City of Twinsburg
2018 Health Insurance Plan Options

IMPORTANT - If you are keeping the same coverage or are simply switching from one plan to the other, you do not need to complete any other forms. **If you are coming off of opt-out or if you are switching family to single or single to family, you will need to complete a Medical Mutual Enrollment form** - available from HR.

	The Medical Mutual network is exactly the same for both plans			
	PPO Plan		HSA Plan	
Service Categories	Employee Pays 10% of COBRA Rate		No Employee Contribution Required	
	Network	**Non-Network**	**Network**	**Non-Network**
Deductible	$500/$1,000	$500/$1,000	$2,700/$5,400	$5,000/$10,000
Office Visit	$20	60%	100% after Deductible	60%
Annual Physical	$0	60%	$0	60%
Coinsurance %	80%	60%	100% after Deductible	60%
Emergency Room	80%	80%	100% after Deductible	100% after Deductible
Urgent Care	$20	60%	100% after Deductible	60%
Coinsurance Limit	$1,000/$2,000	$1,500/$3,000	$0	$5,000/$10,000
Prescription Drug	$5/$20/$40		100% after Deductible	
Mail Order Drug	$15/$60/$120		100% after Deductible	
	(COBRA Rates)	**Employee's Cost:**	(COBRA Rates)	**Employee's Cost:**
Single	$1,093.61	**$109.36**	$784.25	**$0**
Family	$2,676.20	**$267.62**	$1,973.81	**$0**

Dental & Vision Coverage

	Dental	**Vision**	**Employee Cost:**
Single	$35.59	$8.35	**$0**
Family	$110.18	$17.97	**$0**

I have reviewed the above plan options and I choose the following:

Select Medical Plan Option(s)

____Family PPO Plan ____Family HSA Plan
____Single PPO Plan ____Single HSA Plan
____Opt-Out of Family Medical Coverage[1]
____Opt-Out of Single Medical Coverage[2]

Select Dental Plan Option(s)

____Dental Family
____Dental Single
____Opt Out of Dental (F)[3]
____Opt Out of Dental (S)[4]

Select Vision Plan Option(s)

____Vision Family
____Vision Single
____Opt Out of Vision (F)[5]
____Opt Out of Vision (S)[6]

If you are Opting-Out of any or all City healthcare coverage, you may be eligible for an opt-out payment per Chapter 147 or per your CBA.

[1] Means that employee has eligible family members, but elects no medical coverage for them

[2] Means that employee is single and elects no medical coverage

[3,4] Means that employee and/or family will have no dental coverage

[5,6] Means that employee and/or family will have no vision coverage

Health Insurance Opt-Out Agreement

If I elect to opt out of medical coverage, I understand that I may receive monthly payments in lieu of coverage which is subject to all applicable taxes. I attest that I have alternative medical coverage in order to qualify for this Opt-Out. Additionally, I understand that if I choose to enroll later, I will have to wait until the open enrollment period unless a qualifying event occurs that results in a loss of my alternate coverage.

Print Name _____ Department _____

Signature _____ Date _____