



# CONF/MGMT/ADMIN STAFF

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

PLANS:	Plan 1 40631C PPO 100-A \$20; Rx 7-25	Plan 2 40631K PPO 100-G \$20; Rx 10-35 \$200 Ded	Plan 3 40689C PPO 80-E \$20; Rx 10-35 \$200 Ded	Plan 4 40631L PPO 80-G \$30; Rx 10/35 \$200 Ded
<b>Calendar Year Deductible(s)</b>	\$0	\$500 per individual up to \$1,000 per family	\$300 per individual up to \$600 per family	\$500 per individual up to \$1,000 per family
<b>Maximum Out-Of-Pocket (OOP)*</b>	\$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
<b>Office Visits</b>	\$20 co-pay / Non-Par Fee	\$20 co-pay / Non-Par Fee	\$20 co-pay / Non-Par Fee	\$30 co-pay / Non-Par Fee
<b>Outpatient Prescription Drugs</b>	<b>Rx Plan \$7 / \$25</b>	<b>Rx Plan \$10/\$35 \$200/\$500 Ded</b>	<b>Rx Plan \$10/\$35 \$200/\$500 Ded</b>	<b>Rx Plan \$10/\$35 \$200/\$500 Ded</b>
<b>Navitus Network &amp; Costco</b>	<b>Network / Costco</b> / <b>Costco:Mail/Store</b>	<b>Network / Costco</b> / <b>Costco:Mail/Store</b>	<b>Network / Costco</b> / <b>Costco:Mail/Store</b>	<b>Network / Costco</b> / <b>Costco:Mail/Store</b>
Supply	30 days / 90 days	30 days / 90 days	30 days / 90 days	30 days / 90 days
Generic Drugs **	\$7 / \$0 / \$0	\$10 / \$0 / \$0	\$10 / \$0 / \$0	\$10 / \$0 / \$15
Preferred Brand Name Drugs	\$25 / \$60	After Deductible, \$35 / After Deductible, \$90	After Deductible, \$35 / After Deductible, \$90	After Deductible, \$35 / After Deductible, \$90
<b>ADDITIONAL COVERAGE:</b>				
<b>Vision Service Plan (www.vsp.com)</b>	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs	Plan B, \$0 co-pay Exam, lenses yearly, frames every 2 yrs
<b>Delta Dental Plan (www.deltadentalca.org)</b>	Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.
<b>COMPOSITE RATES</b>	<b>Actively Working</b>	<b>Actively Working</b>	<b>Actively Working</b>	<b>Actively Working</b>
	Medical \$1,698.00 Dental \$93.20 Vision \$22.10	Medical \$1,524.00 Dental \$93.20 Vision \$22.10	Medical \$1,407.00 Dental \$93.20 Vision \$22.10	Medical \$1,311.00 Dental \$93.20 Vision \$22.10
<b>***Total Monthly Premium</b>	<b>\$1,813.30</b>	<b>\$1,639.30</b>	<b>\$1,522.30</b>	<b>\$1,426.30</b>
Total Annual Premium	\$21,759.60	\$19,671.60	\$18,267.60	\$17,115.60
Annual District Contribution***	-\$13,300.00	-\$13,300.00	-\$13,300.00	-\$13,300.00
	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.  
 \*\*\*Cap amount is the maximum amount for an eligible, full-time employee.

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.

<b>*** NEW BRONZE PLAN ***</b>	
Enrollment for this plan is AVAILABLE TO ALL district employees, regardless of eligibility. Employees not eligible for district contribution will pay full plan cost.	
<b>Plan 6 70689B</b>	
<b>PPO 2-TIER ANCHOR BRONZE</b>	
\$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
<b>Rx Plan - Subject to Deductible</b>	
<b>Retail</b>	<b>Mail</b>
30 days	90 days
\$9	\$18
\$35	\$90
<b>Plan B, \$0 co-pay</b>	
Exam, lenses yearly, frames every 2 yrs	
Premier Incentive Plan, \$1,000 cal yr max, ortho 50% up to \$1,000 lifetime.	
<b>COMPOSITE RATE</b>	
<b>NO COMPOSITE RATE AVAILABLE ON THIS PLAN - ONLY COVERAGE AVAILABLE IS FOR EITHER</b>	
<b>1) EMPLOYEE OR</b>	
<b>2) EMPLOYEE + CHILD(REN)</b>	
<b>EMPLOYEE ONLY COVERAGE</b>	
Medical	\$600.00
Dental	\$93.20
Vision	\$22.10
Monthly Premium	<b>\$715.30</b>
Annual Premium	\$8,583.60
Annual District Contribution***	-\$13,300.00
Initial for Election	
<b>EMPLOYEE + CHILD(REN) COVERAGE</b>	
Medical	\$942.00
Dental	\$91.50
Vision	\$22.10
Monthly Premium	<b>\$1,055.60</b>
Annual Premium	\$12,667.20
Annual District Contribution***	-\$13,300.00
Initial for Election	