

PLAN ELECTION FORM
 ABC SCHOOL DISTRICT
 OCTOBER 1, 2003

EXAMPLE

Employees may choose between one of the following PPO plans. Please make your choice by checking the box under the plan and initial your choice.

Blue Cross PPO Plan:
 Individual/Family Deductible(s):
 Co-Insurance Maximum:
 Hosp, Surg, X-Ray and Lab:
 Doctor Visits:
 Other Professional:
 Out-of-Network Payment:
 Behavioral Health Plan:
 PAID Prescription Drug Co-pay:

| PBCHO-B |
|----------------------|
| \$100/\$300 |
| \$800 per individual |
| 100% |
| 80% |
| 80% |
| 80% FMC |
| BHP 2000 |
| \$5-10/\$10-20 |

| PB OPTION 2-A |
|----------------------|
| \$100/\$300 |
| \$300 per individual |
| 90% |
| \$10 co-pay |
| 90% |
| Non-Par Fee |
| BHP 2000 |
| \$5-10/\$10-20 |

Check one of the boxes to the right and initial your selection.

| | |
|--------------------------|---------|
| <input type="checkbox"/> | Initial |
|--------------------------|---------|

| | |
|--------------------------|---------|
| <input type="checkbox"/> | Initial |
|--------------------------|---------|

I understand that the only time that I may change from one Blue Cross PPO plan to another plan is during the district's designated Open Enrollment Period for an effective date of October 1. If I gain a new dependent (i.e. marriage, birth or adoption), I can add those dependents by completing a change form, but I cannot change from one PPO plan to another PPO plan at anytime except during the Open Enrollment Period for an effective date of October 1.

PRINT YOUR NAME CLEARLY

SIGNATURE

DATE

This form will be placed in your personnel file.

Please do not send this form to SISC.