## 2021 INSURANCE COVERAGE - CERTIFICATED CORONA-NORCO UNIFIED SCHOOL DISTRICT

Name: Hire Date:

LAST, FIRST

Employee ID#: Effective Date:

Phone	Number: ( )	Work Location:					
		EMPLOYEE TENTHLY		EMP+CHILD TENTHLY			   DIST
	FRINGE BENEFIT ONLY	FOR MEDIC	CAL, DENTA	AL, & VISION	1		 
EALTH	INSURANCE:				i		i i
1320	Kaiser VEBA \$20	\$812.40	\$1713.60	\$1566.00	\$2198.40		j
1330	Kaiser VEBA \$30	790.80	1672.80	1537.20	2146.80		
1210	UHC Network 1	779.00	1570.00	1483.00	2245.00		
	UHC Network 2	860.00	1736.00	1640.00 1714.00	2484.00		
1230	UHC Network 3	898.00	1814.00	1714.00	2596.00		
1240	UHC SignatureValue UHC PPO	654.00	1313.00	1241.00	1877.00		
1250	UHC PPO	1267.00	2559.00	2373.00	3667.00		1
ENTAL	INSURANCE:				I		
	Delta Dental - HMO			\$ 51.90	\$ 74.78		
1310	Delta Dental - PPO	61.25	114.25	113.54	169.66		I
	INSURANCE:	6 07	10 70	27 / 7	1.7.74		į
1330	MES Vision	0.87	13.79	N/A	17.74		
IFE IN	SURANCE:				i		j
2270	Pacific Educators Te	rm Life			I		
2271	Pacific Educators Li	fe			I		
	Minnesota Voluntary				I		
	American Fidelity /				I		
2035	The Standard Life an	d/or Disal	oility				1
	PROTECTION INSURANCE				į		į
	Pacific Educators Di	-			I		
3031	American Fidelity Di	sability					
SECTIO	N 125 - FLEXIBLE BENE	FTT PLAN					1
	Medical Reimbursemen				i		i
	Dependent Care				i		i
	American Fidelity /	Accident 1	Pre-Tax		i		i
	American Fidelity /				İ		j
					I		
				TOTAL I	PREMIUM		1
1501	\$320.00 CASH Option - Hired Pre 2/92						
	\$755.00 - Employees with single medical						
1505	· ± ±				medical		1
1507	\$947.00 - Employees	with famil	Ly medical	L	I		I