

2020 INSURANCE COVERAGE - CERTIFICATED
 CORONA-NORCO UNIFIED SCHOOL DISTRICT

NAME: _____
 (Last Name, First Name)

Work Loc: _____

Emp#: _____

Date of Birth: _____

Hire Date: _____

<u>District Contribution</u>	Single	Two-Party	+ Child(ren)	Family
	\$755	\$830	\$830	\$947

Employee Payroll Deduction

Kaiser \$20

231607-0000	\$10.60	\$784.00	\$643.60	\$1,123.00
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Kaiser \$30

231607-0001	(\$9.80)	\$745.60	\$617.20	\$1,073.80
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UHC Network 1

246308-VHE	\$2.00	\$696.00	\$612.00	\$1,235.00
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UHC Network 2

246308-VIK	\$81.00	\$858.00	\$765.00	\$1,468.00
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UHC Network 3

246308-VTQ	\$118.00	\$934.00	\$836.00	\$1,577.00
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UHC Value HMO

246313-V6H	(\$120.00)	\$447.00	\$376.00	\$877.00
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UHC PPO

0714846-0537	\$456.00	\$1,614.00	\$1,434.00	\$2,554.00
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Delta Dental HMO

01691-0150	\$27.80	\$51.54	\$51.90	\$74.78
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Delta Dental PPO

067140-2290	\$61.25	\$114.25	\$113.54	\$169.66
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MES Vision

20163	\$6.87	\$13.79	N/A	\$17.74
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If an employee waives medical coverage, the dental and vision plans are fully paid.

*Remaining dollars under District Fringe can be used towards dental and vision.

Total Payroll Deduction

2420 District Paid Minnesota Life - \$45,000

5.27

PRINT NAME CLEARLY

DATE

SIGNATURE

Return this election form along with your completed enrollment form and copies of your eligibility documents to complete enrollment.