



RUSD MARRIED COUPLES

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

PICK A PLAN

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.

EXAMPLE CALCULATION

MARRIED COUPLES REIMBURSEMENT

| Plan Type | 2026-2027 Spousal Reimbursement Amounts | | | | |
|--------------------------|---|-----------------------------|--------------------------------------|---------------------------|---------------------------------------|
| | Employee Deduction (10thly) | Employee Deduction (Yearly) | District Dental/Vision/Life (Yearly) | District Medical (Yearly) | Max Reimbursement of Medical (Yearly) |
| Anthem HMO 30 Family | \$845.00 | \$8,450.00 | \$1,785.40 | \$13,545.60 | \$5,095.60 |
| Kaiser HMO 30 Family | \$645.00 | \$6,450.00 | \$1,785.40 | \$13,545.60 | \$7,095.60 |
| Anthem DHMO 500 Family | \$245.00 | \$2,450.00 | \$1,785.40 | \$13,545.60 | \$11,095.60 |
| Kaiser DHMO 500 Family | \$425.00 | \$4,250.00 | \$1,785.40 | \$13,545.60 | \$9,295.60 |
| **Anthem PPO 500 Family | \$3,820.00 | \$38,200.00 | \$1,785.40 | \$13,545.60 | -\$24,654.40 |
| **Anthem HSA 1700 Family | \$1,955.00 | \$19,550.00 | \$1,785.40 | \$13,545.60 | -\$6,004.40 |
| **Anthem HSA 3000 Family | \$1,660.00 | \$16,600.00 | \$1,785.40 | \$13,545.60 | -\$3,054.40 |
| Anthem HMO MVP Family | \$125.00 | \$1,250.00 | \$1,785.40 | \$13,545.60 | \$12,295.60 |
| Kaiser MVP Family | \$135.00 | \$1,350.00 | \$1,785.40 | \$13,545.60 | \$12,195.60 |

| | |
|--------------------------------|------------|
| * District 10thly Contribution | \$1,533.10 |
| D/V/L For All (Minus) | \$178.54 |
| | \$1,354.56 |

** These plans have an employee deduction that exceeds the district contribution. This means there is no balance remaining so there is no spousal reimbursements on these plans.

FINANCIAL BENEFITS

- 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

