



# Yosemite Community College District ACTIVE Plan Election Form (FACULTY)

**FACULTY ONLY**  
**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:**

\_\_\_\_\_  
CK & INITIAL

District Paid Plan
Kaiser HMO
604352-0032
Not Applicable
Med/RX: \$1,500/\$3,000
\$30 Co-Pay
Not Applicable
\$10 Generic / \$30 Brand
Not Applicable

\$1,372.00

**\$0.00**

Reflects revised rates

\*Note change in contribution: \*->

80-G Basic Plan
Blue Shield PPO 80%-G Plan
713400P021000
\$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**

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**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: \*->**

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Buy-Up - 80/20%
Blue Shield PPO 80%-C
713400P031000
\$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

\$1,492.00

**\$164.00**

Buy-Up - 90/10%

Blue Shield PPO 90%-G
713400P041000
\$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

\$1,492.00

**\$172.00**

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Buy-Up - 100%

Blue Shield PPO 100%-D
713400P011000
\$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

\$1,492.00

**\$267.00**

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

**Documentation is required for enrollment of dependents:**

**Marriage certificate & Tax Form for Spouse, Birth certificate for children**

\_\_\_\_\_  
PRINT NAME

Faculty - Classroom

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

Non-Classroom Faculty

\_\_\_\_\_  
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.