Member Services
900 7th Street, NW
2nd Floor
Washington, DC 20001
www.dcrb.dc.gov

Telephone (202) 343-DCRB
(866) 456-DCRB
TTY/Federal Relay (800) 877-8339
Facsimile (202) 566-5001
E-mail: dcrb.benefits@dc.gov

November 8, 2014

Dear Annuitant:

The 2015 District of Columbia Health Care Open Enrollment began on Monday, November 10, 2014 and will end on Friday, December 12, 2014. During the Open Enrollment you may:

- change from one health insurance plan to another;
- change your current health option to a different level, (e.g., switch standard option to high option);
- change your enrollment type (e.g., from Self Only to Self and Family);
- re-enroll in a DC Employees' Health Benefits (DCEHB) plan if you **suspended** your DCEHB plan to enroll in a Medicare Advantage plan or Tricare military health insurance program; or
- cancel your DC Employees' Health Benefits plan, (**Please note**: if you cancel your health plan, you **will not** be permitted to re-enroll at a later date). If you waive (suspend) your insurance, you will be permitted to re-enroll.

Plan Options for 2015

Attached for your use is a table that lists the health insurance plans and applicable monthly premium rates being offered for 2015. Also, attached are summary descriptions of the provisions of each plan offered. The District also provides domestic partner coverage (self and family), as long as the partnership meets the requirements listed in the District Personnel Manual (DPM) Instruction No. 21B-13 and the retiree submits a District of Columbia Employees' Health Benefits Program Affidavit of Domestic Partnership for Health Benefits Enrollment (www.dchr.dc.gov).

Health Coverage

If you are satisfied with your current health insurance coverage, you do not have to do anything. Your current health insurance coverage will continue automatically. If you wish to make a change to your health coverage, please complete the enclosed *Health Benefits Registration Form* or you may call the District of Columbia Retirement Board's (DCRB) Member Services Center at (202) 343-3272 or toll-free at (866) 456-3272 to request a form. This form is also available on the DCRB website at www.dcrb.dc.gov.

When will Open Enrollment changes become effective?

If you are making a change to your health insurance plan, the change will become effective on January 1, 2015. The rate change, if any, will be reflected in your February 1, 2015 annuity payment.

Open Enrollment Fairs

The District of Columbia is sponsoring Open Enrollment Health Fairs in which DC Health Benefit Plan representatives will participate. Please refer to the online Open Enrollment Events Schedule for information on the dates and locations of these events at http://dchr.dc.gov/page/open-enrollment-2015.

Please note that completed enrollment forms will be accepted by the DCRB's Member Services Center at the above address up to close of business on Friday, December 12, 2014.

If you are unable to attend an Open Enrollment fair, or if you would like more information on the District health insurance plans, please contact DCRB's Member Services Center at (202) 343-3272. If you are outside of the Washington, DC metro area, you may call the DCRB toll-free number at (866) 456-3272.

Sincerely,

Member Services Center
DCRB Benefits Department

Enclosures

ATTENTION:

If you have **NO** changes to your health coverage,

DO NOT complete the enclosed form!

Contribution Percentage Sheet

2015 - Police & Fire Retirees

Insert the percentage listed below based on your Tier, situation, and years of service in the ***Plan Provider Information & Calculation Sheet*** *provided.*

Tier 2 (Members Hired Before 11/10/1996)

Years of Service	Your Required Contribution Percentage (%)	Survivor Required Contribution Percentage (%)
<5	Not Eligible	Not Eligible
>=5	25%	40%
Disabled Performance of Duty Killed In Line of Duty	25%	25%

Tier 3 (Members Hired On Or After 11/10/1996)

Years of Service	Your Required Contribution Percentage (%)	Survivor Required Contribution Percentage (%)
< 10	Not Eligible	Not Eligible
10	70%	75%
11	67%	72%
12	64%	69%
13	61%	66%
14	58%	63%
15	55%	60%
16	52%	57%
17	49%	54%
18	46%	51%
19	43%	48%
20	40%	45%
21	37%	42%
22	34%	40%
23	31%	40%
24	28%	40%
25+	25%	40%
Disabled Performance of Duty Killed In Line of Duty	25%	25%

Contribution Percentage Sheet

2015 - Teacher Retirees

Insert the percentage listed below based on your retirement date and years of service in the ***Plan Provider Information & Calculation Sheet*** *provided.*

Members Retired Before October 1, 2009

Years of Service	Your Required Contribution Percentage (%)	Survivor Required Contribution Percentage (%)
5+	25%	40%

Members Retired On Or After October 1, 2009

Years of Service	Your Required Contribution Percentage (%)	Survivor Required Contribution Percentage (%)
< 10	Not Eligible	Not Eligible
10	75.0%	80.0%
11	72.5%	77.5%
12	70.0%	75.0%
13	67.5%	72.5%
14	65.0%	70.0%
15	62.5%	67.5%
16	60.0%	65.0%
17	57.5%	62.5%
18	55.0%	60.0%
19	52.5%	57.5%
20	50.0%	55.0%
21	47.5%	52.5%
22	45.0%	50.0%
23	42.5%	47.5%
24	40.0%	45.0%
25	37.5%	42.5%
26	35.0%	40.0%
27	32.5%	40.0%
28	30.0%	40.0%
29	27.5%	40.0%
30+	25.0%	40.0%

2015 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

AETNA HMO PLAN

Type	Enrollment Code	2015 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	AH1	$ 611.52	X	_____%	=	$ _____
Self + 1	AH2	$1,202.06	X	_____%	=	$ _____
Family	AH3	$1,767.14	X	_____%	=	$ _____

AETNA PPO PLAN

Type	Enrollment Code	2015 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	AP1	$ 657.49	X	_____%	=	$ _____
Self + 1	AP2	$1,292.43	X	_____%	=	$ _____
Family	AP3	$1,900.01	X	_____%	=	$ _____

KAISER PERMANENTE HMO

Type	Enrollment Code	2015 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	KP1	$ 505.18	X	_____%	=	$ _____
Self + 1	KP2	$ 964.90	X	_____%	=	$ _____
Family	KP3	$1,480.18	X	_____%	=	$ _____

UNITED HEALTHCARE CHOICE NATIONWIDE

Type	Enrollment Code	2015 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	MD1	$ 566.32	X	_____%	=	$ _____
Self + 1	MD2	$ 1,081.67	X	_____%	=	$ _____
Family	MD3	$1,659.30	X	_____%	=	$ _____

District of Columbia Retirement Board (DCRB)
Benefits Department
900 7th Street, NW, 2nd Floor •Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Health Benefits Registration Form

If you were hired on or after October 1, 1987, you participate in the District healthcare program. Complete this form to enroll in the District Plan upon retirement or to make changes in your coverage during Open Enrollment periods or upon a change in family status. If you have questions, please contact the DCRB Member Services Center at the numbers listed above. Please return the completed form to DCRB.

Part A: Personal Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth (MM/DD/YYYY): _____/_____/_____ Social Security #: _____ -_____ -_____

Work Phone: _____- _____ -_____ Home Phone: _____- _____ -_____

Mailing Address: _____
Street

_____ _____ _____
City State Zip Code

Are you married? Yes ☐ No ☐ Sex: Male ☐ Female ☐

If you are covered by Medicare, select all that apply: Part A ☐ Part B ☐ Part D ☐

Medicare Claim #:_____ *(Please attach a copy of your Medicare card when returning this form.)*

Part B: Plan You are Currently Enrolled In

Present Plan Name: _____ Enrollment Code: _____
(If applicable)

Part C: Plan You are Enrolling In or Changing To

Name of Plan: _____ Enrollment Code: _____

Type of Enrollment: Self Only ☐ Self Plus One (1) ☐ Self and Family ☐

Part D: Cancellation/Waiver Option *(Skip this section if it does not apply to you.)*

I elect: *(Please check one of the following boxes.)*

☐ To **cancel** my present enrollment. I understand that if I choose to cancel my enrollment, I **may not re-enroll**.

☐ To **waive** my enrollment. I understand that if I choose this option, I must be enrolled in Medicare. (Please attach a copy of your Medicare card.)

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Part E: Eligible Dependents

In the spaces below, list all eligible family members without exception. List spouse first, then your unmarried dependent children. Do not list parents or others who are not eligible family members. They will not receive benefits even if listed. If you require more space, please attach an additional sheet of paper.

Name & Relationship of Family Member	Social Security Number	DOB (MM/DD/YYYY)	Sex (Choose one)
	_____-_____-_____	____/____/_____	Male ☐ Female ☐
	_____-_____-_____	____/____/_____	Male ☐ Female ☐
	_____-_____-_____	____/____/_____	Male ☐ Female ☐
	_____-_____-_____	____/____/_____	Male ☐ Female ☐
	_____-_____-_____	____/____/_____	Male ☐ Female ☐
	_____-_____-_____	____/____/_____	Male ☐ Female ☐

Part F: Authorization

I elect to enroll/change my health benefits plan as shown on the first page of this form. If enrolling or changing, I authorize deductions from my annuity to cover my share of the cost of the enrollment.

_____ _____/_____/_____

Your signature (Do not print) Date (MM/DD/YYYY)

This form is not valid without a signature!
Please complete and return this form to DCRB.

Part G: For DCRB Use Only

This section is to be completed by DCRB. **Please do not mark this section.**

Name of Office: District of Columbia Retirement Board
900 7th Street, NW, 2nd Floor
Washington, DC 20001

Date Received By DCRB: _____/_____/_____
Effective Date of Election: _____/_____/_____

Effective Date of Termination Of Enrollment: _____/_____/_____
Health Plan Report Number: _____

Payroll Office #: _____
Insurance Group #: _____
Compensation Unit Code: _____
(Subgroup #)

_____
Signature of DCRB Representative

Remarks:

IMPORTANT

Medicare Information for Annuitants Only

AT AGE 65, MEDICARE BECOMES THE PRIMARY PAYER OF YOUR RETIREE HEALTHCARE EXPENSES AND YOUR RETIREE HEALTH INSURANCE BECOMES THE SECONDARY PAYER. IF YOU ARE NOT ENROLLED IN MEDICARE AT AGE 65, YOU WILL INCUR OUT-OF-POCKET HEALTH CARE EXPENSES.

You are eligible for Medicare beginning at age 65. If you are already receiving Social Security benefits, you automatically receive Part A (Hospital Insurance) and Part B (Medical Insurance) beginning the first day of the month you turn 65. If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

If you are automatically covered by Part A, you do not have to pay premiums. However, if you do not automatically qualify for Part A, and you are age 65 or older, you may buy Part A.

Part B requires monthly premiums, whether you are automatically covered or choose to buy coverage.

If you are close to age 65, but are not receiving Social Security benefits and you would like Part A and/or Part B, you *must* enroll by contacting Social Security 3 months before your turn age 65. You can also apply for Part A and Part B at www.socialsecurity.gov/retirement.

If you do not sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty for as long as you have Part B.

Please call Social Security at 1-800-772-1213 for more information about your Medicare eligibility and to sign up for Part A and/or Part B. You may also visit www.medicare.gov for general information about enrolling. To receive personalized health insurance counseling at no cost to you, contact your State Health Insurance Assistance Program (SHIP).

If you are not automatically enrolled in Medicare, and you would like Part A and/or Part B, you can sign up during these times:

Initial Enrollment Period: You can sign up for Part A and/or Part B during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

If you sign up for Part A and/or Part B during the first 3 months of your Initial Enrollment Period, in most cases, your coverage starts the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage will start the first day of the prior month.

(over)

Enroll in Medicare Part B during your Initial Enrollment Period!

When can I first sign up for Medicare?

You may sign up for Medicare during the Initial Enrollment Period which is a 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

What is the General Enrollment period and when is it?

If you miss your enrollment opportunity during your Initial Enrollment Period, you may enroll during the General Enrollment Period. This period is between January 1—March 31 of each year. If you enroll during this time, your coverage will start July. 1st.

Medicare Information for Annuitants Only

(continued)

If you enroll in Part A and/or Part B the month you turn 65 or during the last 3 months of your Initial Enrollment Period, the start date for your Medicare coverage will be delayed.

General Enrollment Period: If you did not sign up for Part A and/or Part B when you were first eligible, you can sign up between January 1 – March 31 of each year. Your coverage will begin July 1 of that year. You may have to pay higher Part A and/or Part B premium for late enrollment.

In many cases, if you choose to buy Part A, you must also have Part B and pay monthly premiums for both.

To learn more about enrollment periods, visit www.m edicare.gov/ publications to view the booklet "Enrolling in Medicare Part A & Part B." You may also call 1-800-MEDICARE (1-800-633-4227) for more information.

You are not required to enroll in Medicare if you are not automatically covered, but your lack of coverage will result in out-of-pocket healthcare expenses you will be responsible for paying to your healthcare provider.

Your health insurance premiums are not reduced if you enroll in Medicare, but you may decide to change to a lower cost health plan. Please contact your health insurance provider with any questions.

Helpful Resources

Medicare
1-800-MEDICARE (633-4227)

Medicare Publications
www.medicare.gov/ publications

Medicare
General Information
www.medicare.gov

Social Security Administration
1-800-772-1213
www.socialsecurity.gov/ retirement