

EL MONTE UNION HIGH SCHOOL DISTRICT
2017 TENTHLY CONTRIBUTION (50% Eligible Employee)

		DISTRICT	EMPLOYEE
KAISER 10/10	Single _____	\$ 339.50	\$ 339.50
\$10 Co-Pay	Two Party _____	\$ 591.06	\$ 749.94
\$10 RX	Family _____	\$ 833.22	\$ 1,056.78
UnitedHealthCare HMO	Single _____	\$ 380.50	\$ 380.50
\$10 Co-Pay	Two Party _____	\$ 651.44	\$ 850.56
5/10/25 RX	Family _____	\$ 913.11	\$ 1,193.89
UnitedHealthcare			
California	Single _____	\$ 339.50	\$ 1,246.50
Choice Plus PPO	Two Party _____	\$ 591.06	\$ 2,628.94
Co-Pay*	Family _____	\$ 833.22	\$ 3,683.78
RX*			
Delta Dental PPO	Single _____	\$ 32.49	\$ 32.49
	Two Party _____	\$ 59.30	\$ 59.29
	Family _____	\$ 90.18	\$ 90.17
Delta Dental HMO	Single _____	\$ 11.06	\$ 11.06
	Two Party _____	\$ 18.24	\$ 18.23
	Family _____	\$ 26.98	\$ 26.98
VISION	Composite _____	\$ 13.82	\$ 13.81
BLUE CROSS LIFE	Employee _____	\$.24/1000	\$ 0.00

I agree to have insurance premiums (if any) deducted from my paycheck. I also certify that if I select a two-party or family plan, my spouse is not covered by any other plan or have dual coverage of any kind.

Signature _____

I elect to waive all coverage at this time. I understand that this will remain in effect until open enrollment next year unless a qualifying event occurs prior to that date. Our enrollment period is from January 1st through December 31st.

Signature _____

NOTE: Open enrollment is from Oct 27-Nov 11, 2016. Paperwork for selection changes and new enrollees received after November 11, 2016 will not be accepted and your coverage will remain the same. Changes in benefits will be discussed at the open enrollment meetings.

*If already not on file, employees electing two-party or family coverage **must** submit copies of marriage certificate if covering spouse, birth certificate or court documents if insuring dependent children.

Documents must be provided within 30days of coverage.