

**BRIGGS SCHOOL DISTRICT**  
**2024-2025 OPEN ENROLLMENT**  
**HEALTH PLAN ELECTION FORM –**  
**NEW ENROLLMENT/CHANGE OF PLAN**

*Forms and plan descriptions are available at [www.vcsbsa.org](http://www.vcsbsa.org) under Our Services/Benefits/Health Benefits*

The 2024 – 2025 open enrollment period is currently open through August 30<sup>th</sup>, 2024. The respective health plan year is between October 1, 2024 – September 30, 2025. 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 dental 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 PPO Plan (HSA \$5,000)
- Anthem Blue Cross MEC 2-Tier
  - Employee Only (*no spousal coverage, dental or vision coverage*)
  - Employee plus child(ren) (*no spousal coverage, dental or vision coverage*)
- Kaiser HMO Plan

**\* Late submission of election and enrollment form(s) will cause a delay in receiving your insurance card \***

Should I gain a new dependent (i.e. marriage, birth or adoption) I can add the dependent(s) if I submit a SISC Membership Change Form to Briggs School District office within 30 days after the date of the event. My dependent's coverage will start on the first of the month following the date of marriage, birth or adoption. Likewise, I must submit a SISC Membership Change Form to remove my spouse and/or dependent(s) when applicable or if I have a change of address.

By signing below, I am selecting the plan checked off for an effective date of October 1, 2024. I understand the only time I may change my health insurance plan is during open enrollment or due to a qualifying event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name Clearly