

## Discovery Health Plan Option Change Form

Only members who wish to change their Health Plan for 20\_\_ need to complete this form

The completed form should reach the HR Administration office not later than \_\_/\_\_/\_\_  
via Fax: \_\_\_\_\_ or email to: \_\_\_\_\_

**Late submissions will not be considered**

### Member Information

Employer name			
Member surname			Initials
Membership N°		ID N° (member)	
Telephone N°		Cellular phone N°	
Postal Address			Postal Code
email address			

Plan choice for 2017 (Key to abbreviations: MSA: Medical Savings Account / ATB: Above Threshold Benefit)

Plan Options Available	Tick		
Executive	<input type="checkbox"/>	Hospitalisation at 300% of Discovery Health rate, 25% MSA and an ATB	
Classic Comprehensive	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, 25% MSA and an ATB	
Classic Delta Comprehensive	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, 25% MSA and an ATB	
Classic Comprehensive Zero MSA	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, ZERO MSA and an ATB	
Essential Comprehensive	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, 15% MSA and an ATB	
Essential Delta Comprehensive	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, 15% MSA and an ATB	
Classic Priority	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, <u>deductibles</u> (co-payment), 25% MSA and a <u>limited</u> ATB	
Essential Priority	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, <u>deductibles</u> (co-payment), 15% MSA and a <u>limited</u> ATB	
Classic Saver	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, 25% MSA and no ATB	
Classic Delta Saver	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, 25% MSA and no ATB	
Essential Saver	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, 15% MSA and no ATB	
Essential Delta Saver	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, 15% MSA and no ATB	
Coastal Saver	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, 25% MSA and no ATB	
Classic Core	<input type="checkbox"/>	Hospitalisation at 200% of Discovery Health rate, no MSA and no ATB	
Classic Delta Core	<input type="checkbox"/>	Hospital Network, hospitalisation at 200% of Discovery Health rate, no MSA and no ATB	
Essential Core	<input type="checkbox"/>	Hospitalisation at 100% of Discovery Health rate, no MSA and no ATB	
Essential Delta Core	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB	
Coastal Core	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB	
Smart Essential	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, no MSA and no ATB	
Smart Classic	<input type="checkbox"/>	Hospital Network, hospitalisation at 100% of Discovery Health rate, with MSA and no ATB	
KeyCare Plus *	<input type="checkbox"/>	Hospitalisation and limited day-to-day benefits at network facility	
KeyCare Access *	<input type="checkbox"/>	Planned hospitalisation in contracted network of State facilities and limited day-to-day benefits at network facility	
KeyCare Core	<input type="checkbox"/>	Hospitalisation at network hospitals, no day-to-day benefits	
Vitality - Add	<input type="checkbox"/>	Vitality - Remove	
* Should you select the KeyCare Plus plan, please <u>provide the following</u> information	Confirmation of monthly income	Doctor(s) Name	KeyCare Doctor's Practice Number

MEMBER'S SIGNATURE

DATE