

EXAMPLE FOR WORDING ON SELECTION FORM

Your benefit program offers Medical, Dental, Vision, and Life Insurance (fill in your district's benefit package). Beginning July 1, 2014, because of the Affordable Care Act requirements, employees and their dependents (if applicable) may opt out of dental and/or vision. If you wish to opt out of Dental and/or Vision, please indicate that choice below:

Medical Options (Choose one):

No change _____ OR

Kaiser _____

Kaiser HDHP _____

Health Net HMO _____

Health Net HDHP \$1300/\$2600 _____

Health Net HDHP \$2250/\$4500 _____

Dependent Add/Term _____

OR

Waive all benefits _____

Dental:

No Change _____ Dependent Add/Term _____ or Opt Out _____

Note: If you do opt out of dental, remember that you will lose your current percentage of payment. Should you re-enroll in the future, your reimbursement percentage will be at the 70% benefit level. Additionally, if you are on a composite rate basis, this will apply to all your dependents covered by the plan. If you have double coverage, you and your dependents will receive double the annual limits except for the cleanings.

Vision (If applicable):

No Change _____ Dependent Add/Term _____ or Opt Out _____

Signature

Dated

- Before opt out of dental remember:
 - Check Your eligibility level -70%/80%/90%/100% for each family member
 - If you opt out and re-enroll in the future each family member will revert to the 70% level
 - Double coverage gets double benefit except for cleanings (ie procedures, Orthodontia)
 - Premium for most districts is composite so it covers all family members
 - Ie Premium of \$1,500 annual maximum with 50% orthodontia for average 4 person family cost of \$1,296 for a potential benefits of \$6,000 or \$6800 if you use a PPO dentist.
 - Premium for \$1500 annual maximum without ortho costs \$1,150 for a potential benefit of \$6,000 or \$6800 if you use a PPO dentist.
 - Without dental coverage you could pay the usual and customary rate for services
 - Exam \$99
 - X-rays \$140
 - Cleanings \$110 twice per year
 - Crown \$1160 to 1230
 - Root Canal \$825 to \$1170 (usually with a crown so total of \$1925 to \$2400)
 - Extraction \$197
 - Minimum for family of 4 \$1,836
 - Note: These fees are only a sampling from websites. The fees charged by your provider could be higher or lower than those quoted.
- Vision Composite
 - Premiums between \$20.40 to 26.85 per month for whole family
 - \$245 to \$323 per year
 - Average cost of glasses & exam – Retail \$300-\$350
 - Target woman’s plastic frame \$100 to \$180 plus exam and lens
 - VSP Exam \$115, Standard Lens \$105