



I M P A C T  
S Y S T E M S , I N C .

*“Advancing the Human Spirit”*



Open Enrollment  
2012

# 2012 Employee Benefits Open Enrollment Meeting Schedule



Following is your 2012 Benefits Open Enrollment Information; please be sure to read the information carefully as the plan designs of the medical insurance coverage have changed.

Below is a schedule of Employee Benefits Open Enrollment Meetings set up to give you the opportunity to hear a presentation from our insurance representatives on all of the employee benefit coverages available to you for 2012. **You must to attend one of the sessions to enroll for benefits**; every session is open to all benefit eligible employees. The sessions will give you the opportunity to ask questions complete, and turn in your benefits enrollment forms.

Region	Date	Time	Address
Luzerne	Tuesday 2/14/2012	10:00 - 12:00	Knights Of Columbus, 59 Parry Street, Luzerne PA 18709
Dauphin	Wednesday 2/15/2012	10:00 - 12:00	Colonial Park United Church of Christ, 500 Devonshire Rd., Harrisburg PA 17109
Lehigh	Wednesday 2/15/2012	10:00 - 12:00	Slovak Center Social Club, 5th & Grove Streets, North Catasauqua, PA 18032
Chester / Delaware	Friday 2/17/2012	10:00 - 12:00	Milestones Events, 600 Market Street, West Chester, PA 19382

# A MESSAGE FROM OUR CEO

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Dear Fellow Employee:

Impact Systems' Employee Benefits Open Enrollment for 2012 will take place from Monday February 13th through Friday February 17, 2012. This is your opportunity to review insurance benefits and make choices for the upcoming plan year. I invite you to review the enclosed Employee Benefit Open Enrollment information that is contained within this packet. You will find a vast array of important information including plan summaries and contribution schedules as well as dates, times and locations for employee information meetings.



As in previous years, our goal has been to afford Impact employees the opportunity to obtain comprehensive employee benefit coverages and to do so at a competitive cost. The cost of health care coverage remains an issue of national significance. With the continuation of skyrocketing premiums and reduction of coverage levels, many employers are faced with the daunting decision of whether they can afford to offer any health care coverage to their employees. However, we at Keystone have remained steadfast that providing employees and their families with access to comprehensive and affordable health care coverage is a top priority. While some employers may see health care coverage as an option, we see it as a significant component in conjunction with leave time and salary as part of our organization's entire compensation and benefits package.

I am pleased to inform you that we have been able to work closely with our current health and dental insurance carriers, United Health Care (UHC) and Aetna, and have arranged to continue to offer coverage through these two providers. The Aetna dental plans will remain exactly the same as is while there is a slight modification to the two UHC plans that are being offered.

On the following pages you will find the plan summaries and contribution schedules for the two UHC health care plans that will be offered for the 3/1/12 benefits plan renewal. It is important to remember that all preventative care will continue to be covered at 100%. Therefore, all pediatric well visits, pediatric immunizations, routine gynecological care, and annual physicals will continue to be provided through UHC physicians at no cost to you!

Additionally, prescription coverage will remain the same as the 2011 program. (A reminder to all who are on maintenance medications: it will continue to be less expensive to use the mail order feature of the prescription program for all medications that are filled for long-term and ongoing utilization.)

I encourage each of you to carefully review the materials contained in this Open Enrollment brochure and attend the Open Enrollment Employee Benefits Information Meeting for your region so you can make the most appropriate benefit decisions for you and your family.

On a personal note, please allow me to express my gratitude to each of you for your efforts, energy, and enthusiasm in support of our mission and vision. I thank you for demonstrating your unwavering commitment to "Advancing the Human Spirit."

Sincerely,

  
Robert W. Baker  
President/CEO  
Keystone Service Systems, Inc.  
Keystone Autism Services

## 2012 BENEFIT HIGHLIGHTS

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- **Life Insurance**

All full time benefit eligible employees are provided with life insurance. The premiums for this coverage is 100% employer paid.

- **401(k) - 403(b)**

All employees over 18 years of age are provided the option of enrolling in the employer sponsored 401(k) plan and/or 403(b) plan. Open Enrollment for these plans will be July 1, 2012.

- **Medical Insurance**

While medical insurance coverage for all benefit eligible employees continues to be provided through **United Health Care (UHC)**, there are modifications to the plan design. The deductible reimbursement previously provided by Impact Systems will be discontinued. All reimbursement receipts for the current plan year must be submitted by June 30, 2012.

- **Vision**

For 2012 the vision program will remain the same with no plan design changes. Consult the UHC plan document for full plan information

- **Prescription**

For 2012 the prescription drug program will remain exactly the same with no plan design changes. Consult this packet of information and your UHC plan document for full plan information

- **Dental Insurance**

There are no changes to the dental insurance plan that will be offered through **Aetna** to all benefit eligible employees. Dental benefits are entirely employee paid.

- **AFLAC**

Although information regarding AFLAC benefits are not included in this Open Enrollment Benefits packet, a representative from AFLAC will attend each of the Employee Informational meetings to present the benefits available and assist with enrollment. AFLAC benefits are entirely employee paid.

**It is critical that you turn in your Employee Benefits Open Enrollment Election Form (enclosed) during the Open Enrollment Employee Informational meeting next week. The meeting schedule can be found on page 1.**

**If you do not complete and return an enrollment form your benefits will be terminated effective February 29, 2012.**

Additionally, please be aware that because of the tax advantages associated with employee benefits, the Internal Revenue Service (IRS) limits when employees can make changes and add dependents. Generally, you may make changes or add dependents only during annual Employee Benefits Open Enrollment. However, if you experience a qualifying life event, such as birth, marriage, or divorce, the IRS allows you to make changes within 31 days of the event. After the 31 days, you cannot make a change or add a dependent until the next annual Employee Benefits Open Enrollment period.

# MEDICAL

UNITED HEALTHCARE

[www.myuhc.com](http://www.myuhc.com)

877-844-4999

	UHC 7DM		UHC 7EM	
	In Network	In Network	Out of Network	
<b>Calendar Year Deductible</b>				
Individual	\$1,000	\$1,000	\$2,000	
Family	\$2,000	\$2,000	\$4,000	
<b>Out of Pocket Maximum</b>				
Individual	\$4,000	\$4,000	\$10,000	
Family	\$8,000	\$8,000	\$20,000	
<b>Preventive Care</b>	Plan pays 100%; deductible waived	Plan pays 100%; deductible waived	Plan pays 60% after deductible	
<b>Office Visit</b>				
PCP	\$30 co-pay	\$30 co-pay	Plan pays 60% after deductible	
Specialist	\$30 co-pay	\$30 co-pay		
<b>Hospital Services</b>				
Inpatient Hospital Admission	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	
Outpatient Surgical Procedure	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	
Anesthesia	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	
<b>Diagnostic Services</b>				
Lab, X-ray, Medical Test	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	
<b>Maternity Services and Newborn Care</b>	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	
<b>Mammogram and Gynecological Screening - one/benefit period</b>	Plan pays 100%; deductible waived	Plan pays 100%; deductible waived	Plan pays 60% after deductible	
<b>Therapy - 20 visits/benefit period</b>				
Outpatient Physical, Occupational, & Speech Therapy	\$30 copay per visit	\$30 copay per visit	Plan pays 60% after deductible	
<b>Emergency Room</b>	\$150 co-pay	\$150 co-pay		
<b>Mental Health Care</b>				
Inpatient or Outpatient Services	Plan pays 80% after deductible for IP care. OP care \$30 copay	Plan pays 80% after deductible for IP care. OP care \$30 copay	Plan pays 60% after deductible	
<b>Prescription Drugs</b>				
Retail - Generic	\$15 co-pay	\$20 co-pay		
Brand Preferred	\$35 co-pay	\$40 co-pay		
Brand Non-Preferred	\$50 co-pay	\$60 co-pay		
Mail Order - Generic	\$37.50 co-pay	\$50 co-pay		
Brand Preferred	\$87.50 co-pay	\$100 co-pay		
Brand Non-Preferred	\$125 co-pay	\$150 co-pay		
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited		

\* The UHC 7DM plan provides in-network benefits only.

# DENTAL

Aetna

 [www.aetna.com](http://www.aetna.com)

	<b>DHMO</b>	<b>PPO</b>
<b>Annual Deductible</b> <b>Individual</b> <b>Family</b>	N/A N/A	\$50 \$150
<b>Office Visit Co-Pay</b>	\$10	Plan pays 100%
<b>Diagnostic Services</b> Oral examinations, <b>Preventative Services</b> Oral examinations, Routine Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants, Palliative Emergency Treatment, Consultations	Plan pays 100%	Plan pays 100%
<b>Basic Services</b> Fillings, Oral Surgery	Patient Pays According to Pre-Negotiated Dental Fee Schedule	Plan pays 80%
<b>Major Services</b> Periodontics, Endodontics, Prosthodontics ( <i>construction and repair of bridges and dentures</i> )	Patient Pays According to Pre-Negotiated Dental Fee Schedule	Plan pays 50%
<b>Annual Benefit Maximum</b>	N/A	\$1,000

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# 2012 PER PAY EMPLOYEE CONTRIBUTIONS

## MEDICAL - UNITED HEALTHCARE

	UHC 7DM**	UHC 7EM
	Employee Rate	Employee Rate
<b>Employee Only</b>	\$5.00	\$13.90
<b>Employee + Spouse</b>	\$345.69	\$366.15
<b>Employee + Child</b>	\$209.03	\$224.87
<b>Employee + Children</b>	\$209.03	\$224.87
<b>Employee + Family</b>	\$512.63	\$538.70
<b>Opt-Out Benefit*</b>	\$42.55	\$42.55

\*Proof of other insurance must be provided to receive the Opt-out Benefit.

\*\* 7DM provides in-network only benefits

## DENTAL - AETNA

	DHMO	PPO
<b>Employee Only</b>	\$9.74	\$16.45
<b>Employee + 1 dependent</b>	\$17.97	\$29.66
<b>Employee + 2 or more dependents</b>	\$26.78	\$46.87

Note: All above rates are semi-monthly based on payroll deductions coming out of the first two pay periods per month.

# MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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## **OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility.**

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565





**ALABAMA – Medicaid**

Website: <http://www.medicaid.alabama.gov>  
 Phone: 800-362-1504

**ALASKA – Medicaid**

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
 Phone (Outside of Anchorage): 888-318-8890  
 Phone (Anchorage): 907-269-6529

**ARIZONA – CHIP**

Website: <http://www.azahcccs.gov/applicants/default.aspx>  
 Phone (Outside of Maricopa County): 877-764-5437  
 Phone (Maricopa County): 602-417-5437

**ARKANSAS – CHIP**

Website: <http://www.arkidsfirst.com/>  
 Phone: 888-474-8275

**CALIFORNIA – Medicaid**

Website: [http://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)  
 Phone: 866-298-8443

**COLORADO – Medicaid and CHIP**

Medicaid Website: <http://www.colorado.gov/>  
 Medicaid Phone: In-state: 800-866-3513; Out-of-state: 800-221-3943  
 CHIP Website: <http://www.CHPplus.org>  
 CHIP Phone: 303-866-3243

**FLORIDA – Medicaid**

Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>  
 Phone: 877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/>  
 Click on Programs, then Medicaid  
 Phone: 800-869-1150

**IDAHO – Medicaid and CHIP**

Medicaid Website: [www.accessstohealthinsurance.idaho.gov](http://www.accessstohealthinsurance.idaho.gov)  
 Medicaid Phone: 800-926-2588  
 CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)  
 CHIP Phone: 800-926-2588

**INDIANA – Medicaid**

Website: <http://www.in.gov/fssa>  
 Phone: 800-889-9948

**IOWA – Medicaid**

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
 Phone: 888-346-9562

**KANSAS – Medicaid**

Website: <https://www.khpa.ks.gov>  
 Phone: 800-792-4884

**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>  
 Phone: 800-635-2570

**LOUISIANA – Medicaid**

Website: [www.lahipp.dhh.louisiana.gov](http://www.lahipp.dhh.louisiana.gov)  
 Phone: 888-342-6207

**MAINE – Medicaid**

Website: <http://www.maine.gov/dhhs/OIAS/public-assistance/index.html>  
 Phone: 800-321-5557

**MASSACHUSETTS – Medicaid and CHIP**

Medicaid & CHIP Website: <http://www.mass.gov/MassHealth>  
 Medicaid & CHIP Phone: 800-462-1120

**MINNESOTA – Medicaid**

Website: <http://www.dhs.state.mn.us/>  
 Click on Health Care, then Medical Assistance  
 Phone (Outside of Twin City area): 800-657-3739  
 Phone (Twin City area): 651-431-2670

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
 Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>  
 Phone: 800-694-3084

**NEBRASKA – Medicaid**

Website: <http://www.dhhs.ne.gov/med/medindex.htm>  
 Phone: 877-255-3092

**NEVADA – Medicaid and CHIP**

Medicaid Website: <http://dwss.nv.gov/>  
 Medicaid Phone: 800-992-0900  
 CHIP Website: <http://www.nevadacheckup.nv.org/>  
 CHIP Phone: 877-543-7669

**NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/ombp/index.htm>  
 Phone: 603-271-4238

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>  
 Medicaid Phone: 800-356-1561  
 CHIP Website: <http://www.njfamilycare.org/index.html>  
 CHIP Phone: 800-701-0710

**NEW MEXICO – Medicaid and CHIP**

Medicaid Website: <http://www.hsd.state.nm.us/mad/index.html>  
 Medicaid Phone: 888-997-2583  
 CHIP Website: <http://www.hsd.state.nm.us/mad/index.html>  
 Click on *Insure New Mexico*  
 CHIP Phone: 888-997-2583

**NEW YORK – Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
 Phone: 800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <http://www.nc.gov>  
 Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>  
 Phone: 800-755-2604

**OKLAHOMA – Medicaid**

Website: <http://www.insureoklahoma.org>  
 Phone: 888-365-3742

**OREGON – Medicaid and CHIP**

Medicaid and CHIP Website: <http://www.oregonhealthykids.gov>  
 Medicaid and CHIP Phone: 877-314-5678

**PENNSYLVANIA – Medicaid**

Website: <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>  
 Phone: 800-644-7730

**RHODE ISLAND – Medicaid**

Website: [www.dhs.ri.gov](http://www.dhs.ri.gov)  
 Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>  
 Phone: 888-549-0820

**TEXAS – Medicaid**

Website: <https://www.gethipptexas.com/>  
 Phone: 800-440-0493

**UTAH – Medicaid**

Website: <http://health.utah.gov/upp/>  
 Phone: 866-435-7414

**VERMONT – Medicaid**

Website: <http://www.greenmountaincare.org/>  
 Telephone: 800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>  
 Medicaid Phone: 800-432-5924  
 CHIP Website: <http://www.famis.org/>  
 CHIP Phone: 866-873-2647

**WASHINGTON – Medicaid**

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>  
 Phone: 800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**

Website: <http://www.wvrecovery.com/hipp.htm>  
 Phone: 304-342-1604

**WISCONSIN – Medicaid**

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>  
 Phone: 800-362-3002

**WYOMING – Medicaid**

Website: <http://www.health.wyo.gov/healthcarefin/index.html>  
 Telephone: 307-777-7531

# ANNUAL NOTICES

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## **WOMEN'S HEALTH ACT**

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

## **CONTINUATION REQUIRED BY FEDERAL LAW FOR YOU AND YOUR DEPENDENTS**

**The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income.**

Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents to continue health insurance if their coverage ceases due to your death, divorce or legal separation, or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Impact Systems, Inc., in accordance with HIPAA, protects your Protected Health Information (PHI). Impact Systems, Inc. will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides you your medical, dental, and vision benefits or as mandated by law. A copy of the Keystone Service Systems, Inc. Notice of Privacy Practices is available upon request in the Human Resources department.

This brochure summarizes the health care and income protection benefits that are available to Impact Systems, Inc. employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

**Information provided in this brochure is not a guarantee of benefits.**



# 2012 Open Enrollment Election Form

<b>**HR USE ONLY:</b> UHC: Group Number 0718832 Aetna: Group Number 659539 Reason for Change: <input checked="" type="checkbox"/> Open Enrollment	Effective Date <u>March 1, 2012</u>
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## Personal Information - ALL employees electing coverage must complete this section in its entirety.

Employee Name (First, Middle Initial, Last)		Social Security Number		
Home Address		City	State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Main Phone Number	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Date of Hire (MM/DD/YYYY)
ISI Project Office	Work Phone Number	Date of Birth (MM/DD/YYYY)		

## Dependent Information - Complete this section for all dependents to be covered, regardless of any prior enrollment

Full Name (First, Middle Initial, Last)	Gender	Date of Birth	Social Security Number	Plan Options
Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Dependent 1	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Dependent 2	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Dependent 3	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Dependent 4	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Dependent 5	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Dependent 6	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Medical <input type="checkbox"/> Dental

## Medical Election - *United Health Care*

<input type="checkbox"/> <b>No Medical Election (Waiver Benefit /Opt-Out)</b> - An Opt Out benefit is available to employees who are able to provide proof of other medical coverage for the new plan year.) -		
	<b>UHC 7DM</b>	<b>UHC 7EM</b>
<b>Employee Only</b>	<input type="checkbox"/> \$5.00 per pay	<input type="checkbox"/> \$13.90 per pay
<b>Employee + Spouse</b>	<input type="checkbox"/> \$345.69 per pay	<input type="checkbox"/> \$366.15 per pay
<b>Employee + Child</b>	<input type="checkbox"/> \$209.03 per pay	<input type="checkbox"/> \$224.87 per pay
<b>Employee + Children</b>	<input type="checkbox"/> \$209.03 per pay	<input type="checkbox"/> \$224.87 per pay
<b>Employee + Family</b>	<input type="checkbox"/> \$512.63 per pay	<input type="checkbox"/> \$538.70 per pay

*Continued On Next Page*

**Dental Election -**

Aetna

**No Dental Election**

I certify that I have been given the opportunity to participate in the group dental insurance plan provided by Impact Systems, Inc. The plans have been explained to me and I **DECLINE** to participate.

per pay

	<b>DHMO</b>	<b>PPO</b>
<b>Employee Only</b>	<input type="checkbox"/> \$9.74 per pay	<input type="checkbox"/> \$16.45 per pay
<b>Employee + 1 Dependent</b>	<input type="checkbox"/> \$17.97 per pay	<input type="checkbox"/> \$29.66 per pay
<b>Employee + 2 or more dependents</b>	<input type="checkbox"/> \$26.78 per pay	<input type="checkbox"/> \$46.87 per pay

**Medicare Coverage Information - Complete this section if you or any dependents are covered under a Medicare plan.**

Complete Medicare information for subscriber and/or dependents currently enrolled for Medicare. (Refer to your red, white, and blue Medicare Health Insurance card for the claim number and effective dates.)

Name of Subscriber or Dependent	Medicare Claim Number	Effective Dates		Disabled?	ESRD?
		Hospital (Part A)	Medical (Part B)		

**Over-Age Disabled Dependent Verification - To be completed for disabled dependent children over age 26. Please provide documentation such as physician's certification of total and permanent disability.**

Dependent Name (First, Middle Initial, Last)	Date of Disability

**Other Insurance Coverage Information - Complete this section if you or any dependents have health care coverage with any other insurance company.**

Complete Medicare information for subscriber and/or dependents currently enrolled for Medicare. (Refer to your red, white, and blue Medicare Health Insurance card for the claim number and effective dates.)

Name of Subscriber or Dependent	Name of Health Care Plan/Insurer	Identification/Policy Number	Effective Date

**Employee Acknowledgement**

I hereby apply for the coverage indicated. I understand this application is subject to approval by the carriers, their subsidiaries, and/or reinsurers, and any coverage provided will be subject to the terms of the agreements and/or contracts issued to me. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I verify that the information supplied by me is correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date