

Benefit Election Form

Company Name:	Email:	For office use only:	Effective Date:
Contact Name:		CID:	Date Submitted:
Address:		Group Numbers:	
<i>Show all plans co is offering, new, current or changes w/in current. In comments, note non-stand plans being kept.</i>			

Firms with 2-9 enrolled may offer 1 HMO AND 1 PPO plan. Rx plans must match. Firms with 10 or more enrolled may offer 2 HMO and 1 PPO or 2 PPO and 1 HMO and 2 Rx plans.

Choose Plans	Choose Product	Office Visit Copay PCP/Specialist	Facility Copay Hospital/Outpatient Surgery	Out-of-Network Benefit Individual/Family Deductible (PC & POS Only)	Prescription Plan Generic/Brand/Non-Formulary Brand		Vision (Keystone riders may be sold only with HMO or POS plans)			Dental (KS riders only) Indicate UCCI Dental in Comment
Copay Series	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> C1 - \$10/\$20	<input type="checkbox"/> F1 - \$0-day/\$0 OP	<input type="checkbox"/> O1 - \$500/\$1500/70%	<input type="checkbox"/> None	<input type="checkbox"/> \$5/\$10/\$25	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO	<input type="checkbox"/> C2 - \$15/\$30	<input type="checkbox"/> F2 - \$100-day/\$50 OP	<input type="checkbox"/> O2 - \$1500/\$4500/50%	<input type="checkbox"/> \$0/\$25/\$50	<input type="checkbox"/> \$10/\$30/\$50	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> Basic Dental
	<input type="checkbox"/> Point of Service	<input type="checkbox"/> C3 - \$20/\$40	<input type="checkbox"/> F3 - \$150-day/\$75 OP		<input type="checkbox"/> \$5/\$30/\$50	<input type="checkbox"/> \$10/\$20/\$35	<input type="checkbox"/> \$50	<input type="checkbox"/> \$125	<input type="checkbox"/> \$35 KS Rider	
	<input type="checkbox"/> Direct POS	<input type="checkbox"/> C4 - \$30/\$50*	<input type="checkbox"/> F4 - \$250-day/\$125 OP		<input type="checkbox"/> \$5/\$20/\$35	<input type="checkbox"/> \$15/\$35/\$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100 KS Rider	
			<input type="checkbox"/> F5 - \$400-day/\$200 OP**		<input type="checkbox"/> \$5/\$15/\$25	<input type="checkbox"/> \$20/\$40/\$60				
Copay Series	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> C1 - \$10/\$20	<input type="checkbox"/> F1 - \$0-day/\$0 OP	<input type="checkbox"/> O1 - \$500/\$1500/70%	<input type="checkbox"/> None	<input type="checkbox"/> \$5/\$10/\$25	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO	<input type="checkbox"/> C2 - \$15/\$30	<input type="checkbox"/> F2 - \$100-day/\$50 OP	<input type="checkbox"/> O2 - \$1500/\$4500/50%	<input type="checkbox"/> \$0/\$25/\$50	<input type="checkbox"/> \$10/\$30/\$50	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> Basic Dental
	<input type="checkbox"/> Point of Service	<input type="checkbox"/> C3 - \$20/\$40	<input type="checkbox"/> F3 - \$150-day/\$75 OP		<input type="checkbox"/> \$5/\$30/\$50	<input type="checkbox"/> \$10/\$20/\$35	<input type="checkbox"/> \$50	<input type="checkbox"/> \$125	<input type="checkbox"/> \$35 KS Rider	
	<input type="checkbox"/> Direct POS	<input type="checkbox"/> C4 - \$30/\$50*	<input type="checkbox"/> F4 - \$250-day/\$125 OP		<input type="checkbox"/> \$5/\$20/\$35	<input type="checkbox"/> \$15/\$35/\$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100 KS Rider	
			<input type="checkbox"/> F5 - \$400-day/\$200 OP**		<input type="checkbox"/> \$5/\$15/\$25	<input type="checkbox"/> \$20/\$40/\$60				
Copay Series	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> C1 - \$10/\$20	<input type="checkbox"/> F1 - \$0-day/\$0 OP	<input type="checkbox"/> O1 - \$500/\$1500/70%	<input type="checkbox"/> None	<input type="checkbox"/> \$5/\$10/\$25	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO	<input type="checkbox"/> C2 - \$15/\$30	<input type="checkbox"/> F2 - \$100-day/\$50 OP	<input type="checkbox"/> O2 - \$1500/\$4500/50%	<input type="checkbox"/> \$0/\$25/\$50	<input type="checkbox"/> \$10/\$30/\$50	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> Basic Dental
	<input type="checkbox"/> Point of Service	<input type="checkbox"/> C3 - \$20/\$40	<input type="checkbox"/> F3 - \$150-day/\$75 OP		<input type="checkbox"/> \$5/\$30/\$50	<input type="checkbox"/> \$10/\$20/\$35	<input type="checkbox"/> \$50	<input type="checkbox"/> \$125	<input type="checkbox"/> \$35 KS Rider	
	<input type="checkbox"/> Direct POS	<input type="checkbox"/> C4 - \$30/\$50*	<input type="checkbox"/> F4 - \$250-day/\$125 OP		<input type="checkbox"/> \$5/\$20/\$35	<input type="checkbox"/> \$15/\$35/\$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100 KS Rider	
			<input type="checkbox"/> F5 - \$400-day/\$200 OP**		<input type="checkbox"/> \$5/\$15/\$25	<input type="checkbox"/> \$20/\$40/\$60				

		Deductible (Individual/Family)	Coinsurance			
Deductible Series	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> D1 - \$500/\$1500	<input type="checkbox"/> N1 - 80%	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Annual
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO	<input type="checkbox"/> D2 - \$1000/\$3000	<input type="checkbox"/> N2 - 70%	<input type="checkbox"/> \$0/\$25/\$50	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100
	<input type="checkbox"/> Direct POS	<input type="checkbox"/> D3 - \$2000/\$6000		<input type="checkbox"/> \$5/\$30/\$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$125
		<input type="checkbox"/> D4 - \$3000/\$9000		<input type="checkbox"/> \$10/\$20/\$35	<input type="checkbox"/> \$75	<input type="checkbox"/> \$200
				<input type="checkbox"/> \$15/\$35/\$50		<input type="checkbox"/> \$35 KS Rider
				<input type="checkbox"/> \$20/\$40/\$60		<input type="checkbox"/> \$100 KS Rider

				Integrated Prescription Drug		
HSA Plans	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> HD1 - \$1500/\$3000	<input type="checkbox"/> HC1 - 100%	<input type="checkbox"/> With Rx	<input type="checkbox"/> None	<input type="checkbox"/> Annual
Office only: Bill to acct #		<input type="checkbox"/> HD2 - \$2000/\$4000	<input type="checkbox"/> HC2 - 80%	<input type="checkbox"/> Without Rx	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100
		<input type="checkbox"/> HD3 - \$2500/\$5000			<input type="checkbox"/> \$50	<input type="checkbox"/> \$125
		<input type="checkbox"/> HD4 - \$3000/\$6000			<input type="checkbox"/> \$75	<input type="checkbox"/> \$200
						<input type="checkbox"/> \$250

Comments:	<input type="checkbox"/> Please remove oral contraceptives from my coverage
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Signature required of company officer, owner or benefits administrator only	Date:
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867 Sussex Blvd.
Broomall, PA 19008
P 610-604-4500 F 610-604-4943

*C4 can only be combined with F3, F4 or F5
**F5 can only be combined with C3 or C4 and O2