

# 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.)

- ☐ Electronic Billing (Note: Hard copies of the bill may still be printed out at [www.employereservices.com](http://www.employereservices.com))  
☐ Paper Billing

#### Medical Plan Selection

☐ Single Site ☐ 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 \_\_\_\_\_