High Desert Oil, Inc

Health Insurance Plan Options

Employee Name: _____ Store: _____ AAX: _____

Effective April 1, 2024, High Desert Oil, Inc. dba Valvoline Instant Oil Change will continue the Group Medical Plan with United Healthcare to All Eligible full-time Employees. Eligible employees will be permitted to enroll him/herself and any eligible dependent(s) in one of two medical plans being offered effective 4/1/2024 with a 26 pay period cost for any plan.

Step 1: Select your Plan Option from below or Decline and initial your selection or declination.

Step 2: **TIMELINE: Fri March 29 to submit your Plan Option Selection Confirmation and Enrollment Form OR Declination Confirmation and Waiver Form for open enrollment.**
For new employees outside of Open Enrollment: eligibility starts first of the month following 60 days of full time employment.

To Enroll

PLAN INFORMATION

Choice Plus CYGC/EK

Individual Deductible	$2,000
Family Deductable	$4,000
Individual Out of Pocket Max:	$6,850
Family Out of Pocket Max:	$13,700

$35 PCP Visit
$70 Specialist Visit
$0 Wellness Visits In- Network ONLY
$400 ER Visit, Then 20% After Deductible
$50 Urgent Care Visit
$10/$35/$70/$250 Prescription Plan

20% Coinsurance
Out of Network Access

What Does it Cost You Per Pay Period?

Employee Only	☐	$70
Employee & Spouse	☐	$300
Employee & Children	☐	$275
Employee & Family	☐	$600
Initial Here	☐	

I AM ENROLLING IN THE PLAN THAT HAS BEEN SELECTED ABOVE

SIGN HERE: ➡ _____

DATE: _____

To Decline

Declining coverage due to the existance of other coverage:

Spouse/Parent's Employer's Plan	☐
Covered by Medicare	☐
COBRA from Prior Employer	☐
Tri-Care	☐
Individual Plan	☐
Medicaid	☐
VA Eligibility	☐
IHS Eligibilty	☐
Other _____	☐

I have no other coverage at this time: ☐

I understand that by waiving coverage at this time, I will not be allowed to participate unless I qualify at a special enrollment period or as a late enrollee, if applicable, or at the next open enrollment period.

I DECLINE TO ENROLL

SIGN HERE: ➡ _____

DATE: _____