



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

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

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

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

