

Group name
Group ID

**All cost shares represent the member's share of the cost.**

**A. MEDICAL PLAN OPTIONS**

**Note: If you are only interested in offering an adult dental plan, complete section C of this form.**

**1. Plus PPO**

<input type="checkbox"/> Plus Platinum \$250/20%/\$2250/\$25/\$50	<input type="checkbox"/> Plus Gold \$2000/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Bronze \$5500/30%/\$9200/\$55/\$120
<input type="checkbox"/> Plus Platinum \$500/20%/\$2000/\$25/\$50	<input type="checkbox"/> Plus Silver \$2000/30%/\$8550/\$35/\$85	<input type="checkbox"/> Plus Bronze \$7100/30%/\$9200/\$55/\$120
<input type="checkbox"/> Plus Gold \$500/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Silver \$2500/30%/\$8550/\$35/\$85	<input type="checkbox"/> Plus Bronze \$9000/30%/\$9200
<input type="checkbox"/> Plus Gold \$1000/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Silver \$3000/30%/\$8550/\$35/\$85	
<input type="checkbox"/> Plus Gold \$1500/20%/\$7000/\$25/\$50	<input type="checkbox"/> Plus Silver \$3750/30%/\$8550/\$35/\$85	

**2. Plus HSA**

<input type="checkbox"/> Plus HSA Qualified Gold \$1650/20%/\$4000	<input type="checkbox"/> Plus HSA Qualified Silver \$3500/30%/\$8050	<input type="checkbox"/> Plus HSA Qualified Bronze \$6000/50%/\$8300
<input type="checkbox"/> Plus HSA Qualified Silver \$3300/30%/\$8050	<input type="checkbox"/> Plus HSA Qualified Silver \$4000/30%/\$7500	

**B. ADULT VISION PLAN OPTIONS**

**Note:** These optional vision benefits are available to members aged 19 and older. Common enrollment is required if members are enrolled in the medical plan. Standalone vision is not available.

- Mandated Adult Vision: Vision Exam and Hardware \$350 per calendar year
- Core Adult Vision: 1 Exam PCY, HW \$150 every 2 consecutive calendar years
- Adult Vision Not Covered

## C. ADULT DENTAL PLAN OPTIONS

**Note:** These optional dental benefits are available to members aged 19 and older.

### 1. Adult Core Dental – Available for Groups with 2+ Enrolled Employees

Adult Core Dental \$50/0%-30%-50%/\$1000

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

**Note:** The deductible is waived for Preventive and Diagnostic services.

Adult Dental Optima \$50/0%-20%-50%/\$1000

Adult Dental Optima \$50/0%-20%-50%/\$1500

Adult Dental Optima \$50/0%-20%-50%/\$1000 Enhanced\*

Adult Dental Optima \$50/0%-20%-50%/\$1000 Enhanced\* + Annual Max Waiver\*\*

Adult Dental Optima \$50/0%-20%-50%/\$1500 Enhanced\*

Adult Dental Optima \$50/0%-20%-50%/\$1500 Enhanced\*+ Annual Max Waiver\*\*

Adult Dental Optima \$50/0%-20%-50%/\$2000 Enhanced\*

Adult Dental Optima \$50/0%-20%-50%/\$2000 Enhanced\*+ Annual Max Waiver\*\*

\*Enhanced plans cover endodontic and periodontal treatment under basic services

\*\* Annual Max Waiver plans waive preventive/diagnostic services (Class 1) from annual maximum

### 3. Adult Voluntary Dental Plan – Available for Groups with 2+ Enrolled Employees

**Note:** The deductible is waived for Preventive and Diagnostic services. Includes 12-month waiting period for major services

Adult Dental Optima Voluntary \$50/0%-20%-50%/\$1000

### 4. Adult Dental Optima – Available for Groups with 10+ Enrolled Employees

Adult Dental Optima \$50/0%-20%-50%/\$3000 Enhanced\*

\*Enhanced plans cover endodontic and periodontal treatment under basic services

### 5. Adult Orthodontia Plan Options

**Note:** Option only available to non-voluntary, Adult Dental Optima groups with 26 or more employees enrolled that have selected a dental benefit.

Adult Dental Orthodontia \$0/50%/\$1,500 lifetime limit

Not covered

### 6. Adult Dental Not Covered