

2020-2021 INSURANCE COVERAGE - CLASSIFIED 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 CSEA:						
1085 Kaiser High CSEA	\$736.80	\$1447.20	N/A	\$2024.40		
1095 Kaiser DHMO CSEA	651.60	1280.40	N/A	1791.60		
1105 Anthem Premier HMO	850.80	1654.80	N/A	2314.80		
1115 Anthem Classic HMO	763.20	1489.20	N/A	2090.40		
1125 Anthem CLassic PPO 20	862.80	1677.60	N/A	2347.20		
1145 Anthem Classic PPO 40	608.40	1179.60	N/A	1650.00		
DENTAL INSURANCE:						
3371 Delta Dental HMO	\$ 28.57	\$ 52.98	\$ 53.35	\$ 76.88		
3376 Delta Dental - PPO	55.73	103.93	104.19	155.30		
VISION INSURANCE:						
1565 MES Vision	\$6.87	\$13.79	N/A	\$17.74		
1595 VSP	9.88	20.64	N/A	29.65		
TOTAL PREMIUM						
2450 \$_____ Minnesota Life						
1509 \$680 - CLASSIFIED MEDICAL & DENTAL			DISTRICT BENEFIT			
10THLY PAYMENT						

Payments may be mailed to : Corona-Norco Unified School District
Benefits Department
2820 Clark Avenue
Norco, CA 92860-1903

PAYMENTS MUST BE RECEIVED BY THE 5TH OF EACH MONTH
FROM OCTOBER THROUGH SEPTEMBER (SKIPS JULY-AUGUST)