

INSTRUCTIONS

2009-2010 MEDICAL INSURANCE SELECTION FORM

1. If you **DO NOT** want medical insurance, mark the appropriate box on this form, sign, date, and return.
2. If you **DO** want medical insurance, choose from the eight plans listed below, marking which family members you want to cover. **Then**, fill out the appropriate enrollment card for that plan.

ENROLLMENT FORMS ARE DUE IN THE PERSONNEL OFFICE BY NOON ON FRIDAY SEPTEMBER 4, 2009.

NAME _____

OPTION 1: I **DO NOT** want any medical insurance. I understand that my next opportunity to enroll in medical coverage will be during the next annual enrollment period in September 2010.

OPTION 2: Please **enroll me** in the following medical insurance plan with the appropriate deductions to be made through payroll. I understand that my next opportunity to change medical plans will be during the annual open enrollment period in September 2010.

CHOOSE THE PLAN AND FAMILY MEMBERS YOU WANT TO COVER. YOU MUST ALSO COMPLETE AND ATTACH THE APPROPRIATE ENROLLMENT FORM.

	Monthly Premium (before District contribution applied)
<u>Regence Blue Shield WEIC Modified Copay</u>	
<input type="checkbox"/> HA Employee Only	\$ 707.23
<input type="checkbox"/> HB Employee/Spouse	\$ 1,356.19
<input type="checkbox"/> HC Employee/Children	\$ 994.14
<input type="checkbox"/> HD Employee/Spouse/Children	\$ 1,643.10
<u>Regence Blue Shield WEIC Engage 80 (formerly Deductible Plan)</u>	
<input type="checkbox"/> PA Employee Only	\$ 567.59
<input type="checkbox"/> PB Employee/Spouse	\$ 1,086.77
<input type="checkbox"/> PC Employee/Children	\$ 796.27
<input type="checkbox"/> PD Employee/Spouse/Children	\$ 1,315.45
<u>Regence Blue Shield WEIC High Option</u>	
<input type="checkbox"/> JA Employee Only	\$ 628.89
<input type="checkbox"/> JB Employee/Spouse	\$ 1,205.85
<input type="checkbox"/> JC Employee/Children	\$ 884.02
<input type="checkbox"/> JD Employee/Spouse/Children	\$ 1,460.98
<u>Regence Blue Shield WEIC Innova 500 (formerly Fourfront)</u>	
<input type="checkbox"/> FA Employee Only	\$ 378.09
<input type="checkbox"/> FB Employee/Spouse	\$ 725.77
<input type="checkbox"/> FC Employee/Children	\$ 586.38
<input type="checkbox"/> FD Employee/Spouse/Children	\$ 934.06
<u>Group Health Traditional</u>	
<input type="checkbox"/> GA Employee Only	\$ 624.21
<input type="checkbox"/> GB Employee/Spouse	\$ 1,198.83
<input type="checkbox"/> GC Employee/Children	\$ 952.47
<input type="checkbox"/> GD Employee/Spouse/Children	\$ 1,526.06
<u>Group Health Deductible Welcome</u>	
<input type="checkbox"/> OA Employee Only	\$ 399.46
<input type="checkbox"/> OB Employee/Spouse	\$ 766.84
<input type="checkbox"/> OC Employee/Children	\$ 609.35
<input type="checkbox"/> OD Employee/Spouse/Children	\$ 976.11
<u>Blue Cross PPO 1</u>	
<input type="checkbox"/> MA Employee Only	\$ 702.95
<input type="checkbox"/> MB Employee/Spouse	\$1,337.20
<input type="checkbox"/> MC Employee/Children	\$ 984.95
<input type="checkbox"/> MD Employee/Spouse/Children	\$1,650.15
<u>Blue Cross PPO 2</u>	
<input type="checkbox"/> XA Employee Only	\$ 614.75
<input type="checkbox"/> XB Employee/Spouse	\$1,193.45
<input type="checkbox"/> XC Employee/Children	\$ 859.75
<input type="checkbox"/> XD Employee/Spouse/Children	\$1,438.45

SIGNED _____

DATE _____