TOWN OF GLASTONBURY
Benefits Election Form
2014-2015 Plan Year

AFSCME

Medical Plan Options	Annual Premiums	Date of Hire before 11/29/2005 Bi-Weekly Employee Contribution	Date of Hire on/after 11/29/2005. Connecticare HMO is Benchmark Plan Bi-Weekly Employee Contribution	Date of Hire on/after 7/1/2013. Connecticare HMO is Benchmark Plan Bi-Weekly Employee Contribution
Connecticare HMO				
Single	7,836.00	49.73	49.73	60.28
Double	17,082.96	108.41	108.41	131.41
Family	21,157.68	134.27	134.27	162.75
Connecticare HDHP				
Single	6,858.48	43.52	43.52	52.76
Double	14,748.96	93.60	93.6	113.45
Family	17,730.36	112.52	112.52	136.39
Anthem PPO				
Single	8,306.88	52.72	67.84	78.39
Double	18,109.08	114.92	147.88	170.88
Family	22,428.60	142.34	183.15	211.63

Choose your Medical Insurance Plan:
( ) Connecticare HMO ( ) Connecticare HDHP ( ) Anthem PPO

Choose Your Level of Coverage:
( ) Single ( ) Double ( ) Family **Bi-weekly deduction amount $ _____**

Dental Plan Options

Full				
Single	653.28	4.15	4.15	5.03
Double	1,697.88	10.78	10.78	13.06
Family	2,096.28	13.30	13.30	16.13
Flex				
Single	747.48	4.74	4.74	5.75
Double	1,940.88	12.32	12.32	14.93
Family	2,136.24	13.56	13.56	16.43

Choose Your Dental Insurance Plan:
( ) Full ( )Flex

Choose Your Level of Coverage:
( ) Single ( ) Double ( ) Family **Bi-weekly deduction amount $ _____**

I understand that my contributions toward medical and/or dental premiums will be taken out on a pre-tax basis in accordance with Secion 125, Section 105, and/or Section 129 of the Internal Revenue Code. I understand I am bound by the terms of this agreement until my employment terminates, a qualifying event occurs, my benefits change at the beginning of a new plan year, or my employer terminates, suspends, or modifies a plan. If a qualifying event occurs, you MUST notify Human Resources in wirting, of such a change within 30 days of the qualifying event date.

☐ I am declining the medical plan options offered above at this time. The annual Medical Opt-Out Cash Benefit is $1200. A Bi-weekly amount of $46.16 will be added to my paycheck.

Date of Hire _____ **Signature** _____

Name (Print) _____ **Date** _____