

# Cutler- Orosi Joint Unified School District

## 2018-19 Offer of Health Insurance

Please return this form to the District Office within one month of your hire date. This form must be completed and returned. Failure to return this form will constitute a declination of offered benefits.

As a part time, variable, temporary or seasonal employee of the Cutler- Orosi Joint Unified School District for the 2018-2019 school year, you are being given the opportunity to purchase health insurance for you and your eligible children. A summary of the available insurance plan is included in this packet.

**If you should choose to enroll, you will be responsible for making monthly premium payments to the district's benefits office.**

To request enrollment on this plan, you must submit the following items to the district's benefits office no later than one month from your date of hire. No late enrollments will be accepted.

- A completed and signed SISC III enrollment form
- Proof of eligibility for dependent children (birth certificates/ adoption paperwork)
- First month's premium payment in the form of a check or money order payable to Cutler- Orosi Joint Unified School District in the applicable amount noted below.

Subsequent monthly payments are due in full by the 25<sup>th</sup> of the month prior to coverage month. If payment is not received by the 1<sup>st</sup> of the coverage month, your coverage will be terminated. If your employment status ends at any time during the plan year, your coverage will be terminated the first of the month following. No reinstatements will be allowed.

If you fail to provide the items required for enrollment within one month of your hire date, you and your dependent children will not be allowed to enroll until the next Open Enrollment Period. Members who enroll during the Open Enrollment Period will become effective October 1 of the same year.

**Blue Cross PPO Plan:**

Individual/ Family Deductible(s):

Out- of –Pocket Maximum

Hosp, Surg, X-Ray and Lab:

Doctor Visits:

Other Professional:

Emergency Room

Out- of- Network Payment:

Prescription Drug Co-Pay:

Minimum Value PPO	
	\$5,000/\$10,000
	\$6,350/\$12,700
	70%
	\$60 (1 <sup>st</sup> 3 visits); 70%
	70%
	\$100 co pay
	Non – Par Fee
	Subject to Medical Deductible
	\$9-35/\$18-90

**Employee Only**

*	<b>\$480.00</b>
---	-----------------

**Employee + Child(ren)**

*	<b>\$751.00</b>
---	-----------------

\*Initial your selection in the box above and to the right

*	<b>Yes,</b>
*	<b>No,</b>

I elect to enroll for the option indicated above

I decline coverage. I understand my next opportunity will be October of the following year.

I have read and understand the above notification. I understand that if I decline coverage or fail to provide the items required for enrollment within one month of my hire date or if I fail to make payments prior to the 1<sup>st</sup> of each month, I will not be able to enroll in coverage until the district's next Open Enrollment period.

PRINT YOUR NAME CLEARLY

This form will be placed in your personnel file.

SIGNATURE

DATE

If you have any questions regarding this offer and/or health coverage, please contact Danelle Contreras at the District Office at (559) 528-4763 ext 1203. Thank you.

**Cutler-Orosi Joint Unified School District  
Part Time and/ or Variable Hour Employees  
Offer of Coverage October 1, 2018-19**

Dental, Vision and Life Insurance are not part of the coverage. Spouses are not eligible to enroll.

<b>PPO PLANS</b>	<b>ANCHOR BRONZE</b>
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)</b>	
	<b>Member Pays</b>
Individual/Family Deductibles	\$5,000/\$10,000
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	\$6,350/\$12,700
<b>PROFESSIONAL SERVICES</b>	
Office Visit co-pay	30%
Urgent Care co-pay	30%
Specialists/Consultants co-pay	30%
Prenatal, postnatal office visit co-pay	30%
Scans: CT, CAT, MRI, PET etc.	30%
Diagnostic X-ray & Laboratory Procedures	30%
Infertility (diagnosis/treatment of causes of infertility)	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Ded Waived
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>	
Emergency Room visit co-pay (waived if admitted)	30% \$100 co-pay
Inpatient Hospital co-pay (preauthorization required)	30%
Outpatient Hospital co-pay	30%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	30%
Surgery, Outpatient (performed in a Hospital)	30%
<b>MENTAL HEALTH SERVICES &amp; SUBSTANCE ABUSE TREATMENT</b>	
<b>INPATIENT CARE:</b> Facility based care (preauthorization required)	30%
<b>OUTPATIENT CARE:</b> Facility based care (preauthorization required)	30%
<b>OTHER SERVICES</b>	
Acupuncture - Limits apply	30%
Ambulance (Ground or Air)	\$100 Co Pay + 30%
Chiropractic - Limits apply	30%
Durable Medical Equipment (DME)	30%
Physical and Occupational Therapy - Limits apply	30%
<b>PRESCRIPTION DRUG PLANS</b>	
Generic co-pay/days supply	After Medical deductible, \$9/ 30-day
Brand co-pay/days supply	After Medical deductible, \$35/30-day
Mail Order (Generic-Brand co-pay/days supply)	After Medical deductible, \$18-90/90-day

**NOTATIONS:**

*This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.*

*Minimum Value Plan OOP maximum does include prescription drug co-pays.*

*Coinurance and co-pays do NOT carry over to the next calendar year.*

*For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.*