

Listed below are the health plan choices offered by your group and the associated monthly rates for each, effective January 1, 2023. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2023 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).

**2023 Health Plan Choices**

Option Code	2023 Election (check one)		<u>MEDICAL</u>			MEDICAL (check one)					
	<input type="checkbox"/>	Plan Name	Single	Emp+1	Family	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MHDE	<input type="checkbox"/>	Anthem BCBS CDHP-20/HSA	\$787	\$1,417	\$2,204	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MHDG	<input type="checkbox"/>	Anthem BCBS CDHP-15/HSA	\$891	\$1,604	\$2,495	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MPP2	<input type="checkbox"/>	Anthem BCBS BlueCard PPO 90	\$1,086	\$1,955	\$3,041	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MPP3	<input type="checkbox"/>	Anthem BCBS BlueCard PPO 80	\$985	\$1,773	\$2,758	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MPP4	<input type="checkbox"/>	Anthem BCBS BlueCard PPO 70	\$894	\$1,609	\$2,503	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MS10	<input type="checkbox"/>	Anthem BCBS BlueCard MSP PPO 90	\$868	\$1,562	\$2,430	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MS11	<input type="checkbox"/>	Anthem BCBS BlueCard MSP PPO 80	\$788	\$1,418	\$2,206	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
MS12	<input type="checkbox"/>	Anthem BCBS BlueCard MSP PPO 70	\$715	\$1,287	\$2,002	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
	<input type="checkbox"/>	I decline medical coverage									

Option Code	2023 Election (check one)		<u>DENTAL</u>			DENTAL (check one)					
	<input type="checkbox"/>	Plan Name	Single	Emp+1	Family	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
DD25	<input type="checkbox"/>	Dent&Ortho-25/75	\$86	\$155	\$241	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
DD50	<input type="checkbox"/>	Basic Dent-50/150	\$62	\$112	\$174	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<input type="checkbox"/>	Family
DDPV	<input type="checkbox"/>	Preventive Dental	\$50	\$90	\$140	<input type="checkbox"/>	Single	<input type="checkbox"/>	Emp+1	<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  
 1815 Hall St SE Ste 200  
 Grand Rapids, MI 49506-4005

**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