ADEL DESOTO MINBURN COMMUNITY SCHOOLS
2020-21 PLAN YEAR ELECTION FORM

Voluntary Dental - **Delta Dental**		**Preventative** **Monthly Payroll deduction**	**Catastrophic** **Monthly Payroll Deduction**	**Comprehensive** **Monthly Payroll Deduction**
I WAIVE DENTAL COVERAGE	☐			
Employee		☐ $13.81	☐ $16.56	☐ $30.37
Employee +1		☐ $27.60	☐ $31.76	☐ $59.36
Family		☐ $52.45	☐ $34.51	☐ $86.96

Voluntary Vision - **Avesis**		**Monthly Payroll Deduction**	**Monthly Payroll Deduction**	**Monthly Payroll Deduction**	**Monthly Payroll Deduction**
I WAIVE VISION COVERAGE	☐				
MATERIALS ONLY		☐ Emp. only $ 10.69	☐ Emp. + Spouse $20.22	☐ Emp + child(ren) $22.03	☐ Family $28.35
COMPREHENSIVE		☐ Emp. only $ 14.49	☐ Emp. + Spouse $27.77	☐ Emp + child(ren) $30.24	☐ Family $38.92

EMPLOYEES THAT WORK LESS THAT 12 MONTHS – I understand that I have elected to participate in the group insurance coverage offered by the District. I understand that I do not work during the summer break and I agree to have twelve (12) months (Sept., 2020 through August, 2021) of premiums deducted from my paycheck in nine (9) installments (October through June) as indicated on this document.

I understand that premium changes for the 2021-22 school year will become effective July 1, 2021. I authorize the ADM CSD to adjust my June, 2021, paycheck to reflect any increase/decrease in insurance premiums for the months of July and August, 2021. I understand that I have to give a written notice to the Payroll Specialist to stop this deduction from my paycheck.

OVER

Medical – **Wellmark Blue Cross & Blue Shield**	**Copay 750 PPO**	**Copay 1250 PPO**	**Blue Advantage HMO**
	Monthly Payroll Deduction	**Monthly Payroll Deduction**	**Monthly Payroll Deduction**
EMPLOYEE ONLY COVERAGE			
30.00 – 35.00 hours a week	$ 101.41	$ 79.92	$ 72.45
35.25 – 37.50 hours a week	$ 55.58	$ 34.09	$ 26.62
37.75 – 38.75 hours a week	$ 32.66	$ 11.17	$ 3.70
39.00 – 40.00 hours a week	$ 9.75	free	free
TWO PERSON COVERAGE			
30.00 - 35.00 hours a week	$ 791.43	$ 748.68	$ 733.83
35.25 – 37.50 hours a week	$ 745.59	$ 702.85	$ 687.99
37.75 – 38.75 hours a week	$ 722.68	$ 679.93	$ 665.08
39.00 – 40.00 hours a week	$ 699.76	$ 657.01	$ 642.16
FAMILY COVERAGE			
30.00 – 35.00 hours a week	$ 1,513.12	$ 1,448.15	$ 1,425.57
35.25 – 37.50 hours a week	$ 1,467.29	$ 1,402.31	$ 1,379.74
37.75 – 38.75 hours a week	$ 1,444.37	$ 1,379.40	$ 1,356.82
39.00 – 40.00 hours a week	$ 1,421.45	$ 1,356.48	$ 1,333.91

OVER