



ENTERPRISES, L.L.C.
BUILDING, DEVELOPMENT & MANAGEMENT SERVICES

2019 Benefit Election Form

In 2019, eligible employees will have the opportunity to choose between two different medical plan options with Anthem. The plan options & payroll deductions associated with each plan are listed below. Please indicate below whether you are declining or electing coverage. If you are electing coverage, please check the appropriate coverage-tier box matching the plan & coverage you're electing for the 2019 plan year.

PLEASE COMPLETE AND RETURN EVEN IF YOU ARE CURRENTLY ENROLLED

Please note that if you are making changes to your current coverage such as adding/removing dependents, or you wish to join the plan for the first time, you will need to contact HR immediately for further instruction.

Employee Name (Print) _____

Health Insurance: PLEASE COMPLETE AND RETURN EVEN IF YOU ARE CURRENTLY ENROLLED

DECLINE: I decline medical coverage effective 1/1/2019 for the Plan year.

I understand that if I decline enrollment for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself or my dependents in this plan if I experience a qualifying event. This is provided that I request enrollment within 30 days after my other coverage ends. In addition, if I have a new dependent as a result of a marriage, birth or adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30 days of the event.

ELECT: I choose the following medical coverage type & premium deduction:

BENEFITS	PLAN 1: Blue Access # 10 Rx T2	PLAN 2: Blue Access H.S.A. E3 3000
Deductible (Single/Family)	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	20%	0%
Out-of-Pocket Max (Single/Family)	\$4,500/\$9,000	\$4,000/\$8,000
Office Visit (PCP/Specialist)	\$30 PCP/\$60 SCP	0% after deductible
Inpatient Hospital Services	20% after deductible	0% after deductible
Outpatient Surgical Services	20% after deductible	0% after deductible
Diagnostic Services	20% after deductible	0% after deductible
Emergency Room Services	\$350 +20%	0% after deductible
Prescription Drugs (Retail)	T1- \$10/\$40/\$70 T2- \$20/\$50/\$80	T1- \$10/\$40/\$70 T2- \$20/\$50/\$80
Prescription Drugs (Mail Order)	\$25/\$120/\$210	\$25/\$120/\$210

*This illustration is a highlight of benefits & should not be relied upon to fully determine your coverage. Please refer to the Certificate of Coverage, Riders and/or Amendments for final confirmation of coverage. Illustration only reflects in-network benefits; however, the plans also provide coverage for non-network providers.

***Please select the plan you're electing & check the box for the appropriate level of coverage & rate.**

Plan 1

Plan 2

PER PAY CONTRIBUTIONS	PLAN 1: Blue Access # 10 Rx T2	PLAN 2: Blue Access H.S.A. E3 3000
Single	\$96.31	\$24.14
Employee/Spouse	\$162.53	\$101.40
Employee/Child	\$162.53	\$101.40
Family	\$200.75	\$119.02

Your signature below authorizes the indicated deductions to be taken from your pay on a pre-tax basis. If you do not want your premium deducted on a pre-tax basis, notify HR immediately for further instruction.

Employee Signature _____ **Date** _____