

CUESTA COLLEGE INSURANCE/BENEFITS - 2023-2024 OPEN ENROLLMENT PLAN SELECTION FORM

Please designate your selection by checking the box next to your choice and initialing on the line next to the box.

_____	_____	_____	_____	
Print Your Name Clearly	Signature	Banner ID/ Last 4 of SSN	Date	
*Full-time faculty or eligible part-time faculty (40% and greater) will receive up to \$734.24 in fringe contributions for single coverage				
*Full-time faculty or eligible part-time faculty (40% and greater) will receive up to \$1,071.00 in fringe contributions for 2-Party coverage				
*Full-time faculty or eligible part-time faculty (40% and greater) will receive up to \$1,390.00 in fringe contributions for family coverage				
Faculty Plan Year 10/1/23- 9/30/24	Single	2-Party	Family	Check Selection and Initial
SISC Anthem PPO A - Group # 40303A (80-E)	\$842.00	\$1,640.00	\$2,298.00	Initial Here _____
Deductible \$300 individual / \$600 family; 80%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Office Visits \$20	<i>If adding a spouse/domestic partner or child(ren) a Membership Change Form is required. Copies of Marriage Certificate/Domestic Partnership paperwork and 2021 Tax Return or Birth Certificates are required for coverage.</i>			
Rx \$7 generic / \$25 brand				
SISC Anthem PPO B - Group # 40303B (80-G)	\$748.00	\$1,463.00	\$2,055.00	Initial Here _____
Deductible \$500 individual / \$1,000 family; 80%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Office Visits \$30	<i>If adding a spouse/domestic partner or child(ren) a Membership Change Form is required. Copies of Marriage Certificate/Domestic Partnership paperwork and 2021 Tax Return or Birth Certificates are required for coverage.</i>			
Rx \$10 generic / \$35 Brand				
Brand name deductible \$200 indiv. / \$500 family				
SISC Anthem PPO C - Group # 40303C (80-L)	\$660.00	\$1,289.00	\$1,806.00	Initial Here _____
Deductible \$2,000 individual / \$4,000 family; 80%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Office Visits \$30	<i>If adding a spouse/domestic partner or child(ren) a Membership Change Form is required. Copies of Marriage Certificate/Domestic Partnership paperwork and 2021 Tax Return or Birth Certificates are required for coverage.</i>			
Rx \$10 generic / \$35 brand				
Brand name deductible \$200 indiv. / \$500 family				
SISC Anthem PPO D - Group # 40303D (80-M)	\$615.00	\$1,192.00	\$1,663.00	Initial Here _____
Deductible \$3,000 individual / \$6,000 family; 80%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Office Visits \$40	<i>If adding a spouse/domestic partner or child(ren) a Membership Change Form is required. Copies of Marriage Certificate/Domestic Partnership paperwork and 2021 Tax Return or Birth Certificates are required for coverage.</i>			
Rx \$9 generic / \$35 brand				
SISC Anthem PPO E - Group # 40303E (HSA-B)	\$594.00	\$1,151.00	\$1,607.00	Initial Here _____
Deductible \$3,000 individual / \$5,200 family; 90%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Office Visits 10%	<i>If adding a spouse/domestic partner or child(ren) a Membership Change Form is required. Copies of Marriage Certificate/Domestic Partnership paperwork and 2021 Tax Return or Birth Certificates are required for coverage.</i>			
Rx subject to deductible				
SISC Anthem PPO F - Group #70303B (Anchor Bronze)	\$533.00	\$1,020.00	\$1,020.00	Initial Here _____
<i>Employee & child/children ONLY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deductible \$5,000 individual / \$10,000 family; 70%	<i>If adding a child(ren) a Membership Change Form is required. Copies of Birth Certificates are required for coverage.</i>			
Office Visits \$60 (first 3 visits only)				
Rx subject to deductible				

Attention all 10 month employees: The above rates are 12 month rates. 10 month employees will be prorated.