

2016 INSURANCE COVERAGE - CERTIFICATED
CORONA-NORCO UNIFIED SCHOOL DISTRICT

Name:

Work Loc:

EmpRef#:

Birthdate:

Hire Date:

	EMPLOYEE TENTHLY	2-PARTY TENTHLY	EMP+CHILD TENTHLY	FAMILY TENTHLY	EMP	DIST
FRINGE BENEFIT ONLY FOR MEDICAL, DENTAL, & VISION						
HEALTH INSURANCE:						
1320 Kaiser VEBA \$20	\$636.00	\$1342.80	\$1220.40	\$1720.80		
1330 Kaiser VEBA \$30	621.60	1312.80	1191.60	1683.60		
1210 UHC Network 1	645.00	1302.00	1230.00	1864.00		
1220 UHC Network 2	710.00	1434.00	1354.00	2053.00		
1230 UHC Network 3	741.00	1497.00	1414.00	2144.00		
1240 UHC SignatureValue	540.00	1087.00	1026.00	1555.00		
1250 UHC PPO	938.00	1890.00	1744.00	2708.00		
DENTAL INSURANCE:						
1300 Delta Dental - HMO	\$27.80	\$ 51.54	\$ 51.90	\$ 74.78		
1310 Delta Dental - PPO	59.18	110.39	109.70	163.92		
VISION INSURANCE:						
1350 MES Vision	7.30	14.66	N/A	18.86		
LIFE INSURANCE:						
2080 Hartford Life						
2270 Fidelity Security Life						
2410 Minnesota Voluntary Life						
3100 American Fidelity / Texas Life						
2035 The Standard Life and/or Disability						
INCOME PROTECTION INSURANCE:						
3270 Fidelity Security Ins						
3050 American Fidelity / Short Term						
3051 American Fidelity / Long Term						
SECTION 125 - FLEXIBLE BENEFIT PLAN						
1530 Medical Reimbursement						
1540 Dependent Care						
3060 American Fidelity / Accident						
3061 American Fidelity / Accident / Post Tax						
3070 American Fidelity / Cancer						
3071 American Fidelity / Cancer / Post Tax						
				TOTAL PREMIUM		
1501 \$320 CASH Option - Hired Pre 2/92						
1503 \$615 - Employees with single medical						
1505 \$690 - Employees with 2 party/emp + child(ren) medical						
1507 \$807 - Employees with family medical						
				EMPLOYEE BALANCE		

** 2420 District Paid - \$45,000 Minnesota Life Insurance **
If you wish to waive medical benefits you will need to complete a waiver form and provide proof of other coverage (ie copy of insurance card)