

# FRESNO UNIFIED SCHOOL DISTRICT

2309 Tulare Street Fresno, CA 93721 (559) 457-3520 Fax No. (559) 457-3760

**Open Enrollment Form**  
Ed. Code 7000  
**Medicare Eligible Retired Employees**

## RETIREE INFORMATION

LAST NAME	FIRST NAME	EMPLOYEE ID OR SSN NUMBER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNERSHIP
MAILING ADDRESS			
CITY	STATE	ZIP CODE	BIRTHDATE    TELEPHONE NO. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

## OTHER HEALTH INSURANCE INFORMATION

Is your spouse employed?  YES  NO IF YES, WHERE \_\_\_\_\_

Are you or any family members covered by another group plan?  NO  YES \_\_\_\_\_  
GROUP NAME

## SECTION 1      MEDICAL PLANS - DISTRICT PAID MEDICAL

<p><b>Option A</b> <input type="checkbox"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;"><b>PPO Providers</b></td> <td style="width: 35%; text-align: center;"><b>Non PPO</b></td> </tr> <tr> <td>Covered Services</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">60%</td> </tr> <tr> <td>Calendar Year Deductible</td> <td style="text-align: center;">\$250 Individual \$500 Family</td> <td style="text-align: center;">\$750 Individual \$1,500 Family</td> </tr> <tr> <td>Annual Out-Of Pocket Maximum</td> <td style="text-align: center;">\$5,000 Individual \$10,000 Family</td> <td style="text-align: center;">\$10,000 Individual \$20,000 Family</td> </tr> <tr> <td>Office Co Pay</td> <td style="text-align: center;">\$15</td> <td style="text-align: center;">\$0</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b><u>PREMIUMS</u></b></td> <td style="width: 20%; 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Continue on reverse side

# DENTAL PLANS

<p align="center"><b>DELTA DENTAL PPO (DISTRICT PLAN)</b></p> <p align="center"><b>Monthly Premiums</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RETIREE</td> <td align="right">\$ 51.00</td> </tr> <tr> <td>RETIREE/SPOUSE</td> <td align="right">\$102.00</td> </tr> <tr> <td>RETIREE/FAMILY</td> <td align="right">\$149.00</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td align="center">PPO</td> <td align="center">NON-PPO</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Maximums {</td> <td>Per patient per calendar year .....</td> <td align="right">\$2,000</td> <td align="right">\$1,000</td> </tr> <tr> <td>Dental Accident per calendar year .....</td> <td align="right">\$1,000</td> <td align="right">\$1,000</td> </tr> <tr> <td>Orthodontic lifetime maximum .....</td> <td align="center">N/A</td> <td align="center">N/A</td> </tr> </table> <p align="center"><b>MUST USE PPO PROVIDER FOR PPO COVERAGE</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ADD Coverage</td> <td><input type="checkbox"/> DROP Coverage</td> </tr> </table> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Retiree Only</td> <td><input type="checkbox"/> Delete Retiree Coverage</td> </tr> <tr> <td><input type="checkbox"/> Retiree/Spouse Coverage</td> <td><input type="checkbox"/> Delete Dependent Coverage</td> </tr> <tr> <td><input type="checkbox"/> Retiree/Family Coverage</td> <td><input type="checkbox"/> Delete Family Coverage</td> </tr> <tr> <td><input type="checkbox"/> Dependent or Spouse</td> <td></td> </tr> </table>	RETIREE	\$ 51.00	RETIREE/SPOUSE	\$102.00	RETIREE/FAMILY	\$149.00		PPO	NON-PPO	Maximums {	Per patient per calendar year .....	\$2,000	\$1,000	Dental Accident per calendar year .....	\$1,000	\$1,000	Orthodontic lifetime maximum .....	N/A	N/A	<input type="checkbox"/> ADD Coverage	<input type="checkbox"/> DROP Coverage	<input type="checkbox"/> Retiree Only	<input type="checkbox"/> Delete Retiree Coverage	<input type="checkbox"/> Retiree/Spouse Coverage	<input type="checkbox"/> Delete Dependent Coverage	<input type="checkbox"/> Retiree/Family Coverage	<input type="checkbox"/> Delete Family Coverage	<input type="checkbox"/> Dependent or Spouse		<p align="center"><b>UHC/PACIFIC UNION DENTAL</b></p> <p align="center"><b>Monthly Premiums</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RETIREE</td> <td align="right">\$31.00</td> </tr> <tr> <td>RETIREE/SPOUSE</td> <td align="right">\$62.00</td> </tr> <tr> <td>RETIREE/FAMILY</td> <td align="right">\$87.00</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> <p align="center"><b>MUST USE UHC/PACIFIC UNION Provider</b></p> </div> <p><b>Includes Orthodontic coverage for dependents between ages 10 and 19. Some procedures may require co-payments.</b></p> <p><b>Plan coverage includes: Office Exam, X-Rays, and (2) Cleanings Annually</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ADD Coverage</td> <td><input type="checkbox"/> DROP Coverage</td> </tr> </table> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Retiree Only</td> <td><input type="checkbox"/> Delete Retiree Coverage</td> </tr> <tr> <td><input type="checkbox"/> Retiree/Spouse Coverage</td> <td><input type="checkbox"/> Delete Dependent Coverage</td> </tr> <tr> <td><input type="checkbox"/> Retiree/Family Coverage</td> <td><input type="checkbox"/> Delete Family Coverage</td> </tr> <tr> <td><input type="checkbox"/> Dependent or Spouse</td> <td></td> </tr> </table>	RETIREE	\$31.00	RETIREE/SPOUSE	\$62.00	RETIREE/FAMILY	\$87.00	<input type="checkbox"/> ADD Coverage	<input type="checkbox"/> DROP Coverage	<input type="checkbox"/> Retiree Only	<input type="checkbox"/> Delete Retiree Coverage	<input type="checkbox"/> Retiree/Spouse Coverage	<input type="checkbox"/> Delete Dependent Coverage	<input type="checkbox"/> Retiree/Family Coverage	<input type="checkbox"/> Delete Family Coverage	<input type="checkbox"/> Dependent or Spouse	
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# VISION PLAN

<p><b>MEDICAL EYE SERVICES (MES)</b></p> <p><b>Monthly Premiums</b></p>																	
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**COMPLETE NEXT SECTION IF YOU ARE ADDING OR DROPPING DEPENDENTS**

**FAMILY INFORMATION – If you are adding a dependent or spouse, you must provide a copy of the Birth, Marriage or Domestic Partner Certificate.**

FIRST NAME	LAST NAME	GENDER	AGE	BIRTHDATE	SOCIAL SECURITY
<input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SPOUSE		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
<input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SPOUSE		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
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- The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued group health care coverage for employees and family members at their own expense. Contact the Benefits Office for continuation of coverage due to a qualifying event.
- Please notify the Benefits Office of any change in Health Coverage within 31 days of event.

<b>RETIREE SIGNATURE</b> _____	<b>Date</b> _____	Verified by:	Effective Date:
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