



CONFIDENTIAL, MANAGEMENT, SUPERVISORY & ADMINISTRATORS
\$17,500 DISTRICT HEALTH BENEFITS CAP
2023 - 2024 HEALTH PLAN ELECTION FORM

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

Effective 10/01/2023

BENEFIT PLANS:	<i>Amount per Month for 12 Months</i> Pre-Tax Employee Premium Deduction:	Selection
PPO PLAN PROVIDER - BLUE SHIELD:		
OP021000 BS PPO 100%-A, \$20 Co-pay, Rx \$7-\$25, \$0 Ind./\$0 Fam. Deductible	\$460.67	
OP041000 BS PPO 100%-C, \$20 Co-pay, Rx \$200/\$10-\$35, \$200 Ind./\$400 Fam. Deductible	\$343.67	
OP011000 BS PPO 90%-C, \$20 Co-pay, Rx \$9-\$35, \$200 Ind./\$500 Fam. Deductible	\$301.67	
OP031000 BS PPO 80%-G, \$30 Co-pay, Rx \$9-\$35, \$500 Ind./\$1,000 Fam. Deductible	\$96.67	
OP051001- HSA \$5000 PLAN- EMPLOYEE ONLY BS 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE	
OP051001- HSA \$5000 PLAN- EMP. & CHILD(REN) BS 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE	
WABE- WAIVER of ACTIVE BENEFITS ENROLLMENT Access Only to EAP, Teladoc (Expert Medical Opinion), MDLive, & Health Smarts	\$0.00 NO MEDICAL/DENTAL/VISION COVERAGE	
HMO PLAN PROVIDER - KAISER:		
234480-0027 / AMN Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$91.67	
234480-0029 / AMN Kaiser HMO w/ Chiro, \$30 Co-Pay, Rx \$10-\$30, \$0 Ind./\$0 Fam. Deductible	\$37.67	
DENTAL PLAN PROVIDER - DELTA DENTAL:		
7079 1390 DD PPO Standard Incentive Plan- \$2,000 max. per year; Ortho: Children Only (Life max \$1,500)	INCLUDED IN MEDICAL PREMIUM	
VISION PLAN PROVIDER - VISION SERVICE PLAN:		
2978534A VSP Plan C- \$0 Co-pay, Exam, Frames & Lenses every year	INCLUDED IN MEDICAL PREMIUM	
LIFE INSURANCE PLAN PROVIDER - MUTUAL OF OMAHA LIFE INSURANCE:		
G000AMP6-A001 MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 65	INCLUDED IN MEDICAL PREMIUM	

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-taxed unless 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, from October - September
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.**