Enrollment Worksheet

Employee Name: Soc Sec # _____

Employer Name: Asbury University Effective 1-1-2024

Blue Access℠ (PPO)

Health Plan	Preventive Care Office Services Outpatient Therapy Outpatient Substance Abuse In-Network	Inpatient Facility In-Network	Outpatient Surgery: Hospital/ Alternative Care Facility In-Network	Other Outpatient Services: Hospital/ Alternative Care Facility In-Network	Inpatient/ Outpatient Professional/ Home Care In-Network	Covered Services unless otherwise stated Non-Network	Single Deductible (Family Deductible = 2x Single) In-Network	Single Deductible (Family Deductible = 2x Single) Non-Network	Single Out-of-Pocket Max (Family Out-of-Pocket = 2x Single) In-Network	Single Out-of-Pocket Max (Family Out-of-Pocket = 2x Single) Non-Network	ER	Prescription Drugs Generic / Brand / non-Form Copayments / Deductible (if applicable)
Core	$30	20%	20%	20%	20%	50%	$1,000	$2,000	$4,000	$8,000	$ 75	$10/$30/$60/$200 ded
Buy Up	$30	20%	20%	20%	20%	40%	$300	$600	$2,500	$5,000	$ 75	$10/$30/$60

Anthem Blue Access℠ (PPO) FULL TIME EMPLOYEES ONLY

Coverage Amount	Participant Only	Participant + Family
Core	$33.58	$379.94
Buy Up	$138.76	$874.74

☐ Core
☐ Buy Up

☐ Single
☐ Family

Employee Signature _____ Date _____

I understand that I have made the above plan elections for the 2024 plan year, and I hearby authorize Asbury University to reduce my pay accordingly.