



# Plan Selection Sheet

Effective Date: January 1, 2014 – December 31, 2014

District: \_\_\_\_\_

Bargaining Unit(s): \_\_\_\_\_

Available Plans:

Please mark your selections

Performance HMO Plans		
<input type="checkbox"/>	<b>Package A</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Package B</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Package C</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Package D</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Package E</b>	Add Acu <input type="checkbox"/>

PPO Plans		
<input type="checkbox"/>	<b>PPO-NO HRA (SD 1)</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>PPO-HRA (SD 2)</b>	Add Acu <input type="checkbox"/>

Other Plans		
<input type="checkbox"/>	<b>Alliance HMO</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>SIMNSA</b>	Add Acu <input type="checkbox"/>

Kaiser Plans		
<input type="checkbox"/>	<b>Kaiser 0</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 5</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 10</b> \$10, 100 day	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 10</b> \$10/\$20, 30 day	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 10</b> \$10/\$20, 30 day with vision	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 15</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 20</b>	Add Acu <input type="checkbox"/>
<input type="checkbox"/>	<b>Kaiser 30</b>	Add Acu <input type="checkbox"/>

**Please Note:** For any unit covered by a Collective Bargaining Agreement, plan selection needs to be signed by an authorized representative for both labor and management.

#	Name	Signature	Unit Represented	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				

