

ENCINITAS UNION SCHOOL DISTRICT  
2021-2022 Benefits Selection Form as of October 1, 2021

Employee Name (Print) \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

Location: \_\_\_\_\_ % Assignment \_\_\_\_\_ Job Share Partner: \_\_\_\_\_

**You Must Select a MEDICAL plan.** The District pays \$11,160 per year toward your District-offered health and welfare benefits, which must include a medical plan. The District pays 100% of the premium costs for the "Employee Only" HMO medical plans. If you select a PPO plan, the District will apply the \$11,160 towards the plan and you will pay the difference.

**DISTRICT CONTRIBUTION**

\$930.00 per month 12-pay

Full-Time Employee: (Annual \$11,160.00)

\$1,014.54 per month 11-pay

**MEDICAL:** *all premiums are monthly*

**Blue Shield ACCESS HMO Plan - 12-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$927.05   |
| <input type="checkbox"/> Employee + Spouse   | \$1,822.91 |
| <input type="checkbox"/> Employee + Children | \$1,614.76 |
| <input type="checkbox"/> Employee + Family   | \$2,537.87 |

**Blue Shield TRIO HMO Plan - 12-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$805.45   |
| <input type="checkbox"/> Employee + Spouse   | \$1,579.67 |
| <input type="checkbox"/> Employee + Children | \$1,399.78 |
| <input type="checkbox"/> Employee + Family   | \$2,197.58 |

**Blue Shield PPO Plan - 12-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$1,351.41 |
| <input type="checkbox"/> Employee + Spouse   | \$2,712.33 |
| <input type="checkbox"/> Employee + Children | \$2,410.79 |
| <input type="checkbox"/> Employee + Family   | \$3,834.97 |

**Blue Shield Tandem PPO Plan - 12-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$1,270.32 |
| <input type="checkbox"/> Employee + Spouse   | \$2,549.58 |
| <input type="checkbox"/> Employee + Children | \$2,266.14 |
| <input type="checkbox"/> Employee + Family   | \$3,604.88 |

**Kaiser Permanente HMO Plan - 12-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$626.81   |
| <input type="checkbox"/> Employee + Spouse   | \$1,238.18 |
| <input type="checkbox"/> Employee + Children | \$1,091.46 |
| <input type="checkbox"/> Employee + Family   | \$1,715.05 |

**Blue Shield ACCESS HMO Plan - 11-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$1,011.33 |
| <input type="checkbox"/> Employee + Spouse   | \$1,988.63 |
| <input type="checkbox"/> Employee + Children | \$1,761.56 |
| <input type="checkbox"/> Employee + Family   | \$2,768.59 |

**Blue Shield TRIO HMO Plan - 11-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$878.67   |
| <input type="checkbox"/> Employee + Spouse   | \$1,723.28 |
| <input type="checkbox"/> Employee + Children | \$1,527.03 |
| <input type="checkbox"/> Employee + Family   | \$2,397.36 |

**Blue Shield PPO Plan - 11-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$1,474.27 |
| <input type="checkbox"/> Employee + Spouse   | \$2,958.91 |
| <input type="checkbox"/> Employee + Children | \$2,629.95 |
| <input type="checkbox"/> Employee + Family   | \$4,183.60 |

**Blue Shield Tandem PPO Plan - 11-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$1,385.80 |
| <input type="checkbox"/> Employee + Spouse   | \$2,781.36 |
| <input type="checkbox"/> Employee + Children | \$2,472.15 |
| <input type="checkbox"/> Employee + Family   | \$3,932.60 |

**Kaiser Permanente HMO Plan - 11-pay**

- |  |            |
|--|------------|
| <input type="checkbox"/> Employee Only       | \$683.79   |
| <input type="checkbox"/> Employee + Spouse   | \$1,350.74 |
| <input type="checkbox"/> Employee + Children | \$1,190.68 |
| <input type="checkbox"/> Employee + Family   | \$1,870.96 |

**VOLUNTARY PLANS:**

**Delta Dental PPO - 12-pay**

- |   |          |
|---|----------|
| <input type="checkbox"/> Employee Only        | \$53.16  |
| <input type="checkbox"/> Employee + 1         | \$108.81 |
| <input type="checkbox"/> Employee + 2 or more | \$157.57 |

**Delta Care HMO - 12-pay**

- |   |         |
|---|---------|
| <input type="checkbox"/> Employee Only        | \$18.33 |
| <input type="checkbox"/> Employee + 1         | \$33.83 |
| <input type="checkbox"/> Employee + 2 or more | \$50.04 |

**VISION SERVICE PLAN (VSP) - 12-pay**

- |   |         |
|---|---------|
| <input type="checkbox"/> Employee Only        | \$10.71 |
| <input type="checkbox"/> Employee + 1         | \$16.64 |
| <input type="checkbox"/> Employee + 2 or more | \$26.39 |

**Delta Dental PPO - 11-pay**

- |   |          |
|---|----------|
| <input type="checkbox"/> Employee Only        | \$57.99  |
| <input type="checkbox"/> Employee + 1         | \$118.70 |
| <input type="checkbox"/> Employee + 2 or more | \$171.89 |

**Delta Care HMO - 11-pay**

- |   |         |
|---|---------|
| <input type="checkbox"/> Employee Only        | \$20.00 |
| <input type="checkbox"/> Employee + 1         | \$36.91 |
| <input type="checkbox"/> Employee + 2 or more | \$54.59 |

**VISION SERVICE PLAN (VSP) - 11-pay**

- |   |         |
|---|---------|
| <input type="checkbox"/> Employee Only        | \$11.68 |
| <input type="checkbox"/> Employee + 1         | \$18.15 |
| <input type="checkbox"/> Employee + 2 or more | \$28.79 |

**LIFE INSURANCE \$50,000 (reduced at 65) - Premiums paid by the District**

**ALL PREMIUMS WILL BE PRE-TAXED UNDER THE 125C PLAN.** Changes in the cafeteria plan elections can only be made at the end of the plan year, unless due to and consistent with a valid status change (e.g., change in legal marital status; change in number of dependents; termination or commencement of employment; change in work schedule; dependent satisfies or ceases to satisfy dependent eligibility requirements; change in residence or worksite and such other events as would permit a revocation or change of election under IRC 125 regulations). Participation in this plan will automatically cease upon termination of employment. FICA taxes are not paid on Section 125 salary reduction. Therefore, your social security benefits at retirement may be reduced. Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the insurance carrier issuing the contract and "take-home" pay may be higher or lower depending on the selections made.