



WELCOME TO SAVANNA

As a new employee, we recognize you may have questions about your group benefit plans. Enclosed please find a copy of the *Your Guide to Benefits* and benefit enrollments forms. Please review this guide, it contains all your benefit information.

Guide and Information:

Your Guide to Benefits - this guide provides you with a summary of coverage and cost of coverages.

There are two UHC options to choose from for your health coverage:

- Choice Plus 9TD Plan (Choice Plan option): With the Choice Plan, you pay less in paycheck deductions and have a higher deductible to reach before the plan helps you pay for your health care expenses.
- HRA Choice Plus 9TB Plan (ChoicePlus option): The Choice Plus Plan has higher paycheck deductions in exchange for a lower deductible and out-of-pocket maximum.

PLEASE NOTE:

If we do not receive a completed UHC application or this signed document “opting out” of our group coverage within 30 days of hire, we will automatically enroll you in the Choice Plan option of single (medical and dental) coverage on the first of the month following 30 days of service. Cost of this coverage is \$148.00 per month.

Health Insurance Opt-Out Notification

Savanna Energy employees may “opt-out” (decline enrollment in Savanna Energy’s Group Plan) of company provided health insurance coverage (medical and dental). If you wish to “opt-out”, please check the box below and initial beside it:

- I waive all health (medical and dental) coverage through Savanna Energy at this time. I understand that if I waive coverage at this time, I must wait until the next Health Insurance Open Enrollment period to re-enroll unless I meet the criteria under “Qualifying Family Status Changes” as described in the benefit booklet.

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge and understand that I will automatically be enrolled in the Choice Plan single coverage and \$148.00 will be deducted from my pay per month if I have not indicated above that I have chosen to opt out.

Name of Employee: _____

Signature: _____

Signature Date: _____