

JCC Schools Health Plan Open Enrollment / Change Form

I would like to change my Single/Family health plan selection to:
(check one)

1500/2800 Veba/HSA

- Single Total Premium
 Family Total Premium

Monthly Premium

\$942.73
\$2,265.51

3375/6750 Veba/HSA

- Single Total Premium
 Family Total Premium

\$799.19
\$1,920.57

6350/12700 Veba/HSA

- Single Total Premium
 Family Total Premium

\$654.41
\$1,572.63

2500 20% Veba/HSA

- Single Total Premium
 Family Total Premium

\$777.22
\$1,867.78

I understand that the health plan change will be effective 07/01/2023 and the employee portion of the health plan premium will be updated as soon as administratively possible. Refer to your employee group contract for the current employer contribution to these premiums.

This form must be returned to Grace Grommesh at the district office by 5/19/2023.

Print Name: _____

Signature: _____

Date: _____

If you have specific questions, please contact Adam Wolff at 507-841-1148 or awolff18@msn.com.