

# **DELAWARE CARDIOVASCULAR ASSOCIATES**

## **HEALTH AND DENTAL INSURANCE CHOICE FORM FOR 2009-10 PLAN YEAR (JUNE 1, 2009-MAY 31, 2010)**

NAME OF EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**HEALTH INSURANCE COVERAGE TYPE CHOSEN (please check ONLY one Box):**

- BCBSDE IPA-25 Plan (BASIC HMO Plan, provided at no cost to Full Time employees at single coverage)
- BCBSDE EPO 100-250 (Intermediate Coverage Plan, with employee responsible for the premium differential over the IPA-25 single coverage premium )
- BCBSDE PPO 90/70 (Highest Coverage PPO Plan, with employee responsible for the premium differential over the IPA-25 single coverage premium )
- DCA Health Insurance Waived due to having alternative coverage.

**HEALTH COVERAGE LEVEL CHOSEN (as applicable):**

- Employee Only       Employee + Child(ren)
- Employee + Spouse       Employee + Family

**DENTAL INSURANCE COVERAGE CHOSEN (please check ONLY one Box):**

- DCA- DENTAL (Metlife Plan)
- DCA Dental Insurance Waived due to having alternative coverage

**DENTAL COVERAGE LEVEL CHOSEN (as applicable):**

- Employee Only       Employee + Child(ren)
- Employee + Spouse       Employee+Family

- Short-Term Disability, Accidental Death & Dismemberment and Life Insurance provided to all DCA Full-time Employees at DCA expense

I HAVE BEEN PROVIDED A COPY OF THE HEALTH AND DENTAL INSURANCE PREMIUMS AND THE APPLICABLE COSTS FOR ME, DEPENDING ON MY CHOICE OF INSURANCE AND COVERAGE REQUESTED. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY MONTHLY PREMIUM COSTS OVER THE IPA-25 HEALTH PLAN AND THE METLIFE DENTAL PLAN, BOTH OF WHICH ARE PROVIDED AT NO COST TO THE EMPLOYEE AT THE SINGLE (EMPLOYEE ONLY) COVERAGE LEVEL. I AM AUTHORIZING DCA TO DEDUCT THE MONTHLY PREMIUM DIFFERENTIALS IN TWO EQUAL INSTALLMENTS FROM THE FIRST TWO PAYCHECKS EVERY MONTH. I UNDERSTAND THAT THE ENROLLMENT IS ONLY COMPLETE UPON MY SUBMITTING THE NECESSARY BCBSDE HEALTH AND ANY METLIFE DENTAL FORMS IN A TIMELY MANNER. I UNDERSTAND THAT THE HEALTH AND DENTAL INSURANCE COVERAGE, EFFECTIVE DATES AND PREMIUM ARE MONTHLY, AND CANNOT BE STARTED OR TERMINATED IN THE MIDDLE OF A MONTH.

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Signature of Employee

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Date