## PETALUMA CITY SCHOOLS (CSEA Staff) HEALTH BENEFITS ELECTION FORM FOR OCTOBER 1, 2023 TO SEPTEMBER 30, 2024

	EMPLOYEE							
Employee:						Employee ID:		
Date:	Positio	n / Site:				Hours / Day:		
SECTION 2: ELIGIBILITY INFORMATION FOR BENEFITS EFFECTIVE:								
I have been advised of my eligibility for coverage under the District's group insurance plan as follows:								
☐ I understand the District will pay up to:								
% of the medical Cap (\$1,130.13) for a <u>health plan</u> premium. % of the <u>dental</u> Cap (\$144.50) and/or <u>vision</u> plan (\$29.00).								
I will be responsible for the remainder of the premium and authorize the deduction(s) from my paychecks.								
I have been advised that any insurance I elect will remain in effect through September 30, 2024, unless I have a qualifying event.								
☐ I have received the IRS Section 125 Benefit Overview.								
SECTION 3: BENEFIT ELECTION(S) AND / OR WAIVER(S)								
I ELECT COVERAGE UNDER THE FOLLOWING PLAN(S) (SEE REVERSE SIDE FOR DETAILED RATE INFORMATION):								
Blue Shield 90% PPO (\$20 OV / 10% Hospital Admit)					Kaiser High Package TWO (\$20 OV / \$0 Hospital Admit)			
	Blue Shield 80% PPO (\$30 OV / 20% Ho				· · · · · · · · · · · · · · · · · · ·	vidual / \$1,000 Family Deductible)		
	Blue Shield HD PPO (\$3,000 Individual / Blue Shield Anchor Bronze (Minimum V			;)		dividual / \$3,000 Family Deductible)  Calendar Year Maximum per Enrollee)		
	vice Plan (\$15 O				☐ MetLife Life Insuranc			
I WAIVE MY RIG	GHTS TO BENE	FITS FOR	THE FOLLOWING COVE	RAG	BE(S):			
□ M	ledical		☐ Dental		☐ Vision	Life		
						ge until the next open enrollment period her employer or government sponsored		
health care plan	terminates as a r		of the following qualifying	eve	nts:			
<ul><li>Termination of employment</li><li>Change in employment status</li></ul>			<ul> <li>Cessation of the other employer's contribution toward coverage</li> <li>Divorce from the person through whom I am covered as a dependent</li> </ul>					
	of the other plan's	coverage	Termination of domes	stic p	artnership from the person thr	ough whom I am covered as a dependent		
			The death of the pers	on th	nrough whom I am covered as	a dependent		
I understand that the rate information on the next page is based on the monthly premium for each plan. Kaiser High Package 2, Kaiser Mid, Kaiser Low, Blue Shield 90%, Blue Shield 80% and Blue Shield HD have composite rates. Blue Shield Anchor Bronze (Minimum Value Plan) has tiered rates. I understand that my premium may vary depending on the plan I select and the number of dependent(s) enrolled on my plan.  I understand that COBRA rates vary by plan and are subject to a 2% surcharge. KH-2, KM, KL, BS 90%, BS 80% and BS HD COBRA rates are based on the composite rate charged to active employees. Blue Shield Anchor Bronze (Minimum Value Plan)								
rates are based on the tiered rate charged to active employees.  I have been advised any child(ren) may be enrolled on my insurance plan(s) until the first of the month after their 26th birthday and that I will receive COBRA continuation of coverage information from the District's COBRA Administrator, RESIG, upon								
termination of his / her coverage on my plan(s).								
I understand that the fair market value of the health insurance coverage provided by Petaluma City Schools to cover my domestic partner and his / her child(ren) may be reported as taxable income on my W-2.								
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HR Initials: \_\_\_\_\_ OVER 10.01.22

## PETALUMA CITY SCHOOLS (CSEA Staff) OCTOBER 1, 2023 TO SEPTEMBER 30, 2024

	OCTOBER 1, 2023 TO SEPTEMBER 30, 2024
	LAN OPTIONS AND PREMIUMS - DISTRICT PAID CAP FOR FULL-TIME EMPLOYEES $ ightarrow$ \$1,130.13 PER MONTH
"Pe	er paycheck" calculation is for informational purposes only and does not account for late starts, October 1st rate changes or plan changes during open enrollment. Actual "per paycheck" calculations are calculated manually by payroll and are based on the situation for the specific employee.
Kaiser	High Package 2 - \$2,161.00 monthly premium / \$1,130.13 District-paid Cap for full-time employees & qualifying family members
100%	\$1,030.87 per month over District-paid Cap (11 paychecks per year - \$1,124.59 per paycheck)
75%	\$1,313.40 per month over District-paid Cap (11 paychecks per year - \$1,432.80 per paycheck)
Kaiser	Mid - \$1,870.00 monthly premium / \$1,130.13 District-paid Cap for full-time employees & qualifying family members
100%	\$739.87 per month over District-paid Cap (11 paychecks per year - \$807.13 per paycheck)
75%	\$1,022.40 per month over District-paid Cap (11 paychecks per year - \$1,115.35 per paycheck)
Kaiser	Low - \$1,371.00 monthly premium / \$1,130.13 District-paid Cap for full-time employees & qualifying family members
100%	\$240.87 per month over District-paid Cap (11 paychecks per year - \$262.77 per paycheck)
75%	\$523.40 per month over District-paid Cap (11 paychecks per year - \$570.98 per paycheck)
Blue S	hield 90% PPO - \$1,969.00 monthly premium / \$1,130.13 District-paid Cap for full-time employees & qualifying family members
100%	\$838.87 per month over District-paid Cap (11 paychecks per year - \$915.13 per paycheck)
75%	\$1,121.40 per month over District-paid Cap (11 paychecks per year - \$1,223.35 per paycheck)
Blue S	hield 80% PPO - \$1,744.00 monthly premium / \$1,130.13 District-paid Cap for full-time employees & qualifying family members
100%	\$613.87 per month over District-paid Cap (11 paychecks per year - \$669.68 per paycheck)
75%	\$896.40 per month over District-paid Cap (11 paychecks per year - \$977.89 per paycheck)
Blue S	hield HD PPO - \$1,323.00 monthly premium / \$1,130.13 District-paid Cap for full-time employees & qualifying family members
100%	\$192.87 per month over District-paid Cap (11 paychecks per year - \$210.40 per paycheck)
75%	\$475.40 per month over District-paid Cap (11 paychecks per year - \$518.62 per paycheck)
Blue S	hield Anchor Bronze (Minimum Value Plan) – Employee: \$728.00 / Employee + Child(ren) \$1,160.00 (Not Eligible: Spouses / Domestic Partners)
Emplo	yee Only
100%,	75% \$0 per month over District-paid Cap
Emplo	yee + Child(ren) (Spouses / Domestic Partners - Not Eligible)
100%	\$29.87 per month over District-paid Cap (11 paychecks per year - \$32.59 per paycheck)
75%	\$312.40 per month over District-paid Cap (11 paychecks per year - \$340.80 per paycheck)
Delta D	Dental - \$111.00 monthly premium / \$144.50 District-paid Cap for full-time employee
100%	\$0 per month
75%	\$2.63 per month (11 paychecks per year - \$2.86 per paycheck)
50%	\$38.75 per month (11 paychecks per year - \$42.27 per paycheck)
25%	\$74.88 per month (11 paychecks per year - \$81.68 per paycheck)
	Service Plan - \$29.00 monthly premium e joined with Blue Shield and Kaiser Low plans. (Kaiser High and Mid include Kaiser vision)
100%	\$0 per month
75%	\$7.25 per month (11 paychecks per year - \$7.91 per paycheck)
50%	\$14.50 per month (11 paychecks per year - \$15.82 per paycheck)
25%	\$21.75 per month (11 paychecks per year - \$23.73 per paycheck)
MetLife	e Insurance - \$5.55 monthly premium
1 8 71	

When eligible, premium 100% paid by the district.