



Yosemite Community College District

ACTIVE Plan Election Form

2015 - 2016

Effective October 1, 2015 thru September 30, 2016, 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 Premium:

Employee Monthly Premium:

| |
|---------------------------|
| District Paid Plan |
| Kaiser HMO |
| 600115 |
| Not Applicable |
| Med/RX: 1,500/\$3,000 |
| \$30 Co-Pay |
| Not Applicable |
| \$10 Generic / \$30 Brand |
| |
| Not Applicable |

\$1,251.00
\$0.00

Initial

| |
|---|
| District Paid Plan |
| Blue Shield PPO 80%-G Plan |
| SISC BSC - SC1230 |
| \$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) |

\$1,420.00
\$0.00

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 Premium:

Employee Monthly Premium

| |
|---|
| Buy-Up - 80/20% |
| Blue Shield PPO 80%-C |
| SISC BSC - SC1318 |
| \$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) |

\$1,420.00
\$157.00

Initial

| |
|---|
| NEW PLAN OPTION!!! |
| Buy-Up - 90/10% |
| Blue Shield PPO 90%-G |
| SISC BSC - SC 1381 |
| \$500 / \$1,000 |
| Med \$1,000/\$3,000, Rx \$2,500/\$3,500 |
| \$20 Co-Pay (\$0 deductible) |
| 10% after deductible |
| \$9 Generic / \$35 Brand |
| |
| Not Applicable |

\$1,420.00
\$154.00

Initial

| |
|---|
| Buy-Up - 100% |
| Blue Shield PPO 100%-D |
| SISC BSC - SC1229 |
| \$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) |

\$1,420.00
\$249.00

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 gain a new dependent (i.e. marriage, birth or adoption), I can add those dependents by completing a SISC Membership Change Form within 31 days of event date, provide proper documentation and submit to the YCCD-Benefits Office.

Documentation is required for enrollment of dependents:

Marriage certificate for Spouse, Birth certificate for children

PRINT NAME

SIGNATURE

Faculty
 Faculty NON-Classroom
 Management
 Classified

SOCIAL SECURITY NUMBER

DATE

After enrollment, you will receive your 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.