

2019-2020 INSURANCE COVERAGE - CLASSIFIED RETIREE
CORONA-NORCO UNIFIED SCHOOL DISTRICT

Name:

EmpRef#:

Birthdate:

Hire Date:

	EMPLOYEE TENTHLY*	2-PARTY TENTHLY*	EMP+CHILD TENTHLY*	FAMILY TENTHLY*	EMP	DIST
HEALTH INSURANCE CSEA:						
1085 Kaiser High CSEA	\$709.20	\$1393.20	N/A	\$1950.00		
1095 Kaiser DHMO CSEA	627.60	1232.40	N/A	1726.60		
1105 Anthem Premier HMO	834.00	1621.20	N/A	2266.80		
1115 Anthem Classic HMO	746.40	1458.00	N/A	2044.80		
1125 Anthem CLassic PPO 20	859.20	1670.40	N/A	2337.60		
1145 Anthem Classic PPO 40	604.80	1174.80	N/A	1642.80		
DENTAL INSURANCE:						
3371 Delta Dental HMO	\$ 28.57	\$ 52.98	\$ 53.35	\$ 76.88		
3376 Delta Dental - PPO	56.52	105.41	105.67	157.50		
VISION INSURANCE:						
1565 MES Vision	\$7.11	\$14.27	N/A	\$18.36		
1595 VSP	9.88	20.64	N/A	29.65		
TOTAL PREMIUM						
2450 \$_____ Minnesota Life						
1509 \$680 - CLASSIFIED MEDICAL & DENTAL			DISTRICT BENEFIT			
10THLY PAYMENT						

Payments may be mailed to : Corona-Norco Unified School District
Benefits Department
2820 Clark Avenue
Norco, CA 92860-1903

PAYMENTS MUST BE RECEIVED BY THE 5TH OF EACH MONTH
FROM OCTOBER THROUGH SEPTEMBER (SKIPS JULY-AUGUST)