

HACC RETIREE UNDER 65 2020 PLAN YEAR ELECTION FORM

Please use this form to elect coverage for the 2020 benefit plan year.

Please print clearly to ensure accurate processing.

These premiums will be billed quarterly.

If you have any questions, contact HACC Human Resources Department at AskHR@hacc.edu.

| | |
|--------------------------|------------------------|
| First Name: | Last Name: |
| Telephone Number: | E-Mail Address: |

Medical - I choose to elect:

| | | Monthly Cost | Amount You Will Be Billed Quarterly | Mark your selection in the box using 'X' |
|----------------------|-----------------|--------------|-------------------------------------|--|
| PPO 500 (Premium) | Single | \$ 930.61 | \$ 2,791.83 | |
| | Couple | \$ 2,093.82 | \$ 6,281.46 | |
| | Parent/Child | \$ 1,581.98 | \$ 4,745.94 | |
| | Parent/Children | \$ 2,447.44 | \$ 7,342.32 | |
| | Family | \$ 2,698.69 | \$ 8,096.07 | |
| High Deductible | Single | \$ 588.82 | \$ 1,766.46 | |
| | Couple | \$ 1,324.80 | \$ 3,974.40 | |
| | Parent/Child | \$ 1,000.95 | \$ 3,002.85 | |
| | Parent/Children | \$ 1,548.54 | \$ 4,645.62 | |
| | Family | \$ 1,707.52 | \$ 5,122.56 | |
| CareConnect | Single | \$ 924.32 | \$ 2,772.96 | |
| | Couple | \$ 2,079.67 | \$ 6,239.01 | |
| | Parent/Child | \$ 1,571.29 | \$ 4,713.87 | |
| | Parent/Children | \$ 2,430.90 | \$ 7,292.70 | |
| | Family | \$ 2,680.46 | \$ 8,041.38 | |

DENTAL - I choose to elect:

| | | Monthly Cost | Amount You Will Be Billed Quarterly | Mark your selection in the box using 'X' |
|--------------------|--------|--------------|-------------------------------------|--|
| Dental Basic Plan | Single | \$ 29.40 | \$ 88.20 | |
| | Family | \$ 72.91 | \$ 218.73 | |
| Dental Buy-Up Plan | Single | \$ 39.99 | \$ 119.97 | |
| | Family | \$ 99.17 | \$ 297.51 | |

VISION - I choose to elect:

| | | Monthly Cost | Amount You Will Be Billed Quarterly | Mark your selection in the box using 'X' |
|--------------------|--------|--------------|-------------------------------------|--|
| Vision Basic Plan | Single | \$ 4.31 | \$ 12.93 | |
| | Couple | \$ 7.77 | \$ 23.31 | |
| | Family | \$ 11.21 | \$ 33.63 | |
| Vision Buy-Up Plan | Single | \$ 8.82 | \$ 26.46 | |
| | Couple | \$ 15.89 | \$ 47.67 | |
| | Family | \$ 22.94 | \$ 68.82 | |

Please list the dependents below that you would like to enroll on your plans for 2020. You can cover a dependent child until the age of 26.

| Dependent Name and Relationship | Date of Birth | Medical | Dental | Vision |
|---------------------------------|---------------|---------|--------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ACKNOWLEDGEMENT

I understand that the elections I make on this form will remain as long as I am eligible or until I make another election during annual enrollment. I am enrolling for myself and eligible dependents. I acknowledge that it is my responsibility to notify HACC Office of Human Resources of any changes in eligibility status for myself or my dependents in a timely manner. In failing to update HACC Office of Human Resources within 30 days of any change, I understand that I may incur continued financial responsibility for my benefits.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|