

Listed below are the health plan choices offered by your group and the associated monthly rates for each, effective January 1, 2017. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2017 Health Plan Choices and indicate the Tier (Single, etc.)

**Member Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Hire Date \_\_\_\_\_ M  F   
 Gender

**Diocese of Western Michigan**

1065  
 Group # \_\_\_\_\_ Medical Billing Unit \_\_\_\_\_  
 Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

**Dependent Information**

You may obtain coverage for your eligible children who are age 30 or younger. If your group offers domestic partnership coverage, attach supporting documentation with this form. If you wish to enroll one or more dependents, please attach an additional sheet which includes the following information for each: Name, Social Security Number, Gender (M/F), Date of Birth, and Relationship to Employee (Spouse, Child).

**2017 Health Plan Choices**

| Option Code | 2017 Election (check one)                           |  | MEDICAL |         |         |             | MEDICAL (check one)             |  |
|-------------|---|--|---------|---------|---------|-------------|---------------------------------|--|
|             | Plan Name   |  | Single  | Emp+1   | Family  | System Code |                                 |  |
| MHDE        | <input type="checkbox"/> Anthem BCBS CDHP-20/HSA    |  | \$541   | \$974   | \$1,515 | EMPHDHP     | <input type="checkbox"/> Single |  |
| MSE0        | <input type="checkbox"/> Anthem BCBS EPO90          |  | \$824   | \$1,483 | \$2,307 | BCBSEPO     | <input type="checkbox"/> Emp+1  |  |
| MSEZ        | <input type="checkbox"/> Anthem BCBS EPO80          |  | \$744   | \$1,339 | \$2,083 | BCEPO80     | <input type="checkbox"/> Family |  |
| MSG1        | <input type="checkbox"/> Anthem High Opt MS PPO     |  | \$718   | \$1,292 | \$2,010 | CONCAREMSP  |                                 |  |
| MSG2        | <input type="checkbox"/> Anthem PPO MS 90/70        |  | \$681   | \$1,226 | \$1,907 | BCBSPPOMSP  |                                 |  |
| MSG3        | <input type="checkbox"/> Anthem PPO MS 80/60        |  | \$620   | \$1,116 | \$1,736 | BCPPO80MSP  |                                 |  |
| MSG5        | <input type="checkbox"/> Anthem PPO MS 75/50        |  | \$570   | \$1,026 | \$1,596 | BCPPO75MSP  |                                 |  |
| MSG6        | <input type="checkbox"/> Anthem BCBS MS EPO90       |  | \$657   | \$1,183 | \$1,840 | BCBSEPOMSP  |                                 |  |
| MSG7        | <input type="checkbox"/> Anthem BCBS MS EPO80       |  | \$606   | \$1,091 | \$1,697 | BCEPO80MSP  |                                 |  |
| MSP0        | <input type="checkbox"/> Anthem PPO 90/70           |  | \$906   | \$1,631 | \$2,537 | BCBSPPO     |                                 |  |
| MSPV        | <input type="checkbox"/> Anthem PPO 75/50           |  | \$701   | \$1,262 | \$1,963 | BCPPO75     |                                 |  |
| MSPZ        | <input type="checkbox"/> Anthem PPO 80/60           |  | \$781   | \$1,406 | \$2,187 | BCPPO80     |                                 |  |
|             | <input type="checkbox"/> I decline medical coverage |  |         |         |         |             |                                 |  |

| Option Code | 2017 Election (check one)                          |  | DENTAL |       |        |             | DENTAL (check one)              |  |
|-------------|--|--|--------|-------|--------|-------------|---------------------------------|--|
|             | Plan Name  |  | Single | Emp+1 | Family | System Code |                                 |  |
| DD25        | <input type="checkbox"/> Dent&Ortho-25/75          |  | \$72   | \$130 | \$202  | DENTAL25    | <input type="checkbox"/> Single |  |
| DD50        | <input type="checkbox"/> Basic Dent-50/150         |  | \$53   | \$95  | \$148  | DENTAL50    | <input type="checkbox"/> Emp+1  |  |
| DDPV        | <input type="checkbox"/> Preventive Dental         |  | \$33   | \$59  | \$92   | DENTALBASIC | <input type="checkbox"/> Family |  |
|             | <input type="checkbox"/> I decline dental coverage |  |        |       |        |             |                                 |  |

**When you have made your decision, sign and return this form to your administrator as indicated below.**

\_\_\_\_\_  
 Employee's Signature Date

**MAIL THIS FORM TO:**

Tammy Mazure  
 Diocese of Western Michigan  
 535 S Burdick St Ste 1  
 Kalamazoo, MI 49007-5200

**TO BE COMPLETED BY THE GROUP ADMINISTRATOR**

I hereby certify that this applicant is eligible for coverage and, to the best of my knowledge, all the information provided above is correct.

\_\_\_\_\_  
 Administrator's Signature Date