



**AVCFT: REGULAR FACULTY EMPLOYEES
\$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:	Amount per Month for 12 Months Pre-Tax Employee Premium		Selection	Amount per Month for 12 Months Pre-Tax Employee Premium		Selection
	With Dental Plan 1			With Dental Plan 2		
PPO PLAN PROVIDER - ANTHEM BLUE CROSS:						
40463A BC PPO 100%-A, \$20 Co-pay, Rx \$5-\$20, \$0 Ind./\$0 Fam. Deductible	\$488.97			\$457.87		
40463B BC PPO 100%-B, \$20 Co-pay, Rx \$200/\$10-\$35, \$100 Ind./\$300 Fam. Deductible	\$363.97			\$332.87		
40463C BC PPO 80%-C, \$20 Co-pay, Rx \$5-\$20, \$200 Ind./\$500 Fam. Deductible	\$299.97			\$268.87		
40463D BC PPO 80%-K, \$30 Co-pay, Rx \$9-\$35, \$1,000 Ind./\$2,000 Fam. Deductible	\$47.97			\$16.87		
70112B- HSA \$5000 PLAN- EMPLOYEE ONLY BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE			\$0.00 NO DENTAL/VISION COVERAGE		
70112B- HSA \$5000 PLAN- EMP. & CHILD(REN) BC 70% & Rx \$9-\$35 after deductible, \$5,000 Ind./\$10,000 Fam. Deductible	\$0.00 NO DENTAL/VISION COVERAGE			\$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			\$0.00 NO MEDICAL/DENTAL/VISION COVERAGE		
HMO PLAN PROVIDER - KAISER PERMANENTE:						
234480-0027 / ACN Kaiser HMO w/ Chiro, \$10 Co-Pay, Rx \$10, \$0 Ind./\$0 Fam. Deductible	\$96.97			\$65.87		
234480-0028 / ACN Kaiser HMO w/ Chiro, \$20 Co-Pay, Rx \$10-\$20, Ind. \$0/Fam. \$0 Deductible	\$65.97			\$34.87		
DENTAL PLAN PROVIDER - DELTA DENTAL:						
7079 1300 (DENTAL PLAN 1) DD PPO Standard Incentive Plan- \$2,000 max. per year, 3rd cleaning, Ortho: children only (Life max \$1,500)	INCLUDED IN MEDICAL PREMIUM					
7079 1350 (DENTAL PLAN 2) DD PPO Plan- \$1,500 max. per year				INCLUDED IN MEDICAL PREMIUM		
VISION PLAN PROVIDER - VISION SERVICE PLAN:						
2606681A VSP Signature Plan C- \$5 Co-pay, 2nd Pair				INCLUDED IN MEDICAL PREMIUM		
LIFE INSURANCE PLAN PROVIDER - MUTUAL OF OMAHA LIFE INSURANCE:						
G000AMP6-A002 MO \$50,000 Emp. Term Group Life & AD&D, Decreases at age 70				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.