

FREMONT COUNTY HEALTH INSURANCE PLANS: JANUARY 1, 2015

Standard Insurance Plan

Deductible (single/family): \$800/\$1,600 In Network
\$1,600/\$3,200 Out of Network

Out of Pocket Maximum: \$5,000/\$7,500 In Network
\$10,000/\$15,000 Out of Network

Cost for Employees before Premium Reduction Benefits:

- Single: \$202
- Employee & Dependents: \$350
- 2 Adults: \$424
- Family: \$572

REQUIRED: cholesterol & glucose test (basic chem. panel) and blood pressure, height & weight measurements completed within Dec 1 2013—Dec 1, 2014 for employees and covered spouses.

Premium Reduction: Up to \$100 per month, per person (employee & spouse)

High Deductible Insurance Plan

Deductible (single/family): \$2,500/\$5,000 In Network
\$5,000/\$10,000 Out of Network

Out of Pocket Maximum: \$6,250/\$12,500 In Network
\$12,500/\$25,000 Out of Network

Cost for Employees before Premium Reduction Benefits:

- Single: \$56
- Employee & Dependents: \$106
- 2 Adults: \$132
- Family: \$182

REQUIRED: No requirements

Premium Reduction: Up to \$100 per month, per person (emp. & spouse). Premium reduction will not exceed monthly contribution.

2015 Premium Reduction Enrollment Begins: April 1, 2015

Name (please print): _____ Dept: _____

- Any member of the FC Health Insurance Plan who does not complete this form will be automatically enrolled in the High Deductible Plan.
- Also, any employee whose covered spouse did not complete biometric measurements will also be enrolled in the High Deductible Plan.

**FORMS ARE DUE TO
PAYROLL BY
DECEMBER 5, 2014**

_____ I choose the Standard Insurance Plan

Verification of Biometrics Tests:

_____ I (We, spouse, if applicable), am (are) participating in the Premium Reduction Program.
Penny will submit names of participants to payroll

_____ I (We) am (are) NOT participating in the Premium Reduction Program but have attended the Fremont County Health Fair in 2014 and biometric tests were completed there.
Fremont County has receipt of attendance

_____ I (We) have completed the biometric testing elsewhere, and it is verified on the back of this form.

_____ My physician, or spouse's physician, has requested this requirement be waived, as verified on the back of this form.

_____ I choose the High Deductible Insurance Plan

I understand that the current Premium Reduction or Participation Incentive I (we) am (are) earning will not exceed the my monthly insurance contribution.

Signature: _____ Date: _____

BIOMETRIC VERIFICATION FOR STANDARD INSURANCE PLAN

Name: _____ (employee)
_____ (spouse, if applicable)

PHYSICIAN VERIFICATION

Fremont County offers two insurance plans for employees and covered spouses. The Standard Insurance plan requires members to complete cholesterol and glucose testing, as well as BMI (or waist) and blood pressure measurements between Dec 1, 2013—Dec 1, 2014. Results from these tests are not required to qualify for insurance. Please verify that these tests have been completed by signing below.

_____ I verify that cholesterol and glucose testing, as well as BMI (waist) and blood pressure measurements were completed between Dec. 1, 2013 and Dec. 1, 2014.

OR

_____ I feel the requirement of completing these tests should be waived for medical reasons.

Name (Please Print): _____

Signature: _____ Date: _____

WELLNESS PROGRAM COORDINATOR VERIFICATION

Available in place of physician verification

_____ I verify that cholesterol and glucose testing, as well as BMI (waist) and blood pressure measurements were completed between Dec. 1, 2013 and Dec. 1, 2014.

Signature: _____ Date: _____

Penny Fahey, Wellness Program Coordinator