



2024 Retiree Benefit Election Pre-65 Worksheet

Medical Options:

Monthly Amount

Empire BC/BS HDHP 2800	\$ 1,020.00
Empire BC/BS HDHP 5000	\$ 976.00
Empire BC/BS Premium Plan	\$ 1,165.00
Empire BC/BS Value Plan	\$ 1,047.00
Own Coverage	\$

Dental Options:

Delta Gold	\$ 33.42
Delta Silver	\$ 31.73
Delta Bronze	\$ 31.73
Own Coverage	\$

Vision Option:

BC/BS Blue View Vision	\$ 5.52
Own Coverage	\$

Please circle the plan(s) that you would like to elect, insert an election total and your monthly contribution amount below. The HVCU monthly contribution toward your election(s) is indicated below.

Election Total	\$ _____
HVCU Contribution	\$ <u>-300.00</u>
Your Monthly Contribution	\$ _____

If you need to make a change to your bank account from which the contribution is withheld, please provide your new account number here:

Name (please print): _____

Signature: _____ Date : _____