Print Name:	
Site Location:	
Classified	Certificated

EL MONTE UNION HIGH SCHOOL DISTRICT

2022 10thly CONTRIBUTIONS (50% Eligible Employee)

Single	VEBA Benefits:		DISTRICT]	EMPLOYEE
\$10 Co-Pay		Single			
Single	\$10 Co-Pay		\$ 729.06		887.94
Silo Co-Pay Two Party \$ 751.44 \$ 950.56 RX* Family \$ 1,053.61 \$ 1,334.39 Single \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.00 \$ 730.00	•				
Silo Co-Pay Two Party \$ 751.44 \$ 950.56 RX* Family \$ 1,053.61 \$ 1,334.39 Single \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.00 \$ 730.00	UHC Signatura Valua HMO	Single	¢ /21.00	•	421.00
RX* Family \$ 1,053.61 \$ 1,334.39	<u> </u>				
NEW* UHC Signature Value Harmony10 Single \$ 370.50 \$ 370.50 \$ 370.50 \$ 370.00 \$ 730.0	•	T '1			
Two Party	KA		\$ 1,055.01	Ψ	1,334.39
NEW* UHC Journey Harmony HMO Single \$ 315.50 \$ 315.50	•				
NEW* UHC Journey Harmony HMO Single \$ 315.50 \$ 315.50 Silo Co-Pay Two Party \$ 600.00 \$ 600.00 RX* Family \$ 835.00 \$ 835.00 UnitedHealthcare California Single \$ 409.50 \$ 1,660.50 Choice Plus PPO Two Party \$ 729.06 \$ 3,488.94 Co-Pay* RX* Family \$ 1,027.72 \$ 4,896.28 *See enrollment packet ** CICCS Benefits: Delta Dental PPO (Low) Single \$ 26.83 \$ 26.82 1500/1250 (with rollover) Two Party \$ 48.96 \$ 48.95 Family \$ 74.45 \$ 74.45 Delta Dental PPO (High) Single \$ 29.65 \$ 29.65 2250/2000 (no rollover, with Two Party \$ 54.11 \$ 54.11 Diagnostic and Preventative Waiver) Family \$ 74.45 Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36 **Torontonic Provided	\$10 Co-Pay				
Two Party	RX*	Family	\$ 1,024.00	\$	1,024.00
Two Party	NEW* UHC Journey Harmony HMO	Single	\$ 315.50	\$	315.50
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UnitedHealthcare California Choice Plus PPO Two Party	•				
Choice Plus PPO Two Party \$ 729.06 \$ 3,488.94 Co-Pay* RX* Family \$ 1,027.72 \$ 4,896.28 *See enrollment packet CICCS Benefits: Delta Dental PPO (Low) Single \$ 26.83 \$ 26.82 1500/1250 (with rollover) Two Party \$ 48.96 \$ 48.95 Family \$ 74.45 \$ 74.45 Delta Dental PPO (High) Single \$ 29.65 \$ 29.65 2250/2000 (no rollover, with Two Party \$ 54.11 \$ 54.11 Diagnostic and Preventative Waiver) Family \$ 74.45 \$ Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36				,	
CiCCS Benefits: Delta Dental PPO (Low) Family Single Family Single Single Family Single Sing	UnitedHealthcare California		\$ 409.50	\$	1,660.50
CiCCS Benefits: Delta Dental PPO (Low) Family Single Family Single Single Family Single Sing	Choice Plus PPO	Two Party	\$ 729.06	\$	3,488.94
CICCS Benefits: Delta Dental PPO (Low) Single	Co-Pay* RX*	Family	\$ 1,027.72	\$	4,896.28
Delta Dental PPO (Low) Single \$ 26.83 \$ 26.82 1500/1250 (with rollover) Two Party \$ 48.96 \$ 48.95 Family \$ 74.45 \$ 74.45 Delta Dental PPO (High) Single \$ 29.65 \$ 29.65 2250/2000 (no rollover, with Two Party \$ 54.11 \$ 54.11 Diagnostic and Preventative Waiver) Family \$ 74.45 Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	*See enrollment packet				
Delta Dental PPO (Low) Single \$ 26.83 \$ 26.82 1500/1250 (with rollover) Two Party \$ 48.96 \$ 48.95 Family \$ 74.45 \$ 74.45 Delta Dental PPO (High) Single \$ 29.65 \$ 29.65 2250/2000 (no rollover, with Two Party \$ 54.11 \$ 54.11 Diagnostic and Preventative Waiver) Family \$ 74.45 Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36					
Delta Dental PPO (Low) Single \$ 26.83 \$ 26.82 1500/1250 (with rollover) Two Party \$ 48.96 \$ 48.95 Family \$ 74.45 \$ 74.45 Delta Dental PPO (High) Single \$ 29.65 \$ 29.65 2250/2000 (no rollover, with Two Party \$ 54.11 \$ 54.11 Diagnostic and Preventative Waiver) Family \$ 74.45 Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	CICCS Benefits:				
Two Party		Single	\$ 26.83	\$	26.82
Family \$ 74.45 \$ 74.45 Delta Dental PPO (High) Single \$ 29.65 \$ 29.65 2250/2000 (no rollover, with Two Party \$ 54.11 \$ 54.11 Diagnostic and Preventative Waiver) Family \$ 74.45 \$ Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	i i				48.95
2250/2000 (no rollover, with Diagnostic and Preventative Waiver) Two Party \$ 54.11 \$ 54.11 Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	`	Family			74.45
2250/2000 (no rollover, with Diagnostic and Preventative Waiver) Two Party \$ 54.11 \$ 54.11 Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	D. I. D I DDQ (W. I.)	G' 1	Φ 20.67	Φ.	20.45
Diagnostic and Preventative Waiver) Family \$ 74.45 \$ Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	· · · · · · · · · · · · · · · · · · ·				
Delta Dental HMO Single \$ 11.28 \$ 11.28 Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	,				54.11
Two Party \$ 18.60 \$ 18.60 Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	Diagnostic and Preventative Waiver)	Family	\$ 74.45	\$	
Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36	Delta Dental HMO	Single	\$ 11.28	\$	11.28
Family \$ 27.52 \$ 27.52 VISION Composite \$ 12.36 \$ 12.36		Two Party	\$ 18.60	\$	18.60
·			\$ 27.52	\$	27.52
MET LIFE Employee \$.16/1000 \$ 0.00	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.

I elect to waive all coverage at this time. I understand that this will remain in effect until open enrollment next year

	Print Name:			
	Site Location:	Site Location:		
	Classified	Certificated		
unless a qualifying event occurs prior to that date . Our enrollment period is December 31st.	from January 1st through			
Signature				

NOTE: Open enrollment is from Nov1 - Nov 13, 2021. Paperwork for selection changes and new enrollees received after November 13, 2021 will not be accepted and your coverage will remain the same for the 2022 plan year. Changes in benefits will be discussed at the virtual open enrollment on November 4, 2021.

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

Documents must be provided within 30 days of coverage