

# Lakeport Unified School District

## 2020-2021 Classified Full Time Health Plan Enrollment Form

Please view the summary of benefits for more information available at [www.lakeport.k12.ca.us](http://www.lakeport.k12.ca.us). Election forms due June 30, 2020. Plan changes will be effective October 1, 2020.

### 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 (40693B)	Plan 2 (40693D)	Plan 3 (40693E)	Plan 4 (40693L)	Plan 5 (70706B)
PPO Classic 90-A	PPO Classic 80-C	PPO Classic 80-G	HSA Minimum Value PPO	PPO 2-Tier Bronze
\$100/\$300	\$200/\$500	\$500/\$1,000	\$5,000/\$10,000	\$5,000/\$10,000
\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$6,350/\$12,700	\$6,350/\$12,700
90%	80%	80%	70%	70%
\$20	\$20	\$30	Medical Deductible	Medical Deductible
Non-participation fee	Non-participation fee	Non-participation fee	No Coverage	No Coverage
Retail \$10/Mail & Costco \$0	Retail \$10/Mail & Costco \$0	Retail \$10/Mail & Costco \$0	Medical Deductible	Medical Deductible
Retail \$35/Mail \$90	Retail \$35/Mail \$90	Retail \$35/Mail \$90	Medical Deductible	Medical Deductible
\$200/\$500	\$200/\$500	\$200/\$500	Medical Deductible	Medical Deductible
70%-100% PPO Incentive	70%-100% PPO Incentive	70%-100% PPO Incentive	70%-100% PPO Incentive	No Coverage
Unlimited	Unlimited	Unlimited	Unlimited	
\$10 exam/12 mo.	\$10 exam/12 mo.	\$10 exam/12 mo.	\$10 exam/12 mo.	No Coverage
\$25 materials/12 mo.	\$25 materials/12 mo.	\$25 materials/12 mo.	\$25 materials/12 mo.	
\$20,000	\$20,000	\$20,000	\$20,000	No Coverage
\$23,580.40	\$22,144.40	\$20,148.40	\$15,124.40	\$8,336.00/\$13,084.00

Monthly Deduction	Monthly Deduction	Monthly Deduction	Monthly Payment	Monthly Payment
<b>(808.04)</b>	<b>(664.44)</b>	<b>(464.84)</b>	<b>34.88</b>	Employee Only 665.18 <input type="checkbox"/>
				Emp + Child(ren) 224.33 <input type="checkbox"/>

Please Mark Selection

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☐
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### Plan 6 - Waive Enrollment

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**10 In-lieu Payments**  
**665.18**

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