

Specialty Blue Voluntary Group Quote Request Form (group size 10-50)



Group Name:

Specialty Business (group size 10-50)

Broker name		Broker number	Date submitted	Requested effective date
Type <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Reinstatement		Current carrier	Association	Rates: <input type="checkbox"/> Composite <input type="checkbox"/> Age/Sex
Broker fax number	Broker phone number/email		Group name/group number	Group contact name/phone no.
Group address			City, State, ZIP code	
Medical Sales Rep		Specialty Sales Manager	Type of Industry	SIC code

Blue Voluntary Dental Blue[®]

Option Number	Annual Deductible	Annual Max	Diagnostic & Preventive	Minor Restorative	Oral Surgery, Endodontic & Periodontal Services	Prosthodontic Services	Orthodontic Services	Orthodontic Max	Network Selection (Check one)	Stand-Alone Dental (Check if Yes)
Option 1 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	50%/50%	50%/50%				100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 2 <input type="checkbox"/>	\$50/\$150	\$750	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 3 <input type="checkbox"/>	\$75/\$225	\$1,000	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 4 <input type="checkbox"/>	\$50/\$150	\$1,000	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 5 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	20%/40%				100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 6 <input type="checkbox"/>	\$75/\$225	\$1,000	20%/20%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 7 <input type="checkbox"/>	\$50/\$150	\$1,000	20%/20%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 8 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 9 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	20%/20%				100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 10 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 11 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/40%	20%/40%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 12 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 13 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 14 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/20%	20%/40%	20%/40%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 15 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 16 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 17 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 18 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	20%/40%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 19 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 20 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>

Option Number	Annual Deductible	Annual Max	Diagnostic & Preventive	Minor Restorative	Oral Surgery, Endodontic & Periodontal Services	Prosthodontic Services	Orthodontic Services	Orthodontic Max	Network Selection (Check one)	Stand-Alone Dental (Check if Yes)
Option 21 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 22 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 23 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	20%/40%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 24 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	20%/40%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 25 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 26 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 27 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	50%/50%	50%/50%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 28 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%	50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 29 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	20%/20%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 30 <input type="checkbox"/>	\$50/\$150	\$2,000	NCS/NCS	10%/20%	10%/20%	40%/50%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 31 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	20%/40%	50%/50%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 32 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	50%/50%	50%/50%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 33 <input type="checkbox"/>	\$50/\$150	\$2,000	NCS/NCS	10%/10%	10%/10%	40%/40%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 34 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/20%	10%/20%	40%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 35 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	20%/20%	50%/50%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 36 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/10%	10%/10%	40%/40%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 37 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/20%	10%/20%	40%/50%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 38 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/10%	10%/10%	40%/40%	50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 39 <input type="checkbox"/>	\$50/\$150	\$500	NCS/20%	20%/40%					100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 40 <input type="checkbox"/>	\$50/\$150	\$500	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 41 <input type="checkbox"/>	\$50/\$150	\$500	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 42 <input type="checkbox"/>	\$75/\$225	\$500	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>

Notes:

- No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share
- Deductibles do not apply to Diagnostic & Preventive and Orthodontic Services.
- Orthodontic Maximum does not apply to the annual maximum.
- Percentages reflect the member's responsibility.
- There are no waiting periods.
- Dependents are covered to the end of the calendar year in which the child attains age 19; or to the end of the calendar year in which the child attains age 24 if the child is a full-time student enrolled in a state-accredited college, university, trade or secondary school on a full-time basis.
- Shaded boxes indicate a none covered benefit.
- Minimum participation requirement for Voluntary Dental Blue is the greater of 10 enrolled employees or 25% of eligible employees (minus waivers).

Dental Blue Summary of Benefits

Diagnostic and Preventive Services (no deductible)

Covered services include oral examinations, X-rays, cleanings, sealants, fluoride and space maintainers.

Minor Restorative (deductible applied)

Covered services include emergency treatment for dental pain, amalgam and composite restorations; and pin retention.

Oral Surgery, Endodontic and Periodontal Services (deductible applied)

Covered services include oral surgery (extractions, removal of impacted teeth, general anesthesia), periodontics (scaling and root planning, gingivectomy; osseous surgery, soft tissue grafts), and endodontics (root canal therapy, therapeutic pulpotomy, direct pulp capping).

Prosthodontic Services (deductible applied)

Covered services include crowns, inlays/onlays, removable complete and partial dentures; post and core; and bridge repair.

Orthodontic Services (no deductible)

Included with certain plan options. Coverage is for dependent children only. Benefit includes one course of treatment for non-surgical dental services including examination, records, tooth guidance and repositioning (straightening) of the teeth.

Blue Voluntary Blue View Vision - Full Service Plans

Option	Code	Plan Type	Copay Exam	Copay Eyeglass Lenses	Frequency Limits (months) Exam/Lens/Frames or Contact Lenses	Non-Network Reimbursement Schedule	Stand Alone Vol Vision (Check if YES)
14 <input type="checkbox"/>	01019698234	<input type="checkbox"/> Full Service	\$5.00	\$10.00	12/12/12/12	Standard	<input type="checkbox"/>
16 <input type="checkbox"/>	01029698234	<input type="checkbox"/> Full Service	\$10.00	\$20.00	12/12/12/12	Standard	<input type="checkbox"/>
19 <input type="checkbox"/>	01039698234	<input type="checkbox"/> Full Service	\$20.00	\$20.00	12/12/12/12	Standard	<input type="checkbox"/>

Frame and Contact Lens Allowance: \$130.00 - Missing options only available to large group

Blue View Vision – Standard Out of Network Reimbursement Schedule

Procedure/Services	Benefit Schedule
Exam	up to \$42
Single vision lenses	up to \$40
Bifocal lenses	up to \$60
Trifocal lenses	up to \$80
Progressive lenses	up to \$60
Elective contacts	up to \$105
Non-elective contact lenses	up to \$210
Frame	up to \$45

Notes:

- Standalone Vision – A minimum of 10 employees must enroll in the standalone vision products, regardless of the number eligible.

Blue Voluntary

Anthem Life – Attach a copy of the current schedule of benefits or other complete description of the benefits desired.

Class	Class Description	Optional Life (10-50)	Optional AD&D (10-50)	Optional Dependent Life Spouse (10-50)	Optional Dependent Life Child (10-50)	Voluntary Short Term Disability	Voluntary Long Term Disability
Example	Managers	check to include	check to include	check to include	check to include	check to include	check to include
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Census must include salaries to quote salary-based Optional Life, VSTD or VLTD and must include occupations for VLTD.)

Life and disability products are underwritten by Anthem Life Insurance Company. Independent licensees of the Blue Cross Blue Shield Association. ®Registered marks Blue Cross and Blue Shield Association.

Optional Voluntary Life / AD&D

Optional Life/AD&D: choose EITHER Incremental Benefits or Salary-Based Benefits.		
Class #	Incremental Benefits Choose EITHER increments of \$5,000 or Increments of \$10,000. Select Maximum Amount.	Optional AD&D
Class # Guaranteed Issue FOR INTERNAL USE ONLY	<input type="checkbox"/> Increments of \$5,000. Maximum Amount: <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$55,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Increments of \$10,000. Maximum Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$80,000	<input type="checkbox"/> If the employer elects Optional AD&D, it is included for all employees who elect Optional Life and will be equal to the amount of Optional Life the employee elects. Only available for groups of 10+.
	<input type="checkbox"/> Increments of \$5,000. Maximum Amount: <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$55,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Increments of \$10,000. Maximum Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$80,000	<input type="checkbox"/> If the employer elects Optional AD&D, it is included for all employees who elect Optional Life and will be equal to the amount of Optional Life the employee elects. Only available for groups of 10+.
	<input type="checkbox"/> Increments of \$5,000. Maximum Amount: <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$55,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Increments of \$10,000. Maximum Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$80,000	<input type="checkbox"/> If the employer elects Optional AD&D, it is included for all employees who elect Optional Life and will be equal to the amount of Optional Life the employee elects. Only available for groups of 10+.

Optional Life/Optional AD&D Standard Features:

100% employee paid

Participation Requirements: The greater of 25% or 10 lives.

Classes: up to 3 classes

Rate: per \$1,000. Optional Life: age-banded rates. Optional AD&D: composite rates

Rate Guarantee: 2 years

Guaranteed Issue: Guaranteed issue varies by group.

Waiver of Premium: Included; six-month elimination period. Employee must be disabled prior to age 60. Benefit terminates at age 65.

Reduction Schedule: 35% reduction at age 65 and 50% reduction at age 70. Benefits terminate at retirement.

Optional Life/Optional AD&D (10-50) GUARANTEED ISSUE		
Optional Life/AD&D: choose EITHER Incremental Benefits or Salary-Based Benefits.		
Class #	Incremental Benefits Choose EITHER increments of \$5,000 or Increments of \$10,000. Select Maximum Amount.	Optional AD&D
Class # Guaranteed Issue FOR INTERNAL USE ONLY	<input type="checkbox"/> Increments of \$5,000. Maximum Amount: <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$55,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Increments of \$10,000. Maximum Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$80,000	<input type="checkbox"/> If the employer elects Optional AD&D, it is included for all employees who elect Optional Life and will be equal to the amount of Optional Life the employee elects. Only available for groups of 10+.

Blue Voluntary Optional Dependent Life

Benefit Amount: Employers can elect one option from below, or they can elect to offer multiple options under a class based plan. Each class can only have one option.		
Class #	Optional Spouse – increments of \$5,000. Select Maximum Amount:	Optional Child – increments of \$5,000. Select Maximum Amount:
	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$50,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000

Optional Dependent Life Standard Features:

Employer Contribution: 0-100%

Classes: Groups of 51-99: up to 20 classes. Groups of 100+: up to 30 classes

Maximum Benefit Amount: Dependent coverage cannot exceed 50% of employee coverage. **Employer chooses the maximum amount available. Employee chooses benefit amount from these options, up to the maximum amount available.**

Rate: Age-banded rates per \$1,000 for spouse and composite rates per \$1,000 for child.

Rate Guarantee: Two years

Guaranteed Issue: \$25,000

Portability: Included for Optional Dependent life only.

Blue Voluntary Short Term Disability

PERCENTAGE OF SALARY BENEFITS:																
Class #	Benefit % of Salary (weekly benefit):	Maximum Benefit:	Percentage of Salary Benefits: Rounding rule:	Plan Design: Benefits begin day Injury/Benefits begin day Illness/Benefit Duration												
	<input type="checkbox"/> 50% <input type="checkbox"/> 60%	<input type="checkbox"/> \$500/week <input type="checkbox"/> \$750/week <input type="checkbox"/> \$1,000/week <input type="checkbox"/> \$1,250/week <input type="checkbox"/> \$1,350/week	<input type="checkbox"/> round to next \$10 <input type="checkbox"/> round to next \$1	<table border="0"> <tr> <td><input type="checkbox"/> 1/8/13</td> <td><input type="checkbox"/> 8/8/13</td> <td><input type="checkbox"/> 15/15/13</td> <td><input type="checkbox"/> 30/30/13</td> </tr> <tr> <td><input type="checkbox"/> 1/8/26</td> <td><input type="checkbox"/> 8/8/26</td> <td><input type="checkbox"/> 15/15/26</td> <td><input type="checkbox"/> 30/30/26</td> </tr> <tr> <td><input type="checkbox"/> 1/8/52</td> <td><input type="checkbox"/> 8/8/52</td> <td><input type="checkbox"/> 15/15/52</td> <td><input type="checkbox"/> 30/30/52</td> </tr> </table>	<input type="checkbox"/> 1/8/13	<input type="checkbox"/> 8/8/13	<input type="checkbox"/> 15/15/13	<input type="checkbox"/> 30/30/13	<input type="checkbox"/> 1/8/26	<input type="checkbox"/> 8/8/26	<input type="checkbox"/> 15/15/26	<input type="checkbox"/> 30/30/26	<input type="checkbox"/> 1/8/52	<input type="checkbox"/> 8/8/52	<input type="checkbox"/> 15/15/52	<input type="checkbox"/> 30/30/52
<input type="checkbox"/> 1/8/13	<input type="checkbox"/> 8/8/13	<input type="checkbox"/> 15/15/13	<input type="checkbox"/> 30/30/13													
<input type="checkbox"/> 1/8/26	<input type="checkbox"/> 8/8/26	<input type="checkbox"/> 15/15/26	<input type="checkbox"/> 30/30/26													
<input type="checkbox"/> 1/8/52	<input type="checkbox"/> 8/8/52	<input type="checkbox"/> 15/15/52	<input type="checkbox"/> 30/30/52													

Voluntary Short Term Disability Standard Features:

100% Employee Paid

Participation: The greater of 25% or 10 employees

Classes: 1 Class

Rate: Age banded rates per \$10 of weekly benefit amount

Rate Guarantee: 2 Years

Guaranteed Issue: Varies by group; up to \$1,350

Pre-existing Condition Limitation: 12/12

Partial Disability: Included

Minimum Weekly Benefit: \$50.00

Life and disability products are underwritten by Anthem Life Insurance Company. Independent licensees of the Blue Cross Blue Shield Association. ®Registered marks Blue Cross and Blue Shield Association.

Blue Voluntary Long Term Disability

Class #	Benefit % of Salary (monthly benefit):	Maximum Monthly Benefit:	Benefit Duration:	Elimination Period:	Definition of Disability:	Pre-existing Condition Limitation:
	<input type="checkbox"/> 50% <input type="checkbox"/> 60%	<input type="checkbox"/> \$6,000/month <input type="checkbox"/> \$9,000/month* <input type="checkbox"/> \$7,000/month* <input type="checkbox"/> \$10,000/month* <input type="checkbox"/> \$8,000/month* <i>*Only available if the top five salaries qualify.</i>	<input type="checkbox"/> 2 years/RBD <input type="checkbox"/> 5 years/RBD <input type="checkbox"/> To age 65/RBD <input type="checkbox"/> SSNRAI	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days	<input type="checkbox"/> 2 year own occupation <input type="checkbox"/> 3 year own occupation <input type="checkbox"/> 5 year own occupation	<input type="checkbox"/> 3/6/12 <input type="checkbox"/> 12/6/24 <input type="checkbox"/> 3/12 <input type="checkbox"/> 12/24

Voluntary Long Term Disability Standard Features:

100% employee paid

Participation: The greater of 25% or 10 employees

Classes: One class per policy

Rate: Age-banded rates per \$100 monthly covered payroll

Rate Guarantee: One Year

Rounding Rule: Round to the next higher \$1

Guaranteed Issue: Varies by group; up to \$6,000

Integration: Family

Partial Disability: Yes (includes 12-month work incentive benefit); Progressive Partial also available.

Survivor Benefit: 3 months

Mental & Nervous Condition Limitation: 24 months

Cost of Living Freeze: Yes

Continuity of Coverage: Yes

Minimum Monthly Benefit: Greater of 10% or \$100

Also includes the following standard riders: Vocational Rehabilitation, Social Security Assistance, Workplace Modification, Recurrent Disability, Work Retention Assistance