

MEDICARE ADVANTAGE SELECTION FORM

MAIL THIS SELECTION FORM TO THE CITY OF LINCOLN PARK BY MONDAY, NOVEMBER 14, 2016 IN THE ENCLOSED SELF-ADDRESSED STAMPED GOLDENROD ENVELOPE. YOU ARE ONLY REQUIRED TO COMPLETE AN ENROLLMENT FORM IF YOU HAVE SWITCHED TO A DIFFERENT PLAN THAN YOU ARE CURRENTLY ENROLLED IN OR IF YOU ARE ENROLLING AFTER PREVIOUSLY OPTING OUT.

Retiree Name: _____

Spouse's Name: _____

Please choose one of the following:

- RETIREE ENROLLS IN COVERAGE / SPOUSE ENROLLS IN COVERAGE (IF APPLICABLE & ELIGIBLE):** Effective January 1, 2017, I, the retiree, and my spouse (if applicable & eligible) agree to pay for the coverage selected below.

- RETIREE ENROLLS IN COVERAGE / SPOUSE OPTS OUT:** Effective January 1, 2017, I, the retiree, wish to enroll in coverage, and agree to pay for the coverage selected below. My spouse will be opting out.

- OPT OUT:** Effective January 1, 2017, I, the retiree, and my spouse (if applicable & eligible) agree to **opt out** of the City's health plan and receive a monthly payment of \$50 for each applicable member. Do not choose coverage below.

If choosing to enroll in coverage, select one of the following Medicare Advantage Plans - all include Part D prescription drug coverage. Both retiree and spouse must enroll in the same plan.

Select Medicare Advantage Coverage – Net cost to each Member

- | | | |
|----------|---|--|
| Option 1 | Medicare Plus Blue Group
PPO w/ \$0 Deductible | <input type="checkbox"/> \$362.20 per month per member |
| Option 2 | Medicare Plus Blue Group
PPO w/ \$500 Deductible | <input type="checkbox"/> \$107.21 per month per member |
| Option 3 | BCN Advantage HMO-POS | <input type="checkbox"/> \$43.24 per month per member |

I understand that during the open enrollment period, or if a qualifying event (i.e. death, divorce, etc.) should occur, I (and my spouse if applicable and eligible) will have the opportunity to enroll in a Medicare Advantage plan offered by the City or enroll in the City's Medicare Advantage plan if previously opted out. I also understand that it is my responsibility to notify the City of a change in status (i.e. death, divorce, etc.) within 30 days of the qualifying event. Failure to notify the City will result in loss of all pay outs by the City.

Retiree's Signature

Date

Address

Phone Number

Email