



## **2011-2012 Monthly Rates**

### **Standard Plan -- Group Number 9785635**

Employee Only	\$5.43
Employee & Spouse	\$10.33
Employee & Child(ren)	\$10.86
Employee & Family	\$16.55

### **Enhanced Plan -- Group Number 9785643**

Employee Only	\$6.97
Employee & Spouse	\$13.45
Employee & Child(ren)	\$14.09
Employee & Family	\$21.70

If you are electing the extra vision plan with Eye Med, you will need to complete a Eye Med Vision Care Enrollment/Change form and a Authorization to Pre-Tax Insurance Premiums form.

The Authorization to Pre-Tax Insurance Premiums form needs to be completed in order to have your premium deducted before taxes. Please print your name, SSN and mailing address at the top of the form, then check the blank beside Additional Group Vision Insurance (Eye Med), then date and sign the form above the black line.

If you have any questions or concerns, please contact Yvonne Quesenberry at 994-2512 or [yquesenb@pcva.us](mailto:yquesenb@pcva.us). The forms need to be returned to the School Board Office by May 14, 2011.