

OZARK ACTION, INC. EMPLOYEE HEALTH INSURANCE PLAN SELECTION FORM JULY 1, 2017 – June 30, 2018

EMPLOYEE NAME: _____ **PRINT CLEARLY**

I elect the following **MEDICAL** plan: (Print your name above, initial which plan of coverage and who is to be covered on the plan, sign and date below.)

_____ **Option 1 Base Plan: Blue Preferred Select Select Option L1 with RX Option AS eff 7/1/2017.**

_____ **Employee Only;** _____ **Employee/Spouse;** _____ **Employee/Child;** _____ **Employee/Family**

Deductible: \$5,900/\$11,800 in-network, \$11,800/\$23,600 out of network.
Out –Of-Pocket: \$6,600/\$13,200 in-network, \$13,200/\$26,400 out of network.
Copays--Primary Care Physician \$35; Specialist Care Physician \$35 in network; 30% out of network. First FIVE visits only; and all other charges are subject to deductible and coinsurance. . Prescription Services Retail: \$10/\$35/\$60/ 25% max in network.
Mail Order: \$500 deductible then \$15/\$125/25% of \$250 max in network; \$10/\$90/\$180/ 25% up to \$150 in network.

Payroll deductions: 17 pay periods/26 pay periods

Employee only (agency pays base only) : **\$542.65** E/ Spouse: **\$383.03 (17 pp)/ \$250.44 (26 pp)**
 E/ Child(ren): **\$287.26 (17 pp)/ \$187.82 (26 pp)** E/ Family: **\$674.14 (17 pp)/ \$440.78 (26 pp)**
Employee Base: \$542.65 x 12 = \$ 6,511.80 (OAI pays base plan coverage \$542.65)
Spouse Base: \$542.62 x 12 = \$ 6,511.44
Child(ren) Base: \$406.95 x 12 = \$ 4,883.40
Family Base: \$955.03 x 12 = \$11,460.36

_____ **Option 2: Blue Preferred Select Network eff 7/1/2016.**

_____ **Employee Only;** _____ **Employee/Spouse;** _____ **Employee/Child;** _____ **Employee/Family**

Deductible: \$5,000/\$15,000 in-network, \$10,000/\$30,000 out of network.
Out –Of-Pocket: \$6,300/\$12,700 in-network, \$12,000/\$24,000 out of network.
Copays--Primary Care Physician \$20; Specialist Care Physician \$40 in network; 40% out of network.
 Prescription Services Retail:
 \$10 tier 1, \$35 tier 2, \$60 tier 3, 25% w \$150 max tier 4 in network.

Mail Order: \$10 tier 1, \$90 tier 2, \$180 tier 3, 25% w \$150 max in network.

Payroll deductions: 17 pay periods/26 pay periods

Employee pays difference from base to Option 1 only: **\$51.49 (17 pp)/ \$33.67 (26 pp)**
 E/ Spouse: **\$486.01 (17 pp)/ \$317.77 (26 pp)** E/ Child(ren): **\$428.87 (17 pp)/ \$280.41 (26 pp)**
 E/ Family: **\$816.25 (17 pp)/ \$533.70 (26 pp)**
Employee Base Buy up Option 2: \$ 72.95 x 12 = \$ 875.40
Emp Portion/Spouse Option 2: \$ 688.55 x 12 = \$ 8,262.12
Emp Portion/Child(ren) Option 2: \$ 534.61 x 12 = \$ 6,415.32
Emp Portion/Family Option 2: \$1,156.36 x 12 = \$13,876.32

_____ **Option 3: Blue Preferred Select Network eff 7/1/2016.**

_____ **Employee Only;** _____ **Employee/Spouse;** _____ **Employee/Child;** _____ **Employee/Family**

Deductible: \$2,500/\$7,500 in-network, \$5,000/\$15,000 out of network
Out –Of-Pocket: \$5,000/\$10,000 in-network, \$10,000/\$20,000 out of network.
Co Pays--Primary Care Physician \$20 in network; Specialist Care Physician \$40 in network; 30% out of network.
 Prescription Services Retail: \$10 tier 1, \$35 tier 2, \$75 tier 3, 25% w \$150 max in network.
 Mail Order: \$10 tier 1, \$90 tier 2, \$225 tier 3, 25% w \$150 max in network.

Payroll deductions: 17 pay periods/ 26 pay periods

Employee pays difference from base to Option 3 only: **\$99.68 (17 pp)/ \$65.17 (26 pp)**
 E/ Spouse: **\$582.38 (17 pp)/ \$380.80 (26 pp)** E/ Child(ren): **\$461.71 (17 pp)/ \$301.89 (26 pp)**
 E/ Family: **\$948.94 (17 pp)/ \$620.46 (26 pp)**
Employee Base Buy up Option 3: \$ 141.21 x 12 = \$ 1,694.52
Emp Portion/Spouse Option 2: \$ 825.04 x 12 = \$ 9,900.48
Emp Portion/Child(ren) Option 2: \$ 654.09 x 12 = \$ 7,849.08
Emp Portion/Family Option 2: \$1,344.33 x 12 = \$16,131.96

_____ **Employee is opting out of Medical Insurance Coverage. This means the employee elected no coverage under the agency medical insurance plan.**

Employee's coverage could be lowered to a less expensive plan if they choose more coverage than can be payroll deducted. This summary is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Certificate and by signing this summary, I agree to the benefits for the product selected as of the effective date indicated.

Signature: Sign and Print Name Below	Date
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