

# Washington Small Business

## Multi-Choice Package (WA023)

### Product and Benefit Selection Form

Effective January 1, 2023



<b>General Information</b>
Group Name _____
Agent Name _____
<b>Billing Preference (Check all that apply.)</b>
<input type="checkbox"/> Electronic Billing ( Note: PDF and Excel versions of invoices may be accessed at <a href="http://www.uhceservices.com">www.uhceservices.com</a> )
<input type="checkbox"/> Paper Billing
<b>Medical Plan Selection</b>
<input type="checkbox"/> Single Site <input type="checkbox"/> Multi Site    Other Locations: _____

**Multi-Choice Package (WA023)** Select the plans being offered to employees.

Medical/Rx Plans				
Selection	Plan Code	Plan Network	Plan Description	RxCode
<input type="checkbox"/>	CV-A3	NexusACO OAP Network	20/100/90%	N61S
<input type="checkbox"/>	CV-A4	NexusACO OAP Network	15/250/90%	N61S
<input type="checkbox"/>	CV-A5	NexusACO OAP Network	15/500/90%	N61S
<input type="checkbox"/>	CV-A6	NexusACO OAP Network	30/500/70%	N61S
<input type="checkbox"/>	CV-A7	NexusACO OAP Network	25/1000/80%	N61S
<input type="checkbox"/>	CV-A8	NexusACO OAP Network	25/1500/80%	N61S
<input type="checkbox"/>	CV-A9	NexusACO OAP Network	25/2000/80%	N61S
<input type="checkbox"/>	CV-BA	NexusACO OAP Network	30/2500/80%	N61S
<input type="checkbox"/>	CV-BB	NexusACO OAP Network	30/2750/80%	N61S
<input type="checkbox"/>	CV-BC	NexusACO OAP Network	50/3000/70%	N68S
<input type="checkbox"/>	CV-BD	NexusACO OAP Network	50/4500/70%	N68S
<input type="checkbox"/>	CV-BE	NexusACO OAP Network	35/5000/70%	N68S
<input type="checkbox"/>	CV-BF	NexusACO OAP Network	8500/60%	N69S
<input type="checkbox"/>	CV-BG	NexusACO OAP Network	1500/70%	K56S
<input type="checkbox"/>	CV-BH	NexusACO OAP Network	2750/80%	K56S
<input type="checkbox"/>	CV-BI	NexusACO OAP Network	8500/50%	K56S
<input type="checkbox"/>	CU-9V	Doctors Plan	15/250/80%	N61S
<input type="checkbox"/>	CU-9W	Doctors Plan	15/500/80%	N61S
<input type="checkbox"/>	CU-9X	Doctors Plan	15/750/70%	N61S
<input type="checkbox"/>	CU-9Y	Doctors Plan	20/1000/70%	N61S
<input type="checkbox"/>	CU-9Z	Doctors Plan	20/1500/60%	N61S
<input type="checkbox"/>	CU-92	Doctors Plan	20/2250/60%	N61S
<input type="checkbox"/>	CU-93	Doctors Plan	20/3000/80%	N61S
<input type="checkbox"/>	CU-94	Doctors Plan	40/3250/860%	N68S
<input type="checkbox"/>	CU-95	Doctors Plan	5000/60%	N59S
<input type="checkbox"/>	CU-98	Choice Plus HSA	1500/80%	N61S
<input type="checkbox"/>	CU-99	Choice Plus HSA	2500/70%	N59S
<input type="checkbox"/>	CV-AA	Choice Plus HSA	3000/80%	N59S
<input type="checkbox"/>	CU-96	Choice Plus HSA	75/8300/50%	N59S
<input type="checkbox"/>	CV-AB	Choice Plus	6000/50%	N59S
<input type="checkbox"/>	CU-97	Choice Plus	9100/100%	E83S
<input type="checkbox"/>	CV-AO	Choice Plus Direct	20/100/90%	N61S
<input type="checkbox"/>	CV-AP	Choice Plus Direct	15/250/90%	N61S
<input type="checkbox"/>	CV-AQ	Choice Plus Direct	15/500/80%	N61S
<input type="checkbox"/>	CV-AR	Choice Plus Direct	30/500/70%	N61S
<input type="checkbox"/>	CV-AS	Choice Plus Direct	25/1000/70%	N61S
<input type="checkbox"/>	CV-AT	Choice Plus Direct	25/1500/80%	N61S
<input type="checkbox"/>	CV-AU	Choice Plus Direct	25/2000/80%	N61S
<input type="checkbox"/>	CV-AV	Choice Plus Direct	30/2500/80%	N61S
<input type="checkbox"/>	CV-AW	Choice Plus Direct	20/3000/80%	N61S
<input type="checkbox"/>	CV-AX	Choice Plus Direct	60/2500/70%	N68S

Medical/Rx Plans cont.				
<input type="checkbox"/>	CV-A2	Choice Plus Direct	50/3000/70%	N68S
<input type="checkbox"/>	CV-AY	Choice Plus Direct	50/4500/70%	N68S
<input type="checkbox"/>	CV-AZ	Choice Plus Direct	35/5000/70%	N68S
<input type="checkbox"/>	CV-AC	Navigate	30/500/70%	N61S
<input type="checkbox"/>	CV-AD	Navigate	25/1000/80%	N61S
<input type="checkbox"/>	CV-AF	Navigate	25/1500/80%	N61S
<input type="checkbox"/>	CV-AG	Navigate	35/2500/80%	N61S
<input type="checkbox"/>	CV-AI	Navigate	60/3000/70%	N68S
<input type="checkbox"/>	CV-AJ	Navigate	35/5000/50%	N68S
<input type="checkbox"/>	CV-AK	Navigate	80/7000/50%	N59S
<input type="checkbox"/>	CV-AL	Navigate HSA	3000/80%	K56S
<input type="checkbox"/>	CV-AM	Navigate HSA	6000/70%	K57S

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

<b>Optional Riders/Benefits</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No 24-Hour Coverage (At Occupation Coverage) No charge <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Partner (Opposite Sex) - No charge <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Partner (Same Sex) - No charge Other: _____

<b>Deductible Administration Period</b>
<input type="checkbox"/> Calendar Year Deductible Period (From January 1st - December 31st)

<b>Life and AD&amp;D Plan Selection (Available to groups of 2-50)</b>
<b>Basic Life and AD&amp;D Flat Benefit Amount*</b> <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Tier Class Plan \$ _____ \$ _____ \$ _____ Multiple of Salary Amount <input type="checkbox"/> 1X Annual Salary to \$ _____ / <input type="checkbox"/> 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 <b>Dependent Life Benefit Amount</b> <input type="checkbox"/> Spouse \$7,500 Child (6 months+) \$3,750 Child (14 days - 6 months) \$ 100 <input type="checkbox"/> Spouse \$4,000 Child (6 months+) \$2,000 Child (14 days - 6 months) \$ 100 <input type="checkbox"/> Spouse \$2,000 Child (6 months+) \$1,000 Child (14 days - 6 months) \$ 100

<b>Notes</b>

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.

<b>Signature</b>		
Employer Signature _____	Title _____	Date _____