



Employee Medical Plan Selection Form

Save this form to your computer before filling out

- Step 1:** Complete the form
- Step 2:** Sign and date the form
- Step 3:** Return the form to your employer

Complete your enrollment information with only the dependents you plan to insure. For information on plan benefits and rates, go online to the Rate Tool by clicking on this link or by entering the URL into a browser. At the login screen, do not enter a user name or password. Just click the Log On button. <http://bit.ly/17VmeIn>

Families with 4+ dependents under the age of 21 will only be charged for the 3 oldest under the age of 21. All dependents age 21 or older will be charged a premium. **For Medica Plans, select a Primary Care Clinic (PCC): <https://www.medica.com/find-a-doctor/group/medica-elect/medica-elect-change-your-pcc>

EMPLOYEE & DEPENDENTS						
NAME OF SELF + DEPENDENTS	RELATIONSHIP	MONTHLY RATE	EMPLOYER CONTRIBUTION	EMPLOYER COST	*EMPLOYEE COST	**Primary Care Clinic (PCC)
Example: John Doe	Self	\$500	50%	\$250	\$250	567890123
COST SUMMARY				TOTAL \$	TOTAL \$	

Your employer has selected specific plans that they are offering through MNSure. Please refer to the Employee Enrollment Document provided to you by your employer. Please select **ONLY ONE** medical plan option for you and your dependents. See [service areas for each provider](#).

MEDICAL PLAN OPTIONS

EMPLOYEE NAME:	EMPLOYER NAME:
BCBS-Allina Health Network	PreferredOne- Choice Network
<input type="checkbox"/> Silver: BluePrint 2000/0/20 (AABH)	<input type="checkbox"/> Bronze: B1 Choice 3000.60 D
<input type="checkbox"/> Gold: BluePrint 1500/0/20 (AABK)	<input type="checkbox"/> Bronze: B2 Choice 3250.60 D
<input type="checkbox"/> Platinum: BluePrint 1000/0/0 (AABM)	<input type="checkbox"/> Silver: S1 Choice 2000.75.50 D
BCBS-Aware Network	<input type="checkbox"/> Silver: S2 Choice 1250.75 D
<input type="checkbox"/> Bronze: BlueAccess HSA 5350/0/0 (AAB1)	<input type="checkbox"/> Silver: S3 Choice 1500.80 D
<input type="checkbox"/> Bronze: BlueAccess HSA 3250/0/20 (AAB2)	<input type="checkbox"/> Silver: S4 Choice 2000.75 D
<input type="checkbox"/> Bronze: BlueAccess HSA 4500/0/0 (AAB3)	<input type="checkbox"/> Silver: S5 Choice 2000.80 D
<input type="checkbox"/> Silver: BlueAccess 2000/45/25 (AAB4)	<input type="checkbox"/> Silver: S6 Choice 2000.80 D
<input type="checkbox"/> Silver: BlueAccess HRA 2000/0/20 (AAB5)	<input type="checkbox"/> Gold: G1 Choice 500.70.40 D
<input type="checkbox"/> Silver: BlueAccess HSA 1650/0/20 (AAB6)	<input type="checkbox"/> Gold: G2 Choice 750.80.30 D
<input type="checkbox"/> Silver: BlueAccess HSA 2000/0/20 (AAB7)	<input type="checkbox"/> Gold: G3 Choice 1000.80.30 D
<input type="checkbox"/> Silver: BlueAccess HSA 2650/0/0 (AAB8)	<input type="checkbox"/> Gold: G4 Choice 1500.75.25 D
<input type="checkbox"/> Gold: BlueAccess 1000/25/20 (AAB9)	<input type="checkbox"/> Gold: G5 Choice 1500.80 D
<input type="checkbox"/> Gold: BlueAccess 1000/40/20 (AABA)	<input type="checkbox"/> Gold: G6 Choice 1750.100 D
<input type="checkbox"/> Gold: BlueAccess HSA 1250/0/10 (AABB)	<input type="checkbox"/> Gold: G8 Choice 2000.100 D
<input type="checkbox"/> Gold: BlueAccess HSA 1500/0/0 (AABC)	<input type="checkbox"/> Platinum: PL1 Choice 750.100 D
<input type="checkbox"/> Gold: BlueAccess HRA 1000/0/20 (AABD)	PreferredOne -Select Network
<input type="checkbox"/> Gold: Blue Access HSA 1850/0/0 (AABE)	<input type="checkbox"/> Bronze: B1 Select 3000.60 D
<input type="checkbox"/> Platinum: BlueAccess 0/25/10 (AABF)	<input type="checkbox"/> Bronze: B2 Select 3250.60 D
<input type="checkbox"/> Platinum: BlueAccess 500/0/20 (AABG)	<input type="checkbox"/> Silver: S1 Select 2000.75.50 D
BCBS-Consumer Value Network	<input type="checkbox"/> Silver: S2 Select 1250.75 D
<input type="checkbox"/> Bronze: BlueBasic HSA 5350/0/0 (AABP)	<input type="checkbox"/> Silver: S3 Select 1500.80 D
<input type="checkbox"/> Silver: BlueBasic 2000/45/20 (AABQ)	<input type="checkbox"/> Silver: S4 Select 2000.75 D
<input type="checkbox"/> Silver: BlueBasic 2000/55/30 (AABR)	<input type="checkbox"/> Silver: S5 Select 2000.80 D
BCBS-Sanford Health Network	<input type="checkbox"/> Silver: S6 Select 2000.80 D
<input type="checkbox"/> Silver: BlueConnect Sanford Health 2000/0/20 (AABJ)	<input type="checkbox"/> Gold: G1 Select 500.70.40 D
<input type="checkbox"/> Gold: BlueConnect Sanford Health 1500/0/20 (AABL)	<input type="checkbox"/> Gold: G2 Select 750.80.30 D
<input type="checkbox"/> Platinum: BlueConnect Sanford Health 1000/0/0 (AABN)	<input type="checkbox"/> Gold: G3 Select 1000.80.30 D
*Medica- Elect Network	<input type="checkbox"/> Gold: G4 Select 1500.75.25 D
<input type="checkbox"/> Bronze: Medica Elect MN 4950-50% HSA Bronze	<input type="checkbox"/> Gold: G5 Select 1500.80 D
<input type="checkbox"/> Silver: Medica Elect MN 1750-25% HSA Silver	<input type="checkbox"/> Gold: G6 Select 1750.100 D
<input type="checkbox"/> Gold: Medica Elect MN 1300-20% HSA Gold	<input type="checkbox"/> Gold: G8 Select 2000.100 D
*Medica- Essential Network	<input type="checkbox"/> Platinum: PL1 Select 750.100 D
<input type="checkbox"/> Bronze: Medica Essential MN 4950-50% HSA Bronze	
<input type="checkbox"/> Silver: Medica Essential MN 1750-25% HSA Silver	
<input type="checkbox"/> Gold: Medica Essential MN 1300-20% HSA Gold	

EMPLOYEE ATTESTATION & SIGNATURE

- I chose the plan based upon written information provided by the carrier of the plan I selected and neither MNSure nor my insurance agent or broker has permission to change the terms of the offer or to agree to changes to it.
- I know that the plan might not be available in some geographic areas and that some benefits have limitations or maximums. I know the plans chosen by my employer are based on my employer's location and may not extend to my personal location. I understand this information is available to me by visiting the insurance carrier's website.
- I know that some personal information may be collected from other sources, such as state computer systems that have information I have provided.
- All of the information I have given on this application is true and complete to the best of my knowledge.
- I know that the Certificate of Insurance will have in it the details of the agreement, including procedures, exclusions and limitations. No benefit comparison, summary or other descriptions of the plan should be considered more correct than the contract in describing the details of the plan's services, including eligibility criteria for Employer, Employee and Dependents.
- This is not a guarantee of coverage.

I AGREE

PRINT EMPLOYEE NAME:

EMPLOYEE SIGNATURE:

DATE SIGNED: (MM/DD/YEAR):