

	Single	\$ 761.00	\$ 0.00
\$10 Co-Pay	Two Party	\$ 1,282.56	\$ 219.44
RX*	Family	\$ 1,798.16	\$ 308.84
UnitedHealthcare California	Single	\$ 679.00	\$ 907.00
Choice Plus PPO	Two Party	\$ 1,152.61	\$ 2,067.39
Co-Pay* RX*	Family	\$ 1,624.96	\$ 2,892.04
*See enrollment packet			
Delta Dental PPO	Single	\$ 64.98	\$ 0.00
	Two Party	\$ 118.59	\$ 0.00
	Family	\$ 180.35	\$ 0.00
Delta Dental HMO	Single	\$ 22.12	\$ 0.00
	Two Party	\$ 36.47	\$ 0.00
	Family	\$ 53.96	\$ 0.00
VISION	Composite	\$ 27.63	\$ 0.00
BLUE CROSS LIFE	Employee	\$.24/1000	\$ 0.00

or family plan, my dependents are not covered by any other plan or have dual coverage received after November 11, 2016 will not

Signature _____

December 31st.

Signature _____

Changes in benefits will be discussed at the open enrollment meetings.

*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

