

Print Name: \_\_\_\_\_

Site Location: \_\_\_\_\_

**EL MONTE UNION HIGH SCHOOL DISTRICT**

**2021 10thly CONTRIBUTIONS (50% Eligible Employee)**

**VEBA Benefits:**

		DISTRICT	EMPLOYEE
KAISER 10/10	Single _____	\$ 404.00	\$ 404.00
\$10 Co-Pay	Two Party _____	\$ 719.56	\$ 878.44
\$10 RX	Family _____	\$ 1,014.72	\$ 1,238.28
UHC Signature Value HMO	Single _____	\$ 429.00	\$ 429.00
\$10 Co-Pay	Two Party _____	\$ 748.44	\$ 947.56
RX*	Family _____	\$ 1,049.44	\$ 1,329.89
NEW* UHC Signature Value Harmony10	Single _____	\$ 360.50	\$ 360.50
\$10 Co-Pay	Two Party _____	\$ 710.00	\$ 710.00
RX*	Family _____	\$ 996.00	\$ 996.00
NEW* UHC Journey Harmony HMO	Single _____	\$ 306.00	\$ 306.00
\$10 Co-Pay	Two Party _____	\$ 581.50	\$ 581.50
RX*	Family _____	\$ 809.50	\$ 809.50
UnitedHealthcare California	Single _____	\$ 404.00	\$ 1,596.00
Choice Plus PPO	Two Party _____	\$ 719.56	\$ 3,356.44
Co-Pay* RX*	Family _____	\$ 1,014.72	\$ 4,709.28

\*See enrollment packet

**CICCS Benefits:**

Delta Dental PPO	Single _____	\$ 26.83	\$ 26.83
	Two Party _____	\$ 48.96	\$ 48.96
	Family _____	\$ 74.45	\$ 74.45
Delta Dental HMO	Single _____	\$ 11.06	\$ 11.06
	Two Party _____	\$ 18.24	\$ 18.23
	Family _____	\$ 26.98	\$ 26.98
VISION	Composite _____	\$ 12.36	\$ 12.36
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 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.

Print Name: \_\_\_\_\_

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Signature \_\_\_\_\_

**NOTE:** Open enrollment is from Oct 30-Nov 13, 2020. Paperwork for selection changes and new enrollees received after November 13, 2020 will not be accepted and your coverage will remain the same for the 2021 plan year. Changes in benefits will be discussed at the virtual open enrollment on November 3, 2020.

\*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**