

## 2019/20 MEDICAL BENEFIT SELECTION for Retirees

**Dear Retirees:** You must select medical, dental and vision coverage individually; the cost for each is shown on next page. Please fill out the information below for the Big Spring employee/ retiree who sponsors the benefit. Retirees over age 65 are not eligible for medical coverage. Those who retire on or after July 1, 2017 are not eligible for dental or vision coverage with the District.

1. Last name, First Name, MI:	2. Is this a new enrollment? <input type="checkbox"/> Yes, provide SSN >>>	3. Social Security # (first time)	4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Home Address:		6. Date of Birth:	7. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
8. Please select the type of medical/Rx coverage desired: <input type="checkbox"/> Capital Qualified High Deductible Health Plan (PPO) <input type="checkbox"/> Decline medical coverage		9. Do you want <b>dental</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Do you want <b>vision</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependents:** Please list ALL dependents (including spouse) using the plan with coverage for each. You must provide a birth or marriage certificate at first enrollment. Full time undergraduate college dependents over 18 but less than 23 years of age are eligible for medical, dental and vision as long as they remain enrolled full-time under past practice; full time student status requires annual confirmation from school registrar. Those added under the expanded eligibility of PPACA (over 18 years and under 26 years) are NOT eligible for dental and vision.

11. Name (Last, First, MI)	12. DOB	14. Status	15. Select coverages:
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <18 <input type="checkbox"/> Child 18-22 FT College <input type="checkbox"/> Child 18-25 <input type="checkbox"/> Oth	<input type="checkbox"/> Med/Rx <input type="checkbox"/> Dental <input type="checkbox"/> Vision
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <18 <input type="checkbox"/> Child 18-22 FT College <input type="checkbox"/> Child 18-25 <input type="checkbox"/> Oth	<input type="checkbox"/> Med/Rx <input type="checkbox"/> Dental <input type="checkbox"/> Vision
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <18 <input type="checkbox"/> Child 18-22 FT College <input type="checkbox"/> Child 18-25 <input type="checkbox"/> Oth	<input type="checkbox"/> Med/Rx <input type="checkbox"/> Dental <input type="checkbox"/> Vision
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <18 <input type="checkbox"/> Child 18-22 FT College <input type="checkbox"/> Child 18-25 <input type="checkbox"/> Oth	<input type="checkbox"/> Med/Rx <input type="checkbox"/> Dental <input type="checkbox"/> Vision

16. We **require** both a **current email** and **phone** for policy service:

17. You must sign below to activate coverage.

Email:
Phone:

Signature:
Date:

*Return to Phyllis Martin at 45 Mt. Rock Rd, Newville PA 17241 or [pmartin@bigspring.k12.pa.us](mailto:pmartin@bigspring.k12.pa.us). If questions, contact Phyllis.*

## Retirees

+2%

### Medical

#### Retiree - Full 2018/19 Rates

Contract Type	Monthly	Annual	#Enr	Per Qtr
Single	\$ 583.23	\$ 6,998.71	9	\$ 1,749.68
EE+Child(1)	\$ 787.36	\$ 9,448.30	0	\$ 2,362.08
EE+Children	\$ 1,049.81	\$ 12,597.78	0	\$ 3,149.44
EE+Spouse	\$ 1,195.61	\$ 14,347.36	2	\$ 3,586.84
Family	\$ 1,603.89	\$ 19,246.67	0	\$ 4,811.67
		Total	11	

Contract Type	Monthly	Annual	#Enr	Per Qtr
Dental	\$55.08	\$ 660.96	53	\$ 165.24
Vision	\$7.73	\$ 92.73	33	\$ 23.18

#### Ret < 1Jul2011 @ 50% / 5yr

#Enr	EE-YrShare	Per Qtr
6	\$ 3,499.35	\$ 874.84
0	\$ 4,724.15	\$ 1,181.04
0	\$ 6,298.89	\$ 1,574.72
0	\$ 7,173.68	\$ 1,793.42
0	\$ 9,623.33	\$ 2,405.83

##### Retiree Health Insurance

##### for Those Retiring Prior to 1 July 2011

10.02 The Board shall provide for continuance of health care insurance after retirement until age 65 on the terms detailed in the master policies and contract agreed upon by the Board and the Association. This Health Care Insurance shall be at the retiree's expense, except that employees who retire after thirty(30) or more years with the district shall have up to five (5) years of Health Care Insurance benefits provided on the basis of the District paying 50% of the cost of the PPO Blue or Keystone, Trust Option, subject to the same stipulations listed above and applicable to nonretired employees.

#### Ret > 1Jul2011 @ \$4000/yr paid

#Enr	EE-YrShare	Per Qtr
0	\$ 2,998.71	\$ 749.68
0	\$ 5,448.30	\$ 1,362.08
0	\$ 8,597.78	\$ 2,149.44
0	\$ 10,347.36	\$ 2,586.84
0	\$ 15,246.67	\$ 3,811.67

##### Retiree Health Insurance

##### for Those Retiring July 1, 2011 or after

10.02 The Board shall provide for continuance of health care insurance after retirement until age 65 on the terms detailed in the master policies and contract agreed upon by the Board and the Association. This Health Care Insurance shall be at the retiree's expense except that employees who retire after thirty(30) or more years with the district shall have up to five (5) years of Health Care Insurance benefits provided on the basis of the District paying 50% of the cost of the single employee only coverage plan not to exceed \$4,000 per year for the PPO Blue or Keystone Trust Option, subject to the same stipulations listed above and applicable to non-retired employees.