

CLASSIFIED PLAN ELECTION FORM  
2020-2021

<u>District Contribution</u>	Single \$605	Two-Party \$680	+ Child(ren) \$680	Family \$797
<b>Payroll Deduction</b>				
Kaiser HIGH <b>225543-0868</b>	\$131.80	\$767.20	N/A	\$1,227.40
Kaiser DHMO <b>225543-0869</b>	\$46.60	\$600.40	N/A	\$994.60
Anthem Premier HMO <b>57ALPC</b>	\$245.80	\$974.80	N/A	\$1,517.80
Anthem Classic HMO <b>57ALPD</b>	\$158.20	\$809.20	N/A	\$1,293.40
Anthem Classic PPO 20 <b>40055C</b>	\$257.80	\$997.60	N/A	\$1,550.20
Anthem Classic PPO 40 <b>40055D</b>	\$3.40	\$499.60	N/A	\$853.00
Waived Option Plan	<b>(\$62.60)</b>			
Delta Dental HMO <b>05019-0001</b>	\$28.57	\$52.98	\$53.35	\$76.88
Delta Dental PPO <b>7096-2290</b>	\$55.73	\$103.93	\$104.19	\$155.30
MES Vision <b>29055</b>	\$6.87	\$13.79	N/A	\$17.74
VSP Vision <b>00903391-0001</b>	\$9.88	\$20.64	N/A	\$29.65
Employees can waive medical if working less than 7.2 hours 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
				5.27
District Paid Minnesota Life \$45,000				

PRINT NAME CLEARLY

DATE

SIGNATURE

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