

2020 Retiree Benefits Elections Form

Open Enrollment Dates: October 14-November 8, 2019

All changes will be effective January 1, 2020.

Effective Date: 01/01/2020	Today's Date:	Phone:		
Retiree Name:	Last	First	MI	
	Street	City	TX	Zip
Personal Email:				

**Complete, sign (on back), and submit the enrollment form to continue your benefits.
Your benefits will not roll over.**

COVERAGE ELECTIONS: Please make your benefits elections or decline unwanted benefits.				
MEDICAL - Cigna				
Local Plus Network Plan	Grandfathered*		Non-Grandfathered	
Coverage Level	2020 Rate	2019 Rate	2020 Rate	2019 Rate
<input type="checkbox"/> Retire Only	\$728.75	\$693.43	\$1,499.41	\$1,422.92
<input type="checkbox"/> Spouse Only	\$728.75	\$693.43	n/a	n/a
<input type="checkbox"/> Retire + Spouse	\$1,860.24	\$1,770.08	\$3,298.76	\$3,130.39
<input type="checkbox"/> Retire + Children	\$1,390.77	\$1,323.36	\$3,298.76	\$3,130.41
<input type="checkbox"/> Retire + Family	\$2,195.47	\$2,089.06	\$4,498.22	\$4,268.79
<input type="checkbox"/> I wish to cancel my MEDICAL plan.		<input type="checkbox"/> Not applicable. I do not have MEDICAL coverage.		

MEDICAL - Cigna				
Open Access Network Plan	Grandfathered*		Non-Grandfathered	
Coverage Level	2020 Rate	2019 Rate	2020 Rate	2019 Rate
<input type="checkbox"/> Retire Only	\$767.11	\$729.93	\$1,551.70	\$1,472.56
<input type="checkbox"/> Spouse Only	\$767.11	\$729.93	n/a	n/a
<input type="checkbox"/> Retire + Spouse	\$1,958.43	\$1,863.51	\$3,413.74	\$3,239.53
<input type="checkbox"/> Retire + Children	\$1,463.65	\$1,392.71	\$3,413.74	\$3,239.58
<input type="checkbox"/> Retire + Family	\$2,311.30	\$2,199.28	\$4,655.10	\$4,417.47
<input type="checkbox"/> I wish to cancel my MEDICAL plan.		<input type="checkbox"/> Not applicable. I do not have MEDICAL coverage.		

*Grandfathered: As of 01/01/2009, TMRS eligibility to retire based on age and vesture with the City of Carrollton.

DENTAL - Cigna			VISION - Superior Vision		
Coverage Level	2020 Rate	2019 Rate	Coverage Level	2020 Rate	2019 Rate
<input type="checkbox"/> Retire Only	\$49.82	\$49.82	<input type="checkbox"/> Retire Only	\$5.59	\$5.59
<input type="checkbox"/> Retire + Spouse	\$99.65	\$99.65	<input type="checkbox"/> Retire + Spouse	\$11.05	\$11.05
<input type="checkbox"/> Retire + Child(ren)	\$109.61	\$109.61	<input type="checkbox"/> Retire + Child(ren)	\$10.81	\$10.81
<input type="checkbox"/> Retire + Family	\$159.43	\$159.43	<input type="checkbox"/> Retire + Family	\$16.47	\$16.47
<input type="checkbox"/> I wish to cancel my DENTAL plan.	___ Not applicable. I do not have DENTAL coverage.		<input type="checkbox"/> I wish to cancel my VISION plan.	___ Not applicable. I do not have VISION coverage.	

Dependent Info: To continue coverage for or to drop your eligible dependents, please complete the fields below.

Coverage		Last Name	First Name	M/F	DOB	SSN	Relationship
Medical__ Dental__ Vision __	_ Add _ Drop						
Medical__ Dental__ Vision __	_ Add _ Drop						
Medical__ Dental__ Vision __	_ Add _ Drop						
Medical__ Dental__ Vision __	_ Add _ Drop						

Note: New dependents cannot be added to your retiree plan. Only those dependents who were covered under the City's health plan at the time of your retirement may continue coverage under your plan.

Retiree's Signature: _____ **Date:** _____

Please return the completed and signed form to Workforce Services by Friday, November 8, 2019. Failure to submit your enrollment form by the November 8, 2019 deadline will result in your 2020 health plan coverage being forfeited. No changes can be made to your elections after Open Enrollment ends unless a qualifying special enrollment event occurs.

Questions?

Call Jessica O'Leary at 972-466-5755 or Anna Velarde 972-466-3097

WAYS TO SUBMIT YOUR ENROLLMENT FORM:

By Mail	By Email	By Fax
City of Carrollton ATTN: Workforce Services 1945 E. Jackson Road Carrollton, TX 75006	Jessica.Oleary@cityofcarrollton.com Anna.Velarde@cityofcarrollton.com	972-466-4789 *You must have a fax confirmation page in order for your enrollment to be honored after the deadline.