USF HEALTH MORSANI COLLEGE OF MEDICINE GME

DENTAL & VISION ENROLLMENT VERIFICATION FORM

2022-2023

Residents are charged a monthly premium **for individual/dependent dental and vision coverage**. The amount you are billed will depend on the level of coverage that you elect. Once coverage is elected, premium deductions are automatically taken from your pay biweekly; 1/2 the monthly premium on two paychecks per month (for months with 3 paydays, no deduction is taken on the 3rd pay check).

To ensure that we have the correct information on your selected coverage, please complete the following information. Once the election has been made, you will be unable to change the election (additions/deletions) until the next open enrollment season (June/July 2022).

Resident Name: _____ Last 4 digits of SSN _____

Email _____ ☐ Check here to opt out

Please check your selection:

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
DENTAL ELECTION				
Plan Name				
UHC DHMO	☐ $16.34	☐ $28.60	☐ $35.42	☐ $44.94
UHC Low Plan PPO 20	☐ $23.50	☐ $46.99	☐ $58.94	☐ $87.17
UHC High Plan PPO 30	☐ $38.13	☐ $76.24	☐ $95.64	☐ $141.44
VISION ELECTION				
Plan Name				
UHC Vision	☐ $7.28	☐ $13.81	☐ $16.19	☐ $22.77

_____ / / _____

Signature Date