2020/2021 Medical/Dental Election Memo

Part 1 Medical Insurance *Please check applicable plan or waive coverage*

Excellus

Simply Blue 25-500	
Employee	☐
Family	☐
If you or Spouse are Medicare eligible & you elect this plan; the Prescription Coverage is **Credible**.	

Signature Hybrid 1	
Employee	☐
Family	☐
If you or Spouse are Medicare eligible & you elect this plan; the Prescription Coverage is **Non-Credible**. Which means you will have a 1% premium penalty of the Part D Premium each month you are your Spouse do not have Credible Coverage.	

Signature Ded. 3	
Employee	☐
Family	☐
If you or Spouse are Medicare eligible & you elect this plan; the Prescription Coverage is **Credible.**	

☐ I waive my employer's group **MEDICAL** insurance coverage for myself and my dependents (if any).

Part 2 Dental Insurance *Please check applicable plan or waive coverage*

Excellus

Option 1 (High)	
Employee	☐
Employee & One	☐
Family	☐

Option 2 (Low)	
Employee	☐
Employee & One	☐
Family	☐

☐ I waive my employer's group **DENTAL** insurance coverage for myself and my dependents (if any).

Part 3 Department *Please check*

☐ ADM ☐ CDS ☐ ES ☐ FDD ☐ HS ☐ EHS ☐ WIC

_____

PRINT Employee Name

_____ _____

Employee Signature Date

***PLEASE NOTE: IF THERE ARE ANY CHANGES IN YOUR HEALTH INSURANCE POLICY; A NEW APPLICATION WILL NEED TO BE COMPLETED. FOR EXAMPLE: ADD OR DELETE A DEPENDENT; ADDRESS CHANGE.**

Email gahelp@gahealth.org or call (315) 701-0244 if you have any questions.