Coast Unified School District 2024-25 Health Insurance

SELF-PAY TWO-TIER ANCHOR BRONZE PLAN

Insurance Offer For Part-Time Employees & Substitutes

Coast Unified School District makes this offer of insurance in accordance with the Affordable Care Act. You are receiving this notice because our records indicate you fall within the parameters of eligibility. Enrollment in the plan is not required; however, in order to meet strict compliance requirements, you must return this form acknowledging receipt of the information providing you the opportunity to enroll. If you wish to enroll, simply check the box at the bottom of the form and enrollment instructions will be sent to you.

ELIGIBLITY —Variable hour, temporary and seasonal employees (including classified and certificated substitutes), and persons employed by CUSD for less than 90% of a full-time position with regular hours. You become eligible once you have accepted employment and performed duties defined by your offer of employment. Benefit coverage is for the employee and eligible dependent children only. Spouses/domestic partners/retirees are not eligible for this plan.
Note: Classified employees who work more than 66% full time are eligible for other insurance plans offered by the District that cover spouses and dependents and include a pro-rata District contribution.

ENROLLMENT— Participation in the Bronze plan is voluntary. The plan year runs October 1—September 30. You will be afforded an opportunity each year during a designated open enrollment period to opt-in or out of the plan for the following year. If enrollment is elected, employees must complete an application, provide required documentation (birth certificate) for dependents, sign a payment agreement, and remit the first month's premium by the 15th of the month prior to the start of coverage. Those that opt-out will be required to wait until the following year's open enrollment for the next opportunity to enroll. Newly-hired staff will be provided the opportunity to enroll in time to begin coverage October 1st or the first day of the month following the date of hire (DOH) if hired mid-plan year.

PAYMENT — Premiums will be due 12 times per year, September—August, for coverage months October—September (payment due month prior to coverage). The employee is responsible for the entire insurance premium. There is no contribution from the District. CUSD does not invoice or provide vouchers as payment reminders. *The participant is solely responsible for ensuring payments are made timely.* Premiums not kept up-to-date, including bounced checks, will result in termination of your plan by the District effective the last day of the most recent fully-paid month. Should termination be required, re-enrollment is forfeited until the next open enrollment period.

SELF-PAY TWO-TIER ANCHOR BRONZE — 70% ANTHEM BLUE CROSS PPO PLAN

Medical & Prescription Deductible	$5,000 individual/ $10,000 family
Calendar Year Out of Pocket Max	$6,350 individual/ $12,700 family
Office visit co-pay/ Preventative Care	30% after deductible has been met / 0%, deductible waived for Preventative Care
Prescription Drug Plans (Generic - Brand Co-pay / days supply)	After deductible is met, Generic $9/ 30-day, Brand $35/ 30-day, Mail Order $18 Generic—Brand $90/90 day supply

Classified Monthly Rates	Employee Only: **$613**	Employee +Child(ren): **$978**
Certificated Monthly Rates	Employee Only: **$495**	Employee +Child(ren): **$945**

REQUIRED ACKNOWLEDGEMENT OF RECEIPT—RETURN TO CUSD BY JUNE 30,2025
(LATE HIRES PLEASE RETURN WITH EMPLOYMENT PACKET)

Please sign below to acknowledge your receipt of this offer. Your signature is not a commitment to enroll.

Print your name clearly _____ ***Signature*** _____ **Date** _____

If you are interested in enrollment, check the box below and an enrollment packet will be sent to you.
Your commitment to enroll is not final until completed enrollment forms and first payment have been received.

Yes, please send me forms to enroll in the Self-Pay Two-Tier Anchor Bronze Plan: ☐

Please return to CUSD Office Attn: Monica Melendrez, Health & Benefits
Coast Unified School District ▲1350 Main St., Cambria, CA 93428 ▲ (805) 924-2925▲ Fax (805) 927-0312