

Keyes Union School District Employee Benefit Selection Form

Effective Date: **October 1, 2017 through September 30, 2018**

Print Name: _____

Employee ID# _____

Please indicate your choice by initialing in the box beneath your selections. PROPER FORMS must be completed and VERIFICATION PROVIDED when dependents are added or deleted (Marriage Certificate, Birth Certificate, Domestic Partner Declaration, Court Document of Guardianship)

The information on these charts is a summary only. Please refer to each plans Benefit Summary for more detailed information

Please initial below your selection	Option 1 Blue Shield HMO \$10 Copay	Option 2 Blue Shield PPO 80G \$30 Copay	Option 3 Blue Shield HMO \$30 Copay	Option 4 Blue Shield PPO \$3,000 HDHP/HSA	Option 5 Kaiser HSA \$1,500 HDHP/HSA	Option 6 Kaiser HMO \$30 Copay												
Calendar-Year Deductible (individual / family) For an individual on family coverage plan, enrollee can receive benefits for covered services once individual deductible is met	\$0/\$0	\$500 / \$1,000	\$0/\$0	4521)	\$1,500 / \$3,000	\$0/\$0												
Calendar-Year Maximum Copays (individual / family) For an individual on family coverage plan enrollee can receive 100% benefits for covered services once individual out-of-pocket maximum is met	\$1,000 / \$2,000	\$2,000 / \$4,000 Includes Deductible	\$1,500 / \$3,000	\$5,000 / \$10,000 includes deductible	\$3,000 / \$6,000 includes deductible	\$1,500 / \$3,000												
Physician Office Visits/Specialist Office Visit (Does not apply to calendar year maximum)	\$10 Co-pay per visit	\$30 Co-pay per visit Deductible Waived	\$30 Co-pay per visit	10% After Deductible	10% After Deductible	\$30 Co-pay per visit												
Prescriptions: (Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs)	Co-Pay- \$9 G / \$35 B Costco: Free Generic Deductible: \$0.00 Mail Order: Free G/ \$90 B (up to 90 day Supply)	Co-Pay- \$9 G / \$35 B Costco: Free Generic Deductible: \$0.00 Mail Order: Free G/ \$90 B (up to 90 day Supply)	Co-Pay- \$9 G / \$35 B Costco: Free Generic Deductible: \$0.00 Mail Order: Free G/ \$90 B (up to 90 day Supply)	Co-Pay- \$9 G / \$35 B Deductible: \$3,000.00 (must be met before Rx co-pay applies) Mail Order: Free G/ \$90 B (up to 90 day Supply)	Co-Pay- \$10 G / \$30 B Deductible: \$1,500.00 (must be met before Rx co-pay applies) Mail Order: \$20 G/ \$60 B (up to 100 day Supply)	Co-Pay- \$10 G / \$30 B Deductible: \$ 0.00 Mail Order: \$10 G/ \$30 B (up to 100 day supply)												
	Single Two Party Family	Single Two Party Family	Single Two Party Family	Single Two Party Family	Single Two Party Family	Single Two Party Family												
Please Initial Below your Selection	\$842	\$1,651	\$2,322	\$771	\$1,509	\$2,120	\$775	\$1,516	\$2,131	\$616	\$1,233	\$1,757	\$551	\$1,083	\$1,521	\$687	\$1,349	\$1,895

Delta Dental Premier (No Ortho)			Delta Dental PPO (Includes Ortho)		
Maximum Benefit \$1000 Per year			Maximum Benefit \$2,000 Per Year		
Most Coverage 70%-100%			Most Coverage 100% Ortho 50%		
Single	Two Party	Family	Single	Two	Family
\$59.33	\$120.51	\$174.06	\$51.31	\$92.44	\$145.27

Please Initial Below your Selection

VSP VISON PLAN (4521)		
Single	Two Party	Family
\$11.55	\$23.02	\$31.19

Please Initial Below your Selection

District Cap: Annual
\$6,000 (\$500 Monthly)

Total Benefit Cost All Selections: _____
 Less District Monthly Cap: _____
 Authorized Monthly Payroll Deduction: _____

I authorize the Keyes Union School District to deduct from my salary warrant any payroll deduction necessary for those selections shown above which exceed the District s Contribution. I have also been notified of the Section 125 Flexible Benefit Plan. I understand that the only time I may change from one medical plan to another is during the district designated Open Enrollment Period for an effective date of October 1. If I gain a dependent (i.e. marriage, birth or adoption), I can add those dependents by completing a change form within 30 day of the event, but I cannot change from one medical plan to another medical plan at any time except during the Open Enrollment period.

Signature: _____ Date: _____