

## **Yosemite Community College District**

## **ACTIVE Plan Election Form - 2022-2023**

REV 10/01/22

Effective October 1, 2022 thru September 30, 2023, EMPLOYEES may choose between one (1) Kaiser HMO and four (4) Blue Shield (BS) PPO medical plans. Your choices are listed below. <u>Please review the information packet provided for each plan for details, limitations, and exclusions to help you choose the benefits that best meet the needs of you and/or your family.</u> Select your choice by initialing under the plan you wish to enroll.

If you are not making any changes, you do not need to return this form.

MEDICAL PLAN OPTIONS - ACTION REQUIRED

SELECT A PLAN FROM FIVE CHOICES BELOW AND INITIAL YOUR CHOICE:

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DENTAL PLAN OPTIONS - ACTION REQUIRED  SELECT A PLAN FROM TWO CHOICES BELOW AND INITIAL YOUR CHOICES  DELTA PREMIER INCENTIVE PLAN - Includes Orthodontic Coverage Coverage begins at 70% and increases to 100%. Increase in coverage occurs every calendar year plan is utilized by each covered member.  DELTA PPO (DPO) PLAN - Excludes Orthodontic Coverage Coverage begins at 10% and increases to 100%. Increase in coverage occurs every calendar year plan is utilized by each covered member.  DELTA PPO (DPO) PLAN - Excludes Orthodontic Coverage I Select Delta PPO (DPO) Plan: Coverage begins at 10% Py choosing the PPO/PPO Plan I understand that I am responsible for a greater portion of my dental costs when I use a non-preferred provider. I realize that I cannot change to the Delta Premier Incentive Plan until a subsequent Open Enrollment period, generally held in August with an October 1 effective date. I also understand that if I choose to change to the Incentive Plan during an Open Enrollment, my benefits will start at 70%.  VISION SERVICE PLAN - Automatically Enrolled  VISION SERVICE PLAN - Automatically Enrolled  Usion Service Plan in a new dependent (i.e. marriage, birth, or adoption), I can add those dependents by completing a SISC Membership Change Form and by providing proper documentation to the YCCD Benefits Office within 31 days of the event date. Missing this window means that I must wait until the next Open Enrollment period.  Documentation required for enrollment of dependents:  Marriage certificate for Spouse, Birth certificate for Children  PRINT NAME  Certificate/Faculty Classified Management		\$202.00	\$232.00	\$329.00
DELTA PLAN OPTIONS - ACTION REQUIRED  SELECT A PLAN FROM TWO CHOICES BELOW AND INITIAL YOUR CHOICE:  DELTA PREMIER INCENTIVE PLAN - Includes Orthodontic Coverage  Coverage begins at 70% and increases to 100%.  Increase in coverage occurs every calendar year plan is utilized by each covered member.  DELTA PPO (DPO) PLAN - Excludes Orthodontic Coverage  Sy choosing the PPO/DPO Plan I understand that I am responsible for a greater portion of my dental costs when I use a non-preferred provider. I realize that I cannot change to the Delta Premier incentive Plan until a subsequent Open Enrollment period, generally held in August with an October 1 effective date. I also understand that if I choose to change to the Incentive Plan during an Open Enrollment, my benefits will start at 70%.  VISION SERVICE PLAN - AUTOMATICALLY ENROLLED  VISION SERVICE PLAN - Automatically Enrolled  By signing below, I understand that the only time I may change from one plan to another plan is during the District's designated Open Enrollment period for an effective date of October 1.  It also acknowledge that if I gain a new dependent (i.e. marriage, birth, or adoption), I can add those dependents by completing a SISC Membership Change Form and by providing proper documentation to the YCCD Benefits Office within 31 days of the event date. Missing this window means that I must wait until the next Open Enrollment period.  Documentation required for enrollment of dependents:  Marriage certificate for Spouse, Birth certificate for Children  Certificated/Faculty Classified Management		I Select BS 80%-C Buy-Up Plan:	I Select BS 90%-G Buy-Up Plan:	I Select BS 100%-D Buy-Up Plan:
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