

Confidential / Management : 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
40312D	Delta PPO 100% Plan	VSP Signature Plan B	\$ 2,191.92	\$ 1,093.10	\$ 1,098.82	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 2,151.84	\$ 1,093.10	\$ 1,058.74	<input type="checkbox"/>
	NEW Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 2,178.24	\$ 1,093.10	\$ 1,085.14	<input type="checkbox"/>
40311K	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,963.92	\$ 1,093.10	\$ 870.82	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,923.84	\$ 1,093.10	\$ 830.74	<input type="checkbox"/>
	NEW Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,950.24	\$ 1,093.10	\$ 857.14	<input type="checkbox"/>
40312G	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,769.52	\$ 1,093.10	\$ 676.42	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,729.44	\$ 1,093.10	\$ 636.34	<input type="checkbox"/>
	NEW Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,755.84	\$ 1,093.10	\$ 662.74	<input type="checkbox"/>
40312E	Delta PPO 100% Plan	VSP Signature Plan B	\$ 1,431.12	\$ 1,093.10	\$ 338.02	<input type="checkbox"/>
	Delta Incentive Plan	VSP Signature Plan B	\$ 1,391.04	\$ 1,093.10	\$ 297.94	<input type="checkbox"/>
	NEW Anthem Dental Essential Choice Plan	VSP Signature Plan B	\$ 1,417.44	\$ 1,093.10	\$ 324.34	<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	\$ 1,093.10	\$ 9.70	<input type="checkbox"/>
NO CHANGE TO CURRENT PLAN						<input type="checkbox"/>

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