

RIALTO UNIFIED SCHOOL DISTRICT

2022/2023 HEALTH PLAN CHANGE/ENROLLMENT FORM – **CLASSIFIED**

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"> \$20 Office Visit / \$100 ER Visit or \$250 Admit fee 100% Hospital Rx \$15/\$30/\$50; \$100 Brand Deductible <p style="color: red; font-weight: bold; text-align: center;"><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p style="color: red; font-weight: bold; text-align: center;"><i>Harmony Network</i> \$3,713.88 annually</p> <p style="color: red; font-weight: bold; text-align: center;"><i>Alliance Network</i> \$12,455.04 annually</p> <p style="font-size: small;">(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> \$15 Office Visit / \$50 ER Visit 100% Hospital Rx \$15/\$30 (Up to 100-day supply) <p style="color: blue; font-weight: bold; text-align: center;"><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p style="color: blue; font-weight: bold; text-align: center;">\$0 – DISTRICT PAID BENEFIT</p> <p style="font-size: small;">(Pro-rated for part-time contracted employees)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #333; color: white;">Standard Option</th> <th style="background-color: #333; color: white;">High Option</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> Eye wear ONLY plan 1 pair of lenses, 1 frame and 1 pair of contact lenses every 12 mos. / Frame allowance \$130 retail (\$105 wholesale) / Contacts \$130 (toward fitting costs and materials) <p style="color: blue; font-weight: bold; text-align: center;"><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p style="color: blue; font-weight: bold; text-align: center;">\$0 – DISTRICT PAID BENEFIT</p> <p style="font-size: small;">(Pro-rated for part-time contracted employees)</p> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> Eye wear & exam plan 1 pair of lenses, 1 frame and 1 pair of contact lenses every 12 mos. / Frame allowance \$130 retail (\$105 wholesale) / Contacts \$130 (toward fitting costs and materials) <p style="color: red; font-weight: bold; text-align: center;"><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p style="color: red; 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font-weight: bold; text-align: center;">\$65.04 annually</p> <p style="font-size: small;">(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> Incentive Plan for diagnostic, preventative, basic, crowns, & other cast restorations (70%-100%) / Bridges, partial/full dentures, and implants (50%) / Orthodontia (50% - \$1,500 Lifetime Maximum) <p style="color: blue; font-weight: bold; text-align: center;"><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p style="color: blue; font-weight: bold; text-align: center;">\$0 – DISTRICT PAID BENEFIT</p> <p style="font-size: small;">(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> Fee Schedule Plan Annual Deductible \$0 Maximum Annual Unlimited <p style="color: blue; font-weight: bold; text-align: center;"><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p style="color: blue; font-weight: bold; text-align: center;">\$0 – DISTRICT PAID BENEFIT</p> <p style="font-size: small;">(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> Fee Schedule Plan Annual Deductible \$0 Maximum Annual Unlimited <p style="color: blue; 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- 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



Employee Name: _____

Spouse/: _____

Certified Domestic Partner Name _____

Dependent Name(s): _____

OFFICE USE ONLY

KP UHC MESSTD MESH1 DPPO DHMO WHMO

RIALTO UNIFIED SCHOOL DISTRICT
 RISK MANAGEMENT / EMPLOYEE BENEFITS
 182 E Walnut Avenue
 Rialto, CA 92376
 909.820.7700 (Ext. 2112 or 2113)

Signature: _____ Date: _____

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