

# BENEFIT ELECTION FORM

REGION V SERVICES

2021

## HEALTH INSURANCE

*Blue Cross Blue Shield of NE*

(Deductible Year January – December)

Rates effective 7/1/20 – 6/30/21

### Monthly Premium

- \_\_\_\_\_ \$50.00 Single Employee Coverage
- \_\_\_\_\_ \$300.00 Employee/Child(ren) Coverage
- \_\_\_\_\_ \$466.67 Employee/Spouse Coverage
- \_\_\_\_\_ \$758.33 Full Family Coverage
- \_\_\_\_\_ DECLINE Decline Health Coverage

## VISION INSURANCE

*Principal*

Rates effective 1/1/21 – 12/31/21

### Monthly Premium

- \_\_\_\_\_ \$8.44 Single Employee Coverage
- \_\_\_\_\_ \$13.44 Employee/Child(ren) Coverage
- \_\_\_\_\_ \$16.24 Employee/Spouse Coverage
- \_\_\_\_\_ \$21.24 Full Family Coverage
- \_\_\_\_\_ DECLINE Decline Vision Coverage

## LIFE INSURANCE

*Principal Life Insurance Company*

### VOLUNTARY LIFE

*Available to PT30+ staff*

\_\_\_\_\_ Voluntary Life: \$ \_\_\_\_\_

*\*\*Varies per age & tobacco use (see worksheet)*

### BASIC GROUP LIFE

*Available to FT40+ staff only*

\_\_\_\_\_ Free Basic Life \$10,000 Coverage

\_\_\_\_\_ \$1.23 Dependent Life \$2,000 Coverage

*\*\*Covers spouse & all children at one cost*

## DENTAL INSURANCE

*Principal*

Rates effective 1/1/21 – 12/31/21

### Monthly Premium

- \_\_\_\_\_ \$27.89 Single Employee Coverage
- \_\_\_\_\_ \$81.98 Full Family Coverage
- \_\_\_\_\_ DECLINE Decline Dental Coverage

I, \_\_\_\_\_, authorize Region V Services to deduct \$ \_\_\_\_\_ from my wages each pay period. Any deductions for Health, Dental, & Vision Insurance will be pre-tax.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee E-Mail \_\_\_\_\_

Phone # \_\_\_\_\_