

Effective date of coverage – 07/01/2021

Benefits enrollment form

1. Colleague Information

1 Name (Last, First, M.I.)

2 Date of Birth

3 Address
(Street, City, State, Zip Code)

4 Home Phone

5 Sex Assigned at Birth

6 Marital Status
(single, married, divorced, widowed,
separated, domestic partnership, civil union)

I elect to WAIVE ALL 2021 elections.

2. Medical (coverage rates on last page)

(a) Choose your Health Plan Option:

CIGNA OAP 80/50

CIGNA OAP 100/70

Waive Medical

CIGNA HDHP (High Deductible Health Plan)

(b) Choose your Level of Coverage:

Employee only

Employee plus child(ren)

Employee plus spouse
(/Domestic Partner)

Family





3. Dental Health Plan (coverage rates on last page)

(a) Choose your Dental Plan Option:

Basic Dental

Waive Dental

Dental with Orthodontia

(b) Choose your Level of Coverage:

Employee only

Employee plus child(ren)

Employee plus spouse
(/Domestic Partner)

Family

4. Vision (coverage rates on last page)

(a) Choose your Vision Plan Option:

Basic Vision

Waive Vision

(b) Choose your Level of Coverage:

Employee only

Employee plus child(ren)

Employee plus spouse
(/Domestic Partner)

Family

5. People to Cover – This information will be used for all benefit plans

Be sure to check the appropriate boxes for the coverage option(s) you elect for you and your dependents.

Name (Last, First, M.I.)	Date of Birth (MM/DD/YY)	Sex Assigned at Birth	Social Security Number	Health	Dental	Vision
Employee						
Spouse/ Domestic Partner						
Child						
Child						
Child						
Child						
Child						
Child						
Child						





*ALL rates are on a per pay period basis. There are 26 pay periods in 2021.

2021 Rates

	Medical #2			Vision #4	Dental #3	
	OAP 80/50	OAP 100/70	HDHP	Cigna	Basic	Ortho
Employee	\$63.10	\$73.34	\$36.52	\$3.06	\$13.38	\$19.06
Employee + Spouse	\$132.51	\$154.02	\$76.69	\$6.11	\$28.10	\$40.02
Employee + Child(ren)	\$119.89	\$139.35	\$69.39	\$6.17	\$25.42	\$36.20
Family	\$191.82	\$220.74	\$151.85	\$9.85	\$38.13	\$57.17
