

EL MONTE UNION HIGH SCHOOL DISTRICT

2018 TENTHLY CONTRIBUTION (50% Eligible Employee)

			DISTRICT	EMPLOYEE
KAISER 10/10	Single	_____	\$ 349.00	\$ 349.00
\$10 Co-Pay	Two Party	_____	\$ 610.06	\$ 768.94
\$10 RX	Family	_____	\$ 859.72	\$ 1,083.28
UnitedHealthCare HMO	Single	_____	\$ 399.50	\$ 399.50
\$10 Co-Pay	Two Party	_____	\$ 689.94	\$ 889.06
5/10/25 RX	Family	_____	\$ 967.11	\$ 1,247.89
UnitedHealthcare California	Single	_____	\$ 349.00	\$ 1,321.00
Choice Plus PPO	Two Party	_____	\$ 610.06	\$ 2,779.94
Co-Pay*	Family	_____	\$ 859.72	\$ 3,896.28
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 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 insuring dependent children.

Documents must be provided within 30days of coverage.