

Retirees

Benefits Election <input checked="" type="checkbox"/> Checklist <input checked="" type="checkbox"/>	DeKalb County Group Benefit Plan (DCGBP) October 2008 Open Enrollment (OE)
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Checklist Instructions:

This is an "Active" Open Enrollment (OE) Period. Each retiree must complete, sign, and submit this OE Benefit Election Checklist along with any program provider forms. Retirees are to return the checklist and applications to the Employee Services Center, at the address below.

The OE Period Announcement describes what the DCGBP current and eligible participants must do during the month of October 2008. Summary Plan Description (SPD) information packets representing all programs offered have been mailed to Retirees and are available from the Employee Services Center. The OE Information Forums Location Schedule is included with the OE Announcement and October issue of the Risk Management News newsletter.

Remember to make your benefits program elections as early in the month of October as possible. The earlier in the month of October you submit the checklist & program specific application forms, the higher the chance that you and your dependents will receive their membership ID cards by January 1, 2009, the inception date of the new plan year.

RETIREE IDENTIFICATION		
Last Name, First Name, MI:	Retiree ID#:	Department Name: Retired
Telephone #:	E-mail Address:	

Domestic Partner retirees' same gender partners are eligible for coverage in many of the plans offered. Declaration of Domestic Partnership form & joint residency verification are required.

Table 1		MAJOR MEDICAL (MM) PLANS					
<input type="checkbox"/>	I DECLINE MAJOR MEDICAL COVERAGE.		<i>Refer to HIPAA Special Enrollment Notice.</i>				
NON-MEDICARE ELIGIBLE RETIREE		MONTHLY PENSION BENEFIT DEDUCTION RATES					
Check a box <input checked="" type="checkbox"/> in Col. 1 to elect a program.		Check the box <input checked="" type="checkbox"/> next to the desired program participation rate:					
Col 1	Non-Medicare MM Program Options	Retiree Only	Retiree +1 Dependent	Retiree + 2 or more Dependents			
<input type="checkbox"/>	CIGNA High PPO	<input type="checkbox"/> \$145.68	<input type="checkbox"/> \$377.31	<input type="checkbox"/> \$451.61			
<input type="checkbox"/>	CIGNA Low PPO	<input type="checkbox"/> \$133.97	<input type="checkbox"/> \$346.99	<input type="checkbox"/> \$415.31			
<input type="checkbox"/>	CIGNA HMO	<input type="checkbox"/> \$177.58	<input type="checkbox"/> \$459.92	<input type="checkbox"/> \$548.72			
<input type="checkbox"/>	Kaiser Permanente (KP) HMO Current Member without 2009 Status Changes *						
<input type="checkbox"/>	KP HMO New or Current Member with Status Changes Requires KP Application	<input type="checkbox"/> \$101.48	<input type="checkbox"/> \$262.91	<input type="checkbox"/> \$314.14			
*	<i>Current KP HMO program subscribers without changes in 2009 are not required to complete the KP Application / Change Form. KP participants with no status changes automatically enroll with 2008 enrolled dependent(s) for 2009.</i>						
	<i>➤ CIGNA includes Caremark Prescription Drug (Rx) coverage.</i>		<i>➤ KP includes its Prescription Drugs (Rx) coverage.</i>				
MEDICARE-ELIGIBLE RETIREE		MONTHLY PENSION BENEFIT DEDUCTION RATES					
Check a box <input checked="" type="checkbox"/> in Col. 1 to elect a program.		Check the box <input checked="" type="checkbox"/> next to the desired program participation rate:					
Col 1	Medicare-Eligible MM Program Options	1 on Medicare	2 on Medicare	1 Medicare & 1 Non-Medicare *	3 or more on Medicare	1+ Medicare & 2+ Non-Medicare *	2 Medicare & 1+ Non-Medicare *
<input type="checkbox"/>	CIGNA PFFS High	<input type="checkbox"/> \$ 49.15	<input type="checkbox"/> \$ 98.30	<input type="checkbox"/> \$ 92.85	<input type="checkbox"/> \$147.45	<input type="checkbox"/> \$162.34	<input type="checkbox"/> \$142.00
<input type="checkbox"/>	CIGNA PFFS Low	<input type="checkbox"/> \$ 40.19	<input type="checkbox"/> \$ 80.37	<input type="checkbox"/> \$ 80.38	<input type="checkbox"/> \$120.56	<input type="checkbox"/> \$144.28	<input type="checkbox"/> \$120.56
<input type="checkbox"/>	KP Senior. Advantage	<input type="checkbox"/> \$ 89.57	<input type="checkbox"/> \$179.13	<input type="checkbox"/> \$191.04	<input type="checkbox"/> \$268.69	<input type="checkbox"/> \$297.37	<input type="checkbox"/> \$280.61
	<i>➤ All Medicare-Eligible program options include Parts A, B, & D.</i>						
*	<i>The Non-Medicare dependents' election will be the corresponding coverage. For example, if a Medicare-eligible retiree elects CIGNA PFFS High, the Non-Medicare dependent will be enrolled in CIGNA PPO High.</i>						

Retirees

DCGBP Benefits Election Checklist Form

Table 2	DENTAL INSURANCE	MONTHLY PENSION BENEFIT DEDUCTION RATES		
<input type="checkbox"/>	I DECLINE DENTAL COVERAGE.			
Check a box <input checked="" type="checkbox"/> in Col. 1 to elect a program.		Check the box <input checked="" type="checkbox"/> next to the desired program participation rate:		
Col 1	United Concordia Insurance (UCCI)	Retiree Only	Retiree + 1 Dependent	Retiree + Family
<input type="checkbox"/>	UCCI High Dental	<input type="checkbox"/> \$7.92	<input type="checkbox"/> \$15.83	<input type="checkbox"/> \$23.75
<input type="checkbox"/>	UCCI Low Dental	<input type="checkbox"/> \$6.01	<input type="checkbox"/> \$12.02	<input type="checkbox"/> \$15.03

Table 3	VISION INSURANCE	MONTHLY PENSION BENEFIT DEDUCTION RATES		
<input type="checkbox"/>	I DECLINE VISION COVERAGE.			
Check a box <input checked="" type="checkbox"/> in Col. 1 to elect a program.		Check the box <input checked="" type="checkbox"/> next to the desired program participation rate:		
Col 1	EyeMed Vision Care	Retiree Only	Retiree + 1 Dependent	Retiree + Family
<input type="checkbox"/>	EyeMed High	<input type="checkbox"/> \$5.55	<input type="checkbox"/> \$10.54	<input type="checkbox"/> \$15.48
<input type="checkbox"/>	EyeMed Low	<input type="checkbox"/> \$4.52	<input type="checkbox"/> \$ 8.58	<input type="checkbox"/> \$12.59

Table 4	SUPPLEMENTAL LIFE INSURANCE		
<input type="checkbox"/>	I DECLINE SUPPLEMENTAL LIFE COVERAGE.		<i>(This checked box will terminate current Unimerica & indicate no 2009 Supplemental Life participation.)</i>
Col 1	Hartford Life Supplemental	See Hartford Supplemental Life Insurance Brochure for Rate Information.	
<input type="checkbox"/>	Current Member without 2009 Coverage Changes	<i>Current Supplemental Life participants will automatically be enrolled in Hartford program.</i>	
<input type="checkbox"/>	New or Current Member with Coverage Changes (Requires Application / Change Form)		

Retiree Signature:	Date:	ES Initials:	ES Date: