

MEDICAL PLAN SELECTION REQUEST FORM

SRJC ASSOCIATE FACULTY

Employee Name

Employee I.D. Number

Please select which medical plan you'd like to enroll in below. Benefit Summaries of these five SRJC medical plans can be found at: <https://hr.santarosa.edu/associate-faculty-medical-insurance>

Options 4 and 5 are deductible plans. If you choose to enroll in one of these deductible plans, the District will contribute into a Health Savings Account (HSA) on your behalf in the amounts listed below per year:

HSA Single: \$600.00

HSA Double: \$900.00

HSA Family: \$900.00

1. I select the SISC **Kaiser Permanente HMO** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	Associate faculty 50% portion = \$357.50	100% premium = \$715.00
Double:	Associate faculty 50% portion = \$746.00	100% premium = 1,492.00
Family:	Associate faculty 50% portion = \$1,035.50	100% premium = \$2,071.00

2. I select the SISC **Blue Shield HMO** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	Associate faculty 50% portion = \$406.50	100% premium = \$813.00
Double:	Associate faculty 50% portion = \$861.50	100% premium = \$1,723.00
Family:	Associate faculty 50% portion = \$1,198.50	100% premium = \$2,397.00

3. I select the SISC **Blue Shield PPO** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	Associate faculty 50% portion = \$454.00	100% premium = \$908.00
Double:	Associate faculty 50% portion = \$966.00	100% premium = \$1,932.00
Family:	Associate faculty 50% portion = \$1,345.50	100% premium = \$2,691.00

4. I select the **Kaiser HSA** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	Associate faculty 50% portion = \$285.00	100% premium = \$570.00
Double:	Associate faculty 50% portion = \$594.00	100% premium = \$1,188.00
Family:	Associate faculty 50% portion = \$824.00	100% premium = \$1,648.00

5. I select the **SISC Blue Shield HSA** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	Associate faculty 50% portion = \$320.00	100% premium = \$640.00
Double:	Associate faculty 50% portion = \$698.50	100% premium = \$1,397.00
Family:	Associate faculty 50% portion = \$982.50	100% premium = \$1,965.00

I agree to pay the associate faculty portion of the plan I selected above, which is 50% of the total premium cost on a monthly basis, for the period of April 1, 2022 through September 30, 2022.

Signature

Date

*** Signed under penalty of perjury under the laws of the State California.*

*All information will be used exclusively by SRJC to administer the program and will not be disclosed unless required by law.