Print Name: ________________________________

Site Location:________________________________

Classified__________ Certificated__________

EL MONTE UNION HIGH SCHOOL DISTRICT

2021 10thly CONTRIBUTIONS (75% Eligible Employee)

VEBA Benefits:

			DISTRICT	EMPLOYEE
KAISER 10/10	Single	________	$ 607.59	$ 200.41
$10 Co-Pay	Two Party	________	$ 1,082.51	$ 515.49
$10 RX	Family	________	$ 1,526.51	$ 726.49
UHC Signature Value HMO	Single	________	$ 645.21	$ 212.79
$10 Co-Pay	Two Party	________	$ 1,126.12	$ 569.88
RX*	Family	________	$ 1,578.46	$ 800.54
NEW* UHC Signature Value Harmony10	Single	________	$ 540.75	$ 180.25
$10 Co-Pay	Two Party	________	$ 1,065.00	$ 355.00
RX*	Family	________	$ 1,494.00	$ 498.00
NEW* UHC Journey Harmony HMO	Single	________	$ 459.00	$ 153.00
$10 Co-Pay	Two Party	________	$ 872.25	$ 290.75
RX*	Family	________	$ 1,214.25	$ 404.75
UnitedHealthcare California	Single	________	$ 607.59	$ 1,392.41
Choice Plus PPO	Two Party	________	$ 1,082.51	$ 2,993.49
Co-Pay* RX*	Family	________	$ 1,526.51	$ 4,197.49

*See enrollment packet

CICCS Benefits:

Delta Dental PPO	Single	________	$ 40.23	$ 13.42
	Two Party	________	$ 73.43	$ 24.48
	Family	________	$ 111.67	$ 37.23
Delta Dental HMO	Single	________	$ 16.59	$ 5.53
	Two Party	________	$ 27.35	$ 9.12
	Family	________	$ 40.47	$ 13.49
VISION	Composite	________	$ 18.54	$ 6.18
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 ____

Print Name: ___________________________________

Site Location:__________________________________

Classified___________ Certificated__________