



RETIRED CONFIDENTIAL, MANAGEMENT, SUPERVISORY & ADMINISTRATORS
\$14,500 DISTRICT HEALTH BENEFITS CAP
2019 - 2020 HEALTH PLAN ELECTION FORM

To make your selection: Circle the rate of the premium for the selected plan, initial, sign, date and return to HR - Benefits.

Effective 10/01/2019

BENEFIT PLANS:	<i>Amount per Month for 12 Months Retiree Premium Single:</i>	<i>Amount per Month for 12 Months Retiree Premium 2-Party:</i>	<i>Amount per Month for 12 Months Retiree Premium Family:</i>	Initial:
PPO PLAN PROVIDER - BLUE SHIELD:				
OP021002 BS PPO 100%-A, \$20 Co-pay, Rx \$7-\$25, \$0 Ind./\$0 Fam. Deductible	\$10.27	\$564.07	\$1,065.87	
OP041002 BS PPO 100%-C, \$20 Co-pay, Rx \$200/\$10-\$35, \$200 Ind./\$400 Fam. Deductible	\$0.00	\$462.07	\$935.87	
OP011002 BS PPO 90%-C, \$30 Co-pay, Rx \$9-\$35, \$200 Ind./\$500 Fam. Deductible	\$0.00	\$403.07	\$860.87	
OP031002 BS PPO 80%-G, \$30 Co-pay, Rx \$9-\$35, \$500 Ind./\$1,000 Fam. Deductible	\$0.00	\$234.07	\$645.87	
HMO PLAN PROVIDER - KAISER:				
225543-0945 Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$0.00	\$98.07	\$617.87	
225543-3017 Kaiser HMO w/ Chiro, \$30 Co-Pay, Rx \$10-\$30, \$0 Ind./\$0 Fam. Deductible	\$0.00	\$53.07	\$555.87	
DENTAL PLAN PROVIDER - DELTA DENTAL:				
7079 2390 DD PPO Standard Incentive Plan- \$2,000 max. per year, Ortho: Children Only (Life max \$1,500)	INCLUDED IN MEDICAL PREMIUM			
VISION PLAN PROVIDER - VISION SERVICE PLAN:				
2978535A VSP Plan C- \$0 Co-pay, Exam, Frames & Lenses every year	INCLUDED IN MEDICAL PREMIUM			
LIFE INSURANCE PLAN PROVIDER - MUTUAL OF OMAHA LIFE INSURANCE:				
G000AMP6-R003 MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 70	INCLUDED IN MEDICAL PREMIUM			

Retiree Printed Name: _____ **Date of Birth:** _____

Retiree Signature (required): _____ **Date:** _____

Retiree Address: _____

Contact Number: _____ **Email:** _____

BENEFIT PAYMENTS: All benefit premiums are 12 months, from October - September. Please make checks/money orders payable to Antelope Valley College and submit payment to Human Resources by the first of each month.
PREMIUMS: All medical, dental, and vision plans are tiered (single, 2-party and family) rates.
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 RETIREES: Coverage begins the **first of the month following retirement date.**
RESIGNATION/TERMINATION/LACK OF PAYMENT/AGE OFF: Benefits stop on the **last day of the month the employee meets district qualifications.**