

Bridgewater-Raritan Regional Board of Education Medical Coverage Form For Employees Wishing to Enroll in Horizon Direct Access 10

If you wish to enroll in the Horizon Direct Access 10 plan, per the collective bargaining agreement, you can do so by paying the Chapter 78 contribution on the Horizon Direct Access 15 plan and 100% of the premium cost differential between the Horizon Direct Access 10 and the Horizon Direct Access 15. Those per paycheck premium differences are listed below. Remember this cost is in addition to the Chapter 78 contribution on the Horizon Direct Access 15 plan. These medical rates are from July 1, 2019 to June 30, 2020 and do not include the contributions for the prescription plan. These are strictly medical contributions.

Per Paycheck Differential Between Horizon Direct Access 10 and Horizon Direct Access 15

Single - \$25.53 (10 months), \$21.28 (12 months)

Parent/Child - \$44.68 (10 months), \$37.24 (12 months)

Two Adult - \$51.07 (10 months), \$42.56 (12 months)

Family - \$70.21 (10 months), \$58.51 (12 months)

By signing the below you are telling us you wish to enroll in the Horizon Direct Access 10 and are aware that you will be paying the above amount (based on enrolled category) in addition to the Chapter 78 contribution on the Horizon Direct Access 15 .

I, _____ (Print Name), wish to enroll in the Horizon Direct Access 10 plan.

(Employee signature)

(Date)

FORMS MUST BE SIGNED AND RETURNED ALONG WITH YOUR HORIZON ENROLLMENT APPLICATION