

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

SITE: \_\_\_\_\_

**DUE JULY 31, 2018**

***Updated August 1, 2018***

**LCTA/ CSEA/CMSA**

**LA CAÑADA UNIFIED SCHOOL DISTRICT**

**2018-19 HEALTH & WELFARE BENEFIT SELECTION SHEET**

**MEDICAL, DENTAL, AND VISION INSURANCE (Coverage from 10/01/18 to 09/30/19)**

For the 2018-19 school year the District contributes single to family premiums (less any portion of the premium assumed by the employee) for Medical, Dental insurance and single premiums for Vision insurance for full time employees who desire such coverage. **For employees working less than 100% but 50% or more, the District will contribute for medical, dental and vision coverage the amount equal to the percent of time the employee works.** The following plans are available for the 2018-19 school year. **Please check the box, sign, date and return this form to the Payroll Office as soon as possible or no later than July 31, 2018.**

**Coverage Options:**

|                                 | <b>TENTHLY PREMIUMS</b>          |   |                                 |
|---------------------------------|----------------------------------|---|---------------------------------|
|                                 | <b>EMPLOYER<br/>Contribution</b> |   | <b>EMPLOYEE<br/>Deduction</b>   |
| A. BLUE SHIELD PPO              |                                  |   |                                 |
| Single Party                    | \$ 896.50                        | / | 320.95 <input type="checkbox"/> |
| Two or More                     | \$ 1,256.61                      | / | 449.85 <input type="checkbox"/> |
| B. KAISER (INCLUDES VISION)     |                                  |   |                                 |
| SINGLE RATE                     | \$ 502.40                        | / | 124.58 <input type="checkbox"/> |
| TWO PARTY                       | \$ 1004.78                       | / | 249.18 <input type="checkbox"/> |
| FAMILY                          | \$ 1,421.77                      | / | 352.56 <input type="checkbox"/> |
| C. DELTA DENTAL PLAN (PPO)      |                                  |   |                                 |
| Employee/Family                 | \$ 128.73                        |   | 0 <input type="checkbox"/>      |
| D. DENTAL CARE (HMO)            |                                  |   |                                 |
| Employee/Family                 | \$ 51.57                         |   | 0 <input type="checkbox"/>      |
| E. VISION SERVICE PLAN          |                                  |   |                                 |
| Employee (INCLUDED WITH KAISER) | \$ 10.64                         |   | 0 <input type="checkbox"/>      |

**OTHER BENEFITS**

For qualified employees not selecting a Medical plan, the District will contribute a maximum of \$300.00 annually for any of the plans listed on the reverse side of this form. Those employees working less than 100% but 50% or more, the District will contribute part of this \$300.00 equal to the percent of time the employee works. Additionally, employees who select a Medical, Dental and Vision plan may also select any of these plans, but the total amount of premiums will be assumed by the employee. Rates for these supplemental plans vary depending on individual status, so please contact carriers for more details.

|   | <b>TENTHLY PREMIUM</b>       | <b>INDICATE YOUR CHOICE</b> |                          |
|---|------------------------------|-----------------------------|--------------------------|
|   |                              | <b>YES</b>                  | <b>/ NO</b>              |
| <b>A. VISION SERVICE PLAN</b>                               |                              |                             |                          |
| -1 Dependent  | \$ 8.50                      | <input type="checkbox"/>    | <input type="checkbox"/> |
| -2 or more Dependents                                       | \$ 17.03                     | <input type="checkbox"/>    | <input type="checkbox"/> |
| <b>B. PACIFIC EDUCATORS LIFE INSURANCE / VALLEY FORGE -</b> |                              |                             |                          |
|   | <b>Open to all employees</b> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <b>C. Life Insurance:</b>                                   |                              |                             |                          |
| The Standard – (CTA member)                                 |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| Pacific Educator (open to all employees)                    |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| <b>D. CANCER INSURANCE:</b>                                 |                              |                             |                          |
| Monumental General (open to all employees)                  |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| American Fidelity (open to all employees)                   |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| Pacific Educator (open to all employees)                    |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| <b>E. INCOME PROTECTION:</b>                                |                              |                             |                          |
| American Fidelity – Open to all employees                   |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| The Standard – (CTA member)                                 |                              | <input type="checkbox"/>    | <input type="checkbox"/> |
| Pacific Educator (open to all employees)                    |                              | <input type="checkbox"/>    | <input type="checkbox"/> |

**AMERICAN FIDELITY ASSURANCE COMPANY 125 PLAN**

◆ Please contact an American Fidelity Representative at 800-365-9180 to participate.

**CREDIT UNION AND TAX SHELTERED ANNUITIES**

This is on a continuous basis. Any changes, cancellations or new enrollees should contact the appropriate representative directly, who in turn must contact Theresa Jimenez x8389.

**2018-19 BENEFIT SELECTION PROCESS**

- ◆ Reminder: all benefit eligible employees **MUST** complete new enrollment forms. For life insurance, cancer insurance, or income protection, deductions will not be made until your enrollment card has been submitted and the underwriting company has approved your application.
- ◆ For brochures, application forms, and coverage changes, please contact Theresa Jimenez x8389. Please complete and return all enrollment forms, along with this form, to the Payroll office attention: Theresa Jimenez as soon as possible.

**THE DEADLINE FOR RETURNING YOUR COMPLETED HEALTH & WELFARE BENEFIT SELECTION FORMS TO THE PAYROLL OFFICE IS JULY 31, 2018.**

**I AUTHORIZE** the La Cañada Unified School District to deduct the balance due (if any) from my salary. If the total premium is less than the District's contribution, I understand that I am relinquishing any claim to the balance. Any changes to this authorization must be made in writing.

**Print name:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I DECLINE** benefits for the 2018-19 fiscal year but reserve the right to elect benefits next year during the open enrollment period. (Employees must have coverage to be eligible for retiree coverage in 2019-20)

**Print name:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_