

KEYES UNION SCHOOL DISTRICT

Employee Benefit Selection Form

Effective Date: October 1, 2018 through September 30, 2019

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 plan Benefit Summary for more detailed information.

	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	\$3,000/\$5,200	Single \$1,500/\$3,000 Family \$2,700/\$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 / \$90B (up to 90 day Supply)	Co-Pay-\$9 G/\$35 B Costco: Free Generic Deductible: \$0.00 Mail Order: Free G / \$90B (up to 90 day Supply)	Co-Pay-\$9 G/\$35 B Costco: Free Generic Deductible: \$0.00 Mail Order: Free G / \$90B (up to 90 day Supply)	Co-Pay-\$9 G/\$35 B Deductible: \$3,000 (must be met before Rx co-pay applies) Mail Order: Free G / \$90B (up to 90 day Supply)	Co-Pay-\$9 G/\$35 B Deductible: \$1,500 (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)												
QSS PD Screen Code- Plan Please Initial Below your Selections!	4187-1ES	4187-1ET	4187-1EF	4187-2ES	4187-2ET	4187-2EF	4187-3ES	4187-3ET	4187-3EF	4187-4Es	4187-4ET	4187-4EF	4185-5ES	4185-5ET	4185-5EF	4185-KES	4185-KET	4185-KEF
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
	\$847	\$1,662	\$2,338	\$778	\$1,523	\$2,140	\$780	\$1,526	\$2,145	\$623	\$1,246	\$1,775	\$556	\$1,093	\$1,535	\$693	\$1,362	\$1,913

Delta Dental Premier (3521) (No Ortho)			Delta Dental PPO (3522) (Includes Ortho)		
Maximum Benefit \$1,000 Per year Most Coverage 70%-100%			Maximum Benefit \$2,000 Per Year Most Coverage 100% Ortho 50%		
Single (RSG)	2-Party (RE1)	Family (RFM)	Single (RSG)	2-Party (RE1)	Family (RFM)
\$59.33	\$120.51	\$174.06	\$51.31	\$92.44	\$145.27

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

KTA Cap: Annual \$6,480(\$540 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:** _____

VSP VISON PLAN (4521)		
Single-(RSG)	Two Party (RE1)	Family (RFM)
\$11.55	\$23.02	\$31.19