



**ANTELOPE  
VALLEY  
COLLEGE**

**Office of Human Resources & Employee Relations  
AVC HEALTH PLAN ELECTION FORM**

**OPEN ENROLLMENT DEADLINE SEPTEMBER 4<sup>th</sup>, 2018**

**PLEASE SELECT YOUR PLAN CHOICE FROM THE LIST BELOW FOR THE 10/2018-9/2019 SCHOOL YEAR**

**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 group 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 **MUST** carry dental and vision coverage. Dental and vision premiums will be paid by the adjunct faculty member. **No** District contribution for dental and vision coverage.

EMPLOYEE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Print Clearly

New Adjunct Enrollment /New hire (See (2) below)  Changing plan (See (2) below)  No change, continuing Adjunct remaining on the plan below:

✓ BOX	Self-Insured Schools of California (SISC III) Plan Choices	Adjunct Employee HEALTH COST ONLY 9 Monthly Deductions			
	<b>IMPORTANT:</b> Employee cost is a monthly cost not a yearly cost. Yearly cost has been divided into 9 equal payments to correspond with adjunct 9 payroll deductions for the 2018-2019 school year.				
	<a href="#">40463A</a> , Blue Cross PPO, 100%-A, \$20 CP, Rx 5-20, \$0 Deductible	\$1044.00			
	<a href="#">40463B</a> , Blue Cross PPO, 100%-B, \$20 CP, Rx 5-20, \$100 Ind./\$300 Family Deductible	\$1026.67			
	<a href="#">40463C</a> , Blue Cross PPO, 80%-C, \$20 CP, Rx 5-20, \$200 Ind./\$500 Family Deductible	\$934.00			
	<a href="#">40463D</a> , Blue Cross PPO 80% K, \$30 CP, Rx 9-35, \$1000 Ind./\$2000 Family Deductible	\$784.00			
	<a href="#">70112B</a> , 2 Tier Anchor Bronze <b>Emp. ONLY</b> , 70%, <b>NO DENTAL OR VISION</b> , 30% CP (1 <sup>st</sup> 3 visits), \$5000 Deductible, Rx copays are subject to combined Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met.	\$360.00			
	<a href="#">70112B</a> , 2 Tier Anchor Bronze <b>Emp. +CHILD(REN)</b> , 70%, <b>NO DENTAL OR VISION</b> , 30% CP (1 <sup>st</sup> 3 visits), \$5000 Ind./\$10,000 Family Deductible, copays are subject to combined Medical/Pharmacy Deductible, then \$9-\$35 deductible.	\$542.67			
	<a href="#">225543-1018</a> , Kaiser with Chiropractic & Acupuncture. (See Note <sup>(1)</sup> below), \$10 CP, Rx 10-10, \$0 Deductible	\$737.33			
	<a href="#">225543-1019</a> , Kaiser with Chiropractic & Acupuncture. (See Note <sup>(1)</sup> below), \$20 CP, Rx 10-20, \$0 Deductible	\$721.33			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"> <b>Dental Incentive Plan #7079-1300</b>            \$2000 Annual Max Per Patient Per Calendar Year  <input type="checkbox"/> \$164.40            9 MONTHLY DEDUCTIONS         </td> <td style="width: 33%; text-align: center;"> <b>Dental PPO Plan #7079-1350</b>            \$1500 Annual Max Per Patient Per Calendar Year  <input type="checkbox"/> \$128.00            9 MONTHLY DEDUCTIONS         </td> <td style="width: 33%; text-align: center;"> <b>VSP Vision #2606681</b>            \$5 Co-pay  <input type="checkbox"/> \$34.00            9 MONTHLY PAYROLL DEDUCTIONS         </td> </tr> </table>	<b>Dental Incentive Plan #7079-1300</b> \$2000 Annual Max Per Patient Per Calendar Year <input type="checkbox"/> \$164.40 9 MONTHLY DEDUCTIONS	<b>Dental PPO Plan #7079-1350</b> \$1500 Annual Max Per Patient Per Calendar Year <input type="checkbox"/> \$128.00 9 MONTHLY DEDUCTIONS	<b>VSP Vision #2606681</b> \$5 Co-pay <input type="checkbox"/> \$34.00 9 MONTHLY PAYROLL DEDUCTIONS	
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**Pay Period s of Coverage**

Fall: October 2018 – 2019

**Payments will be deducted on Payroll Issue Dates (Total 9 payments for 12 months coverage)**

9/5, 10/5, 11/3, 12/5, 1/5 for six (6) month coverage From October to March (February issue date no payment)  
 3/5, 4/5, 5/4, 6/5 for six (6) month coverage From April to September (July and August issue date no payment)

**IMPORTANT PAYROLL DEDUCTION AUTHORIZATION:**

I understand 12 month benefit cost has been divided into 9 monthly payroll deductions and the Employee Cost applicable to the Plan(s) I have elected will be made through a monthly 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 documents during American Fidelity open enrollment in October/November.**

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

- NOTES:**
- (1) Kaiser, as an HMO, does not coordinate benefits with indemnity (Blue Cross/Blue Shield) policies. Spouses not primarily covered on an HMO are limited to the use of their own plans. Dependents of parents having both an indemnity 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 indemnity plans.
  - (2) A new Enrollment form must be completed for any changes of plan, addition or removal of dependents, etc. If applicable employee must provide required document (adding spouse: 2017 tax return, dependents birth certificates, if removing spouse outside of open enrollment need divorce decree), **Adjuncts LHE confirmation, waiver and certification of no other option to health insurance form, etc.. All changes apply to dental and vision coverage.**