

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

CLASSIFIED EMPLOYEES

OPEN ENROLLMENT <u>DEADLINE SEPTEMBER 4th, 2018</u> <u>PLEASE SELECT YOUR PLAN CHOICE FROM THE LIST BELOW FOR THE 10/2018-09/2019 SCHOOL YEAR:</u>

EMPLOYEE NAME:	SSN			
Print Clearly				
Employee Work Assignment: 12 Months/Year 10-Month Assignment*(working 10 months/year) 10-Month Assignment** (work 10-Month Assignment** (work 10-Month Assignment** (work 10-Month Assignment** (work)		-		
 10-Month Deduction applies ONLY to those 10-month employees who do <u>not</u> take their "docked days" 12-month deduction applies to 12, 11, and 10-Month Assignment working over 12 months/year. 	' spread	out over 12 months/	year.	
Open Enrollment NOTE: If changing plans from PPO to Kaiser or Kaiser to PPO, you MUST complete SISC III/Kaiser enrollment below). If just changing from a PPO to PPO or Kaiser to Kaiser plan ONLY complete this form (AVC Health PIC) Remaining on Plan selected below (ONLY need to complete and submit this form) no additional paperwork Changing plan to plan selected below and attached required enrollment form SISC III PPO or Kaiser III	<u>lan Elec</u> k require	tion Form).	ed docun	nents (See #2
I am eligible for the 75% couple's rate with Employee: Name:		SSN:		
Self-Insured Schools of California (SISCIII) Plan Choices District Cap \$14,000.00 Additional benefits offered beyond the medical plans include, Delta Dental #7079 1290, Medical Eye Services #31229-001 and Term Life Group #G000AMP6, Class Code A002	✓	EMPLOYEE COST 10-month deduction*	✓	EMPLOYEE COST 12-month deduction**
40011A, Blue Cross PPO 100% - A, \$20 co-pay, Rx 7-25, \$0 Deductible		\$632.68		\$527.23
40011B, Blue Cross PPO 100% - B,\$20 co-pay, Rx 7-25, \$100Ind./\$300 Family Deductible		\$601.48		\$501.23
40011C, Blue Cross PPO 90% - A, \$20 co-pay, Rx 9-35, \$100 Ind./\$300 Family Deductible		\$507.88		\$423.23
40011D, Blue Cross PPO 80% - C, \$20 co-pay, Rx 7-25, \$200 Ind./\$500 Family Deductible		\$434.68		\$362.23
40011E, Blue Cross PPO 80% - G, \$30 co-pay, Rx 9-35, \$500 Ind./\$1000 Family Deductible		\$248.68		\$207.23
70111B, 2-Tier Bronze Employee ONLY, 70%, NO DENTAL or VISION, \$60 co-pay (1st 3 visits), \$5000 Ind deductible, RX copays are subject to the Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met		\$0		\$0
70111B, 2-Tier Bronze Employee + CHILD(REN), 70%, NO DENTAL or VISION, 30% co-pay (1st 3 visits), \$5000 Ind./\$10000 Family deductible, RX co-pays are subject to the Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met		\$0		\$0
225543-0846, Kaiser HMO, Plus Chiropractic & Acupuncture, \$10 co-pay, Rx 10, \$0 Deductible		\$163.48		\$136.23
PAYROLL DEDUCTION AUTHORIZATION: I understand that the monthly Employee Cost for the Plan payroll deduction. All deductions are processed pre-taxed unless otherwise requested. If post-tax American fidelity to complete documents during American Fidelity open enrollment in November.			•	,
Employee Signature (required): NOTES: (1) Kaiser, as an HMO, does not coordinate benefits with indemnity (Blue Cross or Blue She HMO are limited to the use of their own plans. Dependents of parents having both an indemnity based on the parent whose hithdate falls earliest in the calendar year, as is the case with hot	nield) po nity plan a	and an HMO are pro	vided pri	

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 certificate, if removing spouse outside of open enrollment need

divorce decree). All changes apply to dental, vision and life coverage.