

Yosemite Community College District

ACTIVE Plan Election Form (Classified/Management)

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
RATES - TBA
RATES - TBA

☐

CK & INITIAL

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)
RATES - TBA
RATES - TBA

☐

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)
RATES - TBA
RATES - TBA

☐

CK & INITIAL

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
RATES - TBA
RATES - TBA

☐

CK & INITIAL

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)
RATES - TBA
RATES - TBA

☐

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

☐

Management

NOT FOR USE BY FACULTY

SOCIAL SECURITY NUMBER

☐

Classified

SIGNATURE

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.