

Listed below are the health plan choices offered by your group and the associated monthly rates for each. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2023 Health Plan Choices and indicate the Tier (Single, etc.)

**Member Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Hire Date \_\_\_\_\_ M ☐ F ☐  
Gender

**Diocese of New Jersey****0581**

Group # \_\_\_\_\_ Medical Billing Unit \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Dependent Information**

You may obtain coverage for your eligible children who are age 30 or younger. If your group offers domestic partnership coverage, attach supporting documentation with this form. If you wish to enroll one or more dependents, please attach an additional sheet which includes the following information for each: Name, Social Security Number, Gender (M/F), Date of Birth, and Relationship to Employee (Spouse, Child).

**2023 Health Plan Choices**

2023 Election (check one)		<b>MEDICAL</b>				MEDICAL (check one)	
Option Code	Plan Name	Single	Emp+1	Emp+chd	Family		
MEAP	<input type="checkbox"/> EAP	\$4	\$4	\$4	\$4	<input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Emp+1</b> <input type="checkbox"/> <b>Emp+chd</b> <input type="checkbox"/> <b>Family</b>	
MG01	<input type="checkbox"/> Cigna Open Access Plus PPO 100	\$1,174	\$2,348	\$2,113	\$3,522		
MG02	<input type="checkbox"/> Cigna Open Access Plus PPO 90	\$1,072	\$2,144	\$1,930	\$3,216		
MGM1	<input type="checkbox"/> Cigna Open Access Plus MSP PPO 100	\$929	\$1,858	\$1,672	\$2,787		
MGM2	<input type="checkbox"/> Cigna Open Access Plus MSP PPO 90	\$857	\$1,714	\$1,543	\$2,571		
MHDC	<input type="checkbox"/> Cigna Open Access Plus CDHP-20/HSA	\$756	\$1,512	\$1,361	\$2,268		
MHDE	<input type="checkbox"/> Anthem BCBS CDHP-20/HSA	\$756	\$1,512	\$1,361	\$2,268		
MPP1	<input type="checkbox"/> Anthem BCBS BlueCard PPO 100	\$1,174	\$2,348	\$2,113	\$3,522		
MPP2	<input type="checkbox"/> Anthem BCBS BlueCard PPO 90	\$1,072	\$2,144	\$1,930	\$3,216		
MS10	<input type="checkbox"/> Anthem BCBS BlueCard MSP PPO 90	\$857	\$1,714	\$1,543	\$2,571		
MSG9	<input type="checkbox"/> Anthem BCBS BlueCard MSP PPO 100	\$929	\$1,858	\$1,672	\$2,787		
<input type="checkbox"/> I decline medical coverage							

**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:**

Patricia Hawkins  
Diocese of New Jersey  
Attn: Accounts Payable  
808 W State St  
Trenton, NJ 08618-5326

**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