



PEARSON WALL SYSTEMS

To: Pearson Wall Systems Eligible Employees - Eligibility date is 60 days from the date of hire.

Pearson Wall Systems has received quotes for health Care Insurance. Below is a brief description of the 2 plans offered as well as the cost for each plan after the employer contribution. United Health Care provided the most comprehensive and competitive rates.

Plan Option number 1 is a Choice Plus plan with a \$3,000.00 deductible with office visits and prescription costs noted in the columns within.

Plan Option number 2 is a HSA plan. This means that a personal HSA account **can be** set up in conjunction with the health plan and tax-deductible dollars can be run through the account for qualified expenses. All costs for care provided on this plan are subject to deductible and copays do not apply for prescriptions until the \$3,500.00 deductible is met.

The rates after employer contribution are as follows:

MONTHLY RATES 2018	UHC Choice +	UHC HSA
Employee	\$246.32	\$215.81
Employee + Spouse	\$689.71	\$604.26
Employee + Child(ren)	\$624.02	\$546.71
Employee + Family	\$952.45	\$834.46

Please indicate below if you would will or will not be participating in one of the plan options. Check the lines below that you choose.

I would like to participate in the Pearson Wall Systems Health Care plan _____.
I would not like to participate in the Pearson Wall Systems Health Care Plan _____.

UHC CHOICE + _____ UHC HSA _____

Print Name _____ Sign Name _____

Date _____

Pearson Wall Systems

Health Insurance Options Effective 01/01/2018

	Current / Option 1	Option 2
	UHC AA8L	UHC AM78 HSA - Eligible
Plan Design	PPO	PPO
Deductible	\$3,000/\$9,000	\$3,500/\$7,000
Coinsurance	20%	0%
Out of Pocket Maximum	\$6,600/\$13,200	\$4,000/\$8,000
Office Visit		
Preventive	\$0	\$0
Primary Care Physician	\$30	Deductible
Specialist	\$60	Deductible
Urgent Care	\$75	Deductible
Major Diagnostic	\$400	Deductible
Emergency Room	\$400	Deductible
Drug Card		
Rx Deductible	\$100	Medical Deductible
Tier 1	\$10	\$10
Tier 2	\$35	\$35
Tier 3	\$50	\$60
Employee Monthly Premium		
Single	\$246.32	\$215.81
Employee/Spouse	\$689.71	\$604.26
Employee/Child(ren)	\$624.02	\$546.71
Family	\$952.45	\$834.46

This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.