

## OPEN ENROLLMENT BENEFITS SCHEDULE

### *Certificated – 2022-2023 Rates*



- Open enrollment for benefits for all staff is from August 1 to August 31 each year.
- Benefit rates and coverage are from October 1 through September 30 each year.
- The District Cap applies to the total rate of benefits taken. (Medical + Vision + Dental + Life)
- All full-time employees MUST select a coverage plan.

For full-time, certificated employees, the District will contribute the following amounts per month (District Cap):

Employee	\$625/mo.	\$7,500/yr.
Employee + 1	\$1,000/mo.	\$12,000/yr.
Family	\$1,210/mo.	\$14,520/yr.

#### Kaiser

	KN2-Active	KN4-Active	KN1 Wellness Active
Employee	\$1,142	\$1,105	\$900
Employee + 1	\$1,962	\$1,900	\$1,547
Family	\$2,474	\$2,396	\$1,951

#### PPO – Anthem Blue Cross

	PPO 2, RX-B	PPO 4, RX-B	PPO 7, RX-C	PPO 10, RX-D	CVT PPO Bronze
Employee	\$1,157	\$1,078	\$972	\$649	\$599
Employee + 1	\$1,990	\$1,854	\$1,672	\$1,116	\$961
Family	\$2,511	\$2,339	\$2,109	\$1,409	\$1,213

#### Vision - VSP

Employee	\$8.73
Employee + 1	\$18.25
Family	\$26.20

#### Delta Dental

Employee Only	\$50.00
Employee + 1	\$90.00
Family	\$131.00

#### Life Insurance

Composite Rate	\$7.29
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## 2022 – 2023 Open Enrollment Form – *Certificated*

### Instructions

Please complete and/or mark below all options that you are selecting. **\*\*See other side for Benefits Schedule (rates).\*\***

If you are not making changes to your current plan, please mark **NO CHANGES**.

All employees must complete the Open Enrollment form each year.

**You MUST indicate a choice or no changes. Print name, sign and date at the bottom where indicated.**

### I will be covering

Myself: \_\_\_\_\_

Name

Date of birth

Spouse: \_\_\_\_\_

Name

Date of birth

Dependent: \_\_\_\_\_

Name

Date of birth

Dependent: \_\_\_\_\_

Name

Date of birth

Dependent: \_\_\_\_\_

Name

Date of birth

Dependent: \_\_\_\_\_

Name

Date of birth

### Health Provider Selection

\_\_\_\_\_ **Kaiser**

KN2-Active

KN4-Active

KN1 Wellness

\_\_\_\_\_ **PPO - Anthem Blue Cross**

PPO 2, RX-B

PPO 7, RX-C

CVT PPO Bronze

PPO 4, RX-B

PPO 10, RX-D

### I am also selecting

Dental

Vision

Life (Full-time employees MUST choose all three.)

### NO CHANGES TO PLAN

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_