

Benefit Enrollment Application

EMPLOYEE INFORMATION:

First Name:	Last Name:	Phone:	Email:
Address:	City:	State:	Zip Code:
Date of Birth:	Social:	Gender:	Hire Date:

Relationship:	First Name:	Last Name:	Gender:	DOB:	Social Security Number:

SELECT MEC COVERAGE OPTIONS: MONTHLY PREMIUM

Product	Member Only	Member + Spouse	Member + Children	Member + Family
MEC Plan	<input type="checkbox"/> \$0	<input type="checkbox"/> \$36	<input type="checkbox"/> \$86	<input type="checkbox"/> \$110
PLUS	<input type="checkbox"/> \$56	<input type="checkbox"/> \$131	<input type="checkbox"/> \$151	<input type="checkbox"/> \$231
PREMIUM	<input type="checkbox"/> \$98	<input type="checkbox"/> \$207	<input type="checkbox"/> \$223	<input type="checkbox"/> \$332
ELITE	<input type="checkbox"/> \$156	<input type="checkbox"/> \$281	<input type="checkbox"/> \$291	<input type="checkbox"/> \$415

CIGNA MVP PREMIUMS

Product	Member Only	Member + Spouse	Member + Children	Member + Family
Option 1	<input type="checkbox"/> \$1331.58	<input type="checkbox"/> \$2515.50	<input type="checkbox"/> \$2231.32	<input type="checkbox"/> \$3698.80
Option 2	<input type="checkbox"/> \$666.20	<input type="checkbox"/> \$1192.90	<input type="checkbox"/> \$1066.58	<input type="checkbox"/> \$1719.89



Benefit Enrollment Application Continued

VAULT MVP PREMIUMS

Product	Member Only	Member + Spouse	Member + Children	Member + Family
BRONZE	<input type="checkbox"/> \$587.64	<input type="checkbox"/> \$958.32	<input type="checkbox"/> \$974.40	<input type="checkbox"/> \$1421.65
SILVER	<input type="checkbox"/> \$676.80	<input type="checkbox"/> \$1116.05	<input type="checkbox"/> \$1135.68	<input type="checkbox"/> \$1705.17
GOLD	<input type="checkbox"/> \$759.04	<input type="checkbox"/> \$1280.00	<input type="checkbox"/> \$1303.44	<input type="checkbox"/> \$1954.99

Product	Member Only	Member + Spouse	Member + Children	Member + Family
HW TELEMED	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
RX ACUTE	<input type="checkbox"/> \$22	<input type="checkbox"/> \$22	<input type="checkbox"/> \$22	<input type="checkbox"/> \$22
RX FULL	<input type="checkbox"/> \$42	<input type="checkbox"/> \$42	<input type="checkbox"/> \$42	<input type="checkbox"/> \$42

*Telemed included in Rx Acute and Rx Full

Signature _____ Date _____