

# TOWN OF GLASTONBURY

## 2012-2013 Plan Year Benefits Election Form

Circle the appropriate BI-WEEKLY plan choices, indicated in the column corresponding to your

Benchmark Plans indicated with \*\*

GPOA	Annual Premiums Date of Hire before 7/1/2009	Date of Hire before 7/1/03 Bi-Weekly Employee Contributions	Plan Date of Hire after 2/18/2003 Bi-Weekly Employee Contributions	Annual Premiums Date of Hire on/after 7/1/2009	Benchmark Plan Date of Hire after 7/1/2009 Bi-Weekly Employee Contributions
<b>Medical Plan Options</b>					
CTCare HMO Employee (Single)	6,473.40	34.86	34.86	6,322.08	34.04
CTCare HMO Employee +1 (Double)	14,112.00	75.99	75.99	13,782.12	74.21
CTCare HMO Employee + 2 or more (Family)	17,478.24	94.11	94.11	17,069.64	91.91
CTCare HDHP Employee (Single)	5,551.80	29.89	29.89	5,551.80	29.89
CTCare HDHP Employee +1 (Double)	11,900.40	64.08	64.08	11,900.40	64.08
CTCare HDHP Employee + 2 or more (Family)	14,202.36	76.47	76.47	14,202.36	76.47
Anthem PPO Employee (Single)	7,153.44	38.52	61.01	7,134.84	65.30
Anthem PPO Employee +1 (Double)	14,557.80	78.39	93.13	14,516.76	102.47
Anthem PPO Employee + 2 or more (Family)	18,479.28	99.50	132.62	18,427.56	144.14
Anthem POS Employee (Single)	7,799.16	42.00	85.85	7,723.56	87.95
Anthem POS Employee +1 (Double)	16,210.56	87.29	156.70	16,030.56	160.69
Anthem POS Employee + 2 or more (Family)	20,512.68	110.45	210.82	20,289.24	215.74
Anthem HDHP- Employee (Single)	6,982.44	37.60	37.60	6,982.44	37.60
Anthem HDHP- Employee +1 (Double)	13,964.64	75.19	75.19	13,964.64	75.19
Anthem HDHP- Employee + 2 or more (Family)	17,142.84	92.31	92.31	17,142.84	92.31
<b>Dental Plan Options</b>					
Full Dental					
Employee (Single)		2.56	2.56		2.56
Employee +1 (Double)		6.64	6.43		6.43
Employee + 2 or more (Family)		8.21	8.21		8.21
Flex Dental					
Employee (Single)		2.92	2.92		2.92
Employee +1 (Double)		7.59	7.59		7.59
Employee + 2 or more (Family)		8.36	8.36		8.36

I am declining all medical & dental plan options offered above at this time. The annual Medical Opt-Out Cash Benefit is \$1000. A Bi-weekly amount of \$38.46 will be added to my paycheck.

I understand that my contribution toward medical and/or dental premiums will be taken out on a pre-tax basis in accordance with Section 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 change occurs, my benefits change at the beginning of a new plan year or my employer terminates, suspends, or modifies the plan.

Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_