

## ATWATER ELEMENTARY SCHOOL DISTRICT 2008-2009 ACTIVE CERTIFICATED PLAN ELECTION FORM

Certificated employees may choose between the following plan options for 2008-2009 District health benefits. Make your selection by checking one (1) box to indicate the plan option and dental plan preference.

	<b>Option 1</b> <i>PB Classic 100%</i>	<b>Option 2</b> <i>PB Classic 100%</i>	<b>Option 3</b> <i>PB Classic 100%</i>	<b>Option 4*</b> <i>High Deductible 90%</i>
Individual/Family Deductible(s)	\$100/\$300	\$100/\$300	\$200/\$400	\$2,500/\$5,000
Co-Insurance Maximum	n/a	n/a	n/a	\$2,500/\$5,000
Doctor's Office Visit Co-Pay	\$0	\$10	\$10	n/a
Behavioral Health	BHP 2000	BHP 2000	BHP 2000	w/medical
Rx Co-Pay (30/90 days)	\$5-7/\$8-8	\$3-15/\$3-35	\$7-25/\$14-60	w/medical
Vision Plan	VSP \$10	VSP \$10	VSP \$10	VSP \$10
Dental	<i>w/Delta Incentive</i> <b>\$1,463.24/month</b> <input type="checkbox"/>	<i>w/Delta Incentive</i> <b>\$1,294.15/month</b> <input type="checkbox"/>	<i>w/Delta Incentive</i> <b>\$1,216.69/month</b> <input type="checkbox"/>	<i>w/Delta Incentive</i> <b>\$787.96/month</b> <input type="checkbox"/>
	<i>w/Delta DPO</i> <b>\$1,416.33/month</b> <input type="checkbox"/>	<i>w/Delta DPO</i> <b>\$1,247.24/month</b> <input type="checkbox"/>	<i>w/Delta DPO</i> <b>\$1,169.78/month</b> <input type="checkbox"/>	<i>w/Delta DPO</i> <b>\$741.05/month</b> <input type="checkbox"/>

You are hereby authorized and directed to deduct the premium amount in 11 equal installments (August through June) from regular contract salary warrants due me.

I understand that the only time that I may change from one District plan option to another is during the District's designated Open Enrollment period (August 15 to September 15) for an effective date of October 1. If I gain a new dependent (i.e., marriage, birth, or adoption), I may add the dependent(s) by completing a Group Membership Change Form, but I cannot change from one plan option to another at any time except during the Open Enrollment period for an effective date of October 1.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*District option available to all eligible employees*