

Palisades Charter High School
2017/2018 Retiree 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

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.

Delta Dental (Incentive Plan) 7079-2100 Does not offer Orthodontia – Annual maximum \$1,000	Delta Dental (PPO Plan) 7079-2200 Annual maximum \$1,500 with adult and dependent Orthodontia 50% to \$1,000 Lifetime maximum
No charge for this plan Signature _____	No charge for this plan 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 225543-0311	Blue Cross PPO (High) 40425-L,R	Blue Cross PPO (Medium) 40425-M,S	Blue Cross PPO (Low) 40425-P,T	Anthem BC (HMO) 57AHB-C,D	Anthem BC (Incentive) 57AHB-L,M
No charge for this plan	Cost for this plan: Under 65 Single \$288 per month 2 Party \$391 per month Family \$501 per month Over 65 Single \$36 per month 2 Party \$72 per month Family \$108 per month	Cost for this plan: Under 65 Single \$214 per month 2 Party \$294 per month Family \$373 per month Over 65 Single \$34 per month 2 Party \$68 per month Family \$102 per month	No charge for this plan	No charge for this plan	No charge for this plan
Initial _____	Signature _____ <small>Under 65 rate is based on all members being under 65.</small>	Signature _____ <small>Under 65 rate is based on all members being under 65.</small>	Initial _____	Initial _____	Initial _____

Vision Service (Signature) Plan (VSP) (2338120A)

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.

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.