

Athens Meigs ESC -- Medical and Prescription Drug Election

Effective September 1, 2009, you will have a choice of two medical / prescription drug plans, both insured by Anthem Blue Cross and Blue Shield. Below is a brief comparison of the benefit differences between the Current "High Option" Plan, and the new "Low Option" plan.

PPO Network Benefits	High Option	Low Option
Deductible	\$200 single / \$400 family (doesn't apply to services paid at 100%)	None
Coinsurance	100% (80% for med. equip. & supplies)	90%
Office Visit – copay per visit	\$10	\$20
Urgent Care / ER copays	\$35 / \$50	90% coinsurance applies
Out-of-pocket Maximum (includes deductible and copays)	\$1,000 single / \$2,000 family	\$1,000 single / \$2,000 family
Retail Prescriptions	\$5 generic / \$12 brand	\$10 tier 1 / \$30 tier 2 / \$50 tier 3
Mail-order Prescriptions	\$5 generic / \$12 brand (60 day supply)	\$15 tier 1 / \$45 tier 2 / \$75 tier 3 (90 day supply)

Contributions per bimonthly pay (through July, 2010) are as follows:

		<u>Employee Contribution</u>	
		<u>High Option</u>	<u>Low Option</u>
Single		\$ 29.81	\$ 0
Family		\$149.44	\$69.80

		<u>Head Start Employee Contribution</u>	
		<u>High Option</u>	<u>Low Option</u>
Single		\$ 29.81	\$ 0
Family		\$179.65	\$100.00

Note: Premiums will be deducted from your pay on a pre-tax basis under the Section 125 plan, so the net reduction in your pay will be less than the amounts shown above.

If you are currently covered under our Anthem plan and wish to be covered under the Low Option, you do not need to return this form. However, if you elect to continue under the current High Option, you must return this form to Bryan Swann by August 10, 2009.

Coverage will continue with your current enrollment status (i.e. single or family) until our next open enrollment, which will take place in October, 2009 for a January 1, 2010 effective date. During open enrollment, you will have the opportunity to add or terminate coverage for you and your eligible dependents. Also, you will have the opportunity to select from the High or Low Plan at that time.

I elect to enroll in the High Option medical and prescription plan. I understand that I will have the opportunity to enroll in the Low Option during the Athens ESC's next open enrollment.

Name:

Signature:

Date: