

ACTIVE Plan Election Form (Classified/Management)

2018-2019

Effective October 1, 2018 thru September 30, 2019, EMPLOYEES may choose between one (1) Kaiser HMO and four (4) Blue Shield PPO medical options. Your choices are listed below. You should review the information packet provided for each plan for details, limitations and exclusions to help you choose the benefits that best meets the needs of you and/or your family. Please make your choice by checking the box and initialing under the plan you wish to enroll.

MEDICAL PLAN OPTIONS - ACTION REQUIRED

SELECT A PLAN FROM CHOICES BELOW

Medical Plan:
 Calendar Year Individual /Family Deductible(s):
 Calendar Year Co-Insurance Maximum:
 Office Visit Co-Pay & B.S.Behavioral Health Co-Pay
 Treatment Co-Insurance after deductible is met:
 Prescription - Retail
 Prescription Drug/Calendar Year/Brand Name
 Deductible- Not applicable to Generic Drugs
YCCD Monthly Contribution:
Employee Monthly Contribution:

| |
|---------------------------|
| District Paid Plan |
| Kaiser HMO |
| 604352- 0034c -0033m |
| Not Applicable |
| Med/RX: \$1,500/\$3,000 |
| \$30 Co-Pay |
| Not Applicable |
| \$10 Generic / \$30 Brand |
| Not Applicable |
| \$1,372.00 |
| \$0.00 |

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|---|
| District Paid Plan |
| Blue Shield PPO 80%-G Plan |
| 71340P 021001c -021002m |
| \$500 / \$1,000 |
| Med \$2,000/\$4,000, Rx \$2,500/\$3,500 |
| \$30 Co-Pay |
| 20% after deductible |
| \$10 Generic / \$35 Brand |
| \$200 Single / \$500 Family (January 1 thru December 31) |
| \$1,492.00 |
| \$0.00 |

CK & INITIAL

CK & INITIAL

THESE PLANS REQUIRE A "POP" FORM

Medical Plan:
 Calendar Year Individual /Family Deductible(s):
 Calendar Year Co-Insurance Maximum:
 Office Visit Co-Pay & B.S.Behavioral Health Co-Pay
 Treatment Co-Insurance after deductible is met:
 Prescription - Retail
 Prescription Drug/Calendar Year/Brand Name
 Deductible- Not applicable to Generic Drugs
YCCD Monthly Contribution:
Employee Monthly Contribution:

| |
|---|
| Buy-Up - 80/20% |
| Blue Shield PPO 80%-C |
| 71340P 031001c- 031002m |
| \$200 / \$500 |
| Med \$1,000/\$3,000, Rx \$2,500/\$3,500 |
| \$20 Co-Pay |
| 20% after deductible |
| \$10 Generic / \$35 Brand |
| \$200 Single / \$500 Family (January 1 thru December 31) |
| \$1,656.00 |
| \$164.00 |

| |
|---|
| Buy-Up - 90/10% |
| Blue Shield PPO 90%-G |
| 71340P0 41001c- 041002m |
| \$500 / \$1,000 |
| Med \$1,000/\$3,000, Rx \$2,500/\$3,500 |
| \$20 Co-Pay |
| 10% after deductible |
| \$9 Generic / \$35 Brand |
| Not Applicable |
| \$1,664.00 |
| \$172.00 |

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|---|
| Buy-Up - 100% |
| Blue Shield PPO 100%-D |
| 71340P 011001c- 011002m |
| \$300 / \$600 |
| Med \$1,000/\$3,000, Rx \$2,500/\$3,500 |
| \$30 Co-Pay |
| No Charge after deductible |
| \$10 Generic / \$35 Brand |
| \$200 Single / \$500 Family (January 1 thru December 31) |
| \$1,759.00 |
| \$267.00 |

CK & INITIAL

CK & INITIAL

CK & INITIAL

I understand that the only time that 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. If I

Documentation is required for enrollment of dependents:

Marriage certificate & Tax form for Spouse, Birth certificate for children

 PRINT NAME

 SIGNATURE

Management
 Classified

NOT FOR USE BY FACULTY

 SOCIAL SECURITY NUMBER

 DATE

If enrollment changes, you will receive new ID cards in the mail. Please contact the customer service number on your ID card to order additional ID cards.

This form will be placed in your personnel file and does not need to be sent to SISC.