



**ANTELOPE  
VALLEY  
COLLEGE**

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

**REGULAR FT & PT TENURED and TENURE-TRACK FACULTY EMPLOYEES**

**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**

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

Print Clearly

**NOTE: If changing plans from a PPO to Kaiser or Kaiser to PPO, you MUST complete SISC III/Kaiser enrollment forms and provide require 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 paper work 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) District Cap \$14,000.00  Additional benefits offered beyond the medical plans include, Delta Dental, Vision Service Plan (VSP) #2606681A and Term Life Insurance #G000AMP6, Class Code A001. <b>PLAN CHOICES</b>	✓ <b>BOX</b>	<b>EMPLOYEE COST With Dental Incentive Plan #7079-1300 \$2000 Annual Max Per Patient Per Calendar Year (Monthly x 11)</b>	✓ <b>BOX</b>	<b>EMPLOYEE COST With Dental PPO Plan #7079-1350 \$1500 Annual Max Per Patient Per Calendar Year (Monthly x 11)</b>
<a href="#">40463A</a> , Blue Cross PPO 100% A, \$20 CP, Rx 5-20, \$0 Deductible		\$603.42		\$573.64
<a href="#">40463B</a> , Blue Cross PPO 100% B, \$20 CP, Rx 5-20, \$100 Ind./\$300 Family Ded.		\$575.05		\$545.27
<a href="#">40463C</a> , Blue Cross PPO 80% C, \$20 CP, Rx 5-20, \$200 Ind./\$500 Family Ded.		\$423.42		\$393.64
<a href="#">40463D</a> , Blue Cross PPO 80% K, \$30 CP, Rx 9-35, \$1000 Ind./\$2000 Family Ded.		\$177.96		\$148.18
<a href="#">70112B</a> , 2-Tier Bronze <b>Employee ONLY</b> , 70%, <b>NO DENTAL or VISION</b> , \$60 co-pay (1 <sup>st</sup> 3 visits), \$5000 deductible, RX copays are subject to combined Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met.		\$0		\$0
<a href="#">70112B</a> , 2-Tier Bronze <b>Employee + CHILD(REN)</b> , 70%, <b>NO DENTAL or VISION</b> , \$60 co-pay (1 <sup>st</sup> 3 visits), \$5000 Ind./ \$10000 Family deductible, RX copays are subject to combined Medical/Pharmacy Deductible, then \$9-\$35 after deductible is met.		\$0		\$0
<a href="#">225543-1018</a> , Kaiser w/Chiropractic & Acupuncture, \$10 CP, Rx 10-10, \$0 Ded.		\$101.60		\$71.82
<a href="#">225543-1019</a> , Kaiser w/Chiropractic & Acupuncture, \$20 CP, Rx 10-20, \$0 Ded.		\$75.42		\$45.64

**PAYROLL DEDUCTION AUTHORIZATION:** I understand that the monthly Employee Cost applicable to 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 required 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 certificates, if removing spouse outside of open enrollment need divorce). **All changes apply to dental, vision and life coverage.**