Listed below are the health plan choices offered by your group and the associated monthly rates for each, effective January 1, 2018.
If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2018 Health Plan Choices and indicate the Tier (Single, etc.)

Member Information

Diocese of Tennessee

Name

Address

City,State Zip

Date of Birth *Social Security No.*

M ☐ F ☐

Hire Date *Gender*

Effective coverage date:

1230
Group # *Medical Billing Unit*

Employer's Name

Employer's Address

Dependent Information

If you wish to enroll one or more dependents, please fill out the second sheet which includes the following information for each: Name, Social Security Number, Gender (M/F), Date of Birth, and Relationship to Employee (Spouse, Child).

2018 Health Plan Choices

MEDICAL

2018 Election (check one)

Option Code	Plan Name	Single	Emp+1	Family
MHDE	☐ Anthem BCBS CDHP-20/HSA	$561	$1,010	$1,571
MHDG	☐ Anthem BCBS CDHP-15/HSA	$679	$1,222	$1,901
MPP2	☐ Anthem BCBS BlueCard PPO 90	$825	$1,485	$2,310
MS10	☐ Anthem BCBS BlueCard MSP PPO 90	$660	$1,188	$1,848
	☐ I decline medical coverage			

MEDICAL (check one)
☐ **Single**
☐ **Emp+1**
☐ **Family**

DENTAL

2018 Election (check one)

Option Code	Plan Name	Single	Emp+1	Family
DD25	☐ Dent&Ortho-25/75	$70	$126	$196
DD50	☐ Basic Dent-50/150	$52	$94	$146
DDPV	☐ Preventive Dental	$39	$70	$109
	☐ I decline dental coverage			

DENTAL (check one)
☐ **Single**
☐ **Emp+1**
☐ **Family**

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:

Linda Rex
Diocese of Tennessee
3700 Woodmont Blvd
Nashville, TN 37215-1800

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*

Information About Your Dependents

Coverage	Full Name	Relationship	Soc. Sec. No.	Birth Date (M/D/Y)	Gender
☐ Medical ☐ Dental					☐ Male ☐ Female
☐ Medical ☐ Dental					☐ Male ☐ Female
☐ Medical ☐ Dental					☐ Male ☐ Female