



2017 BENEFITS ELECTION FORM

Weekly

For 2017, Schuster Co is continuing coverage with HealthPartners for our Medical benefits. Please make your selections below, sign and return this form to Erica Wenzel by your enrollment deadline or fax to 866-546-6976. Questions, please contact (712) 546-5124 x1402.

*** If you do not wish to participate in a plan, please check the boxes marked "waive", and sign and return the form ***

Employee Name _____

Employee Social Security Number _____

Coverage Type & Premium Selection: I choose the following coverage type and premium deduction:

Weekly Premium Deductions Per Paycheck - 52 Pay Periods per Year (pre-tax)

Please mark change box if selecting different coverage for 2015	C H G	Wellness Incentive Eligible Rates		Standard Insurance Rates		Waive Coverage
		Employee Only	Family	Employee Only	Family	
Health Partners - Traditional Plan ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$131.00	<input type="checkbox"/> \$78.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> Waive
Health Partners - High Deductible Plan ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/> \$32.00	<input type="checkbox"/> \$62.00	<input type="checkbox"/> \$42.00	<input type="checkbox"/> \$80.00	<input type="checkbox"/> Waive
Health Savings Account Contribution		_____	_____	_____	_____	
		(\$20-63 per week)	(\$50-125 per week)	(\$20-63 per week)	(\$50-125 per week)	

⁽¹⁾ Traditional Health Plan *

	Individual	Family
Deductible In-Network	\$2,500	\$5,000
Coinsurance In-Network		20%
Out-of-Pocket Maximum In-Network	\$5,000	\$10,000
Preventive Care	Covered @ 100%	
Primary Care Office Visit Copay	\$30	
Specialist Visit Copay	\$60	
Prescription Drug Copays	\$15 / \$40 / \$60 / \$250 Specialty	

⁽²⁾ High Deductible Health Plan (HSA Eligible) *

	Individual	Family
Deductible In-Network	\$3,500	\$6,850
Coinsurance In-Network		0%
Out-of-Pocket Maximum In-Network	\$3,500	\$6,850
Preventive Care	Covered @ 100%	
Office Visit Copay	Deductible, then Coinsurance	
Specialist Visit Copay	Deductible, then Coinsurance	
Prescription Drug Copays	Deductible, then Coinsurance	

Payments are made out of the account until the deductible is met.

* Please see SBC for detailed information regarding your benefits

By signing below, I understand this coverage and authorize Schuster Co to withhold premiums from my paychecks on a pre-tax basis. I understand this coverage is valid from from the effective date and no changes may be made mid-year unless there is a qualifying event. If the waived coverage box above has been checked, I acknowledge that I have been given an opportunity to apply for group insurance offered by my employer and am choosing to waive all coverages for myself and my dependents.

Employee Signature _____ **Date** _____