

Oregon Small Business Multi-Choice Package (OR019) Product and Benefit Selection Form

Effective January 1, 2022



General Information				
Group Name _____				
Agent Name _____				
Billing Preference (Check all that apply.)				
<input type="checkbox"/> Electronic Billing (Note: Hard copies of the bill may still be printed out at www.employereservices.com)				
<input type="checkbox"/> Paper Billing				
Medical Plan Selection				
<input type="checkbox"/> Single Site <input type="checkbox"/> Multi Site Other Locations: _____				

Multi-Choice Package (OR019) Select the plans being offered to employees.

Medical/Rx Plans				
Selection	Plan Code	Plan Network	Plan Description	RxCode
<input type="checkbox"/>	CM-8F	NexusACO RP Network	20/250/90%	E88S
<input type="checkbox"/>	CM-8G	NexusACO RP Network	20/500/80%	K59S
<input type="checkbox"/>	CM-8H	NexusACO RP Network	30/500/70%	E88S
<input type="checkbox"/>	CM-8I	NexusACO RP Network	30/1000/70%	E88S
<input type="checkbox"/>	CM-8J	NexusACO RP Network	25/1500/80%	E88S
<input type="checkbox"/>	CM-8K	NexusACO RP Network	25/2000/80%	E88S
<input type="checkbox"/>	CM-8L	NexusACO RP Network	25/2500/70%	E88S
<input type="checkbox"/>	CM-8M	NexusACO RP Network	30/3000/70%	K60S
<input type="checkbox"/>	CM-8N	NexusACO RP Network	30/5500/70%	E90S
<input type="checkbox"/>	CM-8O	NexusACO RP Network	1500/70%	K61S
<input type="checkbox"/>	CM-8P	NexusACO RP Network	2500/70%	K61S
<input type="checkbox"/>	CM-8Q	NexusACO RP Network	3500/80%	K61S
<input type="checkbox"/>	CM-8R	NexusACO RP Network	5500/50%	K57S
<input type="checkbox"/>	CM-8S	NexusACO RP Network	6500/50%	K61S
<input type="checkbox"/>	CM-72	Choice Plus Advanced	10/100/90%	K59S
<input type="checkbox"/>	CM-73	Choice Plus Advanced	10/250/80%	K59S
<input type="checkbox"/>	CM-74	Choice Plus Advanced	10/500/85%	K59S
<input type="checkbox"/>	CM-75	Choice Plus Advanced	20/500/80%	E90S
<input type="checkbox"/>	CM-76	Choice Plus Advanced	30/750/70%	E90S
<input type="checkbox"/>	CM-77	Choice Plus Advanced	30/1000/80%	E88S
<input type="checkbox"/>	CM-78	Choice Plus Advanced	25/1500/80%	E88S
<input type="checkbox"/>	CM-79	Choice Plus Advanced	25/2000/80%	E88S
<input type="checkbox"/>	CM-8A	Choice Plus Advanced	25/2500/70%	E88S
<input type="checkbox"/>	CM-8B	Choice Plus Advanced	35/3500/60%	K60S
<input type="checkbox"/>	CM-8C	Choice Plus Advanced	35/5000/80%	K60S
<input type="checkbox"/>	CM-8D	Choice Plus Advanced	35/5750/60%	K60S
<input type="checkbox"/>	CM-8E	Choice Plus Advanced	8700/100%	E83S
<input type="checkbox"/>	CM-69	Choice Plus HSA/Motion	1500/80%	K61S
<input type="checkbox"/>	CM-7A	Choice Plus HSA/Motion	2500/70%	K61S
<input type="checkbox"/>	CM-7B	Choice Plus HSA/Motion	3000/80%	K61S
<input type="checkbox"/>	CM-7C	Choice Plus HSA/Motion	5000/100%	K61S
<input type="checkbox"/>	CM-7D	Choice Plus HSA/Motion	7050/100%	E83S
<input type="checkbox"/>	CM-7I	Navigate	25/750/80%	E90S
<input type="checkbox"/>	CM-7K	Navigate	25/1000/80%	E90S
<input type="checkbox"/>	CM-7M	Navigate	25/1500/80%	E88S
<input type="checkbox"/>	CM-7O	Navigate	25/2000/80%	E88S
<input type="checkbox"/>	CM-7Q	Navigate	40/3500/70%	K60S
<input type="checkbox"/>	CM-7S	Navigate	30/4000/70%	K60S
<input type="checkbox"/>	CM-7U	Navigate	35/5000/80%	K60S
<input type="checkbox"/>	CM-7W	Navigate	50/7000/60%	K60S
<input type="checkbox"/>	CM-7Y	Navigate	6000/50%	K58S

Medical/Rx Plans cont.				
<input type="checkbox"/>	CM-7J	Charter	25/750/80%	E90S
<input type="checkbox"/>	CM-7L	Charter	25/1000/80%	E90S
<input type="checkbox"/>	CM-7N	Charter	25/1500/80%	E88S
<input type="checkbox"/>	CM-7P	Charter	25/2000/80%	E88S
<input type="checkbox"/>	CM-7R	Charter	40/3500/70%	K60S
<input type="checkbox"/>	CM-7T	Charter	30/4000/70%	K60S
<input type="checkbox"/>	CM-7V	Charter	35/5000/80%	K60S
<input type="checkbox"/>	CM-7X	Charter	50/7000/60%	K60S
<input type="checkbox"/>	CM-7Z	Charter HSA w/Motion	6000/50%	K58S

Vision and Dental Selection (Available to groups of 2 50)
 Vision Plan Code _____ Dental Plan Code(s) _____ / _____

Optional Riders/Benefits

Yes No 24-Hour Coverage (At Occupation Coverage) No charge
 Yes No Domestic Partner (Opposite Sex) - No charge
 Yes No Domestic Partner (Same Sex) - No charge
 Other: _____

Deductible Administration Period

Calendar Year Deductible Period (From January 1st - December 31st)
 Policy Year Deductible Period (From Plan Effective date to Plan Renewal)

Life and AD&D Plan Selection (Available to groups of 2 50)

Basic Life and AD&D Flat Benefit Amount*

\$15,000
 \$20,000
 \$25,000
 \$50,000
 \$75,000
 \$100,000
 Other \$ _____

Tier Class Plan \$ _____ \$ _____ \$ _____

Multiple of Salary Amount
 1X Annual Salary to \$ _____ / 2X Annual Salary to \$ _____

*Maximum and Guarantee Issue
 2-5 enrolled employees - \$25,000
 6-19 enrolled employees - \$50,000
 20-50 enrolled employees - \$100,000

Dependent Life Benefit Amount

Spouse \$7,500
 Child (6 months+) \$3,750
 Child (14 days - 6 months) \$ 100
 Spouse \$4,000
 Child (6 months+) \$2,000
 Child (14 days - 6 months) \$ 100
 Spouse \$2,000
 Child (6 months+) \$1,000
 Child (14 days - 6 months) \$ 100

Notes

The answers provided in this Product and Benefit Selection Form are accurate and complete to the best of my knowledge and belief, and the Insurer shall rely and act upon them accordingly. This Product and Benefit Selection Form must accompany the Employer Application for Small Business. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signature		
Employer Signature _____	Title _____	Date _____