

Benefits Election Form January 1-December 31, 2015

MEDICAL-Aetna POS Plan

- \$750 *In-Network* Individual Deductible
- \$1,500 *In-Network* Family Deductible
- Access to Out-of-Network Benefits
- No lifetime maximum benefits
- Preventive Care covered at 100%

DENTAL-Aetna PPO Plan

- No Individual Deductible
- No Family Deductible
- Access to Out-of-Network Benefits
- \$2,500 Calendar Year Maximum
- Preventive Care covered at 100%

MEDICAL-Aetna POS HRA Plan

- \$1,250 *In-Network* Individual Deductible
- \$2,500 *In-Network* Family Deductible
- \$500 Individual ER Funded HRA account
- \$1,000 Family ER Funded HRA account
- Preventive Care covered at 100%

VISION-VSP Plan

- \$20 Copay for exam and glasses
- \$150 Frame allowance
- \$150 Contact allowance
- 20% Discount off amount over allowance
- Access to Out-of-Network reimbursement

TEMP Employees: <i>Pre-Tax Costs</i>		
	Weekly	My Election (Mark an X next to your selection)
Aetna Medical POS Plan		
EE Only	\$ 141.02	
EE + SP	\$ 289.10	
EE + CH	\$ 243.97	
Family	\$ 424.48	
I elect to waive coverage (Please Circle)	Yes No	
Aetna Medical POS HRA Plan		
Weekly		
EE Only	\$ 124.86	
EE + SP	\$ 255.96	
EE + CH	\$ 216.00	
Family	\$ 375.82	
I elect to waive coverage (Please Circle)	Yes No	
Aetna PPO Dental Plan		
Weekly		
EE Only	\$ 16.36	
EE + SP	\$ 31.42	
EE + CH	\$ 42.02	
Family	\$ 57.08	
I elect to waive coverage (Please Circle)	Yes No	
VSP Vision Plan		
Weekly		
EE Only	\$ 2.89	
EE + SP	\$ 4.63	
EE + CH	\$ 4.73	
Family	\$ 7.62	
I elect to waive coverage (Please Circle)	Yes No	

I have reviewed and read my Michael Page International enrollment materials. I understand that by signing and submitting this form and applicable enrollment forms, I am making a binding election for my benefits. I also understand that I may not change my elections until next open enrollment unless I have a “qualified life status event”. I authorize Michael Page International to make pre-tax deductions from my pay as shown above.

Employee Signature

Date

New for 2015 Minimum Value Base HSA Medical Plan

TEMP Employees: Pre-Tax Costs		
< \$25,000 Annual Salary		My Election
Aetna Minimum Value HSA Plan	Weekly	(Mark an X next to your selection)
EE Only	\$ 29.23	
EE + SP	\$ 151.05	
EE + CH	\$ 113.93	
Family	\$ 262.44	
I elect to waive coverage (Please Circle)	Yes No	
\$25,001 - \$50,000 Annual Salary		
Aetna Minimum Value HSA Plan	Weekly	
EE Only	\$ 45.67	
EE + SP	\$ 167.50	
EE + CH	\$ 130.37	
Family	\$ 278.88	
I elect to waive coverage (Please Circle)	Yes No	
\$50,001 - \$75,000 Annual Salary		
Aetna Minimum Value HSA Plan	Weekly	
EE Only	\$ 91.35	
EE + SP	\$ 213.17	
EE + CH	\$ 176.04	
Family	\$ 324.55	
I elect to waive coverage (Please Circle)	Yes No	
> \$75,000 Annual Salary		
Aetna Minimum Value HSA Plan	Weekly	
EE Only	\$ 116.02	
EE + SP	\$ 237.84	
EE + CH	\$ 200.72	
Family	\$ 349.23	
I elect to waive coverage (Please Circle)	Yes No	

I attest that I was educated on the Minimum Value Base HSA plan prior to enrollment. I understand that this is a high deductible health plan with significant member out-of-pocket expense prior to reaching the annual deductible. I would like to *enroll* in the Minimum Value HSA plan upon my effective date of eligible coverage in 2015.

Employee Signature

Date

OR

I attest that I was educated on the Minimum Value Base HSA plan prior to enrollment. I understand that this is a high deductible health plan with significant member out-of-pocket expense prior to reaching the annual deductible. I would like to *waive* the Minimum Value HSA plan offering in 2015.

Employee Signature

Date