

2021 Medical Plan Selection Form

Due to the new dual plan offering, **all eligible employees are required to complete this 2021 Medical Plan Selection** form.

This form must be returned to Emily no later than **November, 23rd**.

Medical and Prescription Drug Plan		
Primary 1000 HMO		
	Monthly Employee Cost	Deduction Per Pay Period (26)
<input type="checkbox"/> Single	\$83.69	\$38.62
<input type="checkbox"/> Family	\$466.68	\$215.39
Primary 1000 POS		
	Monthly Employee Cost	Deduction Per Pay Period (26)
<input type="checkbox"/> Single	\$168.46	\$77.75
<input type="checkbox"/> Family	\$678.60	\$313.20
<input type="checkbox"/> <i>I wish to waive medical coverage.</i>		

Instructions: Please place an "X" in the box that coordinates with your election for 2021. Then sign and date at the bottom. Reminder, if you are making a change to who is enrolled on your plan you will also need to complete a Wellmark enrollment form.

Print Name

Sign

Date