

To: Summit Express Drivers



RE: Health Insurance Open Enrollment

As a full time employee of Summit Express, you are eligible to participate in the group health insurance plan through Tall Tree Administrators. Tall Tree Administrators offers a wide selection of plans to choose from so you can be in the “driver’s seat” of your family’s health insurance needs. SourceOne Insurance is the insurance agent for Summit Express and assists them with the administration of the plan.

The enclosed information details each of the plan options available to you and your family. You can select between the “MEC” plan (which offers **preventive care only** but eliminates your Individual Mandate penalty imposed by Obamacare) all the way through a full benefits catastrophic and major medical plan that the “MVP Plus” plan offers. Please note that you must be enrolled in order to enroll a family member and all family members must enroll in the same plan.

Open Enrollment begins Monday November 6th and runs through Wednesday November 22nd. Please call SourceOne at 1-800-436-3544 to enroll or waive the coverage. **ALL DRIVERS MUST CALL IN even if you do not want to enroll. Please note if you do not choose to enroll at this time, you will not be eligible to enroll again until next Open Enrollment.**

Representatives from SourceOne Insurance will be standing by to assist you with any questions you may have about the coverage options and to enroll you in a plan or confirm your declination of coverage.

Enrollment Call Center
SourceOne Insurance 1-800-436-3544
Monday through Friday
8:00 am and 5:00 pm ET
Ask for the Benefits Department

Summit Express
W-2 Drivers
Medical Plan Options
 Effective Date: December 1, 2017

CALL SOURCEONE TO ENROLL 1-800-436-3544
OPEN ENROLLMENT MONDAY NOV 6TH - WEDNESDAY NOV 22TH
MONDAY - FRIDAY 8:00 AM - 5:00 PM (ET)

PLEASE HAVE COVERED DEPENDENTS' SOCIAL SECURITY NUMBERS AND BIRTHDATES READY WHEN YOU CALL
***ALL DRIVERS MUST CALL IN, EVEN IF YOU ARE WAIVING COVERAGE**

	Option 1 Tall Tree	Option 2 Tall Tree	Option 3 Tall Tree
PLAN TYPE	Minimum Essential Coverage	Enhanced MEC	Enhanced MEC Plus
Network	PHCS / MultiPlan	PHCS / MultiPlan	PHCS / MultiPlan
Deductible	\$0 Ind/\$0 Fam	\$0 Ind/\$0 Fam	\$0 Ind/\$0 Fam
Preventive and Wellness	100%	100%	100%
Teledoc Phone, Video or Mobile App Access to U.S. Board-Certified Doctor 24 Hours, 7 Days a Week	NA	No Copay or Charge	No Copay or Charge
Physician copay	N/A	\$20 Copay	\$20 Copay, plan pays 60%
Specialist copay	N/A	\$40 Copay	\$40 Copay, plan pays 60%
Urgent Care Copay	N/A	\$50 Copay	\$50 Copay, Plan pays 60%
RX Deductible	N/A	N/A	N/A
Generic / Preferred Brand / Non-Preferred Brand	N/A	\$10 Copay / Not Covered / Not Covered	\$10 Copay / \$40 Copay / \$80 Copay
Specialty High Cost & Compounds	N/A	Not Covered	Not Covered
Diagnostic Lab work	N/A	\$50 Copay	\$50 Copay
Imaging/Radiology (CT/PET Scan, MRIs)	N/A	\$400 Copay	\$500 Copay
Hospital Facility and Inpatient Services	N/A	Not Covered	\$500 Copay, then Plan pays 60% (Plan payment based on 125% of Medicare Allowable Payment) Limited to 5 days
Outpatient Copay (Hospital Facility)	Not Covered	Not Covered	Not Covered
Emergency Room Facilities	N/A	Not Covered	Not Covered
Coinsurance	N/A	100%	100%
Out of Pocket Maximum (Incl. Ded.)	N/A	\$6,500 Ind/\$13,000 Fam	\$5,500 Ind/\$13,000 Fam
Medicare Reimbursement % Level	N/A	N/A	125%
Lifetime Maximum	Unlimited	Unlimited	Unlimited
	Option 1 Minimum Essential Coverage	Option 2 Enhanced MEC	Option 3 Enhanced MEC Plus
	Weekly Pre-Tax Deduction	Weekly Pre-Tax Deduction	Weekly Pre-Tax Deduction
	Employee Only \$0.00	Employee Only \$27.27	Employee Only \$59.38
	Employee & Spouse \$4.17	Employee & Spouse \$54.20	Employee & Spouse \$124.26
	Employee & Child(ren) \$4.80	Employee & Child(ren) \$58.26	Employee & Child(ren) \$105.29
	Employee & Family \$8.46	Employee & Family \$81.89	Employee & Family \$172.62

This is only a brief summary of benefits and rates. Please refer to the proposal and/or SPD for more details.



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W-2 Drivers
Medical Plan Options
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	Option 4 <i>Tall Tree</i>	Option 5 <i>Tall Tree</i>	Option 6 <i>Tall Tree</i>
PLAN TYPE	Basic Minimum Value Plan	Minimum Value Plan	Minimum Value Plan Plus
Network	PHCS / MultiPlan	PHCS / MultiPlan	PHCS / MultiPlan
Deductible	\$6,500 Ind/\$13,700 Fam	\$0 Ind/\$0 Fam	\$0 Ind/\$0 Fam
Preventive and Wellness	100%	100%	100%
Teledoc Phone, Video or Mobile App Access to U.S. Board-Certified Doctor 24 Hours, 7 Days a Week	No Copay or Charge	No Copay or Charge	No Copay or Charge
Physician copay	\$50 Copay, plan pays 60%	\$20 Copay	\$20 Copay
Specialist copay	\$70 Copay, plan pays 60%	\$40 Copay	\$40 Copay
Urgent Care Copay	\$70 Copay, plan pays 60%	\$50 Copay	\$50 Copay
RX Deductible	N/A	N/A	N/A
Generic / Preferred Brand / Non-Preferred Brand	Deductible / Deductible / Not Covered	\$10 Copay / Not Covered / Not Covered	\$10 Copay / \$40 Copay / \$80 Copay
Specialty High Cost & Compounds	Not Covered	Not Covered	Not Covered
Diagnostic Lab work	Deductible, then Plan pays 100%	\$50 Copay, Then The Plan pays 100%	\$50 Copay, Then The Plan pays 100%
Imaging/Radiology (CT/PET Scan, MRIs)	Deductible, then Plan pays 100%	Not Covered	\$50 Copay, Then The Plan pays 100%
Hospital Facility and Inpatient Services	Deductible, then Plan pays 100% (Plan payment based on 125% of Medicare Allowable Payment)	\$400 Copay, then Plan pays 100% (Plan payment based on 125% of Medicare Allowable Payment)	\$400 Copay, then Plan pays 100% (Plan payment based on 125% of Medicare Allowable Payment)
Outpatient Copay (Hospital Facility)	Not Covered	Not Covered	\$400 Copay then plan pays 100%; plan payment based on 125% of Medicare
Emergency Room Facilities	Deductible, then Plan pays 100%	\$400 Copay, then Plan pays 100% (Plan payment based on 125% of Medicare Allowable Payment)	\$400 copay then Plan pays 100% (Plan payment based on 125% of Medicare)
Coinsurance	100%	100%	100%
Out of Pocket Maximum (Incl. Ded.)	\$6,500 Ind/\$13,700 Fam	\$2,000 Ind/\$13,200 Fam	\$2,000 Ind/\$13,200 Fam
Medicare Reimbursement % Level	125%	125%	125%
Lifetime Maximum	Unlimited	Unlimited	Unlimited
	Option 4	Option 5	Option 6
	Basic Minimum Value Plan	Minimum Value Plan	Minimum Value Plan Plus
	Weekly Pre-Tax Deduction	Weekly Pre-Tax Deduction	Weekly Pre-Tax Deduction
	Employee Only \$74.37	Employee Only \$83.89	Employee Only \$121.80
	Employee & Spouse \$155.46	Employee & Spouse \$171.08	Employee & Spouse \$249.17
	Employee & Child(ren) \$132.31	Employee & Child(ren) \$145.58	Employee & Child(ren) \$211.92
	Employee & Family \$214.46	Employee & Family \$236.07	Employee & Family \$344.10

This is only a brief summary of benefits and rates. Please refer to the plan documents for complete details.



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**SUMMIT EXPRESS ENROLLMENT FORM
W-2 DRIVERS
COVERAGE EFFECTIVE 1/1/18**



SECTION 1 - EMPLOYEE INFORMATION

Name (Last, First, MI):

Gender: Male Female

DOB (MM/DD/YY) / /

SS#: - -

Address:

City: State: Zip:

Daytime Phone:

Hire Date: / /

Eligibility Effective Date: 01 / 01 / 2018

Email address:

SECTION 2 – COVERAGE ELECTIONS OR WAIVER OF COVERAGE – CIRCLE ONLY ONE OR CHECK COVERAGE DECLINED

	Single	EE +SP	EE +Children	Family
MEC	\$0.00	\$4.17	\$4.80	\$8.46
Enhanced MEC	\$27.27	\$54.20	\$58.26	\$81.89
Enhanced MEC +	\$59.38	\$124.26	\$105.29	\$172.62
Basic MVP	\$74.37	\$155.46	\$132.31	\$214.46
MVP	\$83.89	\$171.08	\$145.58	\$236.07
MVP+	\$121.80	\$249.17	\$211.92	\$344.10

COVERAGE DECLINED

Medical

I have elected not to apply for coverage at this time for myself or my dependents (if any). I have coverage from: (check one)

Medicare Medicaid Spouse Plan Parent Plan Individual Plan Military Plan

List current carrier and ID number-

I understand that if I waive this coverage and do not have valid coverage in another plan, in accordance with IRS rules, I must pay a fee. The fee is called the individual shared responsibility payment. The fee is sometimes called the "penalty," "fine," or "individual mandate." The 2017 penalty is \$695.00 for an individual, \$347.50 for children under 18 with a family maximum of \$2085.00

Note: You will not be able to enroll until the next open enrollment or you have a Qualified Event.

Employee must sign here **only if you are** declining coverage

X Date:

SECTION 3 – LEGAL SPOUSE'S INFORMATION

Name (Last, First, MI):

Gender: Male Female

DOB (MM/DD/YY) / /

SS#: - -

Name of Spouse's Employer (or "Not Employed"):

Is there other insurance Yes No

If spouse is covered by another Health Insurance Plan you must complete the "Other Insurance" section.

SECTION 4 – LEGAL DEPENDENT CHILDREN INFORMATION

Dependent's Name: (Last, First, MI)	Gender	Relationship	Date of Birth	Social Security Number

SECTION 5 - EMPLOYEE SIGNATURE

Please read carefully before signing: Under penalties of perjury, I certify that the information on this enrollment form is true and complete. I hereby apply for this coverage. I authorize my employer to make the necessary payroll deductions. I authorized any health care provider to release all information pertaining to care provided to me or my dependents. A photocopy of this authorization shall be valid as the original.

X	Date:
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I understand I may not drop my coverage unless there is a Qualifying Event (QE) or the Plan has an Open Enrollment period. Changes must be submitted within 30 days of Qualifying Event

SECTION 6 – OTHER INSURANCE INFORMATION

Name of Health Plan:

Group or policy #:	Phone Number:	Date Coverage Began:
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Name of all individuals covered under this plan an any additional explanations or information about this coverage:

Dependent's Name: (Last, First, MI)	Gender	Relationship	Date of Birth	Social Security Number

SECTION 7 – ELECTRONIC DATA INFORMATION

For your security and privacy you can log into our secure website to view your eligibility, view claim history and access your Explanation of Benefits for any claim that has been processed for you or your family members. In addition, you will be linked to the PPO network and other valuable information. Visit www.talltreehealth.com.

OFFICE USE ONLY

<input type="checkbox"/> Regular Enrollment: Completed within 31 days of eligible date.	Effective Date:
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Annual Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
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Locations:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employer Group Representative Signature

X	Date:
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