

Lumberton Board of Education

Aetna Medical Benefits Waiver

LTEA /ALSA Members

Employee Name: _____

Plan Year: 2020

**** Due to Payroll and Benefits by November 1, 2019 ****

Aetna Choice POS II \$15 Copay (formerly Horizon Direct Access 15)

Aetna Choice POS II \$15/\$25 Copay (formerly Horizon Direct Access 15/25)

Choice POS II \$20/\$30 Copay (formerly Horizon Direct Access 20/30)

Choice POS II \$20/\$35 Copay (formerly Horizon Direct Access 20/35)

QPOS \$10 Copay (formerly Horizon POS \$10 Copay)

QPOS \$20 Copay (formerly Horizon POS \$20 Copay)

QPOS \$20/\$35 Copay (formerly Horizon POS \$20/\$35 Copay)

YOU MUST SUBMIT A COPY OF YOUR CURRENT INSURANCE CARD WITH THIS FORM.

I am waiving the following coverage:

Employee Only Employee/Spouse

Parent /1 Child Parent/Children

Family

Employee Signature: _____

Date: _____

Date Received in Board Office: _____

Payroll and Benefits Signature: _____