

**2020-21 PLAN ELECTION FORM - MANAGEMENT/CONFIDENTIAL
CORONA-NORCO UNIFIED SCHOOL DISTRICT**

NAME: _____ Work Loc: _____
(Last Name, First Name)

Emp#: _____ Date of Birth: _____ Hire Date: _____

	Single	Two-Party	+ Child(ren)	Family
Kaiser HIGH 225543-0867	\$752.20	\$1,478.40	N/A	\$2,070.00
Kaiser LOW 225543-0970	\$736.80	\$1,447.20	N/A	\$2,024.40
Anthem Premier HMO 57ALPA	\$850.80	\$1,654.80	N/A	\$2,314.80
Anthem Classic HMO 57ALPB	\$806.40	\$1,563.60	N/A	\$2,185.20
Anthem Classic PPO 40055A	\$862.80	\$1,677.60	N/A	\$2,347.20
Anthem HSA CNMA 40055B	\$669.60	\$1,339.20	N/A	\$1,909.20
Delta Dental HMO 05019-0001	\$28.57	\$52.98	\$53.35	\$76.88
Delta Dental PPO 7096-2290	\$55.73	\$103.93	\$104.19	\$155.30
MES Vision 29055	\$6.87	\$13.79	N/A	\$17.74
VSP Vision 00903391-0001	\$9.88	\$20.64	N/A	\$29.65

1512 Management/Confidential Cap

(\$2,085.30)

Payroll Deduction (Total Premium Less District Contribution)

District Paid Minnesota Life \$250,000

\$29.25

PRINT NAME CLEARLY

DATE

SIGNATURE

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