



**HEALTH INSURANCE COVERAGE & INFORMATION – OCTOBER 1, 2009
COLUMBIA-MONTOUR-SNYDER-UNION COUNTIES REGION**

Hope Enterprises' CMSU Region insures its full-time employees through the Employee Medical and Prescription Drug Plan via a contract with Keystone HMO, a Capital Blue Cross subsidiary. The plan is known as a **Health Maintenance Organization (HMO)**. In most HMO plans, participants must be referred by their primary care physician (PCP); however, this plan is a direct access/no referral plan that allows you to directly access a physician or hospital within Keystone HMO (a 21-county area) without a referral from your PCP. A majority of local physicians and all hospitals within the CMSU Region participate with the Keystone HMO network.

Co-pays are associated with some benefits. In-network co-pays for your primary care physician visits are \$20 and are \$40 for specialty physician office visits including chiropractic care. Preventive visits have a \$20 co-pay and are covered at 100%. There is a \$500 single/\$1000 family maximum deductible for in-hospital stays per calendar year and there are no co-insurance charges. Prescription drugs are available through Express Scripts at co-pays for a 30 day supply – Generic \$15, Name Brand \$30, and Non-Formulary \$50. Mail order prescriptions for a 90-day supply are \$40/\$75/\$125.

Each full-time employee is eligible to become a Plan participant on the first day of employment, provided he/she is receiving compensation from the employer as an active employee on such date. Coverage ceases on the last day of active work. An eligible employee who lacks other health coverage is required to elect at least "employee only" coverage as a condition of employment with Hope Enterprises.

The employee's share of the premium qualifies as a Section 125 Premium Conversion Plan. This arrangement through payroll deduction allows your share to reduce your pre-tax income, thereby resulting in less federal income and Social Security taxes that further reduce the actual cost of your share of the premium. CMSU employees hired on or before February 28, 2009, share in the cost of the health insurance plan on a sliding scale as follows:

| | |
|------------------|-----|
| 0-2 Years | 20% |
| 2-3 Years | 15% |
| 3-4 Years | 10% |
| 4-5 Years | 5% |
| 5 Years & Beyond | 0% |

CMSU Employees hired March 1, 2009 and after participate in the cost of the Health Plan at the 20% year rate as indicated in the premium rate chart below.

Monthly premiums for the plan effective as of October 1, 2009, are as follows.

| Type of Coverage KEYSTONE HMO | Monthly - Annual Premium | | Hope's Monthly Share @ 80% | Employee's Monthly Share @ 20% | Biweekly Payroll Deduction |
|---|-----------------------------|-------------|----------------------------------|--------------------------------------|----------------------------------|
| Employee Only | \$456.54 | \$ 5478.48 | \$365.24 | \$91.30 | \$42.14 |
| Parent & Child | \$958.55 | \$11,502.60 | \$766.84 | \$191.71 | \$88.48 |
| Parent & Children | \$958.55 | \$11,502.60 | \$766.84 | \$191.71 | \$88.48 |
| Employee & Spouse | \$1,008.86 | \$12,106.32 | \$807.09 | \$201.77 | \$93.12 |
| Family | \$1,329.34 | \$15,952.08 | \$1,063.48 | \$265.86 | \$122.70 |

Hope offers a Health Waiver Credit for full-time employees eligible to receive health insurance through our group but who choose not to participate because of other available coverage (this must be through a private insurance carrier). This option requires a Declination Waiver and evidence of the type of coverage for which you are eligible (see attached form). Before making a decision, please carefully review the health insurance plans available to you. This Waiver Credit totals \$1,200 per year and is paid in biweekly installments of \$46.15 (see Health Waiver Credit Provisions).

This plan is described in an official document that is kept on file in the Administrative/Human Resources Department and is available for inspection by any participant.