HUNTINGTON BEACH CITY SCHOOL DISTRICT
2019-2020 Health and Welfare Benefit Selection Sheet
MANAGEMENT AND CSEA EMPLOYEES

SISC

The District's Health and Welfare Plans are listed below. Please indicate your choice of coverage on this form.

MEDICAL PLAN (must select one)	Monthly Premium Tenthly	District Contributes Tenthly	**Employee Contributes by Payroll Deduction Tenthly** Oct 1st to Sept 30th	Employee Selection
(1) **ANTHEM/BlueCross - PPO - 90-A**				
Employee Only	$1,022.40	$794.00	$228.40	
Employee Plus One Dependent	$1,996.80	$1,191.00	$805.80	
Employee Plus Two or More Dependents	$2,802.00	$1,588.00	$1,214.00	
(2) **ANTHEM/BlueCross - PPO - 80-G**				
Employee Only	$860.40	$794.00	$66.40	
Employee Plus One Dependent	$1,678.80	$1,191.00	$487.80	
Employee Plus Two or More Dependents	$2,354.40	$1,588.00	$766.40	
(3) **ANTHEM/BlueCross - HMO Premier 10**				
Employee Only	$844.80	$844.80	$0.00	
Employee Plus One Dependent	$1,648.80	$1,191.00	$457.80	
Employee Plus Two or More Dependents	$2,311.20	$1,588.00	$723.20	
(4) **ANTHEM/BlueCross - HMO Classic 20/40/250**				
Employee Only	$798.00	$798.00	$0.00	
Employee Plus One Dependent	$1,555.20	$1,191.00	$364.20	
Employee Plus Two or More Dependents	$2,178.00	$1,588.00	$590.00	
(5) **KAISER - HMO**				
Employee Only	$703.20	$703.20	$0.00	
Employee Plus One Dependent	$1,370.40	$1,191.00	$179.40	
Employee Plus Two or More Dependents	$1,926.00	$1,588.00	$338.00	
DENTAL PLAN - DELTA DENTAL				
Employee and Family	$118.14	$118.14	$0.00	X
VISION PLAN - MEDICAL EYE SERVICE (MES)				
Employee and Family	$16.80	$16.80	$0.00	X
LONG TERM DISABILITY - RELIANCE STANDARD				
Employee Only (salary cap calculated)	$1-$14	$1-$14	$0.00	X
LIFE INSURANCE - RELIANCE STANDARD				
Employee Only	$8.50	$8.50	$0.00	X
TOTAL PAYROLL DEDUCTIONS				$

I hereby authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan. I understand that changes in the cafeteria plan elections can only be made at the end of the plan year unless due to & consistent with a valid status change (e.g., change in 1)legal marital status 2)number of dependents 3)employment status; dependent satisfies or ceases to satisfy dependent eligibility requirements; residence change; cost or coverage changes) & such other events as would permit a revocation or change of election under IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. FICA taxes are not paid on Section 125 salary reduction. Therefore, your social security benefits at retirement may be reduced.

****DEADLINE AUGUST 30, 2019 in the Payroll & Benefits Dept. to insure no delay of services****

I understand that my selections on this form are "FINAL" & MATCH the enrollment form submitted, if any.

Enrollment form required for Any & All Changes to Prior Plan Year.

Signature

Please PRINT Name Plainly | Work Site | Date

Address | City | Zip Code