

# ALASKA CONFERENCE OF CATHOLIC BISHOPS



## Continuation of Coverage – Rate Acknowledgement

This Open Enrollment period, the plan coverages remain the same. All premiums also remain the same with the exception of a small increase to dental premiums.

Pricing for Plans				
	Higher Deductible - PPO	Lower Deductible - PPO	Vision Plan	Dental Plan
<b>Payment Responsibility:</b>				
<b>Employer</b> Employer Contribution for Employee (split)	\$893.99 monthly	\$893.99 monthly	\$14.62 monthly	\$47.40 monthly
<b>Employee</b> Employee Cost for Employee only (split)	\$10 monthly	\$157.16 monthly	-	-
<b>Employee</b> Cost for Spouse	\$1,176.09 monthly	\$1264.53 monthly	\$6.58 monthly	\$47.40 monthly
<b>Employee</b> Cost for Child(ren)	\$460.63 monthly	\$502.14 monthly	\$6.58 (for 1), \$23.39 (for 2+)	\$45.74 monthly
<b>Employee</b> Cost for Spouse+Child(ren)	\$1,636.72 monthly	\$1,766.67 monthly	\$23.39 monthly	\$93.14 monthly

I have reviewed the new medical rate schedules for plans beginning July 1, 2020, and I wish to continue my coverage “as is” without changes.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Location (name of parish, school, etc)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Don't forget:**

- 1) You must complete a designation of beneficiary form, even if you are making no changes to your insurance elections.
- 2) If you have a spouse on our health insurance plan, you must complete a new “spousal affidavit” form for the coming year (if your spouse is not on our health insurance plan, there is no need to complete the form).