

Certificated - PRPE Members : 10 Monthly Payments
2020-2021 (Sept-June) New Plan effective 10/1/2020

Medical Plans	Dental	Vision	Composite Rate	District Contribution	10thly EE Premium Sept - June	Mark One Selection
40311G	Delta PPO 100% Plan	VSP Signature Plan B	\$ 2,082.12	\$ 1,093.10	\$ 989.02	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 2,042.04	\$ 1,093.10	\$ 948.94	<input type="checkbox"/>
	Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 2,068.44	\$ 1,093.10	\$ 975.34	<input type="checkbox"/>
40312F	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,800.12	\$ 1,093.10	\$ 707.02	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,760.04	\$ 1,093.10	\$ 666.94	<input type="checkbox"/>
	Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,786.44	\$ 1,093.10	\$ 693.34	<input type="checkbox"/>
40311H	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,688.52	\$ 1,093.10	\$ 595.42	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,648.44	\$ 1,093.10	\$ 555.34	<input type="checkbox"/>
	Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,674.84	\$ 1,093.10	\$ 581.74	<input type="checkbox"/>
40312C	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,347.72	\$ 1,093.10	\$ 254.62	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,307.64	\$ 1,093.10	\$ 214.54	<input type="checkbox"/>
	Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,334.04	\$ 1,093.10	\$ 240.94	<input type="checkbox"/>
70312B - Single	No Dental	No Vision	\$ 703.20	\$ 703.20	\$ -	<input type="checkbox"/>
70312B - EE/Children	No Dental	No Vision	\$ 1,102.80	\$ 1,093.80	\$ 9.00	<input type="checkbox"/>
NO CHANGE TO CURRENT PLAN						<input type="checkbox"/>

Print Name: _____ SSN: _____
 Signature: _____ Date: _____