



2309 Tulare Street Fresno, CA 93721
(559) 457-3520 Fax No. (559) 457-3760

SPECIAL BENEFITS ENROLLMENT

EFFECTIVE: JUNE 1, 2018

MEDICARE ELIGIBLE RETIREE

1. EMPLOYEE INFORMATION

| | | | |
|-----------------|------------|--------------------|---|
| LAST NAME | FIRST NAME | FUSD EMPLOYEE I.D. | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNERSHIP |
| MAILING ADDRESS | | BIRTHDATE | TELEPHONE NO. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| CITY | STATE | ZIP CODE | DEPARTMENT / SCHOOL |

2. OTHER HEALTH INSURANCE INFORMATION

Is your spouse employed? ☐ YES ☐ NO IF YES, WHERE? ☐ FUSD ☐ OTHER: _____

Are you or any family members covered by another group plan? ☐ NO ☐ YES _____ GROUP NAME

3. HEALTH PLAN OPTIONS: (If you do not wish to change your Medical Plan, NO ACTION is required.)

| MEDICAL PLAN OPTION A | <input type="checkbox"/> ENROLL UNDER PLAN A <input type="checkbox"/> DISENROLL FROM PLAN A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------------|--------------|-------|-----|-----------------|-------|-----|---------------------|-------|-----|------------------|-----------|-----|---|------------------------------------|----------------------|--------------------------|-------------------|------------------------|-------------|---------------------------|------------------------------------|--------------------------------------|-------------------------------|--|--|--|---------------------------------|--|
| <table><tr><td>Premiums:</td><td>65-74 yrs.</td><td>75+ yrs.</td></tr><tr><td>Retiree Only</td><td>\$ 10</td><td>N/A</td></tr><tr><td>Retiree & Child</td><td>\$ 20</td><td>N/A</td></tr><tr><td>Retiree & Spouse/DP</td><td>\$ 20</td><td>N/A</td></tr><tr><td>Retiree & Family</td><td>\$ 40 Max</td><td>N/A</td></tr></table> <p>NOTE: No cost for Retiree or Spouse when age 75+ is reached.</p> | Premiums: | 65-74 yrs. | 75+ yrs. | Retiree Only | \$ 10 | N/A | Retiree & Child | \$ 20 | N/A | Retiree & Spouse/DP | \$ 20 | N/A | Retiree & Family | \$ 40 Max | N/A | <table><tr><td>Office Visit Copay \$ 15.00</td><td>PPO Providers</td><td>NON PPO Providers</td></tr><tr><td>Covered Services:</td><td>90% of Blue Cross Rate</td><td>60% of UCR*</td></tr><tr><td>Calendar Year Deductible:</td><td>\$ 250 Individual \$ 500 Family</td><td>\$ 750 Individual \$ 1,500 Family</td></tr><tr><td>Annual Out-of-Pocket Maximum:</td><td>\$ 2,100 Individual \$ 4,200 Family</td><td>\$ 10,000 Individual \$ 20,000 Family</td></tr><tr><td></td><td colspan="2">*Usual Customary and Reasonable</td></tr></table> | Office Visit Copay \$ 15.00 | PPO Providers | NON PPO Providers | Covered Services: | 90% of Blue Cross Rate | 60% of UCR* | Calendar Year Deductible: | \$ 250 Individual \$ 500 Family | \$ 750 Individual \$ 1,500 Family | Annual Out-of-Pocket Maximum: | \$ 2,100 Individual \$ 4,200 Family | \$ 10,000 Individual \$ 20,000 Family | | *Usual Customary and Reasonable | |
| Premiums: | 65-74 yrs. | 75+ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree Only | \$ 10 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree & Child | \$ 20 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree & Spouse/DP | \$ 20 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree & Family | \$ 40 Max | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Visit Copay \$ 15.00 | PPO Providers | NON PPO Providers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Covered Services: | 90% of Blue Cross Rate | 60% of UCR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | *Usual Customary and Reasonable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| MEDICAL PLAN OPTION B | <input type="checkbox"/> ENROLL UNDER PLAN B <input type="checkbox"/> DISENROLL FROM PLAN B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------------|--------------|-------|-----|-----------------|-------|-----|---------------------|-------|-----|------------------|-----------|-----|--|------------------------------------|----------------------|--------------------------|-------------------|------------------------|-------------|---------------------------|--|--|-------------------------------|---|--|--|---------------------------------|--|
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| Premiums: | 65-74 yrs. | 75+ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree Only | \$ 10 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree & Child | \$ 20 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree & Spouse/DP | \$ 20 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiree & Family | \$ 40 Max | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Visit Copay \$ 25.00 | PPO Providers | NON PPO Providers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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* The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued group health care coverage for employees and family members at their own expense. Contact the Benefits Office for continuation of coverage due to a qualifying event.
* Please notify the Benefits Office of any change in Health Coverage within 31 days of event.

EMPLOYEE SIGNATURE _____ DATE _____

| | |
|--------------|-----------------|
| Verified by: | Effective Date: |
|--------------|-----------------|