

Employees and spouses new to the Laitram Health Plan must complete the steps two and three of incentive requirements below ***within 90 days of their effective coverage*** to receive the Preferred Premium rate. Those who do not complete the incentive requirements will pay an additional premium as outlined below.

### Comprehensive Health Review Program - Three Easy Steps

1



**Health History & Risk Assessment**

Completed through the Marathon e-Health Portal website at: [www.marathon-health.com/MyPhr](http://www.marathon-health.com/MyPhr).  
Note: Only complete the Health History & Risk Assessment **Annual Update** if you have completed the full assessment in prior years

2



**Biometric Screening**

**Due to COVID-19, the Biometric Screening will not be required for 2021.**

Biometric screenings will be scheduled to take place on the Harahan, Baltimore, and Hammond campuses for those wanting to participate. Details to come. If attending a mass screening is not an option, you can have the screening completed as part of your free annual wellness exam (or other visit to your physician for a fee) and have the results sent to the Laitram Health Center. A form for this purpose can be found on the Laitram HR Intranet.

3



**Health Review Visit**

Face-to-face meeting (or telephonically for employees/spouses not located near the Harahan campus) with one of our Nurse Practitioners to review your Health History & Risk Assessment and biometric data.

**Health Reimbursement Account (HRA) Incentive:** If all three of the above steps are completed within the required 90 day period, you (and your spouse if enrolled) will each earn a \$100 incentive added to your HRA

**Health Reimbursement Account Proration:** Laitram's initial contribution to the HRA will be prorated based on your start date as set forth below. The \$100 incentive, if earned, is not prorated.

January 100%	February 91.66%	March 83.33%	April 75%	May 66.66%	June 58.33%
July 50%	August 41.66%	September 33.33%	October 25%	November 16.66%	December 8.33%

Health Plan Premiums 2021			
BASIC OPTION	Per Pay Period Cost (26 pay periods)		
Coverage Level	Preferred Rate	Non-Preferred Rate	Non-Preferred 2 Rate
Single	\$8.24	\$31.32	N/A
Employee + 1	\$93.23	\$116.31	\$139.38
Family	\$128.05	\$151.13	\$174.20
Employee Married to Employee	\$68.54	\$91.62	\$114.70
ENHANCED OPTION			
Single	\$31.98	\$55.06	N/A
Employee + 1	\$142.15	\$165.23	\$188.31
Family	\$205.73	\$228.80	\$251.88
Employee Married to Employee	\$77.12	\$100.20	\$123.28

Preferred Rate: Employee & Spouse (if applicable) have completed all incentive requirements

Non-Preferred Rate: Employee OR Spouse (if applicable) have not completed all incentive requirements

Non-Preferred Rate 2: Employee & Spouse have not completed all incentive requirements

Dental Plan Premiums 2021	
OPTION	Per Pay Period Cost (26 Pay Periods)
Employee Only	\$5.52
Family	\$18.60