

EL MONTE UNION HIGH SCHOOL DISTRICT

12thly COBRA RATES
2005/2006 MONTHLY CONTRIBUTION

			EMPLOYEE
KAISER MEDICAL \$10.00 Co-Pay	Single	_____	\$ 289.47
	Two Party	_____	\$ 573.84
	Family	_____	\$ 809.17
PACIFICARE-HMO \$10.00 Co-Pay	Single	_____	\$ 310.18
	Two Party	_____	\$ 611.96
	Family	_____	\$ 865.34
PACIFICARE-POS 3-Tier Plan	Single	_____	\$ 408.05
	Two Party	_____	\$ 803.48
	Family	_____	\$ 1,133.32
HELLER-YOUR CHOICE OF DENTIST	Single	_____	\$ 43.04
	Two Party	_____	\$ 86.13
	Family	_____	\$ 116.88
DHS- PREPAID PLAN	Single	_____	\$ 17.77
	Two Party	_____	\$ 32.22
	Family	_____	\$ 47.47
VISION	Single	_____	\$ 14.22
	Two Party	_____	\$ 27.81
	Family	_____	\$ 38.35

I agree to pay insurance premiums (if any) by the first of the month the premiums are due.

Signature _____

I elect to waive all coverage at this time. I understand that this will remain in effect until open enrollment next year unless a qualifying event occurs prior to that date. Our enrollment period is from October 1st through September 30th.

Signature _____

NOTE: Open enrollment is from September 13-16, 2005. Paperwork received after September 20, 2005 could result in loss of coverage until October 1, 2006. Changes in medical coverage will be discussed at the open enrollment meetings. Please ask a representative to discuss changes in your medical coverage during open enrollment.

*If already not on file, employees electing two-party or family coverage **must** submit copies of marriage certificate if covering spouse, birth certificate or court documents if covering children. Proof of student status is required for all dependent children over age 18.

Documents must be provided by December 17, 2005.

INFORMATION ONLY