



OPEN ENROLLMENT DEADLINE, FRIDAY, SEPTEMBER 28, 2019

HEALTH, DENTAL & VISION INSURANCE PLAN ELECTION FORM

Coverage Period: 1/1/19 - 12/31/19

Effective: 1/1/19

Benefit Eligible Employees: Classified, Confidential, Faculty, Management, Supervisory

***Required Fields**

***EMPLOYEE NAME:** _____ ***LAST 4 SSN:** _____

***DEPARTMENT:** _____ **BANNER # (optional):** _____

***COUNTY OF RESIDENCE:** _____

IMPORTANT: The plan rates below represent one month payroll deduction. This monthly amount is deducted 10 months/year (Sept.-June)

HEALTH INSURANCE PLAN CHOICES	1-Party Plans: Select One	Rates: 1-Party Rates (Los Angeles, San Bernardino, Ventura)	Rates: 1-Party (Orange County, San Diego, Santa Barbara, Riverside)	2-Party Plans: Select One	Rates: 2-Party (Los Angeles, San Bernardino, Ventura)	Rates: 2-Party (Orange County, San Diego, Santa Barbara, Riverside)	3-Party Plans: Select One	Rates: 3-Party (Los Angeles, San Bernardino, Ventura)	Rates: 3-Party (Orange County, San Diego, Santa Barbara, Riverside)
HMOs:									
Anthem HMO Select	<input type="checkbox"/>	\$ 752.49	\$ 750.09	<input type="checkbox"/>	\$ 1,504.97	\$ 1,500.17	<input type="checkbox"/>	\$ 1,956.46	\$ 1,950.22
Anthem Traditional	<input type="checkbox"/>	\$ 1,054.18	\$ 997.07	<input type="checkbox"/>	\$ 2,108.36	\$ 1,994.14	<input type="checkbox"/>	\$ 2,740.86	\$ 2,592.38
Blue Shield Access	<input type="checkbox"/>	\$ 803.70	\$ 912.05	<input type="checkbox"/>	\$ 1,607.40	\$ 1,824.10	<input type="checkbox"/>	\$ 2,089.62	\$ 2,371.32
Health Net Salud Y Mas	<input type="checkbox"/>	\$ 427.80	\$ 513.38	<input type="checkbox"/>	\$ 855.60	\$ 1,026.75	<input type="checkbox"/>	\$ 1,112.28	\$ 1,334.78
Health Net Smartcare	<input type="checkbox"/>	\$ 701.13	\$ 771.26	<input type="checkbox"/>	\$ 1,402.25	\$ 1,542.51	<input type="checkbox"/>	\$ 1,822.92	\$ 2,005.26
Kaiser	<input type="checkbox"/>	\$ 742.37	\$ 754.36	<input type="checkbox"/>	\$ 1,484.74	\$ 1,508.72	<input type="checkbox"/>	\$ 1,930.16	\$ 1,961.33
United Healthcare	<input type="checkbox"/>	\$ 803.54	\$ 775.98	<input type="checkbox"/>	\$ 1,607.07	\$ 1,551.96	<input type="checkbox"/>	\$ 2,089.19	\$ 2,017.55
Sharp (San Diego Only)	<input type="checkbox"/>		\$ 712.40	<input type="checkbox"/>		\$ 1,424.79	<input type="checkbox"/>		\$ 1,852.23
PPOs:									
PERS Care	<input type="checkbox"/>	\$ 1,012.54	\$ 1,088.75	<input type="checkbox"/>	\$ 2,025.08	\$ 2,177.50	<input type="checkbox"/>	\$ 2,632.60	\$ 2,830.74
PERS Choice	<input type="checkbox"/>	\$ 785.40	\$ 865.34	<input type="checkbox"/>	\$ 1,570.80	\$ 1,730.67	<input type="checkbox"/>	\$ 2,042.04	\$ 2,249.87
PERS Select	<input type="checkbox"/>	\$ 504.93	\$ 555.26	<input type="checkbox"/>	\$ 1,009.85	\$ 1,110.51	<input type="checkbox"/>	\$ 1,312.80	\$ 1,443.66

DENTAL & VISION INSURANCE PLANS (Composite Rates):

Delta Dental - PPO: \$2,500 Annual Max Per Patient Per Calendar Year	Tenthly	\$173.80	<input type="checkbox"/>
Delta Dental - PPO: \$1,000 Annual Max Per Patient Per Calendar Year)	Tenthly	\$114.41	<input type="checkbox"/>
Delta Dental - HMO: Basic Coverage	Tenthly	\$44.56	<input type="checkbox"/>
Vision - VSP: ALL EMPLOYEES	Tenthly	\$29.99	

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

RETURN COMPLETED FORM(S) TO THE BENEFITS SPECIALIST IN HUMAN RESOURCES (BLDG. 4 ROOM 1460)