

2024 INSURANCE ELECTION FORM / HOME OFFICE

Employee Name: _____

Employee Number: _____

****premiums rates shown are monthly****

Health Insurance Options

Red PPO

- | | |
|--|------------|
| <input type="checkbox"/> Employee Only | \$314.00 |
| <input type="checkbox"/> Employee + Spouse | \$827.00 |
| <input type="checkbox"/> Employee + Child(ren) | \$751.00 |
| <input type="checkbox"/> Family | \$1,492.00 |

Blue PPO

- | | |
|--|----------|
| <input type="checkbox"/> Employee Only | \$105.00 |
| <input type="checkbox"/> Employee + Spouse | \$435.00 |
| <input type="checkbox"/> Employee + Child(ren) | \$387.00 |
| <input type="checkbox"/> Family | \$942.00 |

White HMO

- | | |
|--|------------|
| <input type="checkbox"/> Employee Only | \$206.00 |
| <input type="checkbox"/> Employee + Spouse | \$600.00 |
| <input type="checkbox"/> Employee + Child(ren) | \$536.00 |
| <input type="checkbox"/> Family | \$1,157.00 |

Blue HMO

- | | |
|--|----------|
| <input type="checkbox"/> Employee Only | \$49.00 |
| <input type="checkbox"/> Employee + Spouse | \$280.00 |
| <input type="checkbox"/> Employee + Child(ren) | \$242.00 |
| <input type="checkbox"/> Family | \$670.00 |

HDHP / HSA

- | | |
|--|----------|
| <input type="checkbox"/> Employee Only | \$30.00 |
| <input type="checkbox"/> Employee + Spouse | \$239.00 |
| <input type="checkbox"/> Employee + Child(ren) | \$217.00 |
| <input type="checkbox"/> Family | \$626.00 |

Dental Insurance Options

Preventative Plan

- | | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$11.92 |
| <input type="checkbox"/> Employee + 1 | \$23.84 |
| <input type="checkbox"/> Family | \$45.28 |

Catastrophic Plan

- | | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$14.32 |
| <input type="checkbox"/> Employee + 1 | \$27.40 |
| <input type="checkbox"/> Family | \$29.80 |

Comprehensive Plan

- | | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$26.20 |
| <input type="checkbox"/> Employee + 1 | \$51.24 |
| <input type="checkbox"/> Family | \$75.08 |

Vision Insurance Options

- | | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$10.88 |
| <input type="checkbox"/> Employee + Spouse | \$17.40 |
| <input type="checkbox"/> Employee + Child(ren) | \$17.76 |
| <input type="checkbox"/> Family | \$28.64 |

Waive Coverage

- | |
|--|
| <input type="checkbox"/> I elect to waive Health Insurance |
| <input type="checkbox"/> I elect to waive Dental Insurance |
| <input type="checkbox"/> I elect to waive Vision Insurance |

Employee Signature

Date