



CLASSIFIED STAFF

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

***** 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.

Prorated for: **7** hours

PLANS	Plan 1 40631B PPO 100-A \$20; Rx 7-25	Plan 2 40631E PPO 100-D \$20; Rx 9-35	Plan 3 40631F PPO 80-E \$20; Rx 10-35 \$200 Ded	Plan 4 40689B HDHP-B HSA	BRONZE PLAN PPO 2-TIER ANCHOR BRONZE
Calendar Year Deductible(s)	\$0	\$300 per individual up to \$600 per family	\$300 per individual up to \$600 per family	\$3,000 per individual up to \$5,000 per family	\$5,000/individual up to \$10,000/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	\$5,000 per individual up to \$10,000 per family This includes Deductible, Co-Pays & Co-Ins.	\$6,350/individual up to \$12,700/family
Office Visits	\$20 co-pay / Non-Par Fee	\$20 co-pay / Non-Par Fee	\$20 co-pay / Non-Par Fee	90% / Non-Par Fee	\$60 first 3, then subj to ded & 70% co-ins / Non-Par Fee
Outpatient Prescription Drugs Navitus Network & Costco	Rx Plan \$7/\$25 Network / Costco 30 days / Costco:Mail/Store 90 days	Rx Plan \$9 / \$35 Network / Costco 30 days / Costco:Mail/Store 90 days	Rx Plan \$10/\$35 \$200/\$500 Ded Network / Costco 30 days / Costco:Mail/Store 90 days	Prescription-by Medical Carrier Retail 30 days / Mail 90 days	Rx Plan - Subject to Deductible Retail 30 days / Mail 90 days
Supply Generic Drugs** Brand Name Drugs	\$7 / \$0 / \$25	\$9 / \$0 / \$35	\$10 / \$0 / After Deductible, \$35	After Deductible, \$7 / After Deductible, \$25	\$9 / \$18 / \$35

SINGLE RATES (EMPLOYEE ONLY)	Plan 1 40631B	Plan 2 40631E	Plan 3 40631F	Plan 4 40689B	BRONZE PLAN
Medical	\$948.00	\$890.00	\$785.00	\$593.00	\$533.00
Dental	\$43.80	\$43.80	\$43.80	\$43.80	\$43.80
Vision	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Total Monthly Premium	\$1,001.80	\$943.80	\$838.80	\$646.80	\$586.80
Total Annual Premium	\$12,021.60	\$11,325.60	\$10,065.60	\$7,761.60	\$7,041.60
Annual District Contribution***	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)
Annual Employee Cost/(Cash-In-Lieu)	\$384.10	(\$311.90)	(\$1,571.90)	(\$3,875.90)	(\$4,595.90)
EMPLOYEE 11thly COST/(CASH-IN-LIEU)	\$34.92	(\$28.35)	(\$142.90)	(\$352.35)	(\$417.81)
	Initial for Election	Initial for Election	Initial for Election	Initial for Election	Initial for Election

2-PARTY RATES (EMPLOYEE + 1)	Plan 1 40631B	Plan 2 40631E	Plan 3 40631F	Plan 4 40689B	BRONZE PLAN
Medical	\$1,631.00	\$1,530.00	\$1,350.00	\$1,020.00	\$906.00
Dental	\$91.00	\$91.00	\$91.00	\$91.00	\$91.00
Vision	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
Total Monthly Premium	\$1,742.00	\$1,641.00	\$1,461.00	\$1,131.00	\$1,017.00
Total Annual Premium	\$20,904.00	\$19,692.00	\$17,532.00	\$13,572.00	\$12,204.00
Annual District Contribution***	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)
Annual Employee Cost/(Cash-In-Lieu)	\$9,266.50	\$8,054.50	\$5,894.50	\$1,934.50	\$566.50
EMPLOYEE 11thly COST/(CASH-IN-LIEU)	\$842.41	\$732.23	\$535.86	\$175.86	\$51.50
	Initial for Election	Initial for Election	Initial for Election	Initial for Election	Initial for Election

FAMILY RATES	Plan 1 40631B	Plan 2 40631E	Plan 3 40631F	Plan 4 40689B	BRONZE PLAN
Medical	\$2,069.00	\$1,942.00	\$1,714.00	\$1,293.00	\$906.00
Dental	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60
Vision	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Total Monthly Premium	\$2,230.60	\$2,103.60	\$1,875.60	\$1,454.60	\$1,067.60
Total Annual Premium	\$26,767.20	\$25,243.20	\$22,507.20	\$17,455.20	\$12,811.20
Annual District Contribution***	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)	(\$11,637.50)
Annual Employee Cost/(Cash-In-Lieu)	\$15,129.70	\$13,605.70	\$10,869.70	\$5,817.70	\$1,173.70
EMPLOYEE 11thly COST/(CASH-IN-LIEU)	\$1,375.43	\$1,236.88	\$988.15	\$528.88	\$106.70
	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.

**Most generic drugs are free at Costco.

***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.

Select Level of Coverage: Single (Employee only) 2-Party (Employee + 1) Family (Employee + 2 or more)

PRINT YOUR NAME CLEARLY _____

EMPLOYEE # _____

SIGNATURE _____

DATE _____

This form will be placed in your personnel file.

COVERAGE FOR PLANS 1-4:
VISION
Plan B, \$0 co-pay
Exam, lenses yearly, frames every 2 yrs
DENTAL & ORTHODONTIC
Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.

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