\$1000/\$2000	90%/60%	\$2000/\$6000	\$20/\$20	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$1000/\$2000	80%/50%	\$3000/\$9000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
□ MIBCS2070	\$1500/\$3000	80%/50%	\$3500/\$10500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
□ MIBCS2090	\$2000/\$4000	80%/50%	\$4000/\$12000	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
□ MIBCS2120	\$2500/\$5000	80%/50%	\$4500/\$13500	\$30/\$30	\$200	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBCS2160	\$4000/\$8000	80%/50%	\$5500/\$16500	\$30/\$30	\$200	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

F. Blue Choice C	F. Blue Choice Options SM *2*3 HSA - Tiered Network (Blue Choice OPT PPO – BCO / PPO – PPO / Out of Network - OON)							
2023 Plan ID	Deductible (BCO/ PPO/ OON)	Coins (BCO/ PPO/ OON)	OPX (BCO/ PPO/ OON)	OV/SPC (BCO/ PPO)	ER Coins (BCO / PPO)	Non-Preferred Pharmacy	Preferred Pharmacy	
	\$3200/ \$4600/ \$9200	100%/ 80%/ 60%	\$3200/ \$6550/ \$19650	100%/ 80%	100%	100%	100%	
	\$4000/ \$5700/ \$12000	100%/ 80%/ 60%	\$4000/ \$7500 \$22500	100%/ 80%	100%	100%	100%	
	\$3500/ \$5000/ \$10000	80%/ 60%/ 50%	\$5500/ \$7000/ \$21000	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	
	\$5000/ \$6000/ \$12000	80%/ 60%/ 50%	\$6000/ \$7000/ \$21000	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	
	\$6000/ \$7000/ \$14000	80%/ 60%/ 50%	\$7000/ \$7500/ \$22500	80%/ 60%	80%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	

Plans are HSA compatible. The 5th character in the Plan # indicates (A) for Aggregate or (E) for Embedded deductible and OPX.

*For Pharmacy services, coinsurance applies after Deductible has been met. *2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

*3 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

G. Blue Choice O	G. Blue Choice Options SM - Tiered Network (Blue Choice OPT PPO – BCO/ PPO – PPO / Out of Network - OON)							
2023 Plan ID	Deductible (BCO/ PPO/	Coins (BCO/ PPO/	OPX (BCO/ PPO/	OV/SPC (BCO//PPO)	ER Copay** (BCO/ PPO)	Non-Preferred Pharmacy	Preferred Pharmacy	
	OON)	OON)	OON		(600/110)			
	\$250/ \$1000/ \$2000	90%/ 70%/ 50%	\$750/ \$1250/ \$2500	\$20/\$40// \$40/\$80	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250	
	\$500/ \$1500/ \$3000	100%/ 70%/ 50%	\$500/ \$3000/ \$9000	\$20/\$50// \$40/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250	
	\$500/ \$1500/ \$3000	90%/ 70%/ 50%	\$4000/ \$5600/ \$16800	\$20/\$50// \$40/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/35/\$75/\$150/\$250	
	\$1000/ \$2500/ \$5000	90%/ 70%/ 50%	\$2500/ \$5500/ \$16500	\$25/\$50// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	
	\$1500/ \$3500/ \$7000	90%/ 70%/ 50%	\$3000/ \$5500/ \$16500	\$30/\$50// \$50/\$100	\$400/\$400	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	
	\$2500/ \$4000/ \$8000	80%/ 60%/ 50%	\$4500/ \$5500/ \$16500	80%/60%// 80%/60%	80%/80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	
	\$4000/ \$5000/ \$10000	80%/ 60%/ 50%	\$5600/ \$5600/ \$16800	\$35/\$60// \$55/\$120	\$500/\$500	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	

*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

** Denotes Per Occurrence Deductible on service. Calendar Year Deductible and Coinsurance applies after POD.

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H. Blue Print [®] PPO)						
2023 Plan ID	Deductible In/Out	Coins In/Out	OPX In/Out	OV/SPC	ER Copay	Non-Preferred Pharmacy	Preferred Pharmacy
	\$0/\$0	90%/70%	\$1000/\$3000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBPP2010 ^{*2}	\$250/\$500	80%/60%	\$1250/\$3750	\$20/\$40	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
	\$500/\$1000	90%/70%	\$1500/\$4500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$500/\$1000	80%/60%	\$2500/\$7500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBPP1031 ^{*2}	\$500/\$1000	80%/60%	\$6000/\$18000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBPP2040 ^{*2}	\$1000/\$2000	90%/70%	\$2000/\$6000	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
□ MIBPP2050 ^{*2}	\$1000/\$2000	80%/60%	\$3000/\$9000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$1000/\$2000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
MIBPP2070 ^{*2}	\$1500/\$3000	80%/60%	\$3500/\$10500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$1500/\$3000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
	\$2000/\$4000	80%/60%	\$4000/\$12000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
□ MIBPP1091 ^{*2}	\$2000/\$4000	80%/60%	\$6000/\$18000	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
□ MIBPP2110 ^{*2}	\$2500/\$5000	90%/70%	\$3500/\$10500	\$20/\$40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$2500/\$5000	80%/60%	\$4500/\$13500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$2500/\$5000	80%/60%	\$4500/\$13500	80%/80%	80%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$2500/\$5000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$3000/\$6000	80%/60%	\$6000/\$18000	\$30/\$50	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$3500/\$7000	80%/60%	\$5500/\$16500	\$20\$/40	\$150	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$4000/\$8000	80%/60%	\$5500/\$16500	\$30/\$50	\$150	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
	\$5000/\$10000	80%/60%	\$5600/\$16800	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
	\$5000/\$10000	80%/60%	\$8550/\$25650	\$40/\$60	\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

*1 Pharmacy benefits based on the Enhanced Drug List at Advantage Network pharmacies.

*2 Pharmacy benefits based on the Performance Drug List at Preferred Network pharmacies.

Section 4 – HSA / FSA / HRA Plans:

HCSC has preferred relationships with the vendors listed below. By selecting one of these vendors, employers agree to have the necessary data shared with the preferred vendor for the purposes of plan administration. A <u>vendor-specific setup form</u> is required to be submitted for first-time vendor integration.

Preferred HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with enrollment, Blue Access for Members Single Sign On (BAM-SSO), and claims integration. (If no selection is made, HSA Vendor will default to Other/None.)	Preferred FSA Vendor: * If FSA is selected, you have the option of selecting an FSA vendor with enrollment, Blue Access for Members Single Sign On (BAM-SSO) and claims integration. Clients who are renewing their FSA are required to resubmit employee elections with their renewal paperwork to continue the FSA plan. Note: Integration features vary for Flex. (If no selection is made, FSA Vendor will default to Other / None.)	Preferred HRA Vendor: * If HRA is selected, you have the option of selecting an HRA vendor with enrollment, Blue Access for Members Single Sign On (BAM-SSO), and claims integration. Clients who are renewing their HRA are required to resubmit employee elections with their renewal paperwork to continue the HRA plan. Note: Integration features vary for Flex. (If no selection is made, FSA Vendor will default to Other / None.)
□ BenefitWallet [®]	□ BenefitWallet [®]	□ BenefitWallet [®]
□ Flex [®]	□ Flex [®]	□ Flex [®]
□ HealthEquity [®]	□ HealthEquity [®]	□ HealthEquity [®]
□ HSA Bank [®]	□ HSA Bank [®]	□ HSA Bank [®]
□ Other Non-Preferred HSA	Other Non-Preferred FSA	Other Non-Preferred HRA
Vendor/None	Vendor/None	Vendor/None
(Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.)	(Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.)	(Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA vendor.)

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Dental Products

DENTAL PPO GROUP NUMBER:

Blue Care Dent	al PPO 🛛 📖							
Blac Gale Dem		Contributory D	PPO			Voluntary DPPO		
Contributory DPPO Plan Pairings (Groups 10+) High Allocation DINHR30 DINLR36					Voluntary DPPO Plan Pairings (Groups 10+) High Allocation Low Allocation DINHR43 DINLM49			
DINHR31 DINHR32	DINLR37 DINLR37 DINLM41				DINHM44 DINLR54 DINHR45 DINLM55			
DINHR33	DINLM41 DINLM51				DINHM46 DINLM56			
DINHR34 DINLR58 DINHR35 DINHM38 DINHM40 DINHM42 DINHR50					DINHR52 DINLR60 DINHR53 DINHM59			
DINHM57 Any one of the above Contributory High Allocation DPPO plans can be paired with any one of the Contributory Low Allocation DPPO plans.				aired with any	Any one of the above Voluntary High Allocation DPPO plans can be paired with any on the Voluntary Low Allocation DPPO plans.			
Two High Contribu	tory plans that	can be paired are	e DINHM57 and DINH	R33.	Two High Voluntary plans that can be paired are DINHM59 and DINHR43.			
Ū	Two High Contributory plans that can be paired are DINHM57 and DINHR33. DINHM42 can be freely paired with any Contributory High or Low Allocation Plan.				DINHM46 can be freely paired with any Voluntary High or Low Allocation Plan. Participation Requirements >25% Participation <50% Employer contribution Voluntary DHMO Any one Voluntary DHMO plan can be paired with any one Voluntary DPPO Allocation Plan.			
Participation Requirements >70% Participation >50% Employer contribution Contributory DHMO Any one Contributory DHMO plan can be paired with any one Contributory DPPO Allocation Plan.								
				ry DPPO				
Participation Req >70% Participation >50% Employer co					Participation Requirements >25% Participation			
				Contribu	>25% Participation tory*2 DPPO			
>70% Participation >50% Employer co		Deductible In/Out	Annual	Out-of-	>25% Participation tory ^{*2} DPPO Coins	urance	Ortho Life	
>70% Participation >50% Employer co	ntribution		Annual Benefit Max		>25% Participation tory*2 DPPO	urance Out-Of-Network (Class I/II/III/IV)	Ortho Life Maximum	
>70% Participation >50% Employer cc IL Plan Code High Allocation	Plan Type	In/Out (3x) Family Limit	Benefit Max	Out-of- Network Reimb.	>25% Participation tory*2 DPPO Coins In-Network (Class I/II/III/IV)	Out-Of-Network (Class I/II/III/IV)	Maximum	
>70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30 ^{*5}	Plan Type Passive	In/Out (3x) Family Limit \$25/\$25	Benefit Max \$5000	Out-of- Network Reimb. 90 th R&C	>25% Participation tory*2 DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50%	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50%	Maximum \$2000	
>70% Participation >50% Employer co IL Plan Code High Allocation DINHR30 ^{*5} DINHR31 ^{*5}	Plan Type Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25	Benefit Max \$5000 \$3000	Out-of- Network Reimb. 90 th R&C 90 th R&C	>25% Participation tory*2 DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50%	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50%	Maximum \$2000 \$2000	
 >70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30¹⁵ DINHR31¹⁵ DINHR32¹⁵ 	Plan Type Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50	Benefit Max \$5000 \$3000 \$2000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory*2 DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Out-Of-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Maximum \$2000 \$2000 \$2000	
 >70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30⁷⁵ DINHR31⁷⁵ DINHR31⁷⁵ DINHR32⁷⁵ DINHR33⁷⁵ 	Plan Type Passive Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory*2 DPPO Coins: In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Maximum \$2000 \$2000 \$2000 \$1500	
 >70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30^{*5} DINHR31^{*5} DINHR32^{*5} DINHR33^{*5} DINHR33^{*5} DINHR34^{*5} 	Plan Type Passive Passive Passive Passive Active	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$75	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500	Out-of- Network Reimb. 90 th R&C	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II//III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50%	Maximum \$2000 \$2000 \$2000 \$1500 \$1000	
>70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30 ^{*5} DINHR31 ^{*5} DINHR32 ^{*5} DINHR33 ^{*5} DINHR34 ^{*5} DINHR35 ^{*5}	Plan Type Passive Passive Passive Passive Active Active	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$75 \$0/\$0	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500/\$1000 \$2000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/90%/60%/50%	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$2000	
>70% Participation >50% Employer cc IL Plan Code DINHR30 ^{*5} DINHR30 ^{*5} DINHR32 ^{*5} DINHR33 ^{*6} DINHR33 ^{*5} DINHR33 ^{*5} DINHR35 ^{*5} DINHR38	Plan Type Passive Passive Passive Passive Active Active Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$75 \$0/\$0 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/90%/60%/50% 100%/80%/50%/50%	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50%	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$2000 \$1000	
 >70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30¹⁵ DINHR32¹⁵ DINHR33¹⁵ DINHR33¹⁵ DINHR34¹⁵ DINHR34¹⁵ DINHR35¹⁵ DINHR35¹⁵ DINHR35¹⁵ DINHR38 DINHM40 	Plan Type Passive Passive Passive Passive Active Active Passive Active	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$75 \$0/\$0 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$2000 \$1000 \$1000 \$1500/\$1000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/40%/NA	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$2000 \$1000 \$1000 N/A	
 >70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30¹⁵ DINHR31¹⁵ DINHR32¹⁵ DINHR33¹⁵ DINHR33¹⁵ DINHR35¹⁵ DINHR35¹⁵ DINHR35¹⁵ DINHR38 DINHM40 DINHM42 	Plan Type Passive Passive Passive Passive Active Active Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1000 \$1500/\$1000 \$750	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/40%/NA 100%/80% ⁻³ /NA/NA	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$2000 \$1000 N/A N/A	
 >70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30'5 DINHR31'5 DINHR32'5 DINHR33'5 DINHR35'5 DINHR35'5 DINHR35 DINHR38 DINHM40 DINHR50 	Plan Type Passive Passive Passive Passive Active Active Passive Active Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500/\$1000 \$2000 \$1000 \$1500/\$1000 \$1500/\$1000 \$1500/\$1000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC 90 th R&C	>25% Participation tory*2 DPPO Coins: In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50% 100%/80%/50%/50% 80%/60%/40%/NA 100%/80%/3/NA/NA 100%/80%/50%/NA	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$2000 \$1000 \$1000 N/A N/A N/A	
>70% Participation >50% Employer cc IL Plan Code DINHR30 ^{*5} DINHR30 ^{*5} DINHR31 ^{*6} DINHR32 ^{*5} DINHR33 ^{*5} DINHR33 ^{*5} DINHR35 ^{*5} DINHR38 DINHM38 DINHM40 DINHM40 DINHR50 DINHR57 ^{*5}	Plan Type Passive Passive Passive Passive Active Passive Active Passive Passive Active Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1000 \$1500/\$1000 \$750	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/40%/NA 100%/80% ⁻³ /NA/NA	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$2000 \$1000 N/A N/A	
>70% Participation >50% Employer cc IL Plan Code DINHR30 ^{*5} DINHR30 ^{*5} DINHR31 ^{*6} DINHR32 ^{*5} DINHR33 ^{*5} DINHR33 ^{*5} DINHR35 ^{*5} DINHR35 ^{*5} DINHM38 DINHM40 DINHM40 DINHR50 DINHR50 DINHM57 ^{*5} Low Allocation	Plan Type Passive Passive Passive Passive Active Active Passive Active Passive Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1500 \$1000 \$1500 \$1500 \$1500 \$1500 \$1500	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC 90 th R&C MAC 90 th R&C	>25% Participation tory*2 DPPO Coins: In-Network (Class I/II//III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/40%/NA 100%/80%/50%/NA 100%/80%/50%/NA	Maximum \$2000 \$2000 \$2000 \$1500 \$1000 \$1000 \$1000 N/A N/A N/A N/A \$1500	
>70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30 ^{*5} DINHR30 ^{*5} DINHR31 ^{*5} DINHR33 ^{*5} DINHR33 ^{*5} DINHR33 ^{*5} DINHR34 ^{*5} DINHR35 ^{*5} DINHR35 ^{*5} DINHM38 DINHM40 DINHM40 DINHM42 DINHR50 DINHR50 DINHR50 DINHR57 ^{*5} Low Allocation DINLR36	Plan Type Passive Passive Passive Passive Active Active Passive Passive Passive Passive Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1000 \$1000 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory*2 DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA	Maximum \$2000 \$2000 \$1500 \$1000 \$1000 \$1000 \$1000 N/A N/A \$1500 N/A	
>70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30 ^{*5} DINHR30 ^{*5} DINHR32 ^{*5} DINHR32 ^{*5} DINHR33 ^{*5} DINHR35 ^{*5} DINHR35 ^{*5} DINHM40 DINHM40 DINHM40 DINHR50 DINHR50 DINHR50 DINHR50 DINHR50 DINHR57 ^{*5} Low Allocation DINLR36 DINLR37	Plan Type Passive Passive Passive Passive Active Active Passive Passive Passive Passive Passive Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1000 \$1000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC MAC 90 th R&C 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 90%/70%50%/NA	Maximum \$2000 \$2000 \$1500 \$1000 \$1000 \$1000 \$1000 N/A N/A N/A \$1500 N/A N/A	
>70% Participation >50% Employer cc IL Plan Code High Allocation DINHR30 ^{*5} DINHR31 ^{*5} DINHR32 ^{*5} DINHR32 ^{*5} DINHR33 ^{*5} DINHR34 ^{*5} DINHR35 ^{*5} DINHR35 ^{*5} DINHM42 DINHM40 DINHM40 DINHM57 ^{*5} Low Allocation DINLR36 DINLR37 DINLR41	Plan Type Passive Passive Passive Passive Active Active Passive Passive Passive Passive Passive Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1000 \$1000 \$1000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC 90 th R&C 90 th R&C 90 th R&C MAC	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 90%/70%/50%/NA	Out-Of-Network (Class I/II/III/V) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA	Maximum \$2000 \$2000 \$1500 \$1000 \$2000 \$1000 \$1000 \$1000 N/A N/A N/A \$1500 N/A N/A N/A N/A N/A	
>70% Participation >50% Employer cc IL Plan Code DINHR30 ^{*5} DINHR30 ^{*5} DINHR31 ^{*5} DINHR32 ^{*5} DINHR32 ^{*5} DINHR33 ^{*5} DINHR35 ^{*5} DINHR35 ^{*5} DINHM40 DINHM40 DINHM40 DINHR50 DINHR50 DINHR50 DINHR50 DINHR50 DINHR57 ^{*5} Low Allocation DINLR36 DINLR37	Plan Type Passive Passive Passive Passive Active Active Passive Passive Passive Passive Passive Passive Passive Passive	In/Out (3x) Family Limit \$25/\$25 \$25/\$25 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50 \$50/\$50	Benefit Max \$5000 \$3000 \$2000 \$1500 \$1500 \$1500 \$1000 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1500 \$1000 \$1000	Out-of- Network Reimb. 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C 90 th R&C MAC MAC MAC MAC 90 th R&C 90 th R&C 90 th R&C 90 th R&C	>25% Participation tory ^{*2} DPPO Coins In-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA	Out-Of-Network (Class I/II/III/IV) 100%/80%/50%/50% 100%/80%/50%/50% 100%/80%/50%/50% 80%/60%/50%/50% 100%/80%/50%/50% 100%/80%/50%/NA 100%/80%/50%/NA 100%/80%/50%/NA 90%/70%50%/NA	Maximum \$2000 \$2000 \$1500 \$1000 \$1000 \$1000 \$1000 N/A N/A N/A \$1500 N/A N/A	

Coinsurance Type - II: Fillings/Non-Surgical Periodontal/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High). Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

High Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II.

Low Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. Low allocation means that these services are covered in Type III.

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.

*2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

*3 Only Basic Restorative Services are covered under Class II.

*4 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.

*5 Implants are covered at the same percentage as prosthodontics.

Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Dental Products

Voluntary DPPO							
IL Plan Code	Plan	Deductible In/Out	Annual Benefit	Out-of- Network	Coin	Ortho Life Maximum	
	Туре	(3x) Family Limit	Max	Reimb.	In-Network (Class I/II/III/IV)	Out-Of-Network (Class I/II/III/IV)	widXimum
High Allocation							
DINHR43 ^{*1}	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
DINHM44 ^{*1}	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A
DINHR45 ^{*1}	Active	\$25/\$75	\$2000	90 th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000
DINHM46	Passive	\$25/\$75	\$750	MAC	100%/80% ^{*3} /NA/NA	100%/80% ^{*3} /NA/NA	N/A
DINHR52 ^{*1}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DINHR53 ^{*1}	Passive	\$50/\$50	\$1500	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DINHM59 ^{*1}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Low Allocation						·	
DINLM49 ^{*1}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DINLR54 ^{*1}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DINLM55 *1	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DINLM56 *1	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A
DINLR60 ^{*1*4}	Passive	\$50/\$50	\$1000	90 th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Contributory DH	IMO						
DNCAP710	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
DNCAP730	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
Voluntary DHMC)						
DNCAP810	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A
DNCAP830	N/A	N/A	N/A	N/A	Copay Schedule	Copay Schedule	N/A

Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II: Fillings/Non-Surgical Periodontal/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

High Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II.

Low Allocation refers to the placement of the miscellaneous preventive, Endodontic, Periodontic and Oral Surgery service categories. Low allocation means that these services are covered in Type III.

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.

*2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

*3 Only Basic Restorative Services are covered under Class II.

*4 Preventive & Diagnostic Services do not count toward the Annual Benefit Max.

Life and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

GROUP NUMBER:

If Life is a desired benefit, the Group Term Life product must be selected in order to also select Dependent Life and Short-Term Disability.

1. Group T	erm Life / A	ccidental Death & I	Dismemberme				
				Complete Item 4 below if Term Life benefits vary by class			
	Che	oose a Benefit:			Choose a Reduction	Method:	
□ Elat Benefit	of \$ per	Employee		(Or	nly available to groups with 10 or r	nore enrolled lives)	
	or \$ per	Lubiolee		□ 35% of th	ne original amount at age 65 / 50%	of the original amount at age 70	
				□ 50% of th	ne original amount at age 70		
🗆 tim	nes Basic Annua	al Salary (rounded to the i	next higher				
		dy a multiple), up to a Max	kimum benefit of				
\$ per E	Employee			(Only applicable to groups with 2 - 9 enrolled lives) □ 35% of the original amount at age 65, 50% of the original amount at age 70			
					he original amount at age 05, 50%		
Excess Amou	Ints of Life Insu	irance:			<u> </u>	5 5 5	
					\$ Such excess insurance		
					disability, will terminate at age 65 e is not Actively at Work on the day		
					ployee does not return to Active V		
2. Depend	ent Life						
□ Yes □	No	Spouse	Children – age days		Children – age 14 days to 6 months	Children – age 6 months to 26 years / student 26	
	Option 1	\$10,000	\$100		\$100	\$5,000	
Choose a Plan:	Option 2	\$5,000	\$100	0	\$100	\$5,000	
T lan.	Option 3	\$5,000	\$100		100	\$2,000	
3. Short Te	erm Disabilit	ty (STD)					
□ Yes □		lete Item 4 below if Short			lass ayable for non-occupational disabil	ities only	
	Denen			choose a Benefit:			
□ Flat \$	weekly (not to	exceed \$250)					
Salary Bas	ed (select one)	-	□ 50%	\Box 60% \Box 66 2/3% of Basic Weekly Salary up to a maximum of \$			
Choose a Plan: Accident/Sickness/Duration							
□ 1/8/13 weeks □ 8/8/13 weeks □ 15/15/13 weeks				, , , , , , , , , , , , , , , , , , , ,			
□ 1 / 8 / 26 weeks □ 8 / 8 / 26 weeks □ 15 / 15 / 26 weeks ³					/ 26 Weeks		
4. Classes							
Please complete this chart if Term Life or Short-Term Disability benefits vary by class (3 Max 2 - 9 lives) (6 Max 10+ lives)							
Class Description			Т	erm Life / AD&D	Short Term Disability		

Additional Provisions:

Use this section to indicate if the account is retaining any plan(s) not shown above or need to indicate any other instruction or important information.

Section 6 – Signatures:		
Signatures		
Signatures		
Employer / Authorized Purchaser	Title	Date

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