

Placentia-Yorba Linda Unified School District

2016/2017 Benefit Open Enrollment

Payroll Deductions

Open enrollment for the 2016/2017 health benefit plan year will begin on Monday, April 11, and will end on Friday, May 13, 2016. You will be enrolling in the current Anthem (Blue Cross), Kaiser, Delta Dental, CIGNA Dental and Vision Service Plans. You may enroll on-line or see your site secretary to set up an appointment with an American Fidelity representative.

Date of Hire before 1/1/2009	Medical					Dental			Vision
	Anthem High PPO	Anthem Low PPO	Anthem High HMO	Anthem Select HMO	Kaiser HMO	**Delta PPO	Delta PPO w/ Ortho	**CIGNA DMO	**VSP
Employee Only	\$124.62	\$110.07	\$74.63	\$37.70	\$31.65	\$0.00 *Add \$5.16 *Add 2+ \$11.80	\$10.76 *Add 1 \$23.46 *Add 2+ \$39.79	\$0.00 *Add 1 \$2.49 *Add 2+ \$6.03	\$0.00 *Add 1 \$0.67 *Add 2+ \$2.38
Employee + 1 Dependent	\$261.72	\$231.16	\$138.63	\$92.54	\$78.29	\$0.00 *Add 1+ \$6.64	\$18.30 *Add 1+ \$35.67	\$0.00 *Add 1+ \$3.55	\$0.00 *Add 1+ \$1.71
Employee + Family	\$373.70	\$330.07	\$190.91	\$132.18	\$111.71	\$0.00	\$27.99	\$0.00	\$0.00

* Adding dependents with no medical coverage

Date of Hire on or after 1/1/2009	Medical					Dental			Vision
	Anthem High PPO	Anthem Low PPO	Anthem High HMO	Anthem Select HMO	Kaiser HMO	**Delta PPO	Delta PPO w/Ortho	**CIGNA DMO	**VSP
Employee Only	\$124.62	\$110.07	\$79.32	\$73.90	\$57.61	\$0.00 *Add 1 \$5.16 *Add 2+ \$11.80	\$10.76 *Add 1 \$23.46 *Add 2+ \$39.79	\$0.00 *Add 1 \$2.49 *Add 2+ \$6.03	\$0.00 *Add 1 \$0.67 *Add 2+ \$2.38
Employee + 1 Dependent	\$261.72	\$231.16	\$164.84	\$153.57	\$115.22	\$0.00 *Add 1+ \$6.64	\$18.30 *Add 1+ \$35.67	\$0.00 *Add 1+ \$3.55	\$0.00 *Add 1+ \$1.71
Employee + Family	\$373.70	\$330.07	\$235.47	\$219.38	\$163.03	\$0.00	\$27.99	\$0.00	\$0.00

** Dental and vision plans are available at no additional cost, to dependents that are enrolled in the medical plan. This excludes the Delta Plan with Orthodontics which includes a cost regardless of your medical coverage. The fees shown are the cost of dental and/or vision coverage for dependents that are not included in your medical plan.

Dental and/or Vision If you choose to decline medical coverage for yourself, you may enroll in a dental and/or vision plan for yourself and your family members. Cigna is now only available to employees who are currently in the plan and no longer offered to new enrollees. If you wish to have orthodontic coverage choose the Delta PPO w/Ortho plan.	Date of Hire before or after 1/1/2009	Dental		CIGNA DMO	Vision
		Delta PPO	Delta PPO w/Ortho		VSP
	Employee Only	\$7.37	\$16.83	\$3.59	\$1.49
	Employee + 1 Dependent	\$12.53	\$28.61	\$6.06	\$2.15
	Family	\$19.17	\$43.78	\$9.61	\$3.87

Your AFA representative will be available to explain and assist you with enrollment in the district's Section 125 Medical and Dependent Daycare Reimbursement Accounts. If you express interest, the representative will review AFA's voluntary benefits, e.g., Cancer, Disability, and Life Insurance plans.

Every benefit eligible employee must go through this process, even if you intend to make no changes or decline benefits. Failure to enroll will result in an interruption of your benefits, including your life insurance.

Please contact Risk Management with any questions you may have during open enrollment at 714-985-8476.