



**CONFIDENTIAL, MANAGEMENT, SUPERVISORY & ADMINISTRATORS (DUAL COVERAGE)**  
**\$17,500 DISTRICT HEALTH BENEFITS CAP**  
**2023 - 2024 HEALTH PLAN ELECTION FORM**

**To make your selection: Check the box next to your selected plan, sign, date and return to HR - Benefits.**

Effective 10/01/2023

BENEFIT PLANS:	<i>Amount per Month for 12 Months</i> Pre-Tax Employee Premium Deduction:	Selection
<b>PPO PLAN PROVIDER - BLUE SHIELD:</b>		
<b>OP021000</b> BS PPO 100%-A, \$20 Co-pay, Rx \$7-\$25, \$0 Ind./\$0 Fam. Deductible	\$16.92	
<b>OP041000</b> BS PPO 100%-C, \$20 Co-pay, Rx \$200/\$10-\$35, \$200 Ind./\$400 Fam. Deductible	\$0.00	
<b>OP011000</b> BS PPO 90%-C, \$20 Co-pay, Rx \$9-\$35, \$200 Ind./\$500 Fam. Deductible	\$0.00	
<b>OP031000</b> BS PPO 80%-G, \$30 Co-pay, Rx \$9-\$35, \$500 Ind./\$1,000 Fam. Deductible	\$0.00	
<b>HMO PLAN PROVIDER - KAISER:</b>		
<b>234480-0027 / AMN</b> Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$0.00	
<b>234480-0029 / AMN</b> Kaiser HMO w/ Chiro, \$30 Co-Pay, Rx \$10-\$30, \$0 Ind./\$0 Fam. Deductible	\$0.00	
<b>DENTAL PLAN PROVIDER - DELTA DENTAL:</b>		
<b>7079 1390</b> DD PPO Standard Incentive Plan- \$2,000 max. per year; Ortho: Children Only (Life max \$1,500)	INCLUDED IN MEDICAL PREMIUM	
<b>VISION PLAN PROVIDER - VISION SERVICE PLAN:</b>		
<b>2978534A</b> VSP Plan C- \$0 Co-pay, Exam, Frames & Lenses every year	INCLUDED IN MEDICAL PREMIUM	
<b>LIFE INSURANCE PLAN PROVIDER - MUTUAL OF OMAHA LIFE INSURANCE:</b>		
<b>G000AMP6-A001</b> MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 65	INCLUDED IN MEDICAL PREMIUM	

**PAYROLL DEDUCTION AUTHORIZATION:** I understand that the employee premium applicable to the plan I have selected will be made through a payroll deduction. All deductions are processed pre-taxed unless otherwise requested. If post-tax option is requested you must meet with Human Resources to complete required documents.

**I am eligible for the 75% couple's rate with Spouse/Domestic Partner Name:** \_\_\_\_\_ **Spouse/DP SSN:** \_\_\_\_\_

**Employee Printed Name:** \_\_\_\_\_ **SSN/Employee 900 #:** \_\_\_\_\_

**Employee Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number/Email:** \_\_\_\_\_

**BENEFIT DEDUCTIONS:** All benefit deductions are 12 months, from October - September

**PREMIUMS:** All medical, dental, and vision plans are composite based (fixed rate regardless of number of dependents).

**PLAN CHANGES:** ONLY during a qualifying event, or open enrollment (July/Aug. of each year). Open enrollment changes are effective Oct. 1st.

**COORDINATION OF COVERAGE:** Kaiser, as an HMO, does not coordinate benefits with Blue Cross/Blue Shield plans. Spouses not primarily covered on an HMO are limited to the use of their own plans. Dependents of parents having both a PPO plan and an HMO are provided primary coverage based on the parent whose birthdate falls earliest in the calendar year, as is the case with both parents having PPO plans.

**NEW EMPLOYEES:** Coverage begins the **first of the month following start date.**

**RESIGNATION/TERMINATION:** Benefits stop on the **last day of the month the employee worked & applicable premiums were deducted.**