

# RIALTO UNIFIED SCHOOL DISTRICT

## 2022/2023 HEALTH PLAN CHANGE/ENROLLMENT FORM – **CERTIFICATED, MGMT, & CONF**

MEDICAL		VISION		DENTAL			LIFE INSURANCE
UNITED HEALTHCARE HMO	KAISER PERMANENTE HMO	MEDICAL EYE SERVICES (MES) / EYEMED		DELTA DENTAL OF CA PPO	DELTACARE USA HMO	WESTERN DENTAL HMO	THE HARTFORD
<ul style="list-style-type: none"> <li>\$20 Office Visit / \$100 ER Visit or \$250 Admit fee / 100% Hospital</li> <li>Rx \$15/\$30/\$50; \$100 Brand Deductible</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>Harmony Network</b> \$4,968.48 annually</p> <p><b>Alliance Network</b> \$13,709.64 annually</p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> <li>\$20 Office Visit / \$100 ER Visit or \$250 Admit fee</li> <li>100% Hospital</li> <li>Rx \$15/\$30 (Up to 30-day supply)</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$0 – DISTRICT PAID BENEFIT</b></p> <p>(Pro-rated for part-time contracted employees)</p>	<p><b>Standard Option</b></p> <ul style="list-style-type: none"> <li>Eye wear ONLY plan</li> <li>1 pair of lenses, 1 frame or 1 pair of contact lenses every 12 mos. / Frame allowance \$130 retail (\$105 wholesale) / Contacts \$130 (toward fitting costs and materials)</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$0 – DISTRICT PAID BENEFIT</b></p> <p>(Pro-rated for part-time contracted employees)</p>	<p><b>High Option</b></p> <ul style="list-style-type: none"> <li>Eye wear &amp; exam plan</li> <li>1 pair of lenses, 1 frame or 1 pair of contact lenses every 12 mos. / Frame allowance \$130 retail (\$105 wholesale) / Contacts \$130 (toward fitting costs and materials)</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$65.04 annually</b></p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> <li>Incentive Plan for diagnostic, preventative, basic, crowns, &amp; other cast restorations (70%-100%) / Bridges, partial/full dentures, and implants (50%) / Orthodontia (50% - \$1,500 Lifetime Maximum)</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$0 – DISTRICT PAID BENEFIT</b></p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> <li>Fee Schedule Plan</li> <li>Annual Deductible \$0</li> <li>Maximum Annual Unlimited</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$0 – DISTRICT PAID BENEFIT</b></p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> <li>Fee Schedule Plan</li> <li>Annual Deductible \$0</li> <li>Maximum Annual Unlimited</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$0 – DISTRICT PAID BENEFIT</b></p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> <li>\$50,000 Life Insurance Benefit</li> <li>\$50,000 Accidental Death Rider Benefit</li> </ul> <p><b><u>EMPLOYEE OUT-OF-POCKET:</u></b></p> <p><b>\$0 – DISTRICT PAID BENEFIT**</b></p> <p>(Pro-rated for part-time contracted employees)</p> <p>(Voluntary Supplemental Plans Available – See Risk Management)</p>

- Harmony  
 Alliance

**Instructions to Employee:**

- Please mark the plan(s) you wish to enroll in
- Sign, date, and submit to Risk Management by **5/27/2022**
- Contact Risk Management for additional information



**RIALTO UNIFIED SCHOOL DISTRICT**  
RISK MANAGEMENT / EMPLOYEE BENEFITS

182 E Walnut Avenue  
Rialto, CA 92376  
909.820.7700 (Ext. 2112 or 2113)

Employee Name: \_\_\_\_\_

Spouse/: \_\_\_\_\_

Certified Domestic Partner Name \_\_\_\_\_

Dependent Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

KP UHC MESSTD MESH DPPO DHMO WHMO

\*Enrollment of dependents requires necessary accompanying document (such marriage certificate, certificate of domestic partnership, birth certificate etc.)