

Please complete this form and return it to the Benefits Coordinator no later than September 10, 2018 even if you are not changing or continuing any coverage. Be sure to read about various changes that may affect you.

Premiums are paid by Direct Debit. To know what your monthly debit amount will be, add the premiums you selected that will be effective October 1st. Circle the amounts that apply to you.

_____ **I am not making changes to my insurance plan**

HEALTH PLAN – Anthem BC/BS HealthCare Premium

<u>CORRIDOR</u> (Check Corridor you are choosing):	Retiree	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
_____ \$500	\$774.00	\$1,514.00	\$1,407.00	\$2,030.00
_____ \$1,000	\$739.00	\$1,445.00	\$1,332.00	\$1,944.00
_____ \$2,000	\$687.00	\$1,348.00	\$1,223.00	\$1,799.00
Kidz Plan - Individual child	N/A	N/A	\$209.00	N/A
- Multiple children	N/A	N/A	\$417.00	N/A

The following plans are associated with Medicare and are available ONLY to those enrolled in Medicare A/B. These plans update on a calendar year, (January – December), therefore, changes in benefits and premiums, if any, may occur January 1st. Once enrolled, you cannot transfer to another plan until the following open enrollment period. If you enroll in any of the following two plans, you must indicate to the sign-up representative that you are part of the Pattonville Group. Your spouse can be enrolled in these plans if Medicare A/B is effective. *If not*, they would need to enroll with one of our Anthem BC/BS HealthCare plans as primary coverage, separate from you. They may remain in the Pattonville group as long as you remain part of the group.

United HealthCare Medicare Advantage Plan

Premiums are paid by signing over your monthly Medicare premium (Part B) to United HealthCare. No additional premiums are collected; it becomes a Medicare replacement plan. You have the "choice" to visit any doctor within the Medicare Complete network without referrals as well as out of network benefits. **Please call 1-800-610-2660 for more information.**

_____single coverage _____spouse coverage

Transamerica Medicare Supplement

Premiums are based on age and billed directly by Transamerica Medicare Supplement. An enrollment application must be complete. Your group status is verified and sent on to Transamerica. This is a PPO plan. **Please call 1-800-749-6983 for more information.**

_____single coverage _____spouse coverage

I wish to cancel my health coverage through Pattonville School District_____

Dental	Retiree	+Spouse	+Child(ren)	+Family
Delta Dental (Premier PPO)	\$46.00	\$88.00	\$116.00	\$158.00
Delta Dental (EPO/PPO)	\$21.00	\$35.00	\$39.00	\$59.00

I wish to cancel my dental coverage through Pattonville School District _____

Vision	Retiree	+Family
United HealthCare	\$5.79	\$16.76

I wish to cancel my vision insurance coverage through Pattonville School District _____

Life	Retiree	Spouse	Child(ren)	Spouse/Child(ren)
The Hartford Life \$7,500	\$19.65	n/a	n/a	n/a

This benefit is for those that retired prior to the summer of 1995. This is not an option if not currently enrolled.

The Hartford Life \$15,000	Retiree	Spouse	Child(ren)	Spouse/Child(ren)
	\$39.30	n/a	n/a	n/a

This benefit is for those that retired during or after the summer of 1995. This is not an option if not currently enrolled.

I wish to cancel my life insurance coverage through Pattonville School District ... _____

Signature Phone Date

Print Name

E-mail

All Retirees are expected to return this form whether or not you are making changes, by September 10, 2018

Pattonville School District
Benefits Coordinator
11097 St. Charles Rock Road
St. Ann, MO 63074
314-213-8035

Summary of Benefits and Coverage; and Health Plan Notices are posted on the Pattonville Website.