PLAN ELECTION FORM
DELANO JOINT UNION HIGH SCHOOL DISTRICT

CERTIFICATED EMPLOYEES

FORM MUST BE RETURNED TO TRINA LAENO AT THE DISTRICT OFFICE BY AUGUST 18, 2024.

Employees may choose between one of the following PPO plans. Please make your choice by checking the box under the plan and initial your choice.

Employees not returning a completed form by the aforementioned deadline will be enrolled, by default, in the same Plan/Group # they currently subscribe to, until the next open enrollment period of October 1st, 2025.

	*40658-C	**40658-A	***40658-D	****40734-A
Blue Cross PPO Plan:	PBC 100-D $20	PBC 100-D $20	PBC 90-C $20	PBC 80-E $20
Individual/Family Deductible(s):	$300/$600	$300/$600	$200/$500	$300/$600
Out of Pocket Max Individual/Family:	$1,000/$3,000*	$1,000/$3,000**	$1,000/$3,000***	$1,000/$3,000****
Hosp, Surg, X-Ray and Lab:	100%	100%	90%	80%
Doctor Visits:	$20 co-pay	$20 co-pay	$20 co-pay	$20 co-pay
Emergency Room:	$100 co-pay/100%	$100 co-pay/100%	$100 co-pay/90%	$100 co-pay/80%
Professional Expenses:	100%	100%	90%	80%
Behavioral Health Plan:	BHP	BHP	BHP	BHP
Out of Network:	Non-Par Fee	Non-Par Fee	Non-Par Fee	Non-Par Fee
Vision VSP:	$0 co-pay	$0 co-pay	$0 co-pay	$0 co-pay
Prescription Drug Co-pay/Mail:	$3-15/$0-35	$7-25/$0-60	$9-35/$0-90	$9-35/$0-90

	Delta Dental	SISC Dental	Delta Dental	SISC Dental	Delta Dental	SISC Dental	Delta Dental	SISC Dental
Dental Plan:	☐	☐	☐	☐	☐	☐	☐	☐
Monthly Deductions: (Based on 11 monthly deductions)	**$325.09**	**$302.95**	**$199.64**	**$177.49**	**$111.27**	**$89.13**	**$0.00**	**$0.00**

SISC DENTAL PLAN: **I understand if I elect to change to the SISC Dental plan for the 24-25 plan year and for any reason I elect to revert back to the Delta Dental plan in the 25-26 plan year, my incentive level will once again begin at 70% coverage.**

Check one of the boxes to the right and initial your selection.	☐	Initial	☐	Initial	☐	Initial	☐	Initial

I understand that the only time that I may change from one Blue Cross PPO plan to another plan is during the district's designated Open Enrollment Period for an effective date of October 1. If I gain a new dependent (i.e. marriage, birth or adoption), I can add those dependents by completing a change form, but I cannot change from one PPO plan to another PPO plan at anytime except during the Open Enrollment Period for an effective date of October 1.

I understand that in order for the district to maintain and preserve the integrity of the plans, it is the employee's responsibility to provide proof of eligibility of the employee's dependents (i.e. spouse/domestic partner, children, etc.) and to submit the documents to the district when they become eligible for health benefits. The employee must notify the district within 31 calendar days of their qualifying events (Birth, Adoption, Legal Guardianship or Loss of Eligibility for coverage elsewhere, Marriage or Commencement of Domestic Partnership, etc.) in order for their dependent to become eligible for the health benefits.

***If the member's deductible and co-pays total $1,000 per individual/up to $3,000 per family, the member will no longer have any out of pocket costs for in-network services.**

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*****If the member's deductible, co-pays, and 10% co-insurance total $1,000 per individual/up to $3,000 per family, the plan will pay 100% of the allowable amount for the remainder of the calendar year. In addition, the member will no longer have any costs for in-network services.**

******If the member's deductible, co-pays, and 20% co-insurance total $1,000 per individual/up to $3,000 per family, the plan will pay 100% of the allowable amount for the remainder of the calendar year. In addition, the member will no longer have any costs for in-network services.**

_____
PRINT YOUR NAME CLEARLY

_____ _____
SIGNATURE **DATE**

Please do not send this form to SISC. ***This form will be placed in your personnel file.***