



Retiree Name: _____

VPS Benefits Election 2023-2024

Group: Retired SecCustMaint

Coverage Period: 7/1/23 – 6/30/24

Benefits available to you in 2023-24:

- **Medical Insurance:** Cigna Open Access Plus High Deductible Health Plan

2023-24 Cost: **Single** - \$835.82/mo. **2-Person** - \$1,671.63/mo. **Family** - \$2,256.69/mo.

- **Dental Insurance:** Anthem Full Dental

2023-24 Cost: **Single** - \$21.02/mo. **2-Person** - \$58.85/mo. **Family** - \$72.90

Add-on Dental option: Dental Riders ABCD (this option is in ADDITION to the Full Dental shown above)

2023-24 Cost: **Single** - \$11.58/mo. **2-Person** - \$32.44/mo. **Family** - \$40.77

Make your choices for the 2023-24 benefits! Choose below.

I'm making no changes to my benefit for the 2023-24 plan year. Keep everything the same.

Cancel the following benefit (medical, dental, etc.): _____.

I would like to enroll in a new benefit. Mark your choice below & send HR a completed enrollment form by **May 31, 2023**:

 ___ Medical ___ Dental ___ Dental Riders ABCD

I would like to add or cancel a dependent on my insurance (send HR a completed enrollment form by **May 31, 2023**). Explain your change: _____

I certify that I have read the benefits summary and understand the benefits for which I am enrolling. I authorize my employer to make any changes noted above to my current benefit elections and to deduct from my salary the amount necessary to pay for the insurance I chose.

Such elections will remain in effect until one of the following occurs: employment ends, I elect changes in a new plan year or consistent with a qualifying event (i.e., marriage, divorce, birth, death, loss of coverage, etc.), or my employer modifies the plan. The rates and carriers shown above apply to the 2023-2024 plan year only.

I understand the above agreement.

Signature: _____ Date: _____

I agree that my electronic signature is the legal equivalent of a manual signature.

Forms must be RECEIVED in Human Resources by May 31, 2023