

Benefit Elections Due by May 29, 2019



BENEFIT COST INFORMATION 2019-2020

Full-Time Benefit Dollars Available	Monthly	Annually
As calculated on minimum 35 hours/week	\$662.29	\$7,947.48

Part-Time Benefit Dollars Available	Monthly	Annually
As calculated on minimum 30 hours/week up to 34.9 hours/week	\$331.15	\$3,973.80

These dollars are offered to cover the cost of single health (\$623.29) and single dental (\$39.00) insurance. You may use this amount for health or dental premiums.



WELLMARK BLUECROSS BLUESHEILD PLANS EFFECTIVE 7/1/19-6/30/20

Full-Time Employees

	Option 1	Option 2	Option 3
	Alliance Select	Blue Choice	Health Savings Account Alliance Select
Employee Monthly Cost	\$1000 Buy-up Plan	\$1,000 Base Plan	\$3,000 High Deductible Plan
Single	\$57.39	\$0.00	\$0.00 & \$97.76 into HSA
<i>Full-Time Employee Out of Pocket Premium Cost</i>			
Employee/Spouse	\$775.86	\$656.53	\$453.26
Employee/Child(ren)	\$668.42	\$558.35	\$370.86
Family	\$1,084.80	\$938.83	\$690.19

High Deductible 3000 deposits \$97.76 per month into full time employee's HSA Account when enrolling on a single plan

Part-Time Employees

Part-Time Employee have \$331.15 of benefit coverage that may be used on coverage for health or dental premiums.



BLUE DENTAL PLAN EFFECTIVE 7/1/19-6/30/20

Full-Time Employees

Single	\$0.00
<i>Full-Time Employee Out of Pocket Premium Cost</i>	
Family	\$69.42



AVESIS VISION PLAN EFFECTIVE 7/1/19-6/30/20

All Employees

Single	\$10.09
Employee/Spouse	\$19.41
Employee/Child(ren)	\$21.14
Family	\$27.20



ADVANTAGE ADMINISTRATOR FLEX SPENDING PLAN EFFECTIVE 7/1/19-6/30/20

Enrollment in Flex **MUST** be submitted by Tuesday, May 29, 2019

A flex plan allows a participant to set aside dollars each year from their paycheck to pay for qualified health and dependent care expenses. These dollars are deducted from wages before any income or social security taxes are paid. Participants save between 25-40% on dollars set aside through the plan, and employers will save 7.65% of every dollar participants set aside per plan year. By using this tax savings plan, participants will notice an increase in take home pay and have access to a reimbursement account throughout the year to pay for qualified expenses. All flex contribution amounts MUST be divisible by 12.





2019-2020 Benefit Renewal Form

Benefit Elections Due by May 29, 2019

A. Employee Information

Name (First, Middle, Last): _____
Address: _____
Email: _____

B. Wellmark BCBS Medical Renewal

I am currently enrolled in the District's health insurance through Wellmark BCBS. I've selected my plan below. Otherwise, **"No Changes"** for the 2019-2020 plan year:

- Option 1: Alliance Select \$1,000
- Option 2: Blue Choice \$1,000 – **District pays for single plan**
- Option 3: Alliance Select \$3,000 with Health Savings Account

I am **not** enrolled in the District's health insurance **OR** my spouse/children are not enrolled. I want to enroll **OR** add my spouse/children to the plan I've selected below:

- Option 1: Alliance Select \$1,000
- Option 2: Blue Choice \$1,000 – **District pays for single plan**
- Option 3: Alliance Select \$3,000 with Health Savings Account

To enroll or add a spouse/dependent, you must complete an application!

I wish to **waive** coverage in the health plans offered through the Gilbert Community School District.

C. Wellmark BCBS Dental Renewal

I am currently enrolled in the District's dental insurance through Wellmark BCBS. I want to keep the same plan for the 2019-2020 plan year. The **District pays for a single plan.**

I want to enroll or change who is enrolled in my dental plan. **You must complete an application!**

I wish to **waive** coverage in the dental plan offered through the Gilbert Community School District.

D. Avesis Vision Renewal

I am currently enrolled in the District's vision insurance. I do not want to make any changes to my current Avesis vision benefit.

I wish to enroll to the Avesis vision benefit. **You must complete an application!**

Please cancel my Avesis vision benefit.

E. Advantage Administrators Section 125 Flexible Spending Renewal

I wish to enroll in flexible spending for the 2019-2020 plan year and will submit an application/salary reduction form no later than May 29, 2019 to the District Office.

I wish to waive coverage in the flexible spending/Section 125 plan offered through Gilbert Community School District.

F. Voluntary Life Renewal

I wish to apply for **Additional** life insurance and will request an application from the District office.

G. Signature and Agreement

I understand that by signing this form, I am electing to renew my medical, dental and/or vision benefit elections and that these elections will remain in effect for the remainder of the plan year unless otherwise notified in writing by the employee.

Employee Signature: _____ **Date:** _____