

Medical Premium Assistance Program

PLEASE READ THIS CAREFULLY

APPLICATIONS ACCEPTED DURING ANNUAL OPEN ENROLLMENT, NEW HIRE ENROLLMENT, LIFE EVENT, AND HOURS CHANGES TO FULL-TIME BENEFIT ELIGIBLE.

Employees could be eligible for 10% reduction on medical premiums for the 2022-2023 plan year.

ELIGIBILITY:

- 1) Be a regular full time employee (authorized 60+ hours/pay period)
- 2) Family income less than 300% of Federal Poverty Guidelines:

Family Size*	1	2	3	4	5	6
Max Income	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740

* As determined by number of dependents and income on last year's federal tax return

Full Time Medical - Biweekly Rates (Authorized to work 60+ hours per pay period)	Standard	Standard Plan Medical Premium Biweekly Credit	Advantage	Advantage Plan Medical Premium Biweekly Credit
Employee Only	\$61.21	\$6.12	\$102.68	\$10.27
Employee & Spouse	\$129.94	\$12.99	\$217.95	\$21.80
Employee & Children	\$94.90	\$9.49	\$168.13	\$16.81
Employee & Family	\$168.97	\$16.90	\$283.41	\$28.34

PROCESS:

- 1) Submit application via Deaconess email to MedicalPremiumAssistance@deaconess.com
- 2) Submit first page of 2021 federal tax return via Deaconess email to MedicalPremiumAssistance@deaconess.com
- 3) Determination letter will be mailed to your home address within 2 weeks
- 4) Call 812-450-2025 with any questions

**Medical Premium Assistance Application
Deaconess Health System**

Name _____ Employee ID Number _____ Hire Date _____
 Address _____ City _____ State _____ Zip _____
 Department _____ Job Title _____ Full Time/Part Time/DSS: _____
(Must be full time)
 Daytime Contact Phone Number: _____ Email address: _____

Dependents *including spouse		
<u>Dependent Name</u>	<u>Date of Birth</u>	<u>Do you claim on taxes?</u>

Signature of Applicant

Date

HUMAN RESOURCES DEPARTMENT FINAL APPROVAL (Circle one):

APPLICATION APPROVED

APPLICATION DENIED

COMMENTS:

Determination letter mailed to applicant: Y N

Signature, Human Resources

Date