

**EL MONTE UNION HIGH SCHOOL DISTRICT**

2017 TENTHLY CONTRIBUTION (50% Eligible Employee)

		DISTRICT	EMPLOYEE
KAISER 10/10	Single	\$ 339.50	\$ 339.50
\$10 Co-Pay	Two Party	\$ 591.06	\$ 749.94
\$10 RX	Family	\$ 833.22	\$ 1,056.78
UnitedHealthCare HMO	Single	\$ 380.50	\$ 380.50
\$10 Co-Pay	Two Party	\$ 651.44	\$ 850.56
5/10/25 RX	Family	\$ 913.11	\$ 1,193.89
UnitedHealthcare			
California	Single	\$ 339.50	\$ 1,246.50
Choice Plus PPO	Two Party	\$ 591.06	\$ 2,628.94
Co-Pay*	Family	\$ 833.22	\$ 3,683.78
RX*			
Delta Dental PPO	Single	\$ 32.49	\$ 32.49
	Two Party	\$ 59.30	\$ 59.29
	Family	\$ 90.18	\$ 90.17
Delta Dental HMO	Single	\$ 11.06	\$ 11.06
	Two Party	\$ 18.24	\$ 18.23
	Family	\$ 26.98	\$ 26.98
VISION	Composite	\$ 13.82	\$ 13.81
BLUE CROSS LIFE	Employee	\$ .24/1000	\$ 0.00

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.

Signature \_\_\_\_\_

**NOTE:** Open enrollment is from Oct 27-Nov 11, 2016. Paperwork for selection changes and new enrollees received after November 11, 2016 will not be accepted and your coverage will remain the same. 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 insuring dependent children.

**Documents must be provided within 30days of coverage.**