



**AVCFT: ADJUNCT FACULTY EMPLOYEES
2023 - 2024 HEALTH PLAN ELECTION FORM**

To make your selection: Check the box for your selected plan, sign, date and return to HR - Benefits.

Effective 10/1/2023 for Open Enrollment changes or 9/1/23 for new Fall Enrollees

ADJUNCT FACULTY MUST MEET THE FOLLOWING: The District will pay 50% of the premium for any of the health insurance programs for adjunct faculty who have **no other access** to health insurance **and** who are working **at least 6.0 LHE** or the equivalent load for non-classroom adjunct faculty (40% of full-time load).

Qualified Adjuncts who elect health coverage (except HSA \$5,000 plan) **MUST** carry dental and vision coverage. Dental and vision premiums will be paid by the adjunct faculty member.

BENEFIT PLANS:	Amount per Month Pre-Tax Employee Premium Deduction:	Selection:
PPO PLAN PROVIDER - ANTHEM BLUE CROSS:		
40463A BC PPO 100%-A, \$20 Co-pay, Rx \$5-\$20, \$0 Ind./\$0 Fam. Deductible	\$899.00	
40463B BC PPO 100%-B, \$20 Co-pay, Rx \$200/\$10-\$35, \$100 Ind./\$300 Fam. Deductible	\$836.50	
40463C BC PPO 80%-C, \$20 Co-pay, Rx \$5-\$20, \$200 Ind./\$500 Fam. Deductible	\$804.50	
40463D BC PPO 80%-K, \$30 Co-pay, Rx \$9-\$35, \$1,000 Ind./\$2,000 Fam. Deductible	\$678.50	
70112B- HSA \$5000 PLAN- EMPLOYEE ONLY BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$314.00 NO DENTAL/VISION	
70112B- HSA \$5000 PLAN- EMP. & CHILD(REN) BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$500.00 NO DENTAL/VISION	
HMO PLAN PROVIDER - KAISER PERMANENTE:		
234480-0027 / ACN Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$703.00	
234480-0028 / ACN Kaiser HMO w/ Chiro, \$20 Co-Pay, Rx \$10-\$20, Ind. \$0/Fam. \$0 Deductible	\$687.50	
DENTAL PLAN PROVIDER - DELTA DENTAL:		
7079 1300 (Dental Option 1) DD PPO Standard Incentive Plan- \$2,000 max. per year, 3rd Cleaning, Ortho: Children Only (Life max \$1,500)	\$116.10	
7079 1350 (Dental Option 2) DD PPO Plan- \$1,500 max. per year	\$85.00	
VISION PLAN PROVIDER - VISION SERVICE PLAN:		
2606681A VSP Signature Plan C- \$5 Co-pay, Exam, Frames & Lenses every year, 2nd Pair	\$28.20	

PAYROLL DEDUCTION AUTHORIZATION: I understand that the employee premium applicable to the plan I have selected will be made through a payroll deduction. All deductions are processed pre-otherwise requested. If post-tax option is requested you must meet with Human Resources to complete required documents.

Employee Printed Name: _____ **SSN/Employee 900 #:** _____

Employee Signature (required): _____ **Date:** _____

Phone Number/Email: _____

BENEFIT DEDUCTIONS: All benefit deductions are 12 months. Deductions begin with the Oct. 5th payroll for new Fall enrollees or the Nov. 5th payroll for continuing enrollees. It is the employee's responsibility to notify HR if the employee will fail to meet the qualification requirement for an upcoming semester. The district will pay **no portion** of benefits for any term (including Summer) in which the employee is not qualified.

PREMIUMS: All medical, dental, and vision plans are composite based (fixed rate regardless of number of dependents).

PLAN CHANGES: ONLY during a qualifying event, or open enrollment (July/Aug. of each year). Open enrollment changes are effective Oct. 1st.

COORDINATION OF COVERAGE: Kaiser, as an HMO, does not coordinate benefits with Blue Cross/Blue Shield plans. Spouses not primarily covered on an HMO are limited to the use of their own plans. Dependents of parents having both a PPO plan and an HMO are provided primary coverage based on the parent whose birthdate falls earliest in the calendar year, as is the case with both parents having PPO plans.

NEW EMPLOYEES: Coverage begins the **first of the month following start date.**

RESIGNATION/TERMINATION: Benefits stop on the **last day of the month the employee worked & applicable premiums were deducted.**