



Health Benefit Enrollment Form

Please complete and return completed form to Department of Human Resources for processing.
Form can be emailed: Save completed form to your computer and email as an attachment to benefits@calvertcountymd.gov

Legal Name: _____

Email: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Hire Date: _____

Please select one:

New Employee Current employee enrolling due to loss of coverage (documentation will be required)

Benefits Elections:

Insurance Types: Please select the plan you wish to enroll in and which coverage option you need

Plan: HMO Advantage **Decline Health Coverage**

Coverage: Self Employee & Spouse Employee & Child Family

Dental: Please select the plan you wish to enroll in

Self Employee & Spouse Employee & Child Family **Decline Dental Coverage**

Vision: Please select the plan you wish to enroll in

Self Employee & Spouse Employee & Child Family **Decline Vision Coverage**



Dependent Information:

Last Name, First Name	Relation	Social Security Number	Sex	Date of Birth	Type of coverage

Primary Physician (If selecting HMO):

Physician name:

Name of employee/dependent:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Flexible Spending pre tax deductions:

- Health Flex spending is limited to \$2750.00 per benefit year.
- Dependent care is limited to \$5000.00 per benefit year.

Health Flex Spending Account:

Dependent Care Spending Account:

\$ _____ (Annual Amount)

Enroll for \$ _____ (Annual Amount)

Employee Signature

Date



CareFirst Health Benefit Options and Cost Calvert County Commissioners Employees 2020 - 2021

The County Commissioners grant each benefit eligible employee a \$35.42 healthcare credit for 24 pay periods. This totals \$850.08 per year.

BlueChoice HMO Open Access with Basic Blue Vision

With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care. This plan also allows you to visit specialists directly—no referrals needed.

Enrollment Options	Annual Employee Cost	Employee Cost Per Pay Period
Employee	\$1,632.00	\$68.00
Employee & 1 Child	\$3,120.00	\$130.00
Employee & Spouse	\$3,792.00	\$158.00
Family	\$4,920.00	\$205.00

BlueChoice Advantage with Basic Blue Vision

BlueChoice Advantage offers in-and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist.

Enrollment Options	Annual Employee Cost	Employee Cost Per Pay Period
Employee	\$2,712.00	\$113.00
Employee & 1 Child	\$4,080.00	\$170.00
Employee & Spouse	\$5,400.00	\$225.00
Family	\$6,984.00	\$291.00



BlueVision Plus

Vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst through the Davis Vision, Inc. national network of providers.

Enrollment Options	Annual Employee Cost	Employee Cost Per Pay Period
Employee	\$24.00	\$1.00
Employee & 1 Child	\$48.00	\$2.00
Employee & Spouse	\$72.00	\$3.00
Family	\$96.00	\$4.00

Preferred Dental

Dental coverage allows you the freedom to see any dentist.

Enrollment Options	Annual Employee Cost	Employee Cost Per Pay Period
Employee	\$264.00	\$11.00
Employee & 1 Child	\$408.00	\$17.00
Employee & Spouse	\$576.00	\$24.00
Family	\$768.00	\$32.00