

Lakeport Unified School District

2022-2023 Certificated Full Time Health Plan Enrollment Form

Please view the summary of benefits for more information available at www.lakeportusd.org . Election forms due May 27, 2022. Rate changes will be effective October 1, 2022.

PPO Medical Plan Anthem Blue Cross

Deductible Ind/ Family
Maximum Out Of Pocket
Coverage Level
Office Visit Co-pay
Out of Network Payment
Rx Co-pay Generic
Rx Co-pay Brand Name
Rx Brand Name Deductible

Delta Dental

Annual Plan Maximum

Vision Service Plan

Co-pay
Life Insurance

Annual cost of plan

Cap = \$15,500.00

Family Rate (Plans 1-4)

Premium Due (only occurs
10 months Aug-May)

| Plan 1 (40693A) | Plan 2 (40693F) | Plan 3 (40693G) | Plan 4 (40706E) | Plan 5 (40693C) | Plan 6 (70706B) |
|------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------|--------------------|
| PPO Classic 90-A | PPO Classic 80-C | PPO Classic 80-G | PPO Classic 80-M | HSA Minimum Value PPO | PPO 2-Tier Bronze |
| \$100/\$300 | \$200/\$500 | \$500/\$1,000 | \$3,000/\$6,000 | \$5,000/\$10,000 | \$5,000/\$10,000 |
| \$1,000/\$3,000 | \$1,000/\$3,000 | \$2,000/\$4,000 | \$4,000/\$8,000 | \$6,350/\$12,700 | \$6,350/\$12,700 |
| 90% | 80% | 80% | 80% | 70% | 70% |
| \$20 | \$20 | \$30 | \$40 | Medical Deductible | Medical Deductible |
| Non-participation fee | Non-participation fee | Non-participation fee | Non-participation fee | Non-participation fee | No Coverage |
| Retail \$5/Mail & Costco \$0 | Retail \$5/Mail & Costco \$0 | Retail \$10/Mail & Costco \$0 | Retail \$10/Mail & Costco \$0 | Medical Deductible | Medical Deductible |
| Retail \$20/Mail \$50 | Retail \$20/Mail \$50 | Retail \$35/Mail \$90 | Retail \$35/Mail \$90 | Medical Deductible | Medical Deductible |
| \$0 | \$0 | \$200/\$500 | \$200/\$500 | Medical Deductible | Medical Deductible |
| 70%-100% PPO Incentive | 70%-100% PPO Incentive | 70%-100% PPO Incentive | 70%-100% PPO Incentive | 70%-100% PPO Incentive | No Coverage |
| Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | |
| \$20 exam/12 mo. | \$20 exam/12 mo. | \$20 exam/12 mo. | \$20 exam/12 mo. | \$20 exam/12 mo. | No Coverage |
| \$25 materials/12 mo. | \$25 materials/12 mo. | \$25 materials/12 mo. | \$25 materials/12 mo. | \$25 materials/12 mo. | |
| \$20,000 | \$20,000 | \$20,000 | \$20,000 | \$20,000 | No Coverage |
| \$26,456.80 | \$24,893.80 | \$21,668.80 | \$17,376.80 | \$16,201.80 | \$9025./ \$14,171 |

| Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Payment | Monthly Payment |
|-------------------|-------------------|-------------------|-------------------|-----------------|--|
| (1095.68) | (939.38) | (616.88) | (187.68) | (70.18) | Employee Only 635.12 <input type="checkbox"/> |
| | | | | | Emp +Child(ren) 130.36 <input type="checkbox"/> |

Please Mark Selection

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Plan 6 - Waive Enrollment

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10 In-lieu Payments
\$ 635.12

Plan 6- I have coverage through another health plan and wish to decline my enrollment in a SISC medical plan. A signed plan 6 waiver from the LUSD District website must accompany this form if electing plan 6.

District Use Only

Printed Name

Signature

Date