Muskingum University

Employee Medical Plan Election Form
Benefits Effective August 1, 2018

	Option 1 **2500/5000**	Option 2 **5000/10000**
Deductible: (single/family)		
In-Network	$2,500/$5,000	$5,000/$10,000
Out-of-Network	$5,000/$10,000	$10,000/$20,000
Co-insurance:		
In-Network	80/20%	80/20%
Out-of-Network	60/40%	50/50%
Maximum out of Pocket: (single/family)		
In-Network	$5,500/$11,000	$6,600/$13,200
Out-of-Network	Unlimited	Unlimited
Emergency Room:	$200 ER copay	$200 ER copay
Urgent Care:	$50 UC copay	$50 UC copay
Retail Prescriptions:	$20/$40/$80/30%	$20/$40/$80/30%
Mail Order Prescriptions:	$40/$80/$160/30%	$40/$80/$160/30%
Office Visit Co-pay:	$25 in network	$40 in network
	☐	☐
	Single	**Single**
	Employee Plus Spouse	**Employee Plus Spouse**
	Employee Plus Children	**Employee Plus Children**
	Family	**Family**

Print Employee Name: _____

Employee Signature: _____ **Date:** _____