## USF HEALTH MORSANI COLLEGE OF MEDICINE GME

## **DENTAL & VISION ENROLLMENT VERIFICATION FORM**

## 2021-2022 OPEN ENROLLMENT

Trainees 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 deducted from your pay bi-weekly, at ½ the monthly premium on two paychecks per month. For months with 3 paydays, no deduction is taken on the 3<sup>rd</sup> paycheck. Amounts shown below are monthly premiums.

To ensure that we have the correct information on your selected coverage, please complete the following information. Changes can be made during open enrollment or within 30 days of a qualifying life event.

If you are currently enrolled in a dental and/or vision plan, your current plan will continue unless you notify us otherwise.

Resident/Fellow Name:	Last 4 digits of SSN:				
Program:	☐ New Enro	<ul> <li>New Enrollment – □ Dental</li> <li>□ New Enrollment – □ Vision</li> <li>□ Plan Change - □ Change to DENTAL Insurance</li> </ul>			
EFFECTIVE July 1, 2021	<ul><li>☐ Plan Chan</li><li>☐ Cancel Cu</li><li>☐ Cancel Cu</li></ul>	☐ Plan Change - ☐ Change to VISION Insurance ☐ Cancel Current Dental Plan ☐ Cancel Current Vision Plan ☐ No Changes; Keep Current Plans			
Please check your selection below:					
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
DENTAL Insurance Election					
Plan Name					
UHC DHMO	□\$16.34	□\$28.60	□\$35.42	□\$44.94	
UHC Low Plan PPO	□\$22.92	□\$45.83	3 □\$57.49	□\$85.02	
UHC High Plan PPO	□\$37.19	□\$74.36	5 □\$93.28	□\$137.95	
VISION Insurance Election					
Plan Name	T.				
UHC Vision	□\$7.28	□\$13.82	L □\$16.19	□\$22.77	
Signature			Date		

Final Deadline: 7/15/2021

Questions? Email ptaylor@usf.edu