ENROLLMENT DEADLINE:
FRIDAY, OCTOBER 9, 2020

Full-Time Faculty Employees
Plan Benefits Election Form
Coverage Period: January 1, 2021 – December 31, 2021

Faculty Tenthly District Contribution		
Single-Party	**Two-Party**	**Family**
$1,215.90	$1,459.30	$1,611.90

Employee Name: ____________________ **Last 4 SSN:** ____________________

Department: ____________________ **Banner ID #:** ____________________

Select One: ☐ Employer Zip Code ☐ Resident Zip Code: ____________________

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

	Single Party			Two-Party			Family		
MEDICAL PLANS		**Los Angeles, San Bernardino & Riverside** (Region 3)	**Orange & San Diego County** (Region 2)		**Los Angeles, San Bernardino & Riverside** (Region 3)	**Orange & San Diego County** (Region 2)		**Los Angeles, San Bernardino & Riverside** (Region 3)	**Orange & San Diego County** (Region 2)
Health Maintenance Organization (HMO):									
Anthem HMO Select		$766.92	$809.63		$1,533.84	$ 1,619.26		$1,994.00	$2,105.03
Anthem Traditional		$1,181.06	$1,255.25		$2,362.11	$2,510.50		$3,070.74	$3,263.64
Blue Shield Access +		$1,001.86	$1,126.76		$2,003.72	$2,253.51		$2,604.83	$2,929.56
Blue Shield Trio		$792.59	N/A		$1,585.18	N/A		$2,060.73	N/A
Health Net Salud Y Mas		$495.46	$550.40		$990.92	$1,100.79		$1,288.19	$1,431.03
Health Net Smartcare		$829.78	$922.94		$1,659.56	$1,845.87		$2,157.42	$2,399.63
Kaiser Permanente		$803.81	$803.73		$1,607.62	$1,607.45		$2,089.90	$2,089.68
United Healthcare		$865.07	$868.61		$1,730.14	$1,737.22		$2,249.18	$2,258.38
Sharp **(San Diego Only)**		N/A	$758.73		N/A	$1,517.45		N/A	$1,972.68
Preferred Provider Organization (PPO):									
PERS Care		$1,243.29	$1,338.82		$2,486.57	$2,677.64		$3,232.54	$3,480.93
PERS Choice		$913.48	$939.83		$1,826.96	$1,879.66		$2,375.04	$2,443.55
PERS Select		$551.93	$572.31		$1,103.86	$1,144.61		$1,435.01	$1,487.99

DENTAL & VISION INSURANCE PLANS (mandatory election):			
Delta Dental - PPO: $2,500 Annual Max Per Patient Per Calendar Year	Tenthly	$165.11	
Delta Dental - PPO: $1,000 Annual Max Per Patient Per Calendar Year	Tenthly	$108.69	
Delta Dental - HMO: Basic Coverage	Tenthly	$44.56	
Vision - VSP: ALL EMPLOYEES	Tenthly	$28.49	

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

RETURN COMPLETED FORM(S) AND DEPENDENT VERIFICATION (if applicable) TO HUMAN RESOURCES VIA DROP BOX TO: HRbenefits@mtsac.edu