2024 INSURANCE ELECTION FORM / HOME OFFICE

Employee Name:	Fmnlo	yee Number:	
Lilipioyee Ivallie.	LIIIPIC	yee Nullibel.	

premiums rates shown are monthly

Red PPO	tions	Dental Insurance Options		ns	Health Insurance Option	
Employee Only						
Employee + Spouse					<u> </u>	_
Employee + Child(ren)	\$11.92	· · ·	_	·		_
Family \$1,492.00	\$23.84					Ш
Blue PPO	\$45.28	Family		·		
□ Employee Only \$105.00 □ Employee Only □ Employee + Spouse \$435.00 □ Employee + 1 □ Employee + Child(ren) \$387.00 □ Family □ Family \$942.00 □ Family White HMO □ Employee Only \$206.00 □ Employee Only □ Employee + Spouse \$600.00 □ Employee + 1 □ Employee + 1 □ Employee + Child(ren) \$536.00 □ Family □ Family □ Employee Only \$49.00 □ Employee Only □ Employee Only □ Employee + Spouse □ Employee + Spouse □ Employee + Spouse □ Employee + Child(ren) □ Employee + Child(ren) □ Employee + Child(ren) □ Family HDHP / HSA □ Employee Only \$30.00 □ Family Waive Coverage □ I elect to waive Health Insurance □ Employee + Spouse \$239.00 □ I elect to waive Dental Insurance □ I elect to waive Dental Insurance				\$1,492.00	Family	
□ Employee + Spouse \$435.00 □ Employee + 1 □ Employee + Child(ren) \$387.00 □ Family □ Family \$942.00 □ Employee Plan □ Employee Only \$206.00 □ Employee Only □ Employee + Spouse \$600.00 □ Employee + 1 □ Employee + Child(ren) \$536.00 □ Family □ Family \$1,157.00 □ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family HDHP / HSA □ Employee Only \$30.00 □ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance		Catastrophic Plan			Blue PPO	
□ Employee + Child(ren) \$387.00 □ Family □ Family \$942.00 □ Comprehensive Plan □ Employee Only \$206.00 □ Employee Only □ Employee + Spouse \$600.00 □ Employee + 1 □ Employee + Child(ren) \$536.00 □ Family □ Family \$1,157.00 ■ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family ■ Employee Only \$30.00 □ Family ■ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance	\$14.32	Employee Only		\$105.00	Employee Only	
White HMO Comprehensive Plan Employee Only \$206.00 Employee Only Employee + Spouse \$600.00 Employee + 1 Employee + Child(ren) \$536.00 Family Family \$1,157.00 Blue HMO Vision Insurance Options Employee Only \$49.00 Employee Only Employee + Spouse \$280.00 Employee + Spouse Employee + Child(ren) \$242.00 Employee + Child(ren) Family \$670.00 Family Waive Coverage Employee + Spouse \$239.00 I elect to waive Health Insurance	\$27.40	Employee + 1		\$435.00	Employee + Spouse	
White HMO Comprehensive Plan □ Employee Only \$206.00 □ Employee Only □ Employee + Spouse \$600.00 □ Employee + 1 □ Employee + Child(ren) \$536.00 □ Family □ Family \$1,157.00 □ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family HDHP / HSA □ Employee Only \$30.00 □ Employee + Spouse \$239.00 □ / elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ / elect to waive Dental Insurance	\$29.80	Family		\$387.00	Employee + Child(ren)	
□ Employee Only \$206.00 □ Employee Only □ Employee + Spouse \$600.00 □ Employee + 1 □ Employee + Child(ren) \$536.00 □ Family □ Family \$1,157.00 Vision Insurance Options □ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family Waive Coverage □ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance				\$942.00	Family	
□ Employee + Spouse \$600.00 □ Employee + 1 □ Employee + Child(ren) \$536.00 □ Family □ Family \$1,157.00 Vision Insurance Options □ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family Waive Coverage □ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance		Comprehensive Plan			White HMO	
□ Employee + Child(ren) \$536.00 □ Family □ Family \$1,157.00 □ Employee HMO Vision Insurance Options □ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family Waive Coverage □ I elect to waive Health Insurance □ Employee + Spouse \$239.00 □ I elect to waive Dental Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance	\$26.20	Employee Only		\$206.00	Employee Only	
Family \$1,157.00	\$51.24	Employee + 1		\$600.00	Employee + Spouse	
Blue HMO Employee Only \$49.00 Employee Only Employee + Spouse \$280.00 Employee + Spouse Employee + Child(ren) \$242.00 Employee + Child(ren) Family \$670.00 Family HDHP / HSA Employee Only \$30.00 Waive Coverage Employee + Spouse \$239.00 I elect to waive Health Insurance Employee + Child(ren) \$217.00 I elect to waive Dental Insurance	\$75.08	Family		\$536.00	Employee + Child(ren)	
□ Employee Only \$49.00 □ Employee Only □ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family HDHP / HSA Employee Only \$30.00 Waive Coverage Employee + Spouse \$239.00 □ I elect to waive Health Insurance Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance I elect to waive Dental I				\$1,157.00	Family	
□ Employee + Spouse \$280.00 □ Employee + Spouse □ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family ### Maive Coverage ### DHP / HSA ### Employee Only ### Spouse ### District Spouse ### District Spouse ### Spouse ### Spouse ### District District Spouse ### District District Spouse ### District Dis	S	Vision Insurance Options			Blue HMO	
□ Employee + Child(ren) \$242.00 □ Employee + Child(ren) □ Family \$670.00 □ Family HDHP / HSA □ Employee Only \$30.00 Waive Coverage □ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance	\$10.88	Employee Only		\$49.00	Employee Only	
□ Family \$670.00 □ Family HDHP / HSA □ Employee Only \$30.00 Waive Coverage □ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance	\$17.40	Employee + Spouse		\$280.00	Employee + Spouse	
HDHP / HSA □ Employee Only \$30.00 □ Employee + Spouse \$239.00 □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance	\$17.76	Employee + Child(ren)		\$242.00	Employee + Child(ren)	
□ Employee Only \$30.00 □ Employee + Spouse \$239.00 □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance □ I elect to waive Dental Insurance	\$28.64	Family		\$670.00	Family	
□ Employee + Spouse \$239.00 □ I elect to waive Health Insurance □ Employee + Child(ren) \$217.00 □ I elect to waive Dental Insurance					HDHP / HSA	
☐ Employee + Child(ren) \$217.00 ☐ I elect to waive Dental Insurance		Waive Coverage		\$30.00	Employee Only	
	ice	I elect to waive Health Insurance		\$239.00	Employee + Spouse	
☐ Family \$626.00 ☐ I elect to waive Vision Insurance	ice	I elect to waive Dental Insurance		\$217.00	Employee + Child(ren)	
	ce	I elect to waive Vision Insurance		\$626.00	Family	
Employee Signature — Date						