

CLASSIFIED PLAN ELECTION FORM
2021-2022

<u>District Contribution</u>	Medical Waiver \$605			
<u>Employee Payroll Deduction</u>	<u>Single</u>	<u>2PTY</u>	<u>Family</u>	
Kaiser HIGH 234480-0054ALN	\$131.80	\$767.20	N/A	\$1,227.40
Kaiser DHMO 234480-0055ALN	\$46.60	\$600.40	N/A	\$994.60
Anthem Premier HMO 57ALPC	\$245.80	\$974.80	N/A	\$1,517.80
Anthem Classic HMO 57ALPD	\$158.20	\$809.20	N/A	\$1,293.40
Anthem Classic PPO 20 40055C	\$257.80	\$997.60	N/A	\$1,550.20
Anthem Classic PPO 40 40055D	\$3.40	\$499.60	N/A	\$853.00
Waived Option Plan	(\$62.60)			
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	\$10.37	\$21.67	N/A	\$31.13

Employees can waive medical if working less than 7.2 hour per day. All full-time employees must enroll in a medical plan or enroll in the premium only plan. The premium only plan requires verification of other coverage and is not a medical plan. Any remaining dollars from the medical election can be used for dental and vision plans.

Total Payroll Deduction

District Paid Minnesota Life \$45,000

5.27

PRINT NAME CLEARLY

DATE

SIGNATURE

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