MESA UNION SCHOOL DISTRICT 2022 – 2023 OPEN ENROLLMENT HEALTH PLAN ELECTION FORM

Forms and plan descriptions are available at www.vcsbsa.org under Our Services/Benefits/Health Benefits

The 2022 -2023 open enrollment period is June 1st - August 15th, 2022. The respective health plan year is between October 1, 2022 – September 30, 2023. For plan costs, and to calculate your out-of-pocket expense, use the "Calculate Your Cost Worksheet" which can be obtained from your district/charter office. If you require assistance using the calculation, please contact BSA at 805-383-1974.

Check the box below to make your plan selection. This applies even if you are not changing health plans in the new plan year. **Sign, date and return this form to your district/charter office by August 15, 2022.** Specific plan information is available in the SISC Health Benefit handbook.

All plans include de	lental and vision coverage unless otherwise	noted:
	Anthem Blue Cross 100% PPO Plan	
	Anthem Blue Cross 90%-G PPO Plan	
	Anthem Blue Cross 80%-G PPO Plan	
	Anthem Blue Cross 80%-L PPO Plan	
	Anthem Blue Cross Minimum Value PPC	O Plan
	Anthem Blue Cross 2-Tier Anchor Bronz	ze Plan
	☐ Employee Only (no spousal coverage	e, dental or vision coverage)
	☐ Employee plus child(ren) (no spousa	el coverage, dental or vision coverage)
	Kaiser HMO Plan	
	ally time I may change my health insurance or because of a qualifying event.	plan is during open enrollment for an effective date
Membership Chang coverage will start submit a SISC Men	ge Form to my district/charter office within on the first of the month following the da	tion) I can add the dependent(s) if I submit a SISC a 30 days after the date of the event. My dependent's ate of marriage, birth or adoption. Likewise, I must se and/or dependent(s) when applicable. Please also hange of address.
the 2022-2023 insubenefit insurance. receive a prorated In the event the hea	urance year for eligible unit members for e Eligible unit members whose FTE is und amount of the eligible CAP for each month	n of \$1,255.42 per month for ten (10) months during employer provided medical, dental and vision health der 1.0, and/or coverage begins after July 1 st , will h covered. Please refer to your employee handbook. Eyer contribution, the affected unit member shall pay
Late submission of election and other enrollment forms will cause a delay in receiving your insurance card.		
Signature	Da	ate
Print your name clearly		