

**Current Plans Offered:** PPO4; PPO5; PPO8; HRP; Dental B; Vision A; Life A; Dep Life A; EAP Active

**Life Coverage:** \$20k Base

**Current Network:** United Health

Effective January 1<sup>st</sup>, 2022 our group selects the following benefit options to be offered to our staff:

**IF NO PLAN CHANGES (deletions or additions), mark here and sign the second page**

**NETWORK OPTIONS**     United Healthcare Network     Rocky Mountain Health Plan

**You may choose a maximum of three medical plans plus the Hospital Reimbursement Plan (HRP)**

MEDICAL	PLAN	OFFICE CO-PAY (primary/specialist)	HOSPITAL CO-PAY	DEDUCTIBLE (single/family)	MAXIMUM OOP (single/family)
<b>PPO Plans</b>					
___	PPO2	\$30/\$30	N/A	\$600/\$1,800	\$3,500/\$7,000
___	PPO3	\$35/\$35	N/A	\$1,000/\$3,000	\$3,750/\$7,500
___	PPO4	\$40/\$40	N/A	\$1,500/\$4,500	\$4,000/\$8,000
___	PPO5	\$45/\$45	N/A	\$2,500/\$7,500	\$4,500/\$9,000
___	PPO6	\$50/\$50	N/A	\$3,000/\$9,000	\$5,000/\$10,000
___	PPO7	\$55/\$55	N/A	\$4,000/\$12,000	\$6,000/\$12,000
___	PPO8	\$55/\$55	N/A	\$5,000/\$14,000	\$7,000/\$14,000
<b>EPO Plans</b>					
___	EPO3	\$40/\$55	\$1,000	N/A	\$5,000/\$10,000
___	EPO4	\$45/\$60	\$1,500	N/A	\$5,500/\$11,000
___	EPO5	\$50/\$65	\$2,500	N/A	\$6,000/\$12,000
___	EPO6	\$55/\$70	\$3,000	N/A	\$6,500/\$13,000
<b>High Deductible Health Plans</b>					
___	HD2800	N/A	N/A	\$2,800/\$5,600	\$5,000/\$10,000
___	HD3500	N/A	N/A	\$3,500/\$7,000	\$6,000/\$12,000
___	HDHP2	N/A	N/A	\$2,000/\$4,000	\$4,000/\$8,000
___	HDHP3	N/A	N/A	\$3,000/\$6,000	\$5,000/\$10,000
___	HDHP4	N/A	N/A	\$4,000/\$8,000	\$6,000/\$12,000
___	HDHP5	N/A	N/A	\$5,000/\$10,000	\$6,550/\$13,100
<b>Kaiser Health Plans</b>					
___	KP-DHMO 0750	\$30/\$40	N/A	\$750/\$2,250	\$3,300/\$6,600
___	KP-DHMO 1000	\$35/\$35	N/A	\$1,000/\$3,000	\$3,500/\$7,000
___	KP-DHMO 1500	\$40/\$40	N/A	\$1,500/\$4,500	\$4,000/\$8,000
___	KP-DHMO 2500	\$40/\$40	N/A	\$2,500/\$7,500	\$4,500/\$9,000

___	KP-HDHP 1500	N/A	N/A	\$1,500/\$3,000	\$3,000/\$6,000
___	KP-HDHP 2500	N/A	N/A	\$2,500/\$5,000	\$3,000/\$6,000
___	KP-HMO 40	\$40/\$50	\$1000	N/A	\$4,500/\$9,000
___	KP-HMO 45	\$45/\$60	\$1500	N/A	\$5,000/\$10,000
___	KP-HMO 50	\$50/\$65	\$2,000	N/A	\$5,500/\$11,000
<b>Other (Secondary to other primary coverage)</b>					
___	HRP	Hospital Reimbursement Plan (\$1,000 per day for hospital confinement for un-reimbursed charges)			
<b>Dental (Please choose one)</b>					
___	Plan A	\$2,000 annual benefit maximum/ \$2,000 Ortho lifetime maximum (includes adult ortho)			
___	Plan B	\$1,500 annual benefit maximum/ \$1,500 Ortho lifetime maximum (child only)			
___	Plan C	\$1,500 annual benefit maximum/ No Ortho			
<b>Vision (Please choose one)</b>					
___	Plan A	(UMR) 12/24/24 \$150 frames, no network			
___	Plan B	(VSP) 12/12/24, \$160 frames, \$15 copay at VSP providers			
___	Plan C	(VSP) 12/12/12, \$175 frames, \$10 copay at VSP providers			
<b>Life</b>					
<input checked="" type="checkbox"/>	Employer Group Life (Volume \$20k min to \$450k max) – Required				
___	Dependent Group Life (Volume \$5k spouse, \$2k child)				
___	Voluntary Life (Employee, Spouse and Child Coverage)				

*\* See Benefit Changes Form for any changes in deductible/out of pocket*

**Please sign and return this form as soon as possible, preferably by *October 15<sup>th</sup>, 2021***

**OPEN ENROLLMENT SUPPLIES: Once all REQUIRED DOCUMENTS have been signed and returned to Willis Towers Watson, open enrollment supplies will be updated as needed and attached in the CEPT online Community portal under the Resource Center tab. If no updates are required, supplies will be accessible at any time. Requests for additional printed supplies will require an order in the Community by clicking the "Request Supplies" link located within the Resource Center.**

Open enrollment should be held sometime between October and mid-November. To ensure ID cards are received prior to January 1<sup>st</sup>, 2022, enrollment changes should be returned to Willis Towers Watson **by *November 19<sup>th</sup>, 2021***

Group Name: Fremont County

Branch Number: 00R1

Authorized by *Dwayne M. [Signature]*

Date *9-1-2021*

**(Please keep one copy for your records)**



**August 2, 2021  
Branch # 00R1**