

Lakeport Unified School District

2020-2021 Unrepresented Full Time Health Plan Enrollment Form

Please view the summary of benefits for more information available at www.lakeport.k12.ca.us

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 Deductible

Delta Dental

Annual Plan Maximum

Vision Service Plan

Co-pay

Life Insurance

Annual cost of plan

Cap = \$14,500.00

Family Rate (Plans 1-4)

Premium Due (only occurs

10 months Aug-May)

Plan 1 (40706A)	Plan 2 (40706C)	Plan 3 (40706B)	Plan 4 (40706D)	Plan 5 (70706B)
PPO Classic 90-C	PPO Classic 80-E	PPO Classic 80-G	PPO Classic 80-M	PPO 2-Tier Bronze
\$200/\$500	\$300/\$600	\$500/\$1,000	\$3,000/\$6,000	\$5,000/\$10,000
\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700
90%	80%	80%	80%	70%
\$20	\$20	\$30	\$40	Medical Deductible
Non-participation fee	Non-participation fee	Non-participation fee	Non-participation fee	No Coverage
Retail \$10/Mail & Costco \$0	Retail \$10/Mail & Costco \$0	Retail \$10/Mail & Costco \$0	Retail \$10/Mail & Costco \$0	Medical Deductible
Retail \$35/Mail \$90	Retail \$35/Mail \$90	Retail \$35/Mail \$90	Retail \$35/Mail \$90	Medical Deductible
\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Medical Deductible
70%-100% PPO Incentive	70%-100% PPO Incentive	70%-100% PPO Incentive	70%-100% PPO Incentive	No Coverage
Unlimited	Unlimited	Unlimited	Unlimited	
\$5 exam/12 mo.	\$5 exam/12 mo.	\$5 exam/12 mo.	\$5 exam/12 mo.	No Coverage
\$25 materials/24 mo.	\$25 materials/24 mo.	\$25 materials/24 mo.	\$25 materials/24 mo.	
\$20,000	\$20,000	\$20,000	\$20,000	No Coverage
\$22,665.60	\$21,445.60	\$20,071.60	\$16,137.60	\$8,336.00/\$13084.00

Monthly Deduction	Monthly Deduction	Monthly Deduction	Monthly Deduction	Monthly Payment
(816.56)	(694.56)	(557.16)	(163.76)	Employee Only 589.81 <input type="checkbox"/>
				Emp + Child(ren) 135.49 <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
589.81

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