

Ohio Benefit Option Checklist

Please check the desired plan(s). Include this checklist with the Employer Application.

See the certificate of coverage for complete description of benefit

Step 1

Choose the Series of Plan

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> AN | <input type="checkbox"/> HD | <input type="checkbox"/> OL | <input type="checkbox"/> US |
| <input type="checkbox"/> CU | <input type="checkbox"/> HY | <input type="checkbox"/> OM | <input type="checkbox"/> None |
| <input type="checkbox"/> EA | <input type="checkbox"/> LI | <input type="checkbox"/> RT | <input type="checkbox"/> Other _____ |
-

Step 2

Choose the Plan Design

- | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> G | <input type="checkbox"/> J | <input type="checkbox"/> M | <input type="checkbox"/> P | <input type="checkbox"/> S | <input type="checkbox"/> V | <input type="checkbox"/> Y |
| <input type="checkbox"/> B | <input type="checkbox"/> E | <input type="checkbox"/> H | <input type="checkbox"/> K | <input type="checkbox"/> N | <input type="checkbox"/> O | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> Z |
| <input type="checkbox"/> C | <input type="checkbox"/> F | <input type="checkbox"/> I | <input type="checkbox"/> L | <input type="checkbox"/> O | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> X | <input type="checkbox"/> None |
-

Step 3

Choose the Prescription Drug Plan Design

- | | | | |
|--|----------------|--|---|
| <input type="checkbox"/> M8 - \$10/20/30 | \$0 Deductible | <input type="checkbox"/> G4 - \$10/30/50 | \$100 Deductible |
| <input type="checkbox"/> K4 - \$10/25/40 | \$0 Deductible | <input type="checkbox"/> S8 - \$10/30/50 | \$250 Deductible |
| <input type="checkbox"/> H9 - \$10/30/50 | \$0 Deductible | <input type="checkbox"/> Shared Rx | <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1E |
| <input type="checkbox"/> 2V - \$10/35/60 | \$0 Deductible | <input type="checkbox"/> None | |
-

Step 4

Choose Medical Plan Dual Option (if available)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Dual Option | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Multi Site | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Base Plan | _____ <input type="checkbox"/> Rx Plan _____ |
| <input type="checkbox"/> Buy Up Plan | _____ <input type="checkbox"/> Rx Plan _____ |

Not all plans are available for Dual Option – please ask Sales Representative for plan grids

Please indicate on employee enrollment form which plan each employee is enrolling in OR include a list of each choice

Step 5

Choosing an HRA

Are you adding an HRA with UnitedHealthcare Administration? If yes, please complete HRA Benefit Form.

- Yes No

Ohio Benefit Option Checklist *continued*



Step 6

Choose a Dental Plan

UnitedHealthcare PPO Dental (without Orthodontic Coverage)

- P0002 P0015 P0042 P0058 P0059
 P0060 P0091 P0095 P0117 P0123

UnitedHealthcare PPO Dental (with Orthodontic Coverage)

- P0014 P0018 P0061 P0092 P0118 P0124

UnitedHealthcare Voluntary Dental

- P1211 P1213 P1214 P1212 P1223

- None Other _____

Please complete Request to Participate form.

Step 7

Choose Life and AD&D Plan(s)

\$ _____ Flat Amount*

\$ _____ Dependent Life

\$ _____ X Salary

- None

*Groups 2 to 50- Mandatory \$15K effective June 1, 2005

Please complete Request to Participate form.

Step 8

Choose a Vision Plan

UnitedHealthcare Spectera Vision (100% Employer Paid)

- V0001 V0002
 V0003 V0004

UnitedHealthcare Spectera Vision (Dependent Buy Up Plans)

- V0009 V0010
 V0011 V0012

UnitedHealthcare Spectera Vision (Voluntary Plans)

- V0005 V0006
 V0007 V0008
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Step 9

Company Name

Effective Date