Del Mar Union School District

2019 Retiree & Board Member Medical Rate & Plan Election Form

IF YOU ARE WAIVING:

You must complete the wavier form and return to Human Resources with proof of group coverage.

Effective January 1, 2019, retirees may choose between the same three (3) Anthem HMO plans, two (2) Anthem PPO plans and one (1) Kaiser HMO plan packages available last year. Your choices are listed below. Please make your choice by checking the box and initialing under the plan you wish to enroll in or add/delete dependents.

Please note: This Election Form is for Medical insurance enrollment ONLY. Please submit an appropriate enrollment form for Dental, Vision, and Life insurance available on the District benefits website.

Retiree Out of Pocket Premiums Are Due August-June (11thly Rates):

	Kaiser HMO	Anthem HMO Premier Full Network
Individual/Family Deductible(s):	No Deductible	No Deductible
Out of Pocket Maximum (OOP):	$1,500/$3,000	$1,000 / $2,000
Doctor Visits:	$15 co-pay	$10 co-pay
Hospital:	No co-pay	No co-pay
Rx Out of Pocket Maximum:	Included in Medical OOP	$1,500/$2,500
Rx:	$5/ $20	$5 / $20
Monthly Employee Contribution:	Plan # 225543-1024	Plan # 57ANHA
Employee Only	☐ **$0.00**	☐ **$0.00**
Plus 1 Dependent	☐ **$496.26**	☐ **$670.81**
Plus 2 or More Dependents	☐ **$890.08**	☐ **$1,122.45**
	Initial	Initial

	Anthem Select HMO Premier Narrow Network High Rx (5/20)	Anthem Select HMO Narrow Network Low Rx (9/35)
Individual/Family Deductible(s):	No Deductible	No Deductible
Out of Pocket Maximum (OOP):	$1,000 / $2,000	$1,000 / $2,000
Doctor Visits:	$10 co-pay	$10 co-pay
Hospital:	No co-pay	No co-pay
Rx Out of Pocket Maximum:	$1,500/$2,500	$2,500/$3,500
Rx:	$5 / $20	$9 / $35
Monthly Employee Contribution:	Plan # 57ANHD	Plan # 57ANHG
Employee Only	☐ **$0.00**	☐ **$0.00**
Plus 1 Dependent	☐ **$526.81**	☐ **$472.26**
Plus 2 or More Dependents	☐ **$933.72**	☐ **$863.90**
	Initial	Initial

	Anthem PPO Plan	Anthem HDHP Plan
Individual/Family Deductible(s):	$100/$300	$1,500/$3,000
Out of Pocket Maximum (OOP):	$1,000/$3,000	$3,425/$6,550
Doctor Visits:	$20 co-pay	10% After Deductible
Hospital:	10% coinsurance	10% After deductible
Rx Out of Pocket Maximum:	$1,500/$2,500	$1,500/$2,500
Rx:	$5 / $20	$9 / $35 After Deductible
Monthly Employee Contribution:	Plan # 40790A	Plan # 40790B
Employee Only	☐ **$93.72**	☐ **$0.00**
Plus 1 Dependent	☐ **$1,003.54**	☐ **$514.81**
Plus 2 or More Dependents	☐ **$1,560.99**	☐ **$929.35**
	Initial	Initial

PRINT YOUR NAME CLEARLY	SIGNATURE	DATE

This form must be returned with your medical enrollment form/change form and required dependent documentation to Human Resources.

Questions, call Marco Guajardo, Benefits, at 858-523-6192 or refer to District Benefits page www.dmusd.org/page/8238