



SISC

Self-Insured Schools of California
Schools Helping Schools

Paso Robles JUSD

DECLINATION OF COVERAGE FOR FULL TIME EMPLOYEES ELECTING THE WABE OPTION

Paso Robles Joint Unified School District participates in the SISC health benefits program, which requires 100% participation of all full time employees. This means that full time employees working 90% or more of their applicable job classification are required to enroll in a SISC medical plan option.

If you are covered through another health plan and therefore do not wish to enroll in the SISC medical plan, the WABE premium option is now available.

The WABE premium allows you to decline the SISC Medical coverage while the WABE premium is paid to SISC on your behalf. This option allows you to maintain your membership in SISC as a full time employee without enrollment in a SISC medical plan.

If you choose this option, the election is made for the entire plan year. You and your eligible dependents will not be allowed to enroll in a SISC plan until the next Open Enrollment Period or as the result of a qualifying event:

- **Loss of Coverage:** You may enroll yourself or your dependents provided you notify the district and provide supporting documentation within 30 calendar days of loss of coverage. *Effective April 1, 2009, loss of coverage under a Medicaid plan, loss of coverage under Children's Health Insurance Program (CHIP) or eligibility to participate in a premium assistance program under Medicaid or CHIP gives rise to special enrollment rights. You must notify the district within 60 calendar days of loss of coverage or becoming eligible for premium assistance.* You must submit a completed and signed enrollment form along with evidence of the loss of coverage.
- **New Dependent:** If you have a new dependent as the result of marriage, birth, adoption, placement for adoption, or placed in your home as a result of court ordered custody or guardianship, you may enroll yourself and your dependents, provided you request enrollment within 30 calendar days following the date of this event. Again, you must submit a completed and signed enrollment with supporting documentation of the event.

I have read and understand the above notification and wish to participate in the WABE program.

I understand that I am declining enrollment onto a SISC medical plan effective 10/1/2019 and that my district will be contributing WABE premium to the SISC Health Benefits program on my behalf. As long as I remain a full time employee, I will continue to be a part of the SISC program and considered a SISC member in the following services for the 2019-2020 plan year.

- MDlive – 24/7 physician line
- EAP – Employee Assistance Program
- Advance Medical – Expert Medical Opinion
- Biometric Screenings

I understand that I will be not be able to enroll in coverage until the district's next Open Enrollment period unless I experience a mid-year qualifying event and provide supporting documentation to my district within 30 days.

Print Name: _____

Signature: _____ Date: _____

Please see the next page for WABE enrollment and Dental/Vision Selections

WABE

Waiver of Anchor Bronze Enrollment

This is a new Health option for the PRJUSD Employees, with this option **if you currently have dual medical insurance**, you can now opt out of **MEDICAL** insurance!

Enrolling in WABE only gives you the option to decline **MEDICAL** insurance; it is required that you enroll in dental and vision insurance offered by PRJUSD.

Employees taking this option must provide proof of other coverage at the time of enrollment.

Employees taking this option will have access to the following Value Added Services through SISC:

- MDLive – 24/7 Physician Line
- EAP (employees assistance program)
- Advance Medical Expert Medical Opinions
- Biometric Screenings (if offered by the district)

Please return this form along with proof of other coverage to the HR Department @ PRJUSD Office, attention: Marcy Garcia.

I would like to enroll in the WABE Plan, attached is proof of other coverage. (i.e. Copy of other medical insurance card through spouse)

Enrollment in Vision Service Plan B, will be automatic (if you are new to the PRJUSD an enrollment form is required)

Dental Insurance Selection (please select one plan)

- Delta Dental 100% PPO
- Delta Dental Incentive
- Anthem Dental Essential Choice Plan (limited providers)

Print Name: _____

Date: _____

Signature: _____

SSN: _____

Please see dental summaries on the next page.

Provider Network	Delta Dental PPO 100%	Delta Dental Incentive Premier	Anthem Essential Choice Dental In Network ONLY
Annual Deductible	No Deductible	No Deductible	No Deductible
Annual Maximum	\$2,000	When using a contracted dentist, the annual max will increase by \$200.00	\$4,000
Diagnostic and Preventative Exams, X-rays, Cleanings	100%	70% 1 st Year 80% 2 nd Year 90% 3 rd Year 100% 4 th Year and after	100%
Other Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	100%	70% 1 st Year 80% 2 nd Year 90% 3 rd Year 100% 4 th Year and after	100%
Crowns Crowns, Jackets, and Cast Restorations	100%	70% 1 st Year 80% 2 nd Year 90% 3 rd Year 100% 4 th Year and after	50%
Prosthodontics Dentures, Bridges, and Implants	50%	50%	50% \$2,000 annual Implant max
Orthodontics	\$2,000 lifetime max	\$0.00	\$2,000 lifetime max

*All information based on using an "In Network Provider".

****The Anthem Dental Plan** has a limited network, available ONLY in select counties: Fresno County, Kern County, Merced County, Riverside County, San Luis Obispo County, Santa Barbara County, and Tulare County.

*** Members **must** use specialist in the Anthem Dental Essential Choice Network (i.e. orthodontist, periodontist, oral surgeon)

****If a member chooses to disenroll from an incentive plan, their incentive level will start at 70% upon re-enrollment.