



THE UNIVERSITY OF UTAH
2023 RETIREE
OPEN ENROLLMENT FORM
 Due: Friday, December 16, 2022
 Changes Effective January 1, 2023

You only need to complete and return this form if you wish to cancel your coverage and/or enroll or drop dependents

To change your health plan election, please select from the following:

	Medical RX	Medical Dental RX	Medical Only 1 No RX	Medical Dental 1 No RX	Medical Only 2 No RX	Medical Dental 2 No RX
Single - NOT ON Medicare	<input type="checkbox"/> \$1,218.21	<input type="checkbox"/> \$1,257.81				
Single - on Medicare	<input type="checkbox"/> \$496.53	<input type="checkbox"/> \$536.13	<input type="checkbox"/> \$353.53	<input type="checkbox"/> \$393.13		
Two-Party - NOT ON Medicare	<input type="checkbox"/> \$2,060.69	<input type="checkbox"/> \$2,139.99				
Two-Party - one on Medicare	<input type="checkbox"/> \$1,669.02	<input type="checkbox"/> \$1,748.32	<input type="checkbox"/> \$1,526.02	<input type="checkbox"/> \$1,605.32		
Two-Party - both on Medicare	<input type="checkbox"/> \$949.04	<input type="checkbox"/> \$1,028.34	<input type="checkbox"/> \$806.04	<input type="checkbox"/> \$885.34	<input type="checkbox"/> \$663.04	<input type="checkbox"/> \$742.34
Family - NOT ON Medicare	<input type="checkbox"/> \$2,060.69	<input type="checkbox"/> \$2,167.69				
Family - one on Medicare	<input type="checkbox"/> \$1,694.76	<input type="checkbox"/> \$1,801.76	<input type="checkbox"/> \$1,551.76	<input type="checkbox"/> \$1,658.76		
Family - two on Medicare	<input type="checkbox"/> \$1,647.46	<input type="checkbox"/> \$1,754.46	<input type="checkbox"/> \$1,504.46	<input type="checkbox"/> \$1,611.46	<input type="checkbox"/> \$1,361.46	<input type="checkbox"/> \$1,468.46

Medicare D only (new enrollees must also complete a Medicare Script Enrollment Form from Human Resources, contact 801-581-7447) \$ 143.00 (per individual enrolled)

Dental Only* Single \$ 39.60 Two-Party \$ 79.30 Family \$ 107.00

* Only available during the first 18 months of retirement. See reverse for information on group dental plan available through Regence.

Cancel Coverage: Medical Prescription Drug (Medicare-eligible only)** Dental

Enrolled Dependents

Add eligible dependent(s) by entering information on the lines below. See the back of this form for the definition of eligible dependents. To drop a dependent, check the "drop" box following the dependent's information. Please make any necessary corrections to the information printed below.

Name	Medicare Eligible?	Birth Date	Gender	Relationship	Dependent SSN	Add / Drop
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Add <input type="checkbox"/> Drop
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Add <input type="checkbox"/> Drop
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Add <input type="checkbox"/> Drop
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Add <input type="checkbox"/> Drop
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Add <input type="checkbox"/> Drop
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Add <input type="checkbox"/> Drop

I have reviewed and understand the Plan rules stated on the back of this election form. I certify that the information I have provided on this form is true and correct. I understand that the changes requested on this form will be effective January 1, 2023.

Signature: _____ **Spouse Signature: _____ Date: _____

** To drop Medicare Script prescription drug coverage, all enrolled members must sign

Email Address: _____ Daytime Phone: _____

Submit your completed form to:

UHRM 250 E 200 S, Suite 125, Salt Lake City, UT 84111

Email: benefits@utah.edu

UNIVERSITY RETIREE HEALTH CARE PLAN

CHANGE/CANCEL: If you wish to change or cancel your health coverage, complete the reverse side of this form, sign and submit it to the University Human Resources Department **on or before Friday, December 16, 2022**. You may submit the form in person, via mail or email.

Submit your completed form to: UHRM 250 E 200 S, Suite 125 Salt Lake City, UT 84111	OR	Email: benefits@utah.edu
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Dental Coverage: Dental coverage is available in the Retiree Health Care Plan only during the first 18 months of retirement. For information on individual dental coverage after the 18-month period, contact Regence BlueCross BlueShield at (888) 370-6159. If you wish to drop dental coverage, mark the box on the reverse side of the form.

Complete and return this form ONLY to change coverage levels, cancel coverage or change your enrolled dependents. Please keep a copy of your completed form for your records.

Eligible Dependents: The person to whom you are legally married or your eligible domestic partner and your (or your spouse's or your domestic partner's) unmarried children by birth, placement for legal adoption or foster care, or legal (court-appointed) guardianship, who are under age 26 and dependent on you for more than 50% of their support. Coverage may be continued at age 26 under certain circumstances. Contact Human Resources at (801) 581-7447 for additional information.

Medical and Dental Coverage Information

- I hereby make application on behalf of myself and listed eligible family dependents for enrollment in the University of Utah Retiree Health Care Plan as indicated hereon.
- I understand that if I and/or my enrolled dependents are or become eligible for Medicare, I/we must enroll in Medicare Parts A and B, and claims paid by the plan will be paid secondary to Medicare, whether or not I/we are actually enrolled in Medicare.
- To the extent authorized under applicable law, I accept binding arbitration as the method of resolving any disputes arising between me or the covered family member and the Plan, or a participating physician, concerning the applicability of benefits payable under the plan.
- I understand that dental coverage is only available during the first 18 months of eligibility for enrollment in the University's Retiree Health Care Plan. I understand I may enroll in a group dental policy through Regence BlueCross BlueShield when the 18-month period expires.
- I understand that to continue my enrollment in the Retiree Health Care Plan, I must make timely payments of the full amount due each month.
- To the minimum extent necessary to implement coverage, and in accordance with rules set forth in the HIPAA Privacy Regulations, I authorize Regence BlueCross BlueShield of Utah, Regence Pharmacy Services, and Regence Medicare Script to request any medical, health, employment, and/or insurance information necessary to complete my enrollment and process my claims.
- I certify that all information on this form is true and correct and acknowledge that the University may take corrective action against Participants who (a) enroll an individual in the Health Care Plan that they know or should know is ineligible and/or (b) file claims (either directly or indirectly through a health care provider) for an individual that they know or should know is ineligible for coverage under the Plan. Corrective action includes legal action for reimbursement of all claims and cancellation of coverage without the right to elect COBRA continuation coverage.
- I understand that the University intends to continue the Plan; however, it reserves the right to amend, suspend or discontinue it at any time.

Social Security Numbers are Required for All Dependents

Beginning January 1, 2009, Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 requires all health plans in the United States to report group and member information to the Centers for Medicare and Medicaid Services (CMS). This law helps CMS accurately coordinate Medicare and group benefits for people who have both types of coverage. Since individuals under age 65 who have end stage renal disease or other disabilities are eligible for Medicare, we need to provide information, including social security numbers, for all enrolled members.