



BlueCross BlueShield of Illinois

BENEFIT PLAN SELECTION (BPS) - ACA SMALL GROUP

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

Section 1- Account Information:

Table with 5 columns: A. Employer Name, B. SIC Code, C. Account #, D. Effective Date, E. Anniversary Date

- Only Individual cost shares are listed out for each plan.
A group may select up to six health plan options.
A group may select one dental plan or two dental plans if 10 or more are enrolled.
For additional product detail, please utilize Summary of Benefits and Coverage (SBC) and Product Plan Grids

Billing Method Selection

Please select one of the following billing methods.

(For Existing Accounts: If no selection is made, your plans will default to their current billing method.)

- Composite Billing
Age Billing

Section 2a- Renewing Groups Only: (*New Business update to Section 3)

Table with 3 columns: Current Plan, Retaining Plan, Replacing Plan. Rows 1-7 for plan selection.

Section 2b- Renewing Groups Only: (*New Business update to Section 3)

Adding Plan (Medical and/or Dental):

Please list new plan(s) below

Form with 8 numbered rows for listing new plans.

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Section 3 - New Business

Group Number:

Please select plan designs (Up to a maximum of 6 plans)

| A. Blue Choice Preferred | | | | | | | | |
|---|---------------------|--------------------------|--------------------------|------------------|-----------------------|-----------------------|----------------------------------|---------------------------|
| 2026 Plan ID | Deductible (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ¹ | Urgent Care Copay | Non-Preferred Pharmacy** | |
| Platinum | | | | | | | | |
| <input type="checkbox"/> P5E2BCE | \$350/\$700 | \$35/\$70 | 80%/50% | \$1750/Unlimited | \$400 | \$70 | \$15/\$25/\$65/\$105/\$250/\$350 | |
| <input type="checkbox"/> P5E1BCE | \$600/\$1200 | \$25/\$50 | 90%/60% | \$1750/Unlimited | \$400 | \$75 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| <input type="checkbox"/> P5M1BCE | \$1500/\$3000 | \$15/\$30 | 100%/80% | \$3000/\$6000 | \$200 | \$50 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| Gold | | | | | | | | |
| <input type="checkbox"/> G534BCE | \$1100/2200 | \$50/\$75 | 80%/50% | \$8000/Unlimited | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| <input type="checkbox"/> G532BCE | \$1600/\$3200 | \$45/\$70 | 80%/50% | \$6500/Unlimited | \$400 | \$75 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| <input type="checkbox"/> G536BCE | \$2100/\$4200 | \$50/\$75 | 90%/60% | \$6000/Unlimited | \$500 | \$75 | \$20/\$30/\$80/\$130/\$350/\$450 | |
| <input type="checkbox"/> G531BCE | \$2600/\$5200 | \$25/\$70 | 80%/50% | \$5250/Unlimited | \$400 | \$75 | \$15/\$25/\$65/\$105/\$250/\$350 | |
| <input type="checkbox"/> G5M2BCE | \$2500/\$5000 | \$30/\$60 | 100%/80% | \$7500/\$15000 | \$300 | \$75 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| <input type="checkbox"/> G537BCE | \$3200/\$6400 | DC | 100%/100% | \$3200/\$6400 | DC | DC | 100% | |
| <input type="checkbox"/> G530BCE | \$4000/\$8000 | \$50/\$70 | 100%/100% | \$5500/\$11000 | \$500 | \$75 | \$15/\$25/\$65/\$105/\$250/\$350 | |
| Silver | | | | | | | | |
| <input type="checkbox"/> S532BCE ² | \$3700/\$7400 | \$60/\$80 | 60%/50% | \$9200/Unlimited | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| <input type="checkbox"/> S531BCE | \$5100/\$10200 | \$50/\$75 | 70%/50% | \$9200/Unlimited | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| <input type="checkbox"/> S535BCE | \$8000/\$16000 | \$50/\$75 | 100%/100% | \$9200/\$18400 | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 | |
| Blue Choice Preferred HSA Plans | | | | | | | | |
| 2026 Plan ID | HSA Contr. | Deduct (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ¹ | Urgent Care Copay | Non-Preferred Pharmacy**f |
| Gold | | | | | | | | |
| <input type="checkbox"/> G533BCE | \$50-\$350 | \$3500/\$6600 | DC | 90%/60% | \$4000/Unlimited | DC | DC | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> G535BCE | \$350-\$700 | \$3500/\$6600 | DC | 80%/50% | \$5500/Unlimited | DC | DC | 80%/80%/70%/60%/60%/50% |
| Silver | | | | | | | | |
| <input type="checkbox"/> S534BCE | \$0-\$40 | \$5500/\$10900 | DC | 100%/100% | \$5500/\$10900 | DC | DC | 100% |
| <input type="checkbox"/> S5J1BCE | \$150-\$400 | \$6600/\$13200 | DC | 100%/100% | \$6600/\$13200 | DC | DC | 100% |
| Bronze | | | | | | | | |
| <input type="checkbox"/> B536BCE | \$0 | \$7050/\$14100 | DC | 80%/50% | \$7400/Unlimited | \$250 | DC | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> B535BCE | \$0 | \$7300/\$14600 | DC | 100%/100% | \$7300/\$14600 | \$250 | DC | 100% |
| <input type="checkbox"/> B5N1BCE | \$0 | \$7350/\$14700 | DC | 70%/50% | \$7600/Unlimited | \$1000 | DC | 80%/80%/70%/60%/60%/50% |

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services

**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.

B. Blue Precision HMO

| 2026 Plan ID | Deductible (In) | Office Visit/ Specialist | Coins (In) | OPX (In) | ER Copay*1 | Urgent Care Copay | Pharmacy |
|---|-----------------|--------------------------|------------|----------|------------|-------------------|----------------------------------|
| Platinum | | | | | | | |
| <input type="checkbox"/> P506PSN ² | \$0 | \$15/\$45 | 100% | \$1750 | \$300 | \$45 | \$5/\$15/\$60/\$110/\$250/\$350 |
| <input type="checkbox"/> P5J1PSN ³ | \$0 | \$25/\$40 | 100% | \$2500 | \$300 | \$40 | \$5/\$15/\$60/\$110/\$250/\$350 |
| <input type="checkbox"/> P5E1PSN ⁴ | \$1100 | \$30/\$60 | 80% | \$3100 | \$400 | \$60 | \$5/\$15/\$60/\$110/\$250/\$350 |
| Gold | | | | | | | |
| <input type="checkbox"/> G5J2PSN ⁵ | \$0 | \$50/\$70 | 100% | \$5000 | \$500 | \$70 | \$10/\$20/\$50/\$100/\$250/\$350 |
| <input type="checkbox"/> G5N1PSN ⁶ | \$0 | \$45/\$65 | 80% | \$6500 | \$300 | \$65 | \$10/\$20/\$50/\$100/\$250/\$350 |
| <input type="checkbox"/> G532PSN ⁴ | \$2850 | \$60/\$85 | 70% | \$9200 | \$1000 | \$85 | \$10/\$20/\$50/\$100/\$250/\$350 |
| Silver | | | | | | | |
| <input type="checkbox"/> S531PSN ⁷ | \$3350 | \$35/\$75 | 70% | \$9200 | \$500 | \$75 | \$10/\$20/\$50/\$100/\$250/\$350 |
| <input type="checkbox"/> S530PSN ⁸ | \$7100 | \$60/\$85 | 70% | \$9500 | \$700 | \$85 | \$5/\$15/\$60/\$110/\$250/\$350 |

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

- *1 - ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.
- *2 - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$45 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.
- *3 - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$60 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.
- *4 - No deductible/coinsurance on capitated services: Imaging, Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.
- *5 - \$400 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$100 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery.
- *6 - \$400 copay on Imaging (CT/PET/MRI) \$250 copay on other capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient surgery.
- *7 - \$750 copay on Imaging (CT/PET/MRI) \$250 copay on other capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient surgery.
- *8 - \$400 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. \$125 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery

C. Blue Options

Tiered Network (Blue Options – BCO / PPO – PPO / OON – Out of Network)

| 2026 Plan ID | Deductible (BCO/ PPO/ OON) | PCP Copay (BCO/ PPO) | SPC Copay (BCO/ PPO) | Coins (BCO /PPO/ OON) | OPX (BCO/ PPO/ OON) | ER Copay*1 | Urgent Care Copay | Non-Preferred Pharmacy** |
|----------------------------------|-------------------------------|----------------------|----------------------|-----------------------|----------------------------------|------------|-------------------|----------------------------------|
| Platinum | | | | | | | | |
| <input type="checkbox"/> P5N1OPT | \$350/ \$850/ \$1700 | \$20/\$35 | \$40/\$70 | 90%/ 70%/ 50% | \$2500/ \$7000/ Unlimited | \$200 | \$75 | \$25/\$35/\$80/\$130/\$350/\$450 |
| Gold | | | | | | | | |
| <input type="checkbox"/> G506OPT | \$850/ \$2100/ \$4200 | \$45/\$65 | \$70/\$110 | 80%/ 60%/ 50% | \$7000/ \$8750/ Unlimited | \$600 | \$75 | \$25/\$35/\$80/\$130/\$350/\$450 |
| <input type="checkbox"/> G508OPT | \$1600/ \$3850/ \$7700 | \$40/\$65 | \$60/\$110 | 90%/ 70%/ 50% | \$6150/ \$8150/ Unlimited | \$600 | \$75 | \$25/\$35/\$80/\$130/\$350/\$450 |
| <input type="checkbox"/> G507OPT | \$2100/ \$3600/ \$7200 | \$40/\$65 | \$60/\$110 | 90%/ 70%/ 50% | \$4600/ \$7600/ Unlimited | \$400 | \$75 | \$25/\$35/\$80/\$130/\$350/\$450 |
| <input type="checkbox"/> G5M3OPT | \$3000/ \$5500/ \$11000 | \$25/\$50 | \$50/\$100 | 100%/ 80%/ 50% | \$7500/ \$9000/ Unlimited | \$300 | \$75 | \$25/\$35/\$80/\$130/\$350/\$450 |
| Silver | | | | | | | | |
| <input type="checkbox"/> S506OPT | \$5350/ \$6350/ \$12700 | \$55/75 | \$80/\$120 | 80%/ 60%/ 50% | \$8600/ \$10000/ Unlimited | \$600 | \$75 | \$25/\$35/\$80/\$130/\$350/\$450 |

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| Blue Options HSA Plans | | | | | | | | | |
|----------------------------------|------------|-------------------------------|---------------------|---------------------|----------------------|---------------------------------|------------------------|-------------------|--------------------------|
| 2026 Plan ID | HSA Cont. | Deductible (BCO/PPO/OON) | PCP Copay (BCO/PPO) | SPC Copay (BCO/PPO) | Coins (BCO/PPO/OON) | OPX (BCO/PPO/OON) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy** |
| Gold | | | | | | | | | |
| <input type="checkbox"/> G5K1OPT | \$50-\$325 | \$3500/ \$4700/ \$9900 | DC | DC | 100%/ 80%/ 60% | \$3500/ \$6700/ Unlimited | DC | DC | 100% |
| Silver | | | | | | | | | |
| <input type="checkbox"/> S507OPT | \$0 | \$5200/ \$6000/ \$16500 | DC | DC | 100%/ 70%/ 50% | \$5200/ \$8000/ Unlimited | DC | DC | 100% |
| <input type="checkbox"/> S5N1OPT | \$0 | \$5350/ \$6350/ \$19050 | DC | DC | 100%/ 70%/ 50% | \$5350/ \$7600/ Unlimited | DC | DC | 100% |

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**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply
*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

| D. PPO (Participating Provider Options) | | | | | | | |
|--|---------------------|--------------------------|----------------|------------------|------------------------|-------------------|----------------------------------|
| 2026 Plan ID | Deductible (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy** |
| Platinum | | | | | | | |
| <input type="checkbox"/> P503PPO | \$350/\$700 | \$35/\$70 | 80%/50% | \$1750/Unlimited | \$400 | \$70 | \$15/\$25/\$65/\$105/\$250/\$350 |
| <input type="checkbox"/> P5E1PPO | \$600/\$1200 | \$25/\$50 | 90%/60% | \$1750/Unlimited | \$400 | \$75 | \$15/\$25/\$80/\$130/\$250/\$350 |
| <input type="checkbox"/> P5M1PPO | \$1500/\$3000 | \$15/\$30 | 100%/80% | \$3000/\$6000 | \$200 | \$50 | \$15/\$25/\$80/\$130/\$250/\$350 |
| Gold | | | | | | | |
| <input type="checkbox"/> G534PPO | \$1100/\$2200 | \$50/\$75 | 80%/50% | \$8000/Unlimited | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 |
| <input type="checkbox"/> G532PPO | \$1600/\$3200 | \$45/\$70 | 80%/50% | \$6500/Unlimited | \$400 | \$75 | \$15/\$25/\$80/\$130/\$250/\$350 |
| <input type="checkbox"/> G536PPO | \$2100/\$4200 | \$50/\$75 | 90%/60% | \$6000/Unlimited | \$500 | \$75 | \$20/\$30/\$80/\$130/\$350/\$450 |
| <input type="checkbox"/> G531PPO | \$2600/\$5200 | \$25/\$70 | 80%/50% | \$5250/Unlimited | \$400 | \$75 | \$15/\$25/\$65/\$105/\$250/\$350 |
| <input type="checkbox"/> G5M2PPO | \$2500/\$5000 | \$30/\$60 | 100%/80% | \$7500/\$15000 | \$300 | \$75 | \$15/\$25/\$80/\$130/\$250/\$350 |
| <input type="checkbox"/> G537PPO | \$3200/\$6400 | DC | 100%/100% | \$3200/\$6400 | DC | DC | 100% |
| <input type="checkbox"/> G530PPO | \$4000/\$8000 | \$50/\$70 | 100%/100% | \$5500/\$11000 | \$500 | \$75 | \$15/\$25/\$65/\$105/\$250/\$350 |
| Silver | | | | | | | |
| <input type="checkbox"/> S532PPO ^{*2} | \$3700/\$7400 | \$60/\$80 | 60%/50% | \$9200/Unlimited | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 |
| <input type="checkbox"/> S531PPO | \$5100/\$10200 | \$50/\$75 | 70%/50% | \$9200/Unlimited | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 |
| <input type="checkbox"/> S535PPO | \$8000/\$16000 | \$50/\$75 | 100%/100% | \$9200/\$18400 | \$500 | \$80 | \$15/\$25/\$80/\$130/\$250/\$350 |

| PPO HSA Plans | | | | | | | | |
|----------------------------------|-------------|---------------------|--------------------------|----------------|------------------|------------------------|-------------------|--------------------------|
| 2026 Plan ID | HSA Contr. | Deductible (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy** |
| Gold | | | | | | | | |
| <input type="checkbox"/> G533PPO | \$50-\$350 | \$3500/\$6600 | DC | 90%/ 60% | \$4000/Unlimited | DC | DC | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> G535PPO | \$350-\$700 | \$3500/\$6600 | DC | 80%/ 50% | \$5500/Unlimited | DC | DC | 80%/80%/70%/60%/60%/50% |
| Silver | | | | | | | | |
| <input type="checkbox"/> S534PPO | \$0-\$40 | \$5500/\$10900 | DC | 100%/ 100% | \$5500/\$10900 | DC | DC | 100% |
| <input type="checkbox"/> S5J1PPO | \$150-\$400 | \$6600/\$13200 | DC | 100%/ 100% | \$6600/\$13200 | DC | DC | 100% |
| Bronze | | | | | | | | |
| <input type="checkbox"/> B536PPO | \$0 | \$7050/\$14100 | DC | 80%/ 50% | \$7400/Unlimited | \$250 | DC | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> B535PPO | \$0 | \$7300/\$14600 | DC | 100%/ 100% | \$7300/\$14600 | \$250 | DC | 100% |
| <input type="checkbox"/> B5N1PPO | \$0 | \$7350/\$14700 | DC | 70%/ 50% | \$7600/Unlimited | \$1000 | DC | 80%/80%/70%/60%/60%/50% |

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**The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply
*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.
*2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply.

Section 4 – Consumer Directed Health Accounts

Blue Cross and Blue Shield of Illinois has preferred relationships with the vendors listed below. By selecting one of these vendors, employers agree to have the necessary data shared with the integrated vendor for purposes of plan administration. A vendor-specific employer set-up form is required to be submitted for first time vendor integration.

| | |
|---|--|
| <p>HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with enrollment, balance and transaction displayed on BAM and claims integration. Note: Integration features vary by vendor. (If no selection is made, HSA Vendor will default to Other / None.)</p> | <p>FSA Vendor: * Optional FSA vendor enrollment, balance and transaction displayed on BAM and claims integration is available. Clients who are renewing an FSA are required to re-submit employee elections with their renewal paperwork to continue the FSA plan. Note: Integration features vary by vendor. (If no selection is made, FSA Vendor will default to Other / None.)</p> |
| <p><input type="checkbox"/> Flex[®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> | <p><input type="checkbox"/> Flex[®]</p> |
| <p><input type="checkbox"/> HealthEquity[®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> | <p><input type="checkbox"/> HealthEquity[®]</p> |
| <p><input type="checkbox"/> HSA Bank[®] Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid</p> | <p><input type="checkbox"/> HSA Bank[®]</p> |
| <p><input type="checkbox"/> Other HSA Vendor / None (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.)</p> | <p><input type="checkbox"/> Other FSA Vendor / None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA.)</p> |

Section 5- Ancillary Products

A. Dental Products

| Blue Care Dental | | | | | | | | | |
|---|-----------|--|--|-----------------------|-----------------------------------|--|--------------------|--|--|
| Plan Pairings (Groups 10+ enrolled) | | | | | Participation Requirements | | | | |
| Contributory Group | | | Voluntary | | | Contributory Group | | Voluntary | |
| Any one contributory high option can be paired with any one contributory low option. Exceptions: DILHM57 can be paired with DILHR.33 . DILHM42 can be paired with any contributory plan. | | | Any one voluntary high option can be paired with any voluntary low option. Voluntary plans and contributory plans may not be offered together. DILHM59 can be paired with DILHR.43 . DILHM46 can be paired with any voluntary plan. | | | >70% Participation >50% Employer contribution | | >25% Participation Employers are not required to contribute to Voluntary Dental plans | |
| IL Plan ID | Plan Type | Deductible (In/Out) (3x Family Limit) | Annual Benefit Max | Out-of-Network Reimb. | Coinsurance | | Ortho Life Maximum | Allocation | |
| | | | | | In-Network (Class I/ II/ III/ IV) | Out-of-Network (Class I/ II/ III/ IV) | | | |
| Contributory Group² | | | | | | | | | |
| <input type="checkbox"/> DILHR.30 ⁵ | Passive | \$25/\$25 | \$5000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHR.31 ⁵ | Passive | \$25/\$25 | \$3000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHR.32 ⁵ | Passive | \$50/\$50 | \$2000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHR.33 ⁵ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1500 | High | |
| <input type="checkbox"/> DILHR.34 ⁵ | Active | \$50/\$75 | \$1500/\$1000 | 90th R&C | 100%/80%/50%/50% | 80%/60%/50%/50% | \$1000 | High | |
| <input type="checkbox"/> DILHR.35 ⁵ | Active | \$0/\$0 | \$2000 | 90th R&C | 100%/90%/60%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILLR36 | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILHM38 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | High | |
| <input type="checkbox"/> DILHM40 | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA | High | |
| <input type="checkbox"/> DILLM41 | Active | \$75/\$75 | \$1000 | MAC | 90%/70%/50%/NA | 70%/50%/30%/NA | NA | Low | |
| <input type="checkbox"/> DILHM42 | Passive | \$25/\$75 | \$750 | MAC | 100%/80% ³ /NA/NA | 100%/80% ³ /NA/NA | NA | High | |
| <input type="checkbox"/> DILHR.50 | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | High | |
| <input type="checkbox"/> DILLM51 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| <input type="checkbox"/> DILHM57 ⁵ | Passive | \$50/\$50 | \$1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | \$1500 | High | |
| <input type="checkbox"/> DILLR58 ⁴ | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| <input type="checkbox"/> DILHR.61 | Passive | \$50/\$50 | \$2000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | High | |
| <input type="checkbox"/> DILLR62 | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| Voluntary² | | | | | | | | | |
| <input type="checkbox"/> DILHR.43 ¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1500 | High | |
| <input type="checkbox"/> DILHM44 ¹ | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA | High | |
| <input type="checkbox"/> DILHR.45 ¹ | Active | \$25/\$75 | \$2000 | 90th R&C | 100%/90%/60%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHM46 | Passive | \$25/\$75 | \$750 | MAC | 100%/80% ³ /NA/NA | 100%/80% ³ /NA/NA | NA | High | |
| <input type="checkbox"/> DILLR47 ¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILLR48 ¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| <input type="checkbox"/> DILLM49 ¹ | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILHR.53 ¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | High | |
| <input type="checkbox"/> DILLR54 ¹ | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILLM55 ¹ | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| <input type="checkbox"/> DILLM56 ¹ | Active | \$50/\$100 | \$750 | MAC | 100%/80%/50%/NA | 100%/50%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILHM59 ¹ | Passive | \$50/\$50 | \$1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | \$1500 | High | |
| <input type="checkbox"/> DILLR60 ^{1,4} | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |

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

Coinsurance Type - II: Fillings/Non-Surgical Perio/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).

R&C: Reasonable & Customary - Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses

Passive: Plans have the same benefits In and Out of Network

Active: Plans have a richer In Network Benefit

*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 Class IV Orthodontic services and plans include 3x Family Deductible Limit.

*3 Only Basic Restorative Services are covered.

*4 Preventive/Diagnostic services do not count toward annual max.

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

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B. Standalone Vision, Life, Disability, Accident, and Critical Illness Products

| Standalone Vision | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> | | | |
|---|-------------------------------------|------------|------------------------------|------------------------------------|-----------------------------|------------------------|----------------------|
| Standalone Vision Plans | | | | | | | |
| Plan Name | Frequency Eye/Lens/Frame | Lens Copay | Allowance (Frame & Contacts) | Funded Fit and Follow up | Funded Standard Progressive | Funded Scratch Coating | Funded Kids Polycarb |
| Basic Standalone Vision | | | | | | | |
| <input type="checkbox"/> Plan 1 | 12/12/24 | \$25 | \$100 | No | No | No | No |
| <input type="checkbox"/> Plan 2 | 12/12/24 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 3 | 12/12/24 | \$10 | \$130 | Yes | No | Yes | No |
| <input type="checkbox"/> Plan 4 | 12/12/12 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 5 | 12/12/24 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 6 | 12/12/12 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 7 | 12/12/12 | \$10 | \$150 | No | Yes | Yes | No |
| <input type="checkbox"/> Plan 8 | 12/12/24 | \$25 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 9 | 12/12/24 | \$25 | \$ 150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 10 | 12/12/12 | \$25 | \$150 | No | No | Yes | No |
| Voluntary Standalone Vision | | | | | | | |
| <input type="checkbox"/> Plan 1 | 12/12/24 | \$25 | \$100 | No | No | No | No |
| <input type="checkbox"/> Plan 2 | 12/12/24 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 3 | 12/12/24 | \$10 | \$130 | Yes | No | Yes | No |
| <input type="checkbox"/> Plan 4 | 12/12/12 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 5 | 12/12/24 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 6 | 12/12/12 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 7 | 12/12/12 | \$10 | \$150 | No | Yes | Yes | No |
| <input type="checkbox"/> Plan 8 | 12/12/24 | \$25 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 9 | 12/12/24 | \$25 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 10 | 12/12/12 | \$25 | \$150 | No | No | Yes | No |
| If Life is a desired benefit, the Group Term Life product must be selected to also select Dependent Life and Supplemental Life. | | | | | | | |
| Group Term Life / Accidental Death & Dismemberment (AD&D) | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> | | | |
| Group Term Life / Accidental Death & Dismemberment (AD&D) Plans | | | | | | | |
| Plan Name | Plan Benefit | | | Benefit Maximum | Age Reduction | | |
| <input type="checkbox"/> Plan 1 | \$15,000 | | | N/A | 35% at 65 / 50% at 70 | | |
| <input type="checkbox"/> Plan 2 | \$25,000 | | | N/A | 35% at 65 / 50% at 70 | | |
| <input type="checkbox"/> Plan 3 | \$50,000 | | | N/A | 35% at 65 / 50% at 70 | | |
| <input type="checkbox"/> Plan 4 | \$100,000 | | | N/A | 35% at 65 / 50% at 70 | | |
| <input type="checkbox"/> Plan 5 | 1 x Salary | | | \$150,000 | 35% at 65 / 50% at 70 | | |
| <input type="checkbox"/> Plan 6 | 2 x Salary | | | \$200,000 | 35% at 65 / 50% at 70 | | |
| Dependent Basic Life Plans | | | | | | | |
| Plan Name | Plan Benefit | | | Benefit Maximum | | | |
| <input type="checkbox"/> Plan 1 | \$10,000 Spouse / \$5,000 Child | | | \$10,000 Spouse / \$5,000 Child | | | |

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| Supplemental Life Plans | | | |
|--|-------------------------------------|--|----------------------------------|
| Plan Name | Plan Benefit | Benefit Maximum | |
| <input type="checkbox"/> Plan 1 | Employee / Spouse / Child | \$500,000 Employee / \$150,000 Spouse / \$10,000 Child | |
| Short-Term Disability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Short-Term Disability Plans | | | |
| Plan Name | Plan Benefit | Elimination Period (Days) Injury / Sickness | Maximum Benefit Duration (Weeks) |
| Basic Short-Term Disability | | | |
| <input type="checkbox"/> Plan 1 | 60% salary weekly max \$750 | 0/7 | 13 |
| <input type="checkbox"/> Plan 2 | 60% salary weekly max \$750 | 0/7 | 26 |
| <input type="checkbox"/> Plan 3 | 60% salary weekly max \$750 | 7/7 | 13 |
| <input type="checkbox"/> Plan 4 | 60% salary weekly max \$750 | 7/7 | 26 |
| <input type="checkbox"/> Plan 5 | 60% salary weekly max \$750 | 14/14 | 13 |
| <input type="checkbox"/> Plan 6 | 60% salary weekly max \$750 | 14/14 | 26 |
| <input type="checkbox"/> Plan 7 | 60% salary weekly max \$1,000 | 0/7 | 13 |
| <input type="checkbox"/> Plan 8 | 60% salary weekly max \$1,000 | 0/7 | 26 |
| <input type="checkbox"/> Plan 9 | 60% salary weekly max \$1,000 | 7/7 | 13 |
| <input type="checkbox"/> Plan 10 | 60% salary weekly max \$1,000 | 7/7 | 26 |
| <input type="checkbox"/> Plan 11 | 60% salary weekly max \$1,000 | 14/14 | 13 |
| <input type="checkbox"/> Plan 12 | 60% salary weekly max \$1,000 | 14/14 | 26 |
| <input type="checkbox"/> Plan 13 | 60% salary weekly max \$1,500 | 0/7 | 13 |
| <input type="checkbox"/> Plan 14 | 60% salary weekly max \$1,500 | 0/7 | 26 |
| <input type="checkbox"/> Plan 15 | 60% salary weekly max \$1,500 | 7/7 | 13 |
| <input type="checkbox"/> Plan 16 | 60% salary weekly max \$1,500 | 7/7 | 26 |
| <input type="checkbox"/> Plan 17 | 60% salary weekly max \$1,500 | 14/14 | 13 |
| <input type="checkbox"/> Plan 18 | 60% salary weekly max \$1,500 | 14/14 | 26 |
| * Only available for 10-50 lives | | | |
| Voluntary Short-Term Disability | | | |
| <input type="checkbox"/> Plan 1 | 60% salary weekly max \$750 | 0/7 | 13 |
| <input type="checkbox"/> Plan 2 | 60% salary weekly max \$750 | 0/7 | 26 |
| <input type="checkbox"/> Plan 3 | 60% salary weekly max \$750 | 7/7 | 13 |
| <input type="checkbox"/> Plan 4 | 60% salary weekly max \$750 | 7/7 | 26 |
| <input type="checkbox"/> Plan 5 | 60% salary weekly max \$750 | 14/14 | 13 |
| <input type="checkbox"/> Plan 6 | 60% salary weekly max \$750 | 14/14 | 26 |
| <input type="checkbox"/> Plan 7 | 60% salary weekly max \$1,000 | 0/7 | 13 |
| <input type="checkbox"/> Plan 8 | 60% salary weekly max \$1,000 | 0/7 | 26 |
| <input type="checkbox"/> Plan 9 | 60% salary weekly max \$1,000 | 7/7 | 13 |
| <input type="checkbox"/> Plan 10 | 60% salary weekly max \$1,000 | 7/7 | 26 |
| <input type="checkbox"/> Plan 11 | 60% salary weekly max \$1,000 | 14/14 | 13 |
| <input type="checkbox"/> Plan 12 | 60% salary weekly max \$1,000 | 14/14 | 26 |
| <input type="checkbox"/> Plan 13* | 60% salary weekly max \$1,500 | 0/7 | 13 |
| <input type="checkbox"/> Plan 14* | 60% salary weekly max \$1,500 | 0/7 | 26 |
| <input type="checkbox"/> Plan 15* | 60% salary weekly max \$1,500 | 7/7 | 13 |
| <input type="checkbox"/> Plan 16* | 60% salary weekly max \$1,500 | 7/7 | 26 |
| <input type="checkbox"/> Plan 17* | 60% salary weekly max \$1,500 | 14/14 | 13 |
| <input type="checkbox"/> Plan 18* | 60% salary weekly max \$1,500 | 14/14 | 26 |

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| | | | | |
|--|---|------------------------------------|--|-----------------|
| Long-Term Disability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Long-Term Disability Plans | | | | |
| Plan Name | Plan Benefit | Elimination Period (Days) | Maximum Benefit Duration | |
| Basic Long-Term Disability | | | | |
| <input type="checkbox"/> Plan 1 | 60% salary monthly max \$3,500 | 90 | SSNRA | |
| <input type="checkbox"/> Plan 2 | 60% salary monthly max \$3,500 | 90 | 5 Years | |
| <input type="checkbox"/> Plan 3 | 60% salary monthly max \$3,500 | 180 | SSNRA | |
| <input type="checkbox"/> Plan 4 | 60% salary monthly max \$3,500 | 180 | 5 Years | |
| <input type="checkbox"/> Plan 5 | 60% salary monthly max \$6,000 | 90 | SSNRA | |
| <input type="checkbox"/> Plan 6 | 60% salary monthly max \$6,000 | 90 | 5 Years | |
| <input type="checkbox"/> Plan 7 | 60% salary monthly max \$6,000 | 180 | SSNRA | |
| <input type="checkbox"/> Plan 8 | 60% salary monthly max \$6,000 | 180 | 5 Years | |
| Voluntary Long-Term Disability | | | | |
| <input type="checkbox"/> Plan 1 | 60% salary monthly max \$6,000 | 90 | SSNRA | |
| <input type="checkbox"/> Plan 2 | 60% salary monthly max \$6,000 | 90 | 5 Years | |
| <input type="checkbox"/> Plan 3 | 60% salary monthly max \$6,000 | 180 | SSNRA | |
| <input type="checkbox"/> Plan 4 | 60% salary monthly max \$6,000 | 180 | 5 Years | |
| Critical Illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Critical Illness Plans | | | | |
| Plan Name | Plan Benefit | Benefit Maximum | | |
| Basic Critical Illness | | | | |
| <input type="checkbox"/> Plan 1 | \$5,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 2 | \$10,000 Employee / \$5,000 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 3 | \$10,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| Voluntary Critical Illness | | | | |
| <input type="checkbox"/> Plan 1 | \$5,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 2 | \$10,000 Employee / \$5,000 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 3 | \$10,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| Accident | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Accident Plans | | | | |
| Plan Name | Benefit Description | 24-hour coverage | Benefit Coverage | Wellness |
| Basic Accident | | | | |
| <input type="checkbox"/> Plan 1 | Benefit for treatment and injuries due to an accident | No | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 | Benefit for treatment and injuries due to an accident | No | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Plan 1 – 24 Hr. | Benefit for treatment and injuries due to an accident | Yes | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 – 24 Hr. | Benefit for treatment and injuries due to an accident | Yes | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Smart Plan 1 | Benefits for treatment due to an accident | No | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 | Benefits for treatment due to an accident | No | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 1 – 24 Hr. | Benefits for treatment due to an accident | Yes | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 – 24 Hr. | Benefits for treatment due to an accident | Yes | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |
| Voluntary Accident | | | | |
| <input type="checkbox"/> Plan 1 | Benefit for treatment and injuries due to an accident | No | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |

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| | | | | |
|--|---|-----|--|------|
| <input type="checkbox"/> Plan 2 | Benefit for treatment and injuries due to an accident | No | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Plan 1 – 24 Hr. | Benefit for treatment and injuries due to an accident | Yes | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 – 24 Hr. | Benefit for treatment and injuries due to an accident | Yes | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Smart Plan 1 | Benefits for treatment due to an accident | No | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 | Benefits for treatment due to an accident | No | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 1 – 24 Hr. | Benefits for treatment due to an accident | Yes | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 – 24 Hr. | Benefits for treatment due to an accident | Yes | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |

Classes

Please complete this chart if Group Term Life, Short-Term Disability, or Long-Term Disability benefits vary by class

| Class Description | Group Term Life / AD&D | Short-Term Disability | Long-Term Disability |
|-------------------|------------------------|-----------------------|----------------------|
| | | | |
| | | | |

Section 6 - Additional Provisions:

Use this section to indicate any other instruction or important information.

Section 7 - Signature

| Signatures | |
|--|------|
| Employer / Authorized Purchaser: Title: | Date |
| Underwriter: Title: | Date |

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