



ANTELOPE
VALLEY
COLLEGE

Classified Dual
2/3/24

CLASSIFIED EMPLOYEES - DUAL
\$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:	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	Selection	Pre-Tax Employee Premium	Selection
PPO PLAN PROVIDER - Anthem Blue Cross:				
40011A BC PPO 100%-A, \$20 Co-pay, Rx \$7-\$25, \$0 Ind./\$0 Fam. Deductible	\$24.74		\$20.62	
40011B BC PPO 100%-B, \$20 Co-pay, Rx \$9-\$35, \$100 Ind./\$300 Fam. Deductible	\$0.00		\$0.00	
40011C BC PPO 90%-A, \$20 Co-pay, Rx \$9-\$35, \$100 Ind./\$300 Fam. Deductible	\$0.00		\$0.00	
40011E BC PPO 80%-G, \$30 Co-pay, Rx \$9-\$35, \$500 Ind./\$1,000 Fam. Deductible	\$0.00		\$0.00	
HMO PLAN PROVIDER - Kaiser Permanente:				
234480-0027 / ALN Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$0.00		\$0.00	
234480-0028 / ALN Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$0.00		\$0.00	
DENTAL PLAN PROVIDER - Delta Dental:				
7079 1290 DD PPO Standard Incentive Plan- \$2,000 max. per year, Ortho: Children Only (Life max \$1,500)	INCLUDED IN MEDICAL PREMIUM			
VISION PLAN PROVIDER - VSP:				
3237464A VSP Signature Plan C, \$0 Co-pay, 2nd Pair	INCLUDED IN MEDICAL PREMIUM			
LIFE INSURANCE PLAN PROVIDER - Mutual of Omaha:				
G000AMP6-A002 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 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 12 month benefit deductions are October - September, all 10 month benefit deductions are per work calendar.

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.