



AVCFT: FACULTY RETIREES
\$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:	Amount per Month for 12 Months				Amount per Month for 12 Months			
	Retiree Premium Single:	Retiree Premium 2- Party:	Retiree Premium Family:	Initial:	Retiree Premium Single:	Retiree Premium 2- Party:	Retiree Premium Family:	Initial:
PPO PLAN PROVIDER - BLUE CROSS:	<i>With Dental Plan 1</i>				<i>With Dental Plan 2</i>			
40463K BC PPO 100%-A, \$20 Co-pay, Rx \$5-\$20, \$0 Ind./\$0 Fam. Deductible	\$62.63	\$624.13	\$1,130.63		\$50.63	\$598.93	\$1088.23	
40463L BC PPO 100%-B, \$20 Co-pay, Rx \$5-\$20, \$100 Ind./\$300 Fam. Deductible	\$43.63	\$598.13	\$1,097.63		\$31.63	\$572.93	\$1055.23	
40463M BC PPO 80%-C, \$20 Co-pay, Rx \$5-\$20, \$200 Ind./\$500 Fam. Deductible	\$0.00	\$454.13	\$914.63		\$0.00	\$428.93	\$872.23	
40463N BC PPO 80%-K, \$30 Co-pay, Rx \$9-\$35, \$1,000 Ind./\$2,000 Fam. Deductible	\$0.00	\$225.13	\$622.63		\$0.00	\$199.93	\$580.23	
HMO PLAN PROVIDER - KAISER:								
225543-3018 Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$0.00	\$161.13	\$536.63		\$0.00	\$135.93	\$494.23	
225543-3019 Kaiser HMO w/ Chiro, \$20 Co-Pay, Rx \$10-\$20, Ind. \$0/Fam. \$0 Deductible	\$0.00	\$136.13	\$504.63		\$0.00	\$110.93	\$462.23	
DENTAL PLAN PROVIDER - DELTA DENTAL:								
7079 2300 DD PPO Standard Incentive Plan- \$2,000 max. per year, Ortho: Children Only	INCLUDED IN MEDICAL PREMIUM							
7079 2350 DD PPO Plan- \$1,500 max. per year					INCLUDED IN MEDICAL PREMIUM			
VISION PLAN PROVIDER - VISION SERVICE PLAN:								
2606682A 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-R003 MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 70					INCLUDED IN MEDICAL PREMIUM			

BENEFIT PAYMENT AUTHORIZATION: I understand that the monthly retiree premium applicable to the plan I have selected is due the 1st of each month, and that if the premium payments are not made in a timely manner my insurance coverage may be terminated.

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.