

Palisades Charter High School  
**2017/2018 Health Plan Election Form**  
 Rates effective October 1, 2017

\_\_\_\_\_ **Print First and Last Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Job Title**

\_\_\_\_\_ **Date**

**Return Enrollment Form with the Required Documents to Human Resources Office**

**The completed enrollment forms, with the required documents, are due to HR on or before August 26, 2017**

Employees choose between:

- Seven (7) different medical plans, Two (2) different Delta Dental plans, and Vision Service Plan
- Life Insurance coverage (\$20,000) Paid by employer

You should review the information provided for each plan for details, limitations and exclusions to help you choose the benefits that best meets the needs of you and/or your family. Please make your choice by initialing under the plan you wish to enroll.

**Delta Dental Designation**

**The dental plans are the same under all three medical plans. Please choose one dental plan below.**

<b>Delta Dental (Incentive Plan) 7079-1100</b> Does not offer Orthodontia – Annual maximum \$1,000	<b>Delta Dental (PPO Plan) 7079-1200</b> Annual maximum \$1,500 with adult and dependent Orthodontia 50% to \$1,000 Lifetime maximum
<b>No charge for this plan</b>	<b>No charge for this plan</b>
Signature _____	Signature _____
<i>Upon enrollment, dental benefits start at 70% and increases every year with use.</i>	By choosing the PPO Plan, I understand that I am responsible for a greater portion of my dental cost when I use a non-preferred provider.

Kaiser 225543-0274	Blue Cross PPO (High) 40425-A	Blue Cross PPO (Medium) 40425-B	Blue Cross PPO (Low) 40425-C	Anthem BC (HMO) 57AHBA	Bronze Plan (Single Coverage Only 70425B)	Anthem BC (Incentive) 57AHBJ
No charge for this plan	<b>Employee cost for this plan \$273 per paycheck (12months). Will be deducted on a pre-tax basis.</b> <small>(rates subject to change for 10mos and 11mos employees)</small>	<b>Employee cost for this plan \$173 per paycheck (12months). Will be deducted on a pre-tax basis.</b> <small>(rates subject to change for 10mos and 11mos employees)</small>	No charge for this plan	No charge for this plan	No charge for this plan  Employee Cash incentive: employee receives \$3,696 cash incentive (\$369.6 per paycheck for 10 months)	No charge for this plan  Employee receives \$702 cash incentive. Will receive \$70.2 per paycheck (10 months)
Initial _____	Signature _____ <small>I agree to the deduction listed above.</small>	Signature _____ <small>I agree to the deduction listed above.</small>	Initial _____	Initial _____	Initial _____	Initial _____

If I gain a new dependent (i.e. marriage, birth, domestic partnership or adoption, I can add those dependents by completing a SISC Membership Change Form.

**Vision Service (Signature) Plan (VSP)**

All employees and dependents enrolled in a medical plan will also have Vision Service Plan (VSP). Plan allows an Exam, Lensed and Frames every calendar year when services and materials are obtained from a VSP provider.

**Basic Term Life Insurance (Mutual of Omaha) (G000ABIH-155A)**

All employees enrolled in a medical plan will also receive a free \$20,000 Basic Term Life Insurance. Employees have the option to enroll in Supplement Life Coverage through payroll deduction. See brochure for details.

After enrollment you will receive new ID cards in the mail. If your dependent lives outside the home and needs an ID card, please contact the customer service number on your ID card to order more cards. This form will be placed in your personnel file.