



**CLASSIFIED EMPLOYEES - DUAL**  
**\$14,500 DISTRICT HEALTH BENEFITS CAP**  
**2020 - 2021 HEALTH PLAN ELECTION FORM**

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

Effective 10/01/2020

BENEFIT PLANS:	Amount per Month for 10 Months (10 mo assignment not over 12 mo)		Amount per Month for 12 Months (10, 11, or 12 mo assignment over 12 mo)	
	Pre-Tax Employee Premium		Pre-Tax Employee Premium	
<b>PPO PLAN PROVIDER - BLUE CROSS:</b>				
<b>40011A</b> BC PPO 100%-A, \$20 Co-pay, Rx \$7-\$25, \$0 Ind./\$0 Fam. Deductible	\$178.34		\$148.62	
<b>40011B</b> BC PPO 100%-B, \$20 Co-pay, Rx \$9-\$35, \$100 Ind./\$300 Fam. Deductible	\$127.04		\$105.87	
<b>40011C</b> BC PPO 90%-A, \$20 Co-pay, Rx \$9-\$35, \$100 Ind./\$300 Fam. Deductible	\$81.14		\$67.62	
<b>40011D</b> BC PPO 80%-C, \$20 Co-pay, Rx \$7-\$25, \$200 Ind./\$500 Fam. Deductible	\$23.54		\$19.62	
<b>40011E</b> BC PPO 80%-G, \$30 Co-pay, Rx \$9-\$35, \$500 Ind./\$1,000 Fam. Deductible	\$0.00		\$0.00	
<b>70111B- ANCHOR BRONZE PLAN- EMPLOYEE ONLY</b> BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE		\$0.00 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	\$0.00 NO DENTAL/VISION COVERAGE		\$0.00 NO DENTAL/VISION COVERAGE	
<b>WABE- WAIVER OF ANCHOR BRONZE ENROLLMENT</b> Access Only to EAP, Advance Medical, MDLive, & Health Smarts	\$0.00 NO MEDICAL/DENTAL/VISION COVERAGE		\$0.00 NO MEDICAL/DENTAL/VISION COVERAGE	
<b>HMO PLAN PROVIDER - KAISER:</b>				
<b>225543-0846</b> Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$0.00		\$0.00	
<b>DENTAL PLAN PROVIDER - DELTA DENTAL:</b>				
<b>7079 1290</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 - MEDICAL EYE SERVICES:</b>				
<b>31229-001</b> MES Plan C- \$0 Co-pay, Exam, Frames & Lenses every year; 2nd Pair of Glasses for Deductible	INCLUDED IN MEDICAL PREMIUM			
<b>LIFE INSURANCE PLAN PROVIDER - MUTUAL OF OMAHA LIFE INSURANCE:</b>				
<b>G000AMP6-A002</b> MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 70	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 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 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.