2020
Medical Plan Change Form

Lubbock ISD
Every Child Every Day

EID# _____

Effective Date _____

Name of Employee_____
Last First M.I

SS# (_____ **) BCBS-ID# (** _____ **) DOB (M/D/Y)** _____

Home Address_____
Number and Street City State Zip

Building or Organization _____ **Position** _____

Coverage Level	Bronze-PPO	Bronze-HMO	Silver-PPO	Silver-HMO	Hospital Income Plan	
	($6,650 Individual Deductible)		($4,000 Individual Deductible)			
Employee Only	◯ $144	◯ $113	◯ $337	◯ $280	◯	$0
Employee & Children	◯ $234	◯ $181	◯ $498	◯ $407	For employee only, choose	
Employee & Spouse	◯ $295	◯ $227	◯ $649	◯ $532	this option if you have major	
Employee & Family	◯ $468	◯ $371	◯ $940	◯ $777	medical elsewhere.	
*** HSA – Health Savings Account – ask about enrollment information if you select either Bronze Plan.**						

Reason for Change: *(Children may be covered to the 26th birthday.)*		**From:**	**To:**
☐ Newly Married *** (Date)_____	☐ Dependent Ineligible	☐ **Bronze-PPO**	☐ **Bronze-PPO**
☐ Divorced (Date) _____	☐ Coverage Loss(End Date) _____	☐ **Bronze-HMO**	☐ **Bronze-HMO**
☐ Newborn **(Date) _____	☐ Cancel Dependent(End Date) _____	☐ **Silver-PPO**	☐ **Silver-PPO**
☐ Spouse Employment Change (Date)_____	☐ Other (please specify) _____	☐ **Silver-HMO**	☐ **Silver-HMO**
		☐ **HIP**	☐ **HIP**

Dependent Coverage

	NAME	SS#	Date of Birth	Please Circle Action Desired
Husband ☐ Wife ☐	_____	_____	_____	◯ Add Drop ◯
Son ☐ Daughter ☐	_____	_____	_____	◯ Add Drop ◯
Son ☐ Daughter ☐	_____	_____	_____	◯ Add Drop ◯
Son ☐ Daughter ☐	_____	_____	_____	◯ Add Drop ◯
Son ☐ Daughter ☐	_____	_____	_____	◯ Add Drop ◯

**Newborn children are covered from date of birth if added within 31-days of birth.
***Spouses are covered from date of marriage if added within 31-days of marriage.

*Signature*_____**Date**_____

I hereby request a change in coverage as indicated above and authorize the appropriate monthly payroll deduction.

Revised 10/2019
Microsoft Word/F Drive/Risk Mgmt/Risk Mgmt Site Documents/Insurance Forms/2020MedicalOpenEnrollmentForm