

Print Name: _____

Site Location: _____

Classified _____ Certificated _____

EL MONTE UNION HIGH SCHOOL DISTRICT**2023 10thly CONTRIBUTIONS (75% Eligible Employee)****VEBA Benefits:**

| | | DISTRICT | EMPLOYEE |
|-------------------------------|-----------------|-------------|-------------|
| KAISER 10/10 | Single _____ | \$ 655.59 | \$ 216.41 |
| \$10 Co-Pay | Two Party _____ | \$ 1,177.01 | \$ 546.99 |
| \$10 RX | Family _____ | \$ 1,660.01 | \$ 770.99 |
| UHC Signature Value HMO | Single _____ | \$ 651.21 | \$ 214.79 |
| \$10 Co-Pay | Two Party _____ | \$ 1,135.87 | \$ 573.13 |
| RX* | Family _____ | \$ 1,593.46 | \$ 805.54 |
| UHC Signature Value Harmony10 | Single _____ | \$ 577.50 | \$ 192.50 |
| \$10 Co-Pay | Two Party _____ | \$ 1,139.25 | \$ 379.75 |
| RX* | Family _____ | \$ 1,599.00 | \$ 533.00 |
| UHC Journey Harmony HMO | Single _____ | \$ 483.75 | \$ 161.25 |
| \$10 Co-Pay | Two Party _____ | \$ 921.00 | \$ 307.00 |
| RX* | Family _____ | \$ 1,282.50 | \$ 427.50 |
| UnitedHealthcare California | Single _____ | \$ 655.59 | \$ 1,480.41 |
| Choice Plus PPO | Two Party _____ | \$ 1,177.01 | \$ 3,184.99 |
| Co-Pay* RX* | Family _____ | \$ 1,660.01 | \$ 4,469.99 |

*See enrollment packet

CICCS Benefits:

| | | | |
|--------------------------------|-----------------|-------------|----------|
| Delta Dental PPO (Low) | Single _____ | \$ 40.23 | \$ 13.42 |
| 1500/1250 (with rollover) | Two Party _____ | \$ 73.43 | \$ 24.48 |
| | Family _____ | \$ 111.67 | \$ 37.23 |
| New** Delta Dental PPO (High) | Single _____ | \$ 44.48 | \$ 14.82 |
| 2250/2000 (with Diagnostic and | Two Party _____ | \$ 81.17 | \$ 27.05 |
| Preventative Waiver) | Family _____ | \$ 123.44 | \$ 41.14 |
| Delta Dental HMO | Single _____ | \$ 16.92 | \$ 5.64 |
| | Two Party _____ | \$ 27.90 | \$ 9.30 |
| | Family _____ | \$ 41.28 | \$ 13.76 |
| VISION | Composite _____ | \$ 18.17 | \$ 6.06 |
| 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

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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 Nov 1-Nov 15, 2021. Paperwork for selection changes and new enrollees received after November 15, 2022 will not be accepted and your coverage will remain the same for the 2023 plan year. Open enrollment benefits fair will be on November 1, 2022.

*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