CITY OF BALTIMORE
DEPARTMENT OF HUMAN RESOURCES
Employee Benefits
7 E. Redwood Street | 20th Floor
Baltimore, MD 21202
T (410) 396-5830 | F (410) 396-5216

RETIREE BENEFITS OPEN ENROLLMENT

OPEN ENROLLMENT CHANGES WILL BECOME EFFECTIVE ON THE START OF THE NEW PLAN YEAR

Effective Date: _____ Event: Select...

STEP 1: RETIREE INFORMATION

First, MI & Last Name: _____

Full Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Date of Birth: _____ Medicare #: _____

Gender: _____ Medicare Part A Date: _____

SSN: _____ Medicare Part B Date: _____

STEP 2: ELIGIBLE DEPENDENT(S) INFORMATION

#1 ☐ Spouse ☐ Child

First, MI & Last Name: _____

Full Address: _____

Date of Birth: _____ Medicare #: _____

Gender: _____ Medicare Part A Date: _____

SSN: _____ Medicare Part B Date: _____

Medical & Dental: Select... Prescription: Select... Vision: Select...

#2 Child

First, MI & Last Name: _____

Full Address: _____

Date of Birth: _____ Medicare #: _____

Gender: _____ Medicare Part A Date: _____

SSN: _____ Medicare Part B Date: _____

Medical & Dental: Select... Prescription: Select... Vision: Select...

#3 Child

First, MI & Last Name: _____

Full Address: _____

Date of Birth: _____ Medicare #: _____

Gender: _____ Medicare Part A Date: _____

SSN: _____ Medicare Part B Date: _____

Medical & Dental: Select... Prescription: Select... Vision: Select...

RETIREE BENEFITS OPEN ENROLLMENT

STEP 3: SELECT BENEFITS
(Refer to the Retiree Benefits Book for rate chart(s) and plan information. Monthly Cost must be included.)

Non-Medicare Enrollees

☐ BlueChoice Advantage PPO High Option & CVS High Option Prescription Drug Plans

☐ BlueChoice Advantage PPO High Option Plan & No Prescription Drug Coverage

☐ BlueChoice Advantage PPO Standard & CVS Standard Prescription Drug Plans

☐ BlueChoice Advantage PPO Standard Plan & No Prescription Drug Coverage

☐ National Vision Administrators (NVA) for Fire, Police and MAPS

☐ United Concordia DHMO Dental Plan (If you relocate outside of the DHMO coverage area your coverage will be switched to the Dental PPO plan.)

Monthly Cost: _____

Non-Medicare Enrollees or Retiree with Medicare (ONLY ONE, either Medicare Part A or Part B)

☐ Aetna PPO & CVS High Option Prescription Drug Plans

☐ Aetna PPO Plan & No Prescription Drug Coverage

☐ National Vision Administrators (NVA) for Fire, Police and MAPS

☐ United Concordia DHMO Dental Plan (**No cost to retiree** for any coverage level. If you relocate outside of the DHMO coverage area your coverage will be switched to the Dental PPO plan. United Concordia Dental is not available for enrollees with Medicare Part A and/or Part B.)

Monthly Cost: _____

All Enrollees are Medicare Eligible (BOTH Medicare Part A & Part B)

☐ Aetna MAPD Plan (Medical & Prescription Drug Plans) (United Concordia Dental is not available if enrolled in this option.)

☐ Kaiser MAPD Plan (Medical & Prescription Drug Plans) (Kaiser provides dental coverage for this option. Contact Kaiser for further details.)

☐ National Vision Administrators (NVA) for Fire, Police and MAPS

Monthly Cost: _____

At Least One Enrollee is Medicare Eligible (BOTH Medicare Part A & Part B (Split Plan))

Note: United Concordia Dental is not available if enrolled in Aetna MAPD or Kaiser MAPD plans.
Kaiser provides dental coverage if enrolled in the Kaiser MAPD plan. Contact Kaiser for further details.)

☐ Aetna MAPD Plan (Medical & Prescription Drug Plans) (with Medicare Part A & Part B)
Aetna PPO & CVS High Option Prescription Drug Plans (without Medicare Part A & Part B)

☐ Aetna MAPD Plan (Medical & Prescription Drug Plans) (with Medicare Part A & Part B)
Aetna PPO Plan & No Prescription Drug Coverage (without Medicare Part A & Part B)

☐ Kaiser MAPD Plan (Medical & Prescription Drug Plans) (with Medicare Part A & Part B)
Kaiser HMO & CVS High Option Prescription Drug Plans (without Medicare Part A & Part B)

☐ Kaiser MAPD Plan (Medical & Prescription Drug Plans) (with Medicare Part A & Part B)
Kaiser HMO Plan & No Prescription Drug Coverage (without Medicare Part A & Part B)

☐ National Vision Administrators (NVA) for Fire, Police and MAPS

Monthly Cost: _____

RETIREE BENEFITS OPEN ENROLLMENT

Important Information

Retiree health enrollment for Medicare Eligible Retiree and/or Dependents

Retirees and covered dependents enrolled in Medicare Part A & Part B will be migrated to a MAPD plan when CMS confirms enrollment in Medicare Part A & Part B. If you are migrated to the Aetna MAPD plan, you will lose dental coverage at that time. Those who are migrated to the Kaiser MAPD plan will be allowed to continue dental coverage. Dependents cannot be enrolled in dental without an enrolled retiree.

Vision Coverage is provided at no cost to Fire, Police and Maps retirees.

BlueChoice Advantage PPO & Aetna MAPD Plans

Members who elect the BlueChoice Advantage PPO High/Standard Option plan and become eligible for Medicare Part A & Part B, upon reaching the age of 65 or by enrolling into Medicare Part A & Part B, will automatically be enrolled in the Aetna MAPD plan with no dental coverage. If you or a dependent become eligible for Medicare Part A & Part B due to a disability (determined by the Social Security Administration), a copy of the Medicare ID card must be submitted to the Office of Employee Benefits to initiate enrollment into the Aetna MAPD plan. If you choose not to be enrolled in the Aetna MAPD plan, you must make an immediate request to opt out by notifying the Office of Employee Benefits by phone on (410) 396-5830 or in writing to the Office of Employee Benefits, 7 E. Redwood Street, 20th Floor, Baltimore, MD 21202.

Kaiser Permanente HMO and Kaiser Permanente MAPD Plans

Members (retirees or covered dependents) who elect the Kaiser Permanente HMO Plan and who are Medicare eligible or become Medicare eligible must notify the Office of Employee Benefits upon enrollment in both Medicare Part A & Part B. A copy of the Medicare ID card must be submitted to the Office of Employee Benefits to initiate enrollment into the Kaiser Medicare Advantage Plan (MAPD). Upon enrollment, you will receive an opt out letter in the mail from Kaiser. If you would like to continue participation in the Kaiser Medicare Advantage Plan (MAPD) you do not need to do anything to remain enrolled. If you choose not to be enrolled in the Kaiser Medicare Advantage Plan (MAPD), you must make an immediate request to opt out by notifying the Office of Employee Benefits by phone on (410) 396-5830 or in writing to the Office of Employee Benefits, 7 E. Redwood Street, 20th Floor, Baltimore, MD 21202.

STEP 4: REQUIRED DOCUMENTATION

Documentation is required to provide proof of relationship for newly added dependents. See the Dependent & Qualified Family Life Event form for a complete list of required documentation. As a reminder, you and your covered dependent(s) must be enrolled in both Medicare Part A & Part B to be eligible for the Medicare Advantage Prescription Plan (MAPD), and CMS (Medicare) must approve all MAPD plans.

- Completed Retiree Benefits Enrollment form
- Copies of Medicare ID cards for each participant
- Relevant documents as outlined on the Dependent & Qualified Family Life Event form

STEP 5: ACKNOWLEDGEMENT

Signature _____ Date _____

STEP 6: OPTIONS FOR SUBMITTING DOCUMENTATION

Email documents to:	Fax documents to:	Mail documents to:
OpenEnrollment@baltimorecity.gov	(410) 396-5216	DHR, Office of Employee Benefits 7 E. Redwood Street | 20th Floor Baltimore, Maryland 21202

QUESTIONS:	
Office of Employee Benefits Monday – Friday (excluding City recognized holidays) 8:30 a.m. – 4:30 p.m. Eastern Time (410) 396-5830	To speak with a Benefits Partner: Select Option '1' City Retirees: Select Option '2' BCPSS Retirees: Select Option '3'