



**AVCFT: ADJUNCT FACULTY EMPLOYEES  
2020 - 2021 HEALTH PLAN ELECTION FORM**

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

Effective 10/1/2020 for Open Enrollment changes or 9/1/20 for new Fall Enrollees

**ADJUNCT FACULTY MUST MEET THE FOLLOWING:** The District will pay 50% of the premium for any of the health insurance programs for adjunct faculty who have **no other access** to health insurance **and** who are working **at least 6.0 LHE** or the equivalent load for non-classroom adjunct faculty (40% of full-time load).

Qualified Adjuncts who elect health coverage (except Bronze) **MUST carry dental and vision coverage.** Dental and vision premiums will be paid by the adjunct faculty member.

<b>BENEFIT PLANS:</b>	<b>Amount per Month</b>	
	<b>Pre-Tax Employee Premium Deduction:</b>	<b>Selection:</b>
<b>PPO PLAN PROVIDER - BLUE CROSS:</b>		
<b>40463A</b> BC PPO 100%-A, \$20 Co-pay, Rx \$5-\$20, \$0 Ind./\$0 Fam. Deductible	\$818.00	
<b>40463B</b> BC PPO 100%-B, \$20 Co-pay, Rx \$5-\$20, \$100 Ind./\$300 Fam. Deductible	\$804.50	
<b>40463C</b> BC PPO 80%-C, \$20 Co-pay, Rx \$5-\$20, \$200 Ind./\$500 Fam. Deductible	\$732.00	
<b>40463D</b> BC PPO 80%-K, \$30 Co-pay, Rx \$9-\$35, \$1,000 Ind./\$2,000 Fam. Deductible	\$615.50	
<b>70111B- ANCHOR BRONZE PLAN- EMPLOYEE ONLY</b> BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$286.50 NO DENTAL/VISION COVERAGE	
<b>70111B- ANCHOR BRONZE PLAN- EMP. &amp; CHILD(REN)</b> BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$449.00 NO DENTAL/VISION COVERAGE	
<b>HMO PLAN PROVIDER - KAISER:</b>		
<b>225543-1018</b> Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$589.50	
<b>225543-1019</b> Kaiser HMO w/ Chiro, \$20 Co-Pay, Rx \$10-\$20, Ind. \$0/Fam. \$0 Deductible	\$577.00	
<b>DENTAL PLAN PROVIDER - DELTA DENTAL:</b>		
<b>7079 1300</b> DD PPO Standard Incentive Plan- \$2,000 max. per year, Ortho: Children Only (Life max \$1,500)	\$119.50	
<b>7079 1350</b> DD PPO Plan- \$1,500 max. per year	\$91.00	
<b>VISION PLAN PROVIDER - VISION SERVICE PLAN:</b>		
<b>2606681A</b> VSP Signature Plan C- \$5 Co-pay, Exam, Frames & Lenses every year	\$25.50	

**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 American Fidelity to complete required documents during American Fidelity open enrollment.

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

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

**Contact Number/Email:** \_\_\_\_\_

**BENEFIT DEDUCTIONS:** All benefit deductions are taken monthly during qualified employment periods. Deductions begin with the Oct. 5th payroll for new Fall enrollees or the Nov. 5th payroll for continuing enrollees. It is the employee's responsibility to notify HR if the employee will fail to meet the qualification requirement for an upcoming semester. The district will pay no portion of benefits for any term (including Summer) in which the employee is not qualified.

**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.