

ALL SUBSTITUTE AND HOURLY EMPLOYEES

HEALTHCARE 2020-2021

Anthem Blue Cross Minimum Value Plan or Kaiser Minimum Value Plan (these coverages meet the Affordable Care Act Minimum Essential Coverage)

Monthly Cost*

	Anthem Blue Cross MVP	Kaiser MVP
Employee	\$383.77	408.92
Employee + Spouse	\$805.08	805.08
Employee +Child/ren	\$690.07	690.07
Employee + Family	\$1,130.94	1130.94

*By signing below, I acknowledge that the monthly cost will be deducted from my pay check. In the event that my pay check is not sufficient to cover the cost of the premium and during summer months, I will be required to submit payment no later than the 15th of the month of coverage. If there is a lapse in coverage, I will not be able to re-enroll until the next Open Enrollment period.

Individual Deductible	\$5,900	\$4,500
Family Deductible	\$11,800	\$9,000
Individual Out-of-Pocket Limit	\$6,100	\$6,000
Family Out-of-Pocket Limit	\$12,200	\$12,000

Yes, I would like to enroll at this time.

No, I do not want to enroll at this time. I understand that I may not enroll again until the next Open Enrollment period.

Print Name _____

Signature _____ Date _____