

2019 INSURANCE COVERAGE - CERTIFICATED RETIREE
CORONA-NORCO UNIFIED SCHOOL DISTRICT

Name:

EmpRef#:

Birthdate:

Hire Date:

	EMPLOYEE TENTHLY*	2-PARTY TENTHLY*	EMP+CHILD TENTHLY*	FAMILY TENTHLY*	EMP	DIST
HEALTH INSURANCE:						
1325 Kaiser VEBA \$20	\$733.20	\$1546.80	\$1412.40	\$1984.80		
1335 Kaiser VEBA \$30	714.00	1509.60	1387.20	1936.80		
1215 UHC Network 1	738.00	1487.00	1405.00	2127.00		
1225 UHC Network 2	812.00	1639.00	1548.00	2345.00		
1235 UHC Network 3	848.00	1713.00	1618.00	2451.00		
1245 UHC SignatureValue	618.00	1242.00	1174.00	1775.00		
1255 UHC PPO	1106.00	2231.00	2063.00	3195.00		
DENTAL INSURANCE:						
1305 Delta Dental - HMO	\$ 27.80	\$ 51.54	\$ 51.90	\$ 74.78		
1315 Delta Dental - PPO	61.25	114.25	113.54	169.66		
VISION INSURANCE:						
1355 MES Vision*	6.87	13.79	N/A	17.74		
(*Not covered by District Fringe)						
LIFE INSURANCE						
2450 \$_____ Minnesota Life						
				TOTAL PREMIUM		
1508 \$615 - CERTIFICATED MEDICAL & DENTAL				DISTRICT BENEFIT		
**** \$1000 - CERTIFICATED RETIREE 6/2009 ONLY						
				10THLY PAYMENT		

PAYMENTS ARE DEDUCTED BY THE 5TH OF EACH MONTH. THE SKIP MONTHS ARE JULY AND AUGUST.