

## Glass Gardens

### 2024 Associate Benefit Enrollment

#### Associate Plan Menu and Contributions



☐ New Hire ☐ Life Event ☐ Open Enrollment

Associate Name:  #300 Number:

Social Security Number:  Date of Birth:

Home Address:

City:  State:  Zip:

Signature:  Date:

#### ACO Network

##### Aetna Whole Health

##### Basic Managed Choice Plan (Bronze)

Associate Contributions (Weekly)

- ☐ Associate Only: **\$19.01**  
☐ Associate + Family: **\$32.68**

##### Managed Choice Plan (Silver Plus)

Annual Salary \$0 - \$74,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$40.00**  
☐ Associate + Family: **\$95.00**

##### Managed Choice Plan (Silver Plus)

Annual Salary \$75,000 - \$99,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$47.97**  
☐ Associate + Family: **\$112.48**

##### Managed Choice Plan (Silver Plus)

Annual Salary \$100,000 and up

Associate Contributions (Weekly)

- ☐ Associate Only: **\$56.44**  
☐ Associate + Family: **\$132.33**

##### HCRA Plan (Aetna Healthfund)

Annual Salary \$0 - \$74,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$32.08**  
☐ Associate + Family: **\$45.87**

##### HCRA Plan (Aetna Healthfund)

Annual Salary \$75,000 - \$99,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$32.08**  
☐ Associate + Family: **\$57.16**

##### HCRA Plan (Aetna Healthfund)

Annual Salary \$100,000 and up

Associate Contributions (Weekly)

- ☐ Associate Only: **\$32.08**  
☐ Associate + Family: **\$67.25**

#### Broad Network

##### Basic Managed Choice Plan (Bronze)

Associate Contributions (Weekly)

- ☐ Associate Only: **\$20.91**  
☐ Associate + Family: **\$35.95**

##### Managed Choice Plan (Silver Plus)

Annual Salary \$100,000 and up

Associate Contributions (Weekly)

- ☐ Associate Only: **\$62.08**  
☐ Associate + Family: **\$145.56**

##### HCRA Plan (Aetna Healthfund)

Annual Salary \$100,000 and up

Associate Contributions (Weekly)

- ☐ Associate Only: **\$35.29**  
☐ Associate + Family: **\$73.98**

##### Managed Choice Plan (Silver Plus)

Annual Salary \$0 - \$74,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$44.00**  
☐ Associate + Family: **\$105.50**

##### HCRA Plan (Aetna Healthfund)

Annual Salary \$0 - \$74,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$35.29**  
☐ Associate + Family: **\$50.46**

##### Managed Choice Plan (Silver Plus)

Annual Salary \$75,000 - \$99,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$52.77**  
☐ Associate + Family: **\$123.73**

##### HCRA Plan (Aetna Healthfund)

Annual Salary \$75,000 - \$99,999

Associate Contributions (Weekly)

- ☐ Associate Only: **\$35.29**  
☐ Associate + Family: **\$62.88**

☐ **Medical Waiver:** Since I have refused the insurance, I understand that I may not enroll in my employer's plan until the next open enrollment period unless I have a qualifying life event, such as marriage, death of a spouse, birth, adoption, a court has ordered coverage to be provided for a spouse or minor child or lose my coverage elsewhere. If I experience a qualifying life event, I understand that I must request enrollment in the plan within thirty (30) days of the qualifying life event.

Associate Name: **Dental: MetLife****MetLife Dental Plan**

Associate Contributions (Weekly)

☐ Associate Only: **\$0.00**☐ Associate + Family: **\$0.00**

☐ **Dental Waiver:** Since I have refused the insurance, I understand that I may not enroll in my employer's plan until the next open enrollment period unless I have a qualifying life event, such as marriage, death of a spouse, birth, adoption, a court has ordered coverage to be provided for a spouse or minor child or lose my coverage elsewhere. If I experience a qualifying life event, I understand that I must request enrollment in the plan within thirty (30) days of the qualifying life event.

**Vision: EyeMed****EyeMed Vision Plan: Option 1**

Associate Contributions (Weekly)

☐ Associate Only: **\$0.72**☐ Associate + One Eligible Dependent: **\$1.38**☐ Associate + Family: **\$2.03**

☐ **Vision Waiver:** Since I have refused the insurance, I understand that I may not enroll in my employer's plan until the next open enrollment period unless I have a qualifying life event, such as marriage, death of a spouse, birth, adoption, a court has ordered coverage to be provided for a spouse or minor child or lose my coverage elsewhere. If I experience a qualifying life event, I understand that I must request enrollment in the plan within thirty (30) days of the qualifying life event.

**EyeMed Vision Plan: Option 2**

Associate Contributions (Weekly)

☐ Associate Only: **\$1.17**☐ Associate + One Eligible Dependent: **\$2.34**☐ Associate + Family: **\$3.75****For administration use only.**Associate Hire Date: Effective Date: Effective Date Notes: Billing Store: Additional Notes:

Associate Name: 

## Dependent Enrollment

Please attach applicable Marriage Certificate/Birth Certificate for anyone you are adding.

Name:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ DropName:  Date of Birth:  Relationship:  SSN: **Medical** ☐ Add ☐ Drop**Dental** ☐ Add ☐ Drop**Vision** ☐ Add ☐ Drop