

EGYPTIAN AREA SCHOOLS EMPLOYEE HEALTH PLAN

INDIVIDUAL HEALTH PLAN SELECTION PROCEDURES NOTICE TO EMPLOYEES

Following are the rules pertinent to Employees whose Employer has chosen to offer Individual Selection of the three Health Plans offered through the Egyptian Trust. Please review this information carefully and direct any questions you may have to your Employer or to Meritain Health.

1. If Individual Selection is allowed by the local district, employees will be able to make that selection during the district's open enrollment period of August 1 through September 30 each year. The change will become effective on September 1 or October 1 depending on the Open Enrollment effective date as chosen by the Employer. A change to a different plan of benefits cannot be made until the open enrollment period the following year.
2. Employees and their dependents must be on the same plan of benefits.
3. Employees may only move from a lower plan of benefits to a higher plan of benefits (Silver to Gold or Platinum, or Gold to Platinum) after giving an advance written notice of one year. **This notice must be given during the open enrollment period.** As an example, someone desiring to move from Gold to Platinum would have to give notice during the open enrollment period (August 1 – September 30) in 2006 to make the change effective for September 1 or October 1, 2007. This notice is not revocable. However, the employee may change back to a lower plan of benefits following at least one year in the higher benefit plan.
4. During the open enrollment period in August 1 - September 30 of 2005, employees may select coverage in any of the three plans (or two plans) if their employer allows individual selection.
5. Any change in benefit plans by the employee must be provided to the employer in writing, and the employer must keep the written notice on file.

Complete the following statement and return to your Employer as a 12 month notification to change to a higher plan of benefits.

Current Coverage:

- Platinum
 Gold
 Silver
 Bronze

Change To:

- Platinum
 Gold
 Silver

Date of Notice _____

Effective Date of Coverage _____

Employee Name _____

Employee ID No. _____

I understand by increasing my health plan coverage level, I am making an irrevocable change that will become effective only with a 12 month notice to my employer. I further understand any dependents I choose to have covered under my health plan will be enrolled in the same health plan I choose.

Employee Signature _____

EMPLOYERS AND EMPLOYEES: Retain a copy for your records.