



## 2016 – 2017 OPEN ENROLLMENT HEALTH PLAN ELECTION FORM

Forms and plan descriptions are available at [www.vcsbsa.org](http://www.vcsbsa.org) under Resources/Benefits

The 2016 -2017 open enrollment period is June 1<sup>st</sup> - August 24<sup>th</sup>, 2016. The respective health plan year is between October 1, 2016 – September 20, 2017. For plan costs, and to calculate your out-of-pocket expense, use the “Calculate Your Cost Worksheet” which can be obtained from your district/charter office. If you require assistance using the calculation, please contact Renee Schaniel at 805-383-9313 or [rschaniel@vcoe.org](mailto:rschaniel@vcoe.org).

Check the box below to make your plan selection. This applies even if you are not changing health plans in the new plan year. **Sign, date and return this form to your district/charter office by August 24, 2016.** Specific plan information is available in the SISC Health Benefit handbook.

All plans include dental and vision coverage unless otherwise noted:

- Anthem Blue Cross 100% PPO Plan
- Anthem Blue Cross 90%-G PPO Plan
- Anthem Blue Cross 80%-G PPO Plan
- Anthem Blue Cross 80%-L PPO Plan
- Anthem Blue Cross Minimum Value PPO Plan
- Anthem Blue Cross 2-Tier Anchor Bronze Plan
  - Employee Only (*no spousal coverage, dental or vision coverage*)
  - Employee plus child(ren) (*no spousal coverage, dental or vision coverage*)
- Kaiser HMO Plan

I understand the only time I may change my health insurance plan is during open enrollment for an effective date of October 1, 2016 or because of a qualifying event.

Should I gain a new dependent (i.e. marriage, birth or adoption) I can add the dependent(s) if I submit a SISC Membership Change Form to my district/charter office within 30 days after the date of the event. My dependent’s coverage will start on the first of the month following the date of marriage, birth or adoption. Likewise, I must submit a SISC Membership Change Form to remove my spouse and/or dependent(s) when applicable. Please also submit a SISC Membership Change Form when you have a change of address.

**Late submission of election and other enrollment forms will cause a delay in receiving your insurance card.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name clearly