

HERMOSA BEACH CITY SCHOOL DISTRICT

October 2007 Election Form

◆ <u>Medical Plans (Select One)</u>	<u>Annual Employee Cost</u>	<u>Employee Selection</u>
Blue Shield – HMO \$10 (Inc. Life/AD&D)		
Employee Only	\$ 3,547.70	<input type="checkbox"/>
Employee Plus One Dependent	\$ 7,306.10	<input type="checkbox"/>
Employee Plus Two or More Dependents	\$11,333.60	<input type="checkbox"/>
Blue Shield –PPO \$250 (Inc. Life/AD&D)		
Employee Only	\$ 5,589.90	<input type="checkbox"/>
Employee Plus One Dependent	\$11,627.20	<input type="checkbox"/>
Employee Plus Two or More Dependents	\$18,216.40	<input type="checkbox"/>
Kaiser – HMO \$5 (Inc. Life & AD&D)		
Employee Only	\$ 4,251.00	<input type="checkbox"/>
Employee Plus One Dependent	\$ 8,468.20	<input type="checkbox"/>
Employee Plus Two or More Dependents	\$11,968.50	<input type="checkbox"/>
◆ <u>Dental Plan</u>		
Delta Dental		
Employee Only	\$ 661.10	<input type="checkbox"/>
Employee Plus One Dependent	\$1,345.90	<input type="checkbox"/>
Employee Plus Two or More Dependents	\$1,942.60	<input type="checkbox"/>
◆ <u>Vision Plan</u>		
Vision Service Plan (VSP)		
Employee Only	\$ 130.30	<input type="checkbox"/>
Employee Plus One Dependent	\$ 270.20	<input type="checkbox"/>
Employee Plus Two or More Dependents	\$ 388.90	<input type="checkbox"/>

TOTAL COST OF BENEFITS:	_____
MINUS THE BENEFIT CAP (\$5,000 For Fulltime or a Percentage for Part-Time)	\$5,500
TOTAL COST TO EMPLOYEE (If in excess of Benefit Cap):	_____

Please check if you are declining benefits this year:

Please check if this is a change from last year:

Signature / Social Security # / Work Site

Print Name / Home Address / City / Zip Code / () Phone #