



Insurance Statement

Certificated 65+

January 1, 2024 – December 31, 2024

NAME:

ID#

DOB:

		Employee w/Medicare	Two-Party w/Medicare	Two-Party One w/Medicare & One w/o Medicare	Monthly Premium
MEDICAL PLAN					
6850	Kaiser Senior Advantage	\$191.00	\$365.00	\$949.00	
6851	UHC Medicare Advantage	\$437.00	\$858.00		
	Network 1			\$1,171.00	
	Network 2			\$1,251.00	
	Network 3			\$1,287.00	
	UHC Alliance HMO			\$1,042.00	
6852	UHC PPO Advantage	\$443.00	\$866.00	\$1,616.00	

		Employee	Two-Party	Family	Monthly Premium
DENTAL PLAN					
6854	Delta Dental HMO	\$23.63	\$43.81	\$63.56	
6853	Delta Dental PPO	\$72.26	\$136.90	\$174.92	

					Annual Premium
LIFE INSURANCE					
2450	Minnesota Life (Paid by Check or Money Order)				

**Total Monthly
Cost (Excluding
Life)**

***OPEN ENROLLMENT WILL TAKE PLACE FROM OCTOBER 9 – NOVEMBER 3, 2023. IF YOU WOULD LIKE TO MAKE ANY CHANGES, PLEASE CONTACT LISA HATFIELD AT (951)736-5120. ALL CURRENT PLANS WILL ROLL OVER INTO THE NEW YEAR.**