



**BSSP's Anthem MEC HSA PPO plan vs.
 Covered California's Blue Shield Bronze 60 HDHP PPO plan**
Effective October 1, 2022*

In compliance with provisions of the Affordable Care Act and as an employee of Gridley Unified School District, you are eligible to enroll in BSSP's offer plan. Before doing so, please consider the following:

Monthly Cost	
<p>■ BSSP MEC HSA PPO ■ Covered CA Bronze 60 HDHP PPO (estimated before subsidy)</p>	<p>No employer contribution or premium subsidies are available for the BSSP Offer plan. Based on your zip code, age, household income and size of your covered family, you may be eligible for federal subsidies which may greatly reduce the cost of your coverage under Covered California. Visit www.coveredca.com to estimate your costs.</p>

Out of Pocket Maximum	
<p>■ BSSP MEC HSA PPO ■ Covered CA Bronze 60 HDHP PPO</p>	<p>The out of pocket maximum includes deductible, copays and coinsurance. Employee-only limits apply when no children are covered under the plan. When children are covered, only the Employee and Child(ren) limits apply.</p>

Deductibles, Copays and Coinsurance (network services, only)		
	BSSP MEC HSA PPO	Covered CA Bronze 60 HDHP PPO*
<i>Deductible (You pay 100% of covered services and prescriptions until your deductible is met.)</i>		
Employee, only	\$5,000	\$7,000
Employee and child(ren)	\$10,000	\$14,000
<i>Coinsurance and Copays (Once your deductible is met, you pay coinsurance and copays until you've reached your out of pocket maximum.)</i>		
Medical facilities, professional services, diagnostic services	30%	0%
Emergency room	\$100 plus 30%	0%
Child(ren)'s dental / vision	No coverage	Some coverage
Pharmacy		
90-day mail order	\$0 (generic); \$90 (brand name)	0%
30-day retail	\$9 (generic); \$35 (brand name)	0%

*Covered CA rates and plan design effective January 1, 2022 – December 31, 2022.

Employee Information

SSN	First	MI	Last	Birthdate	Gender
Street			City	State	Zip

Covered Child(ren) *Complete only if electing coverage for child(ren).*

CHILD(REN): Application for children, after initial eligibility date, must be submitted within 31 days of child's date of birth, date of parent's marriage or court decree of adoption or guardianship. A copy of child's birth certificate, adoption papers, etc. must be received by your employer within 90 days of your dependent's eligibility date.

SSN	First	MI	Last	Birthdate	Gender	Certificate?

Acceptance or Declination of Coverage *(SISC III Enrollment Form required if accepting coverage)*

I understand that I am being offered the opportunity to enroll in comprehensive health coverage through my employment with the Gridley Unified School District. I understand that as of January 1, 2014, I am required by law to maintain an acceptable level of health insurance coverage for myself and my dependents.

I decline coverage at this time. Further, I understand unless I experience a qualifying event as defined by the IRS, I will not be allowed to enroll in coverage or make changes to my selection until the next open enrollment period.

Signature _____ Date _____

I elect to enroll in the BSSP Offer plan. I understand the following:

- Premium payment is due on the 25th of the month prior to the month of coverage. Coverage will be terminated if payment is not received by the 5th of the month of coverage.
- Butte Schools Self-Funded Programs (BSSP) is authorized to obtain and release medical information in compliance with HIPAA and any other insurance and privacy protection act.
- I authorize my physician, health care practitioner, hospital, clinic or other medical or medically-related facility to furnish an agent, designee or representative of Anthem Blue Cross, Navitus or BSSP any and all records of medical history, services rendered, or treatment given to anyone enrolled hereunder or added hereafter for purpose of review, investigation or evaluation of an application or a claim.
- I authorize BSSP or its agents, designees or representative to disclose to a hospital, self-insurer or insurer any such medical information obtained if such disclosure is necessary to allow the processing of the claim.
- This authorization shall become effective immediately and shall remain in effect as long as necessary to enable BSSP to process claims and establish rates.
- I am responsible for a greater portion of my medical costs when I use a non-participating provider.
- Any dispute between myself (and/or enrolled child) and Anthem Blue Cross, Navitus or any affiliate, must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the small claims court and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage the member and Anthem Blue Cross or Navitus are giving up the right to have any dispute decided in a court of law before a jury.

I DECLARE, UNDER PENALTY OF PERJURY AND THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT. I WILL REPAY ANY CLAIMS PAID FRAUDULENTLY ON BEHALF OF MYSELF AND/OR MY ENROLLED CHILDREN.

Signature _____ Date _____

Information below this line is to be completed by district HR/Payroll Staff

Effective	Date of Hire	Employee #	Title	Group	Status	District Signature
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