SOMIS UNION SCHOOL DISTRICT 2023-2024 OPEN ENROLLMENT HEALTH PLAN ELECTION FORM – NEW ENROLLMENT/CHANGE OF PLAN

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

The 2023 – 2024 open enrollment period is currently open through August 30th, 2023. The respective health plan year is between October 1, 2023 – September 30, 2024. Specific plan information can be obtained from the Employee Benefits Guide. For individual plan costs, specific site annual cap, and to calculate your out-of-pocket expense, use the attached **Calculate Your Cost Worksheet**.

If you are changing health plans in the new year, check the box below to make your plan selection, sign, date and fill out **SISC Anthem or Kaiser Enrollment Form**.

All plans include de	ental and vision coverage unless other	erwise noted:	
	Anthem Blue Cross 100% PPO Pla	n	
	Anthem Blue Cross 90%-G PPO P	lan	
	Anthem Blue Cross 80%-G PPO P	lan	
	Anthem Blue Cross 80%-L PPO Pl	an	
	Anthem Blue Cross Minimum Valu	ue PPO Plan	
	Anthem Blue Cross 2-Tier Anchor	Bronze Plan	
	☐ Employee Only (no spousal co	verage, dental or vision coverage)	
	☐ Employee plus child(ren) (no s	pousal coverage, dental or vision c	roverage)
	Kaiser HMO Plan		
* Late submission	of election and enrollment form(s	s) will cause a delay in receiving y	our insurance card *
Membership Chang dependent's covera Likewise, I must s	w dependent (i.e. marriage, birth or ge Form to Somis Union School Dis age will start on the first of the m submit a SISC Membership Change ave a change of address.	trict office within 30 days after the onth following the date of marria	date of the event. My age, birth or adoption.
	I am selecting the plan checked off tange my health insurance plan is dur		
Signature		Date	_
Print Your Name C	learly		