



# Kairos Public School Vacaville Academy

2019-20 Benefit Selection Sheet/Section 125

Rates Effective 7/1/19-12/31/19

Print Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Site: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Listed below are the Kairos Public School Vacaville Academy Employee Health and Welfare plans. If medical coverage is waived, evidence of other medical coverage must be provided. New employees must enroll in these plans or provide proof of other medical coverage **within 30 days after their hire date.**

Kairos Public School Vacaville Academy Fringe amounts

Single up to **\$825.00** Employee+SP or Child(ren) **\$975.00** Family **\$1,050.00**

**NOTE: ALL CHANGES TO PLANS REQUIRE NEW PROVIDER APPLICATION.**

MEDICAL	EMPLOYEE	EE + SPOUSE	EE + CHILD	EE + CHILDREN	FAMILY	
Kaiser HMO High	\$783.67	\$1,671.82	\$1,477.77	\$1,781.53	\$2,383.09	\$ _____
Kaiser HMO Low	\$662.91	\$1,414.21	\$1,250.06	\$1,507.02	\$2,015.89	\$ _____
Kaiser HMO HDP \$1500	\$525.56	\$1,159.48	\$1,043.53	\$1,219.08	\$1,629.33	
Blue Cross HMO High	\$796.36	\$1,751.97	\$1,433.44	\$1,433.44	\$2,468.70	\$ _____
Blue Cross HMO Low	\$748.47	\$1,646.66	\$1,347.27	\$1,347.27	\$2,337.80	\$ _____
Blue Cross PPO Base-HSA	\$717.31	\$1,562.84	\$1,278.69	\$1,278.69	\$2,223.69	\$ _____
DENTAL	EMPLOYEE	EE + 1	EE + CHILD	EE + CHILDREN	FAMILY	
Delta Dental PPO High	\$55.09	\$106.26	\$106.26	\$176.94	\$176.94	\$ _____
VISION	EMPLOYEE	EE + 1	EE + CHILD	EE + CHILDREN	FAMILY	
V.S.P.	\$9.38	\$18.54	\$18.54	\$30.36	\$30.36	\$ _____
						<b>TOTAL BENEFIT SELECTED</b> \$ _____
						<b>EMPLOYER CONTRIBUTION</b> \$ _____
						<b>TOTAL TO BE DEDUCTED PER PAYCHECK</b> \$ _____

**For Payroll Only:**

For 11 month pay schedules, additional summer health deferred payments \$ \_\_\_\_\_

**PLEASE NOTE:** If you have balance due, you may have it deducted before or after taxes. It will be **pre-tax** unless you designate after tax. Please consult your tax advisor. PLEASE INITIAL YOUR CHOICE BELOW:

SECTION 125/BENEFIT SHEET CHOICE: PRE-TAX \_\_\_\_\_ AFTER-TAX \_\_\_\_\_

I authorize Kairos Public School Vacaville Academy KPSVA to deduct any balance owed for benefit selections from my paycheck. This authorization shall remain in effect until I notify the Payroll Department in writing regarding any change in my status.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NO MEDICAL BENEFITS SELECTED**

I am waiving my medical benefits. I have **attached proof** of current medical coverage from a source outside of the School.

Date \_\_\_\_\_ Signature \_\_\_\_\_