



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

CHECK APPLICABLE BOX: TRUSTEES, ADMINISTRATORS AND CMS EMPLOYEES

OPEN ENROLLMENT DEADLINE SEPTEMBER 4th, 2018
PLEASE SELECT YOUR PLAN CHOICE FROM THE LIST BELOW FOR THE 10/2018-9/2019 SCHOOL YEAR:

EMPLOYEE NAME: _____ SSN: _____
 Print Clearly

Employee Work Assignment:

___ 12 Months/Year _____ 11 Months/Year
 ___ 10-Month Assignment*(working 10 months/year) _____ 10-Month Assignment** (working over 12 months/year)

IMPORTANT NOTES:

- * 10-Month Deduction applies **ONLY** to those 10-month employees who do not take their "docked days" spread out over 12 months/year.
- ** 12-month deduction applies to 12, 11, and 10-Month Assignment working 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 forms and provide required documents (see #2 below). If just changing from a PPO to PPO or Kaiser to Kaiser plan only complete this form (AVC Health Plan Election form).

- Remaining on Plan selected below (ONLY need to complete and submit this form) no additional paperwork required.
- Changing plan to plan selected below and attached required enrollment form SISC III PPO or Kaiser HMO
- I am eligible for the 75% couple's rate with Employee: Name _____ SSN: _____

Self-Insured Schools of California (SISC III) Plan Choices				
District Cap \$14,000.00				
Additional benefits offered beyond the medical plans include, Delta Dental #7079 1390, Medical Eye Services #31231-001 and Term Life Group #G000AMP6, Class Code for CMS & Administrators A001, Class Code for Trustees A005				
	✓	EMPLOYEE COST	✓	EMPLOYEE COST
		10-month deduction*		12-month deduction**
OP021000 , Blue Shield PPO 100% -A, \$20 co-pay, Rx 7-25, \$0 Deductible		\$632.68		\$527.23
OP041000 , Blue Shield PPO 100% - C, \$20 co-pay, Rx 9-35, \$200 Ind./\$400 Family Deductible		\$549.88		\$458.23
OP011000 , Blue Shield PPO 90% -C, \$30 co-pay, Rx 9-35, \$200 Ind./\$500 Family Deductible		\$444.28		\$370.23
OP031000 , Blue Shield PPO 80% -G, \$30 co-pay, Rx 9-35, \$500 Ind./\$1000 Family Deductible		\$248.68		\$207.23
OP051001 , 2-Tier Bronze Employee ONLY , 70%, NO DENTAL or VISION , 30% co-pay (1 st 3 visits), \$5000 Employee deductible, RX copays are subject to the Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met		\$0		\$0
OP051001 , 2-Tier Bronze Employee + CHILD(REN) , 70%, NO DENTAL or VISION , 30% co-pay (1 st 3 visits), \$5000 Ind./\$10,000 Family deductible, Rx copays are subject to the Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met		\$0		\$0
225543-0845 , Kaiser HMO, Plus Chiropractic & Acupuncture, \$10 Co-pay, Rx 10, \$0 Deductible		\$163.48		\$136.23
225543-1017 , Kaiser HMO, Plus Chiropractic & Acupuncture, \$30 Co-pay, Rx 10-30 \$0 Deductible		\$110.68		\$92.23

PAYROLL DEDUCTION AUTHORIZATION: I understand that the monthly Employee Cost for the Plan I have selected 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 November.**

Employee Signature (required): _____ Date: _____

NOTES: (1) Kaiser, as an HMO, does not coordinate benefits with indemnity (Blue Cross or 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 certificate, if removing spouse outside of open enrollment need divorce decree). **All changes apply to dental, vision and life coverage.**