INSURANCE OPEN ENROLLMENT ANNOUNCEMENT

MARK YOUR CALENDAR

ANNUAL OPEN ENROLLMENT

The annual Open Enrollment period will take place on August 12th & 13th and August 15th & 16th at the District Office in Conference Room “C” starting at 7:30 am – 5:30 pm each day.

INFORMATIONAL MEETING

All employees are encouraged to attend the informational meeting that will be held on August 8th, 2013 at 5:00 pm in the Multipurpose Room at Cesar Chavez Junior High School.

If this is during your normal work hours, please contact: Alicia Gallegos at 556-1500 x1311 for other arrangements.

*HEALTH CARE REPRESENTATIVES WILL BE HERE TO ANSWER ANY QUESTIONS EMPLOYEES HAVE ABOUT THE PLANS.

DECLINATION DATES & INFORMATION

ALL EMPLOYEES HIRED ON OR AFTER JAN 1, 2012 ARE REQUIRED TO ENROLL IN MEDICAL BENEFITS.

All eligible employees who will continue to decline medical benefits or who will be making changes to their dental and vision plans can come in on the following days to complete a new declination form and submit a copy of their verifications:

- Monday & Tuesday, August 12th & 13th, from 7:30am – 5:30pm in Conference Room C
- Thursday & Friday, August 15th & 16th, from 7:30am – 5:30pm in Conference Room C

PLEASE NOTE – IF YOU ARE DECLINING HEALTH INSURANCE FOR THE 2013-14 PLAN YEAR, YOU MUST COME IN TO FILL OUT A NEW DECLINATION FORM (EVEN IF YOU ALREADY DECLINED LAST YEAR) AND SUBMIT VERIFICATION OF OTHER GROUP COVERAGE. VERIFICATION CAN BE A LETTER FROM YOUR SPOUSE’S EMPLOYER (ON LETTERHEAD), A CERTIFICATE OF GROUP COVERAGE FROM YOUR HEALTH CARRIER OR AN ONLINE MEDICAL WEBSITE, LISTING THE FOLLOWING:

If the medical card has ALL this information, there is no need for a written letter to verify coverage. If the medical card has partial information, we can use it together with a verification letter to confirm coverage if the group number is on both items. All letters must be typed on company letterhead.

- Effective/current date of coverage
- CUSD Employee Name
- Group Name (ex: company or union name of spouse)
- Group Carrier (Type of Medical Coverage ex: Pacific Care)
- Group Number

Note: There is no extension time for verifications; if you do not have the required documents during open enrollment you will be required to enroll in medical benefits.

ADDS/DROPS/CHANGES

Employees who will be making changes (ex: add/drop dependents, change in medical, dental or vision plans) can come in on the following days to complete the required paperwork:

- Thursday & Friday, August 15th & 16th, from 7:30am – 5:30pm in Conference Room C

If you are enrolled in medical benefits and will not be making any changes to your medical, dental or vision, you do not need to come in during open enrollment. The new rates will automatically be adjusted.
Plans and Rates Effective: 10/1/2013 – 9/30/2014

(Monthly premiums shown below are before District Contributions)

**MEDICAL BENEFITS**

**Blue Shield PPO – Plan “C”**
$20 Co-pay (deductible waived), 100% cvg, $200(Indiv)/$400 (Family) deductible, RX $7(G)/$25(N)
Renewal Cost: Employee Only: $849 Employee +1: $1,663 Family: $2,340

**Blue Shield PPO – Plan “G”**
$30 Co-pay (deductible waived), 80% cvg. $500(Indiv)/$1,000 (Family) deductible, RX $7(G)/$25(N)
Renewal Cost: Employee Only: $714 Employee +1: $1,392 Family: $1,955

**Blue Shield PPO – Plan “N”**
$40 Co-pay (deductible waived), 80% cvg. $5,000(Indiv)/$10,000 (Fam) deductible, RX $200 ded. $15(G)/$50 (N)
Renewal Cost: Employee Only: $477 Employee +1: $932 Family: $1,309

**Blue Shield High Deductible Health Plan – H.S.A**
90% Co-Insurance $2,500 (Indiv)/$5000 (Fam) RX $7(G)/$25(N)(after deductible)
Renewal Cost: Employee Only: $543 Employee +1: $1,086 Family: $1,549

**Kaiser HMO – $30 Co-Pay**
$30 Co-pay RX: $10(Generic) / $30 (Name Brand)
Renewal Cost: Employee Only: $630 Employee +1: $1,260 Family: $1,783

**Kaiser HMO – $20 Co-Pay**
$20 Co-pay RX: $10(Generic) / $20 (Name Brand) Chiropractor: $10 Co-pay (up to 30 visits)
Renewal Cost: Employee Only: $645 Employee +1: $1,290 Family: $1,826

**DENTAL BENEFITS**

**Delta Dental Premier Plan:** Progressive Plan, 70 -100% Coverage – Annual $2,000 per member for dental services
Cost: Employee Only: $62.22 Employee +1: $125.51 Family: $179.94

**Delta Dental PPO Plan** – 100% Coverage - Annual $2,000 per member for dental services/Plus $2000 for ortho for all members
Cost: Employee Only: $51.31 Employee +1: $92.44 Family: $145.27

**VISION BENEFITS**

**VSP – Vision Plan**
Cost: Employee Only: $10.17 Employee +1: $20.19 Family: $27.37

**REQUIRED DOCUMENTS**

- Copy of Marriage Certificates – required if enrolling spouse in Medical, Dental or Vision Benefits.
- Copy of Birth Certificates – required if enrolling eligible children in Medical, Dental or Vision Benefits.
- Social Security Numbers – required if enrolling spouse/children in Medical, Dental or Vision Benefits.

**DISTRICT MONTHLY CONTRIBUTION**

**Classified Contribution:** $630 (50% Classified Employees receive only 50% of contribution)

**Certificated Contribution:** $630 (Depending on FTE. Ex: a 60% FTE receives: $378)

* Summary of Benefits are available for all Benefit Selections upon request or on the District website in the Business Services/Fiscal Services Section.*