

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

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

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

**VEBA Benefits:**

KAISER 10/10	Single	\$ 436.00	\$ 436.00
\$10 Co-Pay	Two Party	\$ 782.56	\$ 941.44
\$10 RX	Family	\$ 1,103.72	\$ 1,327.28
UHC Signature Value HMO	Single	\$ 433.00	\$ 433.00
\$10 Co-Pay	Two Party	\$ 754.94	\$ 954.06
RX*	Family	\$ 1,059.11	\$ 1,339.89
NEW* UHC Signature Value Harmony10	Single	\$ 385.00	\$ 385.00
\$10 Co-Pay	Two Party	\$ 759.50	\$ 759.50
RX*	Family	\$ 1,066.00	\$ 1,066.00
NEW* UHC Journey Harmony HMO	Single	\$ 322.50	\$ 322.50
\$10 Co-Pay	Two Party	\$ 614.00	\$ 614.00
RX*	Family	\$ 855.00	\$ 855.00
UnitedHealthcare California	Single	\$ 436.00	\$ 1,700.00
Choice Plus PPO	Two Party	\$ 782.56	\$ 3,579.44
Co-Pay* RX*	Family	\$ 1,103.72	\$ 5,026.28

\*See enrollment packet

**CICCS Benefits:**

Delta Dental PPO (Low)	Single	\$ 26.83	\$ 26.82
1500/1250 (with rollover)	Two Party	\$ 48.96	\$ 48.95
	Family	\$ 74.45	\$ 74.45
Delta Dental PPO (High)	Single	\$ 29.65	\$ 29.65
2250/2000 (no rollover, with			

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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 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**