

**SWITZERLAND COUNTY SCHOOLS  
RENEWAL 1/1/2012  
12 Month Employees**

		ANTHEM 23 HRA		ANTHEM H.S.A 10	
Deductible Single/Family		\$2,000/\$4,000		\$5,000/\$10,000	
Employer Contribution		Employer Contribution \$1,500 /\$3,000		Employer Contribution \$0	
Bridge		Bridge \$500/\$1,000		N/A	
Co-Insurance		80% In Network/60% Out of Network		100%/70%	
Out of Pocket Maximum Includes					
Deductible Single/Family		\$5,000/\$10,000		\$5,000/\$10,000	
E.R./Urgent Care					
Copay		Deductible then 20%		Deductible then 0%	
Rx-30 Day					
Generic/Formulary		Deductible then 20%		Deductible then 0%	
Non-Formulary					
Rx-90 Day-Mail Order					
Generic/Formulary		N/A		N/A	
Non-Formulary					
Primary					
Office Visit		Deductible then 20%		Deductible then 0%	
Specialist					
Office Visit		Deductible then 20%		Deductible then 0%	
Rates					
EE		\$602.27 + \$125.00 =	\$727.27		\$545.75
ES		\$1175.76 + \$250.00 =	\$1,425.76		\$1,064.20
EC		\$949.89 + \$250.00 =	\$1,199.89		\$859.75
F		\$1530.21 + \$250.00 =	\$1,780.21		\$1,385.63
Employer Contribution (Per Month)					
EE			\$458.41		\$458.41
ES			\$846.75		\$846.75
EC			\$707.60		\$707.60
F			\$1,111.00		\$1,111.00
Employee Contribution (Month/Pay)		Increase from 2011:	PAYROLL DEDUCT	Increase from 2011:	PAYROLL DEDUCT
EE		\$47.32/\$23.66	\$268.86/\$134.43	\$48.26/\$24.13	\$87.34/\$43.67
ES		\$98.16/\$49.08	\$579.01/\$289.50	\$94.14/\$47.07	\$217.45/\$108.72
EC		\$78.38/\$39.19	\$492.29/\$246.14	\$76.40/\$38.20	\$152.15/\$76.07
F		\$129.64/\$64.82	\$669.21/\$334.60	\$122.96/\$61.48	\$274.63/\$137.32

MED BEN DENTAL VISION	Rate/Month	Corp Pays/Month	Employee Pays/Check	No Change in Med Ben Rates
Employee	\$ 42.86	\$ 42.78	1.00/year	
Family Plan	\$ 114.30	\$ 42.78	\$ 47.68	

**SWITZERLAND COUNTY SCHOOLS  
RENEWAL 1/1/2012  
9 Month Employees**

		ANTHEM 23 HRA		ANTHEM H.S.A 10	
Deductible Single/Family		\$2,000/\$4,000		\$5,000/\$10,000	
Employer Contribution		Employer Contribution \$1,500/\$3,000		Employer Contribution \$0	
Bridge		Bridge \$500/\$1,000		N/A	
Co-Insurance		80% In Network/60% Out of Network		100%/70%	
<b>Out of Pocket Maximum Includes</b>					
Deductible Single/Family		\$5,000/\$10,000		\$5,000/\$10,000	
E.R./Urgent Care					
Copay		Deductible then 20%		Deductible then 0%	
Rx-30 Day					
Generic/Formulary		Deductible then 20%		Deductible then 0%	
Non-Formulary					
Rx-90 Day-Mail Order					
Generic/Formulary		N/A		N/A	
Non-Formulary					
Primary					
Office Visit		Deductible then 20%		Deductible then 0%	
Specialist					
Office Visit		Deductible then 20%		Deductible then 0%	
Rates					
EE		\$602.27 + \$125.00 =	\$727.27		\$545.75
ES		\$1175.76 + \$250.00 =	\$1,425.76		\$1,064.20
EC		\$949.89 + \$250.00 =	\$1,199.89		\$859.75
F		\$1530.21 + \$250.00 =	\$1,780.21		\$1,385.63
<b>Employer Contribution (Per Month)</b>					
EE			\$458.41		\$458.41
ES			\$846.75		\$846.75
EC			\$707.60		\$707.60
F			\$1,111.00		\$1,111.00
<b>Employee Contribution (Month/Pay)</b>					
			PAYROLL DEDUCT		PAYROLL DEDUCT
EE			\$268.86/\$179.24		\$87.34/\$58.23
ES			\$579.01/\$386.01		\$217.45/\$144.97
EC			\$492.29/\$328.19		\$152.15/\$101.43
F			\$669.21/\$446.14		\$274.63/\$183.09

MED BEN DENTAL VISION	Rate/Month	Corp Pays/Month	Employee Pays/Check
Employee	\$ 42.86	\$ 42.78	1.00/year
Family Plan	\$ 114.30	\$ 42.78	\$ 35.76

No change in Med Ben Rates
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**SWITZERLAND COUNTY SCHOOLS  
RENEWAL 1/1/2012  
Both Spouses Employed**

		ANTHEM 23 HRA		ANTHEM H.S.A 10	
Deductible Single/Family		\$2000/\$4000		\$5,000/\$10,000	
Employer Contribution	Employer Contribution \$1500/\$3000		Employer Contribution \$0		
Bridge		Bridge \$500/\$1000		N/A	
Co-Insurance	80% in Network/60% Out of Network		100%/70%		
Out of Pocket Maximum Includes					
Deductible Single/Family		\$5,000/\$10,000		\$5,000/\$10,000	
E.R./Urgent Care					
Copay		Deductible then 20%		Deductible then 0%	
Rx-30 Day					
Generic/Formulary		Deductible then 20%		Deductible then 0%	
Non-Formulary					
Rx-90 Day-Mail Order					
Generic/Formulary		N/A		N/A	
Non-Formulary					
Primary					
Office Visit		Deductible then 20%		Deductible then 0%	
Specialist					
Office Visit		Deductible then 20%		Deductible then 0%	
Rates					
EE		\$602.27 + \$125.00 =	\$727.27		\$545.75
ES		\$1175.76 + \$250.00 =	\$1,425.76		\$1,064.20
EC		\$949.89 + \$250.00 =	\$1,199.89		\$859.75
F		\$1530.21 + \$250.00 =	\$1,780.21		\$1,385.63
Employer Contribution (Per Month)					
EE			\$458.41		\$458.41
ES			\$846.75		\$846.75
EC			\$707.60		\$707.60
F			\$1,111.00		\$1,111.00
Employee Contribution (Per Month)			PAYROLL DEDUCT		PAYROLL DEDUCT
EE			\$268.86/\$134.43		\$87.34/\$43.67
ES			\$508.94/\$254.47		\$147.38/\$73.69
EC			\$492.29/\$246.14		\$152.15/\$76.07
F			\$614.20/\$307.10		\$219.62/\$109.81

MED BEN DENTAL VISION	Rate/Month	Corp Pays/Month	Employee Pays/Check
Employee	\$ 42.86	\$ 42.78	1.00/year
Family Plan	\$ 114.30	\$ 42.78+42.78	\$ 14.37

No change  
in Med Ben Rates

NOTE: You only need to complete this form if you are changing plans or coverage. If you are changing coverage, then you must also complete an Anthem change form.

SWITZERLAND COUNTY SCHOOL CORPORATION  
HEALTH ENROLLMENT FORM FOR 2012

Open enrollment for Anthem is December for January coverage. Please complete this form and return it to the Business Office by December 27, 2011 if you wish to make changes. Call with questions: 427-2673. Each employee should elect a plan and coverage. If you select the HSA 3 plan, then you may also elect to have funds contributed to an HSA account.

Employee Name \_\_\_\_\_ SS or Anthem ID # \_\_\_\_\_

I choose health plan: (choose one only)

I want this coverage: (choose one only)

\_\_\_\_\_ HRA 23

\_\_\_\_\_ Employee Only

\_\_\_\_\_ HSA 3

\_\_\_\_\_ Employee/Children

\_\_\_\_\_ I decline coverage

\_\_\_\_\_ Employee/Spouse

\_\_\_\_\_ Family Plan

I have selected the HSA 3 plan and would like to contribute \_\_\_\_\_ per pay to my HSA account at \_\_\_\_\_ Bank. Maximum contribution for 2011 is \$3100 single and \$6250 family.

\_\_\_\_\_ Routing number

\_\_\_\_\_ Account number (Must be a separate HSA account)

I understand that I cannot change or revoke this election at any time during the Plan Year unless I have a Qualifying Life Event change (i.e. marriage, divorce, death, birth or adoption of a child, termination of spouse's coverage or employment). I understand that I am not eligible again until the annual open enrollment, unless I have a change in family status or qualifying HIPAA event as described above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_