

ENROLLMENT REQUIREMENTS

- May not enroll as individuals couples must select one health plan
- One spouse must be primary and the other will be covered as a dependent
- Same rule applies for dental and vision coverage



We strongly encourage employees to carefully review all available plan options to determine which best meets their family's specific healthcare needs and financial considerations, as maximum reimbursement amounts will vary significantly between plans.



MARRIED COUPLES REIMBURSEMENT

2025-2026

Plan Type	Employee Deduction (10thly)	* District Contribution	Employee Deduction (Total)	Max Reimbursment
Anthem HMO 30 Family	\$880.00	\$1,172.71	\$8,800.00	\$2,927.08
Kaiser HMO 30 Family	\$680.00	\$1,172.71	\$6,800.00	\$4,927.08
Anthem DHMO 500 Family	\$650.00	\$1,172.71	\$6,500.00	\$5,227.08
Kaiser DHMO 500 Family	\$460.00	\$1,172.71	\$4,600.00	\$7,127.08
Athem PPO 500 Family	\$3,820.00	\$1,172.71	\$38,200.00	\$0.00
Anthem HSA 1600 Family	\$1,955.00	\$1,172.71	\$19,550.00	\$0.00
Athem HSA 3000 Family	\$1,660.00	\$1,172.71	\$16,600.00	\$0.00
Anthem HMO MVP Family	\$125.00	\$1,172.71	\$1,250.00	\$10,477.08
Kasier MVP Family	\$135.00	\$1,172.71	\$1,350.00	\$10,377.08
	* District Monthly Contribution D/V/L For All (Minus)	\$1,333.10 \$160.39		
		\$1,172.71		



- No employee contribution for the selected medical, dental, and vision plans
- Copays & deductibles reimbursement up to the highest available employee contribution
- Highest available contribution = District contribution minus (dental, vision, and life × 10 monthly payments)

REIMBURSEMENT GUIDELINES

- Submit receipts within 30 days of incurring the expense
- Eligible expenses: doctor visit co-pays, prescriptions, medically necessary services
- Submit through Airtable with complete documentation
- Reimbursement does not accumulate from year to year

CONTACT

For detailed receipt requirements and submission instructions, please contact:

Risk and Benefits Department at:



risk_management@redlands.k12.ca.us