



**AVCFT: REGULAR FACULTY EMPLOYEES
\$14,000 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 11 Months Pre-Tax Employee Premium</i>	Initial:	<i>Amount per Month for 11 Months Pre-Tax Employee Premium</i>	Initial:
PPO PLAN PROVIDER - BLUE CROSS:				
	<i>With Dental Plan 1</i>		<i>With Dental Plan 2</i>	
40463A BC PPO 100%-A, \$20 Co-pay, Rx \$5-\$20, \$0 Ind./\$0 Fam. Deductible	\$670.18		\$638.00	
40463B BC PPO 100%-B, \$20 Co-pay, Rx \$5-\$20, \$100 Ind./\$300 Fam. Deductible	\$641.82		\$609.64	
40463C BC PPO 80%-C, \$20 Co-pay, Rx \$5-\$20, \$200 Ind./\$500 Fam. Deductible	\$484.73		\$452.55	
40463D BC PPO 80%-K, \$30 Co-pay, Rx \$9-\$35, \$1,000 Ind./\$2,000 Fam. Deductible	\$231.64		\$199.45	
70111B- ANCHOR BRONZE PLAN- EMPLOYEE ONLY BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE		\$0.00 NO DENTAL/VISION COVERAGE	
70111B- ANCHOR BRONZE PLAN- EMP. & CHILD(REN) BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE		\$0.00 NO DENTAL/VISION COVERAGE	
WABE- WAIVER OF ANCHOR BRONZE ENROLLMENT Access Only to EAP, Advanced Medical, MDLive, & Health Smarts	\$0.00 NO MEDICAL/DENTAL/VISION COVERAGE		\$0.00 NO MEDICAL/DENTAL/VISION COVERAGE	
HMO PLAN PROVIDER - KAISER:				
225543-1018 Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$159.64		\$127.45	
225543-1019 Kaiser HMO w/ Chiro, \$20 Co-Pay, Rx \$10-\$20, Ind. \$0/Fam. \$0 Deductible	\$132.36		\$100.18	
DENTAL PLAN PROVIDER - DELTA DENTAL:				
7079 1300 DD PPO Standard Incentive Plan- \$2,000 max. per year, Ortho: Children Only (Life max \$1,500)	INCLUDED IN MEDICAL PREMIUM			
7079 1350 DD PPO Plan- \$1,500 max. per year			INCLUDED IN MEDICAL PREMIUM	
VISION PLAN PROVIDER - VISION SERVICE PLAN:				
2606681A VSP Signature Plan C- \$5 Co-pay, Exam, Frames & Lenses every year			INCLUDED IN MEDICAL PREMIUM	
LIFE INSURANCE PLAN PROVIDER - MUTUAL OF OMAHA LIFE INSURANCE:				
G000AMP6-A002 MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 70			INCLUDED IN MEDICAL PREMIUM	

PAYROLL DEDUCTION AUTHORIZATION: I understand that the employee premium applicable to the plan I have selected will be made through a 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.

Employee Printed Name: _____ **SSN/Employee 900 #:** _____

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

Contact Number/Email: _____

BENEFIT DEDUCTIONS: All benefit deductions are 11 months, from October - September, with no deduction in July or August.
PREMIUMS: All medical, dental, and vision plans are composite based (fixed rate regardless of number of dependents).
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 EMPLOYEES: Coverage begins the **first of the month following start date.**
RESIGNATION/TERMINATION: Benefits stop on the **last day of the month the employee worked & applicable premiums were deducted.**