

**EL MONTE UNION HIGH SCHOOL DISTRICT**

**2018 10thly CONTRIBUTIONS (100% Eligible Employee)**

		DISTRICT		EMPLOYEE
KAISER 10/10	Single _____	698.00	\$	0.00
\$10 Co-Pay	Two Party _____	1,183.01	\$	195.99
\$10 RX	Family _____	1,667.36	\$	275.64
UnitedHealthCare HMO	Single _____	799.00	\$	0.00
\$10 Co-Pay	Two Party _____	1,344.16	\$	234.84
RX*	Family _____	1,884.56	\$	330.44
UnitedHealthcare California	Single _____	698.00	\$	972.00
Choice Plus PPO	Two Party _____	1,183.01	\$	2,206.99
Co-Pay* RX*	Family _____	1,667.36	\$	3,088.64
*See enrollment packet				
Delta Dental PPO	Single _____	64.98	\$	0.00
	Two Party _____	118.59	\$	0.00
	Family _____	180.35	\$	0.00
Delta Dental HMO	Single _____	22.12	\$	0.00
	Two Party _____	36.47	\$	0.00
	Family _____	53.96	\$	0.00
VISION	Composite _____	27.63	\$	0.00
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 dependents are 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 1<sup>st</sup> through December 31st.

Signature \_\_\_\_\_

**NOTE:** Open enrollment is from Oct 30-Nov 13, 2017. Paperwork for selection changes and new enrollees received after November 13, 2017 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 covering children.

**Documents must be provided within 30 days of coverage**