

# The Principia

## 2010 Health Plan Election Form

Effective January 1, 2010

(Check One Option Only)

### **Option 1: UHC 7FG HDHP Plan**

#### **“Low Cost” Plan**

Includes: ***In-Network*** - \$1,250 individual/\$2,500 family deductible, No copays, 80% co-insurance after deductible, 100% coinsurance after \$2,250/\$4,500 out of pocket max is met, all services apply to deductible/coinsurance including Rx, \$10/\$30/\$50 Rx copays after Medical deductible is met

*Note: Family Deductible (\$2,500)/Out-of-Pocket (\$4,500) must be met if Employee+1 or Family coverage elected.*

\_\_\_\_ Employee only coverage  
\$30.00 per month

\_\_\_\_ Employee + 1 coverage  
\$370.00 per month

\_\_\_\_ Family coverage  
\$614.00 per month

### **Option 2: UHC 4MT HDHP Plan with HRA**

#### **“Value” Plan**

Includes: ***In-Network*** - \$2,000 individual/\$4,000 family deductible, 100% coinsurance after deductible is met, all services apply to deductible/coinsurance including Rx. \$1,000 Deductible (employee only) or \$2,000 (family) deductible buy-down through HRA

*Note: Individual Deductible (\$2,000) only must be met if Employee +1 or Family coverage elected.*

\_\_\_\_ Employee only coverage  
\$105.00 per month

\_\_\_\_ Employee + 1 coverage  
\$520.00 per month

\_\_\_\_ Family coverage  
\$770.00 per month

### **Option 3: UHC 3ML Plan with HRA**

#### **“Benefit-Rich” Plan**

Includes: ***In-Network*** - \$2,000 individual/\$4,000 family deductible; traditional plan with \$25/\$50 office visit and \$150 ER copays; 80% coinsurance after deductible, 100% coinsurance after \$3,000/\$6,000 out of pocket max is met, \$10/\$30/\$50 Rx copays, copays and RX do not apply to deductible or out-of-pocket maximum.

\$1,000 Deductible (employee only) or \$2,000 (family) deductible buy-down through HRA

\_\_\_\_ Employee only coverage  
\$155.00 per month

\_\_\_\_ Employee + 1 coverage  
\$602.00 per month

\_\_\_\_ Family coverage  
\$917.00 per month

Please check  I elect coverage for myself but decline dependant coverage.

I decline coverage for myself and any dependants.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*By signing this form I am agreeing to the deduction of the monthly amount from my paycheck on a pre-tax basis. The above premium amounts are effective through December 31, 2010.*

**The Principia**  
Group Health Insurance for Service Employees  
Provided by United Healthcare (UHC)

**2010 Health Plan Options**

**All Plans utilize the same United Healthcare Network.**

**Option 1: UHC 7FG Qualified Plan**

	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible (Ind/Fam)	\$1,250 / \$2,500	\$3,250 / \$6,500
Coinsurance (In/Out)	80%	60%
Out-of-Pocket Maximum	\$2,250 / \$4,500	\$4,250 / \$8,500
Prescription Drugs (Rx)	\$10 / \$30 / \$50 after Medical Deductible is Met	
Preventative Care Services	In-Network the Plan pays 100% of covered services – the deductible doesn't apply	

The deductible must be met before benefits are payable. Office visits, emergency room services and inpatient, outpatient services... are the responsibility of the employee until the deductible is met. Once the deductible is met, UHC will pay 80% for in-network services. Once out-of-pocket maximum is met, the Plan pays 100% of all medical and prescription costs.

NOTE: if you have employee +1 or family coverage, the family deductible or family out-of-pocket maximum must be met before any services are covered by the plan.

**Option 2: UHC 4MT Qualified Plan with Healthcare Reimbursement Account (HRA)**

	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible (Ind/Fam)	\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance (In/Out)	100%	70%
Out-of-Pocket Maximum	\$2,250 / \$4,500	\$4,250 / \$8,500
Prescription Drugs (Rx)	\$10 / \$30 / \$50 after Medical Deductible is Met	
Preventive Care Services	In-Network the Plan pays 100% of covered services – the deductible doesn't apply.	

The deductible must be met before benefits are payable. Office visits, emergency room services and inpatient/outpatient services are the responsibility of the employee until the full deductible is met. Once the deductible is met, the Plan will pay 100% for in-network services. Individual deductible (\$2,000) only must be met if Employee +1 or Family coverage elected.

The Plan includes a Health Reimbursement Account (HRA) to cover the deductible on a reimbursable basis. The HRA will reimburse participants 50% of deductibles paid up to a maximum of \$1,000 (employee only) and \$2,000 (employee +1 and Family coverage). The HRA reimbursement under family coverage (\$2,000) is available to all covered individuals.

**Option 3: UHC 3ML Qualified Plan with Healthcare Reimbursement Account (HRA)**

	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible (Ind/Fam)	\$2,000 / \$4,000	\$4,000 / \$8,000
Copays	\$25 / \$50 / \$150	none
Coinsurance (In/Out)	80%	60%
Out-of-Pocket Maximum	\$3,000 / \$6,000	\$6,000 / \$12,000
Prescription Drugs (Rx)	\$10 / \$30 / \$50	
Preventive Care Services	In-Network the Plan pays 100% of covered services after a small co-pay (\$25-\$50) per office visit or test.	

Plan provides majority of services such as office visits, outpatient services and prescriptions on a first dollar basis subject to the applicable co-pays. Copays and RX do not apply to deductible or out-of-pocket maximum. Once the deductible is met, the Plan will pay 80% for in-network services.

The Plan includes a Health Reimbursement Account (HRA) to cover the deductible on a reimbursable basis. The HRA will reimburse participants 50% of deductibles paid up to a maximum of \$1,000 (employee only) and \$2,000 (employee +1 and Family coverage). The HRA reimbursement under family coverage (\$2,000) is available to all covered individuals.

Actual coverages are subject to all the terms of the plan of insurance contained in the group policy and summarized in the *Summary of Benefits for each plan option.*