



# CERTIFICATED STAFF

## Gustine Unified School District Active Certificated Health Plan Election Form 10/1/2019 - 9/30/2020

PLANS:	Plan 1 40631G PPO 100-A \$20; Rx 7-25	Plan 2 40689A PPO 100-C \$20; Rx 9-35	Plan 3 40631A PPO 80-C \$20; Rx 9-35	Plan 4 40631H PPO 80-G \$30; Rx 15/50 \$200 Ded	Plan 5 40631J HDHP-B HSA
Calendar Year Deductible(s)	\$0	\$200 per individual up to \$400 per family	\$200 per individual up to \$500 per family	\$500 per individual up to \$1,000 per family	\$3,000 per individual up to \$5,000 per family
Maximum Out-Of-Pocket (OOP)*	\$1,000/individual up to \$3,000/family	\$1,000/individual up to \$3,000/family	\$1,000 per individual up to \$3,000 per family	\$2,000/individual up to \$4,000/family	\$5,000 per individual up to \$10,000 per family This includes Deductible, Co-Pays & Co-Ins.
Office Visits	\$20 co-pay Non-Par Fee	\$20 co-pay Non-Par Fee	\$20 co-pay Non-Par Fee	\$30 co-pay Non-Par Fee	90% Non-Par Fee
Outpatient Prescription Drugs Navitus Network & Costco	Rx Plan \$7 / \$25 Network / Costco 30 days Costco:Mail/Store 90 days Supply Generic Drugs ** Preferred Brand Name Drugs \$7 / \$0 \$25 \$0 \$60	Rx Plan G \$9 / \$35 Network / Costco 30 days Costco:Mail/Store 90 days \$9 / \$0 \$35 \$0 \$90	Rx Plan \$9 / \$35 Network / Costco 30 days Costco:Mail/Store 90 days \$9 / \$0 \$35 \$0 \$90	Rx Plan \$15/\$50 \$200/\$500 Ded Network / Costco 30 days Costco:Mail/Store 90 days \$15 / \$5 \$15 After Deductible, \$50 After Deductible, \$135	Prescription-by Medical Carrier Retail 30 days Mail 90 days After Deductible, \$7 After Deductible, \$25 After Deductible, \$14 After Deductible, \$60
ADDITIONAL COVERAGE: Vision Service Plan (www.vsp.com)	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.
Delta Dental Plan (www.deltadentalca.org)	Actively Working	Actively Working	Actively Working	Actively Working	Actively Working
COMPOSITE RATES	Medical \$1,698.00 Dental \$93.20 Vision \$22.10 Total Monthly Premium \$1,813.30 Total Annual Premium \$21,759.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost/(Cash-In-Lieu) \$8,459.60 EMPLOYEE MONTHLY COST: 11 months \$769.05	Medical \$1,624.00 Dental \$93.20 Vision \$22.10 Total Monthly Premium \$1,739.30 Total Annual Premium \$20,871.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost/(Cash-In-Lieu) \$7,571.60 \$688.33	Medical \$1,485.00 Dental \$93.20 Vision \$22.10 Total Monthly Premium \$1,600.30 Total Annual Premium \$19,203.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost/(Cash-In-Lieu) \$5,903.60 \$536.69	Medical \$1,295.00 Dental \$93.20 Vision \$22.10 Total Monthly Premium \$1,410.30 Total Annual Premium \$16,923.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost/(Cash-In-Lieu) \$3,623.60 \$329.42	Medical \$1,062.00 Dental \$93.20 Vision \$22.10 Total Monthly Premium \$1,177.30 Total Annual Premium \$14,127.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost/(Cash-In-Lieu) \$827.60 \$75.24
	Initial for Election	Initial for Election	Initial for Election	Initial for Election	Initial for Election

\*Plans will have an OOP maximum instead of co-insurance maximum and it includes deductibles, co-pays, and co-insurance.

\*\*Plans 1, 2, 3, & 4 include free generic drugs at Costco, for most prescriptions.

\*\*\*Contribution amount is the maximum amount for an eligible, full-time employee. Cash-in-lieu is paid to eligible employees who select plans under the max contribution. Employees hired after January 31, 2014 are NOT eligible to receive cash-in-lieu.

As an active employee of the Gustine Unified School District, I understand that the only time that I may change from one medical plan to another plan is during the district's designated Open Enrollment Period for an effective date of October 1st.

PRINT YOUR NAME CLEARLY \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE

EMPLOYEE # \_\_\_\_\_  
\_\_\_\_\_  
DATE

This form will be placed in your personnel file.

MEDICARE INFORMATION  
TO PREVENT A SURCHARGE OF UP TO \$1,425  
ALL SISC members (employee, spouse, and dependents)  
who are 65 or older and enrolled in health coverage  
**MUST BE ENROLLED IN MEDICARE PART A**  
by the 1st of the month that they turn 65.  
The district DOES NOT pay this if you fail to enroll.  
**2018-2019 Subcharge**  
Missing Part A: \$875  
Missing Part B: \$875  
Missing Part A & B: \$1,425  
Planning to Retire???  
At age 65 or older, you must also be enrolled in Medicare Part B  
at the time of retirement, to avoid \$875 surcharge.

*** NEW BRONZE PLAN *** Enrollment for this plan is AVAILABLE TO ALL district employees, regardless of eligibility. Employees not eligible for district contribution will pay full plan cost.	
Plan 6 70689B PPO 2-TIER ANCHOR BRONZE	\$5,000/individual up to \$10,000/family \$6,350/individual up to \$12,700/family
\$60 first 3, then subj to ded & 70% co-ins	Non-Par Fee
Rx Plan - Subject to Deductible	
Retail 30 days	Mail 90 days
\$9	\$18
\$35	\$90
Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	
COMPOSITE RATE	
NO COMPOSITE RATE AVAILABLE ON THIS PLAN - ONLY COVERAGE AVAILABLE IS FOR EITHER 1) EMPLOYEE OR 2) EMPLOYEE + CHILD(REN) *NO SPOUSE COVERAGE AVAILABLE*	
EMPLOYEE ONLY COVERAGE	
Medical \$600.00 Dental \$93.20 Vision \$22.10 Monthly Premium \$715.30 Annual Premium \$8,583.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost / (Cash-In-Lieu) (\$4,716.40)	Employee Cost / (Cash-In-Lieu): 11 Months (\$428.76)
EMPLOYEE + CHILD(REN) COVERAGE	
Medical \$942.00 Dental \$93.20 Vision \$22.10 Monthly Premium \$1,057.30 Annual Premium \$12,687.60 Annual District Contribution*** -\$13,300.00 Annual Employee Cost / (Cash-In-Lieu) (\$612.40)	Employee Cost / (Cash-In-Lieu): 11 Months (\$55.67)
Initial for Election	