# BRIGGS SCHOOL DISTRICT
# 2020 – 2021 OPEN ENROLLMENT
# HEALTH PLAN ELECTION FORM

*Forms and plan descriptions are available at www.vcsbsa.org under Resources/Benefits*

The 2020 -2021 open enrollment period is June 1st - August 15th, 2020. The respective health plan year is between October 1, 2020 – September 30, 2021. 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 Tanya Rodriguez at 805-383-1974 or trodriguez@vcoe.org.

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, 2020.** Specific plan information is available in the SISC Health Benefit handbook.

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
- ☐ Anthem Blue Cross 2-Tier Anchor Bronze Plan
  - ☐ Employee Only *(**no** spousal coverage, dental or vision coverage)*
  - ☐ Employee plus child(ren) *(**no** spousal coverage, dental or vision coverage)*
- ☐ Kaiser HMO Plan

I understand the only time I may change my health insurance plan is during open enrollment for an effective date of October 1, 2020 or because of a qualifying event.

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 my district/charter 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. Please also submit a SISC Membership Change Form when you have a change of address.

*Briggs School District shall contribute up to a maximum of $988.99 per month for ten (10) months during the 2020-2021 insurance year for eligible unit members for employer provided medical, dental and vision health benefit insurance. Eligible unit members whose FTE is between .50 and .90, and/or coverage begins after July 1st, will receive a prorated amount of the eligible CAP for each month covered. In the event the health premium costs exceed the above employer contribution, the affected unit member shall pay the difference through payroll deduction.*

**Late submission of election and other enrollment forms will cause a delay in receiving your insurance card.**

_____ _____

Signature Date

_____

Print your name clearly