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Group Master Application Dental Benefit Selection

This form is part of the Group Master Application

This section completed by Premera Blue Cross

Group Name _____

Group ID _____

Alpha Plan Prefix _____

1. Dental Benefit Options – Choose one benefit plan

Note: Comprehensive pediatric dental coverage is included with all medical plans. If selecting a dental plan, choose one of the following plans below.

A. Dental Optima – Available for Groups with 2-4 Enrolled Employees

Adult Dental Optima 1000

Adult Dental Optima 1500

B. Dental Optima – Available for Group with 5+ Enrolled Employees

Adult Dental Optima 1000

Adult Dental Optima 1500

Adult Dental Optima 2000

Adult Dental Optima 1000 Enhanced

Adult Dental Optima 1500 Enhanced

Adult Dental Optima 2000 Enhanced

Adult Dental Optima 1500 Enhanced +

C. Dental Optima with \$1500 Ortho – Available for Groups with 26+ Enrolled Employees

Adult Dental Optima 1000 Orthodontia

Adult Dental Optima 1500 Orthodontia

Adult Dental Optima 2000 Orthodontia

Adult Dental Optima 1000 Enhanced Orthodontia

Adult Dental Optima 1500 Enhanced Orthodontia

Adult Dental Optima 2000 Enhanced Orthodontia

Adult Dental Optima 1500 Enhanced + Orthodontia

D. Dental Optima Voluntary – Available for Groups with 5+ Enrolled Employees

Adult Dental Optima Voluntary 1000