



**Earlham Group Health Plan Summary**  
**Effective July 1, 2009**

*This information is not intended to be comprehensive. Please refer to the Summary Plan Description for details.*

Coverage is required for full time employees and available for spouses, dependents and same-sex domestic partners. Annual premiums and employee contributions, both established and effective in July of each year are:

Plan	Annual Premium	Bi-Weekly Premium	Monthly Premium	Contribution %
Employee only	\$8,798.00	\$338.38	\$733.17	1.05%
Employee plus one	\$20,827.00	\$801.04	\$1,735.58	7.1%
Employee plus two or more	\$21,793.00	\$838.19	\$1,816.08	7.4%
Earlham Family*	\$21,793.00	\$838.19	\$1,816.08	2.1% (from both)

*\*Earlham Family: This coverage applies when two Earlham employees are married (to each other) and have dependent children covered by Earlham’s health plan.*

Employee contributions are pre-tax and Earlham pays the remaining balance of health premiums. The plan offers 90/10 coverage for expenses after deductibles when using PPO providers, 80/20 when using Reid Hospital\* and 70/30 when using non-PPO providers. Single and family deductibles are \$500 and \$1000, respectively. Maximum annual out-of-pocket limits are \$1,800 and \$3,000 respectively. Deductibles are applied to a calendar year: January 1<sup>st</sup> through December 31<sup>st</sup>. Office visits require no co-pays; these expenses apply toward deductibles and out of pocket maximums. Prescriptions do not apply to deductibles or out of pocket maximums.

*\*Reid Hospital will impose a financial penalty for non-emergency visits to the emergency room (ER). If the ER physician determines ER care was a non-emergency visit, the plan will cover 80% (after deductible) instead of the prior 90% level.*

**The health plan network is Encore:** [www.encoreconnect.com](http://www.encoreconnect.com) Use this website to search for providers in your area. (Please register as an employee to fully benefit from the services provided through this site.)

**The plan’s prescription drug program service is provided by MEDCO:** [www.medco.com](http://www.medco.com) (Please register as an employee to fully benefit from the services provided through this site.) Our three tier pharmacy co-pay is: \$10.00 for generic, \$25.00 for preferred brands and \$40.00 for non-preferred brands. Mail order services are available for a 90 day supply: \$20.00 for generic, \$50.00 for preferred brands and \$80.00 for non-preferred brands,

The plan provides a **wellness program** of \$400.00 a calendar year for each covered participant. The wellness program does not apply to deductibles and covers preventive care, including but not limited to physicals, lab charges (preventive), immunizations, prostate exams and more. Mammograms are paid 100% outside of the wellness allotment.

Our health plan **benefits apply for care outside the United States.** However, as is true anywhere outside our PPO network, you will often be expected to pay for services up front and then submit the claims yourself. Therefore, employees should be sure to obtain documentation and receipts for all services and charges you intend to submit to the health plan.