

Classified- CSEA 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
40311F	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,956.36	\$ 1,093.10	\$ 863.26	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,935.24	\$ 1,093.10	\$ 842.14	<input type="checkbox"/>
40312H	**NEW** Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,926.84	\$ 1,093.10	\$ 833.74	<input type="checkbox"/>
	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,915.56	\$ 1,093.10	\$ 822.46	<input type="checkbox"/>
40311J	Delta Incentive Plan	VSP Signature Plan B	\$ 1,894.44	\$ 1,093.10	\$ 801.34	<input type="checkbox"/>
	NEW Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,886.04	\$ 1,093.10	\$ 792.94	<input type="checkbox"/>
40312A	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,856.76	\$ 1,093.10	\$ 763.66	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,835.64	\$ 1,093.10	\$ 742.54	<input type="checkbox"/>
70312B - Single	**NEW** Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,827.24	\$ 1,093.10	\$ 734.14	<input type="checkbox"/>
	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,423.56	\$ 1,093.10	\$ 330.46	<input type="checkbox"/>
70312B - EE/Children	Delta Incentive Plan	VSP Signature Plan B	\$ 1,402.44	\$ 1,093.10	\$ 309.34	<input type="checkbox"/>
	NEW Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,394.04	\$ 1,093.10	\$ 300.94	<input type="checkbox"/>
	NEW No Dental	No Vision	\$ 703.20	\$ 703.20	\$ -	<input type="checkbox"/>
	NEW No Dental	No Vision	\$ 1,102.80	\$ 1,093.10	\$ 9.70	<input type="checkbox"/>
					NO CHANGE TO CURRENT PLAN	<input type="checkbox"/>

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