



CLASSIFIED- **Full Time**

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

***** 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.

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		Plan 6 70631B 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		Rx Plan \$9 / \$35		Rx Plan \$10/\$35 \$200/\$500 Ded		Prescription-by Medical Carrier		Rx Plan - Subject to Deductible	
	Network / Costco 30 days	Costco:Mail/Store 90 days	Network / Costco 30 days	Costco:Mail/Store 90 days	Network / Costco 30 days	Costco:Mail/Store 90 days	Retail 30 days	Mail 90 days	Retail 30 days	Mail 90 days
	Supply Generic Drugs** Brand Name Drugs	\$7 / \$0 \$25	\$9 / \$0 \$35	\$0 \$90	\$10 / \$0 After Deductible, \$35	\$0 After Deductible, \$90	After Deductible, \$7 After Deductible, \$25	After Deductible, \$14 After Deductible, \$25	\$9 \$35	\$18 \$90

SINGLE RATES (EMPLOYEE ONLY)	Plan 1 40631B	Plan 2 40631E	Plan 3 40631F	Plan 4 40689B	Plan 6 70631B
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***	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)
Annual Employee Cost/(Cash-In-Lieu)	(\$1,278.40)	(\$1,974.40)	(\$3,234.40)	(\$5,538.40)	(\$6,258.40)
EMPLOYEE MONTHLY (12thly) COST/(CASH-IN-LIEU)	(\$106.53)	(\$164.53)	(\$269.53)	(\$461.53)	(\$521.53)
EMPLOYEE 11thly COST/(CASH-IN-LIEU)	(\$116.22)	(\$179.49)	(\$294.04)	(\$503.49)	(\$568.95)
	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	Plan 6 70631B
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***	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)
Annual Employee Cost/(Cash-In-Lieu)	\$7,604.00	\$6,392.00	\$4,232.00	\$272.00	(\$1,096.00)
EMPLOYEE MONTHLY (12thly) COST/(CASH-IN-LIEU)	\$633.67	\$532.67	\$352.67	\$22.67	(\$91.33)
EMPLOYEE 11thly COST/(CASH-IN-LIEU)	\$691.27	\$581.09	\$384.73	\$24.73	(\$99.64)
	Initial for Election	Initial for Election	Initial for Election	Initial for Election	Initial for Election

FAMILY RATES (EMPLOYEE + 2 OR MORE)	Plan 1 40631B	Plan 2 40631E	Plan 3 40631F	Plan 4 40689B	Plan 6 70631B
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***	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)	(\$13,300.00)
Annual Employee Cost/(Cash-In-Lieu)	\$13,467.20	\$11,943.20	\$9,207.20	\$4,155.20	(\$488.80)
EMPLOYEE MONTHLY (12thly) COST/(CASH-IN-LIEU)	\$1,122.27	\$995.27	\$767.27	\$346.27	(\$40.73)
EMPLOYEE 11thly COST/(CASH-IN-LIEU)	\$1,224.29	\$1,085.75	\$837.02	\$377.75	(\$44.44)
	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.

**** Employees that are less than Full Time and recive Pro-Rated benefit MUST request a form adjusted to their hours. Please call Marisol.

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 \$750
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.

Planning to Retire???
At age 65 or older, you must also be enrolled in Medicare Part B at the time of retirement, to avoid \$600 surcharge.