

WESTMINSTER SCHOOL DISTRICT
Benefit Open Enrollment Form-Active Employees
October 1, 2018 thru September 30, 2019

Effective Date:

EMPLOYEE ENROLLMENT OR CHANGE – COMPLETE IN FULL			
Employee Name (Last, First, Middle)	Social Security Number	Birth Date (mm/dd/yyyy)	Male Female
Home Address	City	State CA	Zip Cell Phone:
Occupation/Title:	Department / School site:		
Bargaining Unit:	Email Address		

List Each Dependent Name (Last, First, Middle Initial)	Coverage	Gender	Relationship	Birth Date
	Medical Dental	Male Female		
	Medical Dental	Male Female		
	Medical Dental	Male Female		
	Medical Dental	Male Female		

ELECTIONS

	Employee Only	Employee + 1	Family	Monthly Total
MEDICAL	Monthly Cost	Monthly Cost	Monthly Cost	
Waiving medical – Opt-Out (Proof of other coverage and WABE form required)	\$594.00			
Kaiser	\$734.00	\$1,254.00	\$1,587.00	
Blue Shield TRIO	\$651.00	\$1,111.00	\$1,407.00	
Blue Shield Savenet HMO	\$663.00	\$1,132.00	\$1,434.00	
Blue Shield Traditional HMO	\$760.00	\$1,300.00	\$1,646.00	
Blue Shield Standard 80 G PPO	\$850.00	\$1,454.00	\$1,842.00	
Blue Shield Optional 90 G PPO	\$928.00	\$1,588.00	\$2,012.00	
DENTAL –IS OPTIONAL				
Delta Dental PPO	\$51.73	\$106.87	\$152.92	
DeltaCare DHMO	\$23.63	\$38.96	\$57.63	<i>Opt-Out (\$0.00)</i>
VISION - IS OPTIONAL				
MES High Vision Plan	\$12.97	\$20.18	\$36.58	
MES Low Vision Plan	\$6.73	\$13.48	\$20.19	<i>Opt-Out (\$0.00)</i>

All plans are now optional, but medical does require proof of other coverage and WABE form

<i>TOTAL MONTHLY BENEFIT COST (SUM ABOVE)</i>	
<i>TOTAL COST FOR THE YEAR (TOTAL MONTHLY COST X 12)</i>	
DISTRICT ALLOWANCE – BASED ON MEDICAL COVERAGE ELECTION	DISTRICT ALLOWANCE
EMPLOYEE ONLY - \$7,800.00 EMPLOYEE + 1 - \$10,863.00 FAMILY - \$14,100.00	
<i>TOTAL EMPLOYEE COST (TOTAL COST FOR THE YEAR – DISTRICT ALLOWANCE)</i>	
<i>EMPLOYEE MONTHLY COST FOR 9 MONTHS (TOTAL EMPLOYEE COST / 9)</i>	

Employee signature	Date
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