

TEACHING FAMILY HOMES & ASSOCIATED FAMILY CARE

OPEN ENROLLMENT 2017

Open Enrollment is the time of year you are able to make changes to your plan such as adding or removing a dependent. The following are your benefits for coverage period January 1, 2017 to December 31, 2017.

Company Plan	BCBSM SB HRA PPO Gold 4000
Deductible	\$4,000 / \$8,000 \$1,500/\$3,000 Required Minimum Employer Contribution
Coinsurance Percentage	80 / 20 %
HRA Deductible	\$250 / \$500
Coinsurance	80 / 20 %
Coinsurance Max	\$1,000 / \$2,000
Maximum Reimbursement	\$5,100 / \$10,200
Primary Care Visit Copay	\$30
Specialist Visit Copay	\$50
Urgent Care Visit Copay	\$60
ER Visit Copay	\$150
Prescription Benefits	\$20 / \$60 / 50% (\$80 Min - \$100 Max) / 20% (\$200 Max) / 25% (\$300 Max)
Out of Pocket Maximum	\$6,350 / \$12,700
Dental Plan	PPO Plus 100 / 80 / 50 / 50% \$25 / \$75 Deductible \$1,000 Annual Maximum \$1,000 Lifetime Ortho Max
Vision Plan	VSP 12-12-24

1. _____ I elect coverage
2. _____ I waive coverage
3. _____ I wish to make an address change
4. _____ I wish to add a dependent to my coverage
5. _____ I wish to remove a dependent from my coverage
6. _____ I wish to make no plan changes

If you are making any changes, additional documentation will be required. You will receive the necessary form upon return of this election page.

Employee Name: _____

Employee Signature: _____ Date: _____