The University has implemented a Spousal Health Care Option.

My spouse has no eligibility for coverage through a group employer plan; therefore please continue my spouse’s coverage as a dependent under the University’s plan. I understand there will be no change in my share of the cost for the plan coverage.

My spouse has coverage through their group employer’s plan. My spouse will be enrolled under their employer plan which will provide their primary coverage; however, I elect to have my spouse remain on the University plan for secondary coverage. I understand there will be no change in my share for the cost of the plan coverage.

My spouse has eligibility for coverage through their group employer’s plan; however, I elect to have my spouse remain enrolled under the University plan which will provide their primary coverage. I understand there will be a premium cost sharing which will be dependent upon my choice in my health plan coverage. (Premium surcharge Base Plan = an additional 15% of the monthly premium paid by the University or for QHDHP an additional 10% of the monthly premium paid by the University.

I understand that if at anytime, my spouse becomes entitled to or loses coverage under an employer’s plan due to a change in classification, an employment hiring or termination, increase or reduction in hours, employer’s termination of contribution or plan termination, then I will notify the University’s Human Resources Office to revise my current “Spousal Health Care Election Form”. I further understand that if I misrepresent my spouse’s eligibility or ineligibility for health coverage, I will be responsible for any premium repayments for the period of time the misrepresentation occurred.

Failure to complete the form may result in the suspension of your spouse if enrolled under the University’s healthcare coverage until the Human Resources Office is in receipt of this form.
## 2015 Plan Options with NO Spousal Coverage Surcharge

<table>
<thead>
<tr>
<th>Monthly and Annual Contribution Schedule</th>
<th>Base Plan 21% Premium Contribution</th>
<th>QHDHP/HSA 6% Premium Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Per Month</td>
<td>$97.24</td>
<td>$23.18</td>
</tr>
<tr>
<td>Annual</td>
<td>$1,166.88</td>
<td>$278.16</td>
</tr>
<tr>
<td>Parent/Child Per Month</td>
<td>$254.86</td>
<td>$60.56</td>
</tr>
<tr>
<td>Annual</td>
<td>$3,058.32</td>
<td>$726.72</td>
</tr>
<tr>
<td>Parent/Children Per Month</td>
<td>$292.57</td>
<td>$69.64</td>
</tr>
<tr>
<td>Annual</td>
<td>$3,510.84</td>
<td>$835.68</td>
</tr>
<tr>
<td>Employee/Spouse Per Month</td>
<td>$254.86</td>
<td>$60.56</td>
</tr>
<tr>
<td>Annual</td>
<td>$3,058.32</td>
<td>$726.72</td>
</tr>
<tr>
<td>Family Per Month</td>
<td>$292.57</td>
<td>$69.64</td>
</tr>
<tr>
<td>Annual</td>
<td>$3,510.84</td>
<td>$835.68</td>
</tr>
</tbody>
</table>

## 2015 Plan Options with Spousal Coverage Surcharge

<table>
<thead>
<tr>
<th>Base Plan PPO Blue Traditional</th>
<th>Spousal Coverage Surcharge 36% Premium Co Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Spouse Per Month</td>
<td>$436.90</td>
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<tr>
<td>Annual</td>
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<td>Family Per Month</td>
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<td>Annual</td>
<td>$6,018.72</td>
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</table>

<table>
<thead>
<tr>
<th>Qualified HDHP with HSA</th>
<th>Spousal Coverage Surcharge 16% Premium Co Share</th>
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</thead>
<tbody>
<tr>
<td>Employee/Spouse Per Month</td>
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<tr>
<td>Annual</td>
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<td>Family Per Month</td>
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<tr>
<td>Annual</td>
<td>$2,228.64</td>
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</table>