

# Cabrillo College Plan Election Form

**Effective November 1, 2009, Employees may choose between three (3) Blue Shield PPO plans and two (2) Blue Shield HMO plans offered through Self Insured Schools of California (SISC). Your choices are listed below. Please indicate your preference by marking the box and initialing under the plan you wish to enroll. PLEASE NOTE: All employees currently enrolled in a Health Net HMO medical plan must enroll in one of the Blue Shield PPO or HMO medical plans.**

## PPO Options

If you are currently enrolled in a Blue Shield PPO plan, you will remain enrolled in the High, Medium or Low option Blue Shield plan offered by the District. If you would like to change your PPO plan, please check the Blue Shield option you'd like below. If you are enrolling in a PPO plan from a Health Net plan, you must complete an enrollment form along with this Plan Election Form. Please contact Susan Torres, Human Resources to obtain an enrollment form.

**Blue Shield PPO Plan:**

Individual/Family Deductible(s):  
Co-Insurance Maximum:

Hosp, Surg, X-Ray and Lab:  
Doctor Visits:  
Other Professional:  
Out-of-Network Payment:  
Behavioral Health Plan:

Outpatient Prescription Drugs:  
Retail - up to a 30-day supply  
Mail - up to a 90-day supply  
+ Brand calendar year deductible

90%-E \$10
\$300 ind up to \$600 family max
\$600 per individual up to \$1,800 family max
90%
\$10 co-pay
90%
50% allowable fee
Pacificare Behavioral Health
<small>Medical Deductibles and Co-pays are separate and do not apply to each other or the Co-Insurance Maximum</small>
Medco Health Co-pay Card Generic \$5 / Brand \$20* Generic \$10 / Brand \$50*
\$100 per individual / \$300 per family <small>Rx deductible does not apply to Medical deductible.</small>

80%-G \$10
\$500 ind up to \$1,000 family max
\$1,000 per individual up to \$3,000 family max
80%
\$10 co-pay
80%
50% allowable fee
Pacificare Behavioral Health
<small>Medical Deductibles and Co-pays are separate and do not apply to each other or the Co-Insurance Maximum</small>
Medco Health Co-pay Card Generic \$5 / Brand \$20* Generic \$10 / Brand \$50*
\$100 per individual / \$300 per family <small>Rx deductible does not apply to Medical deductible.</small>

High Deductible Health Plan HDHP-B
\$2,500 ind up to \$5,000 family max
\$5,000 per individual \$10,000 per family
90%
90%
90%
50% allowable fee
Included in medical
<small>Deductibles, Co-pays and Co-insurance including Rx co-pays count towards the Co-Insurance Maximum.</small>
Included in medical-Wellpoint Generic \$7 / Brand \$25* Generic \$14/Brand \$60* *after deductible has been satisfied

Initial

Initial

Initial

## HMO Options

If you are currently enrolled in Health Net, you must enroll in one of the Blue Shield PPO or HMO plans offered by the District. Please check the Blue Shield HMO option you'd like below. If you are enrolling in a Blue Shield HMO plan from Health Net or a PPO plan, you must complete the appropriate enrollment form along with this Plan Election Form. Please contact Susan Torres, Human Resources to obtain an enrollment form.

**Blue Shield HMO Plan:**

Individual/Family Deductible(s):  
Co-Insurance Maximum:

Hospital - Inpatient/Outpatient

Doctor Visits:  
Lab & X-Ray  
Out-of-Network Payment:  
Behavioral Health Plan:  
Outpatient Prescription Drugs:

Retail - up to a 30-day supply  
Mail - up to a 90-day supply

High Option HMO (Plan 10-0)
None
\$1,000 / \$2,000
No Charge
\$10 co-pay
No Charge
Not Covered
Blue Shield Network
Blue Shield Rx
Generic / Brand / Non-Formulary
\$5 / \$10 / \$25
\$10/ \$20 / \$50

Low Option HMO (Plan 25-500)
None
\$2,000 / \$4,000
\$500 / Admit
\$150@ASC/\$300 Hosp/OP Surgery
\$25 co-pay
No Charge
Not Covered
Blue Shield Network
Blue Shield Rx
Generic / Brand / Non-Formulary
\$10 / \$20 / \$35
\$20/ \$40 / \$70

Initial

Initial

This sheet has only a brief overview of the plans to choose from. Please refer to the more detailed benefit summary.

My election above is for the following:

- I am moving from a PPO to an HMO plan and have attached a Blue Shield HMO enrollment form.
- I am moving from a Health Net HMO plan to a PPO plan and have attached a Blue Shield PPO enrollment form.
- I am moving from a Health Net HMO plan to the Blue Shield HMO plan and have attached a Blue Shield HMO enrollment form.
- I am moving from a \_\_\_\_\_ PPO Plan to the \_\_\_\_\_ PPO Plan (only my election form is required).

SIGNATURE

PRINT YOUR NAME

DATE

**DUE DATE: No later than 3:00 p.m. on Friday, September 25, 2009 - NO EXCEPTIONS!!**  
Please return form to Susan Torres - Human Resources

If you do not return this form by the due date specified above and are currently enrolled in a Health Net HMO plan, your Health Net plan will terminate effective 10/31/09. If you have elected a plan change, after enrollment, you will receive your new ID cards in the mail for you and your spouse/domestic partner if applicable. Dependents can use your same ID card. If the dependent lives outside the home, please provide your district's insurance contact person the dependent's name & DOB and they will make the request from SISC. EOC's will be available in 4-6 weeks.

This form will be placed in your benefits file and does not need to be sent to SISC.