EL MONTE UNION HIGH SCHOOL DISTRICT

2019 TENTHLY CONTRIBUTION (75% Eligible Employee)

VEBA Benefits:

			DISTRICT	EMPLOYEE
KAISER 10/10	Single	_____	$ 548.34	$ 180.66
$10 Co-Pay	Two Party _____		$ 964.01	$ 475.99
$10 RX	Family _____		$ 1,359.26	$ 670.74
UnitedHealthCare HMO	Single	_____	$ 621.21	$ 204.90
$10 Co-Pay	Two Party _____		$ 1,078.12	$ 553.88
RX*	Family _____		$ 1,511.71	$ 778.29
UnitedHealthcare California	Single	_____	$ 548.34	$ 1,192.66
Choice Plus PPO	Two Party _____		$ 964.01	$ 2,575.99
Co-Pay*	Family _____		$ 1,359.26	$ 3,608.74
RX*				
*See enrollment packet				

CICCS Benefits:

			DISTRICT	EMPLOYEE
Delta Dental PPO	Single	_____	$ 45.08	$ 15.02
	Two Party _____		$ 82.26	$ 27.42
	Family _____		$ 125.11	$ 41.70
Delta Dental HMO	Single	_____	$ 16.59	$ 5.53
	Two Party _____		$ 27.35	$ 9.12
	Family _____		$ 40.47	$ 13.49
VISION	Composite _____		$ 19.16	$ 6.39
MET LIFE	Employee _____		$ .16/1000	$ 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 16-Nov 02, 2018. Paperwork for selection changes and new enrollees received after November 02, 2018 will not be accepted and your coverage will remain the same for the 2019 plan year. Changes in benefits will be discussed at open enrollment on October 16, 2018.

*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