



Muskingum University

Employee Medical Plan Election Form
Benefits Effective August 1, 2019



	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 Employee Plus Spouse Employee Plus Children Family	Single Employee Plus Spouse Employee Plus Children Family

Print Employee Name: _____

Employee Signature: _____ Date: _____