



NO CHANGES - CONTINUE EXISTING MEDICAL, DENTAL AND VISION COVERAGE

Due to the Affordable Care Act (ACA) Yavapai College is required to keep annual records regarding your health care selection. Below you will find insurance rate information for Health, Dental and Vision benefits. These rates, and all benefit information can also be found online at:

<https://www.yc.edu/v5content/human-resources/benefits.htm>

To stay in compliance with Federal ACA requirements please complete and return this form if you are not making any changes to your Medical, Dental and Vision benefit elections for the 2019/2020 fiscal year.

Please note: If you wish to make changes to your current Health, Dental or Vision benefits, a new enrollment form is required to be completed and returned to the Human Resources Office; changes will be effective 07/01/2019. Additionally, any enrollment in a FSA or updates to existing HSA contributions also require a new enrollment form.

Health Insurance

	Premier Plan \$350 single / \$700 family deductible		Basic Plus Plan \$600 single / \$1200 family deductible		HDHP Plan \$2500 single / \$5000 family deductible	
	<i>Employee</i>	<i>Dependents</i>	<i>Employee</i>	<i>Dependents</i>	<i>Employee</i>	<i>Dependents</i>
Monthly Premium	\$45	\$554	Paid by YC	\$170	Paid by YC	\$328

Dental Insurance

	<u>Preventative</u>		<u>Comprehensive</u> \$1500 Annual Maximum	
	<i>Employee</i>	<i>Dependents</i>	<i>Employee</i>	<i>Dependents</i>
Monthly Premium	Paid by YC	Paid by YC	\$5	\$44

Vision

	<i>Employee</i>	<i>Dependents</i>
Monthly Premium	\$5	\$17

I acknowledge that I have received benefit information, including new rates for the 2019-2020 fiscal year. I understand that if I elect to make changes to my Health, Dental and Vision benefits during this open enrollment period, then I will need to complete a new benefit enrollment form and return it to Human Resources no later than May 31, 2019. Additionally any enrollment in a FSA or updates to existing HSA contributions also require a new enrollment form.

____ I elect no changes for the 2019-2020 fiscal year and want to keep my benefits as they are

Printed Name: _____

Signature: _____ Date: _____