

# ATWATER ELEMENTARY SCHOOL DISTRICT CERTIFICATED PLAN ELECTION FORM OCTOBER 1, 2003

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.

	<u><b>Plan 1</b></u>	<u><b>Plan 2</b></u>	<u><b>Plan 3</b></u>
Blue Cross Plan:	PB Classic 100 B	PB Classic 100 B	PB Classic 100 C
Individual/Family Deductible(s):	\$100/300	\$100/300	\$200/400
Doctor Office Visits:	\$-0-	\$10.00	\$10.00
Behavioral Health Plan:	BHP 2000	BHP 2000	BHP 2000
PAID Rx Drug Co-Pay:	\$5-7/\$8-8	\$3-15/\$3-35	\$7-25/\$14-60
Vision Plan	VSP B \$10	VSP B \$10	VSP B \$10
Dental	Delta Incentive	Delta Incentive	Delta Incentive
Annual cost	<b>\$10,729.56</b>	<b>\$10,059.00</b>	<b>\$9,483</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Or</u></b>	Initial	Initial	Initial
Dental	DPO	DPO	DPO
Annual cost	<b>\$10,247.16</b>	<b>\$9,576.60</b>	<b>\$9,000.60</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Initial	Initial	Initial

You are hereby authorized and directed to deduct the total sum or prorated sum where applicable in installments from regular contract salary warrants due me.

I understand that the only time that I may change from one Blue Cross PPO and dental plan to another plan is during the District's designated Open Enrollment Period (August 15<sup>th</sup> to September 15<sup>th</sup>) 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 plan to another plan at any time except during the Open Enrollment Period for an effective date of October 1.

\_\_\_\_\_  
**PRINT YOUR NAME CLEARLY**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**