Classified New Plan Election Form - Single

10 Monthly Payments - 2022-2023 (Sept-June)

12 Monthly Payments - 2022-2023 (June-June)

Medical Plans	*Dental	Vision	10-Month Single	10-Month District Contribution	10thly EE Premium Sept - June	12-Month Single	12-Month District Contribution	12thly EE Premium June - June	Mark One Selection
40310C	Delta Dental Premier 1000	VSP Signature Plan A	$ 1,027.20	$ 832.80	**$ 194.40**	$ 856.00	$ 694.00	**$ 162.00**	☐
	Delta Dental PPO 1500	VSP Signature Plan A	$ 1,034.40	$ 832.80	**$ 201.60**	$ 862.00	$ 694.00	**$ 168.00**	☐
40310E	Delta Dental Premier 1000	VSP Signature Plan A	$ 1,023.60	$ 832.80	**$ 190.80**	$ 853.00	$ 694.00	**$ 159.00**	☐
	Delta Dental PPO 1500	VSP Signature Plan A	$ 1,030.80	$ 832.80	**$ 198.00**	$ 859.00	$ 694.00	**$ 165.00**	☐
40310G	Delta Dental Premier 1000	VSP Signature Plan A	$ 938.40	$ 832.80	**$ 105.60**	$ 782.00	$ 694.00	**$ 88.00**	☐
	Delta Dental PPO 1500	VSP Signature Plan A	$ 945.60	$ 832.80	**$ 112.80**	$ 788.00	$ 694.00	**$ 94.00**	☐
40396B	Delta Dental Premier 1000	VSP Signature Plan A	$ 878.40	$ 832.80	**$ 45.60**	$ 732.00	$ 694.00	**$ 38.00**	☐
	Delta Dental PPO 1500	VSP Signature Plan A	$ 885.60	$ 832.80	**$ 52.80**	$ 738.00	$ 694.00	**$ 44.00**	☐
40310J	Delta Dental Premier 1000	VSP Signature Plan A	$ 639.60	$ 832.80	**$ -**	$ 533.00	$ 694.00	**$ -**	☐
	Delta Dental PPO 1500	VSP Signature Plan A	$ 646.80	$ 832.80	**$ -**	$ 539.00	$ 694.00	**$ -**	☐

NO CHANGE TO CURRENT PLAN ☐

Print Name: _____ **Date:** _____

Signature: _____

*You may change from the DD PPO 1500 to the DD PPO Premier Plan during Open Enrollment.
If you make this change, your incentive level will start at 70%.