

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

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

Classified \_\_\_\_\_ Certified \_\_\_\_\_

**EL MONTE UNION HIGH SCHOOL DISTRICT**

2024 10thly CONTRIBUTIONS (100% Eligible Employee)

**VEBA Benefits:**

		DISTRICT	EMPLOYEE
KAISER 10/10	Single _____	\$ 981.00	\$ 0.00
\$10 Co-Pay	Two Party _____	\$ 1,627.01	\$ 306.99
\$10 RX	Family _____	\$ 2,292.16	\$ 431.84
UHC Signature Value HMO	Single _____	\$ 934.00	\$ 0.00
\$10 Co-Pay	Two Party _____	\$ 1,554.56	\$ 287.44
RX*	Family _____	\$ 2,180.56	\$ 404.44
UHC Signature Value Harmony10	Single _____	\$ 827.00	\$ 0.00
\$10 Co-Pay	Two Party _____	\$ 1,373.55	\$ 254.45
RX*	Family _____	\$ 1,928.60	\$ 357.40
UHC Journey Harmony HMO	Single _____	\$ 691.00	\$ 0.00
\$10 Co-Pay	Two Party _____	\$ 1,112.60	\$ 205.40
RX*	Family _____	\$ 1,549.85	\$ 286.15
UnitedHealthcare California	Single _____	\$ 981.00	\$ 1,155.00
Choice Plus PPO	Two Party _____	\$ 1,627.01	\$ 2,734.99
Co-Pay* RX*	Family _____	\$ 2,292.16	\$ 3,837.84

\*See enrollment packet

**CICCS Benefits:**

Delta Dental PPO (Low)	Single _____	\$ 47.82	\$ 0.00
1500/1250 (with rollover)	Two Party _____	\$ 87.01	\$ 0.00
	Family _____	\$ 132.73	\$ 0.00
New** Delta Dental PPO (High)	Single _____	\$ 47.82	\$ 5.04
2250/2000 (with Diagnostic and	Two Party _____	\$ 87.01	\$ 9.46
Preventative Waiver)	Family _____	\$ 132.73	\$ 13.98
Delta Dental HMO	Single _____	\$ 22.56	\$ 0.00
	Two Party _____	\$ 37.20	\$ 0.00
	Family _____	\$ 55.04	\$ 0.00
VISION	Composite _____	\$ 24.16	\$ 0.00
MET LIFE	Employee _____	\$ .14/1000	\$ 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 \_\_\_\_\_

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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.

Signature \_\_\_\_\_

**NOTE:** Open enrollment is from October 24, 202v.4(o)7(io)7(-)4()7(v)7(e)(m)25(e)7bt.6(t)4(o)7a25(e(OT)-6(E))5(m)25(e)19((t)4(i)4()19(k)-7(a

\*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**