

UA Choice

R/V Sikuliaq Employees Only

Health Plan Enrollment Form for FY21

www.alaska.edu/benefits



UNIVERSITY
of ALASKA
Many Traditions One Alaska

9, 10, 11 months

12 months

New Hire

Life Event: _____

Date of Life Event: _____

Employee ID	Campus	Work Phone
Last Name	First	M.

Please Print Legibly

Use this form to elect a plan option. See the FY21 Enrollment Guide and the Summary of Benefits and Coverage (SBC) for each plan to help you make your decision. Use the Dependent Enrollment Form to add or drop dependents. Be sure to read and understand the coverage effective date information on the back of this form.

Coverage for R/V Sikuliaq employees is effective the date of hire or life event. Note, this is an exception to the effective date described in the Handbook and the UA Choice Enrollment Guide.

I wish to enroll in (please choose one health plan):

750 Plan Office Use Only: [360]

FY21 Bi-Weekly Charges are listed on the reverse.

High Deductible Health Plan (HDHP) Office Use Only:[370]

Consumer-Directed Health Plan (CDHP) Office Use Only: [380, 385]

Note: This plan works differently than the other plans. Please read the Enrollment Guide for details. This plan qualifies for the Health Savings Account (HSA) (other eligibility requirements may apply).

I elect this level of coverage (please check all that apply):

Employee Coverage (Required unless Opting Out)

Dependent Coverage (Spouse/Partner and/or children): Complete and submit the Dependent Enrollment Form for FY21

I authorize the University of Alaska to reduce my salary in an amount equal to the cost of the applicable plan, in this and future years. I understand that this election cannot be revoked or changed until the next open enrollment, unless there is a loss of eligibility or life event. The change must be made within 30 days from the date of the life event. (Please contact the UA HR at ua-benefits@alaska.edu or refer to your benefits handbook for the life event definition.)

Employee Signature

Date

Email Address

Please return the completed form to UA HR

Dependent Enrollment Form: Yes _____ No _____

Entered By: _____ Date: _____ DEDN Eff. Date: _____ BCOV Eff. Date: _____ Rev. 6/18

Important Information Concerning Health Plan Enrollment

All newly hired University of Alaska employees have a 30-day election period in which to choose their preferred health care plan and dependent coverage options. The health plan requires a waiting period of 30 days from your date of hire into a benefits-eligible position before coverage is effective on the 31st day. Coverage for R/V Sikuliaq employees is effective the date of hire or life event. Note, this is an exception to the effective date described in the Handbook and the UA Choice Enrollment Guide.

If you do not submit an enrollment form and/or if you do not opt out (waive coverage) within your 30 day election period, you will automatically be enrolled in the **High Deductible Health Plan (HDHP) with employee-only coverage**.

Enrollments based on a life event are effective on the date of that life event.

UA Choice Bi-Weekly Charges for FY21

	26 Payrolls				19 Payrolls			
	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
750 Plan								
Employee (EE)	\$119.58	N/A	\$119.58	\$3,109	\$163.64	N/A	\$163.64	\$3,109
EE + Spouse	\$119.58	\$138.77	\$258.35	\$6,717	\$163.64	\$189.90	\$353.54	\$6,717
EE + 1 Child	\$119.58	\$ 48.24	\$167.82	\$4,363	\$163.64	\$ 66.00	\$229.64	\$4,363
EE + 2 Children	\$119.58	\$ 86.77	\$206.35	\$5,365	\$163.64	\$118.74	\$282.38	\$5,365
EE + 3 or more Children	\$119.58	\$115.70	\$235.28	\$6,117	\$163.64	\$156.32	\$321.96	\$6,117
EE, Spouse, 1 child	\$119.58	\$187.00	\$306.58	\$7,971	\$163.64	\$255.90	\$419.54	\$7,971
EE, Spouse, 2 children	\$119.58	\$225.62	\$345.20	\$8,975	\$163.64	\$308.74	\$472.38	\$8,975
EE, Spouse, 3 or more Children	\$119.58	\$254.50	\$374.08	\$9,726	\$163.64	\$348.27	\$511.91	\$9,726
High Deductible Health Plan (HDHP)								
Employee (EE)	\$70.43	N/A	\$ 70.43	\$1,831	\$96.37	N/A	\$ 96.37	\$1,831
EE + Spouse	\$70.43	\$ 79.89	\$150.32	\$3,908	\$96.37	\$109.32	\$205.69	\$3,908
EE + 1 Child	\$70.43	\$ 23.66	\$ 94.09	\$2,446	\$96.37	\$ 32.37	\$128.74	\$2,446
EE + 2 Children	\$70.43	\$ 42.62	\$113.05	\$2,939	\$96.37	\$ 58.32	\$154.69	\$2,939
EE + 3 or more Children	\$70.43	\$ 56.81	\$127.24	\$3,308	\$96.37	\$ 77.74	\$174.11	\$3,308
EE, Spouse, 1 child	\$70.43	\$ 103.54	\$173.97	\$4,523	\$96.37	\$141.69	\$238.06	\$4,523
EE, Spouse, 2 children	\$70.43	\$122.47	\$192.90	\$5,015	\$96.37	\$167.58	\$263.95	\$5,015
EE, Spouse, 3 or more Children	\$70.43	\$136.66	\$207.09	\$5,384	\$96.37	\$187.00	\$283.37	\$5,384
Consumer-Directed Health Plan (CDHP)								
Employee (EE)	\$55.58	N/A	\$ 55.58	\$1,445	\$76.06	N/A	\$76.06	\$1,445
EE + Spouse	\$55.58	\$61.97	\$117.55	\$3,056	\$76.06	\$ 84.79	\$160.85	\$3,056
EE + 1 Child	\$55.58	\$16.20	\$ 71.78	\$1,866	\$76.06	\$ 22.16	\$ 98.22	\$1,866
EE + 2 Children	\$55.58	\$29.16	\$ 84.74	\$2,203	\$76.06	\$ 39.90	\$115.96	\$2,203
EE + 3 or more Children	\$55.58	\$38.85	\$ 94.43	\$2,455	\$76.06	\$ 53.16	\$129.22	\$2,455
EE, Spouse, 1 child	\$55.58	\$78.12	\$133.70	\$3,476	\$76.06	\$106.90	\$182.96	\$3,476
EE, Spouse, 2 children	\$55.58	\$91.12	\$146.70	\$3,814	\$76.06	\$124.69	\$200.75	\$3,814
EE, Spouse, 3 or more Children	\$55.58	\$100.85	\$156.43	\$4,067	\$76.06	\$138.00	\$214.06	\$4,067