

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"> \$20 Office Visit / \$100 ER Visit or \$250 Admit fee / 100% Hospital Rx \$15/\$30/\$50; \$100 Brand Deductible <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>Harmony Network \$4,968.48 annually</p> <p>Alliance Network \$13,709.64 annually</p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> \$20 Office Visit / \$100 ER Visit or \$250 Admit fee 100% Hospital Rx \$15/\$30 (Up to 30-day supply) <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$0 – DISTRICT PAID BENEFIT</p> <p>(Pro-rated for part-time contracted employees)</p>	<p style="text-align: center;">Standard Option</p> <ul style="list-style-type: none"> Eye wear ONLY plan 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) <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$0 – DISTRICT PAID BENEFIT</p> <p>(Pro-rated for part-time contracted employees)</p>	<p style="text-align: center;">High Option</p> <ul style="list-style-type: none"> Eye wear & exam plan 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) <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$65.04 annually</p> <p>(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><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$0 – DISTRICT PAID BENEFIT</p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> Fee Schedule Plan Annual Deductible \$0 Maximum Annual Unlimited <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$0 – DISTRICT PAID BENEFIT</p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> Fee Schedule Plan Annual Deductible \$0 Maximum Annual Unlimited <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$0 – DISTRICT PAID BENEFIT</p> <p>(Pro-rated for part-time contracted employees)</p>	<ul style="list-style-type: none"> \$50,000 Life Insurance Benefit \$50,000 Accidental Death Rider Benefit <p><u>EMPLOYEE OUT-OF-POCKET:</u></p> <p>\$0 – DISTRICT PAID BENEFIT**</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.)