

Yosemite Community College District

ACTIVE Plan Election Form

2019-2020 **REV 10/01/19**

Effective October 1, 2019 thru September 30, 2020, 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.

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

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

TOTAL PREMIUM

YCCD Monthly Premium:

Employee Monthly Premium:

District Paid Plan	
Kaiser HMO	
604352 - 0032/0034/0033	
Not Applicable	
Med/RX: \$1,500/\$3,000	
\$30 Co-Pay	
Not Applicable	
\$10 Generic / \$30 Brand	
Not Applicable	

\$1,500.00

\$1,500.00

\$0.00

☐ <- Initial

District Paid Plan	
Blue Shield PPO 80%-G Plan	
SISC BSC - SC P021000/01/02	
\$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)	

\$1,600.00

\$1,600.00

\$0.00

☐ <- Initial

NOTE!!!
If changing from Kaiser to Blue Shield, or from Blue Shield to Kaiser - you must also complete the appropriate enrollment form.

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

TOTAL PREMIUM

YCCD Monthly Premium:

Employee Monthly Premium

Buy-Up - 80/20%	
Blue Shield PPO 80%-C	
SISC BSC - SC P031000/01/02	
\$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)	

\$1,776.00

\$1,600.00

\$176.00

☐ <- Initial

Buy-Up - 90/10%	
Blue Shield PPO 90%-G	
SISC BSC - SC P041000/01/02	
\$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	

\$1,799.00

\$1,600.00

\$199.00

☐ <- Initial

Buy-Up - 100%	
Blue Shield PPO 100%-D	
SISC BSC - SC P011000/01/02	
\$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)	

\$1,887.00

\$1,600.00

\$287.00

☐ <- Initial

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. I 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 submit 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 is required for enrollment of dependents: Marriage certificate for Spouse, Birth certificate for children

PRINT NAME

SIGNATURE

☐ Certificated/Faculty

☐ Management

☐ Classified

SOCIAL SECURITY NUMBER

DATE

If you have 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 benefits personnel file and does not need to be sent to SISC.