



## Health Benefits Enrollment/Waiver For Retirees or Benefit Recipients Tier II & III

FOR OFFICE USE ONLY

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**alaska.gov/drb**

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Please indicate your retirement system:     PERS     TRS

### PERSONAL DATA

Name

Retirement ID Number (RIN)

### MEDICAL BENEFITS

I elect the following **medical** coverage:

- No medical coverage**
- Individual only     Individual and spouse or same-sex partner
- Individual and child(ren)     Individual, spouse or same-sex partner and child(ren)

### DENTAL-VISION-AUDIO (DVA)

I elect the following **Dental-Vision-Audio (DVA)** coverage:

- No Dental-Vision-Audio coverage**
- Individual only     Individual and spouse or same-sex partner
- Individual and child(ren)     Individual, spouse or same-sex partner and child(ren)

### LONG-TERM CARE BENEFITS

I elect the following **Long-Term Care (LTC)** option:

- No Long-Term Care (LTC) coverage**

**Individual** (Member) coverage

- Silver     Gold     Platinum

**Spouse or same-sex partner** coverage (may elect only if member is electing individual coverage)

- Silver     Gold     Platinum

Spouse or same-sex partner's date of birth: \_\_\_\_\_

Spouse or same-sex partner's SSN: \_\_\_\_\_

- I am covered under my spouse or same-sex partner's LTC plan.

### CERTIFICATION

I acknowledge that I have been offered all three health plans available: Medical, Dental-Vision-Audio, and Long-Term Care. I understand that I may enroll in the Medical and Dental-Vision-Audio plans now or during an open enrollment period, subject to certain restrictions. I further understand that this is my only opportunity to enroll in the Long-Term Care plan and that by not electing long-term care at this time, I waive my right to future participation in the LTC Plan.

**SIGNATURE**

**DATE**

# HEALTH BENEFITS ENROLLMENT/WAIVER

## For Retirees or Benefit Recipients

This form is for retirees and other benefit recipients who were first hired under the Public Employees' Retirement System (PERS) after June 30, 1986, or under the Teachers' Retirement System (TRS) after June 30, 1990, and are not eligible for system-paid medical coverage at retirement. This is your opportunity to elect to participate in three separate health plans; medical, dental-vision-audio (DVA), and long-term care (LTC). You may elect any or all of the insurances offered. You must indicate a choice in each section even if you are electing not to participate in a certain plan. Your form must be postmarked or received in our office before your retirement date.

You will be offered the opportunity to enroll in the medical plan or increase the level of coverage during future open enrollment periods. However, if you do elect coverage during an open enrollment period rather than at retirement, you will be subject to a pre-existing conditions limitation. This limits payment of claims for pre-existing conditions to \$1000 during the first 12 months of coverage. (All or part of this period may be waived if you have other group health coverage which terminates less than 91 days before this plan is effective.)

DVA will also be offered during open enrollment periods if not elected now, but only if you are also electing the same or greater level of medical coverage for the first time during the open enrollment period.

This is your only opportunity to enroll in the LTC plan. If you do not enroll at this time, you waive your right to participate in the future. If you are already covered under your spouse or same-sex partner's LTC plan, you cannot be covered under a second plan. Please provide your spouse or same-sex partner's social security number so we may move your LTC coverage to your retirement benefit.

You may decrease or terminate your coverage at any time by notifying this office in writing. You may only increase DVA coverage within 120 days of the date you are married or 90 days of the date you become eligible to enroll a same-sex partner under 2 AAC 38.010-38.100, or have your first child.

LTC coverage may be added for your spouse within 120 days of marriage or 90 days of the date you become eligible to enroll a same-sex partner under 2 AAC 38.010-38.100.

The open enrollment period for medical and DVA coverage will be held in December of each year for coverage beginning January 1 of the following year. You will be sent information regarding election of benefits at that time.

If you elect coverage, the premiums will be deducted from your benefit check each month. If your check is insufficient to deduct the premiums, we will contact you to make payment arrangements. The chart in the next column shows the monthly premiums for each option. Members under age 60 pay the medical premium shown. At age 60, the retirement system pays the premium for your medical coverage for yourself and your family, even if you were not enrolled before that time.

Coverage for:	Medical Premium	DVA Premium
Individual only	\$ 823	\$ 70
Individual and spouse or same-sex partner	\$1,647	\$139
Individual and child(ren)	\$1,163	\$125
Individual, same-sex partner, child(ren)	\$1,987	\$198

Long-Term Care Benefits – Premium Rates By Age			
Age at Retirement	Silver Option \$400,000 max No inflation protection	Gold Option \$300,000 max Simple inflation protection	Platinum Option \$300,000 max Compound inflation protection
40 & under	\$26	\$76	\$148
41	\$27	\$77	\$150
42	\$28	\$78	\$153
43	\$30	\$79	\$155
44	\$31	\$81	\$158
45	\$33	\$82	\$161
46	\$35	\$84	\$164
47	\$37	\$85	\$167
48	\$39	\$89	\$170
49	\$41	\$92	\$172
50	\$44	\$96	\$175
51	\$46	\$100	\$177
52	\$49	\$103	\$180
53	\$52	\$109	\$184
54	\$56	\$114	\$188
55	\$60	\$120	\$192
56	\$63	\$126	\$195
57	\$67	\$131	\$199
58	\$75	\$143	\$212
59	\$84	\$156	\$225
60	\$92	\$168	\$237
61	\$100	\$181	\$250
62	\$108	\$193	\$263
63	\$123	\$212	\$281
64	\$137	\$231	\$300
65	\$151	\$250	\$319
66	\$166	\$269	\$338
67	\$180	\$288	\$357
68	\$201	\$313	\$381
69	\$222	\$339	\$404
70	\$244	\$364	\$428
71	\$265	\$389	\$451
72	\$286	\$414	\$475
73	\$314	\$444	\$502
74	\$343	\$474	\$529
75	\$371	\$503	\$556
76	\$399	\$533	\$584
77	\$427	\$563	\$611
78	\$471	\$609	\$654
79	\$515	\$654	\$698
80	\$559	\$700	\$741
81	\$603	\$746	\$784
82	\$646	\$791	\$828
83	\$731	\$887	\$923
84	\$815	\$982	\$1,018
85 & over	\$900	\$1,078	\$1,113